Board of Directors (Part I)

Schedule	Wednesday 26 May 2021, 9:00 AM — 12:00 PM BST
Venue	Via Microsoft Teams
Organiser	Sharan Madeley

Agenda

Agenda

Birmingham and Solihull Mental Health NHS Foundation Trust

AGENDA
BOARD OF DIRECTORS MEETING
WEDNESDAY 26th MAY 2021 VIA VIDEO-CONFERENCING

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

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

SERVICE USER STORY

ITEM	DESCRIPTION	LEAD	TIME	PAPER	PURPOSE
1.	Opening Administration: Declarations of interest	*Chair*	09:30	-	-
2.	Minutes of the previous meeting held on the 28th April 2021		09:35		Approval
3.	Matters Arising/Action Log		09:40		Assurance
4.	Chair's Report		09:45		Assurance
5.	Chief Executive's Report	*CEO*	09:50		Assurance
6.	Non-Executive Overview: Trust Values	*J. Warmington*	10:05		Assurance
QUALITY					
7.	Integrated Quality Committee Chair Report	*W. Saleem*	10:20		Assurance
8.	COVID Thematic Review & Infection Control Board Assurance Framework	*S. Bloomfield*	10:25		Assurance
9.	Serious Incidents Update *(verbal update if required)*	*S. Bloomfield*	10:35		Assurance
PEOPLE					
10.	People Committee Chair Report	*P. Gayle*	10:45		Assurance
11.	Guardian of Safe Working	*S. Muzaffar*	10:55		Assurance
12.	Trust Strategy: our strategic priorities and our 2021/22 goals	*P. Nyarumbu*	11:10		Decision
SUSTAINABILITY					
13.	Finance, Performance & Productivity Committee Chair Report	*R. Beale*	11:30		Assurance

ITEM	DESCRIPTION	LEAD	TIME	PAPER	PURPOSE
14.	Integrated Performance Report	*D. Tomlinson*	11:40		Assurance
15.	Finance Report including Provider Collaborative: Reach-Out Update	*D. Tomlinson*	11:50		Assurance
	GOVERNANCE & RISK				
16.	Questions from Governors	*Chair*	*12:20*		*Assurance*
17.	Any Other Business *(at the discretion of the Chair)*	*Chair*	*12:30*		-
18.	**SNAPSHOT REVIEW OF BOARD PERFORMANCE** Were items appropriate? Were timings appropriate? Are there any items for inclusion on the action log? Are there any items to be disseminated across the Trust? Were the papers, clear, concise and aided decision making?	*Chair*			-
19.	**RESOLUTION** The Board is asked to approve that representatives of the press and other members of the public be excluded from the remainder of the meeting having regard to the confidential nature of the business to be transacted.				
20.	**Date & Time of Next Meeting** • 09:00am • 30th June 2021			*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

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 BOARD OF DIRECTORS MEETING HELD 28TH APRIL 2021 VIA VIDEO CONFERENCING, MICROSOFT TEAMS

PRESENT:	Ms D Oum	-	Chair
	Prof R Beale	-	Non-Executive Director
	Ms S Bloomfield	-	Interim Director of Quality & Safety *(Chief Nursing Officer)*
	Dr L Cullen	-	Non-Executive Director
	Mrs V Devlin	-	Executive Director of Operations
	Mrs R Fallon-Williams	-	Chief Executive
	Mr P Gayle	-	Non-Executive Director
	Dr H Grant	-	Executive Medical Director
	Mrs G Hunjan	-	Non-Executive Director
	Mr P Nyanrumbu	-	Director of Strategy, People & Partnerships
	Mr W Saleem	-	Non-Executive Director
	Mr D Tomlinson	-	Executive Director of Finance

IN ATTENDANCE:

Mrs S Madeley	-	Company Secretary
Ms E Watts	-	Clinical Nurse Manager, Ardenleigh

GOVERNORS OBSERVING:

Mrs M Johnson	-	Carer Governor
Mrs H Kench	-	Public Governor
Mr M Mirza	-	Service User Governor

1. SERVICE USER STORY: SOLAR SERVICE

The Board received a detailed presentation from Emma Watts, Clinical Nurse Manager at Ardenleigh which was a busy site with the women's blended service and the youth service with forensic child and adolescent. It was noted that in phase 1 of the pandemic there was 1 case of COVID-19 in March 2020. It was known that some staff may have had COVID-19 but they were unable to access tests early in the pandemic until the anti-body tests were made available to staff and it was then identified staff had suffered COVID-19 early in the pandemic. The Board was informed of the dedication of the wider workforce in assisting Ardenleigh to make sure front line patient care was delivered. The presentation detailed the challenges experienced throughout Ardenleigh as well as the lessons learnt and the changes being made.

The Chair thanked Emma stating that the management team had worked hard together through such a challenging time keeping everyone safe in addition to supporting staff during the extremely stressful period of losing a member of staff and a patient.
The Chair queried if the Trust could have done anything further in respect of supporting the leaders on the Team.

E. Watts said that on reflection, the senior team would have appreciated regular check-ins by senior leaders. E. Watts added that at the time she was extremely worried and was acutely conscious that she was not the only person trying to lead a service therefore additional support for senior leaders would have been appreciated. V. Devlin said that she personally took on board the issue regarding regular contact with senior nursing staff and the issue of ensuring regular information was provided. V. Devlin added that following a recent Operational Management Team meeting, the roadmap of recovery for Ardenleigh was shared and had been used as an example of great practice across the Trust.

V. Devlin queried if any further support was required to encourage staff in having their vaccinations and it was explained that the staff who were resolute that they were not having the vaccine were the same members of staff who refused the flu vaccine. Therefore, from a front-line perspective, there was nothing further that could be done in regards of communication. H. Grant said that she was incredibly proud of the staff at Ardenleigh adding that multi-disciplinary team worked well and added her thanks for the amazing work which had been undertaken.

G. Hunjan echoed the comments and asked if the isolation checklist had been shared and it was explained that this had been shared through the matron's forum and the matrons were very keen to share the learning to ensure the service user experience was safe.

R. Beale said that the staff and undertaken their roles with dignity and humour and was immensely proud to be part of the Trust and queried if digital technology had helped during the pandemic. It was explained that there was always a reluctance to provide technology to service users and staff had always been attempting to reach a point where adults could be provided with mobile phones. As part of the blended service pilot and during the pandemic technology was used which included access to smart phones and provided an example of a lady who could undertake home schooling with her son. Skype was used to contact family members and therefore this had caused a shift regarding how the service was working with the technology. R. Beale said that if there was any additional technology which the units would like to utilise to further support service users, then to raise this to ensure it could be facilitated.

S. Bloomfield apologised that there were times where support was not always available and added that,when visits could take place to Ardenleigh, discussions would be held with colleagues to ensure they would be supported in practical ways. E. Watts said that she was very proud to work for the Trust adding that there had never been a point where she did not want to be part of the organisation and said staff were pleased that the Trust was treating well-being as priority.

The Chair thanked E. Watts and everyone at Ardenleigh for their compassion and commitment and especially for the detailed presentation given to the Board at the meeting.

The Board agreed that hearing stories from patients and staff at the beginning of Board meetings set the tone for the remainder of the meeting to ensure staff and service users were at the forefront of all decisions being made.

2. OPENING ADMINISTRATION

Apologies for absence were received from J. Warmington.

There were no declarations of interest relevant to items on the agenda.

3. MINUTES FROM THE PREVIOUS MEETING & ACTION LOG

The minutes of the meetings held on the 24th February 2021 and the 31st March 2021 were approved as true and accurate records of the meetings.

4. CHAIR'S REPORT

The Chair'sreport providing an overview of key activities undertaken that month was received and noted by the Board.

. 5. CHIEF EXECUTIVE'S REPORT

The Board was informed that the absence rate was currently at 7% which equated to 286 people off sick with 98 being absent due to COVID-19 reasons and 35 absent due to long COVID-19 which would be continued to be tracked.

In the report, workforce staffing remained a concern and it was noted that mitigations had been put in place with the resilience around workforce being addressed. Workforce plans were currently being reviewed regarding future priorities for the Trust following the pandemic along with holding community events to enable people to consider roles within the Trust.

In relation to the recovery plans, there were a range of new services being put in place along with new models of care, i.e. crisis house. There was a safety improvement plan which was being constantly reviewed and conversations would be held with colleagues regarding the uptake of vaccinations. This would be undertaken through the lens of safety based on the science that an 80% uptake of the vaccination mitigates the risk of people getting COVID. Therefore, teams and wards were being reviewed regarding the level of vaccination coverage from a safety point of view. The Trust was currently focusing on the vaccination of permanent staff and overall, the Trust was at 71% of uptake and the range included 84% in ICCR and 55% in acute and urgent care.

In terms of sustainability, the long-term plan and spending review allocations were being considered. The shared care record was a significant piece of work which would see more people involved in shared care records than anywhere else on the country.

A query was raised regarding the out of area placement and it was noted that there had been a reduction to 19 beds and was there a sustainable model where there was grip and control with the team reviewing the whole range of beds available which would see an additional 22 beds available for the Trust.

6. NON-EXECUTIVE OVERVIEW TRUST VALUES: P. GAYLE, NON-EXECUTIVE DIRECTOR

The Board received an update from P. Gayle, Non-Executive Director, on how he had seen the values of the Trust being demonstrated through the month.

P. Gayle stated that he wanted to commence with his reflections before the Trust had launched the Trust strategy adding that he had seen evidence of the values in operation with a compassionate, inclusive and committed workforce. Compassion was evident within the Board reports this month regarding the launch of the wellbeing and time out spaces to support colleagues due the challenging times. In addition, the Trust has issued vouchers to staff as a token of its appreciation for all their hard work.

P. Gayle stated that he had seen compassion demonstrated in the areas when we have lost patients and the impact this has had on staff and how their deep sorrow has been communicated to patients' families and to each other as colleagues.

In relation to being inclusive, as a Trust we have challenged all forms of discrimination which has commenced at Board level and cascaded to the senior leadership which indicates a determination regarding ensuring inclusivity. The Trust has also ensured that the views of our service users and carers were clearly reflected in the strategy. The strategy has also been awarded the Recovery for All Quality mark which demonstrated co-production with services and carers and was an excellent example of demonstrating inclusivity.

In terms of commitment, as a Trust there had been very challenging times with patient deaths and a focus on the Trust by the regulator and media. However, there was a clear commitment to ensure the Trust provided a safe environment for our patients with a determined and committed workforce ensuring services were safe and of high quality. The Trust has also seen the commitment of staff who have been sharing the reasons for having the vaccinations. P. Gayle summarised by stating that the approach taken of having a focus on our values emphasises how committed, compassionate and inclusive staff were which was being shown throughout the organisation with the values becoming alive. In addition, there was the behaviour framework embedded within the strategy which detailed the core behaviours and the negative impact of certain types of behaviours.

The Chair said that it was evident how the values were the touchstone we refer to especially when times were challenging and that this was how we would achieve success.

7. QUALITY

7.1 Integrated Quality Committee Chair's Assurance Report

Mr Saleem presented the report from the Committee highlighting the Care Quality Commission (CQC) Letter of Intent which had been received following the death of the patient on George Ward and discussions were being held with the CQC which has added urgency on the delivery of the action plan.

Colleagues would be undertaking a comprehensive risk assessment on ligatures across services which would be brought back to the May Committee. This would also assist with the prioritisation of capital expenditure.

The Committee received the draft Clinical Services Strategy which was very comprehensive and ambitious regarding transforming services.

The Prevention of Future Deaths (PFD) themed review was noted which detailed all notices received, including the lessons learnt being undertaken to ensure actions had been implemented. It was reported that the PFDs were also shared with clinical staff to ensure frontline staff understood the actions and lessons learnt from PFD notices.

The issues around integrated quality reporting were discussed as well as ways that staff could use intelligent data to deliver change and ensure continuous improvement using data in an intelligent way. This included the early warning system approach to identify issues and risks early to ensure high quality safe services were being delivered.

The Committee agreed the quality priorities with a further report being presented to the May meeting.

R. Fallon-Williams queried the PFD review and asked whether the Committee was assured that good practice and learning was undertaken. W. Saleem advised that the response received that there was not full assurance, adding that the Committee wanted assurance that there was a systematic way to ensure learning was being embedded and systematic way of using mechanisms across the Trust.

The Chair queried the gaps in assurance regarding the PFD themed review, which was an excellent report, but emphaised the need for focus on gaps in assurance and added that undertaking a review of the assurance reporting at the Committee would ensure that all strands were pulled together in a report, i.e. incidents, complaints, FTSU reports that have an element of patient safety. W. Saleem said that the Committee does receive reports on all elements including incidents and complaints and the reports were comprehensive, that the issuewas how these themes were translated to staff on the front line to ensure the message from ward to Board was systematic across the Trust.

The Chair queried how information on health inequalities evidenced in the pandemic would be used in the transformation and development plans and how the Committee would seek assurance that health inequalities exacerbated by the pandemic were being addressed. W. Saleem said that the Committee would receive reports on lessons learnt and assurances provided. S. Bloomfield said the COVID-19 themed review went to IQC and that nationally Trusts have been asked to provide further assurance to the Board on health inequalities. S. Bloomfiled added that it would be helpful if this could be presented to a Board meeting to ensure the Board was sighted, with assurance through IQC to prepare for any forthcoming third wave of the pandemic.

6.2 Serious Incident Report

There were no serious incidents to update.

7. PEOPLE

7.1 People Committee Chair's Assurance Report

The Board was informed that in terms of the reflective spaces for staff, the Trust was reviewing further areas within the Trust with feedback from staff regarding how the space at Ardenleigh had been implemented.

The vouchers had been well received by staff and the Trust would continue to ensure staff were rewarded and recognised.

In terms of sickness and it was known because of the number of staff off sick it had created pressure regarding return-to-work interviews and had seen a decline of the recording of the process and the HR team was currently working with local teams to ensure this data could be provided.

P. Gayle added that the FPP Committee had raised the issue of substantive vacancies and the utilisation of bank and agency staff. A discussion has been held with the Chair of the Committee regarding the plans in place to encourage staff to take up substantive posts.

Within the report it detailed the dates arranged for the People Committee for the remainder of the year.

P. Nyanrumbu added that the Committee had held discussions regarding what data would be submitted on a monthly and quarterly basis and conversations had been held on the metrics regarding whether these were providing appropriate assurance and would be reviewed on an ongoing basis.

D. Oum said it was important that the Committee agendas were focused on the strategic risks and to ensure this was reflected within the Committee workplans. P. Gayle said that the agendas would be framed around the strategic risks. It was acknowledged that there may be a requirement to amend dates going forward to align the meetings with the production of the data.

8. SUSTAINABILITY

8.1 Finance, Performance & Productivity Committee Chair Report

R. Beale presented an overview of discussions held at the Committee on the 21st April 2021. The Board was informed that the Clinical Services Strategy was received with comments on how digital could support transformation agenda. In relation to capital, the Trust was still going through the prioritisation process which was taking longer than originally expected.

Whilst agency and staff expenditure were below budget, the financial figure was still substantial due to permanent unfilled vacancies being covered and this had been flagged to the People Committee.

8.2 Audit Committee

G. Hunjan informed the Board of the discussions at the Audit Committee on the 22nd April 2021 which included a clinical audit presentation detailing how clinical audit was undertaken within the Trust which was extremely helpful to see how the work was being aligned with the quality improvement framework to embed learning.

In relation to the internal audit report, various audits could not take place due to site visits not being available. There would be an "reasonable opinion" for the year end, however there were four outstanding audits which would be reported on at the next Audit Committee. G. Hunjan made a request to Executive colleagues that staff were able to ensure any outstanding audit recommendations were completed in a timely manner. D. Tomlinson assured the Board that there may be a potential risk on locality audits as they had not been undertaken due to the pandemic and V. Devlin would review where the audits were taking place to ensure appropriate support was allocated.

The internal audit contract had been extended for 12 months. In terms of the annual accounts, the finance team had been working extremely hard to ensure the completion of the year end of accounts. All the timescales would be met and accounts would be forwarded to the auditors and would return to the Audit Committee for approval in June. D. Tomlinson stated that formal authority was previously delegated to the Audit Committee to approve the annual accounts due to the tight deadlines associated with the submission of the Annual Report and Accounts in 2019/2020.

The Chair said that for all reports to Committees, assurance was narrative plus evidence and there was a need to avoid any sense that the Committees were accepting reassurance and not assurance.

8.2 Integrated Performance Report

The integrated performance report was received and noted and the Board informed that a development session was being held to review the content of the report. R. Fallon-Williams said that whilst there had not been discussions regarding cost improvement plans it was pleasing to see that the Trust had made an efficiency saving of 1.5%.

The Chair said that the report provided good context and information and was easy to read for the lay person, which was important with the reports being in the public domain.

8.3 Finance Report

The month 12 financial report detailed the consolidated Group position as £1.7m deficit which was £1.4m better than the phase 3 financial projection. The month 12 position was £0.7m adverse to the £1m deficit forecast reported to NHS England/Improvement in the month 11 financial return. This was mainly attributable to year end provisions for pay and dilapidations partly offset by additional income including funding for annual leave accrual. It was reported that capital expenditure was £8.7m and this was £3.4m ahead of the original plan mainly driven by additional external funding including critical infrastructure risk funding and shared care record funding.

The Chair stated that the bridge diagram was extremely helpful and would be informative for the Council of Governors.

P. Gayle said it was pleasing to note the reduction on agency spend and particular bank with the hope that individuals would then take up a substantive position within the Trust. D. Tomlinson added that agency spend and reduced significantly compared to five years ago.

The report summarised the system financial plan with systems being allocated a set of revised financial envelopes for the six month period of 1st April to 30th September 2021.

The Chair said that the report showed how the Trust was also being a responsible partner within the health economy.

8.4 Capital Programme 2021/2022

The Board of Directors had previously delegated authority to determine the Trust's capital prioritisation for 2021/2022 to the Committee Chairs supported by the Executives with a meeting being held on the 22nd April 2021. The Trust has worked with the STP to increase the available capital funding envelope from £5m to £9.6m. It was noted that schemes had been prioritised but the Integrated Quality Committee had asked for a comprehensive risk assessment to be completed which would be undertaken by the 19th May 2021. The financial envelopes were agreed for pre-commitments (£3.4m); Health & Safety Risk Assessments (£3.9m); ICT (£0.8m) and statutory standards and backlog maintenance (SSBM) (£1.5m). The Trust would commence planning and delivery as appropriate regarding the ICT and SSBM programmes.

S. Bloomfield added that the process has been reasonable, however there had been delays within the risk assessments processes before the final schemes could be approved. It was noted that the funding that has been earmarked of £3.9m would be allocated on a risk-based process to commit this financial year. There was multi-disciplinary involvement with external scrutiny and therefore there was a degree of assurance with the process.

DECISION: ***The Board of Directors endorsed the capital envelopes approved by the Committee Chairs.***

9. GOVERNANCE & RISK

9.1 Board Assurance Framework (BAF) Quarter 4: 2020/2021

The Board was presented with the quarter 4 position relating to the strategic risks identified for 2020/2021. It was noted that there were 11 strategic risks on the BAF with most risks having reduced in score and were now being managed at an internal level and no longer considered strategic risks. The Board of Directors would now have a new BAF in place aligned to the new strategic risks for 2021/2022.

9.2 Development of new Board Assurance Framework 2020/2021

S. Madeley thanked Board colleagues who have been involved in the last three weeks to further develop the new BAF. There had been a few challenges due to Easter holidays and the report was provided to the Board as an update on the current position. It was reported that there were two risks which were agreed last month to be allocated to IQC, Leader in Mental Health and Prevention and Early Intervention with discussions at the Committee that these don't fit with IQC. The two strategic risks could reasonably sit against more than one Committee as Leader in Mental Health is both a quality and People issue and Prevention and early intervention is both a quality and a sustainability issue. However, one Committee would need to have a co-ordinating brief to review appropriate updates from one or more Committees, therefore direction from the Board was required regarding which Committee would take overarching ownership of the risks. The next steps would be to refine the controls and at the May Committee meetings the Committees along with agreeing the risk scores. At the June meeting the Board would receive the first quarterly report associated with the BAF for 2021/2022.

DECISION: ***The Board of Directors agreed that the two strategic risks of "Leader in Mental Health" and "Prevention and early intervention" would be the responsibility of Integrated Quality Committee***.

9.3 Any Other Business

9.3.1 Mental Health Committee

P. Gayle reported that there was a Mental Health Legislation Committee meeting held last week and the report will be presented to the next Board meeting.

Decision: ***Mental Health Legislation Committee report to be presented to the May Board meeting.***

9.3.2 COVID-19 Pandemic in India

R. Fallon-Williams raised with the Board the significant pandemic challenges being experienced in India and highlighted discussions taking place within the Trust where colleagues were concerned about family in India. System discussions were being held to influence the national response and internal communications would be circulated stating that the Trust was extremely concerned especially regarding the impact this would have on staff and were encouraging staff to contact the well-being office. In addition, the Trust was also encouraging colleagues to join networks that exist, i.e. of the national Chair of the Indian Nurses Association was a staff member and the Trust was also linking with Birmingham High Commission regarding helping to shape their thinking regarding the areas to invest in. H. Grant added that she was part of the India COVID Crisis Call where discussions were held regarding how the health system could provide support.

9.3.3 Questions from Governors

M. Johnson raised a question received from J. Travis *(Staff Governor)* regarding the score of 79% for safety and. S. Bloomfield stated that her view was it was difficult to summarise quality & safety performance with one percentage given that the Trust knew that there were a number of safety elements being addressed in the Trust.

M. Johnson queried if the Trust was overestimating how safe the organisation was with S. Bloomfield responding that an overarching score on safety should be representative of how safe all services were across the Trust and given the challenges of the serious incidents, the Prevention of Future Deaths notice from the Coroner, and the inspections by the Care Quality Commission, the Trust was reviewing whether it was appropriate to allocate one number to represent safety.

M. Johnson queried if the community events regarding recruitment opportunities within the Trust had been publicised and had the temporary staffing team been involved. P. Nyanrumbu stated that the information would be shared as was disseminated through the community teams In terms of temporary staffing, we are reviewing colleagues who have been on block bookings and approaching individuals to have conversations to apply for substantive roles within the Trust. There would also be a survey circulated to the 1000 people on TSS books in terms of asking if they have considered to move from temporary staffing to more permanent posts. A report would also be submitted to the People Committee next month.

D. Oum said it was fantastic that the Trust was reaching out to a range of communities and encouraged the teams to be ambitious in the approach.

DECISION: ***To circulate to Governors the details of the community events were recruitment opportunities were being publicised.***

10. RESOLUTION TO EXCLUDE MEMBERS OF THE PUBLIC & MEMBERS OF THE PRESS

DECISION: ***It was resolved 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***.

3. Matters Arising/Action Log

Birmingham and Solihull Mental Health NHS Foundation Trust

BOARD OF DIRECTORS: ACTION LOG APRIL 2021

MONTH & AGENDA ITEM NO	TOPIC & AGREEN ACTION	LEAD	ORIGINAL TIMESCALE	RAG	COMMENT
Part II Agenda 24th February 2021	Reach-Out Final Business Case for Reach-Out to be presented to the public May Board meeting.	D. Tomlinson	May 2021		NHSE have moved implementation date to October. Update reports provided to FPP and IQC in May, final business case will now be taken to Board in August/September.
Agenda item 7.1 28th March 2021	People Committee The People Strategy to be presented to the Board of Directors in April 2021.	P. Nyarumbu	May 2021		On the agenda
Agenda item 9.3.1 28th April 2021	Any Other Business Mental Health Legislation Committee report to be presented to the May Board meeting.	P. Gayle	May 2021		On the agenda
Agenda item 9.3.3 28th April 2021	Questions from Governors To circulate to Governors the details of the community events were recruitment opportunities were being publicised.	P. Nyarumbu	June 2021		

RAG KEY

Overdue
Resolved
Not Due

4. Chair's Report

Birmingham and Solihull Mental Health NHS Foundation Trust

Meeting	**BOARD OF DIRECTORS**
Agenda item	**4**
Paper title	**CHAIR'S REPORT**
Date	26 May 2021
Author	Danielle Oum, Chair
Executive sponsor	Danielle Oum, Chair

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

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

CHAIR'S REPORT TO THE BOARD OF DIRECTORS

1. INTRODUCTION

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

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

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

2. CLINICAL SERVICES

2.1 In our introductory meeting Dr Sel Vincent, Clinical Director, gave an overview of his longstanding focus on service innovation, highlighting the service investment evident in the transformation of community services.

2.2 My introductory meeting with Dr Jeremy Kenney-Herbert, Clinical Director was highly informative, and I was glad to learn more about his transformational work with the Reach Out collaborative.

3. PEOPLE

3.1 Joining Roisin Fallon- Williams at a Listen Up Live event gave me the opportunity to introduce myself to the wider Trust and answer questions from staff. This was a valuable session as it enabled me to gain a greater understanding of the interests and concerns of particular relevance to colleagues.

3.2 I enjoyed meeting with Elaine Murray, Associate Director of Operations, ICCR, and learning more about the services provided and the challenges. Elaine emphasised the importance of engaging with colleagues as we transform services.

3.4 I chaired my first AAC interview panel for a Perinatal Consultant where I was joined by Vanessa Devlin, Chief Operating Officer and a number of medical colleagues. I was impressed by the inclusive, values-led process and the support offered by the Recruitment team to facilitate the implementation of this new recruitment process.

3.5 Attending the Disability and Neurodivergence Staff Network gave me the opportunity to hear about the challenges faced by colleagues who have a disability or neurodevelopmental disorder and to hear the discussions about how to address these.

4. QUALITY

4.1 I was pleased to meet Beresford Dawkins, Community Engagement Manager, and discuss how wider and deeper community engagement can improve the reach and inform the relevance of our provision for communities currently underserved.

4.2 As part of my introductory meetings I was pleased to meet with Catherine Evans, Head of Safeguarding, and discuss the priorities for the future.

6. SUSTAINABILITY

6.1 I met with other Board members to review assurance reporting and the representation of data.

6.2 A key element of the Board Member role involves seeking assurance that the organisation is working as it should and so the ability to challenge constructively and effectively is essential. The Board attended an Effective Challenge Workshop facilitated by NHS Providers where we discussed the key elements, approaches and enablers of effective challenge.

6.2 I met with partners in the health, housing and the West Midlands Combined Authority to explore a joint approach to homelessness and health inequalities.

7. COUNCIL OF GOVERNORS

7.1 Recruitment of Non-Executive Director
In anticipation of Joy Warmington's imminent departure the recruitment process for a new Non-Executive Director will commence shortly.

DANIELLE OUM
CHAIR

Reach Out Provider Collaborative

FPP Briefing

Update and Key Milestones

May 2021

Work Programme Progress

Themes	Deliverable	Status	Owner	Update
Financial Due Diligence	Baseline Analysis		RS/EO	Baseline analyses have been completed, and the negotiations are in their final stages.
	EPC Analysis		RS/EO	EPC baseline budget has been provided, however, the due diligence process have outlined significant variation between 18/19- 19/20 and 20/21 years. Further work is being undertaken by the regional team and finance team to agree the transfer value.
Partnership Agreement	Governance and Decision Making		EO	Governance Framework/Structure have been developed and ToR of all forums have been completed and submitted within the Business Case. The Partnership Agreement also contains the Governance Framework.
	Partnership Agreement		EO	Partnership Agreement has been reviewed and refreshed, and agreed in principle with MPFT, STAH and BSMHFT legal/contract colleagues. The PA will be signed off by Partner Boards upon completion of the final modelling and contract offer.
	Risk & Benefit Share		EO	R&B methodology has been developed and agreed. A schedule of the Partnership Agreement, setting out the R&B principles, has been developed and agreed in principle with finance leads. The The PA will be signed off by Partner Boards upon completion of the final modelling and contract offer.
Contracting	Lead Provider Contract		EO/RS	Discussions has not yet commenced with NHSE/I.
	Sub-Contracting		EO/RS	Based on R&B principles agreed, work completed to analyse terms and conditions of each provider, to assess the viability of the standardised terms. Based on this, initial offer has been made and feedback received from Providers. Further work is required to complete financial modelling and to identify options for achieving standardisation.

Work Programme Progress

Themes	Deliverable	Status	Owner	Update
Integration of Learning Disability and Autism	Baseline activity and financial due diligence		RS/CH/ EO	Financial information and discharge trajectories have been received from the Regional Finance Team. Information has been shared with CWPT, and a meeting is taking place on 17th May to discuss the approach and to commence the financial due diligence process.
	Business Case		CWPT/ EO/RS/ JKH	NHSE/I Regional Team agreed with CWPT that an Outline Business Case will need to be developed by end of June 21, and that the Full Business Case to be available by Sept 21.
	Governance Framework		EO	Reach Out Board to agree the proposed approach for governance and decision making. Discussions and the work yet to commence to develop the Alliance governance and how it feeds into wider Reach Out Governance. Engaging with CWPT Programme Lead to initiate discussions.
	Memorandum of Understanding/ Partnership Agreement		EO	It has been discussed and agreed that there will be an MoU/PA between Reach Out/BSMHFT and CWPT. Work is yet to commence. Engaging with CWPT Programme Lead to initiate discussions.
	Risk and Benefit Share Agreement		EO	Reach Out Board to agree options presented. Work is yet to commence to define the approach and methodology, and develop options for agreement. Engaging with CWPT Programme Lead to initiate discussions.
	Contracting Approach		EO	Discussions to take place between key stakeholders to define and agree roles and responsibilities for sub-contracting LDA services.

