Board of Directors: Part I

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

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Agenda

Birmingham and Solihull Mental Health NHS Foundation Trust

AGENDA
BOARD OF DIRECTORS MEETING
09:00AM, WEDNESDAY 27th JULY 2022 VIA VIDEO-CONFERENCING

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

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

ITEM	DESCRIPTION	LEAD	TIME	PAPER	PURPOSE
1.	Opening Administration: Apologies for absence & Declarations of interest	*Chair*	09.00	*(verbal)*	-
2.	Minutes of the previous meeting		09.05	*(request to defer)*	-
3.	Matters Arising/Action Log		09.10	*(attached)*	Assurance
4.	Chair's Report		09.15	*(attached)*	Assurance
5.	Chief Executive's and Director of Operations Report	*CEO*	09.20	*(attached)*	Assurance
6.	Board Overview: Trust Values	*P. Gayle*	09:35	*(verbal)*	Assurance
7.	**QUALITY**				
7.1	QPES Chair's Assurance Report	*L. Cullen*	09:45	*(attached)*	Assurance
8.	**PEOPLE**				
8.1	People Committee Chair's Assurance Report including People Committee Annual Report	*P. Gayle*	10:00	*(attached)*	Assurance
8.2	Freedom to Speak Up Report	*E. Randle*	10:15	*(attached)*	Assurance
8.3	Medical Directorate Annual Update	*D. Tomlinson for Medical Director*	10:30	*(attached)*	Approval
9.	**SUSTAINABILITY**				
9.1	Finance, Performance & Productivity Committee Chair's Assurance Report including Committee Annual Report	*R. Beale*	*10:40*	*(to follow)*	Assurance
9.2	Integrated Performance Report	*D. Tomlinson*	*10:50*	*(attached)*	Assurance
9.3	Finance Report	*D. Tomlinson*	*11:00*	*(attached)*	Assurance/ Approval
9.4	Capital Programme 2022/2023 and Capital Prioritisation Process	*D. Tomlinson*	*11:15*	*(attached)*	Approval

ITEM	DESCRIPTION	LEAD	TIME	PAPER	PURPOSE
9.5	Audit Committee Chair's Assurance Report	*G. Hunjan*	*11:30*	*(attached)*	Assurance
9.6	SSL Quarterly Report	*S. Bray*	*11:45*	*(attached)*	Assurance
9.7	Charitable Funds Committee Chair's Assurance Report	*W. Weir*	*12:00*	*(attached)*	Assurance
10.	**GOVERNANCE & RISK**				
10.1	Questions from Governors and Public (***see procedure below***)	*Chair*	*12:10*	*(verbal)*	Assurance
10.2	Any Other Business *(at the discretion of the Chair)*	*Chair*	*12:20*	*(verbal)*	-
10.3	**FEEDBACK ON BOARD DISCUSSIONS**	*S. Bloomfield*	*12:25*	*(verbal)*	-
11	**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.				
12	**Date & Time of Next Meeting** • 09:00am 31st August 2022		*12:30*	*Chair*	

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

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

Procedure for questions from the public at board meetings

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

Questions

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

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

Relevance of questions

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

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

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

Notice requirements

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

Limitations on numbers of questions or time allowed

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

There are no limits to the questions for Governors.

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

Response to questions

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

1. Apologies for absence & Declaration of Interests

2. Minutes of the previous meeting

Board Members are respectively asked to defer the approval of the last set of minutes due to a technical issue and will be circulated to Board Members with the July minutes for formal approval at the next Board meeting.

3. Matters Arising/Action Log

Birmingham and Solihull Mental Health NHS Foundation Trust

BOARD OF DIRECTORS – JULY ACTION LOG

MONTH & AGENDA ITEM NO	TOPIC & AGREEN ACTION	LEAD	ORIGINAL TIMESCALE	RAG	COMMENT
May 2022 Minute 10	People Committee Chair's Assurance Report The People Committee to gain understanding on the extent to which the lack of seniority in BAME colleagues could be addressed though targeted development of BAME colleagues and to what extent was the issue about addressing inequality within the recruitment and selection process.	P. Gayle	July 2022		The People Committee received a paper at their July Meeting and assurance for the Board is contained within the Chair's Assurance Report to the July meeting.

RAG KEY

Overdue
Resolved
Not Due

4. Chair's Report

Birmingham and Solihull Mental Health NHS Foundation Trust

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

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

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

CHAIR'S REPORT TO THE BOARD OF DIRECTORS

1. INTRODUCTION

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

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

1.3 I am pleased to offer a brief report to the Board giving an overview of my key areas of focus since the last Board meeting with my intention to provide a regular update at each Board meeting.

2. CLINICAL SERVICES

2.1 A full schedule of site visits are now in place to enable members of the Trust Board and members of the Council of Governors to visit all sites over the coming months.

2.2 I attended the NHS Race Health Observatory Conference which brought together speakers from all across the world to explore health inequalities

3. PEOPLE

3.1 I am pleased to confirm the first 'Pull up a chair with the Chair' session was held on 11 July 2022 and was a great opportunity for myself as well as the Vice Chair to meet with staff and also a service user. Further sessions have been booked with staff up until the end of the year.

3.3 I was pleased to be able to Chair the panel for recruiting the Associate Director of Corporate Governance whereby we successfully recruited into post.

4. QUALITY

4.1 I was pleased to be able to join the third development session with NHS Providers and the Trust Board where we focused on building our effectiveness as a Board team.

4.2 I chaired the Council of Governors meeting where we had the opportunity to receive updates on the Governor Elections and Non-Executive Director recruitment process.

5. SUSTAINABILITY

5.1 The Non- Executive Director annual appraisals are being scheduled for the summer.

5.2 I am pleased to confirm the Governor elections are now closed and the ballot is being supported by Civica.

DANIELLE OUM
CHAIR

5. Chief Executive's Report and Director of Operations Report

Birmingham and Solihull Mental Health NHS Foundation Trust

Meeting	**BOARD OF DIRECTORS**
Agenda item	**5**
Paper title	**CHIEF EXECUTIVE and DIRECTOR of OPERATIONS REPORT**
Date	27 July 2022
Author	Vanessa Devlin and Roisin Fallon-Williams
Executive sponsor	Roisin Fallon Williams

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

Executive summary

Our report to the Board this month provides context on our move to 'living with COVID 19' and. provides information on our areas of work focused on the future and other information of relevance to the Board, in relation to our Trust strategy, local and national reports and emerging issues.

Reason for consideration

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

Paper previous consideration

Not Applicable

Strategic objectives

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

Financial implications

Not applicable for this report

Risks

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

Equality impact

Not applicable for this report

Our values

Committed
Compassionate
Inclusive

CHIEF EXECUTIVE and DIRECTOR of OPERATION'S REPORT

1. COVID 19

There continues to be an increase in Community transmissions of Covid 19, with symptomatic cases also rising. This is impacting on acute physical health services with an increase in hospital cases, ITU cases remain at around 3%. This increases the risk of potential outbreaks within our ward settings and at the time of writing there are 2 outbreaks across our clinical areas.

New guidance has been received in relation to mask wearing across services, we are taking a phased approach to this and have removed the need for wearing masks in non-clinical setting. Mask wearing for Clinical areas remains in place whilst risk assessment and further considerations are given as to stepping this requirement down in a safe manner, our aim is to provide further updates by the end of June 2022.

We remain under increased scrutiny following a visit from NHSE/I IPC colleagues in February 2022 and a follow up visit is due to take place in the next few weeks to ensure that all appropriate actions and responses have been taken. There continues to be good engagement between the Trust and NHSE/I colleagues to ensure support and advice is sought to address continued concerns which have been observed through external outbreak meetings. The following actions are currently being undertaken by the Deputy DIPC:

•Review of response to outbreak processes, both internal and external
•Review of IPC team response and support to local areas
•Review of all Covid guidance in place to ensure it remains appropriate or to be stepped down in line with national standards
•Review of process and reporting for fit testing for Trust colleagues

1.1 Monkeypox

Cases of monkeypox are continuing to increase with over 700 cases in England, 17 currently in the Midlands region. Positive cases are now presenting much earlier in the disease process.

There are no current cases within the Trust and there is an escalation process in place for any suspected cases. Work continues in line with national guidance to strengthen practices in relation to Monkeypox.

The fit testing for FFP3 masks for colleagues continues within the Trust and increased sessions are being facilitated to help increase compliance rates.

2. PEOPLE

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

2.1 New chief workforce officer at NHS England

Dr Evans comes to the role from Health Education England (HEE), where she had been chief executive since March 2020. Before that, she worked at East London NHS Foundation Trust for 25 years, beginning her career as a psychiatrist before working her way up to clinical director.

In October last year, the Department of Health and Social Care announced major reforms to how the NHS workforce is managed, and as part of this HEE and NHS England will merge.

This means that recruitment, training and retention of NHS staff will come under the same umbrella, something Dr Evans will oversee.

2.2 Cost of Living Increases

Following agreement at the last people committee the Trust has actioned an increase in mileage rates from 56p per mile to 60p per mile backdated 1st April 2022. We have also temporarily removed the mileage cap allowing those driving in excess of 3500 business miles per year are also paid at 45p per mile. We are committed to reviewing this on a regular basis in line with inflation and cost of living rises.

We are promoting discounts from partners such as Blue light, Uber, and those we engage through the Viv up benefit portal.

The Staff side Unions have been asked to promote their financial wellbeing support and hardship funds to their members and through trust communications

We are working to better promote our partnership with City Save credit Union, which enables staff to access affordable loans and financial education once they are members.

We are exploring the drawing down of wages earned as an option for those on monthly pay. Previous preferred providers have now withdrawn from the market and alternatives such as Wage Stream have been asked to come in and discuss benefits and costs with the Trust. This is due to commence this week. We are also researching access for workers to affordable loans, financial education and wellbeing support and will be presenting a paper to the wellbeing committee shortly for approval to move forward with chosen providers.

Lastly, we are working closely with our ICB partners to identify further opportunities to share the work and support being offered to our NHS workers across the West Midlands. Particular projects we are aiming to support will be the review of implementing the Real Living Wage across the

NHS and the regional cost of living support on oggrt. This continues to be a project requiring attention and will remain under review by the Head of People and Culture and Deputy Director of Finance.

2.3 Learning and Development team

2.3.1 Value based Appraisal

The new appraisal form and associated one-one form has been created and reporting requirements have been reviewed, so that data relating to staff survey can be collated.

There have been further system issues so timeline for launch has been pushed back to week commencing 12 September. So that momentum is not lost with engaging staff, L & D will start a soft launch to communicate changes through attending relevant forums.

2.3.2 Corporate Induction

Quality Improvement methodology is being used to create a new Corporate Induction program that covers pre, during and post Induction experiences of staff and has a clear focus on wellbeing and Trust values.

Next steps
A paper on Trac module that will reduce administrative process and improve customer experience at the recruitment (pre-induction) will be presented to the System Strategy Group and to secure budget if process approved.
To create a new two-day, corporate Induction programme that will cover content that focusses on Inclusion, wellbeing, professional development, and orientation to the Trust.

2.4 Organisational Development Team

2.4.1 Project Flourish
Project Flourish is being scoped and a working party assembled from across People and OD and other colleagues to support our evolving talent management programme for our disabled and Black, Asian, and Minority Ethnic colleagues to provide equitable access to development and growth, whatever that looks like for them to flourish, in the form of support, resources and tools.

2.4.2 BSMHFT job role promotion
BSMHFT are in a very fortunate position to promote careers held within our organisation, to students attending schools in Birmingham & Solihull, with the support of a company called Engaginge. Engaginge via the Trust Cornerstone membership have secured funding for videographers to capture our values in staff members sharing their stories into their current roles.

2.4.3 Clinical Associate in Psychology (CAP) apprenticeship

Colleagues supported with interviews to recruit to x3 staff members to join the Trusts first cohort of the Clinical Associate in Psychology (CAP) apprenticeship via Exeter University. The CAP programme will commence in September 2022.

2.4.4 Princes' Trust co-location partnership

A further x3 young people (16-30) were supported into gaining employment within the Trust. This support will pause from August 2022 due to maternity leave, leads from BSMHFT & The Princes Trust are currently in discussion on how to sustain this momentum throughout the maternity leave period.

2.4.5 Career advise/recruitment opportunities

A People colleague will attend The B2022 Community Engagement Team, at Millennium Point Birmingham 25th July, to take part in an inspirational and ground-breaking event, where we will be challenging negative perceptions and what is possible in mental health services through the power of sport as means to recovery and prevention.

2.4.6 Roots 2 Care

A Project manager role has been shared with TSS colleagues & agencies with no uptake materialising, the lead for this work is now in discussion with our Programme Management Office to utilize their project expertise in fulfilling the aims of this fixed term funded project.

3 CLINICAL SERVICES

3.1 Summary

The post pandemic period has presented service areas with challenges in terms of filling staff vacancies. Innovative and creative solutions have been considered with attractive offers and benefits of joining the Trust too. Despite these challenges staff are committed to delivering high quality services with easy access for all service users. The following report is a high-level summary of the activities of each service over the past month of June.

3.2.1 Integrated Community Care and Recovery (ICCR)

Steps to Recovery Wards (S2R)

The teams at Dan Mooney and David Bromley have now converted to single sex complex care wards and this is progressing well. Early stages of a review of follow on housing and supportive placement provision is in place with good engagement from multi-agency colleagues.

The S2R service is functioning well, processing referrals and assessments with good flow through the system, well above targets for Length of Stay, with effective rehabilitation programmes back in place now. Community access has improved post pandemic.

Workstreams to improve care planning, risk management and a focus on the clinical pathway and the patient journey is all well underway with positive

effect. This has led to highlight a training agenda that is in progress for all staff.

Our service user survey and the staff survey have helped us source views from those both using and working within our service with action plans in place to address issues raised.

We have an away day planned to look at staffing, recruitment, retention and innovative roles to support provide quality interventions, and acknowledge that the current staffing marketplace provides challenges. A recent job fair supported recruitment of some RMN staff which we will look at undertaking again.

3.2.2 Homeless and Addictions services

Both SIAS and RNY have been successful in obtaining new funding for our drug and alcohol services following the Dame Carol Black's Independent Review of Drugs "From Harm to Hope 10-year drugs plan to cut crime and save lives" confirmation of the award was received this month. Both teams are now working to recruit staff and develop new services to meet the identified outcomes.

Newington office hub, official launch took place on the 29 June 2022 which went extremely well with good attendance from service users, local residents, local councillors and the Mayor of Solihull. All of the staff worked very hard to showcase what SIAS can offer to local people. Dame Carol Black who officially opened the centre was really impressed by the range of services for clients of offer and particularly the sustained recovery opportunities. Thank you to Simon Glover the SIAS Programme Manager for organising a lovely event.

The homeless teams continue to work together to offer a wide range of pathways for homeless people who are experiencing physical and mental health issues. We recently met with the St Johns Ambulance service to look at volunteering opportunities with the homeless and they commented how well resourced and organised Birmingham compared to others. The partnership model was seen as particularly effective in meeting the needs of the homeless population.

3.2.3 CMHT & Community Transformation

CMHTS continue to experience pressure and significant issues with demand and capacity, longer wait times for appointments and recent increase in cancellation of appointments due to medical workforce shortages. A number of CMHTs across the city have also experienced serious incidents that have impacted individuals and teams. TRIM support has been put in place for all staff.

New roles in CMHT are currently being recruited to. These roles include; support time recovery workers, occupational therapists and psychological therapists. CMHTs are also trailing new innovative preceptorship roles to grow and retain staff. This investment into our CMHTs has been welcomed by teams and will help to generate much needed capacity.

The Community Mental Health Transformation Programme continues to gain pace with both South and East localities going live and accepting referrals, with final Primary Care Network's coming on board. Early data seems to show a significant decrease on the number of referrals coming in the specialist mental health community teams for both providers.

The remaining three areas will now go live at the end of September to allow recruited staff to come into role. Additional Roles Reimbursement Scheme (ARRs) recruitment continues this year to further build capacity within the Primary Care Mental Health Teams. Job Plans for year one roles are currently being drafted, to provide clarity as to role responsibilities and allow capacity to be monitored against baseline staffing predictions, this will allow further reviews as to resources later in the year.

` To support the Primary Care Mental Health Teams a comprehensive training package is in the process of being finalised, offering training relating to: Motivational Interviewing, Trauma Informed Approach and Tree of life, as well as role specific training and specialist pathway training.

Year two and three roles have now been confirmed with leads and recruitment has commenced across all service areas. A touchpoint review of all roles will take place in October to consider viability of any roles not filled at that point and review progress against confirmed plans.

3.3.1 Attention Deficit Hyperactivity Disorder (ADHD)

We are seeing an increase in demand for new ADHD assessments which is impacting on wait times for assessments. There are issues with flow of service users through the service due to the challenge in transferring service users back to primary care. We are working with GPs and our MH colleagues leads in the ICB to ensure that our shared care process is fully utilised.

3.3.2 Early intervention service

Solihull Early Intervention Services are making great strides in meeting the national targets and in obtaining great outcomes for their service users. The newly appointed health instructor has introduced activities to support service users in building confidence, establishing social skills and network building to reduce loneliness and isolation. These activities include a cycling group, fishing group and rock-climbing group. The team have funded the equipment for these groups by accessing community grants and establishing good working relationships with local businesses**.**

3.3.3 Solar

Solar are working with system leads to develop the service and utilise new investment in line with national guidelines and this will see developments in the eating disorder, crisis, core and 18-25 transitions arms of the service. Solar as with other services, are experiencing staffing and recruitment challenges, the service has a particular focus on medical staff vacancies.

3.4 <u>Acute and Urgent Care</u>

Staffing pressures on the wards continue with the continuation of daily staff huddles in acute and urgent care to manage shortfalls in staffing, service user acuity and risks across the patch. Our staffing escalation process has been enacted and now daily cross directorate huddles are taking place to explore a number of options to support the wards. There have included, cross directorate working, along with exploring options of stepping down non-essential services. This will be kept under

review and monitored at both our silver/bronze call and our Operational Management Meeting.

Morale remains low across in patient wards and staff wellbeing support continues to be offered but take up is variable across the directorate, therefore different modes of support are being explored and offered.

An establishment review paper presented to the Safer Staffing Committee in February to support our inpatient wards with a new skill mix of roles per ward, has had approval for the north locality to proceed as an early adopter site for the proposed staffing model. Recruitment will now commence for each of the north wards to have an additional four posts per ward to support safer staffing with all posts being out of the numbers. The additional posts will help support an improved therapeutic environment and offer service users access to drop-in sessions and targeted support, whilst freeing the ward staff to provide safer care across the ward environment.

Demand for inpatient beds continues resulting in a request for mutual aid and support from our neighbouring Trusts, resulting in offers of inpatient admissions. The directorate continue to review all service users at daily prioritisation meetings to ensure those with the most clinical need are supported to access an inpatient stay if required. This has recently resulted in an increase in our inappropriate Out of Area placements going 15 beds above our additionally contracted twenty-two beds.

Ongoing recruitment challenges continue with consultant posts and sourcing interim locum consultants, short term interim solutions have been identified and are in place. Four more specialty grade doctors have been offered posts in Home Treatment. There is a positive change in sourcing and recruiting. The CESR programme has some credit in this.

There was a successful face to face away day for all acute care consultants on June 29th. This was well attended and well received with further discussions and action taking place to support the improvement agenda.

3.5 Primary Care, Dementia services and Specialties

3.5.1 Older Adults

High acuity and observations have continued all wards with a number of shifts which need covering which are posing a challenge for the teams, current hotspot is for band 5 nurses. There are currently two ward manager vacancies, which are currently in the recruitment process, leaving a gap in permanent leadership in the areas and therefore covering development opportunities within the teams . The service is being well supported by senior managers and professional leads during this time of transition.

There are also gaps in the discharge team at present and there are cover arrangements are in place but will be compounded by upcoming summer holiday planned leave, discussing and planning is in place to support this. Despite this, significant work has been achieved on arranging discharge placements for service users with delayed transfers of care (DTOCs).

3.5.2 Birmingham Healthy Minds (BHM)

The IAPT recovery plan presented to Trust FPP in May 2022 remains on track with significant work invested from senior team and project support.

BHM is currently working on a virtual recruitment pack with our communications and

PMO department with the aim of attracting a wider pool of staff for the service. Waiting times continues to be a challenge that BHM is addressing and discussion around performance is discussed within BSOL monthly IAPT forum meeting.

As a major provider of IAPT services within BSOL we are also supported by NHSE/I. We have recently recruited to our five autumn High Intensity Trainee posts allocated by HEE, and see this as a positive step in developing and retaining BHM workforce. We are in the process of having our first psychological well-being apprentice in the autumn and in the spring will be looking to recruit more. This as a career pathway opportunity for existing staff within the BSMHFT who have an interest in psychology therapies, but may not have the academic qualifications to gain a foothold into this interesting and dynamic service.

Lastly, we would like to express our thanks to our Clinical Lead Joanne Gill who after many years of dedicated services within BHM, retired in June 2022.

3.5.3 Bi-Polar

The Bipolar Service are currently organising the group programme for 2022. The plan to resume some face-to-face groups is challenging in terms of suitable clinical group space. In addition, whilst this is essential to cater for those who are digitally excluded, this move will lead to a drop in efficiency from offering fifteen places per group to eight due to current restrictions. A meeting has been set up to discuss challenges and solutions and share learning between psychological service staff running group programmes, infection control and senior administrative staff.

The team are currently working with one of our Non-Executive directors about developing a training package on bipolar disorder for third sector partners, which we think will be of great benefit to service users seen within different organisations.

3.6. Secure Care and Offender Health

Services continue to experience significant RMN recruitment challenges across the men's and women's services, and we are continuing with active recruitment in innovative ways. Two bedrooms remain decommissioned; however, the service is working closely with SSL colleagues to put temporary measures in place to safely create capacity. There has been increased incidence of staff reporting covid positive, but this has had no significant impact on business continuity to date.

There are changes in the FIRST leadership team with a new Clinical Service Manager, and the Advance Nurse Practitioner and OT lead retiring. These are being recruited to along with CPN vacancies, in the meantime caseloads are being team members and the Clinical Nurse Managers until posts are recruited to. Despite the challenges there is positive interface/liaison work taking place with ICCR and S2R and externally with our Coventry and Warwickshire MH partners.

The Liaison and Diversion (L&D) service are awaiting sign off on the Memorandum of Understanding to support STR workers and other L&D staff to work in police custody. The service has staffing pressures across all teams for band 6 practitioners, and this is well managed by careful planning and prioritisation. Preparatory work is being undertaken for the L&D/MHTR tender as we establish the operational tender committee.

4. SUSTAINABILITY

4.1 Funding

The system has received additional funding amounting to £36m in recent weeks – this has enabled the system, as well as the Trust, to submit a break even plan for this current financial year, compared to a deficit plan of £2.7m just a few weeks ago. The bulk of this reflects additional funding to offset some of the cost pressures that we, and other Trusts, had raised around inflationary pressures such as energy and PFI. We continue to monitor where we see financial pressures and report these through the usual governance processes.

4.2 West Midlands Mental Health and Learning Disability and Autism Provider Collaborative Development Governance

4.2.1 Governance

- The scheduled Provider Collaborative Chief Executive Officers and Chairs meeting has been postponed to late summer/Sept due to availability.

- The first Finance Directors, and the joint Medical Directors and Directors of Nursing meetings are taking place in early August. The purpose of these Forums is to identify key issues each Trust is facing and to work collaboratively to identify solutions and provide mutual support by sharing good practice. These Forums will be part of the wider governance architecture of the Collaborative with clear focus points to ensure time and effort put in place yield clear benefits to each Trust. Although these Forums will meet and operate as distinct/specialist functions, the intention is to share outline discussions and issues across the Forums to ensure joined-up discussions; for example, several Finance Directors identified the need to undertake benchmarking of back-office costs, as well as supporting benchmarking of cost of clinical services and sharing this information with Directors of Nursing to generate a richer discussion and potential joint actions.

- It is widely acknowledged across the Collaborative that relationships built on trust and mutual respect are crucial, especially when tackling the most challenging issues together. During the last Provider Collaborative Board meeting, the CEOs have discussed the essential nature of investing in organisational development to instill and embed collaborative behaviours by developing set of values that will support senior and clinical leadership buy-in and alignment and, through modelling behaviours, bring staff along and allow them to do things differently. The Board has mandated further discussions among key stakeholders to develop a set of values and behaviours for the Collaborative to adopt and communicate across their organisations. These will be captured within the Memorandum of Understanding which will be developed in the autumn.

- Discussions are taking place with the NHS Specialised Commissioning Mental Health and Learning Disability and Autism Lead Provider Collaboratives (CAMHS, Adult Eating Disorder and Adult Secure Care) to align governance arrangements to ensure oversight of changes proposed across whole pathways.

4..2.2 **Priority Programmes**

The Provider Collaborative Board have agreed the following as priority programmes:

- Mental Health and Learning Disability and Autism Population Modelling- Discussions commenced with Birmingham and Solihull Mental Health Foundation Trust (BSMHFT) as the Trust is currently in the process of developing procurement specification. The intention is to understand the scope of this exercise to upscale it across the WM Provider Collaborative partners. Discussion will also take place with Midlands Partnership Foundation Trust (MPFT) and BSMHFT to understand analytical expertise and willingness to pool resources to support the modelling work.
- Psychiatric Intensive Care Unit (PICU) Capacity Analysis- Currently awaiting response from each Trust to establish a task and finish group to develop an approach and to capture the necessary data to initiate the project. NHSE regional team have also been approached to seek support from as they have previously undertaken an analysis as part of their 'Out of Area' analysis.
- Children and Young People- It has been agreed with CAMHS Lead Provider Collaborative that this priority will be considered in line with the strategy that is currently being developed by the CAMHS Provider Collaborative Partners. Further discussions to take place in early September to develop a proposal for a discussion at the Collaborative Board on how programmes/priorities can align.
- Addressing Health Inequalities- Currently awaiting response from each Trust to establish a task and finish group to define the scope and agree approach. This will be a priority discussion topic at the joint Medical Directors and Directors of Nursing Group meeting going forward.

4.2.3 Workforce

- Psychological Therapies Supervisor Capacity Development- Leads across the Collaborative are working together to complete a scoping and mapping exercise to determine local and regional level plans and investment options.
- *Clinical Support Worker (CSW) Roles Development*- Leads across the Collaborative met in early July to define the project and to:
- develop and deliver a competency framework,
- develop a programme (recruitment, induction, and training) to increase retention and
- establish the CSW role as the first step on a supported career pathway.

4.2.4 Perinatal Lead Provider Collaborative Development

NHSE/I are undertaking planning for the selection of Lead Providers for Perinatal Mental Health Provider Collaboratives, indicating that provider collaboratives will need to go live between 1 January 2023 and 1 April 2023. Similar to the Provider Collaboratives in place for Adult Secure Care, CAMHS and Eating Disorders, the provider collaborative will have delegated responsibility for the financial budget and commissioning of services. Specifically, this would be commissioning responsibility for Inpatient Mother and Baby Units, but the clinical and operational model will be developed across the pathway with community commissioners, providers and experts by experience.

Discussions took place between Midlands Partnership NHS Foundation Trust (MPFT) and Birmingham and Solihull Mental Health Foundation Trust (BSMHFT), and with NHSE Region, and a proposal has been put forward that MPFT be the Lead Provider taking on contractual responsibilities, and BSMHFT providing clinical leadership for the perinatal mental health services across the West Midlands, which has been endorsed by the West Midlands Provider Collaborative Board.

Furthermore, the West Midlands Provider Collaborative Board discussed the need to consider moving away from competition to collaboration by recognising, and most effectively focusing on, where clinical strength exists to support decision-making in determining lead Trust(s) for future provider collaboratives.

4.2.5 **West Midlands Ambulance Service (WMAS) Mental Health Response Vehicle Capital Bid**

The Long-Term plan outlined the commitment to introduce mental health transport vehicles, introduce mental health nurses in ambulance control rooms and build mental health competency of ambulance staff to ensure that ambulance staff are trained and equipped to respond effectively to people experiencing a mental health crisis.

The West Midlands Ambulance Service (WMAS) are in the process of developing proposals to change their operating model and developing a business case setting out their investment requirement from each Integrated Care Board, as well as preparing to submit a capital bid for 14 mental health response vehicles for the region by 19th August 2022.

However, the West Midlands Primary Care Trusts believe that the model proposed by the WMAS does not take into consideration of local variations and initiatives that are in place which reduce the need for unnecessary ambulance response and resources required. Trusts representatives have recently met and agreed to a joint approach to engage with WMAS at a regional footprint to develop a set of overarching principles that could be adopted to ensure consistency and effective use of resources and a sustainable model for implementation. The Collaborative now is engaging with six Integrated Care Boards (ICBs) in West Midlands via NHSE to provide consistent system messages to in agreeing to the submission of capital bid on the express understanding that this is to meet deadline for securing funds, however, is seeking assurances from WMAS that ICBs and Trusts can revisit all elements of the business case, and if necessary, redesign the overarching model. The agreed next step is for ICBs (as commissioners) formally inform WMAS by 26th July 2022 and WMAS, ICB and the Provider Collaborative colleagues to review the model from Sept 2022.

4.3 BSOL Mental Health, Learning Disability and Autism (MHLDA) Service Integrator Update

BSMHFT and partners continue to drive forward plans for the delivery of a BSOL Mental Health Service Integrator due to go live from 1 April 2023. This includes describing what the future working will look like and the governance structures that will be in place to oversee the mobilisation and delivery of the MHSI.

We have engaged in the development of the drafted Devolved Authority Assurance framework being led by KPMG on behalf of BSOL ICB, and which sets out the full assurance process that needs to be completed satisfactorily before delegated responsibilities are handed over to the MHSI.

Over the last month, a lot of planning and preparation across the partnership has gone into making sure our programme and project plans, timelines, working groups and risk logs align to delivery of the assurance framework and enable us to develop our three year Integrated Delivery Plan. Our governance structures taking us through this period of implementation during 2022/23 have been reviewed and refined to ensure effectiveness.

Internally, we have established a Lead Provider Steering Group with key leads across the organisation to ensure we are in a state of readiness to operate our lead provider responsibilities from 1 April. We have done some communications across the organisation with an engagement session with our senior leaders and a Listen Up Live dedicated to the MHSI led by our Director of Strategy, People and Partnerships. A regular meeting with our Non-Executive Directors has been set up.

Current priorities include:

- Continued engagement and shaping of the Devolved Authority Assurance Process
- Development of a MH SI Partnership Agreement
- Internal readiness to take on lead provider responsibilities
- Engagement with staff over the development of the MHSI
- Continued engagement with the BSOL system on the connectivity of integrators with place and localities
- Options appraisal for engaging and contracting with the third secto

4.4 <u>Mental Health 10 Year Plan</u>

The government are developing a new 10-year mental health plan, aiming to improve mental health and wellbeing. This will build on the NHS Long Term plan and forms part of the government's wider commitments to 'build back fairer', working towards putting mental health on a level footing with physical health, and to address disparities in health outcomes and life changes across the country. They have run a 12 week call for evidence from April – July, asking the public, service users and carers, professionals, and organisations to submit their views about how to:

- promote positive mental wellbeing?
- prevent the onset of mental ill-health?
    - •intervene earlier when people need support with their mental health?
    - •improve the quality and effectiveness of treatment for mental health conditions?
    - •support people living with mental health conditions to live well?
    - •support for people in crisis?

