BOARD OF DIRECTORS MEETING PART I

Schedule   Wednesday 5 October 2022, 9:00 AM — 12:30 PM BST

Organiser   Hannah Sullivan

Agenda

Agenda

NHS
Birmingham and Solihull
Mental Health
NHS Foundation Trust

AGENDA
BOARD OF DIRECTORS MEETING
09:00AM, WEDNESDAY 5th October 2022 VIA VIDEO-CONFERENCING

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

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

Staff Story
09:00am Matt Brayshaw and Ella Carman

ITEM	DESCRIPTION	LEAD	TIME	PAPER	PURPOSE
1.	Opening Administration: Apologies for absence & Declarations of interest	Chair	09.30	V	
2.	Minutes of the previous meeting 2.1 June 2022 2.2 July 2022		09.35	A	Approval
3.	Matters Arising/Action Log		09.40	A	Assurance
4.	Chair's Report		09.45	A	Assurance
5.	Chief Executive's and Director of Operations Report	CEO	09.50	A	Assurance
6.	Board Overview: Trust Values	L. Cullen	09:35	V	Assurance
7.	**QUALITY**				
7.1	QPES Chair's Assurance Report	L. Cullen	09:45	A	Assurance
8.	**PEOPLE**				
8.1	People Committee Chair's Assurance Report	P. Gayle	10:00	A	Assurance
8.2	WRES/WDES	J. Kaur	10:00	A	Assurance
9.	**SUSTAINABILITY**				
9.1	Finance, Performance & Productivity Committee Chair's Assurance Report	R. Beale	10:15	A	Assurance
9.2	Integrated Performance Report	D. Tomlinson	10:30	A	Assurance
9.3	Finance Report	D. Tomlinson	11:00	A	Assurance/ Approval
9.4	Board Assurance Framework	D. Tomlinson	11:20	A	Approval

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compassionate   inclusive   committed

ITEM	DESCRIPTION	LEAD	TIME	PAPER	PURPOSE
10.	**GOVERNANCE & RISK**				
10.1	Use of Trust Seal	*S. Madeley*	*11:45*	*A*	Assurance
10.2	Questions from Governors and Public (***see procedure below***)	*Chair*	*11:55*	*V*	-
10.3	Any Other Business *(at the discretion of the Chair)*	*Chair*	*12:15*	*V*	-
10.4	**FEEDBACK ON BOARD DISCUSSIONS**	*W. Weir*	*12:20*	*V*	-
11	**RESOLUTION** The Board is asked to approve that representative of the press and other members of the public be excluded from the remainder of the meeting having regard to the confidential nature of the business to be transacted.				
12	**Date & Time of Next Meeting** • 7 December 2022, 09:00-12:30		*12:30*	*Chair*	

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

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

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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.

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Staff Story

Matt Brayshaw and Ella Carman

1. Opening Administration:
Apologies for absence & Declarations of interest

2. Minutes of the previous meeting

MINUTES OF THE BOARD OF DIRECTORS MEETING

Meeting	BOARD OF DIRECTORS
Date	WEDNESDAY 29th JUNE 2022
Location	VIA MICROSOFT TEAMS

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

Attendance	Name and Title		
Present	Danielle Oum	-	Chair
	Roisin Fallon-Williams	-	Chief Executive
	David Tomlinson	-	Director of Finance
	Sarah Bloomfield	-	Director of Quality and Safety *(Chief Nurse)*
	Vanessa Devlin	-	Director of Operations
	Hilary Grant	-	Medical Director
	Patrick Nyarumbu	-	Director of Strategy, People & Partnerships
	Russell Beale	-	Non Executive Director
	Linda Cullen	-	Non-Executive Director
	Philip Gayle	-	Non Executive Director
	Gianjeet Hunjan	-	Non Executive Director
	Anne Baines	-	Non-Executive Director
	Winston Weir	-	Non Executive Director
In Attendance	Sharan Madeley	-	Company Secretary
	Kathryn Allen	-	Lead, recovery, service user, carer and family experience
Observers	Maureen Johnson	-	Carer Governor
	Mustak Mirza	-	Service User Governor
	Faheem Uddin	-	Service User Governor
Staff Story	Verena Lauer		
Apologies	There were no apologies for absence		

Minutes

Agenda Item	Discussion	Action (Owner)
1.	**OPENING ADMINISTRATION: DECLARATIONS OF INTEREST** The Chair welcomed Governors who were observing the meeting, along with representatives of the public.	
2.	**SERVICE USER STORY** Verena Lauer attended the meeting to present her personal and honest experiences of services to the Board of Directors. Verena was a violin teacher and musician teaching in schools within the area and was a post graduate student in Psychology and Neuroscience of Mental Health at Kings College London. Verena was currently involved in the Sensory Ward Project within the Trust as well as the Positive Digital Practices Project led by the Open University and Student Minds. Verena shared her personal experience which commenced with her initial assessment and outlined her journey and challenges experienced whilst under the care of the Community Mental Health Team. Verena provided a summary relating to an admission to Ardenleigh, a referral to the Home Treatment Team and a referral to art psychotherapy assessment which was ongoing. Verena explained how her weekly medical review was very important adding that whilst in Ardenleigh and highlighted how her psychiatrist ensured personal adjustments were put in place to assist with her recovery. This included arranging for supported leave from the ward, to take Verena to see her horses for 2 hours which was a massive help. Verena mentioned a specific nurse within the Community Mental Team who was an advocate for patients, who listened and was honest making helpful suggestions regarding her care and treatment. Verena explained the challenges with her care which included being sent out of area whilst in a crisis, not being informed of her rights and information not being passed on from consultants to staff from one shift to the next. Dr Grant said that the Trust did not want any patients with autism to experience the challenges highlighted by Verena which included having specific rules in place and challenges with the affecting patients with autism. Although it was pleasing to note that the food at Ardenleigh was reported as amazing from a vegetarian perspective which had made a difference. H. Grant added that work was being undertaken to improve the sensory environment. In relation to the issues raised regarding out of areas beds, this issue was heard loudly which the Trust was working hard to address and the reason the Board needs to hear the experiences of patients and thanked Verena for her generosity for sharing her experiences. S. Bloomfield said that it was important for the Board to acknowledge the progress within the last 12 months the Trust has made in addressing services for patients with learning disabilities and autism. It was specifically important to acknowledge that due to patients being able to share their experiences, that the Trust has now recruited additional nurses with specific training.	

Agenda Item	Discussion	Action (Owner)
	A Baines said that there were issues highlighted by Verena around communication between colleagues and Verena and protocols and rules were there for a reason and it was essential staff understood and complied. There was an important message regarding the integrated care pathway and the movement between a hospital and community setting and the lack of communication. The individual care package was essential to ensure everyone understood the care which was required for all patients. D. Oum thanked Verena for sharing her experiences and specifically the issues regarding autism awareness and ensuring care plans were adhered to adding that there was a range of themes within the story which may pose a risk for other patients and service users. ***DECISION:*** ***D. Oum requested that the Quality, Patient Experience, and Safety Committee review the themes identified and discuss the progress being made within the Trust, reporting back at a future Board of Directors meeting via the Committee Chairs Assurance Report.***	
3.	**MINUTES OF THE PREVIOUS MEETING** The minutes of the meeting held on the 25th May 2022 were approved as an accurate record of the meeting.	
4.	**MATTERS ARISING / ACTION LOG** The action log was reviewed and noted.	
5.	**CHAIR'S REPORT** The Board received a brief report providing an overview of the key areas of focus since the last Board meeting. This included details of a visit to the team at the William Booth Centre to learn about the teams' priorities and ambitions for the future. It was reported that there was a full schedule of site visits in place to enable members of the Board of Directors and Council of Governors to visit all sites over the coming months. It was noted a schedule of dates had been confirmed for the 'Pull up a chair with the Chair' initiative which would be launched in early July 2022. The report was received and noted.	
6.	**CHIEF EXECUTIVE'S REPORT** R. Fallon-Williams presented the monthly report and specifically thanked colleagues who had worked over the long bank holiday weekend. It was reported that there was an unannounced focused Care Quality Commission inspection with the Trust receiving verbal feedback. The Trust was not expecting anything different to be detailed within the formal report. It was noted that a number of actions had been taken and already accepted by the Care Quality Commission. Board Members were informed that Nick Holding from NHS Improvement was working with the Trust regarding the Quality Improvement approach and would be providing an additional perspective on the progress being made by the Trust.	

Agenda Item	Discussion	Action (Owner)
	The Board and Committees have held discussions regarding the current and forthcoming increases in the costs of living which were impacting on many colleagues in a way that has never been the case in the past. There has been a "Listen Up Live Event" held to better understand the issues impacting colleagues and the Trust would take actions from that to deliver meaningful support. V. Devlin presented a detailed clinical services update and highlighted that the services were focusing on the transformation work which included ensuring staff and patients were being kept safe with a focus on recovery and restoration. There was a report submitted to Finance, Performance & Productivity (FPP) Committee which provided detail of the level of improvement being made in relation to face-to-face appointments and in some areas, this had increased to 78% face to face contacts. V. Devlin thanked Darren Veller who was working with the Trust to develop a 3-year plan regarding IAPT which would be presented to a future the FPP Committee. The ICCR community transformation continued to go from strength to strength. The project team has received further congratulations from NHSE as they have recruited staff into their newly emerging primary care liaison teams. ICCR has already started to see the impact of the primary care teams within the South Birmingham Primary Care Liaison (PCL) team managing 94% of the 300 referrals received at the primary care level The Secure Care and Offender Health division are continuing with active recruitment in innovative ways. This month has seen changes to Reaside and Tamarinds leadership and nursing teams for Clinical Nurse Manager, Matron, Clinical Lead and Ward Manager posts. The HMP Birmingham Prison Tender has been awarded for a period of 7 (+2) years. This has been communicated with staff who have expressed their delight at the Trust succeeding in winning this tender. P. Gayle congratulated the team in winning the Prison Services Tender and queried if there was sufficient resources to maintain and develop a new model. V. Devlin said that there were challenges on recruitment within the Prison service and the service was working on focusing on new models with new roles. V. Devlin added that it was challenging at the moment and would keep the Board updated through the Committees on the development of the new models. Within acute and urgent care, the crisis house delivered in partnership with Future Health & Care and Forward-Thinking Birmingham was now open and provided service users in crisis access to up to 7 days of intensive therapeutic support. The crisis house has onsite psychology support working alongside future health care support workers with access to a nurse 24 hours a day. BSMHFT service users have access to a dedicated consultant whilst in the crisis house The report was received and noted.	
7.	**BOARD OVERVIEW TRUST VALUES** G. Hunjan presented the Board with her overview of the last month detailing that since the last Board she had attended 16 meetings virtually across the Trust. This included speaking with Executive colleagues, Governors, service users and external stakeholders adding that in all of the conversations it was clear that everyone sought to do their very best for the Trust. Where there was a difference in views, colleagues listened to each other, and this demonstrated the Trust values in operation.	

Agenda Item	Discussion	Action (Owner)
	G. Hunjan reflected on the conversations and stated it was clear that staff were astute, talented and hard working. Staff had also reported on observing examples when the spoken word was not always aligned to body behavhiours. G. Hunjan added that all Board Members were involved in meetings within the system and were all ambassadors of the Trust and must therefore seek to ensure actions taken reflected the Trust values. The Chair thanked G. Hunjan for her reflections.	
8.	**ANNUAL REPORT QUALITY, PATIENT EXPERIENCE AND SAFETY COMMITTEE APRIL 2021 – MARCH 2022** The Board received the annual report from the Quality Patient Experience and Safety Committee reporting on the work undertaken during the year in line with the terms of reference of the Committee.	
9.	**QUALITY, PATIENT EXPERIENCE AND SAFETY COMMITTEE ASSURANCE REPORT** L. Cullen, Chair of the Committee, presented a detailed Chair's Assurance report to the Board following the June Meeting. It was reported that the core committee members visited the Juniper Centre prior to this month's committee meeting and met with teams from across each unit. The committee agreed this was a positive way to ensure committee oversight of key priorities and pressures and enabled the committee to gain a greater understanding of the current demand on services. The Committee was assured that the ongoing work in relation to the Care Quality Commission section 31 improvement plan remained on track. The Committee noted that the recent focused inspection on Meadowcroft was in response to whistle blowing from several staff in the ward. Whilst the Committee was pleased that this action was taken by staff, the Committee considered the need to consider boosting FTSU presence in areas of concern. The Committee was provided with an excellent summary of the Ockenden review which although focused on maternity services had many important learning points for all specialties. The Committee discussed the importance of continuing the work to improve engagement with service users and their family and carers and to strengthen their voice in all our pathways. The report also highlighted the importance of addressing health inequalities which was very relevant to our services in mental health The Learning from Homicides and Suicides Annual Report was presented with the Committee noting the report and key messages which continued to highlight the importance of clinical risk management within acute care inpatient and community services especially at points of transition. The Committee heard about a strong focus on alcohol as a risk factor and the ongoing working together with partners across the BSOL system. The Committee received the quarterly report for Learning from Deaths noting this provided evidence that the Learning from Deaths was firmly embedded as a priority across BSMHFT, ensuring full adherence to the National Quality Board Learning from Deaths Framework. The Committee Chair's Assurance Report was received and noted.	

Agenda Item	Discussion	Action (Owner)
10.	**QUALITY ACCOUNT** S. Bloomfield presented the Quality Account to the Board of Directors which had been presented and discussed at the Quality, Patient Experience and Safety Committee. The report provided an update about the quality of services offered by the Trust. The report was required to be published annually and uploaded to the Trust website by 30 June 2022. It was reported that Quality Accounts were an important way for local NHS services to report on quality and show improvements in the services they deliver to local communities and stakeholders. The quality of the services was measured by looking at patient safety, the effectiveness of treatments patients receive, and patient feedback about the care provided. The report outlined progress against priorities identified during 2021/22 and sets out agreed priorities for 2022/23. S. Bloomfield also thanked Healthwatch Birmingham and Healthwatch Solihull and the Council of Governors for their stakeholder statements on the Quality Account. *DECISION: The Board of Directors approved the Quality Account for publication*	
11.	**PEOPLE COMMITTEE CHAIR'S ASSURANCE REPORT** P. Gayle outlined the areas discussed at the People Committee held on the 22nd June 2022. The Board was informed of the key highlights which included an overview of the key performance indicators. There had been an increase within appraisal rates and mandatory training which had been a focus of the team within Human Resources and there had been an significant increase in temporary staff completing their information governance training. Sickness levels had slightly increased compared to last month with two outlying Directorates with recovery plans in place. The vacancy fill rates were discussed along with the initiatives being utilsed to recruit within the Trust and the Committee was updated on the targeted actions being undertaken. D. Oum queried the issue of the Committee receiving the impact on initiatives around vacancies and it was reported that the Committee had requested detail of the conversion rates. A paper was received by the Committee on financial wellbeing support and provided assurance on the actions being taken regarding the increasing cost of living expenses for employees at the Trust. This included overtime payments, support for the cost of increasing fuel prices, fuel cards, childcare facilities, food banks and subsidised meals. The Committee discussed that pace was essential along with an effective communication plan to ensure staff understand how they may be placed in relation to the financial wellbeing areas. D. Oum queried the system working around financial well-being and were there still opportunities for the Trust to work innovatively. R. Fallon-Williams sated that the Trust already had communications in place which included the Listen Up Live sessions and information on the intranet.	

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Agenda Item	Discussion	Action (Owner)
	The was a concentrated effort being made by the Communications Team to promote what was available and the Trust was clear that staff should not feel embarrassed about having a discussion regarding the support available. In relation to the system working, it was reported that some of the financial wellbeing support was available now for staff and it was being reported that this was being seen as beneficial.	
	The Committee was informed that the Safer Staffing Sub Committee had reported significant concerns remained with regards to staffing and vacancies.	
	The People Committee was asked to support the recommendations already approved at the safer staffing committee. All were approved although the recommendation to support an overarching plan for temporary service suspension/change if staffing levels become critical to be included in the Safer Staffing Policy.	
	The People Committee raised concerns around the insertion of this statement in the policy as it was felt a Board discussion would need to be held regarding taking the decision to temporarily close services. The Committee approved the Terms of Reference for the Safer Staffing Committee.	
	Within the Safer Staffing Report, the Committee was informed that there were significant concerns around the registered nursing workforce, limited numbers particularly in Acute and Urgent Care divisions. The Committee was informed assurance could not be given due to the risks highlighted around insufficient staffing which could not be fully mitigated. Staff were not always able to engage in therapeutic activities as the focus was about keeping service users/patients safe. The Committee was informed that once the establishment reviews have been concluded, inevitable requests would be proposed and future consideration and discussion would be needed regarding significant prioritization decisions, given the limited funding available.	
	The Committee Chair's Assurance Report was received and noted.	
12.	**FINANCE, PERFORMANCE AND PRODUCTIVITY COMMITTEE CHAIRS ASSURANCE REPORT** R. Beale presented the FPP Committee Chair's Assurance report which detailed that the month 2 finance report was received and discussed by the Committee and it was reported that the position was slightly behind plan as reported at month one and this included added pressures of electricity costs, with the position being £400k worse than plan. In relation to national guidance, organisations had been asked to include in month 2, two months of an assumed pay award of 2% (yet to be approved nationally) which had been offset by additional funding discussed last month equating to £400k for the Trust. There were ongoing pressures around temporary staffing and in terms of the segmental element, this related to £18k deficit in SSL with Reach Out reporting a breakeven position.	

Agenda Item	Discussion	Action (Owner)
	It was reported that agency costs, mostly medical, were substantial, and whilst the Committee was assured that the relevant controls and checks on approving them were in place, the Committee was not assured that the Trist could improve the permanent staffing situation substantially in the short (or medium) term. The Committee noted that a start towards more innovative working was taking place happening but were concerned that the ambition and scope was currently insufficient. In addition, given inflation was substantially above 2%, there may be huge future pressures for cost-of-living increases which made the financial situation more challenging. It was reported that capital prioritization needed to work more efficiently so that programmes could commence at the beginning of the year. The Committee discussed the approach taken with the interactive performance dashboard, and whether it provided the information required regarding the causes of performance issues; the actions being taken, and the effects of those actions. The Committee felt that the format was correct but that the narrative needed to be more detailed with information regarding specific plans for action; ways to measure the effectiveness and timescales, and progress against those plans. The Committee agreed to raise three specific performance metrics with the Board which were (a) long waits in IAPT, (b) Referrals over 3 months with no contact where the figures in April 2021 were 2227 and were currently at 2636 in May 2022. and (c) CPA with formal review within the last 12 months with performance in this metric consistently declining over the last year and has been outside the control limits since July 2019. The Committee had requested the Associate Director of Operations to feedback to the services on these three specific areas where detailed assurance was required The report received on recovery and restoration with a focus on face-to-face appointments was discussed and provided an update on how face to face contact was resuming, but the committee felt that there was overmuch attention on the return to things as they were rather than an assessment of the benefits and issues of remote working and approaches to provide the best of both worlds. The Committee Chair's Assurance Report was received and noted.	
13.	**INTEGRATED PERFORMANCE REPORT** D. Tomlinson presented the Integrated Performance Report which had also been presented and discussed at the Board Committees. The key issues considered by the Committees included out of area bed use, IAPT, CPA 12-month reviews, CPA 7-day follow up, new referrals not seen, financial position and CIP. Vacancies, fundamental training, bank and agency fill rate, appraisal rates, sickness with the divergence in performance between different teams and ligature incidents. There was discussion at FPP regarding the fitness for purpose of the report and it was agreed that the approach used in directing the attention of the Committee to relevant areas of concern was appropriate. There was, however, concern about a lack of transparency around improvement plans with no information regarding how the Trust was doing against improvement trajectories.	

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Agenda Item	Discussion	Action (Owner)
14.	**FINANCE REPORT** It was reported that the month 2 Group position was a deficit of £0.8m, this was £0.4m adverse to the year-to-date plan as submitted to NHSEI on 28th April 2022. The position comprised of a £866k deficit for the Trust, an £18k deficit for Summerhill Services Limited (SSL) and a break-even position for the Reach Out Provider Collaborative. The month 2 Group position was a deterioration of £0.4m compared to month 1. This was mainly driven by a year to date 2% pay award accrual recognised in month 2, partly offset by an accrual for the year-to-date impact of 0.7% additional inflationary uplift as per latest national guidance The financial plan submitted to NHSEI by Birmingham and Solihull ICS on 28th April 2022 was a deficit of £36m. This comprised a deficit plan of £2.7m for BSMHFT. Following the allocation of additional national funding to deal with inflationary pressures, systems were required to submit a revised plan on 20th June 2022. The impact of the additional funding was that the proposed total system plan for 2022/23 had now improved to a break-even plan. In line with fair share agreements, adjustments have been made to ensure that each organisation has a break-even plan. The 2022/2023 capital plan of £7.3m remained unchanged from that submitted to NHSEI. The month 2 Group capital expenditure was £108k, which was £204k less than year to date plan. With the month 2 Group cash position being £55m. ***DECISION: The Board of Directors approved the revised 2022/2023 break even financial plan for submission to NHS England/Improvement.***	
15.	**AUDIT COMMITTEE CHAIR'S ASSURANCE REPORT** The Audit Committee held an extra-ordinary meeting on the 16th June 2022 to receive the final Annual Report and Accounts for 2021/2022. The attached Assurance Report is provided by the Committee Chair for the attention of the Board. In relation to the Head of Internal Audit Opinion, the Committee heard of the work completed by TIAA (internal auditors) in relation to outstanding internal audit recommendations. In terms of the reviews concluded since the last Committee meeting, Members were advised the audit of the BAF and Risk Management processes had been assessed as providing limited assurance. The Committee was assured of the work being undertaken to realign these areas to strengthen systems of internal control and that RSM would review these and any outstanding recommendations as incoming auditors. The Committee received the Annual Accounts and Report and having heard from both Internal and External Auditors recommended the adoption of both the Annual Accounts 2021/2022 and Annual Report 2021/2022 by the Board and were approved by Board on 20 June 2022. The Annual Report and Accounts were then submitted by the deadline of 22 June 2022*.*	

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Agenda Item	Discussion	Action (Owner)
	The Committee heard of the extensive work that had been completed by the finance and audit teams. In conclusion, Mazars had issued an unqualified opinion. The Committee thanked all the teams involved in completing the Annual Accounts and Report 2021/22. The Committee Chair's Assurance Report was received and noted	
16.	**QUESTIONS FROM GOVERNORS AND PUBLIC** Mustak Mirza thanked Maureen Johnson, Carer Governor, for her services to the Trust as a Governor during the last 12 years and for the Board ensuring discussions were taking place across the Trust in relation to the cost of living crisis.	
17.	**ANY OTHER BUSINESS** There was no further business raised.	
18.	**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.	
20.	**DATE & TIME OF NEXT MEETING** • 09:00am • 27th July 2022	

NHS
Birmingham and Solihull Mental Health
NHS Foundation Trust

MINUTES OF THE BOARD OF DIRECTORS MEETING

Meeting	BOARD OF DIRECTORS
Date	27th JULY 2022
Location	VIA MICROSOFT TEAMS

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

Attendance	Name and Title		
Present	Danielle Oum	-	Chair
	Roisin Fallon-Williams	-	Chief Executive
	David Tomlinson	-	Director of Finance
	Sarah Bloomfield	-	Director of Quality and Safety *(Chief Nurse)*
	Vanessa Devlin	-	Director of Operations
	Hilary Grant	-	Medical Director
	Patrick Nyarumbu	-	Director of Strategy, People & Partnerships
	Russell Beale	-	Non Executive Director
	Linda Cullen	-	Non-Executive Director
	Philip Gayle	-	Non Executive Director
	Gianjeet Hunjan	-	Non Executive Director
	Anne Baines	-	Non-Executive Director
	Winston Weir	-	Non Executive Director
In Attendance	Sharan Madeley	-	Company Secretary
	Emma Randle	-	Freedom to Speak Up Guardian
Observers	Mustak Mirza	-	Service User Governor
	John Travers	-	Staff Governor
	Faheem Uddin	-	Service User Governor
Apologies	Sarah Bloomfield	-	Director of Quality & Safety (Chief Nurse)

Minutes

Agenda Item	Discussion	Action (Owner)
1.	**OPENING ADMINISTRATION: DECLARATIONS OF INTEREST** The Chair welcomed Governors who were observing the meeting, along with representatives of the public.	
2.	**MINUTES OF THE PREVIOUS MEETING** *DECISION:* *Due to a technical error with the recording of the meeting, the minutes of the meeting held in June 2022 would be presented to the next meeting for formal approval*	S. Madeley

Agenda Item	Discussion	Action (Owner)
3.	**CHAIR'S REPORT** The Board received an overview of the Chair's key areas of focus since the last Board meeting which was received and noted. It was noted that Non-Executive Directors had commenced visits and these would be captured quarterly through the Chair's report.	
4.	**CHIEF EXECUTIVE'S AND EXECUTIVE DIRECTOR OF OPERATIONS REPORT** R. Fallon-Williams presented the Chief Executive and Director of Operations report. It was noted that there continued to be an increase in Community transmissions of Covid 19, with symptomatic cases also rising during the month. This was impacting on acute physical health services with an increase in hospital cases, ITU cases remained at around 3%. This increased the risk of potential outbreaks within our ward settings, which was realised with a number of outbreaks being declared during the month and at the time of writing there are a small number of outbreaks across our clinical areas. In relation to the cost-of-living increases, following agreement at the last People Committee, the Trust has actioned an increase in mileage rates from 56p per mile to 60p. The Trust has also temporarily removed the mileage cap allowing those driving more than 3500 business miles per year to be paid at 60p per mile. The Trust was promoting discounts from partners such as Blue light, Uber, and those we engage through the Viv up benefit portal. The Staff side Unions have been asked to promote their financial wellbeing support and hardship funds to their members and through trust communications. The Trust was also working to better promote our partnership with City Save Credit Union, which enables staff to access affordable loans and financial education once they were members. The Trust was committed to reviewing this on a regular basis in line with inflation and cost of living rises. W. Weir welcomed the initiatives relating to the cost-of-living increase and queried if any reimbursements being back dated. R. Fallon-Williams stated that in terms of the changes of rate of pay for mileage these had been back dated to April 2022. V. Devlin reported that the post pandemic period had presented service areas with challenges in terms of filling staff vacancies. Innovative and creative solutions have been considered with attractive offers and benefits of joining the Trust also now a feature. Despite these challenges colleagues were committed to delivering as high-quality services as possible, always aiming for as easy access as achievable for all service users. G. Hunjan queried ADHD disorder service in relation to linkages being developed with schools. V. Devlin said that the referral process was inclusive of schools, however, the model needed to be refreshed. A. Baines stated that it was concerning that there had been an issue of flow and asked that given the known pressures, for example, commonwealth games, were there additional steps put in place. V. Devlin responded that the Trust had been on daily calls to help and support the system and working with FTB and colleagues in liaison service. There was a model called the Front Door Project which was jointly funded which involved a primary care nurse who triaged as soon as a patient presented with mental health needs.	

Agenda Item	Discussion	Action (Owner)
	This was being rolled out across the acute hospitals and being funded by the ICB for 12 months. R. Fallon-Williams added that the Trust had been working closely regarding the planning of the commonwealth games and there would be polly clinics in place and if any mental health issue arises which could not be dealt with at the polly clinic they would be referred into acute services. W. Weir queried the value of the joint contract with Birmingham Community Trust regarding the HMP Birmingham and how would the Trust be working with other partners in the future. It was noted that this was a long-term contract, and the Trust had the hope that there would be less tendering in the future as it was not helpful in terms of the level of resource and created uncertainty for staff. Therefore, it was hoped that there would be more longer-term contracts to provide continuity. The value of the prison contract was £9.1m. D. Oum queried what the legacy would be of the commonwealth games with R. Fallon-Williams reporting that this was around ensuring physical health through competition and taking part in sport was a feature of providing well-being for people. The report was received and noted.	
6.	**BOARD OVERVIEW TRUST VALUES** P. Gayle presented his views of seeing the Trust values in operation during the month and informed the Board that in relation to being compassionate, he had visited the Tamarind and Juniper Centre and spoke to managers who had been using their leadership skills in a compassionate way and hearing them talk compassionately about service user users and staff. P. Gayle added that he had been stopped in the community which provided the opportunity to hear from staff who were really passionate about the work that they undertook in the Trust. In relation to inclusive, in the past we have had staff and patient stories, and it was an effective way of ensuring inclusive participation. Finally, the commitment of the Trust to be an anti-racist organisation with a number of different initiatives being applied and with the launch of Enough is Enough campaign, was a pleasure to see. The Chair thanked P. Gayle for the reflections.	
7.	**QUALITY, PATIENT EXPERIENCE & SAFETY COMMITTEE CHAIR'S ASSURANCE REPORT** The Board received the assurance report from the Quality, Patient Safety and Safety Committee. It was reported that the Trust was on track of completing the actions regarding the CQC inspection. Within the CQC report, staffing remained a major concern and committee was assured that the initial MHOST assessment for all wards had been completed and was being analysed alongside incidents during this period. The Committee also considered in detail the significant staffing issues in	

Agenda Item	Discussion	Action (Owner)
	community and other areas and the increased demand, acuity and waiting times for assessment and treatment and how these were being addressed. The Committee was pleased to hear that 3 of the Quality Improvement team would be dedicated to supporting pathway redesign within our services and that a piece of work has been commissioned by the ICS to assess the mental health needs of the population The serious incidents were reviewed, and the themes being reported included record keeping and interfaces with internal agencies. Training was available on the learning hub with specific training for Boards on safety. In terms of reporting, the Trust was moving to a new patient safety training and future incident reporting would routinely review the trends. There continued to be high levels of incident reporting and low levels of harm and the Trust continued to be benchmarking well against other organisations. The Committee spent time discussing assaults on staff with further analysis being undertaken. The Infection and Prevention Control report was presented, and it was noted the significant amount of work that had been undertaken. L. Cullen stated that the Committee had raised a concern regarding Executive Director attendance at the Reach Out Commissioning Sub Committee with D. Tomlinson responding that discussions were being held with the Chair of the Sub Committee to resolve the situation. D. Oum congratulated the teams involved in ensuring Safety Huddles were being held which would be having a positive impact on patient safety. The report was received and noted.	
8.	**PEOPLE COMMITTEE CHAIR'S ASSURANCE REPORT** P. Gayle reported that the key performance indicator report was presented and the Committee acknowledged the challenges the Trust has regarding vacancies. The Committee considered how realistic it was to have a target of 6% when we were significantly far from this given the increase in vacancies being seeing within establishments. Therefore, assurance could not be provided that the 6% target would be achieved in this financial year. The Committee received some reassurance in terms of addressing our medics agency spend. The Committee were informed the Trust was looking at different ways to reduce the agency spend. There were proposals in place regarding contractual options to remove medics from agency. If these initiatives were successful, the Committee was informed assurance would be received that we have started to reduce agency spend in this area. The Committee was presented with a report from the Shaping Our Future Workforce Sub Committee and updated on the work being undertaken in relation to the agile working policy. The Committee was informed of the AHP retention plan and further engagement was in place with Psychology colleagues to help shape the retention plans for this professional group. The Committee received some reassurance that these plans would be available to be reported through to the People Committee by September 2022.	

Agenda Item	Discussion	Action (Owner)
	The People Team would use the learning in the development of the retention plans to inform the development of the nursing professional retention plan in Q3. J. Kaur, Head of Equality, attended the Committee meeting to present a report on addressing the lack of diversity within senior roles in the Trust. This was based around becoming an anti-racist organisation and sits within the reducing inequalities priority and being representative of the communities served by the Trust. The Committee received information on current representation in senior management roles and in most of the areas other than 8d the Trust was meeting the proposed 40% target that was originally set which was good news as the Trust was fortunate in attracting this talent to the organisation. Although this was good news the Committee going forward would still require the assurance on the next steps with regards to sustain and grow our talent and be an inclusive organisation. D. Oum asked that the Chair/Executive Lead of the Committee discuss the realism regarding when the impact of certain initiatives could be seen, and assurance provided. This was potentially about whether the Committee could receive further assurance or clarity at Committee meetings to avoid the detailed conversation at the Board meeting. The Board was presented with the Annual Report from the People Committee which detailed how the terms of reference had been addressed during the last 12 months. The report was received and noted.	
9.	**FREEDOM TO SPEAK UP REPORT** E. Randle, Freedom to Speak Up Guardian presented a report providing an update on activity by, and recommendations from, the Trust's Freedom to Speak Up Guardians (FTSUG) covering the period from the last report dated June 2021 to July 2022. Quarterly reports have been submitted to the People Committee in the interim. The Freedom to Speak up Guardians have received 140 speaking up concerns between July 2021 and June 2022. This was over a three-fold increase with a further 96 cases compared to last year. It was extremely pleasing to see such an increase in concerns and suggests that colleagues have an increased awareness of the speaking up function and were more willing to come forward with concerns. P. Gayle reported on the Pull up a Chair event with the Lisen Up Live event and queried if Freedom to Speak Up was known across the Trust and if referrals were being received from all areas. E. Randle stated that there was still room for further promotion and in particular to the staff groups more marginalized, especially night staff who may feel disconnected from the organisation. In addition, further engagement work was underway with SSL staff to promote Freedom to Speak Up along with addressing the geographical spread of the Trust.	

Agenda Item	Discussion	Action (Owner)
	In terms of referrals, it was nursing staff who were coming to FTSU and there were particular groups including staff with protected characteristics, for example, with staff with a disability less likely to contact the service. W. Weir stated that in the Quality and Patient Experience and Safety Committee they received a report on staff learning from mistakes and therefore it would be helpful if thought could be given regarding how themes were fed back into the Trust. E. Randle stated that there was good practice with the patient safety bulletin which reflects lessons learnt and we needed to ensure that other learning was shared more widely. V. Wright said that there was further triangulation was required regarding feedback to staff and discussions had been held with FTSU to agree how feedback can be given to staff. The Chair thanked E. Randle and it was noted that the Board of Directors would be receiving a six-monthly update report. The Chair requested that in the next report information was included to understanding of the work to ensuring a feedback loop and capture the learning that takes place. In addition, what was being undertaken to ensure FTSU as a function was accessible and being accessed by staff. The report was received and noted.	
10.	**MEDICAL DIRECTORATE ANNUAL UPDATE** The Board was presented with a report to update and provide assurance on Medical Directorate work in relation to medical appraisal, revalidation and job planning. The Appraisal and Revalidation Oversight Committees (ARC) remit was to provide assurance to the Board that Birmingham and Solihull Mental Health NHS Foundation Trust (BSMHFT) was undertaking its statutory responsibilities to ensure that all doctors with a designated body connection to the organisation can be successfully revalidated, as well as supporting the decision-making process for revalidation recommendations in complex cases. Medical Appraisal was fully reinstated within the Trust in April 2021, recognising the exceptional stresses that the COVID-19 pandemic has placed on healthcare workers and the need for the provision of a flexible opportunity for a confidential professional discussion as part of supporting professional development and well-being, with preparation being straightforward and proportionate. For the period of 1st April 2021 and 31st March 2022, 188 out of 192 doctors (97.9%) with a prescribed connection to Birmingham and Solihull Mental Health NHS Foundation Trust completed their annual appraisal. R. Fallon-Williams said that as part of the appraisals, complaints received were discussed and every doctor had the complaints shared and formed part of the appraisal discussion.	

6

Agenda Item	Discussion	Action (Owner)
	In relation to medical job planning, the 2022/2023 round identified 191 doctors who were required to complete a job plan. This consisted of 122 Consultants, 69 SAS doctors, other non-training grade and Trust locum doctors. Unfortunately, despite every effort and support, directorates have not been able to meet the timeframes to sign off all of their areas job plans. In response the Medical Directorate have needed to rearrange Consistency Panel Meetings for some of the directorates, as insufficient numbers of job plans had been completed to justify proceeding with meetings. Consistency Panel Meetings for the remaining directorates proceeded as planned, albeit with reduced numbers of job plans being ready for review. These directorates now require follow up meetings to sign off their outstanding job plans. Internal auditors TIAA have undertaken a review of the job planning process. The thematic review formed part of the counter fraud service work plan. The purpose of the thematic review was to collect data across TIAA's provider client base and use data analytics to produce a benchmarking report along with recommendations to strengthen controls. The outcome of the review provided useful benchmarking data, along with recommendations to strengthen controls in order to prevent and deter fraud, abuse or error; the application of which will assist the Trusts' focus to improve processes within the area of job planning. D. Oum was concerned regarding the level of job plans and particularly given the emphasis on transformation and requested the conversation be picked up in the Quality, Patient Experience and Safety Committee. ***DECISION:*** (a) ***The Board noted the content of the report and approve the signing of the Annual Board report and Statement of Compliance for submission to NHS England/Improvement.*** (b) ***The issue of job planning and to be discussed in the Quality, Patient Experience and Safety Committee.***	
11.	**Finance, Performance and Productivity Committee Chair's Assurance Report including Committee Annual Report** The Committee was informed that formal guidance from the national team would be received regarding the announcement of a pay award for NHS Staff. The Committee noted that work would be undertaken with the Communications Team to ensure staff were aware of the full details of pay award. The Committee was informed that weekly HR and Finance meetings were being held and work was underway regarding the required financial modeling dependent upon the award with information being presented to Sustainability Board and the next meeting of the FPP Committee. Within the report, new information was included regarding temporary staffing spend. The Trust was reporting £1.4m deficit with a high spend of bank and agency spend.	

