Board of Directors Part I

Schedule Wednesday 1 February 2023, 9:00 AM — 12:30 PM GMT
Organiser Hannah Sullivan

Agenda

Agenda

Birmingham and Solihull Mental Health NHS Foundation Trust

AGENDA
BOARD OF DIRECTORS MEETING
Time: 09:00AM, WEDNESDAY 1 FEBRUARY 2023
Venue: Plymouth Room,
The Uffculme Centre,
52 Queensbridge Rd, Birmingham, B13 8QY

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
Patient Story
TBC

ITEM	DESCRIPTION	LEAD	TIME	PAPER	PURPOSE
1.	Opening Administration: Apologies for absence & Declarations of interest	*Interim Chair*	09:30	*Verbal*	
2.	Minutes of the previous meeting		09:35	*Attached*	Approval
3.	Matters Arising/Action Log		09:40	*Attached*	Assurance
4.	Chair's Report		09:50	*Attached*	Assurance
5.	Chief Executive's and Director of Operations Report	*R. Fallon-Williams*	10:00	*TO FOLLOW*	Assurance
6.	Board Overview: Trust Values	*W. Weir*	10:15	*Verbal*	Assurance
7.	**QUALITY**				
7.1	QPES Chair's Assurance Report	*L. Cullen*	10:20	*Attached*	Assurance
8.	**PEOPLE**				
8.1	(a) People Committee Chair's Assurance Report	*P. Nyarumbu / M. Shafaq*	10:25	*Attached*	Assurance
9.	**SUSTAINABILITY**				
9.1	(a) Audit Committee Chair's Assurance Report	*W. Weir*	*10:35*	*Attached*	Assurance
9.2	(a) Finance, Performance & Productivity Committee Chair's Assurance Report	*D. Tomlinson /R. Beale / B. Claire*	*10:45*	*Attached*	Assurance
9.3	Integrated Performance Report - Front sheet Enclosure 1: Integrated Performance Report	*D. Tomlinson*	*10:55*	*Attached*	Assurance

ITEM	DESCRIPTION	LEAD	TIME	PAPER	PURPOSE
	Enclosure 2: Overall December 2022 data				
9.4	Finance Report Enclosure 1: Finance Report	*D. Tomlinson*	*11:10*	*Attached*	Assurance/ Approval
10.	**GOVERNANCE & RISK**				
10.1	Charitable Funds Committee Chair's Assurance Report	*L. Cullen*	*11:20*	*Attached*	Assurance
10.2	10.2 Move to Shadow Governance Arrangements for Lead Provider Responsibilities 10.2.1 West Midlands Provide Collaborative - Memorandum of Understanding	*P. Nyarumbu*	*11:30*	*Attached*	Approval
10.3	Board Assurance Framework	*D. Tomlinson*	*11:45*	*Attached*	Assurance/ Approval
10.4	10.4 Board Development Programme and Annual Calendar for 2023/24. 10.4.1 Board Forward Planner for 2023/24.	*D. Tita*	*12:00*	*Attached*	Approval
10.5	Questions from Governors and Public (***see procedure below***)	*Chair*	*12:10*	*Verbal*	-
10.6	Any Other Business *(at the discretion of the Chair)*	*Chair*	*12:20*	*Verbal*	-
10.7	**FEEDBACK ON BOARD DISCUSSIONS**	*Chair*	*12:30*	*Verbal*	-
11	**RESOLUTION** The Board is asked to approve that representative of the press and other members of the public be excluded from the remainder of the meeting having regard to the confidential nature of the business to be transacted.				
12	**Date & Time of Next Meeting** 5 April 2023, 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

Procedure for questions from the public at board meetings

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

Questions

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

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

Relevance of questions

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

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

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

Notice requirements

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

Limitations on numbers of questions or time allowed

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

There are no limits to the questions for Governors.

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

Response to questions

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

1. Opening Administration:

Apologies for absence & Declarations of interest

2. Minutes of the previous meeting

Birmingham and Solihull Mental Health NHS Foundation Trust

MINUTES OF THE BOARD OF DIRECTORS MEETING

Meeting	**BOARD OF DIRECTORS**
Date	**7 DECEMBER 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	Phil Gayle	-	Interim Trust Chair
	Roisin Fallon-Williams	-	Chief Executive
	David Tomlinson	-	Director of Finance
	Vanessa Devlin	-	Director of Operations
	Fabida Aria	-	Medical Director
	Patrick Nyarumbu	-	Director of Strategy, People & Partnerships
	Russell Beale	-	Non-Executive Director
	Linda Cullen	-	Non-Executive Director
	Anne Baines	-	Non-Executive Director
	Winston Weir	-	Non-Executive Director
	Steve Forsyth	-	Interim Executive Director of Quality and Safety
In Attendance	Hannah Sullivan	-	Corporate Governance Manager
	David Tita	-	Associate Director of Corporate Governance
Observers	Leona Tasab	-	Clinical Staff Governor
	Mustak Mirza	-	Service User Governor
	Faheem Uddin	-	Service User Governor
	Maxine Blake- Jones	-	Executive PA
Apologies	Sarah Bloomfield	-	Director of Quality & Safety (Chief Nurse)

Agenda item	Patient story- Max Carlish	Action (Owner)
	Mr M. Carlish was in attendance at the meeting supported by Ms K. Allen and provided the Board with a detailed presentation of work aligned to the LEAR Group and gave an overview of his own mental health journey over the years. Mr M. Carlish thanked the Board of Directors for the opportunity for attending the meeting and for allowing him to share his own mental health journey since being diagnosed with Bi- Polar. He thanked the Trust for all of the support he has received over the years and for allowing him to make positive changes to enable to him to support the LEAR Group in developing groundbreaking research that has been instrumental in making positive changes for service users care. Mr M. Carlish gave a detailed presentation on 'Bacteria in a petri dish' that	

	gave a detailed overview of the experience of service users medication that is prescribed and how these decisions are made clinically with little input of the service users and lack of explanation as to why medications are prescribed. He gave a personal description of what its like to be done too rather than being inclusive noting over the years he has been prescribed medication that has made him feel like a zombie with no quality of life. Mr M. Carlish noted the achievements and contributions of the LEAR Group and accreditations within the BMJ. He confirmed he is developing a Vlog to support service users and clinicians to understand the impact of prescribing and highlighted there is a lot more work to do. Mr M. Carlish asked the Board of Directors to support the LEAR Group going forward to ensure the Group can continue to develop and support service users. Mr P. Gayle thanked Mr M. Carlish for the powerful presentation noting the LEAR Groups importance in continuing to develop research involving services users in their own journeys. Mr M. Carlish noted the importance of supporting service users in the community and need for more mental health nurses and involvement from GPs. Mrs R. Fallon- Williams thanked Mr M. Carlish for sharing his journey and for the detailed presentation. She confirmed the Board are committed to supporting the LEAR Group and are proud of the work the Group support. Ms K. Allen confirmed a charitable funds bid has been submitted to support the recruitment of a support member of staff for 3 days a week for the LEAR Group. Mr M. Carlish noted his thanks to Ms K. Allen for her ongoing support and passion and need for the infrastructure of the Group to become sustainable. Mrs R. Fallon- Williams acknowledged the need to recognise the importance of experts by experience and reiterated the support on behalf of the Board of Directors for the LEAR Group. Mr P. Gayle thanked Mr M. Carlish for attending and for centering the discussions in line with the Trust values.	

Minutes

Agenda Item	Discussion	Action (Owner)
1.	**OPENING ADMINISTRATION: DECLARATIONS OF INTEREST** The Chair welcomed all who were observing the meeting. Mr D Tomlinson confirmed conflict of interest as Managing Director of Summerhill Supplies Limited.	

Agenda Item	Discussion	Action (Owner)
2.	**MINUTES OF THE PREVIOUS MEETING** The minutes of the meetings held on the 5 October 2022 were approved as a true and accurate record of the meeting.	
3.	**CHAIR'S REPORT** The Board received an overview of the Chair's key areas of focus since the last Board meeting noting this is Mr P Gayle's first meeting as Interim Trust Chair. The report detailed the 'Pull up a chair with the Chair's fourth 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 the end December 2022. A review of the initiative will be completed after this time and feedback and analysis of this iniative will be reported through the People Committee. The schedule of sessions will continue as planned with support from Freedom to Speak Up Guardians. The report was received and noted.	
4.	**CHIEF EXECUTIVE'S AND EXECUTIVE DIRECTOR OF OPERATIONS REPORT** Mrs R. Fallon-Williams presented the Chief Executive and Director of Operations report and highlighted the salient points. Project Flourish, our evolving talent management programme for our disabled and Black, Asian, and Minority Ethnic colleagues, has progressed within its cross team working party set up to support equitable access to development and growth, whatever that looks like for them to flourish, in the form of support, resources and tools. It is intended to engage with the wider workforce regarding this piece of work in January 2023. Strategic Workforce Planning has been a key feature of our work during the month of November. The Workforce and Analytics Team have worked together to map our all recruitment and retention activities that are in place within the Trust, and will be engaging with the Senior Leadership Team during December to receive feedback on the current activities and how we can embolden them to enable the Trust to better meet its current workforce supply and retention challenges. It was confirmed there is a focused workshop for the Senior Leadership Team next week that will focus on understanding the current pressures and gaps and allow for wider thinking. Work is progressing around the development of the BSOL Mental Health Provider Collaborative with a continued focus on workforce challenges and demands. Work continues to develop transformational thinking to ensure better efficiency going forward. 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. All staff have been written to with a breakdown of	

Agenda Item	Discussion	Action (Owner)
	offers available including a QR code for quick access to the relevant links. The Trust received information that BSol will lead on Emergency Planning activities on the 15 and 20 December 2022; the dates identified by the RCN on which they will enact their mandate for industrial action. Senior leaders are engaging with BSol colleagues to understand if there will be any implications for patients, service-users and staff. Within BSMHFT, both the RCN and Unison balloted members to ascertain whether they would support industrial action. Both unions did not achieve the two tests that would have provided them with a mandate for industrial action within BSMHFT. System wide work continues to review the support available for staff. System wide funding has been allocated with mental health commitments to be maintained. Early indications suggest that we will continue to see pressures next year as well as significant challenges around efficiency. Further changes to the leadership arrangements at University Hospitals Birmingham NHS Foundation Trust (UHB) and NHS Birmingham and Solihull Integrated Care Board (ICB), have been announced in month. Partnership relationships will be maintained and work continues to ensure the system leadership changes will not destabilise current arrangements. Ms A. Baines queried whether there has been any feedback from staff following receipt of the letter in relation to cost of living support? Mr P. Nyarumbu confirmed overall feedback has been positive. The inclusion of the QR code has been well received by staff that are unable to access Connect and has supported staff in sharing the offers of support with others. Further work to extend the offer to experts by experiences and members of the Council of Governors is being developed to ensure the Trust is inclusive. Following the feedback additional offers for staff are being reviewed including food pantries for ward staff and foodbanks. Ms A. Baines highlighted the importance of listening to the direct feedback and noted initial support has been positive. Mr W. Weir commended the inclusion of the QR staff code for staff and queried whether considerations in line with offers from partnership organisations supporting staff with food vouchers is being reviewed? Mrs R. Fallon- Williams confirmed a variety of options have been considered logistically through the steering group including food vouchers. Due to the limited number of onsite canteens food vouchers are not viable. Food pantries and links to foodbanks are being considered as an alternative proposition. Mr W. Weir highlighted there are a number of charities providing foodbanks and suggested the Trust co- ordinate offers available. Mr P. Nyarumbu confirmed staff are sign posted to local foodbanks and highlight staff that are in a position to donate food have been encouraged to support the initiatives. Mr R. Beale noted there have been a number of media reports confirming clinicians have been prescribing heating and queried whether the Trust have considered this as an additional offer?	

Agenda Item	Discussion	Action (Owner)
	Mrs R. Fallon- Williams confirmed discussions on the area of staff support system wide continue to review all offers of support potentially available. Mrs R. Fallon- Williams noted that she had been shadowing staff on site visits and was pleased to confirm staff are supporting service users with cost of living queries and following up with social care colleagues to ensure the best support is being received. Mr P. Gayle stated he would endorse the support for energy noting there are a wide range of offers that can be reviewed. Ms V. Devlin confirmed demand and capacity remains challenging. There have been delays in discharges in Older Adults due to the departure of the associate social worker. Work is ongoing to appoint a social worker to elevate further delays. Ms V. Devlin confirmed the Early Intervention Service have won 'Team of the year' awarded by the Royal College of Psychiatrists. Our Solar Eating disorder Team Manager has developed a series of case studies that have been picked up and shared by NHS England & Improvement. One of our Nurses has been honoured with the prestigious queens nursing award. Our community transformation work continues and remains on track. The high levels of acuity and increased numbers of people in crisis being managed in the community is impacting on the numbers needing admissions, the teams are working together to prioritise and manage risk. ICCR community services are all undergoing transformation and growth, inclusive of: CMHT, addictions, homeless services, Community rehabilitation, Early Intervention Services and Solar CAMHS. This is welcomed and very positive investment into our community mental health services. Despite additional challenges to capacity to deliver on new investments and expectations, all services are delivering in accordance with plans. Ms A. Baines thanked both Mrs. R Fallon- Williams and Ms V. Devlin for the clear and honest report. She noted the ongoing challenges operationally and the GP trainees' posts across the acute inpatient wards becoming vacant leaving a potential clinical risk and queried how the Trust is working to secure placements. Ms V. Devlin confirmed the Trust continue to work closely with the Deanery and echoed concerns in relation to the uptake on roles in mental health noting the challenges are nationwide. Dr F. Aria noted there is a national shortage of GPs and recognised the need to work collaboratively with the Integrated Care Board. Mr W. Weir noted the Trust are being asked more frequently by higher education institutions and other mental health providers to offer training in psychological interventions for bipolar conditions, as the Trust is viewed as a gold-standard and innovative service with a long history of quality psychological care for this client group and queried whether the Trust charge for the training? Ms V. Devlin confirmed the service provided generates income.	

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	Mr W. Weir highlighted the need to focus on apprenticeship opportunities and need for internal growth and retention. Mrs R. Fallon- Williams confirmed the Senior Leadership Team will be discussing this at their workshop next week and will report back to committees in December 2022. The board formally noted praise and celebrated of all of our teams' achievements. Mr P. Gayle noted the Board are hugely proud of the achievements and congratulated all staff involved. The report was received and noted.	
6.	**BOARD OVERVIEW TRUST VALUES** Mr P Gayle confirmed the Board will continue to demonstrate the Trust values and ensure they have a positive impact throughout the organisation. The Board committed to living the Trust values and acknowledged they truly make a difference.	
7.	**QUALITY, PATIENT EXPERIENCE & SAFETY COMMITTEE CHAIR'S ASSURANCE REPORT** The Board received the assurance report from the Quality, Patient Safety and Safety Committee following the meetings during October and November 2022 and highlighted the salient points as: **October** • Following the BBC Panorama programme which showed patients being abused while in the care of an NHS Trust and the Dispatch programme of another the Trust is taking issues raised very seriously to ensure that we are doing everything possible to identify, eradicate and prevent this kind of abuse happening within this organisation. • The committee noted the letter received from NHS England that outlines key areas to review and were assured that processes are in place to mitigate risks and ensure the quality of patient safety is compliant. • Following the focused inspection on Meadowcroft on June 13th and 14th, we have submitted our agreed action plan to the CQC along with a letter acknowledging the final report. November • CQC have been on a number of sites and initial feedback has been positive in relation to staff being kind and compassionate with service users using a holistic approach. • Plans are in place to address cultural issues. • Newly appointed Safeguard Lead, Ms M. Homer, is in post and visibility across wards has increased. The committee formally escalated concerns in relation to short term staffing levels. Mr R. Beale noted there are plans in place in relation to staffing and queried whether there is anything further that can be done to support the short term challenges?	

Agenda Item	Discussion	Action (Owner)
	Mr P. Nyarumbu acknowledged the ongoing challenges and confirmed a wide range of options are being considered in line with the associated risks. Inpatient services remain the most challenged, daily staff huddles are in place to understand the challenges and escalate concerns appropriately. Options through agencies have been considered to support staff at Ardenleigh however the Trust remain unable to backfill the vacancies. Mrs R. Fallon- Williams thanked Mr R. Beale for the challenge in relation to short term staffing solutions. She confirmed system work continues to develop and review staffing solutions in the short term ensuring this does not inadvertently impact on the Trusts current challenges. It was confirmed bank rates need to be agreed across the system to ensure the right balance and equal opportunities. Considerations in relation to redeploying staff across wards and moving staff from corporate roles back into clinical roles continue to be reviewed. A review of band 5 succession plans guarantying band 6 roles are being reviewed in the medium term in line with learning from Covid. The Chair thanked Dr L. Cullen for the detailed report.	
8.	**PEOPLE COMMITTEE CHAIR'S ASSURANCE REPORT** The Board received the assurance report from the People Committee following the meetings during October and November 2022 and highlighted the salient points. The December People Committee will have a focused deep dive on the application of Trust values and need to ensure the Trust values are lived through every experience. Concerns were noted that staff continue to raise issues in relation to bullying and the Trust not making changes at pace. The Committee acknowledged the deteriorating situations in terms of vacancies, bank and agency fill rates and sickness levels. Concerns were noted in relation to the data quality for some of the data source (ESR) was felt to be incomplete and that a piece of work was planned to engage with colleagues to ensure improved completion and/or transfer of data from other sources. Although it was reassuring to hear those other sources of data reflected a better position in these areas, ESR is the source of Board Assurance. It was agreed that the communication piece with colleagues take place quickly to ensure ESR reflects the actual performance data. The Committee was assured that a number of initiatives to reduce vacancies were underway and being successful, however the rate continued to be high and members queried what further could be done. The contribution of pathway transformation and new workforce approaches was highlighted. The Committee requested that a clear plan and trajectory and outline of the various schemes and initiatives over the next few years be developed to provide assurance that the work in place added up to the shortfall, showing the contribution of each scheme. This would give greater visibility and assurance that schemes are on track or need enhancing as appropriate. The Committee expressed some concern that the Safer Staffing report did not provide any assurance on the principle of safer staffing given the lack of absolute data and detail of gaps. It was agreed further detail will be provided in future reports to provide assurance.	

Agenda Item	Discussion	Action (Owner)
	Committee received assurance from the report produced by the Freedom to Speak Up Team. It was requested that closure data be included in future reports to ensure that the process is progressing effectively. It was positive to receive feedback was being received through the Corporate Team. Committee congratulated the Team on this together with Communications who were supporting the publicity across the Trust. Speak Up month in October saw the launch of the Champion network with a Champion information session delivered to our network chairs. A series of virtual lunch and learn webinars were provided throughout October but were poorly attended. We have received four expressions of interest with others pending and will meet with interested colleagues in the next month. Initial responses from our networks have been positive and our chairs will be supporting us to recruit Champions from their membership on an on-going basis as the network grows and evolves. Dr L. Cullen queried whether learning from previous initiatives is across all directorates? Mr P. Nyarumbu confirmed learning is reviewed in a systematic way with a continued focus on engaging staff in a transformative way. Mr R. Beale queried if the if the main source of data is secured and accurate and queried whether assurance can be provided given the concerns noted the usage of ESR. Mr S. Forsyth confirmed that there are a range of system capabilities within E-Rostering, ESR and Allocate and acknowledge the need to educate staff on the importance of using the systems and following through the flow of information and reportable data. Mrs R. Fallon- Williams confirmed there are no systematic issues and there are processes in place to provide assurance. Work to review the number of systems used across the Trust is underway but the current arrangements will remain in place for the foreseeable future. Ms A. Baines was pleased to note that work is underway to review the systems. Mr P. Nyarumbu noted safer staffing and clinical supervision is recorded through ESR and staff report difficulty in securing time to complete the data online. A review of how best to support staff to secure the time is underway. The importance of completing the data and the understanding of what this means for directorates is being reinforced through communications with colleagues. Dr L. Cullen highlighted the opportunities for admin staff to support clinical staff in completing the data on systems to ensure data is recorded in a timely manner. Mr P. Gayle echoed Dr L. Cullen's suggestion and acknowledge the need to think about recruitment of roles differently going forward to incorporate the inputting of data within role descriptions. Mr P. Nyarumbu confirmed there is more to be done to support staff but was pleased to report that a wide range of options are being explored to support staff with the ongoing challenges.	

Agenda Item	Discussion	Action (Owner)
	The Chair thanked Ms A. Baines for the detailed report.	
8.1	**PEOPLE COMMITTEE TERMS OF REFERENCE** The Board noted and approved the terms of reference for the People Committee. ***DECISION: The Board noted and approved the terms of reference for the People Committee.***	
8.2	**QUARTERLY REPORT GUARDIAN OF SAFE WORKING** Dr S. Muzaffar was in attendance at the meeting and presented the quarterly update. For the period April – June 2022, the number of exceptions was low. There was one educational exception. Four exceptions attracted fines for the Trust. Feedback was sought from doctors in training about low engagement with exception reporting and a joint action plan has been developed. For the latter quarter, no immediate safety concerns were raised during this period. Nine out of twelve exceptions were raised from the Forensic ST4-6 rotas. The theme of the exceptions is around the hours on a particular on-call being more than the average number of paid hours per on-call. Two significant concerns were highlighted by the exception process. 1) a doctor being on call without having completed RIO and EPMA access. 2) A HR official closing the exceptions outside of the procedures. These issues have been escalated as detailed above. The number of vacant shifts continues to be high. The largest proportion of the vacant shifts have been due to post vacancies. The shifts were primarily filled by internal locums. Work is ongoing to help facilitate cultural change to support our doctors in training in raising issues. Mrs R. Fallon- Williams queried if an apology was issued? Dr F. Aria confirmed this incident was not an exception and highlighted the importance of following procedures and confirmed an apology will be issued. Mr R. Beale highlighted the support in place with Freedom to Speak Up Guardians to help facilitate cultural changes and asked staff are encouraged to use this resource. Mr P. Gayle queried the reason for the high number of vacancies and shifts available. Dr S. Muzaffar confirmed this is due to unplanned long term sickness, options are being reviewed with HR colleagues. The Board thanked Dr S. Muzaffar for the comprehensive report.	
9.	**AUDIT COMMITTEE CHAIR'S ASSURANCE REPORT** Mr W. Weir presented the Audit Committee assurance report and noted this	

Agenda Item	Discussion	Action (Owner)
	was the second meeting with the newly appointed internal auditors. The Board were assured the internal auditors have made a positive start. The Council of Governors endorsed a recommendation from the Audit Committee for an extension by two years of the contract for the external auditors, Mazars. The Chair thanked W. Weir for the detailed report.	
9.1	**AUDIT COMMITTEE TERMS OF REFERENCE** The Board noted and approved the terms of reference for the Audit Committee. ***DECISION: The Board noted and approved the terms of reference for the Audit Committee.***	
9.2	**FINANCE, PERFORMANCE AND PRODUCTIVITY COMMITTEE CHAIR'S ASSURANCE REPORT** R. Beale presented the Committee assurance reports for both October and November 2022 and highlighted the salient points as: **October** • The Trust had been working with NHS England regarding the MHost tool. Due to the work taking place at a national level, there has been a requirement for 15 people to be trained in every Trust. The Trust has a range of training booked for December onwards for staff to attend. • The Committee received a report which summarised the key business development and partnership activities in Quarter 2 2022/23. Formal tender activity has continued to be significant over the past 3 months. • The committee thanked teams for theor continues work in line with the Trust values. • The development of the Board Assurance Framework process provided the committee with assurance. **November** • The financial adjustments available in-year mean that we are still on track towards a neutral budget position by the end of the year, concerns noted that the subsequent year will offer significant challenges that we are not assured of addressing. • The agency/bank spend is noted as a significant cost pressure. • Positive assurance in relation to spend. • Savings remain low in value compared to expectations, the received assurance that most divisions have considered costs and identified that no savings can be made, which is more useful than not being able to comment. Given the historical scale of cost improvements and the position the trust is in, there is minimal scope for significant savings from trimming approaches. We all agree that the savings can be assisted through system working, and are assured that processes around collaboration are in place and are working well. Mr D. Tomlinson stated historically the Trust have used salami slicing to manage the ongoing cost pressures and confirmed this has not be done for a number of years.	

Agenda Item	Discussion	Action (Owner)
	The Chair thanked R. Beale for the report.	
9.2.1	**FINANCE, PERFORMANCE & PRODUCTIVITY COMMITTEE TERMS OF REFERENCE** The Board noted and approved the terms of reference for the Finance, Performance & Productivity Committee. ***DECISION: The Board noted and approved the terms of reference for the Finance, Performance & Productivity Committee.***	
9.3	**INTEGRATED PERFORMANCE REPORT** Mr D. Tomlinson presented the Integrated Performance Report noting this has been received for completeness following the presentations to Board Committees. Mrs R. Fallon- Williams noted the Trust is in a more positive position in comparison to some of the wider system partners and highlighted the importance of learning and working collaboratively going forward. The report was received and noted.	
9.4	**FINANCE REPORT** The month 7 consolidated Group position is a deficit of £0.7m year to date. This is £0.7m adverse to the break even plan as submitted to NHSE on 20/6/22. The Group position is mainly driven by the Trust month 7 deficit of £1.1m year to date. Key pressures contributing to the deficit position are slippage on savings delivery, 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. There has been an improvement in run rate in month 7 in line with planned release of deferred income. The Group position includes a £2k surplus for our wholly owned subsidiary, Summerhill Services Limited (SSL) and a £146k surplus position for the Reach Out Provider Collaborative in line with agreed contribution to Trust overheads year to date. Total year to date bank expenditure at month 7 is £17.7m. This has predominantly been incurred within the following service areas: Acute & Urgent Care £7.2m, Secure and Offender Health £4.5m, Specialties £2.8m and ICCR £1.8m. Total bank spend has decreased by £797k in October compared to September due to payment of the back dated pay award in September. The average monthly bank expenditure is £2.5m year to date, this is £0.3m above the 2021/22 monthly average and £0.6m above the 2020/21 average. Savings remain difficult to identify, Mr D. Tomlinson and Mr S. Forsyth confirmed they are working together with teams to review additional options including through partnership working with the Integrated Care Board and Roffey Park. The challenge remains a significant for the next financial year. Mr W. Weir queried if the rate of inflation costs could be offset against the surplus?	

Agenda Item	Discussion	Action (Owner)
	Mr D. Tomlinson confirmed the Government have issued additional energy costs funding for six months. The ongoing position is uncertain at this time as no further information or indications of cost implications have been received from NHS England. Mr P. Gayle noted the improvements in out of area placements and queried how sustainable the position will be going forward? Ms V. Devlin noted there are ongoing challenges. There is a robust plan in place for addressing the complex demands including the purchase of additional beds. Mr D. Tomlinson noted the ongoing challenges in relation to PICU beds and confirmed the planning for Highcroft could create some additional capacity. Mrs R. Fallon- Williams queried if there any further indication on the proposal? Mr D. Tomlinson confirmed discussions continue with the Integrated Care Board in relation to funding and need for a fundamental solution for mental health. Further assurances should be received within the next quarter. The Chair thanked Mr D. Tomlinson for the detailed report.	
9.5	**TRUST STRATEGY MID-YEAR UPDATE** P. Nyarumbu confirmed the Trust Five Year Strategy was developed during 2019/20 and launched across the organisation April 2021. It comprises four strategic priorities, each of which has a number of strategic aims: • Clinical Services • Sustainability • People • Quality Each year we agree goals for each strategic priority. The goals for 2022/23 were taken through Committees and Board at the beginning of the financial year. Following Trust Board in May, we agreed that a prioritisation exercise would be carried out on the Trust goals for each of the four strategic priorities and that goals prioritised as level 1 would be reported to Trust Board, with level 1 and level 2 goals reported to Board committees. There are a total of 99 goals spread across the four strategic priorities, 28 of which have been prioritised as level 1. Key actions for quarter 3 and 4 are on track and red risks have mitigations. Mr W. Weir commended the tremendous work by the team in completing the strategy and for co- producing the strategy with service users. Mr P. Gayle noted thanks to the team for their hard work in completing the strategy and for highlighting and evidencing the inequalities goals throughout.	
10.1	**CHARITABLE FUNDS COMMITTEE CHAIR'S ASSURANCE REPORT** Mr W. Weir presented the Charitable Funds Committee Chair's Assurance Report noting the significant progress made in relaunching the charity.	

Agenda Item	Discussion	Action (Owner)
	Mr R. Beale queried if the value of the fund remains positive following the cost of living crisis and impact on investments? Mr W. Weir confirmed the data within the report was a true reflection at the time of writing. He stated he was not in a position to provide assurance in line with the ongoing impact on investments and confirmed Shroders have been invited to the next committee meeting for further discussions. Dr L. Cullen queried how staff are being encouraged to apply for charitable bids? Mr W. Weir confirmed the committee has requested a spend plan from the fund managers to confirm the commitments for 2023. Mrs R. Fallon- Williams thanked the committee for considering support options in relation to the hardship funds and queried of the Charitable Funds Manager has linked with the steering group? Mr P. Nyarumbu agreed to link the Charitable Funds Manager with the steering group. Dr L. Cullen confirmed a reference will be included in the December Board blog. The Chair thanked W. Weir for the report. ***ACTION: Mr P. Nyarumbu agreed to link the Charitable Funds Manager with the steering group.*** ***ACTION: Dr L. Cullen confirmed a reference will be included in the December Board blog.***	
10.2	**GOVERNANCE TASK AND FINISH GROUP** Mr P. Gayle provided a detailed overview of the work completed by the Governance Task and Finish Group highlighting the need to address a number of governance matters following a number of serious incidents. The Governance Task and Finish Group was already formed and was delegated authority to review and address the matters and to strengthen the governance arrangements including standing orders and changes to the constitution. Mrs R. Fallon- Williams issued a heartfelt apology stating individuals know who you are and to all impacted by the recent circumstances noting this has highlighted the need to develop the Trusts learning and have more robust policies and procedures in place.	
10.2.1	**ENCLOSURE 1: PROCESS TO SELECT A LEAD GOVERNOR & DEPUTY LEAD GOVERNOR** Mr D. Tita presented the paper setting out the proposed process noting that all proposals have been approved and ratified by the Council of Governors and once ratified by the Board of Directors the agreed changes will be incorporated in the constitution. Mr D. Tita confirmed all ratified proposals will be actioned and incorporated as standard practice immediately and will presented at the Annual General Meeting for information and approval. The Board noted and ratified the proposal.	

Agenda Item	Discussion	Action (Owner)
	DECISION: The Board ratified the process to select a Lead Governor & Deputy Lead Governor.	
10.2.2	**ENCLOSURE 2: APPOINTMENT PROCESS FOR SENIOR INDEPENDENT DIRECTORS** Mr D. Tita presented the paper setting out the proposed process. Mr R. Beale noted concerns in relation to the document not clarifying the process for challenge if the Council of Governors do not approve the recommendations from the Board. Mr D. Tita confirmed the proposal is in line with best practice and clarified if the Council of Governors do not approved the recommendations from Board the process has to restart. He highlighted the role of the Council of Governors is to challenge the rational for decision making. Mr D. Tita agreed to add in the following statement for clarification: 'Should the recommendation from the Board of Directors to the Council of Governors not be endorsed the process must restart.' Subject to the addition of the agreed statement the Board ratified the appointment process for Senior Independent Directors. ***ACTION: Mr D. Tita to add in the agreed statement.*** ***DECISION: Subject to the addition of the agreed statement the Board ratified the appointment process for Senior Independent Directors.***	
10.2.3	**ENCLOSURE 3: GOVERNORS CODE OF CONDUCT** Mr D. Tita presented the paper setting out the proposed process. The Board noted and ratified the proposal. ***DECISION: The Board ratified the Governors Code of Conduct.***	
10.2.3.1	**ENCLOSURE 3A: CODE OF CONDUCT EVERYDAY BEHAVIOURS GUIDE** Mr D. Tita presented the paper setting out the proposed process. The Board noted and ratified the proposal. ***DECISION: The Board ratified the Code of Conduct Everyday Behaviours Guide.***	
10.2.4	**ENCLOSURE 4: PROCESS FOR RECEIPT OF A COMPLAINT AGAINST A GOVERNOR** Mr D. Tita presented the paper setting out the proposed process. Mr P. Nyarumbu noted the importance of communicating with staff to alleviate speculation. Mrs R. Fallon- Williams confirmed communications need to be considered on a case by case basis. Mr R. Beale noted the importance of communications not being restricted. Mrs R. Fallon- Williams highlighted the need to acknowledge and apologise for	

Agenda Item	Discussion	Action (Owner)
	failures within the process whilst being mindful of wider communications. Mr R. Beale noted concerns that if a Governor was to be suspended the process restricts interactions and support from staff. Mrs R. Fallon- Williams noted the concerns raised and asked the process is revised to include the following statement: 'Considerations for support for the individual above and beyond the policy will be considered on a case by case basis and the needs of the individual to ensure we operate with a compassionate approach.' Subject to the addition of the agreed statement the Board ratified the process For Receipt of a Complaint Against a Governor. ***ACTION: Mr D. Tita to add in agreed statement.*** ***DECISION: Subject to the addition of the agreed statement the Board ratified the process For Receipt of a Complaint Against a Governor.***	
10.2.5	**ENCLOSURE 5: PROCESS FOR COMPLAINTS RECEIVED AGAINST CHAIR OR NON-EXECUTIVE DIRECTORS** Mr D. Tita presented the paper setting out the proposed process. The Board noted and ratified the proposal. Mr R. Beale thanked the Task & Finish Group for completing the CoG and Board request in concluding this work. The Board thanked the Governance Task and Finish Group for their dedication and expertise in drafting the proposals. ***DECISION: The Board ratified the Process for Complaints Received Against Chair or Non-Executive Directors.***	
10.3	**FIT & PROPER PERSONS POLICY** Mr D. Tomlinson presented the policy document and confirmed the purpose is to ensure a clear process is in place to provide assurance that individuals within Director positions at Birmingham & Solihull Mental Health NHS Foundation Trust comply with the Fit and Proper Persons requirements. All Directors, upon appointment will be subject to additional employment checks regarding ensuring they are a Fit & Proper Person, in line with CQC Regulations, to discharge their duties as a Board Member. This includes the posts of Chief Executive, Executive Directors, Chair and Non-Executive Directors. Fit and Proper Person checks will also be undertaken on an annual basis and the results reported through to the Council of Governors and Board of Directors. Mrs R. Fallon- Williams requested the references to learning disabilities are removed. The Board agreed the policy is in line with good practice and ratified the policy subject to the removal of the references to learning disabilities. ***ACTION: Mr D. Tomlinson to remove of the references to learning disabilities.***	

Agenda Item	Discussion	Action (Owner)
	DECISION: Subject to the removal of the references to learning disabilities the Board ratified the policy.	
10.4	**GOVERNANCE ACTION PLAN: SIX MONTHLY REVIEW** Mr D. Tomlinson presented the Governance Action Plan for information and confirmed the overall content is included in the Board Assurance Framework. Mrs R. Fallon- Williams queried the committee responsible for oversight and monitoring? Mr D. Tomlinson and Mr W. Weir confirmed Audit Committee will have oversight going forward. The Board agreed an update will be bought back to the Board of Directors in February 2023. ***ACTION: Update to be bought back to the Board of Directors in February 2023.***	
10.5	**MOVE TO SHADOW GOVERNANCE ARRANGEMENTS FOR LEAD PROVIDER RESPONSIBILITIES** The Trust has been identified as the lead provider for the Mental Health Provider Collaborative (MHPC). The Integrated Care Board's (ICB) assurance process is largely concluded and the MHPC and BSMHFT, as Lead Provider, must now prepare for go live on 1 April 2023. The ICB's assurance process for delegated responsibilities is largely concluded and will inform a decision on delegation at the ICB meeting on 9 January. Assuming a positive recommendation, the MHPC would go live on 1 April 2023, and the MHPC and ICB have agreed that it would be prudent to move to shadow governance arrangements for the final quarter 2022/23 to amend reporting and decision-shaping processes. The current arrangements within the provider collaborative are focused on establishment and mobilisation of the partnership. The shadow and future substantive arrangements will focus on delivery. Mr P. Gayle noted the timeframe for moving to shadow arrangements is tight. Mrs R. Fallon- Williams acknowledged the anxieties in relation to the framework but was assured there is support in place and the ability to go ingot shadow form will allow a period of development and create the opportunity to work jointly. Mr R. Beale agreed to moving to shadow form. He highlighted the complex governance arrangements and need to be able to review regularly to the arrangements to ensure they are working in line with best practice. Mr D. Tomlinson confirmed there will be a Commissioning Board scheduled for Board members the first week in February 2023. Mr P. Gayle asked that this is diarised as a priority. Ms A. Baines noted the opportunities for new staff and need for staff to be supported and educated in line with the new system arrangements. Dr L. Cullen queried what communications have been shared with staff?	

Agenda Item	Discussion	Action (Owner)
	Mrs R. Fallon- Williams confirmed internal communications have been high level. Direct communications will be co- produced and breakdown the expectations and support for staff. Mr D. Tomlinson welcomed the approach in working collaboratively. Mr W. Weir welcomed the approach. He noted the complexities and asked that a structure detailing the committee membership is shared. Mr P. Nyarumbu acknowledged the challenges with capacity and assured members that due diligence will continue through the shadow arrangements. Mr W. Weir confirmed Audit Committee will continue to review the arrangements. The Board approved the proposal to move to shadow form from January 2023. ***DECSION: The Board approved the proposal to move to shadow form from January 2023.***	
10.6	**BOARD ASSURANCE FRAMEWORK** D. Tomlinson presented a report to the Board on the development of the Board Assurance Framework. The current BAF was agreed by the Board in early 2021 and last received by Board in Committees in February 2022. This had recently been 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 BAF has been reviewed by the Trust's main committees who have considered and endorsed the proposed inherent, current and target risk scores and risk appetite statements. The Risk Management Group met for the first time in November and agreed next steps and responsibilities. Mr R. Beale noted there are a number of risks that requires dates to be assigned and queried when we will be in a position to add the relevant data into the framework? Ms A. Baines echoed Mr R. Beales comments in relation to the need for dates to be inserted but was assured plans are in place to progress and resolve the concerns raised. Mr P. Nyarumbu confirmed there are a number in plans to mitigate the risks within the framework. The Chair thanked Mr D. Tomlinson for the detailed report.	
10.7	**SUMMERHILL SERVICES LIMITED (SSL) BUSINESS REPORT APRIL 2022–OCTOBER 2022** Mr S. Bray was in attendance at the meeting and gave a detailed overview of the current challenges and opportunities. There are three key area's of challenge noted as below: • Recruitment remains a challenge. SSL have linked with the 'I can programme' and have hosted a job fayre where over 50 applications were	

Agenda Item	Discussion	Action (Owner)
	received with a potential to recruit 40%. The recruitment system has been simplified for staff applying for roles, this has seen positive benefits. • Water management remains a challenge. Colleagues continue to work closely with the Infection Prevention team in line with a number of remedial works being undertaken. Regular meetings are now in place and the position has improved. • Capital planning has been well planned for the current financial year. Challenges for 2023/24 were note and planning prioritisation is a priority. There are a number of opportunities for SSL with the salient priorities notes as below: • Equality, Diversity and Inclusion forum has been launched with a road show taking place across all sites throughout January 2023. • PFI Health Check is progressing well. Marketing strategies for delivery within the NHS remain under review. • Facilities management software has been implemented and allows for real time activity and KPIs to be tracked. Mrs R. Fallon- Williams welcomed the introduction of the software and queried whether staff have the right access? Mr S. Bray confirmed the software covers both soft and hard facilities management and remote access can be granted to staff. He confirmed this has been trialed over a two month period and all testing has been completed. This will be launched across staffing with clear communications on available access and what the reporting of data means. Ms V. Devlin thanked Mr S. Bray for the introduction of the software and noted the clear expectations from staff is utlising this. Mr R. Beale highlighted the recent issue with legionnaires and asked what processes are in place to address the concerns noted? Mr S. Bray confirmed this was due to poor water usage and a complete review has been undertaken with an external company appointed to independently review the incident alongside the Water Management committee overseeing further developments. Mrs R. Fallon- Williams confirmed this was an isolated incident and was assured by the processes in place. Ms A. Baines queried the assurance on whether this could be happening on other sites? Mrs R. Fallon- Williams confirmed all water levels are monitored and issues are escalated appropriately through sub committees. She reiterated an external company has been appointed to independently review the incident to provide assurances going forward. Mr R. Beale thanked SSL for the positive response and for issuing an independent review. Mr S. Bray confirmed robust processes are in place and the review will enhance the responsibilities to ensure all sites are fit for purpose. Mr W. Weir noted SSL have been working with National Express regarding the issue of free bus passes for all new SSL and BSMHFT starters to encourage	

Agenda Item	Discussion	Action (Owner)
	sustainable travel whilst at the same time giving the new starters the option of free travel. He thanked SSL for the offer and for continuing to review opportunities to reduce the carbon footprint. Mr S. Bray confirmed SSL are committed to supporting the 'Green Plan'. He confirmed SSL will be developing an EV charging point option for BSMHFT to consider during 2022/23. This will provide BSMHFT with all the information it should need to consider whether or not it intends to implement such charging points for staff / visitors / patients. SSL are developing its 'fleet' to support BSMHFT Services by adopting Plug in Hybrid / All electric vehicles where it can and where costs and range permit. Mr P. Gayle thanked Mr S. Bray for encouraging staff to consider the opportunities available.	
10.8	**QUESTIONS FROM GOVERNORS AND PUBLIC** Ms L. Tasab queried if any service users were impacted by the legionnaires issue? It was confirmed no service users have been impacted. Ms L. Tasab confirmed the acute and urgent care medical support programme has been successful and further posts are being recruited too. Ms L. Tasab thanked Mr P. Nyarumbu for the invitation to attend the steering group supporting the cost of living crisis and was pleased to see that learning from other Trusts are being considered and asked that the Board continue to look at more creative ways of supporting staff through the health and wellbeing offers. The Chair thanked Ms L. Tasab for her questions and comments.	
10.9	**ANY OTHER BUSINESS** Mr M. Mirza thanked the Board for their openness and honesty and highlight the need to show compassion and to live the Trust values. He thanked Mr W. Weir for supporting the Recovery for All agenda and for showing compassion to all members. Mr P. Gayle thanked the Communications Team for attending.	
11.	**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.	
12.	**DATE & TIME OF NEXT MEETING** • 09:00am • 1 February 2023	

3. Matters Arising/Action Log

Birmingham and Solihull Mental Health NHS Foundation Trust

BOARD OF DIRECTORS – DECEMBER ACTION LOG

MONTH & AGENDA ITEM NO	TOPIC & AGREEN ACTION	LEAD	ORIGINAL TIMESCALE	RAG	COMMENT
December 2022 10.1	**CHARITABLE FUNDS COMMITTEE CHAIR'S ASSURANCE REPORT** Mr P. Nyarumbu agreed to link the Charitable Funds Manager with the steering group.	P. Nyarumbu	February 2023		Complete
December 2022 10.1	**CHARITABLE FUNDS COMMITTEE CHAIR'S ASSURANCE REPORT** Dr L. Cullen confirmed a reference will be included in the December Board blog.	L. Cullen	February 2023		Complete
December 2022 10.2.2	**ENCLOSURE 2: APPOINTMENT PROCESS FOR SENIOR INDEPENDENT DIRECTORS** Mr D. Tita to add in the agreed statement.	D. Tita	February 2023		Complete
December 2022 10.3	**FIT & PROPER PERSONS POLICY** Mr D. Tomlinson to remove of the references to learning disabilities.	D. Tita	February 2023		Complete
December 2022 10.4	**GOVERNANCE ACTION PLAN: SIX MONTHLY REVIEW** Update to be bought back to the Board of Directors in February 2023.	D. Tomlinson	February 2023		On agenda

RAG KEY

Overdue
Resolved
Not Due

4. Chair’s Report

Birmingham and Solihull Mental Health NHS Foundation Trust

Meeting	**BOARD OF DIRECTORS**
Agenda item	Item 4
Paper title	**CHAIR'S REPORT**
Date	1 February 2023
Author	Phil Gayle, Chair
Executive sponsor	Phil Gayle, Chair

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

Executive summary & Recommendations:
The report is presented to the Board of Directors 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 COUNCIL OF GOVERNORS

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 Council giving an overview of my key areas of focus since the last Council meeting with my intention to provide a regular update at each 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.

3. PEOPLE

3.1 I am pleased to confirm the 'Pull up a chair with the Chair's fourth 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 were booked up until December 2022. Our Freedom to Speak Up Guardians were available at all of these sessions if staff wished to speak with them after meeting with myself. A review of the initiative will be completed and feedback and analysis of this iniative will be reported through the People Committee. I believe this has been a positive iniative and following the review and analysis Pull Up a Chair with the Chair sessions may continue in 2023.

I look forward to being able to agree the priorities for the future.

3.2 I have had three meetings with Professor David Sallah from Birmingham Community Healthcare NHS Foundation Trust and we have agreed to continue to meet him on a regular basis. I have had an introductory meeting with Sir Bruce Keogh, Birmingham Women's and Children's Hospital Chair which was productive. I have spoken briefly with Tim Pile, from The Royal Orthopedic Hospital NHS Foundation Trust. I also spoke with the former chair of UHB Harry Riley before his resignation in late December. I look forward to being able to continue these close working relationships and continuing developing our partnerships.

3.3 I also had a meeting with Shane Bray, Managing Director of Summerhill Supplies Limited, to gain a greater understanding of the current arrangements and the priorities for the future. I have also arranged for January 2023 joint site visits with Shane.

4. QUALITY

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

4.2 I visited our Reaside service and spent the morning visiting the site and spending time talking to staff.

5. SUSTAINABILITY

5.1 I attended the Integrated Care Partnership Board along with other chairs/ NEDs and Board members and Healthwatch and others representatives. This meeting was to discuss the circulated draft version of the ICP Strategy/Master Plan for Bsol. This is a national requirement that each ICP publishes a 5-year ICP strategy by April 2023.

5.2 I am pleased to confirm the interviews and appointment for a Non- Executive Director and Designate Non- Executive Director were successful and both successful candidates have joined the Trust and have attended the Trust induction sessions.

5.3 I was pleased to be able to Chair the Council of Governors meeting in January 2023 where the results from the ballot for appointing the Lead and Deputy Lead Governor were announced. I am pleased to confirm following the agreed robust process Mr John Travers has been appointed as Lead Governor and he will be supported by Mr Mustak Mirza as Deputy Lead Governor. The appointments are subject to approval at the Annual General Meeting scheduled on 26 September 2023.

5.4 The Council of Governors were pleased to welcome Dr Imran Waheed as Medical Staff Governor following elections in December 2022.

6. Departing NED

6.1 The Chair would like to take this opportunity to ask the Board of Directors to join me in thanking Russell for his hard work and the contributions, he has made to the organisation during his tenure of office.

PHIL GAYLE
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	1 February 2023
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 provides information on our areas of work focused on the future, our challenges 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

Infection Prevention and Control

We moved to new Infection Prevention Control (IPC) guidance during December which includes the wearing of masks in all clinical settings.
We have a well developed plan in place for responding to potential and actual outbreaks and we continue to offer the Flu vaccine and COVID 19 booster across our sites to both service users and colleagues.