Work Programme Progress

Themes	Deliverable	Status	Owner	Update
Integration of Learning Disability and Autism	A robust clinical model		JKH/HB	CWPT held a workshop with Providers across WM to discuss the development of a holistic clinical model- community to inpatient and step-down pathways-. The need to engage with wider stakeholders have been recognised and that discussion are being organised with CCGs, Community Providers and Local Authorities.
	Quality Assurance Approach		JKH/HB	Discussions to take place between key stakeholders to define and agree roles and responsibilities for quality assurance of commissioned services including quality assurance needs specific to LDA.
	Case Management		JKH/HB	NHSE/I confirmed that the LDA case management team would be TUPE'd to BSMHFT as the Lead Provider, as per the HR Legislation. The consultation is yet to commence but will need to be completed by Sept 21. Discussions need to take place with CWPT and the CM team in how best to align support/matrix management by CWPT. Engaging with CWPT Programme Lead to initiate discussions.
	Single Point of Access/ Bed Management System		JKH/HB	Discussions yet to take place within CWPT and Alliance Partners to design and implement a process from referral to admission. Engaging with CWPT Programme Lead to initiate discussions.

LDA High Level Plan

May 21	1st July 21	Sept 21
Work with NHSE/I to understand current management of LDA secure care pathway. Eg; Referral, Pre admission CTR, placement, oversight of placement, discharge planning, ongoing CTRs.	Design a model where CWPT takes on clinical leadership and co-ordination of above and starts to add value to the processes.	Work through Risk and Gain Share options with the Lead Provider and other partners to agree model to be adopted.
	Develop an approach to the Pathway fund actions required by 1 July	
	Develop and submit an outline business case to NHSE/I that sets out the steps to be taken and the supporting workstreams to develop the Full Business Case by Sept 2021.	Work with Lead Provider to agree CWPT input into contracting and quality assurance processes (RASCI)
	Develop an MOU between BSMHT and CWPT pre CWPT joining Reach Out Board and the development of Risk and Gain Share agreement.	
	Full Business Case to cover (Not exclusive): • Understanding Population need • Vision of what good will look like • Clear descriptions of pathways • Clearly identified partners involved in the development and implementation of the model • How the Pathway Fund requirements will be met • Description of how LTP targets will be met • Inpatient targets for population • CE(T)R delivery	Full Business Case submission

Work Programme Progress

Themes	Deliverable	Status	Owner	Update
Lead Provider Governance, Functions and Infrastructure	Lead Provider Governance Framework		EO	Internal Governance Framework has been developed, and the high level roles and responsibilities of the Trust Board, IQC, FPP, Commissioning Committee have been agreed. Review and refresh of internal forums are currently being undertaken. The Board Assurance Framework will be revised to reflect the commissioning accountabilities. As per the Reach Out Governance Framework, the same BAF will be utilised for Reach Out Provider Collaborative Board oversight and risks management purposes. The work will commence shortly to revise the Standing Orders and SFIs, Scheme of Delegation and Constitution.
	Commissioning		EO	SOP developed. Awaiting confirmation on resources to establish function.
	Quality Assurance		JKH/DC	SOP developed. Awaiting confirmation on resources to establish function.
	Financial oversight		RS/EO	SOP developed. Awaiting confirmation on resources to establish function.
	Contract management		RS/EO	SOP developed. Awaiting confirmation on resources to establish function.
	Performance management		PP	SOP developed. Awaiting confirmation on resources to establish function.
	Clinical and Patient Oversight		JKH	Local Case Management SOP has been developed and currently being implemented. A number of areas have been identified for improvement, including EPC oversight, OoA admission/discharge/ repatriation, to establish robust patient and cost oversight.

High Level Timelines

Milestones		Date
MH/PD-	Direction of Travel/Contracting Approach Sign-Off (PCB)	20th May 21
	Sub-Contract Planning and Modelling	28th May 21
	Finalise Baseline and EPC Budget Offer Discussions with NHSE/I	31st May 21
	Revised Sub-Contract Offer	4th June 21
	Provider Discussions and Initial Feedback	29th June 21
LDA-	LDA Secure care Clinical Model Go Live	1st July 21
	Business Case submission for LDA element	1st July 21
	MOU agreed to prior to Risk and Gain Share development	1st July 21
	Further development of the LDA Business Case and Associated Workstreams	Early Sept 21
Gateway 3 Self Assessment – Signed off by CEOs BSMHFT, STAH, MPFT		1st July 21
Establishment of Infrastructure and Go-Live Preparations		July-Sept 21
Final Business Case Partnership, and Risk and Gain Share Agreement Sign Off (PCB)		22nd July 21
Gateway 4- Formal Assurance Panel		31st July 21
	BSMFHT Provider Sign Off	Aug 21
	MPFT Sign Off	Aug 21
	STAH Sign Off	Aug 21
	Lead Provider/BSMHFT Board Final Sign Off	29th Sept 21
Final NHSE Sign Off		30th Sept 21
Go Live		1 Oct 21

Gateway 3- Self Assessment

Assurance Requirements	Confirmation that action is complete (Y/N)	Key actions outstanding if any	Date of Completion (dd/mm/yy)
The Partnership Agreement is signed by all Provider Collaborative partners			
The Risk Share is agreed and will be in place by 1 April 2021			
If the Risk Share is not signed, the Lead Provider is confident in risk management plan			
System engagement plans are robust, and the Provider Collaborative partners understand the shared quality and governance risks they are managing			
All partners understand their role in delivering the LDA Transformation Plan, within their geography and improving outcomes for this population			
The Tier 4 risks related to COVID Surge has been assessed and agreed within the business case			
The governance arrangement including Programme Board and commissioning hub plans are agreed			

Gateway 4- Formal Assurance Panel

Presentation of the formal business case and alignment of work with national and local key lines of enquiry, by the Lead Provider.

5. Chief Executive's Report

Birmingham and Solihull Mental Health NHS Foundation Trust

Meeting	**BOARD OF DIRECTORS**
Agenda item	**5**
Paper title	**CHIEF EXECUTIVE'S REPORT**
Date	26 May 2021
Author	Roisin Fallon-Williams
Executive sponsor	Roisin Fallon Williams

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

Executive summary

My report to the Board this month provides context of the on going. COVID-19 pandemic and our response to decreasing numbers of COVID-19 positive cases and easement of lockdown restrictions. It also provides information on focused work of relevance to the Board.The key aim of my report is to provide the Board with an overall summary of our ongoing response to the pandemic and information on specific matters and key areas of interest for the Board in relation to our Trust strategy, local and national reports and emerging issues.

Reason for consideration

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

Paper previous consideration

Not Applicable

Strategic objectives

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

Financial implications

Not applicable for this report

Risks

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

Equality impact

Not applicable for this report

Our values

Committed
Compassionate
Inclusive

CHIEF EXECUTIVE'S REPORT

1. CURRENT PANDEMIC SITUATION

At the time of writing I am pleased to report that the Trusts last recorded outbreak of COVID-19 was concluded on the 1st April and we have had no further outbreaks since this time. We continue to work as a Birmingham and Solihull system on our approach to lockdown easement, vaccination and recovery.

2. PEOPLE

Reflection / Take Time to Breath Spaces
Staff Wellbeing remains a key focus of our work as part of this we have been successful in securing a System Bid of £49,000 to support the further roll out of reflection / Time to Breath spaces within the Trust. The Reflection Task Group is identifying further opportunities to roll out reflection spaces across the Trust to support colleagues.

People Strategic Priority
As part the launch of the Trust's new 5-year strategy, the People Strategic priorities were communicated to staff through a series of short videos, interviews and all staff communications over the week commencing 10 May 2021. This was to encourage staff to think of what the people priorities meant to them and how they could participate in the implementation of actions. The delivery of the People plan which supports the people strategic priorities will be overseen through the two sub groups of the People Committee namely "Shaping our Future Workforce" and "Transforming our Culture and Staff Experience".

Mental Health Workforce Collection
The workforce planning round is currently being undertaken with the first draft of the Mental Health returns submitted.

There are two returns:-

A provider level Mental Health workforce plan completed by individual Trusts

A system level ICSs/STPs Mental Health workforce plan which will include workforce in Mental Health Trusts, Non-Mental Health Trusts i.e. Community, Ambulance, Acute and Primary Care and non-NHS organisations

The Trust is leading the system return with the support of members of the Birmingham and Solihull People Board.

Workforce Availability
Staffing pressures continue to be a feature with many team exhausted and now beginning to take breaks, alongside higher absence rates. The Operational, People and Nursing Directorates are working together to manage the associated risks and agree staffing plans.

3. CLINICAL SERVICES

Recovery and Surge Planning
COVID-19 recovery and surge plans are being developed across all the Directorates. Plans are being developed in consultation with individual teams to ensure plans can

be designed and implemented effectively and reflect the key issues for each service and Directorate.

COVID-19 Vaccines

Vaccination offers for both staff and service users continues on all sites. Managers continue to meet with staff for supportive, coaching conversations to explore the reasons around vaccine hesitancy and provide quality information on vaccines to enable our staff make informed decisions.

Integrated Community Care & Recovery (ICCR)

The ICCR senior leadership team will be participating in their third inclusivity, equality and diversity workshop on the 26th May. The workshops will be cascaded throughout ICCR so each team participates in similar exercises and discussions.

Implementation groups have been launched to support delivery of the community transformation programme in the East and South of the city. Recruitment has commenced and a detailed plan is being created with the support of Project Management Office (PMO) and Grant Thornton.

Clinical Service Managers continue to work closely with teams to ensure we see an increase in the usage of the skyguard lone worker device. Weekly reports are now being produced that enable managers to monitor usage by individual team members. Refresher training in the purpose and use of the devices is also in place which focuses on the importance of taking steps to maintain their own safety and wellbeing.

All teams across ICCR are taking steps to prepare for potential Care Quality Commission (CQC) inspections. The team are working with quality and nursing directorate colleagues as well as with peers to carry out 'mock' inspections, with the aim of flagging any issues at an early stage and inform action.

Care planning audit workshops have been held across community services and care plan guidance packages issued to each community team member. This includes an emphasis on ensuring families and carers are integral to the care planning process wherever possible.

Recruitment to consultant posts in community continues to be challenge. The Clinical Director is working with people directorate colleagues to develop creative job plans and advertisements to attract consultants to the vacant posts we have.

Secure Care and Offender Health

The team have received positive feedback about services from our commissioners and our regulators in two areas. Our Forensic Child and Adolescent Mental Health Services and Women's services received excellent feedback from the Quality Network Peer Review Visits that were undertaken recently. They found our services are, service user centred, caring, compassionate with staff feeling safe and supported. Following a joint thematic inspection (including Care Quality Commission) conducted for Her Majesty Prison (HMP) Birmingham and Liaison and Diversion Services. Feedback included commending the service user engagement and the commitment of our staff.

Acute and Urgent Care

The bed localisation initiative commenced its eight-week phased roll out on the 17th May, this transition period is due to end on the 11th July, with the go live date scheduled for the 12th July.

The collaborative work with system partners on the BSOL Integrated Mental Health Pathway Map has now been completed, the Map will be piloted from the 24th May.

BSOL Integrated Mental Health Pathv

Specialties

Our service is working collaboratively with system partners and colleagues in ICCR to plan an all age model as part of the implementation of the community transformation programme.

Birmingham Healthy Minds are supporting the implementation of the systems mental health long covid pathway receiving referrals from our system long covid clinics. The pathway is currently being reviewed to ensure it meets the needs of service users referred.

Clinical Activity

Clinical activity has continued to rise during the month and acuity remains at a high level. Directorates are working collaboratively to manage pressure points, and develop clinical protocols to support cross directorate interventions with service users.

Infection Control

We are pleased to report that we have no outbreaks in the past month. Our service users continue to access Covid 19 testing as per national policy and as national lockdown eases and visiting recommences this is extremely important to ensure we capture any cases as early as possible and mitigate the risk of infection spreading. In accordance with national guidance, visiting has recommenced in a controlled manner across all of our clinical sites.

4. QUALITY

Quality and Safety Improvement Plan

Our Integrated Quality Committee continues to oversee and receive updates and assurance on our plan. We also continue to meet with the CQC colleagues as part of their agreed oversight plan to do likewise.

Vaccination

COVID-19 vaccination programs remain in place for both service users and and staff. Uptake of the offer from service users continues to be good. Significant increases in uptake amongst colleagues are now evident in most services, the areas where this is not the case are now subject to increased support and consideration of our approach.

5. SUSTAINABILITY

Development of the Birmingham and Solihull Integrated Care System ((ICS) is

progressing as is the development of the proposal for our Mental Health Integrated Care Partnership, we expect to bring a further paper to the Board in June on the latter.

6. COMMITMENT TO BE A ANTI RACIST ANTI DISCRIMINATORY ORGANISATION

Patient and Carer. Race Equality Framework (PCREF)
BSMHFT is a pilot trust for the development of the Patient Carer Race Equality Framework (PCREF) being led by NHS England and NHS Improvement. The aim of the PCREF is to strengthen the way mental health services provide care so that experiences for Black, Asian, minority ethnic patients and carers improve, by developing core organisational competencies. This includes making services more accessible, more culturally-appropriate and more suited to meet diverse community needs. Developing the PCREF was one of the key recommendations of the Independent Review of the Mental Health Act and agreed by the government

The PCREF will value the voices of Black, Asian and minority ethnic communities' lived experience in improving services. What this means in real terms for Black, Asian and minority ethnic communities is that mental health services will involve them in decision making, and work with together to identify ways in which mental health services can provide better experiences of care. A critical part of developing the PCREF is learning from patients, carers and communities to make sure services are focussing on the right areas, and to make sure there are opportunities for Black, Asian and minority ethnic communities to feedback when it's in place

The PCREF will be made up of 3 core components, they are: Statutory and regulatory obligations, national organisational competencies and local organisational competencies.

During May this year we are developing our engagement plan and on 1st June will be launching the roll out of a survey, and working with a number of community organisations to raise awareness of the PCREF and gather feedback. The engagement period will run until the end of August with a report of the findings to be produced and shared in October.

Pledge To Reduce Ethnic Inequalities
The Board will recall that we signed up to this pledge (Synergi Pledge) during last year. We have since been linking with others across Birmingham and Solihull and within the Trust to determine our actions to fulfill the associated commitments. We with Syner, Creative Spaces and Catalysts for Change are holding another event this week (28th May) to further this work and consider with others including Carers and Service Users what we focus on, how we co produce and how we contract as equals with community enterprises and groups.

7. OTHER MATTERS

Executive Director of Quality and Safety (Chief Nurse)
Shortlisting for this Board role has now taken place, the stakeholder and panel

interview process will take place over two days on 10th and 11th June 2021.

8. NATIONAL ISSUES

CQC Report – Huntercombe Hospitals

Hospitals run by the Huntercombe Group have received particularly critical reports after inspections by the CQC. The company's hospital in Maidenhead which provides NHS-funded mental healthcare for children, was put into special measures by the CQC in February 2021 after an inspection raised serious concerns over the apparent over-use of medication to sedate patients, among other issues.

There will clearly be lessons within this report for Mental Health providers generally and we will having considered the report take any learning pertinent to us through our Integrated Quality Committee.

ROISIN FALLON-WILLIAMS
CHIEF EXECUTIVE

6. Non-Executive Director: Trust Values:

J. Warmington

QUALITY

7. Integrated Quality Committee Chair Report

Meeting	**BOARD OF DIRECTORS**
Agenda item	**7**
Paper title	**INTEGRATED QUALITY COMMITTEE CHAIR REPORT**
Date	
Author	Waheed Saleem, Chair of IQC
Board sponsor	Waheed Saleem, Chair of IQC

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

Executive summary
To provide the Board with a summary of issues and Chairs assurance relating to the remit of the Committee

Reason for consideration
To provide the Board with a summary of issues and Chairs assurance relating to the remit of the Committee
Paper previous consideration
Not Applicable
Strategic objectives
Identify the strategic objectives that the paper impacts upon. Quality
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

REPORT FROM THE IQC COMMITTEE

1. ISSUES TO HIGHLIGHT WITH THE BOARD

1.1 Ligature Risk Review

Interim Executive Director of Quality and Safety (Chief Nurse) presented the report on the risks associated with ligature anchor points in our inpatient physical environment and explored the options to mitigate such risks. The paper focused on strengthening our physical controls but recognised that equal balance needed to be given to relational and procedural controls.

Chair's assurance comments:
I would like to place on record my thanks to Sarah, Dawn and the team for undertaking this important piece of work on assessing how best to mitigate the physical ligature risk on our inpatient units. The Committee was assured about the robust process that was undertaken to come to the preferred option C, which was to undertake a full programme of work to reduce all known ligature risks in our high risk impatient unit in this financial year and by July develop a 3 year capital programme for the rest of our estate. This is a departure from the current CQC action plan as we will not be doing all the en-suite doors, however, we were assured that the CQC was comfortable with our risk based approach. At the next Committee meeting in June we will be receiving a report on the relational and procedural controls to reduce ligature risks across our trust. Again, other NED colleagues are welcome to attend for this item. I am also grateful to Gianjeet for joining this agenda item as the Chair of Audit.

1.2 Reach Out update

The Clinical Program Director , Reach Out Adult Secure Provider Collaborative presented the report and provided IQC with an update on the Reach Out Program. He focused on the quality assurance work and future work required to pass through Gateways to become formal Provider Collaborative.

Chair's assurance comments:
We received a comprehensive report on the progress against the quality action plan for the Secure Provider Collaborative. We were provided with assurance that action plan was on track and will be delivered. An important challenge was provided on how the Collaborative will address the over representation of black men in secure accommodation, the Committee agreed a wider discussion was required and a focused session will be held at the July meeting. Other NED colleagues are welcome to attend this agenda item.

1.3 CQC Section 31 Escalation and Forecast Report

The Associate Director of Governance highlighted from her report that the Trust had seen a generally improving picture on the Safety Huddles. The teams are now having weekly monitoring meetings with the regional leads from the CQC. The Associate Director of Governance highlighted that it was good for the Committee to know that we are developing a positive relationship with the CQC and that we are being informing that of the areas that we are doing well and where there are challenges.

Chair's assurance comments:
The Committee was assured on the progress of the action plan, and formally agreed to the change of the action in relation to door alarms being rolled out to all inpatient ensuite doors as discussed in item 1.1 above.

1.4 Learning from Deaths Quarterly Report

Deputy Medical Director Quality and Safety presented her report and informed IQC that following a governance review it was agreed that the Learning from Deaths meeting should become more clinically led therefore mortality case note reviewers are now invited to attend on a regular basis. This means they are able to present the cases they have reviewed and provide rationale for their decisions; it also allows us to work on improving the quality of reviews whilst maintaining consistency.

There was a request for a lead NED to be aligned to this agenda and it was agreed this will be discussed and a NED will be identified after discussion with the Chair and Committee Chair.

Chair's assurance comments:
The Committee sort to understand how family and careers were engaged with the learning from deaths review, we were provided assurance that as there has been an increase in the number of reviewers and a target of 6 weeks for competition, family and careers would be engaged, the Committee asked that at the next report this is reported upon.

1.5 BAF (Verbal Update)

The Deputy Company Secretary informed IQC that the risks aligned to the Committee have now been agreed. A meeting with AHNN Ltd who are supporting the Trust on the refresh was to be set up outside of IQC to review and agree the scoring before presentation at the June 2021 meeting.

Chair's assurance comments:

I will be working with the Chief Nurse and Associate Director of Governance to agree the scoring before the next meeting.

1.6 Integrated Performance Report

The Associate Director of Governance highlighted that a broader discussion was need on the approach of the report. And the CEO confirmed that this had been started and a trail was underway to align the report with the strategy.

Chair's assurance comments:
Once the work has been completed to align the indicators with the trust strategy and the quality strategy I will work with the Chief Nurse and ADoG to agree the best presentation for the Committee to receive assurance on the quality and safety of the services we provide.

1.7 Integrated Quality Report and IPR Metrics 2021/22

The Associate Director of Governance highlighted in the April 2021 Quality Metrics the level of reported physical assaults within all of our services has continued to

reduce, but in discussions with services it was felt that the levels in this area are increasing, there was a need to understand if all of the incidents are being reported. She has asked the clinical leads to review their data to enable them to have ownership of this agenda.

In the area of prone restraints The Associate Director of Governance reported that we are on a really positive journey and this time last year we were celebrating a 38% reduction in levels of these incidents, but During COVID lockdowns levels did increase again but they have started to reduce at the end of March 2021.

There has been an increase in the levels of seclusion in bedrooms on wards and a deep dive was needed to gain an understanding of why this was happening.

Chair's assurance comments:
The Committee were concerned about reporting of data and particular areas of challenge and will receive an update at the next committee meeting on these areas.

1.9 Quality Goals 2021/22

The Associate Director of Governance highlighted over the past two months the Trust had some considerable discussions with colleagues including the Clinical Governance Committee and here at IQC, about how we needed to get a better balance between patient safety, patient experience and clinical effectiveness. She highlighted ta range of proposed goals for approval.

Chair's assurance comments:
The Committee approved the goals as interim goals and a full review will be undertaken at the July committee to ensure we have the right set of indicators for the Committee to seek assurance and have oversight of the quality and safety agenda.

1.10 Clinical Audit Plan 2021/22

The Associate Director of Governance presented the plan and informed IQC that it had been developed to ensure full participation in all mandated National Clinical Audits for Mental Health NHS Trusts. The programme also included a range of clinical audits that had been identified to address local cross cutting themes which were an interdependent part of patient and staff safety, experience and effectiveness.

Chair's assurance comments:

The Committee agreed with the clinical audit plan and thanked the team for the work in putting this together. We would like to understand how the audits will support improvements in clinical practice.

8. COVID Thematic Review & Infection Control Board Assurance Framework

Birmingham and Solihull Mental Health NHS Foundation Trust

Meeting	**Board of Directors (Part 1)**
Agenda item	**8**
Paper title	**Overview of Covid 19 Assurance**
Date	26th May 2021
Author	Natalie Willetts, Deputy Director of Nursing
Executive sponsor	Sarah Bloomfield, Executive Director of Quality and Safety (Chief Nurse)

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

Executive summary & Recommendations:

The purpose of this paper is to summarise the following key documents relating to Covid 19:

- Internal Covid thematic review of 19 from March 2020 to 31st January 2021
- Infection Prevention Control Board Assurance Framework V1.5 (12th February 2021)
- Health and Safety Executive Summary of Findings Hospital Spot Check Inspections – Covid 19 (2nd March 2021)

Recurrent themes from all three documents include:

- Need for ongoing compliance assurance regarding the changes to the physical environment to make them 'covid secure'
- PPE arrangements, training for the wearing of PPE and robust challenge when staff are incorrectly wearing PPE

This paper will highlight key findings, good practice and recommendations/actions to provide the Trust Board with key information and assurance.

Reason for consideration:

To ensure the Trust Board is fully appraised of the relevant documents relating to Covid - 19 and has assurance BSMHFT has reviewed these and ensured learning and actions have been put into place.

Previous consideration of report by:
N/A
Strategic priorities (which strategic priority is the report providing assurance on)
QUALITY: Delivering the highest quality services in a safe inclusive environment where our service users, their families, carers and staff have positive experiences, working together to continually improve
Financial Implications *(detail any financial implications)*
None directly from this report.

Board Assurance Framework Risks: *(detail any new risks associated with the delivery of the strategic priorities)*
Equality impact assessments:
.
Engagement *(detail any engagement with staff/service users)*

Overview of Covid 19 Assurance

1. Situation

1.1. On the 11th March 2020 the World Health Organisation declared the outbreak of Covid 19 as a pandemic and on the 23rd March 2020 England entered its first lockdown. Since this time the Board has received monthly updates relating to the internal management of Covid 19 and the trust set up a number of systems and processes to ensure the pandemic was effectively managed (such as a Legal and Ethical Group and a Covid specific Clinical Effectiveness Group). Learning from Covid 19 has been ongoing, including thorough effective outbreak meetings with external partners (NHSE/I and Public Health England) and learning as part of the Trust Strategy Development.

1.2. Since January 2021 there are three relevant documents that our organisation has reviewed and used to update our systems and make further improvements.

1.3. An internal review of thematic learning from Covid 19 from March 2020 to 31st January 2021 was commissioned and has been reported through IQC and presented at COG.

1.4. A first Infection Prevention Control Board Assurance Framework (IPC BAF) was published in May 2020 and the fifth revision issued in February 2021. For this fifth revision the Infection Prevention and Control (IPC) team worked with colleagues from Clinical Governance and Quality Improvement to fully review the IPC BAF and utilise a peer review/mock inspection format to challenge the evidence and actions. The IPC BAF is not a mandated documented but is recommended as good practice. The revised IPC BAF was incorporated into the thematic learning from Covid 19 review.

1.5. Finally we received a report on the 2nd March 2021 from the Health and Safety Executive (HSE) summarising their findings from seventeen acute hospital spot checks. This shared their findings, key themes, good practice and main concerns. This document was also utilised in the review of the IPC BAF.

2. Background

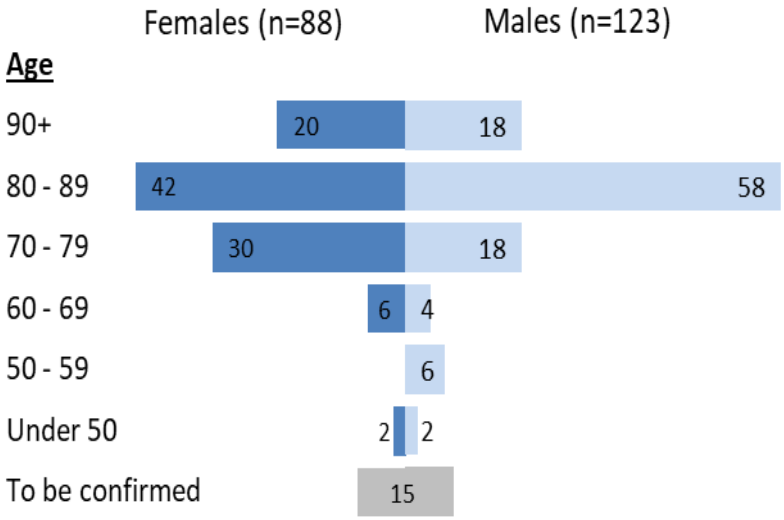
2.1. The three documents and learning from them have all been discussed and actions agreed at relevant committees within the trust. This has provided us triangulated information on many aspects of Covid 19 such as the changes needed to the physical environment, the impact of Covid 19 on our incident rates, lessons learnt from outbreak management, changes needed to training and the need for ongoing assurance. We would like to provide the Board with some of the rich information and learning for information and assurance.

3. Assessment

3.1. A thematic review of Covid 19 between March 2020 and 31st January 2021 examined the full impact of Covid 19 from incidents, serious incidents (including those directly and indirectly caused through Covid 19), outbreaks, forced isolation, RIDDOR reporting, control measures in place, examples of good practice and further improvements that are required.

3.2. The review identified that we had a higher reported rate of deaths in wave 1 but

had a higher reported rate of incidents in wave 2. The vast majority of deaths were in the community and our older adult population was affected the most.



3.3. The review also identified serious incidents where Covid 19 had affected people's mental wellbeing including the significant impact of not seeing friends and family.

3.4. The review looked at our cases of forced isolation, including demographic details of protected characteristics, where symptomatic or Covid 19 positive patients were unable to effectively isolate and as a last resort measures were put into place to ensure they were isolated from others.

3.5. Examples of good practice and further learning include:

Good Practice	Further Learning
Our outbreak management approach – good engagement with NHSE/I, PHE and the CCG	The continued need to work with the national team to find a solution for our hearing impaired patients and staff where the wearing of current PPE significantly impacts our ability to communicate effectively
Revised S17 leave guidance for Responsible Clinicians	Our need to continually review our estate and some of the more challenging environments we have where there is little space for social distancing, shared bathroom facilities and shared dining rooms.
Good team working between clinical areas, Health and Safety (H&S) and IPC	Need for improvement in access to rest space across teams

3.6. The IPC BAF was updated and re issued on the 12th February 2021 whilst the Covid 19 themed review was already underway. The IPC BAF has 9 subsections covering all areas that affect robust IPC management including service design, the environment, antimicrobial practice, information, identifying and treating Covid 19, systems, isolation, laboratories and occupational health. A decision was made rather than to update the IPC BAF that we would complete a full review to ensure we had scrutinised all of our evidence, gaps in assurance and we would do this alongside colleagues in Clinical Governance and QI who can provide a different perspective. A significant challenge with many of the national documents and guidelines throughout Covid 19 is their translation and application into mental health services. For example planned elective admissions and cohorting patients (grouping patients together on a ward or in an area of a ward) through covid testing 3 days prior to admission is not straight forward in mental health when many admissions are not elective and planned in this way.