Agenda Item	Discussion	Action (Owner)
	There was national pressure being applied regarding Trusts nationally reducing agency spend with the national team seeking a 10% reduction in agency spend.	
	The cash position remained strong and the Trust was investigating if the amount of money placed with the national loan fund could be increased with conversations taking place across the system. The Trust was seeing a recurrent gap of £3m and work was underway with operational and corporate colleagues regarding identifying opportunities to address the deficit	
	The Committee received a report on capital prioritisation and the capital programe. It was reported that the BSol ICS Investment Committee has allocated £7.3m capital funding to the Trust for 2022/23. In line with the prioritisation process the Executive Directors have reviewed all bids and recommended the allocation of these monies. Business cases would be prepared for approval to draw down against this allocation. The prioritisation process has been reviewed and a number of modifications proposed.	
	The Committee was informed that as the Trust was part of the system there was a forum to formally sign off capital. The system wide Investment Committee Terms of Reference were being reviewed as originally the Committee was established to address the elective side of the system	
	The Integrated Performance Report was presented, and the Committee informed that in relation to future performance reporting on the issues and opportunities regarding the ICS, the report would be further developed regarding performance reporting. In addition, there was an opportunity to review commissioning in terms of the design and delivery of services	
	There was an update on IAPT with recruitment improving and virtual clinics being held with the approach to continue this where appropriate.	
	There was a report on COVID-19 restoration on clinical risks which was ongoing and further assurance was requested on the actions being taken. It was clear that it was essential that no harm was experienced to patients.	
	Reach Out Commissioning Sub Committee presented a verbal update.	
	The Information Governance Annual Report was received with one standard not being met in relation to information governance training.	
	The Committee also received the annual report of the work undertaken by the Committee to provide assurance to the Board of the areas being addressed in relation to the terms of reference.	
	The report was received and noted.	
12.	**INTEGRATED PERFORMANCE REPORT** The key issues which had been considered by the Committees included out of area bed use, IAPT, CPA 12-month reviews, new referrals not seen, financial position and CIP; in People Committee, Vacancies, sickness, bank and agency fill rate and there were no performance issues reported at Quality, Patient Experience and Safety Committee.	

Agenda Item	Discussion	Action (Owner)
	There was discussion at FPP Committee in June regarding the fitness for purpose of the report and it was agreed that the approach used in directing the attention of the Committee to relevant areas of concern was good. There was, however, concern about a lack of transparency around improvement plans with no information regarding how the Trust was doing against improvement trajectories. FPP Committee has escalated to the Board concerns regarding the specific performance metrics, where no meaningful improvement is being achieved and there is lack of transparency regarding the improvement plan. These included service users on CPA with a formal review in the last 12 months, IAPT waiting times, Out of Area bed days and referrals over 3 months old with no contact. Further information relating to the improvement plans would be presented to the FPP Committee.	
13.	**FINANCE REPORT** D. Tomlinson reported after 3 months there was a deficit of £1.4m which was a deficit against the breakeven plan. This was due because the centre had asked the Trust to accrue for the pay award. There were also pressures on out of area beds and temporary staffing. There were additional monies allocated to cover the inflationary pressures which was expected to flow into the bottom line and was not new money to spend. The Trust was behind the cash flow which was initially submitted which was not based on an agreed list of schemes. The Trust was in line with the expectation regarding the completion of the anti-ligature doors.	
14.	**CAPITAL PROGRAMME 2022/2023 AND CAPITAL PRIORITISATION PROCESS** The Board received the report regarding the capital programme for 2022/2023 which had been presented to the Capital Review Group and the Quality, Patient Experience and Safety Committee. Approval was being sought by the Board of Directors to approve the allocation of available capital funds and the updated prioritization process. The proposed capital programme for 2022/2023 was for £3.7m of pre-committed items. This included £1.2m pre commitments for works commenced in 2021/2022 that would continue in 2022/2023; door sets with a value of £0.8m and Coral Seclusion Suite at £0.4m There was statutory standards and backlog maintenance considered essential by SSL valuing £1.7m and essential ICT capital requirement of £0.8m. The Executive Team was recommending approval to the allocation of the remaining capital funds of £3.6m to risk assessment works which had been reviewed by service area. R. Beale said that in terms of the process, this had been refined as the process last year had taken too long, therefore the revised process made clear the required timescales. If plans were not received from services, then decisions would be made on other schemes to ensure there were not any delays in commencing capital schemes. L. Cullen added that the process had also been reviewed by the Quality, Patient Experience and Safety Committee. D. Tomlinson said that previously the process was financially driven rather than safety driven and therefore the process had been improved to focus on	

Agenda Item	Discussion	Action (Owner)
	the safety priorities. ***DECISION: The Board of Directors approved the allocation of available capital funds along with the updated capital prioritization process.***	
15.	**AUDIT COMMITTEE CHAIR'S ASSURANCE REPORT** G. Hunjan reported that the Committee had met last week and it was discussed that the Standing Financial Instructions and Standing Orders remained fit for purpose. The SFIs were being updated to include the work of the BSOL Service Integrator and a report presented to the Audit Committee in October. The Committee received an update on the work of the Governance Task and Finish Group to provide assurance on the work being undertaken which would impact on the Standing Orders and Constitution which would be amended following the conclusion of the work of the Governance Task and Finish Group. The Committee received the final four reports from TIAA, Internal Auditors which included BAF and Risk Management Processes; Consultant Job Planning; Locality Visits and SID Appointment process. The Committee had a specific discussion regarding the BAF/risk management audit with meetings being scheduled between the new internal auditors and Trust leads to review the recommendations from the internal audit. With newly appointed Associate Directors of Corporate and Clinical Governance, further work would be undertaken to ensure sustainable actions were undertaken within this area. The Committee received a verbal update on the Data Security and Protection Toolkit audit with the assurance based on the confidence level of the Independent Assessor of the self-assessment was classed as "substantial". The audit report was circulated to Committee members following the meeting with the actions being addressed by the new internal auditors. The Committee was presented with and approved the Anti Bribery and Corruption Policy. There were no fundamental changes and was reviewed to ensure it reflected best practice and there were current contact details for the Local Counter Fraud.	
16.	**SSL QUARTERLY REPORT** S. Bray presented the quarterly report to the Board with a busy quarter which included the introduction of new national cleaning standards with the resources being reviewed. New menus had been introduced and SSL was working with the Trust to develop an electronic system for service users to order food rather than using paper. This would also provide full information on the nutritional value and any other issues regarding ingredients SSL had looked at the engagement with staff and had launched a new newsletter. A new EDI forum had been launched with SSL seeking to appoint 20 EDI champions across the business and would be a point of contact for staff members.	

Agenda Item	Discussion	Action (Owner)
	With regards to audits, the PLACE audits which were patient led had restarted after 2.5 years and it was hopeful that SSL would retain the number one position for cleanliness and food standards. A capital programme has been agreed for this year with an outline programme for the next 2 years. This year there would be over 200 projects delivered. SSL was experiencing challenges with recruitment seeing a reduction in the number of applications reduced and was working with the Trust on the "I Can" programme which was focused on people coming into work for the first time and providing them with the relevant experience. In relation to business development, the Green Plan was an important part of the work with the Trust with SSL achieving 95% target of recycling waste and had embarked on installing electric vehicle charging points. W. Weir thanked S. Bray for the report and asked about sustainability and if a group had been established. S. Bray said that this was a good idea and would work with the Trust to develop this further. W. Weir offered his support to ensure that the group could be implemented. In relation to cost of living, how were SSL supporting staff, the pay award had only just been agreed and announced and was working through the impact for SSL and what could be done from an SSL point of view. The pay award should have happened at the beginning of the year and the initial focus would be to ensure that back pay was allocated as soon as possible. In addition, would be reviewing the areas the Trust was implementing. P. Gayle queried patients having access to tablets to view menus and were there any other digital initiatives. S Bray said that the digital menu would be across all inpatient areas, and it was important that service users were given the right information and choice, especially in relation to Natasha's Law. SSL was also looking to move the estates and facilities record of minor works onto electronic devices to enable jobs to be identified quickly. P. Nyarumbu queried the promotion of values within SSL along with work being undertaken on inclusion. S. Bray said that the values had been linked to the employee nominations and as an employee gets nominated who were living the values, there was a quarterly review of the nominations. In addition, SSL was undertaking business briefings where values would be discussed and how all managers and employees lived the values. In addition, there were explicit behaviors expected. In relation to inclusion, SSL was about to publish a 3-year strategy which would be a physical document and there had been an inclusion training undertaken for managers which was being launched by the end of the month. The Chair thanked S, Bray for the overview report.	
17.	**CHARITABLE FUNDS COMMITTEE** G. Hunjan reported that at the last meeting the Committee was pleased to hear of the activities undertaken by the Fundraising Manager, and the progress made in raising the profile of the Charity. The Committee was assured the progress had been positive. However, in terms of ensuring sustainability, the Committee agreed that options for increasing capacity needed to be explored.	

Agenda Item	Discussion	Action (Owner)
	The Committee was pleased to receive the 2 year strategy for Caring Minds which embraced the values of the Trust. The measures of success had to be developed and these would be brought back to the Committee. The Committee was assured of the process and factors considered by Cazenove (Schroders) in investment decisions and returns on investments. The Committee noted the balances held and the need to draw down cash from investments to support future expenditure. The report was received and noted.	
18.	**MEETING FEEDBACK** <u>G. Hunjan, Non Executive Director</u> With this being G. Hunjan's last Board meeting, Board Members thanked G, Hunjan for her role on the Board as a Non-Executive Director. D. Tomlinson said that the relationship between audit and finance was key and with G. Hunjan as Chair of Audit, there had always been the right balance with the right perspective. The Audit Committee Chair was never an easy role and G. Hunjan set an excellent example to the working relationship between an Executive and Non-Executive Director. Adding that it was important that disagreements were held in a constructive way and thanked G. Hunjan for all the work on the Audit Committee during her term of office. R. Fallon-Williams said that G. Hunjan was gentle and caring and felt that she looked out for everyone and was always compassionate. P. Gayle said that G. Hunjan was also part of the recruitment process of being a NED at the Trust and provided a calming nature and has always been immensely supportive and was a very caring and compassionate person. R. Beale added that he had been guided in the ways of questioning by G. Hunjan who had brought a lot of compassion to the role. G. Hunjan thanked the Board Members for their kind words and thanked everyone which included the Governors, Executive and Non-Executive colleagues, stakeholders, service users and carers across the Trust for all their support. <u>Reflections on the meeting</u> D. Oum said that collectively we have managed the fact that there had been difficulties around Board papers being late which had not stifled the discussion. There had been challenging conversations which felt respectful and supportive. It was a constructive and effective Board meeting with a number of areas taken away to review in future Committees and Board meetings. V. Wright stated that she had felt welcomed to the meeting and on reflection as a new member of staff had felt supported and had a positive experience within her first 8 weeks with the Trust. The meeting had been helpful, and the conversation had been challenging but respectful. Despite the challenges the Trust was still providing safe services with staff being supported.	

Agenda Item	Discussion	Action (Owner)
17.	**QUESTIONS FROM GOVERNORS AND PUBLIC** F. Uddin queried if there was a breakdown on ethnicity and the issues being raised regarding Freedom to Speak Up. P. Gayle said that the question was posed to E. Randle and the information was available.	
18.	**ANY OTHER BUSINESS** There was no further business raised.	
19.	**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.	
20.	**DATE & TIME OF NEXT MEETING** • 09:00am • 5th October 2022	

3. Matters Arising/Action Log

BOARD OF DIRECTORS – OCTOBER ACTION LOG

MONTH & AGENDA ITEM NO	TOPIC & AGREEN ACTION	LEAD	ORIGINAL TIMESCALE	RAG	COMMENT
June 2022 Minute 2	Service User Story The Quality, Patient Experience and Safety Committee to review the themes raised in the Patient Story relating to services for patients with autism including the inpatient environment; individual care packages and communication between teams and the communication between inpatient care and community mental health teams. To report back through the Chair's Committee Assurance Report to the Board of Directors.	L. Cullen/S. Bloomfield	November 2022		
July 2022	Minutes of the previous meeting Due to a technical error with the recording of the meeting, the minutes of the meeting held in June 2022 would be presented to the next meeting for formal approval	S. Madeley	October 2022		On the agenda for the October meeting (no meeting in August)
July 2022 Minute 20	Medical Directorate Annual Report The Annual Board report and Statement of Compliance for submission to NHS England/Improvement to be formally signed by the Chief Executive on behalf of the Board	S. Madeley	July 2022		The annual declaration was signed and submitted following the July Board meeting.
	The issue of job planning and to be discussed in the Quality, Patient Experience and Safety Committee.	S. Madeley	November 2022		An update would be provided on job planning compliance at the November QPES Committee meeting

1

RAG KEY

Overdue
Resolved
Not Due

2

4. Chair's Report

Meeting	**BOARD OF DIRECTORS**
Agenda item	**4**
Paper title	**CHAIR'S REPORT**
Date	5 October 2022
Author	Danielle Oum, Chair
Executive sponsor	Danielle Oum, Chair

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

Executive summary & Recommendations:

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

Reason for consideration:

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

Previous consideration of report by:

Not applicable.

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

Select Strategic Priority

Financial Implications (detail any financial implications)

Not applicable for this report

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

Not applicable for this report

Equality impact assessments:

Not applicable for this report

Engagement (detail any engagement with staff/service users)

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

CHAIR'S REPORT TO THE BOARD OF DIRECTORS

1.   INTRODUCTION

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

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

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

2.   CLINICAL SERVICES

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

2.2   I am pleased to confirm she has been on site visits to Northcroft and to Brooklands where significant improvements have been made where despite environmental challenges and workforce shortages, colleagues displayed a high level of commitment to patient centered care.

3.   PEOPLE

3.1   I am pleased to confirm the 'Pull up a chair with the Chair's third session has taken place. To date there have been a wide range of issues discussed including organisational culture, progress on inclusivity, LGBTQ+ and ideas on improvements for patients.

The overall feedback from staff has been very positive and sessions have now been booked up until December 2022. A review of the initiative will be completed after this time and feedback through the People Committee.

4.   QUALITY

4.1   I was pleased to be able to join the fourth development session with NHS Providers has taken place with a focused discussion on clarity of roles.

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

5.   SUSTAINABILITY

5.1   I am pleased to confirm the Governor elections are now closed and newly appointed Governors will be engaging with Trust Board and Council colleagues over the coming weeks.

DANIELLE OUM
CHAIR

5. Chief Executive's and Director of Operations Report

Birmingham and Solihull Mental Health NHS Foundation Trust

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

This paper is for: *[tick as appropriate]*

☐ Action	☐ Discussion	☒ Assurance

Executive summary

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

Reason for consideration

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

Paper previous consideration

Not Applicable

Strategic objectives

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

Financial implications

Not applicable for this report

Risks

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

Equality impact

Not applicable for this report

Our values

Committed
Compassionate
Inclusive

CHIEF EXECUTIVE and DIRECTOR of OPERATION'S REPORT

COVID 19

We have moved to new Infection Prevention Control (IPC) guidance which includes the non wearing of masks in all settings except in specified and particular circumstances eg where there is an outbreak.
We have a well developed plan in place for offering of the COVID 19 booster across or sites to both service users and colleagues.

PEOPLE

Black History Month
During October we will be celebrating Black History Month UK as a platform for the whole community to share their stories in their own words.
We will as part of this acknowledge a series of staff over the month in recognition of their contributions.

Freedom to Speak Up
October is also Freedom to Speak Up month and we have a number of events planned across the Trust and will be using this time to launch our Freedom to Speak up Champions campaign by inviting expressions of interest from colleagues in this role.

Jabali Celebration
BSMHFT hosted the Jabali Men's Network celebration this month. This is a national network sponsored by Dame Ruth May, Chief Nursing Officer for England. The network was launched in February 2020 for men in nursing from African, Caribbean and Asian heritage at band 8C and above to ensure greater diversity in our workforce at the most senior levels. It's chaired by Patrick Nyarumbu, our Executive Director of Strategy, People and Partnerships.

The key objectives of the network are to support career development, provide role model opportunities, inspire future generations to consider careers in health and social care and create a productive environment in which everybody feels valued. The network has also actively supported and influenced policy development to ensure the development of a diverse workforce at all levels

Since 2020 the network has grown from just nine people to over 70 as of September 2022. Its membership includes colleagues from countries such as the Philippines, Mauritius, Nigeria, Ghana, Zimbabwe, India and Trinidad. Through some of the support from the network, over 30% of colleagues within the network have progressed in their career in the past year.

The theme of the event was one of celebrating the network's achievements and also to inspire future generations. The event was attended by BSMHFT colleagues such as our Governor Mustak Mirza and Beresford Dawkins who both shared passionate presentations on their perspectives on the importance of diverse leadership. We were also joined by national leaders such as Dame Ruth May, Habib Naqvi (Director of the Race Observatory) and local leaders such as David Melbourne (BSOL ICB CEO) and

national representatives from NHS England and Florence Nightingale Foundation. We were also joined by young people from ethnic minority backgrounds who were able to share their reflections on the value of role models and inspiration to believe in their abilities. Highlights of the event will be widely shared within the organisation and we will be building on the learning from this event in our work to improve diversity in leadership.

Staff survey
We launched our participation in this year's annual staff survey on 26 September 2022. This is the first year that our valued temporary staff will participate as we aim to increase our level of completed responses to 60%. We will deliver a detailed communications and engagement plan throughout the autumn to encourage colleagues to complete the online or paper-based survey.

Local school support
Team members will be attending careers events held over a series of evenings in October and November at local schools. Colleagues from a range of professions will also be in attendance to promote NHS careers and the benefit of working for BSMHFT.
BSMHFT job role promotion Colleagues will also be attending a career event at South & City College, Handsworth on 28 September 2022 to promote apprenticeships including nursing roles.

Corporate Induction
The reinstatement of face-to-face Corporate Induction will commence 3 October 2022. The new Induction process and content will be reviewed each quarter and amendment made where required using QI methodology.

Cost of living
The Trust continues to establish both independently and with system partners approaches to support colleagues (and Service Users) with the impacts of the cost of living emergency. These include a further increase in mileage rates, highlighting opportunities for discounts, considering options for colleagues to sell annual leave (as we offered last year) and a commitment to use an organisation called Wagestream that will allow colleagues to draw down some of their salary in advance of the usual monthly payroll.

Dr Fabida Aria
I am pleased to be able to confirm and welcome Dr Fabida Aria has joined the Trust as Medical Director following Dr Hilary Grant retiring in July 2022.

Executive Director of Quality and Safety (Chief Nurse)
I am pleased to announce that Mr Steve Forsyth will be joining the Trust in October 2022 as the Interim Executive Director of Quality and Safety (Chief Nurse) in the absence of Ms Sarah Bloomfield due to an extended period of sickness.

Royal College of Nursing (RCN) notice of ballot
The Trust has received notification of an industrial action ballot from the RCN.
The team continue to work with Union colleagues in relation to the strike action and business continuity plans are in place.

CLINICAL SERVICES

Summary

The post pandemic period has presented service areas with challenges in particular, terms of filling staff vacancies. Innovative and creative solutions have been considered with attractive offers and benefits of joining the Trust also now a feature. Despite these challenges colleagues are committed to delivering as high quality services as possible, always aiming for as easy access as achievable for all service users. The following report is a high-level summary of the activities of each service areas over the past couple of months.

Acute and Urgent Care

Workforce
Focused recruitment drives and rolling recruitment adverts are in place. HR clinics have resumed with input from HR and senior operational management colleagues to support wellbeing offers and support staff to return to work.

Partnerships with the police to raise awareness around Operation Stonewaithe. 3 staff have been nominated and attended 'Understanding Racial Injustices within Healthcare' as part of the working group supporting the Anti Racist Framework for the Trust.

There has been successful recruitment drives for SAS HTT doctors with all vacancies recruited to. Following PGD doctor placement issues in the August rotation, a review of the process will be done with HEE/PGME/MWF. The challenges to recruiting consultant posts and sourcing interim locum consultants remain.

One of our Deputy Medical Directors is conducting a review of themes regarding assaults on staff and an associated audit is scheduled to assist us in better understanding and establishing approaches to prevent these and improve our responses.

We are currently in the process of recruiting to 4 new Band 7 senior on-site clinical staff to improve clinical leadership and support decision making out of hours they will commence post in September on the North and Central sites.

Demand for inpatient beds continues to remain high, which is impacting on service user flow across the MH pathways and the wider system. A number of workstreams have been established across system partners to support focus on improvements and in the meantime a daily Grand Huddle meeting is held to escalate and respond to concerns and challenges.

Caffra had a CQC MH Act related visit and received positive verbal feedback on their Care plans, and the QI project on reducing episodes of seclusion. They were commended as an area of good practice for the shortest length of stay, and this will be shared in the CQC annual report.

Integrated Community Care and Recovery (ICCR)

Steps to Recovery Wards (S2R)
The S2R services are functioning well, processing referrals and assessments with good flow through the system. They are well above targets for Length of Stay, with effective rehabilitation programmes in place. A new outreach initiative has commenced, this involves experienced senior nurses attending acute inpatient units to identify patients suitable for transfer to our rehabilitation units. This has been well received by acute colleagues and has increased the flow of suitable referrals. This project will be evaluated in 3 months.

Workstreams to improve care planning, risk management and a focus on the clinical pathway and the patient journey continue as do quality and safety programmes and ad quality assurance programmes of work.

The steps to recovery localised service user survey and staff survey have helped the service leads source views from those both using and working within these services. Action plans have been developed to address issues raised. Notable in the service user feedback was the high level of satisfaction regarding the interventions provided and with the 1:1 support offered by staff.

An away day was undertaken by service leads and managers to look at staffing, recruitment, retention and innovative roles to support the delivery of quality interventions and acknowledge that the current staffing marketplace provides challenges. There will be a focus on students coming through to these wards on second- and third-year placements to encourage recruitment into rehabilitation at Band 5 level with these wards being highlighted as an excellent opportunity for learning and development.

Community Mental Health Team (CMHT) & Community Transformation
CMHTs continue to experience pressure and significant issues with demand and capacity, longer wait times for appointments and recent increase in cancellation and rearranging of appointments (in part as a consequence of the additional bank holiday) CMHTs have all introduced weekend and out of hours clinics to support the management of waiting lists. these clinics are supported by utilising existing staff working additional hours. To support CMHT's capacity issues direct referrals to CMHT are being triaged by our newly developed mental health primary care teams (PCL), in the longer-term PCL will act as the single point of access for referrals. We are already starting to see a slowing of referrals into some of the teams in the south and East of the city where this new model has been introduced.

The wider Community Mental Health Transformation Programme is progressing well with all localities going live by the end of September 2022. Job Plans and new roles are being put in place and recruitment to these has commenced,

The Personality Disorder Project group have commenced meetings for the Personality Disorder service user journey mapping with colleagues from across the pathway. Formal touchpoint reviews will be held with a view to finalising the clinical model for full operationalisation.

Further work has taken place across all experts by experience (EBE) groups connected with the community transformation programme. Including rapid progress with communications activity. EBE groups have now signed off on a suite of service user communications including digital screens, posters, leaflets and pull up banners for sites.

During October we have planned events to engage with our Voluntary, Community and Social Enterprises (VCSE) partners to promote the community mental health and wellbeing service within local groups and communities.

The Early Intervention Service (EIS) have now been able to obtain Clinical Assessment of At-Risk Mental state (CAARMS) training, enabling us to be implement At Risk Mental state (ARMS) prior to the deadline set out by the long-term plan. The activity groups, overseen by the Activity Worker continue to be a huge success and are very popular with the service users resulting in improved outcomes and patient experience.

Secure Care & Offender Health (Scoh) – Service Area Escalation Report
Services continue to experience significant RMN shortages across the men's and women's services impacting on clinical activities.
Ward managers and CNM/Matron's meeting daily on each site to prioritise work and assess shortfalls. Support between sites by sending staff to ensure there is at least 1 RMN on each ward. Ward Managers and Matron's working within numbers where necessary, and OT/Psychology being utilised to support activities on the wards. On-going

recruitment drive to fill vacancies – 24 RMN job offers made across Reaside/Tamarind/Ardenleigh, awaiting start dates of candidates between now and January.

The Liaison and Diversion (L&D) service are awaiting sign off on the Memorandum of Understanding regarding the Support, Time and Recovery (STR) workers and other L&D staff to work in police custody. The service has staffing pressures across all teams and this is being managed by careful planning and prioritisation and a continuous recruitment drive. L&D/MHTR (Mental Health Treatment Requirement) tender bid has been submitted with the outcome expected at the end of September.

Further recruitment will be undertaken through the autumn including for psychology professionals across a number of roles and bandings.

Specialties

Dementia and Frailty
August was a busy month for staffing pressures and ongoing support was provided by senior nurses and managers working in the numbers. The staffing picture is improving in September as the inpatient wards have recruited to band 6 posts, band 5 vacancies remain a challenge as colleagues gain internal promotions.

Positive feedback on the quality of care and safety for service users was received during a Mental Health Act compliance visit to Juniper by the CQC on 12th and 13th September. Recommendations were made to focus on care planning which is being followed up by an MDT working group led by the CNM. The associated CQC report to follow for more detailed feedback.

Acuity of patients remains high on all wards, with Rosemary also managing a Covid outbreak. Managing patient numbers and flexing our capacity has required careful management in liaison with patients and families. The Discharge Liaison team have had some personnel changes and continue to work closely with system colleagues, bed management and the inpatient wards to manage the flow of beds.

Recruitment has been successful for the new posts for eating disorder community transformation and the team will commence in November.

Recruitment of 2 new band 7 art psychotherapists into our community arts psychotherapy team, has been successful.

Our Meriden Family Programmes work has increased such that we have recruited to a additional role of deputy to support delivery of additional training across the Trust, region, nationally and internationally. The team is also importantly supporting our wider stakeholder event in October to review the Trust's progress with the Family and Carer pathway and support in developing our strategy to best support families and carers of patients across the Trust.

Our Perinatal Service is on trajectory to meet the 10% of the birth rate national access rate and workforce plans for the final stage of growth within the Long-Term Plan funding to enable achievement of all ambitions by 23/24 are being developed. Access to clinical space in some localities remains a significant challenge, alternative community location options are therefore being sought.

Our Birmingham Health Minds service improvement plan is on track, included in the plan is work with GP practices to resume GP practice walk-in clinics by October 2022, once re-established we predict these will support our work on addressing health inequalities. The

6

associated workforce plan is in place, supported by a social media recruitment campaign and rebanding of CBT therapy posts.

SUSTAINABILITY

<u>Funding</u>
As previously reported, all NHS providers will receive some additional funding to cover the costs of the pay award and some contribution to the cost pressures we are facing around energy bills. We are still assessing the impact of the Government announcement on capping energy prices although early indications are that this will have a significant impact for the remainder of this financial year.

<u>ICB update</u>
The second ICB meeting was held in September, the meeting was not held in public given the official period of mourning following the death of the Queen. Subjects on our agenda included the BSoL Mental Health Provider Collaborative and delegation process, matters we will consider in more depth in our strategic session today.

We also received the draft Health Inequalities Strategy which will now be taken forward through wider engagement and consultation.

The full paper is included as appendix 1.

<u>Solihull Metropolitan Borough Annual Report</u>
The Solihull Metropolitan Borough Annual Report was published.
This report showcases case studies from around the borough that illustrate our progress in implementing the Council Plan priorities.

The full report is included as appendix 2.

<u>West Midlands Provider Collaborative</u>

<u>Governance and Strategy Update</u>
A workshop has been held between Trusts' Chief Strategy Officers to refine the Collaborative's aims, its priorities and proposed governance arrangements. These are currently being discussed within Executive Teams of each Trust to finalise the proposal for Trust Chairs' and CEOs' consideration and agreement of next steps in October. Following these discussions, the aim is to present the proposal to Trust Boards and develop an overarching 'Collaborative Agreement' that will govern the relationship between Trusts and provide clear and transparent decision-making framework.

<u>Workforce Update</u>
Considerable work has been completed by the Trusts Psychology Leads in developing a proposal to establish a West Midlands Hub to provide tiered support to increase supervisor capacity for psychological therapies. The proposal has been accepted by NHSE and further funds have been released. Discussions are scheduled to take place to identify a Host Trust, to help support the implementation of the Hub by recruiting staff and establishing technological platform by end of 2022/23 financial year.

Work is also progressing to identify issues in recruitment and retention of 'clinical support worker roles' to develop a regional ambition and an overarching programme of initiatives,

including a single competency framework, consistent training programmes, and apprenticeship and career development opportunities. This high-level Plan has been submitted to Health Education England and secured the second-year funding.

NHSE and HEE are now looking to develop strategic relationships with the Collaborative with the intention of delegating further funds (currently focused on joint development of workforce initiatives) and wishing to align regional clinical network developments to support the Collaborative's priorities, whilst maintaining support for individual Integrated Care Systems (ICS). Discussions are taking place with Health Education England West Midlands Region to formalise working arrangements by a Memorandum of Understanding to establish a two-way accountability framework and support the Collaborative's internal governance and decision making.

Electronic Prescribing and Medicines Administration (system) Incident August 2022

An incident affecting our EPMA system occurred on 17th August 2022 which became apparent on 18th August following an issue created by our supplier supplier (EMIS) Trust ICT and Pharmacy staff worked intensively with the system supplier, EMIS from 18th August through to full resolution on 25th August including during the weekend of 20th/21st August.

EPMA System users across the trust were kept up to date with regular communications on a daily basis. Pharmacy staff also worked with many wards to help put in place appropriate contingency arrangements.

EMIS are due to publish their own report on the route cause analysis and there will also be a trust serious incident investigation.

I would like to express our thanks on behalf of the Board to all those involved in managing and mitigating the potential risks this issue raised.

Impact of Advanced outage and offer of support to partners

Likewise I would like to acknowledge and thank our ICT colleagues for the support they provided to BSoL and West Midlands colleagues in response to the impact the recent Carenotes (an electronic patient record system) outage has resulted in.

QUALITY

CQC Focused Inspection

As the Board is aware the CQC made an unannounced inspection to Meadowcroft on June 12th and 13th and that the associated report has now been published.

Following the immediate actions we took we have now updating the action plan to fully reflect the report and submitted it this as part of our response during last week.

NATIONAL ISSUES

Government Changes

Since we last met the new Prime Minister her cabinet and holders of some other ministerial roles have been confirmed. Theresa Coffey has taken up post as Secretary of State for Health and Caroline Johnson has taken up the ministerial brief for booth Mental

Health and Public Health.

ROISIN FALLON-WILLIAMS
CHIEF EXECUTIVE

Birmingham and Solihull
Integrated Care System
Caring about healthier lives

NHS
Birmingham and Solihull

FINAL DRAFT FOR SYSTEM ENGAGEMENT AND CONSULTATION

Birmingham and Solihull Integrated Care System Reducing Health Inequalities Strategy

FORWARD

Birmingham and Solihull Integrated Care System is the "new kid on the block" in terms of having an approach around tackling health inequalities, working in partnership with the NHS family, local authorities, the wider community, and the public. This Health Inequality Strategy in many ways is nothing new. Previous NHS reorganisations have developed similar strategies in the past, looking at key priorities around the wider terms of health, looking at access to health inequalities looking at workforce, looking at equality. What is different about this strategy is the context that we're living in Britain. This is the second anniversary year of the murder of George Floyd and the resurgence of Black Lives Matter, highlighting inequalities not only affecting particularly Black people around the globe, but also inequalities affecting racialised communities in Britain as well. There's been a call for action that we need to tackle inequalities in society, racial discrimination, and structural racism.

Birmingham and Solihull, like many other organisations in the public sector, are going through a process of reflection, contemplation, and engagement, and looking at the issues how it can become an anti- racist organisation and ensure that the public resources that we have, the workforce that we support, has an impact on improving health inequalities for all.

The impact of COVID-19 and the pandemic has been another wake-up call for the NHS, for local authorities and the wider community exposing issues around intersectionality and gender, race, faith age, disability, and sexual orientation. It's quite clear that we must learn from key lessons of how we dealt with and responded to the pandemic in terms of policies around wellbeing, mental health, its impact on Black and racialised communities, older people, and young people. It's quite clear that we cannot revert to previous ways of commissioning, the ways that we deliver services and the way that we talk to engage with the public regarding their needs.

This has been further highlighted and intensified by the increase, the cost-of-living crisis that we're currently facing. This again has an impact on our approach around attacking health inequalities and the wider determinants of health, such as poverty, housing, education, and employment opportunities.

Finally, we are also facing climate emergency which has major implications for those who live and work in Birmingham and Solihull. The green agenda or the sustainable agenda is critical. It's important that as an Integrated Care System working with a whole range of NHS providers, in partnership with local government, primary care, third sector and faith groups, that we need to have a sustainable approach around tackling health inequalities in

terms of the stakes that we have and how they're used and maximised effectively, how we deploy our resources in the community and particularly looking at the opportunities and benefits of digital in the context of new ways of engaging with the public.

The NHS is a key anchor institution in Birmingham and Solihull. If you can look at the whole NHS family together, we are one of the biggest employers in Birmingham and Solihull. Our footprints and impact and opportunity around regeneration and development is critical for our estate planning, through the workforce development and our recruitment strategies, and it's important that we engage with community organisations in partnership at a neighbourhood level. This requires a new approach to community dialogue, community engagement and to ensure there is transparency and accountability in how we do our business in terms of health inequalities.

In many ways this strategy, which will be updated regularly and will be a live document is something for all of us to embrace, that there is clear ownership across all aspects of life in Birmingham and Solihull. We need to ensure that no one has been left behind in our approach and that is why we develop a call-to-action pledge with all stakeholders that reflects our commitment, drive, and determination to

- Tackling the key priorities in this strategy

- Clear commitment to anti-racism and inclusion supported by our Equality, Diversity and Inclusion plans and targets

- Clear commitment to a sustainable green agenda

- Commitment to community engagement, coproduction and dialogue with patients, services users, and citizens as anchor institution and major employer

Finally, we hope that this strategy and the wider work that we are doing as Birmingham and Solihull ICS, in terms of developing a future ten-year master plan will lay the foundations of a new approach and a clear commitment that we are committed to tackling health inequalities and structural racism. If we get this right this strategy ultimately everyone in Birmingham and Solihull will benefit and have an improved quality of life.

Professor Patrick Vernon OBE
Chair of Health Inequalities Board
Non-Executive Director for Inequalities

Introduction

We have the biggest opportunity in a generation for the most radical overhaul in the way health and care services are delivered in Birmingham and Solihull.

In shifting to a new way of working, the greatest collective impact we can make on the lives of the citizens we serve is to ensure that improving health outcomes and closing inequality is hard-wired into every plan we make, every investment we agree and every decision we take.

Whilst tackling the determinants of poor health, improving outcomes and closing inequality has always been at the heart of health and care, it hasn't always been core business: that will change under the new operating model being designed for Birmingham and Solihull Integrated Health System.

In our Inception Framework published in February this year, we committed to working with our citizens, health and care providers, and voluntary & community organisations to create a 10-year Master Plan which will not only be ambitious in the long-term aspirations it sets to reduce inequality but will guide our decision-making in the short and medium-term.

We are already broadening our scope to look beyond traditional *performance* measures and starting to measure the *outcomes* of decisions: not just 'are we hitting our targets?' but 'are the lives of citizens being improved?'

We are shifting decision-making as close to neighbourhood level as possible, recognising that what might have impact in one part of our system won't necessarily be a priority in another.

In creating Integrated Neighbourhood Teams we will co-locate health and care services and give them the tools and support needed to design an approach to health and care that enables them to make a difference to the lives of the citizens they serve.

And we will use the Fairer Futures Fund not just to bring those teams together to design new ways of working, but to support local organisations and community groups to go even further in the work they are already doing to improve outcomes and reduce inequalities in our communities today.

Understanding the scale of the challenge and the value we can bring

The journey toward meeting those ambitions starts now, underpinned by a sense of urgency about what we have deliver, not least because Birmingham and Solihull have the largest proportion of citizens living in deprivation compared to any other health and care system in England.

Beneath the headline inequalities, such as men born in Birmingham live on average 3 years less than the average for England whilst in Solihull they live on average 0.5 years more, there are a number of inequality gaps that need further investigation.

Within Birmingham there is a **ten-year gap** in the estimated life expectancy of a boy born in Castle Vale compared to one born in Sutton Mere Green, similarly within Solihull girls

born in Chelmsley Wood are expected to live 9.5 years shorter lives than those born in St. Alphege.

Not only are people living in the poorest neighbourhoods in Birmingham and Solihull dying a decade earlier than those living in the most well-off neighbourhoods, but they are spending almost 2 decades (17 years on average) of their shorter lives in ill health.

Headline Metrics	Birmingham	Solihull	West Midlands	England
Life Expectancy at birth (2018-20)				
Male	75.8	79.1	77.6	78.7
Female	80.5	83.1	81.8	82.6
Healthy Life Expectancy at birth (2018-20)				
Male	59.2	67.4	61.9	63.1
Female	60.2	65.7	62.6	63.9
Inequality in Life Expectancy at birth (2018-20) **i.e. gap between those in the richest and the poorest areas**				
Male	9.5	11.6	10.1	9.7
Female	6.2	10.1	7.9	7.9

These lost years of life are mainly down to diseases that can be prevented and can be treated.