PEOPLE

Role essential training
The Trust People strategy includes "Shaping future workforce" priorities. This encapsulates the ambition to develop a high performing workforce. The work stream that is linked to this ambition relates to the development of a robust role essential training framework. This work will also underpin some of the "Project Flourish" infrastructure, of which the below are some examples.

- Mapping role essential courses to professional roles and operational areas.
- Creation of leadership and clinical/ professional training matrix.
- Developing a systems and processes to collate and report data
- Linking role essential training to job plans and appraisals.

As the project will be Trust wide, it is anticipated that the project will take potential 12-18 months to be completed.

Values in Practice -360@ feedback tool
The Learning and Development team have been working on a 360' feedback tool to support the enough is enough process and that reflects our values. The tool will use questions that mirror the Trust behavioural framework statements and also have Equality Diversity Inclusion statements to facilitate reflection and discussion. It is anticipated that this bespoke feedback tool, and associated training and administration process will be available by the end of February 2023.

Values based appraisal
Following the launch of the new appraisal process in October 2022, the number of concerns received by Learning and Development have reduced in volume. The compliance rate for appraisal has fallen to circa 73% since its introduction, the Learning and Development are therefore targeting support to individuals and teams that have low compliance. In addition they will be looking at how to improve adoption of the new process from a cultural perspective, with the support of the Organisational Development team.

People Team Updates

- Review work has commenced on a suite of people policies (13) to ensure content is in line with national/legal changes and to incorporate learning from an external review on the Decision Management Group (DMG) framework. This work is due to be completed by the end of April 23.
- More recently the Trusts new Agile Working policy has been consulted on and is due to be fully ratified in February.
- The Trusts Flexible working process has recently been amended and new toolkits and guidance have been launched. The People Team are holding weekly lunch and learn sessions with staff and managers.
- Our New Guardian of Safe Working has been appointed, as required under Junior Doctor contract – we welcome Dr Shay-Anne Pantall to this role.
- In our Corporate Division, two large scale change programmes have been undertaken, the TUPE of the Procurement Team to the BSOL Procurement Collaborative within UHB and the decommissioning of B1, Trust Headquarters.
- TUPE arrangements for the ICS MH commissioning team and section 117 staff to move into the MH Collaborative Provider Hub will commence on the 30th January and includes the gathering of views within our current corporate teams on how they see their functions supporting and realigning to the new hub and commissioning arrangements.

Health and Wellbeing

- The Health and Wellbeing steering group continues to meet on a monthly basis with key stakeholders across the Trust. In the last quarter this has focused on further support for staff in response to the Cost of living crisis, this has also included the promotion of the Bsol ICS offer. In February further face to face 'know your numbers' health clinics will be launched across Trust sites along with topical online webinars.

Industrial Action

As previously confirmed the Trust did not meet the threshold for industrial action, this will though impact on pathway flows and our BSoL population. Work continues to support staff within the Trust and contingency planning across the BSoL population to mitigate the level of risk remains a key area of focus.

CLINICAL SERVICES

Summary

The post pandemic period has presented service areas with challenges in particular 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 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.

Integrated Community Care and Recovery (ICCR)

ICCR community mental health teams are focusing on caseload movement to primary care teams now that they are in place. We will also continue to introduce new roles to both primary and secondary care teams. During 2023 we will introduce dialogue plus, our new service user focused care planning system. We are also training large numbers of staff to deliver both high and low intensity psychological interventions.

The new Intensive Community rehabilitation service is due to go live at the end of January 2023, this is a very exciting development that will enable us to return patients who are out of area, ensuring care close to home and will help to create flow through our steps to recovery units, this will in turn support our acute services bed pressures.

Our ICCR services have two areas of focus. We are focused on quality assurance projects that include improvements related to regulatory frameworks, waiting time initiatives, digital support projects, transformation of services and improving our service user experience. We are also focused on workforce and staff experience developments, prioritising our staff to ensure we have an engaged, skilled, well supported, inclusive and listened to staff culture within ICCR.

Secure Care & Offender Health (SCOH)
Services continue to experience Registered Mental Health Nurse (RMN) shortfalls across the men's and women's services. Ward managers and Clinical Nurse Manager (CNM) /Matron's meet daily in their staffing huddles to prioritise work and assess shortfalls. Support continues between sites to ensure cover is reviewed and planned. Ward Managers and Matron's work within ward team numbers where necessary, and our Occupational Therapy and Psychology colleagues support activities on the wards. Our on-going recruitment drive continues to enable us to fill some vacancies.

A joint review of FIRST has been completed with Midlands Partnership Foundation Trust, looking at clinical priorities and development of the service going forward which will form part of contractual discussions. - the outcome will help to address some of the current capacity issues to meet the increased case loads

Acute and Urgent Care
Increased levels of service user acuity coupled with staffing challenges continue to be reported across the division, with a massive acknowledgement of the immense effort made by staff to provide optimal services. There is an ongoing recruitment drive to increase staffing levels, which is yielding results with successful staff due to start from March onwards.

Additional staff have been recruited with the aim of increasing the patient access to, and movement through the Psychiatric Decision Unit (PDU), Place Of safety (POS) and liaison psychiatry to aid flow through the urgent care pathway.

There are ongoing discussions within the system to explore how we can improve a timely assessment from our Approved Mental Health Practitioners (AMHPs), to ensure our service users are supported onto the right pathway to receive their care.

The Reducing Restrictive Practice plan has commenced on Meadowcroft, follow up meetings with key stakeholders are scheduled later this month.

Heartlands Psychiatric Liaison Team have successfully recruited a dedicated Clinical Lead, which will enable dedicated clinical support.

Service users and staff continue to benefit from psychological skills that are being shared and delivered by the Home Treatment Psychology team.

Mary Seacole House Ward 2 received positive feedback from the CQC mental health review. The CQC raised lack of Attention Deficit Hyperactivity Disorder and autism training for staff and measures are being put in place to address this. The directorate have been awarded £120k for extending the sensory friendly workforce which will support the implementation of the project.

Dementia & Frailty
The discharge team have worked well across the system and with ICB colleagues to create additional step down provision at a facility in Solihull to create capacity in the system and improve service user flow.

Work around the community transformation continues, which positivity impact on service users with serious mental illness (SMI).

We are experiencing high levels of acuity in community settings which is increasing pressure on the need for admissions and impacting on in-patient acuity levels.

Birmingham Health Minds (BHM) has successfully recruited 6, step 3 High Intensity Trainees who commenced their training on 3rd January 2023. The service has a rolling program of recruitment to fill vacant posts within the service as well as working with University educators to future proof the workforce.

Waiting list times remains a challenge and this is discussed weekly in the BHM service performance delivery meeting and an additional waiting list meeting is held fortnightly where there is in-depth scrutiny of the waiting times.

The Veteran's Service, as part of a provider collaborative with Lincolnshire, other NHS providers and the third sector, has been successful in it's re-tender bid, the new service will be launched on April 2023.

The Meridan service have agreed a training and supervision contract with the University of Nebraska.

SUSTAINABILITY

2023-24 Funding
NHS England have now issued planning guidance for providers and systems for 2023/24. This includes a recommitment to the Mental Health Investment Standard which is welcome, although Trust and system colleagues are still working through the detail to understand the total funding available to us next year. The guidance provides detail about levels of inflation funding and the finance team are currently assessing this against our large areas of spend such as energy and PFI contracts where we have traditionally seen financial cost pressures. While levels of headline savings in the guidance appear modest at 1.1%, this is on top of unachieved savings carried forward from this financial year, and the ongoing pressures around temporary staffing spend and out of area placements indicating that the financial pressures for 2023/24 are likely to be significant.

West Midlands Mental Health, and Learning Disability and Autism Provider Collaborative
The Provider Collaborative's work on priority areas is progressing, in particular:

- The proposed approach to develop an All-Age Regional Mental Health and Learning Disability and Autism Strategy has been agreed by the Collaborative's Executive Board. A demand and capacity analysis exercise, alongside the review of each Trusts' Strategy and Operating Plan will take place throughout in February and March to help shape the scope of the strategy.
- The Provider Collaborative Partner Boards are in the process of signing off the Memorandum of Understanding to finalise the governance arrangements.
- Discussions are underway with NHS England West Midlands and Health Education England West Midlands to introduce standards across training providers, bring in

consistency and increase quality of supervision provision for psychological therapies.

- Work is underway to introduce 'new to care' and 'healthcare talent development' programmes, as well as introduction of a consistent competency framework to improve recruitment and retention of clinical support workers. The first cohort of the programme is planned to be introduced from mid-March, and Trusts have been asked to identify staff who would benefit from this programme. Further, a process has been set up to identify and allocate one-off funding schemes that will help to grow innovative approaches to recruiting and retaining clinical support worker roles across the region.

BSoL ICS

The BSoL ICS has been selected from 15 ICSs to be part of the Collaboration to develop a data driven approach to understanding and addressing health inequalities among children and young people. The collaboration is led by Professor Sir Michael Marmot and is in partnership with the Institute of Health Equity and Bernardo's.

BSoL ICS has joined other public sector organisations in the City in signing the Birmingham Faith Covenant, doing gives commitment to a set of principles that guide engagement that aims to improve collaborative partnerships and promote open, practical working at all levels.

The ICs has co-produced and agreed Learning Disability and Autism strategies, these are attached as appendices for information.

BsoL Mental Health Provider Collaborative (MHPC)

The Board is aware that the ICB at its meeting in January 2023 agreed and therefore supported the proposal to move forward with delegation of responsibilities for commissioning of mental Health services to the Trust as the MHPCs lead provider. We have therefore proceeded with our plans to move to shadow form until formal commencement in April.

QUALITY

CQC Focused Inspection

The CQC completed the focused inspection of the Trust in December 2022 whereby they completed a number of visits, reviewed numerous reports and met with a wide range of staff including formally interviewing all member of the Trust Board.
We await the final report.

Nursing and Quality Team

I am pleased to introduce Lisa Pim who joined the Trust in January 2023 for an interim period in light of a number of senior team absences experienced in recent months within the Nursing and Quality Team. Lisa will be supporting and taking forward key pieces of quality improvement work.

OTHER TRUST MATTERS

Deputy Chief Executive

I am pleased to confirm the Remuneration Committee has agreed with my proposal for a Deputy Chief Executive. I will there for be taking forward the recruitment process with Phil Gayle.

Trust's digital profile- Birmingham and Solihull Mental Health delivers virtual care
Following a successful pilot with Accurx, Birmingham and Solihull Mental Health NHS Foundation Trust has implanted software to support the delivery of virtual care to patients.

The scheme was originally deployed within just 48 hours in response to the pandemic. This deployment led to improved communication between patients and their healthcare teams.

Accurx's software is now embedded with the trust's electronic patient records (EPR) Rio. Staff are able to launch Accurx from the main clinical record system, enabling them to start a remote consultation or send a SMS message to a patient.

This integration means that not only is it simpler for staff to use, but it also reduces the risk of potential errors.

As a result of deploying the Accurx software Birmingham and Solihull has become more agile in providing remote care, while ensuring the best possible outcomes for patients.

Patients are able to use the software on any device, making it easy for them to incorporate remote consultations into their day. During video calls with staff, patients receive immediate notifications to help maintain a live, up-to-date channel of communication.

NATIONAL ISSUES

2023/24 Planning Guidance and priorities
Brief guide from NHS England – December 2022
To help provide certainty for local health and care teams, NHS England has published its annual Priorities and Operational Planning Guidance. ICBs are asked to work with system partners to develop plans to meet the objectives set out in this guidance before the end of March 2023. Areas of focus for 2023/24 The 2023/24 planning guidance sets out three core priorities informed by three underlying principles:

Recovering our core services and improving productivity	Make progress in delivering the key NHS Long Term Plan ambitions	Continue transforming the NHS for the future
Smaller number of national objectives which matter most to the public and patients		
More empowered and accountable local systems		
NHSE guidance focused on the "why" and "what", not the "how"		

Headline ambitions for recovering our core services and improving productivity

	Improve ambulance response and A&E waiting times.
	Reduce elective long waits and cancer backlogs, and improve performance against the core diagnostic standard.
	Make it easier for people to access primary care services, particularly general practice.

Recovering productivity and improving whole system flow are critical to achieving these objectives, and we must collectively address the challenge of staff retention and attendance. Throughout all the above will be a focus on narrowing health inequalities in access, outcomes and experiences, and maintaining quality and safety in our services, particularly in maternity services.

Delivering the key Long Term Plan ambitions and transforming the NHS
We need to create stronger foundations for the future, with the core goals of the NHS Long Term Plan our 'north star'.
These include our commitments to:
• Improve mental health services and services for people with a learning disability and autistic people. • Continue to support delivery of the primary and secondary prevention priorities and the effective management of long-term conditions.
• Ensure that the workforce is put on a sustainable footing for the long term, including publication of a NHS Long Term Workforce Plan.
• Level up digital infrastructure and drive greater connectivity, including development of the NHS App to help patients to identify their needs and get the right care in the right setting.

Local empowerment and accountability
ICSs are best placed to understand population needs and are expected to agree specific local objectives that complement the national NHS objectives. As set out in Operating Framework, NHS England will continue to support the local NHS [integrated care boards (ICBs) and providers] to deliver their objectives and publish information on progress against the key objectives set out in the NHS Long Term Plan.

Funding and planning assumptions
The Autumn Statement 2022 announced an extra £3.3 billion in both 2023/24 and 2024/25 for the NHS to respond to the significant pressures we are facing. We are issuing two-year revenue allocations for 2023/24 and 2024/25. At national level, total ICB allocations [including COVID-19 and Elective Recovery Funding (ERF)] are flat in real terms with additional funding available to expand capacity. Core ICB capital allocations for 2022/23 to 2024/25 have already been published and remain the foundation of capital planning for future years. ICBs and NHS primary and secondary care providers are expected to work together to plan and deliver a balanced net system financial position in collaboration with other ICS partners.

National NHS objectives 2023/24

Area	Objective
Urgent and emergency care*	Improve A&E waiting times so that no less than 76% of patients are seen within 4 hours by March 2024 with further improvement in 2024/25
	Improve category 2 ambulance response times to an average of 30 minutes across 2023/24, with further improvement towards pre-pandemic levels in 2024/25
	Reduce adult general and acute (G&A) bed occupancy to 92% or below
Community health services	Consistently meet or exceed the 70% 2-hour urgent community response (UCR) standard
	Reduce unnecessary GP appointments and improve patient experience by streamlining direct access and setting up local pathways for direct referrals
Primary care*	Make it easier for people to contact a GP practice, including by supporting general practice to ensure that everyone who needs an appointment with their GP practice gets one within two weeks and those who contact their practice urgently are assessed the same or next day according to clinical need
	Continue on the trajectory to deliver 50 million more appointments in general practice by the end of March 2024
	Continue to recruit 26,000 Additional Roles Reimbursement Scheme (ARRS) roles by the end of March 2024
	Recover dental activity, improving units of dental activity (UDAs) towards pre-pandemic levels
Elective care	Eliminate waits of over 65 weeks for elective care by March 2024 (except where patients choose to wait longer or in specific specialties)
	Deliver the system- specific activity target (agreed through the operational planning process)

Cancer	Continue to reduce the number of patients waiting over 62 days
	Meet the cancer faster diagnosis standard by March 2024 so that 75% of patients who have been urgently referred by their GP for suspected cancer are diagnosed or have cancer ruled out within 28 days
	Increase the percentage of cancers diagnosed at stages 1 and 2 in line with the 75% early diagnosis ambition by 2028
Diagnostics	Increase the percentage of patients that receive a diagnostic test within six weeks in line with the March 2025 ambition of 95%
	Deliver diagnostic activity levels that support plans to address elective and cancer backlogs and the diagnostic waiting time ambition
Maternity*	Make progress towards the national safety ambition to reduce stillbirth, neonatal mortality, maternal mortality and serious intrapartum brain injury
	Increase fill rates against funded establishment for maternity staff
Use of resources	Deliver a balanced net system financial position for 2023/24
Workforce	Improve retention and staff attendance through a systematic focus on all elements of the NHS People Promise
Mental health	Improve access to mental health support for children and young people in line with the national ambition for 345,000 additional individuals aged 0-25 accessing NHS funded services (compared to 2019)
	Increase the number of adults and older adults accessing IAPT treatment
	Achieve a 5% year on year increase in the number of adults and older adults supported by community mental health services
	Work towards eliminating inappropriate adult acute out of area placements
	Recover the dementia diagnosis rate to 66.7%
	Improve access to perinatal mental health services
People with a learning disability and autistic people	Ensure 75% of people aged over 14 on GP learning disability registers receive an annual health check and health action plan by March 2024
	Reduce reliance on inpatient care, while improving the quality of inpatient care, so that by March 2024 no more than 30 adults with a learning disability and/or who are autistic per million adults and no more than 12–15 under 18s with a learning disability and/or who are autistic per million under 18s are cared for in an inpatient unit
Prevention and health inequalities	Increase percentage of patients with hypertension treated to NICE guidance to 77% by March 2024
	Increase the percentage of patients aged between 25 and 84 years with a CVD risk score greater than 20 percent on lipid lowering therapies to 60%
	Continue to address health inequalities and deliver on the Core20PLUS5 approach

Ten senior health and council leaders drafted in to boost Hewitt ICS review

Leaders from trusts, integrated care systems and local authorities are to take charge of five workstreams within Patricia Hewitt's review of ICS autonomy and accountability.

The full report can be found on the following link:
https://gbr01.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.hsj.co.uk%2Fintegrated-care%2Ften-senior-health-and-council-leaders-drafted-in-to-boost-hewitt-ics-review%2F7034093.article&data=05%7C01%7Channahsullivan%40nhs.net%7Cc095c2fd616a4eaaeecf08dafd4560f4%7C37c354b285b047f5b22207b48d774ee3%7C0%7C0%7C638100771654624985%7CUnknown%7CTWFpbGZsb3d8eyJWIjoiMC4wLjAwMDAiLCJQIjoiV2luMzIiLCJBTiI6Ik1haWwiLCJXVCI6Mn0%3D%7C3000%7C%7C%7C&sdata=R9eEbY0l12gyzl0i9o3DaSWHuDkD4tVpNj6KAPHJBI4%3D&reserved=0

ROISIN FALLON-WILLIAMS
CHIEF EXECUTIVE

Birmingham and Solihull Integrated Care System
Caring about healthier lives

Strategic Vision

Learning Difficulties and Disabilities 2022-27

Solihull Metropolitan Borough Council

Birmingham City Council

Vision

Our vision is that individuals with learning difficulties and disabilities can access the right support at the right time, to enable them to live a good and fulfilling life as part of our diverse local communities. Our residents with learning disabilities and difficulties want to enjoy their lives in Birmingham and Solihull, to feel valued and have the same opportunities of living their best life as other residents. This means tackling the health and social inequalities they face.

Who is included in this strategy?

- Children with learning difficulties – whether these are caused by different processing of information or by ability to learn, whether formally diagnosed with a specific learning disability or not
- Adults with learning disabilities – from mild disabilities through to severe and multiple needs.

What do we mean by learning difficulties and disabilities?

Recognising different terminology is used dependent on age and context:

'A Learning Difficulty is a type of Special Education Needs, which affects areas of learning, such as reading, writing, spelling, mathematics etc.'[1] This may arise from a learning disability, or from a neurodiverse processing of information.

'A learning disability affects the way a person learns new things throughout their life. A learning disability is different for everyone. No two people are the same. A person with a learning disability might have some difficulty:

- understanding complicated information
- learning some skills
- looking after themselves or living alone'[2]

What do we know about our population in Birmingham and Solihull?

It is estimated that 0.44% of people in England have a learning disability.

Currently we have an estimated 15,549 school age children with a learning difficulty from ranging from moderate to profound[3] and are estimated to have 24,7874 adults with a learning disability.

The current estimates have their limitations as they exclude those before school age and are from school returns relying on identification of the learning difficulty or disability by the school. It also excludes the growing population of home-schooled children. Adult estimates are based on national prevalence estimates applied to population projections.

Within these data sets there will be diverse ethnicities. There is no precise data for the number of people with learning disabilities from different ethnicities, although some research does indicate varying prevalence of different conditions in different communities[5]. This means progressing a detailed understanding of the local population, and the extent to which this aligns with access to services will be a really important check on whether services are reaching everyone that they should. The final 2021 census outputs should support this work.

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[1] Learning Difficulty (datadictionary.nhs.uk)
[2] Learning disabilities - NHS (www.nhs.uk)
[3] DFE 2021 School Census Data – SEN and EHCPs
[4] PANSI Projects – Institute for Public Care, Projections as at August 2022
[5] Learning difficulties and ethnicity: updating a framework for action | Foundation for People with Learning Disabilities

Between 2020 and 2040 the adult population aged 18-64 of people with a learning disability is expected to rise by 6.4% for Birmingham and 7.7% for Solihull. For adults over 65, improvements in health care mean that the population will be rising far faster – by 30.6% for Birmingham and 24.5% for Solihull – within that the numbers of people who are 85 years and older rising by 41.9% and 58.6% respectively[6]. This means we need to make sure there are the right services to meet the specific needs of an increasing elderly population. Despite high percentage increases in people with learning disabilities in older age groups, life expectancy for people with learning disabilities remains well below the national average.

Who has been involved in creating this vision?

This vision has been co-produced by experts by experience, Birmingham and Solihull CCG, Birmingham City Council, Solihull Metropolitan Borough Council, Solihull Parent Carer Voice, and others.

What do we mean by a good and fulfilling life

Individuals with a learning difficulties and disabilities have told us that they want a life in which they have equitable access and are included, not simply in terms of access to health and social care support. We know that the support people want and need changes across their lives, especially during major transitions, but that they want our support offer to be responsive to those changes.

How we work as a Health and Care System to support people

[7]

From our engagement on this and linked strategies (e.g. the Additional Needs Strategy) we have developed a set of 'I' statements which sit under these groupings.

[6] PANSI Projects – Institute for Public Care and POPPI – Institute of Public Care – projects as at August 2022

[7] Diagram created by East Riding of Yorkshire – to be replaced by BSOL version in final draft

Personal Resilience I know what I need and how to look after myself	Community Resilience I get the support I need to maintain my independence	System Resilience I am able to access the right support at the right time for me
I have a voice that will be listened to, and my voice makes a difference. I know I have choice and control about my support. I have people around me who I like – family / friends. I have access to employment. I have access to education and learning. I am involved in all the decisions about my life.	I know what community support is available and how to access it. I feel safe, welcome, included and valued in my community. I am able to find appropriate housing for me. I get support to keep myself well. I am able to access good support. I am supported to do the things that interest me.	I tell my story once and there is a single record of my support. I have access to the right support as I get older. I am able to communicate my needs in an emergency. I have support which is coordinated, cooperative and works well together I am supported to plan for key changes and know who I can discuss any concerns with.

Priorities

How we decide our priorities

A combination of factors has determined our local priorities, including:

- Feedback and engagement with people with a learning disability, parents, carers and local residents that have identified gaps or services which are not working as well as they should
- Feedback from our own staff across the Birmingham and Solihull health and social care organisations
- National and local policies
- Recommendations from safeguarding reviews
- Building on what has worked well

In addition, a workshop was held with key stakeholders from partner agencies and with experts by experience in March 2022 to understand the priorities locally. We have grouped the priorities into these themes:

PRIORITY AREA 1: Access and Inclusion

What we want to achieve:

- An inclusive community for people with learning disabilities and difficulties
- Increased awareness of learning disabilities and difficulties
- Digital accessibility
- Increased access to early support and, where relevant, diagnosis
- Increased access to employment

PRIORITY AREA 2: Quality and Choice

- Health and social care provide consistent support and share records

- There is good choice of good quality support providers
- People are able to live in their local area
- High aspirations in education and the transition to employment

PRIORITY AREA 3: Holistic Support

- Considering the whole family network, not just the presenting need
- Person centred support
- Building social networks

PRIORITY AREA 4: Reducing Health Inequalities

- Training for carers and families
- Annual health checks
- Delivering recommendations from Learning Disability Mortality Review (LeDeR) to improve health outcomes
- Access to services is available at the right time and it is easy to find support

What will success look like?

Measurable outcomes will be co-produced with our experts by experience, as they know what good looks like. These will be monitored at an appropriate frequency for the indicators agreed.

How we will deliver this:

- Birmingham Delivery Plan (to be developed)
- Solihull Delivery Plan (to be developed)

Interdependencies

Solihull Additional Needs Strategy 2022-25

Birmingham and Solihull Integrated Care System
Caring about healthier lives

Strategic Vision

Autism

2022-27

Solihull Metropolitan Borough Council

Birmingham City Council

Our Vision

Enable all individuals in Birmingham and Solihull with autism, ***throughout their life*** to maintain their ***independence***, lead ***fulfilling, healthy, socially*** and ***economically active lives.*** Individuals with autism have told us they want to enjoy life in Birmingham and Solihull, to feel welcome and have the same chances of achieving their full potential as other residents. This means tackling the inequalities and social injustice faced by individuals with autism and delivering outcome focused support based on need and not labels.

Who is included in this strategy?

- Children and adults with autism (all acuity, neuro-diverse conditions)

What do we mean by autism?

Defining autism is challenging as there are various definitions and perspectives. Our purpose is to embrace an inclusive definition of autism as a lifelong developmental condition which affects how individuals communicate and interact with the world. We recognise that every individuals' experience of autism will be unique but there are some common challenges.

Autistic individuals see, hear and feel the world differently to other people. Autism varies widely and is often referred to as a spectrum condition, because of the range of ways it can impact on people and the different level of support individuals may need across their lives.

National Autistic Society 'Autism is a lifelong developmental disability that affects how people perceive, communicate and interact with others, although it is important to recognise that there are differing opinions on this and not all autistic people see themselves as disabled**.** Autism is a spectrum condition and affects people in different ways. Like all people, autistic people have their own strengths and weaknesses, gifts, and skills'.

What do we know about our population in Birmingham and Solihull?

There is a lack of reliable data on the number of autistic adults, children and young people in the UK because of gaps in data collection and reporting. Therefore, it is only possible to provide estimates of these numbers. The estimates are usually based on the autistic population being around 1.1% of the total population (Used by *Skills for Care Calculator* and in Iris Fermin etc al *Birmingham JSNA Autism Spectrum 2012*). However, it is acknowledged that this is likely to be an under-estimate of the true picture, especially for adults as some research places the rate as much higher.

There are an estimated 700,000 autistic adults and children in the UK and, in addition, an estimated 3 million family members and unpaid carers of autistic individuals (*The National Strategy for Autistic Children, Young People and Adults: 2021 to 2026).*

There are approximately 16,020 people across Birmingham and Solihull who have been diagnosed with autism by the NHS, just over half of these are under 18 years old[1]. There will be others who have received a private diagnosis or have not sought a diagnosis. This suggests that the 1.1% estimate for population prevalence is a significant under-estimate.

Waiting list time for assessment and diagnosis

Data also demonstrates that individuals, families and carers are waiting too long for assessment and diagnosis. Currently:

- Children being assessed now were referred for assessment in January 2021.
- There are currently 630 children awaiting assessment

[1] ICB data – October 2021

- For adults the waiting list is approximately 12 months from referral to diagnosis[2]

Who has been involved in creating this vision?

This vision has been co-produced with our experts by experience with feedback from the Midlands Autism Workstream Experts by Experience focus group, Birmingham and Solihull CCG, Birmingham City Council, Solihull Metropolitan Borough Council, Solihull Parent Carer Voice, and others.

What do we mean by full potential?

Autistic individuals have told us that they want a life in which they are included and have equitable access to all aspects of life, not simply to health and social care support. They want to fulfil their dreams and aspirations. Autistic individuals have told us that access to diagnosis and access to person centred support from services that are coproduced is important. But that support should be based on need, choice and not constrained by diagnosis and labels.

How we will work as a Health and Care System

We know that the support people want and need changes across their lifetime, especially during major transitions and so our support offer will need to be flexible and responsive to those changes.

We recognise that to achieve this collective vision we will need to work with all our system partners to build resilience in our system, in our local communities and for individuals.

[3]

From our engagement on this and linked strategies (e.g. the Additional Needs Strategy) we have developed a set of 'I' statements which sit under these groupings.

[2] ICB data – September 2022

[3] From East Riding of Yorkshire – BSOL version to be developed

Personal Resilience I know what I need and how to look after myself	Community Resilience I get the support I need to maintain my independence	System Resilience I can get the right support I need at the right time for me
I have access to support early, including diagnosis. I have a voice that will be listened to, and my voice makes a difference. I feel I have choice and control about my support. I have people around me who I like – family / friends. I have support available for my family and carer. I have access to employment opportunities and activities that will benefit me. I have access to education and learning. I have access to support for my sensory needs. I am involved in all the decisions about my life.	I know what community support is available and how to access it. I feel safe, welcome, included and valued in my community. I am able to access housing appropriate to my needs. I get support to keep me well such as health checks I can access physical and mental health services when I need them. I am able to access good support. I am supported to do the things that interest me.	I tell my story once and there is a single record of my support. I have access to the right support as I get older. I am able to communicate my needs in an emergency. I have support which is coordinated, cooperative and works well together. I know who to contact to get things changed. It is right first time I have support that is flexible and personalised.

Priorities

How we decide our priorities

A combination of factors has determined our local priorities, including:

- Feedback and engagement with individuals with autism, parents, carers and local residents that have identified gaps or services which are not working as well as they should
- Feedback from our own staff across the Birmingham and Solihull health and social care organisations
- National and local policies
- Recommendations from safeguarding reviews
- Building on good practice, learning and evaluation here or in other areas
- Building on the recent priorities from the All-Age Autism National Strategy 2021

We have grouped the priorities into these themes:

PRIORITY AREA 1: Access and Inclusion

What we want to achieve:

- Increased awareness of autism, creating a safer and more inclusive community environment
- Earlier access to diagnosis and support
- Digital accessibility
- Increased access to employment

PRIORITY AREA 2: Quality and Choice

- Health and social care provide consistent support and share records
- There is good choice of good quality support providers who have knowledge and expertise in Autism
- People who have Autism or care for a person with Autism are involved in service planning and recruitment

PRIORITY AREA 3: Holistic Support

- Considering the whole family and community network, not just the presenting need
- Person centred support
- Building social networks/drop in support

PRIORITY AREA 4: Reducing Inequalities

- Annual health checks
- Delivering recommendations from LeDeR
- Access to services is available at the right time and it is easy to find support

What will success look like?

Measurable outcomes are co-produced with our experts as they know what good looks like and that these are constantly monitored and reviewed.

How we will deliver this:

- Birmingham Delivery Plan – created, developed and discussed with all key stakeholders, experts by experience and with the Birmingham Autism and ADHD partnership board.
- Solihull Delivery Plan – to be created, developed and discussed with all key stakeholders, experts by experience and with the Solihull Autism partnership board.

Interdependencies

Birmingham All Age Autism Position Statement 2020

Solihull Additional Needs Strategy 2022-25

6. Board Overview: Trust Values

7. QUALITY

7.1. QPES Chair’s Assurance Report

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	1 February 2023
Author	Dr L Cullen, Non-Executive Director, Chair
Executive sponsor	Mr S Forsyth, Interim 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 December 2022. The attached Assurance Report is provided by the Committee Chair for the attention of the Board of Directors.

Reason for consideration

To assure the Board of Directors on the policies, processes, performance and monitoring for the Trust's Quality and Patient Safety and to escalate any key issues of concern.

Strategic objectives

QualityQuality

- 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

CommittedCommitted
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:

- The door monitoring alarm system has now been installed in all en-suites in Acute Care. However final connectivity it still taking place for the doors at the Oleaster, with expected completion by mid-December.
- In Acute Care, a total of 435 Safety Huddles were completed out of a possible 444 for the period.
- In terms of safer staffing, we continue to recruit to our vacancies and the Safer Staffing Lead is attending recruitment events when possible. International recruitment continues to be successful with 28 new staff recruited to date, and we will be putting a bid in for the next financial so we can continue our project.
- The monthly audits of MDT standards in Acute Care continue to take place and for this submission, we have seen either consistency or an improvement in nearly all measures for the reporting period.
- No anchor point incidents were reported for the period.
- The team has continued with its programme of Assurance testing and peer reviews for service areas and sharing the findings from these.
- We have spent most of the period facilitating the Well-led CQC inspection, which is taking place primarily between December 13th and 15th. These sessions will largely be face to face with other virtual sessions taking place on the 7th and 8th of December. All staff being interviewed have been offered support.
- The data request for the Well-led inspection also came through and we have responded to the first part that was due by December 2nd. All other requests have now been submitted.

Chair's assurance comments:

Committee were given good assurance in relation to compliance and progress on work completed associated with CQC Section 31 Notice
We were assured by the progress on the Meadowcroft action plan with audits showing good compliance with areas around keys and alarms. We were also pleased to hear about a positive team away day held recently that focused on well-being and team working .
Discussion took place about safer staffing. Committee were advised about the current development of a confirm and challenge with the e-roster system as well how we gain assurance around changes made to the rosters post finalisation and a weekly "look back "session is planned led by Divisional Heads of Nursing which will improve the monitoring of safer staffing levels .

1.2 Quarterly Learning from Deaths Report

The quarterly report provided evidence that our Learning from Deaths (LfD) is firmly embedded as a priority across BSMHFT, ensuring full adherence to the National Quality Board (NQB) Learning from Deaths Framework. It provides anonymised details of incidents that have been reviewed through this process, along with a summary of thematic learning identified during investigation into these cases, including our initial work exploring health inequalities, which is a central part of our strategic aims within the LFD group.

Within the last quarter 7 cases have been reviewed; 2 were serious incident reviews (SI reviews) and 5 were mortality case note reviews (MCNRs). 1 death was considered to be more likely than not, avoidable; and this was in relation to an SI. It should be noted that the July Learning from Deaths meeting was cancelled due to significant absences over the summer holidays, therefore figures are slightly lower than usual.

430 deaths are reported to have taken place in quarter two.

Of those; 8 are commissioner reportable SIs and 6 meet the criteria for a mortality case note review (MCNR).

In terms of care scores, most cases were scored as adequate care (3) or poor care (2) with one case being scored as good care (4).

With regards to the cause of death of these service users, all of the MCNR's were of deaths due to physical health problems, including cancer and severe frailty. One of the SIs was death caused by overdose which had exacerbated a preexisting physical health condition, and the other was suicide.

The SI which had been graded as strong evidence of avoidability (2) had been reviewed in line with the 'Reporting, Management & Learning from Incidents Policy'. The findings from the route cause analysis were around the team not collecting collateral information form a previous mental health provider, and the patient's contact number being recorded incorrectly.

The learning from deaths process has begun including protected characteristics to try to establish any trends in health inequalities, as part of the ongoing inequalities work across the organisation. The tables on this page identify the protected characteristics of the deaths that were tabled at learning from deaths group during this quarter. The information is reported verbatim as it is recorded on Rio.

It can also be noted that there were no pregnant patients and no patients recorded to be transgender. There was one patient with a disability related to mobility.

Chair's assurance comments:

Committee were assured that we have full adherence to the National Quality Board Learning from Deaths Framework

Committee were partially assured that although we continue to have good systems in place to ensure continuous learning and monitoring we are struggling to obtain causes of death from the Coroner.
This has been escalated to F Aria and S Forsyth who will raise with the Coroner.

1.3 Quality Safety of Inpatient Services in response to Edenfield and reducing restrictive practice

In light of the recent Panorama and Dispatches programmes and the national requirement to provide assurance that actions are in place to reduce the likelihood of similar concerns arising within our organisation, the committee received the report to update and assure regarding actions currently underway and planned alongside any potential blockages to completing this on-going workstream.

The Trust has a new policy out for consultation regarding Mechanical restraint. The policy encompasses the use of Handcuffs along with the use of a device called the Soft Restraint System (SRS) which can assist staff in managing extreme levels of life limiting self- harm behaviour or to relocate an individual into seclusion to avoid prolonged use of the prone position.

The current available data does not differentiate between the types of mechanical restraint used, this is done through a deep dive of the narrative data provided to the AVERTS team and RRP monthly from GI.

During the month of October, there were 51 reported episodes of seclusion. 26 in A&UC, 24 in SCOH and 1 episode on specialities. 14 of these episodes were reported as bedroom seclusions with 11 in A&UC (9 male and 2 female) 2 Acute PICU (1 EDEN PICU & 1Caffra) and 1 on Chamomile. At present we do not have data regarding the times that seclusions were commenced, when they were terminated and if decisions were taken out of hours which may influence the overall duration of seclusion episodes. This data would require a manual trawl of all seclusion episodes. The charts below were cross referenced with the tabular data provided from insight. This dashboard is forwarded to the Dr Rowe and Sam Howes fortnightly and is scrutinised at the monthly RRPSG.

The RRPSG has several overarching workstreams to impact the use of RI across the organisation. All divisions have formulated their own RRP action plan based on their key priorities and will continue to receive support from the RRPSG and respective AVERTS consultants.

Alongside and in conjunction with the divisional objectives, the RRPSG has 4 overarching primary drivers to further reduce restrictive practice and to ensure learning is shared across the organisation.

Some of the proposed work will continue to follow tested QI methodology and processes whereas other projects will follow a strategic Trust wide approach.
From the data that is scrutinised by the RRPSG, clinical areas are invited to come along and showcase some of their individual successes, conversely where units may be struggling, they are invited to share their experience in an attempt to offer support and formulate a working plan that can be followed up by the panel.

The Group are utilising the following questions to formulate plans and examples will be shared with QPES for information and assurance regarding the identification of hot spots and exemplars of positive practice.

Chair's assurance comments:

This report was produced to provide an in-depth report to offer assurance on work and oversight of reduction of restrictive practices within BSMHFT following programmes aired on television recently.

Committee were grateful to Sam Howes for pulling this report together at such short notice . This provided us with good assurance on the range of activities and progress that has been made via various workstreams over the oast few years and the actions that are planned which are being developed based on the key priorities in each division

Committee agreed that this type of report would be helpful to be presented to QPES on a regular basis.

1.4 Reducing restrictive practice

Within BSMHFT, there has been a formal reducing restrictive programme since 2016, initially the Positive and Proactive Care Expert Panel and more recently the Reducing Restrictive Practice steering group. Various workstreams have been running since 2016, including educing and monitoring seclusion, restraint, rapid tranquilisation and blanket restrictions, as well as various tools to reduce restrictive practices, such as Safewards, service user and staff debriefs and Positive behavioural Support plans. Three annual reports were presented to what was then the Integrated Quality Committee (IQC), the last one being in January 2020 just before the Covid19 pandemic.

The committee received a detailed presentation on Using a Collaborative approach to Reducing Restrictive Practice within a large Mental Health Trust.

Chair's assurance comments:

Committee wished to commend the activity that has taken place to progress this work and Chair agreed to write a letter of thanks to the acute and urgent care leadership teams for such a clear and collaboratively developed action plan

1.5 Quality Strategy Update

Our Trust Five Year Strategy was developed during 2019/20 and launched across the organisation April 2021. It comprises four strategic priorities, each of which has a number of strategic aims:

- Clinical Services
- Sustainability
- People
- Quality

Each year we agree goals for each strategic priority. The goals for 2022/23 were taken through Committees and Board at the beginning of the financial year.

Following Trust Board in May we agreed that a prioritisation exercise would be carried out on the Trust goals for each of the four strategic priorities and that goals prioritised as level 1 or level 2 would be reported to Board Committees.

The Quality Strategic Priority has a total of 11 goals spread across 5 strategic aims, all of which have been prioritised as level 1 or 2.

It is encouraging that 100% of these goals are rated 'Green' or 'Amber' which means they are where we expected them to be at this point in the year, or have only minor issues impacting delivery which are being managed, in relation to their milestone plans at this point in the year. There are currently no 'Red' rated goals.

Updates on Clinical Services, People and Sustainability goals have been reported to the relevant sub-committees and a summary report covering all four strategic priorities was taken to Trust Board in December 2022.

Chair's assurance comments:

We were appraised of the QI journey and the specific work around RRP collaborative being a clear example of this.

A work plan for next steps was presented and committee were assured that work is underway across all directorates to not only maintain gains we have made but also to scale up and spread to their areas not yet involved.

1.6 National Patient Survey Report

BSMHFT performed either average or lower than average on the questions in the annual Care Quality Commission National Community Mental Health Survey.

Executive Summary

- 257 Birmingham and Solihull Mental Health NHS Foundation Trust service users responded to the survey
- The response rate for Birmingham and Solihull Mental Health NHS Foundation Trust was 21.07%.

The survey results have been discussed at ICCR financial planning and performance meeting, APAC, OMT, and is on future CMHFT Forum and older adult meeting agendas. We are awaiting confirmation to attend the PAC, NAC and MAC.
The results where we are doing worse than average can be attributed to either system issues and practice.

The survey has become a performance indicator for the community mental health transformation programme, and it is hoped that the programme will address some of the system issues as follows:

- Improved community mental health transportation enabling service users to access care and support more easily
- Neighbourhood multi-agency teams
- Multi-disciplinary, co-produced (with service-users), needs led care plan and treatment delivery
- Support with social circumstances, employment, housing and finances
- Range of evidence-based psychological approaches
- No referral culture - no “wrong front door”.

Chair’s assurance comments:
Good discussion driven by the contents of the national patient survey .Whilst acknowledging that this is based on the feedback from a very small sample proportion of our service users, the findings are nonetheless important and complement information from other sources and actions to address these were proposed . Ideas for other ways to gain service user feedback were discussed. Committee were pleased to hear the Participation and Experience Team are fully operational and we were very impressed by the different activities that have taken place over the past 3 months within the different clinical divisions as well as two co production events to review the work completed via the existing Recovery for All Strategy . The new strategy will be launched in January 2023.

Action agreed that the 6 monthly Patient participation and experience report will be presented at Board as well as at QPES to ensure that governors , other Board members not at QPES and public are appraised of the service user voice.

1.7 Draft QI Strategy (incorporating 12-24 QI planning document and list of current QI Projects on TIH)

This framework, and the plans which underpin it, mark an important step forward for our Trust. They set out our ambitious plans over the next three years to deliver sustained, significant, and continuous improvements to the quality and safety of the care we provide for our patients. The framework supports delivery against the Trust’s vision, values, and strategic priorities.

As an organisation we began our formal quality improvement journey in early 2018, contracting the Institute for Healthcare Improvement (IHI) as a strategic partner to provide coaching, training, and ongoing support that covered a four year period building a range of expertise across the organisation and establishing a team to support delivery. Through this Framework we are seeking to continue to embed a comprehensive strategic approach to improve patient, service user and staff experience through a drive for continuous improvement across all areas of the organisation. This approach will help to make a real, positive difference to our patients and support our staff in their efforts to deliver the outstanding care to which we aspire. Alongside this approach, the Trusts ‘just culture’ philosophy and focus on human factors will change the way we think about safety, to look at our how actions and behaviours can impact our patients, each other and the entire organisation and by encouraging us to be open to learn and continuously improve. There has never been a better time for us as an organisation to embrace continuous improvement. With the new system arrangements, we have an opportunity to further enhance engagement and commitment to building a

culture of safe and innovative practices across all care pathways.

Our approach is to ensure that a continuous drive to make quality improvement everyone's business is embedded throughout all of our teams by empowering individuals to work with and consider feedback from our populations and to take a system approach to driving improvement.

The Quality Improvement team are a professional support system that supports delivery against both strategic and operational priorities. In partnership with service leads they will identify areas foe improvement and build capacity and management to ensure that actions that are taken improve the health of our populations.

Our QI approach is informed by the Institute for Healthcare Improvement's Model for Improvement. It helps to focus improvement efforts by answering three questions to clearly define our improvement aims, measure our improvement and select the right changes to ensure success. The Plan Do Study Act (PDSA) cycle enables changes to be tested before they are fully implemented thus making sure the changes we select have a positive impact.

Our approach to delivery will be achieved through:

- Collaborative improvement projects focused on strategic priorities and the elimination of risk
- Improvement hubs leading change at a local level
- Involvement and the voice of experts by experience and their families
- Learning lessons from incidents, complaints and feedback loops and embedding within improvement work.

Chair's assurance comments:

Committee agreed that close working with people committee will be required to improve recruitment and retention of staff, in relation to staff experience of managing violence, restrictive interventions and organisational culture.

These gains will require continued investment in QI capacity
Committee discussed the golden thread of QI work in the trust and how this is reflected through the BAF and how to combine both the quality strategy, the QI strategy and the PSIRF into one overarching strategy.

1.8 Delivery against 22/23 workforce plan and 23/24 Workforce planning

A key Trust target for 2022/23 has been to look to improve the cohesiveness of internal workforce planning activity, building on work already in hand for planning workforce growth and developing a range of recruitment and retention initiatives in respect of 'hard to fill' job roles – including those generated at a system wide level;

There are 4 core elements which underpin the refreshed approach for 2023/24, namely:

- Deepening the continuous engagement of divisional and professional leads in forecasting workforce numbers and generating further 'early impact' recruitment and retention initiatives for achieving changes during 2023/24;
- Refreshing internal corporate governance arrangements for developing, approving and monitoring the effectiveness of all aspects of workforce planning;
- Carrying out re-baselining reviews of the current funded establishments of 'hard to fill' jobs, with a view to developing alternative roles / ways of working which can be recruited to; and
- Putting in place routines for regularly updating all Trust staff on the efforts being made to increase the numbers of staff in post

The key focus for 2023/24 and immediately beyond is to build on what has been

achieved to date by further embedding good practice in workforce planning. This will be achieved by:

- Engaging routinely with divisional and professional leaders in improving the internal cohesiveness of workforce planning activity and 'initiative effectiveness' impact monitoring across the Trust;
- Developing priority schedules for progressing agreed recruitment and retention initiatives – and regularly refreshing / updating ideas;
- Concerting planning efforts on the development of 'grow your own' pipelines for best securing the future supply of staff, particularly in 'hard to fill' posts – including the shaping of new job roles / ways of working;
- Working closely at a system level to both ensure that BSMHT's workforce needs are known and, wherever possible, secure resources support in filling our workforce gaps;
- For 2024/25 and beyond, looking to adapt BSMHT's workforce planning cycle so that plans are developed by November of each year (avoiding the worst of winter service delivery pressures)

Reporting of implementation progress against workforce plans will be reported bi-monthly to the Shaping Future Workforce Sub Committee.

Chair's assurance comments:
Committee noted the update.

1.9 Escalation from Clinical Governance Committee

The committee received the report with no matters for escalation.

Chair's assurance comments:
The committee received the report with no matters for escalation.

1.10 Minutes and Sub Committee escalations

The Reach Out Commissioning Sub-Committee (ROCSC) met on 10 November 2022 and noted the salient points as follows:

Reach Out Mental Health Steering Group Chair's Assurance Report

The committee were presented with a detailed overview of the Mental Health Steering Group highlighting the salient points as follows:

Transformation and commissioning

- Adult Secure Care Demand and Capacity report now finalised to include additional modelling scenarios agreed with partners. Next steps priority work to focus on demand and capacity modelling for the FIRST team to support investment and growth plan for commissioning plans.
- Partners have been invited to submit proposals to Reach Out for non-recurrent to support management of costs pressures in 2022/23.
- Work has commenced with PC partners at CGOD to develop priority list of investment and service development proposals to inform the development of commissioning plans for 2023/24.

