BOARD OF DIRECTORS MEETING PART 1

Schedule	Wednesday 24 November 2021, 9:00 AM — 12:30 PM GMT
Venue	MS Teams
Organiser	Hannah Sullivan

Agenda

Agenda

Staff Story, Levi Rowe, Matron Acute & Urgent Care
9:00 start for this item
Creating capacity to care

1. Opening Administration:
   Declarations of interest

2. Minutes of the previous meeting

3. Matters Arising/Action Log

4. Chair’s Report

5. Chief Executive’s Report

GOVERNANCE & RISK

13. Board & Committee Meeting Dates for 2022

14. Terms of Reference
    - Governance Task & Finish Group
    - Charitable Funds Committee
    - People Committee
    - Quality, Patient Experience & Safety Committee

15. Questions from Governors and Public
    (see procedure below)

16. Any Other Business (at the discretion of the Chair)

17. SNAPSHOT REVIEW OF BOARD PERFORMANCE: P. Nyarumbu

18. 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.

19. Date & Time of Next Meeting
    - 09:00am

- 26th January 2022

Birmingham and Solihull Mental Health NHS Foundation Trust

AGENDA
BOARD OF DIRECTORS MEETING
WEDNESDAY 24th NOVEMBER 2021 VIA VIDEO-CONFERENCING

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

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

Staff Story, Levi Rowe, Matron Acute & Urgent Care
9:00 start for this item
Creating capacity to care

ITEM	DESCRIPTION	LEAD	TIME	PAPER	PURPOSE
1.	Opening Administration: Declarations of interest	*Chair*	09.30	-	-
2.	Minutes of the previous meeting		09.35	*Attached*	Approval
3.	Matters Arising/Action Log		09.40	*Attached*	Assurance
4.	Chair's Report		09.45	*Attached*	Assurance
5.	Chief Executive's Report	*CEO*	09.50	*Attached*	Assurance
6.	Board Overview: Trust Values	*G. Hunjan*	10:05	*Verbal*	Assurance
QUALITY					
7.	Quality, Patient Experience & Safety Committee Chair Report	*P. Gayle*	10.15	*Attached*	Assurance
PEOPLE					
8.	People Committee Chair Report	*P. Gayle*	10:20	*Attached*	Assurance
9.	Equality, Diversity & Inclusion Approach: Value me to reduce inequality	*H. Grant* *P. Nyarumbu* *J. Kaur*	10:30	*Attached*	Assurance
SUSTAINABILITY					
10.	Integrated Performance Report	*D. Tomlinson*	11:30	*Attached*	Assurance
11.	Finance Report	*D. Tomlinson*	11:40	*Attached*	Assurance

ITEM	DESCRIPTION	LEAD	TIME	PAPER	PURPOSE
12. .	BSOL Mental Health Provider Collaborative Programme Update Report	*P. Nyarumbu*	11:40	*Attached*	Assurance
GOVERNANCE & RISK					
13.	Board & Committee Meeting Dates for 2022	*S. Madeley*	11:50	*Attached*	Assurance
14.	Terms of Reference • Governance Task & Finish Group • People Committee • Quality, Patient Experience & Safety Committee	*S. Madeley*	11:55	*Attached*	Approval
15.	Questions from Governors and Public (***see procedure below***)	*Chair*	*12:00*	*Verbal*	Assurance
16.	Any Other Business *(at the discretion of the Chair)*	*Chair*	*12:15*	*Verbal*	-
17.	**FEEDBACK ON BOARD DISCUSSIONS**	*P. Nyarumbu*	*12:20*	*Verbal*	-
18.	**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.				
19.	**Date & Time of Next Meeting** • 09:00am • 26th January 2022			*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.

Birmingham and Solihull Mental Health NHS Foundation Trust

MINUTES OF THE BOARD OF DIRECTORS MEETING

Meeting	**BOARD OF DIRECTORS**
Date	**WEDNESDAY 27TH OCTOBER 2021**
Location	**VIA MICROSOFT TEAMS**

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

Attendance	Name and Title		
Present	Ms Danielle Oum	-	Chair
	Mrs Roisin Fallon-Williams	-	Chief Executive
	Dr Hilary Grant	-	Medical Director
	Mr David Tomlinson	-	Director of Finance
	Mrs Sarah Bloomfield	-	Director of Quality and Safety *(Chief Nurse)*
	Mrs Vanessa Devlin	-	Director of Operations
	Dr Linda Cullen	-	Non-Executive Director
	Mr Winston Weir	-	Non-Executive Director
	Mr Philip Gayle	-	Non-Executive Director
	Mrs Gianjeet Hunjan	-	Non-Executive Director
	Mrs Anne Baines	-	Non-Executive Director
In Attendance	Mrs Sharan Madeley	-	Company Secretary
	Ms Jane Clark	-	Associate Director for Allied Health Professions and Recovery *(patient story)*
	Mr B Sant	-	Patient Story
	MR S Bray	-	SSL *(item 15)*
Observers	Mrs M Johnson	-	Governor
	Mr M Mirza	-	Governor
Apologies	Professor Russell Beale	-	Non-Executive Director
	Mr Patrick Nyarumbu	-	Director of Strategy, People & Partnerships

Minutes

Agenda Item	Discussion	Action (Owner)
1	**OPENING ADMINISTRATION: DECLARATIONS OF INTEREST** The Chair welcomed Trust Governors who were observing the meeting. D. Tomlinson declared an interest as Director of SSL.	

Agenda Item	Discussion	Action (Owner)
	PATIENT STORY Mr. Bill Sant attended the Board meeting to present the experiences of both his son, James, and himself as a family member, in relation to treatment James received from us for a complex form of OCD. He explained that James was currently receiving specialist CBT treatment at Oxford Health Specialist Psychological Intervention Centre through funding that had been agreed earlier in 2021. Mr. Sant briefed the Board on the period between 2017 – 2021 in relation to James experiences whilst in our care. Mr. Sant outlined how NICE guidance detailed the required treatment for OCD with the recommended treatment being Cognitive Behavioural Therapy (CBT) Mr. Sant had shared a number of detailed documents with the Trust which Board Members had received in advance of the meeting, which provide detailed background relating to his efforts as a father to ensure James could receive the most appropriate treatment. Mr. Sant explained in detail the many challenges he and James have experienced regarding being able to access CBT, access funding for specialist services and access records. Whilst in the main Mr Sant shared that both he and James experiences had been, challenging, stressful and distressing he also shared a couple of notable exceptions to this in relation to some individual clinicians. He also expressed gratitude to and the significant faith he and James have in the clinicians involved in his care from the specialist team at Oxford. Board members expressed regret for Mr Sant and James experiences and offered their apologies. A number of offers to take forward the discussion and consideration of the concerns and experiences Mr Sant raised were made and these are reflected in the decisions reached. The Chair thanked Mr Sant for the detailed presentation in relation to the care of his son, James and confirmed the Boards commitment to arrangements being made to meet with Trust staff to hold further discussions. ***DECISION: (a) A letter of thanks to be sent to Mr. Sant from the Chair on behalf of the Board of Directors*** ***(b) Arrangements would be made for Mr Sant to meet with the Medical and Chief Psychologist to discuss how the provision of OCD services could be improved.*** ***(C) Arrangements would be made for Mr Sant to meet with the Chief Executive to discuss access to records requests***	
2	**MINUTES OF THE PREVIOUS MEETING** The minutes of the meeting held on the 29th of September 2021 were approved as a true and accurate record.	
3	**MATTERS ARISING / ACTION LOG** The action log was reviewed and noted.	
4	**CHAIR'S REPORT** The Board received an overview of the Chair's key areas of focus since the last Board meeting.	

Agenda Item	Discussion	Action (Owner)
5	**CHIEF EXECUTIVE'S REPORT** R. Fallon-Williams presented a detailed report summarising a number of key issues across the Trust. It was reported that colleagues had continued to work over and above in very challenging circumstances and especially during the current week as many matrons and clinical nurse managers were providing cover to ensure colleagues could spend time with their families. In terms of keeping people safe, there had been two outbreaks involving two patients within one of the secure care wards and one outbreak within an acute ward which were all being managed effectively. All three patients were doing well and more scenario planning was being undertaken if one of the patients became more unwell. The levels of sickness and absence due to COVID was at 28% of the overall sickness levels and Board members were informed that one member of staff was currently in ITU and the best wishes from the Trust had been sent to their family and colleagues. In relation to system pressures, there was a steady state across the health economy where COVID related illness were requiring hospitalisation which had steadily been quite high in relation to pressures. The health system was currently having three calls per day including weekends. COVID cases were still rising within the community and the demand and levels of acuity within the Trust were rising significantly and the Trust was looking to manage the situation through bespoke pieces of work to tackle as a system which included adapting the pathways to ensure demand was met. The report detailed that the issue of face-to-face contacts in a number of services which were being reviewed. In preparation for winter, the Trust would originally have the physical health teams working to increase awareness of harm reduction training and the uptake was currently low. However, this was a very important piece of work as the Trust needed to prepare for further addressing physical health needs due to the pressures within the system. Thanks were paid to the bed management team who were a key cog in the wheel to manage high risk patients within the appropriate way. Board Members were pleased to note that the Adult Eating Disorder team, part of the provider collaborative, had been shortlisted for the HSJ team of the year award. The Board was informed that a further Board development session would be arranged to brief Board Members on the transformational pieces of work. In relation to COVID vaccinations, the uptake rate had remained just below 80% which had been increasingly difficult to improve. The flu uptake was currently low at 20% and work continued to increase the uptake amongst staff. The Trust had received a letter of confirmation NHS England/Improvement that the Trust was being placed in Segment 3 under the new compliance framework. P. Gayle queried the waiting lists for the community mental health teams and if this was having an impact on patients and services within the community and was informed that the waiting list and acuity of patients were continually	

Agenda Item	Discussion	Action (Owner)
	reviewed who were reviewed on a risk basis. A. Baines queried if a plan would be put in place long term regarding the patients with physical health issues when the Trust was not the main acute provider. It was explained that as an organisation, it had been acknowledged that physical and mental health needed to go together, particularly in the inpatient settings and there were physical health experts in place to provide bespoke training for staff. The Chair queried the community transformation asking to what extent resources were being targeted to areas of highest need and how would primary care networks be involved and was informed that there were only four primary care networks who were yet to identify the mental health workers and practices were considering this in line with the requirements for their population, i.e. child and adolescent mental health. ***DECISION: (a) The Chair requested that within the next month's IQC Chairs Assurance Report to the Board assurance on the provision of physical health was included.*** ***(b) The Board was informed that a further development session for the Board would be arranged to brief Board Members on the transformational pieces of work.***	
6	**BOARD OVERVIEW: TRUST VALUES** S. Bloomfield *(Chief Nursing Officer)* provided a number of examples regarding how the values had been lived by front line staff and service users throughout the Trust. This included accompanying Sophia in Solihull Home Treatment Team where they visited patients at home who were isolated and unwell. S. Bloomfield said that watching Sophia in action showing compassion and commitment was very humbling. A further example was of a service user who was excited to talk about therapeutic activities and focusing on how we could support women in mixed gender units to have activities and was obviously thinking about the people who would be accessing the service after she had left. Sarah also had a long chat with the Housekeeper on Reservoir Court, regarding service user food who really understood the needs of the service users and challenged us to do better regarding the food in certain areas and very insightful and passionate about her role and has been asked to join the new Trust Food Group that is being established to provide input with her amazing ideas. The Chair said that reflecting on the Trust values at the start of each Board meeting focused discussions for the rest of the meeting.	
7	**QUALITY & SAFETY COMMITTEE CHAIR'S REPORT** L. Cullen provided an overview of the discussions held at the Quality & Safety Committee reporting that work was ongoing regarding the preparation for the forthcoming visit by the Care Quality Commission. In responding to COVID, this was a continuing ongoing concern and continued to work around the issues of staff vulnerability with the risk assessments being updated to include the risk of isolation and mental health. In relation to the environmental risk assessments of COVID, there were concerns however, the standard of assessments were improving with support from the matrons and Health & Safety department. The hot spot areas were	

Agenda Item	Discussion	Action (Owner)
	receiving specific focus, i.e. issues with ventilation, there was work through Infection, Prevention & Control and the Water Safety Group to look at the different needs of ventilation. The Committee reviewed the Board Assurance Framework with the key risk areas being discussed. L. Cullen advised that the Committee had celebrated the work of the Infection, Prevention & Control Team who had worked extremely hard during the pandemic and been finalist in the Nursing Times Awards. In addition, the work of SSL was acknowledged during the last 18 months which had been outstanding working across the city with other organisations. The Chair said it was good to see the focus on staff safety with PPE, risk assessments and the Lone Worker safety and asked for an update on the areas through a subsequent Committee report to the Board. S. Bloomfield reported that in relation to PPE, there were audits being undertaken around handwashing and unannounced visits were being undertaken by the Team which would be reported into IQC. For COVID risk assessments, these were reported through the Health & Safety Committee regarding improved compliance. In relation to Lone Working, this area reported into the Health & Safety Committee regarding improving compliance.	
8	**INFECTION, PREVENTION & CONTROL ANNUAL REPORT** The Infection, Prevention & Control (IPC) Annual Report was presented to the Board which included numerous areas and the Board noted that there was a commitment to continue to strengthen the team and normal business had been undertaken during the pandemic. It was also noted that there had been an increase had been improved to a permanent resource to the Team A. Baines queried in terms of the estates element, was there a continuing programme of estates works. S. Bloomfield said that IPC and Health & Safety worked together regarding the elements of the capital programme. The capital programme was reviewed each year regarding the clinical risk requirements within the planning processes, for example with the litigate risks. S. Bloomfield would review the dates which detailed 2019/2020 as they probably would relate to projects that had commenced but were yet to complete. D. Oum queried the challenges relating to being able to fill the posts within the IPC team and the potential for a system-wide approach for infection control and it was explained that there was less concern about recruiting to specialist roles than ward-based roles. In relation to the system, the colleagues at the Clinical Commissioning Group were thanked regarding providing expert advice and support during the pandemic. It was also reported that the Trust did work collaboratively across the system from an infection, prevention and control basis. ***DECISION: S. Bloomfield to provide feedback to A. Baines in relation to the dates reported within the report to ensure they were accurate.***	

Agenda Item	Discussion	Action (Owner)
9	**MENTAL HEALTH LEGISLATION COMMITTEE CHAIR REPORT** P. Gayle presented the Committee report and stated that this was the last meeting of the Committee due to a change in the governance structures with a Mental Health Legislation Sub Committee being established which would report into the Quality & Safety Committee. The Committee received a detailed audit report on Consent to Treatment Certificates which noted an overall 1% improvement in compliance. There was a noted improvement in percentage compliance rate (80%) since 2020. It was reported that there was a legal requirement to meet 100% and most of the non-compliance was related to electronic prescribing rather than manual prescribing. There was a further reduction in illegal detentions from 11 to 6 in the quarter, which was a marked reduction last quarter. The committee was encouraged regarding the plans of the local authority to address the availability of Associate Mental Health Practitioners (AMHPs) and the work being done with the Trust to support this. The Board was informed that the Mental Health Act detention data during the Pandemic indicated that the pandemic had disproportionality impacted the Black and Asian populations of all ages and the elderly white population. The committee were concerned about the marked increase in detentions under Section 3 of the MHA (for treatment) in the Black and Asian population with a marked reduction in the white population. The chair of the Committee raised deep concerns that BME service users were disproportionately affected by the detentions although this trend had reversed during the last 3 months. What was the response here? H. Grant stated that the re-organisation of the governance arrangements would make reporting more robust ensuring work was being undertaken at local governance meetings reporting up into the Quality & Safety Committee which was a positive move. ***The report was received and noted by the Board***.	
10	**PEOPLE COMMITTEE CHAIR'S REPORT** The Committee were informed that the Future Workforce Sub-Committee met in October 2021 and incorporated a revised standard agenda for their meetings. Updates on progress made against specific People Strategic Priorities including the implementation plan deliverables were received. Work streams leads had provided their reports to the workforce sub-committee. The Committee was assured that significant milestones have been achieved specifically relating to the job description/person specification which have now incorporated Trust values. The Committee was assured that the recruitment pack containing this information would be finalised by the end of October 2021. The committee received an update on fully implementing the Trust Workforce Transformation Retention Plan which included clinical retention. The committee received assurance that the first draft of the plan would be developed by the end of October 2021. Additionally, the committee were assured on the progress undertaken to review the Trust retirement processes which incorporates creating flexibility to	

Agenda Item	Discussion	Action (Owner)
	enable staff to retire and return. The Strategy Analytical Resourcing and Transformation Team was currently reviewing staff who could potentially retire over the next 2-5 years and supporting to managers to have conversations with these individuals to raise awareness of options available to them when considering retirement. The committee was looking forward to receiving feedback form the sub-committee groups additional piece of work evaluating the quarterly dataset return through the Equality, Diversity and Inclusion and Freedom to Speak Up lenses which would return to the committee in November 2021. Assurance was received that the subgroup would have a focus on confirming the KPI's to ensure that these were capturing impacts on culture and staff experience. There were concerns raised by members of the committee with regards to staffing levels on some wards. The committee was assured that there were systems in place and the immediate staffing configurations were going to be reviewed based on professional judgements. A national tool MHOST would be used to undertake systematic reviews of the staffing establishment. This would provide the board with a level assurance and understanding on this issue. Discussions highlighted that there were several initiatives taking place and the committee found this helpful. Although, the report was very stark highlighting several staffing challenges within the Trust, the committee did receive partial assurance and looked forward to receiving future reports on the impact of these initiatives. However, it was very clear that the Trust cannot just recruit nurses as they don't exist and S. Bloomfield advised the Board that the Trust has to be in a place of reality and the plans were, in the long term, for the Trust to have its own supply of mental health nurses in order to meet the needs of the Trust. In some areas this may mean a change to the workforce model as services were transformed. The Trust was working with universities locally to guarantee future nurses for the Trust. The Committee was assured of the work carried out to date regarding Freedom to Speak Up (FTSU) and the progress made of working towards fully embedding FTSU within the Trust. The committee were assured that the vacant post within FTSU was currently advertised and would be filled by December 2021. The committee discussed the Board Assurance Framework for quarter 2 and agreed not to amend the risk scores and acknowledged that there were improvements being made but not enough to move the scores. ***The report was received and noted by the Board***	
11	**FINANCE, PERFORMANCE & PRODUCTIVITY COMMITTEE CHAIR'S REPORT** G. Hunjan presented the report from the Finance, Performance & Resources Committee and provided assurance that H2 implications were being worked through and discussions were being held with relevant colleagues in terms of accounting treatments, and ICS implications. In relation to the gaps in clinical vacancies, the committee heard about the on-going discussions but were not yet fully assured as plans had yet to be shared. In relation to capital, the committee was reassured that plans would be met	

Agenda Item	Discussion	Action (Owner)
	and in summary, current finances were in a good position. The next FPP Committee meeting on 17 November 2021 from 12 noon to 2pm would be a detailed finance session for all Board members. The committee heard about the Digital Strategy from a national viewpoint and was assured about the actions being progressed within Trust and the positive impact this was having across the Region. The committee sought further assurances in relation to two developments regarding inpatient hospitality services and NHS net, although both were supported in principle. A report was received from the Reach-Out Commissioning Sub Committee and the service went live from 1 October 2021. Given this, no actual outturn figures could be presented but the Committee was assured any issues were being addressed and the approach to risks were being strengthened. The Chair thanked G. Hunjan for chairing the Committee in the absence of the Committee Chair. ***The report was received and noted.***	
12	**AUDIT COMMITTEE CHAIR'S REPORT** G. Hunjan provided the report from the Audit Committee stating that the committee was assured of the progress with internal audit reviews and the completed audits. In terms of recommendation tracking, the committee was not assured that all were being addressed within a timely manner and therefore attention was being directed to the implementation of agreed recommendations and what the formal escalation mechanism would be beyond the Head of Financial Services. As last year and in view of the ongoing pandemic, the Committee agreed that the Chair of Audit would meet with Internal Audit and the Executive Lead to progress matters as ensuring timely conclusion of audit recommendations could impact on the Annual Head of Internal Audit opinion. The committee was assured of the ongoing work in relation to fraud prevention and the progress being made against the Government Functional Standards. The Committee was assured discussions relating to the annual accounts processes for the end of the financial year were in hand and being agreed with the external auditors. Audit Committee members were informed that a fully revised and consolidated set of Standing Financial Instructions would be received at the next meeting with the aim of ensuring new arrangements were in place for the start of the new financial year. ***The report was received and noted.***	
13	**INTEGRATED PERFORMANCE REPORT** The Board was informed that new sets of metrics were being finalised for all domains following approval of the Trust Strategy. The key areas considered by the Board committees this month included: IQC - Staff and patient assaults FPP - Out of area bed use, IAPT, CPA 12-month reviews, new	

Agenda Item	Discussion	Action (Owner)
	referrals not seen, financial position and CIP People - Return to work interviews, shift fill rates, fundamental training, appraisal rates and sickness. Also, the divergence in performance between different teams	
14	**FINANCE REPORT** The Board was informed that as of month 6 2021/22 the consolidated Group position was a surplus of £20k year to date. This was in line with the H1 break even plan. There was a continuation of non-recurrent slippage on recruitment against new investment. Two significant accounting adjustments have contributed to the month 6 break even position which were £1m provision relating to early termination of a lease (£2m total year to date) and £1.3m impairment relating to costs associated with preparatory works for the redevelopment of Reaside and Highcroft. The 2021/22 operational planning guidance and system envelopes for H2 (October 2021 to March 2022) were published on 30 September 2021. Work had commenced to assess the impact of the H2 settlement and to ensure that the Trust was aligned across the system in terms of planning assumptions. The month 6 year to date Group capital expenditure is £1.8m, this is £1m less than plan. The total capital programme for 2021/22 is £10.3m. The cash position for the Group was £36.8m. ***The report was received and noted***	
15	**SUMMERHILL SERVICES LTD (SSL) QUARTERLY REPORT** S. Bray presented the quarterly report from April 2021 – September 2021 with SSL continuing to operate for 22 COVID sites for the CCG and mobile vaccination sites and this would continue until March 2022. The capital programme currently undergoing was double the usual activity which was due to the anti-ligature door sets which were being put in place. Working with the Chief Nursing Officer, a three-year capital programme was being put in place which would assist to plan ahead with real benefits for the Trust. SSL has been awarded a three-year contract to supply estates and facilities function to all GP sites across central Birmingham which was on the back of the COVID work. It was noted that SSL has launched a new brand and will be implementing a new uniform in December. The report reflected the different services provided to cover facilities management, property management, support on sustainability, pharmacy service, transport and logistics, PFI programmes. There were new health care cleaning standards which were being piloted which may require additional resources and would feed back further information to the Board and NHSE/I. The PFI team has received a six-figure settlement as part of an ongoing negotiation with one of the PFI partners. The pharmacy services continue to perform well and SSL supplies all of the community teams with medicines. In relation to staff, SSL did implement a 3%	

Agenda Item	Discussion	Action (Owner)
	pay award and enhanced some of the employee benefits and would be launching values following a staff consultation. In relation to equality & diversity, engagement has been made with the Trust and work continued to address some of the challenges. The financial position was positive, ahead of budget, with external revenue from the CCG which was £600k more than anticipated. G. Hunjan queried the numbers of staff in relation to diversity and the take up rates for the vaccinations. In addition, queried the decarbonisation project, which was detailed in the Board Assurance Framework, and requested feedback on the progression of the Highcroft Business Case. S. Bray reported that a full analysis of staff was undertaken and aware of an imbalance within the organisation. The front-line staff had an increased level of ethnicity compared to senior management and positive work was underway with recent appointments addressing the imbalance. In relation to the vaccinations, staff were being encouraged to take the flu vaccination. In relation to COVID vaccinations, SSL was at 70% take up and encouraging staff to take their booster jab In relation to decarbonization and was supporting the Trust with the standing operating procedure and was obtaining information system side. Highcroft and Reaside had been a long-term project and supported the completion of the Strategic Outline Business Case and the system has limited capital with significant competing projects and hopes that the system allows for external funding to be made available. ***The report was received and noted.***	
16	**WEST MIDLANDS MENTAL HEALTH AND LEARNING DISABILITIES PROVIDER COLLABORATIVE** The report provided an update on the West Midlands Mental Health, Learning Disabilities and Autism Provider Collaborative which was a collective voice of NHS Trusts across our region, collaborating in the interests of ensuring safe, high quality mental health, learning disability and autism services with equitable access. The intention was that the collaborative was in a strong position by April 2022 to fully deploy the work of our regional Provider Collaborative in the new system, post legislation. The Collaborative would work on behalf of the constituent ICSs to deliver transformation at scale, tackle inequalities and provide a vehicle to drive up quality of services A. Baines queried how the Trust was approaching the determination of governance and requested if a diagram could be provided detailing the collaboratives. In addition, clarity regarding governance and the transfer of commissioning was undertaken and if the Trust was playing a key role. The Chair said that this was not currently a worked-up approach and support was sought for the direction of travel. R. Fallon-Williams explained that significant amount of national guidance was being received regarding collaboratives and when it was initially commenced, there was not a blue-print available. Subsequently, guidance has been received and therefore, the guidance would need to be reviewed to determine the appropriate governance structures. There were two significant collaboratives for mental health and autism which were the one being developed within the Birmingham & Solihull system and the other was the West Midlands Mental Health and Learning Disabilities Provider Collaborative. Therefore, there were two levels of integrated care system specific to mental	

Agenda Item	Discussion	Action (Owner)
	health and autism. ***DECISION:*** ***The Board of Directors, as a partner Board of the West Midlands Mental Health, Learning Disabilities and Autism Provider Collaborative supported the ongoing development of the Collaborative, including the determination of the most appropriate form and governance to meet the shared objectives of the Collaborative.***	
17	**CHARITABLE FUNDS COMMITTEE CHAIR'S REPORT** W. Weir presented the assurance report and detailed that the progress on fundraising had been slow but important to note the activities that have been taking place in the strained context of the Health Pandemic. The committee noted the fund balances and the movement since the start of the financial period. There had been little movement in the receipts and spending of fund balances. The committee was assured that the funds were maintained The committee was assured that funds are invested and that the CFC were receiving a reasonable rate of return on investments held by our investment advisors. The committee confirmed the plans for the development of the Caring Minds charity and would wish pump priming support to take this Charity to the next step in respect of its vision, capacity and development. P. Gayle agreed that there was further work to be undertaken to raise the profile of charity to generate much needed funds for the Charity. The Board noted that before the next meeting in January 2022 a discussion would be held regarding the level of resources required to raise the profile of the Charity.	
18	**BOARD ASSURANCE FRAMEWORK: QUARTER 2** The Board Assurance Framework (BAF) was presented to the Board for Quarter 2 which brought together in one place all the relevant information on the risks to delivery of the Board's (Trust's) strategic objectives. The BAF was part of the wider mechanism for managing the Trust's assurances, ultimately enshrined in the annual Statement of Internal Control. The existing BAF had been in operation since the beginning of the 2021/22 financial year and was developed by the Board in the preceding months, in response to the new Trust Strategy. The BAF was still an emerging document, with work continuing to refine the relevant controls and assurances against the identified risks. The Company Secretary was confident that there will be further incremental improvements in reporting in Q3 and subsequently. Each of the three functional Committees (FPP, People, and Quality and Safety) had a leadership responsibility for assurance against designated strategic risks. The BAF would, over the coming months, be increasingly aligned to the cycle of business for each Committee. Reports to the Board would continue quarterly. A meeting has been scheduled for mid-November to agree what more can be done to reflect operational risks under the Clinical Services. The key	

Agenda Item	Discussion	Action (Owner)
	messages within the report were: • The Committees are not proposing changes to any of the risk scores • There is evidence of real progress with development of priorities for capital investment to address ligature hazards, but the plan is not yet fully defined • The Trust needs to give continued focus to health inequalities, which have widened during the pandemic • The uncertainty of NHS finances for H2 is a major focus for the system • Workforce and demand challenges are highlighted as barriers to the delivery of high-quality services A Baines and W. Weir provided feedback on the document as a new Board member which included the format of the document. In addition, a RAG rating for each of the key risks and was the Trust on target to provide further assurance. W. Weir would provide further comment on the format outside of the meeting. ***DECISION: (a) The Quarter 2 position was noted.*** ***(b) A. Baines and W. Weir to provide detailed comments on the format of the Board Assurance Framework to capture fresh insight.***	
19.	**QUESTIONS FROM GOVERNORS AND PUBLIC** ***M. Johnson*** queried the memory assessment delays and the associated waiting times as this delayed a way forward for medication being prescribed. V. Devlin responded that there was a plan which was discussed at the Performance Delivery Group. The Trust was not an outlier as there were significant issues being experienced across the Country. There had been a small investment for services outside of normal hours; triaging was being undertaken regarding the waiting lists in relation to patient need; and the Trust was working with GP colleagues to undertake a screening before they were referred to the service. It was noted that the Trust was still challenged in this area and the service has been requested to provide a trajectory to improve the waiting times. ***M. Mirza*** thanked the Chief Executive in showing compassion to Mr Sant during the patient story. In addition, thanked W. Weir and A. Baines for asking appropriate questions at the meeting.	
20.	**ANY OTHER BUSINESS** None raised.	
21.	**SNAPSHOT REVIEW OF BOARD PERFORMANCE** It was felt that all conversations were relevant. There were comments received on areas for improvement in relation to the content of the reports. V. Devlin said that the Trust values were evident through out the meeting, especially compassion in relation to the Patient Story. Appropriate conversations were held regarding inclusivity. The Board was challenged appropriately regarding the discussions to be held at Committee level. It had been helpful to hear the feedback from the new Non-Executive Directors on the Board. Time was challenged but well spent on important discussions.	

Agenda Item	Discussion	Action (Owner)
22.	**RESOLUTION** The Board asked that representatives of the press and other members of the public be excluded from the remainder of the meeting having regard to the confidential nature of the business to be transacted.	
23.	**DATE & TIME OF NEXT MEETING** • 09:00am • 24th November 2021	

Birmingham and Solihull Mental Health NHS Foundation Trust

BOARD OF DIRECTORS

ACTION LOG

MONTH & AGENDA ITEM NO	TOPIC & AGREEN ACTION	LEAD	ORIGINAL TIMESCALE	RAG	COMMENT
September 2021 5 Chief Executive's Report	Check statistics around the number of staff accessing care homes have been vaccinated	CEO	October 2021		Currently being followed up – action to be updated before the meeting
September 2021 5 Chief Executive's Report	Partnership with the Prince's Trust to be considered at the People Committee in November	Mr P Nyarumbu	November 2021		The People Committee received a presentation report at the meeting on the 17th November 2021
September 2021 9 FPP Chair's Report	Refreshed plan re bed capacity to be considered in October FPP and IQC	Mrs V Devlin	Moved to December Committees		
October 2021 Patient Story	A letter of thanks to be sent to Mr. Sant from the Chair on behalf of the Board of Directors Arrangements would be made for Mr Sant to meet with the Medical and Deputy Medical Directors to discuss how the provision of OCD services could be improved.	S. Madeley	October 2021		Completed on the 28th October 2021 Completed – arranged for the 9th November 2021
October 2021 Chief Executive's Report	The Chair requested that within the next month's IQC Chairs Assurance Report to the Board assurance on the provision of physical health would be included.	L. Cullen	November 2021		
	A further development session for the Board would be arranged to brief on the transformational pieces of work	S. Madeley	November 2021		To include in the Board Development Programme for 2022

MONTH & AGENDA ITEM NO	TOPIC & AGREEN ACTION	LEAD	ORIGINAL TIMESCALE	RAG	COMMENT
October 2021 Infection, Prevention & Control Annual Report	To provide feedback to A. Baines in relation to the dates reported within the report to ensure they were accurate.	S. Bloomfield	November 2021		
October 2021 Board Assurance Framework	A. Baines and W. Weir to provide detailed comments on the format of the Board Assurance Framework to capture fresh insight.	W. Weir/A. Baines	November 2021		Feedback has been received and a meeting is being arranged for December to review the format in preparation for the Board receiving the Quarter 3 position of the Board Assurance Framework

RAG KEY

Overdue
Resolved
Not Due

Birmingham and Solihull Mental Health NHS Foundation Trust

Meeting	**BOARD OF DIRECTORS**
Agenda item	**4**
Paper title	**CHAIR'S REPORT**
Date	24 November 2021
Author	Danielle Oum, Chair
Executive sponsor	Danielle Oum, Chair

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

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

CHAIR'S REPORT TO THE BOARD OF DIRECTORS

1. INTRODUCTION

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

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

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

2. CLINICAL SERVICES

2.1 I was pleased to be able to Chair the interview panel for a Consultant Psychiatrist and appoint into the role.

2.2 I was pleased to meet with a peer support worker who shared his positive experience of support received as an in-patient being facilitated in education opportunities that in his words *"helped me turn around my life in hospital and really provided me an opportunity I could not get it in the community*". The colleague shared his belief that a lot of service users have own untapped talents that they could be supported to realise if extra resources were available for different therapeutic, recovery focused activities.

3. PEOPLE

3.1 Together with Byron Currie and Jas Kaur I met the Chair and EDI lead for South West Yorkshire Partnership NHS Foundation Trust to reflect on the ethical considerations of reciprocal mentoring and agreed to continue to share learning around the workforce equalities agenda.

3.2 I am pleased to be contributing to the Birmingham and Solihull Integrated Care System Leadership and Wellbeing programme.

4. QUALITY

4.1 I was honoured to open and chair the Trust Annual General meeting where we looked back at the challenges, we have faced over the past 12 months and highlighted the amazing continued dedication of staff throughout these unprecedented times. We had the opportunity to review the financial position and a deeper dive into what quality will look like for the Trust going forward.

5. SUSTAINABILITY

5.1 In conjunction with governors I have been conducting non-executive appraisals, which are almost complete.

5.2 I was pleased to Chair this month's Council of Governors meeting where we heard from Rohan Manghra, Carer Governor, who shared his own experience as a carer and gave an overview of the State of Caring Conference.

5.3 This month the first meeting for 'Preparing for the COVID-19 public inquiry' took place and gave oversight of what the expectations for Trusts will entail. Further details are noted in appendix 1.

DANIELLE OUM
CHAIR

Preparing for the COVID-19 public inquiry

There were three presenters at the session:

Liz Hackett, Hempsons
Gerrard Hanratty, Brownejacobson
Georgia Ford, Capsticks

Georgia provided the legal overview of what the inquiry may consist of, highlighting:

- Average inquiry takes 2.5 years
- Prime Minister will appoint the Chair before Christmas
- Terms of reference will be set before the inquiry date, consultation is not mandatory
- It would be recommended representations are made if this is an option
- Scottish inquiry has been published with four key themes:
  - Direct impact on health
  - Indirect impact on health including delays and diagnosis
  - Economic impact
  - Sociable impact

(It is possible the UK inquiry will review national level decision making)

- Core participants will be chosen by the appointed Chair, likely to be Trusts who have had a direct role, significant interest or have had a large impact
- Expectations for large number of core participants will mean large legal costs
- It is crucial that any requests for evidence are responded to as sanctions will be in place
- Representations can be made if requests are not in proportion with the scope (Rule 9)
- Considerations for legal teams crucial
- Noted all evidence will be heard in public so support and guidance should be given to staff if required to be a witness including media training
- Report will be published in full and cover the facts, recommendations and other matter in relation to the terms of reference
- recommendations are not mandatory nor are they bound by the statutory process

Gerrard Hanratty gave an overview of what the process could look like:

- Expectation for terms of reference to be framed
- Could be chronological, investigation into institutes or examination of operation commissioning
- Likely to be institution focussed
- Government will be key with devolved administrations, local government, campaign groups and health providers including NHS England and wider bodies
- Key area's could include:
  - Patient treatment/ deaths and inequalities
  - Preparedness/ NS collaborations including ICS, resilience, adequacy of PPE and workforce
  - Crucial to hold all evidence on guidance and decision making
  - Test and trace, tracking and vaccines
  - NHS and care home sector (sharing staff)

Liz Hackett gave an overview of practical tips and strategic considerations:

- Early planning is key
- Need to have a flexible approach
- Need to set clear objectives (be mindful of staff and community views)
- Ensure ICT infrastructure is robust
- ICT and Governance team to sequence data
- Identify key members
- Appoint a inquiry lead, this should be a senior leader who has access to key decision makers and knowledge of the impact on teams and the community
- Appoint a team to support the inquiry lead, include governance and ICT specialists
- Seek to influence terms of reference if they go out to consultation
- Consider applying to be a core partner, be mindful of the impact on staff and costs
- Communicate clearly with staff, be honest and open
- Documentation collation is mammoth
- Review strategy and system capacity ability to disclose information
- Be aware of any ICT service changes and the impacts of this
- Ensure all key contact details are up to date for staff that have left or are leaving
- Plan information sharing and communications
- Concurrent liabilities can have an adverse impact, be mindful of teams working in SILO
- Plan for impact on service users and maintain patient confidentiality
- Learning is key, critical to learn, implement and collate learning throughout
- Send Stop Notice now, NHS England have offered support
- Ensure all documentation including policies are up to date
- Prepare early witness statements and source legal advisors if required
- Support staff through the process
- Ensure the process is clearly defined
- Open duty of candour

It was discussed Trust's that will be approached are likely to be outliers, possibly due to large admissions or connections with Nightingale Hospitals.

Potential to receive requests through ICS or gold command Trusts.

There will likely be a large reflection on the impact on mental health services, regional hubs and ambulance services.

The impact of BAME and LDA groups will likely be reviewed along with a possible review of discharge in mental health.

Birmingham and Solihull Mental Health NHS Foundation Trust

Meeting	**BOARD OF DIRECTORS**
Agenda item	**5**
Paper title	**CHIEF EXECUTIVE'S REPORT**
Date	24 November 2021
Author	Roisin Fallon-Williams
Executive sponsor	Roisin Fallon Williams

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

Executive summary

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

Reason for consideration

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

Paper previous consideration

Not Applicable

Strategic objectives

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

Financial implications

Not applicable for this report

Risks

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

Equality impact

Not applicable for this report

Our values

Committed
Compassionate
Inclusive

CHIEF EXECUTIVE'S REPORT

1. CURRENT PANDEMIC SITUATION

The numbers of people with Covid 19 in the communities continues to be of concern. We have made no changes to the guidance we expect colleagues to follow to ensure safety of patients and colleagues. At the time of writing we have a number of patients in our inpatient settings who have tested positive for Covid 19.
Most services are experiencing considerable pressures associated with, COVID outbreaks, increased acuity, workforce supply challenges, increased demand and heightened risks. I thank all our amazing colleagues for their phenomenal efforts in these circumstances on behalf of the Board.

I am deeply saddened to report the loss of one of our Liaison Psychiatry Team (LTP) managers to COVID, this has been a very upsetting and challenging time for colleagues and we send our deep felt condolences to her family.

2. PEOPLE & ORGANISATIONAL DEVELOPMENT

2.1 Staff Survey
As of 16th November, we are currently at 47.6% response rate. This is above the average response rates for similar Trusts (Mental Health and Learning Disability and Mental Health, Learning Disability and Community Trusts) which is 46.3%. 1952 staff have responded so far. This is already above the Trust's highest response rate.

We are continuing to communicate with all managers on a weekly basis and are encouraging Teams to reach the number 11 in terms of respondents. We have introduced incentive schemes giving colleagues the opportunity to win a £50 shopping voucher, plus team incentives, where they can win between £50 and £250 to fund health and wellbeing related initiatives, depending on team size.

Currently, ICCR have received responses from 53.2% of staff and Specialities 49%, which is very positive. We are doing some targeted work within Acute and Urgent Care to increase their uptake. There are still 3 teams in the Trust who have not submitted any response to date, so again some targeted work is underway with these teams to increase the uptake. The survey closes on 26th November and communications and engagement will increase during the final week.

2.2 Job Fare on 30th November – working with local communities in Erdington
The Recruitment Team is attending a Jobs Fair at St Barnabas Church in Erdington on the 30th of November. Working with the Community Engagement Team, we are planning to promote current vacancies in the locality to attract local people to local jobs. The focus will be on Healthcare Assistant roles for Wards with high levels of nursing vacancies.

2.3 ICS - "I can" programme launches on 22nd November 2021
As a system, we have pledged to deliver 100 entry-level job opportunities each year for 3 years for unemployed and young people from economically disadvantaged areas across Birmingham and Solihull.