Although there are differences between Solihull and Birmingham communities both places see specific communities dying younger than they should from diseases such as heart disease, lung disease and infant mortality, things that can be prevented or if diagnosed early and managed well do not lead to chronic disease and premature death.

Inequalities exist between communities of place, often reflecting poverty and deprivation as the headline but this sits on top of inequalities between communities of identity e.g. different ethnic groups, LGBTQ+ communities, and communities of experience e.g. homeless populations, veterans, migrants and carers.

Birmingham and Solihull ICS have the largest proportion of citizens living in deprivation of any ICS in England. Both local and national work has demonstrated that we have to go deeper than geographical boundaries to understand inequality and recognise that we cannot just deliver generic 'one size fits all' solutions.

These inequalities in life expectancy and in healthy life expectancy reflect the opportunity to make a difference. **Dying younger because of your household income, your ethnicity, or because you experience becoming homeless or have caring responsibilities, is not inevitable and it is not acceptable.**

The COVID-19 Pandemic has highlighted the significant risk around the burden of disease affecting our communities. COVID-19 highlighted existing inequalities and their impact –

our poorest areas, disabled communities and some of our Black, Asian and minority ethnic communities have been hardest hit. These are also the communities who will be among those hardest hit by post-pandemic increases in the cost of living, which is causing hardship to even those previously considered 'comfortable'.

By commissioners and providers of health and social care services working together, working differently, and working closely with our communities, we can make a real difference.

The pandemic demonstrated the importance of us working together as a system to respond to challenges and importantly about the way we can work with communities to co-create solutions and overcome the reality of the barriers. We recognise that while health and social care is a part of the solution, individual health is a result of a wider range of factors including quality of education, employment, housing as well as connection to community and social networks or the damaging impact of discrimination such as racism. Many of these elements are actively being addressed by the two local Health and Wellbeing Boards and we have a key role as an ICS contributing to action in these spaces as employers and as an important space for making every contact count for citizens.

And getting the health and social care part right can make a huge difference to people's health and wellbeing from prevention through early detection, treatment, and care to supporting death with dignity at the end of life.

A range of connected factors drive inequality in health outcomes in Birmingham and Solihull.

- **Deprivation**. Around 50% of the population of the ICS are amongst the 20% worst off people nationally (the "Core20"); 94 percent of the most deprived areas of the ICS are in Birmingham, and 6 per cent are in Solihull.

- **Ethnicity**. Around 40% of the people of Birmingham and around 11% in Solihull are from Black, Asian and minority ethnic groups. Many (though not all) of these communities live in the most deprived neighbourhoods, and additionally suffer the impact of structural racism, worsening already poor outcomes related to poverty. We recognise the variation in access and outcomes between different ethnicities . This includes Black women being 4 times likely to die in childbirth and Asian women being twice as likely to die in childbirth or first year of delivery. Pakistani communities are largest ethnic minority group in the ICS, but experience some of the worst health outcomes. Black and African Caribbean communities are the second largest ethnic grouping. People from Gypsy and Traveller Groups are a small minority but have very poor health outcomes. White groups also include a range of ethnicities such as English, Irish, Polish, with their own unique experiences. Evidence shows they are more likely to be impacted by issues related to alcohol and tobacco, and white men have a disproportionately high suicide rate.

- **Children**. We have the largest population of children and young people in the country. Having the youngest population should mean fewer health challenges. However one in three children in our system – over 130,000 children in Birmingham, and over 30,000 children in Solihull - live in poverty and we have some of the highest rates of infant mortality in the country. Studies have shown that adverse experiences in early years have life-long impacts which can entrench generational inequality. Conversely, intervening positively in early years has the biggest impact in improving life chances including healthy outcomes.

- **Long Term Conditions**. Our system has high numbers of people living with long term conditions and outcomes that vary significantly. We perform worse than the England average on many of the factors that drive good health. The biggest 'killer' in our system is circulatory disease (CVD), followed by respiratory disease (COPD) and cancer. High prevalence of preventable diabetes in our system contributes to these diseases and their impact.

- **Mental Health & Learning Disabilities**. Outcomes for people with mental illness and learning disabilities are worse than outcomes for the population as a whole. On average people with serious mental illness or a learning disability die 15-20 years earlier than those without. Not because these conditions are killers, but due to treatable physical conditions not being diagnosed or treated appropriately.

Scale of challenge in Birmingham and Solihull

The picture of the scale of poverty and diversity of communities in Birmingham and Solihull is quite striking.

Deprivation in Birmingham

Large parts of Birmingham in the West, East and South are characterised by the poorest neighbourhoods (dark blue) in England.
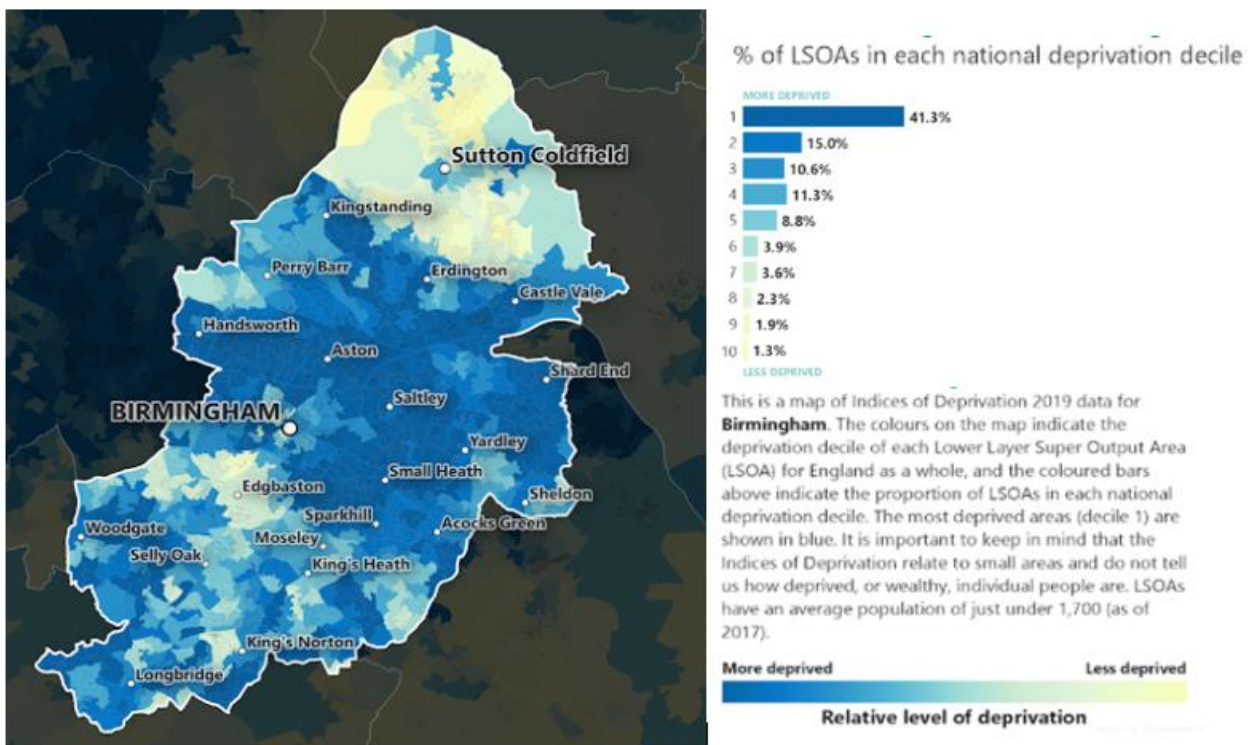
Source: English Indices of Deprivation 2019 - Maps - Google Drive

Figure 1: Populations for the Birmingham Localities by Lower Super Output Area (LSOA) and Index of Multiple Deprivation 2019 (IMD 2019) decile.

Deprivation in Solihull

Parts of North and West of Solihull (dark blue) also have some of the poorest neighbourhoods.
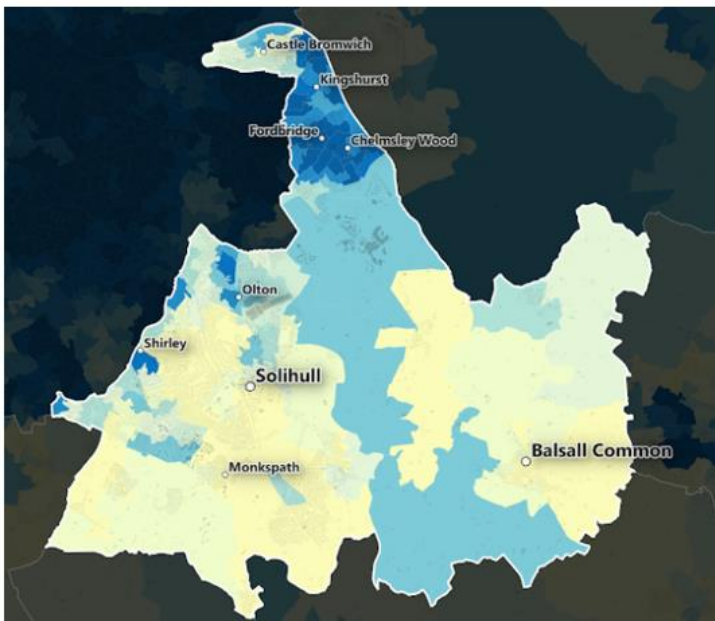
Figure 2: Populations for the Solihull Localities by Lower Super Output Area (LSOA) and Index of Multiple Deprivation 2019 (IMD 2019) decile.

'Ethnic Minority' Communities are 'majority' communities in many parts of BSol ICS (Over 70% in 3 Birmingham constituencies and 20% in Solihull) *Source: Midland & Lancashire CSU John O Neill

Figure 3: Proportion of population BAME by Parliamentary Constituency

Ethnicity in Birmingham and Solihull

The following two pie charts show Birmingham (on the left) and Solihull (on the right) population by the 5 main ethnicity categories.
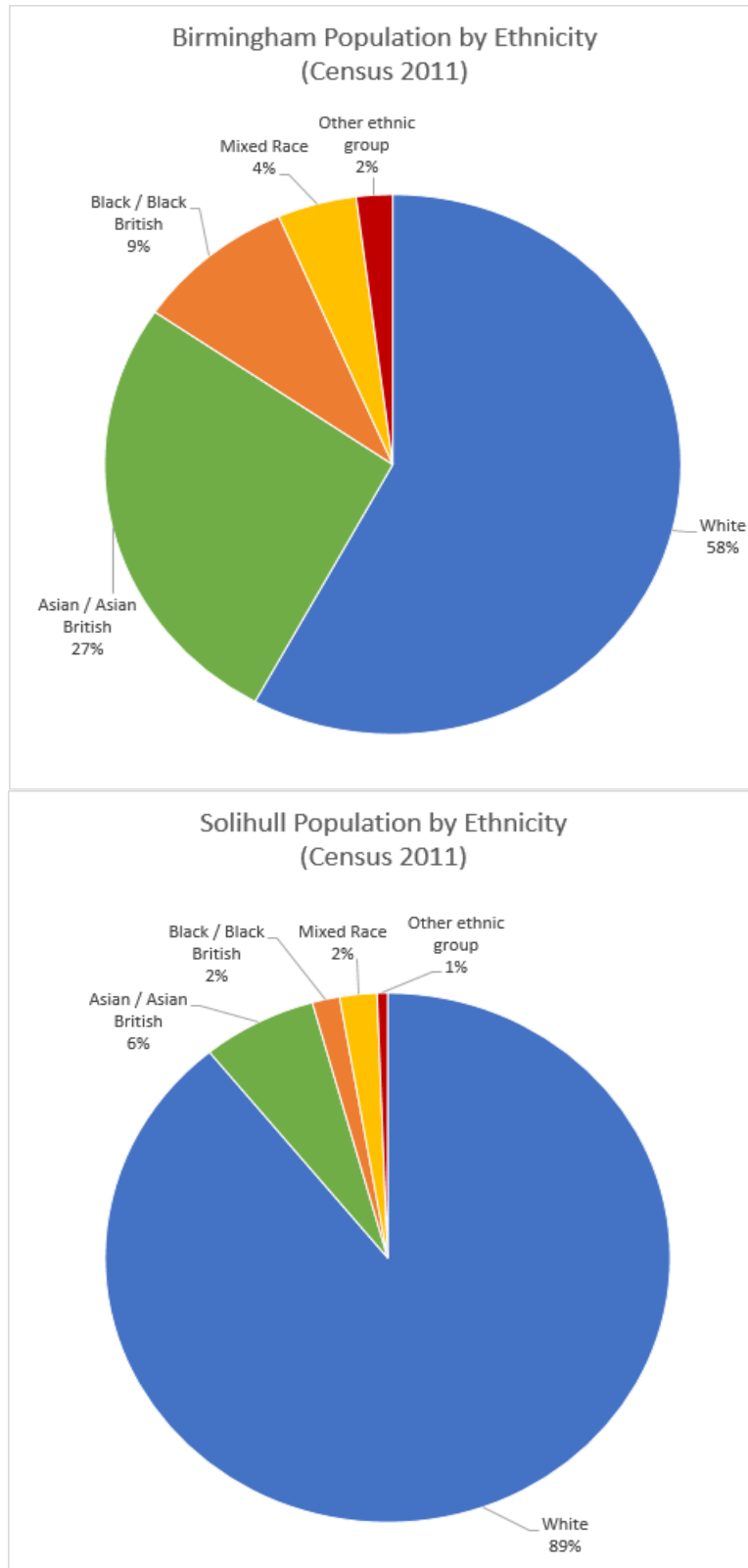
Figure 4: Population by category ethnicity groups for Birmingham and Solihull

Ethnicity can be further broken down into sub-sets as shown in Figures 5 and 6 below. These pie charts show the variation within the 'BAME' and 'White' categories. Census 2021 data, expected October 2022, will allow us to map population changes and reflect on how our population has grown over the last ten years. This will help us focus on the areas of greatest need within our population groups.
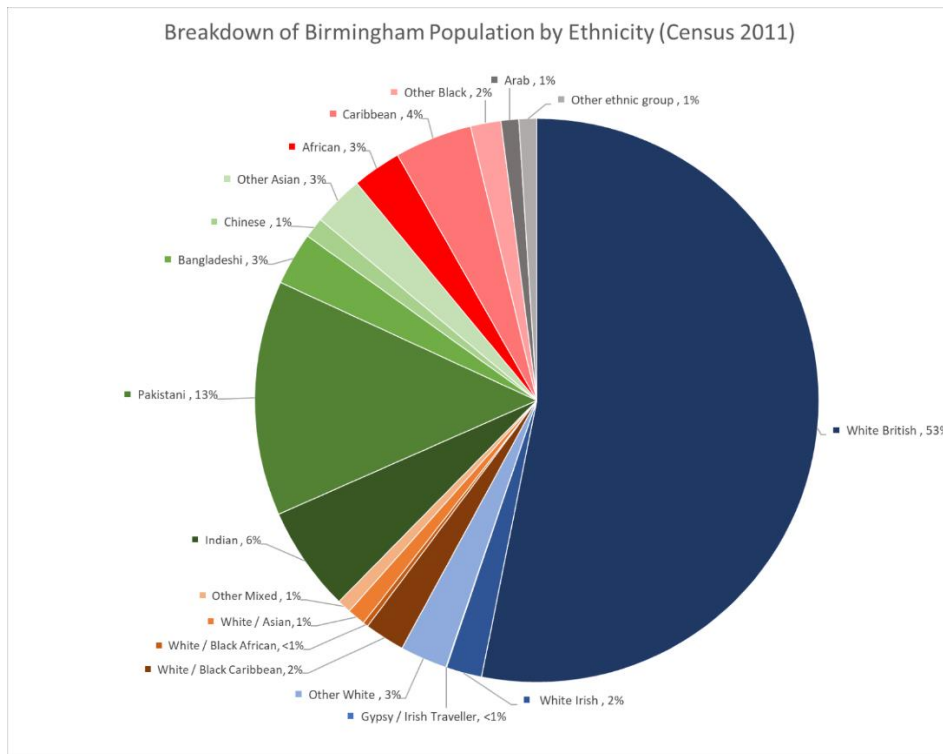
Figure 5: Ethnicity breakdown of Birmingham Population
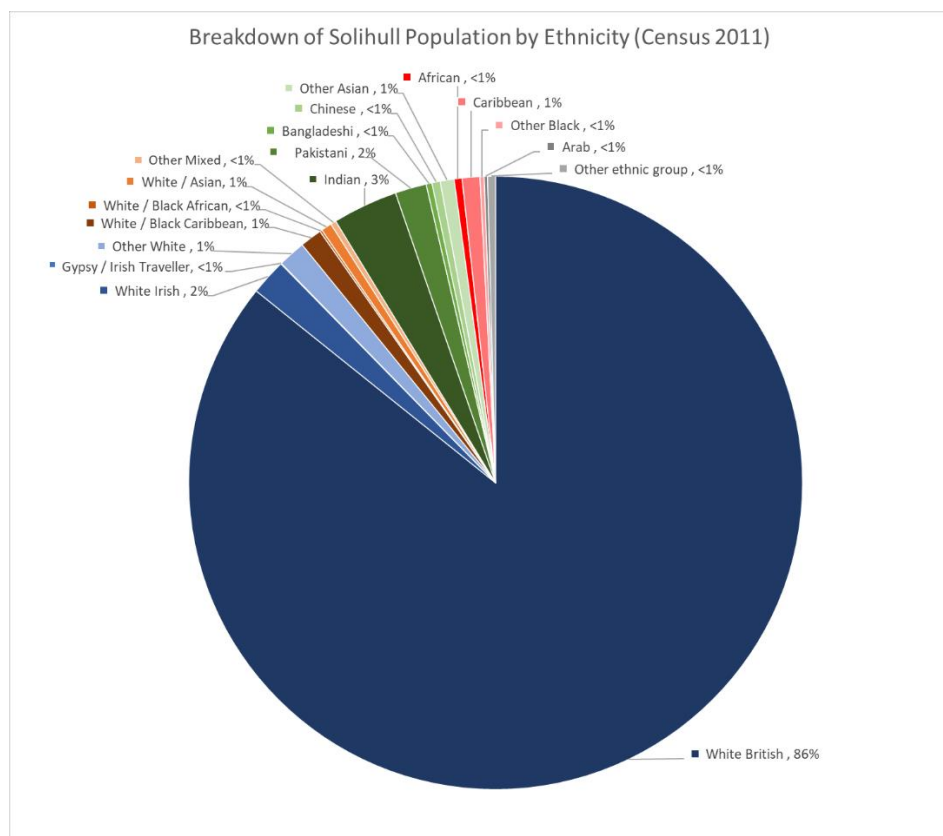
Figure 6: Ethnicity breakdown of Solihull Population

What do we want to achieve?

Over the next ten years our ambition is to visibly and meaningfully reduce the gap in healthy life expectancy for citizens in Birmingham and Solihull.

The National Core20Plus5 framework sets out the national expectations for tackling health inequalities. It reflects the importance of understanding these gaps and differences better, being clear about priorities and taking evidence-based action at different levels of the ICS.

Our ambition is significant and will require action across the whole system by everyone in every space, every day. Activity at every level of our new system – be it at system-level, Place Boards, localities, integrated neighbourhood teams – will be driven by a data-led approach reducing inequality and improving outcomes.

We want to be clear about where health and social care should and can lead effective change, where we should be active contributors to action led by others and where we need to be part of social and political movements of change.

We will start to do this by focussing our Integrated Care System on six system-wide priorities. Alongside this each part of our system will focus additional activity on what matters most to citizens in their area at Place, locality and neighbourhood level.

We have identified our six system priorities based on:

- factors that drive poor healthy life expectancy for our citizens;
- priorities of the Birmingham Health & Wellbeing board;
- priorities of the Solihull Inequalities strategy;
- patients waiting longer for diagnostics and surgery;
- opportunities for improvement identified in the Birmingham & Lewisham Black African and Caribbean Health Inequalities Review (BLACHIR);
- lessons learnt from the way in which COVID-19 hit hardest those who were already worst off; and
- national "Core20plus5" priorities for reducing inequalities.

These priorities draw on significant existing consultation in both Birmingham and Solihull in creating their strategies for population health and the engagement activities of the clinical commissioning groups that preceded the ICS formation.

Our six system priorities will be focused on those populations who experience the greatest inequalities in outcomes at each layer of the ICS. In addressing each of these priorities we will focus on people in our most deprived communities and people from Black, Asian and minority ethnic backgrounds who are often those experiencing worst outcomes currently.

The six priorities are:

1. **Maternity Care & Infant Mortality.** Improve the experience and outcomes for mothers, parents, and babies and reduce the number of infants who die before their first birthday

2. **Better Start for our Children.** Improve the health of children from our most deprived communities by supporting them to get the best start in life, focusing first on increasing uptake of vaccination and improving school readiness.

3. **Better Prevention, Detection & Treatment of Major Diseases.** Improve the prevention, early detection and treatment of the diseases that drive early mortality for people, focusing first on reducing waiting lists for diagnosis and surgery, cardiovascular disease, respiratory disease, cancer screening, diabetes and addressing the backlog of elective treatment.

4. **Better Outcomes for People with Mental Illness.** Improve the experience and outcomes for people living with serious mental illness and improve their health and wellbeing to achieve their potential in life.

5. **Better Outcomes for People with Disabilities including Learning Disability.** Improve the experience and outcomes for people living with a disability across the life course, starting with a focus on learning disability and autism.

6. **Improved Outcomes for Inclusion Health Groups.** Improve health and care outcomes for our most vulnerable citizens in inclusion health groups including new migrants, refugees and asylum seekers, homeless people, people with substance misuse difficulties, women, people experiencing racial disparity and LGBTQIAplus.

As we have developed this strategy it has become clear that here are some areas where we need further work to establish relevant indicators and develop our understanding of the impact of inequality in a more granular way, such as experience and outcomes for people who draw on social care and we will continue to work towards during our first year of implementation.

In tackling these six priorities and in taking forward our work on inequalities, we have also made a commitment as a system and at place to respond to the opportunities for action set out in local plans, strategies and needs assessments. Most significantly as an ICS we are committed to supporting delivery of the Birmingham Health & Wellbeing board strategy and the Solihull Council Inequalities Strategy.

This includes in the first five years responding to:

- Birmingham and Lewisham African and Caribbean Health Inequalities Review (BLACHIR)
- Birmingham Annual Director of Public Health Report 2019/20 'Complex Lives, Fulfilling Futures'
- Solihull Director of Public Health Annual Report 2020/21 'Counting the Cost of Covid' and Birmingham DPH Annual Report 2020/21 'The Year I Stopped Dancing'
- Birmingham Deep Dive Reports in health inequalities affecting
  - Veterans (2020)
  - Learning difficulties and Autism (2022)
  - Physical Impairment (2022)
  - Sex Workers (2022)
- Solihull Deep Dive Needs Assessments
- Health and Social Care Act 2022
- Equality Act 2010

How will we deliver improvement?

We will only deliver our ambition to tackle inequalities and contribute to the ICS objective to increase life expectancy if we work together as a system at every level of the partnership and truly make every contact with citizens and between staff count.

Reducing inequalities will be at the heart of all our work at place, in localities and in neighbourhoods. It will also be central to all our system-wide programmes and to the work of our provider collaboratives and each of our provider organisations.

We acknowledge that offering the same service to everyone – a 'one size fits all approach' – whilst appearing to be 'fair', has in fact resulted in unequal access, experience and outcomes for many of our citizens. That is why we are building a system that is more flexible to be able to offer tailored approaches which match the requirements of all our citizens.

To support our system to deliver on our priorities we will build a new way of working together based on the following six building blocks:

1. **Insight & Impact.** We will use data to identify the drivers and consequences of inequality, set priorities and to track the impact of the changes we are making. We are committed to using the data we have access to effectively and addressing the gaps in our knowledge and understanding proactively.

2. **Pathway Improvement.** We will audit our services to identify areas where existing pathways are widening inequalities, including waiting lists for hospital appointments and surgery and GP access. We shall support service improvement methods that enable us to utilise research and development and test innovations and new approaches in the way we deliver health and care working with patients and communities and then deliver these at scale across our system where they demonstrate benefit.

3. **Targeting our Prevention Programmes.** We will work with our prevention programmes (including alcohol, smoking, physical activity, nutrition) to ensure that they support our focus on the communities who currently experience the worst health. We will deliver these in a culturally appropriate way co-designed with citizens and embed prevention properly at every level of our system and in every pathway.

4. **Working with Communities.** We recognise that our citizens are experts in their own situation. We will work closely with communities to co-design solutions to the challenges they face that will support us to deliver our priorities. Through this work we will also address some of the structural discrimination and distrust and build culturally safe approaches with communities. In working with communities we recognise and will seek to support the potential for voluntary and community sector organisation to act as "Anchor organisations" adding significant value to the communities they serve.

5. **Supporting Health Literacy.** We will work across the system with citizens to build health literacy, increasing individual understanding of health and wellbeing and how to navigate the system to get support appropriately when it is needed.

6. **Anchor Institutions.** We will use the full potential of our health and care providers as an "Anchor Institution" to address wider determinants of health such as poverty and living environment. We are committing to supporting partners in their efforts, but also to leading the way ourselves. For example, by prioritising procuring locally, ensuring we pay all our own staff a Real Living Wage, and increasing the opportunity for and employing people from our most deprived communities. This will lift not only lift individuals and families directly, but also the neighbourhoods they live in, as they can spend more on local businesses contributing to a virtuous cycle of wealth creation in poorer neighbourhoods.

Measuring success

We recognise that further work is needed to establish our dashboard of indicators that will allow us to monitor progress and see the clear links between actions at different layers of the system, contributing to the overall objective to reduce health inequalities.

The ICS outcomes framework will include clear outcomes around health inequalities and our six priority areas. This will be supported by a dashboard of measurable indicators for each of the six priority areas, which will allow us to measure impact and progress from a citizen level to a community and ultimately to the population level impact across the ICS.

What next?

Firstly, we will support and ensure the ambition that reducing health inequalities and improving health outcomes for our citizens is hard-wired into how the new Integrated Care System works.

Data will be at the heart of making this possible. To support this, we will establish the mechanisms needed to both collect appropriate data and to act on it appropriately. We will standardise what we know works well and build on what is already strong. A Reducing Health Inequalities Committee of the Integrated Care Board will be tasked with setting system priorities for reducing inequalities, ensuring we understand what the data is telling us, ensuring that our whole system is accountable for reducing inequalities and supporting innovation and new ways of working.

But we cannot expect to be able to design the most effective system on our own: if it was that easy, we wouldn't be facing the kind of challenges we do today. That's why we will engage widely with the citizens and communities we serve – as well as those who deliver health and care services in our system – to manage the challenge of delivering something new without destabilising the parts that are working well.

We recognise that any change requires embracing some risk. Especially with the sharing of power and resources. But we are committed to living our values and supporting each other with courage and resilience.

To this end, we will review how we can use existing opportunities such as the Fairer Futures Fund to support communities to address and tackle health inequalities at a local level; working with them, learning from each other, and working together to build a better approach to improving health outcomes.

We will produce an initial action plan for the next 1-2 years that will set out the specific action we will take to (a) progress our service priorities and (b) establish our new way of working in practice, although we might expect that plan to change and adapt as we work with communities, health and care professionals and the wider system to develop and improve our approach.

This strategy has been presented and approved at the ICS Health Inequalities Board on 14 July 2022 and ICB board on 8 August 2022.

Solihull
METROPOLITAN
BOROUGH COUNCIL
URBS · IN · RURE

ANNUAL REPORT
2021/22

CONTENTS

Front Cover Images
Top Left to Right:
Greener Solihull Schools Award Winner 2021, Kingshurst Regeneration Illustration

Bottom Left to Right:
Wildflowers on Woodlea Drive, Ilyas and Lisa at Park View Day Centre

PURPOSE, AUDIENCE AND CURRENT CONTEXT

The purpose of this document is to reflect on our achievements and highlights during the period from April 2021 to March 2022.

Our Council Plan sets out the direction we want to go in as a Council and describes the major steps that we need to take to achieve our ambitions for 2025 and beyond. It reflects our belief that economic development, environmental sustainability and health and wellbeing go hand in hand.

This report showcases case studies from around the borough that illustrate our progress in implementing our Council Plan priorities. It is not a definitive list of everything we've done but gives an insight into what we've been working on during the last year.

The audience for our Annual Report is our citizens, employees, elected members, and all those who work with and alongside us.

WELCOME FROM NICK PAGE AND COUNCILLOR IAN COURTS

The past year has been a period of significant challenge and change, nationally, internationally and locally. We continue to live with Covid and address its impacts whilst facing an unsettled global situation, a cost of living crisis and challenges such as improving our Children's Services.

Children's Services has been, and continues to be, the Council's top priority for improvement. We have developed our Improvement Plan to ensure that all children have the best possible outcomes. Our 'Improving Outcomes for Children in Solihull' Board will oversee this work.

We are committed to the goal of everyone benefitting from economic growth. The Council is progressing work around the UK Central Hub and the regeneration of Kingshurst Village Centre is progressing well with full planning permission now approved. We have also developed a refreshed Solihull Town Centre Masterplan providing a blueprint for investment and development over the next fifteen years. This provides a framework to maximise opportunities, make best use of existing assets, and sets out a clear vision for Solihull in 2036 while still retaining its unique character.

We continue to work with our regional partners to ensure that our communities benefit from 'Levelling Up' and devolution. Our approach to inclusive growth directly aligns with the government's levelling up agenda and presents the opportunity to do more through the additional investment that will be available for local communities.

We are committed to achieving our target to be net zero carbon as a Council by 2030 and as a borough by 2041. Our Net Zero Action Plan has been developed and approved to support the borough's decarbonisation process. We have also received national recognition for our climate action plans. The case studies in this Annual Report demonstrate the positive work being done to meet our goal, through our tree planting programme and the development of the 'Our Future Solihull' campaign.

Throughout 2021-22, the Council provided a Covid-19 response in line with regulations at the time. Our local multi-agency response was documented in the **Director of Public Health's Annual Report.**

On 6 April 2022, the decision was made to stand down Solihull's Local Outbreak Management Board and Covid-19 Taskforce, due to the cessation of contact tracing, community testing and legal requirements. Instead, a Health Protection Board focuses more broadly on health protection and continues to monitor any Covid-19 issues. Lessons learnt from our Covid response have been captured in case of a situation where we have to stand up again. We also stand ready to contribute to the national public enquiry.

The Birmingham and Solihull Clinical Commissioning Group (BSol CCG) has now transitioned to the Birmingham and Solihull Integrated Care System (ICS). ICSs are a partnership of health and care organisations that come together to plan and deliver joined up services in a specific geographic area. As the ICS develops so does our relationship with it.

We recognise that our workforce is our most important asset. We continue to support our staff through multiple wellbeing initiatives. We held our first Winter Wellbeing Event programme, with advice for employees on how to improve their wellbeing. Our commitment to wellbeing is demonstrated in the case study in this report.

Summer 2022 also brings the Commonwealth Games to the borough. Over the past year we have been working with partners to ensure a strong legacy from the games.

By working together on our shared aims and priorities as outlined in the Council Plan for 2020-25, we will continue to achieve our priorities and deliver for people who live, work, study in and visit Solihull.

CHIEF EXECUTIVE
NICK PAGE

LEADER OF THE COUNCIL
CLLR IAN COURTS
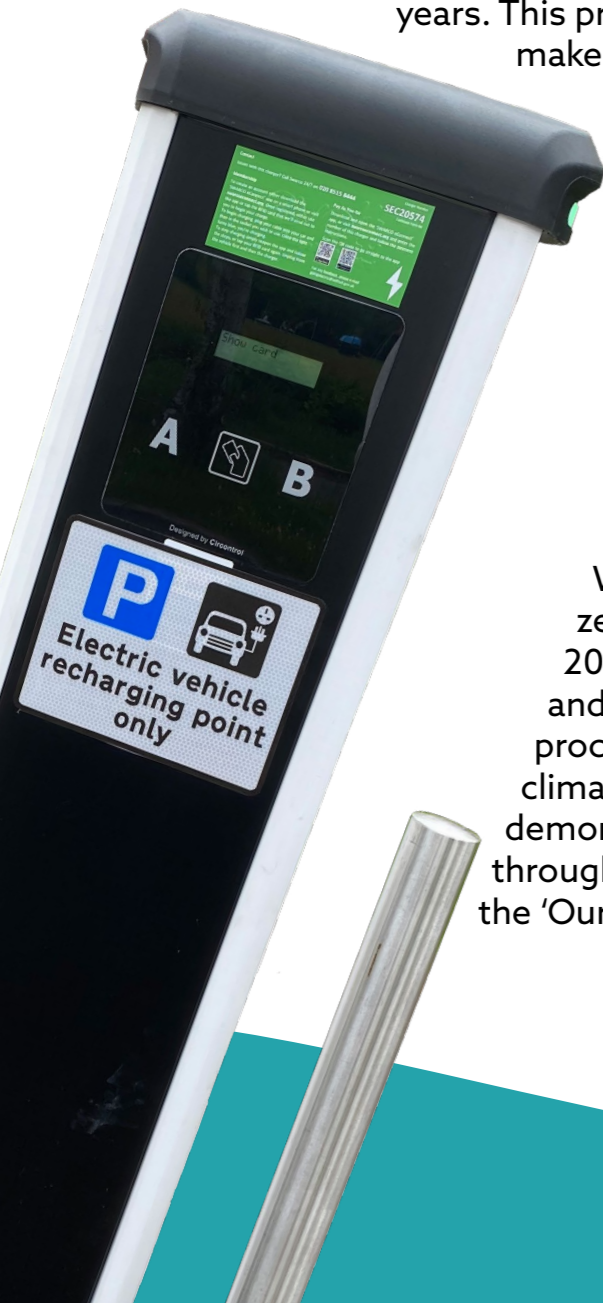
Solihull Council Plan
2020-25 (Updated April 2021)

Key things to do up to 2025

Enhance Solihull's natural and physical environment

Improve Solihull's air quality

Promote employee wellbeing

Reduce Solihull's net carbon emissions

Increase the supply, quality and energy efficiency of housing, especially affordable and social housing

Opportunity for all

Take action to improve life chances and health outcomes in our most disadvantaged communities

Deliver UK Central (UKC) and maximise the opportunities of HS2

Sustainable, quality care and support for adults & children with complex needs

Revitalising our towns and local centres

Enable communities to thrive

Outcomes by 2025

A Strong Economy

➔ People, business and the environment benefit from UKC and HS2, including increased access to good work.

➔ More affordable and environmentally sustainable housing is built.

➔ Safe, welcoming town and local centres where businesses can thrive.

➔ More visitors to the borough.

Actioning our climate change declaration

➔ The Council is net zero carbon by 2030 and the Borough is net zero carbon by 2041.

➔ Air quality has improved by 2025.

➔ An enhanced, well connected natural environment.

➔ More people walking, cycling and using public transport.

Thriving Communities

➔ Improvements in skills and access to good work.

➔ Improvements in early childhood development and school readiness, particularly in disadvantaged communities.

➔ Connected, resourceful communities where people find solutions to local issues.

➔ Children and adults with care and support needs are empowered to develop their strengths, wellbeing and independence.

Learning and recovery from Covid-19 (Health, Economic, Educational and Social)

Driving inclusive growth through the Council's roles as employer, procurer, service provider and system influencer

Strong Foundations:

Connected & engaged communities and a vibrant VCS | Strong, effective regional and local partnerships

Sound finance and management of assets | Smarter Ways of Working | Digital Empowerment | Our Employee Journey

CASE STUDIES

TO ILLUSTRATE WHAT WE'VE ACHIEVED AND WHAT WE'RE CONTINUING TO WORK ON

ECONOMY

KINGSHURST VILLAGE CENTRE REGENERATION

The regeneration of Kingshurst will transform the Village Centre to make a considerable contribution towards the regeneration of North Solihull. The project intends to deliver a highly connected village centre, including: 79 new net zero carbon homes, enhanced health, enhanced health/wellbeing and community services, new retail and improved public realm.

Over the past year, significant progress has been made towards delivering the project. In November 2021, we received £1.81m from the Estates Regeneration Fund to acquire remaining property and commence demolitions. Following this, we received national consent to acquire the residual property interests in Kingshurst via a compulsory purchase order.

Finally, in April 2022 we secured full planning permission for the project. Through this project there is potential to secure significant opportunities for growth due to its close proximity to economic opportunities at the airport, NEC and UKC Hub which includes the HS2 interchange.

STAFF ON SITE AT KINGSHURST

CONNECTED AUTONOMOUS VEHICLES

A state-of-the-art self-driving shuttle was launched to test out how Connected Autonomous Vehicles (CAVs) might be integrated into the borough's transport network in the future to provide affordable, sustainable and convenient solutions to the community's movement needs.

Solihull Council was the first local authority in the country to purchase its own fully electric autonomous shuttle, which can carry up to ten passengers. The shuttle was used to transport passengers across a complex route at Birmingham Airport, interacting with other road users for a trial period of six weeks and providing airport staff with a service linking the departures entrance and Diamond House to car park 5. Members of the public who wanted to experience one of the first fully self-driving shuttles in the UK could also book a ride.