3.7. Following the full review a number of recommendations and actions were made:

IPC BAF Action	Who/Committee	When
Each service area to review their cohorting arrangements with the IPC team and update their local plan if required	IPC team with Operational Managers	Compete
IPC team to design a template for monitoring assurance purposes of Covid 19 and plan to include this into environmental reviews by June 2021	IPC/Infection Prevention Partnership Committee (IPPC)	Complete and ongoing governance will be through IPPC
Update the IPC training to include donning and doffing (putting on and taking off of PPE)	IPC team and L&D team	31st July 2021
Update the antimicrobial guidance through trust Pharmacological Therapies Committee (PTC)	Chief Pharmacist and PTC	June PTC with regular governance through PTC and annual antimicrobial report to IPPC
Refresh the process of FFP3 testing and recording of testing (through use of national FFP3 training team)	IPPC team	Complete and training/record is now available through Insight

3.8 The HSE performed seventeen spot checks in acute hospitals between December 2020 and January 2021. Five were found to be highly compliant, four given advice and eight given letters requiring remedial actions. From these spot checks a number of themes were identified which were applicable for the trust:

Theme	Good Practice/Issues	Trust Action
Risk assessments	Environmental risk assessments to be performed by staff trained to do them with support from the H&S team and they are regularly reviewed	Our H&S team developed a Covid 19 secure environmental risk assessment at the start of the pandemic and provided support, training and oversight for assessing staff. This has now been updated, all areas requested to complete a review of their assessment by the end of April and a quarterly review cycle has now commenced which will be reported through the H&S committee.
Management arrangements	Good practice included visible leadership, effective silver/bronze arrangements with regular sharing of information to staff. Issues were identified with managers not challenging compliance with PPE and control measures	Our leadership team has actively reminded us all of our responsibility to do this and we have several examples of good practice including the use of photographs and t shirts to act as visual reminders which has been shared across the trust.
PPE	Good practice included access to FFP3 masks and on site training.	Actions already picked up through IPC BAF which are now in place
Access to changing facilities and rest areas	Variable provision of changing facilities and rest rooms.	Not all of our teams have access to changing facilities or rest areas. Guidance has been issued regarding laundering of uniform.

		Work identifying space for every team has been led by our people directorate.

. 3.9 Future planning for wave 3 has commenced across the organisation and the following is in place:

- Each operational area has developed a pathway to recovery based on national lock down rules. These are being presented at the Operational Management Team meetings for cross organization learning and understanding and have all been developed with relevant expertise (IPC/H&S)
- Covid Vaccine uptake – we have a weekly Covid 19 vaccine project meeting to oversee the roll out of the Covid 19 vaccine for both patients and staff. Weekly silver/bronze meetings monitor the effectiveness of this project.
- Ensuring our environments stay Covid 19 secure – every area has completed the update of the Covid 19 secure risk assessment and ongoing assurance for this will be through both the IPC new Covid 19 audit tool and a quarterly H&S update of the risk assessment.

4. Recommendation

4.1. This report is for information and assurance for the Trust Board.

NAME: Natalie Willetts
TITLE: Deputy Director of Nursing
DATE: 20th May 2021

9. Serious Incident Verbal Update (if required)

PEOPLE

10. People Committee Chair Report

Birmingham and Solihull Mental Health NHS Foundation Trust

Meeting	BOARD OF DIRECTORS
Agenda item	10
Paper title	PEOPLE COMMITTEE
Date	26 May 2021
Author	Patrick Nyarumbu
Executive sponsor	Patrick Nyarumbu, Executive Director of Strategy, people and Partnerships

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

Executive summary
To provide the Board of Directors with an update relating to the people committee.

Reason for consideration
To provide the Board with a summary of issues and Chairs assurance relating to the remit of the Committee
Paper previous consideration
Not Applicable
Strategic objectives
Identify the strategic objectives that the paper impacts upon. 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

ISSUES TO RAISE WITH THE BOARD

The People Committee met on the 20th May 2021 and an exception report has been developed to update the Board. The final draft of the People Strategic Priority and the implementation plan was presented for approval. The approved documents are also being presented for Board sign off at this Board meeting. The committee would like to bring the following areas of discussion to the attention of the Board:

Chairs Reflections
The People Strategic Plan was presented to the committee for approval and comments. The committee approved the plan and endorsed the People Strategic Priority and implementation Plan to be submitted to the main Trust Board for final approval and sign off.

1 SHAPING THE FUTURE WORKFORCE

1.1 Workforce planning

The committee received an update on the workforce planning element of the 2021/22 planning round. The draft workforce plans for BSMHFT and system partners were submitted to the 6th May and final submissions are due on 3rd June. The workforce plans are directly related to the financial allocation of the Mental Health Investment Standard, Service Development Funds and Spending Review Funding. Financial plans have been submitted alongside the workforce plans as part of the same planning round and a system-wide triangulation process between the financial returns and draft workforce returns will take place before the final workforce submission.

Chairs Reflections
The committee were reasonably assured work is progressing in the right direction. The committee will receive the final submission of the workforce plans at the next People Committee meeting.

2. TRANSFORMING OUR CULTURE AND STAFF EXPERIENCE

2.1 Team Culture Deep Dive

The committee received a presentation on the Culture Deep Dive Collaborative work being progressed on Newbridge House. This is one of the 10 teams who have been progressing work on Culture Deep Dive using Quality Improvement methodology. The aim of the project is to enable a better working environment which uses the skills, knowledge and experience of all of the team to provide the best care possible. The purpose of the presentation was to give assurance to the committee regarding the work being done within the organisation to embed our values.

Chairs Reflections
The Committee were assured and encouraged by the work that has been carried out to date around team culture and embedding our values; following the reports presented and the discussion and clarity given at the committee meeting.

2.2 Staff survey update

Further details of the annual NHS Staff Survey was provided to the committee to provide assurance that the comments provided in the survey are being used to inform our work to make BSMHFT the best place to work. The committee concluded that further assurance will be required going forward to demonstrate progress in addressing the areas highlighted by the staff survey.

Chairs Reflections
The Committee commended the progress made with regards to the slight increase in numbers of staff participating in the survey. We felt further assurance is needed as recommendations from the staff survey were offered within the report. The committee would like to see how these recommendations will be implanted, to provide confidence to our staff that their views have been heard and acted on.

2.3 Freedom to Speak Up

The committee received an update from the Freedom to Speak Up Guardian. Further work is required to ensure that the role of the Guardian is understood and is used effectively within the organisation. Themes from recent cases were presented and also learning from the cases that has been shared with service areas.

Chairs Reflections
We were not fully assured that as an organization staff clearly understood the role of the Freedom to Speak Guardians. Sarah Director of Nursing agreed to take this as an action point to progress.

3. MODERNISING OUR PEOPLE PRACTICE

3.1 Key Performance Indicators (KPIs)

The committee received assurance on actions being taken to address concerns around People KPIs aligned to the Trust's People Strategic Priority. Gaps in assurance were noted specifically in relation to overall Fundamental Training compliance for bank staff which is not on target - 65.3% (Trust compliance target 75%). The return-to-work contacts although improved to 64% overall against a target of 85%, best position since Aug-20.

Chairs Reflections
Based on what was reported to the Board last month, there has been a shift which is encouraging to see. Nevertheless, as a committee we were not fully assured, and we concluded that a sustainable upward trend overtime is required for the committee to have assurance.

3.2 Leadership Development

An update was provided on the Core Leadership programme which is being delivered to supervisory leaders within the trust over an 18 month period. This is a five modular values based leadership approach to guide and support both clinical and non-clinical leaders. The committee will continue to receive assurance on progress being made in delivering this programme and outcome measures.

Chairs Reflections
We were assured work is underway and the committee will continue to receive progress reports. Going forward, once the programme is completed the committee will expect to see evidence of the effectiveness of the leadership development programme.

3.3 Embedding the Trust Values within Policies and Procedures

The committee was updated that the Recruitment Team has been working closely alongside Learning and Development to develop our values-based recruitment across the Trust. The Trust has produced new guidance for managers who undertake any recruitment to ensure that inclusion is embedded in our approach. KPIs relating to recruitment and inclusion will be reported to the committee quarterly. The committee concluded that further assurance is required in

relation to how the values of the organisation are being embedded in recruitment and the cultural transformation required to make a real difference for our workforce and service users.

Chairs Reflections

We were encouraged of the work progressed to date on our values. We are yet to see this fully embedded in the organisation although the programme has been rolled out and we are hoping to see the effects of this in the future.

11. Guardian of Safe Working Hours

Agenda Item No:	13
Report to:	Trust Board
Meeting Date:	26th May 2021

Report provided (check necessary boxes):			
To Note	☐	For Assurance	☒
For Decision	☐	For Consent	☐

REPORT ON SAFE WORKING HOURS: DOCTORS AND DENTISTS IN TRAINING JANUARY to MARCH 2021.

Board Director Sponsor:	Dr Hilary Grant, Medical Director
Report Author(s):	Dr Sajid Muzaffar, Consultant Forensic Psychiatrist
Appendices and References:	
Previously Discussed:	Last discussed in October 2020

Alignment to the Trust's Strategic Objectives: (check necessary boxes)			
SA1 - We will put service users first and provide the right care, closer to home, whenever it's needed.	☒	SA2 - We will listen to, and work alongside, service users, carers, staff and stakeholders	☒
SA3 - We will champion mental health wellbeing and support people in their recovery	☐	SA4 - We will attract, develop and support an exceptional and valued workforce	☒
SA5 – Strategic Ambition 5 – Strategic Ambition 5 - We will drive research, innovation and technology to enhance care	☐	SA6 - We will work in partnership with others to achieve the best outcomes for local people	☐
F.1 - Sustainability	☐		

Purpose of Report: (What do you want the Board or Committee to consider)	To provide assurances of safe working hours and training opportunities for Doctors in Training and to highlight any issues arising. To provide assurance that our practice in above areas is in line with the Trust values of inclusion, compassion and commitment.
Summary of Key Issues:	- The number of exception reports has increased. - Delays in resolution of exceptions has reemerged and will need to be monitored.
Recommendation(s):	None

Next Steps: (Subject to recommendation(s) being accepted)	

Do the action(s) outlined in this paper impact on any of the following issues? (check necessary boxes)			
If 'Yes', outline the consequence(s) by providing further detail in the report			
Patient Safety ☒	Clinical Effectiveness ☐	Patient Experience ☒	Operational Performance ☐
CQC Compliance ☐	Legal Requirements ☒	NHS Provider license Compliance ☐	Resource Implications (financial or staffing) ☒

Equality and Human Rights Analysis (check necessary boxes)	Yes	No	N/a
Do the issue(s) identified in this document affect one of the protected group(s) less or more favorably than any other?	☐	☒	☐
Are there any valid legal / regulatory reason(s) for discriminatory practice?	☐	☒	☐
If answered 'YES' to either question, please include a section in the report explaining why			

Does this paper provide assurance in respect of delivery of our Equality, Diversity and Inclusion (EDI) Framework goals and objectives (if it does please click the appropriate ones below)			
Maximise our contribution to reducing inequalities and promoting equality of access, experience and outcomes.	☒	Become a model employer in respect of equality, diversity and inclusion in employment	☐
Comply fully with current and future equality and human rights legislation	☒	Ensure our services are accessible to all and support a diverse workforce that is capable of understanding the needs and culture of its service users and staff	☐

Does this paper provide assurance in respect of a new / existing risk(s) (if appropriate) (check necessary boxes)					
Area	New	Existing	N/A	If new or existing, please indicate where the risk is described	
Type of Risk	☐	☐	☒	Board Assurance Framework ☐	Organisational Risk Register ☐
Risk Reference / Description: (only include reference to the highest level framework / register)				(Include detail of the risk and reference number)	

QUARTERLY REPORT ON SAFE WORKING HOURS: DOCTORS AND DENTISTS IN TRAINING

January – March 2021

High level data (Supplied by HR)

Number of doctors / dentists in training (total): 103

Number of doctors / dentists in training on 2016 TCS (total): 103

Amount of time available in job plan for guardian to do the role: 1 PAs per week

a) Exception reports (with regard to working hours)

Exception reports by grade				
Specialty	No. exceptions carried over from last report	No. exceptions raised	No. exceptions closed	No. exceptions outstanding
F1	0	0	0	0
F2	0	0	0	0
CT1-3	0	10	1	9
ST 3-6	2	1	2	1
GPVTS	0	0	0	0
Total	2	11	3	10

Exception reports by rota				
Specialty	No. exceptions carried over from last report	No. exceptions raised	No. exceptions closed	No. exceptions outstanding
F1	0	0	0	0
F2	0	0	0	0
CT1-3	0	10	1	9
ST 3-6	0	0	0	0
Forensic	2	1	2	1
GPVTS	0	0	0	0
Total	2	11	3	10

Exception reports (response time)				
	Addressed within 48 hours	Addressed within 7 days	Addressed in longer than 7 days	Still open
F1	0	0	0	0
F2	0	0	0	0
CT1-3	0	1	0	9

ST3-6	0	0	2	1
GPVTS	0	0	0	0
Total	0	1	2	10

b) Exception reports for training issues:

One exception report related to a trainee not being able to attend the junior doctor forum due to patients being booked into an out-patient clinic at that time. This is in the context of other exception reports raising concerns about the timings of the clinics. The educational supervisor is liaising with the trainee and clinical supervisor to review the personalised work schedule.

c) Rota vacancies

Locum bookings January 2021 by ROTA				
Rota	Number of shifts requested	Number of shifts worked	Number of hours requested	Number of hours worked*
Rota 1	4	4	48.00	48.00
Rota 2	21	21	201.50	201.50
Rota 3	17	17	174.50	174.50
Rota 4	4	4	34.00	34.00
Rota 5	9	9	94.00	94.00
Rota 6	13	13	119.00	119.00
ST4-6 North	33	33	479.00	479.00
ST4-6 Rea/Tam	12	12	232.00	232.00
ST4-6 Sol/East	18	18	336.00	336.00
ST4-6 South	29	29	398.00	398.00
Total	160	160	2116.00	2116.00
Locum bookings February 2021 by ROTA				
Rota	Number of shifts requested	Number of shifts worked	Number of hours requested	Number of hours worked*
Rota 1	13	13	127.00	127.00
Rota 2	15	15	114.50	114.50
Rota 3	17	17	153.50	153.50
Rota 4	11	11	104.00	104.00
Rota 5	4	4	34.00	34.00
Rota 6	5	5	45.00	45.00
ST4-6 North	28	28	392.00	392.00
ST4-6 Rea/Tam	13	13	224.00	224.00
ST4-6 Sol/East	20	20	368.00	368.00
ST4-6 South	21	21	308.00	308.00
Total	147	147	1870.00	1870.00

Locum bookings March 2021 by ROTA				
Rota	Number of shifts requested	Number of shifts worked	Number of hours requested	Number of hours worked*
Rota 1	3	3	37.00	37.00
Rota 2	15	15	151.00	151.00
Rota 3	15	15	136.00	136.00

Rota 4	8	8	74.50	74.50
Rota 5	5	5	45.00	45.00
Rota 6	6	6	52.50	52.50
ST4-6 North	29	29	425.50	425.50
ST4-6 Rea/Tam	5	5	96.00	96.00
ST4-6 Sol/East	21	21	384.00	384.00
ST4-6 South	21	21	301.00	301.00
Total	128	128	1702.50	1702.50

Locum bookings January 2021 by grade				
Specialty	Number of shifts requested	Number of shifts worked	Number of hours requested	Number of hours worked
CT1-3	68	68	671.00	671.00
ST4-6	92	92	1445.00	1445.00
Total	160	160	2116.00	2116.00

Locum bookings February 2021 by grade				
Specialty	Number of shifts requested	Number of shifts worked	Number of hours requested	Number of hours worked
CT1-3	65	65	578.00	578.00
ST4-6	82	82	1292.00	1292.00
Total	147	147	1870.00	1870.00
Locum bookings March 2021 by grade				
Specialty	Number of shifts requested	Number of shifts worked	Number of hours requested	Number of hours worked
CT1-3	52	52	496.00	496.00
ST4-6	76	76	1206.50	1206.50
Total	128	128	1702.50	1702.50

Locum bookings January 2021 by reason**				
Specialty	Number of shifts requested	Number of shifts worked	Number of hours requested	Number of hours worked
Vacancy	70	70	998.00	998.00
Sickness	10	10	97.50	97.50
COVID 19	25	25	306.00	306.00
Off Rota	55	55	714.50	714.50
Total	160	160	2116.00	2116.00

Locum bookings February 2021 by reason**				
Specialty	Number of shifts requested	Number of shifts worked	Number of hours requested	Number of hours worked
Vacancy	89	89	1101.00	1101.00
Sickness	2	2	28.50	28.50
COVID 19	20	20	270.50	270.50
Off Rota	36	36	470.00	470.00
Total	147	147	1870.00	1870.00

Locum bookings March 2021 by reason**				
Specialty	Number of shifts requested	Number of shifts worked	Number of hours requested	Number of hours worked
Vacancy	57	57	782.50	782.50
Sickness	4	4	56.50	56.50
COVID 19	5	5	96.00	96.00
Off Rota	57	57	706.50	706.50
Emergency Leave	5	5	61.00	61.00
Total	128	128	1702.50	1702.50

		Vacancies by month					
Rota	Jan	Feb	Mar	Total gaps (average)	Number of shifts uncovered		
Rota 1	4	13	3	6.66	0		
Rota 2	21	15	15	17	0		
Rota 3	17	17	15	16.33	0		
Rota 4	4	11	8	7.66	0		
Rota 5	9	4	5	6	0		
Rota 6	13	5	6	8	0		
ST4-6 North	33	28	29	30	0		
ST4-6 Rea/Tam	12	13	5	10	0		
ST4-6 Sol/East	18	20	21	19.6	0		
ST4-6 South	29	21	21	23.6	0		
Total	160	147	128	145	0		

d) **Fines**

No Fines accrued during the three months in question

e) Qualitative information

There has been a significant increase in the number of exception. This may reflect benefits of a drive to encourage trainees to complete exceptions wherever they arise and assure them of being supported during the process.

Majority of exceptions were not reviewed within the required time frames.

f) Issues arising

There has been an improvement in number of exceptions raised however the exceptions have not been resolved on time. System is in place for reminding the trainees and supervisors to review exceptions in time.

g) Summary

In the three months between January and March, new groups of trainees have joined the Trust. Exception reporting and role of Guardian was an active part of the induction. Trainees were encouraged from multiple fora to complete exceptions reports where exceptions arise and assured of support. The delay in resolution of exceptions will need to be resolved. A system is in place to remind individuals to complete exceptions on time but it might need to be reviewed.

12. Trust Strategy: our strategic priorities and our 2021/22 goals

Birmingham and Solihull Mental Health NHS Foundation Trust

Meeting	Trust Board
Agenda item	12
Paper title	**TRUST STRATEGY: OUR STRATEGIC PRIORITIES AND OUR 2021/22 GOALS**
Date	26 May 2021
Author	Abi Broderick, Head of Strategy, Planning and Business Development
Executive sponsor	Patrick Nyarumbu, Executive Director of Strategy, People and Partnerships

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

Executive summary & Recommendations:

The Trust Five Year Strategy was approved at September 2020 Trust Board. It was launched from 12 April 2021 both internally across the organisation and externally with our service users, carers and families, our partners and stakeholders, and the public.

The Trust Strategy describes at a high level our four strategic priorities: clinical services, quality, people and sustainability. The Strategy is supported by a document for each of the priorities setting out the ambitions, transformations, areas of focus and programmes of work in more detail. This paper includes these four documents for approval:

- Clinical Services Strategic Priority
- Quality Strategic Priority
- People Strategic Priority
- Sustainability Strategic Priority

The paper also contains the year one goals for each of the strategic priorities for approval, with associated measures of success. In recognition of reducing inequalities as 'golden thread' running through all of our strategic priorities we have also summarised all of our reducing inequalities goals for 2021/22, which have been mapped to NHS England and Improvement's Advancing Mental Health Inequalities Strategy, to bring together all of our aims for reducing inequalities into one place.

Our Strategy Implementation Framework, which includes delivery, monitoring and assurance, is also outlined in the paper.

Reason for consideration:

Trust Board are asked to note the information in this paper and **approve:**

- The four strategic priority documents contained in Appendices 1-4
- Our 2021/22 Trust goals contained in the paper *Please note in particular that our Quality Goals require formal approval for our Quality Account which has a submission deadline in June 2021.*

Previous consideration of report by:

- All Strategic Priority documents – Executive Team on 19 April 2021
- Clinical Services Strategic Priority – FPP Committee and IQC Committee in April 2021
- Quality Strategic Priority – IQC and Trust Board in October 2020
- People Strategic Priority – People Committee in March and April 2021
- Sustainability Strategic Priority – FPP Committee in May 2021

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

This report relates to all four of the Trust's strategic priorities:

- Clinical Services
- Quality
- People
- Sustainability

Financial Implications *(detail any financial implications)*

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

No new risks associated with report.

Equality impact assessments:

Inclusivity and reducing inequalities is a core principle running through our Trust strategy in line with our Trust values. Our strategy materials have been tested, including with our Staff Network Chairs, to ensure they reflect inclusivity and are accessible. Our strategy launch plan has considered how we can promote the strategy and engage with all staff groups using a range of channels, and key messages will include our ambitions around equality, diversity and inclusion.

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

The Trust strategy including the four strategic priorities was developed through comprehensive engagement with staff, service users, carers and partners.

Our Trust Five Year Strategy - Update for Trust Board

26 May 2021

1. Purpose of paper

Following approval of the Trust Five Year Strategy at September 2020 Trust Board and the Strategy Update paper that went to Trust Board in March setting out the plans for launching our strategy, this paper provides the following:

- An update about our Strategy launch – **for information**
- Documents describing each of our four strategic priorities in more detail - **for approval**
- Our 2021/22 Trust goals - **for approval.** *Please note in particular that our Quality Goals require formal approval for our Quality Account which has a submission deadline in June 2021.*
- A description of our Strategy Accountability Framework – **for assurance**

2. Strategy Launch

We wanted the launch of our Trust strategy to build on the ethos we created during the strategy refresh exercise and so the purpose of our launch has been to:

- Launch our strategy and values in a meaningful way to reach as many people as possible.
- Make the strategy and values real to colleagues so they understand and take personal responsibility for the role they have to play in delivery.

The Trust Strategy was launched across the Trust on Thursday 8 April at Listen Up Live. This has been followed by an 8-week internal and external campaign to promote the components of our strategy.

Date	Activity
8 April	• Strategy officially launched at the start of Listen Up Live describing why it is important, what colleagues can expect to see during the launch and what resources are available. • Information about the strategy live on Connect, the external website and social media. Signposting through screensavers/ banners on Connect. • Letter sent to all colleagues about the new strategy.
Week 1 – w/c 12 April	• Email to all colleagues, explaining what resources are available and socialising the strategy. • Packs distributed to all Trust sites containing strategy documents, posters, pull up banners for reception areas, z-cards, promotional pens showing our values. • Special edition of Connected, our colleague e-newsletter, focussed on the strategy.
Week 2 – w/c 19 April	Focus on **values and behaviours**, including promoting the everyday behaviours guide. Includes videos of staff describing what the values mean to them and why they are important

<table>
<tr><td>Week 3 – w/c 26 April</td><td colspan="2">A focus on external communications including:
• Stakeholder communications.
• Commencement of social media activity</td></tr>
<tr><td>Week 4 – w/c 3 May</td><td>Focus on Quality</td><td rowspan="4">Describing the different elements of our strategy and what they mean for colleagues, service users, carers, partners etc. Using a range of mechanisms including videos, case studies, pen portraits, quotes etc.</td></tr>
<tr><td>Week 5 – w/c 10 May</td><td>Focus on People</td></tr>
<tr><td>Week 6 – w/c 17 May</td><td>Focus on Clinical Services</td></tr>
<tr><td>Week 7 – w/c 24 May</td><td>Focus on Sustainability</td></tr>
<tr><td>Week 8 – w/c 31 May</td><td colspan="2">• Final Trust wide email summing up what has been shared during the strategy launch
• Engagement pack circulated to all senior leaders and managers to use with their teams</td></tr>
</table>

The principles of our strategy launch are:

- ✓ The key message of the campaign will be that this is ‘everyone’s’ strategy – it reflects what people told us was important for our Trust to focus on, and everyone has a role, however big or small, to play in helping us deliver the strategy.
- ✓ The launch will be supported by a range of central communication materials using multi-channels e.g. documents, posters, screensavers, videos, a letter to colleagues, website, intranet, social media etc.
- ✓ Cascade and engagement throughout the organisation by senior leaders and managers is crucial for all colleagues to be able to really understand what the strategy is and what it means for themselves and their teams.
- ✓ We want to reach all colleagues and conversation is the best way to do this, particularly for those colleagues who not regularly log onto a computer or have time to read information online. We have asked leaders and managers to support each of their teams to have some time out together over the next 2-3 months to think about what they can do as a team to truly demonstrate each of our Trust values and help achieve our strategic priorities. An engagement pack will be available for managers to use to support and stimulate these team discussions.
- ✓ We will bring the strategy to life through stories, quotes and videos from our colleagues, service users and carers.
- ✓ We will use non-technical and simple language so everyone can easily understand what a strategy is and why it is important.
- ✓ Our launch plan has focussed mainly on communicating our strategy to staff and stakeholders. It is also important to communicate it to our service users, carers and the public and we will have a longer-term plan do this. We have launched the Trust strategy at our Recovery for All forum and our experts by experience had some useful ideas about future communications – messages and methods - and are keen to help us develop this further over coming weeks.

Thinking about our strategy doesn't stop at the end of the launch – we will keep our values and priorities live through our regular communications, as well through our systems, processes and routine team and governance meetings.

3. Our Four Strategic Priorities

Our Trust Strategy describes our four strategic priorities and provides a high-level overview of the key areas of focus.

We wanted to make sure we had a common understanding across the organisation about what our ambitions and aims were for the four strategic priorities and so we have developed a supporting document to the Trust Strategy for each of the priorities which articulate in more detail our aspirations and plans for the next five years. These Strategic Priority documents fully reflect the direction of travel in the Trust Strategy and can be seen as 'chapters' of the Trust Strategy. The Strategic Priority documents can be found in **Appendices 1-4**.

These have been in varying stages of development since the Trust Strategy was approved (and Quality has already been through Trust Board in October 2021) and we wanted to bring them as finalised documents to Trust Board at the same time so Trust Board could see them as a suite collectively and how they aligned.

Alignment has been key through our strategy development process as it was important that our strategic priorities were joined up and we had clear common themes running across all of our strategic priorities and were clear on what the key enablers were between the strategic priorities. The following two diagrams demonstrate this.

How our strategic priorities align – common themes

One vision: improving mental health wellbeing

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

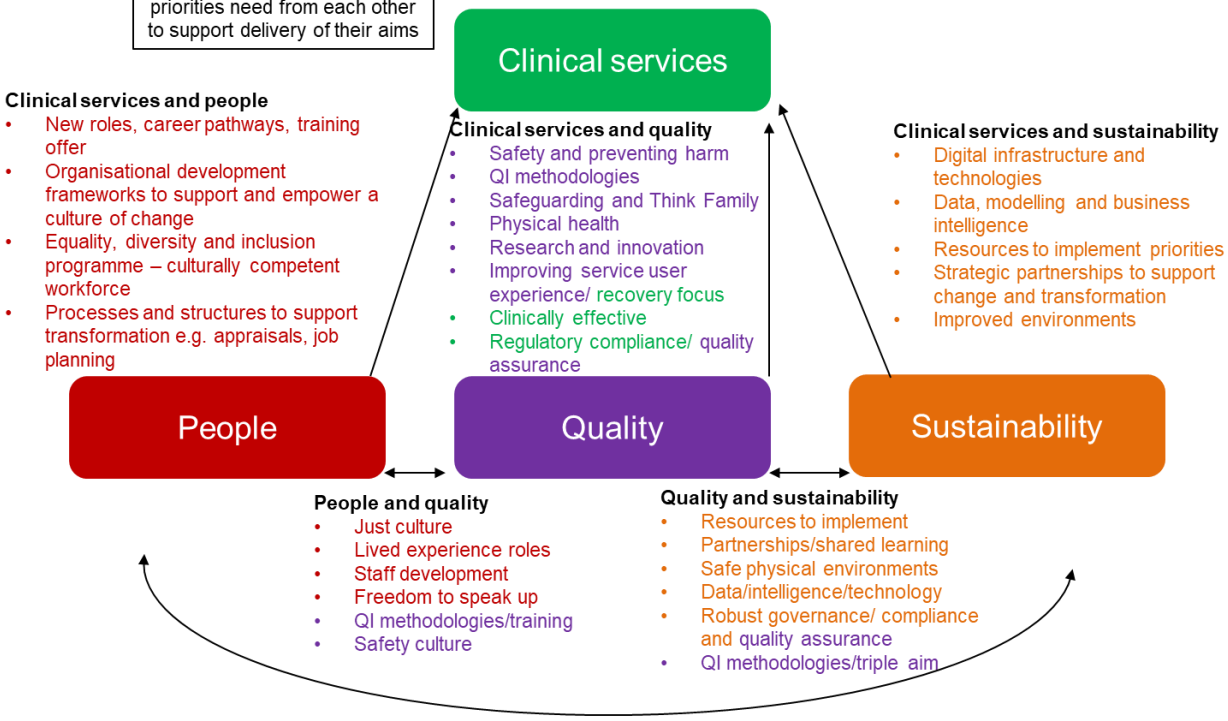
Driving change	Working together	Continuous improvement	Reducing inequalities
Leading the way and encouraging collaboration across systems to develop joined up, integrated mental health services for our population	Co-producing our strategies and plans with our people, our partners and our services users, families and carers	Continually seeking to question, improve, learn and innovate through our practices, research and developments	Working in a way that tackles discrimination, addresses stigma, and encourages equality for all

Four strategic priorities:

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

How our strategic priorities align – key enablers

This shows what our strategic priorities need from each other to support delivery of their aims



From a governance perspective, prior to coming to Trust Board, the Strategic Priority documents have been reviewed as follows:

- At meetings relevant to the subject, for example Clinical Services through Operational Management Team and Quality through Clinical Governance Committee
- By Executive Team on 19 April
- By Board Sub-committees between March and May 2021

Trust Board are asked to approve the four Strategic Priority documents for Clinical Services, Quality, People and Sustainability.