Latest figures show over 120,000 residents in Birmingham and Solihull are still feeling the economic impact of the pandemic on employment:

- 30,860 additional people claiming universal credit since April 2020
- 41,800 people furloughed (furlough ends Sept. 2021)
- 47,600 people claiming self-employment income support (support ends Sept 2021)

The average unemployment rate in Birmingham and Solihull is just under 10%, and nearly 20% in some areas.

As a Trust, we are aiming to use the programme to promote our entry-level roles, using the pool of candidates available via the talent pool from high unemployment areas. This is a very exciting system-wide collaboration which will also streamline our recruitment processes to entry-level roles.

2.4 NHS Flex for the Future Programme

The Trust is participating in the NHS 'Flex for the Future' Programme with NHSE&I. This will play a key part in our Trust retention plan/s. Flexible working is a key enabler to attracting and retaining talent; it allows our people to balance commitments and interests outside work, supports their health and wellbeing and leads to a more positive experience of work and the workplace. We also know that it can be challenging to support different requests fairly and consistently in a 24-7 service environment.

At the end of the programme, we will have:

- A deeper level of flexible working knowledge and expertise
- An understanding of and practical ideas for gaining the support of key stakeholders in our organisation for flexible working
- A peer network to draw on with sharing of good practice and examples
- Our own tailored action plan to take forward meaning that we can continue positively on our flexible working journey as an organisation.

Although flexible working is more than just part time working, we know that in our Trust only 22% of our colleagues work part time and in some role groups it is significantly lower than that. We also know that many colleagues choose to leave us as they can access more flexible working options elsewhere.

One of the next steps is to invite key stakeholders to participate in the wider programme of work, in particular support and input from our Operational Leads.

2.5 Equality, Diversity and Inclusion (EDI) Update:

The last month has been focussed on exploring what our next steps look like in becoming an ant- racist anti discriminatory organisation. We have been engaging colleagues across the organisation, especially in relation to gathering further feedback from the Senior Leadership programme. Initial responses have suggested a need for wider organisational engagement.

Along this road of engagement many questions have been posed…what constitutes racism? What is anti-racism? Why are we only talking about race? What is allyship? Why white allies?

These questions have helped inform the EDI functions proposed offer in supporting our organisation in becoming truly anti racist and anti-discriminatory and what needs to happen next.

Strategically we have been mapping all the things that sit in different parts of the organisation that are critical in enabling this aspiration to become a reality.

In terms of next steps, our overall EDI approach will be shared later at todays Board meeting.

2.6 Parliamentary Vote on Mandating the COVID Vaccine For Staff in Healthcare

The Board is aware that this vote will be taking place in the coming weeks with a view, should it be agreed, to implementation in April 2022.
We have commenced work with our system colleagues in considering the potential legislation implications and to ensure our approaches will be aligned.
In the meantime some colleagues have expressed concern around the implications of such a directive, they are concerned about the impact that this will have on them. We have communicated our continued commitment to working in line with our values, offered support channels for anyone concerned to raise and discuss their concerns and will ensure that going forward that we take a careful and supportive approach to our communications and any associated implementation requirements. Our relevant Committees will receive assurance reports on this matter in the coming months.

3. CLINICAL SERVICES

3.1 Workforce Capacity – General

All our clinical services have continued to work above and beyond to ensure services are covered as safely as is possible. Absences have remained high. We have maintained the twice weekly Trust wide staffing huddles to ensure cross directorate consideration of safe staffing levels continues and each directorate holds their own staffing huddles on a daily basis.

3.2 Integrated Community Care & Recovery (ICCR)

Community mental health teams (CMHTs) continue to work under continued demand and capacity pressures. Following our local discussions we are pleased to see an increase in the face to face appointment offer, one of our Covid recovery objectives. Challenges remain in the CMHT medical work force as we have experienced difficulties to recruit to posts. Working with others, the clinical director is exploring alternative specialist focused roles based on pathways of care as described in our transformation model. This in the first instance will include clinical roles with particular focus on our collaborative work with our primary care colleges.

The Long Term Plan Community transformation programme is continuing. We will be commencing the launch of the new models of care in the south of the city. Recruitment continues to be challenging for both ARRs Mental health workers (Additional Reimbursed Roles) as well as roles that have been created to bolster the specialist CMHTs. A weekly communication is now under way with ‘transformation Tuesdays ‘updates as well as a monthly newsletter. We are exploring further communications channels and modes to support this work.

National standards in relation to Children and Young Peoples services now include the requirement for crisis team provision out of hours 7 days per week. This is currently a gap in our Solar service provision that we are working with system partners to develop a plan to put in place.

The Head of Nursing & AHP for ICCR has now been recruited to, with Elizabeth Thurling being the successful candidate, this role will be a welcomed addition to the ICCR leadership team

3.3 Specialties

Numbers of delayed discharges on our older adult wards have increased (currently 11 delayed discharges across a total of 71 beds) leading to additional delays for admissions to the wards. This has been escalated to ensure system support, there has been a very positive response to escalations with discharges expected over the coming weeks. We continue to work positively with our system partners who are supporting our bed flow challenges.

The directorate has managed the legal requirement that those of our colleagues required as part of their roles to enter care hones have been double vaccinated. Processes including to provide evidence are now in place to manage this and this requirement is not impacting on our ability to provide appropriate services to patients in care homes.

A new pilot approach to our service model has now started within the Memory Assessment Service (MAS) the aims of the pilot are to enhance dementia diagnosis and support pressures within MAS. We plan to review the pilot on an on going basis to measure its success and potential of it continuing.

We are involved in significant work across the Birmingham and Solihull (BSOL) system to develop an enhanced offer to increase numbers of people receiving treatment from Improving Access to Psychological Therapies (IAPT) services. This work is being overseen by the BSOL IAPT forum.

We are very pleased to have appointed to the new Head of Nursing/AHP role. The successful candidate is Tariro Nyarumbu, we wish Tariro congratulations and every success in this role.

3.4 Acute and Urgent Care

At present our male Psychiatric Intensive Care ward has a covid 19 outbreak. To ensure the ward is able to keep are staff safe and ensure adequate cover, the Mary Seacole site is now in an active bubble. Additional resources have been purchased in the form of personal games and activities for the service user, which they are supported to access whilst in their rooms and on the ward during the associated isolation period. We are also providing our colleagues with meal packs to ensure they have access to food during their long challenging shifts, which has had a positive impact on their wellbeing.

Over the recent weeks we have experienced an increase in demand from the BSOL system on our bed management team which is a key component of our urgent care pathway. Additional morning daily calls have gone into diaries to review each of our

service users in the UHB footprint, along with an early evening call. Directors on the on call rota are also joining a 21.00 call, which a focus on flow and exploring patient delays in accessing pathways of care and discharge.

The Urgent Care Centre still remains on track and due to be handed over on the 6th December. Plans have been developed with Forward Thinking Birmingham (FTB) for all services to be active in the new building by early January 2022.

The extended senior leadership away day took place on the 2nd of November, the day which included, Clinical Nurse Managers, Clinical Directors, Medical Clinical Leads and Matrons. It proved to be a very successful session in developing a collective vision for acute and urgent care, as well as the development of a team charter.

The first Acute and Urgent Care newsletter was delivered to wards at the beginning of November, the newsletter showcases the great work and teams across the directorate.

The first monthly Associate Director Teams drop in took place, staff attending took up opportunity to share their experiences and identify areas for improvement.

Our medical recruitment continues and we are pleased that a number of positions have now been offered, with provisional start dates set for the new year

3.5 Secure Care & Offender Health

Reaside and Hillis Lodge staffing has settled since the latter week of October. Shortfalls have been minimised with the help of additional payments and staff returning from leave.

The Tamarind site services are clinically very busy and bed occupancy is high. There has been a Covid outbreak on one of our wards which will be stood down towards the end of November and this has been effectively managed. The 94% staff vaccination rate in this area has supported reduced transmission of Covid between staff.

The Ardenleigh site services continue to have high clinical activity and demands on resource such as emergency external hospital visits requiring escort of 4. Ongoing challenges with regards to recruitment across all roles from B3 upwards.

All services participated in planned Black History Month events and these were positively received by staff and service users. We continue with planned events to enhance staff wellbeing and promoting ‘joy in work’.

With the FIRST team increasing face to face contacts and an increasing staff team presence challenges are being experienced with the building environment and a request has now been formally submitted to look at alternative accommodation for Pharmacy and the FIRST team.

The Liaison and Diversion service has had some recruit success and look forward welcoming new colleagues in early December. The service has been given the go ahead from Birmingham Magistrates Court to undertake face to face assessments; the Trust environmental risk assessments will be completed prior to restarting this.

At HMPrison Birmingham Covid vaccinations for service users continue from our Community Trust colleagues and we are taking a combined approach to flu vaccinations. The HMP Healthcare team are experiencing additional pressures due to the requirements of the current tender process for this service. The Executive team have met with the Manager and our business development team to consider and agree additional support during this period.

The psychology service has recruited 3 art psychotherapists to undertake a one year pilot to support the psychological offering at the Reaside and Tamarind sites and to the FIRST / Prosper service. The service has also recruited 3 band 7/8a psychologists into services.

4. QUALITY

4.1 Vaccinations

The Covid vaccination continues to be available for colleagues to access as a first and second dose. The system is now in place for all patient facing colleagues (including contractors) to book their booster vaccine via the national booking system. A gap of 6 months is required in between the 2nd and booster doses.

4.2 Flu

Flu vaccine clinics commenced within the trust on the 4th October and a schedule of planned clinics is available on Connect. This is also supplemented by local vaccinators providing roving clinics within their local teams.

4.3 CQC Inspection

Preparations continue in readiness for the upcoming CQC inspection. Senior Leaders have completed the well led evaluation that will be considered with the Trust Boards responses.

4.4 Outbreaks

At the time of writing this report there is an outbreak on Meadowcroft with 9 out of 10 service users testing positive. Colleagues continue to provide care with daily reviews on challenges and pressures.

5. SUSTAINABILITY

5.1 Finance

The Board will receive later in the meeting our financial report that will highlight the current financial position.

5.2 Integrated Care System

Our work with partners to establish arrangements for our Integrated care system in April 2022 continue as does our work with mental health provider colleagues in the West Midlands. The Board will receive later in the meeting an update report on these and our other work in partnership.

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6. NATIONAL ISSUES

7.1 NHS Providers on the day briefing: CQC's State of Care report 2020/21
The Care Quality Commission (CQC) has published its new State of Care report, The state of health care and adult social care in England 2020/21, setting out its annual assessment of the quality of health and social care in England over the past year. Our briefing summarises key points for trusts covering people's experiences of care, trusts' flexibility in responding to the COVID-19 pandemic, ongoing quality concerns and challenges for systems.

Full report can be downloaded here:
https://i.emlfiles4.com/cmpdoc/5/0/8/6/3/2/files/40796_otdb_state-of-care-report_oct-2021.pdf?utm_campaign=747954_NHS%20Providers%20on%20the%20day%20briefing%3A%20CQC%E2%80%99s%20State%20of%20Care%20report%202020%2F21&utm_medium=email&utm_source=NHS%20Providers%20%28Policy%20and%20networks%29&Organisation=Birmingham%20and%20Solihull%20Mental%20Health%20NHS%20Foundation%20Trust&dm_i=52PX,G14I,13C9QD,1UN6Y,1

7.2 NHS Providers- Mandatory vaccination for NHS staff must not be rushed
NHS Providers' chief executive, Chris Hopson, has made a statement about mandatory vaccinations for NHS staff, ahead of a possible government announcement this week. See below a summary of his comments:

"Our survey of trust leaders indicates a small majority would back mandatory staff vaccination but it's important to remember there are two risks to manage here.

It's not just about avoiding cross infection by unvaccinated NHS staff. It's also about the potential loss of those staff who don't take the vaccine when the service is already under huge pressure and carrying 93,000 vacancies. Our survey showed over 90% of trust leaders are concerned about the potential for additional staffing gaps in both the NHS and social care should a requirement be introduced.

Trusts have worked hard to encourage staff uptake, which is significantly higher than for the wider population, but there are some groups where take up rates are lower.

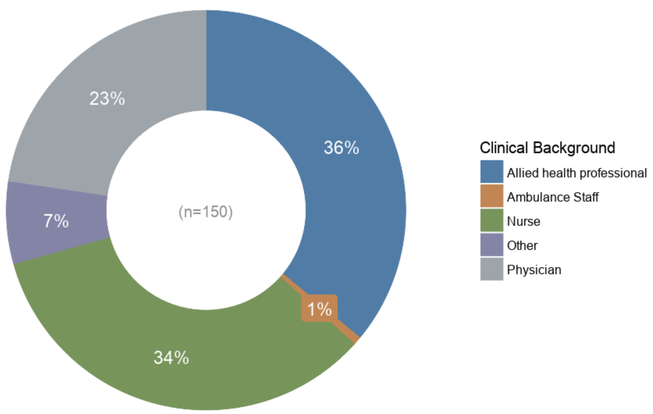
If we do it with careful thought the introduction of mandatory vaccination does potentially provide a prompt to have further conversations with those who, for a number of reasons, are vaccine hesitant but the government must recognise the risk of losing unvaccinated frontline staff and support efforts to maximise voluntary take up first.''

ROISIN FALLON-WILLIAMS
CHIEF EXECUTIVE

KLAS | Arch Collaborative

BIRMINGHAM AND SOLIHULL MENTAL HEALTH NHS FOUNDATION TRUST: Personalised Dashboard

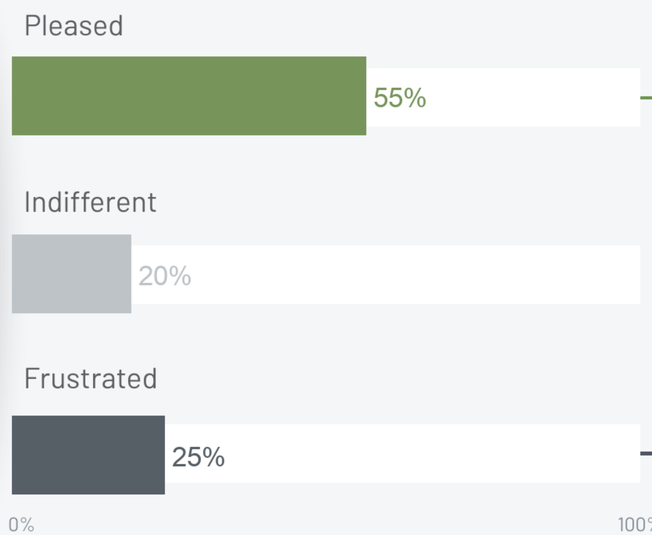
Respondent Clinical Background



Net EPR Experience Score

30.4

41st Percentile**



EPR Satisfaction Drivers	NHS Percentile	International Percentile
Is Reliable	92nd	57th
Has Needed Internal Integration	86th	35th
Has Fast System Response Time	85th	51st
Has Needed Functionality	83rd	50th

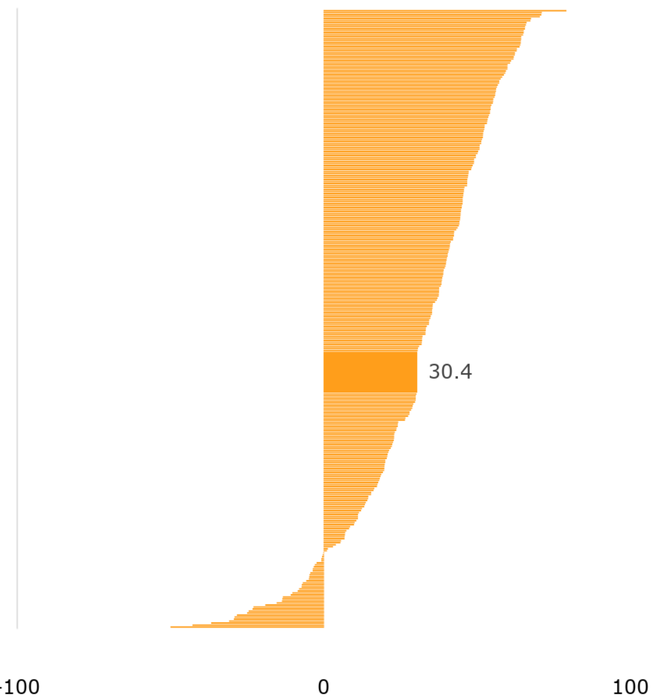
EPR Dissatisfaction Drivers	NHS Percentile	International Percentile
Has Needed External Integration	58th	19th
Alerts Prevent Mistakes	59th	12th
Enables Efficiency	68th	61st
Enables Patient-Centered Care	76th	54th

Keys to Success

	Metrics	NHS Percentile	International Percentile
Strong User Mastery *I am confident in my ability to use this EPR effectively and efficiently.*	Ongoing Training/ Education Is Sufficient	57th	15th
	Initial EPR Training/ Education Prepared Me Well	87th	50th
Shared Ownership *I feel that I have the ability to influence the team that shapes this EPR. My voice is heard, and I am seeing progress as we shape this into a successful solution.*	EPR Supplier Has Designed a High-Quality EPR	79th	31st
	User Has Learned EPR Well	74th	43rd
	Organization Leadership/ IT Has Implemented and Supports EPR Well	86th	32nd
EPR Meets Unique Needs *We have gotten this EPR to a great place where it meets my specific needs. I have dedicated time to personalising the system.*	Personalisation Use	44th	4th

Net EPR Experience

All Clinicians



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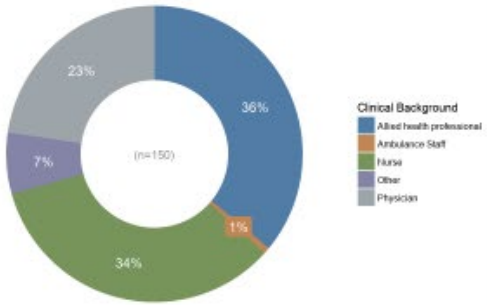
**Percentile definition: an overall ranking compared to others in a comparative group. For example, if a score falls in the 30th percentile, 30% of all other scores fall below your score.

KLAS | Arch Collaborative

BIRMINGHAM AND SOLIHULL MENTAL HEALTH NHS FOUNDATION TRUST: Personalised Dashboard

Respondent Clinical Background



Net EPR Experience Score

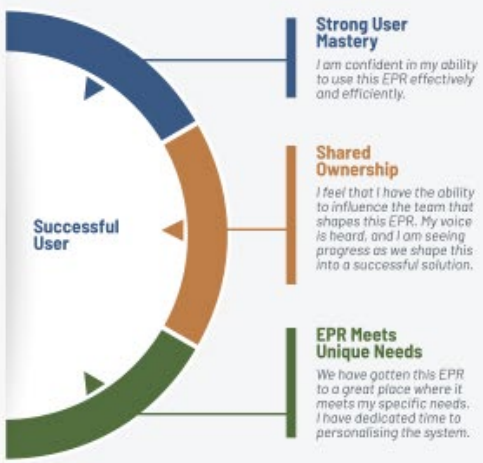
30.4

41st Percentile**

EPR Satisfaction Drivers	NHS Percentile	International Percentile
Is Reliable	92nd	57th
Has Needed Internal Integration	86th	35th
Has Fast System Response Time	85th	51st
Has Needed Functionality	83rd	50th

EPR Dissatisfaction Drivers	NHS Percentile	International Percentile
Has Needed External Integration	58th	19th
Alerts Prevent Mistakes	59th	12th
Enables Efficiency	68th	61st
Enables Patient-Centered Care	76th	54th

Keys to Success



Strong User Mastery

I am confident in my ability to use this EPR effectively and efficiently.

Shared Ownership

I feel that I have the ability to influence the team that shapes this EPR. My voice is heard, and I am seeing progress as we shape this into a successful solution.

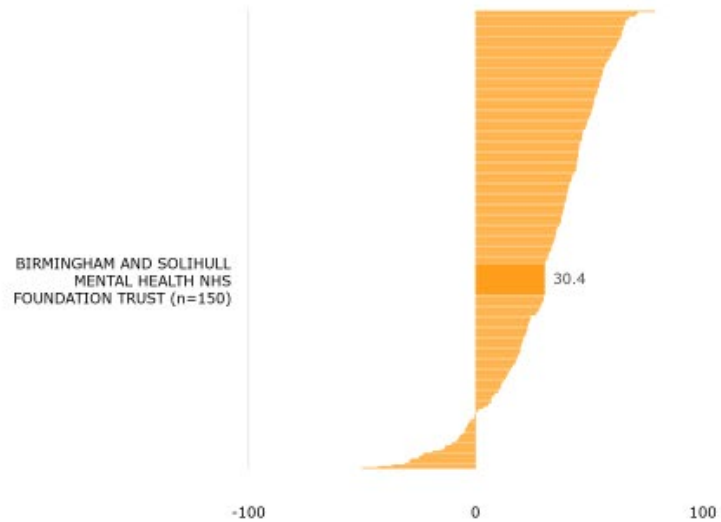
EPR Meets Unique Needs

We have gotten this EPR to a great place where it meets my specific needs. I have dedicated time to personalising the system.

Metrics	NHS Percentile	International Percentile
Ongoing Training/ Education Is Sufficient	57th	15th
Initial EPR Training/ Education Prepared Me Well	87th	50th
EPR Supplier Has Designed a High-Quality EPR	79th	31st
User Has Learned EPR Well	74th	43rd
Organization Leadership/ IT Has Implemented and Supports EPR Well	86th	32nd
Personalisation Use	44th	4th

Net EPR Experience

All Clinicians



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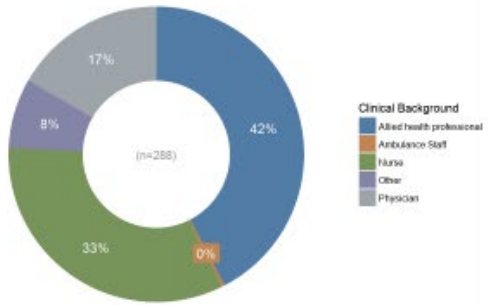
KLAS | Arch Collaborative

CUMBRIA, NORTHUMBERLAND, TYNE AND WEAR NHS FOUNDATION TRUST: Personalised Dashboard

Respondent Clinical Background



Net EPR Experience Score

13.4

22nd Percentile**

EPR Satisfaction Drivers	NHS Percentile	International Percentile
Has Needed Internal Integration	87th	37th
Has Needed Functionality	65th	25th
Has Needed External Integration	61st	19th
Has Fast System Response Time	59th	29th

EPR Dissatisfaction Drivers	NHS Percentile	International Percentile
Enables Efficiency	38th	26th
Enables Quality Care	43rd	24th
Alerts Prevent Mistakes	44th	8th
Is Easy to Learn	47th	38th

Keys to Success

Strong User Mastery

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Shared Ownership

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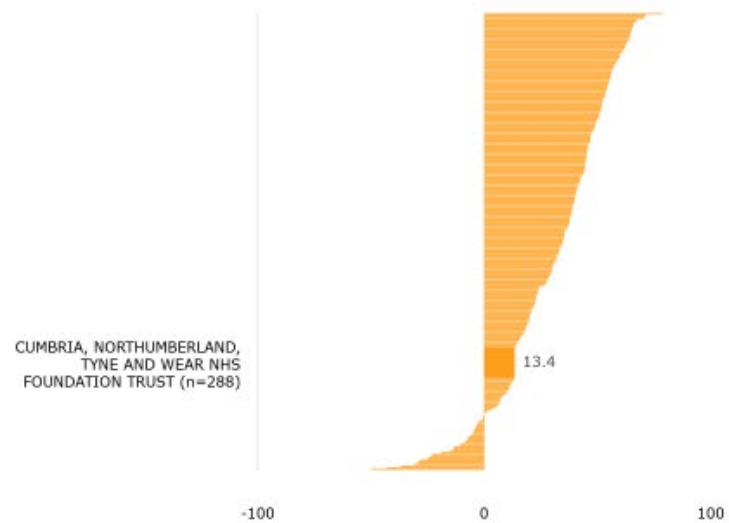
EPR Meets Unique Needs

We have gotten this EPR to a great place where it meets my specific needs. I have dedicated time to personalising the system.

Metrics	NHS Percentile	International Percentile
Ongoing Training/ Education is Sufficient	50th	13th
Initial EPR Training/ Education Prepared Me Well	73rd	29th
EPR Supplier Has Designed a High-Quality EPR	56th	19th
User Has Learned EPR Well	40th	12th
Organization Leadership/ IT Has Implemented and Supports EPR Well	74th	19th
Personalisation Use	67th	6th

Net EPR Experience

All Clinicians



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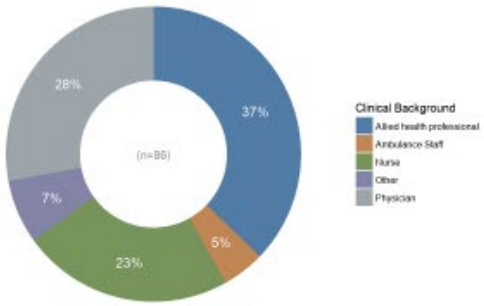
KLAS | Arch Collaborative

SOUTH LONDON AND MAUDSLEY NHS FOUNDATION TRUST: Personalised Dashboard

Respondent Clinical Background

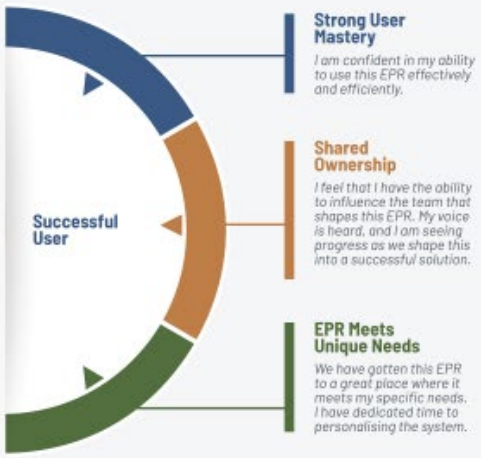


Net EPR Experience Score

-20

4th Percentile**

Keys to Success



Strong User Mastery

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Shared Ownership

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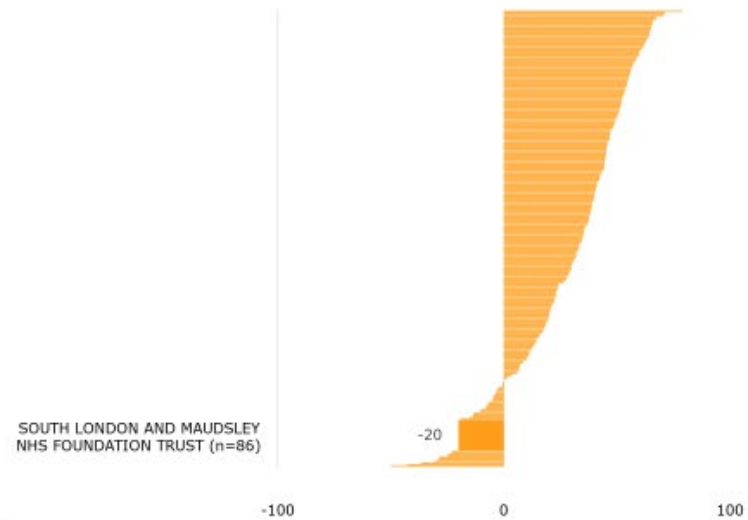
EPR Meets Unique Needs

We have gotten this EPR to a great place where it meets my specific needs. I have dedicated time to personalising the system.

Metrics	NHS Percentile	International Percentile
Ongoing Training/ Education Is Sufficient	14th	2nd
Initial EPR Training/ Education Prepared Me Well	9th	1st
EPR Supplier Has Designed a High-Quality EPR	9th	2nd
User Has Learned EPR Well	12th	5th
Organization Leadership/ IT Has Implemented and Supports EPR Well	19th	1st
Personalisation Use	32nd	2nd

Net EPR Experience

All Clinicians



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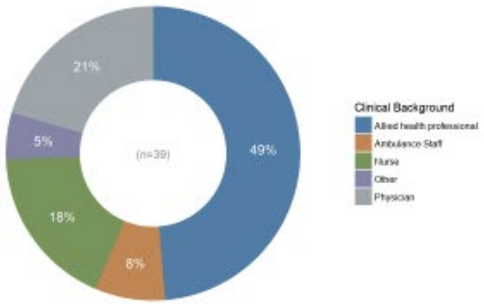
KLAS | Arch Collaborative

LANCASHIRE & SOUTH CUMBRIA NHS FOUNDATION TRUST: Personalised Dashboard

Respondent Clinical Background



Net EPR Experience Score

-9.4

7th Percentile**

Keys to Success

Strong User Mastery

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Shared Ownership

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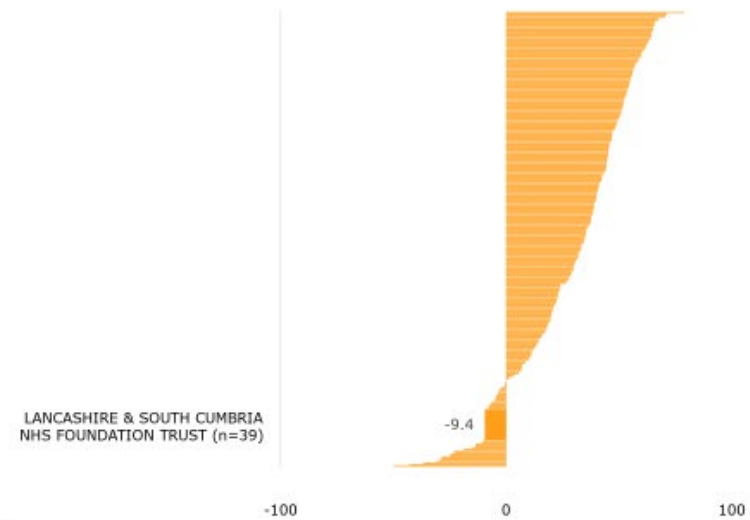
EPR Meets Unique Needs

We have gotten this EPR to a great place where it meets my specific needs. I have dedicated time to personalising the system.

Metrics	NHS Percentile	International Percentile
Ongoing Training/ Education Is Sufficient	29th	3rd
Initial EPR Training/ Education Prepared Me Well	34th	12th
EPR Supplier Has Designed a High-Quality EPR	31st	14th
User Has Learned EPR Well	33rd	8th
Organization Leadership/ IT Has Implemented and Supports EPR Well	32nd	3rd
Personalisation Use	53rd	3rd

Net EPR Experience

All Clinicians



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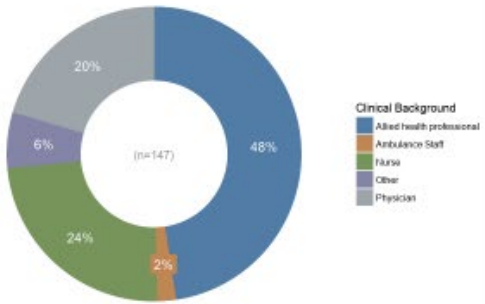
KLAS | Arch Collaborative

SOUTH WEST LONDON AND ST GEORGE'S MENTAL HEALTH NHS TRUST: Personalised Dashboard

Respondent Clinical Background



Net EPR Experience Score

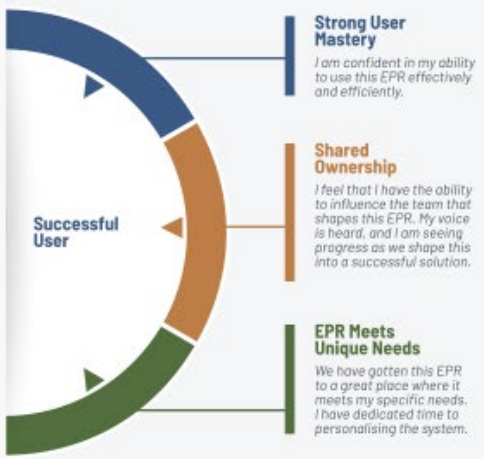
9.8

18th Percentile**

EPR Satisfaction Drivers	NHS Percentile	International Percentile
Is Reliable	70th	27th
Has Needed Internal Integration	68th	24th
Enables Patient Safety	66th	15th
Is Easy to Learn	62nd	61st

EPR Dissatisfaction Drivers	NHS Percentile	International Percentile
Alerts Prevent Mistakes	22nd	3rd
Has Needed External Integration	40th	10th
Enables Quality Care	44th	24th
Enables Patient-Centered Care	50th	16th

Keys to Success



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Shared Ownership

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EPR Meets Unique Needs

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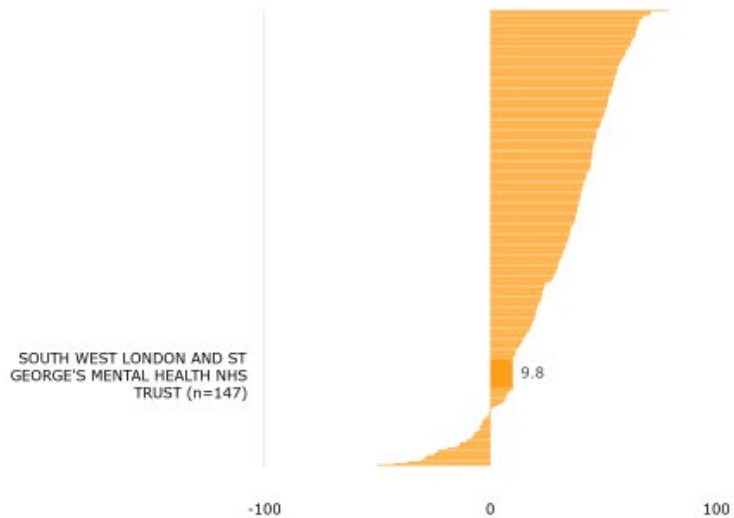
Metrics	NHS Percentile	International Percentile
Ongoing Training/ Education Is Sufficient	42nd	10th
Initial EPR Training/ Education Prepared Me Well	72nd	29th
EPR Supplier Has Designed a High-Quality EPR	58th	19th
User Has Learned EPR Well	49th	16th
Organization Leadership/ IT Has Implemented and Supports EPR Well	65th	12th
Personalisation Use	48th	3rd

Net EPR Experience

All Clinicians



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Birmingham and Solihull Mental Health NHS Foundation Trust

Meeting	**BOARD OF DIRECTORS**
Agenda item	**7**
Paper title	**CHAIR'S ASSURANCE REPORT FROM THE INTEGRATED QUALITY COMMITTEE**
Date	17 November 2021
Author	P Gayle - Non-Executive Director and Deputy Chair of Committee
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 IQC met on 17 November 2021. The attached Assurance Report is provided by the Committee Chair for the attention of the Trust Board.

Reason for consideration

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

Strategic objectives

Quality

Financial implications

Nonspecific.

Risks

Nonspecific.

Equality impact

Nonspecific.

Our values

Committed
Compassionate
Inclusive

CHAIR'S ASSURANCE REPORT FROM IQC

1. ISSUES TO HIGHLIGHT TO THE BOARD

1.1 CQC Section 131 Improvement Plan Report

The monthly submission was successfully followed by a meeting with the CQC on 10 November 2021 where no concerns were raised or escalated. The committee were assured ligature works are underway across sites with several complete following installations. Estates and facilities are working closely with service areas on 3–5-year programme of works with costings to be confirmed that will ensure all major works can been completed. Safety huddles continue with a robust escalation process in place. MDT audits have sustained with 8 out of 13 improved.

Chair's assurance comments:

The committee were assured that CQC had no concerns to raise or escalate and the improvement plan has progressed well. We were informed to sustain the improvements made we need the local leadership and senior leadership attention to it to ensure the shift we have made is maintained. We were informed about the safety huddles which are clearly helpful recognising it is also about driving up the quality. The committee is seen evidence of progress but cant be assured this is sustainable progress and we will need to continue giving this close focus but appreciate the focus so far.

1.2 Preparation for CQC Well-Led Inspection

The committee were informed that the lead CQC inspector will join teams at ward manager meetings to provide oversight of expectations and the communications team will support the divisions going forward.

1:1 preparation interview offers to colleagues have been well received.

Compliance teams continue to work with wards and teams with a multi-teered approach.

Following the well- led development session at Trust Board in October 2021 the self-evaluation has been circulated to the senior leader's team for completion with reflections being considered.

Chair's assurance comments:

The committee were assured that preparations are in place with the CQC and the CQC preparation steering group met last week. We were informed the compliance team have had several meetings with ward managers and individual ward teams to prepare them for the inspection and what to look out for and there is a multi-tiered approach to preparing individuals across the organization with regards to expectations and how we can get the best from this.

1.3 Responding to COVID

The Committee received a verbal update noting there are currently five outbreaks across the Trust with Meadowcroft having 9 out of 10 service users reporting COVID positive.

The challenging behaviours at Meadowcroft were noted with staff from Mary Seacole being bubbled to support the additional pressures.

A suggestion for from a consultant colleague around enhance PPE in the form of FFP3 masks Sarah informed the committee as the DIPC we should be flowing national guidance which is fluid resistance surgical masks at the present time. FFP3 masks are not national guidance and choosing this route would set a precedent throughout the organization and we would not be able to maintain the stock of FFP3 masks and we would be outside national guidance. This request has been declined.

The committee were appraised of the proposal for ventilation and ultraviolet lights. A full review into sites will inform the committee of the need for these across sites.

Chair's assurance comments:
We were assured that we are responding effectively to the five Covid outbreaks that have occurred across the Trust and the correct process and procedures have been implemented. The committee were informed on the Covid themed review that was completed Sarah has requested for this to be refreshed which will take place early in the 2022. This will come to IQC first before going to the Board.

1.4 SI Escalation

The committee noted the death of a service user at Dan Mooney, the MDT process will support both staff and family members. The cause of death is to be confirmed. Internal investigations are underway.

Key learning from closed incidents is being reviewed and will feed into the collaborative work going forward.

Chair's assurance comments:
The committee looks forward to receiving updates and further analysis of the themes identified in these incidents, how they link to existing QI projects and workstreams and also receiving a detailed paper on predictive analytics and how these will all combine to lead to a positive impact on care pathways

1.5 Learning from Deaths Report

Dr R Rowe was in attendance at the meeting and confirmed that our Learning from Deaths (LFD) is firmly embedded as a priority across BSMHFT, ensuring full adherence to the National Quality Board (NQB) Learning from Deaths framework. It was confirmed along with a summary of thematic learning identified during investigation into these cases, including our initial work exploring health inequalities, which is a central part of our strategic aims within the LFD group. Within the last quarter, 18 cases have been reviewed- of these, 10 were Serious Incident reviews (SI reviews) and 8 were Mortality Case Note reviews (MCNRs). None were considered to have involved an avoidable cause of death.

Chair's assurance comments:
The committee were concerned the report highlighted that poor care were a factor in a few cause of death, although there no association with a team or a service area point of view. We were assured that the lead person collating the data does attend the patient safety team and can flag any concerns as a possible SI. We received partial assurance regarding non coronial deaths requiring the medical examiner. The committee will be updated on progress of this in the next report.

1.5 Integrated Quality Report including quality and patient experience metrics

Key performance indicators and priorities for quality were presented and discussed. The committee were assured going forward the data will be used to inform run charts in line with QI. The Trust is operating within the context of a continuing pandemic, the long term physical and mental health consequences of which areas yet unclear. Demand is at an unprecedented level, with services

facing backlogs in access and acuity challenges across the board. There is a national shortage of healthcare professionals across professional groups, the resolution of which is a long term one.

Chair's assurance comments:
The committee noted despite these challenges for our services, our staff continue to strive to deliver safe care and a positive service user experience. There have been some significant improvements delivered both through structured projects and local incremental changes through feedback and individual reflection. The committee informed that a thematic review on community suicide will take place in 2022 and refresh of the suicide prevention strategy and the committee will track progress on this. The committee requested that the information should be reflected in SPC charts rather than a run rate to inform the committees discussion and make it more meaningful.

1.6 Risk register review

The committee were appraised of the risks associated with the committee noting Of the 27 live (non-BAF risks) the top three themes are:

1. Estates (8 risks) – made up of; seclusion access (4), ligature risks (2), and capital funding (2)
2. Staffing availability (6 risks) – made up of shortfalls and vacancies across a range of professional groups
3. Increase in demand (5 risks) – where demand has increased to unsustainable levels.