The result of the trial is providing knowledge and experience of self-driving vehicles, to support the Council's work with partner organisations to introduce commercially viable CAV services to be rolled out in the future across Solihull.

THE CONNECTED AUTONOMOUS VEHICLE AT BIRMINGHAM AIRPORT

TOWN AND LOCAL CENTRES

A plan to support Solihull's towns and local centres recover from Covid and welcome back visitors was developed, utilising a £384,116 European Regional Development Fund allocation and a Council Towns and Local Centres Fund.

Action plans and key priority themes were formed within each centre, through engagement with local stakeholders. This feedback was then used to shape a series of events, markets and marketing campaigns to support local centres and footfall.

Some of the activities that were completed using this funding were:

- Enhancements to the public realm, including new planters and parklets

- New lamp post banners across Solihull Town Centre and bunting in Knowle

- Development of business 'ambassadors' in each area to coordinate business support needs and information

- Events such as 'High Street Safari' – an interactive children's trail across Shirley, Chelmsley Wood, Knowle and Balsall Common, to encourage footfall over the October half term

- A Shirley Independent Farmers Market was launched in November 2021, with regular dates for 2022

- Development of Visit Solihull Facebook, Instagram and Twitter social media accounts to promote high street activities

- New photography of local centres and high streets for use across social media to encourage people to return to high streets

VISIT**SOLIHULL**

ENVIRONMENT

NET ZERO ACTION PLAN

In November 2021 we agreed our Net Zero Action Plan (NZAP), which sets out actions to achieve the borough's net zero ambitions. The aim of the NZAP is to support the borough in its decarbonisation efforts and achieve the important ambition of net zero carbon emissions by 2041. It contains 203 proposed actions which support 54 goals.

The plan will also help maximise the benefits that can be achieved by reducing CO_2 emissions. These include better air quality, improved natural environment, more comfortable homes, cost savings and new green jobs.

We have received national recognition for our climate action plans. In the first assessment of its kind, Solihull Council ranked 5th out of all 409 local authorities in the UK and 2nd amongst single tier authorities in the rankings published by Climate Emergency UK. With a score of 85%, our score is almost double the average in the UK (46%).

KINGSHURST BROOK

PLANTING OUR FUTURE

Solihull Council, via its 'Planting Our Future' campaign, has pledged to plant 250,000 trees over the next ten years as part of its commitment to tackle climate change. The 'Planting Our Future' team has been working with numerous partners including local colleges and schools, golf clubs, community groups, charities and private landowners to find homes for the 25,000 trees planted annually.

The community is at the heart of its projects. In January they were joined by residents, staff from Touchwood Shopping Centre and Balsall Common Brownies to plant over 60 trees within local parks and open spaces.

One of the great achievements over the past year is the planting of 'Hope Coppice'. This has seen 1,200 trees being planted so far. The woodland has been created in memory of those affected by Covid-19, creating a space for people to visit and remember those affected.

Solihull has been awarded 'Tree City of the World' status in recognition of our urban tree planting programme. It is one of just 19 areas in the UK to have the international award.

THE TEAM PLANTING TREES WITH THE LOCAL COMMUNITY

YOUR FUTURE SOLIHULL

We launched the campaign 'Your Future Solihull' to capture everything related to climate change and sustainability. The campaign builds on the momentum of Solihull Council being ranked as one of the top UK local authorities for having a strong climate action plan in place.

It will create a vision for a prosperous low carbon future for the borough. The target for Solihull to become a net zero emission borough is less than 20 years away and collective action is needed from everyone to help make our low carbon vision a reality. The campaign will have a strong behavioural change focus and help residents / businesses make sustainable choices and understand the benefits of a low carbon society.

As part of the efforts, **we have launched a brand new website hub.**

This will act as a one-stop shop for all the climate change and sustainability activity going on in Solihull. It has practical tips for residents, opportunities for businesses and consolidates the Council's key climate policies in one place.

PEOPLE AND COMMUNITIES

CHILDREN'S SERVICES IMPROVEMENT PLAN

In January 2022, a Joint Targeted Area Inspection (JTAI) took place. This focused on how Solihull's Safeguarding Partnership was working to prevent harm to children and young people in the borough. Colleagues from across Children's Services were involved in the inspection.

A number of areas where improvements could be made were identified and the Council has been working hard to address these. An updated Improvement Plan has been made, which seeks to address the weaknesses found over the next 12 months. Additionally, an 'Improving Outcomes for Children in Solihull' Board has been created to provide support, oversee and challenge everyone in the safeguarding partnership on their progress in delivering the Improvement Plan. Since it's establishment, the Board has met several times and it has been extremely well attended. We are committed to delivering better outcomes for children in Solihull and will continue to implement our Improvement Plan.

SUPPORTING CHILDREN AND YOUNG PEOPLE WITH ADDITIONAL NEEDS

In January 2022 we launched our Additional Needs Strategy which was co-produced with BSol CCG (now Birmingham and Solihull Integrated Care System), schools, parent carers and children and young people themselves. This sets out our joint aspirations and activity to improve outcomes for children and young people with additional needs across the borough.

Too often those with additional needs face challenges in accessing the support they need or experience services which are not joined up. This strategy aims to address those issues across all aspects of the Council's and Birmingham and Solihull Integrated Care System's work affecting children and young people.

Young people helped create the strategy so it is written in a way which is easier to understand. The priorities are presented as statements about how we want children and young people to feel and their feedback will help us monitor its impact. Over its three-year delivery we want this strategy to help those with additional needs enjoy life, see that we value everyone's differences, feel welcome and have the same chances of living their best life.
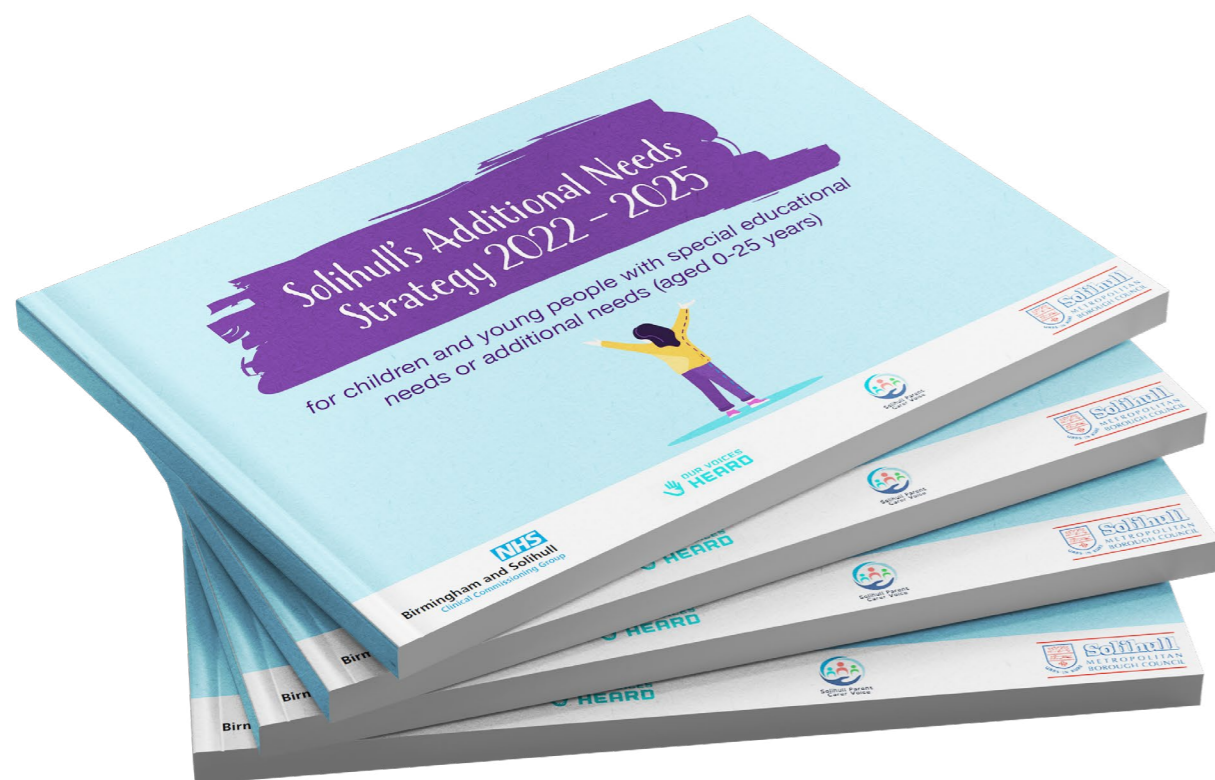
Landscape book psd created by pmvchamara - www.freepik.com

SUPPORTING REFUGEES

Solihull Council created and led an inter-agency partnership to manage Birmingham Airport's emergency reception of fleeing Afghan refugees.

Beginning on 16 August 2021, a few flights brought in dozens of refugees. Over the next two weeks we received 39 flights, around 8,100 people. Birmingham Airport handled 53% of flights carrying refugees fleeing the Taliban takeover.

Over the following weeks, the number of arrivals increased. Coventry-Solihull-Warwickshire (CSW) Resilience Team worked with Age UK Solihull and Citizens Advice Solihull Borough to get 200 items of clothing to the airport in an hour. By 31st August, deliveries from multiple organisations were arriving at the Council en route to the airport. The items included baby milk and food, children's shoes, sanitary products and blankets.

Using existing relationships with partner organisations we were able to respond quickly and meet the needs of those arriving. The project succeeded thanks to our local and regional links.

The Council is supporting other groups of refugees arriving in the borough. Solihull is continuing to see new applications and arrivals via the Homes for Ukraine scheme and arrivals through other routes. Solihull is also working with partner organisations s to develop support for people from Hong Kong arriving in the borough. Solihull is one of the top five local authorities nationally for total numbers of people from Hong Kong who have arrived and settled.

IMPROVING MENTAL HEATH SUPPORT

Although many services relating to mental health are provided by the NHS, there is strong commitment from the Ccouncil to deliver lower level support which prevents mental health needs escalating, where possible. This is especially the case, given the indications that the impact of Covid-19 has had a significant impact on many people's mental health. As part of delivering this priority a new provider, Mental Health Matters, has been awarded the contract to extend the mental health services available, including drop-in sessions around Solihull where people can come for advice and information.

In terms of supporting recovery for people who have experienced more significant mental health issues, another new service called Mental Health Enablement has also been commissioned to start in April 2022.

This will benefit people returning home from hospital and will support their recovery and help them return to employment.

COMMONWEALTH GAMES LEGACY

The Commonwealth Games is the biggest event that the Council has ever been involved in organising.

With national and international attention focused on the region ahead of the games, Solihull has taken the opportunity to present the best it has to offer on a global stage, highlighting the world class airport and events facilities that the borough possesses.

Many Solihull residents benefitted significantly from activities taking place as part of the Birmingham 2022 Festival, a programme of cultural activities taking place alongside The Commonwealth Games.

The festival has seen schoolchildren from across the borough enjoy dance, poetry and singing workshops and showcase their work at a three-day schools' festival.

The Commonwealth Games in 2022 are set to be the most sustainable ever, and part of that legacy is exemplified in the Commonwealth Forest – a project to plant 2022 acres of new forest across the region to help offset carbon emissions from the games. There are sites across the borough, including 15 acres at Hope Coppice.

On 26 July 2022, the Queen's Baton Relay travelled all over Solihull, visiting nearly every corner of the borough, with community events in many locations. A concluding performance from the Grenadier Guards and a newly commissioned community musical – On Yer Bike – rounded off a special day for Solihull, two days before the games got underway.

CHAIR OF NEC GROUP PHIL MEAD, WITH PERRY THE MASCOT AND CLLR KAREN GRINSELL GETTING READY FOR THE COMMONWEALTH GAMES

PUBLIC HEATH SERVICE RECOVERY

Public Health is responsible for commissioning a range of services, which were required to respond quickly and flexibly during the Covid-19 pandemic. Revised critical services plans were put in place to manage increased demand and / or staff shortages and non-critical services were paused to redistribute resources. For example, NHS Health Checks provided by GP's were paused while Stop Smoking Support and Weight Management programmes had much reduced numbers of attendees. Leisure centre attendances reduced as centres shut for periods of time during lockdown and the Solihull Active Programme was scaled back.

Following the pandemic, service recovery plans were put in place to optimise opportunities for recovery and one-off funding was made available to help support services implement recovery plans.

Negative pandemic impacts that require a public health response include:

• A reported decrease of 2-year-old children who are on track with all aspects of their development

• Increase in domestic abuse incidents reported to the police

• National evidence of an increase in the proportion of people drinking at increasingly harmful levels

Recovery across the range of our services and learning from the pandemic can now be evidenced. Examples of increased engagement and service activity can be demonstrated, including the application of digital service innovation to make our services more accessible to our residents.

Refreshed needs assessments and longer term commissioning plans have been created to respond to longer term demand. The Council is also working closely through our Primary Care Network with our local GPs to promote public health prevention services that can reduce lifestyle risks for patients. We have also invested in our 0-19 Healthy Child Programme to add additional capacity to this priority service to deliver high quality services that work for, and with, families.

ENABLERS

DIGITAL

The Digital Programme has progressed steadily during 2021/22. The key successes have been the implementation of the new Council Website, ongoing rollout of Microsoft Teams and the delivery of the Smarter Ways of Working Equipment.

The new Council Website has been built and over 800 pages migrated to the new website. This has been favourably received and will be expanded further in 2022/23 through the Digital Content Group. Microsoft Teams has been provided to over 2800 staff including appropriate training, guidance, and support. Now that Teams is in place within the organisation, further functionality will be provided to improve collaborative working within the Council. This will be supported by both Microsoft and the Teams Champions group which is made up of representatives across all services. In addition to Microsoft Teams, the organisation has seen a refresh of its operating technology with a move from fixed desk location working to flexible Smarter Ways of Working. Laptops and blended meeting equipment has been installed at the Council House and based upon this success, it will be extended to all sites.

SMARTER WAYS OF WORKING

Smarter Ways of Working (SWoW) is our programme of work to transition to a new way of working, by moving to a blended working approach. Over the past year significant progress has been made in implementing SWoW across the Council.

The Council House has been updated for SWoW to include new meeting rooms, collaborative spaces and desks with large screens and docking stations for laptops. The Cloud booking system for desks and meeting rooms is also up and running, allowing staff to reserve a desk in their team's area.

The upgrading of the Council House has been a great success and more recently The Core has been updated to also allow for blended working. The Council is currently considering which location will be updated next. In the near future, all rooms at the Council House with an occupancy of more than six people will have equipment to host hybrid meetings.

WORKFORCE WELLBEING

Our people are our most important asset and we have been continuing our work around employee wellbeing throughout the past year.

We have implemented two-way Workforce Champion and Carers Employee Networks. These provide an opportunity for us to discuss and receive feedback on wellbeing issues which can then be acted upon. Team members can share any feedback they have with their team's Workforce Champion, who can share this at the Workforce Champion meetings so that the leadership team are aware and can address concerns.

Additionally, to support the wellbeing work we launched our first dedicated Winter Wellbeing Event programme for all employees in January 2022. This included various webinars and presentations and provided employees with wellbeing resources, such as action plans.

Wellbeing Action Plans have also been introduced to enable employees to reflect on how they are now and what they need to enhance their wellbeing going forwards. Small things we can do each day can make a big difference to our wellbeing, and these action plans aim to help us commit to these changes.

Smarter Ways of Working
Choice /// Flexibility /// Trust

FINANCIAL OUTTURN POSITION FOR 2021/22

The below breakdown shows our financial outturn position for April 2021 to March 2022.

Adult Social Care and Health	59,391,000
Children, Education and Skills	37,938,000
Climate Change, Planning and Housing	2,051,000
Environment and Infrastructure	19,530,000
Leisure, Tourism and Sport	1,291,000
Resources	27,681,000
Stronger and Safer Communities	5,628,000
Total Core Council	153,510,000
Levies	14,036,000
Working Balances and Contingencies	(14,058,000)

£ Total 153,488,000

OUTSIDE THE PRIORITIES

While we have priorities to deliver and outcomes to achieve, we are aware that a huge amount of other work takes place across teams each and every day. Here are some highlights from the last year (up to March 2022) which all contribute to serving the needs of our Solihull residents, visitors, businesses and stakeholders.

276,255 calls answered by our contact centre

We received **3,112,658** web visitors

Drug and Alcohol services supported 1,593 individuals in Solihull including adult, young person's treatment service and family and friends service

100% of Streetlink referrals (to support someone sleeping rough with local support services) were responded to within 24 hours

11,426,520 waste and recycling collections

4,407 applications processed for primary school places
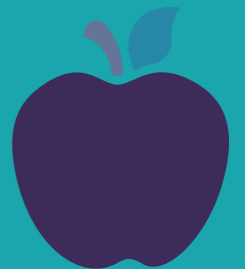
3,433 children supported by Children's Services during 2021/22

825 Freedom of Information requests received

5,936 applications processed for secondary school places

8,245 people accessed Adult Care and Support in 2021/22

2752 planning applications determined between 1st January and 31st December 2021

560km of roads were gritted **19 times** in 2021/22

97.88% Council Tax collected

97.19% Business Rates collected

6. Board Overview: Trust Values

7. QUALITY

7.1. QPES Chair's Assurance Report

NHS
Birmingham and Solihull Mental Health
NHS Foundation Trust

Meeting	**BOARD OF DIRECTORS**
Agenda item	**7.1**
Paper title	**CHAIR'S ASSURANCE REPORT FROM QUALITY, PATIENT EXPERIENCE & SAFETY COMMITTEE**
Date	5 October 2022
Author	Dr L Cullen, Non-Executive Director, Chair
Executive sponsor	Mrs S Bloomfield – Executive Director of Quality and Safety (Chief Nurse)

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

Executive summary

The Quality Patient Experience & Safety committee met on the 21 September 2022. The attached Assurance Report is provided by the Committee Chair for the attention of the Board of Directors.

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

Reason for consideration

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

Strategic objectives

Quality

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

Financial implications

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

Strategic Risks

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

Equality impact

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

Health inequality

Our values

Committed
Compassionate
Inclusive

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

1.   **ISSUES TO HIGHLIGHT TO THE BOARD**

1.1   CQC Update

The Committee received an update on the activities related.

The salient points were noted as follows:
- Following the Section 31 received from the CQC the Trust provides an update on a monthly basis outlining actions that have been taken and the impact actions are having within the organisation. This report provides detail of the last update to the CQC that has subsequently been discussed between the CQC and Trust leadership with confirmation given that the attached letter provides adequate assurance that the Trust is committed to providing safe and effective care

Chair's assurance comments:
Committee were assured that CQC was satisfied that we remain on track with improvement plan.

1.1   Serious Incident Report

The Committee received the Serious Incidents and Learning report and noted the salient points:
- The report will outline the number of incidents reported within the month and the categories. It will also outline the investigations submitted to our commissioners for closure. The associated action plans and learning together with any emerging themes.
- 7 serious incidents have been reported to Commissioners during July 2022, which is on the median of 7. Of these 7 incidents, 4 occurred during July with 3 occurring in June.
- In terms of incident types, 5 of these incidents related to the death of our service users in the community, 1 fall which resulted in a fracture and 1 serious assault which resulted in a death that has been classed as a suspected homicide by a service user
- In terms of completed reviews, 2 reports were submitted to our commissioners for consideration of closure
- The trust and the ICB are working together to review incidents, current themes identified include record keeping, working in a trauma informed way and interfaces both internally and externally
- The Committee noted that as of 1 September the Trust would not be working under the serious incident framework as review and management would move across to the Patient Safety Incident Response Framework.

Chair's assurance comments:
Committee noted the detailed reports and work is ongoing to review trends particularly analysing underlying health inequalities.

1.4   Quality Metrics

The committee received the detailed report highlighting the following:
- There are 16 identified quality metrics and trend data is provided in the graphs included within this report.
- During the month of July we had a total number of 2206 incidents reported, the majority of incidents resulted in no harm. Generally incident reporting has increased within the areas of:
- Sefl harm
- Physical assault
- Workforce issues
- It was noted that a review of the report was being undertaken to ensure reporting and assurance was given against risks identified with increased narrative of actions being taken.

Chair's assurance comments:
Committee noted the monthly quality report
An increase in incidents of self-harm and physical assault were of concern to committee members. Committee were informed of anecdotal clinician feedback of noting an increase in suicidality of patients in their clinical practice. It is well known that social hardship and economic depressions can lead to an increase in population suicide rates. Executives agreed to raise these concerns in their work within the organisation raising awareness, importance of early recognition and intervention, signposting and working within the collaborative also.

In respect of physical assaults this links in to work planned to review use of restrictive practice and existing learning from QI work and extending this into other ward areas. In addition, further thought is to be given as to what might be a priority for further deep dives into e.g., Seclusion.
As well as considering other linked data including MHOST staffing information and how this links to incident data. We were advised that people committee are considering these workforce issues and also how to support staff after such incidents have occurred

Work is underway to review the format of the quality report and how we analyse and present data and highlight more clearly potential areas of concern and reasons for this.

1.5   Integrated Performance Report

The Committee received the Integrated Performance Report and noted the salient points:
- FPP – Out of area bed use, IAPT, CPA 12-month reviews, new referrals not seen, financial position and CIP
- People – Vacancies, sickness, bank and agency fill rate
- QPES – Risks due to waiting times
- September 2022 PDG focused on the following metrics highlighted by FPP with discussions focusing on identifying improvement plans and highlighting any challenges and area for further support. This has been led via the relevant Service Associate Directors and updates received from them have been included in the attached report.
    o   Service users on CPA with a formal review in the last 12 months
    o   IAPT waiting times
    o   Out of Area bed days
    o   Referrals over 3 months old with no contact

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The Committee was informed that deep dives had been instigated incorporating service level information covering people, performance, finance and quality indicators. The first two sessions had been perceived positively with proactive actions being taken and these would be rolled out to all areas over the coming months.

Chair's assurance comments:
We were pleased to learn about the deep dives that have been started into selected services looking at performance , people , finance and quality issues and that these have lead to reports with clear action plans . Consideration is also currently been given as to how to incorporate additional meaningful quality metrics into the performance report to improve quality assurance.

1.6   CQC reporting framework

The committee received a report outlining forthcoming changes to the CQC reporting framework.

The Care Quality Commission have announced a new approach to regulatory inspections. They are moving to a single assessment framework, with new powers to assess integrated care systems and local authorities. As well as continuing to monitor the quality and safety of care services, April will see the introduction of a new responsibility for CQC, which will be to monitor the financial sustainability of care providers that would be 'difficult to replace'. The changes will be piloted in selected Trusts in Quarter 3 of the financial year. Trusts that are a part of the pilot programme will be informed that they will be inspected through the new regime.

The CQC's ambitions have been set out under four themes

- People and communities. Regulation that's driven by people's needs and experiences, focusing on what is important to people and communities when they access, use, and move between services
- Smarter regulation: Smarter, more dynamic, and flexible regulation that provides up to date and high-quality information and ratings, easier ways of working with us and a more proportionate response
- Safety through learning: Regulating for stronger safety cultures across health and care, prioritising learning and improvement and collaborating to value everyone's perspectives
- Accelerating improvement: Enabling health and care services and local systems to access support to help improve the quality of care where it's needed most.

Running through each theme are two core ambitions:

- Assessing local systems: Providing independent assurance to the public of the quality of care in their area
- Tackling inequalities in health and care: Pushing for equality of access, experiences and outcomes for health and social care services.

An increased commitment has been made to improving outcomes for people with a learning disability and autistic people. From 1 September if a provider does not plan to provide specialist services, they will be asked to agree to the CQC imposing a new routine condition suspending all opportunities to provide these services. The implication for our organisation is that should an application be made to vary a condition of existing registration with a plan to provide any of the following regulated activities:
- Personal care
- Accommodation for persons who require nursing or personal care
- Assessment or medical treatment for persons detained under the Mental Health Act 1983

The proposed changes will be assessed against guidance Right Support, right care, right culture (RSRCRC) guidance.

The Committee noted that the trust would no longer have a nominated inspector for the trust and potentially they would not have a mental health or specialist service background due to the move to system working.

The trust will be informed by the end of October if they have been selected as an early adopter or will commence the new arrangements in April 2023.

Chair's assurance comments:
The new framework has a strong focus on patient safety through learning by means of an inclusive culture that focusses on what matters to patients and families and communities .
Governance team are reviewing how we remain compliant with new standards.

1.7   Patient Safety Incident Response Framework

 The new Patient Safety Incident Response Framework (PSIRF) responds to calls for a new approach to incident management, one which facilitates inquisitive examination of a wider range of patient safety incidents "in the spirit of reflection and learning" rather than as part of a "framework of accountability". Informed by feedback and drawing on good practice from healthcare and other sectors, it supports a systematic, compassionate, and proficient response to patient safety incidents; anchored in the principles of openness, fair accountability, learning and continuous improvement.

The key role for the Trust during the preparation and transition phase to PSIRF is the development and delivery of a patient safety incident response plan that will incorporate the following:

- Assurance that the organization meets national patient safety incident response standards
- Assurance that PSIRF is central to overarching safety governance arrangements
- Quality assurance of learning response outputs inclusive of the following:
  - Appointment of a PSIRF Executive Lead
  - Ensure PSIRF is central to overarching safety governance arrangements
  - Quality assure learning response outputs
  - Development of oversight systems
  - Engagement and involvement of those affected by patient safety incidents
  - Policy planning and governance
  - Competence and capacity
  - Proportional responses
  - Safety actions and improvement.

A steering group is currently being established that will review organizational capacity and support available to support engagement and the establishment of new structures and processes in order that a culture of learning focused on patient safety can be embedded.

As part of the process the Trust will identify the events where there is the intention to investigate selected cases through a patient safety incident investigation.
This will be additional to several national priorities which include:
  - Never events
  - Incidents that meet the learning from deaths criteria
  - Death or long-term severe injury of a person detained under the Mental Health Act
  - Domestic homicide.

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Chair's assurance comments:
Transition to the new framework is expected to take 18 to 24 months to implement . workshops are already planned to engage stakeholders
The capacity within the trust to to support engagement and the establishment of new structures has been assessed and an interim business case to increase the team resources is proposed.

1.8   Meadowcroft CQC action plan

- We have now received the final report for the CQC Unannounced inspection that took place in June on Meadowcroft. Factual accuracy checks were completed by the Trust prior to this and although some slight changes were made to the content of the report as a result, the overall judgement remained unchanged.
- The ward was rated as Requires Improvement
- We had several Must Do (12) and Should Do (5) actions to complete
- Actions largely focused on the following:
  - Alarms and keys and the availability of these
  - Supervision of staff – clinical and managerial. Access to regular team meetings
  - Staffing
  - Ward environment security checks
  - Availability of local risk registers
  - IPC standards and
  - Seclusions (bedroom seclusions and review of service users in seclusion)
- An action plan has been developed based on the findings and this will be shared with the CQC along with a formal response acknowledging the report
- The report will be monitored via the local Acute Care CGC and Trust CGC and a monthly update will also be provided to this committee
- Assurance testing will continue to via the Compliance team as well as oversight of the audits being completed locally by the ward.

The Committee sought assurance that a communications plan was in place that was confirmed. It was noted that the report was published immediately after the Trust had received a final copy and subsequently the CQC have apologized for the lack of notice.

Additional assurance was given that learning from this inspection was being embedded across the organisation with the development of templates and audits and discussions were taking place regarding the implementation of apps that could give real time data in relation to audits and checklists that would further strengthen assurance.

Chair's assurance comments:
Committee assured that actions have been underway since the first week of the visit by the CQC to address the remedial actions necessary and a report is to be sent to the CQC this week.
Learning form this inspection is being developed to use in audits to review this ward as well as all other ward areas . These audits will take place at least monthly and there are plans to make real time data immediately available to further strengthen assurance.

1.9   Review into seclusion

There were a total number of 572 bedroom seclusion with a median of 23 patients a month.
- 90% of seclusion episodes started in the bedroom and 54% were male service users.
- 38% of seclusions involved service users whose ethnicity was White/British
- 23% of seclusions took place at the Oleaster, with the highest % being at the male PICU.

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- 56% of seclusions began between the hours 11:00-17:00
- December 2020, May 2021 and January 2022 seen the highest number of incidents reported.

The Committee was informed that further work was being undertaken to get a better understanding of individuals frequently being placed into seclusion, the reasons, ward areas and ethnicity of those concerned. It was agreed that a report would be brought back to a later meeting with additional information.

Chair's assurance comments:
Committee noted report and the plan for a more detailed analysis of seclusion including individual characteristics , reasons for seclusion , ward areas , ethnicity , workforce capacity and skills - to provide a comprehensive report at a future committee.

1.10   Ockenden – Comprehensive action plan

The Committee received a presentation of work being undertaken against the core pillars of learning outlined within the report which were:
- Safer staffing
- A well trained workforce
- Learning from Incidents
- Working with families

It was noted that detailed work programmes were in place against each other but following discussions work was being undertaken to review workstreams and associated terms and reference. Once these were finalised action plans would be developed indicating key leads, actions and timescales that would be monitored by sub-committee structures of the Board.

Chair's assurance comments:
Work is ongoing to look at how to strengthen trust governance structure and how these work programmes, correlating with core pillars of learning, would be monitored by respective subcommittees.

1.11   Quality and safety planning

The Committee noted in recent months, there have been several discussions about the various strands of Quality and Safety work that are currently identified:

The new Patient Safety Incident Response Framework and patient safety forums (PSAG has been stood down for the last few months and the meeting structure is under review). Key issues that require consideration are as follows:
  o   Clinical risk training and policy
  o   Learning strategy
  o   QI strategy
  o   Aligning trust priorities and strategies with risk registers/BAF
  o   Use of data in learning across the organisation

The committee agreed to start to consider how these different workstreams intersect at a strategic level. Key stakeholders are also currently working through the overlaps and will be continuing this over the next few weeks.

The Committee approved actions outlined within the paper.

Chair's assurance comments:
Committee were made aware of the work ongoing to deliver the key components underpinning quality and patient safety and how to bring these all together in a coherent way to reflect trust priorities and strategy.

LINDA CULLEN
NON-EXECUTIVE DIRECTOR

8. PEOPLE

8.1. People Committee Chair's Assurance Report

Meeting	**BOARD OF DIRECTORS**
Agenda item	**8.1**
Paper title	**CHAIR'S ASSURANCE REPORT FROM THE PEOPLE COMMITTEE**
Date	21 September 2022
Author	P. Gayle, Non-Executive Director (Chair of Committee)
Executive sponsor	P. Nyarumbu, Executive Director of Strategy, People & Partnerships

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

Executive summary

The People Committee met on the 21 September 2022. The attached Assurance Report is provided by the Committee Chair for the attention of the Board.

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

Reason for consideration

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

Strategic objectives/ priorities

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

Financial implications

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

Risks

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

Equality impact

Non specific.

Our values

Committed
Compassionate
Inclusive

CHAIR'S ASSURANCE REPORT FROM PEOPLE COMMITTEE

1.   ISSUES TO HIGHLIGHT TO THE BOARD

1.1   <u>Quarterly Performance Indicators</u>

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

The Committee was informed that due to funding growth, our establishment has increased by 167.7 WTE since March 2022, hence the large increase in our vacancy.

Recruitment Team are looking at reviewing their processes and flow charts for the end-to-end process. The main delays are with Occupational Health clearance and some delays to the authorisation process (in June it was an average 6.5 working days for approval).

The committee also agreed to receive further assurance regarding the improvement of the e-rostering process.

With regards to Bank and agency fill rate, the committee were informed that we have seen significant increase in demand for shifts which need to be covered. Despite the enhancement that were put in place we have not been able to achieve the target in terms of our fill rate. This is in relation to demand mainly due to the number of service requiring additional support on units primarily in acute and urgent care.

Our performance on fundamental training was discussed and we have seen a steady increase in performance which has been sustained for about 4 months.

In relation to Transforming our culture KPI report, the committee were informed that the Trust have committed to achieving a target of 40% Band 8A and above individuals from a BME background by 2028. We are making slight progress in this area although this needs to be sustained and continue to develop our pipeline to ensure we can achieve the target we have set for the Trust. We were informed that we have significant challenges in successfully appointing individuals from diverse backgrounds into roles. The committee were informed specific initiatives have been put in place to enable people to flourish.

We were also informed that the initial focus will be on colleagues with a disability and those from Black, Asian Minority backgrounds, based on our staff survey and feedback that these groups were most impacted in terms of career development and being successful at interview.

Our sickness rate in the last quarter had seen a slight increase but have started to slightly reduce.

Chair's Assurance Comments:
The committee were informed that given the increase in establishment no assurance can currently be provided on reaching the 6% target in the next two quarters, despite efforts to fill these roles.

We are still not assured with the effectiveness of the e-rostering process, but reassurance was given that a comprehensive paper will be brought next month to the People Committee.

The Committee were informed that no assurance could be given on achieving the target of 95% given the continued increase on in demand for shifts that need to be covered.

With regards to fundamental training the committee were pleased with the improvement made but reassurance and not assurance could be given as we have yet to achieve our target and we need to sustain the improvement that we have seen.

The committee received reassurance the Trust is working towards achieving our 40% target of recruitment for BME to Band 8 and above roles.

The Committee discussed our sickness rate and assurance could not be given that this slight decrease is likely to be sustained given we are approaching the winter months. We are likely to see an increase over these months, but we were informed work is ongoing to reduce our long-term sickness and our short-term sickness through HR colleagues and managers which has resulted in a downward trend over the past few months although we are not meeting our target.

1.2   Integrated Performance Report

The Committee received the integrated performance report with the main headlines which included the out of area placements with the pressures on wards and closures on beds. The Committee were informed most of the key points had been discussed in the quarterly indicators report presented by Patrick.

We were informed regarding People there is an overspend with a significant spike in agency spend in this month and we are veering significantly above NHS England benchmark in terms of reducing our trends. However, the committee were informed 69% of agency spend is on medics.

Chair's Assurance Comments:
The Committee accepted the report and discussed all the key areas of concern during the earlier KPI report paper.

1.3   Report from Shaping Our Future Workforce Sub Committee

This paper was presented to the Committee to provide assurance to on the progress made against 3 of the workstreams within the People Strategy Implementation Plan that were reviewed at the Shaping Our Future Workforce Sub Committee meetings held on 1 August and 6 September 2022.

The committee were informed that the project team for the relaunch of the Induction Programme have now developed the onboarding process from recruitment through to induction.

The committee were informed of the work involved in converting locum doctors to permanent staff. The medical workforce team provided a report setting out the development of a new local policy that has been agreed by the Executive

Team. This is to convert long standing locum doctors to permanent employed status. The sub-committee were advised of the quality and financial benefits associated with this piece of work, and of the multi-disciplinary approach that would be used to work through each case, involving medical leadership and medical staffing.

The committee received an updated on the BSol "I Can" programme. The "I Can" programme is a system wide employment programme, that seeks to provide entry level employment opportunities for long term unemployed citizens within the BSol conurbation. The "I Can" programme is very successful with over 100 successful candidates joining NHS organisations. The sub-committee were informed that SSL are now being active partners on the "I Can" programme, and that the programme has been nominated for a HSJ award.

Workforce availability remains a significant challenge within the organisation and in the NHS. The People Directorate will continue to work with professional groups to support the ongoing recruitment and retention initiatives.

The committee were informed the first round of interviews have been conducted for international recruitment. The Trust have a focused ambition of recruiting 30 staff within the financial year. The target was discussed in detail and the committee were informed this was the agreed ambition following on from lessons learnt from partnership Trusts and will enable for the best pastoral care.

Chair's Assurance Comments:
We received an update on the implement values-based approach to onboarding. The committee were assured by the progress made within the agreed timescales.

The committed were updated on the work converting locum doctors to permanent staff. We were unable to receive assurance at this stage as the sub-committee will receive an update on progress for information their December 2022 meeting.

With regards to the BSol "I Can" Programme, the committee were informed that SSL are now active partners on the "I Can" programme, and that the programme has been nominated for a HSJ award.

We were informed on progress related to International Recruitment of Nurses. There was a lot of discussion in relation to our approach to setting recruitment target numbers for our Trust. The committee were seeking assurance that this target was not set at an overly cautious level. We were assured this is a rolling programme agreed that is likely to be phases.

1.4   Cost of living

The committee received a report highlighting work has been underway through several workstreams to identify the impact the rising cost of living is having on all within the Trust and as part of the ICS. The recent pay award of £1400 has meant that real living wages are rising slower than the rate of inflation, so employees are experiencing hardship.

The current pay uplift for 2022/23 has been agreed and is now being implemented with our staff being paid the uplift and back pay on the 28th of September 2022.

Given that the pension rates change on the 1st of October 2022, this backdated pay will be awarded under the old pension contribution rates which impacts some when the back pay is awarded at the same time as the new pension rates are introduced. This will have a detrimental impact on the Band 8a (Bottom spinal point), and to a lesser extent those on the bottom of band 3 and band 5 pay scales. We have written to all staff who are impacted and band 8a staff have been offered the option of spreading the shortfall over the next six months.

We previously agreed to increase the mileage rate from 56 p per mile to 60 pence per mile given the rise of fuel nearing a historical high of £2.00 per litre. Executives have now approved the recommendation that the Trust authorizes SBS to increase mileage rates to 64pence per mile for the first 3500 miles from the 1st of October 2022.