4. Trust 2021/22 Goals

Our strategic goals indicate what we want to achieve in Year 1 of the Strategy and where we will be focussing our efforts and resources so we can prioritise where needed.

Goals have been aligned to the areas of focus for each of our four strategic priorities. Indicative measures of success have been given for the goals, these will be refined and finalised in Quarter 1 as the monitoring and reporting arrangements for the Trust strategy is finalised. Where a goal is rooted in one strategic priority but has strong links to another this link has been noted to avoid repeated goals.

Quality Goals	
2021/22 Goal	**Measure of success**
Preventing Harm	
Improve the safety of our acute inpatient wards by installing ligature alarm systems on the en-suite doors and bedrooms doors of our highest risk acute inpatient wards.	Reduced level of ligature incidents utilising an anchor point which result in moderate, severe or catastrophic harm to patients.
Scale up and spread Safety Huddles across all wards in the Trust.	Reduced level of harm attributable to patients and staff through incidents.
Improve the physical health monitoring of patients in our care.	Ensure relevant blood tests and ECGs are performed prior to initiation of anti-psychotic medication in all inpatient settings (to increase this by 100% over a three-year period). Ensure relevant blood tests and ECGS are performed for outpatients prior to the initiation of antipsychotic medication and annually thereafter for outpatients prescribed clozapine or depot antipsychotic medication (including Home Treatment Teams), increasing to 100% service users being offered this by the end of three years.

	Ensure all episodes of Rapid Tranquilisation (RT) have appropriate physical health recording (as set out in the RT policy) by the end of the first year. Ensure that all inpatients have the physical health assessment and systemic enquiry checks completed within 24 hours of admission by the end of the first year.
Reduce levels of restrictive interventions in our inpatient units by completing year 1 of our QI Collaborative for Reducing Restrictive Practice.	Reduction in incidents of prone restraint. Reduction in incidents of bedroom seclusion. Reduction in incidents of assault on our inpatient wards.
Reduce the number of deaths of patients due to alcohol and substance misuse who are in our care.	Increased completion of the alcohol screening tool in our Home Treatment Teams with evidence of appropriate intervention against the March 2021 baseline level.
Improving Patient Experience	
Improve the involvement of service users in MDT meetings and ensure that all service users have a copy of their care plan. *Link to Clinical Services*	% of service users attending their weekly MDT. % of service users in receipt of their care plan. Qualitative measure to be established through Experts by Experience group and reporting to commence against this measure from January 2022.
Improve the involvement of carers in service user care and recovery. *Link to Clinical Services*	% of carers registered on RIO. % of carers with a completed carer engagement tool.
Pilot the role of Patient Safety Partner in patient safety and patient experience aspects of governance meetings to ensure that service users have equal voice around the table.	Number of patient safety partner roles established. Feedback from patient safety partners on their experience.
A Positive Patient Safety Culture	
Roll out Learning from Excellence across the organisation to ensure systematic recognition of learning from excellent practice.	Number of LFE submissions made in recognition of excellent practice.
Strengthen the approach to confidence in	Improvement in safety culture metrics in

incident reporting and learning from incidents resulting in an improved safety culture. *Link to People*	the national staff survey relating to incident reporting and learning from incidents.
Improving Quality Assurance	
Pilot, evaluate and roll out an internal quality assurance peer review scheme across the Trust involving staff and experts by experience.	Number of peer review visits completed.
Using our Time More Effectively	
Implement a Community Care Planning Tool incorporating an outcome measure within our community services as an approach to improve the therapeutic effectiveness of service user interactions with our clinicians.	Clinical outcomes associated with service user satisfaction levels with life domains and treatment aspects of their care.
Clinical Services Goals	
2021/22 Goal	**Measure of success (indicative)**
Leader in mental health	
Note – please also see sustainability for goals around ICS development and provider collaboratives.	
Make sure we have effective interfaces between our services, for example community services and acute/urgent care services, and community services and forensic services.	Pathway forums are in place. Clear interfaces and pathways are in place. Service user feedback.
Be a key partner in developing Place-based models and Integrated Care Partnerships for Solihull, Birmingham and West Birmingham, and developing a roadmap for how our services need to adopt to these new approaches. *Link to Sustainability*	Roadmap developed and is linked with our community transformation programme.
Deliver on our commitments as an organisation signed up to the Synergi Pledge to reduce ethnic inequalities in mental health.	We are providing national leadership by making fundamental changes to reduce inequalities in access, experience and outcomes, measuring the extent of inequalities and improvements, supporting research and policy development and working in partnership with local BAME

	communities, organisations and service users.
Work in partnerships with our acute, primary and community colleagues to make sure mental health and physical health services are embedded together.	TBC
Work with Research and Innovation to ensure we are aware of the latest research and our improvements are evidence based.	Research and Innovation strategy is refreshed to align to our strategic priorities.
Aim to proactively advocate for mental health across the system.	Co-production with partners, staff and Experts by Experience about what this looks like, our areas of focus and roadmap to ensure that we have a clear understanding and plan of what this advocate role means for the Trust across the system.
Implement the NHSE/I provider collaborative impact framework, which has equalities at its heart. *Link to Sustainability*	Impact framework implemented. Positive practice shared.
Improve quality and utilisation of data including the recording of protected and other characteristics relevant to inclusion and inequalities, to inform improvements and developments. *Link to People and Sustainability*	Have a workplan in place to capture patient protected characteristics and experience data in a more systematic way.
Work as an ICS to access and triangulate a range of internal and external demographic and population data, including COVID-19 inequalities data, to identify and address inequalities and inform transformation plans. *Link to Sustainability*	We routinely use and break down data by protected characteristics and demographics to have a greater understanding of: • Local populations and their mental health needs. • Gaps in services/support. • Who is and is not accessing mental health services and their experiences. • The outcomes of mental health care for our population.
Retain services in the Secure Care and Offender Health portfolio that will be subject to tender during 2021/22.	Partners identified. Tender submitted and is successful.

Recovery focused	
Refresh the Recovery for All Strategy *Link to Quality*	Co-produced strategy approved.
Every clinical discussion with service users being strengths based, building on an individual's assets and what recovery means to them, so care plans are unique and personalised.	Number of recovery roadshows carried out Number of staff who have completed recovery training. Service user and family/ carer feedback
Further the roll out and embedding of the principles of personalised care including individual support plans and personal health budgets.	% increase in number of personal health budgets.
Ensure all teams have family and carer pathway training *Link to Quality*	% completed family and carer pathway training % of carers registered on RIO. % of carers with a completed carer engagement tool.
Increase opportunities for service user and families participation and expansion of peer support roles. *Link to Quality*	Framework of opportunities for service users and families. Numbers of peer support workers. Number of services that have peer support workers in.
Continue roll out of Individual Placement Support in community hubs, developing relationships with the new provider and embedding across services.	% increase in employment. IPS workers embedded in all hubs.
Rooted in communities	
All service areas to have a plan for reducing inequalities.	Workplans developed for all service areas. IAPT, perinatal and secure care plans implemented in line with the Synergi Pledge
Develop organisational competencies to provide culturally competent services in line with the Patient Carer Race Equality Framework. *Link to Quality and People*	Early examples of positive practice in improving BAME experience shared. Engagement programme rolled out. Steering group established including service users, carers, families and staff. Drawing on steering group expertise and engagement findings, draft a framework for testing.
Populate and promote use of a library of emerging positive practice within mental	Having a well-populated library of positive practice guides and case studies to

health services to advance service developments in line with the needs of our local populations.	support advances in mental health equalities.
Implementation and monitoring of: • Accessible Information Standard • Sexual Orientation Standard	Accessible Information Standard - monitoring Sexual Orientated Monitoring Standard – pilot completed in two service areas.
Roll out wave one of community transformation in the East and South (as per detailed project plan) – across young people, adult and older adult services.	Project plan timelines being followed. Teams in place. Evaluation data being produced within the east and south. Services aligned to localities and PCNs.
Implement the roll out of the bed localisation programme in all localities.	Reduction in out of area placements. Distance service users are from home. Reduced length of stay. Reduction in DTOCs.
Re-design of the Forensic Intensive Recovery Support Team (FIRST) community services.	Having a co-produced FIRST team model of care.
Improved integrated with housing providers and local authorities to support earlier discharge from hospital and independent living in the community: • Across adult secure care • Across transforming rehabilitation.	Smooth transition and step down into independent living. Qualitative feedback service users. Earlier discharge. Qualitative feedback from housing providers.
Progress the workplan for the transformation of rehabilitation services.	Agreed plan across the ICS for the development of an intensive rehabilitation service to support the return of OOA Requirements scoped for HDU beds and ICS has agreed an appropriate way forward to procure SMI Recovery service embedded in the south of the city by March 2022 Services will meet the standards set out in GIRFT
Deliver on the NHS Long Term Plan ambitions for perinatal services.	Increased and expanded access to specialist perinatal mental health services and psychological therapies. Mental health assessments offered to fathers/partners.

Prevention and early intervention	
Develop and implement an enhanced urgent care pathway across BSOL in partnership, including a workplan of key projects, milestones and deliverables.	Provider map of services developed Confirmation of crisis house model, commissioned and rolled out Urgent Care Centre operational from November 2021 providing an integrated age-inclusive model of care Increased numbers accessing the 24/7 mental health helpline.
Develop a 0-25 service for children and young people in Solihull to ensure transitions for vulnerable young persons are managed appropriately.	New roles recruited to and staff in place Positive feedback from young people. Friends and Family Test
Enhance eating disorder pathways across both children/young people and adults.	Delivery of FREED and early intervention treatment packages. Expansion of eating disorder services within Solar linked with the wider BSOL offer, including clear clinical pathways and offer in place for AFRID and wider range of eating problems.
Develop of a clear BSOL wide IAPT offer (including use of digital) of which Birmingham Healthy Minds plays an integral part.	System wide strategic plan developed. Numbers accessing IAPT services. Waiting times.
Strengthen our integrated Mental Health Older Adult offer across the BSOL Ageing Well System, with a particular focus on: • Implementing the mental health aspects of the early intervention 2021/22 work programme • Development of MDT working with system partners to support care homes.	Reduction in length of stay on older adult inpatient wards. Qualitative feedback from care homes.
Evaluate the rough sleepers service for effectiveness.	Evaluation and audit analysis.
Further develop and enhance veterans service and consolidate all our services.	We have a joined-up pathway through mental health services, including links with mainstream mental health services. Expanded provision of specialist psychological therapies.

Clinically effective	
Embed MDT standards across all inpatient services by the end of 2021/22, with a plan developed for roll out across community services.	TBC
Early Intervention Service will meet all national mandated CCQI Standards to include (list is not exhaustive) - development of ARMS service, development of 35+ service, IPS offer in place across the service, SMI psychical health checks routinely undertaken.	ARMS service is in place Over 35s service is in place EIS service is meeting all required CCQI standards
Develop a consistent approach to the use of outcome measures across the organisation, with a core set of outcomes measures and ensure we are using them to inform service delivery and improvement.	Outcome measures developed and agreed. Plan for roll out developed. Development of an audit tool.
Progress the development of a neurodevelopmental pathway and guideline.	Working group to establish a roadmap around ASD pathway and guideline development, including working and partners and staff training. Shared care arrangements in place for our ADHD service.
Continue the development and expansion of the personality disorder pathway in line with community transformation, embed the principles of structured clinical management (SCM) within community services.	SCM practitioners in place within the south community services. Personality disorder training prospectus available for all staff to select appropriate training for their needs. Development of a complex case panel to manage who is appropriate or not to access OOA specialist beds.
Improve our offer for service users who also have substance misuse needs.	Refreshed partnership protocol with local authority and third sector providers – including clear pathways and collaborative care planning. Increased numbers in staff trained in substance misuse.
Changing how we work	
Progress with the developments for Reaside re-provision and Highcroft redevelopment.	Approval of Strategic Outline Case. Development of Outline Business Case.
Ensure clinicians play an integral role in developing a five-year roadmap for digital transformation across our clinical services	Clinicians are an integral part of the working/steering group established to

by identifying problems and barriers that technology could overcome, ensuring that digital innovation is woven through all our transformation plans. *Link to Sustainability*	identify digital improvements.
Build on our COVID learning to deliver our COVID recovery plans across our service areas.	Achieving milestones in plans.
People Goals	
2021/22 Goal	**Measure of success**
Shaping our future workforce	
Introduce a values based and inclusive approach to recruitment. Develop a comprehensive on boarding programme to support new staff. Develop a Leadership Framework and Development programme. Implement a clear, credible route map to support the progression and development staff in Band 2- 4 roles.	Analysis of vacancies Employee Turnover Stability index - % staff in post two years after commencement Workforce Demand and Supply Forecast Waterfall Fill Rates Fundamental Training % of staff who has accessed clinical supervision % of staff who has accessed Leadership and People Management Training Modules Completion and quality of appraisals and objectives
Transforming our culture and staff experience	
Ensure every leader has a clear objective aligned our Trust values within their annual appraisal. Embed the Culture Deep Dive framework. Embed a “Just Culture” and enable psychological safety and learning. *Link to Quality* Develop a toolkit, framework and training to enable behaviours which foster civility and compassion in the workplace. Develop a clear strategy to support staff to	Employee Lifecycle Feedback Staff survey and Staff Friends and Family Test % of BAME staff entering disciplinary processes % of staff accessing non-mandatory training and CPD % of BAME and Disabled staff successful in being appointed to roles internally %of BAME and Disabled staff likely to be

speak up. *Link to Quality*	appointed into roles from shortlisting % of Disabled staff entering formal capability processes compared to all other staff Analysis of disciplinary cases Analysis of Grievances, Dignity at Work, Whistleblowing, FTSU and Capability cases Sickness absence rates and reasons Number of staff accessing health and wellbeing support. Number of staff attending and/or number of sessions for Schwartz Rounds, TRiM, Balint Groups, Psychological First Aid, Health promotion and wellbeing sessions Qualitative feedback on wellbeing interventions and their impact
Strengthen and streamline the Trust Exit Interview process.	
Develop a comprehensive wellbeing offer for our diverse workforce including building on our response to COVID-19.	
Modernising our people practice	
Review and streamline our job evaluation processes.	Time between a role being put forward for job evaluation and the banding being completed.
Complete implementation of the TSS stabilisation programme.	Completion of project plan and improvement in bank and agency fill rates.
Embed the principles of Just Culture in the management of all formal HR processes.	Completion of the review of all the HR processes. Staff survey scores around raising concerns.
Sustainability Goals	
2021/22 Goal	**Measure of success**
Transforming with digital	
Bring together clinicians, ICT, service users and carers to develop a clear strategy and five-year roadmap for how digital and technology will enable clinical services, quality and people transformations and developments. *Link to Clinical Services*	Working/steering group established to identify digital improvements needed and confirm what is possible The roadmap focuses use of technology in key priority areas identified in our clinical services, quality and people strategic priorities. Developments identified will reduce and not exacerbate inequalities.

	Roadmap developed, consulted on, circulated and understood.
Develop our business intelligence capability to improve the information and insights available for developing services and user experience.	Increased provision of Power BI analysis reports to support service level strategic priorities and other critical areas
Develop a framework to ensure digital skills development for all staff who need skills update.	Number of staff accessing digital skills training. Number of requests to the helpdesk due to lack of knowledge of digital applications.
Make improvements to our workforce systems such as ESR and e-rostering. *Link to People*	Improvements to workforce systems and processes specified and delivered
Changing through partnerships	
Work with local partners to develop the vision, approach and structure for the Birmingham and Solihull ICS including achieving economies of scale from greater collaborative working. *Link to Clinical Services*	ICS operating in shadow form from 1 October 2022 ICS fully operational from 1 April 2022
Develop a framework with our local partners for a mental health Integrated Care Partnership for BSOL, aligned to the ambitions of the ICS and supporting our key tests of reducing inequalities, managing demand, improving access, experience and outcomes, improving safety, and achieving value for money. *Link to Clinical Services*	Case for change approved. Meeting implementation plan milestones. Framework for partnership working in place. Finance and contracting structure to enable the ambitions of the ICP. Fully operational from 1 April 2022
Design and implement clear and robust governance processes that fulfil the Trust's Lead Provider responsibilities effectively for Reach Out, holding the system partners to account to improve quality of care and patient experience and outcomes whilst achieving financial sustainability. *Link to Clinical Services*	Commissioning function goes live on 1 October 2021
Work in partnership with system partners to redesign and integrate pathways between secure care and secondary care services to ensure care is provided in the right setting, improving patient experience and outcomes, achieving greater system efficiency.	The system across the West Midlands is working towards an aligned outcomes framework to support the integration of pathways between secondary and secure care, and there are agreed priorities for local level interfaces and integration.

Link to Clinical Services	
Continue to play an active role and contribute to the delivery of 2021/22 workplans for the Eating Disorders and CAMHS Provider Collaboratives. *Link to Clinical Services*	Provider Collaborative measures of success including numbers of out of area placements, length of stay etc.
Review and refresh our Partnership Framework to support the delivery of our strategy across regional, local (place), and neighbourhood partnerships with the NHS, local authority, voluntary and community sector, and other statutory bodies.	The Partnership Framework is aligned to our strategic priorities, is widely circulated and understood and enables us to set subsequent goals and measures of success.
Caring for the environment	
Develop and implement a procurement strategy that focuses on minimising waste.	Reduction in the amount of waste. Funds released to invest in key strategic priorities
Develop and implement a green vehicle strategy aligned to wider ICS work on the environment.	Strategy developed that: • builds on reduction in journeys and emissions seen during the COVID pandemic • responds to the introduction of the Birmingham Clean Air Zone. Implementation measured by number of journeys made by staff, analysed through expense claims.
Balancing the books	
Identify and focus on a small number of efficiency schemes where the Trust can deliver significant reductions and release money to invest in strategic priorities.	Utilising detailed run rate analysis, three schemes will be identified and plans developed with the intention of reducing spend by £1m on each against a 19/20 baseline.
Improve our short and medium financial planning for both revenue and capital to ensure that we have enough resources to fund improvements.	Funding is identified to enable Trust priorities to be developed. Medium term financial plan is developed and shared internally.
Create and deliver a training financial training package across the organisation, including roles and responsibilities in procurement.	Training implemented, with impact measured by number and roles of people undertaking the training.
Develop a suite of reports to enable the organisation to understand the financial position in detail, supplementing the existing	Staff have greater understanding of and our financial position and performance, the

budget reports.	longer-term outlook and implications.
Good governance	
Define our approach to governance, including board, committees and structures/frameworks and explain these to stakeholders.	Completion of our governance improvement plan, including improved assurance from committees. Improved reporting to board and committees. Board Assurance Framework updated to reflect new strategy. Improvements in integrated performance reporting. Improvements in relationship and standing with CQC.
Develop a clear Corporate Social Responsibility framework so the Trust is contributing positively to the lives of local people and the environment in which they live.	The framework is co-produced with local community groups and voluntary sector organisations, is aligned to our aim of reducing inequalities, is widely circulated and understood and enables us to set subsequent goals and measures of success. A lead or champion for CSR and social value is in place.
Be an anchor organisation around procurement and employment, stimulating social value through our supply chain and a range of accessible and targeted employment opportunities, to improve the wellbeing of local people, reduce inequalities and contribute to the local economy. *Link to People*	Procurement staff are trained in CSR/Social value to increase knowledge and confidence. More goods and services are sourced locally and from organisations that offer a living wage. The number of new staff recruited analysed by protected characteristics and demographic data.

Reducing inequalities

As our Trust Strategy highlights, reducing inequalities is a theme that runs throughout our strategy. This 'golden thread' through all of our strategic priorities will ensure that we work in an anti-discriminatory, anti-racist way that tackles discrimination, addresses stigma and encourages equality for all. Trust Board will see from the tables above that all of our strategic priorities have goals around reducing inequalities. In the table below we have summarised all of the reducing inequalities goals, which have been mapped to NHS England and Improvement's Advancing Mental Health Inequalities Strategy, to bring together all of our aims for reducing inequalities into one place.

Reducing Inequalities Goals			
Mapped from	**2021/22 Goal**	**Measure of success**	**Strategic priority**
NHSE/I Advancing Mental Health Inequalities Strategy aims			
Patient and Carers Race Equality Framework (PCREF) developed and used to support mental health services to improve BAME experiences of care, as recommended in the independent review of the Mental Health Act	Develop organisational competencies to provide culturally competent services in line with the Patient Carer Race Equality Framework.	Early examples of positive practice in improving BAME experience shared. Engagement programme rolled out. Steering group established including service users, carers, families and staff. Drawing on steering group expertise and engagement findings, draft a framework for testing.	**Clinical services** Quality People
Positive practice in advancing equalities in access, experience and outcomes documented and shared to support collective improvements	Populate and promote use of a library of emerging positive practice within mental health services to advance service developments in line with the needs of our population.	Having a well-populated library of positive practice guides and case studies to support advances in mental health equalities.	**Clinical services**
Provider collaborative impact framework in place, with equalities at its heart	Implement the NHSE/I provider collaborative impact framework, which has equalities at its heart.	Impact framework implemented. Positive practice shared.	**Clinical services** Sustainability
Improve the quality and flow of data to national NHS datasets, including the recording of protected and other characteristics attributable to inclusion health groups	Improve quality and utilisation of data including the recording of protected and other characteristics relevant to inclusion and inequalities, to inform improvements and developments.	Have a workplan in place to capture patient protected characteristics and experience data in a more systematic way.	**Clinical services** People Sustainability
	Work as an ICS to access and triangulate a range of internal and external	We routinely use and break down data by protected characteristics and demographics to have a greater understanding of:	**Clinical services** Sustainability

	demographic and population data, including COVID-19 inequalities data, to identify and address inequalities and inform transformation plans.	Local populations and their mental health needs. Gaps in services/support. Who is and is not accessing mental health services and their experiences. The outcomes of mental health care for our population.	
	Implement and monitor the: • Accessible Information Standard • Sexual Orientation Standard	Accessible Information Standard - monitoring Sexual Orientated Monitoring Standard – pilot completed in two service areas.	**Clinical services**
	Evaluate the rough sleepers service for effectiveness.	Evaluation and audit analysis	**Clinical services**
Support the development of a representative workforce at all levels, equipped with the skills and knowledge to advance mental health equalities	Introduce a values based and inclusive approach to recruitment.	Analysis of vacancies Employee turnover and stability Analysis of staff who have accessed Leadership and People Management Training Modules. Completion and quality of appraisals and objectives.	**People**
	Develop a Leadership Framework and Development programme.		**People**
	Ensure every leader has a clear objective aligned our Trust values within their annual appraisal.	Employee Lifecycle Feedback Staff survey and Staff Friends and Family Test % of BAME and Disabled staff successful in being shortlisted and appointed to roles Analysis of disciplinary cases, grievances, Dignity at Work, Whistleblowing, FTSU and Capability cases and % of BAME and	**People**
	Embed the Culture Deep Dive framework.		**People**
	Embed a “Just Culture”, including across all our HR processes, and enable psychological safety and learning		**People** Quality

	Develop a toolkit, framework and training to enable behaviours which foster civility and compassion in the workplace	Disabled staff affected compared to other staff. Sickness absence rates and reasons Number of staff accessing health and wellbeing support and qualitative feedback on these.	**People**
	Develop a clear strategy to support staff to speak up		**People** Quality
	Develop a comprehensive wellbeing offer for our diverse workforce, including building on our response to COVID-19.		**People**
	Be an anchor organisation around procurement and employment, stimulating social value through our supply chain and targeted employment opportunities to improve the wellbeing of local people, reduce inequalities and contribute to the local economy.	Procurement and other relevant staff are trained in CSR/Social value to increase knowledge and confidence. An increase in goods and services that are sourced locally and from organisations that offer a living wage. The number of new staff recruited analysed by protected characteristics.	**Sustainability** People
	Expand peer support and experts by experience roles	Numbers of peer support workers Number of services with peer support workers	**Clinical services** Quality
	Deliver on our commitments as an organisation signed up to the Synergi Pledge to reduce ethnic inequalities in mental health.	We are providing national leadership by making fundamental changes to reduce inequalities in access, experience and outcomes, measuring the extent of inequalities and improvements, supporting research and policy development and working	**Clinical services**

		in partnership with local BAME communities, organisations and service users.	
	All service areas to have a plan for reducing inequalities.	Workplans developed for all service areas. IAPT, perinatal and secure care plans implemented in line with the Synergi Pledge	**Clinical services**
	Develop a framework with our local partners for a mental health Integrated Care Partnership for BSOL, aligned to the ambitions of the ICS and supporting our key tests of reducing inequalities, managing demand, improving access, experience and outcomes, improving safety, and achieving value for money.	Case for change approved. Meeting implementation plan milestones. Framework for partnership working in place. Finance and contracting structure to enable the ambitions of the ICP. Fully operational from 1 April 2022	**Sustainability** Clinical services
	Develop a clear Corporate Social Responsibility framework to contribute positively to the lives of local people and the environment in which they live.	The framework is co-produced with local community groups and voluntary sector organisations, is aligned to our aim of reducing inequalities, is widely circulated and understood and enables us to set subsequent goals and measures of success. A lead or champion for CSR and social value is in place.	**Sustainability**
	Reduce levels of restrictive interventions in our inpatient units by	Reduction in incidents of prone restraint Reduction in incidents of	**Quality**

	completing year 1 of our QI Collaborative for Reducing Restrictive Practice	bedroom seclusion Reduction in incidents of assault on our inpatient wards	

Trust Board are asked to approve the 2021/22 Trust goals. *Board members are asked to note that our **Quality Goals** require formal approval from Trust Board for our Quality Account which has a submission deadline in June 2021. These goals have previously been approved by Integrated Quality Committee on 19 May 2021.*

5. Strategy Accountability Framework

2021/22 will be the first full year of implementation against our five year strategy. We have reviewed the framework for the delivering, monitoring and reporting the ambitions set out in the Strategy, making sure that this incorporates:

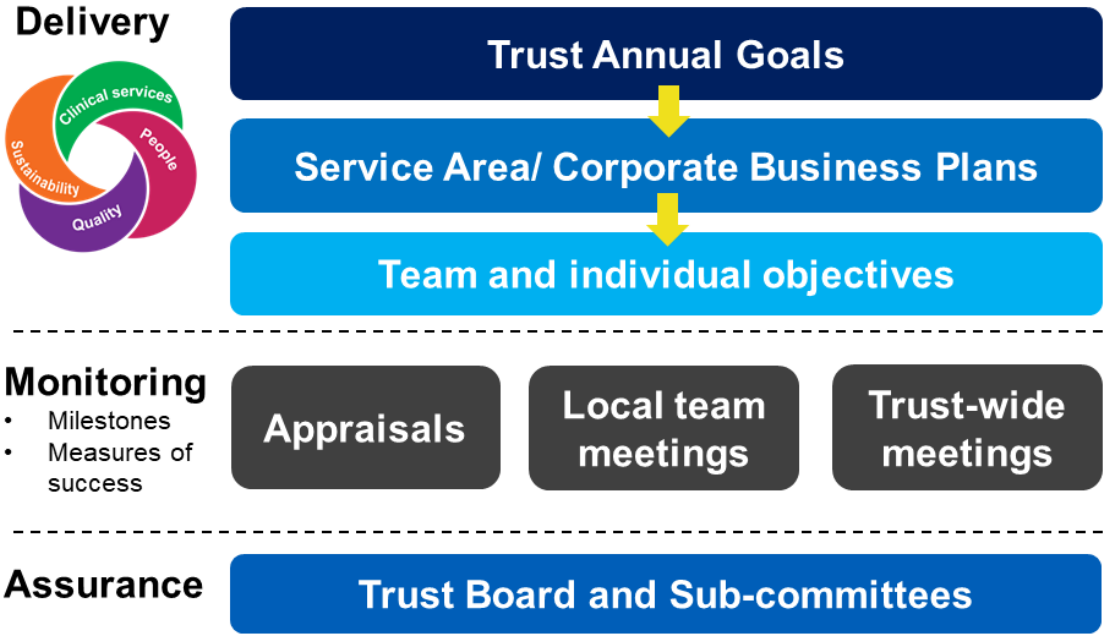
- Ensuring we have clear plans for what we need to do to deliver the strategy that can be used to prioritise our resources and programmes of work.
- The cascade of objectives and monitoring through the organisation on an individual level, a team/service level, and a Trust level – so delivery of our strategy becomes everyone's business and it is clear where accountability lies.
- How we know we are delivering the strategy and making a difference – defining measures of success such as KPIs, outcome measures and qualitative feedback as well as monitoring against delivery milestones.
- Clear routes for assurance to Trust Board and the Sub-committees.