Partial assurance: We remain on track with planned timescale for future developments, though provider capacity remains a constraining factor.

Contracting

- Ongoing debate regarding the contract review meeting and partners needing to be held to account and how regularly meetings need to ensue.
- Meeting with NHSEI/DH/MoJ - QI project deemed to be the best option in relation to

pathways for patients coming out of prison to go into hospital to ensure all angles are looked at – NHSEI have agreed with the project and to fund it. AB advised of haste – the approach must be QI absolutely and people must be monitored coming through the system and getting treatment and their health & wellbeing looked after. There is a 28-day target – we are not an outlier but this is no reason for complacency.

- EBC costing template is not yet complete due to working in a collaborative way – a report will be submitted to the Committee at the February meeting.

Full assurance is supplied with noting of challenges included in which are the prison pathway and staffing.

Quality

- CQC undertook an inspection of BSMHFT services, including secure setting in October. Highly positive feedback was received on the initial briefing including a special mention of the positive interactions between staff and patients, innovative projects to enable patient voice to be heard, matrons and hospital management at Ardenleigh very passionate and committed to their roles despite the workforce challenges at the service and the activities on offer to patients at Reaside and Ardenleigh. The CQC also raised concerns about staffing levels and vacancies across the service, especially at Ardenleigh. Lack of physical health monitoring following rapid tranquilisation at Citrine and concerns about name calling and staff attitudes on the ward. Concerns were also raised at the Tamarind centre about the randomised approach to searching patients and the noise level on wards at Reaside impacting on patients' sleep.
- Note re. BBC Panorama – Learning from Edenfield

MH Cost Pressures Proposal

The Reach Out PC has made a considerable level of savings since it went live on 1 October 2021. Recurrent savings of £4.2m are expected to be achieved annually and a large proportion is expected to be invested in development plans in 23/24 that will support the strategic objectives of the PC. Development plans have been submitted by the MI partners and a paper seeking approval for the use of recurrent savings for recurrent investments/developments will be presented in the new year as part of the Commissioning Plan for 2023/24.

The forecast level of reserves (including ringfenced monies brought forward from previous years) at the end of 22/23 is £10.4m. As per the key lines of enquiry work completed prior to go live a reserve level of £2.1m needs to be retained to manage financial risks identified by the PC. Therefore £8.3m can be used to support cost pressures, non-recurrent investments, project work and exploration/pump priming of future developments. As we are expecting to invest the majority of recurrent savings in developments from 23/24, we need to assume that the overall savings level will not grow significantly going forward unless developments generate future recurrent savings.

The proposals contained within the paper were agreed subject to confirmation that all partners were in agreement with the contents, this did not create a precedent and addressed the objectives of the collaborative. This confirmation was given to members.

Mental Health Delivery Plan Update

An update on the 2-year delivery plan as agreed by this Committee for 2022-24 with four priority objectives with the acknowledgement that whilst they were the priority objectives as listed there have been progress made in other areas also.

The plan is due to be finalised in February with the risk of slippage due to the Christmas

period. A company by the name of 'Key Ops' have been commissioned and will have a report for the January meeting.

With the community pathway redesign there has been considerable work across the patch and it is expected this will feed into the commissioning specification for the FIRST team. The Women's pathway redesign programme took place and 8 actions arose. This was a productive workshop with good attendance.

Risk Registers

Both risk registers (mental health and LDA) had been reviewed in detail prior to submission to the sub-committee and updated to reflect the current position.
The committee noted the key risks and issues reported for mental health and LDA. There was detailed discussion on some, particularly regarding provider staffing and agreement reached to moderate these to reflect risks more appropriately.

Matters of escalation to the Board

Matters of escalation to the Board

There have been outbreaks of respiratory problems across the Trust therefore use of masks is now recommended in clinical areas.

There was no SI or Quality report this month however there were emerging issues and discussions in light of the CQC visit – a plan is in place for matters to be addressed by March.

It was agreed to bring the response to Edenfield paper to Board.

DR LINDA CULLEN
NON-EXECUTIVE DIRECTOR

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	18th January 2023
Author	Dr L Cullen, Non-Executive Director, Chair
Executive sponsor	Mr S Forsyth, Interim 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 18 January 2023. The attached Assurance Report is provided by the Committee Chair for the attention of the Board of Directors.

Reason for consideration

To assure the Board of Directors on the policies, processes, performance and monitoring for the Trust's Quality and Patient Safety and to escalate any key issues of concern.

Strategic objectives

QualityQuality

- 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

CommittedCommitted
Compassionate
Inclusive

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

1. ISSUES TO HIGHLIGHT TO THE BOARD

1.1 Staff Story- Steps to Recovery

The Committee has agreed to receive staff stories formally as part of the Committee to ensure they are receiving regular oversight from front line teams.

The Committee welcomed a presentation from the Steps to Recovery Team highlighting the salient points as follows:

- BSMHFT Steps to recovery services are currently rated Good across 4 domains & Requires Improvement for the safety domain (note we are awaiting the 2022 inspection outcomes)
    - Safe
    - Caring
    - Well Led
    - Effective
    - Responsive
- Steps to Recovery initial CQC feedback 2022
    - Staff and managed risks to patients well
    - Staff spoke highly of ward managers and line management
    - There was a strong understanding of Safeguarding and management processes
    - They were impressed by the low level of incidents considering the nature of the patient cohort
    - Patients spoke kindly of staff and felt very supported
    - Patients voiced no concerns around staff attitudes
    - A noticeable reduction in restrictive practice and an improvement since their last inspection

Chair's assurance comments:
This was an excellent presentation and committee noted the positive feedback gained as well as the actions that have been taken following the recent CQC visit as well as the breadth of quality improvement activities that are ongoing .It was clear that the leadership team as well as the wider staff group in Steps 2 recovery are demonstrating the trust values of committed and compassionate.

1.2 CQC Update

The Committee received an update on the activities related.

The salient points were noted as follows:

- The door monitoring alarm system has now been installed in all en-suites in Acute Care. However final connectivity it still taking place on Caffra at the Oleaster and that should be complete by the end of January 2023.
- In Acute Care, a total of 427 Safety Huddles were completed out of a possible 444 for the period.
- In terms of safer staffing, we continue to recruit to our vacancies. All suitable systems and tools are also being utilised to ensure we dynamically manage any staff changes or requirements, and this includes the use of an app called Loop. The training plan for E-rostering, Safecare and the Loop will begin in January 2023.
- The monthly audits of MDT standards in Acute Care continue to take place and for this submission, we have seen either consistency or an improvement in nearly all measures for the reporting period.
- The legionella risk on Eden Unit is being managed using the appropriate mitigations with involvement from all relevant teams and departments providing support.

- The Clinical Educators continue to provide support to our operational staff. For the reporting period they have continues to present their Clinical learning labs across a range of sites inside and outside of Acute Care. They have also been delivering sessions on physical health and care planning.
- The overall numbers of incidents of actual self-harm have decreased for the reporting period. There has also been a decrease in the numbers of no anchor point incidents for the period.
- We reported no anchor point incidents for the period.
- The team has continued with its programme of Assurance testing and peer reviews for service areas and sharing the findings from these.
- The CQC Well-led inspection took place primarily face to face on December 13th – 15th at Uffculme. Other sessions were held with subject matter experts and leads on the 7th, 8th and 20th of December virtually. At the end of the week, we received a high-level feedback letter from the CQC, which has been submitted with the papers.
- In November we received an intent to issue the Trust with a Section 29A notice from the CQC. The Trust made representations and submitted its response on December 6th. The CQC shared their representation decision with the Trust on December 29th. This saw aspects of the original notice around RMN cover rescinded based on the evidence that we submitted however we feel that other aspects of our evidence has not been adequately considered and so we have written back to the CQC asking for further consideration of the notice around RMN cover. We are working with services to ensure they can demonstrate improvement in supervision levels by January 23rd as indicated by the notice.
- All 'should do' actions have been completed and all but one 'must do' action (due at the end of January) has been completed for the Meadowcroft inspection. The compliance team will continue with its programme of assurance testing to ensure maintenance of compliance.

Chair's assurance comments:
Committee were assured that we continue to keep a clear focus on progress and track actions for improving and monitoring the safety of the physical environment and improvement for care planning alongside managing safe staffing levels .

1.3 Meadowcroft CQC Action Plan

The Committee were presented with the Meadowcroft CQC action plan and noted the positive progress being made against the detailed plans.

Chair's assurance comments:
As well as the assurance provided showing clear evidence for completion of actions we were appraised of soft intelligence in terms of positive changes observed on the ward and increased staff morale and engagement .
Committee were pleased to hear about plans to embed an ongoing programme of ward accreditation across the trust which will give us real time oversight as well as cross fertilisation of good practice within the organisation.

1.4 Serious Incidents and Learning

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

- 7 serious incidents have been reported to Commissioners during November 2022, which is on the median of 7. Of these 7 incidents, 3 occurred in November with 2 occurring in October and 1 during September and 1 from July.
- In terms of incident types, 5 of these incidents related to the death of our service users in the community, 1 related to serious self-harm and another related to a case of suspected homicide.
- In terms of completed reviews, 7 reports were submitted to our commissioners for

consideration of closure.
- The themes arising from Serious Incidents include workforce shortfalls, MDT standards and interface between teams.
- Actions following serious incidents are overseen by the local clinical governance committee and there are currently 93 open actions.
- At the time of writing this report there are 30 incidents in the review process, excluding infection control reviews. As the 60 day review deadline has been removed nationally due to COVID there are no breaches to report. The average time for completion of a review is currently 90 days which is due to a number of cases having been overdue as a result of capacity issues within the Patient Safety Team, delayed meetings with relevant staff or awaiting additional information from other agencies.

Chair's assurance comments:
We had a really good discussion about serious incidents and learning. Key points included -how the current framework will change over the next 6 to 9 months to the new Patient Safety Incident response (PSIRF)framework . We discussed concerns about the high number of outstanding actions held by local clinical governance groups and how we develop a robust process to track these actions and gain good assurance that learning is embedded across the trust . This will include a plan as to how the collated evidence from initial 72 hour reports will inform any immediate learning.
The Patient Safety Assurance Group (PSAG) has recently restarted and will look at the learning strategy.

Action:
It was agreed that a monthly report would be given to QPES to update on progress towards full implementation of PSIRF.

1.5 Monthly Quality Report

During the month of November we have seen a decrease in the reporting of incidents. Majority of these incidents resulted in no harm. Generally incident reporting has increased within the areas of:
- Self-harm behaviours
- Physical Assault & Attempted Assault
- Workforce & Staffing

0 of the 16 metrics reported numbers above the mean.

7 of the 16 metrics reported improvement, these being:
- Physical and prone restraint
- General incident reporting
- Harm levels
- Inpatient assaults
- Absconsions
- Section 17 leave

Chair's assurance comments:
Committee were advised of very high number of incidents that are awaiting sign off. It was recognised that is it very important that these incidents are owned by the clinical directorate teams and highlighting the importance of aiming for a reduction in open incidents by close working between clinical and operational leadership and patient safety and clinical governance teams. Committee agreed that to enable a reasonable trajectory for completion going forward that a risk stratified approach to addressing incidents open since 2015 to 2020 would be undertaken alongside an analysis of themes and trends from this period .Gaining an understanding of the reason for so many outstanding incidents will also be an important part of learning

Action:
Highlight these outstanding incidents risks on risk register.

1.6 Integrated Performance Report

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

- CPA with formal review in last 12 months
- IAPT seen within 6 and 18 weeks
- Out of area bed days
- CPA 7-day follow up
- Referrals over 3 months with no contact
- Monthly agency expenditure

People

- Bank and agency fill rate
- Appraisals
- Sickness absence
- Vacancies

QPES

- Ligature incidents
- Physical restraints

Chair's assurance comments:
Committee noted report .We were assured that governance have monthly meetings with clinical directorates and detailed data can trigger deep dives . Committee noted the recent well led CQC feedback prompting discussion about how the metrics need to improve to reflect quality at Board.

1.7 Staff assaults deep dive

The Committee noted the overview of staff assault incidents across directorates within the Trust and were assured some detailed pieces of work have been undertaken to establish a zero-tolerance approach and provide support to staff who have been subject to or have witnessed any incidents.

The trust is currently very much focused on the criminal justice processes and ensuring that there is support where necessary in getting the police and CPS to proceed with criminal investigations where service users are responsible for assaults against colleagues.

There has been significant progress, especially with the police, who have been provided with additional training to their investigations leads, call handlers etc. as well as the introduction of dedicated Mental Health tactical advisors who oversee calls where mental health is an issue. All of this is coordinated within West Midlands Police by a dedicated specialist officer, who provides additional support to investigators. All of which is supported via the Police Interventions Policy that has recently been developed.

For incidents of verbal abuse/behaviours, which may not meet criminal thresholds, the Management of Unacceptable Behaviours Policy was developed and introduced which provides a framework to support colleagues who may have experienced such behaviours – be this from service users, their relatives/associates, carers or visitors to our services.

The Committee noted the incident data and narrative provided in relation to areas

where changes have been identified from Eclipse data. The identified incidents were summarised to provide an overview of where specific changes have occurred in reporting across the relevant directorates and is provided for the information of the committee.

Chair's assurance comments:
This was a very helpful deep dive into an important area of physical assaults on staff and actions and progress made in support to staff , management and prevention .NED challenge highlighted the importance of gaining up to date data and gaining additional assurance from Health & Safety committee

An MDT focus group was proposed to enable further conversations and then feedback to Clinical governance and Health and Safety Groups.
Committee would like to see further analysis of themes and trends in future assurance report.

1.8 Ockenden – Comprehensive Action Plan

The Committee received the report and supporting action plan noting the final report follows on from the first report published in December 2020. In addition to the seven Immediate and Essential Actions (IEAs) first identified, the final report identifies 15 new themes with a series of further recommendations. It contains 66 for local Trusts, 15 for the wider NHS and 3 for the Secretary of State.

The final report produced a number of actions for Provider Trusts. There is an expectation that the full Ockenden Report will be presented to the Trust Board and shared with staff.

Providers have been asked to review the report and take action to mitigate any risks identified, and develop robust plans against areas where services need to make changes, with a focus on the report's four key pillars.as follows:

- Safe staffing levels
- A well-trained workforce
- Learning from incidents
- Listening to families

Safe staffing levels
This Trust is no different to other NHS organisations in struggling to recruit and retain a workforce that meets the demands of our populations. A number of workstreams have picked up clear actions that have seen positive results in a range of areas. Through international recruitment, job fayres and open events a number of RMNs, LD nurses, and nursing assistants have been recruited. New roles have been created in psychological therapies and occupational therapies and the Trust is extending its apprenticeship roles and building opportunities to engage users with experience.

Since January 2022 the Trust has been proactive in building its medical staffing workforce. Appointments have been made to 11 new Consultant posts and 21 new Specialty Doctors have been recruited (14 in post, 7 undergoing pre-employment checks). In addition, 7 new Medical Support Workers have commenced in post. Recruitment and retention have been enhanced through building focused and creative processes, international recruitment, medical training opportunities and health and wellbeing offers.

To support the management of staffing against acuity levels across inpatient areas the Trust has been working with NHS England in the use of the Mental Health Optimal Staffing Tool (MHOST). All wards have trained three RMN's who will use the tool on a daily basis alongside the band 8a's who will provide oversight and support.

A significant piece of work is taking place to articulate a workforce plan that will meet short and longer term objectives to deliver safe and patient centered care.

A Well-Trained Workforce
The training of our workforce commences on appointment incorporating a range of face to face and online programmes associated with individual roles. To support this there are a range of other training options in place to fulfil core requirements and support individuals in their growth supporting talent management and succession planning across the Trust.

Statutory and Mandatory courses
BSMHFT have an extensive list of mandated courses above and beyond the statutory course recommended by Health Education England (Core skills training framework). The additional mandated courses are in place to impart knowledge, skill and competence in subjects relevant to working in a Mental health environment. Staff members are given access to these courses at the Induction Phase and are supported to refresh courses as required.

Role essential training
BSMHFT have enabled staff to have access to training that is relevant to role whether through accessing apprenticeships or requesting specific course through professional routes. The Trust advertise CPD courses through the BSMHFT Training Prospectus.

Learning and development consult with operational areas and where required will either develop bespoke course, source external training or support professionals to create role essential courses themselves. This way of working means that the operational areas can respond to any gaps in practice in a timely manner.

Learning from Incidents
The Trust has recent reviewed processes to ensure the investigation of incidents is inline with national guidelines and have reintroduced an Executive level sign off committee to endorse the process followed and subsequent findings.

As an organisation we are working with a west Midlands collaborative to drive implementation of the Patient Safety Incident Response Framework (PSIRF). Internally a revised structure is being put in place to agree systems and processes to embed new system requirements. It is anticipated that there will be a stronger link between the patient safety, quality improvement and assurance team within the Trust.

The new processes will require stronger engagement with our partners and actions are being taken to enhance engagement with staff, service users and their families and external partners inclusive of the ICB and Coroners.

Listening to Families
The family and carer pathway is due to be reviewed. The intention is to hold an event where we could invite staff to contribute their thoughts about the content of the pathway, celebrate some of the successes, look at obstacles etc. However, given current staffing levels there is concern regarding the number of resources that can be released to support this event.

Family and carer involvement is being built into care planning processes and recent figures are showing an improvement. Families and carers are also being encouraged to work collaboratively in relation to improvement and transformation programmes.

Actions are being taken to promote learning and give assurance that there is a clear focus to drive improvement across all pillars promoting a safe and high-quality patient centered culture.

Chair's assurance comments:
Committee received a very detailed and comprehensive action plan which provided good assurance as to how the trust is taking action against the 4 pillars. NED challenge was raised about the need for a systematic and sustained approach to listening to families and the importance of investment and capacity and continuous engagement in this area.

1.9 Health, Safety and Security Quarterly Report

The Committee received the quarterly report and noted the salient points as follows:

- The installation programme for the door monitoring alarm system is ongoing and all en-suites are now in place in Acute Wards in the North of the Trust. Bedroom door alarm systems have also been installed on George Ward and Larimar. Bedroom doors have also been installed on Melissa but not yet operational and the installation programme has commenced on MSH, Ward 2.
- The en-suite door monitoring alarm system has also been helpful in detecting anchor point incidents on Larimar with staff responding as normal.
- To date we have still not had a response from the HSE acknowledging our last correspondence or the evidence that was submitted to them based on their recommendations.
- The new vulnerability template for COVID19 has been agreed and the Staff Portal configured to record the completion of these. The form was launched in June and as at September 21st, only 266 individuals have been recorded on the portal as having completed the self-assessment. Members of the group were asked to remind staff of the need to complete this. Further communication will also go out in the regular staff briefing.
- As it relates to lone working and the usage of the devices, we note the following usage for June – 41%, July – 37%, August – 37%. Service areas detailed their ongoing plans to improve usage.
- We had 18 RIDDOR incidents for the last quarter, 15 of which were as a result of patients physically assaulting staff.
- Fire safety is generally on track in terms of completion of fire risk assessments, fire drills, fire investigations and fire safety training.
- Although we saw a rise in physical assaults on staff in some service areas for the reporting period, overall the numbers had reduced.
- Discussions were held about the importance of ensuring that all staff have access to keys and alarms for every shift.
- The legionella outbreaks at Eden Unit and Forward House are being managed with the support of our SSL colleagues and external microbiologist. A number of mitigations are now in place to prevent further issues.

Chair's assurance comments:
The report generated a wide-ranging discussion.
In particular progress on actions following a recent legionella outbreak and decision taken in December to close Forward House. The team were given praise for the considerable remedial works carried out since which is anticipated to lead re-opening/partial opening of Forward House early next week.

Action:
Capital funding and top priority areas for each directorate will be reported back to QPES next month.

Concerns were raised about the gaps in and ongoing resilience of the fire safety assessment team and committee agreed that it was in support of immediate engagement of an external specialist fire safety officer to conduct this urgent work to prevent fire risk to patient safety

1.10 Medicines Management Report

The Trust has four different but related pharmacy services. The main Trust pharmacy (Central Pharmacy) is based on the Highcroft site at Venture House. In the same building is Summerhill Pharmacy that caters for pharmacy supplies to outpatient services. Reaside Pharmacy supports inpatient services within secure care. Finally, there is a specific pharmacy that serves Offender Healthcare services within HMP Birmingham.

Pharmacy services across the Trust

- procure and distribute medicines to Trust wards and departments
- dispense prescriptions to individual patients e.g. for discharge or outpatient medicines
- oversee and support medicines management across the trust working with all clinicians
- provide clinical pharmacy services to wards and teams through ward visits, attendance at multi-disciplinary team meetings
- provide a medicines information service to clinicians throughout the Trust
- help to develop medicines policies and guidelines
- provide medicines advice to patients though group sessions, individual counselling sessions

Chair's assurance comments:
The Committee noted the Pharmacy Key Performance Indicators, recruitment plans, audits and medicines expenditure and were assured with plans in place and progress being made.

1.11 Complaints and PHSO updates

The Committee noted the updates report and noted the salient points as follows:

- Complaints Open cases remains at a consistent rate at around 40 per month
- Their remains several complex complaints investigations on-going which impact IO availability. Currently 61% of open cases are awaiting an IO.
- The Trust received both a PHSO Draft Decision Complaint Response and a CQC Final Complaint Response in December. Both are awaiting formal sign off. There is commonality between the cases in regards to Section 117 aftercare arrangements and the trust has agreed to undertake a review of its current policies and procedures and their alignment with system policies and MOU.
- The Trust has a total of 37 complaints actions currently open, the highest number of which are over 3 months old (27- 73%). The highest volume of overdue actions currently sits within the ICCR Directorate with 26 actions. Work will be undertaken with the directorate to support closure of actions with a focus on those over 3 months old.
- There were 32 PALS concerned opened in December. There has been significant success and progress in this area with the number of Open PALS Cases having decreased from 105 to 26 since the last report was shared. A decrease of approximately 75%.
- In December 217 FFT were captured which is 9 less than last month.
- Staff was the main positive theme with 48 (34%) of the positive feedback.
- Waiting time was the main improvement theme with 16 (20%) then support with 13 (16%) and then information having 11 (14%).

A review of complaints data in December reveals that there were 4 newly registered complaints; and 6 closed, of which 100% (6) were within agreed timeframes.

- Number of dissatisfied complainants (return complaints) – 1 (under consideration for reinvestigation)

- % Of complaints upheld – 0%
- % Of complaints partially upheld – 50%
- Number of open complaints with PHSO - 1
- Number of upheld complaints by PHSO - 1

Chair's assurance comments:
The Committee noted the updates report
It was agreed that at next committee meeting an update will be provided on actions taken to reduce backlog of outstanding complaints **.**

1.12 NICHE reports (ZM and Pathway review)

Pathway review
During 2014 two mental health service users were involved in domestic homicides. Birmingham and Solihull Mental Health NHS Foundation Trust (BSMHFT) completed internal reviews of care and treatment for both service users, in line with the requirements of the NHS Serious Incident Framework (March 2013). These resulted in findings and recommendations for BSMHFT. Birmingham Community Safety Partnership commissioned a Domestic Homicide Review (DHR) to be carried out in both cases to establish what lessons could be learned. These DHRs were completed, and reports were written and shared with stakeholders, but they were not published. Although both incidents met the threshold for commissioning an independent mental health homicide investigation, they were not commissioned at that time. In 2021 the NHS England Midlands & East (NHSE) Regional Investigations Review Group decided it would be proportionate to commission a review of how the current systems might respond to a similar situation.
Niche were commissioned by NHSE to complete an examination of the present-day situation.

A draft reports of findings had been shared with BSMHFT for factual accuracy, a response has been coordinated and shared with Niche.

ZM
NHS England Midlands and East commissioned Niche Health & Social Care Consulting Ltd (Niche) to carry out an independent multi-agency review on behalf of the statutory services involved (mental health, police, probation and prison services) into the care, treatment and management of a service user who is referenced as H, who committed a number of stabbings in Birmingham city center on 6 September 2020. Niche is a consultancy company specialising in patient safety investigations and reviews.

This review incorporated the NHS England Serious Incident Framework1 (March 2015) and the Department of Health guidance on Article 2 of the European Convention on Human Rights and the Investigation of Serious Incidents in Mental Health Services. The overarching aim of the review is to ensure that, where possible, statutory services with a duty for cooperation and the protection of public safety learn any lessons necessary to improve services and safety so as to reduce the likelihood of recurrence.

This includes identifying common risks and opportunities to improve patient and public safety and making recommendations for organisational and system learning.

The teams in scope within BSMHFT are the FIRST team within our forensic services and the Community Mental Health Team within ICCR.

BSMHFT have received a copy of the draft report completed by Niche and have had the opportunity to comment on the factual accuracy of the report. This will be returned to Niche at the beginning of January 2023.

Chair's assurance comments:
Committee noted the report.

1.13 NCISH Safety Scorecard

The Committee noted the NCISH Safety Scorecard for information only.

The NCISH Safety Scorecard has been prepared to support Trusts with benchmarking and to support quality improvement.
The scorecard consists of 4 indicators that relate to the work of NCISH: suicide rate, homicide rate, staff turnover and NCISH questionnaire response rate. The staff turnover figures are taken from NHS Digital data, which in turn are taken from individual trusts.

Suicide cases are the core data collection of NCISH. The information in the scorecard is based on data that NCISH has been provided with by the trust through a detailed questionnaire completed by clinicians. The Trust have returned 94% of questionnaires between January 2018 and February 2022 with a national average return rate of 91%. For homicide cases, NCISH still identify those in contact with mental health services but do not collect clinical information from services.

National benchmarking shows that average rates for suicide for 2017-2019 are 4.48per 10,000 people. BSMHFT has a rate of 6.18 suicides per 10,000 people under mental health care in comparison to a rate of 6.00 per 10,000 during 2016-18 with an average of 5.25.

The national average homicide rate was 0.11 with a 0.13 rate per 10,000 people under mental health care from 2017-2019 for BSMHFT, in comparison to a rate of 0.12 between 2016-18 with a national average of 0.14

Non-medical staff turnover was 14% between October 2020 and October 2021 with a national average of 15%. Non-medical staff turnover was 12% between October 2019 and October 2020.

Chair's assurance comments:
The Committee noted the NCISH Safety Scorecard.

1.14 Any other business

Due to late reception of papers to committee 2 papers have been deferred to February meeting.
The Quality Oversight Arrangements within the Mental Health Provider Collaborative and BSol Mental Health Provider Collaborative Quality and Safety Group (QSG) Terms of Reference.

1.15 Matters of escalation to the Board

There were no matters of escalation to the Board of Directors.

DR LINDA CULLEN
NON-EXECUTIVE DIRECTOR

8. PEOPLE

8.1. People Committee Chair’s Assurance Report

Birmingham and Solihull Mental Health NHS Foundation Trust

Meeting	**BOARD OF DIRECTORS**
Agenda item	**Item 12.3**
Paper title	**CHAIR'S ASSURANCE REPORT FROM THE PEOPLE COMMITTEE**
Date	1 February 2023
Author	A. Baines, Non-Executive Director (Interim 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 December 2022. The attached Assurance Report is provided by the Committee Chair for the attention of the Board of Directors.

Reason for consideration

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

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 Quarterly Performance Indicators

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

- The vacancy rate in October has decreased to 14.2% and is above the KPI target of 6.0%. In April, new budgets were set and additional budget provided to the Trust allowing growth in our establishment. This large increase reflects the new allocation of additional budget.
- The focus is to continue to reduce vacancies, particularly – hard to recruit posts. Some of the actions include:
    - Explore how we can improve the benefits we offer as part of our attraction package, focus on our benefit package which includes, flexible working and on specific wards only we will be offering recruitment and retention premium.
    - The Trust will be working with local universities to attract second and third year students to consider the Trust as future employer. The Trust will be participating in 'BSol Love Our Learners' event that is planned for December 2022. This an event that will be targeting second year students to consider BSol as a choice arear to work when they complete their degree. This event is being actively planned and the Trust will be playing a prominent part in this event. For example, we will be offering help on interview techniques, how to complete application forms. Focus on benefits such as flexible working when one works for the Trusts.
    - The Trust had a job's fair for North and Central wards in November to address these specific wards which have high levels of vacancies. This was really successful and 11 offers of employment were made to students. We had over 40 nurses attend.
- Additional posts to the establishment due to funding growth has mean an increase in our vacancy rate. An additional c.160 WTE have been added to our establishment.
- Vacancies in certain areas remain a challenge (nursing, medical roles, psychology), but assurance is provided around the ongoing work specifically around nursing and medical recruitment to try and reduce rates to close to the KPI.
- Turnover has increased to 10.89% in October from 10.88% in September 2022
- The number of leavers in a rolling 12-month period increased to 459 in October from 456 in September - in October there were 33 leavers which is 19 less than September.
- The bank and agency fill rate increased to 84.5% in October from 82.9% in September. The bank fill rate remained relatively stable, as did the agency fill rate
- There has been a increase in agency spend from £670k in September 22 to £769K in October 22. This spend is above the NHSI monthly stretch target by £290k. Year to date expenditure is £4.967m. We are £2m over the YTD stretch target
- 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 over £2m above the NHSE limit
- Appraisal rates have decreased to 81.8% in October 22. The appraisal rate had been maintained consistently above the 85% CCG target from November 2019 to March 2020, however fell below this in April 2020 due to the impact of Covid-19
- Fundamental Training increased to 93.4% in October from 93.1% in September, an increase of 0.3%
- Bank Fundamental Training compliance has increased to 82.1% in November which is over the target

Chair's Assurance Comments:

Committee was only able to take partial assurance from the report. In particular, members had become aware (from attendance at the induction event) that new recruits, the majority of which were onto the bank, were not receiving essential AVERT training eaning they could not be used on wards. Given the dependence on bank support this was a concern. It was agreed that a report on TSS training provision in this regard would be made to the next meeting.

It was also shared that some colleagues being placed on the bank were looking for permanent positions. PN advised the Committee that Bank colleagues were regularly asked if they wished to become permanent – this was welcome but wondered whether opportunities were being missed at appointment.

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 P. Nyarumbu.

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 the majority is agency spend is on medics.

Chair's Assurance Comments:

The Integrated Report was felt as providing partial assurance in line with The discussions above.

1.3 Psychological professions workforce innovations

The People Committee received a detailed presentation in relation to the Psychological professions workforce innovations noting the workforce challenges and plans in place to mitigate for the future.

The committee noted the diverse group of professions work is informed by the disciplines of psychology and psychological therapy and work across the

lifespan, with communities and health & care workforce across a wide range of settings, including community services, mental health services, hospitals, primary care services, prisons, local authorities and educational settings.

The committee noted the positive feedback on supporting trainees alongside the apprenticeship levy and preceptorship model.

Chair's Assurance Comments:

Committee thanked Dr K for this interesting and inspiring presentation. It was assuring to see the range of approaches and initiatives being used to recruit colleagues at various levels. There were no specific action requested although it was agreed that psychological therapies, alongside AHP issues should be included more routinely in reports given the multidisciplinary nature of many clinical models with the Trust and to reflect the importance of the roles.

1.4 Safer Staffing Report

The People Committee noted the report and requested that further details are included in future to be able to provide the committee with assurance.

The committee requested future reports are widened to include more than nursing data to allow the Committee to review the details across the establishment.

Chair's Assurance Comments:

Committee could not receive assurance from this report given the lack of more detailed evidence. It was reiterated that this additional information was key.

1.5 Delivery against 22/23 workforce plan and 23/24 Workforce planning

The committee was asked to note the work undertaken in relation to the workforce plan.

There are 4 core elements which underpin the refreshed approach for 2023/24, namely:

- Deepening the continuous engagement of divisional and professional leads in forecasting workforce numbers and generating further 'early impact' recruitment and retention initiatives for achieving changes during 2023/24;
- Refreshing internal corporate governance arrangements for developing, approving and monitoring the effectiveness of all aspects of workforce planning;
- Carrying out re-baselining reviews of the current funded establishments of 'hard to fill' jobs, with a view to developing alternative roles / ways of working which can be recruited to; and
- Putting in place routines for regularly updating all Trust staff on the efforts being made to increase the numbers of staff in post

The short term plan (up to April, 2023) is to focus on:

- Working with divisional and professional leaders to preparing a Trust wide 2023/24 workforce plan comprising forecast changes in staff numbers and key priority areas for 'recruitment and retention' attention (see the applying

timetable at Appendix 1). By the end of March, 2023, we will have a comprehensive workforce plan document for 2023/24

- Giving particular attention to building on existing staff retention measures – starting from a 'getting the basics right' approach;
- Completing work already in hand to ensure that there is a single Trust wide directory of all recruitment and retention initiatives being actively worked on and ensuring they have all been 'impact effectiveness' assessed;
- Completing the establishment of a 'Recruitment and Retention' Sub Committee and working to ensure its early effectiveness;
- Supporting / briefing local managers on the benefits of taking a planned approach to workforce management;
- Ensuring that a workforce planning approach is embedded within wider Trust OD / culture change / learning & development plans for 2023/24;
- Submitting a team to participated in the HEE 'workforce planning masterclass' programme scheduled to start in March, 2023

By the end of March, 2023, we will have a comprehensive workforce plan document for
2023/24 – comprising a workforce numbers forecast and 'key priorities' covering both
recruitment & retention.

Actions being taken to achieve plan

Nursing Vacancies

- International recruitment programme – currently 33 offers have gone out, expected 18 to start by end of March 2023
- Continued attendance at jobs fairs and events for specific healthcare/nursing roles – expected additional 14 by end of March 2023
- Further engagement with universities -– expected additional 4 by end of March 2023
- Guaranteed roles for student nurses – this will support recruitment in 2023/4
- Nursing apprenticeships – this will support recruitment from 2023/4

Medical Vacancies

- Development of new roles such as Medical Support Workers and Physicians Associates – additional 8 posts this year (already in post)
- Utilisation of Royal College of Psychiatrists medical training initiative for overseas doctors – expected additional 3 for 2023/24
- New specialist grade doctors - expected additional 3 for 2023/4

General recruitment/retention initiatives

- Review of website and careers pages for Trust
- Launch of flexible working toolkit and revised communication plan
- Targeted work on AHP retention and psychology retention – reduction of turnover rate to below KPI level of 11%
- Launch of new exit survey

Chair's Assurance Comments:

The Committee undertook a deep dive approach on this report to understand the processes that would underway to produce the Workforce Plan.

It was concerning to hear that there was a perception that the Trust was a 'hard place to work' and lacked flexibility. These cultural issues would need a clear strategy to address and could impact in improvements in colleagues working lives and the staff survey.

There was also some concern that despite the number of range of schemes and approaches in place there may well remain a gap which also needed to be addressed.

Committee took partial assurance in the approach to deliver the plan but looked forward to the inclusion of a wider range of clinical professions as highlighted earlier in the meeting.

1.6 Mental Health Provider Collaborative

The People Committee were informed from 1 April 2023, BSMHFT as lead provider for the BSOL Mental Health Provider Collaborative, will take on new commissioning and contracting responsibilities in excess of £300m.

Shadow form will commence from 9 January 2023.

The proposal is to develop a BSMHFT Commissioning & Transformation Hub which will be responsible for driving forward the commissioning, contracting and delivery responsibilities across the organisation. It is envisaged that although the initial infrastructure will focus on the BSOL Mental Health Provider Collaborative, the Hub will have the scope to develop into a wider resource across systems.

BSOL ICB have as part of the future Mental Health Provider Collaborative arrangements identified the required functions that will need to initially align/embed into BSMHFT.

The People Committee noted the intention to commence a consultation process with staff regarding the development of a Commissioning & Transformation Hub and to take forward discussions with colleagues who lead in the areas potentially affected, to gather views on how they see their functions supporting the delivery of the Hub and how any changes would be taken forward which could result in realignment of functions and/or line management.

BSMHFT are committed to fully engaging and supporting staff during this period of change and working closely with colleagues and their representatives to support the development of the Hub.

The proposed approach will be based on the following principles:

- Ensuring that the future model for BSMHFT has been informed and co-produced with staff- creating space for staff to share their views
- Staff consultation is not about a reduction in workforce
- There are no plans to change the Terms & Conditions of staff
- All staff will be treated fairly as part of the consultation process. An Equality Impact Assessment will be drafted in order to ensure that nobody is discriminated against and will continue to be reviewed throughout the consultation period.

These principles will apply across the organisation.

The proposal is for a 30-day consultation, to start in the week commencing 12th December 2022. A proposed timeline is set out below. This period could be changed with the agreement of all those effected. This includes the transfer of the 7 staff from the BSoL ICB Mental Health Commissioning Team to BSMHFT as from 1st April 2023.

Chair's Assurance Comments:

The reported was noted by the Committee.

1.7 Medical Directorate Quarterly Update

The People Committee noted the Medical Directorate Quarterly Update.

The Medical Directorate is responsible for the medical appraisal and revalidation for substantive, Consultants, Specialist and Associate (SAS) doctors, honorary doctors and other non-training grade doctors with a designated body connection to BSMHFT. Trust bank and locum doctors employed on fixed term contracts in these grades with a designated body connection are also within scope of Trust policy (currently 195 doctors). BSMHFT are not responsible for undertaking appraisal and revalidation for doctors in training, agency doctors and contractors.

Currently 199 doctors are required to complete a job plan. This is applicable to substantive Consultants, Specialist, and Associate Specialist (SAS) doctors and other non-training grade doctors. It also covers all Trust locums employed on fixed term contracts in these grades. It does not apply to honorary doctors, doctors in training, bank staff, agency staff, contractors and visiting doctors.

The People Committee were partially assured that processes are in place and being managed appropriately.

Chair's Assurance Comments:

Committee was assured by the contents of the report.

ANNE BAINES
NON-EXECUTIVE DIRECTOR

Birmingham and Solihull Mental Health NHS Foundation Trust

Meeting	**BOARD OF DIRECTORS**
Agenda item	**Item 8.1.1**
Paper title	**CHAIR'S ASSURANCE REPORT FROM THE PEOPLE COMMITTEE**
Date	1 February 2023
Author	A. Baines, 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 18 January 2023. The attached Assurance Report is provided by the Committee Chair for the attention of the Board of Directors.

Reason for consideration

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

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

ISSUES TO HIGHLIGHT TO THE BOARD

Quarterly Performance Indicators

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

- The vacancy rate in October has decreased to 13.6% and is above the KPI target of 6.0%. In April, new budgets were set and additional budget provided to the Trust allowing growth in our establishment. This large increase reflects the new allocation of additional budget.
- Vacancy rates have fluctuated over the last 12 months with an overall increase in vacancies since April 2020 when vacancies stood at 7.8%. The vacancy breakdown by division is as follows: Secure Services and Offender Health – 10% Specialties – 10.9%; Acute and Urgent Care – 12.7%, ICCR – 21.7%. Strategy, People and Partnerships – 11.9%, Resources – 9.1%, Corporate Nursing – 28.6%, Corporate Medical – 10.9% and Chief Exec Office – 33.8%.
- The focus is to continue to reduce vacancies, particularly – hard to recruit posts. Some of the actions include:
  - Explore how we can improve the benefits we offer as part of our attraction package, focus on our benefit package which includes, flexible working and on specific wards only we will be offering recruitment and retention premium.
  - The Trust will be working with local universities to attract second- and third-year students to consider the Trust as future employer. The Trust participated in 'BSol Love Our Learners' event in December 2022. This event targeted second year students to consider BSol as a choice arear to work when they complete their degree.
  - The Trust had a successful Jobs Fair for North and Central wards in November to address these specific wards which have as many as 41 band 5 vacancies – offering placements to 14 RMN's. A Nottingham Nursing job's fair, and a virtual RCN job's fair were also attended. Trust members are attending jobs fairs to continue to attract employees to consider our Trust as an 'Employer of choice'. The Jobs Fair Group meetings were reinstated on 16/9/22. This group work closely with the Community Engagement team to hold a register of job fairs to attend so that the Trust is able to attract interest and recruit to our vacancies.
- Turnover has decreased to 10.71% in November from 10.89% in October 2022. Turnover breakdown by division is as follows: ICCR – 12.28%; Specialties – 10.92%; Acute and Urgent Care – 10.51% and Secure Services and Offender Health – 10.91%. All areas are below the 11% Trust KPI with the exception of ICCR.
- The number of leavers in a rolling 12-month period have decreased to 455 in November from 459 in October - in November there were 26 leavers which is 7 less than October.
- The bank and agency fill rate decreased to 83.6% in November from 84.5% in October. The bank fill rate remained relatively stable, as did the agency fill rate. The fill rate breakdown by division is as follows: ICCR – 91.7%; Specialties – 88.7%; Acute and Urgent Care – 83.4%; and Secure Services and Offender Health – 73%. The number of shifts requested in November decreased by 213 compared to October.
- 17,925 temporary staffing shifts were requested in November. This is a decrease of 213 from 18,138 in October. 14,991 shifts were filled in November (13,442 of these were bank). The main reasons for requested shifts in November were: Clinical Activity (5,591 shifts requested); Additional Work (3,547 shifts requested); Vacancies (3,226 shifts requested); Block booking (2,019 shifts requested) and sickness (1,207) . There has been a decrease in shifts requested for COVID-19 (156 in November from 208 in October).
- There has been an increase in agency spend from £769k in October 22 to £774k in November 22. This spend is above the NHSI monthly stretch target by £290k. Year to

date expenditure is £5.741m. We are £2.872m over the YTD stretch target.

- The main increase in spend was in "other clinical", all other areas saw a decrease.
  - 3K decrease in medical agency spend
  - 1k decrease in nursing agency spend
  - 15k increase in spend for other clinical agency.
  - 5k decrease in admin and clerical
- Fill rates have significantly increased since the dip in July. Despite increases to TSS team and number of initiatives and incentives being offered, no assurance can currently be offered that the KPI of 95% will be achieved within this quarter.

Chair's Assurance Comments:
Following the presentation of the report, members requested the inclusion of some benchmarking of performance in next months paper as it was felt easy to do following ICB available data.

Members also queried the highest reason for temporary shifts being clinical activity and whether rather than a workforce issue this need an acuity and activity assessment. Clearly this will feed into the work to be national mandated (previously planned as MHOST) and out workforce planning.

The long term cultural issue of workforce data capture was considered again and remains an area of concern for NEDs although it is clear that a number of strategies are being used to ensure a move towards a single system (using ESR) in line with national policy.

Committee that they could accept assurance from the report on the activities and process but that they remained not assured on delivery of targets.

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 P. Nyarumbu.

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 the majority is agency spend is on medics.

Chair's Assurance Comments:
This was covered in previous item.

Report from Shaping our future Workforce sub-committee

The Committee noted 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 5 December 2022 and 9 January 2023. These workstreams are:

- Utilisation of apprenticeships throughout BSMHFT
- Development of the Agile Working Policy
- Update on Workforce Planning timelines and delivery
- Launch of first line management development progamme
- Workforce Retention Plans
- HR Monthly OKRs

The salient points were noted as follows:

- The Trust currently has 212 apprenticeships, attracting a levy of £1.1m. The Trust has

capacity to attract a levy total of £1.6m and has the potential to develop around a further 100 apprenticeships should the average levy secured per employee remain constant. The current

- apprenticeship programme consists of 25 different entry routes, including MH Nursing, psychology, finance, ICT and business administration professions.
- The timeline for staff engagement and policy development was discussed with a view for the policy to be ratified by the end of the financial year and in good time for it to be socialised to staff prior to the closure of B1 as our Trust HQ.
- The Working Policy will be placed on the Transforming Our Culture and Staff Experience Sub-Committee agenda for ratification in February 2023.
- The timeline relating to the development of Trustwide strategic workforce plans for operational areas was noted. The report set out the key milestones that will be delivered during Q4, that included working with operational and professional leaders. (This report was discussed by the People Committee in December 2022.)

Chair's Assurance Comments:
It is clear that a lot of projects of work are in place and operating to address the key issues, however, the gap is big and it is difficult to see how each oft hese areas will address it. When the various new policies and implemented it will be helpful to receive reports of their impact.

Committee was assured by the report.

Safer Staffing Report

The Committee noted the Safer Staffing Committee did not meet in January 2023 however the fill rate report has been completed and was submitted to People Committee for oversight. The report continues to be marked as Red, Amber and Green (RAG) rated so we able to identify the areas that are working below safe numbers.
Forward House is currently marked as blue due to being closed. Staff have been redeployed across the steps to recovery.

As part of the Safer Staffing Paper, we are continuing to expand on the report we discuss.

For this month we have took into consideration bed occupancy, harm free days, fill rate data to include day night shift fill rates. We will continue to expand on the report and will consider using run charts so we can see changes that are happening across the divisions.

We do have areas in the trust that are significantly working over 100%, this is with our HCA workforce. We have experienced high acuity with an increased number of service users on a higher level of observations. This results in the establishment being increased for these durations.

Over the Christmas and New Year period there are wards that were offered £10 additional per hour for its bank shifts, this was to ensure we maintained safer staffing over this busy period. This is reflected in the fill rate percentages compared to the November data.

Noticeable changes is we have seen an increase in the fill rate for RMNs in Ardenleigh. It has also been observed on the e – roster system. The Clinical Nurse Manager, Matrons and Advanced Nurse Practitioners are allocating clinical shifts to themselves due to working in the numbers on those wards. Ardenleigh have requested a bespoke recruitment event, it is hopeful this will be as successful as the event that was held for the Acute Inpatient wards.

Sycamore continues to trend working below numbers, this is due to a high number of vacancies and acuity across the site. Assurance is provided that neighboring wards support Sycamore.

Chair's Assurance Comments:
A number of reports had been circulated but it was difficult to assess whether they we able to provide assurance given the other workforce indicators and challenges on staffing . Executives were able to provide reassurance that processes exist to assure them that decisions and services are staffed appropriately. It was agreed that some more thought be put into developing a report to provide assurance, It was noted that the QPES Committee had also considered the papers.

Committee too partial assurance from the papers and agreed that a NED and Executive discussion be had to consider the report.

Report From Transforming Our Culture and Staff Experience Sub-Committee

The Committee noted the purpose of this bimonthly report is to provide assurance on the work being undertaken by the Transforming Our Culture and Staff Experience Sub-committee.

The Sub-committee met on 1st December 2022 and 5th January 2023 with focused attention:
- Framework for 'Champion' roles
- Inclusion Advisors
- People's Policies
- Workforce KPIs

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 and one escalation:
- Increasing levels of triangulation of colleague experience data across all workstreams monitored by the Sub-Committee. This is providing confidence on the approach taken towards developing assurance and impact of the interventions in place
- Workstreams that are reporting to the Sub-committee have a fuller range of representation from across the organisation to support assurance
- Framework to test out organisational approach to the role of champions
- Reframe of Inclusion Advisors
- Escalation - Increased rates of sickness absence linked to stress/anxiety/depression

Chair's Assurance Comments:
The Committee received assurance from the report presented. However, members did make a request that impact and outcomes be included to understand the benefits being delivered and at what pace across the organisation.