Whilst the BAF is largely aligned to these broad themes it could be further strengthened by the following:

1. Quality and Safety – a specific reflection of the rise in demand across services (new BAF risk)
2. People – focus on workforce availability across professional groups, it is not sufficient to simply try to recruit to vacancies as the workforce is not available either regionally or nationally to fill this (refocus BAF risk)
3. Sustainability – given the driving need for capital works to focus on safety of clinical environments it is recommended that this BAF risk is realigned to FPP4 – Caring for Environment (Safety and Quality of Therapeutic Environment)

Chair's assurance comments:
The committee noted the recommendations and will continue to review the risks scores particularly has some areas such as acute care is rated high, and the committee were not totally assured that the risk score was correct. However, a meeting had been convened for this week regarding the BAF and the risk scoring.

1.7 Hot topics- Name of Committee

The committee approved the recommendation for the name of the committee to be changed to Quality, Patient Experience & Safety Committee.

Birmingham and Solihull Mental Health NHS Foundation Trust

Meeting	**BOARD OF DIRECTORS**
Agenda item	**8**
Paper title	**CHAIR'S ASSURANCE REPORT FROM THE PEOPLE COMMITTEE**
Date	24 November 2021
Author	P. Gayle - Non-Executive Director and Deputy 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 17 November 2021. The attached Assurance Report is provided by the Committee Chair for the attention of the Trust Board.
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
People
Financial implications
Non specific.
Risks
Detailed within the report
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 Workforce KPIs

The Committee received a comprehensive pack detailing the performance against the key performance indicators for Quarter 2, 2021/2022.

The key areas for escalation included vacancy rates continuing to be above KPI and there were significant vacancies for band 5 nurses in the Trust. Although still below the KPI, there was a slow increase in the turnover rate which needed to continue to be monitored.

The Committee was informed that there were concerns around the extremely low numbers of teams who were approving rosters in the 42-day deadline. For Quarter 2, only 1 ward achieved the target and on average rosters were only approved 3 days in advance and the chair raised this as a concern. The challenges regarding the approval of rosters included the shortages of staff to fill vacancies. Roster approval sat within the E-rostering programme and staff would be given further support from the corporate team to ensure rosters were issued timely. Within Quarter 2 there had been a drop in bank and agency fill rates although the number of bank shifts requested had hugely increased over the last 12 months.

The appraisal rate was below the CCG target of 85% and had been for the duration of Quarter 2. The reasons were due to the impact of COVID and sickness levels and it was reported that the new process would ensure that all appraisals were recorded electronically, and managers would be supported to ensure appraisals were undertaken and recorded appropriately.

The core leadership programme was one of the training programmes which were stepped down due to operational pressures. There was significant DNA on the training programmes due to care priorities. Moving forward the training would be refreshed, and staff booked on courses and targets would be agreed.

In relation to fundamental training overall compliance, it was reported that under the Chief Executive heading, Board Members were outstanding with their training and were therefore being contacted individually to ensure this was completed as soon as possible.

With regards to TSS, there were specific training elements being focused on. These included Information Governance and Emergency Life Support (ELS) which had been agreed from a safety aspect and letters had been sent to TSS colleagues to stating the importance of the training and also deployment onto specific areas would be restricted if training has not been booked by end of November 2021.

Discussions took place regarding non-completion of demographics or declaring of ethnicity by senior staff of band 8a and above and the Committee was informed that work would be undertaken through communications to staff to declare their

protected characteristics. The reason was to ensure the Trust could make informed workforce decisions and support staff appropriately.

The system People Board had been reviewing data that included WRES and WDES data and levels of sickness, and had used the data to consider the areas of focus which included 13 planned pieces of work. The Group was looking to increase the level of leadership from across the organisations to undertake this work jointly.

The move to SPC charts was discussed with HR team working with analysists to progress moving to SPC charts in the future and the committee welcomed this and look forward to the reports moving to this form of presentation of the data.

There were concerns raised regarding compliance with safeguarding training and in particular children safeguarding with the Committee being informed this was being monitored and actioned through the Safeguarding Management Board which holds divisions to account on their safeguarding training. The committee were in formed that our safeguarding team are providing bespoke support to challenged departments and the committee will receive assurance as the Safeguarding Board progress the action plans.

It was reported that the Temporary Staffing reduction Group was reviewing increases in bank and agency spend. The Trust spend in temporary workforce has increased since April 2021 due to increase in operational pressures. The working group will continue to explore opportunities to reduce our reliance on temporary staffing and report the financial challenges through the Sustainability Board.

Chair's assurance comments:
The Committee was presented with the key performance indicators for quarter 2 which provided a significant amount of detail and some assurance on all areas of workforce performance. I was assured of the actions being taken in a number of areas and that managers were focused on the key areas. However, the committee still have concerns around sickness levels remaining high and the reasons for sick leave. Appraisal rate was also a concern for the committee, and we were not fully assured that managers were recording this appropriately, therefore, affecting the figures although assurance was given that managers would be supported to do this.

1.2 Report from the Shaping Our Future Workforce Sub Committee

The Committee received a report to provide assurance on the work being undertaken by the Shaping Our Future Workforce Sub Committee. This included the monitoring of the work being undertaken as part of the implementation of the People Strategic Priorities and Implementation plan. It was reported that there would be a launch of the refreshed regular management supervision and Annual Development process in Quarter 4 of 2022.

A new appraisal template had been approved and this would be tested via the ESR platform. A target date of June 2022 to launch a framework to support clinical and non-clinical skills development. This work will commence in January 2022 when the Core Fundamental and Professional Training Manager is in post. The committee were informed they would be utilising Quality Improvement methodology to develop this initiative.

The core skills training matrix would be developed to take into account the knowledge, skills and competencies required for job roles.

A report was received which detailed that Health Education England had allocated funding to all BSol NHS Trusts allowing them to increase their AHP leadership capacity to work with the wider ICS and region in developing the AHP workforce. This was in line with the aspirations of the Long-Term Plan and was aligned with both the People Strategy and the AHP Strategic Priorities for 2022-2023. The project would run from October 2021 to March 2022

Psychological Professionals Workforce Development

Dr Kalsy-Lillico informed the Committee that the Mental Health Implementation Plan indicated an additional 8,140 WTE psychological professionals would be required in post by 2023/2024. To support the delivery of this workforce expansion, Health Education England (HEE) was investing additional 2021/2022 Spending Review funding this year in three workforce development opportunities for the psychological professions.

HEE had also supported the expansion of the Clinical Psychology workforce by expanding training commissions on average by 25% across UK. The Trust hosts the employment for these commissions on behalf of BSol.

Chair's assurance comments
The committee were pleased to hear BSol NHS Trust have received dedicated allotted HEE funding specifically to increase AHP leadership capacity to work with the wider ICS and region in developing the AHP workforce.

1.5 Report from Transforming Our Culture and Staff Experience

It was reported that there was a sense of willingness in the group to make a difference and engage. At the last meeting there was a key focus on the quarterly KPIs and the WRES EDI plans.
The subgroup received a report on guidance for Managers supporting staff experiencing Domestic Violence which had been developed through the pandemic. The signposting for support was also welcomed by the Sub-group as an accessible means for both team managers and other colleagues access safe ways to seek guidance and support. In Quarter 2, 41% of appointments offers were to Black Asian and Minority Ethnic applicants. This is a slight reduction from Quarter 1 where the figure was 48%. Quarter 4 of 2020/21 was 38% and the organization had introduced new guidance for interview panels in May 2021. The trend will continue to be monitored by the committee on a quarterly basis.

Chair's assurance comments
The committee had concerns with regards to the national Workforce Race Equality standards and Workforce Disability Standards data which shows that there had been little improvement within our Trust against these standards. The Trust is still showing a disproportionate amount of BAME colleagues who were subject to suspension and restrictions. We were also concerned about the reduction in Q2 from Q1 in appointments being offered to BAME applicants. The committee were informed a new criteria for interview panels has been introduced across the organisation. It was also disappointing that there had been a reduction in Q2 in offers to applicants who declared a disability. Therefore, based on this data I was not assured that sufficient progress has been made with regards WRES/WDES EDI plans and I and the committee look forward to further progress reports on this important area of work.

1.6 Reaside Culture Deep Dive Report

Dr Tom Clark attended the meeting and presented with a report and action plan relating to the detailed findings regarding the culture deep dive involving Reaside and Hillis Lodge staff. The action plan was extremely helpful which was spilt into five domains and detailed the concerns raised by staff. There were clear measures relating to behaviour which could be addressed. There had been several feedback meetings involving the staff groups widely and smaller senior staff groups along with discipline specific feedback meetings. The senior team at Reaside were meeting weekly to commence with the implementation of the action plan. The Transforming Our Culture and Staff Experience subgroup will maintain oversight of this work on behalf of the committee.

Chair's assurance comments
As Chair, I was pleased to see that this was an extensive document and report which was necessary and hoped that this was the start of seeing change within Reaside and Hillis Lodge. The committee was also pleased to hear that initial feedback from staff was that they felt they now had a voice to address change. However, we recognised this could be replicated in other areas within the Trust to bring about sustained change and staff engagement.

1.7 People Strategy implementation Update

The Committee received the outline of the implementation plan for the People Strategic. This sets out the delivery priorities for year 1 and year 2 of the Strategy. The Committee will receive assurance of delivery through the subgroup reports.

Chair's assurance comments
We were informed that the leads were being held to account for the delivery of the implementation plan and project plans have been developed which covers up to the period 2023. We were informed and assured that confirm and challenge is held fortnightly with all of the leads on their delivery. Following this it is their intention that a monthly reporting cycle will go to the subgroups and the People Committee with regards to delivery, highlighting any blockages where support is required for unblocking. The committee were pleased to see that all of the activities had been mapped out. A further report will be produced for the people Committee December meeting. We were assured on the progress made to date and commended Mandy and the team for the work that they had done.

1.8 Entry Level Roles Update

The report outlined the business case for the Trust to participate in The Prince's Trust health and social care programme to improve access for young people (aged 16 – 30) to entry level roles and apprenticeships into care roles over the next four years. The programme was jointly funded by the Department of Health and Social Care and the Prince's Trust.

It was proposed that the Trust participate in the programme to offer 12 month fixed employment opportunities for 75 local young people aged between 16 – 30 years old.

Chair's assurance comments
The committee were informed that we were looking at developing the support and

there is funding identified to support this. This aligns with the 100-job campaign from a systems perspective and how we use apprenticeships. We are now entering a formal arrangement with the Prince's Trust. The committee were assured that progress had been made.

1.9 Developing Band 2 – 4 Staff Charter

The Committee was presented with a report which highlighted progress made against plans to improve the staff experience and developmental opportunities for staff employed in Band 2 – 4 roles. In June 2021, 331 staff participated in a bespoke staff survey in order to better understand the staff experiences and professional development requirements of staff employed in bands 2 – 4.

Chair's assurance comments
The committee were pleased to see the progress in producing a staff charter but requested if we can move away from using the banding to describe what type of charter it is and possible use colleague of just staff charter.

1.10 ICS Workforce Update

A report was provided detailing the key developments within the BSol ICS mental health workforce arena. It was reported that NHS England and NHS Improvement led a system wide session to discuss the Mental Health Workforce Development Plan for BSol. Initial indications were that the meeting went well and the formal assessment was awaited.

The BSol ICS Mental Health Workforce Steering Group met in October 2021 with a key outcome of the meeting to work on an innovative idea to reduce mental health workforce vacancies within the system.

The Committee was informed that a bid for £7.5m had been submitted to the BSol Board to recruit up to 500 nurses and midwives to the acute sector in the region via a Talent Acquisition Hub (TAH). The ICS Workforce Lead agreed for this to be discussed at the People Board with the intention of securing system wide buy-in to enable the TAH development activities to begin.

Chair's assurance comments
It was really pleasing to note the work being undertaken by BSol regarding mental health workforce development and strategic planning.

1.11 Transforming the Culture of TSS

A report was received to provide assurance to the Committee on the progress being made in transforming the culture of bank workers. It was noted that bank workers took part on a bespoke staff survey earlier in the year with a total of 20% of bank workers responding. The key themes identified included a lack of support and supervision, a lack of professional respect and ineffective communication.

It was reported that the Learning & Development Team had developed a comprehensive training offer to bank workers which includes a revised induction programme. The Trust has recruited a Clinical Supervisor for bank workers to provide clinical input and the Trust would systematically engage with all bank workers by the roll-out of specific and periodic internal communications.

The report was received and noted.

Chair's assurance comments
The committee were assured that progress had been made in transforming the culture of bank workers and look forward to hearing how further work is progressing.

1.12 Risk Register Review

The report had been prepared by Rob Grant to provide an update on the key risks facing Trust Services. There are 27 open risks rated 15 or above. The report detailed that all people related risks show a good level of alignment to recruitment and retention. However, those non-BAF risks largely identify that whilst there may be cultural factors in attracting and retaining staff, there is a wider problem of workforce availability across a range of professional groups. The national availability issue is not identified in the BAF risk and therefore may need some adjustment to ensure the correct solutions are sought.

It was reported that the alignment between risks within the risk register and the BAF is largely reflective, however the BAF doesn't always recognise the extent to which the risks cover a breadth of services.

Chair's assurance comments

The Committee was assured of the work being undertaken to ensure the high level corporate risks, scored 15 and above, were reflected within the Board Assurance Framework.

1.13 Terms of Reference

The Terms of Reference were reviewed and are attached for formal **approval** by the Board of Directors.

1.14 Additional Areas of discussion

Covid-19 Mandatory Vaccine
The committee was informed that the organisation continues to encourage and support individuals to increase vaccination uptake. Key messages are being disseminated through the weekly bulletins regarding the changes in national policy. Further guidance will be available in the coming weeks and the workforce and communications team will be working together to ensure robust communication and engagement. It was acknowledged that some of our staff will have some significant concerns regarding the changes in national policy and support will be in place. A system approach to implementation of the national policy is also being developed, including understanding the likely impact of the changes.

Staff Side Engagement
The chair informed the committee that he is looking to strengthen the way our People Committee links with our staff side colleagues. It was agreed that a meeting is setup between the chair and the staff side chair to progress this work.

Birmingham and Solihull Mental Health NHS Foundation Trust

Meeting	**BOARD OF DIRECTORS**
Agenda item	**9**
Paper title	**THE EQUALITY, DIVERSITY, AND INCLUSION APPROACH VALUE ME TO REDUCE INEQUALITY**
Date	24th November 2021
Author	Jas Kaur, Head of Equality, Diversity and Inclusion
Executive sponsor	Hilary Grant, Executive Medical Director and Patrick Nyarumbu, Executive Director of People, Strategy and Partnerships

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

Executive summary & Recommendations:

This document outlines the proposed approach and priorities for taking forward Equality, Diversity, and Inclusion across our Trust. This includes the imperative progression of how we grow our infrastructure on becoming a anti racist, anti-discriminatory organisation.

The proposed approach sets to bring parity between colleague and service user voice, experience, and outcome.

Year 1 priorities requesting support are:

- Develop and implement an organisational anti racism, anti-discrimination policy
- Data with Dignity Roadshow across service and professional groups
- Refresh the Equality Impact Assessment process and application
- Building leadership capability and confidence in reducing inequality focusing on governance
- Inequalities data reporting

Immediate support is requested to:

- Support, approve and advocate this approach
- Support from the Board in building the governance infrastructure
- Clear and regular messaging of expectation, accountability, and consequence.
- Support, approve and advocate priorities
- Establishment of a community stakeholder collaborative
- Co-produced/Co-delivered PCREF presentation to Board
- Revisit ESR data reporting and self-declaration for Board colleagues

Reason for consideration:

To launch new approach and set the direction for equality, diversity and inclusion across the

Trust.

Previous consideration of report by:

None

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

Select Strategic Priority

All strategic priorities as reducing inequality is a theme throughout.

Financial Implications *(detail any financial implications)*

Associated with the People Strategic priority implementation plan

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

P1: Transforming Culture: The Trust fails to develop an inclusive and compassionate working environment, resulting in: poorer quality patient service, reduced productivity, increased recruitment costs, increased legal costs, increased regulatory scrutiny, intervention and enforcement action, increased levels of sickness absence, unacceptable workforce retention, failure to attract talent, demotivated workforce, absence of value-led culture.
P2: High Performing Workforce: The Trust fails to deliver its ambition to transform the culture and sponsor, implement, support, and monitor a multidisciplinary values-based leadership framework developing the right capabilities, resulting in: an unhealthy and poor leadership, an underperforming workforce, sustained patterns of inequality and discrimination, high turnover, non-compliant behaviours, Employee Relations cases.
P3: Communication, inclusion and wellbeing: The Trust fails to engage effectively with its workforce through a dynamic, sustainable internal and external communication plan, resulting in: diminished knowledge and education to make and take the right decisions, reduced productivity, confusion, fear of safety to speak up, poor employer brand, non-compliant behaviours.

Equality impact assessments:

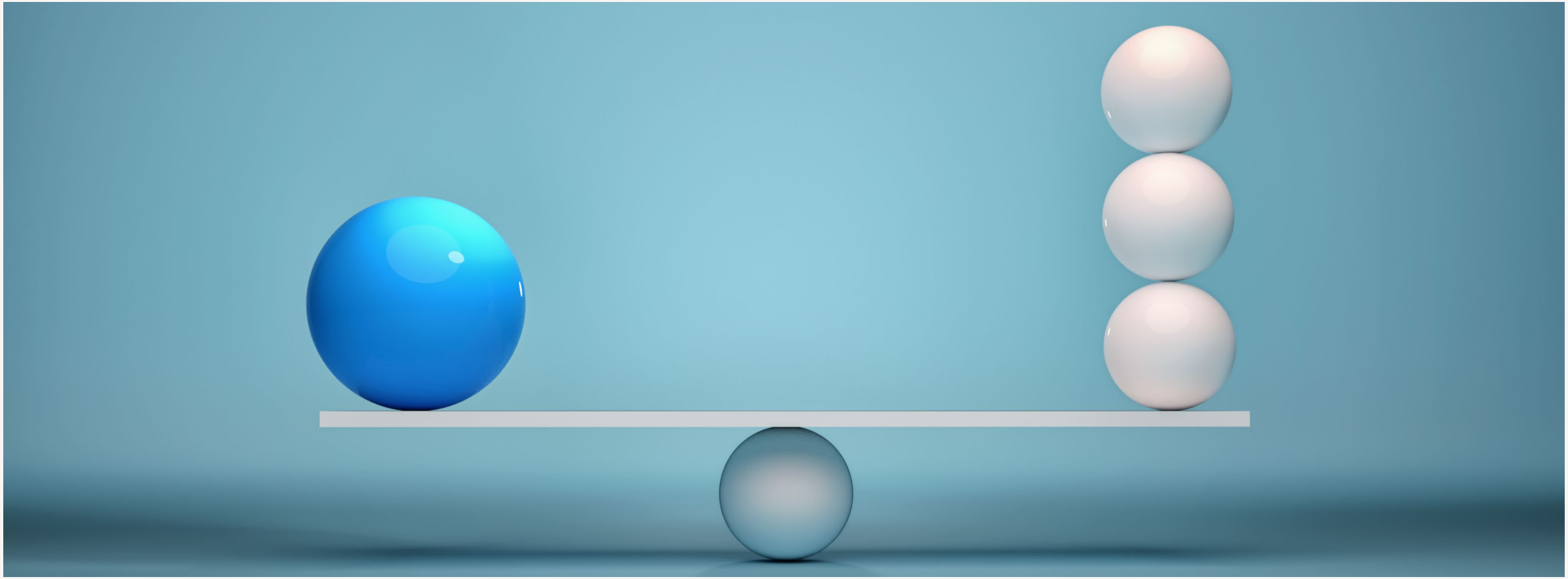
N/A

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

Informally socialised with AD/CDs, Service Users, Community Partners, Professional groups

Birmingham and Solihull Mental Health NHS Foundation Trust

Value Me to Reduce Inequality



Birmingham and Solihull Mental Health NHS Foundation Trust

Why…

To enable the right ingredients for an

Inclusive culture

which is…

Anti racist

and

Anti discriminatory

for **all**

to

Improve

access,

experience

and

outcomes

for

our people

Birmingham and Solihull Mental Health NHS Foundation Trust

Value Me to Reduce Inequality

What..

Every person to be valued and understood

Why...

So that I have a fair opportunity to take the next step-*whatever that looks like for me*

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Birmingham and Solihull Mental Health NHS Foundation Trust

Question to the Board

What is your expectation of the organisation in relation to addressing Inequality?

Definitions

- Health Inequalities (England » Definitions for Health Inequalities)

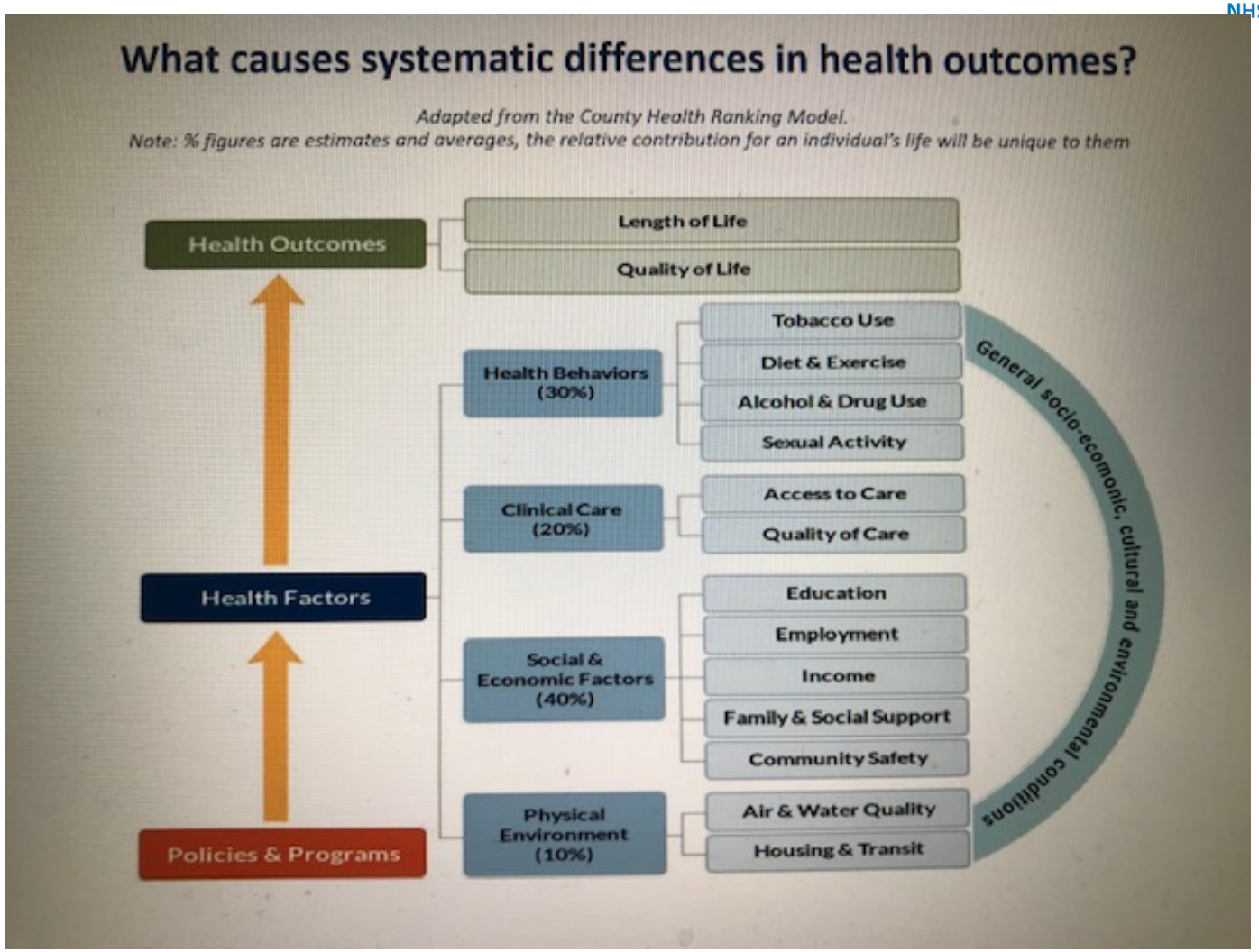
Health inequalities are **unfair** and **avoidable** differences in health across the population, and between different groups within society. Health inequalities arise because of the conditions in which we are born, grow, live, work and age. These conditions influence our opportunities for good health, and how we think, feel and act, and this shapes our mental health, physical health and wellbeing.

- Mental Health Inequalities

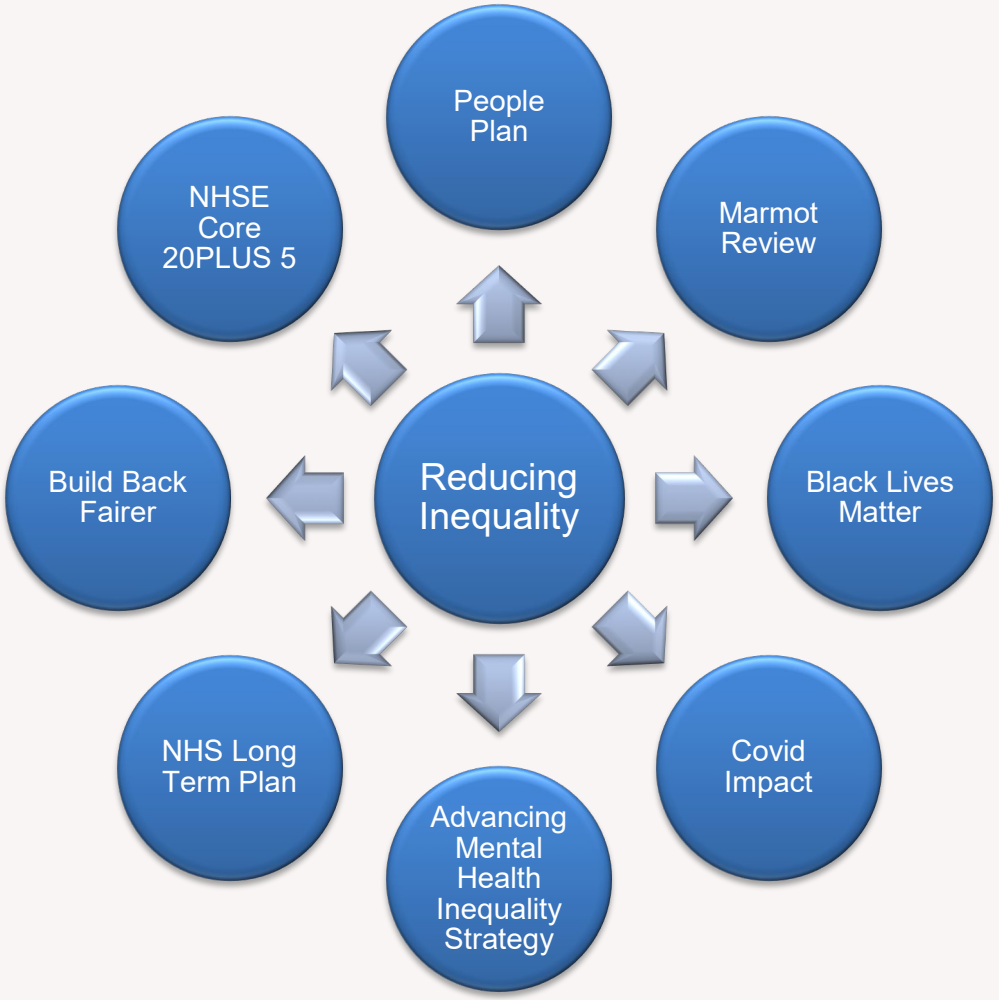
Mental health inequalities are often linked with wider cultural and societal systems of disadvantage which impact a person's wellbeing; including (but not limited to) stigma, discrimination and environment – including housing security.

Birmingham and Solihull Mental Health NHS Foundation Trust

Where we can influence impact?



National Context



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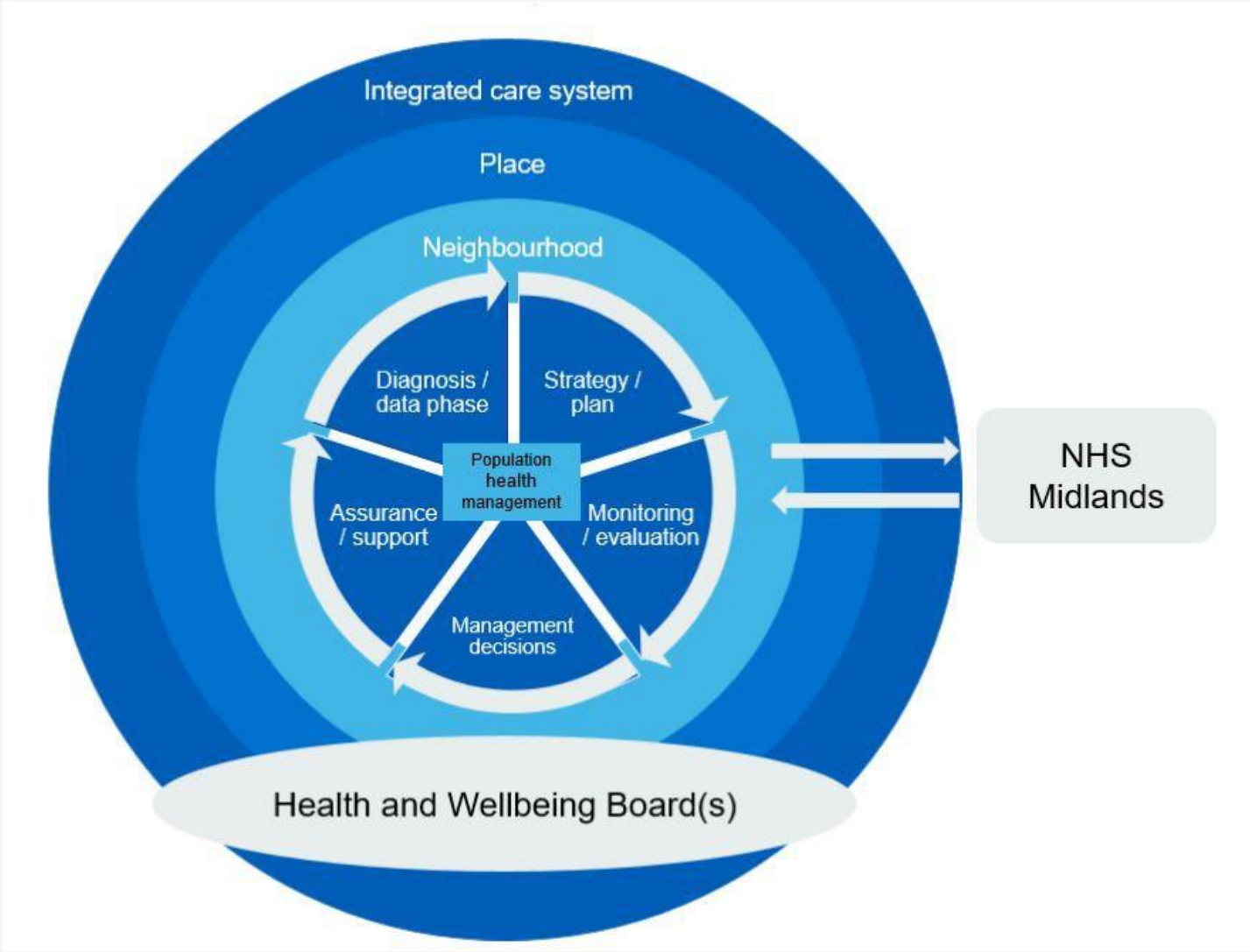
Health Inequalities Accountability Framework ICS



Birmingham & Solihull ICS Inequalities Work Programme

Alignment of NHS Operational Plan HI Priorities with BSol Inequality Priorities

Birmingham and Solihull Mental Health NHS Foundation Trust

Workstream	2021/22 Operational Plan HI Priorities	Proposed Local HI Priorities	
COVID Response & Inequalities	Restore NHS Services Inclusively using data – ethnicity and deprivation	Reduce Covid Vaccination Inequalities	Ensure Inclusive Elective Recovery
Data	Ensure datasets are complete and timely. Capture data on ethnicity across all services including primary care.	Share data with ICS Board & PCNs	
Digital Inclusion	Mitigate against digital exclusion.		
Prevention	Accelerate preventative programmes that proactively engage those at greatest risk of poor outcomes	Pilot PCN level MDT approach in Washwood Heath & support PCN HICs	Reduce Infant Mortality
Inequalities as ICS Core Business	Strengthening leadership and accountability	Board & PCNs supported with HI training	
Community Engagement		Use community asset approach deployed in COVID to address other health issues	
Anchor Institutions		Living Wage commitment & tailored local recruitment	
Population Health Management			

How our strategic priorities align

One vision: improving mental health wellbeing

We will need to work in four key ways to achieve this vision, and these are themes running through our strategy:

Driving change

Leading the way and encouraging collaboration across systems to develop joined up, integrated mental health services for our population

Working together

Co-producing our strategies and plans with our people, our partners and our services users, families and carers

Continuous improvement

Continually seeking to question, improve, learn and innovate through our practices, research and developments

Reducing inequalities

Working in a way that tackles discrimination, addresses stigma, and encourages equality for all

Four strategic priorities:

Clinical Services	Leader in mental health – integrated pathways and services; system partnerships	Recovery focussed - co-production as a norm for how we develop and design services	Service transformations; clinically effective and evidence-based	Rooted in communities – reducing inequalities for our service users and carers
Quality	Patient Safety collaboratives; system working e.g. suicide prevention, safeguarding	Improving service user experience – emphasis on co-production and EbE roles	A focus on quality improvement, learning lessons, using data and research	Reducing unwarranted variation; physical health
People	Workforce planning across the system	Staff engagement; lived experience roles; co-production of our systems and processes	Evidence based people practice; using data and analytics	Embedding our value of inclusion; diverse workforce; just culture; safety to speak up
Sustainability	Range of strategic partnerships and governance structures to support integrating	Staff and service users involved in identifying and developing and evaluating opportunities	Digital transformation evidence/research based; sharing practice/learning; environmental initiatives;	Resources, partnerships and data to support reducing inequalities; ensuring digital inclusion

Inequalities and their Impact on Health in Birmingham and Solihull (1)

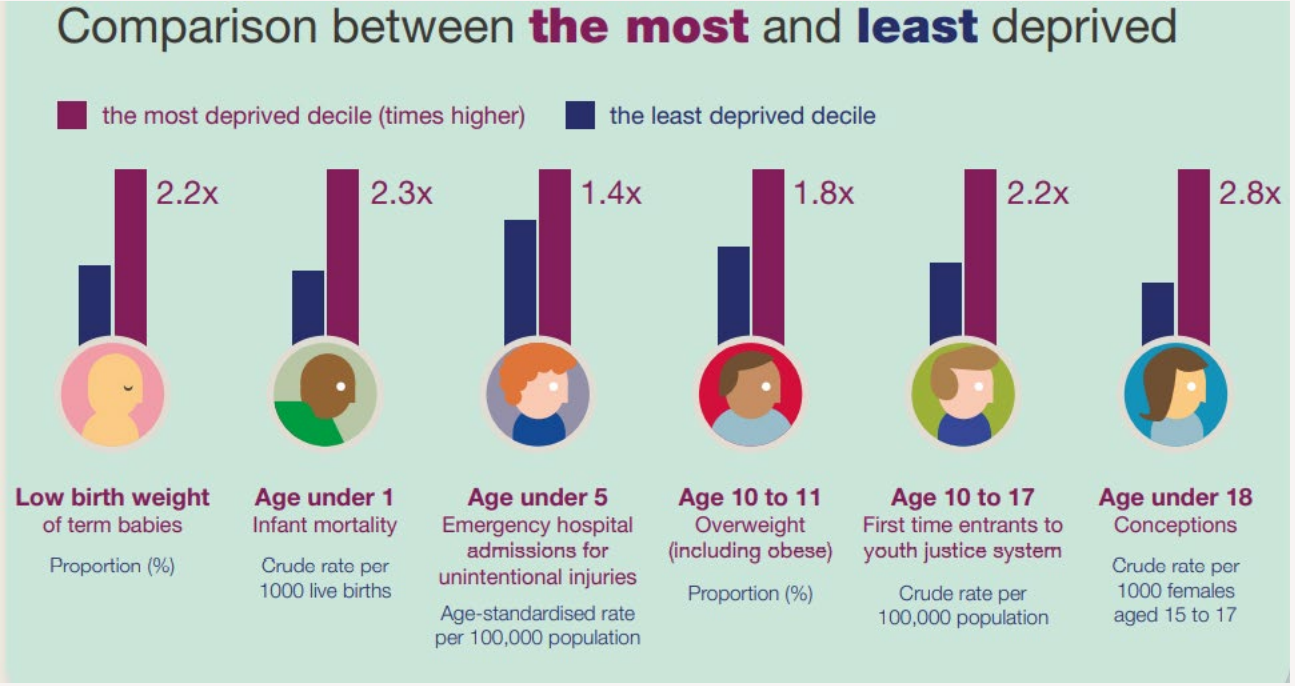
- **Deprivation.** We serve some of the poorest areas in the country alongside some of the most affluent. 40% of Birmingham and 12% of Solihull residents live in the most deprived decile on the Index of Multiple Deprivation. 1% of Birmingham and 28% of Solihull residents live in the most affluent decile on the IMD.
- **Diversity.** We serve some of the most diverse communities in the country. 40% of Birmingham and 11% of Solihull citizens are from Black, Asian and Minority Ethnic backgrounds. Often our localities with the highest deprivation are also those with highest proportion of Black, Asian and Minority Ethnic citizens.
- **Youth and Age.** Birmingham is the youngest local authority in the country with high levels of infant mortality and large numbers of children living in poverty. Solihull is older in profile and both local authorities have rising numbers of frail older people.

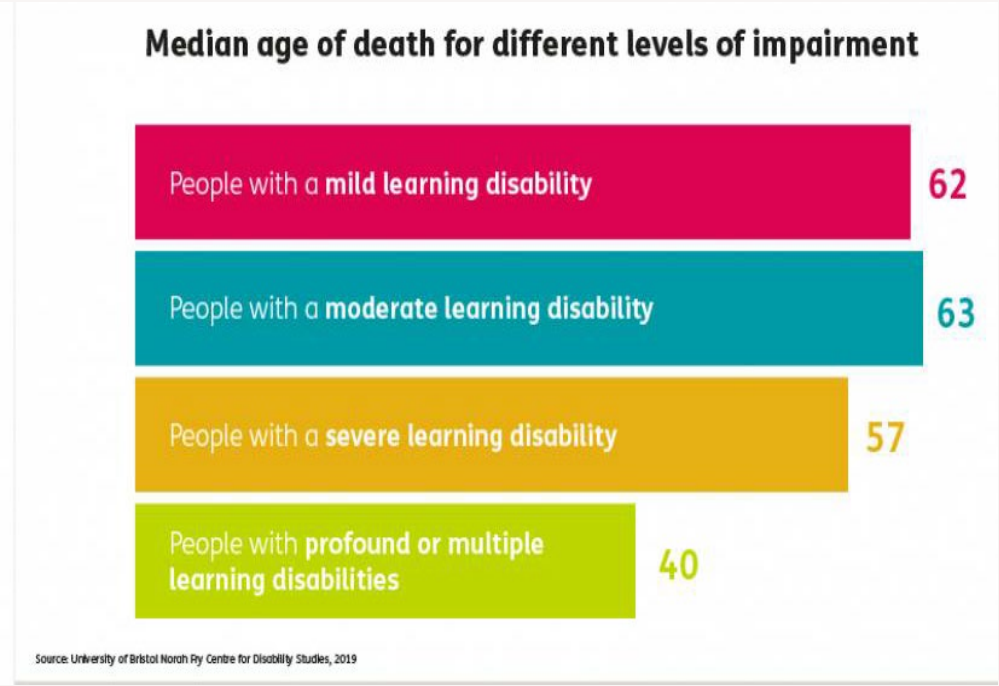
75% of MH problems emerge prior to 25 years.

Those living with Serious Mental Illness die on average 15 years earlier than those living without.

Health inequalities to consider

In 2019, people from all ethnic minority groups except the Indian, Chinese, White Irish and White Other groups were more likely than White British people to live in the most overall deprived 10% of neighbourhoods in England.