During Quarters 1 and 2 we will be:

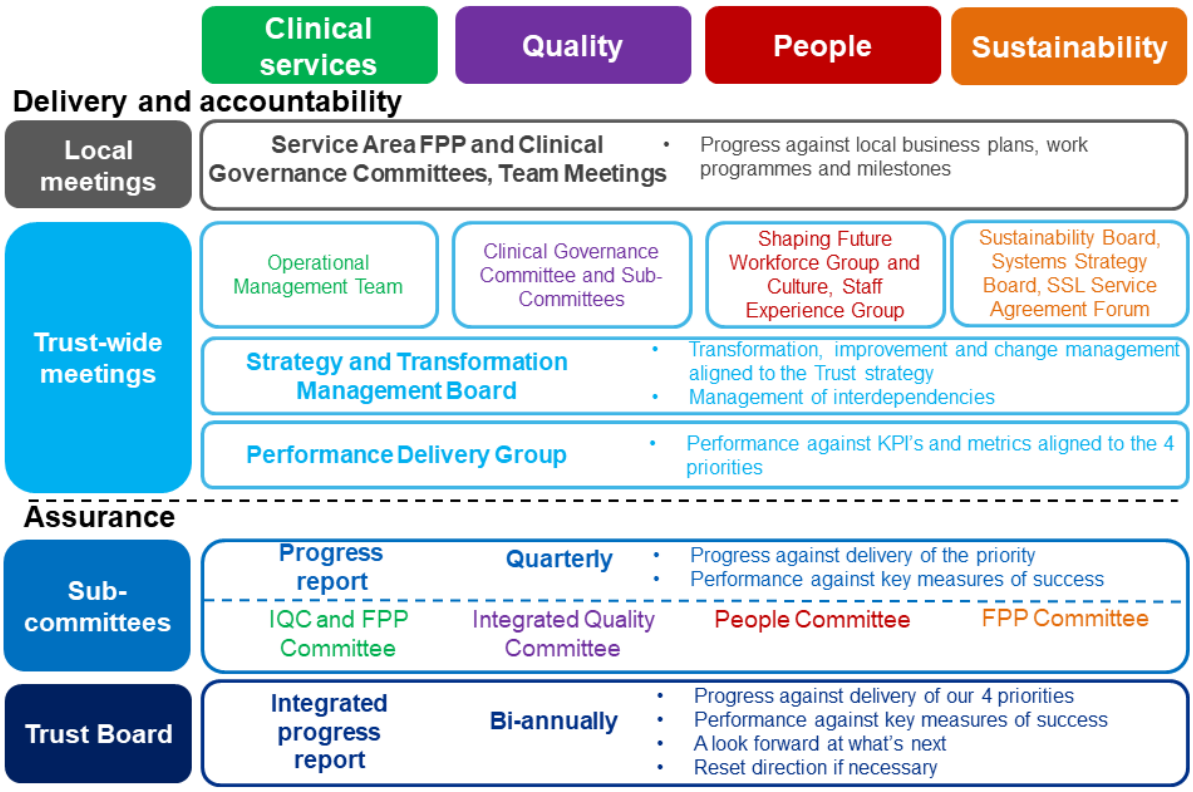
- Developing service area and corporate plans to support delivery of the strategic priorities, and making sure our programme management office and quality improvement workplans are aligned to these.
- Refining our measures of success for the four strategic priorities and how these will be collected and monitored.
- Designing our reporting for Sub-Committees (on an individual priority level) and for Trust Board (for the Trust strategy as a whole) so this is focussed on giving assurance about our delivery and how this is making a difference.

The diagrams overleaf show our Strategy Accountability Framework:

Our strategy framework



Delivery, accountability and assurance



6. Conclusion

Trust Board are asked to note the information provided in this paper, and in particular **to approve:**

- The Strategic Priority documents for **clinical services**, **quality**, **people** and **sustainability**.
- The 2021/22 Trust goals.

Birmingham and Solihull Mental Health NHS Foundation Trust

Our Trust Five Year Strategy

Clinical Services

compassionate

inclusive

committed

May 2021

Contents

Our Trust Five Year Strategy

One vision

We have a vision to continually **improve mental health wellbeing** and delivery of this strategy will help us to deliver that vision.

Three values

Our values are our guide to how we treat ourselves, one another, our service users, families and carers, and our partners. This strategy supports us to demonstrate these values and make sure that others positively experience our values.

Compassionate

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

Inclusive

- Treating people fairly, with dignity and respect.
- Challenging all forms of discrimination.
- Valuing all voices so we all feel we belong.

Committed

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

Four strategic priorities

Our priorities set out what we will do to deliver our vision and live our values. They support us to stay focussed on what is important to us and make sure we are using our resources to do the right things.

We can't achieve our vision and demonstrate our values just by improving quality, we also need to change the way that we provide some services and pathways. We need to make our organisation a great place to work and to receive care. We also need to ensure that we spend our money wisely.

These priorities have been developed alongside one another to make sure they are aligned and joined up, and we have considered the impact on each other and the dependencies between them.

Our Clinical Services Strategic Priority

Our Trust Strategy describes at a high level what the key areas of focus are for each of the four strategic priorities. We have also developed a separate supporting and complementary narrative for each of the priorities which goes into more detail about what we want to achieve.

This document sets out the direction of travel, ambition, and areas of focus for the Clinical Services Strategic Priority. It articulates how we will deliver the best care we can for our service users, carers and families and ensure positive service user outcomes. It sets out:

- The vision for our clinical services
- How we want to work in the future
- What partnerships we need to have
- How we will change and improve our service models, pathways, and clinical practice
- The support we will put in place to make these changes happen.

This document is for our staff, our service users and carers, our partners, and stakeholders, and all the communities we serve.

The strategy has been awarded the Trust's Recovery for All Quality Mark, for demonstrating the principles of recovery and co-production with service users and carers.

How we have developed our Trust Strategy

Co-production at the heart

It is important to us that our Trust Strategy is real and meaningful to our staff, reflects what is important for our service users, families, and carers, and is aligned to the plans and aspirations of our partners.

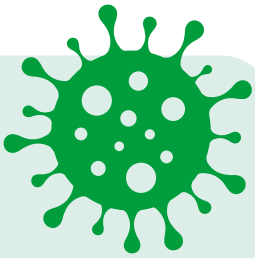
We carried out one of the largest engagement exercises we have ever carried out, over a period of ten months and using a variety of mechanisms to find out what people thought was important to them and what they thought should be included in this strategy. We asked:

- What values do we want to live by?
- What should our key areas of focus be?
- What do we need to change over the next five years?

This included thinking about what we needed to do to improve our services and pathways to make them better for our service users – by improving their experience, their access, and their outcomes.

Phase 1: Help us brew up our strategy
November 2019 – February 2020

Our engagement started with a widespread campaign to get people's views on what the 'ingredients' of our strategy should be, asking people to take a few moments out of their day and have a cup of tea to reflect on what was important to them. We asked about our four priorities of clinical services, people, quality and sustainability, as well as what our values and behaviours should be.



Phase 2: Learning from COVID-19
May – July 2020

When the COVID-19 pandemic hit us in March, we had to very quickly adapt our ways of working so that we could continue to provide our services in a safe way. We decided to spend some time evaluating these changes and asking our staff, service users and carers what their experience of these changes had been and what we should stop, continue and improve. This helped inform how COVID-19 would impact our future strategy.

Phase 3: Taste our brew
August – September 2020

We wanted to finish our engagement with a campaign to test the contents of our strategy before taking it to Trust Board for approval. This asked people whether they felt we had heard what they had told us, whether we were focussing on the right areas and how they thought the strategy would make a difference to them.

Who we engaged with

Staff
Staff networks
Professional forums
Unions
Trust Board
Council of Governors
Experts by Experience
Service users and carers
Partner organisations

How we engaged

Comment cards
Site visits
Workshops
Discussions
Surveys
Online challenges (Your Voice)
Information pack
Listen Up Live
Cascade

We had so much brilliant feedback and it has all been really useful to help inform our strategy. There were some really consistent messages and clear themes in relation to our clinical services which are summarised here:

Our service users and carers told us they wanted to feel seen, heard, understood and valued and to have an active role in decisions about their care. They want all of their needs to be considered – physical and social as well as mental health. Continuity of care from the clinicians and teams they get to know, as well as choice over a range of therapies was important. They want care to be recovery focussed and to be empowered to manage their mental health on a day to day basis. Families and carers need to be better supported and involved.

Our staff told us that demand for our services is high and our staffing levels weren't always enough to meet this. They said we needed to work in a more joined up way across our own services– both in planning and delivery of care. They felt some people 'fell between the gaps' due to restrictive criteria for access. We need more effective pathways and better links with GPs, social care, and voluntary sector/ community organisations. They felt strongly that they want to have more time for direct service user care. They would value additional staffing roles such as peers and support workers.

Our partners told us that they want to work with us in a more integrated way as pooling our expertise and joining up our services was so valuable to service user outcomes. However sometimes it was difficult to do this agilely with our boundaries, thresholds and bureaucracy getting in the way.

We had so much energy and enthusiasm throughout all of our engagement and we are hugely grateful to everyone who participated for their views and for helping shape our future direction.

Throughout this document we have represented some of what was said to us in speech bubbles so you can see how we have responded.

Alignment with local and national strategies

Our Trust Strategy has been created in the context of the following strategies and plans.

NHS Long Term Plan
January 2019

Published by NHS England, this national direction of travel will shape NHS services for the next decade to improve quality of care and outcomes. A ring-fenced fund worth £2.3 billion a year in real terms by 2023/24 will ensure that the NHS provides high quality, evidence-based mental health services to an additional 2 million people. The ambition is to tackle health inequalities, promote self-care, tackle workforce shortages and the delivery truly integrated care.

The Community Mental Health Services Framework for Adults and Older Adults
September 2019

This calls for a radical transformation of community mental health care, bringing together health, local authority and voluntary sector services in an integrated way and dissolving boundaries between primary and secondary care.

Integration and Innovation: working together to improve health and social care for all
February 2021

This White Paper proposes legislative changes to the Health and Social Care bill to enable local health and care organisations to build upon existing partnerships and create Integrated Care Systems to improve population outcomes. These changes will remove both barriers to collaboration and joined up care, and unnecessary bureaucracy to make decision making in the interests of local people easier.

In Sight and In Mind: making good on the promise of mental health rehabilitation
February 2020

Published by Rethink Mental Illness and the Royal College of Psychiatrists this report calls for transformation of the mental health rehabilitation pathway with local specialist rehabilitation services and elimination of inappropriate out of area placements.

Future in Mind – promoting, protecting and improving our children and young people's mental health and wellbeing
2015

It sets out ambitions for improving access and support, improving services for those who are particularly vulnerable, and tackling stigma.

Local Sustainability Transformation Partnerships (STP)

Birmingham and Solihull

Birmingham and Solihull STP brings together local health and social care organisations to manage the health and needs of our local population collectively and deliver better health and care within the resources available to us through joint planning and programmes of work outlined in our 'Live Healthy, Live Happy' Strategy.

West Birmingham

We also deliver services in West Birmingham, which at the time of writing this strategy is part of the Black Country and West Birmingham STP. We are a partner in the Ladywood and Perry Barr Integrated Care Partnership, making sure our Trust Strategy aligns with the wider system plans for the West Birmingham population.

Advancing Mental Health Inequalities Strategy
October 2020

Summarises the core actions that should be taken to bridge the gaps for communities facing worse than others in mental health services.

No Health without Mental Health
2011

It advocates the integration of mental health and physical health for those who experience mental health difficulties but also the mental health wellbeing of people who experience physical health problems that can impact on their mental health.

Strategic Commissioning Outcomes Framework for Mental Health Services in Birmingham and Solihull

This document produced by Birmingham and Solihull CCG sets out a 'direction of travel' for mental health services across Birmingham and Solihull, describing a model of care from meeting people's needs from prevention through early intervention to admissions to hospital and rehabilitation. This framework was refreshed in July 2020 in light of the COVID-19 pandemic to reflect the impact of the pandemic on population mental health.

To make sure our Clinical Services Strategic Priority is current and evolving, we will refresh our delivery plans as required during the next five years to adapt to the changing environment and incorporate emerging system strategies and national developments as part of the NHS Long Term Plan.

Other drivers for change

Demand and capacity

Over recent years there has been an increase in the number of people who experience a diagnosable mental health condition. We have also seen an increase in the levels of acuity of people accessing our services, while complexity is increasing as more people have multiple co-morbid health conditions. We know that the capacity in our services is sometimes not enough to meet current levels of demand which is shown by:

- A high number of individuals having to be placed out of area when they need inpatient beds.
- Longer lengths of stay on our wards.
- Delayed discharges from our services.
- Caseloads in our Community Mental Health Teams, Early Intervention in Psychosis Teams, and Home Treatment Teams are all above best practice levels making early and effective intervention difficult to achieve.
- Long waits for some services such as community services, psychological therapies, and assessments for neurodevelopmental conditions.
- Staff reporting that they at times feel stressed and overwhelmed with trying to manage demand.

We know as well that due to population growth and the impact of the pandemic, the number of people who will need to access mental health services in the future will rise.

Over the past eighteen months we have embarked on programmes of work to understand our demand and service user flow better, and implement initiatives both internally and in partnership with others to manage this better. Our Clinical Services Strategic Priority builds on this work and is focussed on addressing the demand and capacity imbalance over the next five years, making sure we are making the best use of our resources and maximising our productivity to best serve our communities. We will do this through developing new service models and pathways, collaborating and working in partnership, thinking about new staffing resource and roles, enhancing our use of digital technologies and data, and empowering and supporting our service users to manage their mental health and recovery.

Impact of COVID-19

The pandemic has had a huge impact on us both in terms of how we provide our services and what the future demand for mental health services will be.

Over the last year we have had to be innovative about how we continue to provide our services and care for our service users in a safe way. Enhanced partnership working has been vital – working with other local health, social care, and voluntary sector organisations to plan how we can most effectively provide care together and we have achieved some fantastic developments together such as our new 24/7 mental health helpline.

We have very much accelerated our digital programme and the role technology can play has been instrumental in enabling us to still carry out appointments via phone or video; hold our ward rounds and multidisciplinary team meetings virtually; run group sessions online; and enable our service users in hospital to keep in touch with their family and friends via Skype and Zoom. It is important that we learn from these adaptations and that is why we incorporated 'learning from COVID' engagement into our strategy development to make sure we listened to our staff, service users and carers and partners about their experience during the pandemic and what changes they wanted to stop, continue, or improve. We do still have more to learn about how these approaches affects people's engagement, outcomes, and experience.

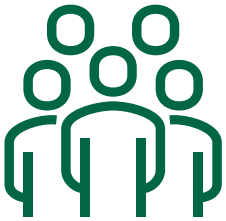
Experiences during the pandemic have had, and will continue to have, a significant impact on mental health for children and young people, adults, and older adults. Living with health concerns, restrictions and isolation, loss of coping mechanisms and support networks, change in economic circumstances, bereavement or experiencing the direct impact of COVID-19 at work are all expected to have a detrimental impact on mental health.

The impact of COVID-19 on mental health

Impacts on population groups

Reference: Centre of Mental Health Paper, May 2020

- People with existing mental health difficulties and risk factors likely to be affected disproportionately, with potential increased acuity on re-presentation.
- People with long term physical health conditions.
- People directly affected by COVID-19: service users, health care workers, bereaved family members.
- People experiencing heightened risks from being locked down at home
- People on lower incomes and livelihoods dependent on current 'safety nets'
- People experiencing redundancies/loss of employment
- People from BAME communities
- Children and young people



Existing service users

People may have been unable or choosing not to access their usual services meaning needs may have exacerbated or be more complex.

New service users

A rise in new demand due to the triggers and stressors of the pandemic.

Expected presentations:

- Depression
- Anxiety
- Post-traumatic stress disorder
- Grief reactions
- Suicide and self-harm risks
- Co-morbidities due to an increase in alcohol misuse and other addictions.

We expect to be living with the legacy of the pandemic for some time and need to make sure our strategy addresses and adapts to these challenges. We have reviewed research about the impact of the pandemic and carried out modelling to assess the short-, medium- and long-term impact on the mental health wellbeing of our service users and the population of Birmingham and Solihull and how this will translate into demand for core mental health services going forwards. We also have data about who has been most impacted by COVID-19 to date, and in particular the health inequalities it has brought to light. All of this data is being used to inform our service planning, transformation and our strategy going forwards.

Reducing inequalities

Tackling inequalities and their impact on the life chances and health outcomes of the people of Birmingham and Solihull is at the heart of our work as a health and care system.

Our population is culturally diverse, with 42% of Birmingham residents identifying with a non-white ethnic group and over 100 different languages spoken, and 11% of Solihull residents. We serve some of the poorest areas in the country. About 40% of the people of Birmingham live in the bottom decile on the Index of Multiple Deprivation. Although this drops to 12% in Solihull, the north of the borough includes significant areas of deprivation.

We know that some people from marginalised groups or with protected characteristics are less likely to access our mental health services. We also know that in some services, we have over representation from Black, Asian and minority ethnic (BAME) communities, for example, Black men are over-represented in adult secure care, and Black people are more likely than White British people to be detained under the Mental Health Act.

The COVID-19 pandemic has held a mirror up to the scale and impact of inequalities in the area we serve. Before the pandemic, in both Birmingham and Solihull there was around a 9-year inequality in life expectancy between the lowest and highest at birth rising to around a 17-year inequality in health life expectancy. Case rates in both local authorities have been highest in the areas of highest deprivation and poorest underlying health which are also the areas hardest hit by the economic impact of lockdown. This has been particularly the case for our Black, Asian and Minority Ethnic communities.

Alongside our system partners, we are committed to reducing inequalities in health and wellbeing across our diverse communities, promoting inclusive communities, reducing social isolation, as well as valuing mental health equally with physical health. We will contribute to improving the health and wellbeing of the people of Birmingham and Solihull by putting action to tackle inequalities and the impact of inequalities on health at the heart of our work across the system. This is core to our purpose as a National Health Service, not a peripheral activity.

Working as a health and care system

Over recent years we have seen health and care organisations working together more and more to plan and provide care. We are breaking down barriers by collaborating and working in partnership in ways we have never done before, across systems, across sectors and across organisations, to transform how we deliver care together, improve outcomes and meet the needs of our population in a truly joined up way. The NHS Long Term Plan has the creation of 'integrated care systems' as a core ambition, deepening the relationships between the NHS, local councils, and other important strategic partners such as the voluntary, community and social enterprise sector. Working in partnership with our local systems is a core theme running through this strategic priority.

Use of technology and digital transformation

The use of digital is a key enabler for the transformation of the services and care that we provide. Over recent years we have seen a number of developments, such as digital wards, which have really revolutionised the way we provide care to our service users in some services.

Our ambition over the next five years is to build on our reputation as a digital exemplar and be at the forefront of digital developments and innovations to transform delivery of our services. This will help us move towards more place-based care with shared care records, earlier intervention and improved access, experience and outcomes. As well as helping us manage the demand for services, use of technology can also help us be more efficient and achieve value for money.

Our Sustainability Strategic Priority will help us do this by making sure we have a clear roadmap of digital transformation aligned to our clinical vision for our services in the future. There are a number of areas we will explore in this roadmap including virtual clinical teams, app-based treatments of lower-level mental health needs, remote monitoring of service users, better ward-based monitoring as well as improvements to our clinical information system, Rio. Digital inclusion will be a theme throughout to make sure no one is disadvantaged.

About our services

We provide a wide range of mental healthcare services for the residents of Birmingham and Solihull, as well as some specialist regional and national services to communities in the West Midlands and beyond.

Our population is culturally diverse, characterised in places by high levels of deprivation, low earnings, and unemployment. These factors create a higher requirement for access to health services and a greater need for innovative ways of engaging people from the most affected areas.

Our clinical services are organised into four service areas:

Acute and Urgent Care

Acute Services

Acute Wards, Psychiatric Intensive Care Units, Home Treatment Teams, Assertive Outreach Team Service Wards

Urgent Care

Place of Safety, Street Triage, Psychiatric Liaison, Psychiatric Decisions Unit, Psychiatric Nurse Liaison Team, Respite Care, Day Care, Mental health 24 Hour Helpline, Crisis House, Crisis Team Out of Hours

Integrated Community Care and Recovery

Community Services

Community Mental Health Teams, Community ADHD Services, Solihull Early Intervention Service, Specialist Psychotherapies Service, CMHT and Rough Sleepers Mental Health Service, Solar (Solihull CAMHS), Solihull Integrated Addictions Service (SIAS), Recovery Near You (Wolverhampton Addictions Service), COMPASS (dual diagnosis), Enhanced Pathway for Personality Disorder, Solihull Mental Health Enhanced Assessment Service

Recovery Services

Steps to Recovery, Assertive Outreach Teams

Specialities

IAPT Services

Birmingham Healthy Minds

Dementia and Frailty Services

Older People's Acute Assessment and Complex Care beds, Memory Assessment Services, Rare Dementia Service, Care Home Liaison, Admiral Nurses, Older Adult Community Mental Health Teams, Community Enablement and Recovery Teams (CERTs)

Specialist Services

Perinatal Mental Health, Eating Disorders, Deaf Mental Health, Neuropsychiatry, Neuropsychology, Veterans Mental Health, Bipolar Service, Art Psychotherapy, Clinical Health Psychology

Secure Care and Offender Health

Adult Secure Care Services

Medium Secure Beds (male and female), Low Secure Beds (male), Intensive Forensic Outreach Service (FIRST)

Forensic CAMHS Services

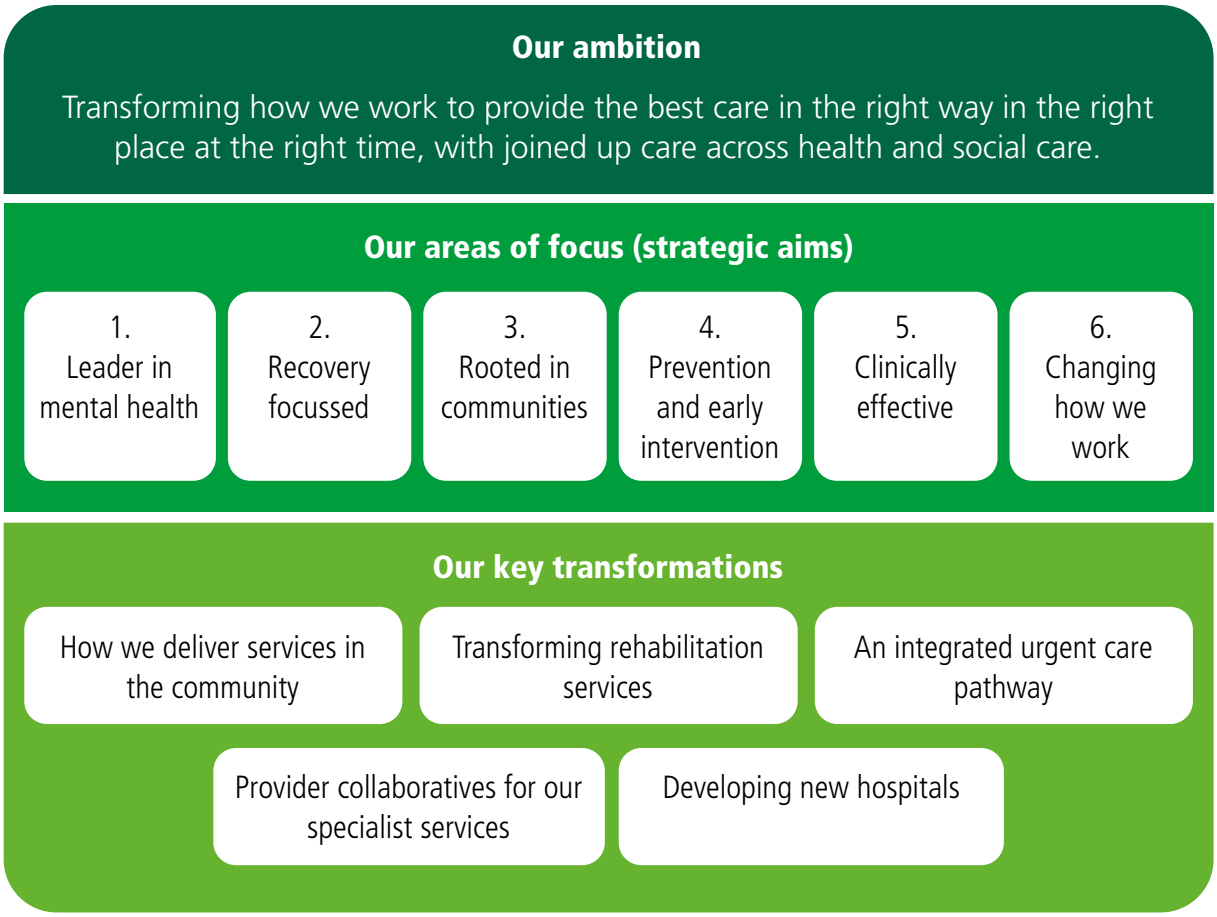
Low and Medium Secure Beds, Forensic Community Service (Youth First)

Offender Health, Criminal Justice Services

Prison Healthcare at HMP Birmingham, Court and Police Liaison and Diversion Service, Probation (AFFIRM and Elliott House), Prevent In-Place, CAMEO Personality Disorder Treatment Service, Offender Personality Community Service (PROSPER), Forensic Psychological Assessment Service (FPAS)

Our ambition for our clinical services

We have a clear ambition for our clinical services and this is underpinned by what we have identified as our key areas of focus and transformations for the next five years which describe our approach to clinical care and our service priorities.



Our **six areas of focus** describe our approach to clinical care and our service priorities. They form a golden thread across our services and the care we deliver.

Alongside this we have **five major transformation programmes** that are cross-cutting and help to deliver all of the areas of focus.

We will continue to provide the range of services that we currently deliver. What will change is how our services are delivered to better respond to the needs of our population, and how they relate to one another and those of our partner organisations so that more work is done in an integrated way.

Our transformations

How we deliver services in the community

The NHS Long Term Plan renews the commitment to pursue the most ambitious transformation of community mental health care England has ever known. Our vision for community mental health services in Birmingham and Solihull has been developed through large-scale co-production with system partners across primary care, secondary care, local authorities, and the voluntary sector as well as experts by experience (including carers). Our ambition is for a life-course and all-age approach improving access and breaking down barriers for service users with Severe Mental Illnesses (SMI) with support close to their home. We will remove concepts of referral, transfers and discharge, replacing them with an approach that flexes with service user needs and ensures holistic input for health and social determinants.

Using Long Term Plan investment monies we will establish integrated neighbourhood multidisciplinary teams (MDTs) aligned to Primary Care Networks (PCNs). A strong blended multidisciplinary team approach, with a mix of providers across the NHS, social care, and voluntary and community organisations will dissolve boundaries between primary and secondary care, and improve professional relationships, quality and efficiency. Service users will experience care and support for physical health, mental health and social needs that is truly joined up through multi-agency assessment, care planning and delivery of services. This will reduce duplicate assessments and ensure service users are placed on the right pathway at the right time.

Teams will consist of a combination of skilled staff from our **existing community mental health teams** and other **specialist community teams**, and new roles including peer support that will be recruited to across the care system to create a comprehensive all age mental health service. The exact nature of the service, pathway offer, skill-mix of the MDT and use of digital technology in each locality will take account of local demographics and needs to make sure it reflects the diverse needs of our population and the specific needs for each locality, working to reduce health inequalities. Our services will be accessible to all, with extended hours, locations in local communities and choice over appointment type (face to face, video, telephone).

Alongside our core offer focussing on service users with SMI, we will have comprehensive pathways of care for service users with complex rehabilitation, eating disorder and personality disorder needs, providing a combination of treatment through the core team or via a specialist team if more appropriate.

Reducing inequalities is an important part of our transformation. Through being embedded in local neighbourhoods, with services tailored to the needs of the local population and diverse groups, and links with voluntary sector and community organisations who work with individuals who identify with protected characteristics, such as BAME, LGBTQ+ or disabled.