    We have submitted a Birmingham and Solihull mental health system response, which contained views from our own organisation as well as BSOL ICB, Birmingham Women's and Children's NHSFT, our local authorities and third sector colleagues.

4.5 Business Development Activity

We are currently experiencing significant formal tender activity, particularly in relation to specialised services contracts from NHS England for services we currently provide.

We were delighted that our HMP Birmingham healthcare tender was successful, developed jointly with our existing partner Birmingham Community Healthcare NHST who provide physical healthcare, and our new partner Cranstoun who will provide psychosocial substance misuse services. We are currently in mobilisation stage, with the new contract commencing from 1 November 2022.

We have submitted a bid for the Integrated Offender Healthcare service across Birmingham and Solihull, which encapsulates the current liaison and diversion, prison leavers and mental health treatment requirements services we provide in police custody, courts and prison. The outcome is due mid-September with the new contract starting from 1 April 2023.

NHS England have just commenced a national procurement exercise for all 'Op Courage' veterans mental health services, with bids required to be submitted at the beginning of September. From 1 April 2023 there will a single contract for the Midlands region, encompassing both the East and West Midlands, with the expectation that provider collaborative arrangements are formed. We currently provide the Complex Treatment Service and High Intensity Service in the West Midlands.

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.

5.1 CQC Focused Inspection

The CQC made an unannounced inspection to Meadowcroft on June 12th and 13th following concerns raised with them by staff using the whistleblowing process. Concerns raised by staff included staffing issues, use of blanket restrictions, lack of alarms, keys and swipe cards and concerns around drugs getting onto the ward. We have not yet had a formal report from the CQC as they are in the process of finalising this however initial feedback following their visit noted that they did find evidence to substantiate the concerns raised by staff. They also found other issues during their visit around the secure storage of patient property, tidiness of the ward office and cleanliness of the courtyard.

They asked the Trust to take some immediate actions to ensure the availability of keys, alarms, and swipe cards and to ensure that a system is in place to enable escalation and response to any deficits in the availability of this equipment. This action has been completed and corporate services have made a number of visits to the site to conduct assurance testing and provide further input where required. Regular audits are being conducted by the matron of the service and these are checked by the Head of Nursing and AHPs.

As mentioned, we have not yet had a formal report from the CQC, however we have created an action plan with the service to reflect the initial feedback from the CQC.

6. NATIONAL ISSUES

The details below are drawn from a variety of sources, information published by NHS England/Improvement, Health Education England, NHS Providers, the NHS Confederation, and the Care Quality Commission (CQC)

6.1 Living with COVID-19

The Government has published a plan for Living with COVID: this is a 60-page document on living with the virus, which includes removing the remaining legal restrictions while protecting people most vulnerable to COVID-19 and maintaining resilience. The plan sets out how it will continue to protect and support citizens by: enabling society and the economy to open up more quickly than many comparable countries; using vaccines; and supporting the National Health Service (NHS) and social care sector. It sets out how the Government will ensure resilience, maintaining contingency capabilities to deal with a range of possible scenarios.

COVID-19 Response: Living with COVID-19 - GOV.UK (www.gov.uk)

6.2 Health Education England (HEE)

Health Education England has unveiled its new business plan for 2022/23.

The plan sets out how HEE will improve, reform and deliver the education and training the NHS needs as it transitions to a new role merged within NHS England and continues the recovery from COVID-19.

HEE's Chief Executive Navina Evans said: "This business plan recognises the need for continued and consistent delivery as we transition to the new organisation over the coming year.

It focuses on workforce transformation, skill mix, and growth; education and training reform; widening workforce participation and diversity; and our role in the global health workforce marketplace."
"The plan places people at the centre of our work because healthcare is about people - the people who require it and the people who deliver it."

The document is available to view here:
https://www.hee.nhs.uk/about/work-us/hee-business-plan-202223

6.3 All CQC-registered providers to ensure their staff receive training on interacting with people with a learning disability and autistic people

From 1 July 2022, all health and social care providers registered with CQC must ensure that their staff receive training in how to interact appropriately with people who have a learning disability and autistic people, at a level appropriate to their role. This new legal requirement is introduced by the Health and Care Act 2022.

The government is also required to consult on and publish a Code of Practice, which would outline the content, delivery and ongoing monitoring and evaluation of the Oliver McGowan Mandatory Training, which it has developed. We anticipate that the government will take at least 12 months to publish the Code of Practice.

CQC will provide statutory guidance until the Code of Practice is published. During our assessments and inspections of providers, we regularly look to see if staff are working with people appropriately, and if not, we consider what training and support has been provided to staff to ensure their understanding. Following the introduction of this requirement, we will be looking to see whether staff have received such training and whether providers have assessed the competencies of their staff following training. We will not be looking at what the training itself has involved.

6.4 Secretary of State for Health and Social Care The Rt Hon Steve Barclay MP

Steve Barclay was appointed Secretary of State for Health and Social Care on 5 July 2022. He was previously appointed Chancellor of the Duchy of Lancaster and Minister for the Cabinet Office between 15 September 2021 and July 2022.

He was previously Chief Secretary to the Treasury from 13 February 2020 to 15 September 2021 and Secretary of State for Exiting the European Union from 16 November 2018 to 31 January 2020 and Minister of State for the Department of Health and Social Care from January to November 2018. Steve was also Economic Secretary to the Treasury from June 2017 to January 2018.

ROISIN FALLON-WILLIAMS
CHIEF EXECUTIVE

6. Board Overview: Trust Values: P. Gayle

7. QUALITY

7.1. Quality, Patient Experience and Safety Chair's Assurance Report

Birmingham and Solihull Mental Health NHS Foundation Trust

Meeting	**QUALITY PATIENT EXPERIENCE & SAFETY COMMITTEE**
Agenda item	**7.1**
Paper title	**CHAIR'S ASSURANCE REPORT FROM QUALITY, PATIENT EXPERIENCE & SAFETY COMMITTEE**
Date	20 July 2022
Author	Dr L Cullen, Non-Executive Director, Chair
Executive sponsor	Mrs S Bloomfield – Executive Director of Quality and Safety (Chief Nurse)

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

Executive summary

The Quality Patient Experience & Safety committee met on the 20 July 2022. The attached Assurance Report is provided by the Committee Chair for the attention of the Board of Directors.

The committee received several assurance reports in relation to quality and patient safety. The committee requested that actions raised during the meeting were transferred across to the action log for assurance that issues raised were resolved.

Reason for consideration

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

Strategic objectives

Quality

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

Financial implications

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

Strategic Risks

- QSC1- The Trust fails to co-produce with people who uses its services
- QSC2 – The Trust fails to focus on reduction and prevention of patient harm
- QS2 – The Trust fails to be a self-learning organization that embeds patient safety culture
- QS4 – The Trust fails to be a self-learning organisation that embeds quality assurance
- QS5 – The Trust fails to lead and take accountability for the development of system wide approaches to care
- QS6 – The Trust fails to prevent and contain a public health outbreak
- QS7 – The Trust fails to take account of service users' holistic needs

Equality impact

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

Health inequality
Our values
Committed Compassionate Inclusive

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

1. ISSUES TO HIGHLIGHT TO THE BOARD

1.1 CQC Update

The Committee received an update on the activities related.

The salient points were noted as follows:

- We now have a revised programme of works for the installation of the en-suite door alarm systems in the south PFI based on the delays previously described. These works will be completed over the coming weeks
- A total of 433 Safety Huddles were completed out of a possible 444 for the period.
- In terms of safer staffing, the Safer Staffing Lead Nurse continues to lead projects to implement agreed initiatives from the Safer Staffing Group. It was noted that the MHOST tool have been completed across inpatient services and would be evaluated over the coming weeks.
- The monthly audits of MDT standards in Acute Care continue to take place and for this submission, we have seen an improvement in eight measures for the reporting period compared to the previous one and one has remained consistent. There is also reasonable compliance with the new measures that were introduced in April.
- We reported two anchor point incidents for the period, which took place on Melissa and Tazzeta, both using the en-suite doors. Both service users and staff were provided with the necessary support and the incident was subject to a 72-hour review.
- The team continues to work with service areas to prepare for any upcoming inspections and this work includes our monthly CQC Steering Group and the wider roll out of the Peer Review programme.
- It was noted that the Trust's allocated CQC inspection was assured to receive more data in the monthly reports. However, there is now a new lead assigned to the Trust and the next meeting would determine the approach that would be taken going forward.
- Assurance was given that whilst the formal report into the visit on Meadowcroft had not been received an action plan was in place and progress had been made to mitigate risks.

Chair's assurance comments:
Staffing remains a major concern and committee was assured that the initial MHOST assessment for all wards has been completed and is being analysed alongside incidents during this period. Committee also considered in detail the significant staffing issues in community and other areas and the increased demand, acuity and waiting times for assessment and treatment and how we are addressing these. We considered the major piece of ongoing work in community transformation. We were pleased to hear that 3 of our QI team will be dedicated to supporting pathway redesign within our services and that a piece of work has been commissioned by the ICS to assess the mental health needs of the population

1.1 Serious Incident Report

The Committee received the Serious Incidents and Learning report and noted the salient points:

- 8 serious incidents have been reported to Commissioners during May 2022, which is just above the median of 7, Of these 8 incidents, 3 occurred during May with 2 occurring in April and 2 in March. There were also 2 unexpected inpatient deaths from October 2021 and January 2022 that were logged in May, initially these incidents were recorded as internal reviews as we were awaiting causes of death from HM Coroner, as no cause of death had been received to date and the time lapsed. A decision was made with our Commissioners to report the incidents on STEIS and a request to downgrade, if necessary, when the cause of death is received. This is now the agreed process we will follow.
- As we continue to use the Serious Incident Framework these incidents will be investigated using these principles until we are instructed to transition to the Patient Safety Incident Response Framework (PSIRF), PSIRF is due to be published at the which the end of June 2022. All families, where details are available will be invited to participate in the review and offered the support of the Family Liaison Officer. Staff involved will be provided with literature signposting them where they access support and reminded of the 'Just Culture' within which the Trust operates
- In terms of completed reviews, 6 reports were submitted to our commissioners for consideration of closure.
- The themes arising from Serious Incidents include record keeping, working in a trauma informed way and interfaces with internally and externally. As the 60-day review deadline has been removed nationally due to COVID there are no breaches to report.
- Committee would also wish to draw colleagues' attention to the NHS England's Patient Safety Training which is now available on the BSMHFT eLearning hub.

  Level 1: Essentials of Patient Safety
  Level 1.1: Essentials of Patient Safety for Boards and Senior Leadership Teams
  Level 2 Access to Practice.
  https://learning.bsmhft.nhs.uk/course/view.php

Chair's assurance comments:
We noted that over next year or so we will be moving from our existing serious incident framework to the new patient safety framework which will have a significant focus on embedding learning from incidents. Future incident reports presented to committee will routinely analyse incident data to show trends in age, gender, and ethnicity.

1.4 Quality Metrics

The committee received the detailed report highlighting the following:

- During May there was a total number of 2553 incidents reported
- Daily staffing huddles are taking place to support teams in recognising and mitigating risks locally.
- During May reported incident numbers increased in relation to medication, physical assault and workforce and staffing
- 14% of our incidents reported during May resulted in a level of harm to patients. We remain below the national average for incidents resulting in harm to patients (39%) in accordance with the National Reporting and Learning System benchmark reporting and we also measure favorably in this area in the CQC Insight report.
- During May, 8 serious incidents were reported of which 3 occurred during the month, with 3 occurring in April and 2 in May. There were also 2 unexpected inpatient deaths from October 2021 and January 2022 that were logged in May.
- I3 of the incidents related to the death of our service users in the community and 1

inpatient death at a general hospital. There was 1 infection outbreak/ward closure case, 2 serious self-harm incidents and 1 absconsion from a secure inpatient unit.

- There are 9 inquests scheduled to take place for those incidents reported as a suspected suicide, it should be noted that not all suspected suicides translate to confirmed suicides.
- There has been an overall increase in the number of prone incidents reported during the month. 43 were reported incidents of prone restraint for the month of May. Of these 43 incidents, the majority last less than 5 minutes and 1 incident lasting 120 minutes, the extensive duration was due to self-injurious behaviours along with other therapeutic measures.
- There were 339 incidents of physical restraint reported which is a significant increase. Most cases were seen on Clantro (172).
- During May there was an increase in the number of assaults. Most incidents reported across the Trust resulted in no harm, however, 6 incidents resulted in moderate harm.
- During May there were 7 absconsions reported during May.
- There was a continued increase in the number of reports of individuals failing to return from section 17 leave.
- Incidents of self-harm remained the same during May. During the month of May 167 incidents were reported.
- During May there was a reduction in ligature points, 31 occurring, with no fixed anchor points.
- There were 7 newly registered complaints, 100% of which were closed in agreed timeframes.

Chair's assurance comments:
Committee noted monthly quality report. Committee were assured that we continue with high levels of incident reporting and low levels of harm as benchmarked nationally. We discussed assaults on staff and clinical governance team will analyse data to identify potential underlying causes for this as well as linking to workforce data and restrictive practice work . Committee were assured that further work is to take place into how to measure and audit patient experience

1.5 Integrated Performance Report

The Committee received the Integrated Performance Report and noted the salient points:

- The fitness for purpose of the report and it was agreed that further work would be undertaken to improve transparency against improvement trajectories.
- 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. June's figure is 19 patients
- IAPT –It was noted there are 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 because of COVID, but the overall divergence between individual teams has long been a concern.
- Financial position and CIP – Financial position for 2022/23 is adverse to plan.
- CPA performance reviews continues to decline, currently sitting at 86%. It was noted that there will be a change in the requirement to undertake CPA reviews within the next 12 months.

- IAPT performance continues to fluctuate with performance dropping to 29.6%

following an increase by 10% in April. This is against a 75% target.

Chair's assurance comments:
Committee discussed how to improve the report to make it clearer for us to understand the progress we are making against objectives and how we are managing key risks and creating a more cohesive narrative to reflect the cross-cutting issues related to quality, patient experience and workforce issues. We were pleased to hear of national guidance to replace care programme approach (CPA) with a new process that will be based more on patient experience and take into consideration the holistic needs of patients

1.6 IPC Annual Report

The committee received the annual report for Infection Prevention and Control.

The 2021/22 annual report outlined the Trust's continued commitment to minimising the risks of Healthcare Associated Infection (HCAI) across our services and promoted best practice in infection prevention and control, as well as the response to the COVID pandemic.

The report detailed the activities undertaken by the Infection Prevention Partnership Committee (IPPC) and the Infection Prevention and Control team (IPCT) to lessen the risk of avoidable harm to service users and promote safe working practices for trust staff and the measures put in place to minimise the disruption of services due to COVID as well as keeping staff, service users, contractors, and visitors safe. It demonstrates collaborative working to ensure that national initiatives are incorporated into trust policies, procedures, and guidance to inform best practice and to improve health outcomes for our service users and the wider community.

The Trust has continued to monitor compliance with regulatory requirements and is assured through the IPPC that services are safely and effectively managed through receipt of quarterly reports on audit, training, and surveillance of incidents and outbreaks of infection. The report follows the format of the Health and Social Care Act (2008) Code of Practice of the prevention and control of infections and related Guidance (Department of Health 2015) to demonstrate our compliance with the criteria and recommendations for 2022-2023 work plan to strengthen assurance.

Chair's assurance comments:
Committee noted the report and the ongoing considerable activity due to the pandemic. Committee were advised about the upcoming flu and COVID booster vaccination plan and that we are using lessons learnt and working with others In the BSOL system as to how to maximise the uptake this coming year

1.7 Safeguarding Biannual Report

The committee received a comprehensive report covering a two-year reporting period that spans an episode when the safeguarding team were working in entirely new ways whilst under unprecedented pressure due to the Covid-19 Pandemic.

As a result, the safeguarding service alongside other areas have developed new ways of working and have delivered the following:

- Took 970 advice calls in comparison to 373 the previous year of which domestic abuse was the main area of concern, more than double for the previous year.
- Provided information for 3417 referrals into Birmingham and Solihull MASH.
- Liaised with clinical teams for 971 service users identified as open to BSMHFT.
- Redesign of training to online.
- Attended and contributed to 139 strategy meetings

- Reviewed information sharing for Birmingham and Solihull MARA due to the increase in high-risk domestic abuse over the pandemic. Birmingham MARAC's were being held daily. Within each conference up to 20 individuals and families impacted by domestic abuse were being discussed.
- Designed a new Integrated Safeguarding System.

Chair's assurance comments:
Committee noted the report, and the huge amount of work that has taken place in the past 24 months. with significant increase in referrals to the team particularly in relation to child abuse and neglect and domestic abuse .Committee was assured that new standards are being set for how to work together across the system

1.8 Briefing Paper following the publication of the National Review into the murders of Arthur Labinjo-Hughes and Star Hobson

The committee noted the key findings from the review as follows:

- Weakness in sharing information between agencies
- A lack of critical thinking and professional curiosity
- Failure to trigger statutory multi-agency child protection processes
- A lack of child protection skills to identify disguised compliance and to understand the daily lives of these children who were living with domestic abuse

Key Messages identified for BSMHFT were identified as follows:

- Safeguarding is everyone's business
- All staff to be compliant with their safeguarding training
- Staff working with children to access 3 monthly SG supervision
- Staff to work using a "Think Family" approach
- Staff to ask about partners and consider any associated risks and update the Family and Sibling form in RiO
- Understand the impact of domestic abuse on children and adults
- Communicate with agencies and share information to safeguard children and service users

Chair's assurance comments:
Committee was assured that the safeguarding team is working closely with the governance team to monitor action plans and audits across all areas concerned. A report will be brought to committee in October detailing all actions taken

1.9 Escalation from Clinical Governance Committee

The Committee received a report outlining discussion from the Clinical Governance Committee. There were no key issues for escalation.

Chair's assurance comments:
Committee noted the report

1.10 Hot Topics - Capital Programme 2022/23 and Capital Prioritisation Process

The Committee noted that BSol ICS Investment Committee has allocated £7.3m capital funding to the Trust for 2022/23. In line with the prioritisation process the Executive Directors have reviewed all bids and recommended the allocation of these monies. Business cases will be prepared for approval to draw down against this allocation. The prioritisation process has been reviewed and several modifications proposed.

The Committees approved the allocation of capital funds and the updated prioritisation process. These matters will then be formally recommended for final approval by the Board.

1.11 Matters for Escalation

The committee noted the following risks for escalation to the Trust Board:

- Level of staffing resources
- Waiting lists
- Lack of Directors in attendance at Reach Out commissioning meeting impacting on the level of assurance provided.

LINDA CULLEN
NON-EXECUTIVE DIRECTOR

8. PEOPLE

8.1. People Committee Chair's Assurance Report including People Committee Annual Report

Birmingham and Solihull Mental Health NHS Foundation Trust

Meeting	**BOARD OF DIRECTORS**
Agenda item	**8.1**
Paper title	**CHAIR'S ASSURANCE REPORT FROM THE PEOPLE COMMITTEE**
Date	27th July 2022
Author	P. Gayle, Non-Executive Director (Chair of Committee)
Executive sponsor	P. Nyarumbu, Executive Director of Strategy, People & Partnerships

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

Executive summary

The People Committee met on the 20th July 2022. The attached Assurance Report is provided by the Committee Chair for the attention of the Board.

In addition, the Committee is presenting it's Annual Report to the Board of Directors for assurance regarding addressing the Terms of Reference for the Committee.

Reason for consideration

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

Strategic objectives/ priorities

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

Financial implications

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

Risks

The key risk discussed with the Committee related to safer staffing and the shortage of registered nurses across the Trust.

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 Key Performance Indicators

The Committee was presented with a report to provide assurance on actions being taken to address concerns around People KPIs aligned to the Shaping our Future Workforce and Transforming Our Culture Strategic Aims under the Trust's People Strategic Priority.

The Committee was informed that the current position for vacancies with a significant increase in the establishment resulting in the vacancy rate increasing from 11% to 14.3% with the target of 6%. There were vacancies within the medical workforce which was being covered by agency staff.

In terms of bank and agency fill rate, there had been an increase in demand in filling shifts which was being driven by high levels of acuity with certain service users needing to be cared for at 5:1 ratio. Financial incentives have been offered but unfortunately this had not affected a number of shifts within the most challenging areas.

Chair's Assurance Comments:
The committee acknowledged the challenges we have as a Trust regarding vacancies. We considered how realistic it was to have a target of 6% when we are significantly far from this given the increase in vacancies we are seeing in the establishments. Therefore, assurance could not be provided that the 6% target would be achieved in this financial year.

The committee received some reassurance in terms of addressing our medics agency spend. The committee were informed we are looking at different ways to reduce the agency spend. There are proposals in place regarding contractual options to remove medics from agency. If these initiatives are successful, the committee were informed we will receive assurance that we have started to reduce agency spend in this area.

1.2 Integrated Performance Report

The Committee received the integrated performance report with the main headlines which included the out of area placements with the pressures on wards and closures on beds. IAPTs was discussed at the FPP Committee including the workforce pressures within Birmingham Healthy Minds. The FPP focused on the financial position and the CIP position. P. Nyarumbu added that the SPC charts helped track the concerns and improvements to ensure all Committees understood the performance across the Trust.

Chair's Assurance Comments:
The data in the integrated report were predominantly discussed within the KPI report by Patrick. The committee were informed that the four quadrants of quality, people, clinical services, and sustainability were working closely together with Trust wide issues being addressed to ensure the risks were identified.

1.3 Report from Shaping Our Future Workforce Sub Committee

This paper was presented to the Committee to provide assurance to on the progress made against 3 of the workstreams within the People Strategy Implementation Plan that were reviewed at the Shaping Our Future Workforce Sub Committee meetings held on 6 June and 4 July 2022.

The People Team are working with key leads across the Trust in developing the Estates Plan that will subsequently inform our approach to agile working. There is a high interdependency within these areas of work. Once the Estates Plan has been finalized, we will be able to formalize the Agile Working Policy and socialize it throughout the Trust.

The subcommittee received a report setting out the plans to improve our corporate induction processes along with a report relating to the refresh and launch of Trust retirement processes

The subcommittee received a report outlining the completed and planned work in developing retention plans for the AHP and Psychology professional groups.

Chair's Assurance Comments:
We were updated on the Trust the work being undertaken in relation to the agile working policy. Head of HR and People who is leading on this and awaits the detail of the estate strategy to be agreed post the decommissioning of B1 which will inform the agile work policy and how this impacts on staff. Therefore, the committee were not fully assured given the unsurety of what the impact on staff may be.

We were informed the AHP retention plan has been completed, and further engagement was in place with Psychology colleagues to help shape the retention plans for this professional group. The committee received some reassurance that these plans will be available to be reported through to the People Committee by September 2022. The People Team will use the learning in the development of the retention plans to inform the development of the nursing professional retention plan in Q3.

1.4 Addressing lack of diversity in senior roles

J. Kaur, Head of Equality, attended the meeting to present a report on addressing the lack of diversity within senior roles in the Trust. This was based around becoming an anti-racist organisation and sits within the reducing inequalities priority and being representative of the communities served by the Trust.

This was an extremely interesting presentation aiming to provide assurance to the People Committee on the Ongoing organisational activities and plans to improve the level of Black, Asian, and Minority Ethnic colleagues in senior roles, The reduction of inequality within the recruitment and selection process and Project Flourish, the evolving talent management programme which included positive action elements to support career development for our disabled and Black, Asian, and Minority Ethnic employees.

Chair's Assurance Comments:
The committee received information on current representation in senior management roles and in most of the areas other than 8d the Trust are

meeting our proposed 40% target that we had originally set which is good news as we are fortunate that we are attracting this talent to our Trust. Although this is good news the committee going forward will still require the assurance on the next steps with regards to sustain and grow our talent and be an inclusive organisation.

The committee were informed that in terms of reassurance verses assurance although we can see more than green shoots in this area, we are at a reassurance position as there is still some cultural shift work to do across the organisation.

1.5 Report from Transforming Our Future Workforce Sub Committee

A report from Transforming Our Future Workforce Sub Committee was received providing assurance on the work being undertaken by the Transforming Our Culture and Staff Experience Sub-committee. The Sub-committee met on 9th June 2022 and 7th July 2022.

The Sub Committee had received a verbal update on the Team Culture Deep Dive. The Sub Committee heard from Behind the Badge workstream which was around colleagues with Lived Experience.

The work was well intended but it needed a place where it could be championed and reported on and the workstream would work closely with J. Kaur to implement a staff network model.

The first formal report from the new Health & Wellbeing Steering Group which had met monthly and was an inclusive group. It was reported that there was no designated budget and a business case was being prepared.

Chair's Assurance Comments:
The committee were informed that the anti-racism roadmap was reviewed by the subcommittee but assurance could not yet be provided as it was too early, however, the Subcommittee was clear that the work was on track and asked for additional updates in terms of changes to timescales.

We received an update on the team culture deep dive and we were not fully assured as there have been workforce challenges within the OD function and due to this the subcommittee had not received an update. The committee stated If the challenges within OD is affecting team culture deep dives the concern raised is in relation to the risks where OD is required within the other people elements as well. The subcommittee asked any other risks to our work streams that require OD focus are noted and managed within the people function operationally to address those mitigations. Therefore, no assurance could be given on the delivery against team culture and the future plans for team culture deep dives.

Behind the badge the committee were informed the subcommittee were assured of the activities taken to date by the behind the badge campaign. However, they were not assured on the infrastructure to support safe space forums for colleagues with lived experience and requested that a staff network approach be considered.

The committee confirmed the NED FTSUG will also be the NED Wellbeing Guardian for the Trust.

1.6 Staff Survey Free Text Comments and Pulse Survey

The Transforming Culture and Staff Experience Sub-Committee escalated for discussion and assurance two descriptive papers regarding employee voice. One paper was a bespoke analysis of the free text comments from the National NHS Staff Survey for 2021. A themed analysis has been conducted and example comments supplied under each of the key themes identified. The other paper was an analysis of the quantitative and qualitative findings, including further comments from our people, taken from the NHS People Pulse for April 2022.

The comments from the 2021 staff survey and the April NHS People Pulse help to solidify and more specifically articulate the concerns we have already identified from the quantitative data in our recent staff surveys. They serve to emphasise the continued importance of responding to these concerns to improve the experience of colleagues at our Trust.

Chair's Assurance Comments:
The committee were informed that the people Pulse is still highlighting we remain in a challenged position according to the results and the real concern about staff shortage which is comparable to comments made in the staff survey. There is some slight improvement but we need to do more work particularly around communications and visible leadership which features in both surveys.

1.7 E-Rostering Programme Board Update

The Committee received a brief verbal update regarding the E-Programme Board the provisional implementation due in October and the Committee requested a written update for the next People Committee.

Chair's Assurance Comments
The committee could not be assured on the effectiveness of e-rostering until we receive a full written update in October.

1.8 Ockenden Report

The Committee received a report relating to the Ockenden review, which was published on 30th March 2022 and detailed the findings, conclusions and essential actions from the independent review of maternity services at the Shrewsbury and Telford Hospital NHS Trust. It provides an opportunity to review within all provider organisations areas were systemic failing occurred and ensure appropriate systems and processes are in place to ensure repeat failings do not occur in others setting.

The report to the Committee highlighted the key areas of concern and an initial benchmark against Trust processes, It is recognized that there are challenges against a number of areas, primarily staffing but work is being undertaken to address or mitigate against risks.
The Committee would receive a report back which would include action plans and this would be presented to the Committee in September

Chair's Assurance Comments
The committee were informed the report highlights primarily challenges with safe staffing levels and we received reassurance the work has begun to mitigate identified risks. However, full assurance could not be given as further work and a comprehensive action plan will be created and taken through the appropriate committee structures to give assurance that risk mitigation are in place.

1.9 Escalation from Safer Staffing Sub Committee

A verbal report was received detailing that the Trust was facing specific staffing challenges within acute and urgent care. It was reported that recruitment had commenced regarding nurse associates with block adverts being arranged. It was noted that analysis had been undertaken on hot recruitment spots to ensure recruitment could be addressed in the areas which were struggling to recruit.

Derek Tobin was supporting the international recruitment project for two days a week and an progress paper was being presented to the next Safer Staffing Meeting.

The risk register had been updated regarding safer staffing in terms of the risks around safe care relating to staff shortages**.**

Chair's Assurance Comments
***We received a verbal update which was helpful, but we were not fully assured due to the subcommittee only meeting two days prior to the People Committee and a detailed written report could not be produced*.**

1.10 Hot Topics

There were two hot topics highlighted:

National Pay Award
Discussions were held on the national pay award announcement with additional national guidance awaited regarding implementation.

National Recognition

The Committee was informed that NHS England had approached the Trust regarding the recruitment of certain staff groups and the actions taken by the Trust. This Trust employs 26% male nurses which was more than double the national figure and the Trust had the highest percentage of African and Caribbean HCAs. NHSE approached the Trust to see how this had been achieved. It was reported that within the Trust there was a high level of coaching and mentoring undertaken by nurses for HCAs which was inspirational.

1.11 Matters for Escalation to the Board of Directors

The continuing concerns regarding safer staffing levels within the Trust.

PHILIP GAYLE
NON-EXECUTIVE DIRECTOR
22nd July 2022

Birmingham and Solihull Mental Health NHS Foundation Trust

ANNUAL REPORT PEOPLE COMMITTEE

APRIL 2021 – MARCH 2022

1. PERIOD COVERED BY THIS REPORT

This report covers the work of the People Committee for the financial year 1st April 2021 to 31st March 2022.

2. PURPOSE

The People Committee has been formally established by the Board of Directors as one of its sub-committees. It is authorised to investigate and seek assurance on the effectiveness of the Trust's People Strategic Priority of the Trust's Strategy (2020-2025) and people related issues of the Strategic Priorities of the Trust strategy (2020-2025) are being delivered to all staff groups in line with the Trust values:

The Committee will take responsibility and delivery of aims set out within the People Strategic Priority as below:

Shaping Our Future Workforce including
- Attract and Retain Diverse Talent
- High-Performing Workforce
- Flexible &Transformative Workforce Models

Transforming Our Culture including
- Inclusion, Equality and diversity
- Safety to Speak Up and Share Learning
- Compassion and Wellbeing

Modernising our People Practice including
- Integrated People Practice
- Evidence-Based People Practice
- Digitally –Enabled Workforce

The Committee is supported by two sub-groups to provide reports to the People Committee to this effect. The sub-committees have been chaired by professional leads outside of the People function:

- Shaping the Future Workforce Sub Committee
- Transforming Our Culture and Staff Experience Sub Committee

This report covers the work the Committee has undertaken at the meetings held during 2021/22. It seeks to assure the Board on the work it has carried out and the assurances received, and to demonstrate that it has operated within its Terms of Reference.

Secretariat support is provided by the Corporate Governance Team in relation to agenda planning; minutes; managing cumulative action logs; and general meeting support.