There was also a comment made that clear sight of the Equality, Diversity and Inclusion and Anti-Racist objective was not in place and that a more direct reference to the various initiatives be presented for assurance, particularly given the important of the issue. This should reflect what and where support for the position is not held so that a clear picture of the overall issue is available.

Temporary Staffing

The Committee noted and acknowledged over the last 12–18 months a considerable amount of work has been undertaken to stabilise the temporary staffing function and support bank workers to better complete their duties, giving them the correct training, skills and support.

The Committee noted the salient points as follows:
- Additional processes have been implemented to ensure that there is a regular cleanse of the bank workers so inactive workers are removed from ESR if they have not worked in the previous 6 months.
- Bank workers are contacted at intervals of 3 months, 1 month and 1 week to ensure they are compliant with their fundamental training and should they not complete the training in

the appropriate timeframe they are restricted from working shifts. New starters are given 2 weeks to complete all fundamental training after they have started and if they fail to do so they are also restricted from working. Bank workers are now paid to complete e-learning which was not the case previously. Once a bank worker is compliant, they are reinstated and able to book shifts. A new process is just being introduced which sees the same restrictions applied to all those who fail to attend their Averts refresher course.

- IG compliance rates for bank workers have improved considerably since these measures were put in place and as of 9th January 2023 compliance was 91.4%. Overall fundamental training has increased from 46.2% in March to 90.2% now.
- There are currently 1,098 bank workers on ESR, 977 of these have been active in the previous 6 months with 811 actively working at least 12 shifts per year.
- 121 workers have been restricted due to non-compliance with fundamental training.
- 142 workers require 5 day Averts and a further 36 require retraining, this means that they have gone past the 15-month deadline for a 1-day refresher and therefore need to attend the full 5-day course. Currently the Averts team offer two 5 day Averts courses per month of which bank workers have access to 8 spaces. Learning and Development have confirmed that in order to train these workers additional resource will be required as there is not the capacity currently in the system. A paper to that effect is being presented to the exec team to gain approval for this.
- Those workers who do not have Averts training are not restricted from booking shifts but can only work on the Older Adult Wards at the Juniper.

Chair's Assurance Comments:
Committee noted the significant progress outlined within this report and thanks colleagues for their work. The role of flexible working in peoples lives was demonstrated clearly in the numbers choosing to operate and it was agreed that it be a focus of work for all staff as outline in the Transforming the Workforce Report.

The Committee were assured by the report.

ANNE BAINES
NON-EXECUTIVE DIRECTOR

9. SUSTAINABILITY

9.1. Audit Committee Chair’s Assurance Report

Birmingham and Solihull Mental Health NHS Foundation Trust

Meeting	**BOARD OF DIRECTORS**
Agenda item	**Item 9.1**
Paper title	**CHAIR'S ASSURANCE REPORT FROM THE AUDIT COMMITTEE**
Date	1 February 2023
Author	W. Weir, Non-Executive Director (Chair of Committee)
Executive sponsor	D. Tomlinson, Executive Director of Finance

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

Executive summary

The Audit Committee met on the 19 January 2023. The attached Assurance Report is provided by the Committee Chair for the attention of the Board of Directors.

The Audit Committee approved the Trust's Standing Financial Instructions which will be revised again when Commissioning Funds are devolved to the Trust in April 2023.

The Audit Committee noted the Internal Audit Plan for 2022/23 and received reports from the Chief Internal Auditor. The audit reports provided assurance of the controls in those areas as well as the progress in delivering the Internal audit annual plan.

The Audit Committee noted the work of Local Counter Fraud specialist and was assured of their engagement with the organization. The Committee noted their work on single tender waivers, Covid19 Post event assurance report.

The Audit Committee noted the External Auditor approach towards the Annual Accounts for 2022/23 and was introduced to a new Audit Partner.

The Audit committee noted the timetable for the production of Annual Report and Accounts.

The Audit Committee reviewed the BAF, noted that it is work in progress and that Committees of the Board need to ensure the key risks are reviewed.

Reason for consideration

The Audit Committee is a key statutory committee of the Board. It is essential that it supports integrated Governance and provides assurance to the Board for the functions that it oversees.

To demonstrate the effectiveness of the assurance process for the Trust's systems of governance, controls and assurance and to escalate any key issues.

Strategic objectives/ priorities

Sustainability

Financial implications

The committee considered the accounting policies for the accounts and the External audit requirements. The committee approved the Trust's Standing Financial Instructions

Risks
The Board assurance framework was considered and the top risks for the organization set out by domains of the key Trust committees: Quality & Safety, Performance, Sustainability, People The Audit committee will review the top risks of the organization at each committee meeting.
Equality impact
There are no Equality impacts.
Our values
Committed Compassionate Inclusive

CHAIR'S ASSURANCE REPORT FROM AUDIT COMMITTEE

Standing Financial Instructions (SFIs)

At the last meeting, the Committee considered updated SFIs). They had been circulated and considered by individual members and confirmation was given that all were content with the proposed changes. The Committee formally approved the adoption of the new SFIs at the meeting and confirmed that they would be reviewed and updated to cover the implications of the Trust's commissioning responsibilities in the next few months.

Chair's Assurance Comments:
The Board can be assured that the Standing Financial Instructions meet the regulatory and statutory responsibilities for the organization. There were limited changes since the last SFIs – but it now matches NHS England's Audit Committee template. The SFIs will be reviewed / updated in April 2023 when the Commissioning responsibilities are adopted by the Board.

Internal Audit Plan 2022/23: Progress Report

RSM, the Trust's internal auditor, provided an update regarding progress against the internal audit plan for 2022/23 and summarised the outcomes of individual reviews.

The audit of effective/inclusive recruitment has been deferred to Sept 2023 and this request was approved by Audit Committee. Four audit reports have been issued (see below), one is currently in progress and six are planned to start in quarter 4.

Care Quality Commission - Areas Requiring Improvements (2.22/23)
Good progress in addressing the concerns and actions raised within the November 2020 CQC inspection reports was noted.

Financial Sustainability (1.22/23) Checklist
This review of the self-assessment against the HFMA guidance as required by NHSE was welcomed. The committee noted that the finance team were candid and honest in their robustness and objectivity of the Trust's assessment. This was seen as an appropriate approach and welcomed by the committee. The Committee advised that the finance team set itself realistic timescales for implementation

IT Healthcheck (3.22/23) – Reasonable assurance
This audit was designed to provide a diagnostic baseline to assess the maturity/ effectiveness of the Trust's approach to IT and would be used to give direction to future audits. RSM commended the Trust on its performance and assurance in this area and indicated there were no areas of concern.

Data Quality – Staff Vacancies Performance Measure (4.22/23) – Reasonable assurance
RSM considered that the system in place to provide vacancy performance data is well established and the Trust can take confidence over the accuracy of the figures presented.

Tracking management actions
RSM provided an update report on progress with management actions arising from previous audits.

As at 19 January, out of 43 agreed actions, 56% have been implemented, 33% are not due for completion, 7% are being implemented and 5% have had no response, because of the absence of the relevant manager. This indicated that good progress is being made in this area.

Chair's Assurance Comments:
The committee were assured by the progress of the internal audit plan and assured by the quality of the reports received by RSM. The committee were assured by the action tracker which provided transparency on the implementation status of audit recommendations.

LCFS Progress Report October 2022

RSM, the Trust's Local Counter Fraud Specialist reported on progress against the LCFS workplan for 2022/23. Good progress has been made, with good staff engagement and communications, including attendance at Trust induction.

An update was provided on referrals to the LCFS. There have been 8 referrals in 2022/23, all of which have been investigated, 4 have been closed and 4 are ongoing.

The LCFS reviewed the Trust's Payroll matches from the 2020/21 exercise, many of which has been reviewed by TIAA. There were a total of eight matches outstanding which have been picked up by RSM, Four matches remain open; the LCFS has contacted the matching entities to establish if these matches require further investigation.

Chair's Assurance Comments:
The committee is assured of the progress of LCFS and their engagement with the organisation.

Single Tender Waivers (STW)
RSM provided a benchmarking report on the use of STW which indicates the Trust is in the upper quartile of waiver usage per £1m of budget, however in the lower quartile in terms of average STW value. This would indicate that the Trust has a higher than average reliance on usage. These figures relate to 2021/22.

It was agreed that an updated report including planned improvement actions would be brought to the next meeting of the Audit Committee.

Chair's Assurance Comments:
The committee noted that Single Tender waivers are an area for review for the Trust and welcomed the report by LCFS and that the Director of Finance will be reporting these at future Audit Committee meetings.

COVID-19 Post Event Assurance Report
RSM provided a national assurance report which identified any issues with COVID reporting and financing. It particularly considered contract risk management, direct award of contracts and supplier relief payments. The Trust was commended on its compliance in this matter. There were some lessons to consider, but no concerns.

Chair's Assurance Comments:
The committee noted this report and that the Trust had not made supplier relief payments, direct award of contracts. The committee noted that there were opportunities for future savings in reviewing contracts regarding contract risk management.

The committee were assured that the Trust's controls in this area were satisfactory and no cause for concern.

External Audit Strategy Development Update

The Committee noted the Audit Strategy Memorandum will be bought to the Audit Committee meeting in April 2023 and acknowledged the timeline for the 2022/23 audit.
There was some discussion about the implications of some new national publications and it was agreed that the Associate Director of Corporate Governance would take forward any relevant actions or improvements

Chair's Assurance Comments:
The committee were assured of the External Audit plan for 2022/23. The committee noted that an update to the plan would be provided at the next meeting.

Timetable for the production of the Annual Report and Accounts 2022/2023

The Deputy Director of Finance confirmed that a timeline for this year's process has recently been issued by the Department of Health and Social Care and that they are little changed from 2021/22. A timetable for the process will be prepared and circulated outside the meeting.

Chair's Assurance Comments:
The committee noted the timetable for the production of the Annual Report and Accounts. The committee are assured that this is co-ordinated in line with NHS requirements and with External Audit.

Audit Committee Work Programme

The Committee noted the work programme for 2023.

Review of the Board Assurance Framework (BAF)

The committee noted progress with the development of the provider BAF and the proposal to develop a commissioning BAF.

There was extensive discussion about this and a number of developments considered, including the potential for a Board development session to consider the approach to the BAF and risk management in its widest sense.

Chair's Assurance Comments
The committee noted that the BAF is work in progress. The committee recognized that there is work to be done on the BAF. The Committees of the Board need to ensure the key risks are reviewed. The audit committee needs to be assured that the risks are mitigated by controls which are tested by internal audit. The Audit Committee has further work to do in reviewing the high scoring risks on behalf of the Board. This should be done alongside Board committees to avoid duplication.

WINSTON WEIR
CHAIR OF AUDIT COMMITTEE
23 JANUARY 2023

9.2. Finance, Performance & Productivity Committee Chair’s Assurance Report

Birmingham and Solihull Mental Health NHS Foundation Trust

Meeting	**BOARD OF DIRECTORS**
Agenda item	**Item 9.2**
Paper title	**CHAIR'S ASSURANCE REPORT FROM THE FINANCE, PERFORMANCE & PRODUCTIVITY COMMITTEE**
Date	1 February 2023
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 December 2022. The attached Assurance Report is provided by the Committee Chair for the attention of the Board of Directors.
Reason for consideration
To demonstrate the effectiveness of the assurance process for the Trust's sustainability agenda and to escalate any key issues.
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

Reach Out
Reach Out Mental Health Steering Group Chair's Assurance Report

The committee were presented with a detailed overview of the Mental Health Steering Group highlighting the salient points as follows:

Transformation and commissioning
Adult Secure Care Demand and Capacity report now finalised to include additional modelling scenarios agreed with partners. Next steps priority work to focus on demand and capacity modelling for the FIRST team to support investment and growth plan for commissioning plans. Concerns were noted in relation the impact on delivery of services due to demand and ongoing issues in recruitment. The need for balance was noted as work continues to mitigate the risks.

Learning Disability and Autism Assurance Report
The committee has seen slight improvements in reporting following the appointment of a new Director however full assurance is yet to be received. Quality issues in relation to Brooklands have been raised and escalated to Quality, Patient Experience and Safety Committee.

MH Cost Pressures Proposal
The Reach Out PC has made a considerable level of savings since it went live on 1 October 2021. Recurrent savings of £4.2m are expected to be achieved annually and a large proportion is expected to be invested in development plans in 23/24 that will support the strategic objectives of the PC. Development plans have been submitted by the MI partners and a paper seeking approval for the use of recurrent savings for recurrent investments/developments will be presented in the new year as part of the Commissioning Plan for 2023/24.

The forecast level of reserves (including ringfenced monies brought forward from previous years) at the end of 22/23 is £10.4m. As per the key lines of enquiry work completed prior to go live a reserve level of £2.1m needs to be retained to manage financial risks identified by the PC. Therefore £8.3m can be used to support cost pressures, non-recurrent investments, project work and exploration/pump priming of future developments. As we are expecting to invest the majority of recurrent savings in developments from 23/24, we need to assume that the overall savings level will not grow significantly going forward unless developments generate future recurrent savings.

The proposals contained within the paper were agreed subject to confirmation that all partners were in agreement with the contents, this did not create a precedent and addressed the objectives of the collaborative. This confirmation was given to members.

Demand and Capacity

The final Demand and Capacity report has now been completed and actions can now be progressed for the next phase of this work programme. The report has been updated to reflect the changes in baseline data and agreed changes to the model, and the outcomes of the additional engagement sessions held with our provider collaborative partners.

The Committee acknowledged the enormous amount of work which had been undertaken to deliver the document and expressed thanks to those concerned.

Members felt this should inform future planning consideration and transformation and certainly be used as an important point of evidence in the both the Hatherton and Reaside Reprovision Business Cases.

The committee were advised that following the agreement by the BSMHT Board of the move to shadow arrangements for the BSOL Provider Collaborative from January 2023, this meeting would change in terms of membership. This would be the last meeting where NED membership would be present or Chair. The Chair thanks the NEDs for their input and for the assurance and work of ReachOut (both MH and LDA) colleagues in their work. The Sub Committee will in future be Chaired by the Director Finance as an Executive level meeting reporting to the Trust Commissioning Committee (Board in Committee). A revised Terms of reference would be developed.

Chair's Assurance Comments:
We are passing the leadership of the Reach Out on to other colleagues with it in the position he hoped it would be: good levels of assurance on most aspects, and an awareness of the areas of concern with appropriate plans in place.

Integrated Performance Report

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

- FPP
    - CPA with formal review in last 12 months
    - IAPT seen within 6 and 18 weeks
    - Out of area bed days
    - CPA 7-day follow up
    - Referrals over 3 months with no contact
    - Monthly agency expenditure
- People
    - Bank and agency fill rate
    - Sickness absence
    - Vacancies
- QPES – Patient assaults

- 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. October's figure is 33 patients
- IAPT – There are a range of issues which require a system approach to resolve and additional investment
- New referrals not seen – There are a range of issues here, including the level of Neuropsychiatry waits
- 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:
- YTD financial position is a deficit of £0.7m against a planned breakeven, chiefly because pressures on temporary staffing and out of area beds. We expect to achieve breakeven for the year as a whole
- Key concerns: Out of Area, CPA 7-day follow up, IAPT waiting times, CPA 12-month review and new referrals not seen in 3 months

Chair's Assurance Comments:
Some progress, especially in out of area bed use, but other issues remain of concern with some plans in place but no significant progress.

Financial Position

The month 8 Group position is a deficit of £0.7m year to date, this is £0.7m adverse to the break even plan as submitted to NHSE on 20/6/22. The position comprises a £1.2m deficit for the Trust, an £8k surplus for Summerhill Services Limited (SSL) and a £167k surplus position for the Reach Out Provider Collaborative. The month 8 Group deficit position is mainly driven by slippage on savings delivery and continuing out of area and staffing pressures. The in month position is a surplus of £34k, recurrent pressures in month have been offset with the planned release of deferred income.

Month 8 Group capital expenditure is £2.4m, which is £0.8m less than year to date plan and £0.3m behind the year to date revised forecast profile.

The month 8 Group cash position is £64.7m.

Chair's Assurance Comments:
It is still likely that we will return a break-even position, or potentially a positive position, this financial year owing to adjustments available to us, but we face a substantial challenge for next year with significant need for transformative change and this is not happening at a pace that is likely to achieve the necessary savings.

Delivery against 22/23 workforce plan and 23/24 Workforce planning

The committee noted the workforce planning update and the salient points as follows:

There are 4 core elements which underpin the refreshed approach for 2023/24, namely:
- Deepening the continuous engagement of divisional and professional leads in forecasting workforce numbers and generating further 'early impact' recruitment and retention initiatives for achieving changes during 2023/24;
- Refreshing internal corporate governance arrangements for developing, approving and monitoring the effectiveness of all aspects of workforce planning;
- Carrying out re-baselining reviews of the current funded establishments of 'hard to fill' jobs, with a view to developing alternative roles / ways of working which can be recruited to; and
- Putting in place routines for regularly updating all Trust staff on the efforts being made to increase the numbers of staff in post

The short term plan (up to April, 2023) is to focus on:
- Working with divisional and professional leaders to preparing a Trust wide 2023/24 workforce plan comprising forecast changes in staff numbers and key priority areas for 'recruitment and retention' attention. By the end of March, 2023, we will have a comprehensive workforce plan document for 2023/24
- Giving particular attention to building on existing staff retention measures – starting from a 'getting the basics right' approach;
- Completing work already in hand to ensure that there is a single Trust wide directory of all recruitment and retention initiatives being actively worked on and ensuring they have

all been 'impact effectiveness' assessed;
- Completing the establishment of a 'Recruitment and Retention' Sub Committee and working to ensure its early effectiveness;
- Supporting / briefing local managers on the benefits of taking a planned approach to workforce management;
- Ensuring that a workforce planning approach is embedded within wider Trust OD / culture change / learning & development plans for 2023/24;
- Submitting a team to participated in the HEE 'workforce planning masterclass' programme scheduled to start in March, 2023.

By the end of March, 2023, we will have a comprehensive workforce plan document for 2023/24 – comprising a workforce numbers forecast and 'key priorities' covering both recruitment & retention.

Actions being taken to achieve plan

Nursing Vacancies
- International recruitment programme – currently 33 offers have gone out, expected 18 to start by end of March 2023
- Continued attendance at jobs fairs and events for specific healthcare/nursing roles – expected additional 14 by end of March 2023
- Further engagement with universities -– expected additional 4 by end of March 2023
- Guaranteed roles for student nurses – this will support recruitment in 2023/4
- Nursing apprenticeships – this will support recruitment from 2023/4

Medical Vacancies
- Development of new roles such as Medical Support Workers and Physicians Associates – additional 8 posts this year (already in post)
- Utilisation of Royal College of Psychiatrists medical training initiative for overseas doctors – expected additional 3 for 2023/24
- New specialist grade doctors - expected additional 3 for 2023/4

General recruitment/retention initiatives
- Review of website and careers pages for Trust
- Launch of flexible working toolkit and revised communication plan
- Targeted work on AHP retention and psychology retention – reduction of turnover rate to below KPI level of 11%
- Launch of new exit survey

Chair's Assurance Comments:
The paper was received with much discussion – we recognize that much has been done to address the situation, but also feel there is a disparity between planning and impact, and that the ambition in the plan is not sufficient to meet the needs of the trust. A number of issues around the pace of recruitment, the pace of induction (e.g. averts training delays), and the general level of urgency and innovation were raised, again. Recruitment, and the associated financial costs with bank and agency cover, and cost to service user care and staff happiness (and hence retention) are still significant risks to the organization, and we are not assured that we have a complete grip of the situation and appropriate plans and actions to address it.

RUSSELL BEALE
CHAIR OF FINANCE, PERFORMANCE AND PRODUCTIVITY

Meeting	**BOARD OF DIRECTORS**
Agenda item	**Item 9.2.1**
Paper title	**CHAIR'S ASSURANCE REPORT FROM THE FINANCE, PERFORMANCE & PRODUCTIVITY COMMITTEE**
Date	1 February 2023
Author	A.Baines, Non-Executive Director (Deputy 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 18 January 2023. The attached Assurance Report is provided by the Committee Chair for the attention of the Board of Directors.
Reason for consideration
To demonstrate the effectiveness of the assurance process for the Trust's sustainability agenda and to escalate any key issues.
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

Reach Out Sub Committee Assurance Report

The Committee received a verbal report and were reminded of the new chairing arrangements whereby the ROSC is no longer chaired by a Non-Executive Director and the Executive Director of Finance has taken over this role in the interim and terms of reference will be updated and circulated and taken to Trust Board for approval to determine whether this fits with the new Commissioning Board meeting arrangements and appropriate governance is in place.

In terms of overall performance there was nothing new to note with the exception of some quality issues which have been taken along the QPES route for discussion.

It was clarified that until 1st April 2023 assurance reports still need to be received by FPP and QPES rather than the new Commissioning Board meeting to which Reach Out Sub Committee will report to.

Chairs Assurance
It was noted that this was the first month where the new shadow arrangements for Collaborative governance was enacted and as such, Dave Tomlinson as new Sub Committee Chair gave the report. Committee agreed that until the shadow arrangements become formalised on 1st April it was appropriate to continue to receive a written assurance report at the FPP and QPES Committees.

Committee members queried the governance asking if it was as transparent as necessary and should be easily understandable to service users, their families as well as colleagues. It was a agreed that a pictorial description of the various structures be shared again.

Following a question it was confirmed that a 'commissioning' BAF and risk register was in development and would be extended over coming months to include wide Collaborative responsibilities. This would be considered at Trust Audit Committee when available.

Following the debate and with out a written report the Committee felt there was partial assurance was received.

Financial Position

The month 9 Group position is a deficit of £0.6m year to date, this is £0.6m adverse to the breakeven plan as submitted to NHSE on 20/6/22. The position comprises a £1.2m deficit for the Trust, a £13k surplus for Summerhill Services Limited (SSL) and a £187k surplus position for the Reach Out Provider Collaborative. The month 9 Group deficit position is mainly driven by slippage on savings delivery and continuing out of area and staffing pressures. Recurrent pressures in month have been offset with the planned release of deferred income.

The Group position is mainly driven by the Trust month 9 deficit of £1.2m year to date. Key pressures contributing to the year to date deficit position are slippage on savings delivery, out of area pressures and staffing pressures, with a significant level of temporary staffing expenditure. These are partly offset by vacancies across the Trust and slippage relating to

Service Development Fund (SDF) investment, SDF income has been deferred in relation to this. Recurrent pressures in month, relating to bank and out of area, have been offset with planned release of deferred income.

The Group position includes a £13k surplus for our wholly owned subsidiary, Summerhill Services Limited (SSL) and a £187k surplus position for the Reach Out Provider Collaborative in line with agreed contribution to Trust overheads year to date.

Month 9 Group capital expenditure is £2.7m, which is £1m less than year to date plan and £0.6m behind the year-to-date revised forecast profile. Statutory Standards and Backlog Maintenance (SSBM) schemes are progressing £0.1m ahead of the forecast profile, this is offset by slippage on minor schemes £0.3m, risk assessments £0.3m and ICT £0.1m.

The month 9 Group cash position is £63.8m. In November 2022 we made two deposits with the National Loan Fund (NLF), one for £20m to be returned in February 2023 and the second for £10m to be returned in January 2023. These deposits will yield a return of £166k and £54k respectively based on interest rates at the time of placing the deposits.

The month 9 year to date temporary staffing expenditure is £29.5m.

- Bank expenditure £23m (78%) – the majority of bank expenditure relates to nursing bank shifts - £21m.
- Agency expenditure £6.5m (22%) – the majority of agency expenditure relates to medical agency - £4.4m.

Total year to date agency expenditure is £6.5m. This has predominantly been incurred within the following service areas: ICCR £3.3m, Acute & Urgent Care £1.2m, Specialties £0.5m and Corporate £0.6m.

December expenditure of £0.8m is in line with prior month and £0.1m above the average monthly spend of £0.7m.

NHSE have set a system ceiling on agency spend for this financial year, calculated as 90% of 2021/22 spend: £5.7m for BSMHFT.
Year to date spend exceeds the ceiling by £2.2m. The forecast spend for 2022/23 is £8.6m (£2.9m above ceiling). This is £2.2m (34%) above 2021/22 spend and £3.8m (60%) above 2020/21 spend.

2023/24 Operational Planning guidance indicates a new KPI for agency expenditure, being a limit of 3.7% of the pay bill.
2022/23 year to date agency expenditure equates to 3.6% (2.8% in 2021/22).

The total efficiency target for 2022/23 is £10.9m (£7.8m recurrent and £3.1m non recurrent). As at month 9, year to date savings achievement is £5.9m (£3.6m recurrent, £2.3m non recurrent), this is £2.3m adverse to the year to date plan.

It is forecast that there will be a shortfall against the recurrent savings target of £3m. It is anticipated that this will be met non recurrently in year but this recurrent savings balance will need to be addressed in 2023/24. This together with the requirement to meet the £3.1m in year non recurrent savings target on a recurrent basis, will take the savings rollover target into 2023/24 to £6.1m.

In order to address the 2022/23 recurrent shortfall and prepare for 2023/24 savings targets, all operational and corporate leads were asked to identify any plans to achieve 2% savings against their recurrent budgets. To date, proposals of £2.8m (59% of the target) have been identified. We continue to encourage all operational and corporate portfolios to consider how they can deliver efficiencies from their total spend.

Chair's Assurance Comments:
Members asked for assurance regarding the evidence of links between the financial picture and the Transformation Plans as it was not self evident – it was this was particularly important given the emphasis on transformation as the basis for achieving efficiency as required by financial plans. It was agreed that Finance and Strategy and Transformation colleagues work to produce this information.

Following a discussion regarding the evidence used to provide assurance that capital spend would be achieved it became clear that there remained a risk – it was therefore agreed that a more transparent explanation of reasoning for areas or reassurance be given to ensure Committee assurance can be gained.

The Committee agreed that partial assurance was received.

Integrated Performance Report

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

FPP
- CPA with formal review in last 12 months
- IAPT seen within 6 and 18 weeks
- Out of area bed days
- CPA 7-day follow up
- Referrals over 3 months with no contact
- Monthly agency expenditure

People
- Bank and agency fill rate
- Appraisals
- Sickness absence
- Vacancies

QPES
- Ligature incidents
- Physical restraints

Chair's Assurance Comments:
Members noted that some sections of the performance report where actions for mitigation was outline, had not been updated. Although colleagues were able to provide verbal updates and assurance it was agreed that this be corrected for the next meeting where reports should provide clarity on current position, action to be taken as a result and expected delivery of

improvement (not necessarily delivery of target)

Nevertheless the Committee were assured by the presentation of the report and key issues by Executives. It was not however possible to be assured on delivery of targets given the many issues outside of the Trusts control.

Digital Strategy, Improvement and Assurance

The Committee noted the update consists of four key sections: Strategic, Key Updates, Assurance, and performance. Each section can be taken on their own merit as individual papers should other committees or parties ask for relevant updates or assurance.

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

Section two lists' updates from key programme and projects related to BSMHFT.

Section three offers assurance on the latest audit carried out by the Trust external auditors and our key risks

Section four looks at the ICT performance reports for this latest reporting period.

The Committed noted the Trust are well positioned within the National, Regional, and local NHS digital environments. Our Chief Clinical Information Officer (CCIO) Dr James Reed is the Chair of the national CCIO network, Dr Reed is the CCIO of the West Midlands Shared Care Record and sits on the BSoL Digital Enablement Group as the CCIO. Our Chief Information Officer and Deputy Director of ICT (Mr Carl Beet) sits on the national Architectural Enablement Group, is the Architect of the West Midlands Shared Care Record (ShCR), he leads the Collaborative Care Record and the regional BSoL ShCR.
Mr Beet sits on the BSoL Digital Enablement Group as the current head of architecture and represents the MH Trust.

Within Birmingham and Solihull, the Trust leads on the Shared Care Record and Gov Roam – which allows anyone from any other public sector organisation to automatically join their network and Wi-Fi, allowing staff to work anywhere. We are a head of the cyber requirements across the region and have become the de-facto standard across the region, with others emulating our position.

Internally our infrastructure and performance all rates in the top percentile within the NHS and the digital sector. We have invested in resources and staff over several years to ensure we maintain the performance and assurance the organisation needs. We operate a Systems Strategy Group in the Trust to ensure all digital and technology projects flow through one channel. This gives us a good basis for governance and assurance and ensures the organisation remains compliant with all regulatory issues.

Within BSMHFT we have created two new deputy CCIO roles to give wider clinical coverage and engagement with staff and better support the digital clinical journey. The Clinical Safety Officer is reaching out to all our 100 information asset owners to complete the first clinical safety and compliance audit. Over the last quarter we have met with an Experts by Experience

reference group to get the share our digital projects and get their help with coproduction and wider patient engagement.

Over the coming quarter BSMHFT will be asked to take part in the national Digital Maturity Assessment and benchmarking exercise being run from NHSE.

Chair's Assurance Comments:
The Committee were happy to receive the detailed report. It was agreed that a meeting with New NED was arranged to brief him on the items in more detail. It was also agreed that the next report should include more emphasis on the links to service usershealth outcomes and system outcomes.
Committee were assured by the report and presentation.

Business Development and Partnerships Quarterly Report

The Committee noted the report summarises key business development and partnership activity in Quarter 3 2022/23 with salient points as follows:

- We have continued to be successful in our formal tender activity in the past 3 months, meaning that we had a 100% success rate for tenders in 2022.
- Our bid to retain our veterans mental health services, as part of a new integrated partnership across the Midlands, was successful and mobilisation has begun.
- We have been notified by Health Education England of their intention to award a contract to us following a successful bid to continue to provide IAPT Psychological
- Wellbeing Practitioner training for the Midlands and are currently in the standstill period, after which contract award is expected.
- We are expecting procurement for the Vulnerability Support Hubs (replacing our current
- Prevent In Place pilot service) by Counter Terrorism Policing Headquarters to now begin in January, following a further delay in the tender being issued.
- The other significant area of business development activity is the provider collaborative work. Focus and priority is being given to the development of the BSOL Mental Health
- Service Integrator to meet the go live date of 1 April 2023.
- Progress is being made on the development of the Perinatal Provider Collaborative with a successful multi-disciplinary workshop held in December and clinical reference group established.
- We are also progressing work on our Business Development and Partnerships Strategy and are looking forward to engaging Board members about this in Quarter 4.

Chair's Assurance Comments:
Committee congratulated the Business Development Team which had been successful in supporting the organisation to win/retain tenders in 2022. The programme for 2023 seemed equally challenging.

Committee received assurance from the report and the clarity of the report was particularly noted.

West Midlands Provider Collaborative - Memorandum of Understanding

The Committee noted that building on the previous success partnership working arrangements, the Mental Health and Learning Disability NHS Providers have developed the West Midlands Provider Collaborative and the Memorandum of Understanding to

formalise and capture our existing approach to working together.

Formalising the collective agreement to work together will help realise the Collaborative's aims and supporting Partner Trusts to achieve their system strategies and priorities.

The Committee noted the Memorandum of Understanding (MoU) sets out how Partners will work together as participants in the Collaborative, including the governance arrangements. This will make sure we work together as best we can on regional basis. A key element of ensuring regional basis is that Partners will take a population health management approach to drive forward better outcomes and value for money.

The West Midlands Mental Health and Learning Disability and Autism Provider Collaborative (The Collaborative) was informally formed in 2021 bringing together the following Trusts in the West Midlands:

- Birmingham and Solihull Mental Health Foundation Trust
- Birmingham Women's and Children's Hospital Trust
- Black Country Healthcare NHS Foundation Trust
- Coventry and Warwickshire Partnership Trust
- Herefordshire and Worcestershire Health Care Trust
- Midlands Partnership Foundation Trust
- North Staffordshire Combined NHS Healthcare Trust

The MoU captures the vision, principles and aims of the Collaborative as it further develops regional strategy using a population health management approach. The MoU also sets out how the Partners will work together as participants in the Collaborative, including the governance arrangements.

A key aim of the Collaborative is to support sustainable improvement in the quality and efficiency of patient care through collaboration and leadership at scale. The Collaborative have identified the key benefits, and the Executive Board will review the progress annually to assess the progress made and identify areas for improvement.

The MoU will commence on the 1st April 2023 and will continue unless and until terminated in accordance with its terms.

The MoU will be reviewed every two years to assess the effectiveness of the governance arrangements and the platform it provides to collaborate and achieve greater impact by delivering agreed priorities. However, it is recognised that the Collaborative's governance approach will need to fit in with emerging forms of local governance and collaboration, and governance related development linked back to individual Trust Boards, ICS structures, therefore a review may take place earlier than two years to ensure fitness for future developments.

Chair's Assurance Comments:
Following considerable discussion regarding the links of this work to that of the BSOL Collaborative, ReachOut and other Collaboratives it was proposed that a further opportunity to discuss the structure of these across the Board be taken as there remained some confusion. Nevertheless, the Committee agreed to recommend Board approve the MOU to enable the progress of this work.

ANNE BAINES
DEPUTY CHAIR OF FINANCE, PERFORMANCE AND PRODUCTIVITY

9.3. Integrated Performance Report - Front sheet

Enclosure 1: Integrated Performance Report

Enclosure 2: Overall December 2022 data

Birmingham and Solihull Mental Health NHS Foundation Trust

Meeting	**BOARD OF DIRECTORS**
Agenda item	**Item 9.3**
Paper title	**Integrated Performance Report**
Date	1 February 2023
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
  - CPA with formal review in last 12 months
  - IAPT seen within 6 and 18 weeks
  - Out of area bed days
  - CPA 7-day follow up
  - Referrals over 3 months with no contact
  - Monthly agency expenditure
- People
  - Bank and agency fill rate
  - Appraisals
  - Sickness absence
  - Vacancies
- QPES
  - Ligature incidents
  - Physical restraints

Reason for consideration:

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

Previous consideration of report by:

Executive Team and Performance Delivery Group

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

Clinical Services, Quality, People and Sustainability

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

Integrated Performance Dashboard

Board of Directors Part I

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

December 2022

Performance

CPA 7 day FU	90.2% ↓
CPA with Formal Review last 12 mths	86.5% ↓
Data Quality Maturity Index (DQMI)	97.8% ↑
Delayed Transfer Bed Days	730
Delayed Transfer, percent of bed days	4.6%
Eating disorders routine	100.0%
Eating disorders urgent	100.0%
First episode psychosis	100.0% ↑
IAPT into recovery	54.8%
IAPT seen in 18 weeks	74.2% ↓
IAPT seen in 6 weeks	38.3% ↓
Out of Area Bed Days	1061
Referrals over 3 mths with no contact	3310 ↓

People

Bank & Agency Fill Rate	83.3% ↓
Fundamental Training	93.5% ↓
Rolling 12m Turnover	10.8% ↑
Staff Appraisals	72.3% ↓
Staff Sickness	7.2% ↓

Quality

Absconsions from inpatient units	5
Commissioner reportable incidents	0
Community confirmed suicides	0
Community suspected suicides	0
Failure to return	21
Incidents of self harm	144
Incidents resulting in harm (other)	15.8% ↑
Incidents resulting in harm (patients)	13.3% ↑
Inpatient confirmed suicides	0
Inpatient suspected suicides	0
Ligature no anchor point	43
Ligature with anchor point	0
Patient assaults	49
Patient ssaults / 1000 OBD	2.6

Sustainability

CAP Ex	£360k
Cash	£63,751k ↑
CIP	£655k ↑
Info Governance	91.9%
Monthly Agency	£760k
Operating Surplus	-£60k
SOF rating	3 ↑

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

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Integrated Performance Dashboard

Birmingham and Solihull Mental Health NHS Foundation Trust

HOME | PERFORMANCE | PEOPLE | QUALITY | SUSTAINABILITY

Top Line Commentary (Trust level)

Performance: Out of Area 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

December 2022

Performance

CPA 7 day FU	90.2% ↓
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Data Quality Maturity Index (DQMI)	97.8% ↑
Delayed Transfer Bed Days	730
Delayed Transfer, percent of bed days	4.6%
Eating disorders routine	100.0%
Eating disorders urgent	100.0%
First episode psychosis	100.0% ↑
IAPT into recovery	54.8%
IAPT seen in 18 weeks	74.2% ↓
IAPT seen in 6 weeks	38.3% ↓
Out of Area Bed Days	1061
Referrals over 3 mths with no contact	3310 ↓

People

Fundamental Training	93.5 % ↓
Rolling 12m Turnover	10.8 % ↑
Staff Appraisals	72.3 % ↓
Staff Sickness	7.2% ↓
Staff Vacancies	13.8 % ↓

Quality

Incidents resulting in harm (patients)	13.3 % ↑
Inpatient confirmed suicides	0
Inpatient suspected suicides	0
Ligature no anchor point	43
Ligature with anchor point	0
Patient assaults	49
Patient ssaults / 1000 OBD	2.6
Physical restraints	246 ↘
Physical restraints/ 1000 OBD	13.2
Prone restraints	37 ↑
Prone restraints/ 1000 OBD	2.0 ↑
Reported incidents	2186 ↑
Staff assaults	112
Staff assaults / 1000 OBD	6.0

Sustainability

CAP Ex	£360k
Cash	£63,751k ↑
CIP	£655k ↑
Info Governance	91.9%
Monthly Agency	£760k
Operating Surplus	-£60k
SOF rating	3 ↑

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

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Integrated Performance Dashboard

Birmingham and Solihull Mental Health NHS Foundation Trust

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

Division

A: All

A: All

Measure	Latest Target	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22
CPA 7 day FU	95.00	92.1%	94.6%	91.8%	88.3%	89.0%	90.2% ↓
CPA with Formal Review last 12 mths	95.00	84.4%	84.6%	85.5%	87.0%	86.8%	86.5% ↓
Data Quality Maturity Index (DQMI)	95.00	96.9%	97.9%	94.7%	97.9%	97.2%	97.8% ↑
Delayed Transfer Bed Days		823	783	720	715	746	730
Delayed Transfer, percent of bed days		5.2%	4.9%	4.8%	4.5%	4.8%	4.6%
Eating disorders routine	95.00	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
Eating disorders urgent	95.00	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
First episode psychosis	60.00	100.0%	100.0%	100.0%	100.0%	100.0%	100.0% ↑
IAPT into recovery	50.00	48.8%	52.6%	48.8%	46.6%	49.6%	54.8%
IAPT seen in 18 weeks	95.00	64.3%	64.2%	65.7%	70.3%	68.5%	74.2% ↓
IAPT seen in 6 weeks	75.00	32.9%	34.0%	34.9%	38.9%	36.5%	38.3% ↓
Out of Area Bed Days	964.00	731	814	998	894	949	1061
Referrals over 3 mths with no contact		2817	2955	3076	3263	3058	3310 ↓

Top Line Commentary (Trust level)

KEY CONCERN:

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

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

Integrated Performance Dashboard

Birmingham and Solihull Mental Health NHS Foundation Trust

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

Division

A: All

A: All

Measure	Latest Target	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22
Staff Vacancies		14.2%	14.9%	14.7%	14.2%	13.6%	13.8% ↓
Staff Sickness	4.28	7.7%	6.7%	6.4%	7.0%	6.7%	7.2% ↓
Staff Appraisals	90.00	83.3%	83.2%	84.0%	82.0%	76.8%	72.3% ↓
Rolling 12m Turnover		11.0%	10.8%	10.9%	10.9%	10.7%	10.8% ↑
Fundamental Training	95.00	93.5%	93.4%	93.1%	93.4%	93.5%	93.5% ↓
Bank & Agency Fill Rate		76.2%	85.2%	82.9%	84.5%	83.6%	83.3% ↓

Top Line Commentary (Trust level)

KEY CONCERNS

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

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

Integrated Performance Dashboard

Compassionate inclusive committed

NHS
Birmingham and Solihull Mental Health NHS Foundation Trust

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

Division

A: All

A: All

Measure	Latest Target	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	
Absconsions from inpatient units		3	3	10	7	5	5	
Commissioner reportable incidents		8	6	6	7	2	0	
Community confirmed suicides		0	0	1	0	0	0	
Community suspected suicides		1	1	1	2	1	0	
Failure to return		14	21	14	21	20	21	
Incidents of self harm		158	182	157	141	155	144	
Incidents resulting in harm (other)		16.4%	15.1%	14.2%	16.0%	12.5%	15.8%	↑
Incidents resulting in harm (patients)		14.7%	12.8%	15.7%	12.7%	13.9%	13.3%	↑
Inpatient confirmed suicides		0	0	0	0	0	0	
Inpatient suspected suicides		0	0	0	0	0	0	
Ligature no anchor point		31	50	27	40	29	43	
Ligature with anchor point		2	0	3	3	0	0	
Patient assaults		32	48	55	76	54	49	
Patient ssaults / 1000 OBD		1.7	2.6	3.1	4.0	2.9	2.6	
Physical restraints		176	241	181	228	238	246	↘
Physical restraints/ 1000 OBD		9.4	12.8	10.1	12.1	12.9	13.2	

Top Line Commentary (Trust level)

KEY CONCERNS

* Staff and patient assaults

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

Integrated Performance Dashboard

compassionate inclusive committed

Birmingham and Solihull Mental Health NHS Foundation Trust

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

Division

A: All

A: All

Measure	Latest Target	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22
Incidents of self harm		158	182	157	141	155	144
Incidents resulting in harm (other)		16.4%	15.1%	14.2%	16.0%	12.5%	15.8% ↑
Incidents resulting in harm (patients)		14.7%	12.8%	15.7%	12.7%	13.9%	13.3% ↑
Inpatient confirmed suicides		0	0	0	0	0	0
Inpatient suspected suicides		0	0	0	0	0	0
Ligature no anchor point		31	50	27	40	29	43
Ligature with anchor point		2	0	3	3	0	0
Patient assaults		32	48	55	76	54	49
Patient ssaults / 1000 OBD		1.7	2.6	3.1	4.0	2.9	2.6
Physical restraints		176	241	181	228	238	246 ↘
Physical restraints/ 1000 OBD		9.4	12.8	10.1	12.1	12.9	13.2
Prone restraints		42	83	60	66	35	37 ↑
Prone restraints/ 1000 OBD		2.2	4.4	3.3	3.5	1.9	2.0 ↑
Reported incidents		2331	2364	2014	2395	2252	2186 ↑
Staff assaults		105	103	106	118	99	112
Staff assaults / 1000 OBD		5.6	5.5	5.9	6.2	5.4	6.0

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

Board of Directors Part I

Birmingham and Solihull Mental Health NHS Foundation Trust

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

Division

A: All

A: All

Measure	Latest Target	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22
CAP Ex		£63k	£139k	£1,200k	£378k	£382k	£360k
Cash		£68,000k	£69,584k	£68,089k	£70,497k	£64,736k	£63,751k ↑
CIP		£823k	£738k	£656k	£655k	£655k	£655k ↑
Info Governance		93.3%	89.8%	90.8%	92.4%	93.6%	91.9%
Monthly Agency		£650k	£1,095k	£670k	£769k	£774k	£760k
Operating Surplus		-£341k	£235k	£279k	-£840k	-£34k	-£60k
SOF rating		3	3	3	3	3	3 ↑

Top Line Commentary (Trust level)

KEY CONCERNS:

* CIP under achievement
* National financial uncertainty

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

Birmingham and Solihull Mental Health NHS Foundation Trust

CPA 7 day FU

Divisions

Statistical Process Control (SPC)

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

Division	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22
A: All	92.1%	94.6%	91.8%	88.3%	89.0%	90.2%
B: Acute and Urgent Care	60.0%	80.0%	81.1%	62.1%	86.6%	80.0%
C: ICCR	55.6%	75.0%	0.0%	57.1%	77.8%	28.6%
D: Secure Serv & Offender Health	66.7%	66.7%	80.0%	66.7%	100.0%	100.0%
E: Specialties	33.3%	75.0%	83.3%	75.0%	92.0%	92.9%

Commentary

National quality standard of 95% - compliance routinely maintained prior to the impact of COVID 19. Since March 2021, performance has been marginally below 95% and is at 90.23% for December 2022.
December 2022 performance is below the target of 95%. This relates to 13 outstanding follow ups from 133 discharges in December of which, 4 patients were discharged to the care of FTB, 2 patients were discharged to a care home and contact was with care staff only, 1 patient was discharged to an acute hospital, 2 patients were seen outside 7 days and 4 cases will be passes when data entry has been completed. Of the 16 exceptions 7 were adult acute, 2 were older adults, 1 from Specialties, 3 in ICCR. When Rio data entry has been completed this will increase compliance to 93.2%.

Detailed Commentary

Birmingham and Solihull Mental Health NHS Foundation Trust

CPA 7 day FU

December 2022

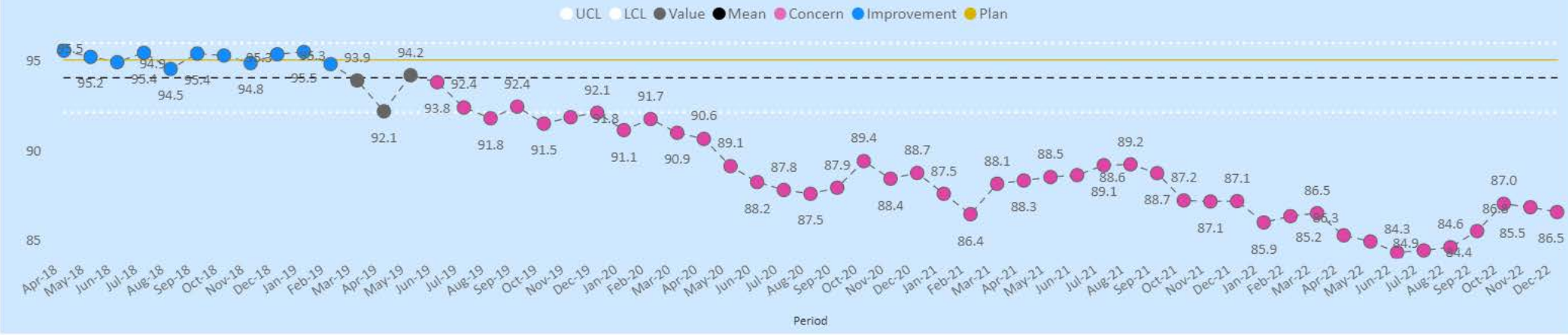
Question	Answers
A: What has happened?	National quality standard of 95% - compliance routinely maintained prior to the impact of COVID 19. Since March 2021, performance has been marginally below 95% and is at 90.23% for December 2022. December 2022 performance is below the target of 95%. This relates to 13 outstanding follow ups from 133 discharges in December of which, 4 patients were discharged to the care of FTB, 2 patients were discharged to a care home and contact was with care staff only, 1 patient was discharged to an acute hospital, 2 patients were seen outside 7 days and 4 cases will be passes when data entry has been completed. Of the 16 exceptions 7 were adult acute, 2 were older adults, 1 from Specialties, 3 in ICCR. When Rio data entry has been completed this will increase compliance to 93.2%.
B: Why has it happened?	Impact of COVID, operational pressures, staff sickness levels have impacted on this measure including ability to access care homes during the COVID period. Where service users have been discharged to other mental health services to undertake the follow up, this requires BSMHFT to check with them to see if this has taken place. This has affected this months performance as a high number of patients have been discharged to the care of FTB. Recording has been challenging for a number of months as a number of staff have undertaken bank shifts with teams they do not normally work in and therefore were not set up to record contacts. Teams have had additional support to rectify where this has occurred.
C: What are the implications and consequences?	Early follow up of patients post discharge prioritised by HTT in line with evidence based practise to reduce the risk of suicide or self harm. Service users are at a higher risk of suicide or self harm within the first 3-7 days of discharge and follow up is important to minimise this risk.
D: What are we doing about it?	Daily notifications of discharges are sent to the responsible team to alert them to plan follow up and this is monitored by the CSM for Home Treatment. Teams continue to require support from the information team regarding data entry on RIO. The addition of FTB data to the shared care record will also enable staff to check if patients have been followed up, however this has been affected by FTB's patient record system issues.
E: What do we expect to happen?	We expect 7 day follow up standard of 95% to be maintained with HTTs acting on the daily discharge notification received.
F: How will we know when we have addressed issues?	Standard is being maintained with minimal or no input required from the information team to review data entry.