Up to 25 percent of the general LGBTQ community has moderate alcohol dependency, compared to 5 to 10 percent of the general population.

Rates of detention have been rising, and there are significant ethnic disparities

Rates of detention have **nearly doubled since 1983** and between **2007 and 2016 the number of detentions rose by over 40%.** This may be attributable to a range of factors, including:

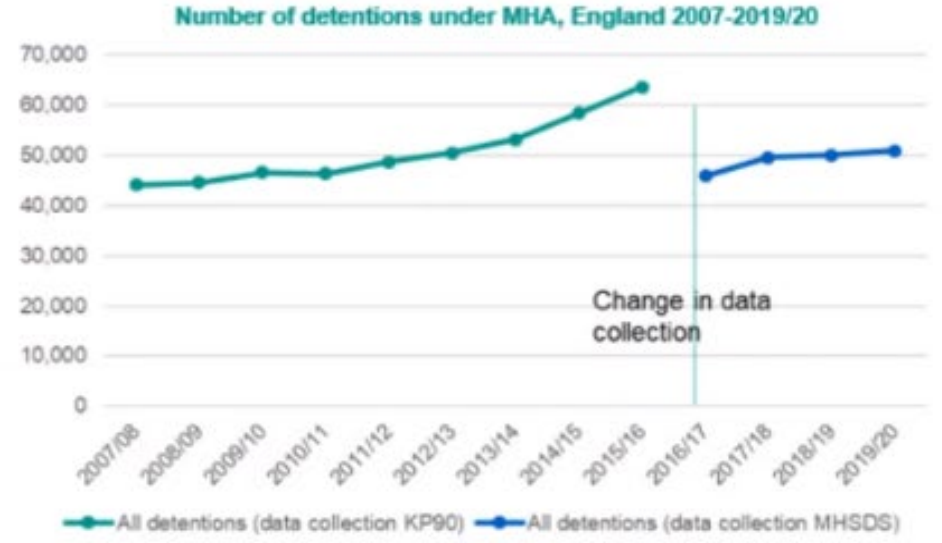
- the 2007 reform of the MHA, which widened the definition of mental disorder and of treatment;
- greater police awareness of mental health and more diversion from the criminal justice system;
- changes in legal requirement for patients without capacity to consent to admission to come under a legal framework.
- Data from the last four years suggest that this trend may be changing, with estimated annual increases of around 2%.

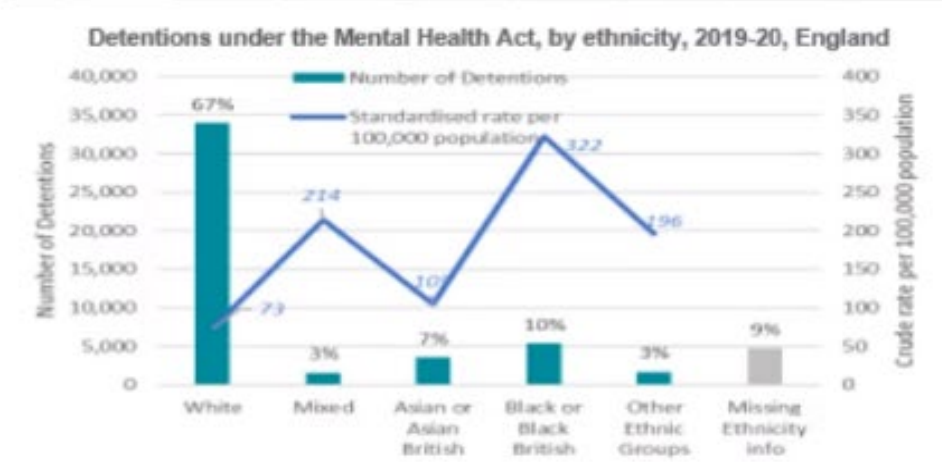
In 2019/20, there were 51,000 detentions under the MHA in England. Around 15% of these were repeated detentions.

All ethnic groups have higher rates of detention per 100,000 population than the White or White British group. Two thirds (67%) of detentions were amongst White or White British people while a **quarter (24%) of detentions were amongst ethnic minority people.***

Black or Black British detention rates were over four times higher than that of the White British group.** This reflected existing trends in disparities.

A target to **reduce the number of people with a learning disability and autistic people detained under the Act** by 35% between March 2015 and March 2019 was missed. The target is now 50% in the Long Term Plan. The net reduction in inpatient numbers was around 30% by end May 2021.





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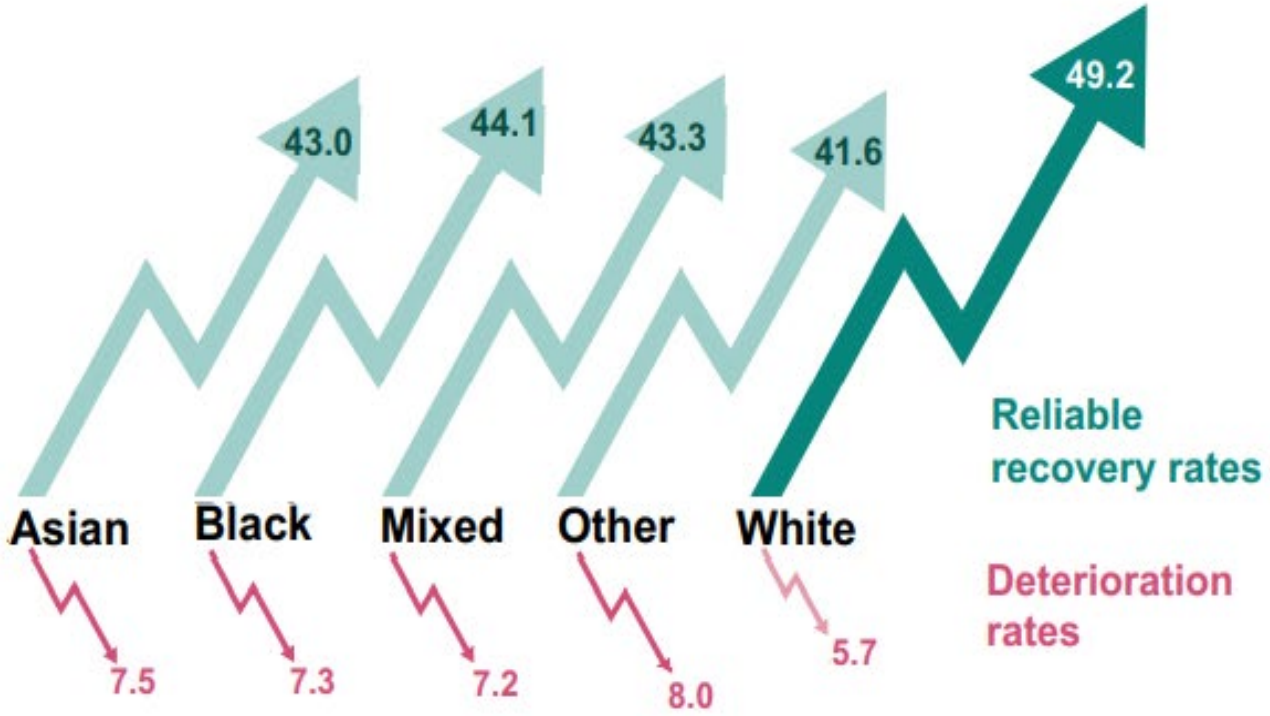
Mental health inequalities to consider

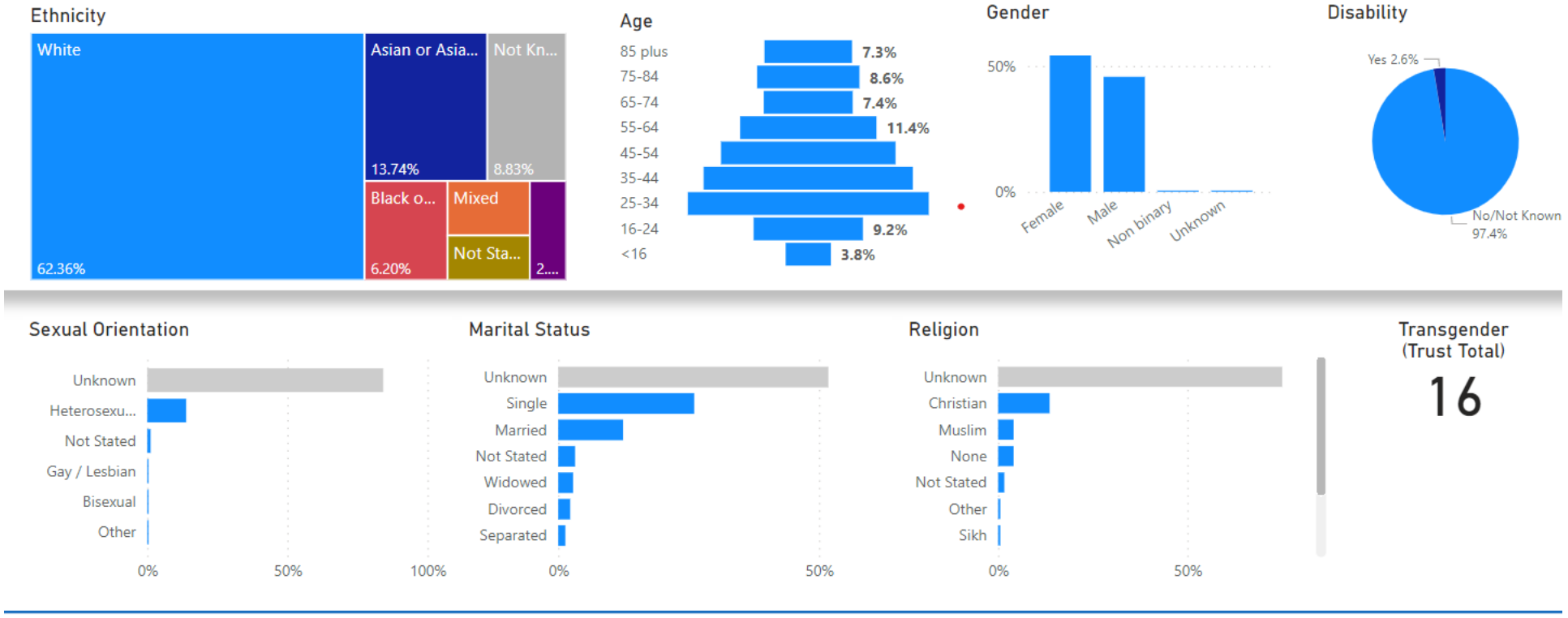
Recovery rates following psychological therapies are higher among white ethnicities compared to all other ethnicities

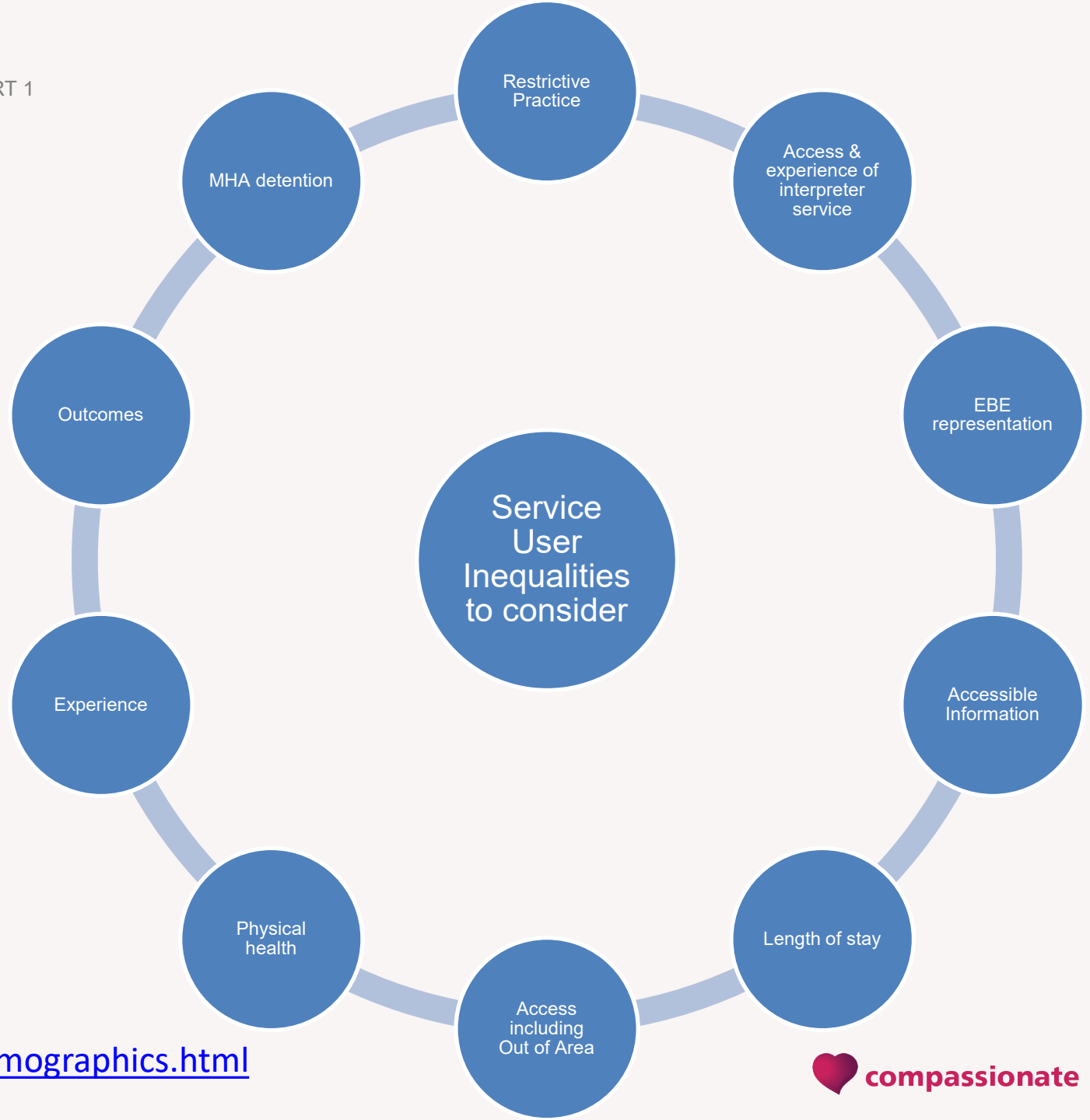
Deterioration rates are greater in non-white ethnicities compared to white ethnicities

(IAPT Data Set, NHS Digital, 2017/18)



SU Demographic





Insights Tool wh-info-live/powerbi_report/Demographics.html

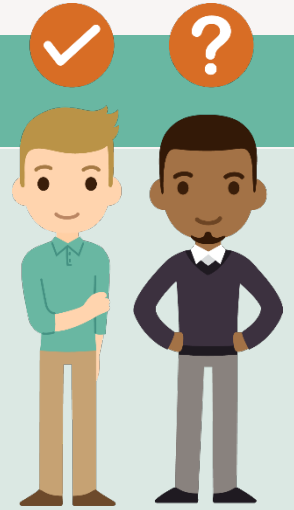
Workforce Race Equality Standard

NHS
Birmingham and Solihull Mental Health
NHS Foundation Trust

Staff representation

Our black and minority ethnic workforce representation is **37%**.

In 2021 we showed a small increase on the **35%** reported in 2020 **(+ive)**.



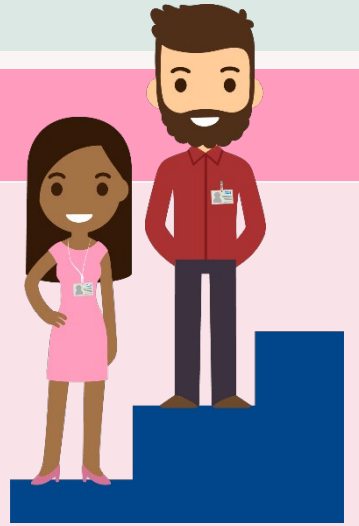
Shortlisting

White colleagues are **2.02** times more likely to be appointed from shortlisting.

In 2021 we have increased the gap on the **1.44** reported in 2020 **(-ive)**.

Career progression

60.1% black and minority ethnic colleagues believe that our Trust provides equal opportunities for career progression as opposed to 80.9% white colleagues **(-ive).**



Workforce Race Equality Standard

NHS
Birmingham and Solihull Mental Health
NHS Foundation Trust

Professional development

White colleagues are **1.3** times more likely to access non-mandatory training and development opportunities than black and minority ethnic colleagues **(-ive).**

Disciplinary investigation

Black and minority ethnic colleagues are **2.26** times more likely to enter formal disciplinary process than white colleagues.

In 2021 it has slightly decreased from **2.7** reported in 2020 **(+ive)**.

Reporting discrimination

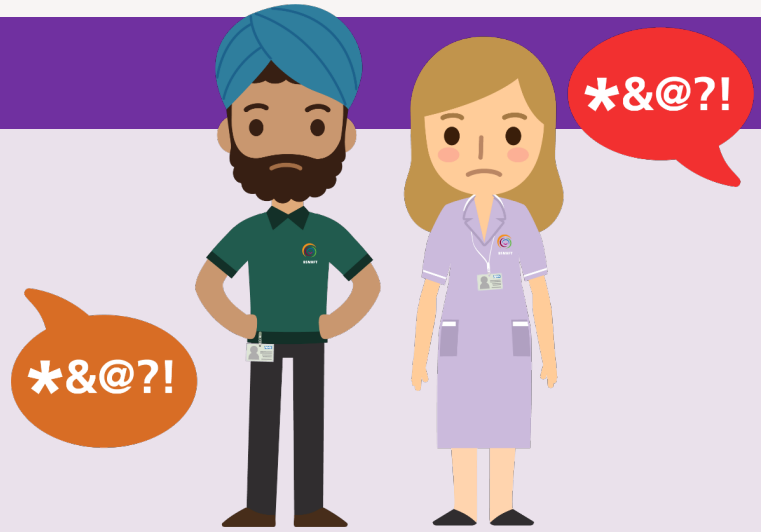
18.9% (↑) Black and minority ethnic colleagues experienced discrimination at work from other colleagues as opposed to **8.8% (↓)** white colleagues **(-ive).**

Workforce Race Equality Standard

Birmingham and Solihull Mental Health NHS Foundation Trust

Bullying and harassment

All colleagues experienced less harassment, bullying or abuse from patients, relatives or the public compared to 2020 **(+ive)**.



32.4% black and minority ethnic colleagues compared to **25.9%** white colleagues experienced harassment, bullying or abuse from other colleagues **(-ive).**

Rates decreased at higher rate for white colleagues **(-ive).**

Board membership

50% white colleagues

28.6% black and minority ethnic colleagues

21.4% unknown ethnicity

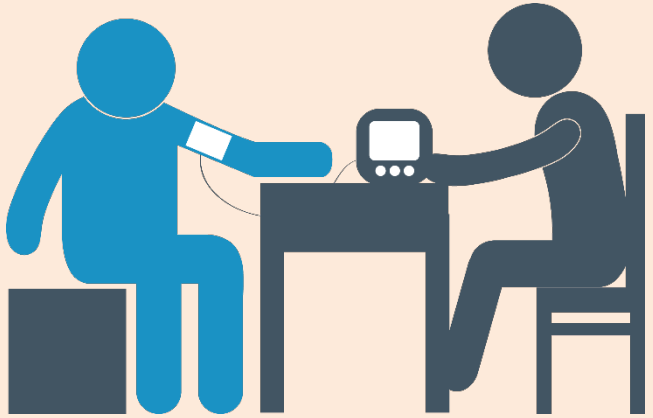
Workforce Disability Equality Standard

Birmingham and Solihull Mental Health NHS Foundation Trust

4.7% colleagues across our Trust have long-term condition or illness.

Colleagues with long-term condition or illness are...

...more likely to be appointed from shortlisting than those without (0.67).



...**5.48** times more likely to enter the capability process. Significant increase from 2020 (1.23) (-ive).

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Workforce Disability Equality Standard

Birmingham and Solihull Mental Health NHS Foundation Trust

Colleagues with long-term condition or illness are...

...more likely to experience harassment, bullying and abuse

from patients or relatives – this has gone down by **5%** since last year **(+ive)**.

from other colleagues – this has gone down by **4%** since last year **(+ive)**.

All colleagues have shown an increase in reporting bullying and harassment if they experience it **(+ive)**.

Workforce Disability Equality Standard

All colleagues have shown an increase in believing that our Trust provides equal opportunities for career progression or promotion **(+ive)**.

All colleagues have increased reporting the satisfaction with the extent to which their organisation values their work, bigger increase amongst colleagues with LTC or illness **(+ive)**.

Workforce Disability Equality Standard

Birmingham and Solihull Mental Health NHS Foundation Trust

Less (+ive) colleagues with long-term condition or illness reported that they have felt pressure from their manager to come to work, despite not feeling well enough to perform their duties since last year.

Other colleagues' experience has **stayed the same (=).**

There has been a **10%** **increase (+ive)** of colleagues with long-term condition or illness saying that their employer has made adequate adjustment(s) to enable them to carry out their work.

Workforce Disability Equality Standard

Birmingham and Solihull Mental Health NHS Foundation Trust

There has been increase in the engagement score across all **(+ive)**.

Our Trust enables the voices of colleagues with LTC or illness via the Disability and Neurodivergence Staff Network.

No declared representation at Board of colleague with long-term condition or illness

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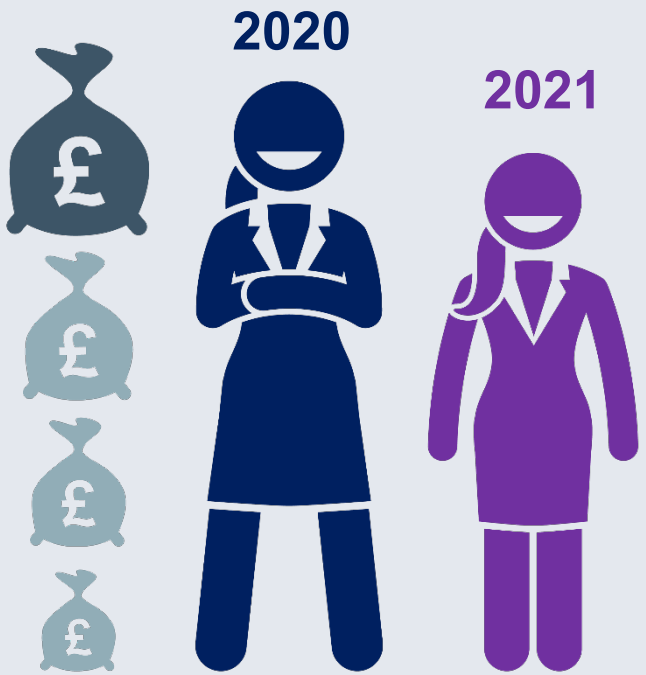
Gender pay gap

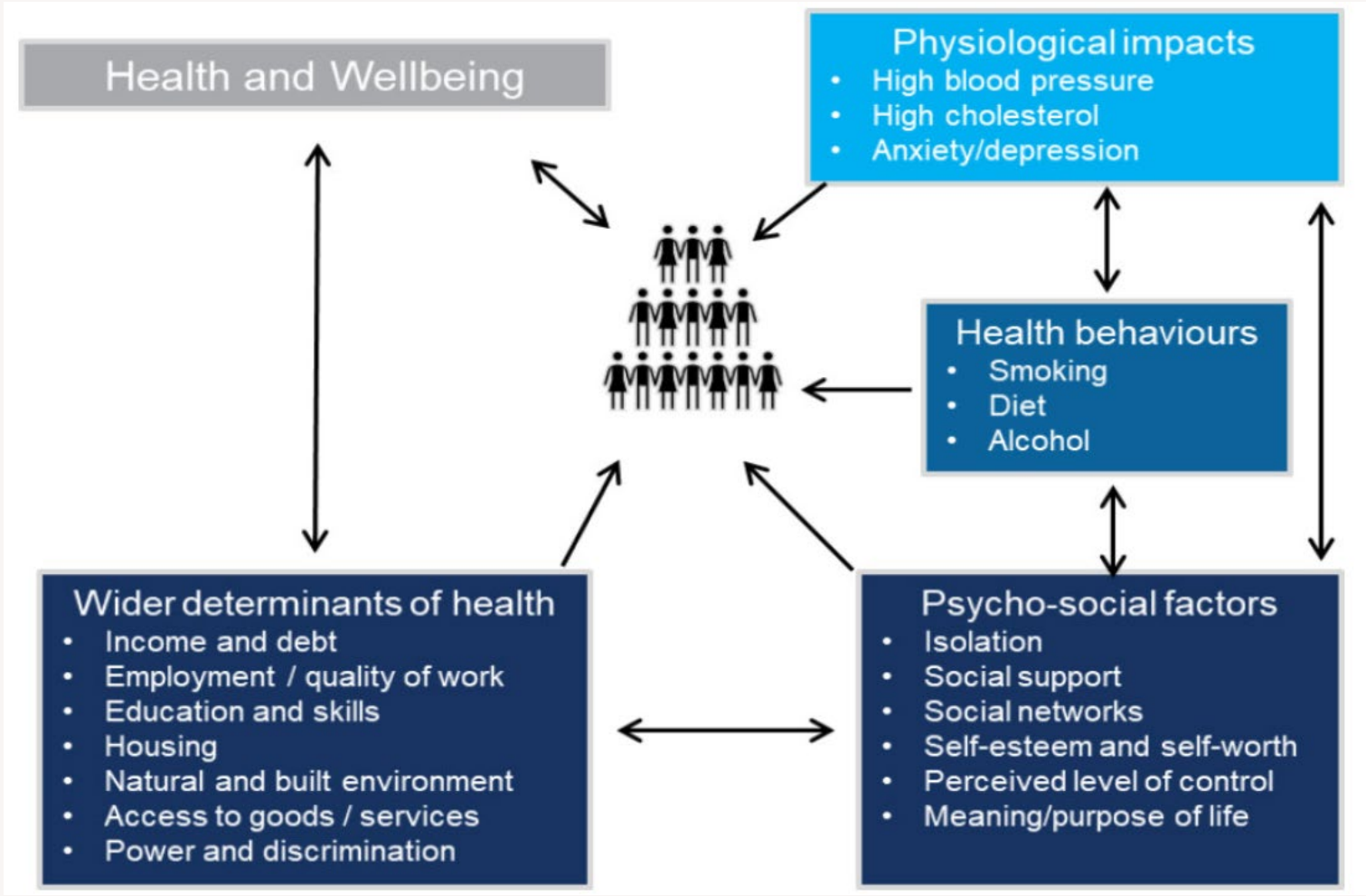
Overall pay gap increase from **6.99%** to **11.17%**.



Less women in the upper quartile of pay compared to last year.

Number of women applying for bonus tripled, number of men applying doubled.

It's all linked



Birmingham and Solihull Mental Health NHS Foundation Trust

Vision WHAT DOES OUR CORE PURPOSE NEED TO BE?	**Advancing Mental Health Strategic outcomes** WHAT ARE THE BIGGEST FACTORS THAT WILL HELP ACHIEVE OUR MISSION?	**BSMHFT goals** WHAT DO WE NEED TO WORK ON, FOR EACH OF OUR SRATEGIC OUTCOMES, TO ACHIEVE OUR MISSION?	**Specific Inputs** WHAT DO WE NEED TO WORK ON, FOR EACH OF OUR SRATEGIC OUTCOMES, TO ACHIEVE OUR MISSION?	**Expected Outputs** WHAT WILL BE DIFFERENT AS A RESULT?
One vision: improving mental health wellbeing Direct Impact: • Workforce Race Equality Standard • Patient and carer Race Equality Framework • Synergi Pledge • Friends and Family Test • Staff survey • Patient Experience • Equality Delivery System • Model Employer • Public Sector Equality Duty	Patient and Carers Race Equality Framework (PCREF) developed and used.	Develop organisational competencies to provide culturally competent services in line with the Patient Carer Race Equality Framework.	• Shared early examples of positive practice in improving the experience of Black and ethnic minority colleagues and Service Users. • Engage SU, carers and colleagues in the development of the framework. • Establish a steering group including service users, carers, families & colleagues. • Drawing on steering group expertise and engagement findings, draft a framework for testing. • Service Users, carers and colleagues co-create the PCREF within a QI frame. • PCREF will be embedded in BSMHFT governance	• Service Users, carers and colleagues have increased trust and confidence in services. • Service users will receive culturally competent services. • Colleagues will use this good practice to inform further developments. • Services will be anti racist, anti discriminatory by design experience and outcome
	Positive practice in advancing equalities in access, experience and outcomes documented and shared.	Populate and promote use of a library of emerging positive practice within mental health services to advance service developments in line with the needs of our population.	• Have a well-populated library of positive practice guides and case studies to support advances in mental health equalities. • Colleagues will have a one stop Inequalities shop where good practice can be found.	• Colleagues will use this good practice to inform further developments. • Services will be anti racist, anti discriminatory by design, experience and outcome.
	Provider collaborative impact framework in place, with equalities at its heart.	Implement the NHSE/I provider collaborative impact framework, which has equalities at its heart.	• Implement the Impact framework. • Share Positive practice. • Health Inequalities information will be understood and used as anchor drivers across the provider collaborative.	• Services across the collaborative will be anti racist, anti discriminatory design, experience and outcome.

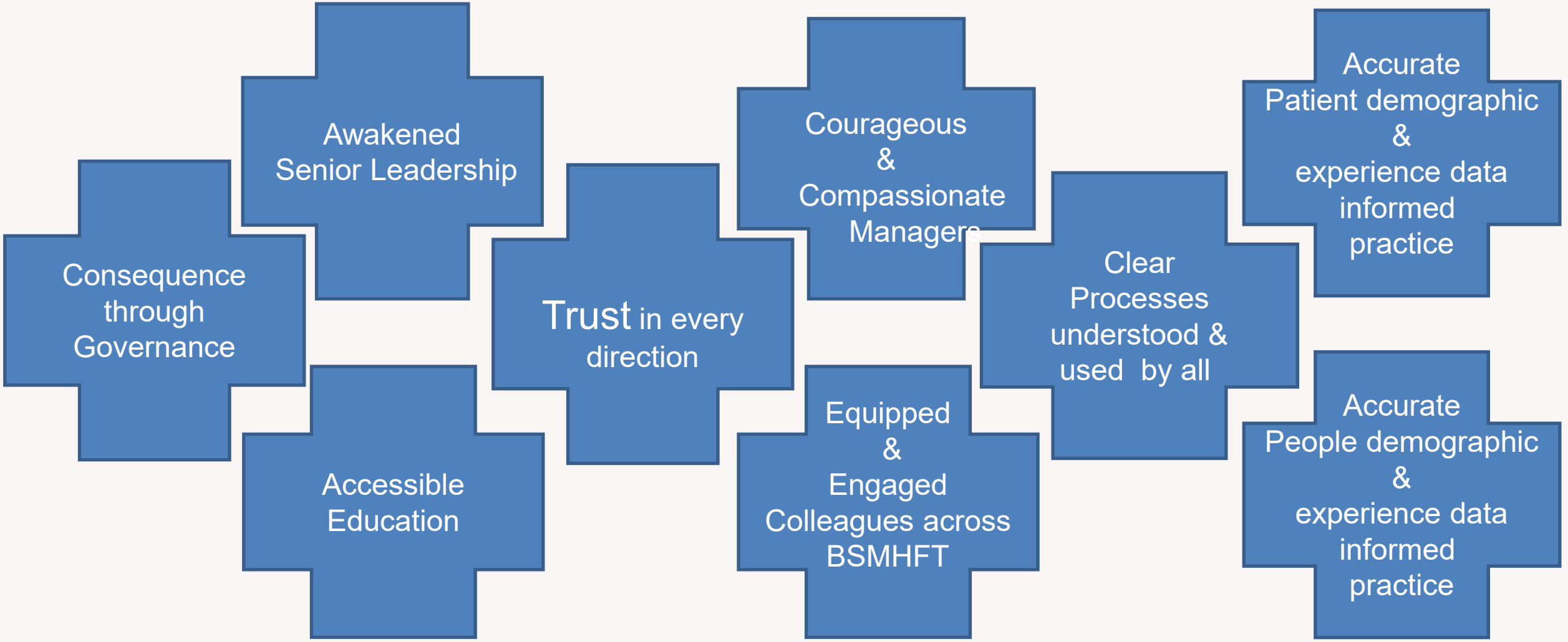
Vision	Advancing Mental Health Strategic outcomes	BSMHFT goals	Specific Inputs	Expected Outputs
WHAT DOES OUR CORE PURPOSE NEED TO BE?	WHAT ARE THE BIGGEST FACTORS THAT WILL HELP ACHIEVE OUR MISSION?	WHAT DO WE NEED TO WORK ON, FOR EACH OF OUR SRATEGIC OUTCOMES, TO ACHIEVE OUR MISSION?	WHAT DO WE NEED TO WORK ON, FOR EACH OF OUR SRATEGIC OUTCOMES, TO ACHIEVE OUR MISSION?	WHAT WILL BE DIFFERENT AS A RESULT?
One vision: improving mental health wellbeing Direct Impact: • Public Sector Equality Duty • Equality Delivery System • Accessible Information Standard • Sexual Orientation Monitoring Standard	Improve the quality and flow of data to national NHS datasets, including the recording of protected and other characteristics attributable to inclusion health groups.	Improve quality and utilisation of data including the recording of protected and other characteristics relevant to inclusion and inequalities, to inform improvements and developments.	• Have a workplan in place to capture patient protected characteristics and experience data in a more systematic way. • Services will know the demographic of SU populations. • Services will know who are not accessing services. • Services will work with partners to reduce access gaps.	• Because services will become proactive in their use of data service delivery will be more responsive and effective. • Services will be anti racist, anti discriminatory by design, experience and outcome.
		Work as an ICS to access and triangulate a range of internal and external demographic and population data, including COVID-19 inequalities data, to identify and address inequalities and inform transformation plans.	• Routinely use and break down data by protected characteristics and demographics to have a greater understanding of: • Local populations and their mental health needs; Gaps in services/support; Who is and is not accessing mental health services and their experiences; The outcomes of mental health care for our population.	
		Implement and monitor the: • Accessible Information Standard. • Sexual Orientation Standard Monitoring Standard.	• Be monitoring the requirements of the Accessible Information Standard. • Complete implementation in two service areas. • The AIS will be actively used and understood across the organisation. • Service Users will receive information about their engagement and care in an accessible format. • We will record sexual orientation information for our service user population with a drive to reducing inequality of experience.	
		Evaluate the rough sleepers service for effectiveness.	• Evaluate the service and audit analysis • Reduce inequalities by anchoring them in the service audit and analysis.	• Recommendations will drive the reduction of inequalities across the rough sleeper's service. • Services will be anti racist, anti discriminatory by design, experience and outcome

Vision WHAT DOES OUR CORE PURPOSE NEED TO BE?	Advancing Mental Health Strategic outcomes WHAT ARE THE BIGGEST FACTORS THAT WILL HELP ACHIEVE OUR MISSION?	BSMHFT goals WHAT DO WE NEED TO WORK ON, FOR EACH OF OUR SRATEGIC OUTCOMES, TO ACHIEVE OUR MISSION?	Specific Inputs WHAT DO WE NEED TO WORK ON, FOR EACH OF OUR SRATEGIC OUTCOMES, TO ACHIEVE OUR MISSION?	Expected Outputs WHAT WILL BE DIFFERENT AS A RESULT?
One vision: improving mental health wellbeing Direct Impact: • Staff Survey • Friends and Family Test • Workforce Race equality Standard • Workforce Disability Equality Standard • Gender pay Gap • Model Employer • Equality Delivery System • Patient and Carer Race Equality Framework	Support the development of a representative workforce at all levels, equipped with the skills and knowledge to advance mental health equalities.	Introduce a values based and inclusive approach to recruitment. Develop a Leadership Framework and Development programme. Ensure every leader has a clear objective aligned our Trust values within their annual appraisal. Embed the Culture Deep Dive framework. Embed a “Just Culture”, including across all our HR processes. Develop a toolkit, framework and training to enable behaviours which foster civility and compassion in the workplace. Develop a clear strategy to support staff to speak up . Develop a comprehensive wellbeing offer for our diverse workforce, including building on our response to COVID-19.	• Analysis of vacancies. • Employee turnover and stability. • Analysis of staff who have accessed Leadership and People Management Training Modules. • Triangulate all data and address and dissproportionality • Completion and quality of appraisals and objectives. • Staff survey, Employee Lifecycle and Staff Friends and Family Test. • Disproportionality % addressed of Black and minority ethnic colleagues and colleagues with Long term conditions successful in being shortlisted and appointed to roles. • Analysis of disciplinary cases, grievances, Dignity at Work, Whistleblowing, FTSU and Capability cases and % of Black and minority ethnic colleagues with Long term conditions affected compared to other staff. • Number of colleagues accessing health and wellbeing support and qualitative feedback on these. • Develop and implement a Anti Racism, anti discrimination policy to embed that racism and discrimination in the workplace will not be tolerated and action will be taken when the organisational values are not upheld. • We will be able to monitor our progress and adapt our approach when needed. • We will actively support our Black and minority ethnic colleagues in their careers. • We will put robust mechanisms in place to ensure our disciplinary processes are fair and inclusive. • Our leaders, managers will be culturally aware and competent and will feel confident in supporting our Black and minority ethnic colleagues.	• Our Black and minority ethnic colleagues will trust their organisation will support them when faced with discrimination in the workplace. • Our people will feel safe in speaking up. • We will be able to monitor our progress and adapt our approach when needed. • Our workforce will be diverse at all levels . • Our board level representation will be representative of our workforce/communities. • Team cultures will be inclusive and compassionate. • WRES indicators will improve. • Our services will be anti racist and anti discriminatory by design, experience and outcome.

Vision WHAT DOES OUR CORE PURPOSE NEED TO BE?	Advancing Mental Health Strategic outcomes WHAT ARE THE BIGGEST FACTORS THAT WILL HELP ACHIEVE OUR MISSION?	BSMHFT goals WHAT DO WE NEED TO WORK ON, FOR EACH OF OUR SRATEGIC OUTCOMES, TO ACHIEVE OUR MISSION?	Specific Inputs WHAT DO WE NEED TO WORK ON, FOR EACH OF OUR SRATEGIC OUTCOMES, TO ACHIEVE OUR MISSION?	Expected Outputs WHAT WILL BE DIFFERENT AS A RESULT?
One vision: improving mental health wellbeing Direct Impact: • Staff Survey • Friends and Family Test • Workforce Race equality Standard • Workforce Disability Equality Standard • Gender pay Gap • Model Employer • Equality Delivery System • Patient and Carer Race Equality Framework	Support the development of a representative workforce at all levels, equipped with the skills and knowledge to advance mental health equalities.	Be an anchor organisation around procurement and employment, stimulating social value through our supply chain and targeted employment opportunities to improve the wellbeing of local people, reduce inequalities and contribute to the local economy.	• Procurement and other relevant staff are trained in CSR/Social value to increase knowledge and confidence. • An increase in goods and services that are sourced locally and from organisations that offer a living wage. • The number of new staff recruited analysed by protected characteristics. • Local purchasing. • Local investment. • More local inclusive recruitment.	• Viewed internally and externally as a values anchor in our local community. • Reduced local inequalities. • Services will be anti racist, anti discriminatory by design and experience.
		Expand peer support and experts by experience roles	• BSMHFT will have a representative pool of EBEs and peer support workers, promoting an inclusive culture. • Increasing the promotion of EBE and peer support roles across diverse groups.	• Viewed internally and externally as a values anchor in our local community. • Reduced local inequalities. • Service changes are initiated and designed to reduce ethnic inequalities in access, experience and outcomes. • Services will be anti racist, anti discriminatory by design and experience.
		Deliver on our commitments as an organisation signed up to the Synergi Pledge to reduce ethnic inequalities in mental health.	• Provide national leadership by making fundamental changes to reduce inequalities in access, experience and outcomes, measuring the extent of inequalities and improvements, supporting research and policy development and working in partnership with local communities, organisations and service users. • 3rd sector organisations will be part of our service design.	
		All service areas to have a plan for reducing inequalities.	• Workplans developed for all service and be accountable for delivery. • IAPT, perinatal and secure care plans implemented in line with the Synergi Pledge. • Ethnic inequalities are measured, monitored and governed.	