3. ASSURANCE

The Committee receives assurance from the executive director members of the Committee and from the subject matter experts who attend the meetings as required dependant on the agenda items being discussed. Assurance is provided through written reports, both regular and bespoke, through challenge by members of the Committee and by members seeking to validate the information provided through wider knowledge of the organisation; specialist areas of expertise; attending Board of Directors', and Council of Governors' meetings; visiting services; and talking to staff.

The Committee is assured that it has the right membership to provide the right level and calibre of information and challenge and that the right reporting methods, structures and work plans are in place to provide oversight on behalf of the Board in respect of performance in the areas covered by its Terms of Reference.

Part of its assurance role is to receive the Board Assurance Framework (BAF); a primary assurance document for the Board which details those key controls in place to ensure that the risks to achieving the strategic objectives are being well managed. The BAF lists those committees that are responsible for receiving assurance in respect of the effectiveness of those controls, and the People Committee will be asked to note, in particular, those where it is listed as an assurance receiver to ensure that it had received sufficient assurance through the reports that come to the Committee or to commission further information where there was a lack of assurance (actual or perceived). These are:

The Committee reviews the BAF on a quarterly basis prior to it being presented to the Board of Directors.

REF	STRATEGIC RISK	RISK APPETITE
P1	The Trust fails to develop an inclusive and compassionate working environment	Significant: We seek to lead the way in terms of workforce innovation. We accept that innovation can be disruptive and are happy to use it as a catalyst to drive positive change.
P2	The Trust fails to deliver its ambition to transform the culture and sponsor, implement, support, and monitor a multidisciplinary values-based leadership framework developing the right capabilities	
P3	The Trust fails to engage effectively with its workforce through a dynamic, sustainable internal and external communication plan	
P4	The Trust fails to demonstrate a holistic approach to reward (through personal development) to all employees, address inequalities, reflect and represent the communities served by the Trust	
P5	The Trust fails to look holistically at flexible and transformative workforce models used across all services, resulting in:	

4. TERMS OF REFERENCE FOR THE PEOPLE COMMTTEE

In September 2021, the Terms of Reference for the Committee were approved by the members and approved by the Board of Directors in November 2021.

5. MEETINGS OF THE COMMITTEE

In 2021/22 the Committee met formally on 11 occasions. It should be noted that the committee continued to meet throughout the Coronavirus pandemic to discuss keypeople/workforce issues with a dedicated focus on the mandatory vaccination programme. In 2021/22 all committee meetings were held virtually in order to comply with Government directions, which were included in the UK Coronavirus Act 2020. The dates on which the Committee has met during the year are as follows:

- 21st April 2021
- 23rd June 2021

- 21 July 2021
- 24th August 2021
- 22 September 2021
- 20 October 2021
- 17 November 2021
- 22 December 2022
- 19 January 2022
- 23 February 2022
- 23 March 2022

The draft agenda for each meeting is presented to the Chair of the Committee, the Executive Director of Strategy, People & Partnerships and the Committee Secretariat.

In line with its Terms of Reference, paperwork for this meeting is circulated to members five calendar days prior to the meeting taking place. All actions pertaining to the meetings of the Committee are tracked on a cumulative action log and presented to each meeting by the Committee Secretariat for assurance with progress made.

6. MEMBERSHIP OF THE COMMITTEE AND ATTENDANCE AT MEETINGS

Membership of the People Committee is made up of three non-executive directors; the Executive Director of Strategy, People & Partnerships, Executive Director of Safety & Quality (Chief Nurse), the Medical Director and the Executive Director of Operations. The Committee is chaired by a non-executive director (NED), Phil Gayle. Should the NED chair be unable to chair the meeting this role will fall to the Vice Chair of the Committee.

Subject area experts are also invited to attend the meetings as appropriate, to provide expertise and knowledge on the areas that they are responsible for. On this occasion, they are attendees and do not count towards to membership of the meetings as outlined in the Terms of Reference.

The table below shows attendance for substantive members of the committee for the meetings that took place during 2021/22.

Attendance at Quality Committee meetings by substantive members

Key:

✓ shows attendance

A Apologies received

NAME	April No Meeting	May	June	Jul	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar
P. Gayle		√	√	√	√	√	√	√	A	A	√	√
D. Oum (Chair)									√			
A. Baines									√	√	√	√
R. Beale		√	√	√	√	A	√	A	A	A	√	√
J. Warmington		A										
W. Weir						√	√	√	A	√	√	
P. Nyarumbu		√	√	√	A	√	√	√	√	√	√	√
V. Devlin		√	√	√	A	√	√	√	√	√	√	√
S. Bloomfield		√	√	√	√	A	A	√	A	√	A	√
H. Grant		A	√	√	√	√	A	√	√	√	A	√

Attendance at People Committee meetings by formal attendees

NAME	April	May	June	Jul	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar
R. Sollars		A	√	√	√	√	√	√	A	√	√	√
S. Crow		√	√									
D. Oum		√	√			√	√			√	√	√
J. Reames		√										
J Romano		√										
G. Berrisford		√	√								√	
J. Travers		√								√		
D Phipps		√										
H. Hurst		√										
E Stasiak			√	√	√							
D. Williams			√									
R. Falllon-Williams				√	√	√	√	√		√	√	√
B. Currie				√	√	√	√					
M. Coumarassamy				√	√							
S. Kalsy-Lillico				√	√	√	√		√	√	√	√
N. Willets						√			√		√	
J. Kaur							√		√			
E. Randle							√					
R. Grant							√	√				
T. Clark							√					
S. Chinnock							√	√				
M. Jinks							√	√				√
M. Martin											√	
H. Brown											√	

7. REPORTS MADE TO THE BOARD OF DIRECTORS

The Chair of the Committee makes an assurance and escalation report regarding the most recent meeting of the Committee to the next available Board of Directors' meeting. This report seeks to assure the Board on the main items discussed by the Committee and should it be necessary to escalate to the Board any matters of concern or urgent business which the Committee is unable to conclude. The Board may then decide to give direction to the Committee as to how the matter should be taken forward or it may agree that the Board deals with the matter itself.

Where the Board wants greater assurance on any matters that are within the remit of the Terms of Reference of the Committee the Board may ask for these to be looked at in greater detail by the Committee.

The below table outlines the dates that the assurance and escalation reports were presented by the Chair of the People Committee to the Board of Directors meetings.

Date of meeting	Assurance and escalation report to Board by Chair
19th May 2021	26th May 2021
23rd June 2021	30th June 2021
21st July 2021	28th July 2021

Date of meeting	Assurance and escalation report to Board by Chair
24th August 2021	31st August 2021
22nd September 2021	29th September 2021
20th October 2021	27th October 2021
17th November 2021	24th November 2021
15th December 2021	No Board Meeting
19th January 2022	26th January 2022
16th February 2022	23rd February 2022
23rd March 2022	30th March 2022

8. THE WORK OF THE COMMITTEE DURING 2021/22

During 2021/22 the Chair of the People Committee confirmed that the Committee has carried out its role in accordance with its Terms of Reference. Further details of all of these areas of work can be found in the minutes and papers of the Committee.

A high-level presentation of areas of work on which the Committee has received assurance and during 2021/22 are as follows:

Reports on:

- People Strategy and Action Plans
- People Strategy Implementation Report
- Monthly Key Performance Indicator Report
- Integrated Performance Report
- Board Assurance Framework
- Corporate Risk Register Review
- Workforce Planning
- Safer Staffing Report
- Integrated Safer Staffing Report
- Disciplinary Policy
- Bi-monthly reports from Shaping our Future Workforce Sub Group and Transforming Our Culture and Staff Experience Sub Group presenting reports escalated from the sub Committees
- Report on Anonymising Clinical Records for Patients
- ICS People Board Update
- ICS People Board Update on Project 100 Junior Roles
- Team Culture and Staff Experience Deep Dive
- Staff Survey Results and Update
- Freedom to Speak Up Quarterly Reports
- Embedding Trust Values within policies and procedures
- Leadership Development
- Employment opportunities for Local Communities
- Ongoing Organisational Change Processes
- HEE AHP Funded Project
- Psychological Professionals Workforce Development

- Reaside Culture Deep Dive
- Workforce EDI Data
- Entry Level Roles Update
- Developing - 4 Staff Charter
- Transforming the culture of TSS
- Mandated Vaccination Programme
- Talent Management and Succession Planning Strategy
- Health Observatory Report

9. CONCLUSION

The Chair of the People Committee would like to assure the Board of Directors that the Committee has fulfilled its Terms of Reference during 2021/22. Throughout the year the Committee has monitored the impact of the pandemic on quality and gained assurance on how quality matters are considered and addressed. It has added value by maintaining an open and professional relationship with officers of the Trust and has carried out its work diligently; discussed issues openly and robustly; and kept the Board of Directors apprised of any possible issues or risks.

Members of the Committee would like to thank all those who have responded to its requests during the year and who have supported it in carrying out its duties.

PHIL GAYLE
Non-Executive Director and Chair of the People Committee
July 2022

8.2. Freedom to Speak Up Report

Birmingham and Solihull Mental Health NHS Foundation Trust

MEETING	**BOARD OF DIRECTORS**
AGENDA ITEM	**8.2**
PAPER TITLE	**FREEDOM TO SPEAK UP REPORT**
DATE	27th July 2022
AUTHOR	Emma Randle, Freedom to Speak Up Guardian
EXECUTIVE SPONSOR	Sarah Bloomfield, Director of Quality and Safety (Chief Nurse)

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

Equality & Diversity ***(all boxes MUST be completed)***	
Does this report reduce inequalities for our service users, staff and carers?	Yes
What data has been considered to understand the impact?	Data within the Allocate software system

Executive summary & Recommendations:

This report provides an update on activity by, and recommendations from, the Trust's Freedom to Speak Up Guardians (FTSUG) covering the period from the last report dated June 2021 to July 2022

Reason for consideration:

To provide assurance to the Board of Directors on the reporting of concerns to the Freedom to Speak Up Guardian

Previous consideration of report by:

Regular reporting on Freedom to Speak Up is reported through to the People Committee

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

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

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

Not applicable

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*
Not applicable
Engagement *(detail any engagement with staff/service users)*
The FTSU Guardians are engaging with staff throughout the Trust

Birmingham and Solihull Mental Health NHS Foundation Trust

FREEDOM TO SPEAK UP GUARDIAN

1. INTRODUCTION AND BACKGROUND

1.1. This report provides an update on activity by, and recommendations from, the Trust's Freedom to Speak Up Guardians (FTSUG) covering the period from the last report dated June 2021 to July 2022. Quarterly reports have been submitted to the People Committee in the interim.

1.2. Freedom to Speak Up Guardians are responsible for taking action to promote the following:

- Colleagues throughout the organisation have the capability, knowledge, and skills they need to speak up themselves and to support others to speak up
- Speaking up policies and processes are effective and constantly improved
- Senior leaders role model effective speaking up
- All colleagues are encouraged to speak up
- Individuals are supported when they speak up
- Barriers to speaking up are identified and tackled
- Information provided by speaking up is used to learn and improve
- Freedom to speak up (FTSU) is consistent throughout the health and care system, and ever improving

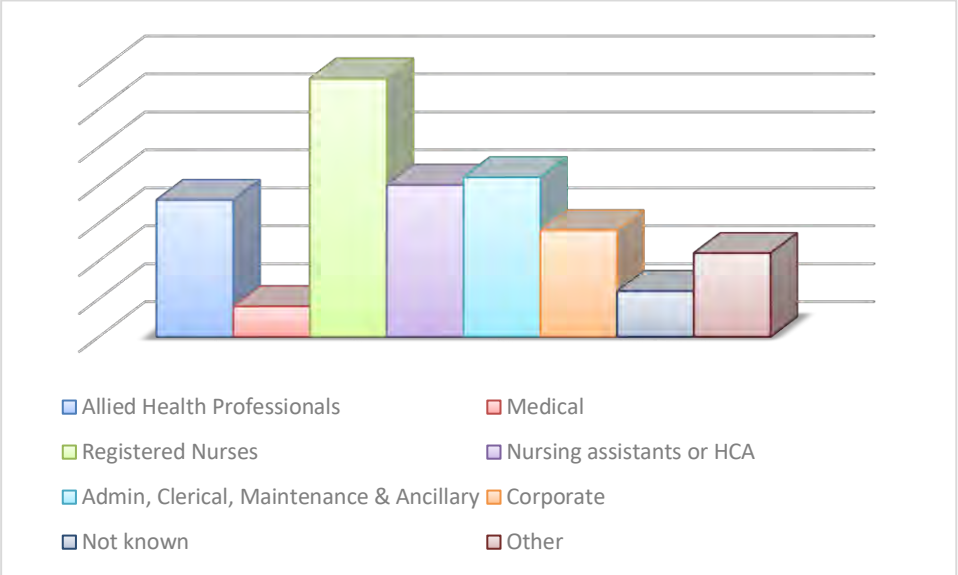
2. FREEDOM TO SPEAK UP DATA – 2021/2022

2.1 The Freedom to Speak up Guardians have received **140** speaking up concerns between July 2021 and June 2022. This is over a three- fold increase with a further **96** cases compared to last year.

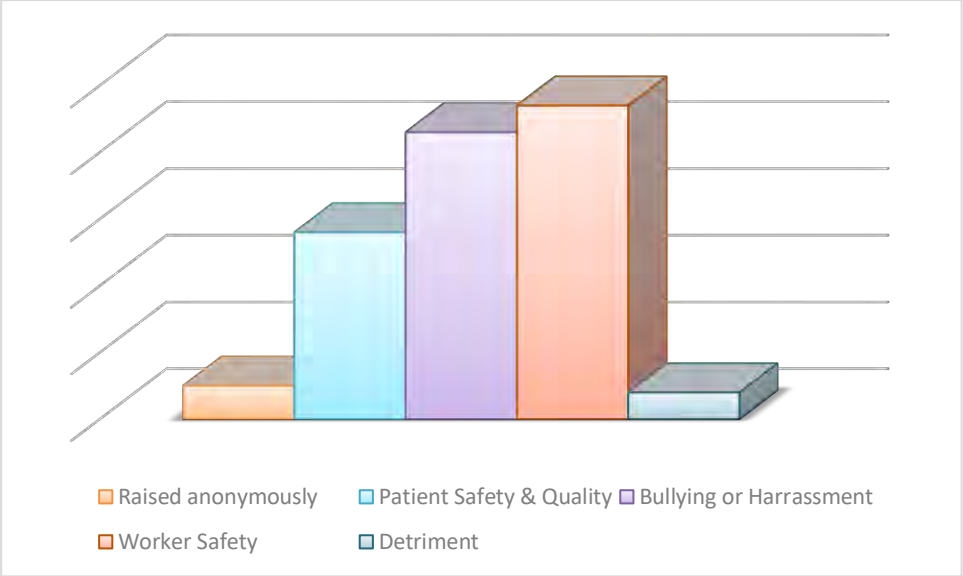
2.2 It is extremely pleasing to see such an increase in concerns and suggests that our colleagues have an increased awareness of the speaking up function and are more willing to come forward with concerns.

2.3 The Board will be aware that there is one case from July 2021 (Q2) that is still open. There is one case still open from Q3 and three from Q4. All of these cases are being progressed.

2.4 Below is a breakdown of the 2021/22 data that the FTSU Guardian has been reporting and monitoring:



Workers from a range of professional backgrounds have raised concerns but our Nurses continue to account for the biggest portion accounting for 27% of the overall number raised. This is in line with the national figure of 29% [i] .



3. NATIONAL COMPARATORS

3.1 Thirty seven per cent (37%) of cases raised had an element of worker safety which is a new category introduced by the National Guardian's Office in response to the pandemic. The Trust's figure is significantly higher than the national picture which is 13.7% [1]

3.2 Poor behaviour remains a cause for concern, with the second highest proportion of cases – over a third (34%) – including an element of behaviours, such as bullying/harassment**.** This figure broadly align with the national figure of 32.3% .

3.3 To better understand the nature of these behaviours, the National Guardian's Office will be replacing this category with **two new categories:** bullying and harassment, and elements of inappropriate attitudes or behaviours.

[1] Speaking Up Data - National Guardian's Office

The next People Committee report will reflect these distinctions providing a more granular analysis of behavioural data.

3.4 Twenty- two per cent (22 %) of concerns raised had an element of patient safety and quality which is slightly higher than the national figure of 19.1%.

3.5 Four per cent (4%) of cases were raised anonymously which is significantly lower than the national rate of 10.4%. This is encouraging news as it suggests that our staff are willing to raise a concern in confidence or openly.

3.6 The Trust also fares well when it comes to reported detriment for speaking up, which is reflected in 4.3% of cases nationally compared to 3% of cases here.

4. NHS STAFF SURVEY – WE EACH HAVE A VOICE THAT COUNTS

4.1 Of the ten reporting themes in the NHS staff survey 'raising concerns' is a sub score of the People Promise theme "We each have a voice that counts".

4.2 We each have a Voice that Counts shows our performance benchmarked with other comparable Mental Health & Learning Disability Mental Health Trusts in terms of protected characteristics, length of service, occupation groups and working arrangements.

5. TYPES OF ISSUES RAISED

5.1 Colleagues consistently spoke up about **poor leadership** which included:

- Lack of visibility of senior leadership who were seen as disconnected, and remote
- Lack of action when concerns are raised
- Inflexible approaches to remote and home working arrangements
- Inconsistent application of organisational policies
- Insufficient communication regarding changes to workplace operations and staffing

5.2 Colleagues spoke up about **the impact of the pandemic** to include:

- The impact of continued staffing pressures on health, well-being and morale
- Frustrations about being unable to deliver safe high- quality care because of persistent rota gaps and vacancies
- Chronic stress and burn out

5.3 Dissatisfaction with some elements of the **Trust's culture** was widespread and included:

- Bullying and harassment
- Incivility, inappropriate attitudes and behaviour
- Poor behaviour goes unchallenged and persists

6. MAIN CHALLENGES

Leadership

6.1 The majority of speakers who come to us have raised their concerns already with a manager or someone in leadership. This is particularly evident when it comes to issues about poor behaviour and organisational culture and to a lesser extent patient safety and quality concerns.

6.2 We regularly hear the following type of remarks:

- That challenging and sensitive situations are sometimes avoided for fear of "rocking the boat"

- Difficult decisions are often passed up the management chain with no clarity as to "ownership "
- "I spoke up and raised my concern's, but my manager didn't do anything"

6.3 We recognise that this will not always be justified but nonetheless represents commonly held perceptions amongst colleagues. Concerns that are responded to consistently, clearly with a commitment to action will inspire confidence in the speaking up culture.

Investigation process

6.4 Most concerns raised through speaking up are resolved informally but some end up in a formal investigation process through the Dignity at Work and or Grievance and Disputes policy.

6.5 We receive feedback from a range of sources including those that have recently been part of an investigation:

- That investigations (in general) take far too long
- Communication between the investigation team and speakers during the life cycle of the case is often inadequate and creates anxiety
- Outcomes and learning from the investigation is not routinely communicated to staff involved and to the wider service (the feedback loop). This represents a missed opportunity to reduce the risk of similar issues arising again.

6.6 An investigation process that is conducted in a timely way, where investigators are adequately resourced and trained, have sufficient time, will gain the trust and confidence of our staff.

6.7 The National Guardian's 100 voices campaign has recently shared a story which is an example of good practice:

Keeping in touch during Freedom to Speak Up investigations builds trust - National Guardian's Office

Organisational learning

6.8 One of the biggest barriers to raising concerns and one we repeatedly hear is the perception that raising concerns is a "waste of time" as "nothing changes". We recognise that this is not always justified as in many instances processes and procedures are strengthened. However, the perception appears widespread and needs to be challenged.

6.9 This is best done by Associate Directors (or other leaders) maintaining an oversight of investigations, reviews or enquiries. They must then ensure all relevant individuals are informed of all the results together with any learning and improvements. This will reinforce the value of speaking up as an activity. As described below we will look to capture and publicise more positive examples (protecting identities as required).

7. WORK TO REMOVE BARRIERS - AT A GLANCE

7.1 Capacity within the team has increased with Lucy Thomas appointed as a full-time Guardian reporting to the Lead Guardian. She has now commenced her role.

7.2 We are currently working with Comms to compile positive speaking up case studies and stories which will be regularly showcased internally and externally on social media and on the Trust's website.

7.3 We are supporting the Chair and Vice -Chair with the "Pull up a Chair with the Chairs" initiative which is to be reviewed in December 2022.

7.4 We are working in partnership with EDI, Staff Networks and Organisational Change colleagues to help identify and remove barriers for staff with protected characteristics, increase confidence in speaking up amongst our networks and embed the principles of a speaking up culture in everyday business.

7.5 Work is ongoing to raise awareness and include FTSU across all induction activities and when staff leave the organisation, there will have an opportunity to speak to a Guardian.

7.6 A cross-departmental approach will be adopted in the roll out of the FTSU Champion Network with work beginning soon. Interim updates will be provided to the People Committee and progress reflected in the next Board report.

7.7 Junior Doctors have been identified as a professional group facing unique barriers to speaking up. A QI project group of junior doctors is looking at ways to improve this for trainees. The focus is on inclusion and addressing the fear and cultural barriers

8 NATIONAL UPDATES

8.1 In June, NHS England published its new and updated national FTSU Policy. This is applicable to primary care, secondary care and integrated care systems. (*further reading is available in the Board of Directors Reading Room)*

8.2 Together with NHS England, the National Guardian's Office has also published new and updated FTSU guidance and a FTSU reflection and planning tool. (*further reading is available in the Board of Directors Reading Room)*

8.3 These tools will help our organisation deliver the People Promise for workers, by ensuring they have a voice that counts, and by developing a speaking up culture in which leaders and managers value the voice of colleagues as a vital driver of learning and improvement.

8.4 NHSE is asking all trust boards to be able to evidence by the end of January 2024:

- An update to their local Freedom to Speak Up policy to reflect the new national policy template;
- Results of their organisation's assessment of its Freedom to Speak Up arrangements against the revised guidance; and
- Assurance that it is on track implementing its latest Freedom to Speak Up improvement plan.

8.5 The third and final e-learning package has been released, developed for senior leaders throughout healthcare – including executive and non-executive directors, lay members and governors.

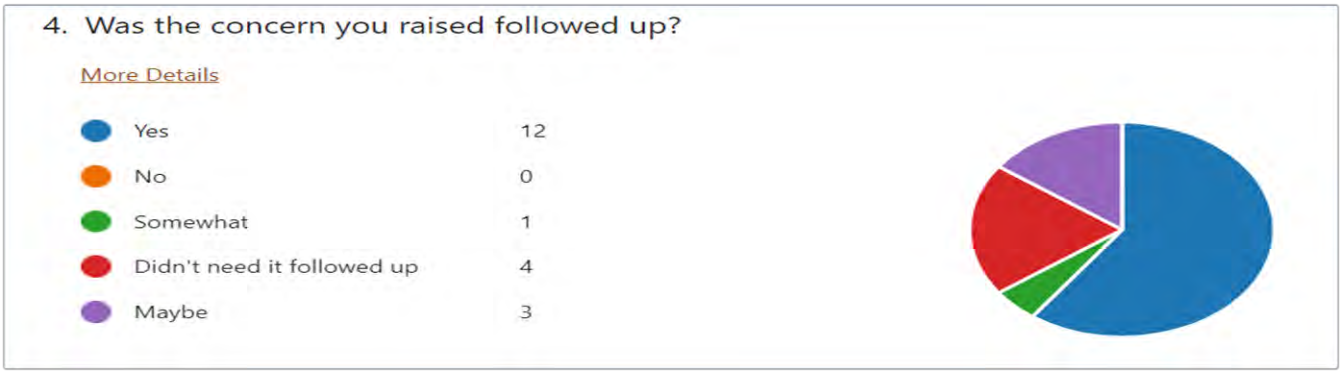
8.6 The National Guardians Office undertake case reviews in NHS Trusts across England where it has information to suggest that speaking up has not been handled in accordance with good practice.

8.7 As a result of these reviews a body of recommendations has been compiled to assist Trust's in improving their speaking up culture:

Learning_from_Case_Reviews.pdf (nationalguardian.org.uk)

9. WHAT OUR COLLEAGUES SAY ABOUT SPEAKING UP

9.1 Feedback is an important part of the speaking up process and is sought from colleagues three months after their initial contact. We ask about their speaking up experience. Feedback is anonymous and is used for learning and improvement.



9:2 The FTSU service has received a number of encouraging testimonials:

"I felt I had been listened to and empowered to take action "

"Excellent service. I felt comfortable talking about the problem and xxx was very empathic, professional and knowledgeable "

"The concerns I made were addressed in a timely manner and I was informed throughout about any actions taken to resolve issues"

10. RECCOMENDATIONS

THE BOARD IS INVITED TO

10.1 Complete all three modules, *Speak Up*, *Listen Up* and *Follow Up* to ensure a full understanding of the speaking up process. Access to this is through the Learning Zone BSMHFT Learning Zone: Log in to the site.

10.2 Consider how to improve oversight

10.3 Consider how to improve feedback and learning from investigations

10.4 Provide feedback on this report which will be warmly welcomed with the Guardians happy to discuss it's content

[i] https://nationalguardian.org.uk/wp-content/uploads/2021/07/Annual-Speaking-Up-Data-Report-2020-21.pdf

8.3. Medical Directorate Annual Update

Birmingham and Solihull Mental Health NHS Foundation Trust

MEETING	**BOARD OF DIRECTORS**
AGENDA ITEM	**8.3**
PAPER TITLE	**MEDICAL DIRECTORATE ANNUAL UPDATE**
DATE	27th July 2022
AUTHOR	Kerry Rowley, Medical Director Manager
EXECUTIVE SPONSOR	Dr Giles Berrisford (Interim)

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

Equality & Diversity *(all boxes MUST be completed)*	
Does this report reduce inequalities for our service users, staff and carers?	Yes
What data has been considered to understand the impact?	Data within the Allocate software system

Executive summary & Recommendations:

This report is presented to Trust Board to update and provide assurance on Medical Directorate work in relation to medical appraisal, revalidation and job planning. Recommendations are to continue with the development of our established appraisal, revalidation and job planning processes, to continue to engage with our internal auditors where required and to continue to develop via the PDSA process.

.

Reason for consideration:

Trust Board are requested to note the content of this report, receive assurance and approve the signing of the Annual Board Report and Statement of Compliance (Annex D) provided as appendix 1.

Previous consideration of report by:

N/A

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

Select Strategic Priority

- Sustainability.
- Quality.
- Clinical Services.
- People

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

The contract for medical appraisal and job planning was renewed in December 2021 for a 3 year period. The total contract price is £96,391

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

No new risks identified

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

- Revised job planning policy - formal consultation process.
- Revised medical appraisal policy – formal consultation process.
- Regular Medical Directorate Communications.
- Dedicated administrative support.
- Direct engagement sessions.
- Discussions with Trust Expert by Experience to support medical appraisal

MEDICAL DIRECTORATE ANNUAL UPDATE

1. Situation

The Medical Directorate are required to report into Trust Board annually.

2. Background

The report is presented to Board members to update on key events and achievements of the Medical Directorate in relation to the medical workforce, in particular medical appraisal, revalidation and job planning.

3. Assessment

Medical Appraisal:

The Appraisal and Revalidation Oversight Committees (ARC) remit is to provide assurance to the Board that Birmingham and Solihull Mental Health NHS Foundation Trust (BSMHFT) is undertaking its statutory responsibilities to ensure that all doctors with a designated body connection to the organisation can be successfully revalidated, as well as supporting the decision making process for revalidation recommendations in complex cases.

The Committee provides support and advice to the Medical Director in the exercising of their duties as the Responsible Officer in relation to the process of medical appraisal and revalidation.

The members of the Committee are:

- Executive Medical Director (Chair).
- Deputy Medical Director (Professional Practice, Legal and Transformation).
- Associate Medical Director (Medical Education).
- Medical Directorate Manager.
- Senior Medical Appraisal Auditor.
- Appraisal and Revalidation Administrator.

Dr Hilary Grant retired from the organisation at the end of June 2022. Dr Fabida Aria will be joining BSMHFT as Executive Medical Director on 1st August 2022. In the interim, Dr Giles Berrisford, Deputy Medical Director (Professional Practice, Legal and Transformation) will be undertaking Responsible Officer duties in line with the Responsible Officer Regulations.

Medical Appraisal was fully reinstated within the Trust in April 2021, recognising the exceptional stresses that the COVID-19 pandemic has placed on healthcare workers and the need for the provision of a flexible opportunity for a confidential professional discussion as part of supporting professional development and well-being, with preparation being straightforward and proportionate.

For the period of 1st April 2021 and 31st March 2022, 188 out of 192 doctors (97.9%) with a prescribed connection to Birmingham and Solihull Mental Health NHS Foundation Trust completed their annual appraisal.

Four doctors were identified as having an approved incomplete or missed appraisal for the 2021/2022 appraisal period for the following reasons:

- Long term sick leave x 2 doctors
- Maternity leave x 2 doctors

Out of the 188 doctors who completed their 2021/22 appraisal, 151 doctors (80.3%) completed their appraisal on time with 33 out of 37 doctors submitting deferral requests to formally request approval by the Responsible Officer for them to complete their appraisals outside of the agreed timeframe. Reasons given are as follows:

- Annual leave/emergency leave x 2 doctors
- Appraiser capacity x 10 doctors
- Clinical commitments x 8 doctors
- Career break x 2 doctors
- Covid x 3 doctors
- Insufficient MSF feedback x 2 doctors
- Insufficient supporting evidence x 1 doctor
- LTS x 3 doctors
- Maternity Leave x 1 doctor
- Paternity Leave x 1 doctor

Four doctors were recorded as not having submitted a formal deferral request, however these doctors did complete their appraisal during the required appraisal year.

The Trust retains 33 appraisers to conduct medical appraisals as part of their job plans, the number of which is sufficient and meets the NHSE (NHS England) Framework of Quality Assurance for Responsible Officers and Revalidation – Core Standards. However, two appraisers are due to retire in the coming months, with a new replacement appraiser currently in the process of being recruited. Additionally, we are in the process of sourcing extra support from our honorary doctors and senior medical appraisers for our medical appraisal audit work following two auditors standing down.

From 12th April 2022, GMC have extended the routine revalidation notice period from four to twelve months. Feedback was sought about the benefits of this change after having to extend the notice periods for doctors whose submission dates had moved in 2020 in response to the Covid pandemic.

This new arrangement will offer the flexibility for Responsible Officers to submit recommendations to revalidate doctors when they are ready, and help organisations better manage any peaks or troughs in workload.

Additionally, it will also give organisations the opportunity to communicate with and support doctors that have missing supporting information, allowing them to resolve this before their submission date.

Organisations will now be able to submit a recommendation that a doctor is revalidated up to twelve months before their submission date. Upon GMC approving submitted recommendations, doctors will be given a new revalidation date five years from the date of their previous revalidation date. This will have the effect of extending the next revalidation cycle for these doctors if a recommendation is made earlier in the window.

Deferral recommendations - If an organisation needs to make a deferral recommendation, organisations will only be able to do this via GMC Connect when a doctor is within four months of their submission date.

Non-engagement recommendations – Non engagement recommendations will not be able to be submitted until a doctor is within four months of their revalidation date and the matter has been discussed with our GMC Employer Liaison Adviser (ELA).