NHS
Birmingham and Solihull Mental Health NHS Foundation Trust

CPA with Formal Review last 12 mths

Divisions

Statistical Process Control (SPC)



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

Division	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22
A: All	84.4%	84.6%	85.5%	87.0%	86.8%	86.5%
B: Acute and Urgent Care	30.8%	44.4%	18.2%	18.2%	38.5%	12.5%
C: ICCR	81.9%	81.9%	82.0%	83.1%	87.0%	85.6%
D: Secure Serv & Offender Health	97.9%	97.4%	97.9%	97.9%	97.4%	97.4%
E: Specialties	73.3%	72.8%	70.1%	69.5%	80.5%	85.2%

Commentary

The number of reviews taking place has consistently declined since July 2019 and has remained outside control limits since January 2020. The rate was maintained at an average of 89% from April 2021 until October and then declined to 87%. November 2021 onwards showed an overall decline until July 2022, where the trend was reversed, and performance has started to increase with December 2022 being sustained at 86.5% Within divisions there is variation in performance with between 2-49 reviews outstanding. Adult CMHTs have a total of 266 exceptions for December with 3 CMHTs having more than 30 reviews outstanding, which is an improved picture. Older Adult CMHTs have a total of 19 outstanding which is a significant improvement compared to the previous month due to a reduction in Solihull HUB. Adult CMHT account for 50%, older adult CMHT for 4%, Secure for 16% and AOT for 24% of the total outstanding.

Detailed Commentary

Birmingham and Solihull Mental Health NHS Foundation Trust

CPA with Formal Review last 12 mths

December 2022

Question	Answers
A: What has happened?	The number of reviews taking place has consistently declined since July 2019 and has remained outside control limits since January 2020. The rate was maintained at an average of 89% from April 2021 until October and then declined to 87%. November 2021 onwards showed an overall decline until July 2022, where the trend was reversed, and performance has started to increase with December 2022 being sustained at 86.5% Within divisions there is variation in performance with between 2-49 reviews outstanding. Adult CMHTs have a total of 266 exceptions for December with 3 CMHTs having more than 30 reviews outstanding, which is an improved picture. Older Adult CMHTs have a total of 19 outstanding which is a significant improvement compared to the previous month due to a reduction in Solihull HUB. Adult CMHT account for 50%, older adult CMHT for 4%, Secure for 16% and AOT for 24% of the total outstanding.
B: Why has it happened?	During the COVID period face to face contacts have reduced with staff using digital solutions such as AccuRx and telephone calls to conduct appointments. Meetings with multiple people 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 previous recruited staff not staying in post, this has now been recruited to and the 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. The number of reviews have now fallen within n Solihull HUB to 9. Within perinatal and Deaf services all Team Managers have been tasked with ensuring CPA reviews have taken place and these have reduced with only 3 outstanding.
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

CPA with Formal Review last 12 mths

December 2022

Question	Answers
	of 266 exceptions for December with 3 CMHTs having more than 30 reviews outstanding, which is an improved picture. Older Adult CMHTs have a total of 19 outstanding which is a significant improvement compared to the previous month due to a reduction in Solihull HUB. Adult CMHT account for 50%, older adult CMHT for 4%, Secure for 16% and AOT for 24% of the total outstanding.
B: Why has it happened?	During the COVID period face to face contacts have reduced with staff using digital solutions such as AccuRx and telephone calls to conduct appointments. Meetings with multiple people 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 previous recruited staff not staying in post, this has now been recruited to and the 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.
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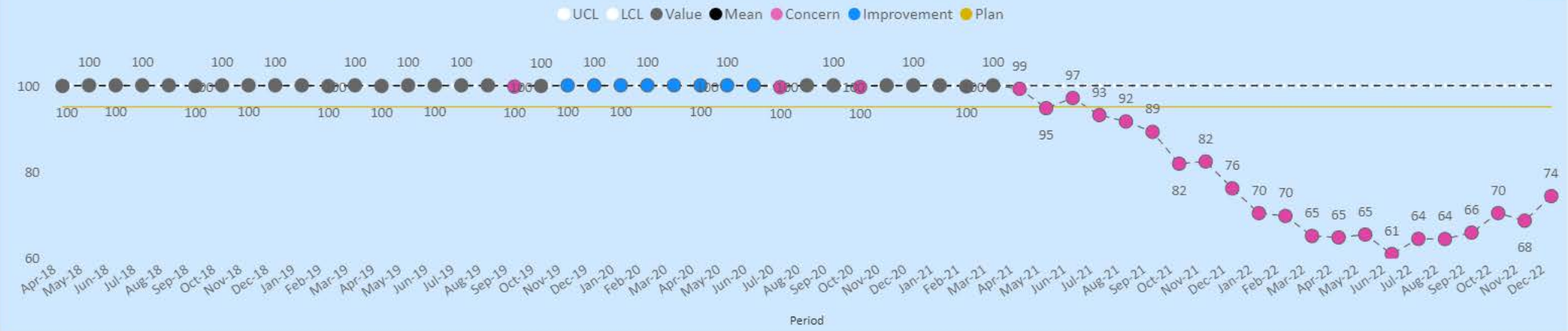
E: What do we expect to happen?	ICCR have set a trajectory to reach 90% over the next three months, with the aim of all teams being above 95% within 6 months
F: How will we know when we have addressed issues?	When reviews are undertaken in a systematic way and performance increases and is maintained although it is noted that the system will change and is part of a wider strategic review

Birmingham and Solihull Mental Health NHS Foundation Trust

IAPT seen in 18 weeks

Divisions

Statistical Process Control (SPC)



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

Division	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22
A: All	64.3%	64.2%	65.7%	70.3%	68.5%	74.2%
E: Specialties	64.3%	64.2%	65.7%	70.3%	68.5%	74.2%

Commentary

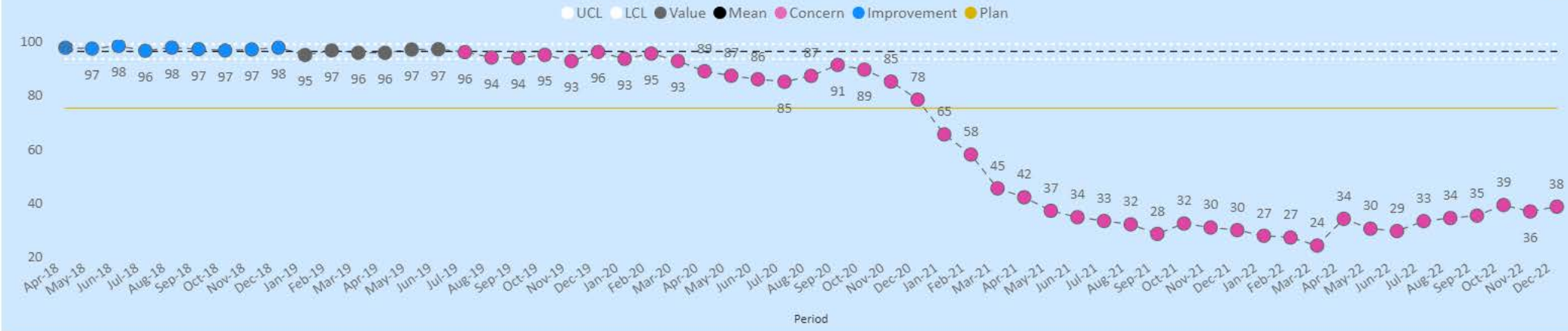
Performance has been on a reducing trend for the last 12 months and has been below the 95% target for the last 12 months. Levels have been increasing from July 2022 with December at 74.2%, an increase compared to the previous month.

IAPT seen in 6 weeks

Divisions

Birmingham and Solihull Mental Health NHS Foundation Trust

Statistical Process Control (SPC)



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

Division	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22
A: All	32.9%	34.0%	34.9%	38.9%	36.5%	38.3%
E: Specialties	32.9%	34.0%	34.9%	38.9%	36.5%	38.3%

Commentary

Performance has been on a reducing trend since March 2020 below the 75% target. July 2022 onwards has shown a steady increase with December at 38.2%, a small increase compared to the previous month.

IAPT seen in 6 weeks

December 2022

Question	Answers
A: What has happened?	Performance has been on a reducing trend since March 2020 below the 75% target. July 2022 onwards has shown a steady increase with December at 38.2%, a small increase compared to the previous month.
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 have allowed 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 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. Drop in sessions have been reinstated.
E: What do we expect to happen?	The service expects to see a continuing 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

Birmingham and Solihull Mental Health NHS Foundation Trust

Statistical Process Control (SPC)

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

Division	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22
A: All	731	814	998	894	949	1061
B: Acute and Urgent Care	731	814	998	894	949	1061

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. The numbers have then fluctuated with further increases in November and December. December at 1061 with 10 admissions to PICU beds and 7 to an acute bed, taking the full month's number to 53 OOA placements. A revised trajectory has been agreed with commissioners from October 2022 to July 2023 to reach 372 bed days by July 2023, which will focus on removing acute out of area placements and reducing PICU usage. December 2022 performance is above the target of 964 OOA bed days and there is continued pressure on adult PICU beds.

From the 1st October 2021 NHSE have agreed a Standard Operating Protocol (SOP) with the Trust to enable 10 Priory...

Out of Area Bed Days

December 2022

Question	Answers
A: What has happened?	Key areas of the out of area implementation plan have continued to be implemented and in April 2021, a significant reduction in the number of OBDs was achieved, down to 643, below pre covid levels and the lowest number in the previous 16 months. This was sustained through to September 2021. As a result of the additional acute bed capacity commissioned from October, OOA bed days reduced further to 430 days. However due to demand and COVID pressures on ward closures has seen an increase with the average from November to January 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. The numbers have then fluctuated with further increases in November and December. December at 1061 with 10 admissions to PICU beds and 7 to an acute bed, taking the full month's number to 53 OOA placements. A revised trajectory has been agreed with commissioners from October 2022 to July 2023 to reach 372 bed days by July 2023, which will focus on removing acute out of area placements and reducing PICU usage. December 2022 performance is above the target of 964 OOA bed days and there is continued pressure on adult PICU beds. From the 1st October 2021 NHSE have agreed a Standard Operating Protocol (SOP) with the Trust to enable 10 Priory acute beds based in Willenhall to be classified as 'appropriate placements' for 6 months until 31st March 2022 in addition to the same classification for the MERIT beds. Internal reporting and commissioner reporting from 1st October 2021 has been amended to reflect this change. It has also been agreed by NHSE that any patients admitted to a PICU bed at Woodbourne Priory will be classed as 'appropriate placements' from the 1st January 2022. However, it should be noted that national reporting via the Mental Health Services Dataset (MHSDS) managed by NHS Digital currently does not recognise the bespoke arrangements agreed via NHSE/I. Discussions are taking place with NHSE/I leads as to how these changes can be reflected in national MHSDS submissions as the Priory beds at Willenhall will continue to be classified as 'inappropriate'. As a result, until this issue is resolved, there will be a difference between national reporting using MHSDS as the data source and local Trust reporting. Commissioners are also aware of this anomaly.
B: Why has it happened?	The 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. DTOCS accounted for 287 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

Detailed Commentary

Birmingham and Solihull Mental Health NHS Foundation Trust

Out of Area Bed Days

December 2022

Question	Answers
	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. DTOCS accounted for 287 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. Joint bed management meetings with FTB are in place. 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. Further discussions are taking place to understand if these would be suitable. 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. A revised trajectory has been agreed with commissioners from October 2022 to July 2023 to reach 372 bed days by July 2023, which will focus on removing acute out of area placements and reducing PICU usage.
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 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.

Referrals over 3 mths with no contact

Divisions

Birmingham and Solihull Mental Health NHS Foundation Trust

Statistical Process Control (SPC)

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

Division	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22
A: All	2817	2955	3076	3263	3058	3310
C: ICCR	1288	1318	1545	1607	1505	1521
D: Secure Serv & Offender Health	78	85	97	109	122	127
E: Specialties	1448	1371	1364	1435	1395	1403

Commentary

The number of new referrals without a contact had been on an increasing trend pre Covid due to demand exceeding available capacity, with pressures in CMHTs and the neuropsychiatry service in particular.
The number of patients who have not been seen after 3 months of referral in April 2021 was 2227 with the trend since then showing a reduction to July. August onwards has shown a steep increase reaching 2578 in October 2021 which then fell slightly in November. March 2022 onwards has shown a continued increase with December at 3310. The number of referrals not seen within 3 months of referral has decreased in all services with the exception of AOT which decreased.
Neuropsychiatry service accounts for 24% and Adult CMHTs 29% of referrals open for over 3 months without a contact.

Detailed Commentary

Birmingham and Solihull Mental Health NHS Foundation Trust

Referrals over 3 mths with no contact

December 2022

Question	Answers
A: What has happened?	The number of new referrals without a contact had been on an increasing trend pre Covid due to demand exceeding available capacity, with pressures in CMHTs and the neuropsychiatry service in particular. The number of patients who have not been seen after 3 months of referral in April 2021 was 2227 with the trend since then showing a reduction to July. August onwards has shown a steep increase reaching 2578 in October 2021 which then fell slightly in November. March 2022 onwards has shown a continued increase with December at 3310. The number of referrals not seen within 3 months of referral has decreased in all services with the exception of AOT which decreased. Neuropsychiatry service accounts for 24% and Adult CMHTs 29% of referrals open for over 3 months without a contact.
B: Why has it happened?	During the COVID period, face to face contacts have reduced with staff using telephone contact and digital solutions such as AccruRx to conduct appointments. Based on available research, it is expected that the backlog of service users not seen or choosing not to access services during the Covid period together with new demand arising as a result of the impact from Covid -19 will result in increased referrals to CMHTs adding pressure on ability to see service users within 3 months of referral. 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 capacity 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 remained 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.
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

Referrals over 3 mths with no contact

December 2022

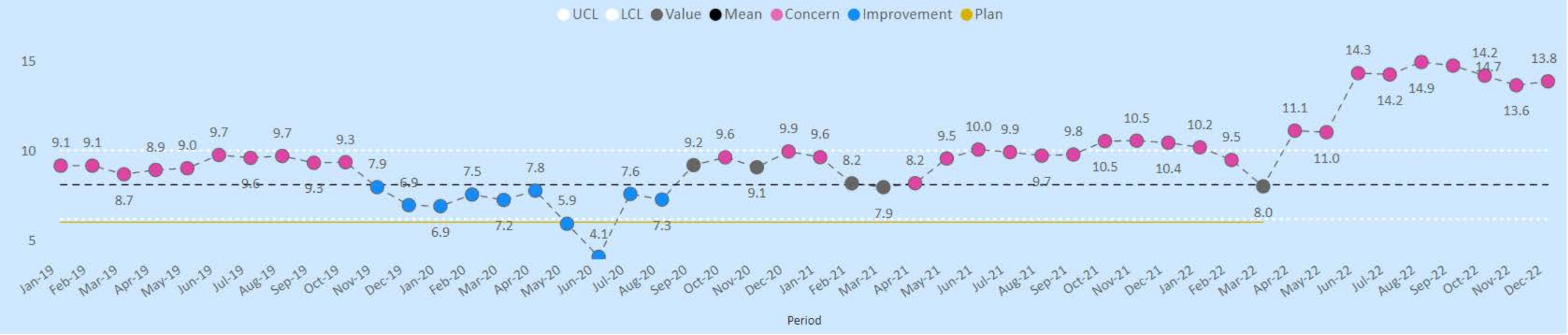
Question	Answers
	having an infant patients frequently cancel or DNA appointments prior to eventually being seen. In bi-polar service, patients will already be under a CMHT in order to access their service. Waiting times being over 3 months will be due to having to wait for the next group cohort to commence which may be after 3 months depending on when they are referred.
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 reconciliation audits. Plans for weekend clinics to commence, particularly in hotspots like Solihull team - 3 staff commenced Saturday home assessments in October.
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.

Birmingham and Solihull Mental Health NHS Foundation Trust

Staff Vacancies

Divisions

Statistical Process Control (SPC)



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

Division	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22
A: All	14.2%	14.9%	14.7%	14.2%	13.6%	13.8%
B: Acute and Urgent Care	13.9%	12.6%	12.7%	12.1%	12.1%	12.6%
C: ICCR	12.4%	17.7%	18.5%	18.5%	19.5%	20.5%
D: Secure Serv & Offender Health	10.3%	10.6%	11.3%	10.7%	10.2%	10.9%
E: Specialties	9.5%	10.9%	9.2%	9.1%	10.5%	11.0%
F: Corporate	19.3%	16.9%	18.6%	18.2%	14.7%	12.9%

Commentary

The vacancy rate in December has decreased to 13.9% and is above the KPI target of 6.0%. In April, new budgets were set and additional budget provided to the Trust allowing growth in our establishment. This large increase reflects the new allocation of additional budget.

Vacancy rates have fluctuated over the last 12 months with an overall increase in vacancies since April 2020 when vacancies stood at 7.8%. The vacancy breakdown by division is as follows:

Acute and Urgent Care – 11.7%, Chief Executive Locality – 33.8%, Exec Director - Medical Locality – 10.5%, Exec Director - Nursing Locality – 28%,

Exec Director - Resources Locality – 6.3%, Exec Director - Strategy People and Partnerships Locality – 13.4%, ICCR – 20.6%, Specialties – 11.7%, Secure Services and Offender Health – 10.6%

Detailed Commentary

Staff Vacancies

December 2022

Question	Answers
A: What has happened?	The vacancy rate in December has decreased to 13.9% and is above the KPI target of 6.0%. In April, new budgets were set and additional budget provided to the Trust allowing growth in our establishment. This large increase reflects the new allocation of additional budget. Vacancy rates have fluctuated over the last 12 months with an overall increase in vacancies since April 2020 when vacancies stood at 7.8%. The vacancy breakdown by division is as follows: Acute and Urgent Care – 11.7%, Chief Executive Locality – 33.8%, Exec Director - Medical Locality – 10.5%, Exec Director - Nursing Locality – 28%, Exec Director - Resources Locality – 6.3%, Exec Director - Strategy People and Partnerships Locality – 13.4%, ICCR – 20.6%, Specialties – 11.7%, Secure Services and Offender Health – 10.6%
B: Why has it happened?	Our establishment has grown by 99.57 WTE for this financial year.
C: What are the implications and consequences?	The national shortage of registered nurses particularly band 5 has not changed as and this is reflected in our local data. BAF Risk Fails to develop an inclusive and compassionate working environment, resulting in failure to attract talent.
D: What are we doing about it?	The focus is to continue to reduce vacancies, particularly – hard to recruit posts. Some of the actions include: Explore how we can improve the benefits we offer as part of our attraction package, focus on our benefit package which includes, flexible working and on specific wards only we will be offering recruitment and retention premium. The Trust will be working with local universities to attract second and third year students to consider the Trust as future employer. The Trust successfully participated in 'BSol Love Our Learners' event in December 2022. This event targeted second year students to consider BSol as a choice arear to work when they complete their degree. BSMHFT offered help with interview techniques, how to complete application forms. A Focus was on benefits such as flexible working when one works for the Trusts. To work closely with People Partners for areas with vacancy hot spots (band 5) to develop a recruitment plan for the next 3 months. The plan should include interrogating each area with vacancy hot spot to ensure that the vacancy rate is accurate in the first instance. The second aspect of the plan is to ensure each vacancy should have a plan on how we intend to recruit into that vacancy - a recruitment recovery plan. This work is ongoing and an update on the plans will be provided as soon as the work progresses. A number of events are planned over Q4 - community engagement jobs fair, RCN nursing fair, Ardenleigh jobs fair. This has proven successful in the past as a way of filling vacancies.
E: What do we expect to happen?	There are national supply issues in relation to certain staff groups e.g., registered nurses and IAPT meaning we do need to recognise that this will limit the improvements that can be made in relation to vacancy rates. We are beginning to compete with private hospitals in the BSol areas who are prepared to offer significant financial attraction package which we currently are not able to match. However targeted work ongoing across the Trust should mean we see a reduction in vacancy rates over time.

Detailed Commentary

Staff Vacancies

December 2022

Question	Answers
	Vacancy rates have fluctuated over the last 12 months with an overall increase in vacancies since April 2020 when vacancies stood at 7.8%. The vacancy breakdown by division is as follows: Acute and Urgent Care – 11.7%, Chief Executive Locality – 33.8%, Exec Director - Medical Locality – 10.5%, Exec Director - Nursing Locality – 28%, Exec Director - Resources Locality – 6.3%, Exec Director - Strategy People and Partnerships Locality – 13.4%, ICCR – 20.6%, Specialties – 11.7%, Secure Services and Offender Health – 10.6%
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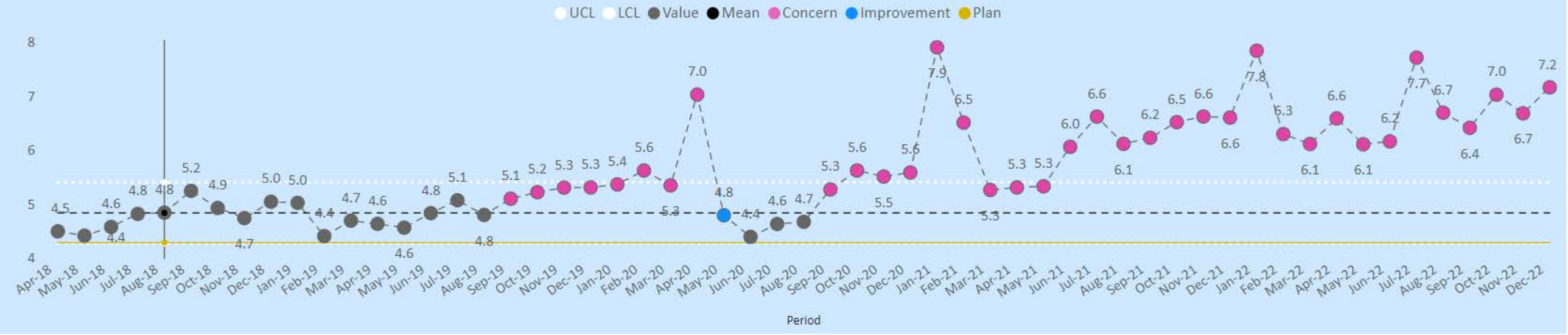
F: How will we know when we have addressed issues?	Reduction in vacancy rate and maintenance of the vacancy rate at below the 6% Trust target.

Birmingham and Solihull Mental Health NHS Foundation Trust

Staff Sickness

Divisions

Statistical Process Control (SPC)



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

Division	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22
A: All	7.7%	6.7%	6.4%	7.0%	6.7%	7.2%
B: Acute and Urgent Care	10.4%	9.5%	8.3%	8.9%	7.6%	8.5%
C: ICCR	7.3%	6.3%	6.0%	6.6%	6.7%	6.2%
D: Secure Serv & Offender Health	9.8%	8.1%	8.7%	10.3%	9.8%	10.8%
E: Specialties	6.6%	5.6%	4.5%	6.1%	5.7%	6.4%
F: Corporate	4.6%	4.3%	3.3%	3.3%	2.8%	3.1%

Commentary

Sickness absence saw an increase in December to 7.15% from 6.69% in November 2022. Non-covid related sickness absence increased by 0.45% to 6.39% in December and Covid-19 related sickness absence increased by 0.01% to 0.77% in December from 0.76% in November. Short term sickness absence increased by 0.57% to 3.14% in December. Long term sickness absence in December at 4.02% is a decrease of 0.11% from 4.13% in November.

Overall sickness absence rates by division for December are as follows:

Acute and Urgent Care – 8.49%, Chief Executive Locality – 0.00%, Exec Director - Medical Locality – 2.30%, Exec Director - Nursing Locality – 6.95%,

Exec Director - Resources Locality – 1.16%, Exec Director - Strategy People and Partnerships Locality – 3.32%, ICCR – 6.13%, Specialties – 6.55%, Secure Services and Offender Health – 10.64%

Detailed Commentary

Birmingham and Solihull Mental Health NHS Foundation Trust

Staff Sickness

December 2022

Question	Answers
A: What has happened?	Sickness absence saw an increase in December to 7.15% from 6.69% in November 2022. Non-covid related sickness absence increased by 0.45% to 6.39% in December and Covid-19 related sickness absence increased by 0.01% to 0.77% in December from 0.76% in November. Short term sickness absence increased by 0.57% to 3.14% in December. Long term sickness absence in December at 4.02% is a decrease of 0.11% from 4.13% in November. Overall sickness absence rates by division for December are as follows: Acute and Urgent Care – 8.49%, Chief Executive Locality – 0.00%, Exec Director - Medical Locality – 2.30%, Exec Director - Nursing Locality – 6.95%, Exec Director - Resources Locality – 1.16%, Exec Director - Strategy People and Partnerships Locality – 3.32%, ICCR – 6.13%, Specialties – 6.55%, Secure Services and Offender Health – 10.64%
B: Why has it happened?	Anxiety, stress, depression, other psychiatric illnesses remain the highest reasons for sickness absences, which to a large extent mirrors the concerns relating to the cost -of -living crisis . Coughs, cold flu slightly increased , which can be attributed to the seasonal Influenza. This will continue to be monitored and the potential impact of this on staffing levels.
C: What are the implications and consequences?	Continuity of care for patients is affected and reliance on bank and agency staff increases. Lower staffing levels due to high sickness absence also has an impact on safe staffing levels, workload and health and wellbeing of staff. BAF Risk: Fails to develop an inclusive and compassionate working environment, resulting in increase levels of sickness. Fails to look holistically at flexible and transformative workforce models used across all services, resulting in a failure to take opportunities where positive gains are possible Fails to deliver its ambition to transform the culture and sponsor, implement, support, and monitor a multidisciplinary values-based leadership framework developing the right capabilities, resulting in an underperforming workforce
D: What are we doing about it?	The People team continue to drill down to hotspot areas to support the efforts of the areas to reduce long term sickness. Long Team sickness cases are discussed at FPP and at local level. Continuous audit of Directorate sickness. Data to be presented in monthly FPP meetings with comparisons undertaken against previous months data. General areas of concerns will be highlighted and actions formulated to address them are communicated. More detailed conversations to be held with CMS/Team Leaders in clinics. Promotion of health and wellbeing initiatives across the directorate to support physical health, mental health and wellbeing of staff. The health and wellbeing page on Connect provides information on initiatives such as Occupational Health support (PAM), Physiotherapy provided by PAM, Workstation Assessments (DSE), and the Employee Assistance Programme (EAP) which is available 24 hours a day by phone.

Detailed Commentary

Staff Sickness

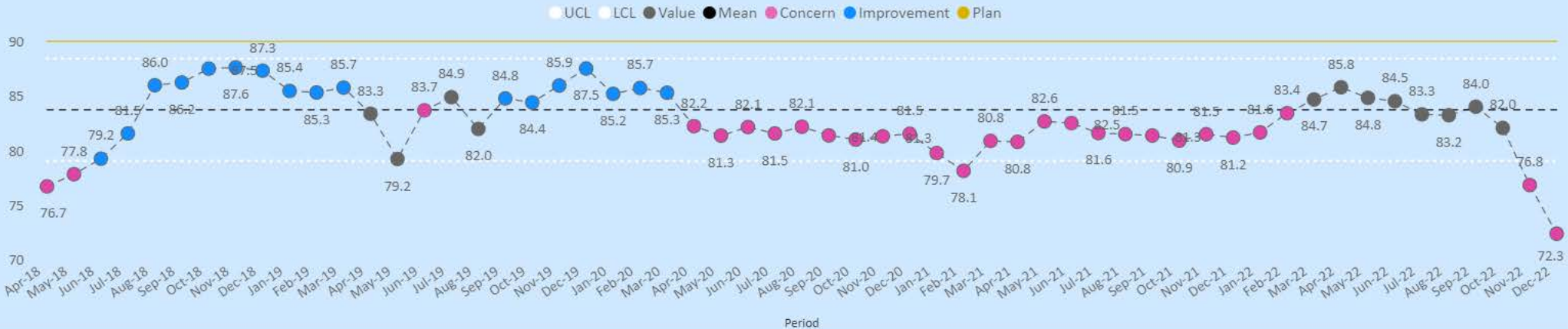
December 2022

Question	Answers
consequences?	workload and health and wellbeing of staff. BAF Risk: Fails to develop an inclusive and compassionate working environment, resulting in increase levels of sickness. Fails to look holistically at flexible and transformative workforce models used across all services, resulting in a failure to take opportunities where positive gains are possible Fails to deliver its ambition to transform the culture and sponsor, implement, support, and monitor a multidisciplinary values-based leadership framework developing the right capabilities, resulting in an underperforming workforce
D: What are we doing about it?	The People team continue to drill down to hotspot areas to support the efforts of the areas to reduce long term sickness. Long Team sickness cases are discussed at FPP and at local level. Continuous audit of Directorate sickness. Data to be presented in monthly FPP meetings with comparisons undertaken against previous months data. General areas of concerns will be highlighted and actions formulated to address them are communicated. More detailed conversations to be held with CMS/Team Leaders in clinics. Promotion of health and wellbeing initiatives across the directorate to support physical health, mental health and wellbeing of staff. The health and wellbeing page on Connect provides information on initiatives such as Occupational Health support (PAM), Physiotherapy provided by PAM, Workstation Assessments (DSE), and the Employee Assistance Programme (EAP) which is available 24 hours a day by phone. The Trust will be working with Occupational Health to provide ' Know Your Numbers' clinics where staff can book to attend health care clinics , there will also be webinars on stress, women's and men's health. CMHT Hub managers to ensure stress assessments are being completed where staff have raised concerns about stress/anxiety. Information to be fed back to CMS who will provide updates in HR clinics. All long-term sickness cases that reach 16 weeks have a formal review to ensure that the appropriate plans are in place to enable a return to work and/or consider other options available, linking in with OH regarding redeployment/Ill Health retirement.
E: What do we expect to happen?	Sickness absence rates will come within the Trust's target percentage although may still be impacted by the seasonal influenza and we go into the rest of the winter. COVID –19 Cases may also continue to increase.
F: How will we know when we have addressed issues?	A sustained reduction in sickness levels reaching the Trust's target figure and bank/agency bookings for sickness which will be monitored and reported monthly.

Staff Appraisals

Divisions

Statistical Process Control (SPC)



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

Division	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22
A: All	83.3%	83.2%	84.0%	82.0%	76.8%	72.3%
B: Acute and Urgent Care	80.0%		79.5%	79.5%	72.2%	67.3%
C: ICCR	85.3%		85.6%	84.3%	80.0%	76.2%
D: Secure Serv & Offender Health	88.3%		89.5%	86.3%	81.6%	74.4%
E: Specialties	84.5%		84.7%	81.1%	76.4%	73.1%
F: Corporate	75.9%		78.5%	77.5%	70.9%	69.1%

Commentary

(Blank)

Staff Appraisals

December 2022

Question	Answers
A: What has happened?	Appraisal rates have decreased to 72.3%* in December 22. The appraisal rate had been maintained consistently above the 85% CCG target from November 2019 to March 2020, however fell below this in April 2020 due to the impact of Covid-19. The appraisal rate breakdown by division for December 22 is as follows: Acute and Urgent Care – 67.3%, Chief Executive Locality – 0.0% *, Exec Director - Medical Locality – 72.3%, Exec Director - Nursing Locality – 59.7%, Exec Director - Resources Locality – 78.3%, Exec Director - Strategy People and Partnerships Locality – 65.8%, ICCR – 76.3%, Specialties – 73.1% Secure Services and Offender Health – 74.5% This data only relates to AfC appraisals and not medical workforce. * Please note the L&D team are aware that the above figures are inaccurate and are taking appropriate action to improve.
B: Why has it happened?	As above L&D are interrogating the appraisal data, however we have understood that there are many anomalies in the reporting system and the data is therefore not correct. An example of the type of errors identified is also understood from staff selecting incorrect review forms, appraisal data not being pulled through etc.
C: What are the implications and consequences?	We have not met our contractual requirements – this stands at an 85% target for completion from the CCG. Non-completion of appraisals and/or poor-quality appraisals has an impact on staff experience and development, potentially leading to reduced engagement from staff and increased turnover. BAF Risk: Fails to develop an inclusive and compassionate working environment, resulting in demotivated workforce
D: What are we doing about it?	As above we are further investigating the anomalies that are impacting our incorrect compliance figures and will be actioning the following: Discuss and agree exclusion criteria/KPIs; Continue working closely with the ESR team to support inputting of accurate data; Targeted compliance work that is tailored to individuals and teams; Increasing the profile of Appraisal support/materials available to staff via ongoing discussions with the Comms Team. Regular updates regarding the new system to AD's and through Appraisal drop ins to maintain engagement. BAU activities: Targeted compliance work- an L&D Administrator and support from the wider team are utilising the draft Appraisal Completion report (provided by the Informatics Team) to target those staff that are not completing their appraisals and support them in the completion of the new appraisal process. This approach has been reviewed to support and assist managers

Detailed Commentary

Birmingham and Solihull Mental Health NHS Foundation Trust

Staff Appraisals

December 2022

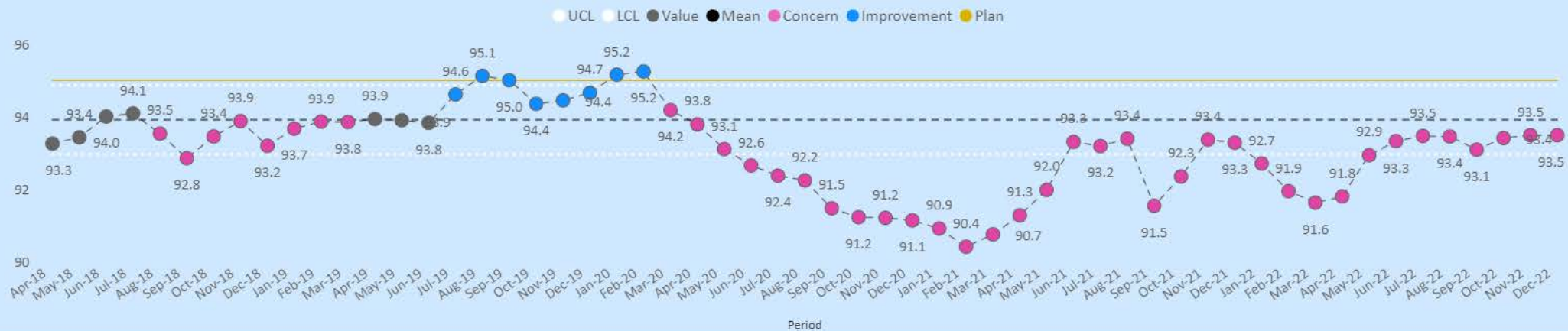
Question	Answers
C: What are the implications and consequences?	We have not met our contractual requirements – this stands at an 85% target for completion from the CCG. Non-completion of appraisals and/or poor-quality appraisals has an impact on staff experience and development, potentially leading to reduced engagement from staff and increased turnover. BAF Risk: Fails to develop an inclusive and compassionate working environment, resulting in demotivated workforce
D: What are we doing about it?	As above we are further investigating the anomalies that are impacting our incorrect compliance figures and will be actioning the following: Discuss and agree exclusion criteria/KPIs; Continue working closely with the ESR team to support inputting of accurate data; Targeted compliance work that is tailored to individuals and teams; Increasing the profile of Appraisal support/materials available to staff via ongoing discussions with the Comms Team. Regular updates regarding the new system to AD's and through Appraisal drop ins to maintain engagement. BAU activities: Targeted compliance work- an L&D Administrator and support from the wider team are utilising the draft Appraisal Completion report (provided by the Informatics Team) to target those staff that are not completing their appraisals and support them in the completion of the new appraisal process. This approach has been reviewed to support and assist managers in quickly identifying those staff that are yet to complete their appraisal. We will review our current resource and identify additional support. Drop-in sessions for all staff are scheduled until December to support the new appraisal process and a dedicated resource page via Connect. Appraisal project/policy updates: Further project meetings will continue with key stakeholders to support feedback received. Appraisal policy work continued.
E: What do we expect to happen?	Due to the reliance on historical, system driven processes there will be continued difficulties in trying to report accurately on 1-2-1 and Appraisal data. The Appraisal compliance figure will continue to fluctuate due to the impact of the change in system/process, however we expect to see some recovery by the end of Q1 of the new Appraisal process.
F: How will we know when we have addressed issues?	The overall aim will be aligned to the new appraisal process in achieving an improvement in the quality of values-based appraisal conversations, enabling the development of an inclusive, compassionate culture.

Fundamental Training

Divisions

Birmingham and Solihull Mental Health NHS Foundation Trust

Statistical Process Control (SPC)



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

Division	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22
A: All	93.5%	93.4%	93.1%	93.4%	93.5%	93.5%
B: Acute and Urgent Care	93.5%	93.3%	92.7%	92.4%	92.1%	92.3%
C: ICCR	94.1%	94.0%	94.0%	94.4%	94.1%	94.1%
D: Secure Serv & Offender Health	94.2%	94.2%	94.5%	94.3%	94.6%	94.5%
E: Specialties	94.4%	94.4%	94.1%	94.5%	94.4%	94.0%
F: Corporate	92.7%	93.0%	91.6%	92.8%	93.8%	94.4%

Commentary

(Blank)

Fundamental Training

December 2022

Question	Answers
A: What has happened?	Substantive staff (Trust Target 95%, Commissioners Target 90%)) Overall, Trust's Fundamental Training compliance figure did not change from November to December - 93.5% FT breakdown by division: Specialties –94%; ICCR – 94%; Secure Services and Offender Health – 94.5%; Acute and Urgent Care – 92.3%, CEO office – 74.6%: Exec Director – Medical – 96.4%; Exec Director – Nursing – 94.7%; Exec Director – Resources – 95.4%; Exec Director - Strategy People and Partnerships Locality – 90.4%. TSS Bank Workers (Trust Target 75%) Bank FT compliance has decreased by 1.8% from 92.1% in November to 90.3% in December. However, still over the commissioner's target.
B: Why has it happened?	Substantive staff FT compliance: All areas remain slightly below ideal Trust target 95% except for Exec Director – Medical and Exec Director – Recourses. (We have achieved the commissioner's expectation of 90% in nearly all areas except CEO and New Care Model) Withdrawals have decreased; however, the volume of DNA's remain unsustainable & coupled with the increase in new starters compromises the agreed 12% buffer.
C: What are the implications and consequences?	Business, Administration and Financial Risks: Low FT compliance is a risk to patient safety and the safety of our staff. There is a risk staff will not have the competence required to practice safely in clinical areas. Breach of commissioners' compliance contracts which can result in financial penalties that can cost in excess of £210,000 per subject for every month that BSMHFT remains non-compliant. TSS are not included in overall Trust compliance however are required to undertake training. The required training needs to provide TSS staff on time to be practice safely. Finance: Procuring external training for AVERTS and Resus (ELS & ILS) has extra cost implications.
D: What are we doing about it?	Training places adequate to reach target by the end of Q4 for ELS and ILS as Trust have been procured from external providers. Continue to chase up staff who are due for AVERTS 1 day Update training to reduce the number of staff to attend AVERTS 5-days Training to provide more spaces to new starters and bank staff. We are now sending extra reminders around upcoming training. Businesses as usual process, to keep the compliance at the required percentages, L&D constantly chasing staff to fill the spaces. This is ongoing process that L&D team does. Additional training provision is available for TSS staff to increase capacity so TSS workforce can have the skills to practice safely in clinical environment.

Fundamental Training

December 2022

Question	Answers
	Specialties –94%; ICCR – 94%; Secure Services and Offender Health – 94.5%; Acute and Urgent Care – 92.3%, CEO office – 74.6%: Exec Director – Medical – 96.4%; Exec Director – Nursing – 94.7%; Exec Director – Resources – 95.4%; Exec Director - Strategy People and Partnerships Locality – 90.4%. TSS Bank Workers (Trust Target 75%) Bank FT compliance has decreased by 1.8% from 92.1% in November to 90.3% in December. However, still over the commissioner's target.
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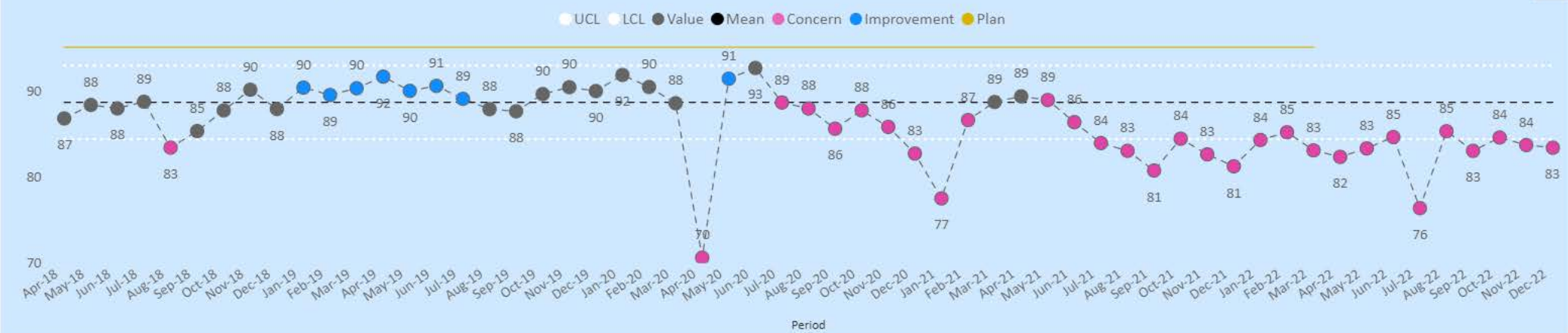
E: What do we expect to happen?	Calculated trajectories have shown that FT recovery for substantive staff will be achieved in all subjects in Q4, as long as the DNA rate and staff turnover does not exceed the Trust agreed 12%.
F: How will we know when we have addressed issues?	With uptake of training offers and when the trajectories offered to the executive team and commissioners are achieved on the cited date. When expected compliance rates will reflect on insight reporting system.

Bank & Agency Fill Rate

Divisions

Statistical Process Control (SPC)



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

Division	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22
A: All	76.2%	85.2%	82.9%	84.5%	83.6%	83.3%
B: Acute and Urgent Care	75.5%	84.1%	80.9%	82.0%	83.1%	83.2%
C: ICCR	81.8%	90.3%	91.1%	91.9%	91.2%	92.3%
D: Secure Serv & Offender Health	64.5%	75.7%	73.4%	76.2%	73.0%	73.7%
E: Specialties	83.9%	90.0%	86.3%	88.6%	88.7%	86.3%
F: Corporate	91.8%	96.2%	95.2%	96.2%	99.1%	97.9%

Commentary

(Blank)

Bank & Agency Fill Rate

December 2022

Question	Answers
A: What has happened?	The bank and agency fill rate decreased to 83.3% in December from 83.6% in November. The bank fill rate remained relatively stable, as did the agency fill rate. The fill rate breakdown by division is as follows: Acute and Urgent Care – 83.7%, ICCR – 92.9%, Specialties – 86.3%, Secure Services and Offender Health – 73.7% The number of shifts requested in December increased by 904 compared to November. Bank filled 716 more shifts in December than November, and agency filled 17 less shifts. The breakdown of shifts requested by division is as follows: Acute and Urgent Care – 6650, ICCR – 2154, Specialties – 3088, Secure Services and Offender Health – 5377
B: Why has it happened?	18,829 temporary staffing shifts were requested in December. This is an increase of 904 from 17,925 in November. 15,690 shifts were filled in December (14,158 of these were bank). Fill rate has seen a significant decrease. The main reasons for requested shifts in December were: Clinical Activity (6,243 shifts requested); Additional Work (3,987 shifts requested); Vacancies (2,990 shifts requested); Block booking (1,988 shifts requested) and sickness (1,358 shifts requested) . There has been a decrease in shifts requested for COVID-19 (125 in December from 156 in November).
C: What are the implications and consequences?	Low fill rates resulting in unfilled shifts has an implication on safer staffing levels and the Trust's ability to deliver high quality patient care. Having less staff also has an impact on workload and staff health and wellbeing. BAF Risk: Fails to look holistically at flexible and transformative workforce models used across all services, resulting in inefficiencies
D: What are we doing about it?	A bank and agency fill rate spreadsheet, with analysis, is provided for Senior Management each week in order for decisions to be made during. TSS leadership team held a tenth meeting to look at longer term strategic projects and improvements for the TSS function in terms of processes, health and wellbeing, training, and support for TSS workers. Action plans and meeting groups are in place for improvement of processes for Inductions, ADR's / RMS', clinical supervisions and Training Compliance, plus significant pastoral care support is now being offered to bank staff – which should, in turn, increase our ability to fill more shifts due to a more informed and productive workforce who feel more valued and appreciated. BSMHFT internal Bank worker survey results and concerns have been addressed regarding satisfaction levels within the bank staff workforce. Bank workers were also highly encouraged to complete the NHS Nationwide staff survey – the first time bank workers have been invited to submit a response. As of the closing date of 25.11.2022, BSMHFT had the 2nd highest response rate in England of 27.83%. Projects in conjunction with the Trust's Workforce Management Team / Bank staff Healthroster Management Team are being implemented in order to assist TSS Booking Co-Ordinators

Bank & Agency Fill Rate

December 2022

Question	Answers
	Additional Work (3,987 shifts requested); Vacancies (2,990 shifts requested); Block booking (1,988 shifts requested) and sickness (1,358 shifts requested) . There has been a decrease in shifts requested for COVID-19 (125 in December from 156 in November).
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E: What do we expect to happen?	With the work ongoing to reduce agency spend we expect agency fill rates to decrease and bank fill rates to increase. However it should be noted that with the winter season nearly here and a predicted rise in the number of requested shifts may further impact on the Trust's fill rates.
F: How will we know when we have addressed issues?	The overall bank and agency fill rate increases.