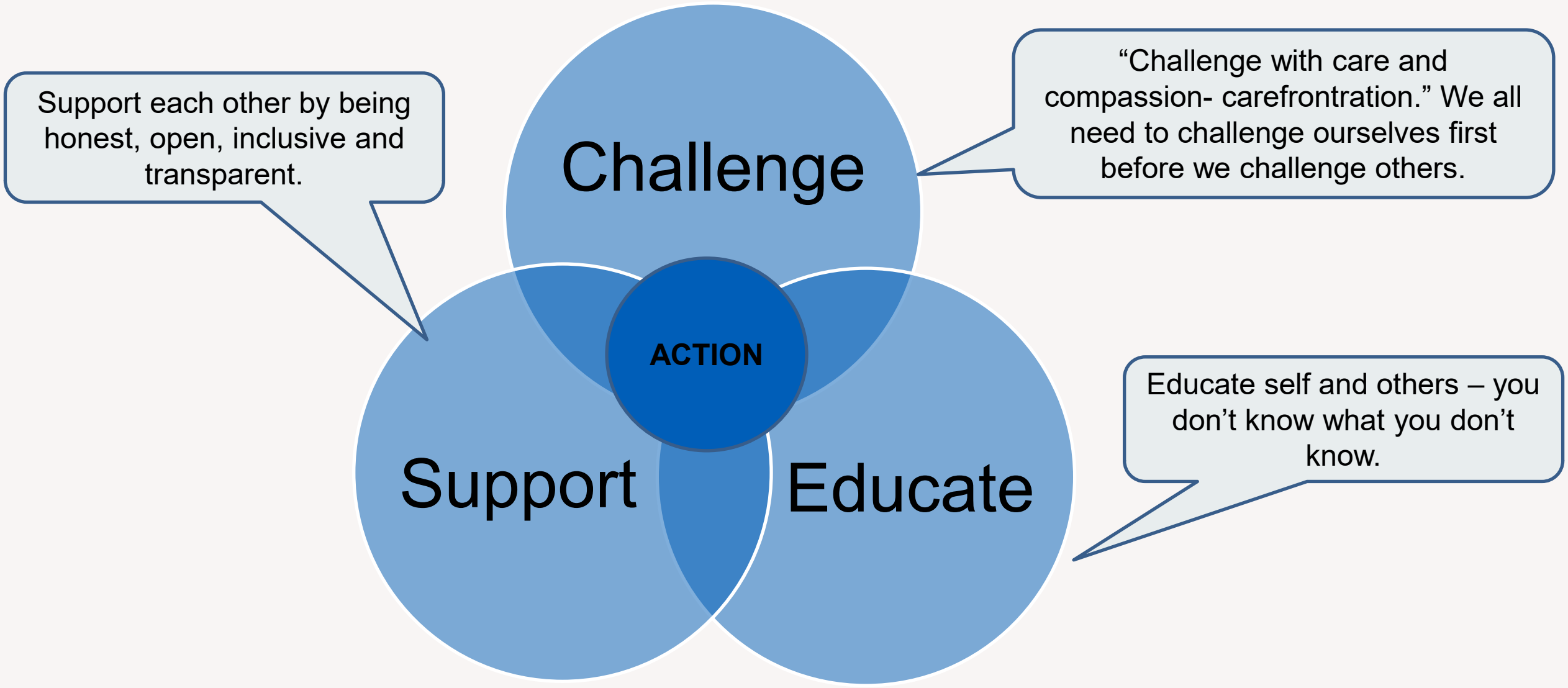
Vision WHAT DOES OUR CORE PURPOSE NEED TO BE?	Advancing Mental Health Strategic outcomes WHAT ARE THE BIGGEST FACTORS THAT WILL HELP ACHIEVE OUR MISSION?	BSMHFT goals WHAT DO WE NEED TO WORK ON, FOR EACH OF OUR SRATEGIC OUTCOMES, TO ACHIEVE OUR MISSION?	Specific Inputs WHAT DO WE NEED TO WORK ON, FOR EACH OF OUR SRATEGIC OUTCOMES, TO ACHIEVE OUR MISSION?	Expected Outputs WHAT WILL BE DIFFERENT AS A RESULT?
One vision: improving mental health wellbeing Direct Impact: • Staff Survey • Friends and Family Test • Workforce Race equality Standard • Workforce Disability Equality Standard • Gender pay Gap • Model Employer • Equality Delivery System • Patient and Carer Race Equality Framework	Support the development of a representative workforce at all levels, equipped with the skills and knowledge to advance mental health equalities.	Develop a framework with our local partners for a mental health Integrated Care Partnership for BSOL, aligned to the ambitions of the ICS and supporting our key tests of reducing inequalities, managing demand, improving access, experience and outcomes, improving safety, and achieving value for money.	• Case for change approved. • Meeting implementation plan milestones. • Framework for partnership working in place. • Decisions will be made collaboratively with the drive of reducing health inequalities. • Finance and contracting structure to enable the ambitions of the ICP. • Fully operational from 1 April 2022.	• Wherever people go in the ICS they will experience mental health services designed with the anchor of reducing health inequalities. • Services will be anti racist and anti discriminatory by design, experience and outcome.
		Develop a clear Corporate Social Responsibility framework to contribute positively to the lives of local people and the environment in which they live.	• The framework is co-produced with local community groups and voluntary sector organisations, is aligned to our aim of reducing inequalities, is widely circulated and understood and enables us to set subsequent goals and measures of success. • A lead or champion for CSR and social value is in place. • Increased local investment. • Local investment as a standard.	• Improved Trust and confidence amongst local communities. • Boosted colleague morale. • Services will be anti racist, anti discriminatory by design, experience and outcome.
		Reduce levels of restrictive interventions in our inpatient units by completing year 1 of our QI Collaborative for Reducing Restrictive Practice.	• Reduction in incidents of prone restraint. • Reduction in incidents of bedroom seclusion. • Reduction in incidents of assault on our inpatient wards.	• All service users & colleagues report improved experience. • Black and minority ethnic patients will not be overrepresented in restraint experience. • Our services will be anti racist and anti discriminatory by design, experience and outcome.

To reduce Health Inequalities, we need...

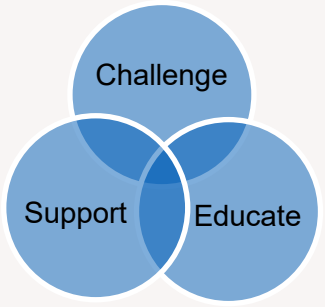


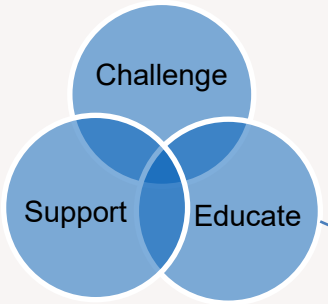
To reduce Workforce Inequalities, we need....

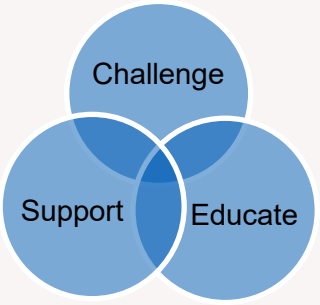
Path to Inclusion and compassion



Birmingham and Solihull Mental Health NHS Foundation Trust







Delivery, accountability and assurance

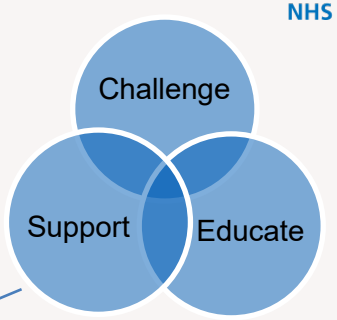
	Clinical services	Quality	People	Sustainability

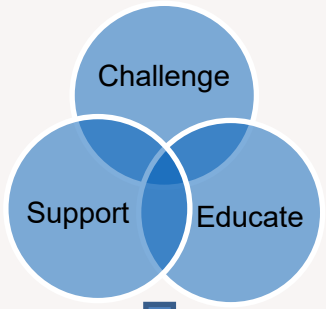
Delivery and accountability

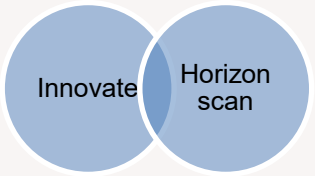
Local meetings	**Service Area FPP and Clinical Governance Committees, Team Meetings**	• Progress against local business plans, work programmes and milestones
Trust-wide meetings	Operational Management Team; Clinical Governance Committee and Sub-Committees; Shaping Future Workforce Group and Culture, Staff Experience Group; Sustainability Board, Systems Strategy Board, SSL Service Agreement Forum	
	Strategy and Transformation Management Board	• Transformation, improvement and change management aligned to the Trust strategy • Management of interdependencies
	Performance Delivery Group	• Performance against KPI's and metrics aligned to the 4 priorities

Assurance

Sub-committees	**Progress report**	**Quarterly**	• Progress against delivery of the priority • Performance against key measures of success
	IQC and FPP Committee; Integrated Quality Committee; People Committee; FPP Committee		
Trust Board	**Integrated progress report**	**Bi-annually**	• Progress against delivery of our 4 priorities • Performance against key measures of success • A look forward at what's next • Reset direction if necessary







Year 1 Priorities

QI embedded in priorities

Develop and implement an organisational anti racism, anti discrimination policy

Data with Dignity Roadshows

- Create ownership
- Establish baseline
- Create understanding
- Create Action
- Celebrate the success
- Highlight the gaps

Refresh the Equality Impact Assessments Process & application

Building leadership capacity, capability and confidence in reducing inequality focusing on governance

Inequalities data reporting

- Integrated Health Inequalities Dashboard
- KPI's identified and utilised

The immediate ASK

Support, approve and advocate this approach

Support from the Board in building the governance infrastructure

Clear and regular messaging of expectation, accountability and consequence.

Support, approve and advocate priorities

Establishment of a community stakeholder collaborative

Co-produced/Co-delivered PCREF presentation to Board

Revisit ESR data reporting and self declaration for Board colleagues to lead by example

Birmingham and Solihull Mental Health NHS Foundation Trust

Information Base

- NHS England. Reducing health inequalities resources https://www.england.nhs.uk/about/equality/equality-hub/resources/
- NHS England. Mental Health Taskforce https://www.england.nhs.uk/mental-health/taskforce/
- UK government. Joint Strategic Needs Assessments and joint health and wellbeing strategies explained https://www.gov.uk/government/publications/joint-strategic-needs-assessment-and-jointhealth-and-wellbeing-strategies-explained

Birmingham and Solihull Mental Health NHS Foundation Trust

Meeting	**BOARD OF DIRECTORS**
Agenda item	**10**
Paper title	**INTEGRATED PERFORMANCE REPORT**
Date	20/10/2021
Author	Richard Sollars, Deputy Director of Finance Rob Grant, Interim Associate Director of Governance Hayley Brown, Workforce Business Partner Tasnim Kiddy, Associate Director Performance & Information
Executive sponsor	David Tomlinson, Executive Director of Finance

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

Executive summary & Recommendations:

New sets of metrics are being finalised for all domains following approval of the Trust Strategy.

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

- IQC - Staff and patient assaults
- FPP – Out of area bed use, IAPT, CPA 12-month reviews, new referrals not seen, financial position and CIP
- People – Vacancies, return to work interviews, shift fill rates, fundamental training, appraisal rates and sickness. Also the divergence in performance between different teams

Reason for consideration:

To assure the Committee of Trust delivery against its key performance indicators and priorities and seek support for recommended improvements.

Previous consideration of report by:

Executive Team and Performance Delivery Group

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

Clinical Services, Quality, People and Sustainability

Financial Implications *(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 from January 2022. 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 October 2021

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

- **Out of Area Bed Use** – Some process improvements have helped us address underlying issues, but the impact of COVID-19 and the closure of beds has significantly impaired our ability to eliminate use of out of area beds. There have been good reductions over the last four months, and the figure is at its lowest level since Jun-18 (14 patients)
- **Workforce measures in general** – There is a significant adverse variance against most of the set performance standards. While this has deteriorated as a result of COVID, the divergence between individual teams is of concern:
- **Financial position and CIP** – Financial control totals have only just been set for 2021/22 and we are still developing plans. We have thus yet to identify savings, but are currently performing better than plan

Quality

- A new set of Quality goals have been approved by IQC and have been implemented within the dashboard
- The reported level of physical assaults on service users and staff remain problematic
- Failures to return from leave have increased noticeably over the last 6 months
- Incident reporting levels have reduced for the last two months and are now below the 12-month median
- **Key concerns: Staff and patient assaults**

Performance

- The level of Out of Area Patients remains the main concern. The national requirement was for this to be eliminated by April, but this was renegotiated to September. The figure for September is 430 occupied bed days (13.9 patients), the lowest level since Jun-18. 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 improved to 32%, but remains a real concern. It reflects large number of staff vacancies (8% - 12.2 WTE). This is being discussed across BSol to identify how to address underperformance. Performance for within 18 weeks is also problematic at 82%
- The % of service users on CPA having a formal review in the last 12 months remains a worry at 87%
- New referrals not seen within 3 months are of concern and have increased in month to 2,578, the highest level since Jun-20
- **Key concerns: Out of Area, IAPT waiting times, CPA 12-month review and new referrals not seen in 3 months**

People

- The People domain continues to show the most significant adverse impact from COVID-19, with staff availability and well-being at particular risk and requiring most focus. Scores are of concern across the board
- Vacancies have increased to 10.6% (458.1 WTE). Actual WTE in post at 3,875.3 WTE has changed little since Apr-21 (3,855.6)
- Sickness levels have risen to 6.5% and remain the second highest since Jan-21. Variation: Psychotherapy 1.0% v Reaside 11.6%
- Appraisals down to 80.9% (lowest level since Apr-21) and still significantly below pre-COVID levels and target. Variation: Psychology 42% on 31 v AOT, NAIPS and Liaison Diversion 94%
- Fundamental training is up to 92.3% though temporary staffing is a particular issue (55% for IG training, lowest level since this has been separately analysed). Variation: Medical directorate 76% on 174 people v Tamarind and NAIPS 95% on 276/165
- Return to work interviews deteriorated to 64%, well below target of 85%. Variation: Psychology 6% on 16 people v Tamarind 92% on 51
- Rolling 12-month turnover continues to be better than plan
- Monthly agency expenditure at £603,000 is at highest figure since Oct-19
- **Key concerns: Vacancies, return to work interviews, shift fill rates, fundamental training, appraisal rates and sickness**

Sustainability

- The financial result to October shows a surplus of £0.8m, generated in month and made up of under spends resulting from delays in recruitment against additional funding. Savings plans are yet to be set for 2021/22. No savings have been identified as yet
- Cash and property standards remain well above target
- Cap Ex performance against plan remains a little down in month as a result of delays at start of year in agreeing capital programme, but is starting to catch up
- Information Governance position improved overall, but still held back by training of temporary staff
- **Key concerns: CIP under achievement impacting adversely on Operating Surplus, uncertainty regarding national financial ask**

Integrated Performance Dashboard

Birmingham and Solihull Mental Health NHS Foundation Trust

HOME | PERFORMANCE | PEOPLE | QUALITY | SUSTAINABILITY

Top Line Commentary (Trust level)

Performance: Out of Area and IAPT remain key problems

People: Continues to be adversely affected by COVID

Quality: Staff and Patient assaults

Sustainability: Savings plans yet to be identified

Division: A: All

A: All

October 2021

Performance

CPA 7 day FU	87.7% ↓
CPA with Formal Review last 12 mths	87.2% ↓
Data Quality Maturity Index (DQMI)	98.4% ↑
Delayed Transfer Bed Days	985
Delayed Transfer, percent of bed days	6.2%
Eating disorders routine	100.0%
Eating disorders urgent	100.0%
First episode psychosis	100.0%
IAPT into recovery	48.4%
IAPT seen in 18 weeks	81.8% ↓
IAPT seen in 6 weeks	32.0% ↓
Out of Area Bed Days	430 ↑
Referrals over 3 mths with no contact	2578 ↓

People

Bank & Agency Fill Rate	84.3%
Fundamental Training	92.3% ↓
Rolling 12m Turnover	9.8% ↑
Staff Appraisals	80.9% ↓
Staff Sickness	6.5% ↓
Staff Vacancies	10.5% ↓

Quality

Absconsions and Failures to Return	27 ↘
Commissioner reportable incidents	2
Community suicides	0
Duty of Candour	0
Falls resulting in harm	0
Homicides	0
Incidents resulting in harm	14.3% ↑
Inpatient suicides	0
Never Events	0
Patient Assaults / 1000 OBD	2.8
Pressure Scores	1
Prone restraints/ 1000 OBD	2.8
Reported incidents	2034 ↓
Staff Assaults / 1000 OBD	4.4

Sustainability

CAP Ex	£420k
Cash	£51,192k ↑
CIP	£0k ↓
Info Governance	91.4%
Monthly Agency	£603k ↑
Operating Surplus	-£768k ↓
Property	98.5% ↑
SOF rating	2 ↓

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

compassionate inclusive committed

Integrated Performance Dashboard

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

NHS
Birmingham and Solihull Mental Health
NHS Foundation Trust

Division

A: All

A: All

Measure	Latest Target	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21
CPA 7 day FU	95.00	94.7%	93.8%	90.0%	91.0%	91.8%	87.7% ↓
CPA with Formal Review last 12 mths	95.00	88.5%	88.6%	89.1%	89.2%	88.7%	87.2% ↓
Data Quality Maturity Index (DQMI)	95.00	98.6%	98.5%	97.4%	97.4%	98.4%	98.4% ↑
Delayed Transfer Bed Days		922	997	1232	1007	724	985
Delayed Transfer, percent of bed days		5.7%	6.4%	7.8%	6.2%	4.7%	6.2%
Eating disorders routine	95.00	100.0%	100.0%	100.0%	75.0%	100.0%	100.0%
Eating disorders urgent	95.00	100.0%	100.0%	100.0%	0.0%	100.0%	100.0%
First episode psychosis	60.00	100.0%	100.0%	85.7%	100.0%	100.0%	100.0%
IAPT into recovery	50.00	55.1%	55.5%	52.3%	56.2%	51.4%	48.4%
IAPT seen in 18 weeks	95.00	94.7%	97.1%	93.1%	91.6%	89.2%	81.8% ↓
IAPT seen in 6 weeks	75.00	36.7%	34.3%	32.9%	31.7%	28.1%	32.0% ↓
Out of Area Bed Days		664	566	572	652	613	430 ↑
Referrals over 3 mths with no contact		2256	2167	2146	2322	2423	2578 ↓

Top Line Commentary (Trust level)

KEY CONCERN:

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

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

Integrated Performance Dashboard

Birmingham and Solihull Mental Health NHS Foundation Trust

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

Division

A: All

A: All

Measure	Latest Target	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21
Staff Vacancies	6.00	9.5%	10.0%	9.9%	9.7%	9.8%	10.5% ↓
Staff Sickness	4.28	5.3%	6.0%	6.6%	6.1%	6.2%	6.5% ↓
Staff Appraisals	90.00	82.6%	82.5%	81.6%	81.5%	81.3%	80.9% ↓
Rolling 12m Turnover	11.00	9.2%	9.5%	9.5%	9.5%	9.6%	9.8% ↑
Fundamental Training	95.00	92.0%	93.3%	93.2%	93.4%	91.5%	92.3% ↓
Bank & Agency Fill Rate	95.00	88.8%	86.3%	83.8%	82.9%	80.6%	84.3%

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

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	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21
Absconsions and Failures to Return	0.00	25	22	15	17	20	27 ↘
Commissioner reportable incidents	0.00	7	5	8	4	6	2
Community suicides	0.00	3	0	0	0	0	0
Duty of Candour	0.00	0	0	1	1	1	0
Falls resulting in harm	0.00	0	1	0	0	0	0
Homicides	0.00	0	0	0	0	0	0
Incidents resulting in harm	0.00	16.5%	12.2%	16.0%	15.1%	15.9%	14.3% ↑
Inpatient suicides	0.00	1	0	0	0	0	0
Never Events	0.00	0	0	0	0	0	0
Patient Assaults / 1000 OBD	0.00	2.0	1.9	1.5	3.3	2.3	2.8
Pressure Scores	0.00	0	1	3	2	3	1
Prone restraints/ 1000 OBD	0.00	4.5	2.7	2.2	2.9	3.4	2.8
Reported incidents	0.00	1935	2029	2249	2062	1922	2034 ↓
Staff Assaults / 1000 OBD	0.00	4.2	4.8	4.8	5.5	4.6	4.4

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

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

Division

A: All

A: All

Measure	Latest Target	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	
CAP Ex		£334k	£88k	£176k	£427k	£763k	£420k	
Cash		£28,642k	£27,830k	£34,188k	£37,630k	£36,798k	£51,192k	↑
CIP		£0k	£0k	£0k	£0k	£0k	£0k	↓
Info Governance	100.00	88.6%	92.5%	86.6%	88.2%	88.8%	91.4%	
Monthly Agency		£366k	£462k	£478k	£441k	£542k	£603k	↑
Operating Surplus		-£1,116k	-£1,776k	-£651k	£555k	£2,626k	-£768k	↓
Property	95.00	98.5%	98.5%	98.5%	98.5%	98.5%	98.5%	↑
SOF rating		3	2	2	2	2	2	↓

Top Line Commentary (Trust level)

KEY CONCERNS:

* CIP under achievement
* National financial uncertainty

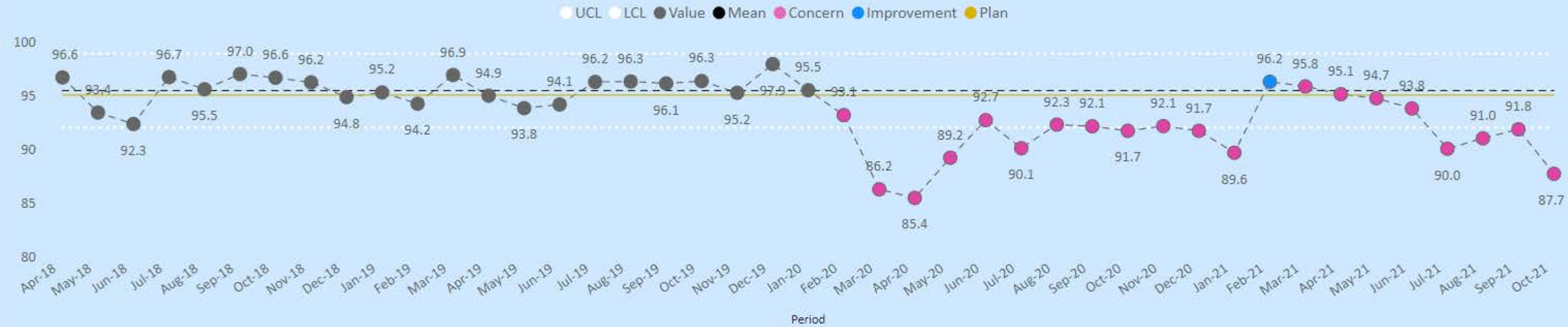
	Not meeting target
↑	significant IMPROVEMENT
↓	significant CONCERN
↗	possible improvement
↘	possible concern

Birmingham and Solihull Mental Health NHS Foundation Trust

CPA 7 day FU

Divisions

Statistical Process Control (SPC)



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

Division	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21
A: All	94.7%	93.8%	90.0%	91.0%	91.8%	87.7%
B: Acute and Urgent Care	93.4%	91.7%	94.6%	91.4%	82.2%	73.5%
C: ICCR	71.4%	45.5%	40.0%	90.0%	40.0%	75.0%
D: Secure Serv & Offender Health	88.9%	60.0%	100.0%	100.0%	66.7%	0.0%
E: Specialties	100.0%	76.5%	60.0%	87.5%	91.7%	66.7%

Commentary

National quality standard of 95% - compliance routinely maintained prior to the impact of COVID 19. Since March 2021, performance has been marginally below 95% and is at 91.8% for September 2021. This relates to 14 outstanding follow ups from 171 discharges in September. Reasons outlined below:
2 were discharged to the care of FTB, 1 patient was transferred to a care home and contact was with staff only, 2 patients were discharged to the care of another mental health trust, 1 patient was discharged to the care of an acute hospital, 1 patient was seen by Liaison after 7 days, 1 patient was discharged to temporary accommodation but left and current location unknown, 1 patient did not want to be followed up, 1 patient was discharged to prison, 1 left to go to Romania and in 3 cases data entry is awaited to reflect follow up undertaken. Of the 14 exceptions 9 were acute adult 1 was ICCR and 2 were specialties and 2 secure.

Birmingham and Solihull Mental Health NHS Foundation Trust

CPA 7 day FU

Sept - 2021

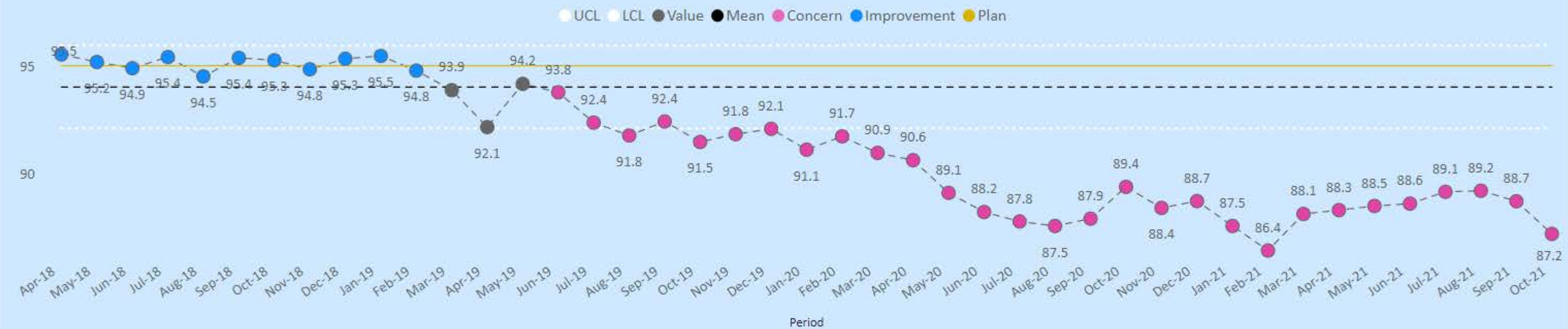
Question	Answers
A: What has happened?	National quality standard of 95% - compliance routinely maintained prior to the impact of COVID 19. Since March 2021, performance has been marginally below 95% and is at 91.8% for September 2021. This relates to 14 outstanding follow ups from 171 discharges in September. Reasons outlined below: 2 were discharged to the care of FTB, 1 patient was transferred to a care home and contact was with staff only, 2 patients were discharged to the care of another mental health trust, 1 patient was discharged to the care of an acute hospital, 1 patient was seen by Liaison after 7 days, 1 patient was discharged to temporary accommodation but left and current location unknown, 1 patient did not want to be followed up, 1 patient was discharged to prison, 1 left to go to Romania and in 3 cases data entry is awaited to reflect follow up undertaken. Of the 14 exceptions 9 were acute adult 1 was ICCR and 2 were specialties and 2 secure.
B: Why has it happened?	A number of service users have been discharged to other mental health services who are undertaking the follow up, which requires BSMHFT to check with them to see if this has taken place. During the last year we have not been asking services to undertake these checks as it is an additional burden on staff. Care homes are also isolating patients on arrival and face to face contacts are not always possible.
C: What are the implications and consequences?	Early follow up of patients post discharge prioritised by HTT in line with evidence based practise to reduce the risk of suicide or self harm. Service users are at a higher risk of suicide or self harm within the first 3-7 days of discharge and follow up is important to minimise this risk.
D: What are we doing about it?	Daily notifications of discharges are sent to the responsible team to alert them to plan follow up and this is monitored by the CSM for Home Treatment. Teams continue to require support from the information team regarding data entry on RIO. The addition of FTB data to the shared care record will also enable staff to check if patients have been followed up.
E: What do we expect to happen?	We expect 7 day follow up standard of 95% to be maintained with HTTs acting on the daily discharge notification received once the COVID restrictions are lifted.
F: How will we know when we have addressed issues?	Standard is being maintained with minimal or no input required from the information team to review data entry.

Birmingham and Solihull Mental Health NHS Foundation Trust

CPA with Formal Review last 12 mths

Divisions

Statistical Process Control (SPC)



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

Division	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21
A: All	88.5%	88.6%	89.1%	89.2%	88.7%	87.2%
B: Acute and Urgent Care	66.7%	50.0%	33.3%	50.0%	50.0%	50.0%
C: ICCR	88.6%	86.8%	87.5%	89.3%	86.3%	84.8%
D: Secure Serv & Offender Health	99.1%	98.5%	98.2%	98.3%	98.3%	98.6%
E: Specialties	77.3%	77.2%	75.6%	78.7%	72.7%	73.0%

Commentary

Performance has consistently declined over the last year and has been outside the control limits since July 2019. The rate has been sustained at an average of 89% since April 21. Adult CMHT account for 57%, older adult CMHT for 4%, Secure for 12% and AOT for 20%.

Detailed Commentary

CPA with Formal Review last 12 mths

Sept - 2021

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 has been sustained at an average of 89% since April 21. Adult CMHT account for 57%, older adult CMHT for 4%, Secure for 12% and AOT for 20%.
B: Why has it happened?	During the COVID period face to face contacts have reduced with staff using digital solutions such as AccuRx and telephone calls to conduct appointments. Meetings with multiple people cannot take place unless co-ordinated on teams and remains challenging at the moment. The increase in performance in April to date is due to data quality work within Home treatment, Specialties and Secure care to close down CPA details for patients who have been discharged or updating the care level to care support.
C: What are the implications and consequences?	Carrying out as a minimum an annual CPA review is key to ensuring that the service user's care plan is updated to reflect changes in service users' needs, care and support requirements.
D: What are we doing about it?	Exception reports outlining service users coming up for their annual CPA review are available to all teams to enable proactive action in advance of the 12 months expiring. Work has taken place in to address data quality issues in HTT, specialties and secure care and this will continue with other teams in the trust. A further review of outstanding reviews is taking place to identify any other issues A plan to strategically review the CPA process including care plans has commenced with plans to introduce a new care plan process in line with changes outlined in national guidance. Changes to the process in the community will be based on clinical models developed as part of the transformation work and in line with the NHSE statement on CPA.
E: What do we expect to happen?	Due to current circumstances and challenges to conduct appointments, the position is unlikely to improve.
F: How will we know when we have addressed issues?	Currently part of ongoing strategic service review discussions.

NHS
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	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21
A: All	94.7%	97.1%	93.1%	91.6%	89.2%	81.8%
E: Specialties	94.7%	97.1%	93.1%	91.6%	89.2%	81.8%

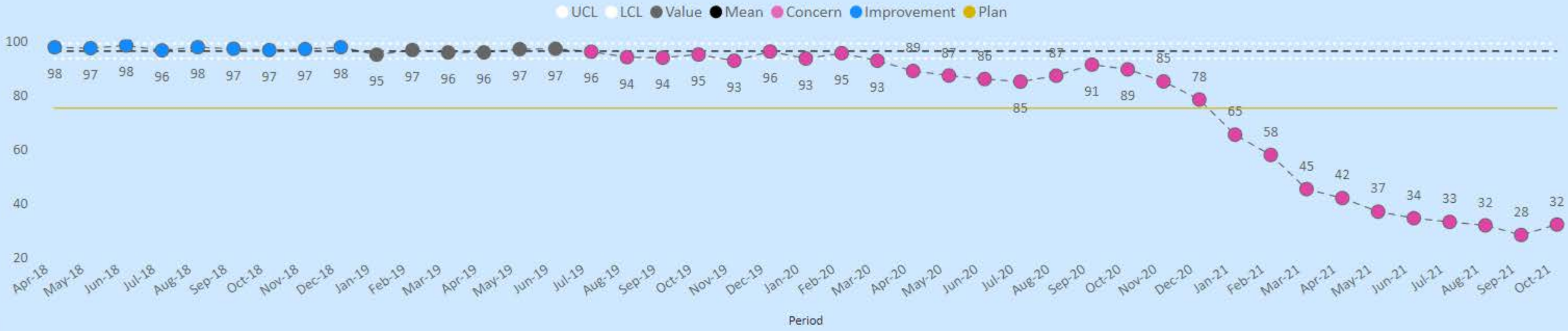
Commentary

Consistently meet and exceed the national target of 95%. This has reduced to 87.17% in September and is currently outside control levels for the fifth month in a row.

IAPT seen in 6 weeks

Divisions

Statistical Process Control (SPC)



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

Division	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21
A: All	36.7%	34.3%	32.9%	31.7%	28.1%	32.0%
E: Specialties	36.7%	34.3%	32.9%	31.7%	28.1%	32.0%

Commentary

Performance has been on a reducing trend since March 2020 and remains well below the 75% target at 28.09% and outside control limits.

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 space in primary care to offer face to face appointments.

Detailed Commentary

Birmingham and Solihull Mental Health NHS Foundation Trust

IAPT seen in 6 weeks

Sept - 2021

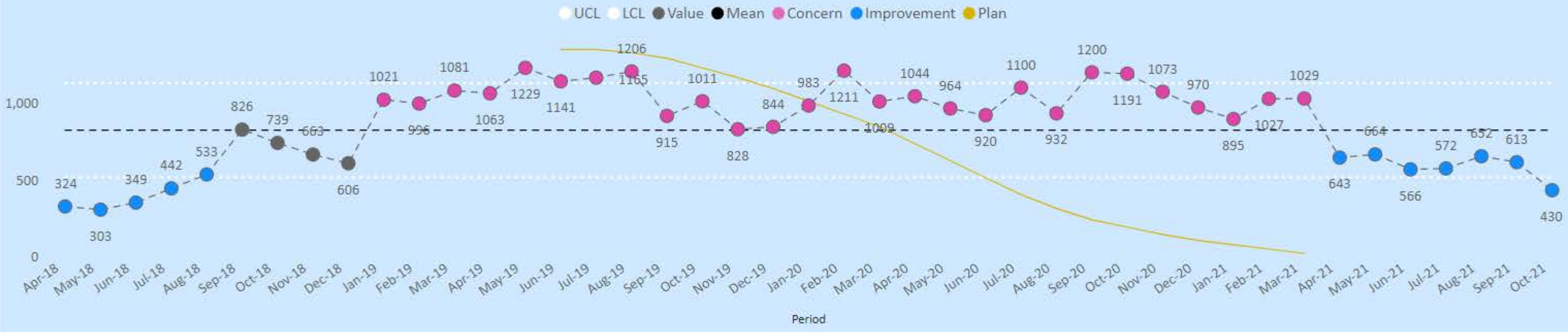
Question	Answers
A: What has happened?	Performance has been on a reducing trend since March 2020 and remains well below the 75% target at 28.09% and outside control limits. The service has a large number of vacancies which are difficult to recruit to which has made it difficult to offer appointments 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 space in primary care to offer face to face appointments.
B: Why has it happened?	Ability see patients face to face impacted by Covid as access to GP surgeries and community facilities were stopped. Face to face contacts have increased in BHM premises but need to be undertaken in a COVID secure way and capacity is reduced in number. The service has a large number of vacancies with additional challenges around retention, with staff leaving to take further training or moving to posts which attract higher bandings, which has made it difficult to offer appointments in a timely way.
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. On line digital therapies are also being offered and discussions are taking place with GPs to access clinical space. Weekly meetings to review current waits are also taking place.
E: What do we expect to happen?	To slowly increase the face to face offer and increase capacity.
F: How will we know when we have addressed issues?	The waiting times will be equal to or be above the 75% target.

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	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21
A: All	664	566	572	652	613	430
B: Acute and Urgent Care	664	566	572	652	613	430

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 has been sustained in May - September at 613 days. The number of new OOA admissions has reduced from 19 in August to 14 in September with a total of 42 OOA placements. A revised target has been agreed with NHSE/I to reduce OOA bed usage to zero by the end of quarter 2 (September 2021).

Detailed Commentary

Out of Area Bed Days

Sept - 2021

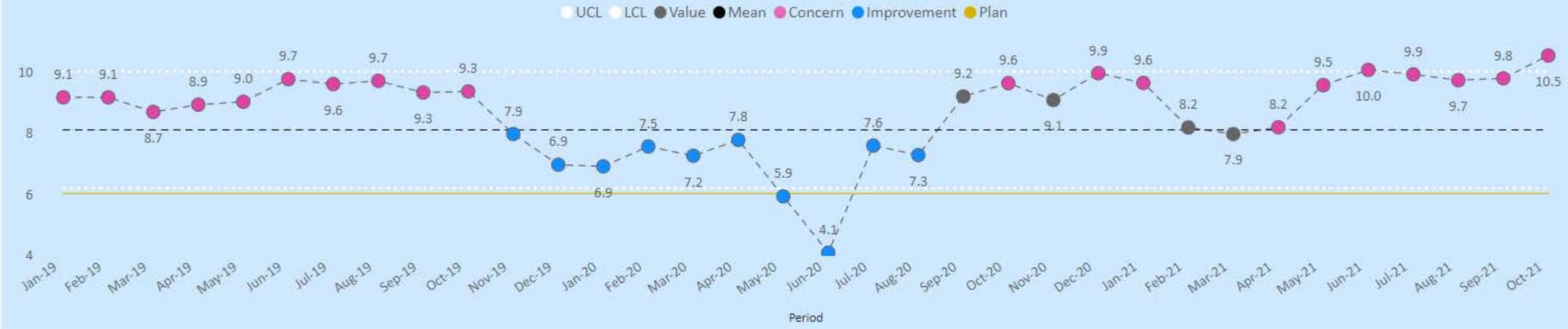
Question	Answers
A: What has happened?	Key areas of the out of area implementation plan have continued to be implemented and in April 2021, a significant reduction in the number of OBDs was achieved, down to 643, below pre covid levels and the lowest number in the previous 16 months. This has been sustained in May - September at 613 days. The number of new OOA admissions has reduced from 19 in August to 14 in September with a total of 42 OOA placements. A revised target has been agreed with NHSE/I to reduce OOA bed usage to zero by the end of quarter 2 (September 2021).
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 appropriately 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, 12 PICU and 10 acute beds. This will enable further reductions in the number of inappropriate out of area placements. 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.
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. Progress achieved to date has been commended by commissioners and NHSE/I.
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. Reporting from 1st October has been revised to reflect this.
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 begin to get implemented and embedded and more recently as a result of the SOP agreed with NHSE. This will be further supported by the introduction of the additional bed capacity.
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

Staff Vacancies

Divisions

Statistical Process Control (SPC)



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

Division	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21
A: All	9.5%	10.0%	9.9%	9.7%	9.8%	10.5%
B: Acute and Urgent Care	6.9%	7.3%	8.7%	7.9%	7.8%	9.0%
C: ICCR	9.6%	11.7%	10.9%	10.5%	10.1%	6.8%
D: Secure Serv & Offender Health	7.2%	7.3%	7.8%	8.5%	9.4%	8.4%
E: Specialties	4.7%	5.0%	5.5%	6.1%	7.2%	6.5%
F: Corporate	9.3%	11.4%	9.2%	7.9%	7.6%	8.3%

Commentary

The vacancy rate has stayed consistent in September and is above the KPI target of 6.0%. Vacancy rates have fluctuated over the last 12 months with an overall increase in vacancies since April 2020 when vacancies stood at 7.8%. The vacancy breakdown by division is as follows: Secure Services and Offender Health – 8.6%; Specialties – 10.2%; Acute and Urgent Care – 8.6%; and ICCR – 11.6%.