The Annual Organisational Audit (AOA) End of Year Questionnaire remains stood down; however we are still required to submit Annex D – Annual board report and Statement of Compliance. This is attached as appendix 1 for sign off by the Chief Executive Officer.

Our organisation continues to demonstrate improvement in the management and quality of medical appraisals, having achieved the following this past year:

- Scoped and devised a mechanism for appraiser 1-1 feedback sessions.
- Further explored reciprocal organisational peer review.
- Review of inclusion of Trust Expert by Experience within the Medical Appraisal process – namely within the audit process.
- Completed triangulation of SIs (serious incidents), complaints, mortality case note reviews and disciplinary.

Future Plans:

- Implement appraiser 1-1 feedback sessions.
- Further scoping and attempt to implement reciprocal organisational peer review.
- Continue to review our process for inclusion the inclusion of Trust Expert by Experience or Lay Member as an alternative.
- Undertake a review of the 'Caring for Doctors, Caring for Patients' document, reviewing factors which impact on the mental health and wellbeing of doctors.
- Finalise the process for an annual Responsible Officer to Responsible Officer communication relating to private providers and SIs (serious incidents), complaints, mortality case note reviews and disciplinary.

Medical Job Planning:

E-Job Plan, part of Allocate Software's HealthMedics Optima, is designed to help facilitate the process of job planning as set out by the national consultant contract, allowing users to populate, review and sign off job plans all in one place. The system provides organisations with the facility to manage and report on current and historic information at an individual, departmental or organisational level, presenting a valuable opportunity to maximise efficiency through increased transparency.

Medical job plans are measured in Programmed Activities (PA's). PAs are blocks of time, usually equivalent to four hours, in which contractual duties are performed. There are four basic categories of contractual work:

- Direct clinical care (DCC).
- Supporting professional activities (SPAs).
- Additional responsibilities.
- External duties.

A job plan will set out how many PAs a doctor is working and how many will be used undertaking these different types of work.

A significant proportion of a job plan may be spent on DCC. Direct clinical care work is any work that involves the delivery of clinical services and administration directly related to them.

However, a job plan will cover other activities that are essential to a doctor's professional development and to the wider NHS.

E-JobPlan provides consistency in the format of job plans, accurate calculations for PAs and on call work including prospective cover, and the ability to reflect the most complex work patterns through the combination of annualised and timetabled activities.

Electronic medical job planning has been in situ within the Trust since February 2015 and is now a mandatory annual process in which the doctor whose job plan is being reviewed has a formal planned structured meeting to agree individual programmes of work that contribute to the overall delivery of services. This meeting requires a partnership approach and should take place with all relevant clinical manager(s). It is an iterative process with incremental improvements and refinement on an annual basis (or sooner if a doctor changes their role).

The Covid pandemic has affected and slowed down this past round, but our aim is to be back on schedule within the next 6 months. Declining to participate reasonably in the process may affect:

- Pay progression
- Application for new and/or renewal of Clinical Excellence Awards (Consultants) and
- May be subject to investigation and disciplinary action.
- Appraisal – a current job plan must be in place prior to an appraisal taking place, unless this is beyond the doctor's control.

The review of PA allocations above 10 per week is a key part of the job planning process and in all cases to support individuals own wellbeing, medical staff should not be working, and therefore being paid more than 13.5 PAs as agreed by the Trust Remuneration Committee. In exceptional circumstances where there is a requirement to undertake more than 13.5 Programmed Activities, this is considered and approved by the Chief Operating Officer and the Executive Medical Director in line with the Trusts Pay Policy and comply with the requirements of the European Working Time Directive.

The 2021/2022 round (1st April 2021 - 31st March 2022) commenced as planned however, due to the Covid-19 pandemic, a decision was made to extend the completion deadline. This decision was made to give medical staff more time to complete job plans and identified amendments following Consistency Review Panels and to support doctors to make job plans more effective for their own wellbeing, development and patient care. This round closed to amendments in January 2022.

The round identified 176 doctors required to complete a job plan, comprising of 117 Consultants, 59 SAS doctors, other non-training grade and trust locum doctors. The position at the point of closing down this round was as follows:

Service Area	Total Number of Job Plans for Completion	Total Number of Job Plans Fully Completed and Signed Off	Total Number of Job Plans Incomplete and Locked Down
Acute Care	**25**	11	14
Urgent Care	**14**	1	13
PCDS	**47**	40	7
ICCR	**56**	29	27
Secure Care & Offender Health	**34**	27	7

It is acknowledged by the Medical Directorate that numbers for completed job plans were insufficient, despite efforts made. In order to obtain further understanding as to the reasons for this, Clinical Directors were asked to provide feedback at the last Consistency Panel Review Meetings.

Feedback was received and as a result the Medical Directorate facilitated a system usage refresher demonstration/Q&A session with the software provider for doctors and other staff involved in the

job planning process to have the opportunity to ask any questions in relation to using the system. This was very well attended. Further guidance to support oncall calculations, resources, inclusion of regular private work and actions to be undertaken when a job plan exceeds 13.5PAs was also implemented and circulated to supplement the existing guidance and job planning policy.

The 2022/2023 round (1st April 2022 - 31st March 2023) commenced in January 2022 and requires medical staff to complete their job plans to cover the period of 1st April 2022 to 31st March 2023.

Medical job planning remains very important and needs to accurately reflect the amount of work that our medical colleagues are undertaking for the Trust, both direct clinical care and supporting professional activities. We recognise that it has been an extremely busy period and this may feel like an additional task at a time of pressure, but it is only with this information that we can start to make progress towards job plans becoming a truly prospective annual event, capturing work which is needed and very much valued.

Consistency Panel Review meetings to undertake third and final sign off have been arranged with each directorate/area. Panels have been put in place to ensure job planning is consistent between specialties, management groups and to provide assurance that job planning is in line with Trust guidance.

The following timeframes were built into the electronic system with the expectation to have the following stages completed by the dates as identified below:

- 12th May 2022 – individual doctors to have completed their own job plan, have met with their Clinical Lead or Consultant Manager (in the absence of a Clinical Lead) as identified within the job planning system and first sign off achieved.
- 31st May 2022 - Clinical Directors to have completed second sign off.
- 30th June 2022 – Consistency Panel reviews to have been undertaken. Queries resolved, inaccuracies rectified and third and final sign off completed.

The 2022/2023 round identifies 191 doctors who are required to complete a job plan. This consists of 122 Consultants, 69 SAS doctors, other non-training grade and Trust locum doctors. The position at the point of writing this report is as follows:

Service Area	Total Number of Job Plans for Completion	Total Number of Job Plans remaining in Discussion	Total Number of Job Plans Awaiting Doctor Agreement or Clinical Lead Sign Off (1st)	Total Number of Job Plans Awaiting Clinical Director Sign Off (2nd)	Total Number of Job Plans Awaiting Consistency Review Panel Sign Off (3rd)	Total Number of Job Plans Fully Completed and Signed Off	Number of Job Plans Locked Down Including Reason
Undergraduate Medical Education	**2**	0	0	0	0	2	0
Acute Care	**28**	8	6	4	1	9	0
Urgent Care	**15**	8	6	1	0	0	0
PCDS	**51**	16	1	0	17	16	1 Mat Leave
ICCR	**62**	33	19	8	2	0	0
Secure Care & Offender Health	**33**	18	9	1	5	0	0

Unfortunately, despite every effort and support, directorates have not been able to meet the timeframes to sign off all of their areas job plans. In response the Medical Directorate have needed to rearrange Consistency Panel Meetings for some of the directorates, as insufficient numbers of job plans had been completed to justify proceeding with meetings. Consistency Panel Meetings for the remaining directorates proceeded as planned, albeit with reduced numbers of job plans being ready for review. These directorates now require follow up meetings to sign off their outstanding job plans.

It is the expectation that job plans will be signed off for this round, and that no job plan will be locked down as previous for the reason of being incomplete. No further extensions will be granted as the 2023/2024 job planning round is due to commence in September 2022. Regrettably because of the delay with completion of this round, doctors will now be required to complete back to back job plans.

Additionally, our internal auditors TIAA have undertaken a review of our job planning process. This thematic review formed part of the counter fraud service work plan. The purpose of the thematic review was to collect data across TIAA's provider client base and use data analytics to produce a benchmarking report along with recommendations to strengthen controls.

The outcome of the review provided useful benchmarking data, along with recommendations to strengthen controls in order to prevent and deter fraud, abuse or error; the application of which will assist the Trusts' focus to improve processes within the area of job planning.

The objectives of the thematic review were to:

- Assess the effectiveness of Trust policies and procedures in respect of the management of Job Planning.
- Identify weaknesses that may increase the risk or indicate the existence of fraud, abuse or error.
- Identify any specific risk factors which might be high-fraud risk indicators that ought to be identified/looked for in subsequent analysis.
- Identify best practice and provide recommendations to strengthen existing controls if weaknesses are identified to mitigate the risk of fraud, abuse or error.

A draft copy of the report was forwarded, and a management response was completed and returned. We await receipt of a final version of the report which will be shared in due course.

4. Recommendation

The Board is requested to note the content of this report, receive assurance and **approve** the signing of the Annual Board report and Statement of Compliance (Annex D) provided as appendix 1.

NAME: Kerry Rowley
TITLE: Medical Directorate Manager
DATE: July 2022

Classification: Official

Publications approval reference: B0614

A framework of quality assurance for responsible officers and revalidation

Annex D – annual board report and statement of compliance

Version 1, July 2021

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Introduction:

The Framework of Quality Assurance (FQA) for Responsible Officers and Revalidation was first published in April 2014 and comprised of the main FQA document and seven annexes A – G.

In 2019 a review of the Annual Organisational Audit (AOA), Board Report template and the Statement of Compliance concluded with a slimmed down version of the AOA (Annex C) and a revised Board Report template (Annex D), which was combined with the Statement of Compliance (previously listed as Annex E) for efficiency and simplicity.

Annual Organisational Audit (AOA):

At the end of April 2021, Professor Stephen Powis wrote to Responsible Officers and Medical Directors in England letting them know that although the 2020/2021 AOA exercise had been stood down, organisations will still be able to report on their appraisal data and the impact of adopting the Appraisal 2020 model, for those organisations who have, in their annual Board report and Statement of Compliance.

Board Report template:

Following the revision of the Board Report template in June 2019 to include the qualitative questions previously contained in the AOA, the template has been further updated this year to provide organisations with an opportunity to report on their appraisal data as described in the letter from Professor Stephen Powis.

A link to the letter is below:

https://www.england.nhs.uk/coronavirus/publication/covid-19-and-professional-standards-activities-letter-from-professor-stephen-powis/

The changes made to this year's template are as follows:

Section 2a – Effective Appraisal

Organisations can use this section to provide their appraisal information, including the challenges faced through either pausing or continuing appraisals throughout and the experience of using the Appraisal 2020 model if adopted as the default model.

Section 2b – Appraisal Data

Organisations can provide high level appraisal data for the period 1 April 2020 – 31 March 2021 in the table provided. Whilst a designated body with significant groups of doctors (e.g. consultants, SAS and locum doctors) will find it useful to maintain internal audit data of the appraisal rates in each group, the high-level overall rate requested is enough information to demonstrate compliance.

With these additional changes, the purpose of the Board Report template is to help the designated body review this area and demonstrate compliance with the responsible officer regulations. It simultaneously helps designated bodies assess their effectiveness in supporting medical governance in keeping with the General Medical Council (GMC) handbook on medical governance.[1] This publication describes a four-point checklist for organisations in respect of good medical governance, signed up to by the national UK systems regulators including the Care Quality Commission (CQC). The intention is therefore to help designated bodies meet the requirements of the system regulator as well as those of the professional regulator. Bringing these two quality strands together has the benefits of avoiding duplication of recording and harnessing them into one overall approach.

The over-riding intention is to create a Board Report template that guides organisations by setting out the key requirements for compliance with regulations and key national guidance, and provides a format to review these requirements, so that the designated body can demonstrate not only basic compliance but continued improvement over time. Completion of the template will therefore:

a) help the designated body in its pursuit of quality improvement,

b) provide the necessary assurance to the higher-level responsible officer, and

c) act as evidence for CQC inspections.

[1] Effective clinical governance for the medical profession: a handbook for organisations employing, contracting or overseeing the practice of doctors GMC (2018) [https://www.gmc-uk.org/-/media/documents/governance-handbook-2018_pdf-76395284.pdf]

Statement of Compliance:

The Statement Compliance (in Section 8) has been combined with the Board Report for efficiency and simplicity.

Designated Body Annual Board Report

Section 1 – General:

The board can confirm that:

1. An appropriately trained licensed medical practitioner is nominated or appointed as a responsible officer.

Dr Hilary Grant retired in July 2022. Dr Fabida Aria has been appointed as the new Executive Medical Director with Responsible Officer duties and will commence in post in August 2022. In the interim Dr Giles Berrisford is undertaking Responsible Officer duties.

2. The designated body provides sufficient funds, capacity and other resources for the responsible officer to carry out the responsibilities of the role.

Yes/~~No:~~

3. An accurate record of all licensed medical practitioners with a prescribed connection to the designated body is always maintained.

There is robust monthly monitoring of all licensed practioners with a prescribed connection to Birmingham and Solihull Mental Health NHS Foundation Trust which is further enhanced by the triangulation of information at the pre-employment check stage.

4. All policies in place to support medical revalidation are actively monitored and regularly reviewed.

The Medical Appraisal policy has recently been reviewed and ratified. The policy has been updated to incorporate the revised approach for Medical Appraisal.

5. A peer review has been undertaken (where possible) of this organisation's appraisal and revalidation processes.

It was anticipated that a reciprocal organisational peer review would be arranged however, we have been unsuccessful in agreeing this with our MERIT partners. We had also identified an alternative organisation that were willing to participate in a reciprocal arrangement, but we have not yet been successful in arranging reviews.

6. A process is in place to ensure locum or short-term placement doctors working in the organisation, including those with a prescribed connection to another organisation, are supported in their continuing professional development, appraisal, revalidation, and governance.

Robust processes are currently in place to identify locum and short term workers within the organisation. Annual appraisal is provided to those doctors with a designated body connection to BSMHFT, in addition to regular 1-1 meetings, Regular Management Supervision meetings, provision of fundamental and other relevant training and access to governance activities and meetings.

Section 2a – Effective Appraisal

1. All doctors in this organisation have an annual appraisal that covers a doctor's whole practice, which takes account of all relevant information relating to the doctor's fitness to practice (for their work carried out in the organisation and for work carried out for any other body in the appraisal period), including information about complaints, significant events and outlying clinical outcomes. For organisations that have adopted the Appraisal 2020 model, there is a reduced requirement for preparation by the doctor and a greater emphasis on verbal reflection and discussion in appraisal meetings. Organisations might therefore choose to reflect on the impact of this change. Those organisations that have not yet used the Appraisal 2020 model may want to consider whether to adopt the model and how they will do so.

A mechanism for the transfer of information relating to complaints, SI's and learning from deaths has been established which ensures that all doctors have access to this information for the purpose of medical appraisal.

Refresher training for existing appraisers and new appraiser training for new appraisers is provided and updates on the revised approach for appraisal.

We are planning to implement a process for an annual Responsible Officer to Responsible Officer communication relating to private providers and SIs (serious incidents), complaints, mortality case note reviews and disciplinary.

2. Where in Question 1 this does not occur, there is full understanding of the reasons why and suitable action is taken.

n/a

3. There is a medical appraisal policy in place that is compliant with national policy and has received the Board's approval (or by an equivalent governance or executive group).

The Medical Appraisal policy has recently been reviewed and ratified by our Trusts Transforming our Culture and Staff Experience Sub Committee. The policy has been updated to incorporate the revised approach for Medical Appraisal.

4. The designated body has the necessary number of trained appraisers to carry out timely annual medical appraisals for all its licensed medical practitioners.

The Trust retains 33 appraisers to conduct medical appraisals as part of their job plans.

5. Medical appraisers participate in ongoing performance review and training/ development activities, to include attendance at appraisal network/development events, peer review and calibration of professional judgements (Quality Assurance of Medical Appraisers[2] or equivalent).

[2] http://www.england.nhs.uk/revalidation/ro/app-syst/

Appraiser Peer Support Sessions are currently held remotely and attended by our appraisers.

Appraiser Refresher training is due for all medical appraisers in March 2023

There are plans in place to implement appraiser 1-1 feedback sessions.

The Trusts Medical Appraisal policy has been reviewed.

We plan to continue our process for the inclusion of Trust Expert by Experience or Lay Member as an alternative

Further scoping and attempt to implement reciprocal organisational peer review

6. The appraisal system in place for the doctors in your organisation is subject to a quality assurance process and the findings are reported to the Board or equivalent governance group.

We have an established Appraisal and Revalidation Committee. Their remit is to provide assurance to the Board that Birmingham and Solihull Mental Health NHS Foundation Trust (BSMHFT) is undertaking its statutory responsibilities to ensure that all doctors with a designated body connection to the organisation can be successfully revalidated, as well as supporting the decision making process for revalidation recommendations in complex cases.

In addition we have recently been able to identify another organisation with a view to implementing a reciprocal organisational peer review arrangement and plan to undertake further review of the involvement by Trust Expert by Experience (lay persons) in the medical appraisal process

Section 2b – Appraisal Data

1. The numbers of appraisals undertaken, not undertaken and the total number of agreed exceptions can be recorded in the table below.

Name of organisation:	
Total number of doctors with a prescribed connection as at 31 March 2021	192
Total number of appraisals undertaken between 1 April 2020 and 31 March 2021	188
Total number of appraisals not undertaken between 1 April 2020 and 31 March 2021	4
Total number of agreed exceptions	4

Section 3 – Recommendations to the GMC

1. Timely recommendations are made to the GMC about the fitness to practise of all doctors with a prescribed connection to the designated body, in accordance with the GMC requirements and responsible officer protocol.

Medical Appraisal was fully reinstated within the Trust in April 2021, recognising the exceptional stresses that the COVID-19 pandemic has placed on healthcare workers and the need for the provision of a flexible opportunity for a confidential professional discussion as part of supporting professional development and well-being, with preparation being straightforward and proportionate.

From 12th April 2022, GMC have extended the routine revalidation notice period from four to twelve months. Feedback was sought about the benefits of this change after having to extend the notice periods for doctors whose submission dates had moved in 2020 in response to the Covid pandemic.

This new arrangement will offer the flexibility for Responsible Officers to submit recommendations to revalidate doctors when they are ready, and help organisations better manage any peaks or troughs in workload.

Additionally, it will also give organisations the opportunity to communicate with and support doctors that have missing supporting information, allowing them to resolve this before their submission date.

2. Revalidation recommendations made to the GMC are confirmed promptly to the doctor and the reasons for the recommendations, particularly if the recommendation is one of deferral or non-engagement, are discussed with the doctor before the recommendation is submitted.

All positive revalidation submissions are made immediately following the Trusts Revalidation Committee meeting, with doctors being notified in writing the same day. Conversations relating to deferrals or non-engagement are held with the doctor prior to any submission being made.

Additionally, there is a process in place to notify the GMC Liaison Officer prior to revalidation for any doctors where non engagement is a concern.

Section 4 – Medical governance

1. This organisation creates an environment which delivers effective clinical governance for doctors.

The Trust currently have an Appraisal and Revalidation Committee in situ which links into clinical governance via the Executive Medical Director/Responsible Officer.

2. Effective systems are in place for monitoring the conduct and performance of all doctors working in our organisation and all relevant information is provided for doctors to include at their appraisal.

The Trust has established links for the sharing of information between the Investigation, Complaints, Learning from Deaths and HR teams. The Trust also has in situ a Decision Making Group and follows the MHPS process.

3. There is a process established for responding to concerns about any licensed medical practitioner's[1] fitness to practise, which is supported by an approved responding to concerns policy that includes arrangements for investigation and intervention for capability, conduct, health and fitness to practise concerns.

The organisation follows the MHPS which is underpinned by policy.

4. The system for responding to concerns about a doctor in our organisation is subject to a quality assurance process and the findings are reported to the Board or equivalent governance group. Analysis includes numbers, type and outcome of concerns, as well as aspects such as consideration of protected characteristics of the doctors.[3]

The Human Resources Department report into People Committee and Board. The Medical Director, Deputy Medical Director and Human Resources representative have regular meetings with the GMC Liaison Officer to discuss current and potential concerns.

We use the MHPS Framework to identify and the Decision Making Group to address required actions.

[3] This question sets out the expectation that an organisation gathers high level data on the management of concerns about doctors. It is envisaged information in this important area may be requested in future AOA exercises so that the results can be reported on at a regional and national level.

5. There is a process for transferring information and concerns quickly and effectively between the responsible officer in our organisation and other responsible officers (or persons with appropriate governance responsibility) about a) doctors connected to your organisation and who also work in other places, and b) doctors connected elsewhere but who also work in our organisation.[4]

A robust method for the use of Medical Practice Information Transfer Forms (MPIT) is in use within the Trust, We are also in the process of scoping a process for an annual Responsible Officer to Responsible Officer communication relating to private providers and SIs (serious incidents), complaints, mortality case note reviews and disciplinary.

6. Safeguards are in place to ensure clinical governance arrangements for doctors including processes for responding to concerns about a doctor's practice, are fair and free from bias and discrimination (Ref GMC governance handbook).

We have benchmarked our governance and performance against 'The Effective Clinical Governance for the Medical Profession document' and continue to develop an action plan to address identified actions following completion of the benchmarking exercise.

Section 5 – Employment Checks

1. A system is in place to ensure the appropriate pre-employment background checks are undertaken to confirm all doctors, including locum and short-term doctors, have qualifications and are suitably skilled and knowledgeable to undertake their professional duties.

The use of robust documentation to enhance the sharing of information between teams continues to work successfully.

[4] The Medical Profession (Responsible Officers) Regulations 2011, regulation 11: http://www.legislation.gov.uk/ukdsi/2010/9780111500286/contents

Section 6 – Summary of comments, and overall conclusion

Dr Hilary Grant retired from the organisation at the end of June 2022. Dr Fabida Aria will be joining BSMHFT as Executive Medical Director on 1st August 2022. In the interim, Dr Giles Berrisford, Deputy Medical Director (Professional Practice, Legal and Transformation) will be undertaking Responsible Officer duties in line with the Responsible Officer Regulations.

For the period of 1st April 2021 and 31st March 2022, 188 out of 192 doctors (97.9%) with a prescribed connection to Birmingham and Solihull Mental Health NHS Foundation Trust completed their annual appraisal.

Four doctors were identified as having an approved incomplete or missed appraisal for the 2021/2022 appraisal period for the following reasons:

- Long term sick leave x 2 doctors
- Maternity leave x 2 doctors

Out of the 188 doctors who completed their 2021/22 appraisal, 151 doctors (80.3%) completed their appraisal on time with 33 out of 37 doctors submitting deferral requests to formally request approval by the Responsible Officer for them to complete their appraisals outside of the agreed timeframe. Reasons given are as follows:

- Annual leave/emergency leave x 2 doctors
- Appraiser capacity x 10 doctors
- Clinical commitments x 8 doctors
- Career break x 2 doctors
- Covid x 3 doctors
- Insufficient MSF feedback x 2 doctors
- Insufficient supporting evidence x 1 doctor
- LTS x 3 doctors
- Maternity Leave x 1 doctor
- Paternity Leave x 1 doctor

Four doctors were recorded as not having submitted a formal deferral request, however these doctors did complete their appraisal during the required appraisal year.

The Trust retains 33 appraisers to conduct medical appraisals as part of their job plans, the number of which is sufficient and meets the NHSE (NHS England) Framework of Quality Assurance for Responsible Officers and Revalidation – Core Standards. However, two appraisers are due to retire in the coming months, with a new replacement appraiser currently in the process of being recruited. Additionally, we are in the process of sourcing extra support from our honorary doctors and senior medical appraisers for our medical appraisal audit work following two auditors standing down.

Our organisation continues to demonstrate improvement in the management and quality of medical appraisals, having achieved the following this past year:

- Scoped and devised a mechanism for appraiser 1-1 feedback sessions.
- Further explored reciprocal organisational peer review.
- Review of inclusion of Trust Expert by Experience within the Medical Appraisal process – namely within the audit process.
- Completed triangulation of SIs (serious incidents), complaints, mortality case note reviews and disciplinary.

Future Plans:

- Implement appraiser 1-1 feedback sessions.
- Further scoping and attempt to implement reciprocal organisational peer review.
- Continue to review our process for inclusion the inclusion of Trust Expert by Experience or Lay Member as an alternative.
- Undertake a review of the 'Caring for Doctors, Caring for Patients' document, reviewing factors which impact on the mental health and wellbeing of doctors.
- Finalise the process for an annual Responsible Officer to Responsible Officer communication relating to private providers and SIs (serious incidents), complaints, mortality case note reviews and disciplinary.

Section 7 – Statement of Compliance:

The Board of Birmingham and Solihull Mental Health NHS Foundation Trust has reviewed the content of this report and can confirm the organisation is compliant with The Medical Profession (Responsible Officers) Regulations 2010 (as amended in 2013).

Signed on behalf of the designated body

[(Chief executive or chairman (or executive if no board exists)]

Official name of designated body: Birmingham and Solihull Mental Health NHS Foundation Trust

Name: _ _ _ _ _ _ _ _ _ _ _ _ Signed: _ _ _ _ _ _ _ _ _ _ _

Role: _ _ _ _ _ _ _ _ _ _ _ _

Date: _ _ _ _ _ _ _ _ _ _

NHS England and NHS Improvement
Skipton House
80 London Road
London
SE1 6LH

Publication approval reference: PAR614

9. SUSTAINABILITY

9.1. Finance, Performance and Productivity Committee Chair's Assurance Report including Committee Annual Report

Birmingham and Solihull Mental Health NHS Foundation Trust

ANNUAL REPORT FINANCE, PERFORMANCE AND PRODUCTIVITY COMMITTEE

APRIL 2021 – MARCH 2022

1. PERIOD COVERED BY THIS REPORT

This report covers the work of the Finance, Performance & Productivity for the financial year 1st April 2021 to 31st March 2022.

2. INTRODUCTION

The Finance, Performance and Productivity Committee is constituted as a Standing Committee of the Board of Directors. The Committee is authorised by the Board of Directors to request the attendance of individuals and authorities from outside the Trust with relevant experience and expertise as it considers necessary. The Committee is authorised to carry out any function within its terms of reference.

3. PURPOSE

The Committee carries out its duties to provide assurance to the Board of Directors. In addition to this, it is authorised to seek information that will allow it carry out its purpose and will:

- Provide assurance on finance, performance and productivity systems and processes and to approve any business cases in line with the SFI's and scheme of delegation.

- To seek any and all explanations and information it requires from any employee or contractor of the Trust to achieve the Committee's purpose

- To ensure and assure on behalf of the Board that the Sustainability stream of the Trust's Strategy (2020) is being delivered:

  Balancing the books
  Transforming with digital
  Caring for the environment
  Good governance
  Changing through partnerships

- To lead on monitoring of controls and assurance related to the "Sustainability" sections of the Board Assurance Framework.

- To receive assurance reports from the Reach Out Commissioning Sub-Committee. The Committee will ensure and assure on behalf of the Board the finance and contracting aspects of the Adult Secure Care and Learning Disability & Autism Secure Care Provider Collaborative.

  This report covers the work the Committee has undertaken at the meetings held during 2021/22. It seeks to assure the Board on the work it has carried out and the assurances received, and to demonstrate that it has operated within its Terms of Reference.

Secretariat support is provided by the Corporate Governance Team in relation to agenda planning; minutes; managing cumulative action logs; and general meeting support.

4. ASSURANCE

The Committee receives assurance from the executive director members of the Committee and from the subject matter experts who attend the meetings as required dependant on the agenda items being discussed. Assurance is provided through written reports, both regular and bespoke, through challenge by members of the Committee and by members seeking to validate the information provided through wider knowledge of the organisation; specialist areas of expertise; attending Board of Directors', and Council of Governors' meetings; visiting services; and talking to staff.

The Committee is assured that it has the right membership to provide the right level and calibre of information and challenge and that the right reporting methods, structures and work plans are in place to provide oversight on behalf of the Board in respect of performance in the areas covered by its Terms of Reference.

Part of its assurance role is to receive the Board Assurance Framework (BAF); a primary assurance document for the Board which details those key controls in place to ensure that the risks to achieving the strategic objectives are being well managed. The BAF lists those committees that are responsible for receiving assurance in respect of the effectiveness of those controls, and the FPP Committee will be asked to note, in particular, those where it is listed as an assurance receiver to ensure that it had received sufficient assurance through the reports that come to the Committee or to commission further information where there was a lack of assurance (actual or perceived).

The Committee reviews the BAF on a quarterly basis prior to it being presented to the Board of Directors and the risks monitored by the Committee are.

REF	STRATEGIC RISK	RISK APPETITE
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	Seek: We are eager to be innovative and to choose options offering higher business rewards (despite greater inherent risk)
FPP2	The Trust fails to focus on the digital agenda and to harness the benefits of digital improvements	Seek: We are eager to be innovative and to choose options offering higher business rewards (despite greater inherent risk)
FPP3	The Trust fails to behave as a socially responsible organisation	Open: We are willing to consider all potential delivery options and choose whilst also providing an acceptable level of reward
FPP4	The Trust fails to manage the safety and quality of its therapeutic environment	Open: We are willing to consider all potential delivery options and choose whilst also providing an acceptable level of reward

5. TERMS OF REFERENCE FOR THE FINANCE, PERFORMANCE & PRODUCTIVITY COMMITTEE

In September 2021, the Terms of Reference for the Committee were approved by the members and approved by the Board of Directors in November 2021.

6. MEETINGS OF THE COMMITTEE

In 2021/22 the Committee met formally on 11 occasions. It should be noted that the committee continued to meet throughout the Coronavirus pandemic. In 2021/22 all committee meetings were held virtually in order to comply with Government directions, which were included in the UK Coronavirus Act 2020.

The draft agenda for each meeting is presented and agreed by the Chair of the Committee and the Executive Director of Finance.

In line with its Terms of Reference, paperwork has not always been circulated five calendar days prior to the meeting taking place. However, with additional resource being put in place in the corporate team, this will improve moving forward

All actions pertaining to the meetings of the Committee are tracked on a cumulative action log and presented to each meeting by the Committee Secretariat for assurance with progress made.

7. MEMBERSHIP OF THE COMMITTEE AND ATTENDANCE AT MEETINGS

Membership of the FPP Committee is made up of three non-executive directors; the Executive Director of Finance, the Executive Director of Operations and the Executive Director of Strategy, People and Partnerships. The Committee is chaired by a non-executive director (NED), Prof Russell Beale. Should the NED chair be unable to chair the meeting this role will fall to the Vice Chair of the Committee.

Subject area experts are also invited to attend the meetings as appropriate, to provide expertise and knowledge on the areas that they are responsible for. On this occasion, they are attendees and do not count towards to membership of the meetings as outlined in the Terms of Reference.

The table below shows attendance for substantive members of the committee for the meetings that took place during 2021/22.