BSOL Community Mental Health Services Model of Care

Neighbourhood all age SMI mental health service

Fluid boundary

Fluid boundary

Resilient communities

- Community assets
- Money advice
- Guided self-help
- Advocacy
- Faith groups
- Community groups
- VCSE
- Libraries

Multidisciplinary, co-produced, needs led care plan and treatment delivery

Range of evidence based psychological approaches

Bio-psychosocial assessment and diagnosis

Prescribing and medicines review

Support with social circumstances, employment, housing and finances

SMI physical health checks

Safeguarding

Age-appropriate peer support

Family liaison and support

Community Connections: 'The Waiting Room Resource'

Social Prescribing and care navigating

Neighbourhood Multidisciplinary Team

Patient

- Personality Disorder
- Bipolar
- Eating Disorder
- Psychology
- 0–25
- Older adults

Specialist services (delivered on a locality level)

- Home treatment
- Early intervention in psychosis
- Crisis café
- Acute inpatient
- Assertive outreach
- Rehabilitation inpatient
- Rehabilitation community
- Perinatal mental health services

24/7 mental health helpline (separately commissioned)

Principles

- Trauma informed
- Integrated mental and physical health
- No referral culture, no wrong front door
- Access to appropriate care within 28 days
- Health, social care and voluntary sector integration
- Evidence based, outcome informed interventions
- Autism aware

Transforming community services will help us deliver our six areas of focus as follows:

- ✓ **Leader in mental health** – whole systems approach to care, with flexible pathways removing artificial boundaries between services and trusted assessment across services/organisations.
- ✓ **Rooted in communities** – a focus on reducing inequalities and neighbourhood integration with enhanced community support through social prescribing, voluntary sector organisations and community assets.
- ✓ **Recovery focussed** – needs-led and personalised care planning, considering the whole person and their social determinants and life goals as well as mental health
- ✓ **Focus on prevention and early intervention** – quick, direct and easy access to services and support with no wrong front door, aiming to support service users with the lowest level of care possible; early intervention in eating disorders.
- ✓ **Clinically effective** – improved access to psychological therapies and evidence-based interventions with dedicated pathways for different SMIs.
- ✓ **Change in how we work** – sharing of knowledge and learning experiences, increasing mental health knowledge across the system, new staffing roles, digital innovations in sharing care records and delivery of the care model.

Transforming rehabilitation services

Mental health rehabilitation services are an essential component of our mental health system, providing care for service users with complex SMI whose needs cannot be met by general adult mental health care services. Currently we have a high number of out of area placements due to lack of capacity locally, both in our inpatient services and our assertive outreach teams.

Our vision is for a rehabilitation pathway across Birmingham and Solihull that promotes service users living independently in their own local communities, with the goal of each person having their own front door with the right support. We will take a whole systems approach to care, with personalised multi-agency plans to address barriers to independence bringing together housing, employment and social activity with mental health care and treatment. A range of voluntary sector partnerships (including representing our diverse communities), peer support and advocacy services will be key.

This pathway will reduce out of area placements (both repatriation of existing service services and avoidance of new placements), reduce length of stay and remove system blockages to discharge and care, while improving service user outcomes and quality of life. By reducing out of area spend, this gives flexibility for local reinvestment in services.

Over the next five years we aim to develop our rehabilitation pathway including:

- Developing new **recovery teams** (aligned to the transforming community services geographic hubs).
- Consideration of new **intensive community rehabilitation teams**.
- Maintaining our **assertive outreach teams**, and developing our offer to increase the level of support offered to service users who are placed out of area with visits, 'keeping in touch' calls, support to families and carers, and frequent multi-agency review of cases aiming to return service users to the local area at the earliest opportunity.
- Reviewing our **inpatient rehabilitation and high dependency units** to ensure we have the correct mix of units to meet the needs of our population. This will include scoping the need and options for additional local high dependency capacity.
- Improved interfaces with other services within the Trust such as CMHTs and forensic community mental health services.

We know a key barrier to living independently is the availability of supported housing provision, and we will work with the housing market to shape an accommodation offer to meet people's needs whilst supporting the housing provider(s) with mental health in-reach where required and building confidence to manage this service user cohort and risk profile.

Transforming rehabilitation services will help us deliver our six areas of focus as follows:

- ✓ **Leader in mental health** – leading transformation across the system, taking an integrated approach to improve outcomes and social participation.
- ✓ **Rooted in communities** – a focus on keeping service users closer to their local communities in the least restrictive environment, reducing out of area placements.
- ✓ **Recovery focussed** – personalised recovery plans, equipping service users with the skills and confidence for independent living, including employment, social and housing support; peer support and advocacy services.
- ✓ **Focus on prevention and early intervention** – services that empower service users to live independently but with timely and flexible support if they need additional help, relapse or have difficulty engaging.
- ✓ **Clinically effective** – multidisciplinary, multi-agency approach to care with a whole team approach to assessment, formulation and care planning.
- ✓ **Change in how we work** – new staffing roles (NHS and voluntary sector) including peer support and advocacy.

An integrated urgent care pathway

Over the last year during the pandemic, we have really seen local NHS and voluntary sector providers coming together to ensure responsive and effective urgent care services. Over the next five years we will build on this positive work, further developing our integrated urgent care pathway across Birmingham and Solihull. We want our pathway to be effective in managing service users in the right place at the right time, receiving appropriate support depending on their needs. We want to avoid service users having to go to A&E or contact NHS 111 when they are in mental distress. We want to prevent mental health crises from escalating where possible, and to provide a range of alternatives to service users having to be admitted as an inpatient. When people do need an inpatient admission, we want to avoid out of area placements and reduce their length of stay.

Bed localisation programme

Our bed localisation programme aims to develop our models of care, pathways and processes so that we are only using our beds for the most in need, and supporting our home treatment, assertive outreach and community teams to effectively manage service users in their own homes. Individual projects within the programme focus on referrals, demand and triage; pathway and case management; gatekeeping; and bed management.

We will embed a new support/recovery navigator service offering additional support focussing on social crises impacting on poor mental health, which offers access to a

range of support services including signposting, counselling, IAPT, wellbeing support, and crisis services as appropriate.

Developing a range of support options for people in mental health crisis

We will enhance our comprehensive crisis pathway across Birmingham and Solihull, with blended models of care, skills and expertise from both NHS and voluntary sector organisations, aiming to manage mental health crises before they escalate, or quickly access the right help when it is needed. This includes 24/7 access to a mental health helpline and crisis cafes. Psychiatric liaison services are at all four A&E sites. Services will be inclusive to all service users and communities. We will research and develop digital solutions to support prevention and management of crisis.

New urgent care centre

We are currently developing with our partners an all-age Urgent Care Centre providing a therapeutic environment for adults and children at our Oleaster site. This will enhance current Place of Safety and Psychiatric Decisions Unit facilities. Environments will be improved enhancing service user experience, privacy and dignity, and ensuring safe services compliant with safety and safeguarding regulations. The development brings opportunities for integrated working and co-location across NHS and voluntary sector organisations providing urgent care services, including diverse organisations across Birmingham and Solihull who support people from different communities. Construction is due to complete late 2021.

An integrated urgent care pathway will help us deliver our six areas of focus as follows:

- ✓ **Leader in mental health** – integrated pathway across the whole system.
- ✓ **Rooted in communities** – service users treated closer to home with reduced out of area placements and lower lengths of stay; a focus on reducing inequalities.
- ✓ **Recovery focussed** – support with social factors leading to mental health crisis, enhanced peer support roles, improved therapeutic environments to help service users with their recovery journey.
- ✓ **Focus on prevention and early intervention** – comprehensive crisis pathway aiming to avoid admission or referral to secondary mental health care through early help.
- ✓ **Clinically effective** – holistic models of care, with equitable access and consistent clinical standards and services across the region improving service user outcomes.
- ✓ **Change in how we work** – quality improvement processes improving management of service user flow and bed utilisation; data driven planning and decision making; use of digital innovations.

Provider collaboratives for our specialist services

Provider Collaboratives are responsible for managing the budget, service user pathway and performance of services for specialised mental health, learning disability and autism care for people who need it in their local area. Through development of budgets and commissioning responsibilities, the aim is to empower local systems, including people with lived experience, their families, carers and clinicians, to work collaboratively to support people who use specialised mental health services and improve their outcomes, with a view to reducing the number of people who were cared for out of area, preventing avoidable admissions, reducing length of stay, reducing health inequalities and creating the services their population needed through local re-investment.

The Trust is a core partner in three Provider Collaboratives in the West Midlands:

Adult Secure Care – Reach Out consists of three providers Birmingham and Solihull Mental Health Foundation Trust (BSMHFT) (lead provider), Midlands Partnership Foundation Trust (MPFT) and St Andrews Healthcare. Our clinical model builds on existing specialist forensic outreach services and joins together secure care and step-down providers, third sector organisations and statutory partners (e.g. criminal justice system and social services) across the whole of the West Midlands to deliver Reach Out objectives.

Adult Eating Disorders – The partnership consists of MPFT (lead provider), BSMHFT, Coventry and Warwickshire Partnership NHS Trust, Elysium and Priory Group. The clinical model aims for consistency in criteria and standards across the West Midlands with centralised bed management and single point of access as well as improved alignment and joint working between inpatient and community providers and earlier intervention.

CAMHS Tier 4 – The partnership consists of Birmingham Women's and Children's NHS Foundation Trust (lead provider), BSMHFT, North Staffordshire Combined Healthcare NHS Trust, Black Country Healthcare NHS Foundation Trust and Schoen Clinic. The clinical model aims to improve fragmented pathways, redesign the bed configuration across the region so it better meets need, and reinvest in community and step-down services.

We have already seen some huge benefits from working together in this way and have already been able to invest in new services, repatriate people from out of area services and avoid new out of area placements. Over the next five years we will continue to work with our partners to implement the new clinical models of care.

As Provider Collaboratives get expanded out to other specialised mental health services, such as perinatal services or deaf services, we aspire to being central to their development and will explore wider partnerships and collaboratives.

Provider collaboratives for our specialist services will help us deliver our six areas of focus as follows:

- ✓ **Leader in mental health** – joined up planning and delivery of services and whole pathways of care across providers.
- ✓ **Rooted in communities** – service users treated closer to home with reduced out of area placements and lower lengths of stay in hospital with earlier discharge; facilitated through enhanced community services; a focus on reducing inequalities for example by reducing stigma around mental health services.
- ✓ **Recovery focussed** – service user, families and carers central to shaping the future development of recovery focussed models of care.
- ✓ **Focus on prevention and early intervention** – preventative approach to admissions where possible with admission alternatives.
- ✓ **Clinically effective** – holistic models of care, with equitable access and consistent clinical standards and services across the region improving service user outcomes.
- ✓ **Change in how we work** – new staffing roles and efficient joined up processes.

Developing new hospitals

We want our services to be provided from facilities that are modern, fit for purpose, meet accommodation and security standards and are conducive to the provision of safe, high quality care. Our Estates Strategy has two priorities for development over the next five years:

- **Secure Care Inpatients Development** – Reaside is a medium secure facility where the environment is over 30 years old and no longer fit for purpose for a modern 21st century secure service. Hillis Lodge is a standalone low secure facility commissioned in 2001, They will both be re-provided in a new build on the Reaside site in the South of Birmingham.
- **Acute Inpatients Development** – this will develop acute inpatient services in the north of Birmingham. We will do this in a phased manner; the first phase being the re-provision in a new-build of the four acute units and one psychiatric intensive care unit designed in the 1970's and situated on the Highcroft hospital site in Erdington.

These developments will:

- Be modern and state of the art facilities, meeting national standards.
- Be designed to enable safe and effective care in inpatient areas, reducing harm risk and providing adequate de-escalation and seclusion spaces.
- Improve the clinical model of care with an environment that facilitates a more holistic and trauma informed environment for delivering care, supporting a reduction of restrictive practices

- Feel welcoming and comfortable, with effective day space, therapeutic space, visiting areas for family and friends, and outdoor space.
- Ensure staff have enough space to work, relax and interact and feel safe at work.
- Maximise opportunities for use of digital and technological innovations to support effective delivery of care.
- Give us flexibility to future proof the sites as the clinical models develop further as well as facilitate integrated working, both internally with inpatient and community teams and with our partners.

These are long term programmes of work which will involve several approvals processes as they progress. Throughout we will engage staff, service users, families and carers and other stakeholders during the developments, making sure individuals from diverse backgrounds reflective of our local population are represented.

Developing new hospitals will help us deliver our six areas of focus as follows:

✓ **Leader in mental health** – a whole systems approach, with a focus on partner and community integration to maximise health outcomes

✓ **Rooted in communities** – service users treated closer to home with lower lengths of stay in hospital and reduced out of area placements

✓ **Recovery focussed** – positive service user experience through co-produced, improved, inclusive environments and models of care that supports recovery

✓ **Focus on prevention and early intervention** – timely and accessible services when an inpatient stay is needed

✓ **Clinically effective** – a clinical model with greater range of multidisciplinary therapies and activities, as well as a safer environment reducing risk of harm

✓ **Change in how we work** – improved cross team working and a better place to work, with infrastructure that supports innovations in technology.

Our areas of focus – strategic aims

We have six areas of focus:

Strategic aim: **Leader in mental health**

Our aim

We will drive the system-wide transformation and delivery of specialist mental health services, ensuring truly integrated pathways and care across providers and across mental health, physical health, and social care to improve population health outcomes.

Over the next five years we will achieve this aim by:

Developing Integrated Care System – a focus on mental health	Transforming integrated mental health pathways and services across systems	Tackling health inequalities together as a system
Being an advocate for mental health	Challenging inequities between mental health and physical health	Celebrating our wide range of specialist services

Developing Integrated Care Systems – a focus on mental health

An Integrated Care System (ICS) is a partnership bringing together providers and commissioners of all NHS services across a geographical area with local authorities and other local partners, making shared decisions about how to use resources and design services in a way that improves the health of the local population and reduces inequalities between different groups. This is a fundamental shift in the way health and care is organised, with a focus on collaboration between organisations.

The NHS Long Term Plan set out an ambition for all parts of England to be covered by an ICS by April 2021.

The Trust is a key partner and stakeholder in the development of the Birmingham and Solihull ICS and will be championing mental health, making sure there is a focus on mental health in the design and development of the ICS alongside physical health and social care.

In August 2020 the Boards of our Trust, Birmingham and Solihull CCG and Birmingham Women's and Children's NHS Foundation Trust agreed to work together to scope what an integrated care partnership/ provider collaborative approach for mental health services across Birmingham and Solihull would look like, within the principles of the ICS. This is driven by our primary aim to improve services and pathways for our service users, with a model that will help us to manage demand, improve safety and clinical outcomes, and ensure that we can provide sustainable services.

We also have a key role to play in working in partnership to develop 'place' based approaches to planning and delivering care for the local population. To date we have been heavily involved in the following developments:

- We are a partner in the Ladywood and Perry Barr (**West Birmingham**) Integrated Care Partnership which came together in 2020. Priorities for mental health will include development of integrated neighbourhood teams aligned to Primary Care Networks, the new Midlands Metropolitan Hospital development, older people's integrated pathways and reducing inequalities.
- We are also a key member of **Solihull Together**, a well-established public sector place partnership that has developed over the years to make sure we are making a positive difference for Solihull residents, meeting national policy and delivering local priorities. Priority areas include mental health, thriving communities, exploitation reduction and ageing well.

We will build on these strategic partnerships, working with system partners to roll out the learning across the whole of the Birmingham and Solihull ICS, particularly in developing a place-based approach for the rest of Birmingham. Integral to this work will be consideration of how our services and pathways may need to change to reflect and align to this place-based working.

Transforming integrated mental health pathways and services across systems

Across our Trust – we will make sure our own services across our Trust work well together, with smooth interfaces and transitions, and joint planning and design of models of care and pathways.

Across systems – We will play a leading role in sustaining strategic relationships and driving future transformation of integrated mental health pathways and services with primary care, acute trusts, police, social care, education, housing, criminal justice and community, voluntary and independent sectors to:

- Manage demand across the system
- Improve health outcomes
- Provide services with a seamless way removing fragmentation
- Prevent people falling between gaps in services
- Improve transitions in care
- Improve access to services and service user experience

System working is a key theme throughout this strategic priority. All of our transformations described earlier, as well as many of the service developments over the following pages, emphasise how working in partnership across the health and care system is critical to their success.

Criminal justice

We provide a number of services across the criminal justice system and believe these are an important part of the fabric of our service offer, both enhancing our expertise as a specialist mental health provider and serving the needs of our population through integrated services. We are keen to retain and continually improve these services which include:

- **Integrated healthcare at HMP Birmingham**, in partnership with Birmingham Community Healthcare NHS Foundation Trust.
- Our award-winning **Birmingham Liaison and Diversion service**.
- A range of **forensic psychology services**, e.g. CAMEO, AFFIRM, Prevent in Place, Prosper.

Tackling inequalities together as a system

Inequalities remain deep rooted in our society and this is not a problem for those affected to address, it's for all of us and organisations and individuals to stand up and take responsibility. In responding to the events of the past year such as the impact of COVID-19 and Black Lives Matter, and what we already know about the inequalities in our society and our health and care system, we will take up the challenge to tackle inequalities of all kinds that are experienced by colleagues and people we support.

This means that as a system we will:

- Put inequalities at the heart of all that we do as an ICS through making this core business, capturing complete and timely data and engaging with our communities
- Provide healthcare in a way that tackles inequalities in health outcomes
- Use data, for example about health inequalities during the pandemic, to help inform service transformations and developments
- Accelerate preventative programmes that proactively engage those at greatest risk of poor outcomes
- Mitigate against digital exclusion, ensuring that use of new technology does not disadvantage some groups
- Play a full role in working together to tackle the wider underlying causes of inequality and mental ill health including poverty, unemployment, education, gambling and housing
- Support, participate in and keep up to date with current national and local research into inequalities and mental health, including use of population health data and benchmarking.
- Ensure that interventions introduced to address inequalities are evidence-based with meaningful prospects for measurable success.

As part of this, we will continue to have meaningful conversations with people within and in touch with our Trust who have lived experience of the discrimination that we need to address. By doing this we will understand directly from those experiencing discrimination and barriers, what that feels like and what we need to do to deliver real change.

Being an advocate for mental health

We aim to proactively advocate for mental health across the system by:

- Influencing decisions on the level of funding coming into mental health services to meet growing need.
- Share the latest developments, research and innovations in mental health care in other areas to support investment in mental health.
- Leading and supporting system-wide initiatives and campaigns aimed at preventing mental ill-health, including use of digital technologies such as apps.
- Championing the better education of primary care, voluntary sector, employers and schools in mental health awareness, including provision of Mental Health First Aid training.
- Connecting through Primary Care Networks with wider community assets to develop new strategies to identify and escalate issues and work with the public to reduce the stigma faced by people who experience mental ill-health, and target education about mental health awareness and prevention.
- Support the development and capacity building in local third sector organisations, so that they have the resources to be able to work in partnership with us to provide holistic support and improved outcomes and experience for our communities.

Challenging inequities between mental health and physical health

We will continue to challenge inequities between mental and physical healthcare, championing the principle of Parity of Esteem.

As well as internal actions to improve the physical health of our service users, which are outlined in our Quality Strategic Priority, this is much wider. It involves:

- Working with our partners to ensure that we influence the level of investment coming into mental health services, to meet unmet and growing need in our communities and be on an equal footing with physical health services
- Ensuring that there is a strong voice for mental health round the table when important decisions are being made about system priorities
- Working with other local organisations to make sure that a person's mental health is routinely considered alongside their physical health so that they are able to receive the holistic support and joined up care they need. This could involve co-location of mental and physical health staff or new roles within wider system developments that integrate physical and mental health
- Supporting health promotion activities across the system that target physical health and social factors that are often present when people have poor mental health, for example smoking cessation, diet and nutrition and substance abuse
- Working with our partners to support service users with long COVID and other long term physical health conditions, that are likely to have an impact on mental health and social wellbeing as well as physical health.

Celebrating our wide range of specialist services

We are proud of the range of services that we provide, and the benefits this brings us as a leader in mental health from having a wealth of skills, knowledge and expertise across our pathways. Our services range from very large services and teams to very small specialist services – and all have an equal impact on the difference we make to our service user lives and deserve to be celebrated. We will aim to maximise promotion of positive news stories, accreditations and awards both internally and externally. We have been at the forefront of many new service developments, pilots and early implementers and we intend to continue to seek out new opportunities to continually improve the services and pathways we provide.

Quotes from strategy engagement:

Strategic aim: **Recovery focussed**

Our aim

We want all of our service users, their carers and families to be supported to live fulfilling lives, with hope, meaning, purpose and opportunity. This means supporting and enabling them to flourish in whichever way is important to them.

Over the next five years we will achieve this aim by:

- Recovery at the heart of the care we provide
- Meaningful co-production with experts by experience to shape our clinical services
- Supporting and involving families and carers
- Delivering personalised care
- Providing a wide range of recovery opportunities

Recovery at the heart of the care we provide

Recovery means empowering service users, their carers and families through knowledge and enabling them to lead a satisfying life and fulfilling their potential, regardless of their mental health condition. Recovery will be at the core of how we work with our service users and deliver our services and we will do this through:

- Adopting a recovery focus from the outset – starting from initial assessment and promoted throughout the service user journey.
- Development of systems that actively promote and enable recovery: care plans, assessments, reviews, discharge plans, letters, environment, customer care standards and policies and procedures.
- Equipping our staff with training and skills to deliver truly recovery focussed care and have different conversations with service users and their carers and families to develop unique recovery plans.
- Making sure recovery is embedded throughout our pathways and models of care, with partnerships with voluntary sector and community organisations to support delivery or to signpost to where appropriate.
- Routine and consistent use of recovery outcomes measures.
- Expanding roles for experts by experience and peer support workers across our services, recognising the benefit that lived experience brings to our workforce, and also making sure people with different protected characteristics are represented.
- Working with our diverse local communities to understand the principle of 'recovery' and what it means within that community.

Delivering personalised care

Recovery is individual, focussed on the whole person and built on their strengths and experience. The service user will be at the centre of their care and services will seek to understand their needs, aspiration and goals from their perspective. We will make personalised care the norm by:

- Empowering service users to manage their own recovery, supporting them to have choice, control and self-management of their care based on what matters to them.
- Developing care plans that are realistic, holistic (including social and psychological components) and reflective of people's cultural, spiritual and transcendent needs.
- Supporting service users to make informed choices about treatment and care, making sure they are clear what is on offer.
- Shared decision-making with service users making them partners in their care.
- Considering the use of personal health budgets for all service users eligible for after care under Section 117, giving them greater control and choice over how care is planned and delivered.

Meaningful co-production with experts by experience to shape our clinical services

Our service users, families and carers have an important role to play in helping us shaping our clinical services, bringing their own experiences and reflections about care they have received and what could be done better in the future. Bringing their voices at the heart of our services, we can drive quality upwards and ensure we are properly meeting the needs of all we serve. We are committed to developing services in true co-production with our experts by experience including:

- Planning and design of new models of care and pathways.
- Holding us to account for the way services are developed and delivered.
- Developing new workforce roles, including peer support and lived experience roles, and helping us with recruitment.
- Developing service evaluation frameworks and measures of success.

Supporting and involving families and carers

Families and carers play a vital role in supporting people who are living with mental ill health and their involvement and engagement can significantly improve our service users' chances of recovery. Caring for someone can also have consequences for the physical and mental wellbeing of families and carers themselves. Our Family and Carer Strategy published in 2019 describes how we will support and involve families and carers through:

- Embedding our Family and Carer Pathway, which describes the journey taken by families and carers from their relative's first contact with our services, through to discharge and beyond, and ensures they are recognised, supported, informed, listened to and connected to the care and treatment of the person they support.

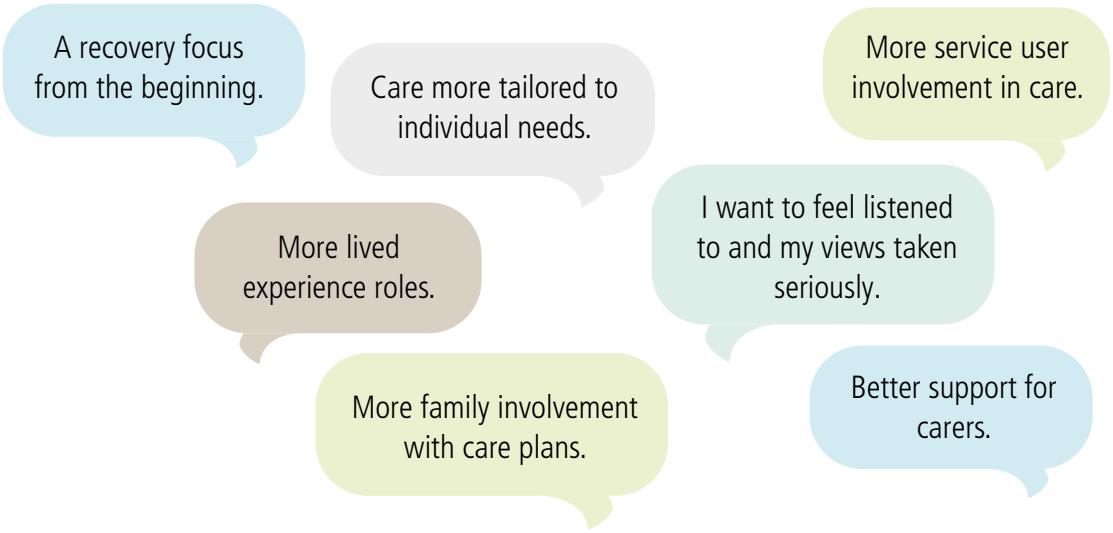
- Working in partnership with families and carers, embedding our Family and Carer Engagement Tool which identifies specific communication needs and what information will be shared about care and treatment.
- Signposting to external support services if appropriate.
- Increasing interventions and support for families throughout our pathways of care.
- Providing information, access and support during a crisis.
- Training for staff in understanding the needs and roles of families and carers.

Providing a wide range of recovery opportunities

We will make sure our service users, families and carers have access to a range of recovery-orientated support including:

- Consolidating and enhancing our successful Recovery College provision, thinking about the range of courses available and how we can expand reach to all of our service users
- Supporting service users with achieving sustained employment by linking them with the Birmingham and Solihull Individual Placement Scheme (IPS).
- Signposting to social prescribing, voluntary sector and community organisations who provide recovery related services in the community so they can access the full range of support available to them.
- An asset-based approach to working with communities reflecting the diverse groups within our population, making sure our recovery opportunities are relevant and meaningful to them.

Quotes from strategy engagement:



Strategic aim: **Rooted in communities**

Our aim

We will provide services close to home in the least restrictive setting, reducing inequalities, and linking closely with and drawing on the strengths of our diverse local communities.

Over the next five years we will achieve this aim by:

- Reducing inequalities and embracing the diversity of our population
- Working in a place-based way with Primary Care Networks and local neighbourhoods
- Providing care close to home and in the least restrictive setting
- Expanding access to perinatal community services

Reducing inequalities and embracing the diversity of our population

We want our services to be inclusive and accessible to all, and we want our service users to have equal positive experiences and outcomes regardless of their diverse backgrounds or whether they identify with one or more protected characteristics.

Over the next five years we will work to reduce inequalities by:

- Taking an anti-racist and anti-discriminatory approach to supporting our service users whatever their protected characteristics.
- Targeted work with over and under-represented groups.
- Building a culturally responsive and competent workforce with culturally sensitive and appropriate services and interventions.
- Services adapted to the needs of different protected characteristic groups, removing barriers to access and experience, and building trust and engagement.
- Implementing trauma informed approaches to working with those service users who have experienced trauma.
- Working alongside partner organisations to tackle discrimination and address stigma across our communities, improving the public perception of mental health.
- Being embedded in communities and with local community networks to improve access to our services, particularly for those who don't have the confidence in approaching mental health services and therefore often present late and very unwell.
- Engaging with our communities, listening to understand the issues they experience that impact on mental health.
- Undertaking equality impact assessments for all of our service transformations and developments, making sure they meet the needs of those from protected characteristic groups.

- Working with our staff networks and community partners to identify local areas of good practice and implement this more widely.
- Making sure we understand our own populations and their needs, using data and community engagement intelligence to inform our local planning as well as understanding changing demographics.

As well, we will initiate specific programmes of work for groups who particularly experience the impact of inequality as follows:

Race

Race equality is a priority area of improvement for our Trust and to help us on our journey we have committed to two national initiatives. We have signed the Synergi National Statement of Intent which is a pledge to reduce ethnic inequalities in mental health systems, co-creating an action plan and collaborating to deliver system-wide transformation for those diagnosed with a severe mental illness, and to tackle the disproportionate risks Black, Asian and minority ethnic (BAME) communities face in mental health services. Our initial areas of focus will be our **IAPT services (Birmingham Healthy Minds), perinatal services and adult secure care**.

We are also a pilot site supporting the development of the new Patient Carer Race Equality Framework, an important part of the national Advancing Mental Health Equalities Strategy. This will be an organisational development tool for mental health trusts setting out the core 'competencies' trust should be able to demonstrate and supporting them to identify ways to improve BAME service user experiences in partnership with local communities.