Detailed Commentary

NHS
Birmingham and Solihull Mental Health
NHS Foundation Trust

Staff Vacancies

Sept - 2021

Question	Answers
A: What has happened?	The vacancy rate has stayed consistent in September and is above the KPI target of 6.0%. Vacancy rates have fluctuated over the last 12 months with an overall increase in vacancies since April 2020 when vacancies stood at 7.8%. The vacancy breakdown by division is as follows: Secure Services and Offender Health – 8.6%; Specialties – 10.2%; Acute and Urgent Care – 8.6%; and ICCR – 11.6%.
B: Why has it happened?	The Trust establishment grew in Q1 which has resulted in an increase in vacancy rates whilst newly established posts are recruited to and due to an increased demand on workforce supply - due to the amount of workforce growth planned for 2021/22 in response to the different funding streams available to the Trust, the establishment will continue to grow which may impact vacancy figures depending on the level of successful recruitment to new posts.
C: What are the implications and consequences?	Nationally there is a shortage of registered nurses and this is reflected in our local data; Band 5 nurses particularly are a key concern with a high vacancy rate at 37.2% for September. This is a significant number and the highest on record. Whilst the vacancy rate has improved in some areas, there is a variance in rates across teams and staff groups and it is important to note areas are experiencing severe staffing level challenges - lower staffing levels has an impact on the Trust's ability to provide high quality patient care and increases reliance on bank and agency usage – this in turn impacts continuity of care for patients. BAF Risk Fails to develop an inclusive and compassionate working environment, resulting in failure to attract talent.
D: What are we doing about it?	Approval has been received from the Executive team to create a "talent hub" within the Trust. The aims would be to create and manage a talent attraction strategy to support the Trust's plans for growth, align all talent attraction and recruitment processes throughout the Trust, lead on international recruitment activities, from sourcing through to appointment and pastoral care, recruitment pipeline management, which includes international recruitment activities, from sourcing to appointment and pastoral care, sourcing of high quality candidates for key positions and establish and grow a talent pool of passive candidates within key business areas and positions. The Trust, alongside the ICS to looking to recruit into 100 entry level roles a role which will be targeted at underrepresented groups across Birmingham and Solihull. This will launch in November. We continue to work with operational areas to convert long term temporary staffing bookings into substantive offers of employment - long term bookings for both bank and agency are reviewed weekly, with the Operational HR Team meeting with managers to understand the situation that has led to that long term booking and to assess the feasibility of the individual being offered a substantive role - a TSS and HR Operations task group are currently meeting weekly to review progress. Attending the RCN Jobs fair at the NEC on Wednesday 6th October. This has created a number of offers and a high number of leads from interested nurses which we are following up. We have started to do some targeted work around our nursing vacancies. Data shows that about 40% of our band 5 Staff Nurse vacancies are from 10 wards with the highest vacancy rate so are looking at some bespoke work around this.

Detailed Commentary

Staff Vacancies

Sept - 2021

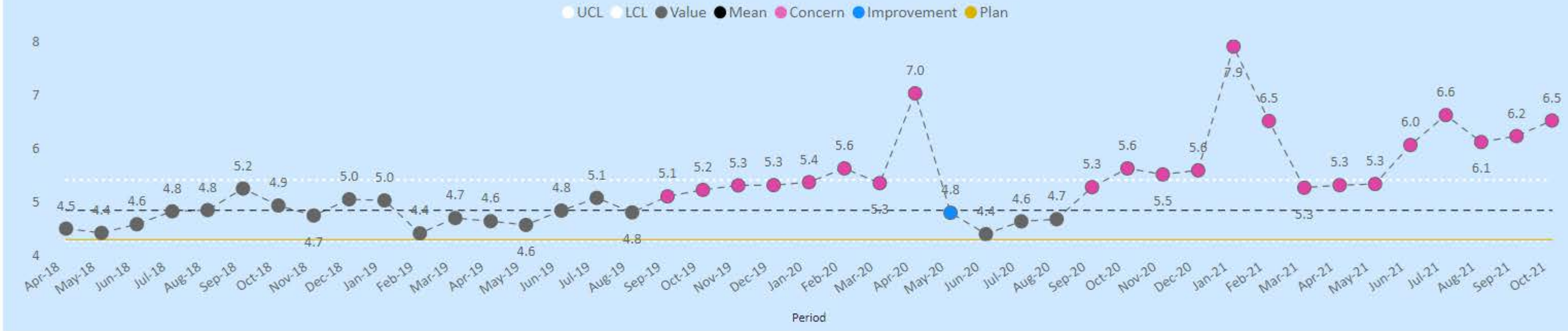
Question	Answers
	Fails to develop an inclusive and compassionate working environment, resulting in failure to attract talent.
D: What are we doing about it?	Approval has been received from the Executive team to create a "talent hub" within the Trust. The aims would be to create and manage a talent attraction strategy to support the Trust's plans for growth, align all talent attraction and recruitment processes throughout the Trust, lead on international recruitment activities, from sourcing through to appointment and pastoral care, recruitment pipeline management, which includes international recruitment activities, from sourcing to appointment and pastoral care, sourcing of high quality candidates for key positions and establish and grow a talent pool of passive candidates within key business areas and positions. The Trust, alongside the ICS to looking to recruit into 100 entry level roles a role which will be targeted at underrepresented groups across Birmingham and Solihull. This will launch in November. We continue to work with operational areas to convert long term temporary staffing bookings into substantive offers of employment - long term bookings for both bank and agency are reviewed weekly, with the Operational HR Team meeting with managers to understand the situation that has led to that long term booking and to assess the feasibility of the individual being offered a substantive role - a TSS and HR Operations task group are currently meeting weekly to review progress. Attending the RCN Jobs fair at the NEC on Wednesday 6th October. This has created a number of offers and a high number of leads from interested nurses which we are following up. We have started to do some targeted work around our nursing vacancies. Data shows that about 40% of our band 5 Staff Nurse vacancies are from 10 wards with the highest vacancy rate so are looking at some bespoke work around this. Targeted work is continuing between Recruitment and the Community Engagement Team to look at how we can increase supply into the organisation from our local communities. A new Safer Staffing committee has been established to focus on some of the challenges around vacancies. There will be sub-committees from this focussing on supply, upskilling and new roles. The first meetings of the BSOL Mental Health Systems – Delivery and Transformation Sub-Group take place on 23rd September 2021. Its purpose will be to ensure a workforce fit for purpose to the mental health NHS Long Term Plan. It will ensure that the risks and barriers to the supply and deployment of a skilled workforce are identified and addressed.
E: What do we expect to happen?	There are national supply issues in relation to certain staff groups e.g., registered nurses and IAPT meaning we do need to recognise that this will limit the improvements that can be made in relation to vacancy rates. However targeted work ongoing across the Trust should mean we see a reduction in vacancy rates over time.
F: How will we know when we have addressed issues?	Reduction in vacancy rate and maintenance of the vacancy rate at below the 6% Trust target.

Birmingham and Solihull Mental Health NHS Foundation Trust

Staff Sickness

Divisions

Statistical Process Control (SPC)



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

Division	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21
A: All	5.3%	6.0%	6.6%	6.1%	6.2%	6.5%
B: Acute and Urgent Care	8.0%	8.2%	8.6%	7.6%	7.7%	7.2%
C: ICCR	5.3%	5.6%	6.4%	6.3%	6.2%	7.4%
D: Secure Serv & Offender Health	6.2%	7.1%	6.8%	6.0%	7.1%	8.5%
E: Specialties	4.5%	5.9%	7.8%	7.4%	6.2%	5.6%
F: Corporate	2.7%	3.3%	3.6%	3.4%	3.8%	3.2%

Commentary

Sickness absence increased to 6.21% in September from 6.1% in August. Non-covid related sickness absence slightly increased by 0.08% which accounts for the overall increase whilst Covid-19 related sickness absence increased slightly to 1.17% in August from 1.14% in September. This is the second increase in Covid-19 related sickness absence seen since the start of 2021 which had seen a reduction in not only the percentage of sickness absence related to Covid-19 but the number of FTE days lost per month. Short term sickness absence increased by 0.41% whilst long term sickness absence decreased by 0.3%. Overall sickness absence rates by division for September are as follows: Specialties – 6.32%; ICCR – 6.07%; Secure Services and Offender Health – 7.11%; and Acute and Urgent Care – 7.57%.

Detailed Commentary

Birmingham and Solihull Mental Health NHS Foundation Trust

Staff Sickness

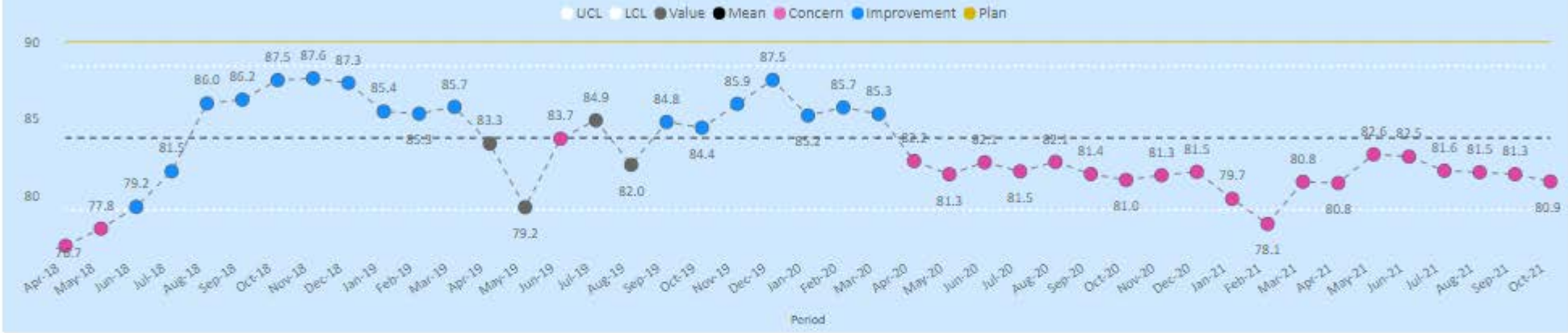
Sept - 2021

Question	Answers
A: What has happened?	Sickness absence increased to 6.21% in September from 6.1% in August. Non-covid related sickness absence slightly increased by 0.08% which accounts for the overall increase wh Covid-19 related sickness absence increased slightly to 1.17% in August from 1.14% in September. This is the second increase in Covid-19 related sickness absence seen since the start of 2021 which had seen a reduction in not only the percentage of sickness absence related to Covid-19 but the number of FTE days lost per month. Short term sickness absence increased by 0.41% whilst long term sickness absence decreased by 0.3%. Overall sickness absence rates by division for September are as follows: Specialties – 6.32%; ICCR – 6.07%; Secure Services and Offender Health – 7.11%; and Acute and Urgent Care – 7.57%.
B: Why has it happened?	Although the number of individuals off work with Covid-19 related sickness absence has decreased significantly over the last few months, September saw our second consecutive increase although only slight. Covid-19 related sickness accounted for 26% of all sickness in September, compared to 19% in August,17% in July, 14.3% in June, 16.9% in May, 18.1% in April, 21.3% in March, 35.0% in February and 41.4% in January. The People Team will monitor this during the early autumn as last winter's Covid 19 related figures were relatively high , and contributed to staffing challenges. The top specified reasons for sickness absence in September were Anxiety/stress/depression/other psychiatric illness (accounting for 27.59% of all sickness absence which is an decrease from August); Cold, cough, flu – influenza (not Covid-related); Gastrointestinal problems; and other musculoskeletal problems. This follows a consistent trend of top absence reasons.
C: What are the implications and consequences?	Continuity of care for patients is affected and reliance on bank and agency staff increases. Lower staffing levels due to high sickness absence also has an impact on safe staffing levels, workload and health and wellbeing of staff. BAF Risk: Fails to develop an inclusive and compassionate working environment, resulting in increase levels of sickness. Fails to look holistically at flexible and transformative workforce models used across all services, resulting in a failure to take opportunities where positive gains are possible Fails to deliver its ambition to transform the culture and sponsor, implement, support, and monitor a multidisciplinary values-based leadership framework developing the right capabilities, resulting in an underperforming workforce
D: What are we doing about it?	The People Partners/Senior People Partners have been asked to create a sickness absence action/recovery plan for each of their service areas, working in conjunction with operational leads to reduce the sickness rates. These are due to be reviewed and an update provided ahead of the People Committee in November. The Team are also looking at re-introducing training for managers around sickness absence monitoring which was stood down during Covid. Weekly reports are being produced on the impact of Long Covid on our staff, with cases carefully managed to ensure individuals are receiving the right support. Long Covid Absence was raised at ICS HR Forum on the 12th October as we are still awaiting national guidance on managing Long COVID sickness absence and potential Ill-Health Retirement.
E: What do we expect to happen?	Sickness absence rates will be impacted by the trajectory of Covid-19 infections – whilst these are reducing we expect to see sickness absence reduce (although absence related to Covid-19 is already low). A change in trajectory of the virus however would impact figures. We will continue to undertake proactive work to improve health and wellbeing and support managers to actively manage sickness absence to reduce non-Covid absence.

Staff Appraisals

Divisions

Statistical Process Control (SPC)



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

Division	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21
A: All	82.6%	82.5%	81.6%	81.5%	81.3%	80.9%
B: Acute and Urgent Care	77.1%	73.6%	76.6%	78.8%	78.6%	78.6%
C: ICCR	91.3%	91.6%	90.6%	91.3%	90.4%	87.8%
D: Secure Serv & Offender Health	87.9%	88.7%	86.7%	84.9%	84.3%	84.0%
E: Specialties	81.9%	82.4%	80.5%	80.3%	83.4%	83.3%
F: Corporate	70.9%	70.8%	69.3%	68.8%	66.8%	67.7%

Commentary

Appraisal rates have decreased slightly to 81.4% in September from 81.5% in August. The appraisal rate had been maintained consistently above the 85% CCG target from November 2019 to March 2020, however fell below this in April 2020 and has remained consistently below this target since. The appraisal rate breakdown by division for September is as follows: ICCR – 89.8%; Secure and Offender Health – 90.9%; Specialties – 89.9%; and Acute and Urgent Care – 87.1%.

Detailed Commentary

Birmingham and Solihull Mental Health NHS Foundation Trust

Staff Appraisals

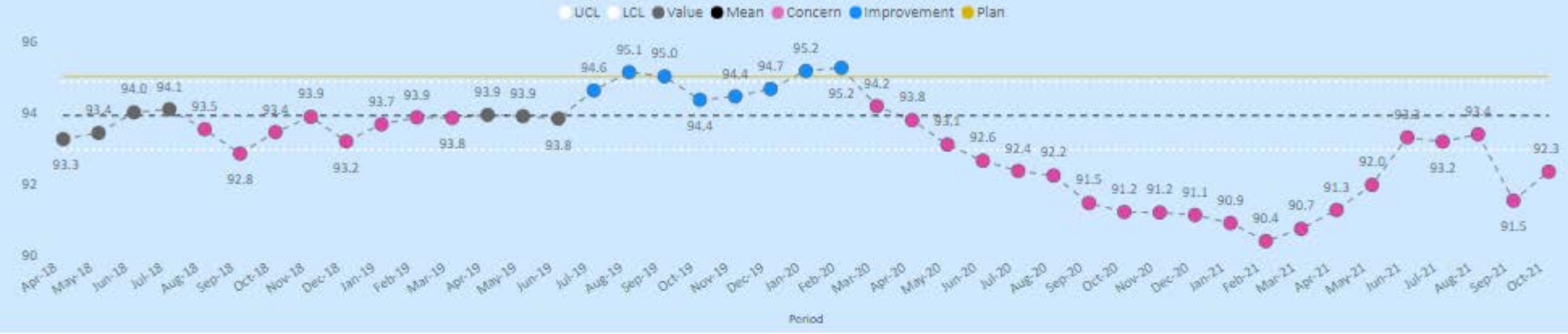
Sept - 2021

Question	Answers
A: What has happened?	Appraisal rates have decreased slightly to 81.4% in September from 81.5% in August. The appraisal rate had been maintained consistently above the 85% CCG target from November 2019 to March 2020, however fell below this in April 2020 and has remained consistently below this target since. The appraisal rate breakdown by division for September is as follows: ICCR – 89.8%; Secure and Offender Health – 90.9%; Specialties – 89.9%; and Acute and Urgent Care – 87.1%.
B: Why has it happened?	The main reason for the fall in appraisal compliance since April 2020 is the capacity challenge for staff caused by the Covid-19 response and the significant staffing shortages we have seen due to the pandemic. Appraisal rate recovery is starting to be seen linked to a reduction in Covid-19 staffing pressures and due to targeted work with managers on pay progression including training and communications detailing appraisal completion as a key element.
C: What are the implications and consequences?	Failure to meet our contractual requirements – this stands at an 85% target for completion from the CCG. Non-completion of appraisals and/or poor-quality appraisals has an impact on staff experience and development, potentially leading to reduced engagement from staff and increased turnover.
D: What are we doing about it?	An L&D Administrator is utilising the draft Appraisal Completion report (provided by the Informatics Team) to target those staff that are not completing their appraisals and support them in the completion of the ADR process; this approach was adapted throughout the pandemic to encourage supportive conversations as opposed to targeted work on recording appraisals recognising the significant staffing challenges - during the Covid period a best-practice appraisal guide was produced and made available on Connect to support all staff. As staffing pressures have reduced due to the pandemic, focused work on the recording of appraisals and a review of how staff are being supported is taking place. An Appraisal options paper has been presented to the Systems Strategy Group on the 6th May focused on the recommendation to update the Appraisal process in the existing Working Better Together System. Engagement sessions to gain feedback on the appraisal form have been completed throughout April; the redesign of the draft Appraisal form following feedback has been completed including further engagement with Unions, Staff Networks and professional groups. The Appraisal project group have developed specifications and explored suitable system options, an Appraisal Options paper has been presented at Strategy and Transformation Management Board on the 9th September with an agreement to proceed with the ESR system, however with further actions and a detailed plan to be considered e.g. resource and system requirements. The renewal date for the Appraisal Policy has been extended to December 2021 due to the current status of the Appraisal work. People and L&D Business Partners are working with relevant Ads and Team Leaders to improve the current completion rate.
E: What do we expect to happen?	Due to the reliance on historical, system driven processes there will be continued difficulties in trying to report accurately on RMS and ADR data. The Appraisal compliance figure will continue to fluctuate due to the impact on staffing levels and capacity due to Covid-19 but we expect to see some recovery due to a current reduction in staffing pressures related to the pandemic, the pay progression work and the new Appraisal process and form.
F: How will we know when we have addressed issues?	An improvement in appraisal completion rates to meet the 85% commissioner target; the appraisal project completion is ongoing and this will provide updates as the project moves forward.

Fundamental Training

Divisions

Statistical Process Control (SPC)



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

Division	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21
A: All	92.0%	93.3%	93.2%	93.4%	91.5%	92.3%
B: Acute and Urgent Care	90.3%	91.9%	91.5%	91.8%	89.7%	90.1%
C: ICCR	92.1%	93.7%	93.5%	93.7%	92.1%	92.4%
D: Secure Serv & Offender Health	93.8%	94.7%	94.6%	94.7%	93.3%	93.9%
E: Specialties	90.4%	92.4%	92.7%	93.0%	91.8%	92.7%
F: Corporate	92.7%	93.1%	92.8%	92.9%	89.4%	91.8%

Commentary

Fundamental Training decreased to 88.9% in September from 91.2% in August. This is the first decrease in fundamental training compliance this financial year, where until September we have seen a steady increase following Covid dip. FT breakdown by division is as follows: Secure and Offender Health – 90.9%; ICCR – 89.8%; Specialties – 89.9% and Acute and Urgent Care – 87.1%. Bank FT compliance decreased slightly to 65.25% in September from 65.62% in August. Bank FT compliance decreased over 2020/21 and have remained at just above 65% so far this financial year.

Detailed Commentary

Birmingham and Solihull Mental Health NHS Foundation Trust

Fundamental Training

Sept - 2021

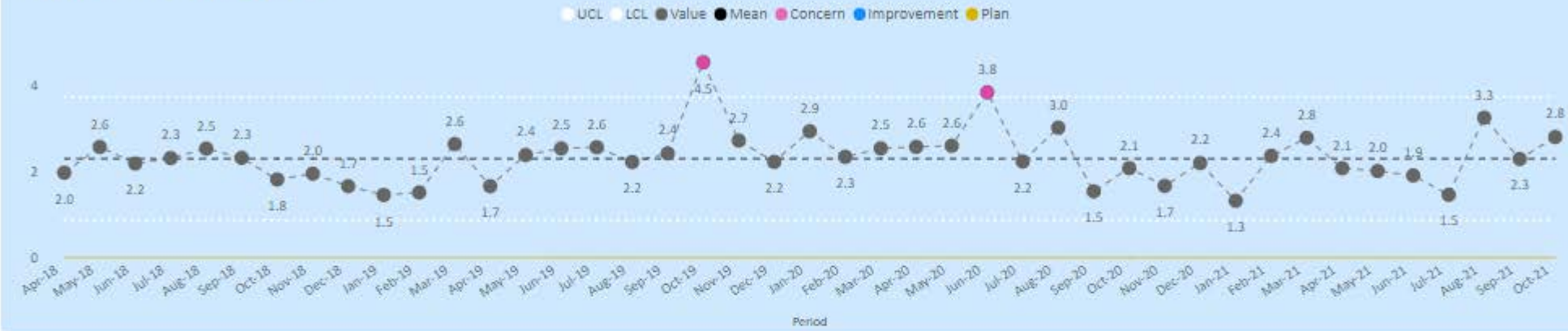
Question	Answers
A: What has happened?	Fundamental Training decreased to 88.9% in September from 91.2% in August. This is the first decrease in fundamental training compliance this financial year, where until September we have seen a steady increase following Covid dip. FT breakdown by division is as follows: Secure and Offender Health – 90.9%; ICCR – 89.8%; Specialties – 89.9% and Acute and Urgent Care – 87.1%. Bank FT compliance decreased slightly to 65.25% in September from 65.62% in August. Bank FT compliance decreased over 2020/21 and have remained at just above 65% so far this financial year.
B: Why has it happened?	Substantive staff FT compliance: ADs have worked with Learning and Development to drive up compliance and continue to support for TSS bank workers to complete FT. The decrease in TSS compliance is in part a result of stepping down non-essential FT courses for all staff August 2021 due to impact of covid on workforce
C: What are the implications and consequences?	Low FT compliance is a risk to patient safety and the safety of our staff. There is a risk staff will not have the competence required to practice safely in clinical areas. BAF Risks: Fails to develop an inclusive and compassionate working environment, resulting in demotivated workforce.
D: What are we doing about it?	A fortnightly report and newsletter is being sent to ADs regarding clinical FT and quarterly webinars/surgeries for areas are also being planned to meet operational needs. Monthly meetings with TSS to assess progress
E: What do we expect to happen?	Post Covid recovery plans and associated trajectories have calculated that FT recovery for substantive staff will be achieved between August and October 2021.
F: How will we know when we have addressed issues?	With the continued uptake of training offers and when the trajectories offered to the executive team and commissioners are achieved on the cited date.

NHS
Birmingham and Solihull Mental Health NHS Foundation Trust

Patient Assaults / 1000 OBD

Divisions

Statistical Process Control (SPC)



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

Division	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21
A: All	2.0	1.9	1.5	3.3	2.3	2.8
B: Acute and Urgent Care	4.4	3.6	1.6	6.2	4.1	6.5
C: ICCR		0.4	0.7	0.7	1.0	0.3
D: Secure Serv & Offender Health	0.6	0.9	0.9	1.3	1.1	0.7
E: Specialties	1.8	1.8	3.3	3.3	2.2	1.8

Commentary

We remain below the median in the number of assaults on patients (42 in Sept.). The majority of these incidents resulted in no harm (33), the remainder were low harm. The highest number of assaults occurred on our PICU units with one service user accounting for 11 assaults

Detailed Commentary

Birmingham and Solihull Mental Health NHS Foundation Trust

Patient Assaults / 1000 OBD

Sept - 2021

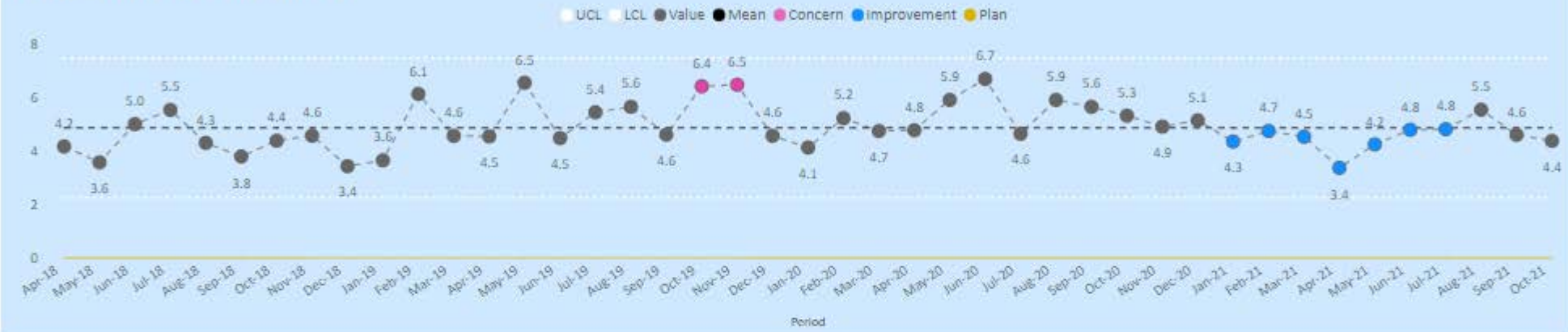
Question	Answers
A: What has happened?	We remain below the median in the number of assaults on patients (42 in Sept.). The majority of these incidents resulted in no harm (33), the remainder were low harm. The highest number of assaults occurred on our PICU units with one service user accounting for 11 assaults
B: Why has it happened?	One service user on PICU accounted for 11 of these (26%) incidents, the Averts team were involved and a period of seclusion was used to reduce the risk of harm.
C: What are the implications and consequences?	Sustained high levels of patient assaults may lead to, extended length of stay and recovery, patients feeling unsafe on our wards, and harm to patients
D: What are we doing about it?	As for restraint and staff assaults we have a range of projects designed to reduce the incidence of violence to patients. These include; increased activities (Quality Goal), Operation Stonethwaite, Safewards, and QI collaborative on least restrictive practice.
E: What do we expect to happen?	A reduction in the number of assaults on patients and an improvement in patient experience and feeling of safety and support.
F: How will we know when we have addressed issues?	Sustained reduction in the number of incidents and an improvement in patient experience and safety measured through the Friends and Family test and other patient feedback.

Birmingham and Solihull Mental Health NHS Foundation Trust

Staff Assaults / 1000 OBD

Divisions

Statistical Process Control (SPC)



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

Division	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21
A: All	4.2	4.8	4.8	5.5	4.6	4.4
B: Acute and Urgent Care	6.1	7.9	8.6	10.6	7.6	8.1
C: ICCR	0.4		0.7		1.0	
D: Secure Serv & Offender Health	3.5	2.7	2.5	3.3	2.9	2.9
E: Specialties	5.3	7.0	5.5	4.0	5.2	3.6

Commentary

The number of assaults on staff reported during September has decreased (to 83), with a reduction being seen in our acute care services. Two of these incidents were reported as moderate harm events. Six patients were involved in three or more incidents accounting for 31% of incidents.

Detailed Commentary

Birmingham and Solihull Mental Health NHS Foundation Trust

Staff Assaults / 1000 OBD

Sept - 2021

Question	Answers
A: What has happened?	The number of assaults on staff reported during September has decreased (to 83), with a reduction being seen in our acute care services. Two of these incidents were reported as moderate harm events. Six patients were involved in three or more incidents accounting for 31% of incidents.
B: Why has it happened?	The introduction of safety huddles. AVERTS consultants have re-entered the physical ward environment during the last three months to provide advice and leadership to staff.
C: What are the implications and consequences?	Continued exposure to violence and aggression can lead to a decrease in staff morale; burn out; sickness and RIDDOR reporting; poor staff experience and staff safety and have an impact on recruitment and retention. Poor staff survey score regarding violence.
D: What are we doing about it?	We have introduced safety huddles within our acute care settings. Compliance with holding safety huddles is monitored as part of the Section 31 (CQC) monthly reporting. Overall compliance in September was above 95% across inpatient services.
E: What do we expect to happen?	A reduction in the number of assaults on staff and their harm level, together with an improvement in staff morale and feeling of safety and support.
F: How will we know when we have addressed issues?	Sustained reduction in the number of incidents and an improvement in staff morale measured through staff survey and workforce KPIs such as sickness levels and recruitment and retention levels.

Birmingham and Solihull Mental Health NHS Foundation Trust

Meeting	**BOARD OF DIRECTORS**
Agenda item	**11**
Paper title	**MONTH 7 2021/22 FINANCE REPORT**
Date	24/11/2021
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

Executive summary & Recommendations:

Revenue position

The month 7 2021/22 consolidated Group position is a surplus of £788k year to date. The outturn for the six months to September was a £20k surplus.

There is a continuation of non-recurrent slippage on recruitment against new investment.

H2 Planning

The system H2 plan submission is now due on 18 November 2021 and the provider submission is due on 25 November. The proposed total H2 plan is break even.

Capital position

Month 7 year to date Group capital expenditure is £2.3m, this is £1.5m less than plan, but we still expect to deliver the total annual capital programme of £10.3m.

Cash position

The month 6 Group cash position is £51.2m, including funding for Reach Out and some cash hosted on behalf of the ICS.

Reason for consideration:

Update on month 7 financial position.

Previous consideration of report by:

FPP and regular briefing on financial position with FPP chair.

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

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

Financial Implications *(detail any financial implications)*
Group financial position
Board Assurance Framework Risks: *(detail any new risks associated with the delivery of the strategic priorities)*
Linked to existing BAF2_0012
Equality impact assessments:
N/A
Engagement *(detail any engagement with staff/service users)*
Ongoing financial briefings via Operational Management Team and Sustainability Board.

Birmingham and Solihull Mental Health NHS Foundation Trust

Finance Report

Financial Performance:

1st April 2021 to 31st October 2021

Month 7
Group financial position

Group Summary	H1 Plan £'000	H2 Plan £'000	Total 2021/22 Plan £'000	H1 (month 1-6) Actual £'000	H2 YTD Actual £'000	Total YTD Actual £'000
Income						
Healthcare Income	143,980	193,889	337,868	147,071	24,731	171,803
Other Income	7,502	8,328	15,830	9,100	9,349	18,449
			0			
Total Income	**151,482**	**202,217**	**353,698**	**156,171**	**34,080**	**190,251**
Expenditure						
Pay	(109,400)	(113,485)	(222,886)	(113,201)	(18,297)	(131,498)
Other Non Pay Expenditure	(21,949)	(70,659)	(92,608)	(24,747)	(11,867)	(36,614)
Drugs	(2,959)	(2,918)	(5,877)	(3,192)	(517)	(3,709)
Clinical Supplies	(570)	(566)	(1,137)	(273)	(40)	(313)
PFI	(5,198)	(5,164)	(10,362)	(5,164)	(1,207)	(6,372)
Unallocated Budgets	(3,263)	(1,266)	(4,529)	-	-	-
EBITDA	**8,142**	**8,158**	**16,299**	**9,594**	**2,152**	**11,745**
Capital Financing						
Depreciation	(4,042)	(4,042)	(8,084)	(4,100)	(683)	(4,784)
PDC Dividend	(1,182)	(1,182)	(2,364)	(1,180)	(196)	(1,376)
Finance Lease	(2,183)	(2,183)	(4,366)	(2,187)	(368)	(2,555)
Loan Interest Payable	(631)	(608)	(1,239)	(631)	(104)	(735)
Loan Interest Receivable	49	49	97	(0)	(0)	(0)
Surplus / (Deficit) before taxation	**152**	**192**	**344**	**1,495**	**800**	**2,295**
Impairment				(1,283)	0	(1,283)
Profit/ (Loss) on Disposal	40	-	40	-	-	-
Taxation	(192)	(192)	(384)	(192)	(32)	(224)
Surplus / (Deficit)	**0**	**0**	**0**	**20**	**768**	**788**

Month 7 2021/22 Group Financial Position

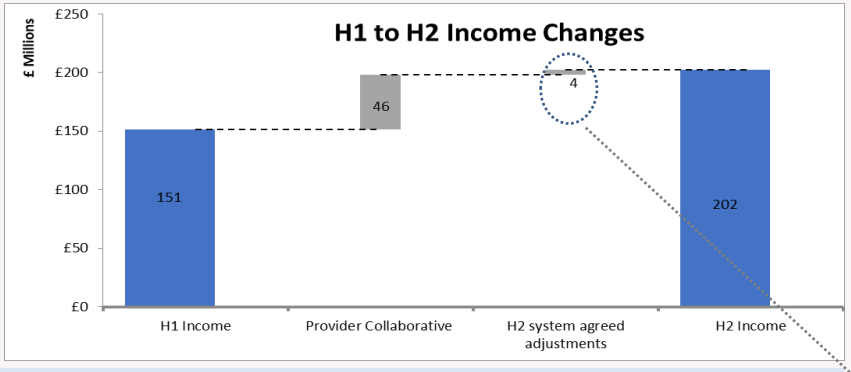
The month 7 year to date consolidated Group financial position is £788k surplus. The outturn for H1 (April 2021 to September 2021) was £20k surplus. The in month surplus of £768k is driven by a continuation of non-recurrent slippage on recruitment against new investment. Given the timing of H2 guidance and system allocation discussions, we continue to assess the H2 position and its impact on income.

H2 Plan

The 2021/22 operational planning guidance for H2 (October 2021 to March 2022) was published on 30 September 2021. The system H2 plan submission is now due on 18 November 2021 and the provider submission is due on 25 November. The proposed total H2 plan is break even. As discussed at Finance, Performance & Productivity Committee, the H2 plan has been developed with the H1 plan as the start point. Adjustments have been made including system allocations, inflation and efficiency. The H2 plan also reflects that the Reach Out provider collaborative went live on 1 October 2021 with BSMHFT as the lead provider. The additional income associated with the commissioning of secure care services will now be reported within the Group position. This income is fully offset by expenditure, with nil impact on the bottom line plan. For further detail on the H2 plan, see page 3.

H2 Planning

Birmingham and Solihull Mental Health NHS Foundation Trust



The 2021/22 operational planning guidance and system envelopes for H2 (October 2021 to March 2022) were published on 30 September 2021. The BSOL system envelope is £1.2 billion. The system H2 plan submission is due on 18 November 2021, with our provider submission due on 25 November 2021. The proposed H2 plan is break even, giving a full year break even plan. In H2 the income plan has increased by £50m; £4m relating to system adjustments and £46m relating to the Reach Out provider collaborative. This additional income is fully offset by planned expenditure.

Group Summary	H1 Plan £'000	H2 Plan £'000	Total Plan £'000
Income	151,482	202,217	353,698
Expenditure	(143,340)	(194,059)	(337,399)
Capital Financing	(7,990)	(7,966)	(15,956)
Profit/ (Loss) on Disposal	40	-	40
Taxation	(192)	(192)	(384)
Surplus / (Deficit)	**0**	**0**	**0**

Provider Collaborative

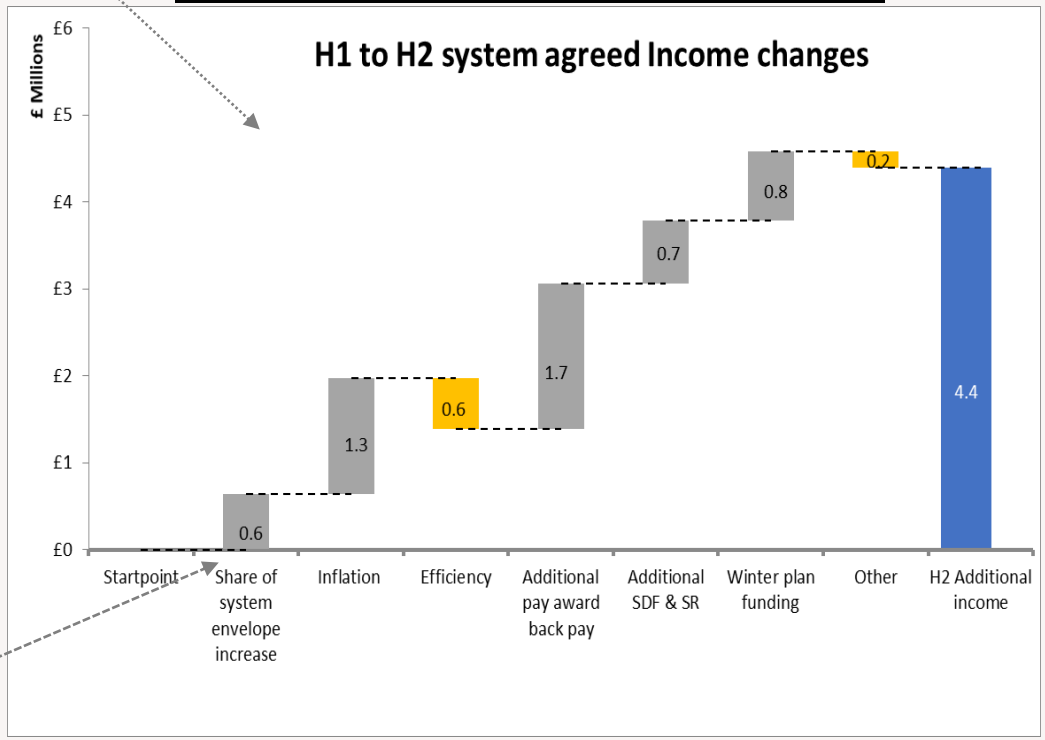
As BSMHFT is the lead provider of the Reach Out provider collaborative with effect from 1 October 2021, the additional income associated with the commissioning of secure care services will now be reported within the Group position. As discussed at Finance, Performance & Productivity Committee, the increased income is offset by planned expenditure, with nil impact on the bottom line plan.

H2 System agreed adjustments

The £1.2 billion H2 system envelope is an increase of £23m compared to the H1 envelope, of which £16m relates to pay award back pay. Work has been undertaken across the system to agree the share of the increase across partners. A breakdown of the system increase and the BSMHFT share is shown below:

H2 Envelope growth	System £'m	BSMHFT £'m
Growth funding on core contract & system allocations	13.6	1.7
Contribution to H2 pay uplift re LA & HEE income	1.3	0.1
Capacity funding	9.0	0.0
Reduction in COVID funding	-4.8	-0.4
Additional system efficiency linked to distance from target	-10.5	-0.8
Reduction of support for provider income loss by 25%	-1.3	0.0
Total H2 specific envelope increase	**7.3**	**0.6**
Total funding for H1 backpay	**16.0**	**0.0** *
Total H1 to H2 system envelope increase	**23.3**	**0.6**

* £1m Mental health pay award reserve already included in H1 plan.



NHS System Oversight Framework 2021/22

NHS System Oversight Framework 2021/22

On 24 June 2021, NHSEI issued the NHS System Oversight Framework (SOF) for 2021/22, replacing the NHS Oversight Framework for 2019/20. The framework describes NHSEI's approach to oversight for 2021/22 as one that reinforces system-led delivery of integrated care. It applies to all Integrated Care Systems (ICSs), Clinical Commissioning Groups (CCGs), NHS trusts and foundations trusts.

A single set of oversight metrics will be used to flag potential issues and prompt further investigation of support needs. The metrics align to the five national themes of the System Oversight Framework, which reflect the ambitions of the NHS Long Term Plan as follows:

System Oversight Framework national themes

- Quality of care, access and outcomes
- Preventing ill health and reducing inequalities
- People
- Leadership and capability
- Finance and use of resources

On 15 October 2021, a letter was issued from NHSEI confirming that BSMHFT has been placed into SOF segment 3 mainly due to challenged performance on out of area placements and IAPT, staff survey and quality concerns.