Attendance at FPP Committee meetings by substantive members

Key:

✓ shows attendance
A Apologies received

NAME	April	May	June	Jul	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar
R. Beale	√	√	√	√	√	A	√		√	√	√	√
A Baines							√		√	√	√	√
G. Hunjan	√	√	√	√	√	√	√		√	√	√	√
D. Tomlinson	√	√	√	√	√	√	√		√	√	√	√
V. Devlin	A	√	√	√	A	√	√		√	√	√	√
P. Nyarumbu	A	√	√	√	A	√	√		√	√	√	√

(No November meeting)

Attendance by formal attendees/Subject Matter Experts

NAME	April	May	June	Jul	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar
R. Sollars	√	√	√	√	√	√	√		√	√	√	√
C. Beet							√				√	
E. Ellis	√	A	√	A	√	√	√		√	√	√	A
T. Kiddy				√								
E. Oliver				√								
P. Lloyd Knight									√			
D. Tobin											√	
J. Gill											√	
L. Flanagan												√

8. REPORTS MADE TO THE BOARD OF DIRECTORS

The Chair of the Committee makes an assurance and escalation report regarding the most recent meeting of the Committee to the next available Board of Directors' meeting.
This report seeks to assure the Board on the main items discussed by the Committee and should it be necessary to escalate to the Board any matters of concern or urgent business which the Committee is unable to conclude. The Board may then decide to give direction to the Committee as to how the matter should be taken forward or it may agree that the Board deals with the matter itself. Where the Board wants greater assurance on any matters that are within the remit of the Terms of Reference of the Committee the Board may ask for these to be looked at in greater detail by the Committee.

The below table outlines the dates that the assurance and escalation reports were presented by the Chair of the FPP Committee to the Board of Directors meetings.

Date of meeting	Assurance and escalation report to Board by Chair
21st April 2021	28th April 2021
19th May 2021	26th May 2021
23rd June 2021	30th June 2021
21st July 2021	28th July 2021
24th August 2021	31st August 2021
22nd September 2021	29th September 2021
20th October 2021	27th October 2021
15th December 2021	No Board Meeting
19th January 2022	26th January 2022
16th February 2022	23rd February 2022
23rd March 2022	30th March 2022

9. THE WORK OF THE COMMITTEE DURING 2021/22

During 2021/22 the Chair of the FPP Committee confirmed that the Committee has carried out its role in accordance with its Terms of Reference. Further details of all of these areas of work can be found in the minutes and papers of the Committee.

A high-level presentation of areas of work on which the Committee has received assurance and during 2021/22 are as follows:

Reports on:

- Integrated Performance Reports (monthly)
- Financial Performance (monthly)
- Clinical Services Strategy (Draft April 2021)
- Strategic Risks: Sustainability
- Capital Prioritisation
- Review of Terms of Reference
- Reach-Out Provider Collaborative Business Case
- Reaside and Highcroft Stakeholder Engagement Plan

- Medium and Low Secure Facilities (Reaside) Strategic Outline Case
- Reach-Out Provider Collaborative Governance
- Readiness to Proceed Assessment – Reach Out
- Board Assurance Framework
- Information Governance Annual Report
- Information Governance Quarterly Report
- ICS Shared Services
- Reach Out Commissioning Sub Committee Chair's Report
- Digital Strategy Improvements & Assurance
- Out of Area Plan
- Improving Access to Physiological Therapy
- BSOL Mental Health, Learning Disability and Autism Provider Collaborative
- Emergency Preparedness Resilience and Response
- COVID Recovery

Areas escalated to the Board of Directors or other Committees:

- Reach out Provider Collaborative Business Case for approval and Governance Processes
- Escalation to Quality & Safety Committee regarding unaccompanied strip searches whilst in custody
- Assurance to the Board during the year on the capital position
- key issues and potential benefits for the ICS and how to assess the potential for greater sharing of non-clinical services between local NHS organisations to improve value for money
- Key issues and potential benefits within ICT
- Review of storage and accessibility of contracts of employment escalated via internal audit report to the FPP Committee

10. CONCLUSION

The Chair of the FPP Committee would like to assure the Board of Directors that the Committee has fulfilled its Terms of Reference during 2021/22. Throughout the year the Committee has monitored the financial performance and performance metrics and gained assurance on how these areas are considered and addressed. It has added value by maintaining an open and professional relationship with officers of the Trust and has carried out its work diligently; discussed issues openly and robustly; and kept the Board of Directors apprised of any possible issues or risks.

Members of the Committee would like to thank all those who have responded to its requests during the year and who have supported it in carrying out its duties.

RUSSELL BEALE
Non-Executive Director and Chair of the Finance, Performance & Productivity Committee
June 2022

9.2. Integrated Performance Report

Birmingham and Solihull Mental Health NHS Foundation Trust

Meeting	**BOARD OF DIRECTORS**
Agenda item	**9.2**
Paper title	**INTEGRATED PERFORMANCE REPORT**
Date	27th July 2022
Author	Richard Sollars, Deputy Director of Finance Gill Mordain, Associate Director of Clinical Governance Hayley Brown, Workforce Business Partner Tasnim Kiddy, Associate Director Performance & Information
Executive sponsor	David Tomlinson, Executive Director of Finance

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

Executive summary & Recommendations:

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

- FPP – Out of area bed use, IAPT, CPA 12-month reviews, new referrals not seen, financial position and CIP
- People – Vacancies, sickness, bank and agency fill rate
- QPES – None identified

There was discussion at FPP in June regarding the fitness for purpose of the report and it was agreed that the approach used in directing the attention of the Committee to relevant areas of concern was good. There was, however, concern about a lack of transparency around improvement plans with no information regarding how the Trust is doing against improvement trajectories.

FPP escalated to the Board concerns regarding the following performance metrics, where no meaningful improvement is being achieved and there is lack of transparency regarding the improvement plan:

- Service users on CPA with a formal review in the last 12 months
- IAPT waiting times
- Out of Area bed days
- Referrals over 3 months old with no contact

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

Integrated Performance Report

Context

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

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

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

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

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

Performance in June 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. June's figure is 19 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 2022/23 is adverse to plan

Quality

- Ligature incidents with no anchor point down from 31 to 20 – with anchor point 0
- **Key concerns: Ligature incidents**

Performance

- The level of Out of Area Patients remains a concern. The figure for June is up to 570 occupied bed days (19.0 patients), up from April 416 OBD (13.9). 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 29.2% and remains a real concern. This is being discussed across BSol to identify how to address underperformance. Performance for within 18 weeks is also problematic at 60.7%
- IAPT moving into recovery down from 47.5% to 47.0%

- New referrals not seen within 3 months are of concern and up to 2,789, the highest figure in four years
- **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
- Vacancy information not yet available – being amended to allow for transformation
- Sickness levels are little changed at 6.2%. Variation: Resources 1.6% v Secure 7.7%
- Appraisals down from 84.8% to 84.5% and still significantly below pre-COVID levels and target
- Fundamental training up from 92.9% to 93.3% and improvement seen in IG training. Little variation between directorates
- Bank and Agency fill up from 83.2% to 84.5%
- **Key concerns: Vacancies, bank and agency fill rate, appraisal rates, sickness**

Sustainability

- Financial position for the first three months is a deficit of £1.4m against a planned breakeven, chiefly arising from the inclusion of an accrual for the pay award, although there are pressures on pay and out of area beds
- Capital expenditure for the first two months is £108k, £204k less than plan. An under spend on carry forward schemes is partly offset by backlog maintenance expenditure ahead of plan
- Information Governance position has risen back to 92%, mainly because training of temporary staff has improved and is set to improve further
- Cash and property standards remain well above target

Integrated Performance Dashboard

Board of Directors Part I

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Birmingham and Solihull Mental Health NHS Foundation Trust

HOME | PERFORMANCE | PEOPLE | QUALITY | SUSTAINABILITY

Top Line Commentary (Trust level)

Performance: Out of Area is improving. IAPT remain key problems

People: Continues to be adversely affected by COVID

Quality: Staff and Patient assaults

Sustainability: Savings plans yet to be identified

Division: A: All

A: All

June 2022

Performance

CPA 7 day FU	94.4% ↓
CPA with Formal Review last 12 mths	84.3% ↓
Data Quality Maturity Index (DQMI)	94.2% ↓
Delayed Transfer Bed Days	984
Delayed Transfer, percent of bed days	6.4%
Eating disorders routine	100.0%
First episode psychosis	100.0% ↑
IAPT into recovery	47.0%
IAPT seen in 18 weeks	60.7% ↓
IAPT seen in 6 weeks	29.2% ↓
Out of Area Bed Days	570 ↑
Referrals over 3 mths with no contact	2789 ↓

People

Bank & Agency Fill Rate	84.5% ↓
Fundamental Training	93.3% ↓
Rolling 12m Turnover	10.5% ↑
Staff Appraisals	84.5%
Staff Sickness	6.2% ↓

Quality

Absconsions from inpatient units	2
Commissioner reportable incidents	1
Community confirmed suicides	0
Community suspected suicides	0
Failure to return	6 ↑
Incidents of self harm	181
Incidents resulting in harm (other)	11.8% ↑
Incidents resulting in harm (patients)	14.2% ↑
Inpatient confirmed suicides	0
Inpatient suspected suicides	0
Ligature no anchor point	20
Ligature with anchor point	0
Patient assaults	38
Patient assaults / 1000 OBD	2.1

Sustainability

CAP Ex	£202k
Cash	£59,698k ↑
CIP	£0k ↓
Info Governance	92.6%
Monthly Agency	£576k
Operating Surplus	£598k
Property	98.5% ↑
SOF rating	3

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

compassionate inclusive committed

Integrated Performance Dashboard

Birmingham and Solihull Mental Health NHS Foundation Trust

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

Division

A: All

A: All

Measure	Latest Target	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22
CPA 7 day FU	95.00	94.4%	92.0%	93.5%	93.2%	91.0%	94.4% ↓
CPA with Formal Review last 12 mths	95.00	85.9%	86.3%	86.5%	85.2%	84.9%	84.3% ↓
Data Quality Maturity Index (DQMI)	95.00	97.8%	97.5%	97.1%	98.4%	97.1%	94.2% ↓
Delayed Transfer Bed Days		954	751	1001	1005	1161	984
Delayed Transfer, percent of bed days		6.1%	5.2%	6.3%	6.5%	7.3%	6.4%
Eating disorders routine	95.00	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
Eating disorders urgent	95.00	100.0%	100.0%	50.0%	100.0%	100.0%	
First episode psychosis	60.00	100.0%	100.0%	100.0%	100.0%		100.0% ↑
IAPT into recovery	50.00	47.2%	51.2%	49.9%	52.6%	47.5%	47.0%
IAPT seen in 18 weeks	95.00	70.2%	69.6%	64.9%	64.6%	65.3%	60.7% ↓
IAPT seen in 6 weeks	75.00	27.4%	26.8%	23.7%	33.7%	30.1%	29.2% ↓
Out of Area Bed Days	270.00	553	332	270	416	520	570 ↑
Referrals over 3 mths with no contact		2627	2641	2538	2577	2636	2789 ↓

Top Line Commentary (Trust level)

KEY CONCERN:

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

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

Integrated Performance Dashboard

Birmingham and Solihull Mental Health NHS Foundation Trust

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

Division

A: All

A: All

Measure	Latest Target	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22
Staff Vacancies		10.2%	9.5%	8.0%	22.2%	11.1%	
Staff Sickness	4.28	7.8%	6.3%	6.1%	6.6%	6.1%	6.2% ↓
Staff Appraisals	90.00	81.6%	83.4%	84.7%	85.8%	84.8%	84.5%
Rolling 12m Turnover		9.7%	9.7%	10.2%	10.2%	10.4%	10.5% ↑
Fundamental Training	95.00	92.7%	91.9%	91.6%	91.8%	92.9%	93.3% ↓
Bank & Agency Fill Rate		84.2%	85.1%	83.0%	82.2%	83.2%	84.5% ↓

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

compassionate inclusive committed

Birmingham and Solihull Mental Health NHS Foundation Trust

HOME | PERFORMANCE | PEOPLE | QUALITY | SUSTAINABILITY

Division

A: All

A: All

Measure	Latest Target	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	
Absconsions from inpatient units		2	2	5	3	8	2	
Commissioner reportable incidents		6	6	11	20	2	1	
Community confirmed suicides		1	0	0	0	0	0	
Community suspected suicides		1	3	3	4	0	0	
Failure to return		8	6	11	13	16	6	↑
Incidents of self harm		134	137	166	167	167	181	
Incidents resulting in harm (other)		13.0%	14.1%	15.7%	16.7%	12.4%	11.8%	↑
Incidents resulting in harm (patients)		14.9%	15.1%	17.8%	17.4%	13.4%	14.2%	↑
Inpatient confirmed suicides		0	0	0	0	0	0	
Inpatient suspected suicides		0	0	0	1	0	0	
Ligature no anchor point		30	37	49	49	31	20	
Ligature with anchor point		5	2	2	4	0	0	
Patient assaults		41	38	43	39	51	38	
Patient ssaults / 1000 OBD		2.2	2.2	2.3	2.1	2.7	2.1	
Physical restraints		193	207	223	196	339	305	
Physical restraints / 1000 OBD		10.2	12.1	11.9	10.8	18.1	16.6	

Top Line Commentary (Trust level)

KEY CONCERNS

* Staff and patient assaults

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

Integrated Performance Dashboard

compassionate inclusive committed

Birmingham and Solihull Mental Health NHS Foundation Trust

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

Division

A: All

A: All

Measure	Latest Target	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22
Incidents of self harm		134	137	166	167	167	181
Incidents resulting in harm (other)		13.0%	14.1%	15.7%	16.7%	12.4%	11.8% ↑
Incidents resulting in harm (patients)		14.9%	15.1%	17.8%	17.4%	13.4%	14.2% ↑
Inpatient confirmed suicides		0	0	0	0	0	0
Inpatient suspected suicides		0	0	0	1	0	0
Ligature no anchor point		30	37	49	49	31	20
Ligature with anchor point		5	2	2	4	0	0
Patient assaults		41	38	43	39	51	38
Patient ssaults / 1000 OBD		2.2	2.2	2.3	2.1	2.7	2.1
Physical restraints		193	207	223	196	339	305
Physical restraints/ 1000 OBD		10.2	12.1	11.9	10.8	18.1	16.6
Prone restraints		29	55	59	41	43	44 ↑
Prone restraints/ 1000 OBD		1.5	3.2	3.1	2.2	2.3	2.4 ↑
Reported incidents		2009	2011	1981	2123	2397	2282 ↑
Staff assaults		92	101	102	84	103	87
Staff assaults / 1000 OBD		4.9	5.9	5.4	4.6	5.5	4.7

Top Line Commentary (Trust level)

KEY CONCERNS

* Staff and patient assaults

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

Integrated Performance Dashboard

Birmingham and Solihull Mental Health NHS Foundation Trust

Division

A: All

A: All

Measure	Latest Target	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	
CAP Ex		£220k	£3,614k	£4,088k	£49k	£108k	£202k	
Cash		£55,797k	£59,011k	£54,799k	£53,617k	£55,444k	£59,698k	↑
CIP		£374k	£374k	£374k	£0k	£0k	£0k	↓
Info Governance		87.4%	85.4%	89.5%	91.1%	81.1%	92.6%	
Monthly Agency		£507k	£800k	£551k	£520k	£689k	£576k	
Operating Surplus		-£681k	£456k	£3,406k	£157k	£632k	£598k	
Property		98.5%	98.5%	98.5%	98.5%	98.5%	98.5%	↑
SOF rating		2	2	2	3	3	3	

Top Line Commentary (Trust level)

KEY CONCERNS:

* CIP under achievement
* National financial uncertainty

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

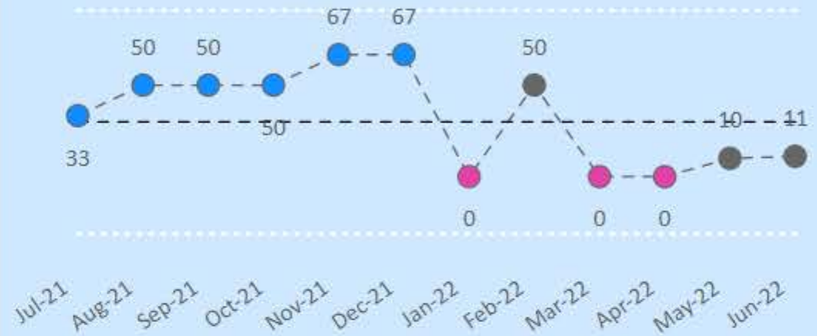
Birmingham and Solihull Mental Health NHS Foundation Trust

CPA with Formal Review last 12 mths

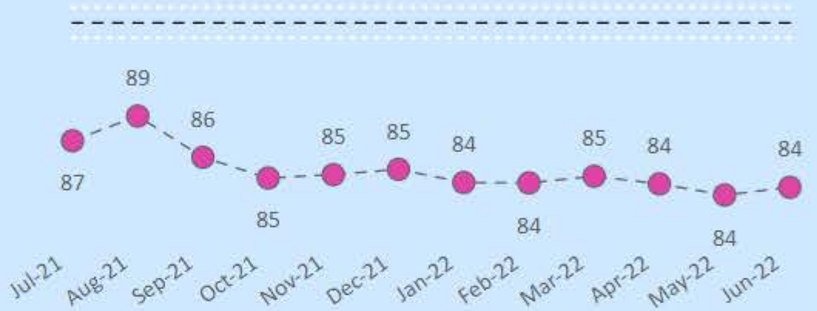
Trust level

A: All

B: Acute and Urgent Care

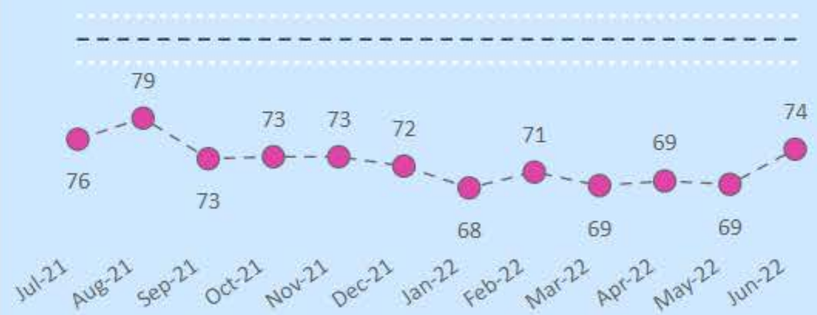


C: ICCR



D: Secure Serv & Offender Health

E: Specialties



F: Corporate

Key

UCL LCL Value Mean Concern Improvement

compassionate inclusive committed

CPA with Formal Review last 12 mths

June - 2022

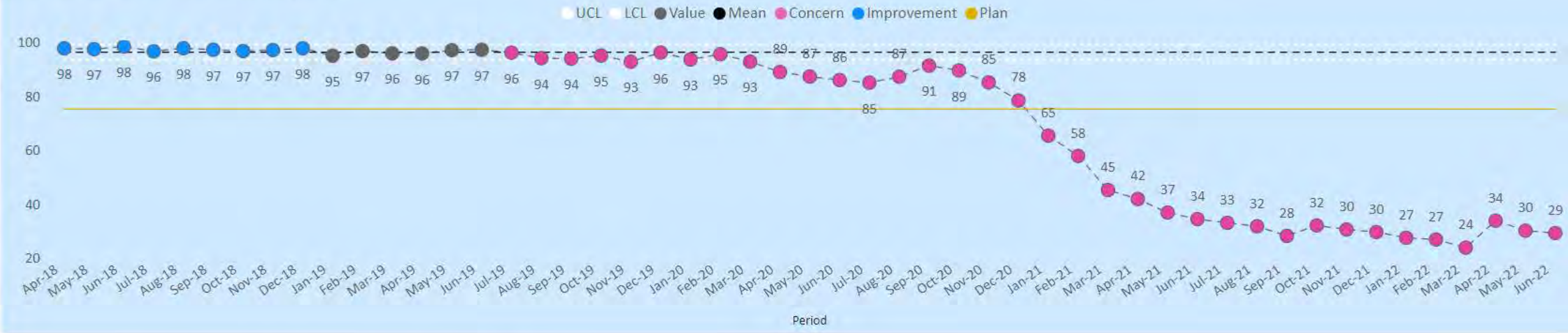
Question	Answers
A: What has happened?	Performance has consistently declined over the last year and has been outside the control limits since July 2019. The rate was maintained at an average of 89% from April 2021 until October and then declined to 87%. This was sustained until January 2022 until March 2022 which reduced to 86%. April 2022 onwards has seen a gradual decline with June at 84.2%. Adult CMHT account for 52%, older adult CMHT for 4%, Secure for 15% and AOT for 22%. Within divisions there is variation in performance with 5 CMHTs having more than 30 reviews outstanding.
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.
C: What are the implications and consequences?	Carrying out as a minimum an annual CPA reviews 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 to address data quality issues in HTT, specialties and secure care. A further review of outstanding reviews took place in November 2021 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. Services are developing plans to increase the number of face to face appointments and reviews are included in the deep dive sessions arranged with services over the coming month.
E: What do we expect to happen?	Due to current circumstances and challenges to conduct appointments, the position is unlikely to improve.
F: How will we know when we have addressed issues?	Currently part of ongoing strategic service review discussions.

Birmingham and Solihull Mental Health NHS Foundation Trust

IAPT seen in 6 weeks

Divisions

Statistical Process Control (SPC)



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

Division	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22
A: All	27.4%	26.8%	23.7%	33.7%	30.1%	29.2%
E: Specialties	27.4%	26.8%	23.7%	33.7%	30.1%	29.2%

Commentary

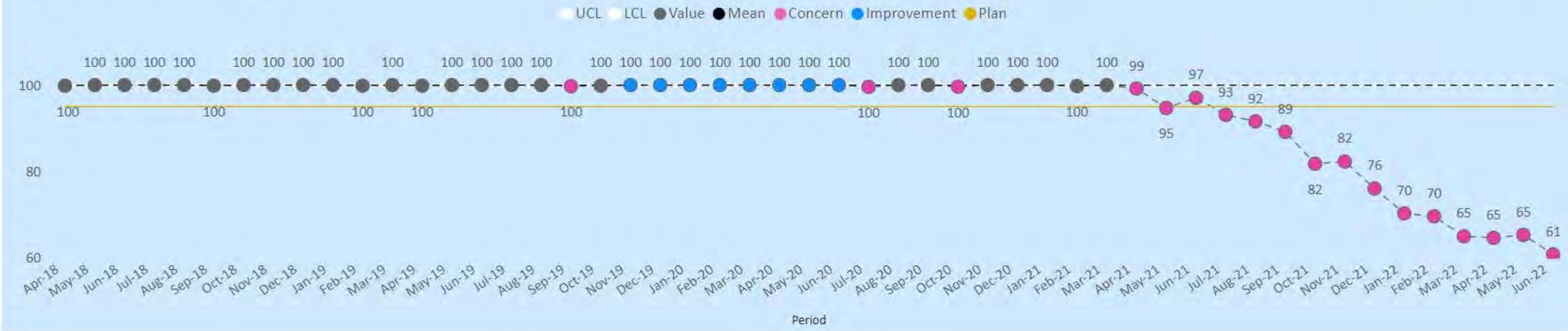
Performance has been on a reducing trend since March 2020 below the 75% target. April 2022 increased by 10% to 33.7% followed by a reduction in May to 30%.
The service has a large number of vacancies which are difficult to recruit to which has made it difficult to offer appointments in a timely way. The majority of contact with service users remains via telephone and this is not always the most suitable form of contact and there is limited physical space in primary care to offer face to face appointments.

Birmingham and Solihull Mental Health NHS Foundation Trust

IAPT seen in 18 weeks

Divisions

Statistical Process Control (SPC)



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

Division	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22
A: All	70.2%	69.6%	64.9%	64.6%	65.3%	60.7%
E: Specialties	70.2%	69.6%	64.9%	64.6%	65.3%	60.7%

Commentary

Performance has been on a reducing trend for the last 12 months and has been below the 95% target for the last 11 months. levels have been sustained in April and may at 65%. The service has a large number of vacancies which are difficult to recruit to which has made it difficult to offer appointments in a timely way. The majority of contact with service users remains via telephone and this is not always the most suitable form of contact and there is limited physical space in primary care to offer face to face appointments.

Detailed Commentary

IAPT seen in 6 weeks

June - 2022

Question	Answers
A: What has happened?	Performance has been on a reducing trend since March 2020 below the 75% target. April 2022 increased by 10% to 33.7% followed by a decrease withJune at 29.6% 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 access to community facilities stopped. Face to face contacts have increased in BHM premises but need to be undertaken in a COVID secure way and capacity is therefore 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 implement a preceptorship from band 6 to 7 and address recruitment issues and review of clinical space in order to recommence groups and face to face activity. Externally: A review of Long term conditions pathway, prioritising where additional investment can be focused and ongoing review through IAPT forum with regional IAPT team.
E: What do we expect to happen?	To slowly increase the face to face offer and increase capacity which will take time to implement.
F: How will we know when we have addressed issues?	The waiting times will be equal to or be above the 75% target.

Birmingham and Solihull Mental Health NHS Foundation Trust

Out of Area Bed Days

Divisions

Statistical Process Control (SPC)

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

Division	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22
A: All	553	332	270	416	520	570
B: Acute and Urgent Care	553	332	270	416	520	570

Commentary

Key areas of the out of area implementation plan have continued to be implemented and in April 2021, a significant reduction in the number of OBDs was achieved, down to 643, below pre covid levels and the lowest number in the previous 16 months. This was sustained through to September 2021. As a result of the additional acute bed capacity commissioned from October, OOA bed days reduced further to 430 days. However due to demand and COVID pressures on ward closures has seen an increase with the average from November to January at 575 bed days. Numbers have started to fall with a significant reduction in February 2022 due to the increased PICU bed capacity to 332 days. This decrease continued in March 2022 to 270 OOA bed days followed by an increase in April and May have increased with May at 520 days. This inlcuded 5 admissions to PICU beds and 8 to acute beds, taking the full month's number to 27 OOA placements. A revised trajectory has been agreed with commissioners for 2022/23 to reach 186 bed days by March 2023. May performance is above the target of 279 OOA bed days for May 2022.

From the 1st October 2021 NHSE have agreed a Standard Operating Protocol (SOP) with the Trust to enable 10 Priory acute beds based in Willenhall to be classified as 'appropriate placements' for 6 months until 31st March 2022 in

Out of Area Bed Days

June - 2022

Question	Answers
A: What has happened?	Key areas of the out of area implementation plan have continued to be implemented and in April 2021, a significant reduction in the number of OBDs was achieved, down to 643, below pre covid levels and the lowest number in the previous 16 months. This was sustained through to September 2021. As a result of the additional acute bed capacity commissioned from October, OOA bed days reduced further to 430 days. However due to demand and COVID pressures on ward closures has seen an increase with the average from November to January at 575 bed days. Numbers started to fall with a significant reduction in February 2022 due to the increased PICU bed capacity to 332 days.Numbers started to fall with a significant reduction in February 2022 due to the increased PICU bed capacity to 332 days. This decrease continued in March 2022 to 270 OOA bed days. April onwards has seen an increase with June at 570 days with 6 admissions to PICU beds and 1 to an acute bed, taking the full month's number to 25 OOA placements. A revised trajectory has been agreed with commissioners for 2022/23 to reach 186 bed days by March 2023. June performance is above the target of 270 OOA bed days for June 2022 and there is continued pressure on adult male beds From the 1st October 2021 NHSE have agreed a Standard Operating Protocol (SOP) with the Trust to enable 10 Priory acute beds based in Willenhall to be classified as 'appropriate placements' for 6 months until 31st March 2022 in addition to the same classification for the MERIT beds. Internal reporting and commissioner reporting from 1st October 2021 has been amended to reflect this change. It has also been agreed by NHSE that any patients admitted to a PICU bed at Woodbourne Priory will be classed as 'appropriate placements' from the 1st January 2022. However, it should be noted that national reporting via the Mental Health Services Dataset (MHSDS) managed by NHS Digital currently does not recognise the bespoke arrangements agreed via NHSE/I. Discussions are taking place with NHSE/I leads as to how these changes can be reflected in national MHSDS submissions as the Priory beds at Willenhall will continue to be classified as 'inappropriate'. As a result, until this issue is resolved, there will be a difference between national reporting using MHSDS as the data source and local Trust reporting. Commissioners are also aware of this anomaly.
B: Why has it happened?	The observed reductions are a combination of a range of actions that are being implemented within the urgent and acute care service including the daily bed state review meetings, weekly multi agency meetings, implementation of the crisis houses, use of respite beds and targeted support and action via the 2 discharge coordinators to review complex cases. In addition, additional bed capacity has been purchased with support from commissioners is being utilised. The additional investment includes the procurement of 22 additional beds with the Priory, 12 PICU and 10 acute beds with admissions to the Woodbourne Priory and Willenhall being counted as 'appropriate'. Latest available national benchmarking data continues to identify the Trust as having one of the lowest number of adult acute beds per 100,000 weighted population. During December and -March 2022 there have been a number of covid outbreaks on inpatient wards which have resulted in them closing to new admissions which has applied additional pressure. A number of acute beds were clsoed in April which has reduced acute capacity. Of the 7 new OOA placements in June 1 was for an acute bed and 6 were PICU admissions.
C: What are the implications and consequences?	Without a system wide approach and a review of patient flow across MH pathways, demand will continue to exceed capacity and risks to patients and staff potentially increasing without the reconfiguration of services needed to manage demand and manage patients in community teams that have the staffing and skill mix levels to support. The bed waiting list identifies patients who are waiting to be admitted and are being risk managed in the community. Action plans receive national and commissioner scrutiny which will increase if the Trust is unable to demonstrate continuing progress.
D: What are we doing about it?	See above for actions being taken. The out of area reduction plan is continuing to be implemented to support the repatriation of patients and increase the flow within existing trust beds. Additional bed capacity has been commissioned with commissioner support, and NHSE have agreed that Standard operating Protocol (SOP) to enable the 10 Priory acute beds

Birmingham and Solihull Mental Health NHS Foundation Trust

Out of Area Bed Days

June - 2022

Question	Answers
	bespoke arrangements agreed via NHSE/I. Discussions are taking place with NHSE/I leads as to how these changes can be reflected in national MHSDS submissions as the Priory beds at Willenhall will continue to be classified as 'inappropriate'. As a result, until this issue is resolved, there will be a difference between national reporting using MHSDS as the data source and local Trust reporting. Commissioners are also aware of this anomaly.
B: Why has it happened?	The observed reductions are a combination of a range of actions that are being implemented within the urgent and acute care service including the daily bed state review meetings, weekly multi agency meetings, implementation of the crisis houses, use of respite beds and targeted support and action via the 2 discharge coordinators to review complex cases. In addition, additional bed capacity has been purchased with support from commissioners is being utilised. The additional investment includes the procurement of 22 additional beds with the Priory, 12 PICU and 10 acute beds with admissions to the Woodbourne Priory and Willenhall being counted as 'appropriate'. Latest available national benchmarking data continues to identify the Trust as having one of the lowest number of adult acute beds per 100,000 weighted population. During December and -March 2022 there have been a number of covid outbreaks on inpatient wards which have resulted in them closing to new admissions which has applied additional pressure. A number of acute beds were clsoed in April which has reduced acute capacity. Of the 7 new OOA placements in June 1 was for an acute bed and 6 were PICU admissions.
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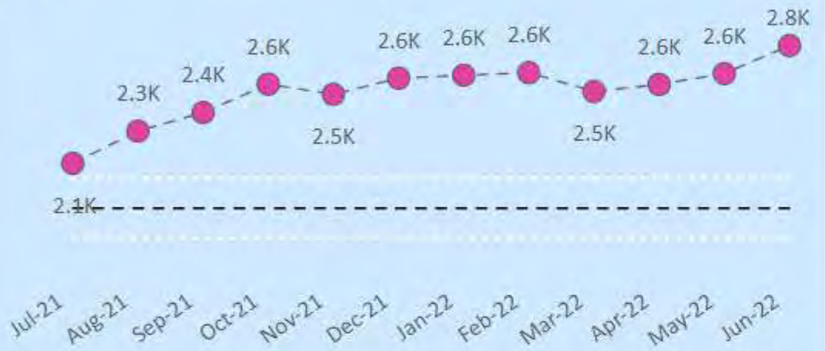
D: What are we doing about it?	See above for actions being taken. The out of area reduction plan is continuing to be implemented to support the repatriation of patients and increase the flow within existing trust beds. Additional bed capacity has been commissioned with commissioner support, and NHSE have agreed that Standard operating Protocol (SOP) to enable the 10 Priory acute beds based in Willenhall to be classed as 'appropriate placements' from 1st October 2021 for 6 months until 31st March 2022. It has also been agreed by NHSE that from the 1st January 2022 any patients admitted to a PICU bed at Woodbourne Priory will be classed as 'appropriate placements'. Any patients admitted to PICU beds elsewhere will continue to be classified as 'out of area' due to geographical distance. Longer term options include the potential for a capital build solution which is at an exploratory stage. Mary Seacole ward 2 has reopened at the end of March but other beds have closed so the full number of internal acute beds have not been restored fully. Additional PICU beds are expected to be available in the next month within the priory group which will also be counted as in area once a SOP has been agreed with NHS England.
E: What do we expect to happen?	Monthly use of Out of area beds is expected to continue but reducing as the range of actions get implemented and embedded and more recently as a result of the SOP agreed with NHSE. However, it should be noted that the service is currently facing significant Covid-19 pressures in terms of outbreaks on wards and impact on staff sickness absence levels.
F: How will we know when we have addressed issues?	When the numbers of OOA bed days reduce in line with the trajectory submitted in the action plan. Operational meetings have continued to take place to maintain the implementation of the actions required to support the actions on a sustainable basis. Stabilisation in terms of inpatient capacity and the Trust's plan to review new ways of working will further assist in taking forward this workstream.