LGBTQ+

We are fully committed to implementing the Sexual Orientation Monitoring Information Standard which will help us to better understand access, experience and outcomes for our LGBTQ+ service users and help us address the health inequalities.

Disability and neurodivergence

We are fully committed to meeting the Accessible Information Standard and using this proactively to identify themes and trends for those who have specific communication needs.

Our service transformations and developments will make sure:

- All of our communication, whether service information, surveys and feedback measures, or consultations will be inclusive in terms of disability and language.
- All of our services are provided in a way that is inclusive and appropriate for people with a disability.
- Our physical environments take into account access and sensory needs.

Working in a place-based way with Primary Care Networks and local neighbourhoods

We want delivery of our care to be sensitive to and tailored to the specific needs of local populations and their diverse communities. Primary Care Networks (PCNs) are the key delivery unit for integrated care at a neighbourhood level, with each PCN serving a population of between 30,000–50,000 based around a group of GP practices. PCNs will provide wraparound care by a range of professionals to their service users having a focus on prevention and population health management.

One of our key transformations described earlier in the document was about **transforming how we work** in the community to be more place based. Through this transformation our all-age services will be integrated in neighbourhoods with primary care, social care and the community and voluntary sector in an all-age model that dissolves barriers between providers and manages demand and need effectively. This will mean:

- We will be seeing service users in their communities and co-designing local services with PCNs and communities, so they are centred around local need.
- Providing care through integrated teams working together to support people to live well at home.
- Community integration and support in the community will play a key role in supporting people to access support as soon as possible along their mental health journey and to prevent or minimise the need for acute and crisis care and to maintain service users at home.
- Comprehensive links with local voluntary sector organisations, community assets and neighbourhood networks mean there will be an emphasis on building resilient communities and addressing the social determinants of mental ill-health such as social wellbeing, employment, housing and finances at the earlier opportunity. For example, money advice, guided self-help, advocacy, faith groups, community assets, community groups, and libraries.
- Social prescribing providers at PCN level will help people find opportunities through social prescribing that support their health and wellbeing, tackle social isolation and build their own resources of resilience.
- Our services and service users will be connected into community groups, building trust and confidence of those who do not feel comfortable accessing mental health services.
- Working with a diverse range of organisations representing different protected characteristics.

Providing care close to home and in the least restrictive setting

Reducing the practice of admitting people into inpatient units outside our area is one of our top priorities. Across Birmingham and Solihull we have high levels of out of area placements for acute inpatient, psychiatric intensive care, and high dependency rehabilitation inpatient beds, and across the West Midlands we have high levels of out of area placements for low and medium secure inpatient services. It is well known that typically people placed out of their local area have longer lengths of stay, poorer discharge planning, and slower recovery due in part to isolation from their families and friends.

Our ambition is for integrated models of care across health and care systems, where our service users are cared for close to their home in the least restrictive environment to meet their needs. Where inpatient stays are necessary, out of area placements are avoided and lengths of stay are no longer than they need to be with proactive discharge planning from the date of admission. Three of our transformation programmes described earlier in this document are key enablers for us achieving this ambition:

- **An integrated urgent care pathway** – improving service user flow and length of stay in acute care.
- **Reach Out strategy for secure care services** – some of our areas of development over the next five years will include:
  - enhancing forensic community outreach services (our FIRST team), making sure the service and model of care is responsive to the needs of our forensic population
  - improving pathways, transitions and liaison schemes to support step down from forensic to secondary care
  - blended models of inpatient care
  - integration with housing/ local authorities and closer working with living providers to support earlier discharge from hospital
  - enhanced support for service users including education and training, and peer support.
- **Transforming rehabilitation services** – developing specialist community services to provide intensive support enabling and empowering service users to live independently in their own communities.

Expanding access to perinatal community services

The NHS Long Term plan outlines a clear aspiration to increase the number of women receiving specialist community-based perinatal mental support. In 2017/18 we were a Wave 1 and Wave 2 pilot site for the development of **perinatal community mental health services**, both in Birmingham and Solihull, and in the Black Country in partnership with Black Country Partnership NHS Foundation Trust. We are proud of the services that we have developed and the support we have been able to provide to women and their partners.

Over the next five years we will further enhance our services to:

- Roll out an expansion plan aimed at increasing access and referrals to the service.
- Improve access to services from under-represented groups e.g. BAME women.
- Expand our range of evidence-based psychological therapies for perinatal and infant mental health needs.
- Ensure partners of women accessing specialist perinatal mental health services have an assessment of their own mental health and are signposted to support where necessary.
- Develop the role and number of peer support workers.
- Increase awareness of perinatal mental health across health professionals.
- Develop towards meeting the mental health (infant and adult) needs of families with children between 0–5s which we know are the most vulnerable to the impact of mental illness and require specialist input.

Quotes from strategy engagement:

Strategic aim: **Prevention and early intervention**

Our aim

We will provide help at the earliest opportunity before mental health problems escalate or become more complex, through access to a range of treatment options whether with us or one of our partners.

Over the next five years we will achieve this aim by:

Developing our urgent care services and pathways for those in crisis	Developing Children and Young People services in Solihull	Ensuring mental health is embedded in the Ageing Well programmes
Widening our Birmingham Health Minds offer	Increasing awareness of veteran mental health and enhancing services for veterans	Developing services for rough sleepers

Developing our urgent care services and pathways for those in crisis

When our service users experience a mental health crisis, we want them to be able to access help quickly and easily that is appropriate to their needs, whatever the time of day or night, and where possible prevent a crisis from escalating. We can do this most effectively by working collaboratively across Birmingham and Solihull with our NHS, statutory, community and voluntary sector partners to deliver an integrated urgent care pathway. This will include:

- Further development and promotion of the **24/7 mental health helpline**, with direct access to a range of third sector interventions as well as NHS clinical service.
- Alternatives to an inpatient admission or A&E attendance such as **crisis cafes** and **crisis houses**.
- A new support/recovery navigator service offering additional support focusing on social crises impacting on poor mental health.
- Partnerships with NHS 111 and ambulance services to ensure appropriate mental health support and advice.
- Our **Home Treatment** service, **Psychiatric Liaison** in local acute hospitals and the **Psychiatric Decisions Unit**, including effective out of hours arrangements.
- Research into digital innovations and solutions to help predict, prevent and manage crisis.

Developing Children and Young People's services in Solihull

Evidence shows that mental health problems often develop early in life, and prevalence rates have shown an increase in probable mental health conditions in children and young people over the last few years. We also expect to see increased demand for children and young people's mental health services as a result of the COVID-19 pandemic. A key priority in recent national NHS strategies has been to transform and expand mental health services for children and young people so that it is easier to access treatment and get help earlier and quicker. This will enable them to live fuller lives, and potentially prevent problems escalating and getting worse later in life.

We provide mental health and emotional wellbeing services in Solihull for children and young people up to the age of 19 through our **Solar service**. Over the next five years our Solar service aims to extend our current model to create a comprehensive offer for 0–25 year older consistent with the principles of our Transforming Community Services model described earlier in this document. This will include:

- Extending the service to those between 19 and 25 years of age, providing a youth focussed model, and reducing transition points.
- A co-produced culturally intelligent workforce model designed for inclusivity, difference and vulnerabilities. This will include lived experience, peer support and youth transition roles.
- Making sure we have an accessible offer, with no wrong front door, and services that are easy to navigate for children, young people, their families and other agencies. This will include a wider choice of flexible and integrated mental health 7-day services (including help and support through telephone, video, apps, social media and internet solutions).
- Develop a 'one stop shop' community youth hub as we well as ensuring service delivery in a variety of locations including non-mental health services, reducing barrier to access and promoting services across our diverse communities.
- Enhanced links with schools, colleges and universities focussing on wellbeing, resilience building and prevention.
- Enhance recovery focus through peer support roles, support with employment, training and skills, and use of digital technologies.
- Delivery of 'FREED', and early intervention treatment package for service users with eating disorders.

Ensuring mental health is embedded in the Ageing Well programmes

The Ageing Well programme is a key priority for the Birmingham and Solihull STP, aiming to provide the right care in the right place at the right time with a 'home first' ethos enabling older people to live healthy, active, independent lives in their community. Its goals are to prevent unnecessary hospital admissions, prevent premature admissions to long-term residential care, avert delays in discharge from hospital and help service users remain as independent as possible in their own surroundings. The aim is for physical health, mental health, social care and end of life pathways to become a seamless service with a focus on community care and a reduced need for inpatient admissions.

We are committed to mental health being an integrated part of Ageing Well and working with our partners to make sure that it has parity of esteem alongside physical health across the three work programmes:

Early intervention (intermediate care community pathways) – the vision for this programme is for health and social care professionals across organisations to work together to promote a home first philosophy, reduce repeated assessment and service users having to retell their stories, and putting the person at the centre of their care. The early intervention model has five components:

- **OPAL:** A geriatrician-led multidisciplinary team that ensures individuals presenting at an acute hospital get the most appropriate onward care
- **Hubs:** A multidisciplinary team that work at the point of discharge from acute hospitals to ensure timely discharge on the most appropriate discharge pathway
- **Early Intervention Beds:** Intermediate care provision to support people to recover as much independence following a crisis as possible, ideally returning home
- **Early Intervention Community Team:** At home intermediate care offer that supports people to recover in their own homes
- **Mental Health Wards:** Specialist mental health provision to care for people experiencing an acute mental health episode

We will ensure robust links and interfaces are embedded between our mental health services for older people and each of the components of the early intervention model, focussing on an inclusive approach to mental health and physical health, multidisciplinary consideration of clinical cases and pathways and ensuring appropriate care is provided in the most appropriate environment.

Neighbourhood integration – as described in the Rooted in Communities section, community integration and support will play a key role in preventative and proactive mental health care, supporting older people to live well at home and access support as soon as possible along their mental health journey. This will prevent or minimise the need for acute and crisis care and reduce reliance on hospital or care home care. Our mental health community teams will be aligned to PCNs and will work within multidisciplinary teams to support service user needs.

Support to care homes – the strategic vision is for a care market which is supported by agencies and organisations working in partnership as one system. Mental health already plays a role in service provision for care homes and work is ongoing to enhance the support offer to care homes, including care home mental health liaison and psychiatry input both on an ongoing basis and when in crisis, as well as education for providers about mental health awareness.

Widening our Birmingham Healthy Minds offer

We provide Integrated Access to Psychological Therapies (IAPT) service in Birmingham through our **Healthy Minds** service which provides low level psychological interventions to help those with who experience symptoms of low mood, depression and/or anxiety.

We aim to enhance and widen our service offer by:

- Developing digital technology approaches to providing support and care (such as apps or internet-based products), aiming to prevent escalation of low-level mental health issues.
- Integrating our pathway with the Transforming Community Services programme.
- Integrating our service with the 24/7 mental health helpline pathway.
- Improving access and reducing mental health stigma for under-represented groups such as BAME communities.
- Continuing to explore how we can adapt our services to be responsive to the needs of our population, for example running groups for different ethnic groups or other protected characteristics.

Increasing awareness of veteran mental health and enhancing services for veterans

We believe no one who has served their country should have to battle alone and we provide a range of **specialist services for veterans** across the Midlands in partnership with Lincolnshire Partnership NHS Foundation Trust and Coventry and Warwickshire Partnership NHS Trust as well as veteran third sector organisations. Services aim to provide veteran-focussed, person-centred care to support them through mental health issues attributed to military life, by professionals with an expert understanding of the Armed Forces.

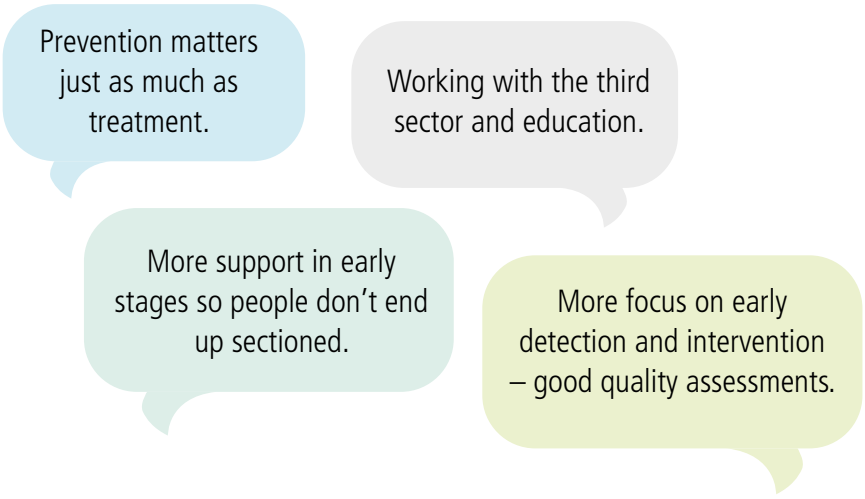
We will continue to develop, enhance and consolidate these services with our partners including a focus on:

- A smooth joined up pathway through mental health services, including links with mainstream mental health services where appropriate
- Supporting carers and families of veterans
- Expanding provision of specialist psychological therapies
- Raising awareness of veteran mental health
- Reducing healthcare inequalities for the veteran population

Developing services for rough sleepers

In recent years Birmingham has seen an unacceptable rise in the number of people sleeping rough on our streets. Poor mental and physical health can be both cause and effect of homelessness and rough sleeping. Targeted funding is enabling us to increase mental health support for people living on the streets, providing assessment and assertive treatment. Alongside this, partners are renewing a commitment to work together to better support people with multiple complex needs who are often some of the most vulnerable in our society to make sure they have holistic, long-term care and support. By working with other partnership agencies, interventions are designed to support and enable rough sleepers who have a mental health condition into stable accommodation.

Quotes from strategy engagement:



Strategic aim: **Clinically effective**

Our aim

We will ensure our service users consistently receive high quality multidisciplinary care based on models and pathways that consider their holistic needs and meet national standards and guidelines. A focus on measuring and improving outcomes will provide evidence that we are being clinically effective.

Over the next five years we will achieve this aim by:

Working in a truly multidisciplinary way, considering all of the needs of our service users	Consistently meeting service standards, complying with NICE guidance and providing evidence-based care	Measuring and improving service user outcomes
Transformation and improvement across acute inpatient services	Making sure we have pathways and models of care for specific needs	Ensuring medicines optimisation

Working in a truly multidisciplinary way, considering all of the needs of our service users

A really clear theme that came out of our co-production activities when we were developing the strategy is that our models of care need to consider all of the needs of the service user: not just their mental health in isolation but also their physical health and social wellbeing. We want our models of care to adopt the following principles to be truly needs-led:

- Consideration given to mental, physical and social factors with care planning being personalised to each service user and their individual characteristics, beliefs, identity, life experiences, cultural background, needs and goals.
- Care that 'wraps around' the service user, providing a clear framework of support for all of their needs.
- Working in partnership – both internally and externally – in multidisciplinary teams with a range of professionals and organisations best placed to support the service user holistically and respecting the opinions and expertise of each of those professionals.
- Through this integrated working, developing a multi-professional framework and team-based approach to assessment, formulation and care planning.
- Taking a recovery focus throughout the care journey.
- Having different conversations with our service users – listening to their story and asking what has happened to them and what help they need to move on and live their lives more fully.
- Flexible and agile approach to care, removing barriers between teams and services and being more fluid across pathways.

Consistently meeting service standards, complying with NICE guidance and providing evidence-based care

Our aspiration is for our services to provide care and interventions that are evidence-based and compliant with national standards and NICE guidance. Some of our immediate priorities will be to:

- Develop our **Early Intervention in Psychosis** services in Solihull so that they will be operating at Level 3 of the national EIP standards by 2024, in line with the NHS Long Term Plan. This will include developing an At-Risk Mental State (ARMS) pathway, expanding the service to those over 35 years of age, offering support with employment and training through Individual Placement and Support (IPS), increasing physical health checks, and providing NICE concordant treatment packages. Other service developments will include community connectivity, social inclusion and smooth transitions to other services.
- Ensure our **Psychiatric Liaison services** in the local acute hospitals are consistently meeting the 'Core 24' standard.
- Increase access to psychological interventions, as well as the range of interventions, for our service users with Severe Mental Illness by enhancing and developing our multidisciplinary workforce through our transformation programmes.
- Implementing trauma informed care approaches across our services, creating environments that are understanding and safe for healing from trauma to take place.

We pride ourselves in the Research and Innovation we carry out and the range of partnerships with have with academic institutions. Having a comprehensive programme of reliable research activity aligned to our Clinical Services Strategic Priority will be pivotal in helping us continually improve the effectiveness of our care over the next five years.

Measuring and improving service user outcomes

Clinical outcome measures are essential to making sure the care we are providing is effective, understanding our service users experience and recovery journey, and helping us making improvements to our existing care offer. Over the next five years we will support the routine and consistent use of outcome measures across our services by:

- Developing a framework of outcome measures, making sure the use of outcome measures is simple, accessible and relevant as well as being meaningful to our service users and their goals.
- Using outcome measures that are inclusive, meaningful for those from the protected characteristic groups.
- Implementing use of clinical outcome measures as part of routine clinical care planning and care.
- Developing an analytical and reporting framework so we can assess the effectiveness of different interventions across different conditions and pathways, as well as assessing improvements to outcomes over time.

- Training staff to increase confidence in using outcome measures and ensuring that using outcome measures leads to inclusive and meaningful conversations.
- Sharing good practice and learning across the Trust.

Transformation and improvement across acute inpatient services

A wide programme of work using quality improvement methodologies will improve the clinical effectiveness, safety and service user flow across our **acute inpatient services**. Projects include:

- Improved care planning, including risk mitigation and regular review
- Safer staffing, including e-rostering
- Safety huddles to proactively discuss and manage emerging risk and safety issues
- Production boards to enable at a glance service user tracking which supports service user flow
- Daily Touchpoints allowing for regular consultant updates to take place with the senior ward team
- Introducing new roles such as Navigation Workers and Peer Support workers to support with wider social issues such as housing and wellbeing
- Multidisciplinary standards
- Multi-agency bed management meeting to support service user flow
- Wide scale physical environment programme
- Risk assessment programme

Making sure we have pathways and models of care for specific needs

Personality disorder

Our ambition is for treatment of those with a diagnosed personality disorder to be "everyone's business", where staff across all of our services are enabled and equipped to have the knowledge, skills and confidence to work with this service user group with a coherent and consistent evidence-based pathway of care. Our core mental health services will be at the heart of the pathway but both community and specialist services will be bolstered to ensure care is needs-led.

Over the next five years we will develop:

- Structured Clinical Management, specialist interventions and a treatment pathway for generalist mental health clinicians to use for service users with personality disorder.
- Capacity and capability to provide specialist psychological therapies where needed, including Dialectical Behavioural Therapy and Mentalisation Based Therapy.
- Our **Enhanced Pathway for Personality Disorder Service**, working with those who have additional complexity and higher risk, aiming to provide care in the least restrictive environment and reducing avoidable out of area placements.
- A co-produced approach with both participatory and paid lived experience roles.
- A comprehensive framework of training, support, consultation and supervision for staff.

Substance misuse

We know many of our service users have problems with use of drugs and alcohol as well as having mental ill-health, which is known as 'dual diagnosis'. To make sure they have the right support we will:

- Ensure we have clear integrated pathways with local substance misuse services so that care for dual diagnosis is managed effectively
- Undertake collaborative care planning to make sure mental health and substance misuse needs are considered jointly.
- Train our staff so they can identify substance misuse co-morbidities, are able to have conversations with service users and have a knowledge of the role other providers can play in their recovery.
- Having a clear offer available from our **COMPASS dual diagnosis team**, with seamless pathways and accessible interventions, training, and expert advice where needed.

We are proud to be part of partnerships to provide integrated substance misuse services in Solihull (**Solihull Integrated Addictions Service – SIAS**) and in Wolverhampton (**Recovery Near You**). Both services are great examples of how effective partnership working between NHS and voluntary sector organisation can really improve outcomes for the local communities. Over the next five years we will continually enhance our services, so we are seen as exemplar services by:

- Truly embedding joint working so we have integrated and effective pathways with mental health services, probation, prisons, housing, social care, acute hospitals, GPs etc. to support our service users' needs.
- Ensuring accessible services for all, available at flexible times, one stop shop.
- Promoting services and being visible in communities, breaking through the stigma behind addiction, reaching those who don't access services at present and intervening early.
- Piloting research projects where they will benefit our service users and communities.
- Be an example of best practice and innovation for family work and proactive engagement models.

Neurodevelopmental disorders

While we are primarily a mental health provider, some of our service users also have a diagnosis of a neurodevelopmental disorder such as autism or a learning disability. This can make engaging with services more difficult.

We will develop our current **Neurodevelopmental Service** so that it meets the needs of Birmingham and Solihull and focuses on integrated pathways across primary and secondary healthcare to ensure that service users who need to access an assessment and treatment can do so easily and without delay. Working collaboratively with service users, their families and GPs we will deliver evidence-based interventions to include lifestyle coaching, prompting ownership of service users' own care and the choices that

are made, in line with local and national guidance. We will benchmark good practice against other national and international Neurodevelopmental Services and participate in research, while remaining passionate and driven in making a difference for those that work in and use the service.

We will also:

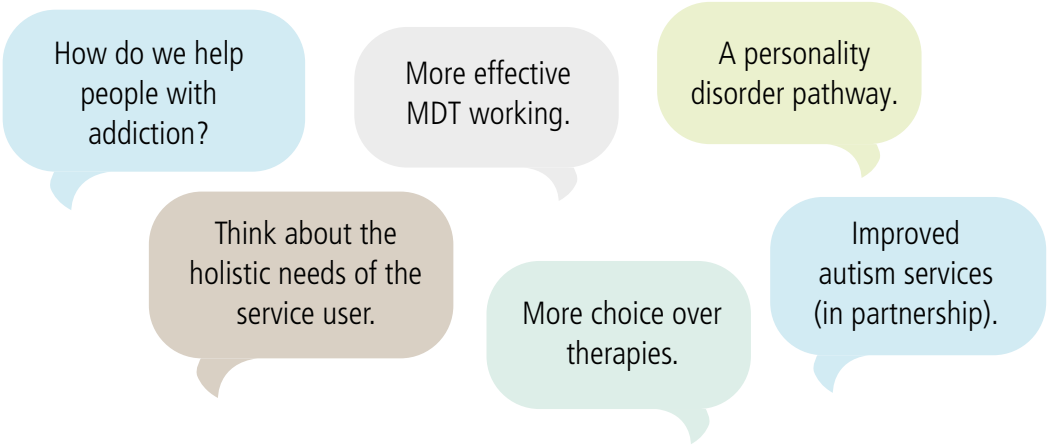
- Ensure we have a clear neurodevelopmental pathway and guideline to make sure the care and support we provide is needs-based, appropriate (including consideration of communication methods and environmental factors) and effective.
- Link into local Transforming Care Partnerships where appropriate, making sure mental health is joined into the planning and provision of learning disability services.

Ensuring medicines optimisation

Medication plays a vital role in maintaining and improving mental health, but it is essential that our service users get the best outcomes from medicines and that avoidable harm from taking medicines is prevented. Through our Medicines Optimisation Strategy we will maximum safe and effective care through:

- Comprehensive prescribing guidelines, that are evidence based and compliant with NICE guidance.
- Promoting shared decision making, putting our service users at the centre of decisions about their medication by empowering them to understand and manage their medicines.
- Building expertise across our pharmacy team ensuring pharmacy and prescribing support across the Trust.
- Training for staff on medicines issues.
- Developing use of digital technologies and automation to support safe and efficient prescribing.

Quotes from strategy engagement:



Strategic aim: **Changing how we work**

Our aim

We will work in a more flexible and agile way to allow creative and innovative clinical practice, including non-traditional workforce models and smart technology.

At the beginning of this document we described how Clinical Services was one of our four Trust strategic priorities, and that only by delivering collectively against all of these priorities could we deliver our Trust vision. Achieving our ambition for Clinical Services is pivotal on enabling support from the other three strategic priorities so that we can truly change the way we work in the future:

People

- To deliver our service developments and transformations we need to have **modern workforce** models with **new roles, career pathways** and a **comprehensive training offer** for the skills required to deliver our models of care.
- Our transformations are ambitious and will change the way our clinicians will work – we need to have organisational development frameworks to inspire, support, enable and empower a **culture of change**.
- We will develop a **programme of anti-racism and anti-discrimination** so our workforce have confidence and can champion, challenge and change inequalities for our service users.

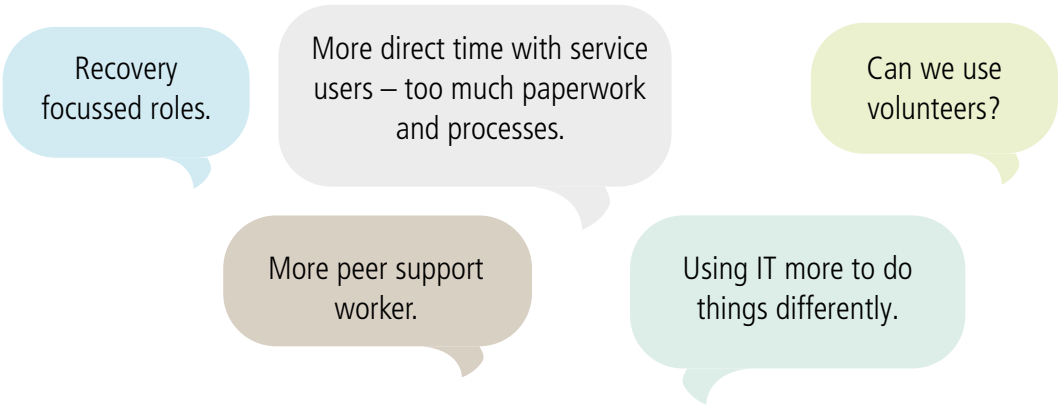
Quality

- Our Clinical Services Strategic Priority outlines how we will transform services to improve access, experience and outcomes. Alongside this, through our Quality Strategic Priority we will make sure that our services are **high quality and safe**.
- Both Clinical Services and Quality have common areas of focus around improving **physical health** alongside mental health
- Clinical Services and Quality both have common themes around **improving service user experience** and being **recovery focussed** including empowering service users in their care and expand roles for experts by experience and those with lived experience.
- **Quality Improvement** methodologies and **research and innovation** will be used to drive the change in our clinical services and by our frontline staff.
- **Safeguarding** and Think Family frameworks will support our clinical services
- Clinical Services has an area of focus about being **clinically effective**, which includes improved multidisciplinary and team working, routine use of outcome measures and evidence based care. All of which relate strongly to improving the quality of the care we provide.

Sustainability

- Using data is key to our service developments, making sure we are making decisions based on **business intelligence, predictive demand analysis, population health data and scenario modelling**.
- **Managing our finances** so that we have money to focus on service transformation and reducing inequalities where needed.
- **Driving digital transformation** to support our services in delivering high quality service user care in a personalised, flexible and agile way, while making sure we are being **digitally inclusive** to our service users.
- As we work more and more in partnership and deliver services in an integrated way, **information sharing** and access to service user records between clinical teams and providers of care is critical.
- Enabling the right **strategic partnerships** to improve population health outcomes and reduce health inequalities.

Quotes from strategy engagement:



How we will measure our success in delivering our Clinical Services Strategic Priority?

Throughout the five-year period of our Trust Strategy we will develop specific goals that we need to achieve each year. Delivery of these goals will be supported by service area and corporate business plans setting out key milestones and deliverables.

As well as monitoring against our plans we will also define a suite of measures of success that we will use to make sure our plans are having the right impact and delivering measurable change and benefits to how we are improving clinical services and pathways and meeting the individual needs of our service users.

Some of the measures that we will use are included in the table below. We will further develop our measures of success during Year One of the strategy and keep them under review during the life of the strategy.

Service user and carer experience

Measuring success by asking our service users and carers about their experiences of using our services to assess whether they are seeing benefits from our transformations.

E.g. National patient survey, local surveys and focus groups, Friends and Family Test, our Experts by Experience programme, CQC feedback, Healthwatch feedback, complaints, compliments, listening events in communities.

Clinical outcomes

Measuring success through a range of recognised clinical outcome and experience measures to assess clinical and social recovery of our service users.

E.g. Dialog, Health of the Nation Outcome Scale, TOP (Treatment Outcomes Profile), GAD-7 (General Anxiety Disorders-7), PHQ-9 (Patient Health Questionnaire-9), REQOL or strengths-based measures.

Operational performance

Measuring success through a range of activity metrics to assess whether our services and pathways have improved access and service user flow.

E.g. demographics of those accessing services, waiting times, caseloads, DNAs, inpatient admissions/re-admissions, out of area placements, length of stay, employment, accommodation status, numbers of personal health budgets.

Staff satisfaction

Measuring success by asking our staff whether our developments are making a difference and about their experience of working in our services.

E.g. national staff survey, pulse check surveys, focus groups.

Delivery of the strategy including monitoring of the measures of the success will be driven on a local level through individual service area and corporate team meetings, and on a Trust level through our Strategy and Transformation Management Board.