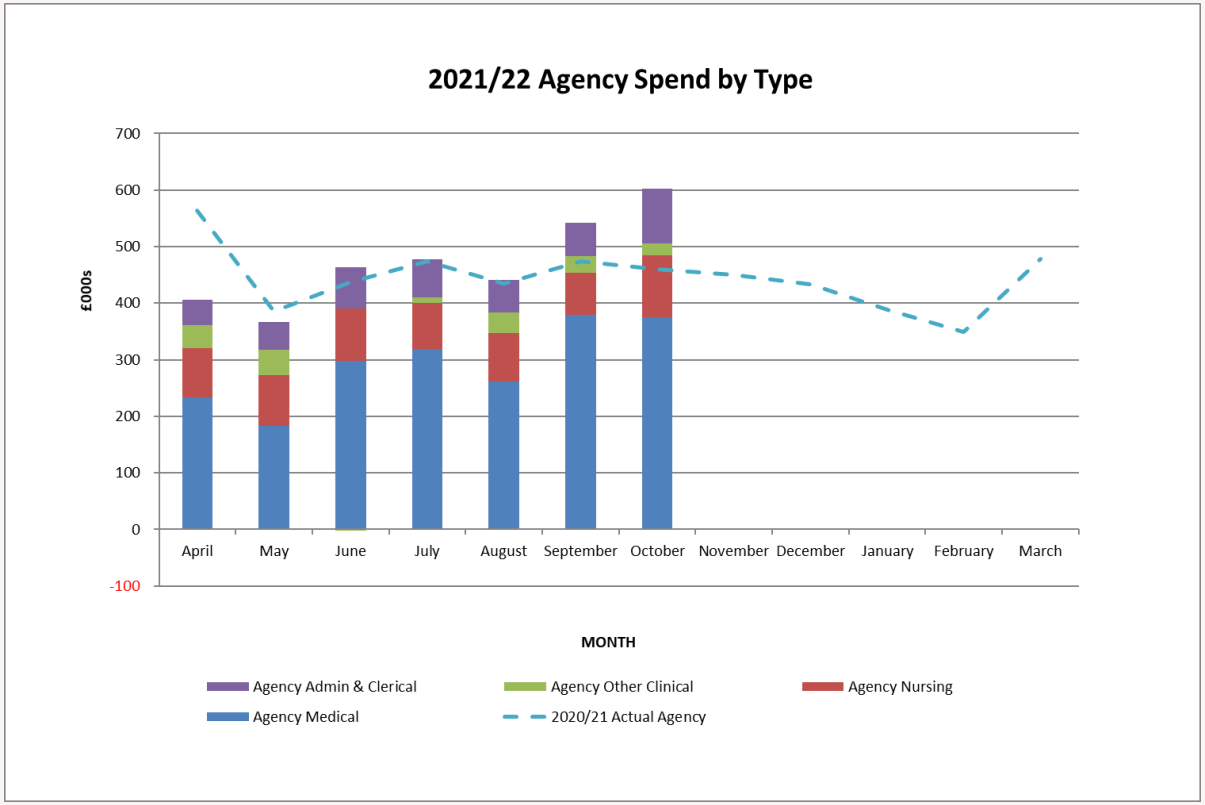
The finance team continue to support operational colleagues on the challenges relating to out of area and IAPT. The 2021/22 metrics for the finance and use of resources oversight theme are shown below. The focus is on the achievement of financial balance.

Oversight theme	NHS Long Term Plan/People Plan headline area	2021/22 Planning guidance deliverable	Measure name (metric)	CCG	Trust	ICS
Finance and use of resources	The NHS will return to financial balance: NHS in overall financial balance each year	Systems to manage within financial envelopes	Performance against financial plan	✓	✓	✓
			Underlying financial position	✓	✓	✓
			Run rate expenditure	✓	✓	✓
			Overall trend in reported financial position	✓	✓	✓

Agency expenditure
Medical Agency increase in month

	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	21/22 YTD
Agency Spend (£'000)	405	366	462	478	441	542	603					**3,298**
NHSEI Ceiling (£'000)	616	616	616	616	616	616	616					**4,314**
Stretch target (£'000)	501	501	501	501	501	501	538					**3,545**
Variance to stretch target	**96**	**135**	**39**	**23**	**60**	**(41)**	**(64)**	**0**	**0**	**0**	**0**	**247**

Agency Medical	234	183	298	318	261	379	376					2,049
Agency Nursing	86	91	92	82	87	75	108					621
Agency Other Clinical	42	44	(2)	10	36	29	22					181
Agency Admin & Clerical	44	49	74	68	57	59	97					447
Agency Spend (£000s)	**405**	**366**	**462**	**478**	**441**	**542**	**603**	**0**	**0**	**0**	**0**	**3,298**



Agency spend increased from £542k in September to £603k in October. This is a significant increase and is £142k higher than agency spend in October 2020. This spend is above the monthly stretch target by £64k. Year to date expenditure is £3.3m. This is still £247k below the NHSEI year to date ceiling.

There has been a significant increase in nursing and admin and clerical agency spend in October. A £33k increase for nursing, mainly qualified in Acute & Urgent Care Services and Older Adults and Specialties and a £38k increase in admin and clerical providing Corporate support, contributes to the overall increase. Medical agency expenditure decreased in October compared to prior month but still remains high.

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

- Monthly adverts are continuing for bank nurses, HCAs and administrators to increase capacity.
- Work is ongoing with the L&D team to ensure that bank workers receive Averts and ILS training in a timely manner.
- Work continues with operational areas to convert long term agency into substantive offers of employment Trust-wide.
- Following the pilot of MHOST in 2020/21, work is continuing with the tool to roll out a bi-annual establishment review process.
- The CIP for temporary staffing costs is continuing to focus on some specific areas, including medical agency spend.

Consolidated Statement of Financial Position (Balance Sheet)

Birmingham and Solihull Mental Health NHS Foundation Trust

Statement of Financial Position - Consolidated	EOY - Final 31-Mar-21 £m's	NHSI Plan YTD 31-Oct-21 £m's	Actual YTD 31-Oct-21 £m's	NHSI Plan Forecast 31-Mar-22 £m's
Non-Current Assets				
Property, plant and equipment	186.5	180.9	182.7	183.2
Prepayments PFI	1.6	1.4	2.1	1.4
Finance Lease Receivable	-	-	0.0	-
Finance Lease Assets	-	-	(0.0)	-
Deferred Tax Asset	0.1	(0.0)	0.1	(0.0)
Total Non-Current Assets	188.1	182.2	184.9	184.5
Current assets				
Inventories	0.4	0.4	0.3	0.4
Trade and Other Receivables	9.7	7.4	11.1	7.4
Finance Lease Receivable	-	-	-	-
Cash and Cash Equivalents	28.8	24.7	51.2	19.8
Total Curent Assets	38.9	32.5	62.6	27.6
Current liabilities				
Trade and other payables	(29.4)	(28.2)	(45.7)	(28.0)
Tax payable	(4.4)	(4.4)	(4.5)	(4.4)
Loan and Borrowings	(2.7)	(2.7)	(2.4)	(2.7)
Finance Lease, current	-	-	-	-
Provisions	(1.2)	(0.7)	(1.2)	(0.7)
Deferred income	(13.2)	(11.2)	(17.6)	(11.2)
Total Current Liabilities	(50.9)	(47.3)	(71.4)	(47.1)
Non-current liabilities				
Loan and Borrowings	(29.5)	(27.7)	(27.7)	(27.3)
PFI lease	(49.3)	(48.4)	(48.4)	(47.7)
Finance Lease, non current	-	-	0.0	-
Provisions	(2.4)	(1.8)	(4.4)	(1.8)
Total non-current liabilities	(81.3)	(77.9)	(80.5)	(76.9)
Total assets employed	94.9	89.4	95.6	88.1
Financed by (taxpayers' equity)				
Public Dividend Capital	110.5	110.5	110.5	110.5
Revaluation reserve	27.5	24.6	27.5	24.6
Income and expenditure reserve	(43.1)	(45.7)	(42.3)	(47.0)
Total taxpayers' equity	94.9	89.4	95.6	88.1

SOFP Highlights

The Group cash position at the end of October 2021 is £51.2m (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

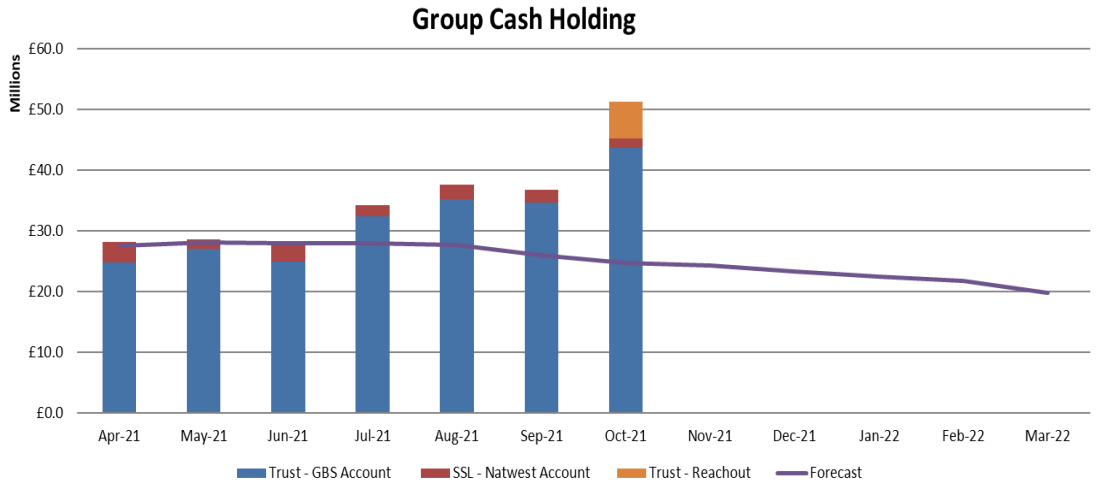
Liquidity measures the ability of the organisation to meet its short-term financial obligations.

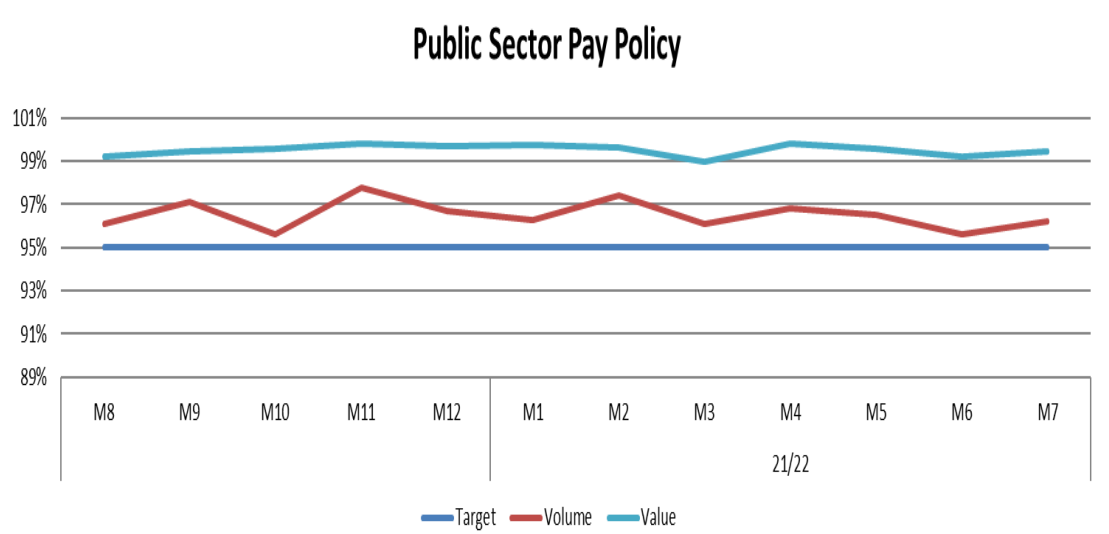
Current Ratio :	**£m's**
Current Assets	62.6
Current Liabilities	-71.4
Ratio	0.9

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

Cash & Public Sector Pay Policy

Birmingham and Solihull Mental Health NHS Foundation Trust





Cash

The Group cash position at the end of October 2021 is £51.2m. This includes the Reachout element for October 2021 of £6m (total income for Reach Out on a monthly basis: £11.9m).

As per the financial regime introduced as a result of the pandemic, the majority of our NHS contracts are being paid on a block basis. The 2021/22 operational planning guidance for H2 (October 2021 to March 2022) was published on 30 September 2021. The block income arrangement will continue for the second half of the financial year with a reduction applied for general efficiency.

Better Payments

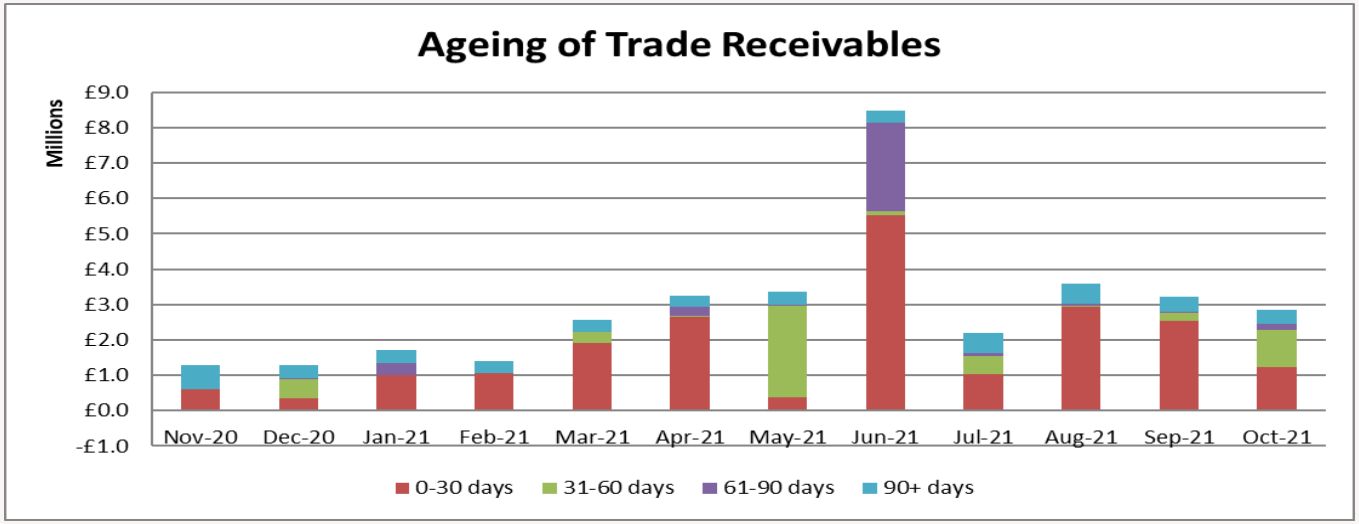
The Trust adopts a Better Payment Practice Code in respect of invoices received from NHS and non-NHS suppliers.

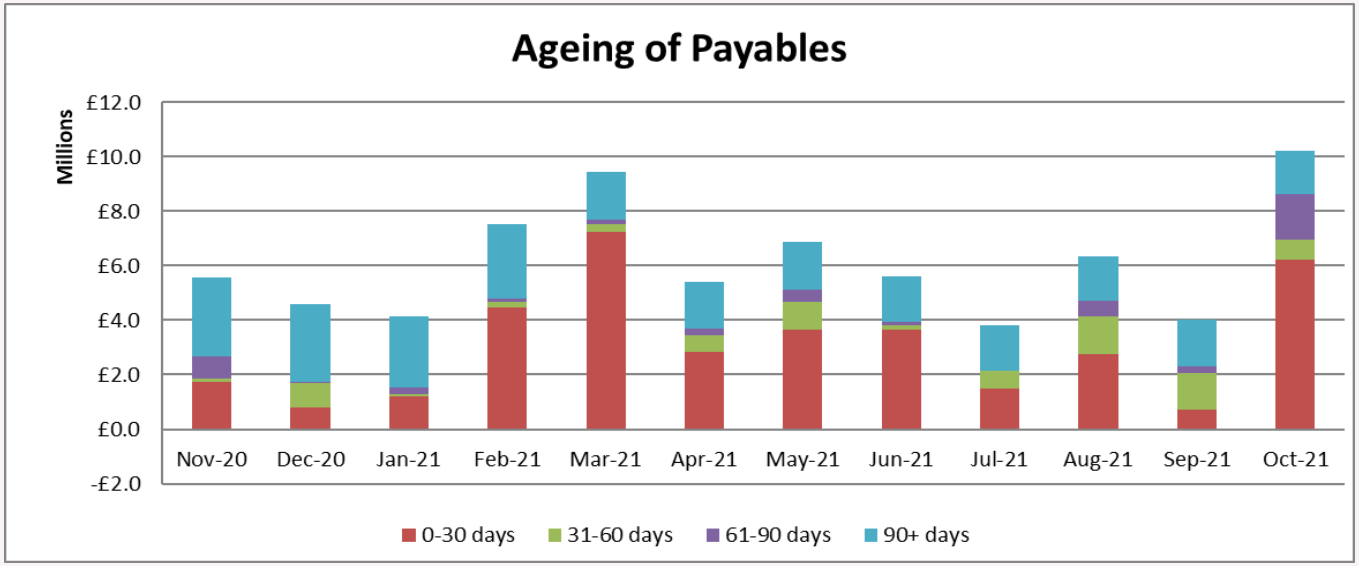
Performance against target is 98% for the month, based on an average of the four reported measures. Payment against value remains particularly high.

Better Payment Practice Code :

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

Trust Receivables and Payables





Trade Receivables

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

Receivables :

- **31-60 days** - mainly current Provider to Provider (P2P) period invoices (PO issues)
- **Over 90 days** - BSOL CCG £104k in relation to year-end balances. Escalated to management internal & external.

Trade Payables:

- **0-30 days** – ReachOut subcontract invoices-settled in November 2021.
- **Over 90 days** - NHS Property Services £467k– 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 (40+) £926k – accounts are awaiting credit notes/ adjustments due to disputes/other. Some payments/queries settled in November 2021.

Month 7 YTD Capital expenditure behind plan

Birmingham and Solihull Mental Health NHS Foundation Trust

Month 7 Group Capital expenditure

Month 7 year to date Group capital expenditure is £2.3m, this is £1.5m less than plan. £0.6m underspend relates to slippage to date on ICT capital schemes. Business cases have been approved with expenditure to be realised in the second half of the year. £0.5m relates to door sets works, forecast to spend to plan. A further £0.4m relates to risk assessments.

Capital Forecast

The forecast capital expenditure is £10.3m in line with plan. This includes some realignment of the original plan to ensure that the capital envelope is fully utilised:

- £0.4m additional ICT expenditure approved by Aug & Sep CRG
- £0.2m increase to Newington approved by DoF, business case to be discussed at Nov CRG.
- £0.2m ECG machines approved at Sep CRG
- £0.2m removal of pre-committed minor schemes relating to Dan Mooney.
- £0.5m reduction in risk assessment allocation

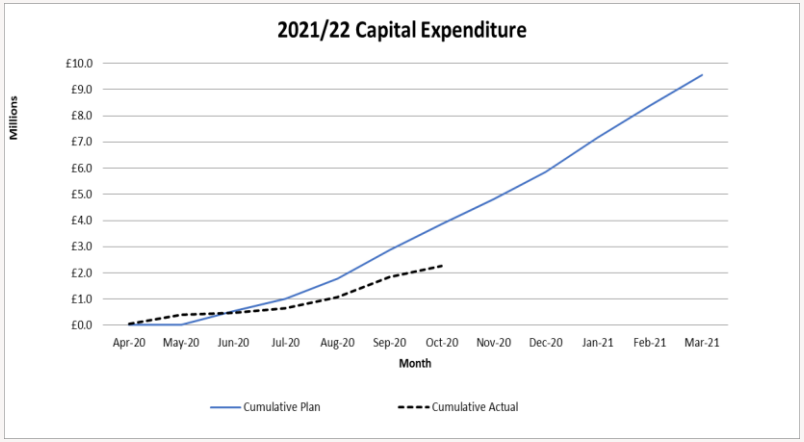
Additional Share Care Record Funding

On 3/11/21, a Memorandum of Understanding from the DHSC was received awarding Public Dividend Capital (PDC) funding of £1.8m to BSMHFT, on behalf of the BSOL system, to support implementation of the minimum viable solution (MVS V0.1) for Shared Care Records. This will increase the total capital envelope for 2021/22 by £1.8m.

Planned Asset Disposal

It should be noted that the planned sale of Ross House contributes £0.4m to the planned funding envelope. If this does not proceed, the available envelope will reduce by £0.4m.

Capital schemes	Total 2021/22	Forecast 2021/22	Forecast variance to plan	YTD plan	YTD actual	YTD variance
	£'m	£'m	£'m	£'m	£'m	£'m
Pre committed - major schemes c/f from 20/21- Urgent Care Centre	1.2	1.2	0.0	1.0	0.9	0.0
Pre committed - minor schemes c/f from 20/21	0.3	0.0	0.2	0.3	0.0	0.3
Pre committed - Ardenleigh Women's seclusion suite	0.5	0.5	0.0	0.0	0.1	-0.1
Total Door Sets phase 1 and phase 2	4.4	4.4	0.0	1.1	0.6	0.5
Statutory Standards and Backlog Maintenance (SSBM)	1.8	1.8	0.0	0.5	0.4	0.1
ICT	0.8	1.2	-0.4	0.6	0.0	0.6
Newington refurbishment	0.5	0.7	-0.2	0.0	0.1	-0.1
ECG Machines	0.0	0.2	-0.2			
Risk Assessments	0.8	0.3	0.5	0.4	0.0	0.4
TOTAL	10.3	10.3	0.0	3.9	2.3	1.5



Birmingham and Solihull ICS Financial position Month 6 YTD

Birmingham and Solihull Mental Health NHS Foundation Trust

System revenue performance:

The month 6 year to date system revenue position was £0.8m surplus compared to a planned break even position.

Adjusted financial performance surplus / (deficit)	Year to date/H1 Forecast		
	Plan £000s	Actual £000s	Variance £000s
B'ham and Solihull MH NHSFT	0	20	20
B'ham Community Healthcare NHSFT	0	0	0
B'ham Women's and Children's NHSFT	0	393	393
Royal Orthopaedic Hospital NHSFT	0	0	0
University Hospitals B'ham NHSFT	0	412	412
B'ham and Solihull CCG	0	0	0
System Total	**0**	**826**	**826**

System capital performance:

The month 6 year to date system capital position was £29.5m underspend against the total capital programme and £17.5m underspend against the system CDEL target. The system is still forecasting breakeven against the capital envelope with the exception of overspend in respect of enabling works at UHB to support elective capacity and winter preparedness.

System Capital position	Year to Date Variance	Forecast Variance
	£'000	£'000
CDEL	17,491	-15,330
Total Programme	29,473	-16,034

System cash position:

As at month 6, the system cash position was £443m, a £44m improvement since the start of the year and a £25m increase in month, mainly attributable to UHB receipt of training income from HEE.

	Opening cash	M2	M3	M4	M5	M6	Monthly movement	YTD Movement
Provider Cash	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000
System Total	398,265	388,979	380,543	373,570	418,030	442,665	24,635	44,400

Please note, system financial reporting is one month in arrears

Meeting	**BOARD OF DIRECTORS**
Agenda item	**12**
Paper title	**BSOL MENTAL HEALTH PROVIDER COLLABORATIVE PROGRAMME UPDATE REPORT**
Date	24th November 2021
Author	Abi Broderick (BSMHFT), Mary Montgomery (BWCH), Tom Howell (BSol CCG)
Executive sponsor	Patrick Nyarumbu, Executive Director of Strategy, People and Partnerships

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

Executive summary & Recommendations:

The paper provides an update on progress towards the establishment of a Provider Collaborative for Mental Health in Birmingham and Solihull. Provider Collaboratives will form a part of the infrastructure of the Integrated Care System. It is the intention that the Provider Collaborative will hold a devolved budget for the commissioning and delivery of mental health provision for the population of Birmingham and Solihull.

Key Messages:

- The development of a Mental Health Provider Collaborative for Birmingham and Solihull is progressing in the context of a range of factors which may have the effect of slowing progress
- Additional resource to support the delivery of Phases 3a & b has been agreed by Steering Group. Steps are being taken to recruit to additional roles (see section 4) .
- A workshop exploring interorganisational collaboration was facilitated by colleagues from the Health Services Management Centre at University of Birmingham on 13 September. A summary will be presented to Programme Board on 11 November (see section 5).
- The Steering Group agreed a collective response to a national consultation regarding the devolution of mental health commissioning budgets to provider collaboratives (see section 6)
- Significant work to ensure cross-cutting themes of coproduction, health inequalities, third sector partnership and place are being progressed through embedding in workstreams and a range of engagement activity (see section 7).
- Workstream Groups have been established for Finance, Contracts, Commissioning & Governance and for Workforce, Leadership and Culture. Workstream groups are inclusive of key NHS, Third Sector and Local Authority representation as appropriate (see section 8)

- BSOL CCG has established a Strategic Commissioning Programme which is overseeing the development of strategic and integrated commissioning arrangements by which provider collaboratives will be commissioned in the context of the future ICS.

Recommendations: The Board is asked to receive the report and note its content.

Reason for consideration:

The Board approved a proposed approach to the development of a BSOL Mental Health Provider Collaborative in July 2021. At this time the Board asked to receive regular updates on progress.

Previous consideration of report by:

BSOL Mental Health Provider Collaborative Programme Board.

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

CLINICAL SERVICES: Transforming how we work to provide the best care in the right way in the right place at the right time, with joined up care across health and social care.

Financial Implications *(detail any financial implications)*

Details of financial implication are yet to be fully considered.

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

The risks associated with holding a devolved budget for the commissioning and delivery of mental health provision for the population of Birmingham and Solihull is yet to be fully determined.

Equality impact assessments:

The work programmes outlined will take responsibility for equality impact assessments and this will be monitored through the Programme Board.

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

The proposal document (approved at Board in July 2021) stated that we would *not be adhering to the principles of the Birmingham and Solihull Mental Health Provider Collaborative if we [did] not co-produce more of our work more effectively*. As a Programme Team we feel that we can challenge ourselves to be more radical in our approach in this area. Members of the Programme Team met with coproduction leads from BWCH/FTB, BSMHFT, BSOL CCG, Birmingham Mind and Home Group (BSOL Mental Health Carer Support Services) met in October and November to progress this further. As a group we have committed to:

- Working with experts by experience (EBE) to develop a common set of standards for coproduction across the BSOL Mental Health Provider Collaborative
- Developing a consistent approach, across the Collaborative, to reward and recognition for experts by experience that share their time and expertise.
- Look again at how we coproduce the work of the Programme Team and in our workstream groups

- Proactively engage people who are often not included or heard in coproduction activity
- Give particular attention to the way in which children and young people are enabled to coproduce
- Work with the newly appointed EBE Lead for the Community Transformation Programme
- Explore additional training for Programme Team members in EBE support

We will continue to update the Programme Board in respect of the above activities.

BIRMINGHAM AND SOLIHULL MENTAL HEALTH PROVIDER COLLABORATIVE PROGRAMME REPORT

November 2021

Abi Broderick (BSMHFT), Mary Montgomery (BWCH) & Tom Howell (BSol CCG)

Contents

1. Key Messages

- The development of a Mental Health Provider Collaborative for Birmingham and Solihull is progressing in the context of a range of factors which may have the effect of slowing progress
- Additional resource to support the delivery of Phases 3a & b has been agreed by Steering Group. Steps are being taken to recruit to additional roles (see section 4) .
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- Workstream Groups have been established for Finance, Contracts, Commissioning & Governance and for Workforce, Leadership and Culture. Workstream groups are inclusive of key NHS, Third Sector and Local Authority representation as appropriate (see section 8)
- BSOL CCG has established a Strategic Commissioning Programme which is overseeing the development of strategic and integrated commissioning arrangements by which provider collaboratives will be commissioned in the context of the future ICS.

2. Programme Board Assurance

At the last BSOL Mental Health Provider Collaborative Programme Board in September Board members requested assurance in respect of a range of issues. These are addressed throughout this report and summarised in the table below:

Area of Assurance	Response
Evidence and assurance of how cross-cutting themes have been embedded in workstreams to be brought to future meetings	Please see Section 6 which sets out how cross-cutting themes are being reflected throughout the programme and via interdependent programmes of work
Resource and capacity to progress programme priorities	Please see Section 3 regarding additional resources agreed to support the Programme Team. It should be noted that whilst resource has been agreed there remains a risk of delay should recruitment not be successful
Digital and Estates engagement and interface to be discussed in Steering Group with assurance and update to the next Programme Board.	Please see Section 8
Feedback from interorganisational collaboration workshop	Dr Ross Millar (Health Services Management Centre at University of Birmingham) will present to the Board on 11 November 21

3. Programme Risks

Programme objective: to formally establish a provider collaborative for mental health in BSOL that is able to accept a devolved budget and responsibilities for the planning and delivery of all-age mental health provision to meet the needs of the BSOL Population.

Timeframe: There is potential to devolution the budget for BSOL mental health provision from 1 April 2022

Key Risk: There is a risk that the objective will not be achieved within the timeframe. This could be the result of a number of factors:

- Organisational capacity to manage programme and produce key deliverables (outcome-based contract, partnership agreement, governance architecture)
- Lack of clarity regarding ICS transition and governance
- Timeline to navigate all organisational governance requirements to approve relevant agreements

Impacts

- The benefits of the intended collaboration may be delayed
- Confidence and faith in the Provider Collaborative programme may reduce in turn negatively impacting collaboration – relationships of trust may be damaged
- The MH Provider Collaborative may be subsumed into the wider BSOL Provider Collaborative potentially impacting it's autonomy and ability to act
- Prioritisation of transactional elements may undermine focus on key principles and values

Mitigations

- Additional PMO and Comms resource to support Programme Team (see Section 4)
- Devolution of budgets is not a requirement by 1 April 2022. It is proposed that a phased approach is adopted with devolution of key responsibilities and functions taking place during 22/23. A plan setting out a suggested phasing to be developed.
- Prioritisation of some key deliverables with Phase 3
    - The development of finance, contracting, commissioning and governance arrangements that will enable the provider collaborative to begin to operate as responsibilities are devolved to it over time. Draw on Reach Out and CAMHS Tier 4 governance frameworks and bring in additional specialist expertise to develop arrangements (see Section 8)
    - Progressing plans for commissioning capacity and capability aligned to the provider collaborative to support devolved commissioning functions
    - Increase levels of communication and engagement with workforce and stakeholders
    - Prioritise collaboration in relation to workforce and delivery of key transformation objectives (this is not dependent on the establishment of a formal provider collaborative) (see Section 8)
- Maintain regular monitoring of risk, impact and mitigation at Steering Group

4. Programme Resourcing

Following the approval of the BSOL Mental Health Provider Collaborative Proposal by Trust Boards and Governing Bodies in July and August 2021 the Programme Team were asked by the Steering Group to set out resourcing requirements to support the delivery of Phases 3a & 3b of the programme plan. Programme Phases are set out in Appendix One.

Current Resource:

To date the Programme has been delivered by organisational Programme Leads working between 0.5 and 1.0 WTE on this work. Going forward, leads capacity is likely to reduce to c0.5 WTE per organisation. Programme Leads roles and responsibilities are:

- Devising, delivering and coordination of workstreams
- Internal and external engagement with partners and stakeholders
- Management of interdependencies
- Oversight of programme delivery and milestones
- Escalation of risks and issues to Steering Group

Additional Resource Requirements:

Successful programme delivery assumes a level of input from existing members of the workforce with specific roles in relation to health inequalities, coproduction and quality & safety and commissioning. It is anticipated that input will be broadly consultative and could reasonably be considered to fall within the scope of people's existing roles.

The workstream that is developing the finance, contracting, strategic commissioning and governance arrangements for the provider collaborative has a significant number of deliverables as set out in the outline plan later in this document, which at the moment we are assuming will need to be largely developed before 31 March 2021. **This will require significant dedicated input from the finance, contracting and commissioning teams across the CCG, BSMHFT and BWC.** The first meeting of the workstream in October will consider the workplan and the resource needed to deliver this but it needs to be noted as a particular risk area due to potential limited capacity within existing teams and other demands on time, and the need to meet the timeframes and legal architecture of the transition from the CCG to the ICS model.

The following additional capacity has been agreed:

Additional Resource Area	Requirement	Indicative Band	WTE	Indicative Cost (6 months)
Programme Management	Programme Support Officer	5/6	1.0 WTE	£25,000
Governance	External support around development of governance frameworks	Specialist / consultancy	NA	TBC
Contracts	Legal advice re Partnership Agreement	Specialist / consultancy	NA	TBC

Coproduction / Expert By Experience	Resource to recompense EBE time/input on groups/boards to ensure consistency across organisations.	NA	NA	£2,000
Communication and Engagement	Junior Communications professional to produce regular coms materials and content	7	0.5 WTE	£25,000
Business Intelligence / data	Development of data measurement and analysis including system wide outcomes - provide assurance (benefits/improvements and financial effectiveness) and support strategic commissioning	Specialist / consultancy	NA	TBC
			TOTAL	**£57,000 + consultancy cost**

1. PSO post is has been successfully approved and is going out to advert
2. Comms post is in process of being recruited

Both posts are at risk of not being successful in terms of appointments due to short FT contracts. In the meantime ability to progress at pace in those areas is constrained by resource availability.

5. Interorganisational Collaboration

The Programme Team have been working informally with colleagues at the Health Services Management Centre (HSMC) at University of Birmingham around the subject of interorganisational collaboration. HSMC have recently published research which explores 'what work, where and why' when it comes to collaboration between healthcare organisations.

A workshop was held on 13 September, facilitated by Dr Ross Millar and Dr Justin Aunger, which drew on responses to a survey circulated at the last Programme Board.

The workshop was well attended and Dr Ross Millar is attending Programme Board on 11 November to present a summary of the findings. As a Programme Team we are already drawing on the learning from the research and workshop in informing the focus of our work.

6. Devolution of Mental Health Commissioning Budgets: National Consultation

The Steering Group agreed a response to NHSEIs consultation in respect of proposed support for devolution of mental health budgets to provider collaboratives. The Group agreed with the principle of devolution but indicated that a more nuanced approach was required to agreeing the scope of the

devolved budget than proposed. Given the significant work required to develop and agree a robust governance architecture. The Group also indicated that devolution may be phased in stages from April 2022. This will further enable the collaborative to progress in line with its stated commitments to coproduction and the involvement of the Third Sector. The Group also noted the interdependence of the devolution of specialised commissioning resource (inc. Forensic, CAMHS T4 and Eating Disorders). A copy of the response can be found here

Progress towards budget devolution is dependent on the parallel development of the ICS Strategic Commissioning Mental Health Care Programme and of the ICS Quality & Safety oversight and assurance infrastructure.

7. Cross Cutting Themes

Our cross-cutting themes are **coproduction, health inequalities, third sector partnership** and **place**. The cross-cutting nature of these areas of focus means that activities can appear disparate and disconnected. The summary provided below attempts to describe the breadth of work being undertaken to progress these agendas in the context of the development of our provider collaborative.

As a programme team our work in these areas includes:

- Aligning programme activity with initiatives taking place in other parts of the system
- Ensuring themes are represented in the objectives, principles, plans and membership of programme workstreams
- Engaging key individuals to raise the profile of the provider collaborative programme and identify areas of shared interest
- Ongoing reflection on the effectiveness of our work to embed themes in our programme activities

Coproduction

In our Proposal Document we said that we would *not be adhering to the principles of the Birmingham and Solihull Mental Health Provider Collaborative if we [did] not co-produce more of our work more effectively*. As a Programme Team we feel that we can challenge ourselves to be more radical in our approach in this area. Members of the Programme Team met with coproduction leads from BWCH/FTB, BSMHFT, BSOL CCG, Birmingham Mind and Home Group (BSOL Mental Health Carer Support Services) met in October and November to progress this further. As a group we have committed to:

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- Work with the newly appointed EBE Lead for the Community Transformation Programme

- Explore additional training for Programme Team members in EBE support

We will continue to update the Programme Board in respect of the above activities.

Health Inequalities

We recognise there is a significant programme of work at ICS level in respect of Health Inequalities. The ICS Health Inequalities Programme has set out three key priorities which the BSOL Mental Health Provider Collaborative will have an important role to play in delivering. The table below sets out key activities through our Provider Collaborative and Transformation Programmes which support this work.

ICS Health Inequalities Priority	Our Response in Mental Health
Putting Health Inequalities at the Heart of our ICS	• Establishing place and neighbourhood-based models of care through the Community Mental Health Transformation Programme • Working closely with Birmingham Mind Community Development Workers and Diversity Lead as part of Community Transformation
Addressing inequalities in access, experience and outcomes in healthcare in our ICS	• Openly sharing data across our three IAPT providers to understand variation and improve access and outcomes • Through our **Quality, Safety and Outcomes Workstream** ensure that we measure the right things and act on what we learn • Moving faster in mental health towards a devolved budget than other areas of healthcare in BSOL • Improving the physical health care of people with severe mental illness as a key aim of our Transformation Programme • Developing a single approach to patient information, data and digital across the provider collaborative to improve monitoring
Playing our part in tackling the causes of inequalities as Anchor Institutions	• Using our **Workforce, Leadership and Culture Workstream** to ensure our plans for recruitment and retention promote diversity and inclusion generate employment for people from Birmingham and Solihull • Through our **Finance, Contracting, Commissioning and Governance Group (FCCG Group)** ensure a voice for Third Sector Organisations and support the sustainability and growth of the sector.

Third Sector Partnership

In the establishment of our programme workstreams we have sought to ensure good representation from Third Sector Partners.

The Finance, Contracting, Commissioning and Governance Group has within its remit work to oversee the development of the governance arrangements and contracting forms which will be critical in formalising the partnership.

In addition, Third Sector Partners are represented in a range of other forums progressing projects within the wider Mental Health Transformation Programme.

MH Collaborative Workstream	Representation
BSOL Mental Health Provider Collaborative Programme Board	Clive Whittaker (Change Brief Therapy) Helen Wadley (CEO Birmingham Mind)
Finance, Contracting, Commissioning and Governance Group (FCCG Group)	Ben Howells (CEO Living Well Consortium) Helen Wadley (CEO Birmingham Mind)
Workforce, Leadership and Culture	Ben Howells (CEO Living Well Consortium) Helen Wadley (CEO Birmingham Mind) Sue Roberts (CEO Better Pathways)
Quality, Safety & Outcomes	TBC
Coproduction	Ibrar Udin and Stephen Lewis (Community Development Worker Service, Birmingham Mind) Emma Francis (Home Group – BSOL Mental Health Carer Service)

Place

Place-based working is a key element of the integration agenda as set out in the NHS Long Term Plan and White Paper[12]. Central to this way of working is the act of joining up and coordinating services around people's needs.

We are continuing to progress a place-based approach through our programme workstreams and through a range of other activities driven through the Mental Health Transformation agenda and through the ICS Strategic and Integrated Commissioning Workstream.

Area	Forum/Workstream	Activity
Provider Collaborative Development	**Finance, Contracting, Commissioning and Governance Group (FCCG Group)**	Local authority partners are represented within the group to support actions that ensure that arrangements support a 'place-based' approach – recognising that this may be distinct for Birmingham and Solihull
	Quality, Safety & Outcomes	Ensuring that outcome measurement and monitoring is provided for 'places' to support assurance, planning and delivery. There is a key interdependency here with the **digital workstream**.
Mental Health Transformation	**Community Mental Health Transformation**	Local authority and Third Sector colleagues represented in key working groups. Community Transformation is underpinned by the establishment of MDTs aligned **to Primary Care Networks** with strong links into **local neighbourhood networks** and other local resources and assets. Includes significant programme of recruitment into PCN based roles.
	Transformation of rehabilitation	Transforming post-acute pathways. Patients are often eligible for joint (NHS/LA) funding under Section 117 of the Mental Health Act. Key interdependencies with

[1] https://www.longtermplan.nhs.uk/online-version/chapter-1-a-new-service-model-for-the-21st-century/nhs-organisations-focus-on-population-health/
[2] https://www.gov.uk/government/publications/working-together-to-improve-health-and-social-care-for-all

		acute pathways, housing, community transformation, social care and LA commissioning for vulnerable adults. Birmingham MH Integrated Commissioning Board has mandated further work to progress this programme. Further discussions to take place with SMBC to progress on similar lines.
	Solihull Mental Health Pod	Forum for a small group of **multi-agency stakeholders** to come together with a shared focus of improving patient/service user experiences and outcomes, and ensuring the quality and safety of care. The group will develop a shared understanding of each other's strategic aims as the context for working together. Within this context, the group will seek to identify local solutions for local problems, considering how we will operationalise the strategic aims of partners and resolve/problem solve wicked issues. The Pod is currently supporting the redrafting of the **Solihull Mental Health Strategy** led by SMBC.
	Children and Young Peoples Mental Health Transformation Boards (Birmingham and Solihull)	Separate **multi-agency groups** for Birmingham and Solihull. Initially established to oversee the implementation of Future in Mind. Groups will have a key role in progressing ongoing transformation of CYP mental health provision.
Integrated Care System and Place	**Birmingham - Integrated Commissioning Group**	Developing a **model for integrated commissioning between BSOL ICS and Birmingham City Council**. Currently developing a full picture of what is commissioned, for what purpose and to what value, across the city. The group will identify and prioritise areas for focused integrated commissioning activity where there is a maximum potential benefit to citizens. Mental Health is likely to be a key area of focus.
	Design at Place Group	ICS level group with a focus on progressing practical steps towards greater place-based design. The group has expressed an interest in supporting a **place-based approach to design for mental health in Solihull**. Further discussions to take place to explore the role of the **Solihull Pod** and **Solihull Partnership Board** in progressing this ambition.
	Solihull Together Board and Solihull Partnership Board	Solihull Together and Solihull Partnership Board champion and drive collaborative approaches to meeting citizen needs and improving population outcomes across the borough. Both groups have a keen interest in mental health and represent important fora for enabling a place-based approach.