Integrated Performance Report

Context

All SPC-related charts and detailed commentaries 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 December 2022

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

- **Out of Area Bed Use** – Some process improvements have helped us address underlying issues, but the impact of COVID-19 and the closure of beds has significantly impaired our ability to eliminate use of out of area beds. December's figure is 34 patients
- **IAPT** – As discussed at FPP, there is a range of issues which require a system approach to resolve and additional investment
- **New referrals not seen** – As discussed at FPP, there are a range of issues here, including the level of Neuropsychiatry waits
- **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:
- **YTD financial position** is a deficit of £0.7m against a planned breakeven, chiefly because pressures on temporary staffing and out of area beds. We expect to achieve breakeven for the year as a whole

Quality

- Ligature incidents with no anchor point are back up to 43 after falling from 40 to 29 In November (32 in Secure) – with anchor point unchanged at 0
- Physical restraints have increased from 176 in July to 246 in December, 112 in Specialties
- **Key concerns: Ligature incidents and physical restraints**

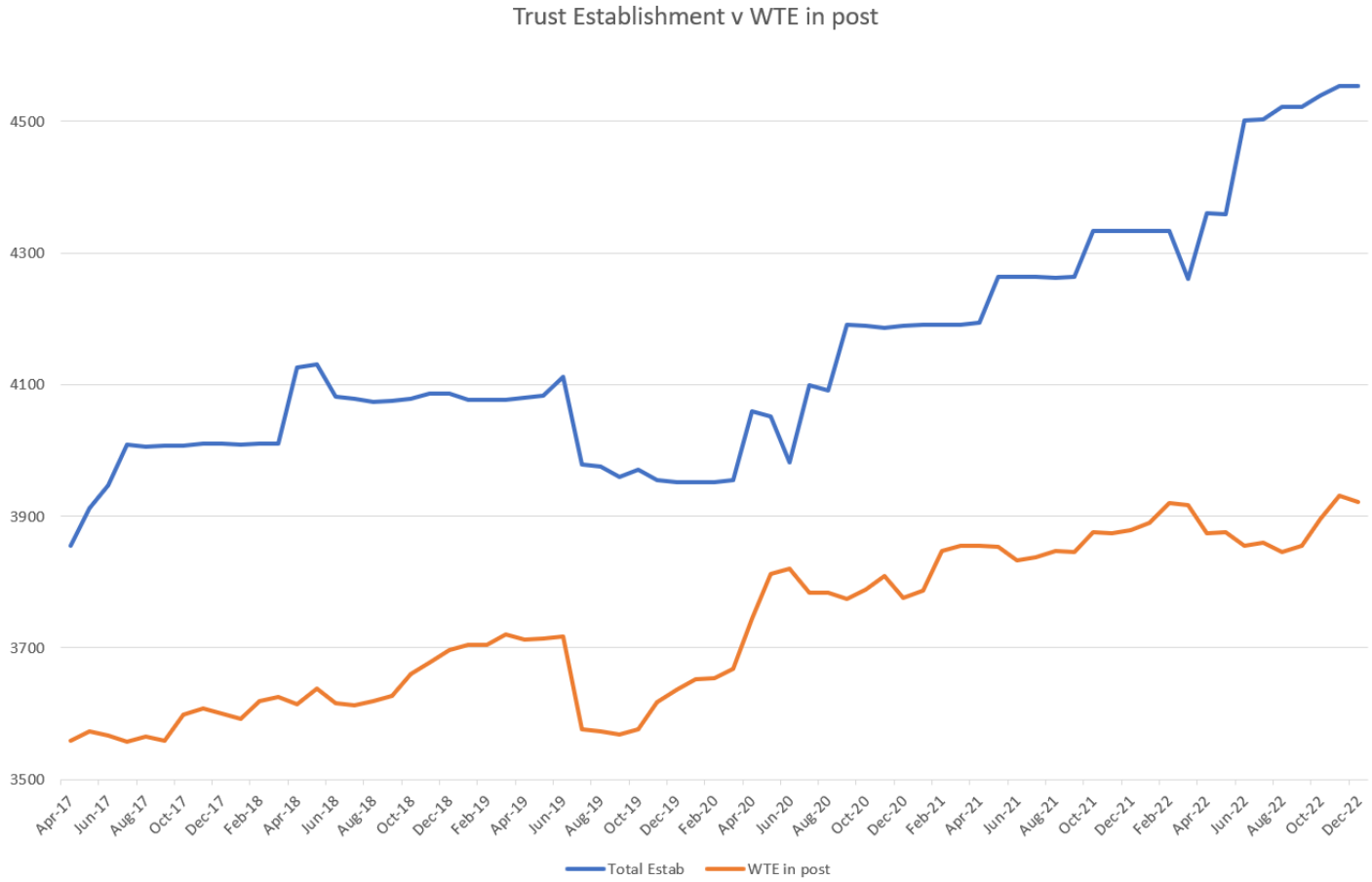
Performance

- The level of Out of Area Patients remains a concern. The figure has increased from 894 in October to 1061 (up from 28.8 patients to 34.2), up from Apr-22 416 OBD (13.9). The elimination of acute bed days is anticipated in the next month or so, though PICU Out of Area stays will remain problematic
- CPA 7-day follow up is up from 89.0% to 90.2%
- CPA with formal review in last 12 months little changed at 86.5%
- IAPT patients seen within 6 weeks of referral has improved to 38.3. This is being discussed across BSol to identify how to address underperformance. Performance for within 18 weeks is up to 74.2%. the highest figure since Dec-21
- New referrals not seen within 3 months are of concern and up to 3,310, the highest figure in five years. Of this, Neuropsychiatry represents the most significant issue

- **Key concerns: Out of Area, CPA 7-day follow up, 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 at 13.9% are of concern. Staff in post are up by 67 WTE in last three months



- Rolling 12-month sickness levels up to 7.2%, highest since Jul-22 (10.8% in Secure)
- Staff appraisals down to 72.3%, lowest level in five years
- Bank and Agency fill down from 83.6% to 83.3%
- **Key concerns: Vacancies, appraisals, bank and agency fill rate, sickness**

Sustainability

- Financial position for the first nine months is a deficit of £0.7m against a planned breakeven, chiefly because pressures on temporary staffing and out of area beds. We expect to achieve breakeven for the year as a whole
- Capital expenditure for the first nine months is £2.4m, £0.8m less than plan. This mainly relates to the phasing of the plan being fixed with NHSE before the Trust agreed priorities for the year. A more representative monthly cash flow forecast was developed 2-3 months ago and the Trust is performing in line with this
- Although we are able to generate some technical efficiencies to achieve required cost improvement plan for the year, there is no pipeline of savings schemes and difficulties are anticipated in 2023/24
- Monthly agency expenditure is down to £760k in October but remains significantly higher than NHSE target

- **Key concerns: CIP, agency expenditure**

9.4. Finance Report

Enclosure 1: Finance Report

Birmingham and Solihull Mental Health NHS Foundation Trust

MEETING	**BOARD OF DIRECTORS**
AGENDA ITEM	**Item 9.4**
PAPER TITLE	**Month 9 2022/23 Finance Report**
DATE	1 February 2023
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 9 Group position is a deficit of £0.6m year to date, this is £0.6m adverse to the break even plan as submitted to NHSE on 20/6/22. The position comprises a £1.2m deficit for the Trust, a £13k surplus for Summerhill Services Limited (SSL) and a £187k surplus position for the Reach Out Provider Collaborative. The month 9 Group deficit position is mainly driven by slippage on savings delivery and continuing out of area and staffing pressures. Recurrent pressures in month have been offset with the planned release of deferred income.

Capital position

Month 9 Group capital expenditure is £2.7m, which is £1m less than year to date plan and £0.6m behind the year to date revised forecast profile.

Cash position

The month 9 Group cash position is £63.8m.

The pack contains a bridge chart reconciling the movement between plan and forecast and the underlying financial position as we go into 2023/24

Reason for consideration:
Update on month 9 financial position.
Previous consideration of report by:
Regular briefing on financial position with FPP chair.
Strategic priorities ***(which strategic priority is the report providing assurance on)***
SUSTAINABILITY: Being recognised as an excellent, digitally enabled organisation which performs strongly and efficiently, working in partnership for the benefit of our population
Financial Implications ***(detail any financial implications)***
Group financial position
Board Assurance Framework ***(detail: (a) the strategic risk the report is providing assurance on or (b) any new risks being identified that is associated with the delivery of the strategic priorities***
FPP Overall risk - There is a risk that the Trust fails to make best use of its resources
Engagement ***(detail any engagement with staff/service users)***
Ongoing financial briefings via Operational Management Team and Sustainability Board.

Birmingham and Solihull Mental Health NHS Foundation Trust

Finance Report

Financial Performance:

1st April 2022 to 31st December 2022

Month 9
Group financial position

Group Summary	Annual Budget	YTD Position		
		Budget	Actual	Variance
	£'000	£'000	£'000	£'000
Income				
Healthcare Income	295,830	221,873	221,909	36
Other Income	107,927	80,945	83,281	2,335
Total Income	**403,758**	**302,818**	**305,190**	**2,372**
Expenditure				
Pay	(237,321)	(177,991)	(182,375)	(4,384)
Other Non Pay Expenditure	(130,284)	(97,712)	(96,869)	843
Drugs	(5,956)	(4,467)	(4,984)	(517)
Clinical Supplies	(871)	(654)	(497)	156
PFI	(11,130)	(8,348)	(8,080)	268
EBITDA	**18,195**	**13,646**	**12,384**	**(1,263)**
Capital Financing				
Depreciation	(9,983)	(7,487)	(7,427)	60
PDC Dividend	(1,930)	(1,448)	(1,445)	3
Finance Lease	(4,845)	(3,634)	(3,644)	(11)
Loan Interest Payable	(1,154)	(857)	(871)	(15)
Loan Interest Receivable	97	64	687	623
Surplus / (Deficit) before taxation	**380**	**285**	**(317)**	**(602)**
Profit/ (Loss) on Disposal	-	-	(32)	(32)
Taxation	(380)	(285)	(288)	(3)
Surplus / (Deficit)	**(0)**	**0**	**(637)**	**(637)**

Month 9 2022/23 Group Financial Position

The month 9 consolidated Group position is a deficit of £0.6m year to date. This is £0.6m adverse to the break even plan as submitted to NHSE on 20/6/22.

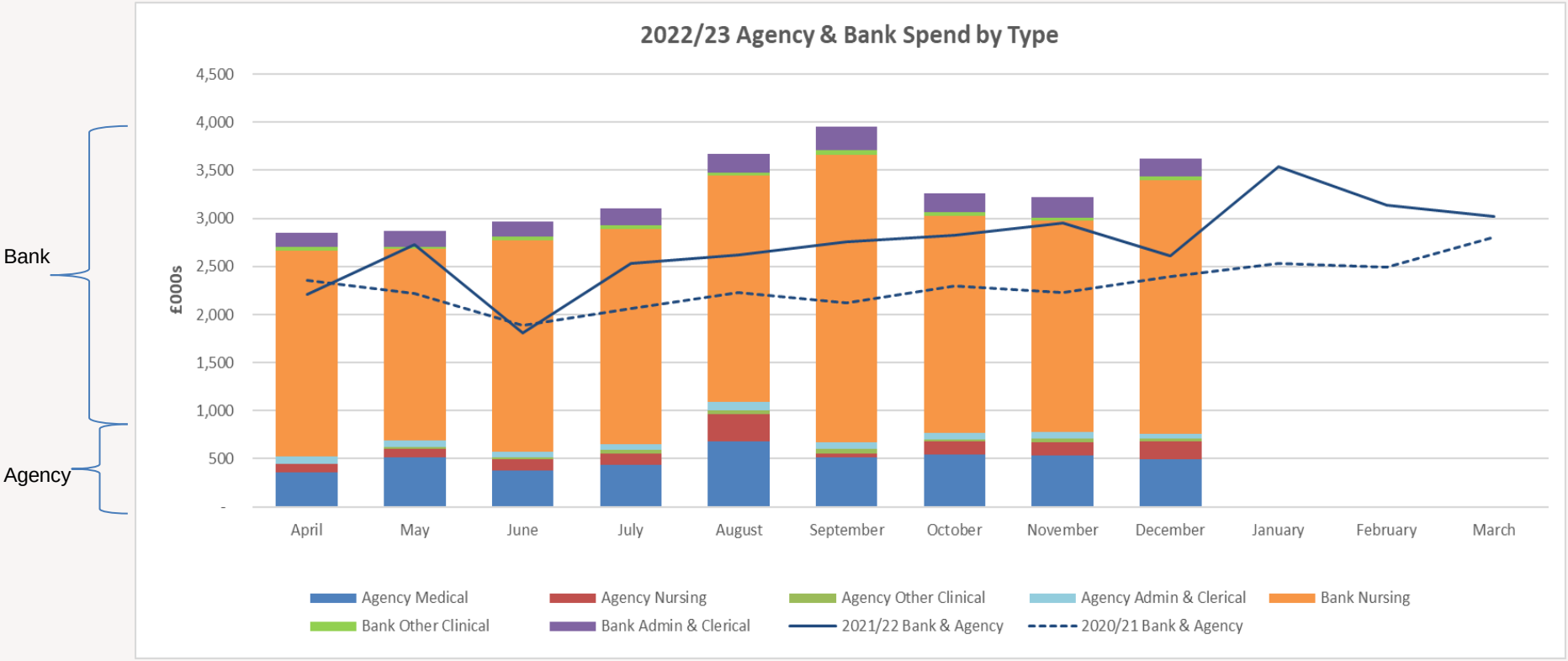
The Group position is mainly driven by the Trust month 9 deficit of £1.2m year to date. Key pressures contributing to the year to date deficit position are slippage on savings delivery, out of area pressures and staffing pressures, with a significant level of temporary staffing expenditure. These are partly offset by vacancies across the Trust and slippage relating to Service Development Fund (SDF) investment, SDF income has been deferred in relation to this. Recurrent pressures in month, relating to bank and out of area, have been offset with planned release of deferred income.

The Group position includes a £13k surplus for our wholly owned subsidiary, Summerhill Services Limited (SSL) and a £187k 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 9 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	221,909	-	-	-	221,909
Other Income	25,107	20,458	99,198	(61,483)	83,281
Total Income	**247,016**	**20,458**	**99,198**	**(61,483)**	**305,190**
Expenditure					
Pay	(173,952)	(7,715)	(914)	206	(182,375)
Other Non Pay Expenditure	(51,411)	(5,814)	(98,097)	58,452	(96,869)
Drugs	(5,252)	(2,250)	-	2,518	(4,984)
Clinical Supplies	(497)	-	-	-	(497)
PFI	(8,080)	-	-	-	(8,080)
EBITDA	**7,823**	**4,680**	**187**	**(307)**	**12,384**
Capital Financing					
Depreciation	(5,290)	(2,507)	-	370	(7,427)
PDC Dividend	(1,445)	-	-	-	(1,445)
Finance Lease	(3,644)	(285)	-	284	(3,644)
Loan Interest Payable	(871)	(1,587)	-	1,587	(871)
Loan Interest Receivable	2,274	0	-	(1,587)	687
Surplus / (Deficit) before Taxation	**(1,153)**	**301**	**187**	**347**	**(317)**
Profit/ (Loss) on Disposal	(32)	-			(32)
Taxation	-	(288)	-	-	(288)
Surplus / (Deficit)	**(1,185)**	**13**	**187**	**347**	**(637)**

Temporary staffing expenditure



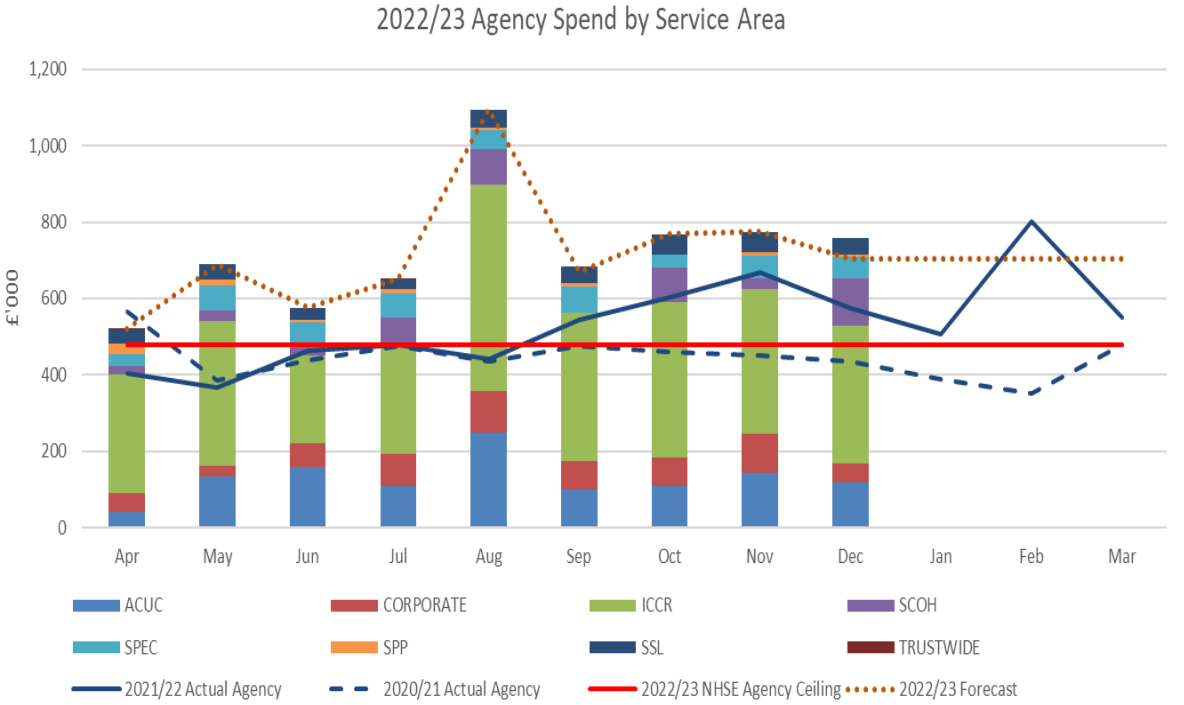
The month 9 year to date temporary staffing expenditure is £29.5m. The graph above shows a breakdown of the temporary staffing expenditure by type.

Bank expenditure £23m (78%) – the majority of bank expenditure relates to nursing bank shifts - £21m.

Agency expenditure £6.5m (22%) – the majority of agency expenditure relates to medical agency - £4.4m.

For further analysis on bank and agency expenditure, see pages 5 to 6.

Agency expenditure analysis



Agency expenditure

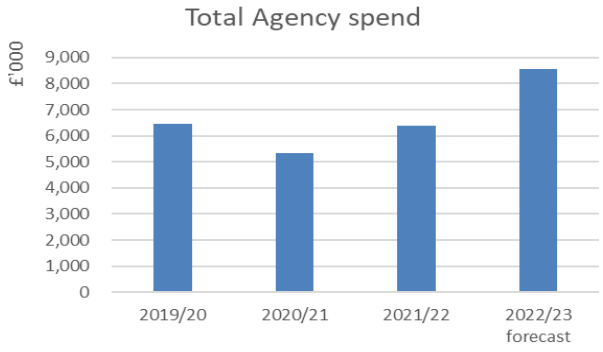
Total year to date agency expenditure is £6.5m. This has predominantly been incurred within the following service areas: ICCR £3.3m, Acute & Urgent Care £1.2m, Specialties £0.5m and Corporate £0.6m. December expenditure of £0.8m is in line with prior month and £0.1m above the average monthly spend of £0.7m.

NHSE have set a system ceiling on agency spend for this financial year, calculated as 90% of 2021/22 spend: £5.7m for BSMHFT. Year to date spend exceeds the ceiling by £2.2m. The forecast spend for 2022/23 is £8.6m (£2.9m above ceiling). This is £2.2m (34%) above 2021/22 spend and £3.8m (60%) above 2020/21 spend.

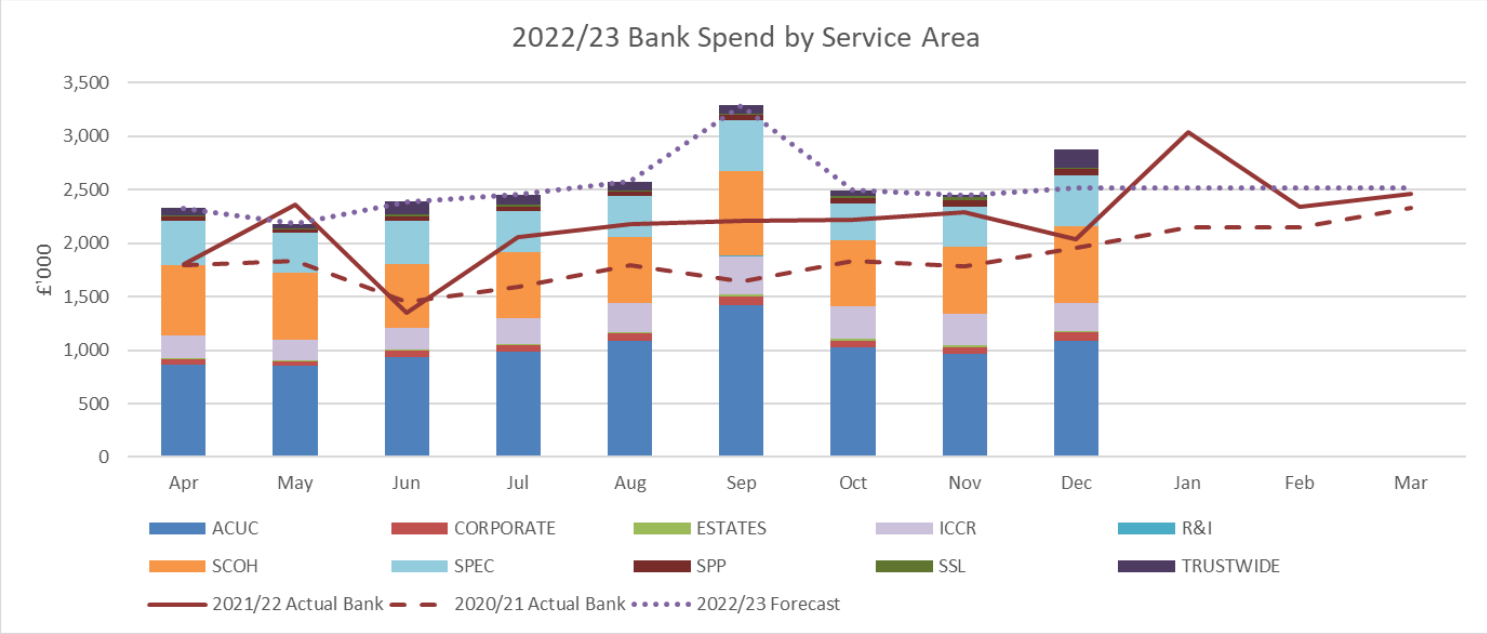
2023/24 Operational Planning guidance indicates a new KPI for agency expenditure, being a limit of 3.7% of the pay bill.

2022/23 year to date agency expenditure equates to 3.6% (2.8% in 2021/22).

	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	2022/23 YTD
Agency Spend (£'000)	520	689	576	650	1,095	670	769	774	760	**6,501**
NHSE Ceiling (£'000)	479	479	479	479	479	479	479	479	479	**4,308**
Variance to NHSE ceiling	(41)	(210)	(97)	(171)	(616)	(191)	(290)	(295)	(281)	(2,193)
Agency Medical	358	515	378	433	677	510	542	539	495	4,446
Agency Nursing	86	87	113	117	285	43	136	135	180	1,183
Agency Other Clinical	(1)	20	20	40	45	46	25	40	34	268
Agency Admin &	77	67	66	61	88	71	65	60	50	604
Agency Spend (£000s)	**520**	**689**	**576**	**650**	**1,095**	**670**	**769**	**774**	**760**	**6,501**



Bank expenditure analysis



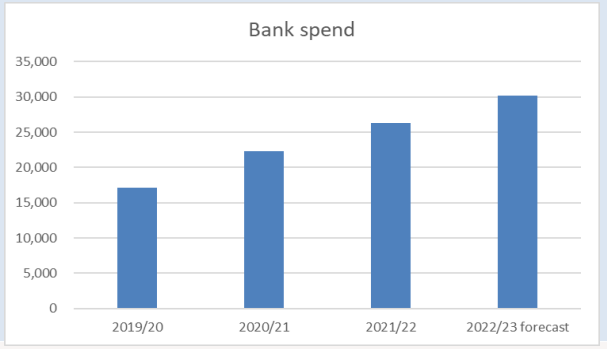
Bank expenditure

Type	April	May	June	July	August	September	October	November	December	YTD
Bank Nursing	2,140	1,991	2,196	2,241	2,348	2,991	2,260	2,205	2,635	21,005
Bank Other Clinical	42	20	39	40	34	45	35	29	41	325
Bank Admin & Clerical	145	172	155	171	193	253	197	209	190	1,686
Grand Total	**2,326**	**2,183**	**2,390**	**2,452**	**2,575**	**3,289**	**2,492**	**2,443**	**2,866**	**23,015**

Total year to date bank expenditure at month 9 is £23m. This has predominantly been incurred within the following service areas: Acute & Urgent Care £9.2m, Secure and Offender Health £5.9m, Specialities £3.6m and ICCR £2.3m.

Total bank spend in December is £0.4m above prior month. This is mainly driven by bank holiday cover arrangements.

The average monthly bank expenditure is £2.6m year to date, this is £0.4m above the 2021/22 monthly average and £0.7m above the 2020/21 average. The forecast total bank spend for 2022/23 is £30m, this is £4m higher than 2021/22 (15%) and £8m higher than 2020/21 (36%)



Consolidated Statement of Financial Position (Balance Sheet)

Birmingham and Solihull Mental Health NHS Foundation Trust

Statement of Financial Position - Consolidated	EOY - Audited 31-Mar-22 £m's	NHSI Plan YTD 31-Dec-22 £m's	Actual YTD 31-Dec-22 £m's	NHSI Plan Forecast 31-Mar-23 £m's
Non-Current Assets				
Property, plant and equipment	186.5	201.0	201.2	201.9
Prepayments PFI	1.6	1.3	2.2	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	202.3	203.5	203.3
Current assets				
Inventories	0.4	0.4	0.4	0.4
Trade and Other Receivables	9.7	11.1	16.8	11.1
Finance Lease Receivable	-	-	-	-
Cash and Cash Equivalents	28.8	52.7	63.8	49.9
Total Curent Assets	38.9	64.3	80.9	61.5
Current liabilities				
Trade and other payables	(29.4)	(46.7)	(51.6)	(46.2)
Tax payable	(4.4)	(4.8)	(5.2)	(4.8)
Loan and Borrowings	(2.7)	(2.7)	(2.4)	(2.7)
Finance Lease, current	-	(1.0)	(1.0)	(1.0)
Provisions	(1.2)	(1.2)	(1.5)	(1.2)
Deferred income	(13.2)	(25.3)	(35.7)	(25.3)
Total Current Liabilities	(50.9)	(81.6)	(97.4)	(81.2)
Non-current liabilities				
Loan and Borrowings	(29.5)	(25.1)	(25.1)	(25.1)
PFI lease	(49.3)	(46.3)	(46.3)	(45.8)
Finance Lease, non current	-	(5.9)	(7.5)	(5.6)
Provisions	(2.4)	(4.3)	(3.4)	(4.3)
Total non-current liabilities	(81.3)	(81.6)	(82.3)	(80.9)
Total assets employed	94.9	103.4	104.7	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)	(46.4)	(45.1)	(47.1)
Total taxpayers' equity	94.9	103.4	104.7	102.7

SOFP Highlights

The Group cash position at the end of December 2022 is £63.8m (this includes Reach Out).

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

Current Assets & Current Liabilities

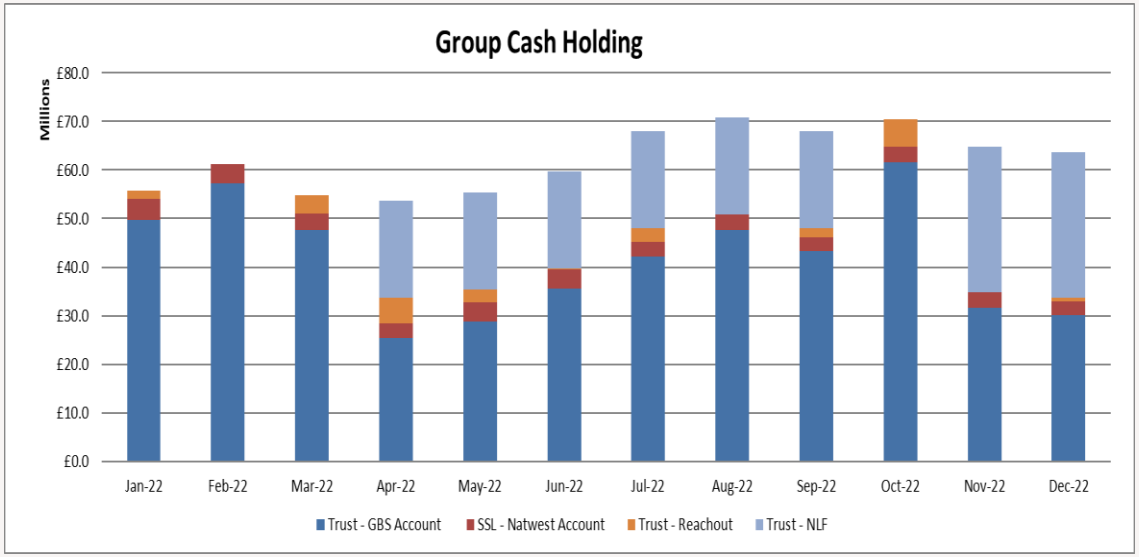
Ratios

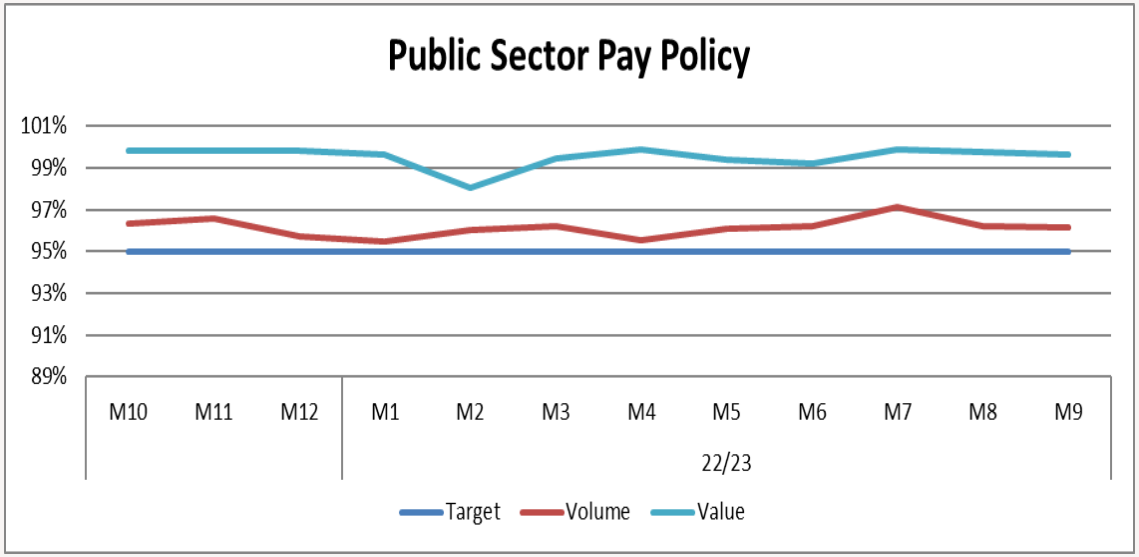
Liquidity measures the ability of the organisation to meet its short-term financial obligations.

Current Ratio :	**£m's**
Current Assets	80.9
Current Liabilities	-97.4
Ratio	0.8

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

Cash & Public Sector Pay Policy





Cash

The Group cash position at the end of December 2022 is £63.8m.

In November 2022 we made two deposits with the National Loan Fund (NLF), one for £20m to be returned in February 2023 and the second for £10m to be returned in January 2023. These deposits will yield a return of £166k and £54k respectively based on interest rates at the time of placing the deposits.

Better Payments

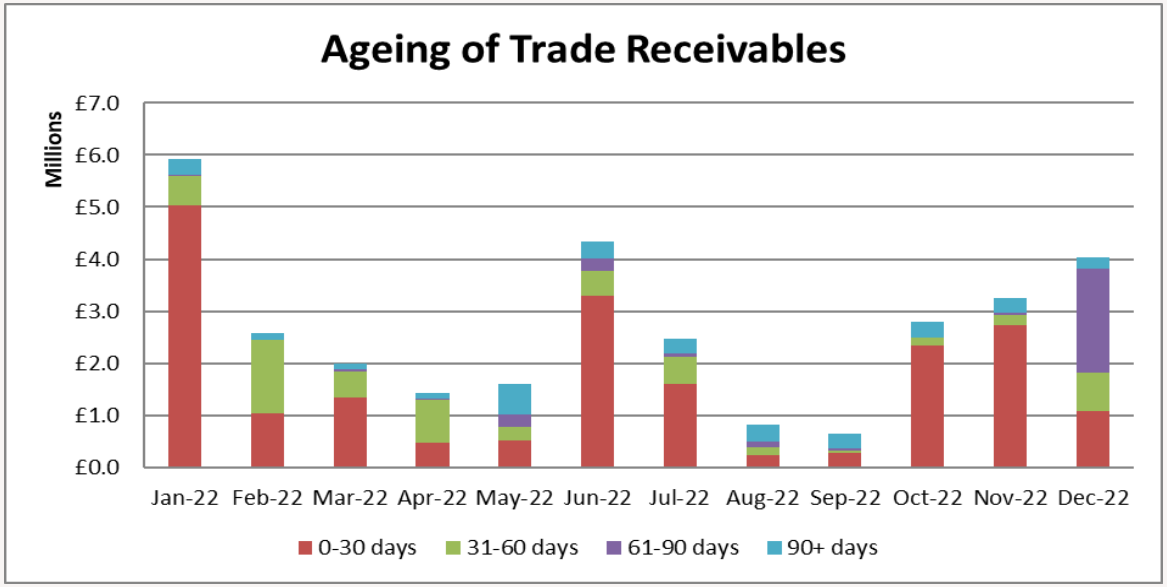
The Trust adopts a Better Payment Practice Code in respect of invoices received from NHS and non-NHS suppliers.

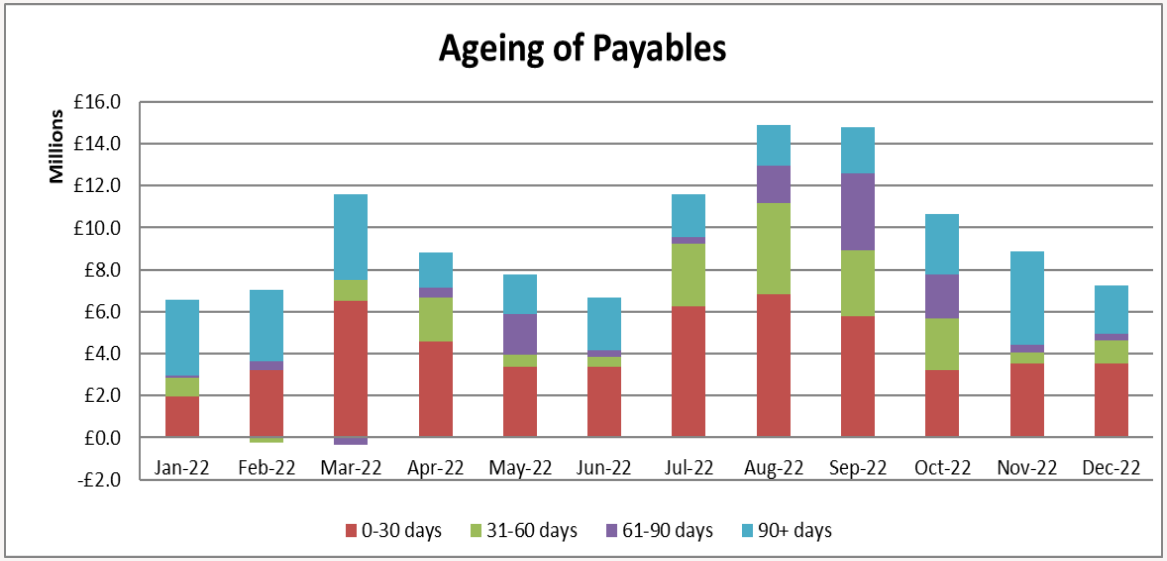
Performance against target is 98% for the month, based on an average of the four reported measures. Payment against value remains particularly high.

Better Payment Practice Code :

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

Trust Receivables and Payables





Trade Receivables & Payables

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

Receivables :

- **0-30 days-** new invoices raised in the period with no known disputes at present and staff overpayments (on payment plans)
- **31-60 days-** increase of balance relating to UHB £638k being disputed, £60k B'ham Community-awaiting auth, £16k Access to Work-slow processing of payments, staff overpayments (on payment plans)
- **61-90 days –** increase of balance relating to UHB £1.3m being disputed, SWBH £519k awaiting approval, balance mainly staff overpayments (on payment plans)
- **Over 90 days -** balance comprises DOH £57k still under review by DOH, staff overpayments (on payment plans).

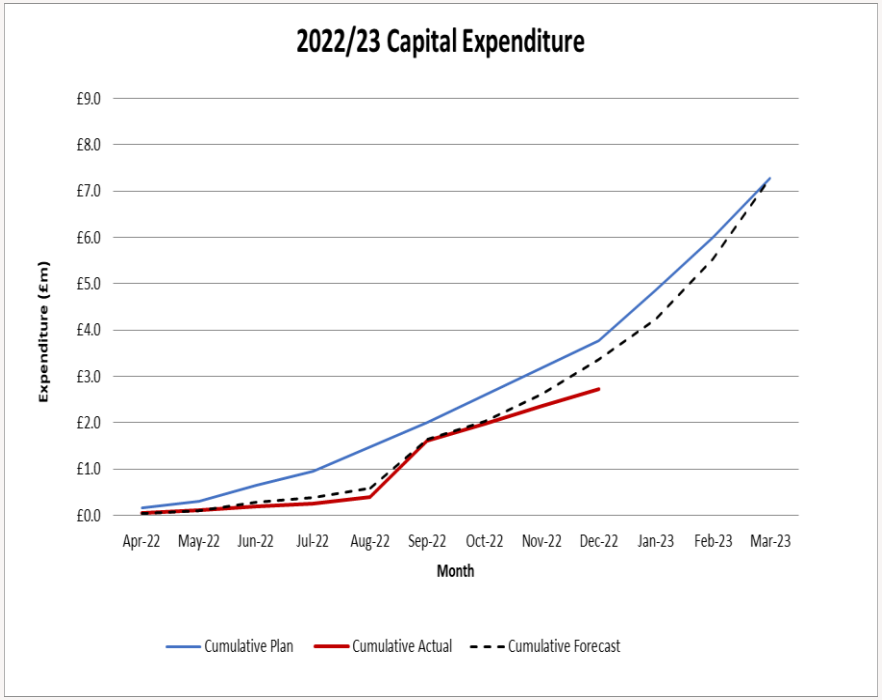
Trade Payables:

Over 90 days -

- Oxford NHS £526k Reach Out in query, SWBH £129k-awaiting supporting information to facilitate payment.
- Non-NHS Suppliers (49+) £1.4m – mainly bed fees invoices in query, most accounts are awaiting credit notes or adjustments due to disputes/other. Some payments/queries settled in January 2023.

Month 9 YTD Capital Expenditure

Capital schemes	Annual Plan	Annual Forecast	YTD Plan	YTD Forecast	YTD Total Actual	YTD Variance to plan	YTD Variance to forecast
	£'m	£'m	£'m	£'m	£'m	£'m	£'m
Approved Schemes:							
Minor Projects (inc Carry-Forward)	1.2	1.3	1.0	0.5	0.2	-0.8	-0.3
SSBM Works	1.7	1.7	0.6	0.9	1.0	0.4	0.1
ICT Projects	0.8	0.8	0.4	0.4	0.2	-0.1	-0.1
Risk Assessment Works	3.6	3.6	1.8	1.6	1.3	-0.5	-0.3
Total	7.3	7.3	3.8	3.4	2.7	-1.1	-0.6
Right of use asset (SSL Hub)	0.0	1.6	0.0	1.6	1.6	1.6	0.0



Month 9 Group Capital Expenditure

Month 9 Group capital expenditure is £2.7m year to date. This is £1m behind original plan and £0.6m behind the revised forecast profile. Statutory Standards and Backlog Maintenance (SSBM) schemes are progressing £0.1m ahead of the forecast profile, this is offset by slippage on minor schemes £0.3m, risk assessments £0.3m and ICT £0.1m.

SSL Hub lease – capital implications

In December 2022, lease payments commenced on a new 15 year lease arrangement on accommodation for the SSL hub. There is a requirement to account for this lease in accordance with IFRS16 which applies to NHS accounting from 1 April 2022. IFRS 16 is the International Financial Reporting Standard which provides guidance on accounting for leases. Under IFRS 16, a lessee is required to recognise a right of use asset on the balance sheet (representing its right to use the underlying asset) and a lease liability (representing its obligation to make lease payments). As such, in month 9, a right of use asset of £1.6m has been recognised for the SSL hub, with a corresponding £1.6m lease liability. A CDEL (Capital Departmental Expenditure Limit) charge is incurred equal to the right of use asset value, therefore creating a £1.6m forecast variance to plan on CDEL as this was not originally planned for in 2022/23.

Birmingham and Solihull ICS Financial position Month 8 YTD

Revenue performance

The month 8 year to date system revenue position was a deficit of £2m. This was mainly driven by the UHB deficit position of £11.7m, offset by surplus for BWC £6.8m and BCHC £4.7m. BSMHFT and ROH reported deficits of £0.7m and £1.4m respectively. The reported forecast for the system was break even.

Adjusted financial performance surplus / (deficit)	Revenue position					
	Annual Plan £000s	Year to date			Forecast	
		Plan £000s	Actual £000s	Variance £000s	Actual £000s	Variance £000s
B'ham and Solihull MH NHSFT	0	0	-697	-697	0	0
B'ham Community Healthcare NHSFT	0	1,012	4,707	3,695	0	0
B'ham Women's and Children's NHSFT	0	0	6,769	6,769	0	0
Royal Orthopaedic Hospital NHSFT	0	86	-1,385	-1,471	0	0
University Hospitals B'ham NHSFT	0	0	-11,693	-11,693	0	0
Provider Total	0	1,098	-2,298	-3,396	1	1
B'ham and Solihull CCG	-100,542	-100,542	0	100,542	0	100,542
B'ham and Solihull ICB	100,542	100,543	136	-100,407	1	-100,541
Commissioner Total	0	1	136	135	0	1
System Total	**0**	**1,099**	**-2,162**	**-3,261**	**1**	**2**

Efficiencies

As at month 8, 98% of the system year to date target is delivered, with 60% of the recurrent target and 165% of the non recurrent target delivered. Forecast is 99% delivery of the total system efficiency target.

Efficiency Performance	Annual Plan £000s	FOT £000s	FOT Variance £000s	Actual as % of Plan	Recurrent schemes variance		Non-recurrent schemes variance	
					£000s	% of plan	£000s	% of plan
B'ham and Solihull MH NHSFT	10,872	10,872	0	100%	-3,007	61%	3,007	197%
B'ham Community Healthcare NHSFT	8,438	7,756	-682	92%	-1,007	83%	325	113%
B'ham Women's and Children's NHSFT	12,304	12,303	-1	100%	-6,979	30%	6,978	394%
Royal Orthopaedic Hospital NHSFT	2767	2767	0	100%	858	147%	-858	7%
University Hospitals B'ham NHSFT	38,600	38,600	0	100%	-7,632	61%	7,632	140%
Provider Total	72,981	72,298	-683	99%	-17,767	61%	17,084	162%
B'ham and Solihull CCG/ICB	24,141	24,141	0	100%	-1450	92%	1,450	121%
System Total	97,122	96,439	-683	99%	-19,217	69%	18,534	153%

Please note, system financial reporting is one month in arrears

Cash

As at month 8, the system cash position was £568m. This is £128m above plan.

Cash position	YTD cash movement			YTD Cash variance to plan		
	Opening cash £000s	Current Cash £000s	YTD change £000s	Plan £000s	Actual £000s	Variance £000s
B'ham and Solihull MH NHSFT	54,799	64,736	9,937	55,348	64,736	9,388
B'ham Community Healthcare NHSFT	49,979	50,157	177	50,012	50,157	145
B'ham Women's and Children's NHSFT	142,043	155,006	12,963	128,273	155,006	26,733
Royal Orthopaedic Hospital NHSFT	11,147	11,452	304	13,073	11,452	-1,621
University Hospitals B'ham NHSFT	287,951	287,138	-813	193,512	287,138	93,626
Total	545,919	568,488	22,569	440,218	568,488	128,270

Capital

The month 8 year to date capital position was £13m underspend against the system envelope plan of £47m, with nil forecast variance. The system CDEL variance was £44m, with a forecast CDEL underspend of £31m.

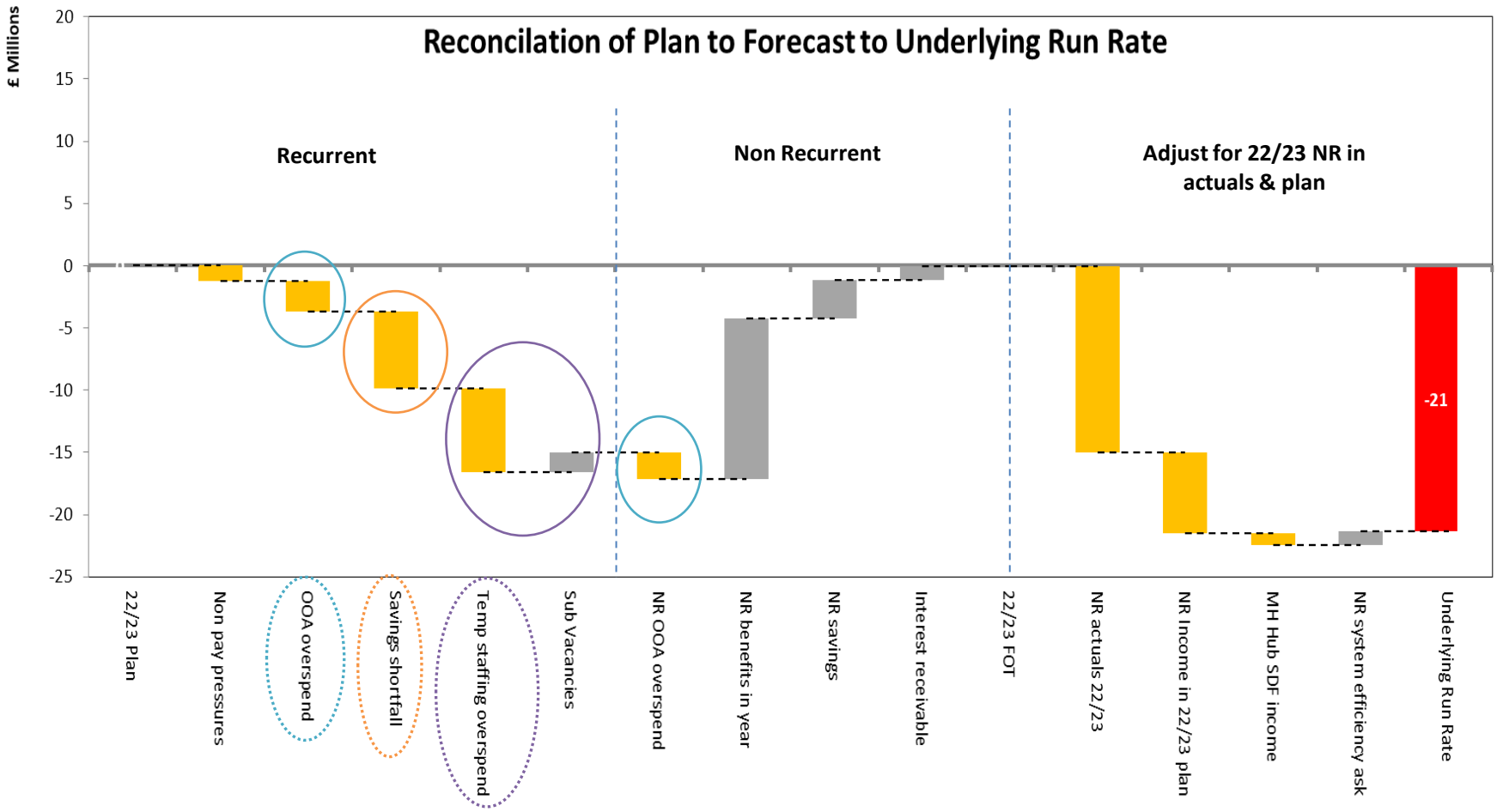
Agency

NHSE has introduced a £60m agency limit for 2022/23 for the system based on 90% of 2021/22 spend by providers. The system plan for 2022/23 is £62m.