Details are being developed to outline how we can best support staff through Caring Minds. This would be in the form of hardship grants and details of this will be taken to the charitable funds committee for decision.

Chair's Assurance Comments:
The Committee felt assured on the 5 areas of work carried that has been undertaken to address the cost of living rises for our collegues to date

1.5   Flexible working

The committee received a detailed report that summarised between September 2021 and March 2022, the Trust took part in a programme run by NHS England & NHS Improvement, and an organisation called Timewise. The aim of the programme was to support us to build a step-by-step plan to deliver more flexible working opportunities in all our roles and deliver on the promises made in the NHS People Plan.

The committee noted the biggest challenge is creating a workplace that maximises flexible working options for all roles from day one of employment. Despite the Trust having dedicated flexible working policies in place, in our 2021 Staff Survey shows there is a gap between the intended and stated staff experience regarding flexible working and work/life balance.

An action plan has been drawn and is already being worked through and taken forward. The action plan is divided up in 5 sections:

- Flexible Working Policy and Process
- Employer Brand and Talent Acquisition
- Manager Capability and Support
- Inclusive Career Paths and Progression
- Social Responsibility and Advocacy

Chair's Assurance Comments:
The committee noted the report but requested if we could see the numbers of request to get a feel of how widespread flexible working is within the Trust which reassurance was given on the data being available in future reports.

1.6   Report from Transforming Our Future Workforce Sub Committee

The committee was asked to note the work undertaken by the Transforming Our Culture and Staff Experience Sub-committee, with the following points of note:
- Appreciation of new KPI reporting that incudes assurance and links with Board Assurance Framework.
- Agreement to extend SPC and run charts across the KPI quarterly reports with integration across protected characteristics
- Consideration of the establishment of a Staff Network for colleagues who are younger as means for support, shared learning and development in response to FTSU and staff survey learning
- Accessibility of the WRES/WDES report
- Intention to develop dedicated communication on the work of the Sub-Committee for colleagues across the organisation
- Need to join up the programme of cultural/staff experience interventions with the data provided through Staff Survey and People Pulse

Chair's Assurance Comments:
The Committee noted the work undertaken by the Transforming Our Culture and Staff Experience. The committee were assured of the progress to date in the majority of the workstream areas.

1.7   Organisational Values

The People Committee received an assurance report detailing approaches taken by the Organisational Development (OD) function in response to the staff survey employee data that supports the ongoing goal of improving the Trust culture.

The committee were assured OD's initial focus has been primarily on the need to improve staff experience in response to issues identified by data collected and analysed from the Staff Survey which builds a compelling case for these interventions. Although many actions have been undertaken, it will take time for these initiatives to embed. Hence, it becomes a challenge to provide assurance in terms of what we are expecting to see as outcomes. However, we anticipate the next round of employee survey data will provide us the opportunity to measure the effectiveness and impacts of change. The committee agreed to have a further deep dive at the next committee meeting.

Chair's Assurance Comments
The committee were not fully assured on progress as it was accepted that we still have a long way to go to eradicate some long-standing cultural issues within the Trust.

1.8   WRES/DES

The committee received a detailed report outlining the Trusts current position relating to the Workforce Race Equality Standard (WRES) and the Workforce Disability Equality Standard.
Next step recommendations were agreed as:

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- Continue to monitor our disciplinary practices to ensure they are inclusive
- Develop and implement an anti-racist framework
- Identify barriers to career progression for our underrepresented staff
- Visibility of EDI team across the Trust
- Progress with Data with Dignity Session approach
- Improve recording of data on ESR

Chair's Assurance Comments

The committee noted the report and commended Jas and her team on the presentation and content of the report. The committee recognised the work that has been done to date. There was an acknowledgement that we can see green shoots of improvements which is encouraging. Nevertheless, the committee noted we need to sustain the improvements, recognising we still have a long way to go.

1.9   Escalation from Safer Staffing Sub Committee

The Safer Staffing Committee has met in September 2022 and the report to committee highlights and escalates from both meetings. The committee noted the updates on International Recruitment, fill rates of staffing for August 2022 and the current projects within e – rostering.

Chair's Assurance Comments
The committee agreed to receive a further assurance paper at our October meeting that will include the averts training.

1.10   Matters for Escalation to the Board of Directors

The committee discussed the risks in relation to the RCN Notice of Ballot. It was confirmed contingency planning is underway. Concerns were raised in relation to the impact on services.

The committee agreed to escalate the matter to the Board of Directors.

PHILIP GAYLE
NON-EXECUTIVE DIRECTOR

8.2. Equality Standards Reporting

MEETING	BOARD OF DIRECTORS
AGENDA ITEM	8.2
PAPER TITLE	**Equality Standards Reporting 2022**
DATE	
AUTHOR	Jas Kaur, Head of EDI
EXECUTIVE SPONSOR	Patrick Nyarumbu, Exec Director of Strategy, People & Partnerships

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

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

Executive summary & Recommendations:

This item will outline the Trusts current position relating to the Workforce Race Equality Standard (WRES) and the Workforce Disability Equality Standard.

Next step recommendations:
- Review & monitor our Disciplinary practices to ensure they are inclusive
- Develop and implement an anti-racist framework
- Identify barriers to career progression for our underrepresented staff
- Visibility of EDI team across the Trust – working within the Business Partnering Model
- Stage 2 of Data with Dignity Session
- ESR Reporting

The report and data have been presented at the Transforming Culture and Staff Experience Sub Committee and People Committee

Reason for consideration:

National reporting requirements

Previous consideration of report by:

N/A

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

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

Financial Implications *(detail any financial implications)*

Group financial position

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

- **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.

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

Staff Networks, Transforming Culture and Staff Experience Sub Committee and People Committee

2

Workforce Disability Equality Standard (WDES) Analysis from 2019 - 2022

Indicator number and description	2019	2020	2021	2022	Increase or decrease from 2019 - 2022	
Metric 1 - Percentage of staff in AfC pay bands or medical and dental subgroups and very senior managers (including Executive Board members) compared with the percentage of staff in the overall workforce						
Disabled	173	184	211	234	64	
Non Disabled	3399	3334	3468	3485		
Unknown	380	428	467	491		
Metric 2 - Relative likelihood of Disabled staff compared to non-disabled staff being appointed from shortlisting across all posts.						
	1.44	1.23	0.67	1.31	Decreased 9% Since 2019	
Metric 3 - Relative likelihood of Disabled staff compared to non-disabled staff entering the formal capability process, as measured by entry into the formal capability procedure.						
	2.06	2.83	5.48	0	Decreased 100% Since 2019	**Positive**
Metric 4 - Percentage of Disabled staff compared to non-disabled staff experiencing harassment, bullying or abuse from:						
Patients/service users, their relatives or other members of the public	40.6%	45.8%	40.6%	41.5%	Increased 0.9% Since 2019	
Managers	22.4%	23.6%	17.8%	17.0%	Decreased 5.4% Since 2019	**Positive**
Other colleagues	34.3%	31.7%	27.5%	28.1%	Decreased 6.2% Since 2019	**Positive**
Metric 4b - Percentage of Disabled staff compared to non-disabled staff saying that the last time they experienced harassment, bullying or abuse at work, they or a colleague reported it						

	56.6%	60.1%	61.7%	62.3%	Increased 5.7% Since 2019	**Positive**
Metric 5 - Percentage of Disabled staff compared to non-disabled staff believing that the Trust provides equal opportunities for career progression or promotion						
	46.0%	45.5%	47.8%	45.4%	Decreased 0.6% Since 2019	
Metric 6 - Percentage of Disabled staff compared to non-disabled staff saying that they have felt pressure from their manager to come to work, despite not feeling well enough to perform their duties.						
	23.9%	26.6%	23.1%	22.7%	Decreased 1.2% Since 2019	**Positive**
Metric 7 - Percentage of Disabled staff compared to non-disabled staff saying that they are satisfied with the extent to which their organisation values their work						
	37.2%	37.4%	43.3%	35.3%	Decreased 1.9% Since 2019	
Metric 8 - Percentage of Disabled staff saying that their employer has made adequate adjustment(s) to enable them to carry out their work.						
	70.5%	71.2%	82.7%	71.5%	Increased 1% Since 2019	**Positive**
Metric 9 - The staff engagement score for Disabled staff, compared to non-disabled staff and the overall engagement score for the organisation.						
	6.8%	6.9%	7.1%	6.9%	Increased 0.1% Since 2019	**Positive**

Key

Showing an increase or decrease year on year

Workforce Race Equality Standard (WRES) Analysis from 2019 - 2022

Indicator number and description	2019	2020	2021	2022	Increase or decrease from 2019 - 2022	
Indicator 1: Black and Minority Ethnic representation in the workforce by pay band						
Black and Minority Ethnic representation in the workforce overall			37%	37.6%	Increased 0.6%	**Positive**
Race disparity ratios Non Clinical/Clinical						
Black and Minority Ethnic	1339	1379	2108	2113	Increased 5	**Positive**
White	2130	2072	1513	1582		
Unknown	472	495	523	514		
Total	3941	3946	4144	4209		
Indicator 2: likelihood of appointment from shortlisting						
likelihood ratio White / Black and Minority Ethnic	1.57	1.44	2.02	1.52	Decreased 3% Since 2019	**Positive**
Indicator 3: likelihood of entering formal disciplinary proceedings						
likelihood ratio Black and Minority Ethnic / White	2.83	2.70	2.26	1.34	Decreased 53% Since 2019	**Positive**
Indicator 4: likelihood of undertaking non-mandatory training						
likelihood ratio White / Black and Minority Ethnic	1.01	1.30	1.62	1.25	Increased 24% Since 2019	
Indicator 5: harassment, bullying or abuse from patients, relatives or the public in last 12 months						
Black and Minority Ethnic	38.2%	42.3%	36.7%	37%	Decreased 1.2% Since 2019	**Positive**

White	32.5%	36.5%	31.1%	33.6%	Increased 1.1% Since 2019	
Indicator 6: harassment, bullying or abuse from staff in last 12 months						
Black and Minority Ethnic	32.8%	34.3%	32.4%	25.5%	Decreased 7.3% Since 2019	**Positive**
White	28.6%	30.5%	25.9%	24.6%	Decreased 4% Since 2019	**Positive**
Indicator 7: belief that the trust provides equal opportunities for career progression or promotion						
Black and Minority Ethnic	60.4%	60.6%	37.5%	41.2%	Decreased 19.2% Since 2019	
White	78.5%	81%	55.3%	53.7%	Decreased 24.8% Since 2019	
Indicator 8: discrimination from a manager/team leader or other colleagues in last 12 months						
Black and Minority Ethnic	17.0%	18.6%	18.9%	16.4%	Decreased 0.6% Since 2019	**Positive**
White	9.4%	10.0%	8.8%	10.6%	Increased 1.2% Since 2019	
Indicator 9: Black and Minority Ethnic representation on the board minus Black and Minority Ethnic representation in the workforce						
Overall	-19.7%	-4.2%	-7.9%	0.9%	Increased 20.6% Since 2019	**Positive**
Voting Numbers	0.0%	30.8%	28.6%	38.5%	Increased 38.5% Since 2019	**Positive**
Executive Numbers	25%	0.0%	0.0%	28.6%	Increased 3.6% Since 2019	**Positive**

Key

Showing an increase or decrease year on year

WRES/WDES Data 2022

Workforce Race Equality Standard 2022

NHS
Birmingham and Solihull
Mental Health
NHS Foundation Trust

Staff representation

Our black and minority ethnic workforce representation is **37.6%**.

In 2022 we showed a small increase on the **37%** reported in 2021 **(+ive)**.

Shortlisting

White colleagues are **1.52** times more likely to be appointed from shortlisting.

In 2022 we have decreased the gap on the **2.02** reported in 2021 **(Decreased 25%).**

Career progression

41.2% black and minority ethnic colleagues believe that our Trust provides equal opportunities for career progression as opposed to **53.7%** white colleagues **(-ive).**

compassionate   inclusive   committed

Workforce Race Equality Standard 2022

NHS
Birmingham and Solihull Mental Health
NHS Foundation Trust
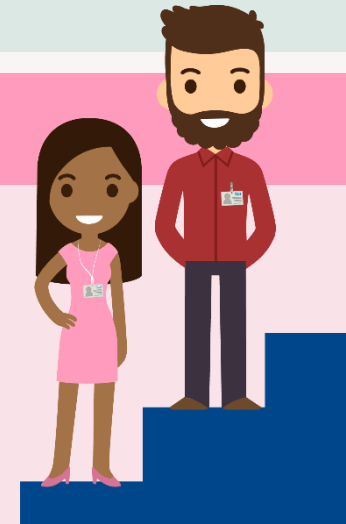
Professional development

21% of White colleagues access non-mandatory training and development opportunities compared to black and minority ethnic colleagues at **16.8%.**

Disciplinary investigation

Black and minority ethnic colleagues are **1.34** times more likely to enter formal disciplinary process than white colleagues.

In 2022 it has almost halved from the **2.26** reported in 2021 **(Decreased 41%)**.

Reporting discrimination

25.5% Black and minority ethnic colleagues experienced discrimination at work from other colleagues as opposed to **24.6%** white colleagues **(-ive).**

❤ compassionate   🧑‍🤝‍🧑 inclusive   ✔ committed

Workforce Race Equality Standard 2022

NHS
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 2021 **(+ive)**.

16.4% black and minority ethnic colleagues compared to **10.6%** white colleagues experienced discrimination at work from manager/team leaders **(-ive).**

Board membership

53.8% white colleagues

38.5% black and minority ethnic colleagues

7.7% unknown ethnicity

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Staff Voices - WRES

Birmingham and Solihull Mental Health
NHS Foundation Trust

I do not believe it should just be the role of black people and people of colour to teach us about racism and stand up for each other

I personally feel that people with darker skin are treated harsher, their anxieties are not met with empathy. They are belittled and not met with patience. It appeared calculated how the diffusion of people with darker skin tones were separated into different groups.

Racism and inequality must be challenged. Staff have left within months of each other, they could not wait to leave all of them were Black, depressed, stressed, low moral, it needs to change and it needs to change now

I understand that one way to support creating a fairer and more diverse NHS is by supporting and developing BME staff. I believe that all staff should be trained in the importance of diversity and recognising unconscious bias and that discrimination, prejudice, fear or misunderstanding damages working relationships and service effectiveness for service users and carers.

I believe it is important that the workforce reflects the culture and diversity within Birmingham. There has been an increasing demand for services since the covid 19 pandemic and it's vital everyone can access the help they need. I believe that equality, diversion, and inclusion is at the heart of improving mental health and wellbeing by making a positive difference to people's lives

Additional support and knowledge is needed across the trust and challenging those individuals I have concerns about in regards to professionalism.

compassionate   inclusive   committed

Staff Voices - WRES

- Main issue is racial discrimination from service users (gotten really bad – affecting staff mentally)

- Recruitment – Not Inclusive

- Barriers for progression to next level

- Confidentiality breaches from Manager

- Cliques

- Raised issues before, nothing gets done, therefore no longer reporting

- Incentives are not attractive to keep staff

- No progression for HCA staff

- Staffing levels, increase of incidents

- No support or aftercare for staff who have received verbal or physical abuse

- Racial abuse from Service Users

Workforce Disability Equality Standard 2022

NHS
Birmingham and Solihull
Mental Health
NHS Foundation Trust

5.56% colleagues across our Trust report have long-term condition or illness.

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

Colleague with disabilities are **1.31** more likely to be appointed from shortlisting than those without compared to **0.67** in 2021 (**Increased 96%**).
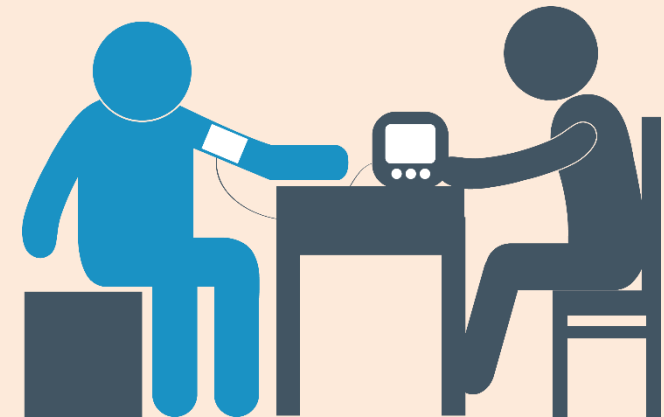
Colleagues with disabilities are now equal to those without disabilities to enter the capability process. **(reached equity)**

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Workforce Disability Equality Standard 2022

NHS
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 increased to **41.5%** since last year **40.6% (-ive)**.

from other colleagues – this has increased to **28.1%** since last year **27.5% (-ive)**.

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

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Workforce Disability Equality Standard 2022

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

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

compassionate   inclusive   committed

Workforce Disability Equality Standard 2022

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 decrease to **71.5%** from **82.7% (-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 2022

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

There has been decrease in the engagement score across all **(-ive)**.

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

Staff Voices - WDES

Birmingham and Solihull Mental Health
NHS Foundation Trust

I have had some very difficult discussions recently around the general lack of understanding about neurodiversity, such as autism. Due to the lack of understanding, it has left people feeling under-valued by their workplaces and has made them question their chosen career paths within mental health, which is awful to hear about. I appreciate that this is not likely to be unique to our region, but wondered whether it is worth generating some discussion around the steps that can be taken to raise understanding and awareness of neurodiversity.

I have Endometriosis and struggle daily, however my husband has autism and ADHD so I understand the some of the intricacies of living/working with someone who is neurodivergent, and what this journey may look like. I definitely think there needs to be more awareness of ND and the challenges that may come with this. I've also worked with people with dyslexia who struggle completing certain tasks (computer/technology based) so this may be something to focus on

Do we know if there is representation of long term illness/condition within our Exec Team as this information is not shared anywhere

Where I work there are two disabled bays which were kindly created a while ago. I tend to use one and the other one only ever gets correctly used if we have visitors with blue badges. However, on several occasions staff without a blue badge are parking in the space and quote " because it was empty during covid and its close to the door". I also realise that this is sore point for me because all anyone see when they see me is probably just fat and they do not realise that I have Eosinophilic asthma and osteo arthritis and like many others have good and bad days.

compassionate   inclusive   committed

Bank Staff Data

Bank Staff Profile – Ethnicity

Ethnic Group	Headcount	Headcount %
Black, Asian and Minoritised Ethnics	610	64.21%
White	202	21.26%
Not stated	72	7.58%
Blank	66	6.95%
Total	950	100.00%

Bank Staff Profile – Disability

Disability	Headcount	Headcount %
No	575	60.53%
Yes	28	2.95%
Not Declared	5	0.53%
Unspecified	342	36.00%
Total	950	100.00%

Staff Voices – Bank Staff

- Bank staff not seen as important

- Often don't feel included in the team

- Cliques

- No progression for HCA's (especially if you are Bank staff)

- Racial abuse from Service Users

TSS Engagement to date

1) Since October 2021 TSS has an 8b Clinical Nurse Lead (Kerry Harkin) who liaises with Ward Managers / TSS workers / responsible for DMG's, Disciplinary matters, oversees Pastoral Care.

2) Since February 2022 TSS a band 5 Pastoral Care Support Worker (Rachael Evans) whose primary focus is to assist with improving worker experience / conflict resolution.

3) BSMHFT TSS worker survey conducted by Mandy Fletcher from June to August 2022 – Mandy has the results should you wish to contact her for these. TSS will be developing a plan to answer / assist with each point raised from workers.

4) John Travers, Yvonne Richards and TSS have ensured that BSMHFT's bank workers are included in the Nationwide NHS staff survey – active from 26th October. This is the first year that Trust's are being offered the chance to have bank workers included.

5) TSS to Substantive initiative a constant work in progress.

6) TSS Workers now paid upon completion of Fundamental Training – Since June 2022.

7) 2nd TSS Open Day to be arranged at Uffculme – first one was in May 2022.

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Next Steps

Next step recommendations:

- Review & monitor our Disciplinary practices to ensure they are inclusive

- Develop and implement an anti racist framework

- Identify barriers to career progression for our under represented staff

- Visibility of EDI team across the Trust – working within the Business Partnering Model

- Stage 2 of Data with Dignity Session

- ESR Reporting

9. SUSTAINABILITY

9.1. Finance, Performance & Productivity Committee

Chair's Assurance Report

Meeting	**BOARD OF DIRECTORS**
Agenda item	**9.1**
Paper title	**CHAIR'S ASSURANCE REPORT FROM THE FINANCE, PERFORMANCE & PRODUCTIVITY COMMITTEE**
Date	5 October 2022
Author	R. Beale Non-Executive Director (Chair of Committee)
Executive sponsor	D. Tomlinson, Executive Director of Finance

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

Executive summary

The FPP Committee met on the 21 September 2022. The attached Assurance Report is provided by the Committee Chair for the attention of the Board.

Reason for consideration

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

Strategic objectives/ priorities

Sustainability

Financial implications

Detailed within the report

Risks

Equality impact

Non specific.

Our values

Committed
Compassionate
Inclusive

CHAIR'S ASSURANCE REPORT FROM FINANCE, PERFORMANCE & PRODUCTIVITY COMMITTEE

1.   **ISSUES TO HIGHLIGHT TO THE BOARD**

1.1   **Finance Position**

The month 5 Group position is a deficit of £1.3m, this is £1.3m adverse to the breakeven plan as submitted to NHSE on 20/6/22. The position is mainly driven by slippage on savings delivery and continuing out of area and staffing pressures.

Capital expenditure is £0.4m which is £1m less than plan for the year to date, although a more accurate phased cash flow forecast is being developed. It is confidently expected that expenditure will be in line with plan for the year as a whole.

Agency spending is running higher than the NHSE-set target, in common with other organisations and primarily reflects issues with staffing. Fortnightly agency spend review meetings are taking place to ascertain and plan measures and controls to keep agency spend to a minimum. Opportunities are being considered for attracting and retaining substantive staff.

The rising cost of gas and electricity will be a substantial cost pressure in the current financial year and beyond that must be addressed. This is being assessed on an ongoing basis and the full impact of latest government announcements on funding for such pressures is a key uncertainty at present.

The total efficiency target for 2022/23 is £10.9m and it is important to identify a supply line of potential savings.

Chair's Assurance Comments:
We are assured that, owing to balance sheet adjustments available to us, that we will be on plan by the end of the financial year, but the slippage on items is noted and of some concern. Other cost pressures are understood and being managed appropriately. We are not, however, assured of a pipeline of savings schemes and feel that there needs to be more emphasis put on transformative change in order to achieve the cost savings needed.

1.2   **Integrated Performance Report**

The Committee received the Integrated Performance Report and noted the salient points:
- FPP – Out of area bed use, IAPT, CPA 12-month reviews, new referrals not seen, financial position and CIP
- People – Vacancies, sickness, bank and agency fill rate
- QPES – Risks due to waiting times

2

There was detailed discussion in relation to out of area bed days, IAPT trajectory, service users on CPA with a formal review in the last 12 months and referrals over 3 months old with no contact, including improvement plans and trajectory and mitigation in place to manage risks to patients.

The committee agreed to receive a report detailing trajectories in October.

Chair's Assurance Comments: *We have asked for more detail on the out-of-area bed improvement plans – these are expected to reduce OoA to near-zero by the end of the year but we seek further assurance on this.*

1.3   Digital Strategy, Improvement and Assurance

The committee noted a detailed Quarterly update on Strategy, Programmes of work and Assurance on services.

Strategy provided updates on the regional (ICS) update and the direction of travel. We are broadly aligned with the National and Regional direction of travel and are leading on several pieces of work in these arenas.

Key programme and projects related to BSMHFT were presented next;

Section three offers assurance on all things cyber within the Trust and the ICT performance reports for this latest reporting period. There was lengthy discussion using digital to drive transformation, and the importance of clinical engagement. Engagement with clinicians through professional forums was seen as one way of improving this.

Chair's Assurance Comments: *We were delighted with the range and scope of activities presented, and are assured that the policies and internal processes are appropriately secure, resilient, and offering some improvements. However, there is to be more discussion on the role of digital when we discuss transformation in an upcoming meeting, but the issues remain significant: no effective strategy for clinical engagement, which is needed to identify and drive the change. Many projects are stalled, and there is no evidence that clinicians at the different levels are seeing this as part of their remit. Without engagement there can be no effective transformation, and without that we cannot deliver the services we need to at the scale demanded of us within the budget that we have: this is a significant risk, and has remained like this for a long period.*

1.4   Procurement service

The committee noted a review of options relating to the Trust's Procurement function given the development of pan-ICS arrangements to ensure sustainability and critical mass. There are some good opportunities associated with closer collaboration with partners and staff within the Procurement team also recognise benefits for themselves. Consultation is progressing with staff on options and the Committee endorsed the proposed way forward.

3

Chair's Assurance Comments: Staff involved appear keen to make the move, and there are benefits to be had: we endorsed the approach.

1.5   Reach Out Commissioning Sub Committee

The committee noted the assurance report from the Chair of the Sub Committee.

Progress has been made with risk management and a process has been formalised and approved which will provide more dynamic information.

Partial assurance was noted in relation to the Learning Disability and Autism (LDA) Assurance Report. There was discussion on plans for further discussion to ensure closer integration between LDA and mental health.

The committee noted the St. Andrew's Bed Repurposing proposal which recognises changing patterns of demand and admissions,
It was confirmed in the event commissioning intentions change, facilities can revert back to current arrangements. The committee approved the proposal.

The committee were assured of progress in the domain of quality governance and that this has now matured sufficiently that we will be able to provide overall Full Assurance from next month.

While at the overall level finances remain strong, it should be noted that delays to the implementation of proposed service developments might be perceived as an inability to progress this agenda and there might be requests from NHSE to reduce funding. Because of this, we rate this area as providing Partial Assurance.

In terms of transformation and commissioning, Partial Assurance can be given. We remain on track with planned timescale for future developments, though provider capacity remains a constraining factor.

In terms of contracting and performance, Full Assurance can be given.

Chair's Assurance Comments: The CQC reported an Unsatisfactory rating for Brooklands this has not improved since the last report and we remain to be assured that programmes of improvement will have the desired effect, though we are more significantly involved than before. The delays to the details of the arrangements pose a risk to our ability to manage these changes and so we have partial assurance only that we will be able to operate successfully from the outset, though these are due to factors outside our control, and we are taking the best possible measures to ensure readiness.

RUSSELL BEALE
CHAIR OF FINANCE, PERFORMANCE AND PRODUCTIVITY

9.2. Integrated Performance Report

Birmingham and Solihull Mental Health
NHS Foundation Trust

Meeting	**BOARD OF DIRECTORS**
Agenda item	**Item 9.2**
Paper title	**Integrated Performance Report**
Date	5 October 2022
Author	Richard Sollars, Deputy Director of Finance Gill Mordain, Associate Director of Clinical Governance Hayley Brown, Workforce Business Partner Tasnim Kiddy, Associate Director Performance & Information
Executive sponsor	David Tomlinson, Executive Director of Finance

This paper is for (tick as appropriate):

☐ Action	☒ Discussion	☒ Assurance

Executive summary & Recommendations:

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

- FPP – Out of area bed use, IAPT, CPA 12-month reviews, new referrals not seen, financial position and CIP
- People – Vacancies, sickness, bank and agency fill rate
- QPES – Risks due to waiting times

There was discussion at FPP in June regarding the fitness for purpose of the report and it was agreed that the approach used in directing the attention of the Committee to relevant areas of concern was good. There was, however, concern about a lack of transparency around improvement plans with no information regarding how the Trust is doing against improvement trajectories. This area has been fed back to the relevant Associate Directors via the Performance Delivery Group (PDG) where it was agreed that relevant service areas would provide additional feedback and detail on the improvement plans.

September 2022 PDG focused on the following metrics highlighted by FPP with discussions focusing on identifying improvement plans and highlighting any challenges and area for further support. This has been led via the relevant Service Associate Directors and updates received from them have been included in the attached report.

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

Reason for consideration:

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

Previous consideration of report by:

Executive Team and Performance Delivery Group

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

Clinical Services, Quality, People and Sustainability

❤ **compassionate**   👥 **inclusive**   ✔ **committed**

Financial Implications *(detail any financial implications)*

None

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

N/A

Equality impact assessments:

N/A

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

Ongoing performance monitoring via Performance Delivery Group

Integrated Performance Report

Context

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

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

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

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

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

Performance in August 2022

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

- **Out of Area Bed Use** – Some process improvements have helped us address underlying issues, but the impact of COVID-19 and the closure of beds has significantly impaired our ability to eliminate use of out of area beds. August's figure is 39 patients
- **IAPT** – As discussed at FPP, there are a range of issues which require a system approach to resolve and additional investment
- **Workforce measures in general** – There is a significant adverse variance against most of the set performance standards. This has deteriorated as a result of COVID, but the overall divergence between individual teams has long been a concern:
- **Financial position and CIP** – Financial position for 2022/23 is adverse to plan

Quality

- Ligature incidents with no anchor point risen from 31 to 50 – with anchor point 0
- **Key concerns: Ligature incidents**

Performance

There was discussion at FPP in June regarding the fitness for purpose of the report and it was agreed that the approach used in directing the attention of the Committee to relevant areas of concern was good. There was, however, concern about a lack of transparency around improvement plans with no information regarding how the Trust is doing against improvement trajectories. This area has been fed back to relevant Service Associate Directors via the Performance Delivery Group (PDG) meetings where it was agreed that relevant service areas would provide additional feedback and detail on the improvement

1

plans.

The PDG focused on the 4 metrics of concern highlighted by FPP with discussions focusing on identifying improvement plans and highlighting any challenges and area for further support. This has been led via the relevant Service Associate Directors and updates received from them have been included in this report.

The key metric areas of concern and updates are outlined below:

1.   Out of area bed days
     The level of Out of Area Patients remains a concern. The figure for August is up to 814 occupied bed days (39 patients), up from July 731OBD (39). Acute and PICU bed days remain problematic. The service area improvement plan includes:
     - Establishment of task and finish group to identify issues and solutions which will help reduce the current high levels of out of area placements. Current actions include those outlined below.
     - Active Care Group are opening 20 beds in King's Norton Birmingham- this presents an opportunity to bring patients closer to home which also leads to a shorter length of stay. Use of these local beds would also be subject to being classified as 'in area'.
     - To try and address the outlier length of stays for those patients placed out of area to be supported by a dedicated discharge manager whose focus will be on managing the needs of out of area patients with a view to supporting transfers back to their home localities where possible.
     - Longer term options include the potential for a capital build solution which is at an exploratory stage.

2.   IAPT waiting times
     IAPT patients seen within 6 weeks of referral has marginally improved to 34% in August 2022 but remains an outlier concern and well below the national target of 75% Improving access and waiting times is being discussed across BSol to identify how to address underperformance. Performance for 18 weeks is also problematic but has improved in August to 64.3% but remains below the national target of 95%. A number of improvement actions are planned and being taken forward, but it is recognized that the key challenge to address the staffing issues which is a national challenge will take time before the full impact is observed. These include:
     - Funding is in place to offer all High Intensity therapist at Band 7 bringing this into line with other Trusts. This has already had an impact whereby the service has recently retained 10 of the 11 trainees, who will start in October.
     - A communications strategy and social media campaign has commenced to support the rolling adverts for both qualified and future trainee posts.
     - A review has taken place of clinical space in order to increase group capacity.
     - GP premises have reopened to BHM and group therapies will be implemented again
     - Drop-in sessions have been reinstated
     - An additional quality oversight managerial role is being recruited to free up clinicians from management duties and increase clinical contact hours. A team manager post has also been recruited to.
     - Allocation of trainee places for 'new to IAPT' posts have been agreed and plans are in place to recruit to these, for both CBT and non-CBT modalities.
     - The removal of masks and social distancing from 12th September will allow a further increase in group participants.
     - Online groups are also well established, which show lower numbers of DNAs.

3. New referrals not seen within 3 months
    Continue to be an area of concern and up to 2,955, the highest figure in four years. The main service areas include Adult and older adult CMHTs, Assertive Outreach, SOLAR and, Specialty teams

    - ICCR have undertaken a deep dive assessment of the longer waiting times. This has shown that a number of these patients have future appointments booked. Where no appointments are in place the review has shown that a number are transfers from another BSMHFT/FTB team, who are still receiving care, a number are recurrent DNA's and in other cases actions from MDT have not been followed through e.g. discharging patients
    - Within ICCR referrals are triaged and risk assessed at the point of referral, so although delays may occur for a first appointment, if risks are identified referrals are fast tracked for assessment. All referrals receive information around crisis access, should their situation deteriorate into crisis whilst waiting.
    - Patient flow and activities are being reviewed as part of strategic management of demand and capacity informed by service user need and staffing levels/skill mix to support.
    - As Primary care Liaison teams grow suitable patients will be moved from Secondary to primary care teams with eventual GP only care – This will generate capacity in CMHT to manage SMI patients
    - Solar are introducing additional group work initiatives to manage capacity where appropriate and have introduced peer volunteer support counselling roles which have been positively evaluated
    - Within older adults there is also a significant number of patients in care homes where, due to pandemic restrictions, our service was unable to see or communicate with directly however, through carers, were able to provide consultation and commence treatment, however these have remained on the waiting list
    - One of the Older Adult CMHTs has been without a Team Manager for a period of time and this is now in place.
    - A caseload audit is currently being undertaken in older adults, picking up patients who have been waiting longer than 3 months and regular contact (every 2 weeks) is being made with these patients by the duty clinician, offering telephone support and prioritizing appointments if there has been a deterioration in presentation.
    - Regular management supervision is focusing on care coordinator capacity, looking at where patients could be stepped down from care coordination to free staff up to do new assessments.
    - An admin lead is supporting the management of care support patients, using Rio to identify where patients do not have follow up appointments (where they have missed the appointment) and booking these in through med secs.
    - A new role of Clinical Development Lead is being recruited to provide a focus on sustaining improvement and performance and provide support to hotspot areas, improve the quality of care and develop the pathway for Older People.

4. CPA 12-month review

Performance has slowly declined over the last year with August at 84.56%.A plan to strategically review the CPA process including care plans has commenced with plans to introduce a new care plan in line with changes outlined in national guidance. Changes to the process in the community will be based on clinical models developed as part of the transformation work and in line with the NHSE statement on CPA. Until this is in place the following actions include:

- ICCR are reviewing the processes in place to ensure that they have a sustainable approach to completing CPA reviews and have undertaken an audit to identify any CPA reviews which have not been recorded in the correct way. Each team below the

3

target has been given a timeline of 3 months to bring their CPA review recording above 90%

- Within older Adult CMHTs, a senior administrative lead has been tasked with following up with individual clinicians to ensure that formal CPAs are booked in and completed by end of September 2022.
- The new Team Manager is now in post in Solihull and is robustly following up caseload management for individuals including prompting appropriate discharging of patients.
- Within perinatal and Deaf services all Team Managers have been tasked with ensuring CPA reviews have taken place by end of September 22.