8. Workstream Updates

Finance, Contracting, Governance and Commissioning

The Workstream has been established with the first meeting taking place on 5 November. Meetings will be monthly going forwards. Membership includes executive, finance, contracting and commissioning representatives from the three NHS organisations, representatives from the third sector as well as colleagues from both local authorities. Co-production with those with lived experience will very much be part of the fabric of the group and we are exploring ways to embed this.

A high level plan is in place setting out key deliverables for each of the four quadrants of governance, commissioning finance and contracts, anticipated timescales and where deliverables align to ICS frameworks and outputs. Over the next month formal sub-groups will be set up for each of these quadrants who will agree terms of reference, membership and review the plan and timescales as well as identify their independences with other groups.

In relation to the governance area of work we are currently scoping where we would benefit from specialist expertise, particularly in relation to development of the governance framework and structures, and preparation of a formal Partnership Agreement.

We have a huge amount of experience in this area from the development of the Specialised Mental Health Services Provider Collaboratives for adult secure care, adult eating disorders and CAMHS tier 4 that BSMHFT and BWCH are part of and we are reviewing our learning and also where arrangements could be adapted for our BSOL Mental Health Provider Collaborative.

Quality, Safety and Outcomes

Workstream TORs and membership being established. Group Chair is Helen Jenkinson. The workstream is intended to deliver operational delivery framework for quality and Safety by the end of March 2022

Workforce, Leadership and Culture

The workstream group has now been formally established.. A collaborative approach is evidenced through the following activities:

- Working Group looking at potential role in the third sector for people with mental health skills and knowledge that do not fit into traditional roles.
- Joint event at Barberry to support recruitment into Mental Health Practitioner roles that will be embedded in Primary Care Networks
- Development of business case for single Talent Acquisition Hub
- Recruitment Leads meeting to map out a series of events over the next 12 months to engage with communities and attract into BSOL
- Collaborative Allied Health Professional Workforce Projects

Initial priorities have focused on plans to achieve the workforce growth required to meet the Long Term Plan deliverables. It is acknowledged that the Group's scope does include aspects of leadership and culture which are recognised as critical success factors for the provider collaborative going forward. These areas of focus will be developed in due course.

NB: this workstream group also reports on a monthly basis into the BSOL Mental Health Transformation Board as it has a remit to deliver the workforce plan which supports delivery of the Mental Health Long Term Plan.

9. Enablers

Digital

Discussions across organisations.

Electronic Patient Record (EPR): FTB moving to RiO for EPR following report commissioned by Daniel Ray, CTO at BWH, from NHS Digital (see attached)

Daniel Ray (CTO at BWC) setting up group across FTB/BMSHFT to collaborate on this programme of work to ensure full benefits across the system from both organisations using the same EPR.

Metrics: Need to move to improving and to 'joining up' health and non-health/local/place based/recovery based outcomes/user driven measurements with system/national assurance metrics, and ability to promote continuous improvement. National discussions reflect this imperative, but no practical solutions as yet about 'how'. Ongoing discussions with NIHR, AHSN, Judith Smith at HMSC, the THIS Institute, BHP.

Estates

The Programme Team have met with San Ting Gilmartin (Director of Capital Planning and Developments UHB) leading the development of Arden Cross.

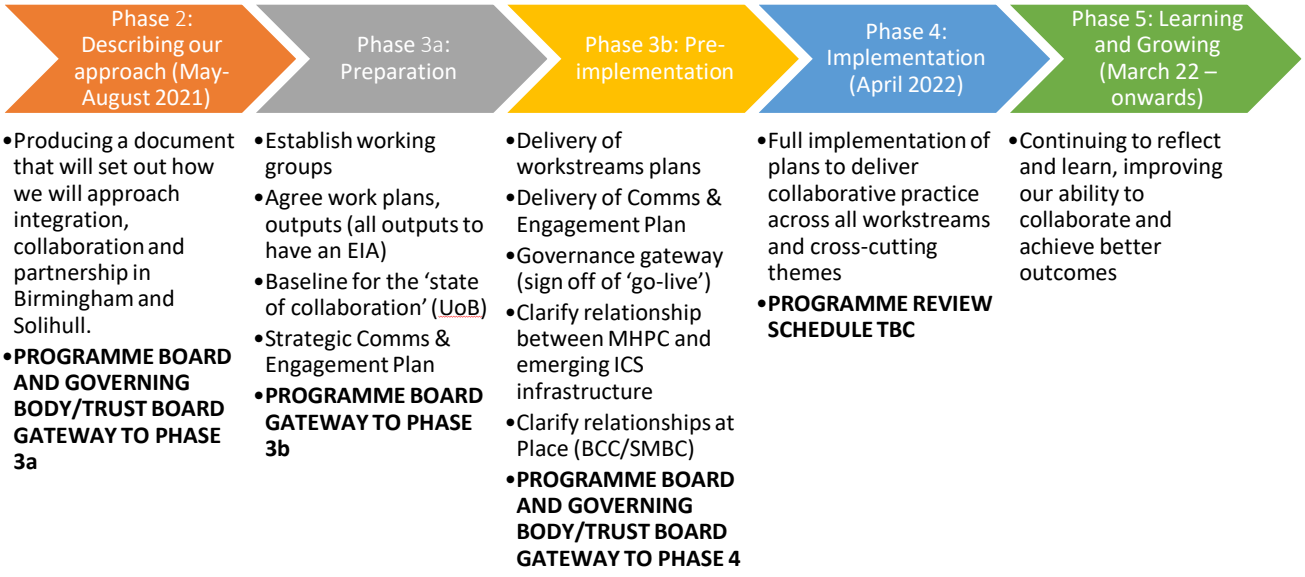
The Team have shared the high level model of care for mental health which sets out what aspects of care are delivered at region, system, place and neighbourhood. This will help to inform opportunities for integration of mental health into wider system estates plans.

Further work will be required going forward in relation to the following:

- Mapping estates requirements associated with the BSOL Mental Health Transformation across partners and building into an integrated plan
- Sharing of current estates plans across BSMHFT, FTB , Third Sector Partners and Local Authorities with a view to an integrated mental health estates plan
- The progression of an integrated estates plan has not been identified as a critical milestone in the establishment of the Provider Collaborative. However, Estates Teams should be made aware of the Provider Collaborative Programme and asked to be mindful of the potential

benefits and opportunities of collaborative in relation to current decision making and activity.

Appendix One: Programme Phases



Birmingham and Solihull Mental Health NHS Foundation Trust

BOARD & COMMITTEE & COUNCIL OF GOVERNOR MEETINGS SCHEDULE 2022

V1

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MEETING	DATE	TIME	VENUE
BOARD OF DIRECTORS *08:30am – 09:00am (Chair/NED Meeting)* *09:00am – Board Meeting* *12:30pm Lunch Break* *1:00pm – Part II Board (if required)*	26th January 23rd February 30th March 27th April 25th May 29th June 27th July *No August Mtg* 28th September 26th October 30th November *No December Mtg*	09:00am 09:00am 09:00am 09:00am 09:00am 09:00am 09:00am - 09:00am 09:00am 09:00am -	Via Microsoft Teams until further Notice
TRUST BOARD DEVELOPMENT FACILIATED BY NHS PROVIDERS ALL DAY 09:00am – 5:00pm	2 February 6 April 4 May 6 July 6 September	09:00am 09:00am 09:00am 09:00am 09:00am	To be confirmed with NHS Providers
BOARD AWARENESS SESSIONS *(following Board meetings)* *2:00pm – 5:00pm*	23rd February 27th April 29th June 26th October	2:00pm 2:00pm 2:00pm 2:00pm	TBC
BOARD SITE VISIT TIME **(**following Board meetings) *2:00pm – 4:00pm*	26th January 30th March 25th May 27th July 28th September 30th November	2:00pm 2:00pm 2:00pm 2:00pm 2:00pm 2:00pm	Pre-arranged site visits
REMUNERTION COMMITTEE (As and when required after the Board meeting) July – Executive Objectives	27th July	2:00pm	TBC
CHARITABLE FUNDS COMMITTEE	20th January 24th March 20th October	09:00am 09:00am 09:00am	Microsoft Teams Microsoft Teams Microsoft Teams
QUALITY, PATIENT EXPERIENCE & SAFETY COMMITTEE *09:00am – 11:00am*	19th January 16th February 23rd March 20th April 18th May 22nd June 20th July 24th August 21st September 19th October 23rd November 21st December	09:00am 09:00am 09:00am 09:00am 09:00am 09:00am 09:00am 09:00am 09:00am 09:00am 09:00am 09:00am	Microsoft Teams Microsoft Teams Microsoft Teams Microsoft Teams Microsoft Teams Microsoft Teams Microsoft Teams Microsoft Teams Microsoft Teams Microsoft Teams Microsoft Teams Microsoft Teams
FINANCE, PERFORMANCE & PRODUCTIVITY COMMITTEE *12 Noon – 2:00pm*	19th January 16th February 23rd March 20th April 18th May 22nd June 20th July 24th August 21st September 19th October 23rd November	12 Noon 12 Noon 12 Noon 12 Noon 12 Noon 12 Noon 12 Noon 12 Noon 12 Noon 12 Noon 12 Noon	Microsoft Teams Microsoft Teams Microsoft Teams Microsoft Teams Microsoft Teams Microsoft Teams Microsoft Teams Microsoft Teams Microsoft Teams Microsoft Teams Microsoft Teams

MEETING	DATE	TIME	VENUE
	21st December	12 Noon	Microsoft Teams
PEOPLE COMMITTEE *3:00pm – 5:00pm* *Meetings focusing on deep dives in February, April and June, August, October, December*	19th January 16th February 23rd March 20th April 18th May 22nd June 20th July 24th August 21st September 19th October 23rd November 21st December	3:00pm 3:00pm 3:00pm 3:00pm 3:00pm 3:00pm 3:00pm 3:00pm 3:00pm 3:00pm 3:00pm 3:00pm	Microsoft Teams Microsoft Teams Microsoft Teams Microsoft Teams Microsoft Teams Microsoft Teams Microsoft Teams Microsoft Teams Microsoft Teams Microsoft Teams Microsoft Teams Microsoft Teams
ANNUAL GENERAL MEETING	7th September	TBC	TBC
COUNCIL OF GOVERNORS	12th January 9th March 11th May 8th June 14th September 9th November	12 Noon 12 Noon 12Noon 12 Noon 12 Noon 12 Noon	TBC
JOINT BOARD/COUNCIL DEVELOPMENT SESSION	5th October	All Day	TBC
APPOINTMENTS & REMUNERATION COMMITTEE *(COUNCIL)*	10th January 11th April 13th July 3rd August	10:00am 10:00am 10:00am All Day	Microsoft Teams Microsoft Teams Microsoft Teams TBC

To note Bank Holidays

15th April 2022	-	Good Friday
18th April 2022	-	Easter Monday
2nd May 2022	-	Early May Bank Holiday
2nd June 2022	-	Spring Bank Holiday
3rd June 2022	-	Platinum Queens Jubilee
29th August 2022	-	Summer Bank Holiday

Birmingham and Solihull Mental Health NHS Foundation Trust

Meeting	**BOARD OF DIRECTORS**
Agenda item	**14**
Paper title	**TERMS OF REFERENCE**
Date	24 November 2021
Author	Sharan Madeley, Board Support
Executive sponsor	Sharan Madeley, Board Support

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

Executive summary & Recommendations:

To present the following Terms of Reference for **APPROVAL** by the Board of Directors

Governance Task & Finish Group
A Governance Task and Finish Group has been established to recommend proposals to the Council of Governors and the Board of Directors regarding changes to the Constitution. Proposals from the Group will be received by the Board of Directors and Council of Governors in January 2022.

Charitable Funds Committee
The Terms of Reference are presented to the Board of Directors for formal approval following a view by the Committee.

People Committee
The Terms of Reference are presented to the Board of Directors for formal approval following a view by the Committee.

Quality, Patient Experience & Safety Committee
To note the change of name from the Integrated Quality Committee to the Quality, Patient Experience and Safety Committee

Reason for consideration:

To ensure decision making responsibilities are appropriately delegated.

Previous consideration of report by:

Council of Governors on the 11th November 2021
Charitable Funds Committee
People Committee on the 17th November 2021
Quality, Patient Experience & Safety Committee 17th November 2021

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.

Birmingham and Solihull Mental Health NHS Foundation Trust

GOVERNANCE TASK & FINISH GROUP

TERMS OF REFERENCE

CONTEXT
During the last 18 months, the Trust has instigated several significant corporate governance changes, including:

- Amendments to principal corporate documents and instruments to enable the Reach Out lead provider function, including the Constitution, Standing Orders, Standing Financial Instructions, Reservation of Powers to the Board and Delegation of Powers

  This work is continuing under the leadership of the Company Secretary
- The establishment of a governance architecture for the Reach Out Provider Collaborative
- The creation of a new Board Assurance Framework to respond to the new Strategy
- The dissolution of the Mental Health Legislation Committee and creation of a new Sub-Committee reporting into the Quality and Safety Committee
- Revision of Committee and Board Terms of Reference to embed changed roles and responsibilities.

Various governance matters have highlighted the need for greater clarity in specific areas:

1. The role, selection/election, tenure, and removal of the Lead Governor
2. The establishment of a new post of Deputy Lead Governor, and Standing Orders related to the role, selection/election, tenure, and removal
3. The role, selection/election, tenure, and removal of the Senior Independent Director
4. The process of investigations involving Governors, or Non-Executive Directors, or the Trust Chair
5. Codes of Conduct for the Board of Directors and the Council of Governors

The decision has been taken to convene a short-life Governance Task and Finish Group ("**GTFG**"), comprising Non-Executive Director and Governor membership, to draft Standing Orders related to the four items above.

It is envisaged that the GTFG will meet fortnightly for a maximum of 4 meetings, and that its recommended drafts will be considered by the Board of Directors and Council of Governors. This work will be led by the Company Secretary.

This approach is as required by the Constitution.

Annex 9, p117 of the Constitution, states that:

3.1 The Trust may make amendments to this Constitution with the approval of Monitor, subject to paragraph 3.2 below

3.2 No proposal for amendment of this Constitution will be put to Monitor, unless it has been approved by the Board of Directors and a majority of those governors present and voting at a meeting of the Council of Governors

These Terms of Reference define the work of the GTFG and are authorised by the Board of Directors and Council of Governors.

VALUES

The GTFG will role model the Trust values:

Compassionate

- Supporting recovery for all and maintaining hope for the future.
- Being kind to others and myself.
- Showing empathy for others and appreciating vulnerability in each of us

Inclusive

- Treating people fairly, with dignity and respect.
- Challenging all forms of discrimination.
- Listening with care and valuing all voices.

Committed

- Striving to deliver the best work and keeping patients at the heart.
- Taking responsibility for my work and doing what I say I will.
- Courage to question to help us learn, improve and grow together

AUTHORITY

2.1 The GTFG is constituted as a joint working group of the Board of Directors and Council of Governors. The GTFG has no executive powers.

2.2 The GTFG can request external and internal individuals and/or experts to attend its meetings to help it make decisions.

2.3 Voting arrangements will not apply to the GTFG's decision-making. The GTFG will work constructively and pragmatically to reach a consensus position where all agree.

3. PURPOSE

3.1 The GTFG's primary purpose is to review, amend, and add to the existing Constitution and Standing Orders of the Trust, in relation to:

3.1.1 The role, selection/election, tenure, and removal of the Lead Governor

3.1.2 The establishment of a new post of Deputy Lead Governor, and Standing Orders related to the role, selection/election, tenure, and removal

3.1.3 The role, selection/election, tenure, and removal of the Senior Independent Director

3.1.4 The process of investigations involving Governors, or Non-Executive Directors, or the Trust Chair

3.1.5 Codes of Conduct for the Board of Directors and the Council of Governors

3.2 The GTFG will dissolve once the draft proposed Standing Orders have been agreed by the Board of Directors and Council of Governors as amendments to the Constitution, as described in Annex 9.

4. DUTIES

4.1 Produce new and/or amended Standing Orders for incorporation into the Trust's Constitution.

4.2 Deliver clarity and consistency in the drafting of those Standing Orders, to ensure that the Constitution is a helpful and effective governance tool.

4.3 Align the Trust's Constitution with NHS best practice.

5. MEMBERSHIP AND ATTENDANCE

Members

5.1 The membership of the GTFG will be:

- Lead Non-Executive (Chair)
- 3 further Non-Executive Directors
- 4 Governors

In Attendance

5.2 The work of the GTFG will be coordinated and facilitated by the Company Secretary, who will attend every meeting.

5.3 The GTFG may call other Trust officers or external advisors to attend meeting(s).

6. QUORACY

6.1 The meeting will be considered quorate with 3 members, one of whom must be a Non-Executive Director and one of whom must be a Governor.

7. DECLARATION OF INTERESTS

7.1 All members must declare any actual or potential conflicts of interest in advance.

8. MEETINGS

8.1 Meetings will be held fortnightly on MS Teams.

8.2 The GTFG is expected to meet a maximum of 4 times.

9. ADMINISTRATION

9.1 The meeting will be closed and not open to the public.

9.2 The Company Secretary will coordinate and facilitate the work of the GTFG.

9.3 Minutes will not be taken.

9.4 Relevant papers will be issued in advance of each meeting and amended in line with the drafting process.

10. REPORTING

10.1 The GTFG will report only once to the Board of Directors and the Council of Governors with its final draft proposed Standing Orders.

Date Produced: 27 October 2021

Approved by Council: 11 November 2021

Birmingham and Solihull Mental Health NHS Foundation Trust

CHARITABLE FUNDS COMMITTEE

TERMS OF REFERENCE

Trust Values: Compassionate/ /Committed/Inclusive

VALUES

The Committee will role model the Trust values:

Compassionate
- Supporting recovery for all and maintaining hope for the future.
- Being kind to others and myself.
- Showing empathy for others and appreciating vulnerability in each of us

Inclusive
- Treating people fairly, with dignity and respect.
- Challenging all forms of discrimination.
- Listening with care and valuing all voices.

Committed
- Striving to deliver the best work and keeping patients at the heart.
- Taking responsibility for my work and doing what I say I will.
- Courage to question to help us learn, improve and grow together

1. AUTHORITY

1.1 The Charitable Funds Committee is constituted as a Standing Committee of the Board. Its constitution and terms of reference are as set out below, subject to amendment by the Board.

1.2 The Committee is authorised by the Board to request the attendance of individuals and authorities from within and outside the Trust with relevant experience and expertise as it considers necessary.

2. PURPOSE

2.1 The committee is authorised by Board to carry out any function within its terms of reference.

2.2 The Committee is authorised to:
- perform any of the activities within its terms of reference
- obtain outside professional advice and to secure the attendance of outsiders with relevant experience and expertise if it considers this necessary; and

- make recommendations to the Trust Board for actions it deems necessary.

2.2 The Trust is trustee of charitable funds registered together under charity registration 1098659

2.3 The Committee is authorised by the Board to obtain outside legal or other independent professional advice and to secure the attendance of non-Trust staff with relevant experience as it considers necessary.

3. DUTIES

3.1 Ensure that individual fund objectives and spending plans are in keeping with the objectives, spending criteria and priorities set by the donors.

3.2 Obtain plans for all individual funds and approve if/when appropriate.

3.3 Ensure that donations and investment income or losses are attributed to individual funds appropriately.

3.4 Ensure that sources of income and the terms on which donations are received are acceptable to the Trustees.

3.5 Ensure that all funds are correctly allocated as restricted, unrestricted or designated, and accounted for accordingly. This analysis will differentiate between restricted, specific and the General charitable fund.

3.6 Recommend an investment advisor to the Trustees following appropriate tendering procedures and regularly monitor and review their performance.

3.7 Ensure that the investment policy for Charitable Funds set by the Trustees is implemented and that sufficient funds are kept readily available to meet planned requirements.

3.8 Ensure (through the Finance Department and accounting systems*)* that there is an appropriate system of control over income and expenditure, and that there are robust governance arrangements in place.

3.9 Ensure that the Standing Orders, Standing Financial Instructions and the Scheme of Delegation are appropriately interpreted for charitable funds.

3.10 Review the Charitable Funds annual accounts and comment/ recommend approval to the Trustees as appropriate.

3.11 Respond to requests from the Board of Trustees for review or investigation on relating to charitable funds.

3.12 To approve or reject bids for charitable funds having received advice from a sub-committee of members who will consider such bids.

3.13 The Committee will undertake an annual review of its performance against its work plan in order to evaluate the achievement of its duties.
This review will inform the Committees annual report to the Trust Board.

4. MEMBERS

Members

4.1 The membership of the Committee will be:

- Chair - Non-Executive Director
- Deputy Chair - Non-Executive Director
- Executive Medical Director
- Senior finance representative

All members will have one vote. In the event of votes being equal the Chair of the committee will have the casting vote.

In Attendance

The following will be standing attendees of the Committee:

- Head of Communications (non-voting member)
- Deputy Director of Finance

5. QUORACY

5.1 There must always be 3 members present, of which one must be a Non-Executive Director and one Executive Director

6. DECLARATION OF INTERESTS

6.1 All members and attending ex-officio members must declare any actual or potential conflicts of interest in advance. These must be recorded in the minutes.

6.2 Members must exclude themselves from any part of the meeting where a potential or actual conflict of interest may occur.

7. MEETINGS

7.1 The committee shall meet not less than twice a year.

8. ADMINISTRATION

8.1 The meeting will be closed and not open to the public.

8.2 The Company Secretary will ensure there is appropriate secretarial and administrative support to the committee.

8.3 An action list and minutes will be compiled during the meeting and circulated within 7 calendar days of the end of the meeting.

8.4 Any issues with the action list or minutes will be raised within 7 calendar days of issue.

8.5 Executive administrative support will agree a draft agenda with the Committee Chair and it will be circulated 7 calendar days before the meeting.

8.6 Any issues with the agenda must be raised with the Committee Chair within 4 working days.

8.7 All final committee reports must be submitted 7 calendar days before the meeting.

8.8 The agenda, minutes and all reports will be issued 6 calendar days before the meetings.

9. REPORTING

9.1 The Committee will report to the Board of Directors at the next meeting reporting on any significant issues.

9.3 The Committee will review their effectiveness on an annual basis, reporting the outcome of the review to the Board of Directors.

Date Reviewed: October 2021

Approved by the Board:

Date of Review: October 2022

Birmingham and Solihull Mental Health NHS Foundation Trust

PEOPLE COMMITTEE

TERMS OF REFERENCE

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1. Values

The Committee will role model the Trust values:

Compassionate

- Supporting recovery for all and maintaining hope for the future.
- Being kind to others and myself.
- Showing empathy for others and appreciating vulnerability in each of us

Inclusive

- Treating people fairly, with dignity and respect.
- Challenging all forms of discrimination.
- Listening with care and valuing all voices.

Committed

- Striving to deliver the best work and keeping patients at the heart.
- Taking responsibility for my work and doing what I say I will.
- Courage to question to help us learn, improve and grow together

2. AUTHORITY

2.1 The Committee is constituted as a standing committee of the Board and is authorised by the Board to investigate any activity within its Term of Reference. It is authorised to seek any information it requires from any employee and contractors as directed to co-operate with any request made by the Committee or the Board.

2.2 The Committee is authorised by the Board to instruct professional advisors and require the attendance of individuals and authorities from outside the Trust with relevant experience and expertise if it considers this necessary or expedient to carrying out its functions.

2.3 The Committee is authorised to obtain internal information as is necessary and expedient to the fulfilment of its functions.

3. PURPOSE

3.1 To ensure and provide assurance on behalf of the Board that the People Strategic Priority of the Trust's Strategy (2020) and people related issues of the Strategic Priorities of the Trust strategy (2020) is 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 will be supported by two sub-groups to provide reports to the People Committee to this effect.

The following sub-committees will be chaired by professional leads outside of the People function:

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

3.2 To assure focus and delivery of wellbeing and inclusion where staff are the top priority to support a happy workforce.

3.3 The People Strategy, structures, systems and processes are in place and functioning to support employees in the provision and delivery of high quality, safe patient care.

3.4 Processes are, and the right culture is, in place to support optimum employee performance to enable the delivery of the People Strategy and business plans aligned with the Trust's values.

3.5 To assure The Trust is meeting its legal and regulatory duties in relation to staff, volunteers and peers by experience.

3.6 To review and advise any human resource risks and issues that may jeopardise the Trust's ability to deliver its objectives, that these are being managed in a controlled way.

3.6 To lead on monitoring of controls and assurance related to the 'People' sections of the Board Assurance Framework.

4. RESPONSIBILITIES AND DUTIES

4.1 Developing and advising the Board on the People Strategic Priorities including any leadership and organisational development interventions, actions to improve inclusion, equality and diversity necessary to deliver the Trust's strategy, incorporating external best practice and professional advice.

4.2 Overseeing delivery of the People Strategic Priorities on behalf of the Board against agreed plans, a range of workforce metrics, indicators and targets.

4.3 Providing appropriate reports to the Board on the above indicating assurances received, decisions made, and matters escalated that require consideration by the Board.

4.4 Monitoring the development of the future workforce, through an effective workforce plan that includes workforce supply, new roles, learning and organisational development.

4.5 Ensure the there is sufficient leadership and management capacity and capability within the Trust to deliver the Trust's strategy.

4.6 Ensuring that the voice of staff and volunteers is heard, via staff networks, staff surveys and other appropriate mechanisms, and that this acted upon in line with the strategic vision and values and to ensure compliance with requirements relating to Freedom to Speak Up and Whistleblowing.

4.7 Maintaining oversight and assure the Trust's equality, diversity and inclusion agenda is being delivered

4.8 Ensuring the Trust has a suitable policy framework and leadership development framework to deliver the People Strategic Priorities, ensuring alignment with the NHS People Plan and relevant regulatory requirements such as NHS Improvement workforce standards and CQC.

4.9 Oversee the development and implementation of initiatives to maintain the organization as an undergraduate and postgraduate learning provider.

4.10 Oversee and influence key relationships with educational partners to maximise benefit of these relationships to the Trust.

4.11 Review national and local strategies and reports from external bodies such as CQC, NHS E/NHS I, HEE & NHS Employers, identifying the implications for, and actions required by the Trust.

4.12 Ensure there are ongoing arrangements for reviewing the regulatory requirements relating to staff, such as NHSE/NHS I and CQC standards such as Well-Led. Ensure that appropriate strategies and plans are developed, implemented and sustained to meet these requirements.

4.13 Maintain oversight of its associated sub-groups through receipt of regular update reports and metrics.

4.14 The Committee will receive, for information, the minutes from the Joint Negotiation and Consultative Committee and the Joint Local Negotiation and Consultative Committee

4.15 Receive Review the People Risk Register and relevant risks from the Board Assurance Framework to review assurance on risk mitigation and controls including any gaps in control.

4.16 Assess any risks within the workforce portfolio brought to the attention of the Committee and identify those that are significant for escalating to IQC, FFP and Board as appropriate

4.17 Maintain oversight of Remuneration and Reward, ensuring and assuring alignment to relevant Employee and Worker legislation

5. MEMBERSHIP AND ATTENDANCE

Members

5.1 The membership of the Committee will be:

- Chair – Non-Executive Director
- Deputy Chair - Non-Executive Director
- Non-Executive Director
- Executive Director of Nursing
- Medical Director
- Executive Director of Strategy, People & Partnerships
- Executive Director of Operations

In Attendance

The following will be standing attendees of the Committee:

- Deputy Director of Nursing
- Deputy Director of Finance
- Associate Director for Allied Health Professions and Recovery
- Chief Psychologist
- Deputy Director of People and Organisational Development
- Chief Pharmacist

5.2 Other members of the Board can attend meetings if they indicate to the Chair of the People Committee, in advance, of their intention to do so.

5.3 Other members of staff may attend to present papers or to contribute to the staff story

5.4 Other parties may be invited to present papers from time to time.

5.5 In the absence of the Chair of the Committee, the Deputy Chair will chair the meeting.

5.6 Where members are unable to make the meeting, they are entitled, and, in the case of Executive Directors, expected to nominate a deputy to attend on their behalf. These attendees will not assume temporary voting rights.

5.7 Members should make every effort to be present at all Committee meetings.

5.8 Meeting attendance will be reviewed by the Committee Chair annually.

6. QUORACY

6.1 The meeting will be considered quorate with 3 Committee members, one of which must be a Non-Executive Director and one must be an Executive Director. These cannot be deputies attending on behalf of substantive members.

7. DECLARATION OF INTERESTS

7.1 All members must declare any actual or potential conflicts of interest in advance. These must be recorded in the minutes. Members must exclude themselves from any part of the meeting where a potential or actual conflict of interest may occur.

8. MEETINGS

8.1 The meeting will be closed and not open to the public.

8.2 Meetings will be held monthly. Members will agree the meeting dates annually in advance.

8.3 The agenda of every Committee meeting will include as standing items a review of how effectively it has discharged its business and how effective the Committee has role modelled the values of the Trust through its decision making.

9. ADMINISTRATION

9.1 The Company Secretary will ensure there is appropriate secretarial and administrative support to the Committee.

9.2 The Committee shall report to the Board on its proceedings after each meeting to provide assurance and to escalate issues as appropriate.

9.3 The Committee will provide an annual report to the Board setting out how it has discharged its responsibilities as set out in these terms of reference.

9.4 The agenda for each meeting will be agreed by the Executive Director of Strategy, People & Partnerships and the People Committee Chair. The agenda, minutes and papers will be issued 5 calendar days before the meetings and any issues with the agenda must be raised with the People Committee Chair within 2 working days.

9.5 An action list and minutes will be compiled during the meeting and circulated within 7 calendar days of the end of the meeting.

9.6 Any issues with the action list or minutes will be raised within 7 calendar days of issue.

10. REPORTING AND LINKS TO OTHER COMMITTEES

10.1 The Committee Chair will provide a Committee Assurance Report for the next meeting of the Board. This will describe the major issues that were discussed by the Committee, and the level of assurance was received through papers and oral testimony.

10.2 The Committee will report to the Integrated Quality Committee on matters that are likely to affect workforce resourcing, education and learning to enable triangulation with clinical outcome and patient care indicators.

10.3 The Committee will report to Finance Productivity and Performance Committee on matters that are likely to affect expenditure on the Workforce and quarterly on the work of the Workforce Intelligence and Systems as they relate to pay.

10.4 The Committee will provide exception reports to the Audit Committee.

10.5 The Committee will provide reports as requested to the remaining committees.

10.6 Operational delivery of the Committee's work plan will be overseen by the Director of Strategy, People & Partnerships via day-to-day oversight of the HR, OD and Learning and Development functions.

10.7 The Committee will review its effectiveness on an annual basis, reporting the outcome of the review to the Board.

10.8 The Committee Assurance Report(s) will be presented by the Committee Chair to the Council of Governors at the next scheduled meeting.

Revised: November 2021

Approved: November 2021

Review: September 2022

Birmingham and Solihull Mental Health NHS Foundation Trust

QUALITY, PATIENT EXPERIENCE & SAFETY COMMITTEE

TERMS OF REFERENCE

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1. VALUES

The Committee will role model the Trust values:

Compassionate

- Supporting recovery for all and maintaining hope for the future.
- Being kind to others and myself.
- Showing empathy for others and appreciating vulnerability in each of us

Inclusive

- Treating people fairly, with dignity and respect.
- Challenging all forms of discrimination.
- Listening with care and valuing all voices.

Committed

- Striving to deliver the best work and keeping patients at the heart.
- Taking responsibility for my work and doing what I say I will.
- Courage to question to help us learn, improve and grow together

2. AUTHORITY

2.1 The Quality, Patient Experience & Safety Committee ("QPESC") is constituted as a Standing Committee of the Board. The Committee has no executive powers, other than those specifically delegated in these Terms of Reference. The Terms of Reference can only be amended with the approval of the Board of Directors.

2.2 QPESC is authorised by the Board to govern any activity which falls within its purpose, duties and responsibilities. It is authorised to seek any information it requires from any member of staff and all members of staff are directed to co-operate with any request made by QPESC.

2.3 QPESC can request external and internal individuals and/or authorities to attend its meetings to help it make decisions and can escalate any issues within its remit to the Board for consideration.

3. PURPOSE

3.1 QPESC is responsible for assuring on behalf of the Board that the Clinical Services and Quality streams of the Trust's Strategy (2020) are being delivered:

- Leader in mental health
- Recovery focussed
- Rooted in communities
- Prevention and early intervention
- Clinically effective
- Changing how we work
- Improving service user experience
- Preventing harm
- A Patient Safety culture
- Quality assurance
- Using our time more effectively

3.2 A key purpose of the Committee is to monitor and receive assurance on the delivery of the Quality Strategy for the Trust.

3.3 The Committee will lead on monitoring of controls and assurances related to the 'Clinical Services' and 'Quality' sections of the Board Assurance Framework.

3.4 The Committee will ensure and assure on behalf of the Board all matters relating to the administration within the Trust of statutory requirements relating to mental health legislation. These include the Mental Health Act (1983 and 2007 amended) and the Mental Capacity Act (2005).

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

4. DUTIES

4.1 The Committee shall:

- Monitor the implementation and progress of the Trust's Quality Strategy against the four strategic aims of:
  - A Focus on Preventing Harm
  - A Focus on Happy Teams
  - A Focus on Quality Assurance
  - A Focus on Value Added Care
- Receive and consider for approval by the Board, the Trust's Quality Account
- Have oversight and assurance of statutory and mandatory requirements relating to quality of care.
- Receive assurance on the development and effective governance of the safety culture within the Trust
- Receive assurance on the development and effective governance of the safety culture within the Reach Out Provider Collaborative

- Oversee effective systems for safety within the Trust, with focus on patient safety, staff safety and wider health & safety requirements.
- Oversee effective systems for safety within the Reach Out Provider Collaborative, with focus on patient safety, staff safety and wider health & safety requirements
- Oversee the delivery of a high-quality experience for all its patients and users, with particular focus on a) assessing impact on quality due to financial decision-making involvement and b) engagement for the purposes of learning and making improvement.
- Oversee an effective system for monitoring quality outcomes and effectiveness with focus on ensuring patients receive the best possible outcomes of care across the full range of Trust activities
- Assure the Trust's maintenance of compliance with the Care Quality Commission registration through assurance of the systems of control with emphasis on the areas of quality and safety
- Oversee and assure on external assessments and regulatory bodies' requirements
- Oversee and assure the Board of Directors on statutory and mandatory requirements relating to quality of care
- To approve the annual Clinical Audit Plan for the Trust
- Support and hold to account the committee reporting to IQC in achieving its purpose, responsibilities and duties.
- Identify its annual objectives, produce an annual work plan in the agreed Trust format, measure performance at the end of the year and produce an annual report. This will also include an assessment of compliance with its terms of reference.
- Consider any relevant risks within the Board Assurance Framework and corporate level risk register as they relate to IQC and to identify and act upon any areas of significant concern to the Board.
- Undertake any other responsibilities as delegated by the Board of Directors

4.2 The Committee shall discharge the duties that previously rested with the Mental Health Legislation Committee:

- Monitor and scrutinise the Trust's implementation and compliance with current mental health legislation and guidance, and consider any proposed changes for the Trust
- Seek assurance that arrangements for the compulsory detention of service users within the Trust are lawfully managed
- Monitor and scrutinise trends in the application of the Mental Health Act within the Trust, and make recommendations to the Board for change where necessary
- Maintain an appropriate number of suitably skilled and experienced Lay Managers in place in the Trust, ensure that they are appropriately supported and trained, and monitor and scrutinise their activities
- Approve MHL specific policies and procedures for use within the Trust, and monitor and scrutinise their application
- Assess and review risks that may impact on the Trust's ability to meet the requirements of the MHA, review controls and assurance that risks are appropriately managed, and identify and escalate to Board as required

5. MEMBERSHIP AND ATTENDANCE

Members

5.1 The membership of the Committee will be:

- QPESC Chair - Non-Executive Director
- QPESC Deputy Chair - Non-Executive Director
- Non-Executive Director
- Executive Director of Quality and Safety (Chief Nurse)
- Executive Medical Director
- Executive Director of Operations

In Attendance

5.2 The following will be standing attendees of the Committee:

- Associate Director of Governance
- Head of Mental Health Legislation
- Medical Lead for MHA and MCA
- Deputy Director of Nursing
- 1 x Associate Director of Nursing
- AN Other
- AN Other

Other Directors will attend if they have an agenda item but only for that item.
Other officers will attend but only for specific agenda items, e.g., Trust Solicitor, Lay Managers

5.3 All members will have one vote. In the event of votes being equal the Chair of QPESC will have the casting vote.

5.4 The Deputy Chair of QPESC will chair the meeting when the QSC chair is absent.

5.5 Board members may attend QPESC but must advise the QPESC chair in advance of their attendance.

5.6 Executive Directors must nominate a deputy to attend QPESC if they cannot be present themselves. Other members may nominate a deputy to attend. Those deputising for full Board members will not assume temporary voting rights.

5.7 Members are expected to make every effort to attend all meetings of the Committee.

5.8 Meeting attendance will be reviewed by the QPESC Chair annually.

6. QUORACY

6.1 The meeting will be considered quorate with 3 Committee members, one of which must be a Non-Executive Director and one must be an Executive Director. These cannot be deputies attending on behalf of substantive members.

7. DECLARATION OF INTERESTS

7.1 All members must declare any actual or potential conflicts of interest in advance. These must be recorded in the minutes. Members must exclude themselves from any part of the meeting where a potential or actual conflict of interest may occur.

8. MEETINGS

8.1 Meetings will be held 10 times per year.

8.2 Meeting dates will be agreed annually in advance by the members of the Committee.

8.3 QPESC will review its effectiveness at the end of each meeting.

9. ADMINISTRATION

9.1 The meeting will be closed and not open to the public.

9.2 The Company Secretary will ensure there is appropriate secretarial and administrative support to the Committee.

9.3 An action list and minutes will be compiled and circulated to the QPESC members within 7 days of the last meeting. Queries or issues about the action list must be raised within 7 days of receiving them.

9.4 Final papers for QPESC must be submitted 7 days before the meeting.

9.5 The agenda for each meeting will be agreed by the Executive Director of Quality and Safety (Chief Nurse) and the QPESC Chair. The agenda, minutes and reports will be circulated 6 days before the meeting and any issues with the agenda must be raised with the QPESC Chair within 2 working days.

9.6 The Company Secretary will be responsible for updating the forward plan with input from the Director of Quality and Safety (Chief Nurse) and Associate Director of Governance, for agreement with the QPESC Chair.

10. REPORTING AND LINKS TO OTHER COMMITTEES

10.1 The Committee Chair will provide a Committee Assurance Report for the next meeting of the Board. This will describe the major issues that were discussed by the Committee, and the level of assurance that was received through papers and oral testimony.

10.2 QPESC will receive regular reports from the sub-committees and groups reporting into it – the formal timing of these will be outlined on the QSC forward plan and in addition to this exception reports will be provided as required

10.3 QPESC will provide exception reports to the Audit Committee.

10.4 Any service changes will require sign off in terms of impact on quality by the Medical Director and the Director of Quality and Safety (Chief Nurse).

10.5 Members and Attendees at both QPESC and FPP will be expected to have an integrated approach so that impact issues are not lost, and papers to both committees will need to indicate where there is a potential impact on quality. Where necessary, exception reports will be provided between the two committees.

10.6 The Committee will review their effectiveness on an annual basis, reporting the outcome of the review to Trust Board.

10.7 The Committee Chair will present to the Council of Governors annually a report on the work of the Committee. The Committee Assurance Report(s) will be presented by the Committee Chair to the Council of Governors at the next scheduled meeting.

Date Reviewed: September 2021

Approved by the Board: November 2021

Date of Review: September 2022