The current forecast based on agency usage and staffing pressures is that the system will breach the cap by 30% (excluding agency spend relating to non recurrent funding for additional capacity).

Agency Cap	Forecast				
	Annual cap £000s	Forecast spend £000s	Forecast Variance £000s	Spend on Add'l capacity	Forecast BAU variance £000s
B'ham and Solihull MH NHSFT	5,744	9,123	-3,379	0	-3,379
B'ham Community Healthcare NHSFT	10,821	13,935	-3,114	311	-2,803
B'ham Women's and Children's NHSFT	6,463	8,165	-1,702	659	-1,042
Royal Orthopaedic Hospital NHSFT	3,999	5,400	-1,401	0	-1,401
University Hospitals B'ham NHSFT	32,990	45,723	-12,733	3,300	-9,433
Total	60,017	82,346	-22,329	4,270	-18,059

Underlying run rate



Forward look Actions:

1) Out of Area spend
2) Efficiencies
3) Temporary staffing

Efficiencies

Efficiency Savings	Plan Full Year £'000	Plan YTD £'000	Actual YTD £'000	Variance YTD £'000	Forecast Full Year £'000	Forecast Variance £'000
Recurrent	7,756	5,817	3,562	(2,255)	4,749	(3,007)
Non recurrent	3,116	2,337	2,337	0	6,123	3,007
Total Efficiencies	**10,872**	**8,154**	**5,899**	**(2,255)**	**10,872**	**0**

Efficiency Plan 2022/23

The total efficiency target for 2022/23 is £10.9m (£7.8m recurrent and £3.1m non recurrent). As at month 9, year to date savings achievement is £5.9m (£3.6m recurrent, £2.3m non recurrent), this is £2.3m adverse to the year to date plan.

It is forecast that there will be a shortfall against the recurrent savings target of £3m. It is anticipated that this will be met non recurrently in year but this recurrent savings balance will need to be addressed in 2023/24. This together with the requirement to meet the £3.1m in year non recurrent savings target on a recurrent basis, will take the savings rollover target into 2023/24 to £6.1m.

Efficiency Plan 2023/24

In order to address the 2022/23 recurrent shortfall and prepare for 2023/24 savings targets, all operational and corporate leads were asked to identify any plans to achieve 2% savings against their recurrent budgets. To date, proposals of £2.8m (59% of the target) have been identified. We continue to encourage all operational and corporate portfolios to consider how they can deliver efficiencies from their total spend e.g. reviewing total temporary staffing spend and to consider how we can plan to build sustainable services for the future.

2023/24 Operational Planning

- NHS Operational Planning Guidance for 2023/24 was published on 23/12/22. This sets out key priorities for the year ahead: To recover core services and productivity, make progress in delivering the key ambitions in the long term plan and continue transforming the NHS for the future.
- ICBs are expected to work with system partners to develop plans to meet the national objectives and local priorities set by systems.
- System plans should be triangulated across activity, workforce and finance, and signed off by ICB and trust board before the end of March 2023.
- **Financial plan draft submission due 23/2/22** (provisional submission date)
- The draft Revenue finance and contracting guidance for 2023/24 was issued on 23/12/22

Core Allocation Assumptions

- Inflation funded at an average of 2.9% (assumes 2% for pay award and non pay inflation of 5.5%)
- 1.1% efficiency
- Reduction in system Covid funding of £53m from £64m in 2022/23 to £10.6m in 2023/24 (BSMHFT share in 2022/23 was £6m)
- Mental Health Investment Standard (MHIS) will continue to apply in 23/24

Service Development Funding

- Service Development Funding (SDF) is provided to support the delivery of the NHS Long Term plan priorities.
- Following feedback from systems to improve flexibility, this funding has been consolidated into a significantly smaller number of funding pots in 2023/24. The remaining pots are as follows:
  - £2m for Community Services Transformation (largely UCR implementation)
  - £21m for Mental Health (split across Adult Crisis, CYP and Adult Community)
  - £6m for Primary Care (split across GP fellowships, GP mentors, PC transformation and IT)
- The following SDF funding has been removed from allocations in 23/24:
  - Mental Health Staff Support Hubs, Diabetes, Personalised Care, System Transformation funding for ICBs, Ageing Well

Agency caps

For 2023/24 NHSE agency expenditure limit will be 3.7% of the NHS pay bill. (For reference, BSMHFT agency spend was 2.8% in 21/22 and is 3.6% in 22/23 year to date).

Capital

- Allocations still to be confirmed. Expect to be broadly in line with 2022/23 allocations. No inflationary uplift will be applied to 2022/23 values.

10. GOVERNANCE & RISK

10.1. Charitable Funds Committee Chair’s Assurance Report

Birmingham and Solihull Mental Health NHS Foundation Trust

Meeting	**BOARD OF DIRECTORS**
Agenda item	**10.1**
Paper title	**CHAIR'S ASSURANCE REPORT FROM CHARITABLE FUNDS COMMITTEE**
Date	1 February 2023
Author	Dr L Cullen, Non-Executive Director, Chair
Executive sponsor	Mr P Nyarumbu, Executive Director of Strategy, People & Partnerships

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

Executive summary

The Charitable Funds Committee met on the 12 January 2023. The attached Assurance Report is provided by the Committee Chair for the attention of the Board of Directors.

Reason for consideration

To assure the Board of Directors on the policies, processes, performance and monitoring for the Trust's Charitable Funds and to escalate any key issues of concern.

Strategic objectives

Sustainability

- 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

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 CHARITABLE FUNDS COMMITTEE

1. ISSUES TO HIGHLIGHT TO THE BOARD

1.1 Caring Minds Accounts for 2122

The Committee were presented the Caring Minds Accounts for 21/22 and summarised the Trustees are required to submit the Charity's Annual Report and Accounts for the year ended 31st March 2022 to the Charities Commission by 31 January 2023.

In 2015, the Charity Commission published two new Statements of Recommended Practice (SORPs) which are applicable to accounting periods starting on or after 1 January 2015. These have been adopted for the 2021/22 Annual Report and Accounts.

The Annual Report and Accounts require an Independent Examination prior to being filed with the Charities Commission. This review is complete (pending any changes from the Charitable Funds Committee).

The Committee noted:

- Total income of £46k
- Expenditure of £196k- this is reflective of the associated costs for the Charity Manager

The Committee noted the positive improvements in relation to spends.

The Committee approved the accounts subject to any feedback received for inclusion by Friday 13 January 2023.

Chair's assurance comments:
Committee approved the accounts to enable submission to Charities commission.

1.2 Cazenove (Schroders) Update

The Committee welcomed Mr A. Spring to the meeting to provide an update on the Birmingham and Solihull NHS portfolio.

As at 31st December 2022, the Birmingham and Solihull NHS portfolio was valued at £563,121 and the (£592,609 as at 31st December 2021).

For the 12 month period, the portfolio returned -5%, compared with global equities -10%, UK Government Bonds -24% and the peer group -10% (ARC GBP Steady Growth – December 2022 estimate).

The Committee noted 2022 has been a difficult year for markets, equities have recovered some of the year's losses as the pace of interest rate rises is set to slow. He noted despite this, apart from the Covid-19 pandemic, 2022 will be the weakest year for global growth since 2009 and we are now expecting a recession in US, UK and eurozone in 2023.

The Committee were provided with a comparison of the two charity specific multi-asset vehicles, the Charity Multi-Asset Fund (in which the Charity is currently invested) and the Responsible Multi-Asset Fund. Both Funds have a number of common features:

Both Funds are Charity Authorised Investment Funds established and approved by the FCA and Charity Commission
They also benefit from strong corporate governance, including an independent advisory committee

- Both Funds have a long target return objective of inflation (CPI) plus 4% over the long

term (rolling 10 years).
- Both Funds are liquid, offering daily dealing

The Committee noted the key points as:
- Inflation is moderate with the UK as an outlier
- There is potential for a 'mild' recession
- Stocks and bonds within the portfolio remain positive with returns for the next financial year showing forecast improvements

Chair's assurance comments:
Committee noted the key points.

1.3 Fund balances including updated funding plan

The Committee noted the salient points as follows:
- Fund Balances total £437k
- Donations to 30th November 2022 £19k
- Expenditure to 30th November 2022 £77k
- Cash Balance as at 30th November 2022 is £66k

The Committee noted there will be a review of all of the funds Caring Minds currently hold along with updates to fund managers. Once this exercise is complete the Charity Team will be writing out to all fund managers to submit detailed spending plans for their respective funds in line with the 'purpose' of each particular fund.

Chair's assurance comments:
Committee were pleased to hear that we will soon be clear about all funds available and individual fundholders will be supported in their spending plans for these funds.

1.4 Caring Minds and Fundraising Update and Budget planning

The Committee noted the progress update with the salient points as follows:
- NHS Charities Together
  - Development Grant 35k – Application submitted for £35k to support the addition of a Band 5 Engagement and Events Officer role
  - Recovery Grant, submissions have been invited June 2023 – This Grant is for recovery of the workforce following Covid -19 – Covering STAFF WELLBEING PATIENT WELLBEING & WIDER SOCIAL RECOVERY, I have spoken to Leona Tasab about working together to submit this application and discussed how this should be applied for across the 4 divisions, we will need to identify leads for each division to support this application.
  - NHS CT – Foodbank campaign – NHS CT are keen to understand whether there is a need for foodbanks for NHS staff. This is to support them with lobbying support for NHS staff through press and policy connections, and in particular for a national media piece on foodbanks for NHS staff
  - TH, MJ, JM and LJ submitted a joint response to this
  - Pantry Provisions – Caring Minds have been part of the discussions around this and would like to further explore how we can support, and hope an opportunity may present following the work with NHS CT – notes above
  - Legacy Giving – NHSCT project being rolled out

- Fundraisers and Fundraising initiatives :
  - Ruth Tennant – Director of Public Health (Solihull MBC) who ran the New York Marathon in support of SIAS's peer recovery work. Just Giving Page current total £1518
  - David Barrat Homes - £1500 – Community Scheme donation
  - Festive Five Campaign – utilised the Just Giving platform over Christmas, encouraging donations for the Festive Five Campaign – Festive Five, was an initiative to get colleagues to join I a bit of fun and come together, with activities

such as Mince Pie Monday, Toasty Toes Tuesday, Winter Woolly Wednesday, Thankful Thursday and Festive Friday, although donations were not where we would have liked them to be, the interaction and engagement on the Trusts social media platforms was encouraging and valuable.

- Engagement & Networking opportunities
  - Listen up Live – Caring Minds hosted , good engagement and opportunity to talk
  - about the charity and raise awareness
  - Tamarind– Christmas Party and Judging the Ward decorations
  - Tamarind 10th Anniversary celebration
  - Cheque collection/ presentation at Uffculme from David Barat Homes £1500
  - Joined Women's Network - attended last two meetings , made great connections
  - Holte School Awards Assembly – attended and talked about the charity, invited to Fundraising event in Feb 2023
  - Trust Talk - Caring Minds will have a regular feature in the New Trust Talk publication, this allowing us to reach out to wider audiences, both in and outside of the Trust.
  - Carols and Lights at Mosely Hall – December, we provided alongside BCHC hot drinks and mince pies to colleagues at the Juniper site
  - Staff induction – twice a month the 2nd day is a 'Market Place ' so we will be attending or have a presence there with banner and merchandise, to promote the charity and meet our newest colleagues

- Caring Minds Companions
  - Will be setting up a Caring Minds Companion Group to meet to discuss ideas and ambitions – With limited resource and time, this has taken a back seat, but we are keen to press on with early this year

- Staffing Structure 2023
  - Business case drafted

Chair's assurance comments:
Committee had a rich discussion about the detailed and very positive progress that is being made within the charity and the varied activities that have taken place and are planned.

1.5 Business Case

The Committee noted the business case proposal for the expansion of the Caring Minds Team.

The Committee were assured there are mitigations in place to cover the proposed funding required if the full cost is not approved.

The Committee agreed the expansion of the team remains a priority.

Chair's assurance comments:
Committee were in full support of further growth in the team and the proposed business case.

1.6 SLA Agreements for approval (Birmingham Community Healthcare Charity – BCHC)

The Committee noted the provision provided by Birmingham Community Healthcare Charity to Caring Minds (Birmingham and Solihull Mental Health Foundation Trust Charity) over a 12 month period as agreed.

Cost of support based on 2 days per month, acknowledging some months would be

more/some less. Costings include 1 day of direct meetings/supervision and preparation/reading actions and 1 day of further development i.e. specific funding rounds such as the development grant and associated facilitated sessions or support with bids.

This specific agreement is dated 1st July 2022 to 31st March 2023.
The cost for the 12 months would be £3,593.

The Committee approved the associated costs.

Chair's assurance comments:
Committee approved the SLA with BCHC.

1.7 Staff Awards

The Committee noted Caring Minds have not supported a category for the awards ceremony for 2023 due to the lack of current activity. The proposal for Caring Minds to sponsor a table and an award was noted with the associated costs of £2k. The charity will be in attendance at the ceremony to raise awareness of Caring Minds and details including QR codes for donations will be included in the booklets. The Committee approved the associated costs for sponsorship.

Chair's assurance comments:
The Committee noted the proposal to organise a recognition event within the next six months and requested plans are overseen by the Committee for approval.

1.8 Matters of escalation to the Board

There were no matters of escalation to the Board of Directors.

DR LINDA CULLEN
NON-EXECUTIVE DIRECTOR

10.2. Move to Shadow Governance Arrangements for Lead Provider Responsibilities

Birmingham and Solihull Mental Health NHS Foundation Trust

MEETING	**BOARD OF DIRECTORS**
AGENDA ITEM	**10.2**
PAPER TITLE	**MOVE TO SHADOW GOVERNANCE ARRANGEMENTS FOR LEAD PROVIDER RESPONSIBILITES**
DATE	1 February 2023
AUTHOR	ANHH Consulting
EXECUTIVE SPONSOR	Patrick Nyarumbu, Executive Director of Strategy, People and 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?	National guidance on the Provider Collaboratives and integrated care systems

Executive summary & Recommendations:

The Board of Directors is aware that planning continues relating to the establishment of new contractual frameworks across the BSol ICS.

The Trust has been identified as the Lead Provider for the Mental Health Provider Collaborative. At its December meeting, the Board of Directors was advised of proposals to move to shadow governance status and to develop and embed new governance arrangements and instruments.

This transition was subject to approval of the MHPC's delegation at the ICB Board meeting on 9 January 2023. The attached document, authored jointly by the ICB Strategic Commissioning Group and MHPC, describes the outcome of the assurance process for the delegation of mental health functions and resources.

The ICB Board approved the Delegation Group's recommendation to support delegation of the ICB's functions and responsibilities for the mental healthcare programme. Various additional system oversight arrangements have been put in place, which are described in Section 4 of the attachment.

This approval means that BSMHFT, as Lead Provider, should now transition to shadow governance arrangements. At the head of these arrangements is the new

Commissioning Committee, which will be the Board in Committee to oversee and lead the Trust's commissioning responsibilities. The first meeting of the Commissioning Committee is scheduled for 1 February 2023.

The Board of Directors is asked to:

- **NOTE FOR ASSURANCE** the ICB Board's approval
- **APPROVE** transition to shadow governance arrangements, which will enable the separation of the Trust's two responsibilities.

Reason for consideration:

The provider collaborative model affords significant opportunities for the Trust to deliver its strategic, partnership, and quality ambitions.

As Lead Provider, the Trust will adopt responsibilities and risks that need to be understood fully by the Board and necessitates changes to existing and provision of new governance instruments.

Previous consideration of report by:

N/A

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

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

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

Part of a significant strategic change for the Trust.

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

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

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

None.

	Agenda No:
Report to:	Integrated Care Board (ICB)
Date:	9th January 2023
Title:	BSOL ICB Delegation Assurance Programme – Outcome of Assurance Process for the Delegation of Mental Health (MH) Functions and Resources
Presenting Officer:	Paul Athey – ICB Chief Finance Officer Roisin Fallon Williams – Chief Executive Officer Birmingham Solihull Mental Health Foundation Trust (BSMHFT)
Author(s) of report:	ICB Strategic Commissioning Group BSol Mental Health Provider Collaborative
Report Type:	Report

Purpose:

In September 2022, the ICB Board received a report on the proposed assurance process for the delegation of commissioning functions and resources from ICB to a lead provider (service integrator). A complementary joint paper was provided to the board on the progress towards the establishment of the first service integrator, Birmingham and Solihull (BSOL) Mental Health Provider Collaborative (MHPC) and the proposed delegation of responsibility (for both commissioning and delivery of mental health provision).

The purpose of this paper is to:

- Outline the outcome of the assurance process conducted by the ICB on the MHPC and lead provider BSMHFT
- Receive and approve the recommendation from the Delegation Group on the future delegation of responsibilities to BSMHFT from April 23.

Recommendation(s) to ICB

In summary the delegation group recommends:

- Support for BSMHFT and the MHPC to receive full delegation for the ICB functions and responsibilities for the MH care programme, with additional system oversight arrangements in place as set out under section 4 of this report.

Birmingham and Solihull Integrated Care System
Caring about healthier lives

NHS
Birmingham and Solihull

Executive Summary
The paper will set out the following in detail: • An update on progress of the programme since the last board report in September. • The phased approach on the delegation assurance process undertaken with the MHPC. • Summary of the outcome of the assurance process • Provider board update and process • Communication and engagement • Key risks and issues • Recommendations • Next steps

Next steps
• Shadow working and mobilisation plan • A development plan for 2023/24 agreed with the BSol MHPC

Appendices
Report: Outcome of Assurance Process for the Delegation of Mental Health (MH) Functions and Resources

Related Board Assurance Framework entries
Risk 107: *The system fails develop a culture and operating model to deliver collaboration.*

Related ICB Aim
Aim One: Improve outcomes in population health and healthcare Aim Two: Tackle inequalities in outcomes, experience and access Aim Three: Enhance productivity and value for money Aim Four: Support the broader social and economic development of Birmingham and Solihull

Implications:
Financial: Delegation of functions and resources will include the transfer of budget and resources associated with the MH services being delegated.
Legal and/or Regulatory: The delegation will lead to the establishment of the MHPC working in collaboration with its partners to deliver Mental Health services. A service integrator contract will be put in place to manage the delivery of services through the contract with the lead provider.
For ICS Partners: The delegation of functions and resources from the ICB to the MHPC will require all ICS partners to work differently and understand where accountability and responsibility lies within the ICS operating framework.
Equality: A key driver for delegation and establishment of the MHPC is to improve integration and support equality of access across mental health services in Birmingham and Solihull.

Birmingham and Solihull Integrated Care System
Caring about healthier lives

NHS
Birmingham and Solihull

BSol Integrated Care Board (ICB)
Delegation Programme:
Outcome of Assurance Process for the Delegation of
Mental Health (MH) Functions and Resources

1. Introduction and purpose

In September 2022, the ICB Board received a report on the proposed assurance process for the delegation of commissioning functions and resources from ICB to a lead provider (service integrator). A complementary paper was provided on the progress towards the establishment of the first service integrator, Birmingham and Solihull (BSOL) Mental Health Provider Collaborative (MHPC) and the proposed delegation of responsibility (for both commissioning and delivery of mental health provision).

The purpose of this paper is to:

- Outline the outcome of the assurance process conducted by the ICB on the MHPC and lead provider BSMHFT
- Receive and approve the recommendation from the Delegation Committee on the future delegation of responsibilities to BSMHFT from April 23.

2. Update on the Delegation Programme

There has been significant progress in the development and establishment of the delegation programme. This includes the implementation of the programme governance structure shared at the last meeting and the establishment of the ICB Delegation Group chaired by the audit committee chair for the ICB.
The Mental Health Provider Collaborative (MHPC) Transition Group is in place with a set of agreed Terms of Reference and is jointly chaired by the ICB and BSMHFT. This group is key in bringing the joint programme plan together and acts as the vehicle for joint delivery and decision making on the programme plan. Both the ICB and the Mental Health Provider collaborative's key focus has been on working through the delegated assurance process and timeline shared at the last ICB Board.

3. Overview Assurance Process – Phase 1 and Phase 2

The ICB Delegation assurance process was developed using the co produced ICB Delegated Assurance Framework. The purpose of the process is to assess the collaborative's readiness and progress towards becoming a provider collaborative under lead provider arrangements.

The Assurance Process was designed in two separate phases, as follows:

- <u>Phase one</u>

The first phase looked to better understand the MHPC's plans and approach around shared vision and leadership, people and culture and improving outcomes and tackling inequalities. This was through a presentation to the ICB Executive. Formal feedback and next step actions were provided which were responded to by the MHPC and formed the overall assessment of the outcomes of the assurance process.

- Phase two

The second phase of the assurance process sought evidence and narrative on the plans in place and/or in development for the key themes within the assurance framework. This was to better understand the more practical elements required for the establishment of the MHPC.

This phase was supplemented with Joint Functional Lead Meetings for the following themes:

- Quality
- Workforce
- Commissioning and Contracting
- Finance and Resources

The purpose of these meetings was to enable the ICB to seek assurance on any gaps or points of clarification identified from the submission and evidence received. It was an opportunity for the MHPC to flag and discuss any key risks and issues that needed managing and resolving.

The ICB functional leads reviewed the submission in detail against the key requirements in the original guidance/framework and provided draft feedback ahead of these meetings.

In summary, the MHPC has shown considerable progress in its development and the subsequent functional meetings provided a more assured position.

A detailed letter and feedback was provided to the MHPC covering the following points:

- Final assurance actions to be responded to by 16th December 2022 to gain full assurance and enable a recommendation to be put forward by the Delegation Group. - COMPLETE
- Mobilisation actions (Jan-Mar 2023) and developmental actions (2023-24)
- Support and development available from the ICB on all areas
- Arrangements for how we move through the shadow arrangements/transition phase.

4. Outcome of the Assurance Process

The Delegation group has reviewed the detailed outcome of the assurance process and approved the final position. The overall outcome of the assurance phase noted a well assured position in all areas. The key points highlighted to the MHPC have been addressed or have clear plans in place to be completed by 31st March 2023 ready for delegation and moves the position of assurance to full assurance for commencement of establishment.

Theme	Assurance Level
Shared Vision and Leadership	Assured
People and Culture	Assured
Improving Outcomes and Tackling Inequalities	Assured
Quality	Assured* (*with continued ICB oversight and joint leadership with a phased approach to MHPC led oversight)
Performance and Delivery	Assured* (*with continued ICB oversight working through a phased transition to MHPC led)
Commissioning and Contracting	Assured
Governance	Assured
Finance and resources	Assured
Information Governance, Digital and Cyber Security	Assured

It has been acknowledged by all partners that the ICS and the MHPC have some particular challenges relating to quality and risks.

To reflect this, it has been agreed there would be more of a phased approach to the responsibility for overseeing quality with the ICB continuing to chair the oversight arrangements and working through joint leadership until we are assured that improvements are sustained and the MHPC is leading the transformation to bring about improved quality.

This will also be true around the oversight of performance and will continue with ICB oversight and management of these challenges until the MHPC begin to deliver the proposed improvements set out in its key priorities.

These are some of the key priorities and planned improvements:

- Integrated UEC pathway – with enhanced leadership
- Integrated workforce plan
- Single EPR
- IAPT Services
- Out of area placements

5. Provider Board Update and Process

BSMHFT's Board met on 7th December and were assured by the progress made. There was approval to move to shadow governance subject to the ICB Board decision. A Memorandum of Understanding (MOU) has been developed to support our transition into shadow form and this is expected to commence on January 1st, 2023. A partnership agreement has also been developed which sets out the principles and ways of working across the MHPC.

BSMHFT have commenced discussions with its Council of Governors as delegation will mean it's a significant transaction. A further briefing is planned of the Council of Governors on 12th January 2023 to discuss the board decision and agree changes required for establishment. A mobilisation plan is being drafted which sets out the key next steps for the establishment including the review of key groups and terms of reference to move into shadow form.

6. Risks / Mitigation

NHS England's (NHSE) national guidance and policy around delegation of commissioning functions from ICBs to providers has been in development. Regional NHSE colleagues have now outlined a two stage approach to assurance which will be overseen by a small Executive group across NHSE and the ICB working together to oversee. The process will take a risk based approach with stage 1 a template return and stage 2 an ICB board self-certification process which will run in tandem from January 2023.
The ICB has shared its own framework on the Delegation Assurance, templates and guidance used to help shape and support any local regional guidance to be developed. The regional NHSE lead is also a member of the Delegation Group giving them oversight of the process followed and outcome of the assurance process.

There is a risk that resource capacity in the ICB and MHPC during mobilisation and shadow working may be insufficient. We are working closely with the MHPC and identifying areas of risk, specifically

finance, contracting and wider quality elements, to ensure a resource plan is developed to support managing this capacity. This work will continue and conclude in the early part of January 2023.

The MHPC will also need to consider whether they feel the level of resource transferring from the ICB is sufficient to deliver the functions being delegated to the collaborative. The ICB have already transitioned commissioning staff under a Memorandum of Understanding (MOU) to begin to align and work along side the MHPC with formal transition on the 1st April 2023. The transition has been very positive for staff and a similar approach will be undertaken for any further resource as part of the wider resource to transition into the collaborative. The next stage of transition will see the staff group aligned to overseeing the discharge of section 117 of the mental health after care obligations and who will transition on 23rd January 2023 with formal transition on 1st April 2023.

7. Communications and Engagement

A communication plan has been developed to ensure communication and awareness of the key developments. There have been briefings held with ICB NEDs, regular updates to the ICB Executive Team, regular communication with the MHPC and communication with the affected ICB staff. Further communication is planned with wider ICB/ICS briefings following the delegation decision.

8. Next Steps

Mobilisation Plan and Shadow working

As part of the phase 2 functional discussions, the feedback on the assurance process included actions for the mobilisation phase between January – March 2023. These were shared to ensure early sight of the expectations for mobilisation plans post decision.

A more detailed joint mobilisation plan will be worked through for each functional/themed area to support the establishment of the MHPC. The mobilisation phase will also include the formalisation of the relationship between the ICB and the MHPC through the development and execution of a delegation agreement.

There will be an expectation that through the transitional phase the MHPC will begin to work in shadow form to establish itself in terms of its structures, roles and responsibilities. The shadow arrangements will work through the MOU with joint working and support from the ICB.

This will also allow the MHPC to begin to work through and refine its approach to Place based alignment with the proposed community integrators and other care programmes coming on line later in 2023.

Transition into the MHPC will be in three stages as we progress through the assurance process. Moving from ICB ownership into collaborative ownership with ICB support (shadow period), and then through to full MHPC ownership.

Development Plan 2023/24

As part of the feedback, a number of actions have been identified that will need to be included in a development plan which will include the priorities for the MHPC.

This plan will be taken through the MHPC Transition Group planned in February 2023 for agreement and inclusion in the contract.

The 'service integrator contract' between the ICB and BSMHFT as the lead provider, will set out the key priorities for 2023/24 as well the system oversight arrangements associated with Performance and Quality. The contract will be key to setting out how the ICB will strategically commission the MHPC to deliver key system priorities in line with the ten year system strategy, system outcome framework, delivery of mental health system quality performance outcomes and key MHPC clinical transformation priorities.

ICB future role - Oversight arrangements post March 2023

The ICB will continue to work closely with the MHPC on a number of areas, providing support until the MHPC is fully established. There will be work jointly to ensure the performance and quality oversight is robust, streamlined and avoids duplication.

9. Recommendation to the ICB Board

In summary the delegation group recommends:

- Support for BSMHFT and the MHPC to receive full delegation for the ICB functions and responsibilities for MH care programme, with additional system oversight arrangements in place as set out under section 4 of this report.

10.2.1. West Midlands Provide Collaborative - Memorandum of Understanding

Birmingham and Solihull Mental Health NHS Foundation Trust

Meeting	**BOARD OF DIRECTORS**
Agenda item	**Item 10.2.1**
Paper title	**West Midlands Mental Health and Learning Disability and Autism Provider Collaborative- Memorandum of Understanding**
Date	1st February 2023
Author	Patrick Nyarumbu- Executive Director of People and Partnerships
Executive sponsor	Roisin Fallon-Williams- Chief Executive Officer

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

Executive summary & Recommendations:

Building on the previous success partnership working arrangements, the Mental Health and Learning Disability NHS Providers have developed the West Midlands Provider Collaborative and the Memorandum of Understanding (MoU) to formalise and capture our existing approach to working together. The MoU thus provides the governance framework that will underpin this collaborative arrangement.

Recommendations

That Trust Board is requested to: -

- **NOTE** the aims of the collaboration and the strategic priorities set out by the Collaborative Partners.
- **NOTE** that Midlands Partnership Foundation Trust will act as the Host Organisation to support the Collaborative in achieving its aims by providing necessary administrative functions and resources, and that the Trust will meet its agreed contribution to support the infrastructure requirements, as recommended by the Provider Collaborative Executive Board,
- **RATIFY** the West Midlands Provider Collaborative Memorandum of Understanding at Appendix 1, and agree that MoU will be effective from 1st April 2023, and
- **SUPPORT** the formal establishment of the Collaborative Executive Board, made up of the Partner organisations, to oversee the delivery of strategic priority programmes and align with regional Specialised Commissioning Lead Provider Collaboratives (aka New Care Models).

Reason for consideration:

Formalising the collective agreement to work together will help realise the Collaborative's aims and support Partner Trusts to achieve their system strategies and priorities. The Memorandum of Understanding sets out how Partners will work together as participants in the Collaborative, including the governance arrangements.

This will make sure we work together as best we can on regional basis. A key element of ensuring regional basis is that Partners will take a population health management approach to

drive forward better outcomes and value for money.

Previous consideration of report by:

The report has been discussed at the Exec Team Meeting and at the FFP. Both meetings have supported and recommended the attached MoU to the Board for ratification.

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

The Trust's collaboration in this joint initiative and through the provision of mutual support aligns with its People and the Sustainability strategic priorities. The joint workforce development initiatives will bring additional capacity and capability which in turn will help Trust to deliver sustainable high quality patient-centred safe services.

Financial Implications *(detail any financial implications)*

None

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

None associated with the Memorandum of Understanding.

Equality impact assessments:

Not required in crafting the Memorandum of Understanding.

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

No direct staff and service user engagement took place in relation to the development of the Memorandum of Understanding. However, discussions took place with the Executive Team and the Chair of the Trust to discuss the Collaborative's direction of travel and priorities, and the proposed governance arrangements.

Any future initiatives that will be taken forward by the Trust will involve discussions with staff and service users to ensure coproduction and understanding of impact to develop appropriate actions to minimise risks and maximise opportunities.

Purpose of the report

The purpose of this paper is to:

- Update the Partner Trust Boards in the Collaborative of the West Midlands Provider Collaborative's development,
- Inform the Partner Trust Boards regarding the agreed Provider Collaborative Hosting arrangements, and
- Present the Memorandum of Understanding to the Partner Trust Boards for approval, following discussions at the Joint meeting of Chairs and Chief Executives held on 17th October 2022, and the recommendations from the Executive Board meeting held on 9th December 2022.

Executive Summary

Building on the previous success partnership working arrangements, the Mental Health and Learning Disability NHS Providers have developed the West Midlands Provider Collaborative and the Memorandum of Understanding to formalise and capture our existing approach to working together.

Formalising the collective agreement to work together will help realise the Collaborative's aims and supporting Partner Trusts to achieve their system strategies and priorities.

The Memorandum of Understanding sets out how Partners will work together as participants in the Collaborative, including the governance arrangements. This will make sure we work together as best we can on regional basis. A key element of ensuring regional basis is that Partners will take a population health management approach to drive forward better outcomes and value for money.

Recommendations

That Trust Board:

- notes the aims of collaboration and approves the strategic priorities set out by the Collaborative Partners;
- notes and approves that Midlands Partnership Foundation Trust will act as the Host Organisation to support the Collaborative in achieving its aims by providing necessary administrative functions and resources, and that the Trust will meet its agreed contribution to support the infrastructure requirements, as recommended by the Provider Collaborative Executive Board,
- approves the West Midlands Provider Collaborative Memorandum of Understanding at Appendix 1, and agrees that MoU will be effective from 1st April 2023, and
- supports the formal establishment of the Collaborative Executive Board, made up of the Partner organisations, to oversee the delivery of strategic priority programmes and align with regional Specialised Commissioning Lead Provider Collaboratives (aka New Care Models).

1. Introduction

The West Midlands Mental Health and Learning Disability and Autism Provider Collaborative (The Collaborative) was informally formed in 2021 bringing together the following Trusts in the West Midlands:

- Birmingham and Solihull Mental Health Foundation Trust
- Birmingham Women's and Children's Hospital Trust
- Black Country Healthcare NHS Foundation Trust
- Coventry and Warwickshire Partnership Trust
- Herefordshire and Worcestershire Health Care Trust
- Midlands Partnership Foundation Trust
- North Staffordshire Combined NHS Healthcare Trust

The establishment of the Collaborative was based on discussions across Trust CEOs and amongst other senior executives, with the aims of:

- ***Working on the greatest challenges*** together to ensure high quality, sustainable mental health and learning disability services ***supporting local systems (ICSs) to improve population health outcomes,***
- ***Playing a critical leadership role*** and providing a strong, unified and representative voice to champion and improve overall health and care outcomes for MH and LDA across West Midlands ***by operating as a network of Trusts,***
- Reducing variation in quality and address inequality by ***building on best practice and developing a regional approach and common set of outcomes*** that influence ICS level strategy, priorities, and resources to bring consistency in service offer,
- Working together to address demand by ***developing innovative clinical and workforce solutions,*** making services sustainable and enabling investment into areas of key priority and needs across local systems,
- ***Horizon scanning*** to identify changes proposed by national and regional policies to ensure opportunities and risks are identified and managed ***to maximise WM PC influence and implementation of changes*** within WM footprint.
- ***Bringing together of a collective view*** of NHS Led Provider Collaboratives- New Care Models in our region (e.g., Adult Secure Services-Reach Out, Adult Eating Disorders, Perinatal and CAMHS Tier 4) ***and considering impact of future delegations*** from specialised commissioning.

2. Rationale for Collaboration and Strategic Priorities

Provider collaboration is a fundamental building block of working successfully at scale and pace, and for clinically led transformation to enhance focus on population health, outcomes and innovative working. Our Collaborative's work to date has led us to believe that there is more that could be purposefully and effectively undertaken by working across the regional footprint on issues that help us where we need to use scale, pool or access expertise, build resilience, and/or directly support front line staff to manage current pressures. The collaboration at scale will add value, particularly planning for and implementing improvements when working on larger population basis.

A key area of work will be to bring together the local population strategies to develop a regional strategy that will enable us to develop best practice and co-produce at scale solutions

where the opportunity arises. The creation of a regional MH LDA population-based strategy will provide the Collaborative and member Trusts with:

- the opportunity to discuss investment and innovation across multiple ICS,
- the opportunity to integrate future changes planned e.g., specialised services,
- a single voice and a stronger case to influence regional and national priorities and funding allocations, and
- the evidence and a line of sight to NHSE in how we are collectively improving our population's health locally and across the region.

There are more that can be achieved by working together to address key local challenges such PICU and Rehab beds and considering demand and capacity across the regional footprint to secure sustainable. The capital and revenue funding shortages coupled with estates and workforce issues make it difficult to develop sustainable local solutions and the collaboration will provide opportunities for economies of scale and encourage creative solutions.

There is a willingness and desire to work together and with the Regional CAMHS Tier-4 Provider Collaborative to develop innovative community pathways and services to support children and young people in their community, while minimising unnecessary admissions and improving discharge processes.

3. Governance, Decision Making and Delivery Framework

Collaborative's development builds on the good working relationships and partnership arrangement that have been in place since 2017. It does not seek to introduce a hierarchical model; rather it provides a mutual accountability framework, based on principles of support to one another and collaboration to improve outcomes for patients.

Collaborative does not affect the individual sovereignty of Partners or their statutory decision-making responsibilities. Instead, it sits alongside and complements these frameworks, creating the foundations for closer and more formal collaboration.

Collective decisions on Collaborative matters will be considered by the Provider Collaborative Executive Board. The Executive Board has no formal powers delegated by any Partner, and the Executive Board is authorised by the Boards of Partner Trusts through their Chief Executives' delegated powers to investigate and complete any activity within its terms of reference. However, the Executive Board will increasingly take on more responsibility for co-ordinating decisions related to the aims and plans as set out by the Collaborative, and where funding is devolved to the Collaborative for supporting initiatives across West Midlands footprint.

The Executive Board will commission task and finish groups, each led by a Director of Strategy and an Executive SRO, to establish multi-disciplinary teams to lead on delivery of agreed work programmes, and the Board will oversee progress and will collectively make recommendations to Partner Boards for final decision making.

4. Memorandum of Understanding

The Memorandum of Understanding (MoU) formally sets out the approach to working together that the West Midlands Mental Health and Learning Disability Provider Collaborative is taking to achieve the agreed aims.

The MoU captures the vision, principles and aims of the Collaborative as it further develops regional strategy using a population health management approach. The MoU also sets out how the Partners will work together as participants in the Collaborative, including the governance arrangements.

Also appended to the MoU (Annex 3) are the Terms of Reference for the Provider Collaborative Executive Board which Trust Boards are asked to note.

In conclusion, further strengthening how Partners work together on a regional footprint through the MoU (and the ToR of the Collaborative Executive Board) will support the Collaborative in achieving the strategic aims set out earlier. Clearly articulating and enacting key aspects of the Collaborative within the MoU will enable Partners to better identify and respond to the health and care needs of their population, to deliver integrated health, support and community care to develop and ultimately deliver improved health and care outcomes and tackle health inequalities for the people of West Midlands.

5. How Will Success Be Measured

A key aim of the Collaborative is to support sustainable improvement in the quality and efficiency of patient care through collaboration and leadership at scale. The Collaborative have identified the following key benefits, and the Executive Board will review the progress annually to assess the progress made and identify areas for improvement.

Improved Outcomes	Outcomes are improved and inequalities addressed by developing and/or sharing best practice across the Collaborative to the benefit of populations.
	Robust understanding of performance, challenges and local issues resulting in at scale improvement activities.
	Collaborative continuously innovates and contributes to the design and delivery of objectives that result in local improvements.
Improved Resilience	Joint workforce models are developed to continuously improve effectiveness and identify new opportunities to improve recruitment, retention, efficiencies to ensure people received the best possible care.
	Established processes are in place to identify needs for and deliver mutual aid to one another.
Effective Governance	The Collaborative is well-resourced to take timely decisions to deliver benefits at scale for local patients and population.
	Collaborative is able to use resources and capacity flexibly where they are most needed, creating efficiencies and savings.
	Risks are identified and Trusts play a critical leadership role and provide a strong, unified, and representative voice across local, regional and national level to advocate solutions to mitigate impact and improve overall health and care outcomes.

6. Provider Collaborative Hub and Hosting Arrangements and Resource Implications

All Partners agree that the success of the Provider Collaborative relies on effective resources being made to support the scope and purpose. As the programme develops dedicated resources (Core Team) may be required, and the Collaborative will collectively agree the budget and prioritisation of resources in line with the scope, purpose, objectives, and principles outlined in the MoU, based upon recommendations prepared by the Directors of Strategy Group and as agreed by the Executive Board.

Where resources are managed jointly on behalf of the Collaborative these will be managed by a Host Organisation. Developing a Collaborative Hub and the arrangements of hosting resources will be a key part of the remit of the Provider Collaborative Executive Board.

The Hub Host will act on behalf of the Collaborative, as agreed and directed by the Provider Collaborative Executive Board and supported by the Collaborative's Programme Lead/Director, working to:

- accept funds from regional and national agencies and commit to expenditure to deliver agreed work programmes,
- Recruit and employ Collaborative staff, whether on permanent, fixed term or secondment basis (operational e.g., additional psychological therapy supervisors, and PMO), the operation of the payroll service, provision of employment contracts and/or other relevant terms and conditions,
- provide a finance function, in accordance with its internal policies, procedures and standards, receiving external funding, processing invoice payments, producing budget reports as required by the Executive Board and Partner Trust Boards, and national and regional agencies (NHSE and HEE etc),
- provide a procurement and contract management function,
- provide and/or co-ordinate activities regarding business intelligence and analysis, as required either through employment of Collaborative staff or through internal resources.

The agreed infrastructure costs to support the Collaborative Hub function will be met equally by each Partner. These costs will be reviewed and agreed annually. The Host Organisation will invoice each Trust for the Services provided in accordance with resources deployed. The review of Hosting arrangements will align with the implementation and review timetable of the MoU presented.

Through options discussed at the Provider Collaborative Executive Board held on October 2022, it has been agreed that Midlands Partnership Foundation Trust will be the Host organisation for the Collaborative, undertaking the duties outlined above.

7. Timetable for Implementation

The MoU will commence on the 1st April 2023 and will continue unless and until terminated in accordance with its terms.

The MoU will be reviewed every two years to assess the effectiveness of the governance arrangements and the platform it provides to collaborate and achieve greater impact by delivering agreed priorities. However, it is recognised that the Collaborative's governance approach will need to fit in with emerging forms of local governance and collaboration, and governance related development linked back to individual Trust Boards, ICS structures, therefore a review may take place earlier than two years to ensure fitness for future developments.

WEST MIDLANDS

MENTAL HEALTH, LEARNING DISABILITY AND AUTISM PROVIDER COLLABORATIVE

Memorandum of Understanding

1. Birmingham and Solihull Mental Health NHS Foundation Trust
2. Birmingham Women's and Children's NHS Foundation Trust
3. Black Country Healthcare NHS Foundation Trust
4. Coventry and Warwickshire Partnership NHS Trust
5. Herefordshire and Worcestershire Health and Care NHS Trust
6. Midlands Partnership NHS Foundation Trust
7. North Staffordshire Combined Healthcare NHS Trust

Jan 2023

Document Control

Title	Memorandum of Understanding for West Midlands Mental Health and Learning Disabilities and Autism Provider Collaborative		
Author	Ebru Oliver		
Target Audience	West Midlands Trusts Boards/Chairs and Chief Executives providing mental health, learning disabilities and autism services		
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30th Oct 2022	V0.1	Initial Draft	E. Oliver
3rd Nov 202	V0.2	Expansion of Hub Host responsibilities	E. Oliver
8th Nov 2022	V0.3	Updated reporting templates	E. Oliver
1st Dec 2022	V1.0	Updated following DoS meeting on 18th Nov 22	E. Oliver
12th Dec 2022	V1.1	Updated following Executive Board meeting on 9th Dec 22	E. Oliver
10th Jan 2023	V1.1	Final Approval by Trust CEOs and DoS	
Approval By:	Trust Boards- January/February 2023		

Contents

THIS MEMORANDUM OF UNDERSTANDING is made on the first day of April 2023.

BETWEEN

(1) **BIRMINGHAM & SOLIHULL MENTAL HEALTH FOUNDATION TRUST** whose principal place of business is at Birmingham and Solihull Mental Health NHS Foundation Trust, Unit 1, B1, 50 Summer Hill Road, Birmingham, B1 3RB, ("**BSMHFT**");

(2) **BIRMINGHAM WOMEN'S & CHILDREN'S NHS FOUNDATION TRUST** whose principal place of business is at Birmingham Women's and Children's NHS Foundation Trust, Birmingham Children's Hospital; Steelhouse Lane, Birmingham, B4 6NH ("**BWC**");

(3) **THE BLACK COUNTRY HEALTHCARE NHS FOUNDATION TRUST** whose principal place of business is at 2nd Floor, Trafalgar House, 47-49 King St, Dudley DY2 8PS; **("BCHC");**

(4) **COVENTRY AND WARWICKSHIRE PARTNERSHIP NHS TRUST** whose principal place of business is at Wayside House, Wilsons Ln, Coventry CV6 6NY **("CWPT");**

(5) **HEREFORDSHIRE AND WORCESTERSHIRE HEALTH AND CARE NHS TRUST** whose principal place of business is at 2 Kings Court; Charles Hastings Way; Worcester; WR5 1JR **("HWHCT");**

(6) **MIDLANDS PARTNERSHIP NHS FOUNDATION TRUST** whose principal place of business is at Trust Headquarters, Corporation St, Stafford ST16 3SR **("MPFT");** and

(7) **NORTH STAFFORDSHIRE COMBINED HEALTHCARE NHS TRUST** whose principal place of business is at Bellringer Rd, Stoke-on-Trent ST4 8HH **("NSCH").**

(Together, the "**Founding Partners**")

1. The Memorandum of Understanding (MoU)

1.1 Introduction

The West Midlands Mental Health and Learning Disability and Autism Provider Collaborative was formed in 2019 bringing together seven NHS providers in West Midlands.

The Collaborative has made strong progress in providing mutual support, particularly during the COVID pandemic, and as well as supporting the establishment of NHS-Led Provider Collaboratives to take on the organisation and commissioning of adult secure, child and adolescent mental health, adult eating disorders, perinatal mental health, and veterans services.

1.2 The Purpose of the MoU

The purpose of this Memorandum is to formalise and build on the good working relationships in place. This MoU sets out the governance arrangements for the West Midlands Provider Collaborative and the broad basis upon which the Partners will seek to collaborate.

All parties to this document (the WM MHLDA Provider Collaborative Partners) have agreed to work together for the benefit of the West Midlands population and to support their local ICS priorities; to deliver the best experience of mental health, learning disabilities and autism services and outcomes possible, within the available resources. The MoU does not seek to introduce a hierarchical model; rather it provides a mutual accountability framework, based on principles of support to one another and collaboration to improve outcomes for patients.

The Memorandum is not a legal contract. It is not intended to be legally binding, and no legal obligations or legal rights shall arise between the Partners from this Memorandum. It is a formal understanding between all Partners who have each entered into this Memorandum intending to honour all their obligations under it. The MOU does not replace or override the legal and regulatory frameworks that apply to the statutory NHS organisations. Instead, it sits alongside and complements these frameworks, creating the foundations for closer and more formal collaboration.