Key concerns: Out of Area, IAPT waiting times, CPA 12-month review and new referrals not seen in 3 months

People

- The People domain continues to show the most significant adverse impact from COVID-19, with staff availability and well-being at particular risk and requiring most focus. Scores are of concern across the board
- Vacancy levels up from 14.2% to 14.9%
- Sickness levels are reduced moving from 7.7% to 6.6% Variation: Resources 4.3% v Acute and Urgent Care 9.45%
- Appraisals sustained moving from 83.3% to 83.2% and still significantly below pre-COVID levels and target
- Fundamental training sustained 93.5% to 93.4%. Little variation between directorates
- Bank and Agency fill up from 76.2% to 85.2%
- **Key concerns: Vacancies, bank and agency fill rate, appraisal rates, sickness**

Sustainability

- Financial position as at month 5 year to date is a deficit of £1.3m against a planned breakeven. Key pressures are slippage on savings delivery, continuing out of area pressures and temporary staffing expenditure.
- Capital expenditure as at month 5 year to date is £0.4m which is £1m less than plan. Statutory Standards and Backlog Maintenance expenditure is progressing ahead of plan, with slippage on other schemes to date.
- Information Governance position has reduced to 90%, mainly because training of temporary staff has declined
- Cash and property standards remain well above target

4

Integrated Performance Dashboard

NHS
Birmingham and Solihull Mental Health
NHS Foundation Trust

| HOME | PERFORMANCE | PEOPLE | QUALITY | SUSTAINABILITY |

Top Line Commentary (Trust level)

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

People: Continues to be adversely affected by COVID

Quality: Staff and Patient assaults

Sustainability: Savings plans yet to be identified

Division
A: All

A: All

August 2022

Performance

CPA 7 day FU	94.6%	↓
CPA with Formal Review last 12 mths	84.6%	↓
Data Quality Maturity Index (DQMI)	97.9%	↑
Delayed Transfer Bed Days	783	↗
Delayed Transfer, percent of bed days	4.9%	↗
Eating disorders routine	100.0%	
Eating disorders urgent	100.0%	
First episode psychosis	100.0%	↑
IAPT into recovery	52.6%	
IAPT seen in 18 weeks	64.2%	↓
IAPT seen in 6 weeks	34.0%	↓
Out of Area Bed Days	814	↓
Referrals over 3 mths with no contact	2955	↓

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People

Bank & Agency Fill Rate	85.2%	↓
Fundamental Training	93.4%	↓
Rolling 12m Turnover	10.8%	↑
Staff Appraisals	83.2%	
Staff Sickness	6.7%	↓

Quality

Absconsions from inpatient units	3
Commissioner reportable incidents	2
Community confirmed suicides	0
Community suspected suicides	1
Failure to return	21
Incidents of self harm	182
Incidents resulting in harm (other)	16.4% ↑
Incidents resulting in harm (patients)	12.5% ↑
Inpatient confirmed suicides	0
Inpatient suspected suicides	0
Ligature no anchor point	50
Ligature with anchor point	0
Patient assaults	48

Sustainability

CAP Ex	£404k	↗
Cash	£69,584k	↑
CIP	£3,277k	↑
Info Governance	89.8%	
Monthly Agency	£1,095k	↓
Operating Surplus	£235k	
SOF rating	3	

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

Integrated Performance Dashboard

| HOME | PERFORMANCE | PEOPLE | QUALITY | SUSTAINABILITY |

NHS
Birmingham and Solihull
Mental Health
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Division

A: All

A: All

Measure	Latest Target	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	
CPA 7 day FU	95.00	93.5%	93.2%	91.0%	94.4%	92.1%	94.6%	↓
CPA with Formal Review last 12 mths	95.00	86.5%	85.2%	84.9%	84.3%	84.4%	84.6%	↓
Data Quality Maturity Index (DQMI)	95.00	97.1%	98.4%	97.1%	94.2%	96.9%	97.9%	↑
Delayed Transfer Bed Days		1001	1005	1161	984	823	783	↗
Delayed Transfer, percent of bed days		6.3%	6.5%	7.3%	6.4%	5.2%	4.9%	↗
Eating disorders routine	95.00	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	
Eating disorders urgent	95.00	50.0%	100.0%	100.0%		100.0%	100.0%	
First episode psychosis	60.00	100.0%	100.0%		100.0%	100.0%	100.0%	↑
IAPT into recovery	50.00	49.9%	52.6%	47.5%	47.0%	48.8%	52.6%	
IAPT seen in 18 weeks	95.00	64.9%	64.6%	65.3%	60.7%	64.3%	64.2%	↓
IAPT seen in 6 weeks	75.00	23.7%	33.7%	30.1%	29.2%	32.9%	34.0%	↓
Out of Area Bed Days	248.00	270	416	520	570	731	814	↓
Referrals over 3 mths with no contact		2538	2577	2636	2789	2817	2955	↓

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Top Line Commentary (Trust level)

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

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

Integrated Performance Dashboard

NHS
Birmingham and Solihull Mental Health
NHS Foundation Trust

HOME	PERFORMANCE	**PEOPLE**	QUALITY	SUSTAINABILITY

Division

A: All ▾

A: All

Measure	Latest Target	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	
Staff Vacancies		8.0%	11.1%	11.0%	14.3%	14.2%	14.9%	↓
Staff Sickness	4.28	6.1%	6.6%	6.1%	6.2%	7.7%	6.7%	↓
Staff Appraisals	90.00	84.7%	85.8%	84.8%	84.5%	83.3%	83.2%	
Rolling 12m Turnover		10.2%	10.2%	10.4%	10.5%	11.0%	10.8%	↑
Fundamental Training	95.00	91.6%	91.8%	92.9%	93.3%	93.5%	93.4%	↓
Bank & Agency Fill Rate		83.0%	82.2%	83.2%	84.5%	76.2%	85.2%	↓

Top Line Commentary (Trust level)

KEY CONCERNS
* Vacancies
* Shift fill rates
* Fundamental training
* Sickness
* Appraisal rates

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

Integrated Performance Dashboard

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HOME	PERFORMANCE	PEOPLE	QUALITY	SUSTAINABILITY

Division

A: All ▼

A: All

Measure	Latest Target	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22
Absconsions from inpatient units		5	3	8	2	3	3
Commissioner reportable incidents		12	20	3	6	8	2
Community confirmed suicides		1	0	0	0	0	0
Community suspected suicides		2	4	0	4	1	1
Failure to return		11	13	16	6	14	21
Incidents of self harm		166	167	167	181	158	182
Incidents resulting in harm (other)		15.8%	16.8%	12.3%	11.8%	17.3%	16.4% ↑
Incidents resulting in harm (patients)		17.8%	17.4%	13.4%	14.5%	14.6%	12.5% ↑
Inpatient confirmed suicides		0	0	0	0	0	0
Inpatient suspected suicides		0	1	0	0	0	0
Ligature no anchor point		49	49	31	20	31	50
Ligature with anchor point		2	4	0	0	2	0
Patient assaults		43	39	51	38	32	48
Patient ssaults / 1000 OBD		2.3	2.1	2.7	2.1	1.7	2.6
Physical restraints		223	196	339	305	176	241

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

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Birmingham and Solihull
Mental Health
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| HOME | PERFORMANCE | PEOPLE | QUALITY | SUSTAINABILITY |

Top Line Commentary (Trust level)

KEY CONCERNS
* Staff and patient assaults

Division

A: All ⌄

A: All

Measure	Latest Target	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	
Physical restraints/ 1000 OBD		11.9	10.8	18.1	16.6	9.4	12.8	
Prone restraints		59	41	43	44	42	83	
Prone restraints/ 1000 OBD		3.1	2.2	2.3	2.4	2.2	4.4	
Reported incidents		1983	2130	2425	2352	2261	2249	⬆
Staff assaults		102	84	103	87	105	103	
Staff assaults / 1000 OBD		5.4	4.6	5.5	4.7	5.6	5.5	

🟪	Not meeting target
⬆	significant IMPROVEMENT
⬇	significant CONCERN
↗	possible improvement
↘	possible concern

Integrated Performance Dashboard

NHS
Birmingham and Solihull Mental Health
NHS Foundation Trust

| HOME | PERFORMANCE | PEOPLE | QUALITY | SUSTAINABILITY |

Division

A: All

A: All

Measure	Latest Target	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	
CAP Ex		£4,088k	£49k	£108k	£202k	£265k	£404k	↗
Cash		£54,799 k	£53,617k	£55,444k	£59,698k	£68,000k	£69,584k	⬆
CIP		£374k	£0k	£0k	£0k	£2,539k	£3,277k	⬆
Info Governance		89.5%	91.1%	81.1%	92.6%	93.3%	89.8%	
Monthly Agency		£551k	£520k	£689k	£576k	£650k	£1,095k	⬇
Operating Surplus		£3,406k	£157k	£632k	£598k	-£341k	£235k	
Property		98.5%	98.5%	98.5%	98.5%			
SOF rating		2	3	3	3	3	3	

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Top Line Commentary (Trust level)

KEY CONCERNS:

* CIP under achievement
* National financial uncertainty

▮	Not meeting target
⬆	significant IMPROVEMENT
⬇	significant CONCERN
↗	possible improvement
↘	possible concern

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CPA with Formal Review last 12 mths

Trust level

NHS
Birmingham and Solihull
Mental Health
NHS Foundation Trust

A: All

89, 87, 87, 86, 86, 85, 85, 84, 85
87, 86, 84
(Sep-21 ... Aug-22)

B: Acute and Urgent Care

67, 67, 50, 44
50, 50, 31
0, 0, 0, 10, 11
(Sep-21 ... Aug-22)

C: ICCR

86, 85, 85, 84, 85, 84, 84, 82, 82
85, 84, 84
(Sep-21 ... Aug-22)

D: Secure Serv & Offender Health

98.3, 98.6, 98.3, 98.1, 97.5, 97.1, 97.3, 97.6, 97.9
97.0, 97.0, 97.4
(Sep-21 ... Aug-22)

E: Specialties

73, 73, 73, 72, 71, 69, 74, 73
73, 68, 69, 69, 73
(Sep-21 ... Aug-22)

F: Corporate

Key

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

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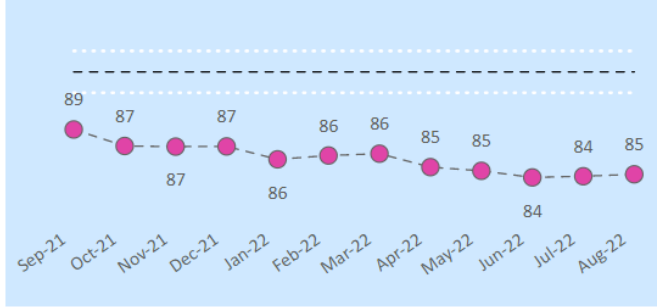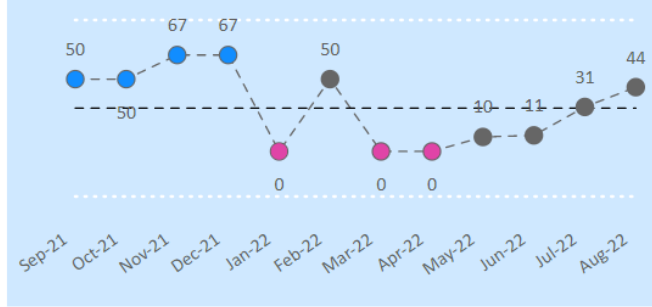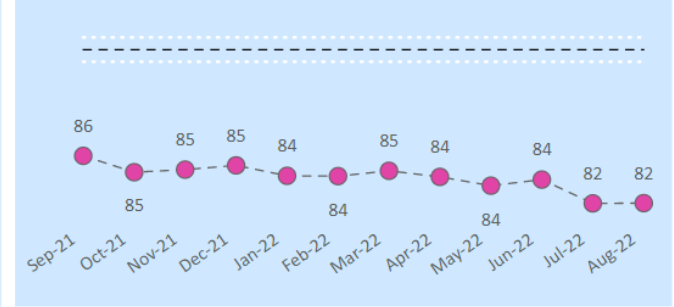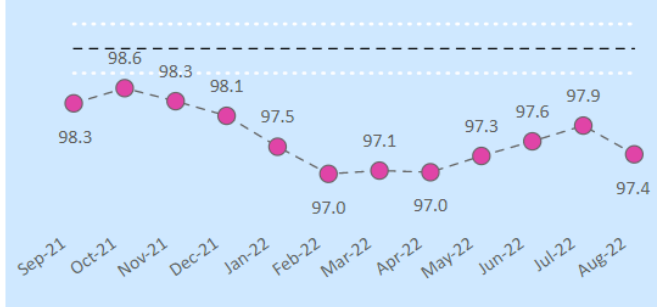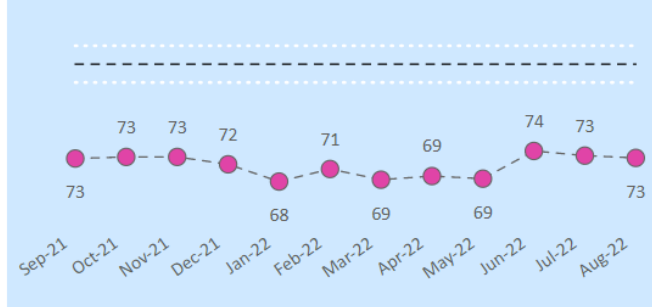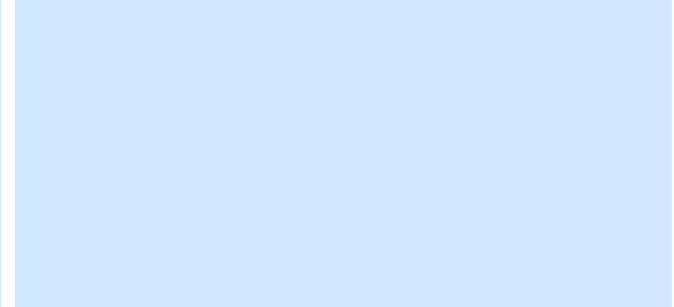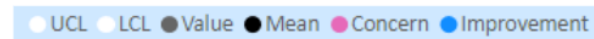
Detailed Commentary

CPA with Formal Review last 12 mths

August - 2022

NHS
Birmingham and Solih...
Mental Heal...
NHS Foundation T...

Question	Answers
A: What has happened?	Performance has consistently declined over the last year and has been outside the control limits since July 2019. The rate was maintained at an average of 89% from April 2021 until October and then declined to 87%. There have been periods of a slow decline followed by periods of stability. April 2022 - June declined to 84% which has then been sustained for July and August and is currently at 84.56%. Adult CMHT account for 52%, older adult CMHT for 4%, Secure for 15% and AOT for 23%. Within divisions there is variation in performance with between 1-51 reviews outstanding. Adult CMHTs have a total of 324 exceptions for August with 7 CMHTs having more than 30 reviews outstanding. Older Adult CMHTs have a total of 37 oustanding with the maority (23) in Solihull HUB.
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 remains challenging at the moment. There is a reluctance for some older adults to attend face to face. ICCR: The AD has advised that there is variation within Adult CMHTs, and deep dives into the data, have highlighted inconsistencies in teams recording and outcoming CPA reviews and in the application of the CPA review criteria. Each team has been given a timeline of 3 months to bring their CPA review recording above 90%. AOT & EIS are consistently meeting the target with only one AO team having an issue which can be connected to staff shortages. Specialties: Face to face contacts are increasing, however, caseloads of care coordinators are currently very high (some CPNs have 50+ against an ideal maximum of 35) it is felt that the scheduling and recording of formal CPA reviews has not been as robust as it should be. There has also been a reduction in the number of discharges with some patients being kept on for supportive monitoring where they could be appropriately discharged. There has been no consistent Team Manager in the Solihull Team for the past 6 months due to the prevous recruited staff not staying in post, this has now been recruited to andthe new postholder has commenced.
C: What are the implications and consequences?	Carrying out as a minimum an annual CPA reviews is key to ensuring that the service user's care plan is updated to reflect changes in service users' needs, care and support requirements.
D: What are we doing about it?	Exception reports outlining service users coming up for their annual CPA review are available to all teams to enable proactive action in advance of the 12 months expiring. Work has taken place to address data quality issues in HTT, specialties and secure care. A plan to strategically review the CPA process including care plans has commenced with plans to introduce a new care plan in line with changes outlined in national guidance. Changes to the process in the community will be based on clinical models developed as part of the transformation work and in line with the NHSE statement on CPA. ICCR are reviewing the processes in place to ensure that they have a sustainable approach to completing CPA reviews and have undertaken an audit to identify any CPA reviews have not been recorded in the correct way. Each team who is below the target has been given a timeline of 3 months to bring their CPA review recording above 90% Specialties: Within older Adult CMHTs, a senior administrative lead has been tasked with following up with individual clinicians to ensure that formal CPAs are booked in and completed by end of September 2022. The new Team Manager is now in post in Solihull and is robustly following up caseload management for individuals including prompting appropriate discharging of patients. Within perinatal and Deaf services all Team Managers have been tasked with ensuring CPA reviews have taken place by end of September 22.
E: What do we expect to happen?	ICCR have set a trajectory to reach 90% over the next three months, with the aim of all teams being above 95% within 6 months
F: How will we know when we have addressed issues?	When reviews are undertaken in a systematic way and performance increases and is maintained although it is noted that the system will change and is part of a wider strategic review

IAPT seen in 6 weeks

Statistical Process Control (SPC)
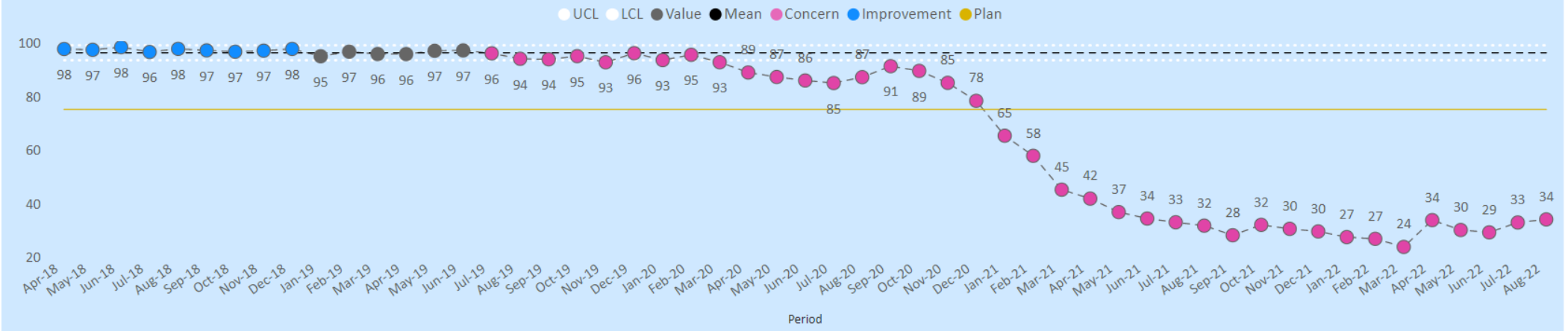
Break down by Division (with pink background where target not met)

Division	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22
A: All	23.7%	33.7%	30.1%	29.2%	32.9%	34.0%
E: Specialties	23.7%	33.7%	30.1%	29.2%	32.9%	34.0%

Commentary

Performance has been on a reducing trend since March 2020 below the 75% target. April 2022 increased by 10% to 33.7% which has then fluctuated with August at 34%. There have been small increases in July and August 2022.

IAPT seen in 18 weeks
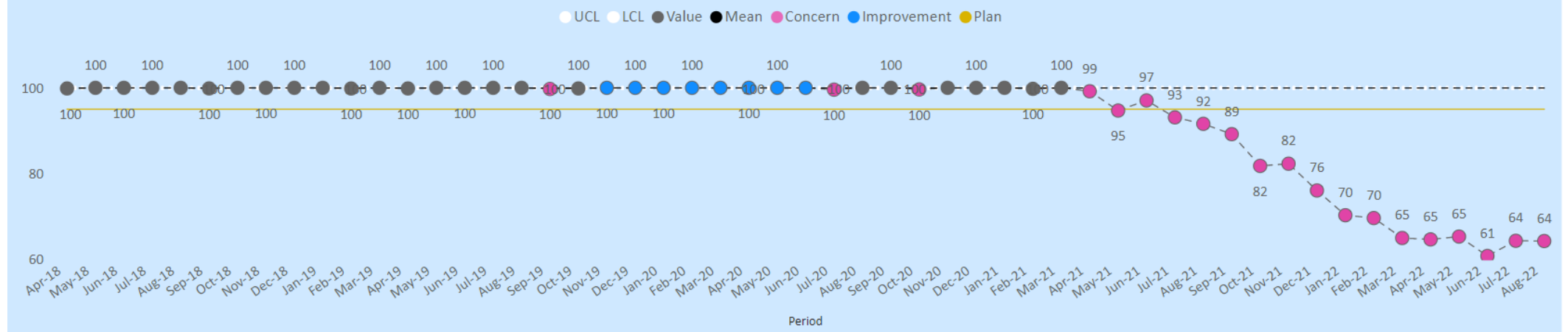
Divisions

NHS
Birmingham and Solihull Mental Health
NHS Foundation Trust

Statistical Process Control (SPC)

Legend: ○ UCL ○ LCL ● Value ● Mean ● Concern ● Improvement ● Plan

Period

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

Division	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22
A: All	64.9%	64.6%	65.3%	60.7%	64.3%	64.2%
E: Specialties	64.9%	64.6%	65.3%	60.7%	64.3%	64.2%

Commentary

Performance has been on a reducing trend for the last 12 months and has been below the 95% target for the last 11 months. Levels have been sustained in April and May at 65%. June figures dipped to 60.7% but have increased again in July to 64.2%, which has been sustained in August.

Detailed Commentary

NHS
Birmingham and Solihull Mental Health
NHS Foundation Trust

IAPT seen in 6 weeks

August - 2022

Question	Answers
A: What has happened?	Performance has been on a reducing trend since March 2020 below the 75% target. April 2022 increased by 10% to 33.7% which has then fluctuated with August at 34%. There have been small increases in July and August 2022.
B: Why has it happened?	The ability to see patients face to face was impacted by Covid as access to GP surgeries and access to community facilities stopped. Face to face groups also stopped and, whilst these have now increased in BHM premises since easing of restrictions, they have needed to be undertaken in a COVID secure way and capacity is therefore reduced in the number of participants per group. The iAPT model relies on large group interventions to see the majority of patients at Step 2, with smaller numbers then requiring Step 3 - 1:1 intervention. The service also has a large number of vacancies following staff retirements and leavers. Over the past 5 years significant challenges have been faced around retention of staff who have left to take up further training, work outside of the NHS or move to posts which attract higher bandings in other Trusts. This has particularly impacted our ability to retain trainees who complete their training with BHM but then take higher banded position in other Trusts. There is also a national workforce challenge in specialised IAPT roles meaning the service is limited to recruiting from existing trained staff and available trainees.
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. Patients are not being able to access services in a timely way and are currently waiting longer than the national target.
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. Internally: funding agreed to offer all High Intensity therapist at Band 7 bringing in line with other Trusts. This has already had an impact whereby the service has recently retained 10 of the 11 trainees, who will start in October. A communications strategy and social media campaign has commenced to support the rolling adverts for both qualified and future trainee posts. A review has taken place of clinical space in order to increase group capacity and GP premises have reopened to BHM. The removal of masks and social distancing from 12th September will allow a further increase in group participants. Online groups are also well established, which show lower numbers of DNAs. An additional quality oversight managerial role is being recruited to free up clinicians from management duties and increase clinical contact hours. A team mamanagr post has also been recruited to. Allocation of trainee places for 'new to IAPT' posts have been agreed and plans are in place to recruit to these, for both CBT and non-CBT modalities. Drop in sessions have been reinstated.
E: What do we expect to happen?	The service expects to see a containing in the reversal of the downward trend against this KPI and significant improvement against the target by March 2023. The service expects to be back above the 75% target by March 2024, following a further 3 intakes of trainees and the successful retention of these staff on completion of their training.
F: How will we know when we have addressed issues?	The waiting times will be equal to or be above the 75% target.

Out of Area Bed Days

Divisions

NHS
Birmingham and Solihull Mental Health
NHS Foundation Trust

Statistical Process Control (SPC)

Legend: ○ UCL ○ LCL ● Value ● Mean ● Concern ● Improvement ● Plan

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

Division	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22
A: All	270	416	520	570	731	814
B: Acute and Urgent Care	270	416	520	570	731	814

❤ compassionate 🌸 inclusive ✅ committed

Commentary

Key areas of the out of area implementation plan have continued to be implemented and in April 2021, a significant reduction in the number of OBDs was achieved, down to 643, below pre covid levels and the lowest number in the previous 16 months. This was sustained through to September 2021. As a result of the additional acute bed capacity commissioned from October, OOA bed days reduced further to 430 days. However due to demand and COVID pressures on ward closures has seen an increase with the average from November to January 2022 at 575 bed days. Numbers started to fall with a significant reduction in February 2022 due to the increased PICU bed capacity to 332 days. This decrease continued in March 2022 to 270 OOA bed days. April onwards has seen a significant increase with August at 814 days with 8 admissions to PICU beds and 7 to acute beds, taking the full month's number to 39 OOA placements. A revised trajectory has been agreed with commissioners for 2022/23 to reach 186 bed days by March 2023. August 2022 performance is above the target of 248 OOA bed days and there is continued pressure on adult PICU beds. Key pressures and risks were highlighted as part of a deep dive into OOA placement in August which include:

Detailed Commentary

Out of Area Bed Days

Question	Answers
A: What has happened?	Key areas of the out of area implementation plan have continued to be implemented and in April 2021, a significant reduction in the number of OBDs was achieved, down to 643, below pre covid levels and the lowest number in the previous 16 months. This was sustained through to September 2021. As a result of the additional acute bed capacity commissioned from October, OOA bed days reduced further to 430 days. However due to demand and COVID pressures on ward closures has seen an increase with the average from November to January 2022 at 575 bed days. Numbers started to fall with a significant reduction in February 2022 due to the increased PICU bed capacity to 332 days. This decrease continued in March 2022 to 270 OOA bed days. April onwards has seen a significant increase with August at 814 days with 8 admissions to PICU beds and 7 to acute beds, taking the full month's number to 39 OOA placements. A revised trajectory has been agreed with commissioners for 2022/23 to reach 186 bed days by March 2023. August 2022 performance is above the target of 248 OOA bed days and there is continued pressure on adult PICU beds. Key pressumes and risks were highlighted as part of a deep dive into OOA placement in August which include: From the 1st October 2021 NHSE have agreed a Standard Operating Protocol (SOP) with the Trust to enable 10 Priory acute beds based in Willenhall to be classified as 'appropriate placements' for 6 months until 31st March 2022 in addition to the same classification for the MERIT beds. Internal reporting and commissioner reporting from 1st October 2021 has been amended to reflect this change. It has also been agreed by NHSE that any patients admitted to a PICU bed at Woodbourne Priory will be classed as 'appropriate placements' from the 1st January 2022. However, it should be noted that national reporting via the Mental Health Services Dataset (MHSDS) managed by NHS Digital currently does not recognise the bespoke arrangements agreed via NHSE/I. Discussions are taking place with NHSE/I leads as to how these changes can be reflected in national MHSDS submissions as the Priory beds at Willenhall will continue to be classified as 'inappropriate'. As a result, until this issue is resolved, there will be a difference between national reporting using MHSDS as the data source and local Trust reporting. Commissioners are also aware of this anomaly.
B: Why has it happened?	The increases over the last 5 months are a combination of a number of issues and risks. Taking into account the procurement of 22 additional beds with the Priory, for 12 PICU and 10 acute beds, demand for both acute and PICU beds remains high resulting in patients being placed in units further away from Birmingham. It has been highlighted that those placed outside the locally agreed additional beds experience a longer length of stay. Length of stay within BSMHFT beds has also increased with high acuity and high levels of observations required. It is also noted that all of the admissions are on an emergency basis. Staffing has also remained a challenge in terms in recruiting to vacancies and sickness and a number of acute beds remaining closed. DTOCS accounted for 338 lost bed days and remains an issue.
C: What are the implications and consequences?	Without a system wide approach and a review of patient flow across MH pathways, demand will continue to exceed capacity and risks to patients and staff potentially increasing without the reconfiguration of services needed to manage demand and manage patients in community teams that have the staffing and skill mix levels to support. The bed waiting list identifies patients who are waiting to be admitted and are being risk managed in the community. Action plans receive national and commissioner scrutiny which will increase if the Trust is unable to demonstrate continuing progress.

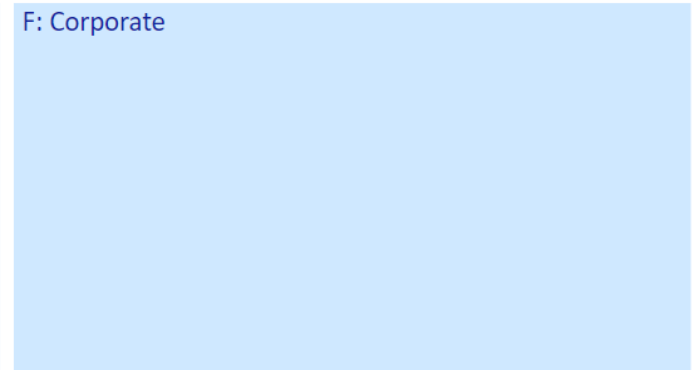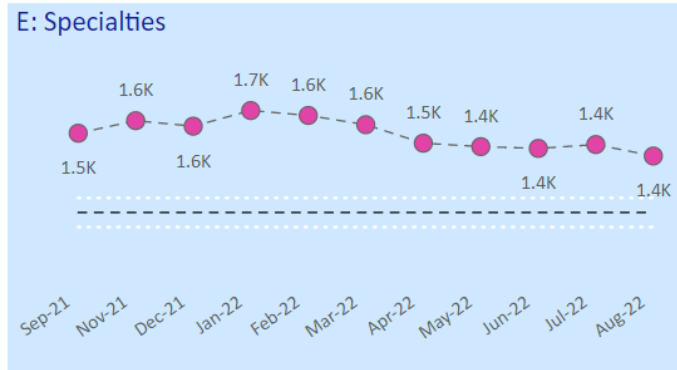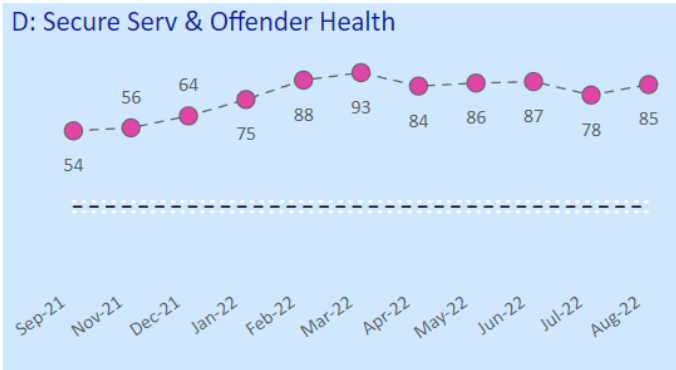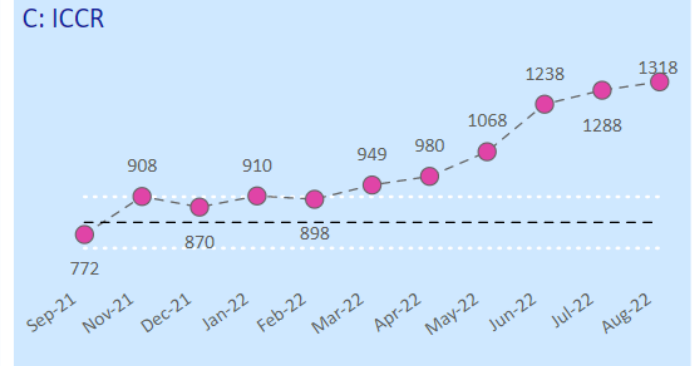|	
D: What are we doing about it?	The Performance Delivery Group deep dive took place in August and outlined the pressures and actions being taken to try and reduce OOA activity, in addition to those steps already in place. A task and finish group will be established to identify issues and solutions which will help reduce the current high levels of out of area placements. Actions currently include: Length of stay- To try and address the outlier length of stays for those patients placed out of area to be supported by a dedicated discharge manager whose focus will be on managing the needs of out of area patients with a view to supporting transfers back to their home localities where possible. Additional bed capacity- Active Care Group are opening 20 beds in King's Norton Birmingham- this presents an opportunity to bring patients closer to home which also leads to a shorter length of stay. Use of these local beds would also be subject to being classified as 'in area'. Longer term options include the potential for a capital build solution which is at an exploratory stage.
E: What do we expect to happen?	Monthly use of Out of area beds is expected to continue but reducing as the range of actions get implemented and embedded and more recently as a result of the SOP agreed with NHSE. However, it should be noted that the service is currently facing significant Covid-19 pressures in terms of outbreaks on wards and impact on staff sickness absence levels.
F: How will we know when we have addressed issues?	When the numbers of OOA bed days reduce in line with the trajectory submitted in the action plan. Operational meetings have continued to take place to maintain the implementation of the actions required to support the actions on a sustainable basis. Stabilisation in terms of inpatient capacity and the Trust's plan to review new ways of working will further assist in taking forward this workstream.

compassionate   inclusive   committed

Referrals over 3 mths with no contact

Trust level ⬤

A: All

B: Acute and Urgent Care

C: ICCR

D: Secure Serv & Offender Health

E: Specialties

F: Corporate

Key

⬤ UCL ⬤ LCL ⬤ Value ⬤ Mean ⬤ Concern ⬤ Improvement

❤ compassionate 👥 inclusive ✓ committed

Detailed Commentary

NHS
Birmingham and Solihull Mental Health
NHS Foundation Trust

Referrals over 3 mths with no contact

August - 2022

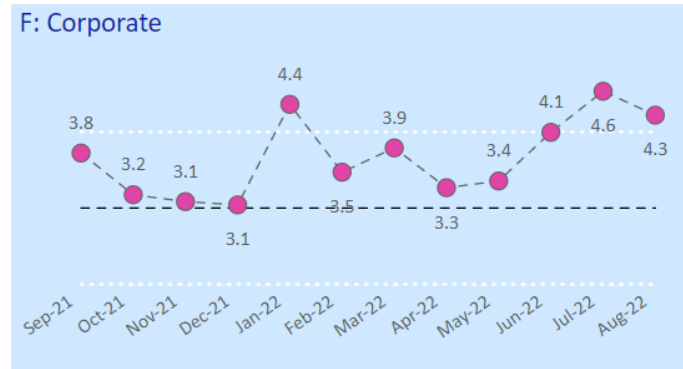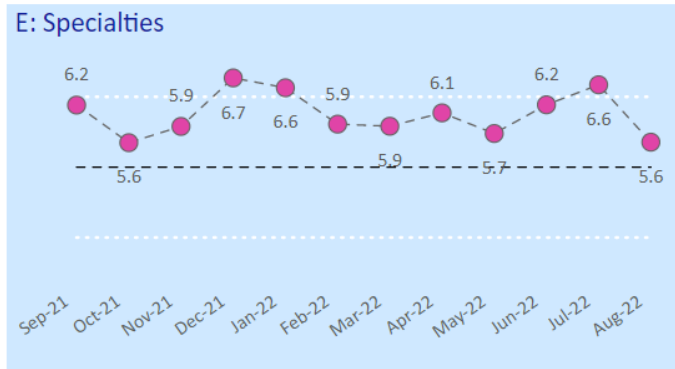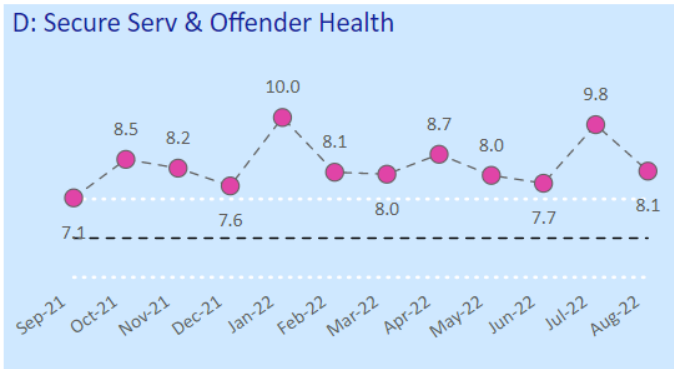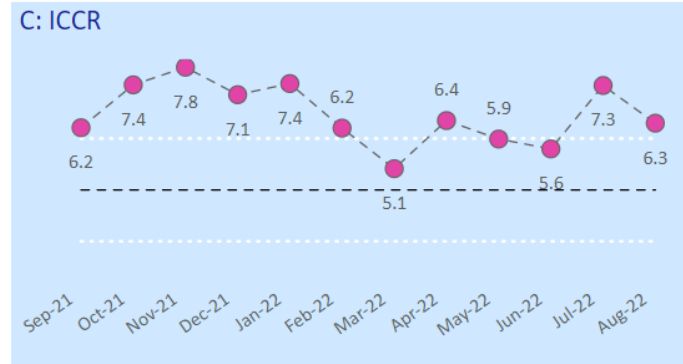| Question	Answers
A: What has happened?	The number of new referrals without a contact had been on an increasing trend pre Covid due to demand exceeding available capacity, with pressures in CMHTs and the neuropsychiatry service in particular. The number of patients who have not been seen after 3 months of referral in April 2021 was 2227 with the trend since then showing a reduction to July. August 2021 onwards has shown a steep increase reaching 2578 in October which then fell slightly in November before increasing again to a peak of 2955 in August 2022. The number of referrals not seen within 3 months of referral have increased in all services with the exception of MAS and Neuropsychiatry which have fallen. Neuropsychiatry service accounts for 24% and Adult CMHTs 32% of referrals open for over 3 months without a contact.
B: Why has it happened?	During the COVID period, face to face contacts have reduced with staff using telephone contact and digital solutions such as AccuRx to conduct appointments. Based on available research, it is expected that the backlog of service users not seen or choosing not to access services during the Covid period together with new demand arising as a result of the impact from Covid -19 will result in increased referrals to CMHTs adding pressure on ability to see service users within 3 months of referral. This indicator also relies on teams outcoming appointments on Rio and work is being undertaken with services on an ongoing basis to reduce the number outstanding. ICCR: have undertaken a deep dive of those with longer waits and have identified that there are a number with future appointments in place. Where there were no appointments a number themes were highlighted which has shown that a number are transfers from another BSMHFT/FTB team so are still actively under these teams, a number are recurrent DNAs and the last themes that actions are from MDT not followed through e.g. discharging patients Specialties: We currently have an aging population and better awareness of mental health concerns within the population and at primary care level. This has led to a consistent increase in number of referrals to our Older Adult CMHT, particularly for patient with dementia, but has not been accompanied with any increase in the Older Adult CMHT workforce. Caseloads of care coordinators are currently high (some CPNs have 50+ against an ideal maximum of 35) reducing CPN capcity to see new assessments and take new patients on. There has also been a reduction in the number of discharges with some patients being kept on for supportive monitoring where they could be appropriately discharged. This is particularly significant in Solihull where there has not been a consistent manager in post for the past 6 months. There are discrepancies in medical workforce numbers between the teams causing higher waits for medical outpatient clinics in some teams. There is also a significant number of patients in care homes where, due to pandemic restrictions, our service was unable to see or communicate with directly however, through carers were able to provide consultation and commence treatment, however these have reamined on the waiting list. For all service it is important to note that where patients DNA, they are likely to have been provided with an appointment within 3 months - this is a particular issue for perinatal patients where due to having an infant patients frequently cancel or DNA appointments prior to eventually being seen. In bi-polar service, patients will already be under a CMHT in order to access their service. Waiting times being over 3 months will be due to having to wait for the next group cohort to commence which may be after 3 months depending on when they are referred.