Birmingham and Solihull Mental Health NHS Foundation Trust

Referrals over 3 mths with no contact

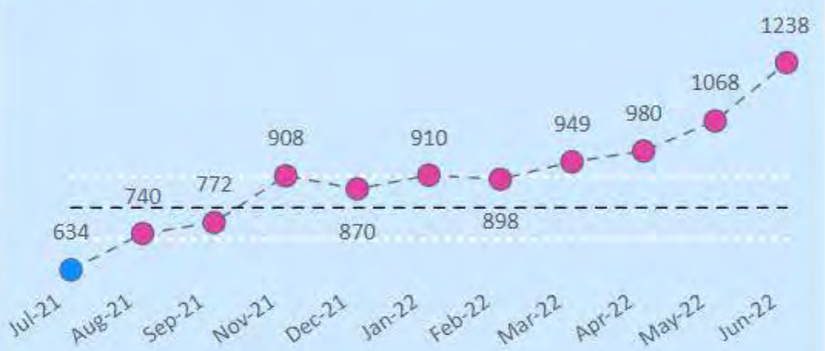
Trust level

A: All

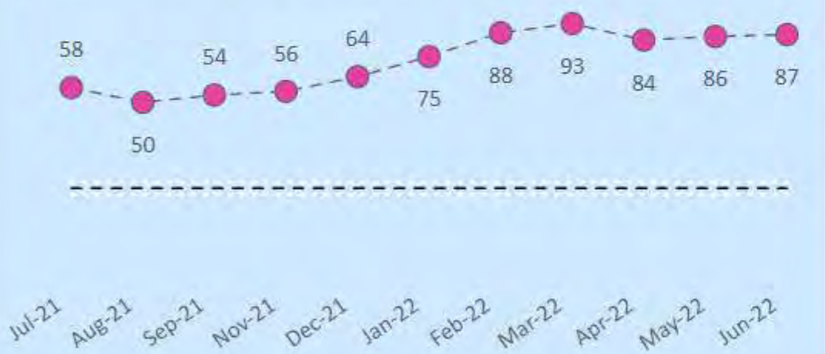


B: Acute and Urgent Care

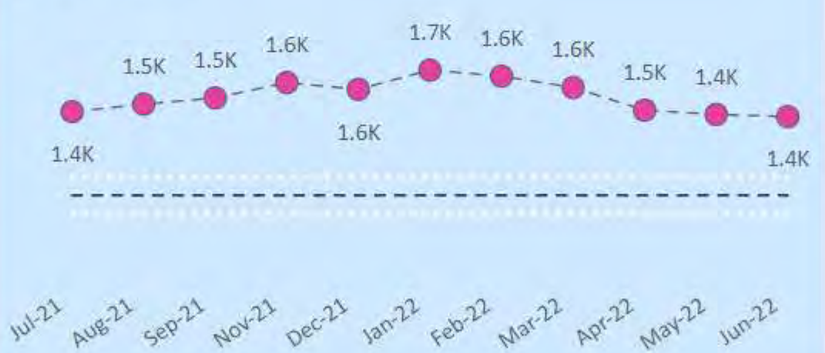
C: ICCR



D: Secure Serv & Offender Health



E: Specialties



F: Corporate

Key

UCL LCL Value Mean Concern Improvement

compassionate inclusive committed

Birmingham and Solihull Mental Health NHS Foundation Trust

Referrals over 3 mths with no contact

June - 2022

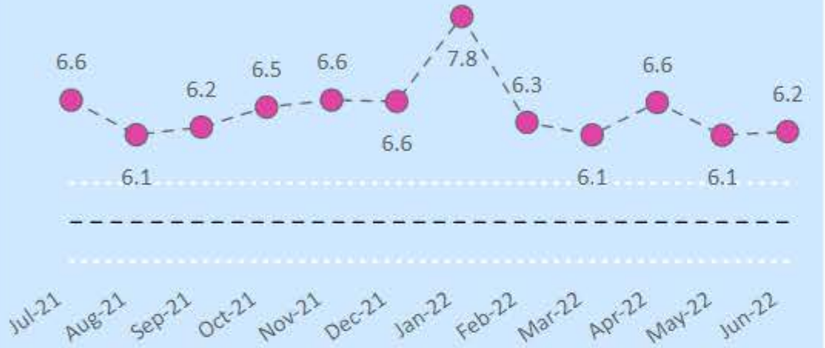
Question	Answers
A: What has happened?	The number of new referrals without a contact had been on an increasing trend pre Covid due to demand exceeding available capacity, with pressures in CMHTs and the neuropsychiatry service in particular. The number of patients who have not been seen after 3 months of referral in April 2021 was 2227 with the trend since then showing a reduction to July. August onwards has shown a steep increase reaching 2578 in October which then fell slightly in November before increasing again to a peak of 2989 in June 2022. The number of referrals not seen within 3 months of referral have increased in all services with the exception of AOT and older adult CMHTs.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 28% and Adult CMHTs 30% of referrals open for over 3 months without a contact.
B: Why has it happened?	During the COVID period, face to face contacts have reduced with staff using telephone contact and digital solutions such as AccruRx to conduct appointments. Based on available research, it is expected that the backlog of service users not seen or choosing not to access services during the Covid period together with new demand arising as a result of the impact from Covid -19 will result in increased referrals to CMHTs adding pressure on ability to see service users within 3 months of referral. 50% of older adult CMHT patients are being treated in care homes and contact with carers BUT not directly with service users due to Covid impact and these remain on the waiting list although care has commenced.
C: What are the implications and consequences?	This represents the number of referrals that have been open for more than 3 months without an appropriate contact being recorded and is indicative of the waiting time experienced by service users. Late data entry in outcoming appointments will impact on this measure.
D: What are we doing about it?	Reviewing patient flow and activities as part of strategic management of demand and capacity informed by service user need and staffing levels/skill mix to support. New ways of working and alternative methods of contact are being taken into account to manage the demand and services are drawing up plans to agree the appropriate level of face to face contact for each service. Face to face actitivy has continued to increase over the past few months.
E: What do we expect to happen?	This represents the number of referrals that have been open for more than 3 months without an appropriate contact being recorded and is indicative of the waiting time experienced by service users. Late data entry in outcoming appointments will impact on this measure.
F: How will we know when we have addressed issues?	Currently part of ongoing strategic service review discussions.

Birmingham and Solihull Mental Health NHS Foundation Trust

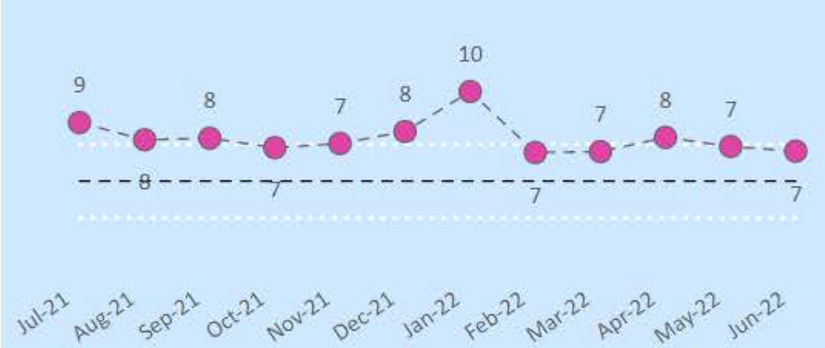
Staff Sickness

Trust level

A: All



B: Acute and Urgent Care

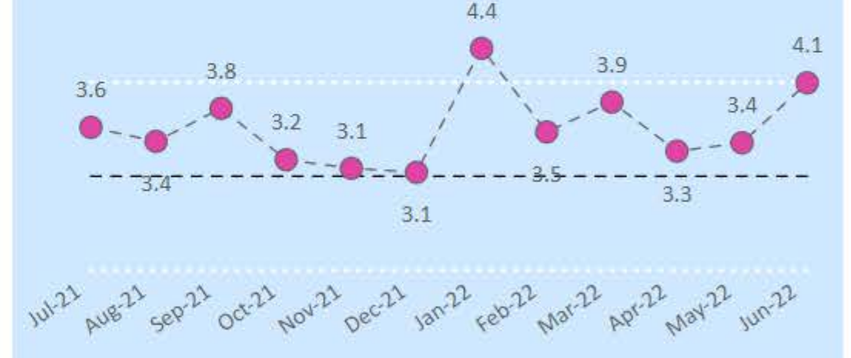


C: ICCR

D: Secure Serv & Offender Health

E: Specialties

F: Corporate



Key

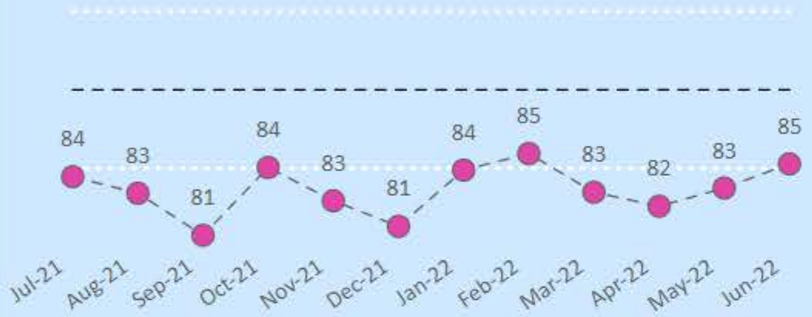
UCL LCL Value Mean Concern Improvement

Birmingham and Solihull Mental Health NHS Foundation Trust

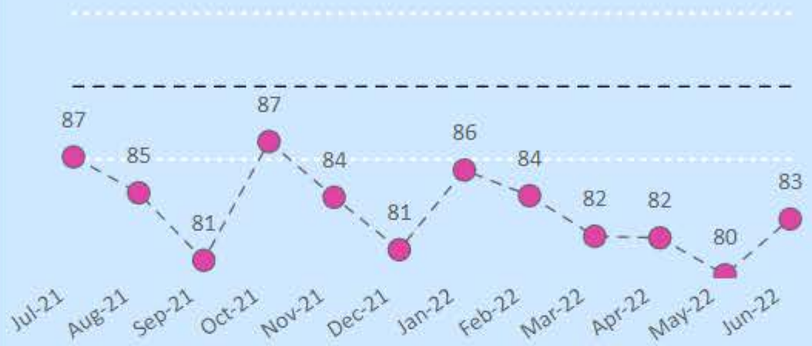
Bank & Agency Fill Rate

Trust level

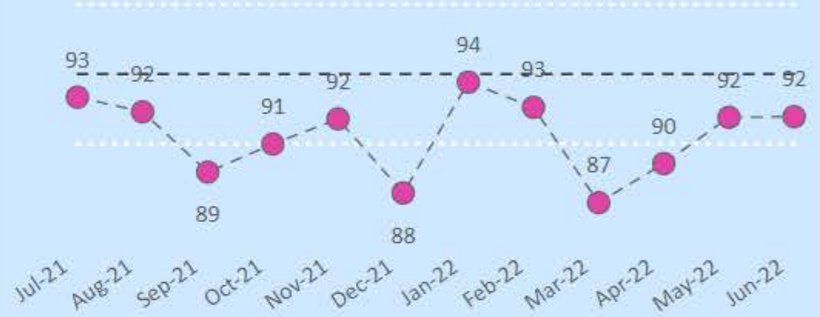
A: All



B: Acute and Urgent Care

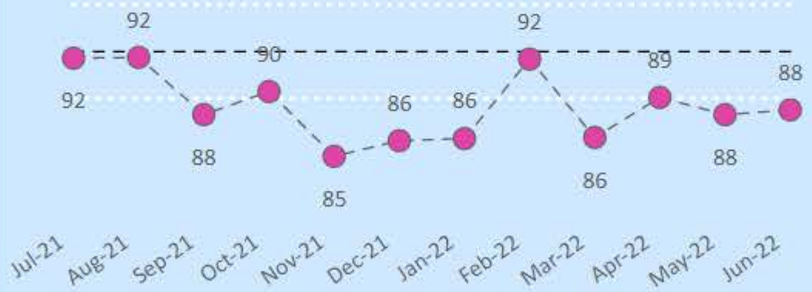


C: ICCR

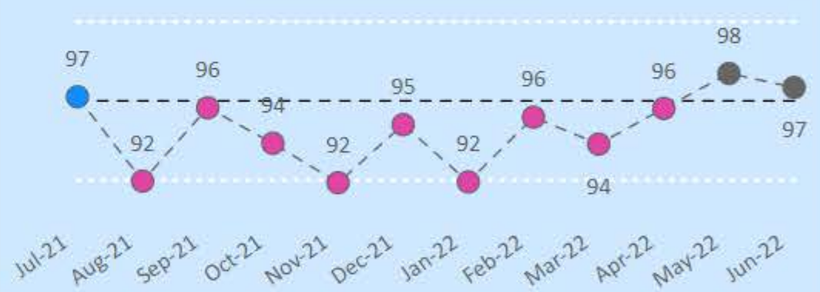


D: Secure Serv & Offender Health

E: Specialties



F: Corporate



Key

UCL LCL Value Mean Concern Improvement

compassionate inclusive committed

9.3. Finance Report

Birmingham and Solihull Mental Health NHS Foundation Trust

MEETING	**BOARD OF DIRECTORS**
AGENDA ITEM	**9.3**
PAPER TITLE	**MONTH 3 2022/23 FINANCE REPORT**
DATE	27th July 2022
AUTHOR	Emma Ellis, Head of Finance & Contracts
EXECUTIVE SPONSOR	David Tomlinson, Executive Director of Finance

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

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

Executive summary & Recommendations:

Revenue position

The month 3 Group position is a deficit of £1.4m, this is £1.4m adverse to the break even plan as submitted to NHSEI on 20/6/22. The position comprises a £1.5m deficit for the Trust, an £11k deficit for Summerhill Services Limited (SSL) and a break even position for the Reach Out Provider Collaborative. The month 3 Group position is mainly driven by slippage on savings delivery and increasing out of area expenditure.

2022/23 Financial Plan

The 2022/23 updated Group financial plan as submitted to NHSEI on 20/6/22 is break even. This is an improvement of £2.7m following additional national funding allocations to deal with inflationary pressures. This forms part of a collective break even plan for Birmingham and Solihull ICS. The 2022/23 capital plan is £7.3m.

Capital position

Month 3 Group capital expenditure is £202k, which is £453k less than year to date plan.

Cash position

The month 3 Group cash position is £59.7m.

Reason for consideration:

Update on month 3 financial position.

Previous consideration of report by:
Regular briefing on financial position with FPP chair.
Strategic priorities ***(which strategic priority is the report providing assurance on)***
SUSTAINABILITY: Being recognised as an excellent, digitally enabled organisation which performs strongly and efficiently, working in partnership for the benefit of our population
Financial Implications ***(detail any financial implications)***
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.

Birmingham and Solihull Mental Health NHS Foundation Trust

Finance Report

Financial Performance:

1st April 2022 to 30th June 2022

Month 3
Group financial position

Group Summary	Annual Budget	YTD Position		
		Budget	Actual	Variance
	£'000	£'000	£'000	£'000
Income				
Healthcare Income	295,830	73,958	73,270	(688)
Other Income	107,927	26,982	26,159	(823)
Total Income	**403,758**	**100,939**	**99,429**	**(1,511)**
Expenditure				
Pay	(237,201)	(59,300)	(58,495)	805
Other Non Pay Expenditure	(130,405)	(32,600)	(33,391)	(791)
Drugs	(5,956)	(1,489)	(1,617)	(128)
Clinical Supplies	(871)	(219)	(174)	45
PFI	(11,130)	(2,783)	(2,649)	134
EBITDA	**18,195**	**4,549**	**3,103**	**(1,446)**
Capital Financing				
Depreciation	(9,983)	(2,496)	(2,476)	20
PDC Dividend	(1,930)	(483)	(483)	-
Finance Lease	(4,845)	(1,211)	(1,214)	(3)
Loan Interest Payable	(1,154)	(280)	(311)	(32)
Loan Interest Receivable	97	15	112	96
Surplus / (Deficit) before taxation	**380**	**95**	**(1,269)**	**(1,364)**
Profit/ (Loss) on Disposal	-	-	(32)	(32)
Taxation	(380)	(95)	(96)	(1)
Surplus / (Deficit)	**(0)**	**0**	**(1,398)**	**(1,398)**

Month 3 2022/23 Group Financial Position

The month 3 consolidated Group position is a deficit of £1.4m year to date. This is £1.4m adverse to the break even plan as submitted to NHSEI on 20/6/22.

The Group position is mainly driven by the Trust month 3 deficit of £1.5m year to date. This is predominantly attributable to slippage on savings delivery and increasing out of area expenditure. There is significant staffing pressure in Acute and Urgent Care. The high levels of temporary staffing expenditure in this service area is offset by vacancies across the Trust and slippage relating to Service Development Fund (SDF) investment, some SDF income has been deferred in relation to this.

The Group position includes an £11k deficit for our wholly owned subsidiary, Summerhill Services Limited (SSL) and a break even position for the Reach Out Provider Collaborative. For a segmental breakdown of the Group position, please see page 3.

In month 3 the disposal of Ross House was completed with sales proceeds of £0.4m and a loss on disposal of £32k based on revised year end valuation of the asset.

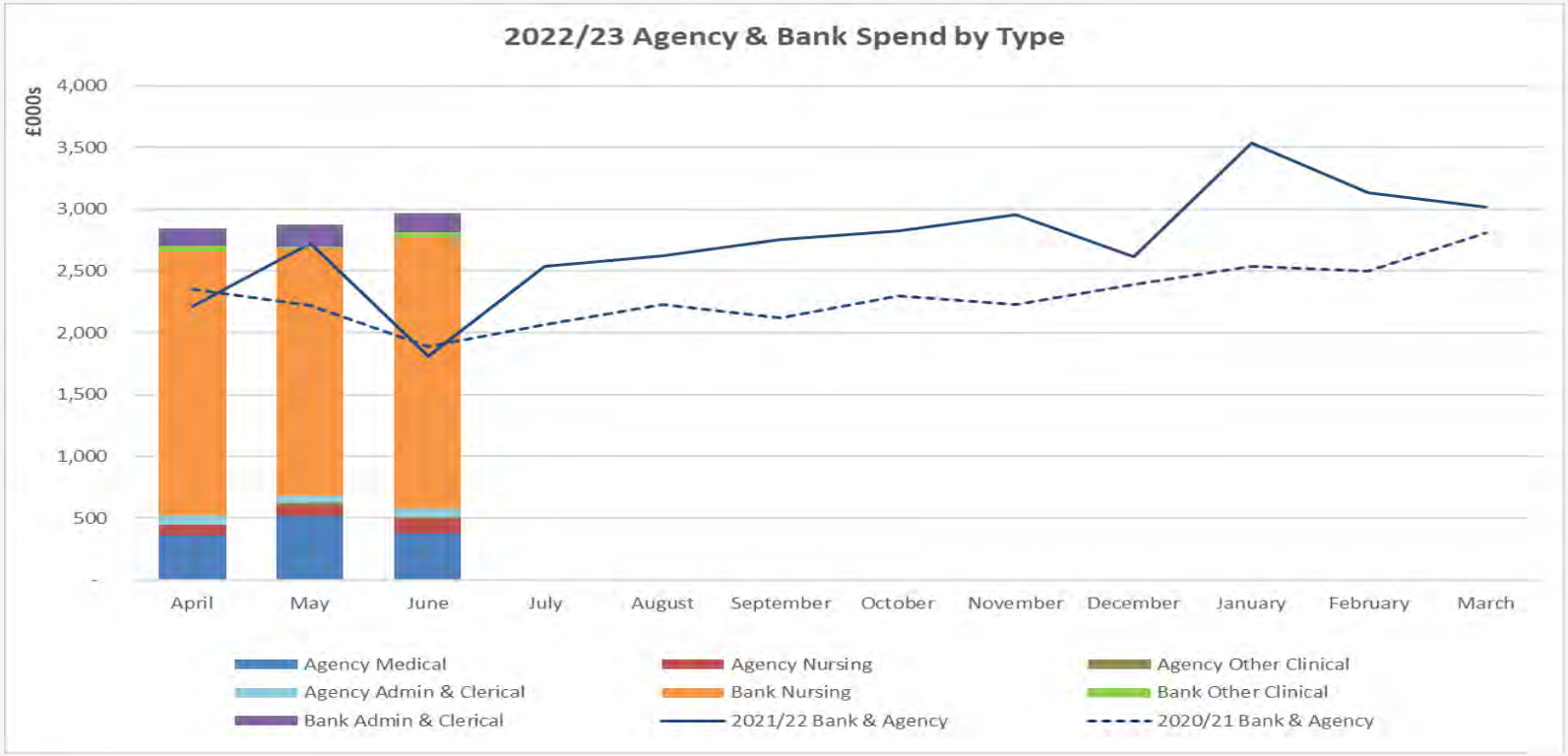
2022/23 Financial plan

The 2022/23 updated Group financial plan as submitted to NHSEI on 20/6/22 is break even, this is part of a collective break even plan for Birmingham and Solihull ICS. It is an improvement of £2.7m compared to the original plan, following additional national funding allocations to deal with inflationary pressures.

Month 3 Group position
Segmental summary

Group Summary	Trust	SSL	Reach Out	Consolidation	Group
	Actual	Actual	Actual	Actual	Actual
	£'m	£'m	£'m	£'m	£'m
Income					
Healthcare Income	73,270	-	-	-	73,270
Other Income	5,511	6,716	34,089	(20,157)	26,159
Total Income	**78,781**	**6,716**	**34,089**	**(20,157)**	**99,429**
Expenditure					
Pay	(55,815)	(2,437)	(311)	67	(58,495)
Other Non Pay Expenditure	(16,786)	(1,971)	(33,778)	19,144	(33,391)
Drugs	(1,708)	(752)	-	843	(1,617)
Clinical Supplies	(174)	-	-	-	(174)
PFI	(2,649)	-	-	-	(2,649)
EBITDA	**1,650**	**1,556**	**(0)**	**(102)**	**3,103**
Capital Financing					
Depreciation	(1,766)	(834)	-	123	(2,476)
PDC Dividend	(483)	-	-	-	(483)
Finance Lease	(1,209)	(102)	-	97	(1,214)
Loan Interest Payable	(297)	(534)	-	520	(311)
Loan Interest Receivable	632	0	-	(520)	112
Surplus / (Deficit) before Taxation	**(1,473)**	**85**	**(0)**	**118**	**(1,269)**
Profit/ (Loss) on Disposal	(32)	-			(32)
Taxation	-	(96)	-	-	(96)
Surplus / (Deficit)	**(1,505)**	**(11)**	**(0)**	**118**	**(1,398)**

Temporary staffing expenditure



Bank

Agency

The month 3 year to date temporary staffing expenditure is £8.7m. The graph above shows a breakdown of the temporary staffing expenditure by type.

Bank expenditure £6.9m (79%) – the majority of bank expenditure relates to nursing bank shifts - £6.3m.

Agency expenditure £1.8m (21%) – the majority of agency expenditure relates to medical agency - £1.3m.

For further analysis on bank and agency expenditure, see page 5.

Agency and Bank expenditure analysis

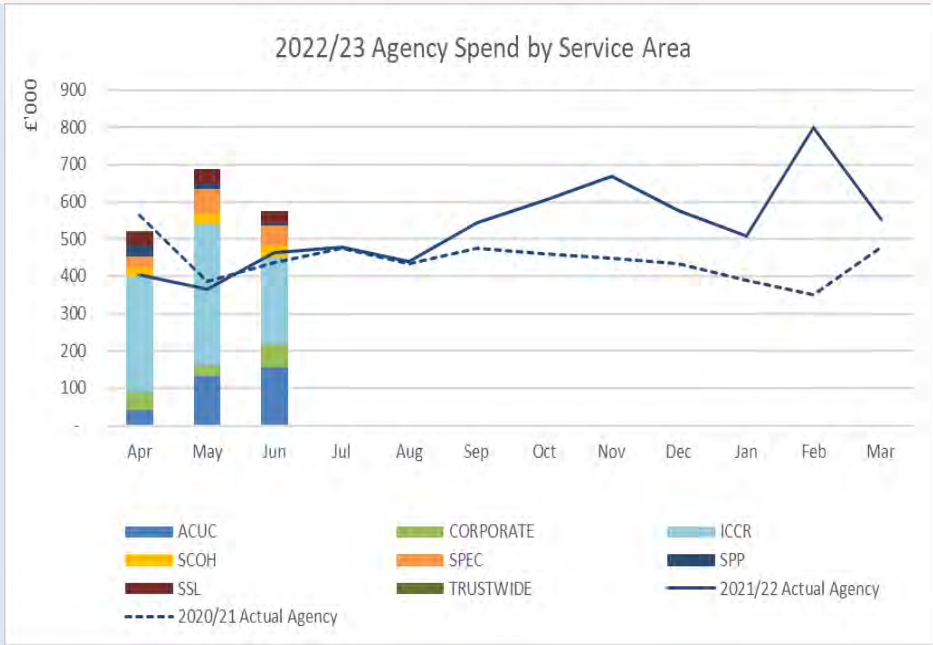
Agency expenditure

	Apr-22	May-22	Jun-22	2022/23 YTD
Agency Spend (£'000)	520	689	576	**1,784**
NHSEI Ceiling (£'000)	616	616	616	**1,849**
Stretch target (£'000)	501	501	501	**1,503**
Variance to stretch target	(19)	(187)	(75)	(281)
Agency Medical	358	515	378	1,250
Agency Nursing	86	87	113	286
Agency Other Clinical	(1)	20	20	38
Agency Admin & Clerical	77	67	66	209
Agency Spend (£000s)	**520**	**689**	**576**	**1,784**

Total year to date agency expenditure is £1.8m. This has predominantly been incurred within the following service areas:

ICCR £0.9m, Acute & Urgent Care £0.3m and Specialties £0.2m.

The average monthly expenditure is £0.6m year to date, this is £0.1m above the 2021/22 monthly average and £0.2m above the 2020/21 average. Year to date spend is in line with the anticipated NHSEI ceiling and £0.3m above the internal stretch target.



Bank expenditure

Type	April	May	June	YTD
Bank Nursing	2,140	1,991	2,196	6,326
Bank Other Clinical	42	20	39	101
Bank Admin & Clerical	145	172	155	472
Grand Total	**2,326**	**2,183**	**2,390**	**6,899**

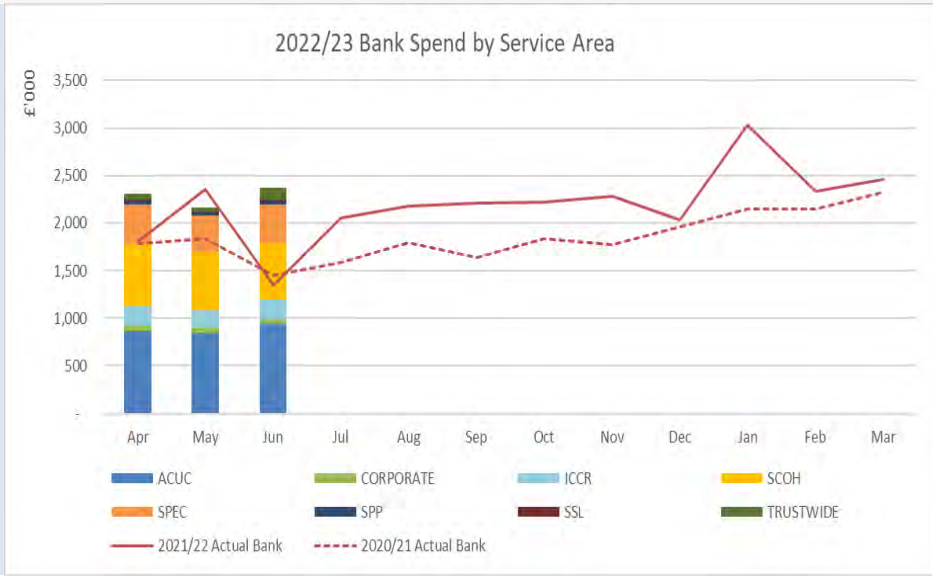
Total year to date bank expenditure at month 3 is £6.9m. This has predominantly been incurred within the following service areas:

Acute & Urgent Care £2.7m, Secure and Offender Health £1.9m, Specialities £1.2m and ICCR £0.6m.

The majority of bank expenditure relates to nursing bank shifts - £6.3m, with a further £0.5m on admin and clerical.

The average monthly bank expenditure is £2.3m year to date, this is £0.2m above the 2021/22 monthly average and £0.4m above the 2020/21 average.