Nothing in this Memorandum is intended to, or shall be deemed to, establish any partnership or joint venture between the Partners to Memorandum, constitute a Partner as the agent of another, nor authorise any of the Partners to make or enter into any commitments for or on behalf of another Partner.

The Memorandum provides the Collaborative's Host Organisation (as set out on section 3.3) with powers to accept funds from regional and national agencies and commit to expenditure on behalf of the Collaborative, as agreed by the Provider Collaborative Executive Board.

This MoU serves as a record of the basis on which all Partners will collaborate to form a Collaborative. This document sets out:

- The Partners' commitment to collectively develop the Collaborative's strategy, priorities, and objectives,
- Shared principles and expectations on how to collaborate,
- How the Collaborative will be governed, and decisions be made.

1.3 The Partners to the MoU

The Partners to the agreement are:

- Birmingham and Solihull Mental Health NHS Foundation Trust
- Birmingham Women's and Children's NHS Foundation Trust
- Black Country Healthcare NHS Foundation Trust
- Coventry and Warwickshire Partnership NHS Trust
- Herefordshire and Worcestershire Health and Care NHS Trust
- Midlands Partnership NHS Foundation Trust
- North Staffordshire Combined Healthcare NHS Trust

Additional delivery or strategic partners may become party to this MoU in the future. For the purposes of this MoU, the Collaborative only pertains to the above seven organisations.

1.4 The Partnership Approach

This MoU focuses on our shared commitment to achieving common goals, through the joint planning and delivery of common transformation priorities, as set out in Annex 1. The arrangements described in this Memorandum describe how we collaborate to develop best practice, provide mutual support to one another and design and deliver at scale solutions to provide the best mental health, learning disabilities and autism services in our own systems, ensuring that decisions are always taken in the interest of the service users and populations we serve.

Where possible, all Partners agree to act in good faith to support the aims, priorities, and objectives of this MoU for the benefit of all West Midlands service users and citizens, subject to their specific legal/ statutory obligations and constraints.

The Partners acknowledge the statutory and regulatory requirements which apply in relation to competition, patient choice and collaboration. Within the constraints of these requirements, we will aim to collaborate, and to seek joint initiatives, whenever it can be demonstrated that it is in the interests of the service users to do so.

The Partners are aware of their competition compliance obligations, both under competition law and, in particular (where applicable) under the NHS Improvement Provider Licence for NHS Partners and shall take all necessary steps to ensure that they do not breach any of their obligations in this regard.

1.5 Term

This Memorandum shall commence on the date of signature of the partners.

This MoU will be reviewed every two years to assess the effectiveness of the governance arrangements and the platform it provides to collaborate and achieve greater impact by delivering agreed priorities. However, it is recognised that the Collaborative's governance approach will need to fit in with emerging forms of local governance and collaboration, and governance related development linked back to individual Trust Boards, ICS structures, therefore a review may take place earlier than two years to ensure fitness for future developments.

The Provider Collaborative will function through engagement and discussion between CEOs and nominated Executive Directors of Trusts in respect of each matter considered. The Collaborative is made up of willing partners and as such, any of the seven member organisations can withdraw from the Collaborative. This should be done in writing from the CEO and Chair of the organisation to the other Collaborative Partners giving six months' notice.

2. Ambition and How We Work Together

The establishment of the regional collaboration is consistent with the national mental health leadership view that each NHS Trust will be part of a local system provider collaborative and a wider regional provider collaborative. The regional collaboration will enable more formal collective arrangements to strengthen joint working and support delivery of the NHS Long Term Plan, and to develop stronger collective West Midlands voice for mental health, learning disability and autism services.

2.1 Shared Challenges

Across the West Midlands MHLDA Providers there is a recognition there are significant challenges. These include:

- Health inequalities
- Unwarranted clinical variation in clinical practice and outcomes
- Long waiting lists and access to care, in particular for services for children and young people
- Scope for improved quality of care
- Scope to scale and improve specialised services
- Growing demand for Mental Health, Learning Disabilities and Autism services
- Workforce capacity and resilience
- Advancing the MHLDA agenda at a supra-level to achieve greater outcomes and achieving sustainability.

All Partners have agreed collectively that there is merit in a unified approach to tackle these challenges. The starting point is a shared vision, aims and priorities and a set of principles that shape the way they work together.

2.2 Shared Vision

The following statement captures the ambition of Partners:

The Collaborative's vision is to create a region-wide efficient and sustainable mental health and learning disability and autism healthcare system that embraces the latest thinking and best practice, so that we consistently deliver the highest quality of care and the best possible outcomes for our patients, by bringing together the wide range of skills and expertise across West Midlands.

2.3 Shared Principles

These principles will guide behaviours, ethos, and the Collaborative's culture.

- The Partners will demonstrate mutual respect, trust, open transparent communication, and will act with integrity,

- All Partners agree to act in good faith to support the aims, priorities, and objectives of the Collaborative for the benefit of all patients and all decisions will always be taken in the interest of the service users and populations served,
- The Collaborative's approach and aims will support each Trust and ICS Strategy and align with their local/placed based Provider Collaborative aims,
- Each Trust Board will retain sovereignty at all times over decisions relating to its services, finances, and operations,
- The Collaborative activity will add value by delivering clearly agreed programmes of work that will be universal and deliver clear outcomes which will be embedded to Trusts' business as usual operations,
- All Partners will ensure sufficient and appropriately qualified resources are available and authorised to fulfil the responsibilities set out in this MoU;
- The Collaborative's work will be driven clinically with input from Expert by Experience throughout the planning, development, and implementation phases,
- The Partners will work with organisational autonomy but will move away from competition to collaboration and partnership working and support and challenge each other to raise quality of care and outcomes at scale.

2.4 Shared Aims

Our common challenges and commitment to our West Midlands population translates into the following aims:

- *Working on the greatest challenges* together to ensure high quality, sustainable mental health and learning disability services *supporting local systems (ICSs) to improve population health outcomes,*
- *Playing a critical leadership role* and providing a strong, unified, and representative voice to champion and improve overall health and care outcomes for MH and LDA across West Midlands *by operating as a network of Trusts,*
- Reducing variation in quality and address inequality by *building on best practice and developing a regional approach and common set of outcomes* that influence ICS level strategy, priorities, and resources to bring consistency in service offer,
- Working together to address demand by *developing innovative clinical and workforce solutions,* making services sustainable and enabling investment into areas of key priority and needs across local systems,
- *Horizon scanning* to identify changes proposed by national and regional policies to ensure opportunities and risks are identified and managed *to maximise WM PC influence and implementation of changes* within WM footprint.
- *Bringing together of a strategic and collective view* of NHS Led Provider Collaboratives-New Care Models in our region (e.g., adult secure services-Reach Out, adult eating disorders, perinatal mental health services and CAMHS Tier 4) *and considering impact of future delegations* from specialised commissioning.

The aims will be used to guide strategic direction, Collaborative priorities, and plans. As the Collaborative matures further, these will be reviewed and updated.

3. Governance

The Provider Collaborative does not seek to establish a new organisation or legal entity. The Provider Collaborative is established by the Partner Trusts, each of which remains a sovereign

organisation, to provide a governance framework for the further development of collaborative working between the Partners. Annex 2 provide overview of the governance arrangements of the Collaborative.

3.1 Executive Board

The Provider Collaborative Executive Board function is an advisory arrangement not a decision-making arrangement. Individual Trusts remain distinct and make their own decisions; they cannot be bound by a decision made by others.

The Provider Collaborative Executive Board will assess proposed solutions collectively and make recommendation to the Trust Boards, ensuring prior engagement with internal and external stakeholders, as necessary. The detailed terms of reference of the Executive Board can be found in Annex 3. The Executive Board, through Programme Director/PMO will provide regular updates to Trust Boards, outlining progress, escalating issues and areas for decision making. Annex 3 sets out the reporting framework.

3.2 Task and Finish Groups

The Provider Collaborative Executive Board will commission task and finish groups, each led by a Director of Strategy and a Senior Responsible Owner (SRO), to establish multi-disciplinary teams to lead on delivery of agreed work programmes, and the Executive Board will oversee progress and will collectively make recommendations to Partner Boards for final decision making. The detailed terms of reference of the Executive Board can be found in Annex 4.

When a particular Task and Finish Group is identified, within any given month, as being a 'focus item' the SRO supported by the Collaborative PMO will provide a comprehensive update utilising the template in Annex 5, focusing on risks, issues, contribution to health inequalities and decisions needed by the Executive Board.

Partners are responsible for contributing to the successful delivery of programmes and for communicating key messages and issues to their respective organisation and feeding back any responses in return.

3.3 Programme Management Office

Programmes will be supported by programme and project management capacity. Initially this will be existing resources i.e., Programme Director/Lead and programme management resources funded by regional funding (NHSE and HEE), but as the programme develops dedicated resources (Core Team) may be provided as agreed by the Executive Board. The Core Team will be responsible for the day-to-day running of the agreed programmes of work across, ensuring sufficient transparency and delivery, reporting to the Executive Board. The programmes of will be supported by Partner Trust resources and the Collaborative Hub may be providing further support to the Core Team to undertake their roles.

4. Leadership in the Collaborative

4.1 Collaborative working: Commitments

Through the arrangements in this MoU, all Partners collectively signal their ambition and commitment to work collectively to achieve the aims of the Collaborative.

4.2 Collaborative working: Decision Making and Resolving Disagreements

The approach to making Collaborative decisions and resolving any disagreements be in line with the shared Principles. The Partners will take all reasonable steps to reach a mutually acceptable resolution to any dispute.

4.2.1 Decision Making

Decisions made by the Collaborative may impact Place and System level services and outcomes. Accordingly, there will be three levels of decision making:

Decisions made by individual organisations- this Memorandum does not affect the individual sovereignty of Partners or their statutory decision-making responsibilities.

Decisions delegated to collaborative forums- some Partners have delegated specific decisions to a collaborative forum, for example other Alliances, Collaboratives and Partnerships (such examples include NHS-Led Provider Collaboratives- adult secure care, adult eating disorder, CAMHS Tier 4, Perinatal Services and others such as Learning Disability and Autism Alliance, Veterans Services). Arrangements for resolving disputes in such cases are set out in the Memorandum of the respective Committees and not this Memorandum. However, the Provider Collaborative Executive Board will act in strategic, advisory or assurance functions to support strategic developments and key decisions regarding pathway and service alignment, transformation and commissioning and supporting investment decisions to ensure whole integrated system approach to managing and meeting population needs across localities and the West Midlands footprint.

Whole Collaborative decisions- the Partners will make decisions on a range of matters in the Collaborative which will neither impact on the statutory responsibilities of individual organisations nor have been delegated formally to a collaborative forum. Collective decisions on Collaborative matters will be considered by the Executive Board. The Executive Board has no formal powers delegated by any Partner. However, it will increasingly take on more responsibility for co-ordinating decisions related to the aims and plans as set out by the Collaborative, and where funding is devolved to the Collaborative for supporting initiatives across West Midlands footprint.

Through the arrangements in this MoU, all Partners collectively sign up to the following decision-making principles when undertaking decisions on behalf of the Collaborative:

- *Equity and Inclusiveness*: All interests who are needed and willing, contribute to solution.
- *Forum Neutrality:* Different perspectives are welcome; the process itself has no bias.
- Participation and Contribution: All parties participate consistently and constructively with appropriate delegations in place to develop shared plans and priorities and reach shared decisions.
- *Transparency and Accountability:* Decisions are made on the basis that is best for end service users/patients.
- *Effectiveness and Efficiency:* Solutions are tested to make sure they make practical sense, support the triple aim duty and the Collaborative's aims.
- *Consensus-Based:* Decisions are made through consensus rather than majority rule.

- *Responsiveness:* Decisions are followed through to be delivered and concerns are authentically addressed.

The Partners will evolve the model of collective decision making ensuring there is a streamlined and coordinated process for decision making and accountability between the Executive Board and the individual Partner Trust Boards.

4.2.2 Dispute Resolution

Partners will attempt to resolve in good faith any dispute between them in respect of Executive Board (or other Partnership-related) decisions, in line with the Principles and Aims set out in this Memorandum.

As decisions made by the Collaborative do not impact on the statutory responsibilities of individual organisations, Partners will be expected to apply shared principles and come to a mutual agreement. However, should Trust Boards delegate specific functions to the Provider Collaborative, any dispute arising from any joint work and decisions will follow the same dispute resolution process.

The dispute resolution process will evolve based on the governance and accountability framework established. For the basis of this Memorandum, the key stages of the dispute resolution process are:

- Where disagreements occur during task and finish group meetings, the issue will be escalated to the Executive Board for resolution.
- The Executive Board will seek to resolve the dispute to the mutual satisfaction of each of the affected parties and by applying the Principles of this Memorandum, taking account of the Aims of the Collaborative.
- Where disagreements occur at Executive Board, the Chief Executive Officers will seek to resolve the dispute to the mutual satisfaction of each of the affected parties and by applying the Principles and Values of this Memorandum, taking account of the Objectives of the Alliance.
- If the parties do not accept the Chief Executive Officers decision, or the Board cannot come to a decision which resolves the dispute, it will be referred to an independent facilitator selected by the Board. The facilitator will work with the Partners to resolve the dispute in accordance with the terms of this Memorandum.
- In the unlikely event that the independent facilitator cannot help resolving the dispute, the Executive Board will propose the majority decision on how best to resolve the dispute in accordance with the terms of this Memorandum and advise the parties of its decision.

As the Collaborative matures and has responsibilities and accountability for services may be devolved to the Executive Board, the dispute resolution process will be reviewed and updated.

4.3 Collaborative working: Practical Implications

The commitment summarised above has practical implications on how the Collaborative will develop the delivery of priorities and establishing task and finish/operational groups and how these will function and interact with Partner organisations. These include:

- All Partners of the Collaborative governance structure are expected to champion the vision, aims and principles of the Collaborative.
- All Partners are expected to be representatives of their organisation to the Collaborative and representatives of the Collaborative to their organisation. This may require ongoing engagement with members of executive and non-execute teams, and staff groups.
- All Partners are encouraged to work collaboratively to find solutions which best support the delivery of the Collaborative's vision. The mechanism of how the leadership of the Collaborative will operate is described further in the governance and related Terms of References.

5. Additional Partners

If appropriate to achieve the aims, the Partners may agree to include additional partner(s) to the Collaborative. If they agree on such a course the Partners will cooperate to enter into the necessary documentation and revisions to this Memorandum if required. The Partners intend that any organisation who is to be a partner to this Memorandum (including themselves) shall commit to the Principles and the Aims and ownership of the system success/failure as set out in this Memorandum.

6. Charges and Liabilities

Except as otherwise provided, the Partners shall each bear their own costs and expenses incurred in complying with their obligations under this Memorandum. By separate agreement, the Partners may agree to share specific costs and expenses (or equivalent) arising in respect of the Collaboration between them in accordance with a "Contributions Schedule" to be developed (per project and/or combined programme) by the Collaborative and approved by the Executive Board. Partners shall remain liable for any losses or liabilities incurred due to their own or their employee's actions.

7. Information Sharing

The Partners will provide to each other all information that is reasonably required in order to achieve the Objectives and take decisions based on what is in the best interest for the service users in West Midlands.

8. Confidential Information

Each Partner shall keep in strict confidence all Confidential Information it receives from another Partner except to the extent that such Confidential Information is required by Law to be disclosed or is already in the public domain or comes into the public domain otherwise than through an unauthorised disclosure by a Partner.

Each Partner shall use any Confidential Information received from another Partner solely for the purpose of complying with its obligations under this Memorandum in accordance with the Principles and Objectives and for no other purpose. No Partner shall use any Confidential Information received under this Memorandum for any other purpose including use for their own commercial gain in services outside of the Collaborative or to inform any competitive bid without the express written permission of the disclosing Partner.

To the extent that any Confidential Information is covered or protected by legal privilege, then disclosing such Confidential Information to any Partner or otherwise permitting disclosure of such Confidential Information does not constitute a waiver of privilege or of any other rights which a Partner may have in respect of such Confidential Information.

9. Signatures

Date ……

Signed by director or officer ……

for and on behalf of

Birmingham and Solihull Mental Health NHS Foundation Trust

Date ……

Signed by director or officer ……

for and on behalf of

Birmingham Women's and Children's NHS Foundation Trust

Date ……

Signed by director or officer ……

for and on behalf of

Black Country Healthcare NHS Foundation Trust

Date ……

Signed by director or officer ……

for and on behalf of

Coventry and Warwickshire Partnership NHS Trust

Date ……

Signed by director or officer ……

for and on behalf of

Herefordshire and Worcestershire Health and Care NHS Trust

Date ……

Signed by director or officer ……

for and on behalf of

Midlands Partnership NHS Foundation Trust

Date ……

Signed by director or officer ……

for and on behalf of

North Staffordshire Combined Healthcare NHS Trust

ANNEX 1- Collaborative's Priorities and Focused Areas of Work

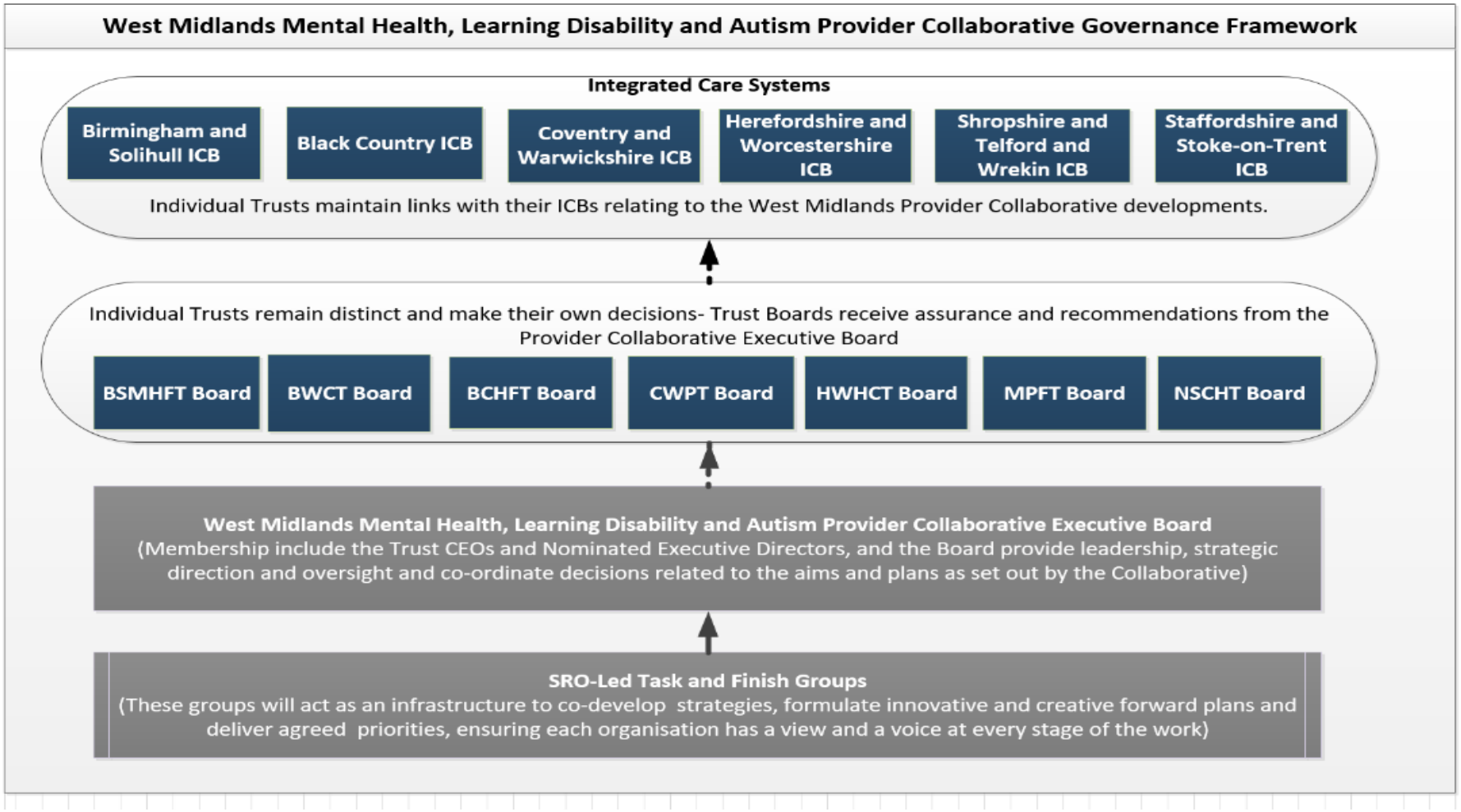
The Partners have agreed that, supported by Collaborative colleagues, each priority area will be owned by one of the Trusts and their Director of Strategy who will be accountable to the Provider Collaborative (PC) Executive Board, reporting progress and providing assurance for delivery. Proposals for each priority area will be developed and shared with the Collaborative Executive Board for approval to begin work over the next few months.

<table>
<tr><th>Priority Area</th><th>2022/23</th><th>2023/24</th><th>2024/25</th></tr>
<tr><td>West Midlands Mental Health, Learning Disability and Autism Strategy</td><td>Development of an 'All-age Mental Health, Learning Disability and Autism Strategy' that will enable Trusts to work across the regional footprint on issues to develop best practice and co-produce where we need to use scale, pool, or access expertise, build resilience, and/or directly support front line staff to manage current pressures.</td><td colspan="2">The Strategy will identify key areas of work that the Collaborative could jointly undertake in 2023/24 and 2024/25 to ensure delivery of the aims of the Strategy.</td></tr>
<tr><td rowspan="2">Regional Bed Strategy</td><td rowspan="2"></td><td>The MH and LDA Strategy will provide key insight into needs and demand for services and enable the development of a Regional Bed Strategy. The focus of the Strategy will be to understand demand and capacity for locally commissioned services, to determine capacity and challenges impacting on local systems and assess opportunities for joined up approaches to address these capacity challenges, and identify areas where there is potential to improve quality and/or value for money.</td><td></td></tr>
<tr><td colspan="2">Development of the local capacity with a potential to consider regional solutions for achieving economies of scale.</td></tr>
</table>

Priority Area	2022/23	2023/24	2024/25
Community CAMHS Pathways Improvement		The focus will be on those services where there is an increased demand from children and young people with complex, acute, and high levels of needs. The investigative stage will aim to achieve insight into why other CYP and CAMHS pathways are not effectively managing the need of these cohorts of patients, and consider future demand for adult services. This programme will run in alignment with the Regional CAMHS Tier 4 Provider Collaborative to ensure alignment between pathways. A detailed programme proposal will be developed in February 2023 to initiate the project across all Trusts.	
Increase of Supervision Capacity for Psychological Therapies	Establish relationships and links with each Trust to build a case for the development of a regional supervision hub to address workforce capacity challenges and help deliver Trust LTP and workforce priorities.	Development and implementation of a Regional Supervision Hub offer to develop psychologically informed workforce and securing additional capacity required to deliver Trust plans.	Embedding of the Hub offer and the mutual support offer across Trusts into business as usual to share resources and develop a consistent workforce planning and retention approaches.
Clinical Support Worker Development Programme	Establish relationships and links with each Trust to build a case for the development of a programme to help support local recruitment initiatives and the development of a joint competency framework and retention programme.	Development of the 'new to care,' joint competency framework (band 2-4), a career progression scheme and 'CSW development program. Delivery of 4 induction and 6 development programme in the first 6 months, followed by evaluation and further cohorts trained in the second half of the year.	Embedding of the programmes across the Trust, in addition to introduction of career framework, skills passport and coaching and mentoring programmes.

ANNEX 2- Collaborative Governance Structure

The schematic below describes the governance arrangements in formulating and delivering strategic priorities and programmes of work.

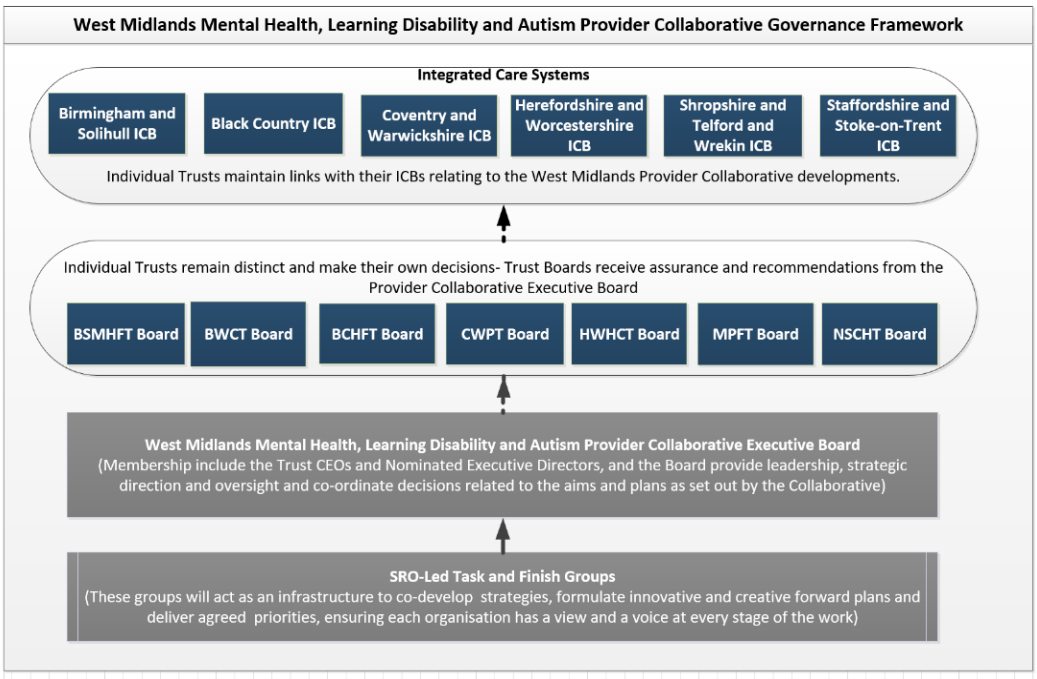


ANNEX 3- Provider Collaborative Executive Board Terms of Reference

1. Constitution

The Provider Collaborative Executive Board is established by the Partners Boards and made up of the Chief Executives and nominated Executive Directors of the seven Partners. The Board has no executive powers other than those specifically delegated in these terms of reference.

The diagram below sets out the governance structure of the Provider Collaborative:



2. Terms of Reference

2.1 Purpose

The Executive Board will provide strategic direction and oversee development and implementation of the regional annual work programme. It will respond to opportunities and shared challenges through collaborative work, allocate/commission SRO-Led multi-disciplinary task and finish groups to deliver agreed priorities and work programmes.

2.2 Functions/Duties

- Setting the strategic vision and aims for the Provider Collaborative;
- Formulating, agreeing, and implementing strategies for delivery of the Collaborative's workplan;
- Receiving assurance that the risks associated with the Collaborative work programme are being identified, managed, and mitigated;
- Seeking to determine or resolve any matter referred to it by the Programme Team or any individual Party and any dispute in accordance with the MoU;
- Considering the shape of the Programme Team, agreeing, and reviewing the extent of the Collaborative's financial support for the team, against wider Collaborative funding;
- Approving any external submission to funding bodies;

- Reviewing and agreeing the deployment of any delegated joint Collaborative budget/funding received from external agencies;
- Providing any assurance necessary to the Trust Boards or other external bodies;
- Managing relationships with ICBs, Trust Boards and other regional and national NHSE stakeholders

3. Membership

The Executive Board will nominate a Chair.

Membership will comprise of the following:

Voting members

- Birmingham and Solihull Mental Health Foundation Trust; Chief Executive
- BWC (FTB) –Chief Executive
- BCPFT– Chief Executive
- CWPT –Chief Executive
- HWHCT –Chief Executive
- MPFT – Chief Executive
- NSCHT –Chief Executive
- Not more than one nominated Executive Directors from each organisation*

Non-voting members

- Programme Director

* Consideration will be given to ensuring a mix of finance, operational and clinical disciplines amongst the nominated executive directors

Where individuals are unable to attend, they will be required to send a nominated deputy. Where a CEO is unable to attend the nominated deputy must be able to make a decision on their behalf.

4. Authority

The Executive Board is authorised by the Boards of each organisation through their Chief Executives delegated powers to investigate and complete any activity within its terms of reference.

The Executive Board will establish task and finish groups to fulfil the objectives, however the Executive Board may not delegate executive powers (unless expressly authorised by the Boards of each organisation) and remains accountable for the work of any such group.

5. Decision making

All Trusts will have an equal vote in formulation of approaches and decision making. Decisions will be reached by consensus and will be made in the context of each Trust's accountability framework. The Provider Collaborative is not intended to impinge on organisational sovereignty. Chief Executives or their nominated deputy will be responsible for identifying and resolving when a decision needs to be taken to their Trust Board/ Governors/ regulator.

If a decision cannot be reached by consensus, the dispute resolution process described in MoU section 4.2.2 will be followed.

6. Conflict of Interest

The members of the Executive Board will refrain from actions that are likely to create any actual or perceived conflicts of interests.

Executive Board members will disclose all potential and actual conflicts of interest and ensure that such conflicts are managed in adherence with their organisation's conflict of interest policies and statutory duties.

Conflicts of interest will be declared at the start of each Executive Board meeting. Conflicts of interest relating to the pathway specific West Midlands Provider Collaboratives will be managed in line with the relevant approved Partnership Agreement.

7. Quorum

The meeting will be quorate with at least one executive director from each organisation. All members of the Board shall receive the minutes/actions of each meeting.

8. Attendance by others

The Executive Board may invite appropriate executives/staff to meetings as necessary when the Board is discussing areas of operations that are the responsibility of those members.

9. Confidentiality

All discussions and material produced by the members of the Executive Board will be bound by the Non-Disclosure Agreement and the Information Sharing Protocol, should it be deemed necessary by the Executive Board, and specific protocols and agreements will be developed, if required, for agreement schemes of work.

10. Accountability and Reporting Arrangements

Members will be invited to declare any significant conflicts of interest. The Executive Board will report regularly to the Boards of each Trust.

11. Frequency of Meetings

Meetings will occur monthly.

12. Location of meetings

The meetings will take place via Microsoft Teams however, the Board may wish to hold in person meetings, in which case the location of the meetings will rotate between the Trust.

13. Minutes

An administrator to take the minutes of each meeting will be provided by the host organisation for the meeting in question.

14. Review

These terms of reference will be reviewed after 12 months following the commencement of the new collaboration arrangements and as required by the Executive Board.

10.3. Board Assurance Framework

Birmingham and Solihull Mental Health NHS Foundation Trust

Meeting	**BOARD OF DIRECTORS**
Agenda item	**Item 10.3**
Paper title	**Review of the Board Assurance Framework (BAF)**
Date	1st February 2023
Author	Andrew Hughes, ANHH Consulting Gill Mordain, Associate Director of Clinical Governance David Tita, Associate Director of Corporate Governance
Executive sponsor	David Tomlinson, Executive Director of Finance

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

Executive summary & Recommendations:

The Board approved the refreshed provider BAF in October and the proposal to develop a commissioning BAF, subject to discussions at relevant committees. The BAF was considered and endorsed at the committees in October including the proposed inherent, current and target risk scores and risk appetite statements.

The Risk Management Group met for the first time in November and agreed next steps and responsibilities.

The Board approved the provider BAF in December and regular quarterly updates will go to future Committee and Board meetings.

The Audit Committee reviewed the BAF at its meeting on 19th January and recommended it to the Board while highlighting some areas for improvement and strengthening and recognising the progress that has been made.

The Audit Committee also requested to be sighted on the Commissioning BAF once it has been designed as well as on key risks from SSL, each time the Provider BAF is being presented to facilitate more integrated scrutiny, oversight, and any across referencing.

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, People and Sustainability

Financial Implications *(detail any financial implications)*
None
Board Assurance Framework Risks: *(detail any new risks associated with the delivery of the strategic priorities)*
Relevant to all risks included.
Equality impact assessments:
The BAF does not in itself have any impact on equalities, but it provides assurance as to how the Trust addresses inequalities and the level of risk.
Engagement *(detail any engagement with staff/service users)*
Staff involved in Risk Management, Deputy Directors, Executive Directors, Committees, Risk Management Group.

BOARD ASSURANCE FRAMEWORK

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.

NB All risk scores detailed in Appendix I – BAF Risk Scores November 2022

compassionate inclusive committed

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

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
- 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 service users, resulting in:

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

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

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

OVERALL RISK SUMMARY

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*	Internal: • 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 External: • CQC Insight Data • CQC Alerts • Public View • Healthcare Quality Improvement – NCAPOP (National Clinical Audit and Patients Outcome Programme) • Coroner's Reports • QSIS compliance	Mortality: • 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 Learning for improvement: • 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 Third level assurance: • 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
	• *poor management of the therapeutic environment*	Capital prioritisation process SSL Service Agreement Forum	Contract KPIs

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*
		CQC well-led and unannounced visits	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 Governance Forums: • Clinical Governance meetings • Directorate/Specialty governance meetings Safety Huddles Professional Codes of Conduct • NMC Code • GMC Good Medical Practice Guide • HCPC Standards of Conduct, Performance and Ethics • Code of Conduct for NHS Managers • Health and Social Care Act 2008 (amended 2014 – Part C)	Exception reports: • Executive Chief Nurse's Nursing Assurance Reports to QPES Committee and Board • Safe Staffing Report • FFT reports Internal inspection and review reports: • TBC Data sets: • PALS contacts data • Complaints, clinical incidents, adverse events Safety Huddle audit reports Executive Chief Nurse's Nursing Assurance Reports to QPES Committee and Board Executive Medical Director's Assurance Reports to QPES Committee and Board
	resulting in:	Contingency Plan	

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 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

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

Digital and Partnerships Aspirational Risk Appetite (Seek): *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)

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

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

OVERALL RISK SUMMARY

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 Local benchmarking Joined-up cashflow forecasting Prudent financial forecasting	Delivery Plan Monthly cashflow and I&E reports Expenditure budgets reconciled to LTFM Block income covers costs Financial planning driven by ICS and national assumptions Reporting to FPP Committee

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*
		CIP forecasting Rollover budgets Assurance level provided as part of Committee and Board reporting	
	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..*

Aspirational Risk Appetite (Significant): *We seek to lead the way in terms of workforce innovation. We accept that innovation can be disruptive and are happy to use it as a catalyst to drive 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: 20 (5 "Almost Certain" x 4 "Major")
Current Risk Score: 16 (4 "Likely" x 4 "Major")
Target Risk Score: 6 (2 "Unlikely" x 3 "Moderate")

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

OVERALL RISK SUMMARY

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 Staff Network	High Impact actions for achieving EDI aims People Committee Reports and Cycle of Business Investors in People Charter Mark National Accredited Living Wage employer Reporting against Model Employer Goals Trends for WRES data Trends for WDES data

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*
			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
		Opportunities for professional development: Career development pathways Lateral opportunities into other roles Talent Management Plan	Trend for appraisal rates Personal Development Plans Well-led rating by service and for the Trust

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*
		Leadership and Board Development	
	• *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*		

Birmingham and Solihull Mental Health NHS Foundation Trust

BIRMINGHAM AND SOLIHULL MENTAL HEALTH NHS FOUNDATION TRUST

DEVELOPMENT OF THE BOARD ASSURANCE FRAMEWORK

1. INTRODUCTION

The BAF provides a structure and process for the board to focus on those risks that might compromise the achievement of the organisation's strategic objectives.

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 Orange Book argues that a good risk management culture: -

> must embrace openness, support transparency, welcome constructive challenge and promote collaboration, consultation, and co-operation.

The BAF thus provides assurance to the Board that principal risks to the delivery of the Trust`s strategic objectives are being appropriately and robustly managed in line with best practice

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. It is a key assurance document for the Board to consider when it reviews the Trust's system of internal control,

At its meeting in October, the Board approved the refreshed provider BAF and the proposal to develop a commissioning BAF, subject to discussions at relevant committees. The BAF was then considered and endorsed at the committees in October including the proposed inherent, current and target risk scores and risk appetite statements.

The Risk Management Group met for the first time in November and agreed next steps and responsibilities.

The Board approved the provider BAF in December and regular quarterly updates will go to future Committee and Board meetings.

2. UPDATE

The refreshed BAF was considered and endorsed by the Quality, Patient Experience & Safety Committee, Finance, Performance and Productivity Committee and People Committee at their meetings in October. These committees also considered and endorsed the proposed inherent, current and target risk scores and risk appetite statements.

Birmingham and Solihull Mental Health NHS Foundation Trust

The newly established Risk Management Group met for the first time on 18 November and agreed next steps and responsibilities which will include:

- Review and refresh of the Risk Management Policy
- Development of a commissioning BAF
- Review, moderation and refresh of the non-BAF-related risks
- Providing updates to Board (this report) and Audit Committee and then via cycle of normal quarterly updates

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

Strategic Objective	22/23 Goal	Executive Lead	Committee Oversight
Quality	Preventing Harm	Director of Nursing and Quality Sarah Bloomfield (Deputy: Gill Mordain)	QPES
	Improving Patient Experience		
	A Positive Patient Safety Culture		
	Improving Quality Assurance		
	Clinically Effective		
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	Director of Strategy, People and Partnerships Patrick Nyarumbu (Deputy: Byron Currie)	People Committee
	Transforming our Culture and Staff Experience		
	Modernising our People Practice		
Sustainability	Transforming with Digital	Director of Finance Dave Tomlinson (Deputy: Richard Sollars)	Finance, Performance and Productivity
	Changing through Partnerships		
	Caring for our Environment		
	Balancing the Books		
	Good Governance		

3. THE BOARD AND THE BAF

The BAF provides structured assurances that risks to the delivery of the Trust`s strategic objectives are being robustly managed and mitigated in line with best practice and enables the Board to appropriately allocate resources in mitigating issues identified to the delivery of safe high quality patient-centred care.

The UK Corporate Governance Code underlines the above point by arguing that: -

> The Board should establish formal and transparent policies and procedures to manage risk, oversee the internal control framework, and determine the nature and extent of the principal risks the [Trust] is willing to take in order in order to achieve its long-term strategic objectives.

Among other things, the Board is responsible for:

- Providing risk oversight, scrutiny and satisfying itself that the Trust has effective systems and processes in place for identifying, assessing, mitigating, monitoring and managing risks. Hence, the Board should not be involved in the operationalisation of risk management.
- Setting the right tone and culture and creating an enabling environment for transparent, responsible, inclusive, and collaborative enterprise-wide risk management to flourish. A risk management culture which embraces openness, accountability, continuous learning, and improvement as well as friendly but firm scrutiny to take place.

4. RECOMMENDATIONS

The Board is asked to:

- **NOTE** this update and the actions by committees.
- **GAIN ASSURANCE** that the development of the Provider BAF for the Trust is on the right trajectory while recognising that this is a piece of work in progress.
- **RATIFY** the current position of the BAF including the scores (see Appendix I)

APPENDIX I ALL RISKS

Likelihood/Consequence		Inherent L	Inherent C	Inherent Score	Current L	Current C	Current Score	Target L	Target C	Target Score
QPES	**There is a risk that the Trust fails to deliver safe, high-quality care**	4	4	16	3	4	12	1	4	4
QPES1	The Trust fails to focus on the reduction and prevention of patient harm	4	3	12	3	3	9	2	3	6
QPES2	The Trust fails to engage and co-produce with all people who use its services including their families	3	3	9	3	3	9	2	3	6
QPES3	The Trust fails to be a learning organisation that embeds a patient safety culture	4	4	16	4	4	16	2	2	4
QPES4	The Trust fails to be a self-learning organisation that embeds quality assurance	4	4	16	3	4	12	2	4	8
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	4	4	16	3	4	12	2	4	8
CS2	The Trust fails to respond to service users' holistic needs	4	4	16	4	4	16	2	4	8
CS3	The Trust fails to focus on recovery focused care model	4	3	12	3	3	9	2	3	6
CS4	The Trust fails to provide care that is focused on the needs of our communities	4	3	12	4	3	12	2	3	6
CS5	The Trust fails to adapt to change as required	3	4	12	3	3	9	2	4	8
FPP	**There is a risk that the Trust fails to make best use of its resources**	4	4	16	3	4	12	1	4	4
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	4	4	16	3	4	12	2	4	8
FPP2	There is a risk that the Trust fails to focus on the digital agenda and to harness the benefits of digital improvement	5	4	20	3	4	12	2	4	8
FPP3	There is a risk that the Trust fails to behave as a socially responsible organisation	4	3	12	2	3	6	2	3	6
FPP4	There is a risk that the Trust fails to manage the safety and quality of its therapeutic environment	4	5	20	3	5	15	1	5	5

People	**There is a risk that the Trust fails to sustain an engaged and effective workforce**	5	4	20	4	4	16	2	3	6
P1	There is a risk that the Trust fails to deliver its ambition to shape the future workforce	5	4	20	4	4	16	2	4	8
P2	There is a risk that the Trust fails to develop an inclusive and compassionate working environment	5	4	20	4	4	16	2	4	8
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	5	4	20	4	4	16	2	4	8
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	4	4	16	3	4	12	2	3	6

10.4. Board Development Programme and Annual Calendar for 2023/24

Birmingham and Solihull Mental Health NHS Foundation Trust

BOARD DEVELOPMENT PROGRAMME 2023/24

DEVELOPMENT ACTIVITY	LEAD	TIME SCALE/DATE
BOARD DEVELOPMENT		
Strategic Discussion: *1.* Understanding the new Code of Governance for NHS Provider Trusts (which comes into effect from 1st April 2023). *2.* Assurance vs reassurance (How does good look like?)	Tbc	May (Date tbc)
Risk Management Awareness: Focus on 1. Risk Appetite **2.** Board Assurance Framework	TBC	July (Date tbc)
Fostering a culture of Good Governance: 1. Counter Fraud and Bribery Awareness Session 2. Declaration of Interests 3. Gifts and Hospitality Register	Emily Wood (RSM) & Internal	September (Date tbc)
Strategic Discussion:* Understanding *Commissioning within the MHPC Landscape 1. Exploring and optimising the `ask` from NEDs/EDs on a Commissioning Board.	TBC	November (Date tbc)
NHS Providers – Workshop 1- Joint Session with Governors 1. Understanding the governance expectations and dynamics between the Council of governors and the Commissioning Board in the context of the MHPC.	NHS Providers	January (Date tbc)
NHS Providers: Workshop 2	NHS Providers	March (Date tbc)

10.4.1. Board Forward Planner for 2023/24

Birmingham and Solihull Mental Health NHS Foundation Trust

BOARD OF DIRECTORS FORWARD PLAN 2023/24

Item	LEAD	Frequency	April	June	Aug	Oct	Dec	Feb
Patient/Staff Story	ADG	Monthly	√	√	√	√	√	√
Chair report to the Board including Chair report to the Council	Chair	Monthly	√	√	√	√	√	√
Chief Executive's Report to the Board	CEO	Monthly	√	√	√	√	√	√
Council of Governor Minutes	Chair	Bi-monthly	√		√		√	
Board Assurance Framework (BAF)	ADCG	Quarterly	√		√		√	√
Commissioning BAF	TBC	Quarterly	√		√		√	√
Corporate Risk Register	ADG	Quarterly	√		√		√	√
Chair Report FPP	Chair Ctte	Monthly	√	√	√	√	√	√
Chair Report People Committee	Chair Ctte	Monthly	√	√	√	√	√	√
Chair Report QPES	Chair Ctte	Monthly	√	√	√	√	√	√
Chair Report Audit Committee	Chair Ctte	Monthly	√	√	√	√	√	√
Chair Report Charitable Funds	Chair Ctte	Monthly	√	√	√	√	√	√
Chair Report Remuneration	Chair Ctte	Monthly	√	√	√	√	√	√
Chair Report Commissioning Board	Chair Ctte	Monthly	√	√	√	√	√	√
Integrated Performance Report	DoF	Monthly	√	√	√	√	√	√
Finance Report	DoF	Monthly	√	√	√	√	√	√
Infection, Prevention & Annual Control Report (through QPES)	Chief Nurse	Yearly				√		**BUSINESS CYCLE ITEMS**
Safeguarding Annual Report (through QPES)	Chief Nurse	Yearly				√		
Patient Safety Report (through QPES)	Chief Nurse		√	√	√	√	√	√
Health & Safety Annual Report	Chief Nurse	Yearly					√	
Annual Governance Statement	ADCG	Annual	√					
Annual Report & Accounts	ADCG	Annual	√					
Financial Plan/Strategy	DoF	As stated	√					
Forward Look Financial Plan 2024/2025	DoF	As stated	√					
Highcroft Strategic Outline Case	DoF	As stated						

Item	LEAD	Frequency	April	June	Aug	Oct	Dec	Feb
Highcroft and Reaside OBC	DoF	As stated						
Review of Risk Management Strategy	Chief Nurse	Yearly						
Guardian of Safe Working Hours	Dr S M	Quarterly			√			√
SSL	S. Bray	Quarterly			√			√
ICS Update	DirSPP	To Confirm						
Regulatory Report on equality data for the WRES, WDES and Gender Pay Gap	DIrSPP	Annual				√		
Effectiveness Reports on Board Committees	ADCG	Annual			√			
Annual Report from Remuneration Committee	ADCG	Annual			√			
Updates on any Action Plans arising from (Good Governance Reviews, External Visits, CQC, Coroner etc).	ADG/ ADCG	Bi-monthly	√		√		√	
Updates on any externally commissioned reports and investigations.	ADG/ ADCG	Bi-monthly		√		√		√
Framework of Quality Assurance for Responsible Officers and Revalidation, Annex D – Annual Board Report and Statement of Compliance.	MedDir (K. Rowley)	Annual						
Annual Job Planning Update	MedDir (K. Rowley)	Annual						
Board Development Programme	Chair	Annual						TBC
EPRR Annual Compliance	Dof Ops	Annual			√			
Trust Strategy Update	DirSPP							
Declaration of Interests	ADCG	Annual						TBC
Gifts and Hospitality Register	ADCG	Annual						TBC
Director Fit and Proper Persons Test	ADCG	Annual						
Outline/Full Business Cases	Directors							
CQC Inspection Reports	Chief Nurse							
Appointment of Senior Independent Director	Chair							
Appointment of Vice Chair	Chair							
Review of Constitution	ADCG	Annual						
Review of Transaction Policy	DoF	Annual						

SUBMISSION OF BOARD OF DIRECTOR REPORTS

Draft Agenda Agreed with Chair & CEO	Draft Agenda Circulated to Authors for papers	Draft papers to be signed off by Lead Exec before submitted	Reports to be checked	Reports to be distributed	Board Meeting
Date tbc	Date tbc	*Date tbc*	Date tbc	Date tbc	April (date tbc)
Date tbc					June (date tbc)
Date tbc					August (date tbc)
Date tbc					October (date tbc)
Date tbc					December (date tbc)
Date tbc					February (date tbc)

*Dates to be confirmed once Board and Committee Annual Schedule of meetings for 2023/24 is approved!

10.5. Questions from Governors and Public

(see procedure below)

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

10.7. 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

5 April 2023, 09:00-12:30