Detailed Commentary

Referrals over 3 mths with no contact

August - 2022

Question	Answers
	service. Waiting times being over 3 months will be due to having to wait for the next group cohort to commence which may be after 3 months depending on when they are referred.
C: What are the implications and consequences?	The implications are delayed assessment and therefore access to mental health services/treatments. All referrals within ICCR are triaged and risk assessed at the point of referral, so although delays may occur for a first appointment, if risks are identified referrals are fast tracked for assessment. All referrals receive information around crisis access, should their situation deteriorate into crisis whilst waiting . Waiting times for neuropsychiatry are to be expected as this is a tertiary specialist service where patients are seen for highly specialist consultation and, if they require secondary mental health care, would be under a local CMHT service
D: What are we doing about it?	ICCR: Reviewing patient flow and activities as part of strategic management of demand and capacity informed by service user need and staffing levels/skill mix to support. New ways of working and alternative methods of contact are being taken into account to manage the demand and services are drawing up plans to agree the appropriate level of face to face contact for each service. Face to face activity has continued to increase over the past few months. Adult CMHTs have set up some Saturday clinics to help address backlog, however this relies on clinicians to support these. As Primary Care Liaison teams grow suitable patients will be moved from Secondary to primary care teams with eventual GP only care – This will generate capacity in CMHT to manage SMI. Solar are introducing additional group work initiative's to manage capacity where appropriate and have introduced peer volunteer support counselling roles which have been positively evaluated. Specialties: The Team Manager is now in place in Solihull Older Adult CMHT. A caseload audit is currently being undertaken picking up patients who have been waiting longer than 3 months. Regular contact (every 2 weeks) is being made with these patients by the duty clinician, offering telephone support and prioritising appointments if there has been a deterioration in presentation. Regular management supervision is focussing on care coordinator capacity, looking at where patients could be stepped down from care coordination to free staff up to do new assessments. Admin lead supporting the management of care support patients using Rio to identify where patients do not have follow up appointments (where they have missed the appointment) and booking these in through med secs. A new role of Clinical Development Lead is being recruited to provide a focus on sustaining improvement and performance and provide support to hotspot areas, improve the quality of care and develop the pathway for Older People. A small proportion of new referrals will be rerouted to primary care hub via the establishment of Community Transformation Primary Care hubs (only for Serious Mental Illness, not Dementia patients) and current caseloads will be referred to primary care teams where possible through reconcilliation audits.
E: What do we expect to happen?	For Adult CMHTS we would expect to see changes over the next 24 months as community transformation develops and is embedded across all BSOl Primary care Networks. Within older adult CMHTs we expect there to be some improvement in waiting lists, particularly in Solihull over the next 3 months following this focussed piece of work. The service however expects this improvement to be limited across the service due to the small number of patients suitable for community transformation development and the rising demand for dementia care in secondary services, with no additional funding in this area. It is unlikely that Neuropsychiatry waiting times will be improved.
F: How will we know when we have addressed issues?	Where national access standards are in place e.g. Eating Disorders, First episode psychosis, these are consistently met by services. For adult and older adult community services success will be meeting the national 4 week target which has yet to be formally introduced. The delivery of this standard is part of the community services transformation work plan and planned revised pathways to support service users.

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Staff Sickness

Trust level ⬤

NHS
Birmingham and Solihull Mental Health
NHS Foundation Trust

A: All

Values shown: 6.2, 6.5, 6.6, 6.6, 7.8, 6.3, 6.1, 6.6, 6.1, 6.2, 7.7, 7.7, 6.7

B: Acute and Urgent Care

Values shown: 8, 7, 7, 8, 10, 7, 7, 8, 7, 7, 10, 9

C: ICCR

Values shown: 6.2, 7.4, 7.8, 7.1, 7.4, 6.2, 5.1, 6.4, 5.9, 5.6, 7.3, 6.3

D: Secure Serv & Offender Health

Values shown: 7.1, 8.5, 8.2, 7.6, 10.0, 8.1, 8.0, 8.7, 8.0, 7.7, 9.8, 8.1

E: Specialties

Values shown: 6.2, 5.6, 5.9, 6.7, 6.6, 5.9, 5.9, 6.1, 5.7, 6.2, 6.6, 5.6

F: Corporate

Values shown: 3.8, 3.2, 3.1, 3.1, 4.4, 3.5, 3.9, 3.3, 3.4, 4.1, 4.6, 4.3

Key

UCL ⚪ LCL ⚪ Value ⬤ Mean ⚫ Concern ⬤ Improvement ⬤

❤ compassionate   inclusive   ✓ committed

Page **18** of **20**
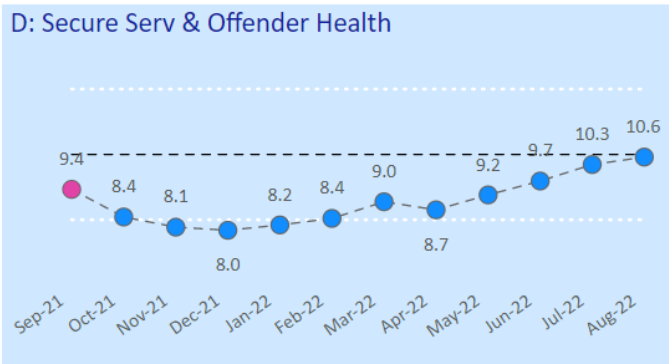
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Staff Vacancies
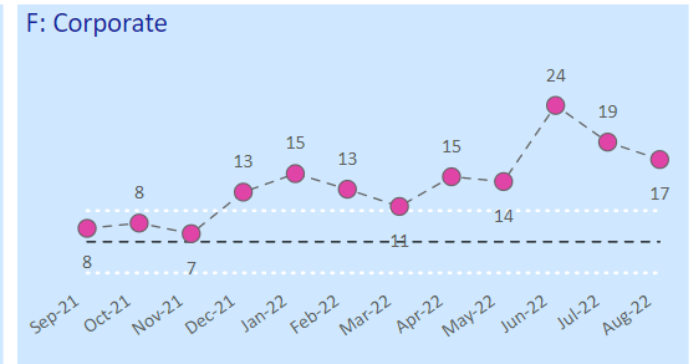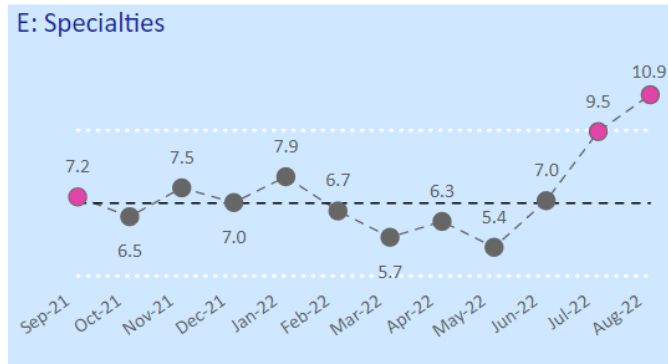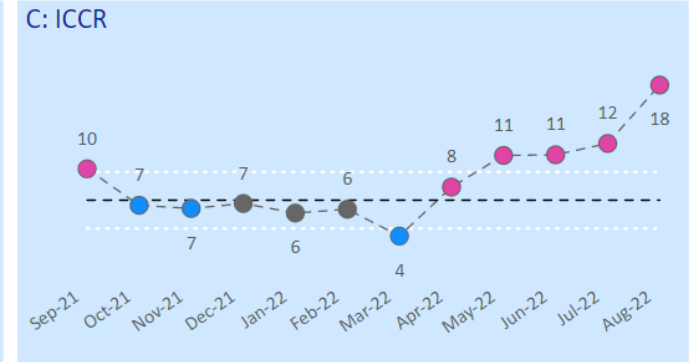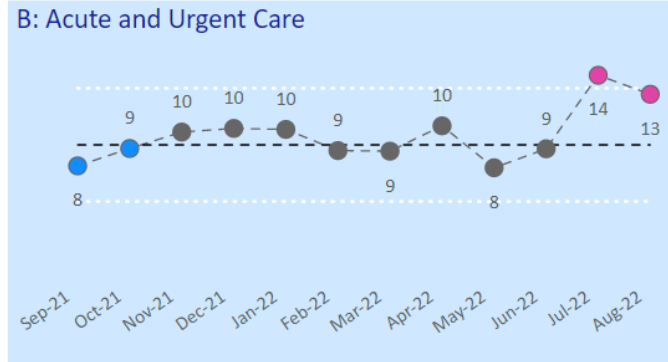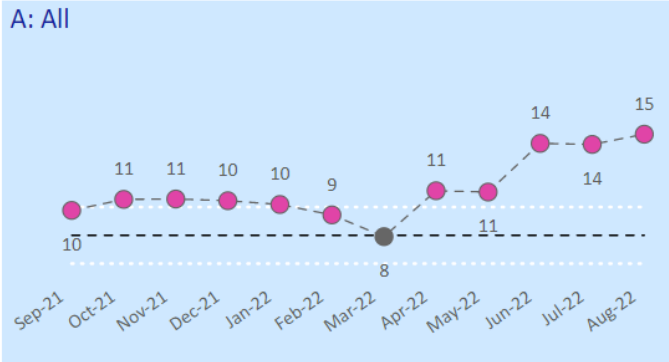
Trust level

NHS
Birmingham and Solihull
Mental Health
NHS Foundation Trust

A: All

B: Acute and Urgent Care

C: ICCR

D: Secure Serv & Offender Health

E: Specialties

F: Corporate

Key

UCL LCL ●Value ●Mean ●Concern ●Improvement

💗 compassionate   inclusive   ✓ committed

Bank & Agency Fill Rate

Trust level ●

NHS Birmingham and Solihull Mental Health NHS Foundation Trust

A: All

B: Acute and Urgent Care

C: ICCR

D: Secure Serv & Offender Health

E: Specialties

F: Corporate

Key
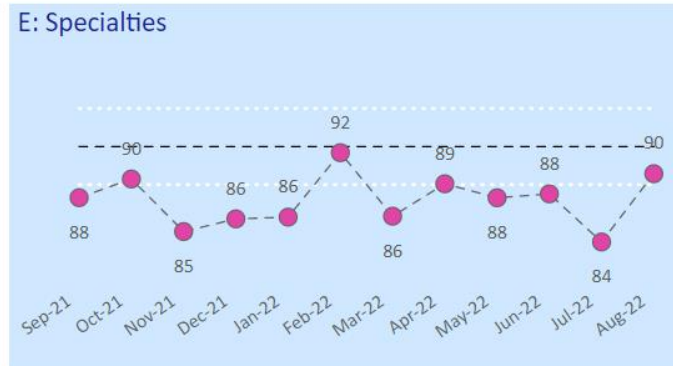
○ UCL ○ LCL ● Value ● Mean ● Concern ● Improvement

♥ compassionate   👥 inclusive   ✓ committed

9.3. Finance Report

Birmingham and Solihull Mental Health NHS Foundation Trust
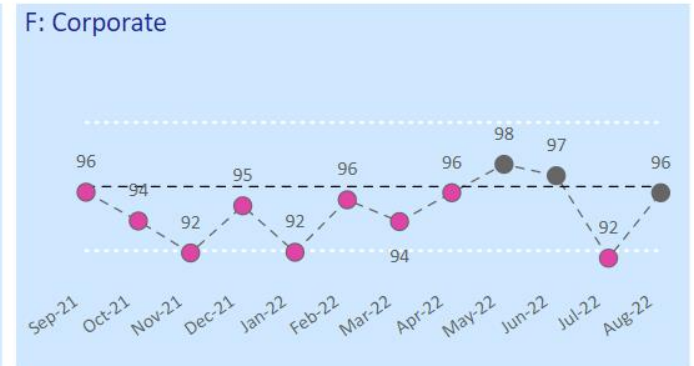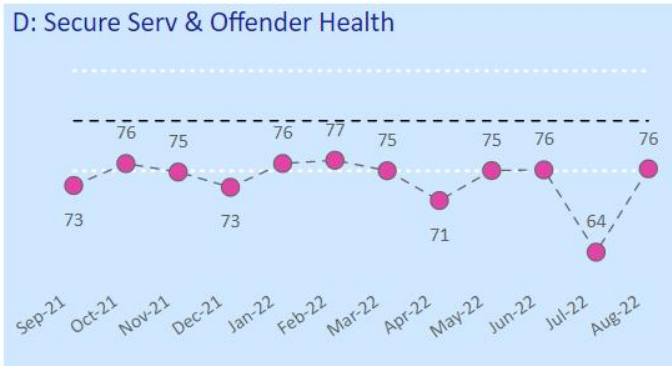
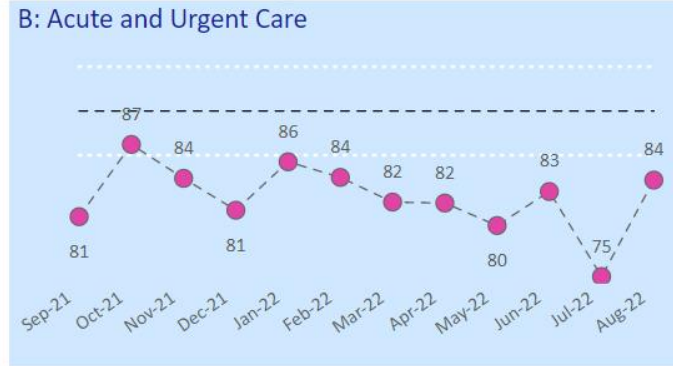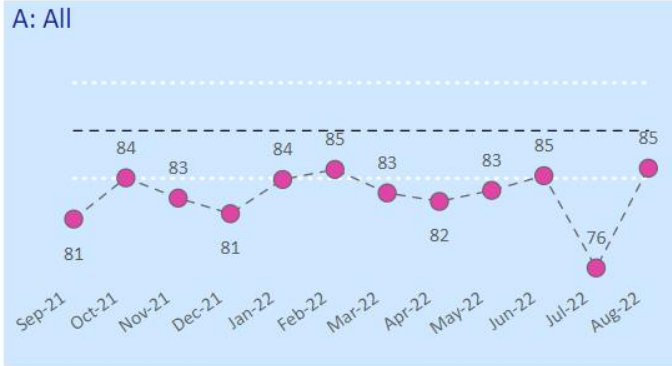| MEETING	BOARD OF DIRECTORS
AGENDA ITEM	Item 9.3
PAPER TITLE	Month 5 2022/23 Finance Report
DATE	5 October 2022
AUTHOR	Emma Ellis, Head of Finance & Contracts
EXECUTIVE SPONSOR	David Tomlinson, Executive Director of Finance

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

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

Executive summary & Recommendations:

Revenue position

The month 5 Group position is a deficit of £1.3m, this is £1.3m adverse to the break even plan as submitted to NHSE on 20/6/22. The position comprises a £1.6m deficit for the Trust, a £36k deficit for Summerhill Services Limited (SSL) and a £104k surplus position for the Reach Out Provider Collaborative. The month 5 Group deficit position is mainly driven by slippage on savings delivery and continuing out of area and staffing pressures.

Capital position

Month 5 Group capital expenditure is £0.4m, which is £1m less than year to date plan.

Cash position

The month 5 Group cash position is £69.6m.

Reason for consideration:

Update on month 5 financial position.

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Previous consideration of report by:

Regular briefing on financial position with FPP chair.

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

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

Financial Implications *(detail any financial implications)*

Group financial position

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

Linked to existing BAF2_0012

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

Ongoing financial briefings via Operational Management Team and Sustainability Board.

Finance Report

Financial Performance:

1ˢᵗ April 2022 to 31ˢᵗ August 2022

Month 5
Group financial position

Group Summary	Annual Budget	YTD Position		
		Budget	Actual	Variance
	£'000	£'000	£'000	£'000
Income				
Healthcare Income	295,830	123,263	122,347	(915)
Other Income	107,927	44,970	44,545	(425)
Total Income	**403,758**	**168,232**	**166,892**	**(1,340)**
Expenditure				
Pay	(237,941)	(99,142)	(98,667)	475
Other Non Pay Expenditure	(129,664)	(54,026)	(54,589)	(563)
Drugs	(5,956)	(2,482)	(2,667)	(185)
Clinical Supplies	(871)	(364)	(271)	92
PFI	(11,130)	(4,638)	(4,504)	134
EBITDA	**18,195**	**7,581**	**6,194**	**(1,387)**
Capital Financing				
Depreciation	(9,983)	(4,160)	(4,127)	33
PDC Dividend	(1,930)	(804)	(804)	-
Finance Lease	(4,845)	(2,019)	(2,033)	(14)
Loan Interest Payable	(1,154)	(469)	(517)	(47)
Loan Interest Receivable	97	29	187	159
Surplus / (Deficit) before taxation	**380**	**158**	**(1,099)**	**(1,258)**
Profit/ (Loss) on Disposal	-	-	(32)	(32)
Taxation	(380)	(158)	(160)	(2)
Surplus / (Deficit)	**(0)**	**0**	**(1,291)**	**(1,291)**

Month 5 2022/23 Group Financial Position

The month 5 consolidated Group position is a deficit of £1.3m year to date. This is £1.3m adverse to the break even plan as submitted to NHSE on 20/6/22.

The Group position is mainly driven by the Trust month 5 deficit of £1.6m year to date. Key pressures contributing to the deficit position are slippage on savings delivery, continuing out of area pressures and staffing pressures, particularly in Acute and Urgent Care, leading to a high level of temporary staffing expenditure. These are partly offset by vacancies across the Trust and slippage relating to Service Development Fund (SDF) investment, some SDF income has been deferred in relation to this.
In line with instruction from NHSE, the year to date position includes a 2% accrual for pay award as per the original national tariff planning assumptions. It is understood that the impact of the actual pay award will be fully funded and transacted in month 6.

The Group position includes a £36k deficit for our wholly owned subsidiary, Summerhill Services Limited (SSL) and a £104k surplus position for the Reach Out Provider Collaborative in line with agreed contribution to Trust overheads year to date. For a segmental breakdown of the Group position, please see page 3.
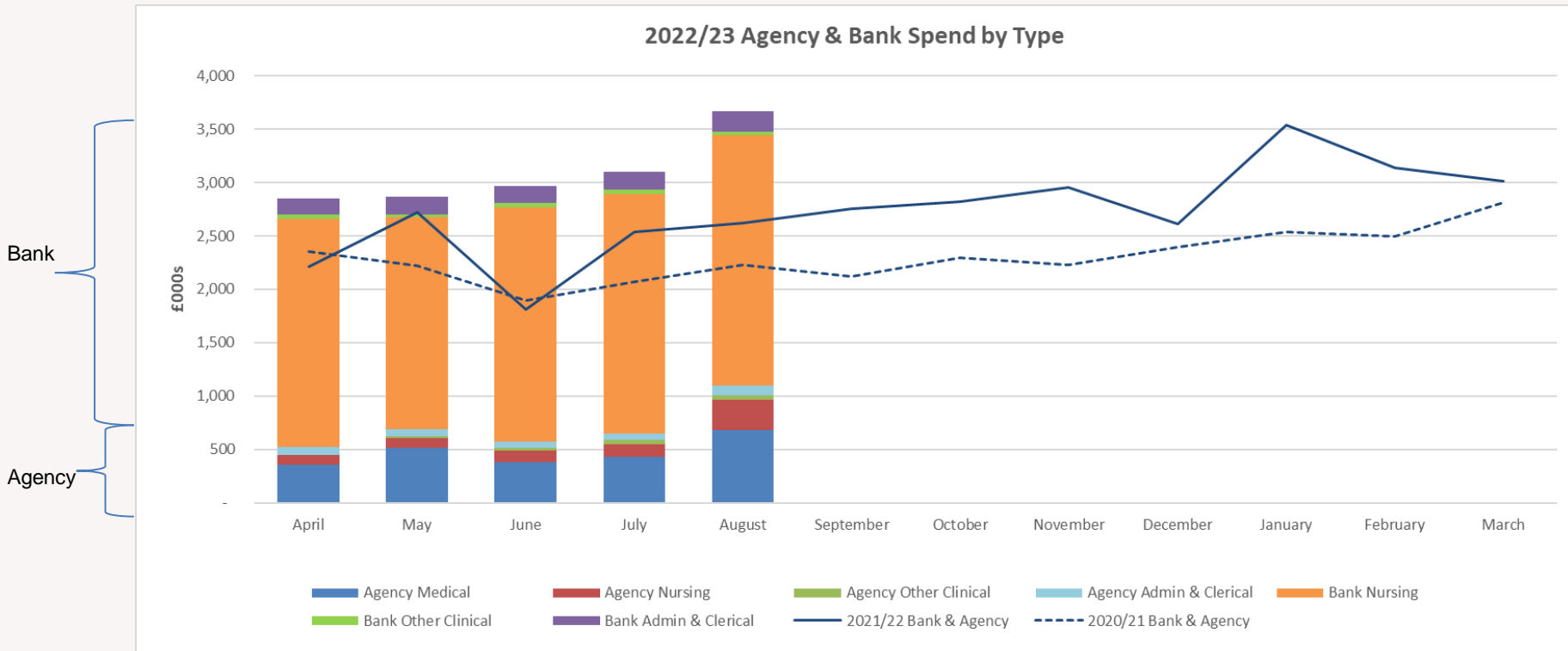
Month 5 Group position Segmental summary

Group Summary	Trust	SSL	Reach Out	Consolidation	Group
	Actual	Actual	Actual	Actual	Actual
	£'000	£'000	£'000	£'000	£'000
Income					
Healthcare Income	122,347	-	-	-	122,347
Other Income	9,729	11,274	57,152	(33,610)	44,545
Total Income	**132,076**	**11,274**	**57,152**	**(33,610)**	**166,892**
Expenditure					
Pay	(94,152)	(4,095)	(532)	112	(98,667)
Other Non Pay Expenditure	(26,664)	(3,360)	(56,516)	31,951	(54,589)
Drugs	(2,818)	(1,225)	-	1,376	(2,667)
Clinical Supplies	(271)	-	-	-	(271)
PFI	(4,504)	-	-	-	(4,504)
EBITDA	**3,667**	**2,594**	**104**	**(171)**	**6,194**
Capital Financing					
Depreciation	(2,943)	(1,390)	-	206	(4,127)
PDC Dividend	(804)	-	-	-	(804)
Finance Lease	(2,026)	(167)	-	161	(2,033)
Loan Interest Payable	(493)	(913)	-	889	(517)
Loan Interest Receivable	1,076	0	-	(889)	187
Surplus / (Deficit) before Taxation	**(1,523)**	**124**	**104**	**196**	**(1,099)**
Profit/ (Loss) on Disposal	(32)	-			(32)
Taxation	-	(160)	-	-	(160)
Surplus / (Deficit)	**(1,555)**	**(36)**	**104**	**196**	**(1,291)**

Temporary staffing expenditure

NHS
Birmingham and Solihull
Mental Health
NHS Foundation Trust

2022/23 Agency & Bank Spend by Type

The month 5 year to date temporary staffing expenditure is £15.5m. The graph above shows a breakdown of the temporary staffing expenditure by type.

Bank expenditure £11.9m (77%) – the majority of bank expenditure relates to nursing bank shifts - £10.9m.

Bank spend has predominantly been incurred within the following service areas: Acute and Urgent Care £4.7m, Secure and Offender Health £3m, Specialities £2m and ICCR £1.1m. Total bank spend has increased by £123k in August compared to July. This increase was mainly within the Acute and Urgent Care service due to acuity, annual leave and sickness cover. The average monthly bank expenditure is £2.4m year to date, this is £0.2m above the 2021/22 monthly average and £0.5m above the 2020/21 average.
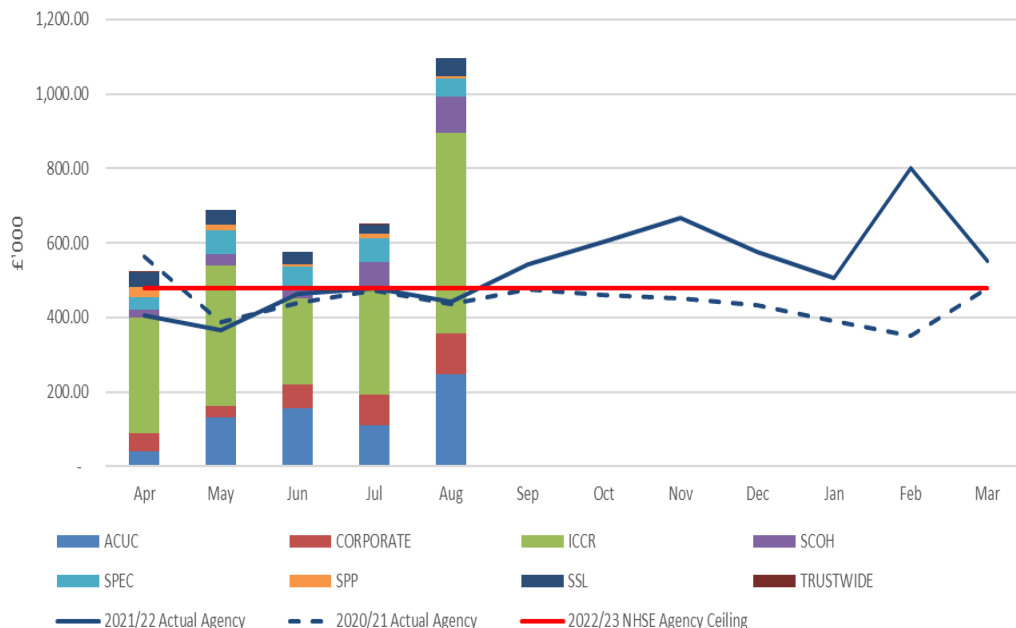
Agency expenditure £3.5m (23%) – the majority of agency expenditure relates to medical agency - £2.4m. There has been a significant increase in agency expenditure of £0.5m in August compared to July. For further analysis on agency expenditure, see page 5.

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4

Agency expenditure

NHS
Birmingham and Solihull
Mental Health
NHS Foundation Trust

	Apr-22	May-22	Jun-22	Jul-22	Aug-22	2022/23 YTD
Agency Spend (£'000)	520	689	576	650	1,095	**3,529**
NHSE Ceiling (£'000)	479	479	479	479	479	**2,393**
Variance to NHSE ceiling	(41)	(210)	(97)	(171)	(616)	(1,136)
Agency Medical	358	515	378	433	677	2,360
Agency Nursing	86	87	113	117	285	688
Agency Other Clinical	(1)	20	20	40	45	123
Agency Admin & Clerical	77	67	66	61	88	358
Agency Spend (£000s)	**520**	**689**	**576**	**650**	**1,095**	**3,529**

2022/23 Agency Spend by Service Area

Legend: ACUC, CORPORATE, ICCR, SCOH, SPEC, SPP, SSL, TRUSTWIDE, 2021/22 Actual Agency, 2020/21 Actual Agency, 2022/23 NHSE Agency Ceiling

Agency expenditure
Total year to date agency expenditure is £3.5m. The majority of expenditure relates to medical agency (£2.4m) and nursing agency (£0.7m) and has mainly been incurred within ICCR (£1.7m) and Acute and Urgent Care (£0.7m).

In month increase
Reported expenditure in August has increased by £445k compared to July. ICCR expenditure has increased by £253k. Of this, £147k is attributable to catch up of year to date medical agency expenditure following updated information from medical staffing. £106k relates to new medical agency staff in month. Acute and Urgent Care expenditure has increased by £140k in August. This spike is driven by nursing costs to cover special observations in an Acute hospital.

NHSE ceiling
As part of enhanced agency expenditure controls, from 1 September, NHSE will be monitoring expenditure at system level against an agency limit. The limit that has been issued to the system for 2022/23 is £60m. This equates to 90% of 2021/22 agency expenditure.
For BSMHFT the limit is £5.7m which is an average of £0.5m per month. Average monthly expenditure is £0.7m, with total spend year to date being £1.1m above the NHSE limit.

Actions to reduce agency expenditure
Fortnightly agency spend review meetings are taking place to ascertain and plan measures and controls to keep agency spend to a minimum. During August, 27 additional bank positions were recruited. Opportunities are being considered for attracting and retaining substantive staff.

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Consolidated Statement of Financial Position (Balance Sheet)

Statement of Financial Position – Consolidated	EOY - Audited 31-Mar-22 £m's	NHSI Plan YTD 31-Aug-22 £m's	Actual YTD 31-Aug-22 £m's	NHSI Plan Forecast 31-Mar-23 £m's
Non-Current Assets				
Property, plant and equipment	186.5	202.0	200.5	201.9
Prepayments PFI	1.6	1.3	1.8	1.3
Finance Lease Receivable	-	-	0.0	-
Finance Lease Assets	-	-	0.0	-
Deferred Tax Asset	0.1	0.1	0.1	0.1
Total Non-Current Assets	188.1	203.4	202.4	203.3
Current assets				
Inventories	0.4	0.4	0.3	0.4
Trade and Other Receivables	9.7	11.1	11.3	11.1
Finance Lease Receivable	-	-	-	-
Cash and Cash Equivalents	28.8	54.9	69.6	49.9
Total Curent Assets	38.9	66.5	81.2	61.5
Current liabilities				
Trade and other payables	(29.4)	(47.0)	(57.0)	(46.2)
Tax payable	(4.4)	(4.8)	(4.6)	(4.8)
Loan and Borrowings	(2.7)	(2.7)	(2.6)	(2.7)
Finance Lease, current	-	(1.0)	(1.0)	(1.0)
Provisions	(1.2)	(1.2)	(1.5)	(1.2)
Deferred income	(13.2)	(25.3)	(30.0)	(25.3)
Total Current Liabilities	(50.9)	(82.0)	(96.7)	(81.2)
Non-current liabilities				
Loan and Borrowings	(29.5)	(26.2)	(26.2)	(25.1)
PFI lease	(49.3)	(46.9)	(46.9)	(45.8)
Finance Lease, non current	-	(6.2)	(6.2)	(5.6)
Provisions	(2.4)	(4.3)	(3.6)	(4.3)
Total non-current liabilities	(81.3)	(83.6)	(82.8)	(80.9)
Total assets employed	94.9	104.3	104.1	102.7
Financed by (taxpayers' equity)				
Public Dividend Capital	110.5	113.0	113.0	113.0
Revaluation reserve	27.5	36.8	36.8	36.8
Income and expenditure reserve	(43.1)	(45.5)	(45.7)	(47.1)
Total taxpayers' equity	94.9	104.3	104.1	102.7

SOFP Highlights

The Group cash position at the end of August 2022 is £69.6m (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
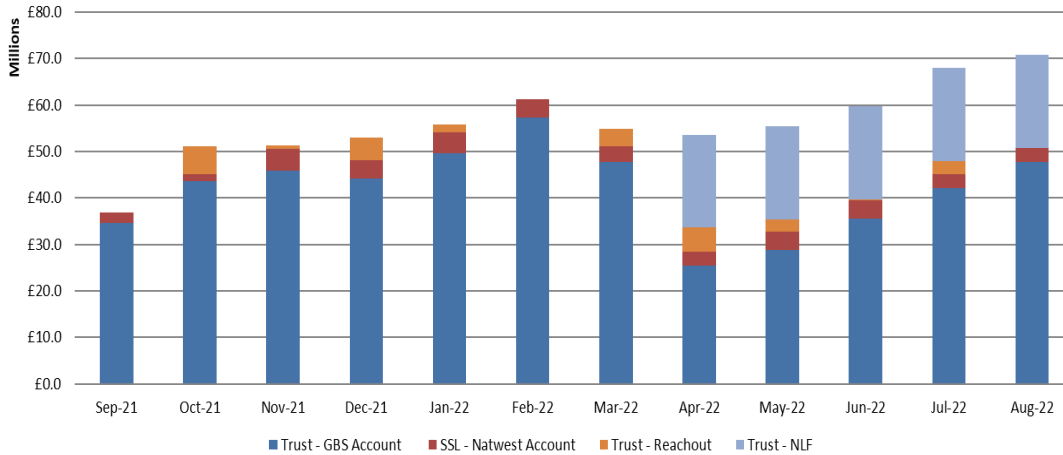Liquidity measures the ability of the organisation to meet its short-term financial obligations.

Current Ratio :	£m's
Current Assets	81.2
Current Liabilities	-96.7
Ratio	0.8

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

Cash & Public Sector Pay Policy

NHS
Birmingham and Solihull Mental Health
NHS Foundation Trust

Group Cash Holding

Legend: Trust - GBS Account, SSL - Natwest Account, Trust - Reachout, Trust - NLF

Public Sector Pay Policy

Legend: Target, Volume, Value

Cash

The Group cash position at the end of August 2022 is £69.6m.

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

With the predicted interest rate increases we will be reviewing our investments to ensure we are maximising our interest receivable potential.

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.
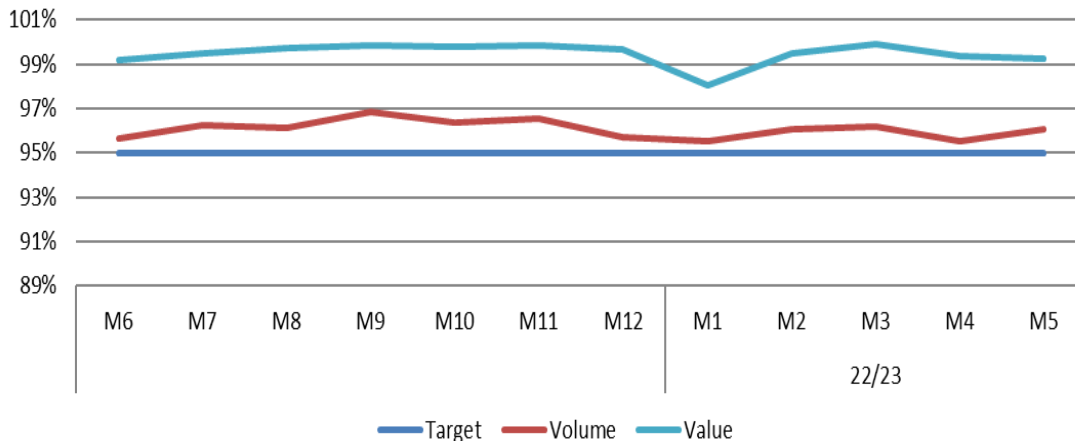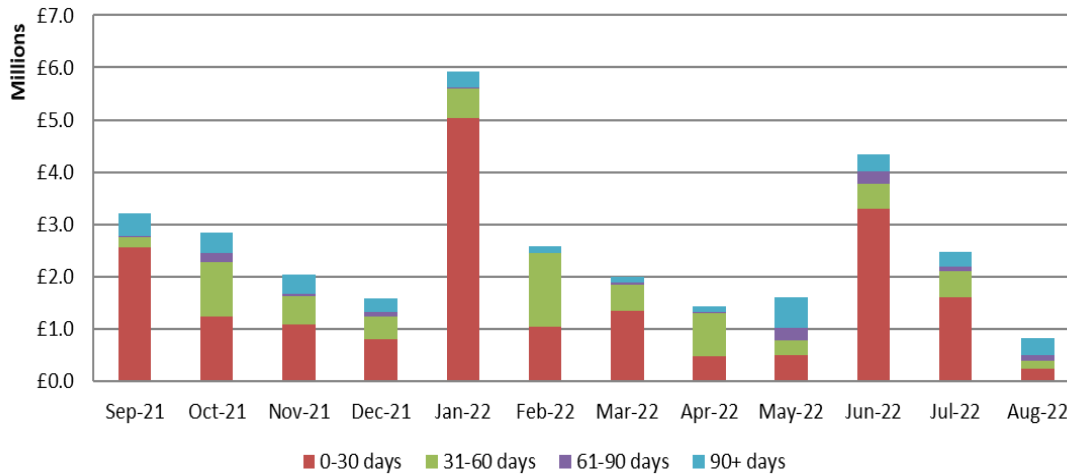
Better Payment Practice Code :

	Volume		Value	
NHS Creditors within 30 Days	98%	✓	99%	✓
Non - NHS Creditors within 30 Days	96%	✓	99%	✓

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Trust Receivables and Payables

NHS
Birmingham and Solihull Mental Health
NHS Foundation Trust

Ageing of Trade Receivables

Chart: Ageing of Trade Receivables (Millions), Sep-21 to Aug-22, categories: 0-30 days, 31-60 days, 61-90 days, 90+ days

Ageing of Payables

Chart: Ageing of Payables (Millions), Sep-21 to Aug-22, categories: 0-30 days, 31-60 days, 61-90 days, 90+ days

Trade Receivables

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

Receivables :
- **0-30 days**- significant decrease of balance due to settling of outstanding debt, new invoices raised in the period with no known disputes at present & staff overpayments (on payment plans)
- **31-60 days**- decrease in balance payment of £363k (NHS Hereford & Worc CCG) & £34.5k (Black Country HlthC) received. Remaining balance due to Aston Uni £72k, Lincolnshire NHSP £30k, Access To Work £18.5k with no known disputes at present, staff overpayments (on payment plans)
- **61-90 days –** Lincolnshire NHSPT £91k paid in September 2022, staff overpayments (on payment plans)
- **Over 90 days -** balance comprises DOH £114K now approved payment to be released in September, staff overpayments (on payment plans).
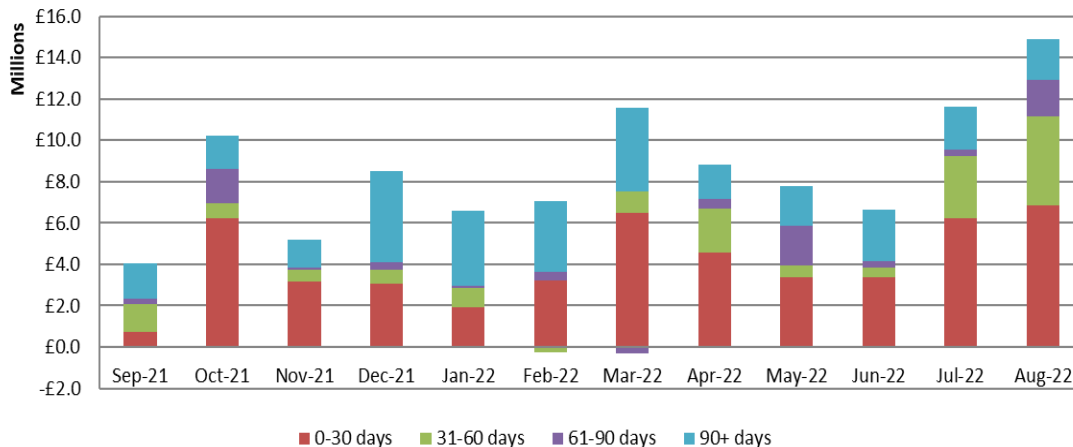
Trade Payables:
Over 90 days -
- NHS Property Services £568k– Progress has been made in Sept 22 re the lease agreement being finalised to enable payment. Estates colleagues are working with NHS Property Services to resolve this matter (DoF is aware of the position)
- Non-NHS Suppliers (48) £1.3m – mainly bed fees invoices in query, most accounts are awaiting credit notes or adjustments due to disputes/other. Some payments/queries

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Capital Expenditure

NHS
Birmingham and Solihull Mental Health
NHS Foundation Trust

Capital schemes	Annual Plan	YTD Plan	YTD Total Actual	YTD Variance to plan
		£'m	£'m	£'m
Approved Schemes:				
Ligature / Doorset Works Phase 1 & 2	0.82	0.34	0.00	-0.34
Ardenleigh Coral Seclusion Suite	0.35	0.35	0.00	-0.35
SSBM Works	1.73	0.17	0.37	0.20
ICT Projects	0.75	0.18	0.00	-0.18
Risk Assessment Works	3.62	0.45	0.03	-0.41
Total	**7.27**	**1.48**	**0.40**	**-1.08**

2022/23 Capital Expenditure

2022/23 Group Capital Plan

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

Month 5 Group Capital Expenditure

As at month 5, Group capital expenditure is £0.4m which is £1m less than plan. Statutory Standards and Backlog Maintenance (SSBM) expenditure is progressing ahead of plan, with slippage on all other schemes to date. Current forecast is that total expenditure will be in line with plan.