For further detail on service area pay positions, see page 11.



Consolidated Statement of Financial Position (Balance Sheet)

Birmingham and Solihull Mental Health NHS Foundation Trust

Statement of Financial Position - Consolidated	EOY - Audited 31-Mar-22 £m's	NHSI Plan YTD 30-Jun-22 £m's	Actual YTD 30-Jun-22 £m's	NHSI Plan Forecast 31-Mar-23 £m's
Non-Current Assets				
Property, plant and equipment	186.5	202.8	201.9	201.9
Prepayments PFI	1.6	1.3	1.6	1.3
Finance Lease Receivable	-	-	(0.0)	-
Finance Lease Assets	-	-	0.0	-
Deferred Tax Asset	0.1	0.1	0.1	0.1
Total Non-Current Assets	188.1	204.2	203.6	203.3
Current assets				
Inventories	0.4	0.4	0.3	0.4
Trade and Other Receivables	9.7	11.1	15.8	11.1
Finance Lease Receivable	-	-	-	-
Cash and Cash Equivalents	28.8	54.7	59.7	49.9
Total Curent Assets	38.9	66.2	75.8	61.5
Current liabilities				
Trade and other payables	(29.4)	(46.7)	(54.2)	(46.2)
Tax payable	(4.4)	(4.8)	(5.0)	(4.8)
Loan and Borrowings	(2.7)	(2.7)	(2.4)	(2.7)
Finance Lease, current	-	(1.0)	(1.0)	(1.0)
Provisions	(1.2)	(1.2)	(1.1)	(1.2)
Deferred income	(13.2)	(25.3)	(27.8)	(25.3)
Total Current Liabilities	(50.9)	(81.6)	(91.4)	(81.2)
Non-current liabilities				
Loan and Borrowings	(29.5)	(26.2)	(26.2)	(25.1)
PFI lease	(49.3)	(47.1)	(47.1)	(45.8)
Finance Lease, non current	-	(6.4)	(6.4)	(5.6)
Provisions	(2.4)	(4.3)	(4.3)	(4.3)
Total non-current liabilities	(81.3)	(84.1)	(84.0)	(80.9)
Total assets employed	94.9	104.7	104.0	102.7
Financed by (taxpayers' equity)				
Public Dividend Capital	110.5	113.0	113.0	113.0
Revaluation reserve	27.5	36.8	36.8	36.8
Income and expenditure reserve	(43.1)	(45.1)	(45.8)	(47.1)
Total taxpayers' equity	94.9	104.7	104.0	102.7

SOFP Highlights

The Group cash position at the end of June 2022 is £59.7m (this includes Reach Out).

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

Current Assets & Current Liabilities

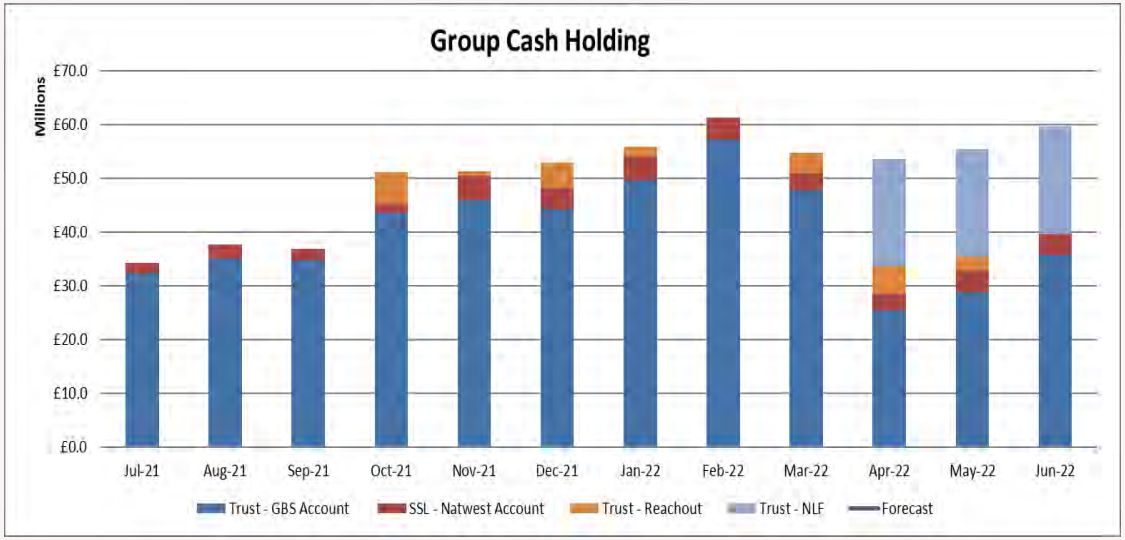
Ratios

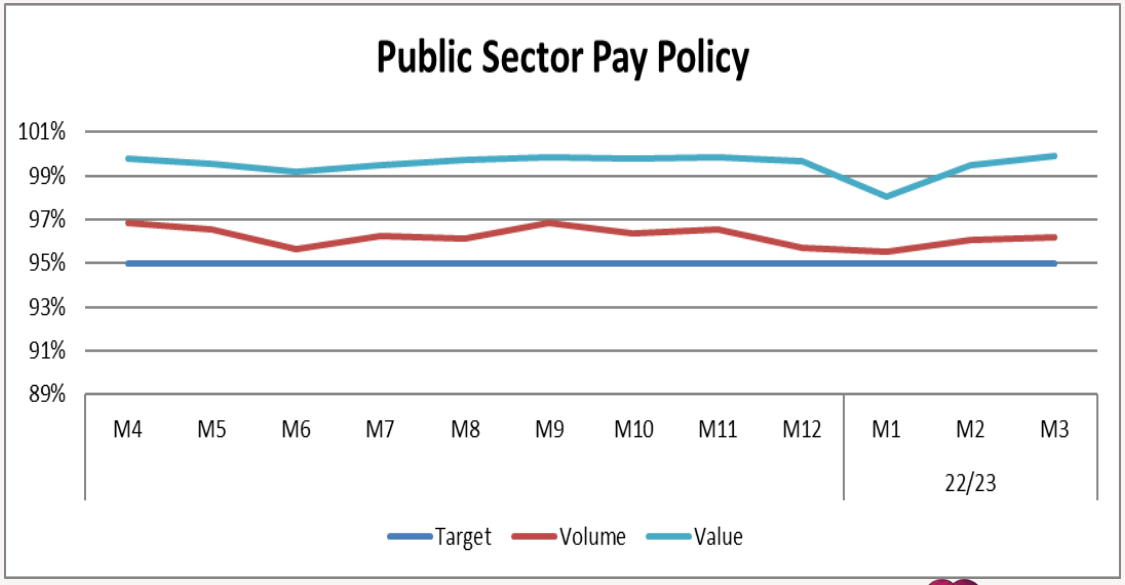
Liquidity measures the ability of the organisation to meet its short-term financial obligations.

Current Ratio :	**£m's**
Current Assets	75.8
Current Liabilities	-91.4
Ratio	0.8

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

Cash & Public Sector Pay Policy





Cash

The Group cash position at the end of June 2022 is £59.7m.

In April 2022 we deposited £20m with the National Loan Fund (NLF) for 6 months, this is due to yield a return of £116k based on the interest rate at the time of placing the deposit.

Better Payments

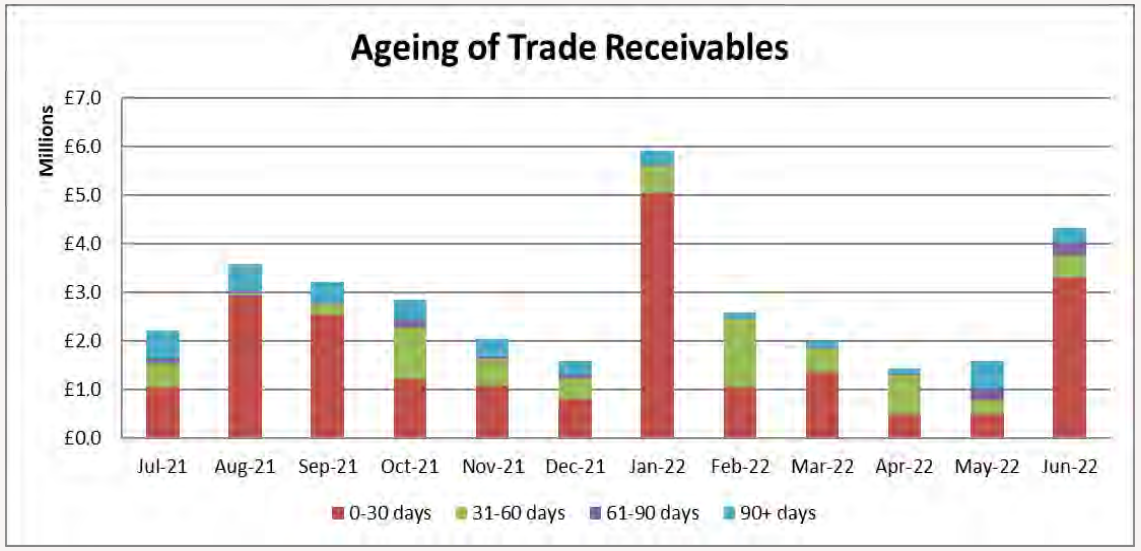
The Trust adopts a Better Payment Practice Code in respect of invoices received from NHS and non-NHS suppliers.

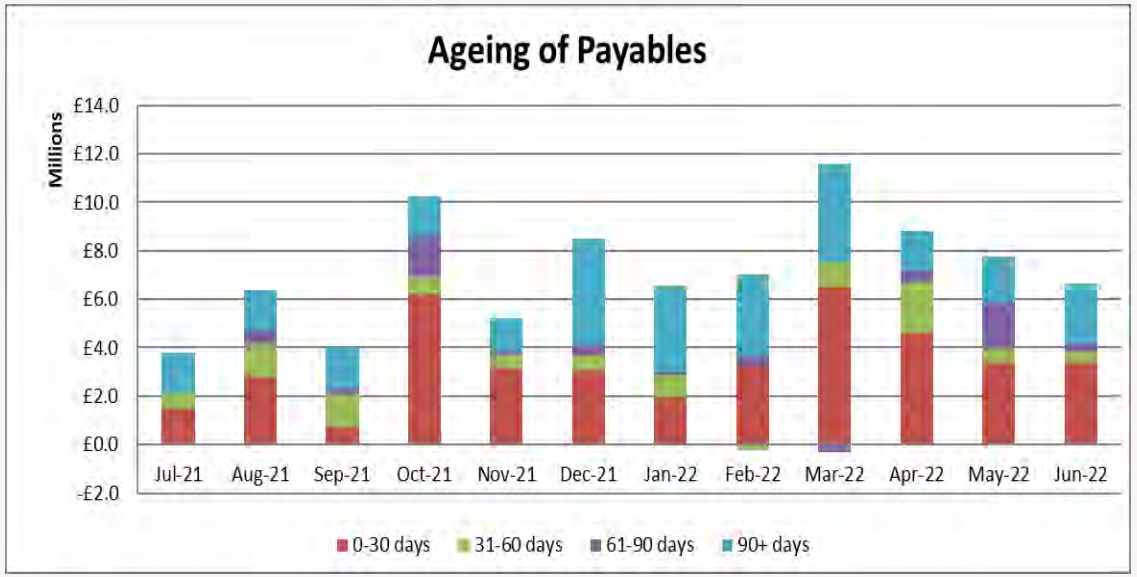
Performance against target is 98% for the month, based on an average of the four reported measures. Payment against value remains particularly high.

Better Payment Practice Code :

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

Trust Receivables and Payables





Trade Receivables

There is continued focus to maintain control over the receivables position and escalate to management, system and other partners where necessary for urgent and prompt resolution.

Receivables :

- **0-30 days-** Significant increase of balance due to catch up of new monthly & quarterly mandates/schedules – no known disputes at present.
- **31-60 days-** South Wark FT £365k issue with invoice not uploading on their system resolved in July, staff overpayments (on payment plans)
- **61-90 days –** DOH £114k payment on hold awaiting authorisation. East London FT £60k, paid in July, staff overpayments (on payment plans)
- **Over 90 days -**Balance comprises: BCC £126k slow process of payment awaiting PO's. NHS Development £40k awaiting new PO. Kingston Hospital NHS £29k now setup and accepted on system awaiting authorisation. University of Birmingham £5k payment not due until Aug, staff overpayments (on payment plans).

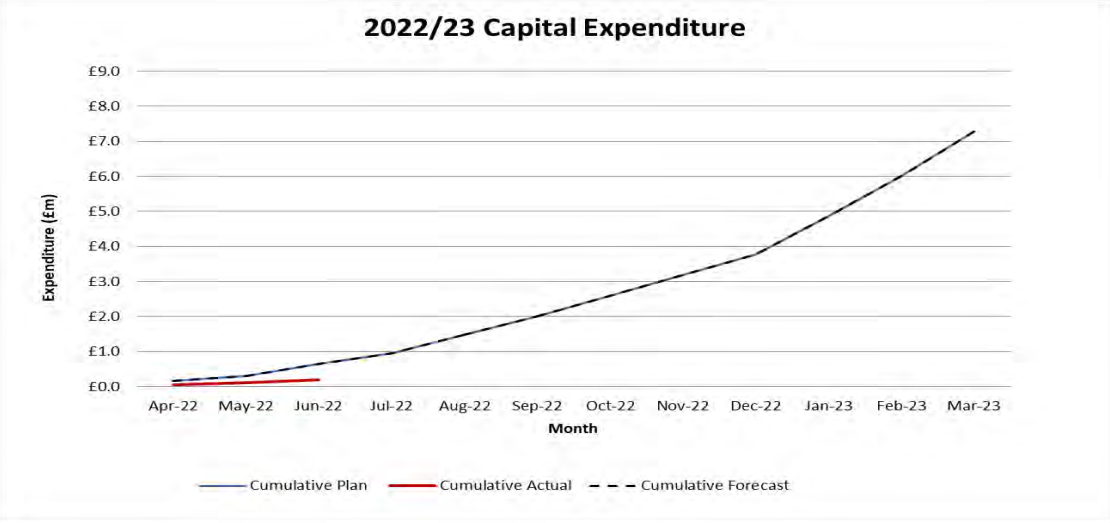
Trade Payables:

Over 90 days -

- NHS Property Services £521k– 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 (51+) £2m – mainly bed fees invoices in query, most accounts are awaiting credit notes/ adjustments due to disputes/other. Some payments/queries settled in July 2022.

Capital Expenditure

Capital schemes	Annual Plan	YTD Plan	YTD Total Actual		YTD Variance to plan
		£'m	£'m		£'m
Approved Schemes:					
Ligature / Doorset Works Phase 1 & 2	**0.8**	**0.2**	**0.0**		**-0.2**
Ardenleigh Coral Seclusion Suite	**0.4**	**0.3**	**0.0**		**-0.3**
SSBM Works	**1.7**	**0.1**	**0.2**		**0.2**
ICT Projects	**0.8**	**0.1**	**0.0**		**-0.1**
Risk Assessment Works	**3.6**	**0.1**	**0.0**		**-0.1**
Total	**7.3**	**0.7**	**0.2**		**-0.5**



2022/23 Group Capital Plan

The Group capital plan of £7.3m is based on £6.9m capital allocation as agreed by System Investment Committee, this includes a notional risk reserve allocation of £0.2m, to be confirmed. In addition, £0.4m capital expenditure will be funded from the disposal of Ross House which completed in June 2022.

Additional Capital funding bid

In July 2022, the BSOL system was invited by NHSEI to bid for additional capital funding to address pressures on Urgent and Emergency Care Mental Health pathways. The available capital funding has been phased over a three-year period. BSMHFT propose submission of bids for £1.1m in 22/23, £1.1m in 23/24 and £0.9m in 24/25. If funding is approved, this will increase the 2022/23 plan to £8.4m.

Month 3 Group Capital Expenditure

£3.7m of the total planned expenditure relates to pre-commitments from prior year (for doorsets and Ardenleigh Coral Seclusion Suite) plus essential ICT and Statutory Standards and Backlog Maintenance (SSBM) works. The balance of £3.6m relates to prioritised risk assessment works. The total capital plan has been endorsed by the Executive Team.

Month 3 Group capital expenditure is £202k which is £453k less than year to date plan. An underspend on carry-forward schemes was partly offset by SSBM expenditure ahead of plan.

Efficiencies

Efficiency Savings	Plan Full Year £'000	Plan YTD £'000	Actual YTD £'000	Variance YTD £'000
Recurrent	7,756	1,939	938	(1,001)
Non recurrent	3,116	779	779	0
Total Efficiencies	**10,872**	**2,718**	**1,717**	**(1,001)**

Efficiency Plan 2022/23
The total efficiency target for 2022/23 is £10.9m (£7.8m recurrent and £3.1m non recurrent), this is an ambitious target and is considered a risk for delivery of the financial plan.

YTD achievement
As at month 3, year to date savings achievement is £1.7m (£0.9m recurrent, £0.8m non recurrent), this is £1m adverse to year to date plan.

Discussions are ongoing at Sustainability Board and Transformation Management Board around transformational opportunities and we are exploring options for generating further ideas. To date, £4.7m recurrent and £3.1m non recurrent savings have been identified centrally. This leaves a recurrent savings gap of £3m.

Key actions:
The following key actions were discussed at Sustainability Board June 2022:

- Progress and projected savings targets for the four central schemes: Transport, e-Rostering, Temporary staffing and Community rehabilitation are to be reviewed by project Senior Responsible Officers to update Sustainability Board July 2022.
- Savings process to be updated in line with work on enhancing financial controls.
- Plans to be developed by Operational and Corporate services to contribute to the 2022/23 £3m recurrent savings gap.
- Plans to be developed now, by Operational and Corporate services, to address an estimated 2% savings requirement for 2023/24.

Birmingham and Solihull ICS
Financial position Month 2 YTD

Birmingham and Solihull Mental Health NHS Foundation Trust

System revenue performance:
The month 2 year to date system revenue position was £15.5m deficit. The system submitted a deficit plan in April 2022 of £36m, with each organisation having a fair share of this. Therefore, reported variance to plan at month 2 was £10.1m. A further iteration of the plan was submitted in June, taking the system plan to breakeven. Month 3 monitoring will be against this revised plan.

Adjusted financial performance surplus / (deficit)	Revenue position against April Plan			
	Annual	Year to date		
	Plan	Plan	Actual	Variance
	£000s	£000s	£000s	£000s
B'ham and Solihull MH NHSFT	-2,661	-444	-800	-356
B'ham Community Healthcare NHSFT	-2,910	94	-194	-288
B'ham Women's and Children's NHSFT	-4,275	-716	-300	416
Royal Orthopaedic Hospital NHSFT	-1,047	-93	85	178
University Hospitals B'ham NHSFT	-16,030	-2,672	-12,839	-10,167
B'ham and Solihull CCG	-8,852	-1,476	-1,419	57
System Total	**-35,775**	**-5,307**	**-15,466**	**-10,159**

System cash position:
As at month 2, the system cash position was £519m. This is £33m above plan

Cash position	YTD cash movement			YTD Cash variance to plan		
	Opening cash	Current Cash	YTD change	Plan	Actual	Variance
	£000s	£000s	£000s	£000s	£000s	£000s
Total	545,919	519,195	-26,724	485,794	519,195	33,401

System capital performance:
The system has an envelope for capital Business as Usual (BAU) spend totalling £119m for the year. This is funded from:
- NHSEI System BAU allocation of £74.6m
- Donations and Grants totalling £42.1m, the largest of which is UHB's Salix grant
- Planned disposals totalling £1.9m

In addition to this the charges against the system's CDEL allocation include the following, giving a total CDEL plan of £198m:
- Impact of IFRS 16
- Critical Cybersecurity risks
- STP wave 4 funding for ACAD
- Elective recovery/Targeted Investment Funding
- Funding for Community Diagnostic Centres
- PFI Capital Charges eg Residual Interest
- Less the proceeds on sale of financial asset

As at month2, the system had a year to date underspend against its Business as Usual (BAU) envelope of £4.9m. The system had incurred £9.3m of expenditure against its total CDEL allocation, an underspend of £10.6m against plan

Capital Positions	System BAU Envelope			Total CDEL		
	Year to date			Year to date		
	Plan	Actual	Variance	Plan	Actual	Variance
	£000s	£000s	£000s	£000s	£000s	£000s
B'ham and Solihull MH NHSFT	312	108	204	480	213	267
B'ham Community Healthcare NHSFT	-572	740	-1,312	433	740	-307
B'ham Women's and Children's NHSFT	2,715	2,281	434	2,765	2,281	484
Royal Orthopaedic Hospital NHSFT	588	456	132	588	456	132
University Hospitals B'ham NHSFT	6,752	1,286	5,466	15,648	5,649	9,999
Total	9,795	4,871	4,924	19,914	9,340	10,574

Please note, system financial reporting is one month in arrears

9.4. Capital Programme 2022/2023 and Capital Prioritisation Process

Birmingham and Solihull Mental Health NHS Foundation Trust

Meeting	**BOARD OF DIRECTORS**
Agenda item	**9.4**
Paper title	**CAPITAL PROGRAMME 2022/23 AND CAPITAL PRIORITISATION PROCESS**
Date	27/7/2022
Author	David Tomlinson, Executive Director of Finance
Executive sponsor	David Tomlinson, Executive Director of Finance

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

Executive summary & Recommendations:

The BSol ICS Investment Committee has allocated £7.3m capital funding to the Trust for 2022/23. In line with the prioritisation process the Executive Directors have reviewed all bids and recommended the allocation of these monies. Business cases will be prepared for approval to draw down against this allocation.

The prioritisation process has been reviewed and a number of modifications proposed.

The Quality, Patient Experience & Safety and Finance, Performance & Productivity Committees endorsed the allocation of capital funds and the updated prioritisation process. The Board is asked to approve the allocation and the process.

Reason for consideration:

To approve the allocation of available capital funds and an updated prioritisation process.

Previous consideration of report by:

Capital Review Group, Health and Safety Committee, Executive Directors, QPES and FPP

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

Clinical Services, Quality and Sustainability

Financial Implications *(detail any financial implications)*
Capital programme of £7.3m
Board Assurance Framework Risks: *(detail any new risks associated with the delivery of the strategic priorities)*
N/A
Equality impact assessments:
All business cases to draw down funds will include completed Clinical Quality and Equality Impact Assessments
Engagement *(detail any engagement with staff/service users)*
Associate Directors in Operations, Health & Safety Committee, Executive Directors and Capital Review Group

Capital Programme 2022/23 and Capital Prioritisation Process

Background

As the Quality, Patient Experience & Safety Committee and Finance, Performance & Productivity Committee are aware, there have been delays in the finalisation of proposals regarding the capital programme for 2022/23. This arose because the long list of capital proposals (£19.7m) was significantly higher than the available capital funding (now confirmed as £7.3m by ICS System Investment Committee).

See Appendix 1 for original long list

The Directors of Operations and Quality & Safety worked with colleagues from Health & Safety and Operations to reach agreement on priorities and scheduling but this was a protracted process.

In January 2022, to allow capital planning works to commence, the Executive Directors gave approval for pre committed/essential capital expenditure totalling £3.7m, comprising:

- £1.2m pre commitments for works commenced in 2021/22 that will continue in 2022/23: door sets £0.8m and Coral Seclusion Suite £0.4m.
- Statutory Standards and Backlog Maintenance (SSBM) considered essential by SSL Estates team £1.7m.
- Essential ICT capital requirement £0.8m

We are now in a position to confirm prioritisation as agreed by Directors of Operations and Quality & Safety, endorsed by Capital Review Group and Executive Directors.

These priorities have been prepared in line with the agreed capital prioritisation process (see later item).

Proposed Capital Programme 2022/23

The Committees are asked to:

- Confirm their approval for the pre-committed items noted above of £3.7m
- Accept the recommendations of the Executives relating to the allocation of the remaining capital funds of £3.6m to risk assessment works, summarised below by Service Area:
    - ICCR £0.7m
    - Specialties £0.2m
    - Acute and Urgent care £1.3m
    - Secure £1.7m
    - VAT reclaim on above schemes £0.3m reduction

NB There are hundreds of individual schemes making up this total. These can be provided on request.

These figures are outlined in Appendix 2

Additional Mental Health Capital Allocation

In July 2022, the BSol system was invited by NHSEI to bid for additional capital funding to address pressures on Urgent and Emergency Care Mental Health pathways. The available capital funding has been phased over a three-year period. BSMHFT have submitted bids for £1.1m in 22/23, £1.0m in 23/24 and £0.9m in 24/25. If funding is approved, this could increase the 2022/23 plan to £8.4m.

These bids are constrained by the ability to actually spend the funding in year given the lateness in the year, supply chain constraints and the rest of the programme noted above.

Capital prioritisation process

In 2020, the Board approved a new capital prioritisation process. Given the lateness of prioritisation for both 2021/22 and 2022/23, this process has been critically reviewed to identify issues.

It is clear that the process itself remains fundamentally sound, but that the way that it has been implemented has caused the issue. This has been addressed by clarifying decision making timescales which must be adhered to.

An updated and tracked version of the process is attached as Appendix 3.

The Committees are asked to approve the updated process.

Matters to be referred to Board

Subject to the approvals requested from Committees, these matters will all be referred to Board for final approval.

Appendix 1
2022/23 Capital long list summary

Scheme Category	Scheme Name	£'m
Anti-Ligature Work	Door Monitoring Alarms - Tamarind	2.7
	Door Monitoring Alarms - Oleaster	2.3
	Door Monitoring Alarms - Zinnia	1.0
	Door Monitoring Alarms - Eden	0.6
	Anti-Ligature Work Other	3.0
Total Anti-Ligature Work		**9.6**
Major Projects	Highcroft & Reaside redevelopment	1.0
	Ardenleigh Mechanical Ventilation	1.0
	Pre-Committed Schemes (door sets)	0.8
	Reservoir Court Reconfiguration	0.5
	Hollyhill Reconfiguration	0.5
	Major Projects Other	0.6
Total Major Projects		**4.4**
Minor Projects	Pre-Committed Coral Seclusion Suite	0.4
	Juniper Centre - Handrails Replacement	0.2
	Ashcroft - Relocation of Teams	0.2
	Ardenleigh - En-Suite Upgrades	0.2
	Ardenleigh - Security Upgrades	0.2
	Ardenleigh- Britplas Windows	0.2
	Ardenleigh- Lighting Upgrades	0.1
	Minor Projects Other	1.0
Total Minor Projects		**2.3**
SSBM	Recommended for approval	1.7
Total SSBM		**1.7**
ICT	Recommended for approval	1.1
	Other ICT	0.6
Total ICT		**1.7**
Total 2022/23 Capital long list		**19.7**

Appendix 2 - 2022/23 Capital Programme

2022/23 Capital Plan

The total 2022/23 capital plan as submitted to NHSEI is £7.3m, developed as follows:

- The system capital envelope for 2022/23 comprises a core envelope for Business As Usual capital of £74m. System CFOs agreed to distribute 86% on a fair share basis (BSMHFT share £5.8m) and retain £10m as a system Capital Investment Fund (SCIF).

- On 11/3/22, all system partners were required to submit prioritised capital plans to allow the System Investment Committee to prioritise the system capital envelope. BSMHFT submitted a plan of £6.7m (£5.8m core envelope plus £0.9m bid against SCIF) which was approved by the System Investment Committee

- In total, the Committee agreed £7.7m of system bids against the SCIF, leaving £2.4m of the total £10m SCIF to be held as a central risk reserve. It was agreed that a fair share of the remaining risk reserve would be assumed in each organisational plan (BSMHFT share £0.2m) as a notional allocation still to be formally allocated by the System Investment Committee.

- The disposal proceeds of Ross House (completed June 2022) provides an additional funding source for the capital programme of £0.4m.

Additional Capital funding bid

In July 2022, the BSOL system was invited by NHSEI to bid for additional capital funding to address pressures on Urgent and Emergency Care Mental Health pathways. The available capital funding has been phased over a three-year period. BSMHFT propose submission of bids for £1.1m in 22/23, £1.0m in 23/24 and £0.9m in 24/25. If funding is approved, this will increase the 2022/23 plan to £8.4m.

NB an additional £0.4m was included in the BSMHFT capital plan relating to system capital allocation for critical cybersecurity infrastructure risks – notionally allocated to BSMHFT for the plan submission – actual allocation across the system still to be determined.

Approved capital schemes 2022/23

A detailed Capital works schedule has been endorsed by the Executive Team for 2022/23, as summarised in the table opposite. This includes £1.2m of pre-committed schemes from 2021/22 for doorsets and Ardenleigh Coral Seclusion Suite, Statutory Standards and Backlog Maintenance (SSBM) works of £1.7m, essential ICT schemes of £0.8m and Risk Assessment Works of £3.7m.

2022/23 Capital Plan		£m
Core Envelope		5.8
System Values (SCIF)	Proposed	0.9
	Notional	0.2
Total BAU Allocation		**6.9**
Asset Disposal		0.4
Total Agreed Capital Programme		**7.3**
MH UEC Capital Bid (TBC)		*1.1*
Total Potential Capital Programme		***8.4***

Capital schemes	Annual Plan £m
Approved Schemes:	
Ligature / Doorset Works Phase 1 & 2	**0.8**
Ardenleigh Coral Seclusion Suite	**0.4**
SSBM Works	**1.7**
ICT Projects	**0.8**
Risk Assessment Works	**3.7**
Total	**7.3**

Appendix 3- Process for development, prioritisation and approval of capital investments

Version 3 – July 2022

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

Capital investment -requirements and definitions

The need for capital investment arises from several routes:

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

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

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

Prioritisation

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

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

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

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

Using the Risk Assessments alone to develop the highest priorities as a mechanistic exercise does not ensure a balanced approach so the Director of Nursing and the Director of Operations will work with Operational Managers to agree an overall prioritised list of schemes. If a consensus cannot be reached by the required timeline (see Annual Cycle section below), the Director of Nursing, the Medical Director and the Director of Operation will determine the prioritised list.

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

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

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

Approvals

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

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

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

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

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

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

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

Medium-term programme of capital investment

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

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

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

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

In the event of relevant business cases not coming forward for any reason or new priorities emerging during the year, the Director of Finance will work with the Capital Review Group to assess what planned schemes can be advanced or deferred to ensure that the full allocation is spent each year. This will take into account any logistical constraints relating to supply chain or minimum inpatient bed capacity.

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

ICT schemes

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

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

Reporting and monitoring

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

Capital Review Group

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

Annual Cycle

Taking 2022/23 as 'Year 0' (current year), 2023/24 as 'Year 1', 2024/25 as 'Year 2' etc.:

- No later than December 2022 – Priority Grouping Owners and Capital Review Group sign off Years 1 and 2 priorities
- January 2023 – Finance confirm Years 1 and 2 available capital envelope within long term financial plan
- February 2023 – FPP and Board to:
  - formally approve Year 1 funding envelope
  - give approval in principle to Year 2 funding envelope
- September 2023 – CRG and FPP review progress of Year 1 programme
- January 2024 – Finance confirm Years 1 and 2 available capital envelope within long term financial plan
- Etc….

9.5. Audit Committee Chair's Assurance Report

Birmingham and Solihull Mental Health NHS Foundation Trust

Meeting	**BOARD OF DIRECTORS**
Agenda item	**9.4**
Paper title	**CHAIR'S ASSURANCE REPORT FROM AUDIT COMMITTEE**
Date	27th July 2022
Author	G. Hunjan, Non-Executive Director (Chair of Committee)
Executive sponsor	D. Tomlinson, Executive Director of Finance

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

Executive summary

The Audit Committee met on the 21st July 2022 and the attached Assurance Report is provided by the Committee Chair for the attention of the Board.

Reason for consideration

To demonstrate the effectiveness of the assurance process for the Audit Committee and to escalate any key issues to the Board of Directors

Strategic objectives/ priorities

Sustainability

Financial implications

Non specific

Risks

Non specific

Equality impact

Non specific.

Our values

Committed
Compassionate
Inclusive

CHAIR'S ASSURANCE REPORT FROM AUDIT COMMITTEE

1. ISSUES TO HIGHLIGHT TO THE BOARD

1.1 Trust Standing Financial Instructions, Standing Orders for the Board of Directors and Council of Governors and Constitution

The Committee was updated through the review of actions from the previous meeting that the Standing Financial Instructions would be reviewed to include further detail on the BSOL service integrator which was being aimed to be undertaken for the October meeting. However, it was noted that the Standing Financial Instructions remained fit for purpose and were available for staff on the Trust Intranet**.**

In relation to the Standing Orders for the Board of Director, Council of Governors and Constitution, there would be updated further following the work being undertaken by the Governance Task and Finish Group and an update report presented to the next Audit Committee meeting.

Chair's Assurance Comments:

The Committee was assured the Trust Standing Financial Instructions remain fit for purpose although they have not been updated since December 2017. An updated draft was presented to the Committee in October 2021 and this was now being reviewed to include the BSol service integrator. Updated SFI's would be presented in October 2022.

In October 2022, the Committee will also receive updates on the Standing Orders, and the Constitution.

1.2 Chronology of the Governance Task and Finish Group

The Director of Finance provided the Committee with a written update on the work of the Governance Task and Finish Group which was noted.

Chair's Assurance Comments:

The Committee noted the on-going work by the Governance Task and Finish Group

1.3 Chair's Report to the Committee

As this was the last meeting for the Chair of the Audit Committee, a written update was provided which covered a number of issues relating to handover processes for the new Chair of the Committee. These included the final completed internal reports from TIAA with the recommendations being picked up by the new internal auditors, RSM.

A briefing was provided on how the Audit Plan for 2022/2023 would include reviewing the strength of the voice of service users, patients and carers with the Chief Nurse sharing the Audit Plan with PEAR colleagues to provide their feedback.

An update on the discussions with Jas Kaur about the Equality, Diversity and Inclusion agenda was provided

The Committee was informed that all Chairs of Audit Committees within the Birmingham and Solihull Integrated Care System met with the ICB Audit Chair and a specific request to attend at least one of our Audit Committee meetings as an observer. meetings.

Chair's Assurance Comments:

The briefing paper was provided for Committee members so as to ensure continuity of all ongoing matters. Committee Members agreed that BsoL Audit Chair be invited to attend one of the Committee meetings as an observer.

1.4 Internal Audit Reports (TIAA)

The Committee received the final four reports from TIAA, Internal Auditors which included BAF and Risk Management Processes; Consultant Job Planning; Locality Visits and SID Appointment process.

The Committee had a specific discussion regarding the BAF/risk management audit with meetings being scheduled between the new internal auditors and Trust leads to review the recommendations from the internal audit. With newly appointed Associate Directors of Corporate and Clinical Governors, further work would be undertaken to ensure sustainable actions were undertaken within this area.

The Committee received a verbal update on the Data Security and Protection Toolkit audit with the assurance based on the confidence level of the Independent Assessor of the self-assessment was classed as "substantial". The audit report was circulated to Committee members following the meeting with the actions being addressed by the new internal auditors. (Sharan – I have not received this…please check and re-send….thank you)

Chair's Assurance Comments:

The Committee was assured all recommendations would be picked up by RSM as part of their audits.

1.5 RSM Internal Audit Progress Report

The internal audit progress report was presented with the key messages including that the handover process with TIAA (previous internal auditors) had been completed. The audits have been scoped for the forthcoming year and RSM had commenced a review of financial sustainability which was a national requirement for all NHS organiations on the back of the additional funding being identified. The progress report also included NHS briefings for April, May and June.

Chair's Assurance Comments:

The Committee heard from RSM and the introductory meetings held with key colleagues within the Trust, and the audit reviews currently being undertaken.

1.6 Counter Fraud Report

The Committee was informed that bespoke fraud alerts had been distributed throughout the Trust for information.

Initial key meetings have been held with Trust departments which had been useful and insightful meetings. The Counter Fraud Officer had hosted identification and verification meetings with Human Resources staff which would be held quarterly.

The Committee noted that there would be a communications plan in place regarding Fraud Awareness Week.

Chair's Assurance Comments:

***The Committee heard from the RSM team and the work being undertaken*.**

1.7 Anti-Bribery and Corruption Policy

The Committee was presented with and approved the Anti Bribery and Corruption Policy. There were no fundamental changes and was reviewed to ensure it reflected best practice and there were current contact details for the Local Counter Fraud.

Chair's Assurance Comments:

Committee Members approved the updated Anti Bribery and Corruption Policy.

GIANJEET HUNJAN
CHAIR OF AUDIT COMMITTEE

9.6. SSL Quarterly Report

Summerhill Services Limited (SSL) Business Report

April 2022–June 2022

This report summarises the performance and activities of SSL from April 2022 to June 2022.

The first quarter of the year has been very busy, with the introduction of new national cleaning standards across the trust, working with the trust to develop new menu's and finalising the Trust capital programme for 2022.23.

We have also been working hard with our staff. We launched the first addition of our Staff Newsletter " Delivered", which was received very well. Our new staff recognition programme saw significant staff engagement with nearly 100 nominations, all will receive our personalised Thank You cards and be entered into our quarterly awards for the best nominations in each of our four values. The first quarter saw the launched our Equality, Diversity and Inclusion forum and the creation of our EDI Champions across our business. Our aim is to have over 20 EDI champions to represent and support all our staff.

SSL celebrated its first Estates and Facilities Day in June by providing employees with a £10 voucher and coffee break pack Employees also supported a recording of a video identifying the positive aspects of working in SSL.

SSL continues to support the system with COVID related activities, however these are now being reduced by the ICB at least during the summer, but we could expect this to increase again with the announcement the vaccination programme now being extended to over 50's.

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

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

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

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

Birmingham and Solihull Mental Health NHS Foundation Trust

Review March 2021 to April 2022

Facilities Management

- **Domestic and Housekeeping Services**

The successful implementation of the New National Cleaning Standards has been completed, recruitment is still underway for numerous posts with review meetings scheduled for the coming weeks.

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

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

Cleanliness is continually quality monitored through our FM(Facilities Management) systems and audit processes

LOCALITY	NORTH PFI LOCALITY BUILDINGS	BNHP LOCALITY BUILDINGS (Barberry, Oleaster & Zinnia)	COMMUNITY SITES Dan Mooney House, David Bromley House, Hertford House, Maple Leaf Centre Juniper	SECURE & COMPLEX CARE SITES Tamarind Ardenleigh Reaside	Corporate Buildings B1 Uffculme
Quarter 1 22/23 Trust Score	97.51%				
Quarter 1 22/23 Individual Localities	97.06%	97.27%	97.90%	97.52%	99.12%

Cleanliness Scores: Technical, Managerial and External/Joint Audit Scores combined taken from FM First.

- **Catering Services**

SSL have been working collaboratively with NHS Supply Chain; Food (Tower 10) integrating the Multi-Temperature Distribution model to achieve value for money in food procurement.

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

Programme of kitchen inspections, and food safety and quality audits continue (reporting to Trust IPC Committee)along with many catering initiatives including.

- leading on a food wastage pilot in liaison with Veolia to reduce the environmental impact and meet targets for the disposal of food waste.
- a new 4-week menu and recipes for patient catering, reducing salt and sugar content, making meals a healthier option for in-patient and retail outlets.
- Continuing to provide compostable eco-friendly cutlery, takeaway containers, and carrier bags with approximately 80% of all disposable items purchased compostable, to support the NHS "Plastic Pledge".
- The Estates and Facilities Training Hub continues to provide accredited training programmes such as the British Institute of Cleaning Science (BICSc) and the Chartered Institute of Environmental Health (CIEH).
- See below ref Production kitchen audit scores

	Q1 2022
Barberry Production Kitchen	***95.2%***
Zinnia Production Kitchen	***98.9%***
Ardenleigh	***95.3%***
Reaside	***96.0%***
Tamarind	***98.9%***

- SSL continue to work with Deaf Services @ the Jasmine Suite- The Barberry, to promote better communication and customer service at Service User mealtimes, overcoming barriers such as difficulty observed lip-reading while housekeeping staff wearing face masks.
- Makaton and British Sign Language signs included in SSL Customer Service Training.

- **SSL Uniform**

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

- **Audits / PLACE**

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

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

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

- **Laundry and Linen Management**

We continue to work with, audit and manage the Trust wide supplier for laundry and linen Elis. Regular contract, service quality and performance meetings are conducted by SSL, the Trust and PFI Partners with the supplier.

We are also exploring different opportunities by way of maintaining or improving service provision.

- **Estates Policies, Assurance and Jobs**

Multiple SSL / Trust policies and procedures were updated and reviewed including H&S, Management of Contractors, SSL Estates & Facilities Overarching Operational Policy, Legionella Management Plan / Polices, etc.

Across SSL we now have appointed Authorised Engineers - AE's for electrical HV and LV, lifts and water safety.

Detailed live premises compliance data has been formulated across all BSMHFT and SSL sites.

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

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

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

Corporate, Property and Sustainability

- SSL has led (on behalf of the Trust) in completing and returning numerous returns over the period including; PAM, ERIC, Capital Programmes annual and 5 year programme, Trust Fleet, Sustainability and Disposals. All submission have been completed on time to NHSI/E
- SSL have completed the first online draft iteration of the new online NHS Premise Assurance Model (PAM) – 400+ self-assessment questions required annually.
- SSL have produced a Trust Property Report separate document to challenge in particular on vacant buildings within BSMHFT.
- SSL developed and issued Sustainable Development Strategy and Action Plan (Green Plan) on behalf of BSMHFT. This was presented to the Trust Board May 2022.
- SSL have developed B1 Options proposals and have appointed Management Surveyors to carry out multi-million vacation negotiations, looking for Trust early exit from their lease obligations.

Transport & Logistics

- SSL continues to provide pick, pack and distribution of all PPE throughout the Trust, included Lateral Flow Kits from our warehouse.
- PPE – Stock levels regarding normal daily issue are where they need to be. The Warehouse Team welcomes the partnership with Birmingham Community Hospitals. Both teams cooperate well, which helps in building relationships for future projects.
- SSL are progressing the acquisition of a new Warehouse to allow expansion of services including; PPE, Partnership with BCH (Equipment Loans, PPE, etc), Trust Uniforms, Laundry services, vacation of B1, etc.
- Effective and Efficient NEPT service through time of COVID, this service adapting to single patient service.
- SSL was still able to provide effective GT service – pharmaceutical, specimen, samples, post – additional activity undertaken during COVID with delivery of samples for testing to acute hospitals.

Capital Projects

- SSL has costed all prioritised works requested by BSMHFT for the 2022/23 Capital Programme including major and minor projects, Fire/ security/ environmental and Ligature Risk Assessment works, Statutory Standards and Backlog Maintenance Programme – (SSBM) programmes. There has been a considerable delay on the programme development and approval by the Trust leaving circa eight months to deliver a challenging £7.4m programme, consisting of over 200 separate projects.
- BSMHFT and SSL needed to be minded that the delivery of the 2022/23 Capital programme will be massively challenging due to; acuity on wards, qualified nurse escorting on site, COVID outbreaks, the inflation and scarcity hitting resources and components in the construction industry.
- We have also have an outline agreement for our 2023.24 capital programme. We plan to start early with our planning for these projects from late 2022, setting up procurement, contractors etc…
- SSL has supported the Trust on the CQC required works and reports. SSL are managing the Physical Environmental works associated with the replacement of compliant anti-ligature doorsets with new anti-ligature doorsets incorporating continuous alarm monitoring. The current programme includes replacement of over 250 doorsets and connectivity to Staff Assist Systems.
- SSL continues to support the development of the Strategic Outline Case information associated with Reaside and Highcroft major developments and, ensures these projects remain at high level within the STP prioritised schemes.
- We have also been successful in winning a Salix bid for decarbonation for the Trust.

SSL PFI/Contract Management

- SSL contract manages two significant and complex PFI contracts c £25m p.a.
- SSL is finalising negotiated Settlement Agreements across both PFI's following performance management challenges of services. These agreements will deliver a **high six figure settlement** values. Plus an Energy Management settlement of six figure sum.

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

In addition to the Primary Care Estates business as usual work plan SSL have continued to provide support for.

- 4 Mobile clinics
- 4 Community Red sites
- 2 Primary Care Urgent Treatment Centres
- Vaccination Centres across Birmingham and Solihull
- £500k PCN Strategy works
- £114k of work associated with the Winter Access Fund (Security), included the installation of 15 CCTV systems in various GP Practices in areas of high deprivation.
- Primary Care Capital Works
- Net zero Carbon projects
- GP lease renewal negotiations
- etc

Outpatient Dispensing Services – April 2022 – June 2022

- Summerhill Pharmacy dispenses 15,000 items on average per month accounting for 55% of medication items dispensed by the Trust pharmacy services.
- SSL had 12 externally reportable incidents from 49, 270 dispensed. No service users were harmed as a result of these externally reportable incidents and all of them have been dealt with promptly.
- SSL implemented a Prescription Tracker which tracks our pharmacy performance (Please see Appendix D & E).
- SSL robot maintained its performance and continues to deliver an accuracy of 99% on compliance aids,(see chart below):

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

Financial Performance
SSL achieved £0.6m additional revenue compared to budget after 3 months of the current financial year. The additional Vaccine programme accounts for £0.3m of this number. The remainder is due to additional costs with the Trust.

The Trust related revenue increase has been impacted by an increase in Utility costs for the main large properties by circ £240k up to Month 3. The increase is mainly due to a rate increase which has been a national issue. Our environmental and sustainability expert is developing a report which will outline our estimate of the annual impact of Energy price increase. Once this report is completed we will reflect these changes in our on-going forecast.

The 5 year forecast demonstrates how SSL moves into good profitability to over £2m per yr over this period, as costs and deprecation reduces. In addition, to the profits generated, there are significant other benefits which SSL deliver to the Trust which don't appear on SSL profit and loss – these

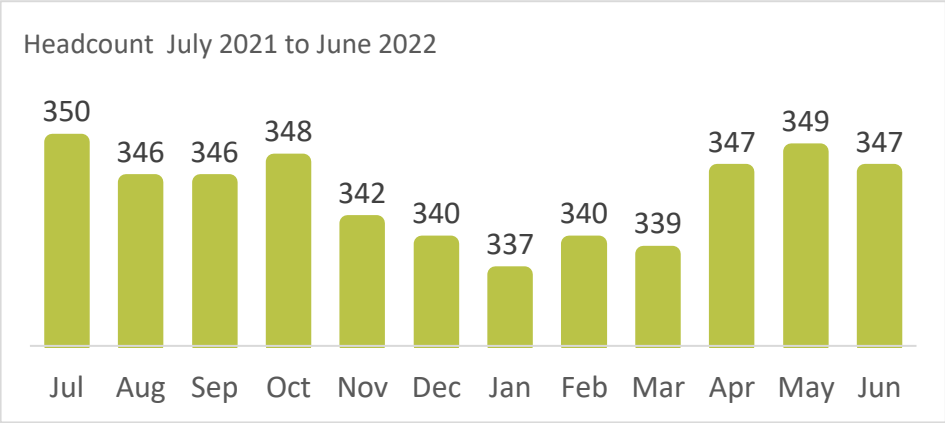
benefits also total over £2m annually, which could help to support the Trust CIP commitments. Further revenue streams are being worked on and as such have not been included in this forecast. (see appendix A & B)

HR Strategy/People Plan Staff

- SSL has rewritten a range of its policies and decided which existing SSL policies can apply to all employees irrespective of whether they are on an SSL or afc contract. SSL has consulted with the unions and its Senior management team over the policies and they will be applicable from 1st August 2022.
- SSL has also engaged with external consultants to support them to review and develop their reward and recognition strategy to ensure it remains current and competitive with the external market, which is leading to the development of a Pay Progression Policy.
- The HR team are also reviewing its performance management and talent management polices to ensure they are aligned with their business strategy.

Resourcing

- SSL has seen a reduction in the number of candidates applying for positions. However, the HR team are positively engaged with the "I can" programme co-ordinated by the NHS to increase candidates awareness of SSL as a company and create a pipeline of suitable applicants.
- Despite the reduction, SSL has seen a steady increase in resources into its establishment over April/May new starters commencing with our FTE being 347 at the end of June 2022.



Employee Engagement (Communications)

- SSL has now launched its new branded intranet pages and newsletter which has been received positively by all new employees.
- SSL celebrated its first Estates and Facilities Day in June by providing employees with a £10 voucher and coffee break pack Employees also supported a recording of a video identifying the positive aspects of working in SSL.
- SSL received nearly 100 nominations for its recognition scheme within the first quarter of which 4 category winners are being chosen.

Equality, Diversity & Inclusion

- SSL has held its first EDI forum, whereby the role of an EDI Advocate has been agreed and a paper written and shared with the management team. Members of the forum are now recruiting additional members following which training will be delivered to support them.

Business Development, Opportunities and Plans

Corporate, Property and Sustainability

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

Transport and Logistics

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

SSL PFI/Contract Management

- The SSL PFI Team have been invited by PFU to act as an exemplar Trust to support and share good practice with other Mental Health NHS Trusts with PFI Projects. SSL will

continue to develop of relationships with other trusts to assist them with their PFI needs and requirements.

- PFI Health Check Paper is progressing well, where we are seeking Intellectual Rights governance to protect the document for SSL. Marketing strategies for delivery within the NHS under review.

STP/CCG Primary Care

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

Governance and Assurance

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

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

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

SSL

NHS
Birmingham and Solihull
Mental Health
NHS Foundation Trust

Appendix A – Financial Statement April 22 – June 22

SSL Financial Position	21/22 Actual		22/23 Annual Budget	M3 YTD		
				Budget	Actuals	Variance
	£'000s		£'000s	£'000s	£'000s	£'000s
Sale & Leaseback	12,134		12,827	3,207	3,485	278
Lease & Long License	2,128		2,507	627	645	18
Contract Management	1,906		2,231	558	475	(82)
Facilities Services	2,567		2,849	712	770	58
Grounds and Garden	285		290	72	69	(3)
PPE & Warehouse	118		118	30	43	14
Pharmacy	2,864		3,200	800	843	43
External Services - Head of Assets	180		95	24	82	58
External Services - STP	236		0	0	0	0
External Services - CCG Vaccine Programme	2,425		180	45	302	257
Total income	24,844		24,296	6,074	6,716	641
Pay costs	(8,691)		(9,428)	(2,357)	(2,437)	(80)
Drug costs	(2,534)		(2,817)	(704)	(752)	(48)
Non pay costs	(7,540)		(6,024)	(1,506)	(1,967)	(461)
Clinical supplies costs			57	14	(3)	(17)
Total Expenditure	(18,765)		(18,212)	(4,553)	(5,160)	(607)
EBITDA	**6,079**		**6,084**	**1,521**	**1,556**	**35**
Depreciation	(3,982)		(3,336)	(834)	(834)	0
Interest Payable	(2,168)		(2,163)	(541)	(534)	7
Interest Receivable	0		0	0	0	0
Finance Lease	(390)		(379)	(95)	(102)	(8)
Profit / (Loss) before tax	**(460)**		**207**	**52**	**85**	**34**
Taxation	(384)		(380)	(95)	(96)	(1)
Profit / (Loss) after tax	**(844)**		**(173)**	**(43)**	**(11)**	**33**

Birmingham and Solihull Mental Health NHS Foundation Trust

Appendix B – 5 year Forecast 2021 to 2027

SSL I&E 5 Year Forecast	22/23 Forecast £000's	23/24 Forecast £000's	24/25 Forecast £000's	25/26 Forecast £000's	26/27 Forecast £000's	27/28 Forecast £000's
*Total Trading Income	26,296	24,662	24,997	25,338	25,686	26,041
Pay Costs	(9,808)	(9,624)	(9,816)	(10,013)	(10,213)	(10,417)
Drug Costs	(2,817)	(2,834)	(2,851)	(2,868)	(2,885)	(2,903)
Non Pay Costs	(7,487)	(6,102)	(6,212)	(6,324)	(6,437)	(6,553)
Total Trading Expenditure	(20,112)	(18,560)	(18,879)	(19,204)	(19,536)	(19,873)
EBITDA	6,184	6,102	6,118	6,134	6,151	6,167
Depreciation	(3,336)	(3,037)	(2,124)	(1,944)	(1,943)	(1,940)
Interest Payable	(2,163)	(2,077)	(1,983)	(1,886)	(1,787)	(1,685)
Finance Lease	(379)	(379)	(379)	(379)	(379)	(379)
Total Capital Financing	(5,878)	(5,492)	(4,486)	(4,209)	(4,108)	(4,003)
Profit / (Loss) before Tax	307	609	1,632	1,925	2,042	2,164
Corporation Tax	(384)	(511)	(536)	(558)	(577)	(577)
Profit / (Loss) after Tax	(77)	98	1,096	1,368	1,466	1,588
Total Benefit to the Trust (Not in P&L)	2,471	2,207	2,010	2,036	2,063	1,580

Notes:

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

Birmingham and Solihull Mental Health NHS Foundation Trust

Appendix C/D: Dispensing Performance Community Teams

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

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

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

Appendix D

Benchmarking Report for Outpatient Prescriptions

Team	Achieved to date/time June-22	Not Achieved to date/time June-22	Percentage Achieved to date/time June-22	Percentage Achieved to date/time May-22	Percentage Achieved to date/time April-22
Aston and Nechells Community Team	111	2	98%	99%	99%
Central Assertive Outreach	45		100%	98%	97%
East hub Older Adults	3		100%	100%	100%
East Assertive Outreach	43		100%	90%	96%
Handsworth AOT	42	3	93%	92%	95%
Kingstanding & Erdington CMHT	138		100%	96%	97%
Ladywood & Handsworth CMHT	108	5	96%	98%	95%
Longbridge CMHT	132	3	98%	99%	93%
Lyndon CMHT	34		100%	98%	100%
Newbridge Clinic	178	2	99%	99%	93%
Newington CMHT	60	1	98%	100%	93%
North Assertive Outreach	57	4	93%	96%	92%
North Hub Older Adults	9	1	90%	91%	100%
Reaside Community	104	4	96%	98%	91%
Riverside CMHT	6		100%	100%	100%
Small Heath CMHT	25		100%	95%	100%
Solihull Assertive Outreach Team	26	3	90%	93%	100%
Solihull Early Intervention Service	87	2	98%	97%	92%
South Assertive Outreach Team	47	2	96%	91%	100%
Sutton Coldfield Community Team	81	1	99%	89%	95%
The Homeless Team	8		100%	100%	100%
Warstock Lane CMHT	83	1	99%	98%	93%
West Hub Older Adults	4		100%	100%	100%
Yewcroft CMHT's	97	4	96%	95%	91%
Zinnia CMHT'S	179	9	95%	93%	93%
South Hub Older adults	4		100%	100%	100%
Wilson Lodge	6		100%	100%	100%
MHSOP Solihull Hub				100%	100%
Perinatal Community (Barberry)					
Barberry Neuro EEG				100%	
Grand Total	**1717**	**47**	**97%**	**96%**	**95%**

Appendix E

Benchmarking Report for Compliance aids

Compliance Aids	Achieved to date/time June-22	Not Achieved to Date/time June-22	Percentage Achieved to Date/time June-22	Percentage Achieved to Date/time May-22	Percentage Achieved to Date/time April-22
Aston and Nechells Community Team	15		100%	92%	100%
Central Assertive Outreach	15		100%	94%	100%
East Assertive Outreach	27	1	96%	87%	89%
Handsworth AOT	23	2	92%	91%	88%
Kingstanding & Erdington CMHT	17	3	85%	91%	88%
Ladywood & Handsworth CMHT	19	3	86%	100%	100%
Longbridge CMHT	30	5	86%	89%	89%
Lyndon CMHT	8		100%	100%	100%
Newington CMHT	22		100%	90%	100%
Newbridge Clinic	32		100%	100%	100%
North Assertive Outreach	24	1	96%	94%	92%
Reaside Community	29	1	97%	88%	90%
Riverside CMHT				100%	
Small Heath CMHT	2		100%	100%	100%
Solihull Assertive Outreach Team	13		100%	88%	100%
Solihull Early Intervention Service	7		100%	86%	100%
South Assertive Outreach Team	24	2	92%	96%	93%
Sutton Coldfield Community Team	4		100%	100%	100%
Warstock Lane CMHT	12	1	92%	100%	100%
Yewcroft CMHT's	13		100%	100%	100%
Zinnia CMHT'S	31	4	89%	90%	97%
Grand Total	**367**	**23**	**94%**	**93%**	**95%**

9.7. Charitable Funds Committee Chair's Assurance Report

Birmingham and Solihull Mental Health NHS Foundation Trust

Meeting	**BOARD OF DIRECTORS**
Agenda item	**9.7**
Paper title	**CHAIR'S ASSURANCE REPORT FROM CHARITABLE FUNDS COMMITTEE**
Date	27 July 2022
Author	Ms G Hunjan, Non-Executive Director, Acting Chair
Executive sponsor	Mr P Nyarumbu, Executive Director of Strategy, People & Partnerships

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

Executive summary

The Charitable Fuds Committee met on the 13 July 2022. The attached Assurance Report is provided by the Committee Chair for the attention of the Board of Directors. The following items were discussed at the committee:

The committee received a presentation and discussed the development of a strategy to raise the profile of "Caring Minds".

The committee were assured of the funds held by its investment advisors Cazenove.

The funds held on behalf of fund managers across the Trust total £484k.

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

Reason for consideration

To demonstrate assurance for the recording, reporting, use of funds donated to the Trust's charities.

Strategic objectives

Sustainability
Sustainability
Being recognized as an excellent digitally enabled organization which performs strongly and efficiently, working in partnership for the benefit of our population.

Financial implications

The Trust has appointed Manager for Charitable Funds which should raise the profile of charitable giving and "Caring Minds" Charity. The impact should be an increase in charitable receipts and expenditure on staff wellbeing, service user well being and specific facilities.

Risks

There are no risks relating to this on the Board Assurance Framework. Financial and audit risks of financial use of funds in line with Charitable objectives but this is considered to be minimal

Equality impact

The Equality impact has not been done – this needs to be reviewed in relation to the balance

of restricted and unrestricted funds, the service areas and spending plans.
Our values
Committed Compassionate Inclusive

CHAIR'S ASSURANCE REPORT FROM CHARITABLE FUNDS COMMITTEE

1. ISSUES TO HIGHLIGHT TO THE BOARD

1.1 Caring Minds Update

The Committee received a detailed presentation from Louise John, Fundraising Manager, on the recent activities and funds and noted the following salient points:

- Holte School £740 donation and just informed (7/7/22) that they were so happy we visited and talked to them about the Charity & Trust. They have chosen us again to fundraise for and activities are underway this week (11/7/22)
- Platinum Jubilee Tickets for Staff well received with Claire Cassidy attending the event
- 99k Grant has been put on hold
- 35k Development grant – will set up and sub group to support with the 'assessment tool'
- Just Giving now live for donations and fundraising
- Amazon smile – registered –communicated on comms bulletin – will be added to connect news
- Caring Minds Supported International Nurses Day with £10,460.00 for vouchers for nurses
- Applications for funds are being received and reviewed. With the number of Football related bids, it has been suggested to those applying that we open it up trust wide and get all involved in one larger scale tournament

The committee discussed the opportunities to be able to connect with schools whilst being able to educate students on mental health including experts by experience and carers as positive examples of lived experience.

Chair's assurance comments:
The Committee was pleased to hear of the activities undertaken by the Fundraising Manager, and the progress made in raising the profile of the Charity. The Committee was assured the progress had been positive. However, in terms of ensuring sustainability, the Committee agreed that options for increasing capacity needed to be explored.

1.2 Caring Minds strategy

L. John presented the Caring Minds Strategy noting the purpose of Caring Minds as working alongside BSMHFT offering a clear identity for the charity, a strong presence across all sites and excellent communication with colleagues and fundraisers.
Enhancing a person's visit to BSMHFT can make all the difference to their wellbeing, improving recovery and overall experience of our services.

The main objectives were noted as:

- To raise the profile of Caring Minds Internally
- To raise the profile of Caring Minds Externally
- To improve and develop the governance of the Charity

There was a detailed discussion regarding opportunities and ideas for future funding including sponsoring facilities, annual fees for a plaque, buying a chair, selling tables to awards ceremonies and linking with local businesses to gift donations.

It was agreed the next step would be to update the strategy in line with the Committees' discussions and bring back to the October 2022 meeting for final approval.

Chair's assurance comments:
The Committee was pleased to receive the 2 year strategy for Caring Minds which embraced the values of the Trust. The measures of success had to be developed and these would be brought back to the Committee.

1.3 Cazenove (Schroders) Update

The Committee received a detailed presentation with salient points as follows:

- Global equities and bonds - worst combined quarterly performance in over 30 years
- Summary of investments
    - 30th June 2022: £561,809
    - Including £136,943 of accumulated income
- Long term target of inflation +4%
- Market fair value at inflation +4% mid line
- Charity Multi-Asset Fund: +144.2%
- 67.7% of equity market volatility
- Impact of pandemic noted in early 2020

It was agreed the shared fund comparison for charity multi assets funds document will be refreshed and circulated to ensure the committee has full assurance on the decision making processes for ethical investment.

Chair's assurance comments:
The Committee was assured of the process and factors considered by Cazenove (Schroders) in investment decisions and returns on investments.

1.4 Fund balances and financial analysis

The Committee were assured the position of the Charity up to June 2022.

- Fund Balances total £484k
- Donations to 30th June 2022 £8k
- Expenditure to 30th June 2022 £37k (mainly related to Charity Manager salary & spend in relation to International Nurses Day Bid)
- Cash Balance as at 30th June 2022 is £107k (some cash to be drawn from Cazenove cash account to cover future spend for the Charity including balances owed to BSMHFT)

Chair's assurance comments:
The Committee noted the balances held and the need to draw down cash from investments to support future expenditure.

GIANJEET HUNJAN
NON-EXECUTIVE DIRECTOR

10. GOVERNANCE & RISK

10.1. Questions from Governors and Public

10.2. Any Other Business

10.3. FEEDBACK ON BOARD DISCUSSIONS: S. Bloomfield

11. RESOLUTION: To exclude 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

12. Date & Time of Next Meeting: To be confirmed if August meeting is required.