Additional Funding Bid – Frontline Digitisation

BSOL ICB had the opportunity to bid against an additional capital fund for frontline digitisation to support EPR levelling up. BSMHFT submitted a bid by the deadline of 9th September for £832k to support the rollout of One Mental Health EPR, in line with our Digital, Data and Technology strategy. Feedback is awaited.

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Birmingham and Solihull ICS Financial position Month 4 YTD

System revenue performance

The month 4 year to date system revenue position was £12.5m deficit mainly driven by the UHB deficit position of £13m, with the BSMHFT £1m deficit offset by YTD surplus for BCHC and BWC. The system forecast is breakeven in line with the annual plan.

Adjusted financial performance surplus / (deficit)	Year to Date			Forecast		
	YTD Plan	YTD Actual	YTD Variance	Annual Plan	Forecast Outturn	Forecast Variance
	£000s	£000s	£000s	£000s	£000s	£000s
B'ham and Solihull MH NHSFT	0	-1,056	1,056	0	0	0
B'ham Community Healthcare NHSFT	1,160	1,402	-242	0	0	0
B'ham Women's and Children's NHSFT	0	505	-505	0	0	0
Royal Orthopaedic Hospital NHSFT	56	-450	506	0	0	0
University Hospitals B'ham NHSFT	0	-12,932	12,932	0	0	0
B'ham and Solihull CCG/ICB	0	0	0	0	0	0
System Total	1,216	-12,531	13,746	0	0	0

Efficiencies

As at month 4, 96% of the system year to date target is delivered, with 61% of the recurrent target and 169% of the non recurrent target delivered. Forecast is 94% delivery of the total system efficiency target.

Efficiencies	YTD					
	Recurrent Variance		Non-Recurrent Variance		Total Variance	
	£000s	% Delivered	£000s	% Delivered	£000s	% Delivered
B'ham and Solihull MH NHSFT	-1,086	58%	1	100%	-1,085	70%
B'ham Community Healthcare NHSFT	-518	74%	0	100%	-518	75%
B'ham Women's and Children's NHSFT	-2,625	21%	1,313	266%	-1,312	68%
Royal Orthopaedic Hospital NHSFT	399	279%	-306	0%	93	118%
University Hospitals B'ham NHSFT	-2,981	34%	589	115%	-2,393	71%
B'ham and Solihull CCG/ICB	-400	93%	4,650	300%	4,250	153%
System Total	-7,211	61%	6,247	169%	-964	96%

System cash position

As at month 4, the system cash position was £554m. This is £75m above plan.

Cash position	YTD Cash variance to plan		
	Plan £000s	Actual £000s	Variance £000s
B'ham and Solihull MH NHSFT	55,812	68,000	12,188
B'ham Community Healthcare NHSFT	52,798	52,717	-81
B'ham Women's and Children's NHSFT	134,907	137,300	2,393
Royal Orthopaedic Hospital NHSFT	11,475	12,519	1,044
University Hospitals B'ham NHSFT	223,553	283,000	59,447
Total	478,545	553,536	74,991

System capital performance

As at month 4, the system had a year to date capital spend of £24m, an underspend against the system capital envelope of £46m (£45m UHB). The system had incurred £20m expenditure against its CDEL allocation, an underspend of £42m against plan (£35.7m UHB).

Agency

NHSE has introduced a £60m agency limit for 2022/23 for the system based on 90% of 2021/22 spend by providers. The plan that has been set for 2022/23 is £62m. NHSE will be formally monitoring spend against the agency limit from September 2022 onwards, the current forecast based on agency usage and staffing pressures is that the system will breach the cap.

Please note, system financial reporting is one month in arrears

9.4. Board Assurance Framework

NHS
Birmingham and Solihull Mental Health
NHS Foundation Trust

Meeting	BOARD OF DIRECTORS
Agenda item	9.4
Paper title	DEVELOPMENT OF THE BOARD ASSURANCE FRAMEWORK
Date	5th October 2022
Author	Andrew Hughes, ANHH Consulting Gill Mordain, Associate Director of Clinical Governance
Executive sponsor	David Tomlinson, Executive Director of Finance

This paper is for (tick as appropriate):

☒ Action	☒ Discussion	☒ Assurance

Executive summary & Recommendations:

The current BAF was agreed by the Board in early 2021 and last received by Board in Committees in February 2022. We have recently reviewed and refreshed it and some proposals have been developed regarding the way forward, including better linkages to strategic priorities and ongoing review processes. The Board is asked to consider the attached paper and recommendations. Subject to this, the BAF will be sent to Committees at the end of October for consideration of individual risks and to recommence the regular quarterly review cycle.

Reason for consideration:

To consider proposals for further developing the Board Assurance Framework.

Previous consideration of report by:

Executive Directors

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

Clinical Services, Quality 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)

Staff involved in Risk Management, Deputy Directors, Executive Directors.

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BIRMINGHAM AND SOLIHULL MENTAL HEALTH NHS FOUNDATION TRUST

DEVELOPMENT OF THE BOARD ASSURANCE FRAMEWORK

1. INTRODUCTION

The Trust Board's focus is strategic. Board members need to know the key strategic objectives and be able to identify the principal risks to achieving those objectives. Assurance goes to the heart of the work of any NHS Board of Directors. The provision of healthcare involves risk and being assured is a major factor in controlling risk.

The Board Assurance Framework (BAF). The BAF brings together in one place all the relevant information on the risks to delivery of the Board's strategic objectives. It is an essential tool for Boards and provides a structure and process that enables focus on those risks that might compromise its principal objectives.
This paper proposes revisions to the current BAF and a structure that will consider and report whether:

- BAF risks are up to date
- The direction of travel stated is current and correct
- The current risk ratings are correct
- Any additional or updated content needs to be added.

2. PROPOSAL

The current BAF was agreed by the Board in early 2021, was developed in response to the new Trust strategy and is set against its four strategic priorities of Quality, Clinical Services, Sustainability and People. The review that has been undertaken has strengthened alignment of risk against Trust priorities. A review of risk management arrangements will be part of the next stage of the review.

Each of the Executive Leads and their teams have reviewed the strategic goals within their portfolio and have agreed clear actions and milestones for delivery. In all cases except for clinical objectives there is a clear reporting committee structure that receives and monitors delivery for assurance purposes to the Trust Board. The clinical objectives are relevant to all committees.

Due to the strong alignment of strategic objectives, it is proposed that any risks recorded on the Board Assurance Framework should be monitored by the associated committee structures in place as set out in the table below.

1

Strategic Objective	22/23 Goal	Executive Lead	Committee Oversight
Quality	Preventing Harm Improving Patient Experience A Positive Patient Safety Culture Improving Quality Assurance Clinically Effective	Director of Nursing and Quality Sarah Bloomfield (Deputy: Gill Mordain)	QPES
Clinical Services	Leader in Mental Health Recovery Focused Rooted in Communities Prevention and Early Intervention Clinically Effective Changing how we Work	Directors of Operations Vanessa Devlin (Deputy: Coumarassamy Marimouttou)	QPES People Committee Finance, Performance and Productivity
People	Shaping our Future Workforce Transforming our Culture and Staff Experience Modernising our People Practice	Director of Strategy, People and Partnerships Patrick Nyarumbu (Deputy: Byron Currie)	People Committee
Sustainability	Transforming with Digital Changing through Partnerships Caring for our Environment Balancing the Books Good Governance	Director of Finance Dave Tomlinson (Deputy: Richard Sollars)	Finance, Performance and Productivity

For each goal, a risk has been identified (included in attachment), e.g. QPES1 The Trust fails to focus on the reduction and prevention of patient harm. The scoring of these individual risks needs to be updated for consideration by the committees in October.

In addition, to support the review process, we have proposed a single strategic risk (also included in attachment) for each committee which brings together relevant controls and assurances and can be seen as a key control document for each committee, e.g. QPES There is a risk that the Trust fails to deliver safe, high-quality care. Each single strategic risk has been allocated a score.

3. MONITORING ARRANGEMENTS

Board Committee structures should maintain oversight of all risks on both the risk register and BAF, managing processes against key strategic objectives, risks, controls, and assurances. Following all Tier 1 and Tier 2 Committee meetings the Chair will review content of the meeting and review if any issues need escalating to the risk register or BAF.

The Executive Leads hold accountability for the BAF for their area of responsibility. It is proposed that oversight of the status of the BAF will be reviewed monthly. It will be coordinated by the Governance teams (corporate and clinical) and will consist of a meeting with Deputies of the Executive Team to review any new risks, actions taken and any changes in risk scoring. The assigned Director will review and approve any changes made that will be recorded centrally by the Company Secretariat.

On a quarterly basis each of the Tier 2 Committees will formally review the contents of the BAF under their jurisdiction and formally approve any changes made prior to consideration and approval of the Trust Board.

To support the monitoring arrangements we will be using risk heat maps, as described in Appendix I. We will be using heat maps to facilitate easy review of all risks on an ongoing basis. Scores of individual risks are currently being reviewed, but the heat maps and charts that covered the previous BAF as included within the previous Integrated performance Dashboard are included in Appendix I to indicate how these heat maps would look.

4.   COMMISSIONING

The current BAF essentially covers the provider function of the Trust. The BSoL Mental Health Provider Collaborative (MHPC) for which the Trust is Lead Provider, will both necessitate clear blue water in the separation of governance of provider and commissioner responsibilities, and require strong systems and processes that support good governance for both responsibilities. This is likely to need devolution in leadership roles and workstreams.

The Board Development Session on 5 October will be used to debate the proposal to create a Commissioning Committee comprising the Board in Committee. That Committee will receive assurance and escalation reporting from a series of sub-committees, one each for the various provider collaboratives for which the Trust holds lead provider status (Reach Out, MHPC, other). It is recommended that a separate BAF is created to reflect the strategic risks as a commissioner.

That BAF will be linked to the Trust's strategic objectives but will be enhanced by the Trust's own lead provider risk register(s), and partner risk registers from each collaborative.

5.   RISK POLICY

The existing Risk Policy will be refreshed considering system changes and the Trust's change in role as both a commissioner and provider. To ensure more effective management of the risk register a tier system is currently being developed to enable risks to be managed at a departmental, service and directorate level. The Executive Team has agreed the establishment of a risk management group to facilitate effective management, escalation or closure of risks.

6.   RECOMMENDATIONS

The Board of Directors is asked to:

- **DISCUSS and AGREE** the context to this paper

- **RECEIVE and APPROVE** for short-term use the refreshed provider BAF

- **NOTE** the establishment of a Risk Management Group, to be co-chaired on rotation by the two Assistant Directors of Governance. The Group's first tasks will be to refresh the Risk Policy, and to provide a detailed roadmap for a change in culture and behaviour

- **APPROVE** the proposal to develop a separate Commissioning BAF. This needs to be co-produced by the Board and would ideally be the subject of a dedicated board development session as a follow-on from 5 October.

3

OUR VALUES

Compassionate. Inclusive. Committed.

VISION

Improving mental health wellbeing.

REPUTATIONAL RISK APPETITE STATEMENT

As a Board, we are willing to take decisions that are likely to bring scrutiny of the organisation. We outwardly promote new ideas and innovations where potential benefits outweigh the risks.

QUALITY AND CLINICAL SERVICES

Strategic Priority (Quality): Delivering the highest quality services in a safe and inclusive environment where our service users, their families, carers and staff have positive experiences, working together to continually improve.

Strategic Priority (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.

Assurance Committee: Quality, Patient Experience and Safety Committee

Inherent Risk Score: 16 (4 "Likely" x 4 "Major")
Target Risk Score: 4 (1 "Rare" x 4 "Major")

2

Preventing harm

QPES1 The Trust fails to focus on the reduction and prevention of patient harm, resulting in:

- Failure to meet population needs and improve health
- Variations in care
- Unwarranted incidents
- Less safe care

Improving service user experience

QPES2 The Trust fails to engage and co-produce with all people who use its services including their families, resulting in:

- A reduction in quality care
- Service users not being empowered
- Services that do not reflect the needs of service users and carers
- Service provision that is not recovery focused
- Increased regulatory scrutiny, intervention, and enforcement action
- Failure to think family

A positive patient safety culture

QPES3 The Trust fails to be a learning organisation that embeds a patient safety culture, resulting in:

- A culture where staff feel unable to speak up safely and with confidence
- Failure to learn from incidents and improve care
- A failure to develop pathways of care within the Integrated Care System
- Increased regulatory scrutiny, intervention, and enforcement action

Quality Assurance

QPES4 The Trust fails to be a self-learning organisation that embeds quality assurance, resulting in:

- Missed opportunities to drive health change across the population
- Insufficient understand and sharing of excellence in its own systems and processes

3

- Lack of awareness of the impact of sub-standard services
- Variations in standards between services and partnerships
- Demotivated staff
- Missed opportunities for System Engagement

Leader in Mental Health (QPES & FPP)

CS1   The Trust fails to lead and take accountability for the development of system-wide approaches to care, and to exploit its status and position to advocate for mental health services and services users, resulting in:

- Inferior and poor care
- Detrimental impact for service users
- Higher critical caseloads
- Missed income opportunities
- Limited brand awareness
- Unexploited research and innovation opportunities
- Breakdown in critical relationships with key partners

Clinically effective and Prevention and Early Intervention (QPES, FPP & People)

CS2   The Trust fails to respond to service users' holistic needs, resulting in:

- Increased mental health and physical health morbidity
- Potential increased mental and physical ill health
- Unacceptable patient experience
- Missed opportunities for cost improvement
- A demotivated workforce
- Inequity in mortality and morbidity rates
- Unacceptable patient experience
- Missed opportunities for improving lives of our populations
- Weak system working
- Increased system cost

4

Recovery Focused (QPES)

CS3 The Trust fails to focus on recovery focused care model, resulting in:

- Acknowledgement that each person is an individual
- Failure to enable individuals to have control of their life
- Individuals not feeling empowered or supported
- Segmented care model
- Inequity in health and wellbeing

Rooted in Communities **(QPES, FPP & People)**

CS4 The Trust fails to provide care that is focused on the needs of our communities resulting in:

- Inequality across patient population
- Workforce that is not culturally competent to support populations and colleagues
- Failure to provide resources that support health, wellbeing and growth
- Lack of engagement
- Reactive rather than proactive service model
- Increased service demand

Changing how we Work **(QPES, FPP & People)**

CS5 The Trust fails to adapt to change as required, resulting in:

- Failure to develop services and premises that enhance service delivery
- Effectively embed digital solutions to enhance care and outcomes
- A workforce that is not fit for purpose
- Increased turnover
- Inability to manage waiting lists enhancing risk within the population

5

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PROPOSED SINGLE STRATEGIC RISK

Reference	Risk Description	Controls *Things in place to address the cause*	Assurances *Triangulated evidence that the controls are in place, being followed, and making a difference*
Quality, Patient Experience and Safety	***There is a risk that the Trust fails to deliver safe, high-quality care***		
	caused by:		
	• *lack of implementation of a quality improvement process* • *unwarranted variation of clinical practice outside acceptable parameters* • *insufficient understanding and sharing of excellence and learning in its own systems and processes*	<u>Internal</u>: • Mortality Reviews • Rapid Improvement Week • Mortality Case Note Reviews • Structured Judgement Reviews • Physical Health Strategy and Policy • Learning from Deaths Group • Clinical Effectiveness Advisory Group <u>External</u>: • CQC Insight Data • CQC Alerts • Public View • Healthcare Quality Improvement – NCAPOP (National Clinical Audit and Patients Outcome Programme) • Coroner's Reports • QSIS compliance	<u>Mortality</u>: • Executive Medical Director's Assurance Reports to QPES Committee and Board • Learning from Deaths Reports • Community Deaths Reports • Medical Examiner Reports • NHS Digital Quarterly Data <u>Learning for improvement</u>: • Serious Incident Reports • Executive Chief Nurse's Assurance Reports to QPES Committee and Board • Legal Quarterly Report • Never Events Reports • Commissioner and NED quality visits <u>Third level assurance</u>: • CQC planned and unannounced inspection reports • Internal and External Audit reports
	• *lack of self-awareness of services that are not delivering*	Clinical Governance meetings Directorate/Specialty governance meetings Improvement Programme	Improvement Plans

6

Reference	Risk Description	Controls *Things in place to address the cause*	Assurances *Triangulated evidence that the controls are in place, being followed, and making a difference*
	• *poor management of the therapeutic environment*	Capital prioritisation process SSL Service Agreement Forum CQC well-led and unannounced visits	Contract KPIs CQC inspection reports Ligature Risk assessments Environmental Risk Assessments
	• *insufficient focus on prevention and early intervention*		Independent annual assessment against the 68 NHS Core Standards for EPRR
	• *limited co-production with services users and their families*	Patient Safety Advisory Group Patient Stories	FFT Scores
	• *insufficient staff with the correct skill set*	Ward Accreditation Programme Improvement Programme Improvement Plans <u>Governance Forums</u>: • Clinical Governance meetings • Directorate/Specialty governance meetings Safety Huddles <u>Professional Codes of Conduct</u> 🔴 NMC Code 🔴 GMC Good Medical Practice Guide 🔴 HCPC Standards of Conduct, Performance and Ethics	<u>Exception reports</u>: • Executive Chief Nurse's Nursing Assurance Reports to QPES Committee and Board • Safe Staffing Report • FFT reports <u>Internal inspection and review reports</u>: • TBC <u>Data sets</u>: • PALS contacts data • Complaints, clinical incidents, adverse events Safety Huddle audit reports Executive Chief Nurse's Nursing Assurance Reports to QPES Committee and Board

7

Reference	Risk Description	Controls *Things in place to address the cause*	Assurances *Triangulated evidence that the controls are in place, being followed, and making a difference*
		Code of Conduct for NHS Managers Health and Social Care Act 2008 (amended 2014 – Part C)	Executive Medical Director's Assurance Reports to QPES Committee and Board
	resulting in:	Contingency Plan	
	• *poor patient outcomes, including increased mortality and increased regulatory scrutiny, intervention, and enforcement action*		

SUSTAINABILITY

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

Assurance Committee: Finance, Performance & Productivity Committee

<u>Finance. Governance and Environment Aspirational Risk Appetite (Open)</u>: *We are willing to consider all potential delivery options and choices whilst also providing an acceptable level of reward.*

<u>Digital and Partnerships Aspirational Risk Appetite (Seek)</u>: *We are eager to be innovative and to choose options offering higher business rewards, despite greater inherent risk..*

CQC Well Led Key Line of Enquiry: Use of Resources, 4 (roles and systems for good governance and management), 5 (managing risks, issues and performance), 6 (information effectively processed, challenged, and acted on)

Inherent Risk Score: 16 (4 "Likely" x 4 "Major")
Target Risk Score: 4 (1 "Rare" x 4 "Major")

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System finances and partnership working

FPP1   There is a risk that the Trust fails in its responsibilities as a partner, and does not structure and resource itself properly to take advantage of new contractual mechanisms, resulting in

- An inability to support the system's medium to long-term financial viability
- Reductions in service provision as a result of insufficient funding
- Continued inequality in health status and outcomes
- Inability to invest in improvement
- Increased regulatory scrutiny, intervention, and enforcement action
- A breakdown in critical relationships with key partners

Transforming with digital

FPP2   There is a risk that the Trust fails to focus on the digital agenda and to harness the benefits of digital improvement, resulting in

- Less the optimal data security and sharing
- Not addressing cyber security threats
- Inefficiencies and ineffectiveness in critical processes
- Unacceptable care for service users

Caring for the environment

FPP3   There is a risk that the Trust fails to behave as a socially responsible organisation, resulting in

- Poor waste management
- Unnecessary journeys
- Higher than necessary energy costs
- Failure to hit zero emissions targets
- Damage to reputation and public trust

10

Caring for the environment

FPP4   There is a risk that the Trust fails to manage the safety and quality of its therapeutic environment, resulting in

- Increased maintenance costs
- Health and Safety Executive scrutiny
- Failure to meet statutory standards
- Patient harm and increased untoward incidents related to the environment
- Increased regulatory scrutiny, intervention, and enforcement action
- Damage to reputation and public trust

PROPOSED SINGLE STRATEGIC RISK

Reference	Risk Description	Controls *Things in place to address the cause*	Assurances *Evidence that the controls are in place, being followed, and making a difference*
Sustainability	***There is a risk that the Trust fails to make best use of its resources***		
	caused by:		
	• *the unknown impact of the establishment of ICSs and ICPs*	ICS ICP budget workstream Attendance at ICS Board	
	• *inefficient delivery as Lead Provider*	Work needed!	
	• *limited focus on the digital agenda and a failure to harness the benefits of digital improvement*	Work needed!	
	• *non-delivery of financial plan*	Business Case ICS financial support	Reporting to FPP Committee Reporting to Board of Directors
	• *incomplete or poorly implemented sustainability plans*	Strategic Estates Board (ICS) Sustainability Strategic Plan Green Travel Plan Procurement Strategy Model Hospital	Reporting to FPP Committee PAM and ERIC data Utility costs
	• *poor financial management by budget holders and/or inappropriate or inadequate internal processes*	Accountability Framework Standing Financial Instructions Model Hospital efficiency benchmarking NHS Benchmarking Club	Delivery Plan Monthly cashflow and I&E reports Expenditure budgets reconciled to LTFM Block income covers costs

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Reference	Risk Description	Controls *Things in place to address the cause*	Assurances *Evidence that the controls are in place, being followed, and making a difference*
		Local benchmarking Joined-up cashflow forecasting Prudent financial forecasting CIP forecasting Rollover budgets Assurance level provided as part of Committee and Board reporting	Financial planning driven by ICS and national assumptions Reporting to FPP Committee
	resulting in:	Contingency Plan	
	• *an inability to provide accessible care and best outcomes to its patients and population*		

PEOPLE

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

<u>Aspirational Risk Appetite (Significant)</u>: *We seek to lead the way in terms of workforce innovation. We accept that innovation can be disruptive and are happy to use it as a catalyst to drive a positive change.*

CQC Well Led Key Lines of Enquiry: 1 (leadership capacity and capability), 2 (clear vision and credible strategy to delivery high quality, sustainable care) 3 (culture of high quality, sustainable care), 4 (roles and systems for good governance and management), 5 (managing risks, issues, and performance), 6 (information effectively processed, challenged, and acted on)

Inherent Risk Score: 12 (3 "Possible" x 4 "Major")
Target Risk Score: 6 (2 "Unlikely" x 3 "Moderate")

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Shaping our Future Workforce

P1   There is a risk that the Trust fails to deliver its ambition to shape the future workforce will result in:

- Failure to recruit a workforce that supports the values of the organisation
- Support the progression and development of the workforce An underperforming workforce
- Failure to represent the profile of the organisation within the workforce
- Sustained patterns of inequality and discrimination
- High turnover
- Non-compliant behaviours
- Employee relations cases

Transforming our culture and staff experience

P2   There is a risk that the Trust fails to develop an inclusive and compassionate working environment, resulting in:

- Failure to protect workforce and service users from anti racist and anti-discriminatory behaviour
- Disproportionate bullying and harassment
- Reduced productivity
- Lack of compassion resulting in failure to protect our populations
- Failure to enable staff to speak up resulting in lack of psychological safety and learning
- 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 values-led culture

Modernising our people practice

P3 There is a risk that the Trust fails to demonstrate a holistic approach to reward (through personal development) to all employees, address inequalities, reflect and representatives the communities served by the Trust, resulting in

- Poor employer brand limiting recruitment
- Staff feeling vulnerable and unable to speak up resulting in missed opportunities to improve practice
- Increased retention of a valuable workforce
- Compensation costs
- Increased regulatory scrutiny, intervention, and enforcement action

High performing workforce

P4   There is a risk that the Trust fails to deliver its ambition to transform the culture and sponsor, implement, support, and monitor a multi-disciplinary values-based leadership, resulting in:

- An unhealthy and poor leadership
- An underperforming workforce
- Sustained patterns of inequality and discrimination
- High turnover
- Non-compliant behaviours
- Employee relations cases

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PROPOSED SINGLE STRATEGIC RISK

Reference	Risk Description	Controls *Things in place to address the cause*	Assurances *Evidence that the controls are in place, being followed, and making a difference*
People	***There is a risk that the Trust fails to sustain an engaged and effective workforce***		
	caused by:		
	• *lack of focus on an inclusive and compassionate working environment*	Embedding of a values-led culture: 🔶 Values and Behavioural Framework 🔶 Restoration and Recovery Group 🔶 NHSE&I Quarterly Pulse Check Survey 🔶 National Annual Staff Survey 🔶 Friends and Family Test	Values-based recruitment Trend for days lost to sickness absence Signature to the NHS Compact Access to wellbeing services for disadvantaged protected groups Trend for pulse check staff engagement Scores for motivation, ability to contribute to improvements, and recommendation of the organisation Staff Survey results improving to top quartile performance
		Addressing inequality and discrimination: 🔶 EDI Plan and Policies 🔶 ICS Anti-Racism Pledge and Action Plan 🔶 Disability Confident Checklist 🔶 Stonewall Checklist 🔶 Freedom to Speak Up Guardian	High Impact actions for achieving EDI aims People Committee Reports and Cycle of Business Investors in People Charter Mark National Accredited Living Wage employer

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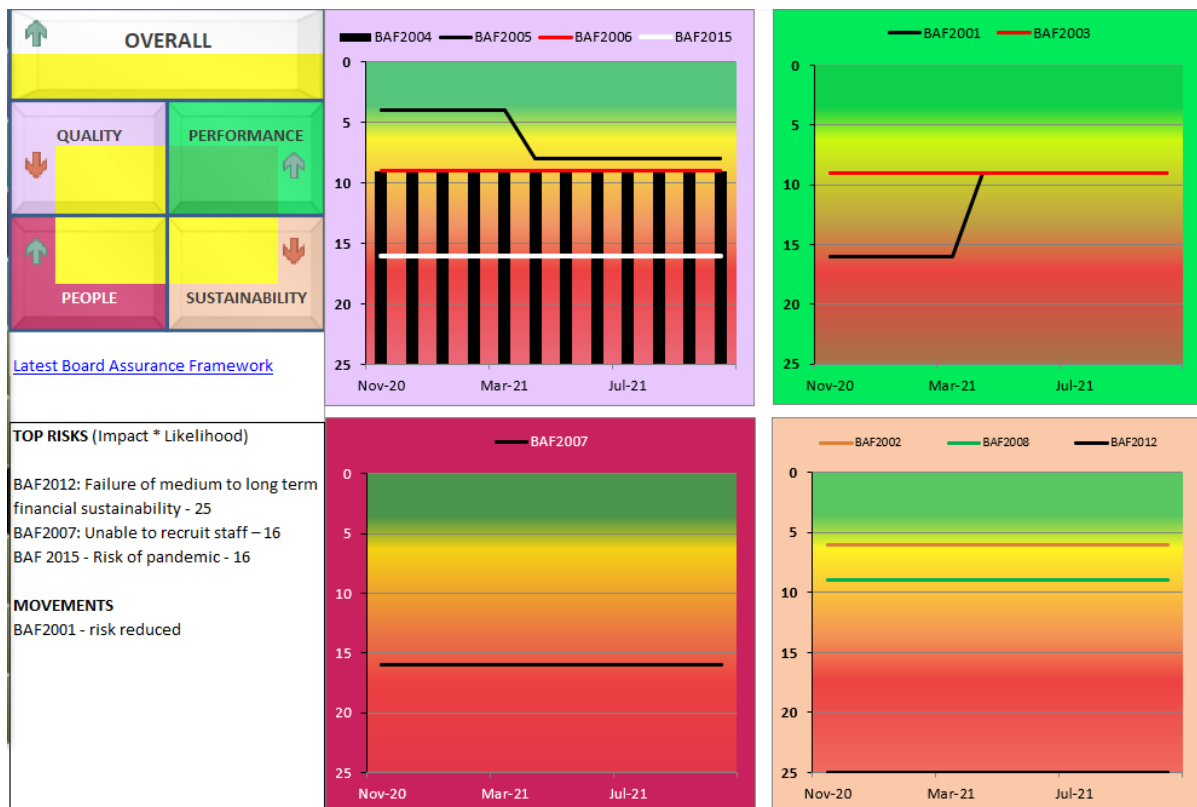| Reference	Risk Description	Controls *Things in place to address the cause*	Assurances *Evidence that the controls are in place, being followed, and making a difference*
		🔶 Staff Network	Reporting against Model Employer Goals Trends for WRES data Trends for WDES data Gender pay gap FTSU Quarterly Board Report Staff training records
	• *inability to attract and retain the required and representative workforce talent and skills*	Management of the workforce market: 🔶 ICS workforce programme to manage demand and competition in the system in collaboration with partners 🔶 Membership of the ICS People Committee 🔶 Assertive recruitment to areas with chronic vacancy challenges 🔶 National payment mechanisms and banding panels 🔶 Remuneration Committee	Reports to People Committee Close collaboration with universities Close collaboration with HEE Greater employability in local population
		Recruitment Policy and processes Stabilisation Plan Retention Plan	Recruitment times: advert to in-post Number of applicants Trend in staff retention rate Trend in staff turnover Analysis of exit interviews % staff who leave for a higher banded job

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Reference	Risk Description	Controls *Things in place to address the cause*	Assurances *Evidence that the controls are in place, being followed, and making a difference*
		Opportunities for professional development: 🔹 Career development pathways 🔹 Lateral opportunities into other roles 🔹 Talent Management Plan 🔹 Leadership and Board Development	Trend for appraisal rates Personal Development Plans Well-led rating by service and for the Trust
	• *inability to define and implement transformative workforce models*	System approach to integration: 🔹 Provider Collaboratives 🔹 Long-term workforce model 🔹 Place based plans	Delivery of MMUH benefits plan Annual Operating Plans
	resulting in:		
	• *Unsustainable services and unsafe staffing levels*		

Appendix I presentation of risks

We will be using heat maps to facilitate easy review of all risks on an ongoing basis. Scores of individual risks are currently being reviewed, but the heat maps and charts that covered the previous BAF as included within the previous Integrated performance Dashboard are shown below for indicative purposes.

OVERALL

QUALITY | PERFORMANCE
PEOPLE | SUSTAINABILITY

BAF2007

Risk

Unable to recruit staff if current staff feel undervalued as a result of a failure to: Address negative working behaviours such as bullying and harassment; Promote a culture of openness, transparency and fairness; Deliver a diverse workforce that representative of the population that it serves; Address demand and capacity issues

Strategic Ambition

We will attract, develop and support an exceptional and valued workforce

Exec Lead

Patrick Nyarumbu, Dir of Strat, Peop & Part

Likelihood	Impact	Score	Domain
4	4	16	People

Latest Board Assurance Framework

OVERALL

QUALITY | PERFORMANCE
PEOPLE | SUSTAINABILITY

Latest Board Assurance Framework

TOP RISKS (Impact * Likelihood)

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

MOVEMENTS
BAF2001 - risk reduced

10. GOVERNANCE & RISK

10.1. Use of Trust Seal

Meeting	BOARD OF DIRECTORS
Agenda item	10.1
Paper title	Trust Seal Report
Date	5 October 2022
Author	Safia Khan Head of Legal Department
Executive sponsor	

This paper is for: *[tick as appropriate]*

☐ Action	☐ Discussion	☒ Assurance

Executive summary

On 14 June 2006 the Trust entered into an agreement (the "**Project Agreement**") under the Government's Private Finance Initiative including for the financing, design, refurbishment, construction, provision of certain services and the operation of certain income generating activities in connection with the redevelopment of the Queen Elizabeth Medical Centre (the "**Project**").

A Market Testing of the Security Service was undertaken pursuant to Schedule 17 of the Project Agreement which completed in 2022 (the **"2022 Security Service Market Testing"**). Amendments are required to the Project Agreement pursuant to that Market Testing and the parties (the Trust, University Hospitals Birmingham and Consort Healthcare) have entered into an agreement (the '**Supplemental Agreement'**) to document such amendments.

Trust Seal Number 5/2223

The Trust Seal was used on 27th July 2022 and affixed to a Supplemental Agreement between the Trust, University Hospital Birmingham and Consort Healthcare, setting out amendments following the Security Service Market Testing exercise in 2022. This agreement is supplemental to a Project Agreement dated 14 June 2006

Summerhill Services Ltd (SSL) has procured premises as a central base for the company located at Electric Avenue, Junction 6 Industrial Park, Nichells, Birmingham B6 7JJ. The premises are to be leased from the British Overseas Bank Nomination Ltd and works will be undertaken to site to SSL's specification. A lease between the parties has been drawn up and a license for the works. As parent company the Trust is a guarantor to the agreements.

Trust Seal Number 6/2223

The Trust Seal was used on 6th September 2022 and affixed to a Lease Agreement between British Overseas Bank Nomination Ltd, SSL and the Trust in respect of premises at Electric Avenue Junction 6 Industrial Park, Nichells, Birmingham B6 7JJ.

Trust Seal Number 7/2223

The Trust Seal was used on 6th September 2022 and affixed to a License Agreement between British Overseas Bank Nomination Ltd, SSL and the Trust in respect of premises at Electric Avenue Junction 6 Industrial Park, Nichells, Birmingham B6 7JJ

The Trust has been in occupation of property at Bishop Wilson Church of England Primary School, Craig Croft Birmingham B37 7TR in order to provide mental health services to young people. The arrangement is being formalised with NHS Property Services by way of a lease

and license agreement for works

Trust Seal Number 8/2223

The Trust seal was used on 26th September 2022 and affixed to a Lease Agreement between NHS Property Service Limited and the Trust in respect of offices at Bishop Wilson Church of England Primary School.

Trust Seal Number 9/2223

The Trust seal was used on 26th September 2022 and affixed to a License for Alterations Agreement between NHS Property Service Limited and the Trust in respect of offices on part of first floor at Bishop Wilson Church of England Primary School.

Reason for consideration
Constitutional requirement to report all uses of Trust Seal to Board. The Trust Board is required to note and record any use of the Trust seal in accordance with the Constitution

Strategic objectives/ priorities
Sustainability

Financial implications
N/A

Risks
N/A

Equality impact
N/A

Our values
Committed Compassionate Inclusive

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10.2. Questions from Governors and Public

(see procedure below)

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

10.4. FEEDBACK ON BOARD DISCUSSIONS

11. RESOLUTION

The Board is asked to approve that representative of the press and other members of the public be excluded from the remainder of the meeting having regard to the confidential nature of the business to be transacted.

12. Date & Time of Next Meeting

- 7 December 2022, 09:00-12:30