We will provide reports detailing our progress to our Trust Board enabling everyone to understand where we are in our journey, our achievements, and any challenges that we are facing. We will also provide reports to our Integrated Quality Committee which focuses on the quality of care that we are delivering to our service users and to our Finance, Performance and Productivity Committee which focuses on the organisation's sustainability and performance.

The strategy has been awarded the Trust's Recovery for All Quality Mark, for demonstrating the principles of recovery and co-production with service users and carers.

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Ref: COM0098A-052021 • Review date: May 2026

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Birmingham and Solihull Mental Health NHS Foundation Trust

Our Trust Five Year Strategy

Quality

compassionate

inclusive

committed

May 2021

Contents

Our Trust Five Year Strategy

One vision

We have a vision to continually **improve mental health wellbeing** and delivery of this strategy will help us to deliver that vision.

Three values

Our values are our guide to how we treat ourselves, one another, our service users, families and carers, and our partners. This strategy supports us to demonstrate these values and make sure that others positively experience our values.

Compassionate

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

Inclusive

- Treating people fairly, with dignity and respect.
- Challenging all forms of discrimination.
- Valuing all voices so we all feel we belong.

Committed

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

Four strategic priorities

Our priorities set out what we will do to deliver our vision and live our values. They support us to stay focussed on what is important to us and make sure we are using our resources to do the right things.

We can't achieve our vision and demonstrate our values just by improving quality, we also need to change the way that we provide some services and pathways. We need to make our organisation a great place to work and to receive care. We also need to ensure that we spend our money wisely.

These priorities have been developed alongside one another to make sure they are aligned and joined up, and we have considered the impact on each other and the dependencies between them.

Our Quality Strategic Priority

Our Trust Strategy describes at a high level what the key areas of focus are for each of the four strategic priorities. We have also developed a separate supporting and complementary narrative for each of the priorities which goes into more detail about what we want to achieve.

This document sets out the direction of travel, ambition and areas of focus for the Quality Strategic Priority. It explains how by working together with each other and with service users, carers and their families, we will carry on improving and making things safer and better for service users over the next five years. This includes the need for us to be inclusive in our approach to recognise, act upon and meet the diverse needs of our population.

The strategy has been awarded the Trust's Recovery for All Quality Mark, for demonstrating the principles of recovery and co-production with service users and carers.

How we have developed our Trust Strategy

Co-production at the heart

It is important to us that our Trust Strategy is real and meaningful to our staff, reflects what is important for our service users, families and carers, and is aligned to the plans and aspirations of our partners.

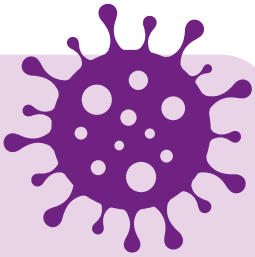
We carried out one of the largest engagement exercises we have ever carried out, over a period of ten months and using a variety of mechanisms to find out what people thought was important to them and what they thought should be included in this strategy. We asked:

- What values do we want to live by?
- What should our key areas of focus be?
- What do we need to change over the next five years?

This included thinking about what we needed to do to improve the quality and the safety of our services.

Phase 1: Help us brew up our strategy
November 2019 – February 2020

Our engagement started with a widespread campaign to get people's views on what the 'ingredients' of our strategy should be, asking people to take a few moments out of their day and have a cup of tea to reflect on what was important to them. We asked about our four priorities of clinical services, people, quality and sustainability, as well as what our values and behaviours should be.



Phase 2: Learning from COVID-19
May – July 2020

When the COVID-19 pandemic hit us in March, we had to very quickly adapt our ways of working so that we could continue to provide our services in a safe way. We decided to spend some time evaluating these changes and asking our staff, service users and carers what their experience of these changes had been and what we should stop, continue and improve. This helped inform how COVID-19 would impact our future strategy.

Phase 3: Taste our brew
August – September 2020

We wanted to finish our engagement with a campaign to test the contents of our strategy before taking it to Trust Board for approval. This asked people whether they felt we had heard what they had told us, whether we were focussing on the right areas and how they thought the strategy would make a difference to them.

Who we engaged with

Staff
Staff networks
Professional forums
Unions
Trust Board
Council of Governors
Experts by experience
Service users and carers
Partner organisations

How we engaged

Comment cards
Site visits
Workshops
Discussions
Surveys
Online challenges (Your Voice)
Information pack
Listen Up Live
Cascade

We had so much energy and enthusiasm throughout all of our engagement and we are hugely grateful to everyone who participated for their views and for helping shape our future direction.

Throughout this document we have represented some of what was said to us in speech bubbles so you can see how we have responded.

Drivers for change

In creating our strategy, we have considered the aspirations in the NHS Long Term Plan; NHS England's Five Year Forward View for Mental Health and NHS Improvement Planning guidance. Our wide engagement with our workforce and our service users and experts by experience has ensured that this strategy reflects the local needs of our service users and staff as well as national needs.

Our ambition for quality

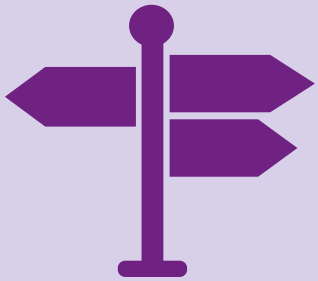
Our Quality Strategic Priority provides a foundation for the development of detailed annual quality goals outlining the actions that we will take each year to achieve our ambition for quality and the five supporting aims, many of which will be underpinned by a comprehensive set of quality improvement work.

Our ambition

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

Our aims

- A focus on a positive service user experience.
- A focus on preventing harm.
- A focus on a positive safety culture.
- A focus on quality assurance.
- A focus on using our time more effectively.



To help us to achieve our aims, we have a number of aligned strategies including our People and Clinical Services Strategic Priorities, our Suicide Prevention Strategy, our Physical Health Strategy, our Family and Carer Involvement Strategy, and our Positive and Proactive Care Strategy.

The ultimate aim of our Quality Strategic Priority is to deliver the highest quality services in a safe inclusive environment where our service users, their families, carers and our staff have positive experiences, working together to continually improve. Within this aim we will expand and embed our quality improvement approach, co-producing ideas for change and testing of change ideas with staff that deliver our services and service users, families and carers who receive our services. We intend that through delivering this strategy we will improve our rating with the Care Quality Commission beyond our current rating of 'Requires Improvement'.

Our strategic aims

A strategic aim is something ambitious that we want to achieve during the next five years. For each of our strategic aims, we explain below what success will look like.

Strategic aim: **A focus on a positive service user experience**

This part of our Strategy puts a clear focus on delivering a high quality experience for our service users, their families and their carers. We have engaged groups of service users and experts by experience to help us to understand what they would like to see in this part of our Strategy. Service users, families and carers can help us to understand how to make improvements. They can also help us to get things right so seeking their views is really important.

We have also taken account of feedback that we have received from important stakeholders such as Healthwatch and postings made by service users on NHS Choices and Patient Opinion. In addition, we have considered feedback from the Friends and Family Test which gives us a helpful understanding of what service users love about our services and what they would like to see improved.

What this means:

Service user experience

Our service users and their families and carers will always be involved in shared decision-making about their treatment and care to aid their recovery. We will empower service users to be active participants and partners in their own care, enabling self-care. Co-production will become business as usual.

This means that service users, families and carers will have a much stronger voice in shaping the care that they receive and that they are able to be much more involved in decision making about their own care. They can also do things to keep themselves or their families safer as well. Service users, families and carers will be able to co-produce new developments with us on a much wider scale too – this might be about the way that certain things are done within a particular ward or team, or when we are developing new services and making decisions that impact on our service users, families and carers. It is important that equity is at the heart of what we do and that the diverse needs of our service users, families and carers are understood and met.

Service users, families and carers will be:

- recognised and supported
- better informed and engaged with
- listened to, valued and respected
- routinely connected to and involved in the care and treatment of the person they support.

Over the next five years we will:

- Ensure that the voice of each service user, family and carer is strongly heard and reflected in their care plans. Each care plan will be unique to each service user demonstrating their individualised recovery plan and the choices that they make.
- Co-produce with our experts by experience a set of 'always events'. These are things that should always happen when a service user is receiving care from us to help deliver a positive service user experience. This includes care through our range of community services, our inpatient services and our assessment services. We will co-produce these and then pilot them in part of our organisation. We will evaluate their effectiveness and where appropriate spread the 'always events' for wider impact.
- Increase the range of meaningful activities available on our inpatient wards to help aid the recovery of our service users and to help them in managing their independence.
- Have experts by experience as core members of all service user, family and carer facing quality improvement projects.
- Develop a Patient Safety Partner role for service users on our patient safety groups to give service users equality of voice and empowerment to speak up and contribute to changes that we make.
- Deliver our Family and Carer Engagement and Involvement strategy.
- Have an improved experience for service users, families and carers who are involved in the serious incident and complaints process.

Strategic aim: **A focus on preventing harm**

Our focus on preventing harm is aimed at preventing and reducing risks, errors and harm that occur to service users and staff during the provision of health care.

What this means:

We will reduce unwarranted variations and reduce harm across our services. We want to reduce the level of harm and suicide rate amongst our service users. We want to reduce harm that sometimes comes to our staff during the delivery of care.

Measures of success: Improvement in NHS Staff Survey Metric relating to Safe Environment (Violence); reduction in level of harm reported through clinical incidents; reduction in suicide levels.

Over the next five years we will:

- Be actively working within a number of patient safety collaboratives including the Mental Health Patient Safety Collaborative.
- Be actively working within a number of national quality improvement collaboratives.
- Appoint a Patient Safety Specialist in line with the National Patient Safety Strategy.
- Ensure that our staff are able to access special training through a National Patient Safety Curriculum.
- Actively update our physical estate to ensure that it is as safe as possible reducing any environmental and ligature risks to safety.
- We will reduce variations and improve quality in the following areas by using an evidence based approach to quality improvement:
    - Management of clinical risk
    - Quality of clinical handover (inter team and at transition to new services)
    - Quality of multidisciplinary team meetings and approaches
    - Ensuring least restrictive practice approaches are always used in our inpatient units
    - Think Family is a fundamental part of everyday practice
    - Safeguarding is a fundamental part of everyday practice
    - Infection Control is a fundamental part of everyday practice
    - Improving physical health alongside mental health
    - Management of self-harm
    - Suicide Prevention and Management including implementation of a new Suicide Prevention Strategy
    - Physical assault on service users and staff
    - Reduction of ligature points across our physical estate
    - Alcohol and substance misuse
    - Medicines Management and Safety (continuing to improve the safe use of medicines throughout the Trust).

Restraining me is a last resort.

Strategic aim: **A focus on a positive safety culture**

The link between workforce capacity, capability and safety has many factors, but workforce challenges clearly create pressures on the system. We must also recognise the importance of staff wellbeing to ensure a safe environment. We want all of us to work in a way that keeps everyone safe. For this to happen we need to ensure that we treat each other equitably, well and have good working conditions.

We want to:

- Be treated fairly if things go wrong and feel confident to speak up about something we think is wrong.
- Be an inclusive team recognising and respecting all of the different experiences, diversity, views and contributions that each other can bring.
- Be recognised and celebrated when we achieve something really good.
- Be kind to each other and always treat service users and each other with kindness and respect.
- Always be learning and using new ways to do things more safely including learning from things that work well as well as what goes wrong.

What this means:

There is a direct link between a positive patient safety culture and improved service user outcomes. Our experts by experience have also told us that they would like our staff to be more supported during difficult times. Our staff survey tells us that we haven't yet got our patient safety culture right and that we have opportunities to improve.

Over the next five years:

- All clinical staff will be accessing high quality and meaningful clinical supervision.
- Services will have access to intelligence systems and data to help them understand where teams are facing challenges in real time and where they have great success.
- We will have broadened the data set that we capture, monitor and act upon to ensure that inclusion is at the centre enabling us to tackle inequalities identified through our systems and processes.
- There will be an embedded approach to post incident support for all staff.
- There will be an embedded approach to psychological support for staff including Trauma Risk Management (TRiM) training.
- Our work to create a Just Culture will continue and Civility Saves Live methodology will be in use across the Trust.

- There will be an embedded approach to learning from excellence.
- We will have a strong and embedded approach to learning from incidents and serious incidents to improve practice, systems and care for service users that is wholly inclusive.
- The use of Appreciative Inquiry will be used widely across the Trust (Appreciative Inquiry is a change process focusing on strengths – rather than weaknesses. It encourages active and effective staff, service user, family and carer participation).

Strategic aim: **A focus on quality assurance**

What this means:

Quality assurance is a process to help us continually check that we are meeting the standards of quality of care that we owe to our service users, families, carers and staff. Our regulators such as the Care Quality Commission also hold us to account for delivering these standards. The process also offers us the basis for assessing whether or not we are continually improving care and can help us identify areas where we need to celebrate great practice as well as focussing on areas that need improving.

We aim to develop a quality assurance framework to underpin and assure us of the quality of our services and care on a continual basis. We will do this with staff, service users, families and carers. This will help us to act quickly to recognise good care and practice, and equally act quickly where improvement is needed.

We will measure our success through improvements in the National Staff Survey Metrics relating to the 'Ability to Contribute to Improvements' Metric; the Quality of Care Metric and improvement in ratings awarded by the CQC.

Encouraging staff to share ideas and empowering them to become involved in change.

The QI approach is good and needs to be embedded in everything we do.

Over the next five years:

- Our Quality Improvement Training Academy will be well established and all staff will be supported with quality improvement and continuous improvement methodologies.
- The differing tiers of our quality improvement training will equitably represent the diversity of our staff and experts by experience.
- Our Quality Assurance Peer Review processes will be in place across teams and will include a role for service users, families and carers such as 'observe and act'.
- We will be able to evidence sustainability of good practice and improvement through audits, and the quality assurance framework.
- We will be using a range of data to understand our outcomes, recognise success and identify opportunities for further improvement.
- We will be using the Recovery for All Quality Mark for co-produced aspects of our framework.

Strategic aim: **A focus on using our time more effectively**

What this means:

We want to transform care using technology and quality improvement approaches to manage resources well without impacting on the quality of care we deliver. This includes improvements in the way that service users are able to easily move through and access our services and increasing clinical time to care. Increasing clinical time to care means reducing the burden of things such as paperwork on our frontline clinical staff, enabling them to spend more time with our service users. This is turn will help with each service users' journey of recovery.

We will have significantly reduced the amount of unwarranted variation, allowing us to focus on ensuring the right care and support is delivered for everyone at a consistently high standard. Unwarranted variation can be a sign of waste, missed opportunity and poor quality and can adversely affect outcomes, experience and resources.

Over the next five years we will:

We will specifically focus on:

- Developing the 'triple aim' approach to our Quality Improvement Programmes and monitor and report efficiency impacts of the programmes. The 'triple aim' is aimed at improving the individual experience of care; improving the health of populations; and reducing the per capita costs of care for populations.
- Exploring the use of digital technology to enable service user safety to be sustained and improved whilst also maximising time for clinicians to deliver direct service user care.
- Exploring other digital developments which can support patient safety whilst reducing the burden of paperwork on our frontline clinical staff.
- Developing more roles and opportunities for service users and carers to be involved in research activities.
- Use evidence based practice supported by research as a routine way to inform transformation of care and services.

How are things measured?

How Quality aligns with the other strategic priorities

At the beginning of this document we described how Quality was one of our four Trust strategic priorities, and that only by delivering collectively against all of these priorities could we deliver our Trust vision. Below we have shown the key relationships between the Quality Strategic Priority and the ambitions outlined in the Clinical Services, People and Sustainability components of the Trust Strategy:

Clinical services

- Our Clinical Services Strategic Priority outlines how we will transform services to improve access, experience and outcomes. Alongside this, through our Quality Strategic Priority we will make sure that our services are **high quality and safe**.
- Both Clinical Services and Quality have common areas of focus around improving **physical health** alongside mental health
- Clinical Services and Quality both have common themes around **improving service user experience** and being **recovery focussed** including empowering service users in their care and expand roles for experts by experience and those with lived experience.
- **Quality Improvement** methodologies and **research and innovation** will be used to drive the change in our clinical services and by our frontline staff.
- **Safeguarding** and Think Family frameworks will support our clinical services
- Clinical Services has an area of focus about being **clinically effective**, which includes improved multidisciplinary and team working, routine use of outcome measures and evidence based care. All of which relate strongly to improving the quality of the care we provide.

People

- Creating a **just culture** is an important component of both the Quality and the People strategic priorities and means staff will **feel supported and safe to speak up** when things go wrong and report mistakes, to enable a **culture of learning and continuous improvement**.
- Attracting people with **lived experience** to roles will improve quality of care by ensuring that our workforce is **reflective of our population and service users**.
- **Staff development** will support high performance by equipping our people with the **skills and expertise** required to operate in a **safe and innovative way**.
- Training in and use of **quality improvement methodologies** will support and enable staff to drive improvements and increase service user and staff experience.
- Developing a **safety culture** will improve the working environment and prevent harm to our staff.

Sustainability

- **Robust governance** arrangements will ensure that while we are developing our services and new ways of working we maintain safety and quality, **provide assurance** to our Board and stakeholders and meet our regulatory requirements.
- Managing our finances well will mean there is money available to **invest in our quality improvement** initiatives.
- Investment in our **buildings and physical environment** and reduction in waste and carbon emissions will improve the safety and experience of staff and service users.
- Introduction of new **digital technologies** will support the safety and quality of care we provide to service users and will aid their recovery. It will also help us use our time more efficiently.
- Working as part of **partnerships and collaboratives**, such as the patient safety collaborative, will help us to share best practice and learning and improve staff and service user experience.

How we will measure our success in implementing our Quality Strategic Priority?

Throughout the five year period of the Trust Strategy we will develop specific Quality goals that we need to achieve each year against which we will measure our success.

Some of the measures that we will use will be:

- The number of incidents that happen in our services that result in any reported level of harm to service users and staff
- The number of very serious incidents that happen in our Trust
- A reduction in the number of occasions when service users are restrained during our care
- A reduction in the number of occasions where assaults take place on our inpatient wards
- Results from key questions that are included in the National Community Mental Health Survey which is completed by each year by a sample of our service users
- Results from key questions that are included in the National Staff Survey which is completed each year by a sample of our staff
- The ratings that are awarded to us by the Care Quality Commission for the domains of safety, effectiveness, caring, responsive and well led
- Feedback from service users who complete the Family and Friends Test

We will provide reports detailing our progress to our Trust Board enabling everyone to have an understanding of where we are in our journey, our achievements and any challenges that we are facing. We will also provide reports to our Integrated Quality Committee. This is a committee chaired by a Non-executive Director of the Trust which focuses on the quality of care that we are delivering to our service users.

Each year we will write a document called a Quality Account which will confirm the goals that we have set ourselves each year to deliver the Quality Strategic Priority and the extent to which we have achieved them. We will also include the goals for the subsequent year so that everyone is clear of the areas of focus and the improvement activities that will be taking place. The Quality Account will be published on our website.

The strategy has been awarded the Trust's Recovery for All Quality Mark, for demonstrating the principles of recovery and co-production with service users and carers.

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Ref: COM0100A-052021 • Review date: May 2026

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Birmingham and Solihull Mental Health NHS Foundation Trust

Our Trust Five Year Strategy

People

compassionate

inclusive

committed

May 2021

Contents

Our Trust Five Year Strategy

One vision

We have a vision to continually **improve mental health wellbeing** and delivery of this strategy will help us to deliver that vision.

Three values

Our values are our guide to how we treat ourselves, one another, our service users, families and carers, and our partners. This strategy supports us to demonstrate these values and make sure that others positively experience our values.

Compassionate

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

Inclusive

- Treating people fairly, with dignity and respect.
- Challenging all forms of discrimination.
- Valuing all voices so we all feel we belong.

Committed

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

Four strategic priorities

Our priorities set out what we will do to deliver our vision and live our values. They support us to stay focussed on what is important to us and make sure we are using our resources to do the right things.

These priorities have been developed alongside one another to make sure they are aligned and joined up, and we have considered the impact on each other and the dependencies between them.

We can't achieve our vision and demonstrate our values just by improving quality, we also need to change the way that we provide some services and pathways. We need to make our organisation a great place to work and to receive care. We also need to ensure that we spend our money wisely.

Our People Strategic Priority

Our Trust Strategy describes at a high level what the key areas of focus are for each of the four strategic priorities. We have also developed a separate supporting and complementary narrative for each of the priorities which goes into more detail about what we want to achieve.

This document sets out the direction of travel, ambition and areas of focus for the People Strategic Priority. It explains how, by working together with each other, with partners, and with service users, carers, and their families, we can create the best place to work for our staff and ensure we have a workforce with the right values, skills, diversity and experience to meet the evolving needs of our service users.

The strategy has been awarded the Trust's Recovery for All Quality Mark, for demonstrating the principles of recovery and co-production with service users and carers.

How we have developed our Trust Strategy

Co-production at the heart

It is important to us that our Trust Strategy is real and meaningful to our staff, reflects what is important for our service users, families and carers, and is aligned to the plans and aspirations of our partners.

We carried out one of the largest engagement exercises we have ever carried out, over a period of ten months and using a variety of mechanisms to find out what people thought was important to them and what they thought should be included in this strategy. We asked:

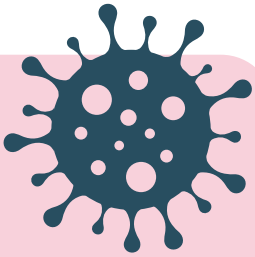
- What values do we want to live by?
- What should our key areas of focus be?
- What do we need to change over the next five years?

This included thinking about what we needed to do to improve the quality and the safety of our services.

Phase 1: Help us brew up our strategy

November 2019 – February 2020

Our engagement started with a widespread campaign to get people's views on what the 'ingredients' of our strategy should be, asking people to take a few moments out of their day and have a cup of tea to reflect on what was important to them. We asked about our four priorities of clinical services, people, quality and sustainability, as well as what our values and behaviours should be.



Phase 2: Learning from COVID-19

May – July 2020

When the COVID-19 pandemic hit us in March, we had to very quickly adapt our ways of working so that we could continue to provide our services in a safe way. We decided to spend some time evaluating these changes and asking our staff, service users and carers what their experience of these changes had been and what we should stop, continue and improve. This helped inform how COVID-19 would impact our future strategy.

Phase 3: Taste our brew
August – September 2020

We wanted to finish our engagement with a campaign to test the contents of our strategy before taking it to Trust Board for approval. This asked people whether they felt we had heard what they had told us, whether we were focussing on the right areas and how they thought the strategy would make a difference to them.

We had so much energy and enthusiasm throughout all of our engagement and we are hugely grateful to everyone who participated for their views and for helping shape our future direction.

Throughout this document we have represented some of what was said to us in speech bubbles so you can see how we have responded.

A three-phased approach aligned to the NHS Improvement, The King's Fund and The Centre for Creative Leadership, Culture and Leadership Development Model was used in the development of our People Strategic Priority. These three phases are:

Phase 1: Discover	A diagnostic phase including data collection and the synthesising of data.
Phase 2: Design	The development and testing of the People Strategic Priority, supporting strategies, and underpinning plans.
Phase 3: Deliver	Implementation of the new People Strategic Priority.

In addition to the Help us to Brew Up our strategy campaign, other engagement activities included:

- Sessions with the Trade Unions and Staff Networks
- Sessions at Professional Forums and Senior Leadership Forums
- Sessions with the Board and Executive Team
- Experts by experience co-production workshops
- Sessions with staff within the People and Organisation Learning and Development Teams
- Engagement with members and partners in the system through a workshop and live survey
- People challenge on the Your Voice Forum

Alignment with local and national strategies

A data review and synthesis exercise was also undertaken to support the development of the People Strategic Priority. Documents reviewed included:

- The NHS Long Term Plan
- The NHS People Plan
- Integrated Care System plans and commissioning intentions
- Equality, diversity, and inclusion data e.g. the Workforce Race Equality Standards, Workforce Disability Equality Standards, Stonewall Index and Gender Pay Gap reports
- National and internal staff survey results
- External audits and reports e.g. Institute for Healthcare Improvement, Good Governance report and CQC report
- Evidence-based best practice including:
    - Psychological safety and joy at work
    - Just culture, compassionate and inclusive cultures
    - Future-focussed people practice

Our ambition

Through the People Strategic Priority we are embarking on a journey over the next five years **to create the best place to work for our staff and to ensure we have a workforce with the right values, skills, diversity and experience to meet the evolving needs of our service users**.

We believe that implementing this strategic priority over the next five years will make a positive difference in the following ways:

Our staff

Our leaders

Our leaders are compassionate and inclusive and role model our Trust values and behaviours in everything they do. They inspire and engender participation, listening to staff, involving them in decisions and empowering them to achieve their full potential.

Our culture

Inclusion, compassion, and kindness lie at the heart of everything we do. There is zero tolerance to discriminatory and bullying behaviours and practice. We have a strong culture of engagement, learning and shared accountability, where we are able to respectfully and constructively challenge each other to support high standards of performance.

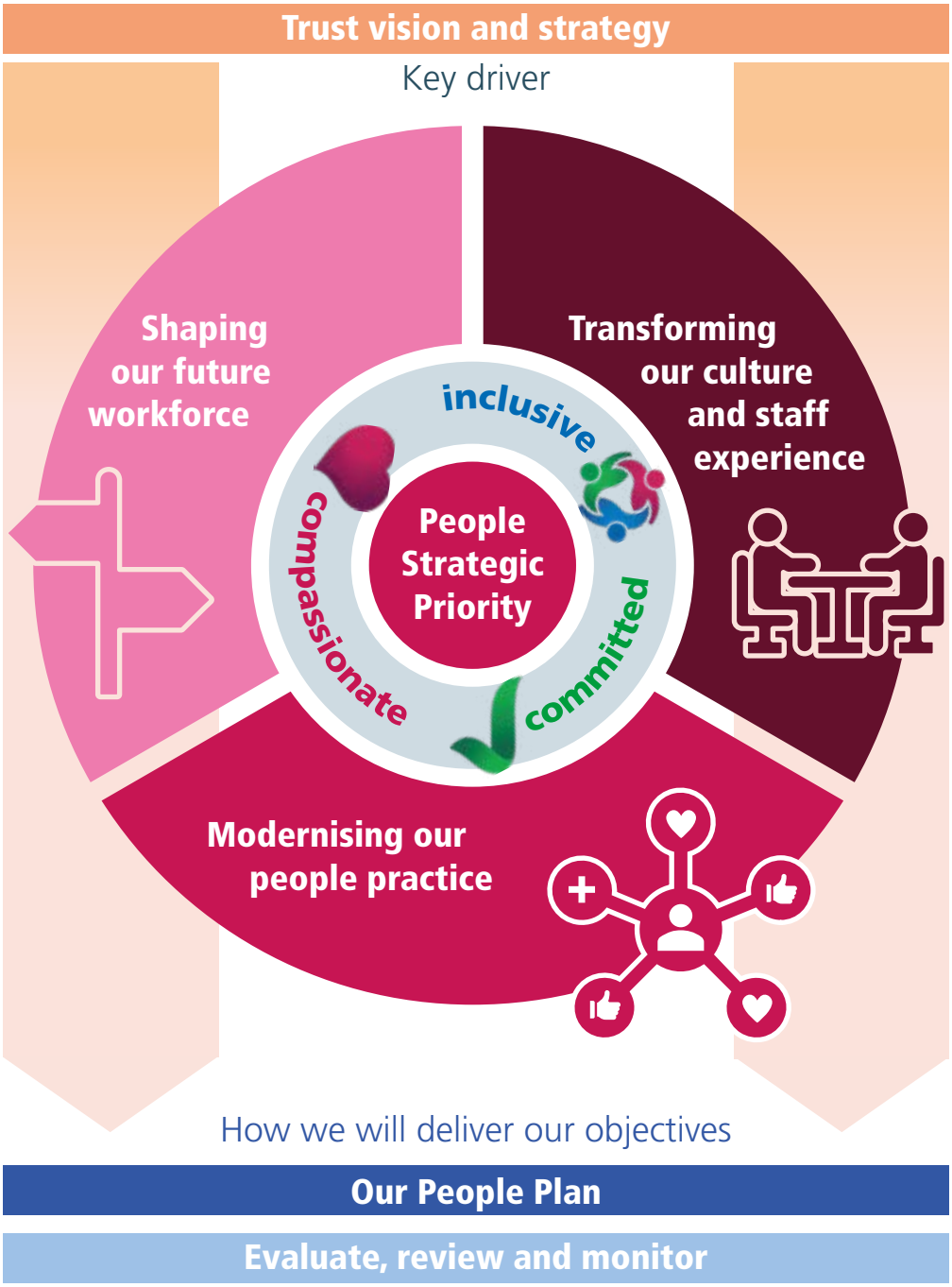
Our service users

Our service users receive joined up, safe and compassionate care. Our staff understand their individual and diverse needs and apply a recovery focus to their care. Every member of staff knows how their role makes a difference in enhancing service user experience.

Our strategic aims

The People Strategic Priority has been broken down into three key strategic aims:

- Shaping our future workforce
- Transforming our culture and staff experience
- Modernising our people practice

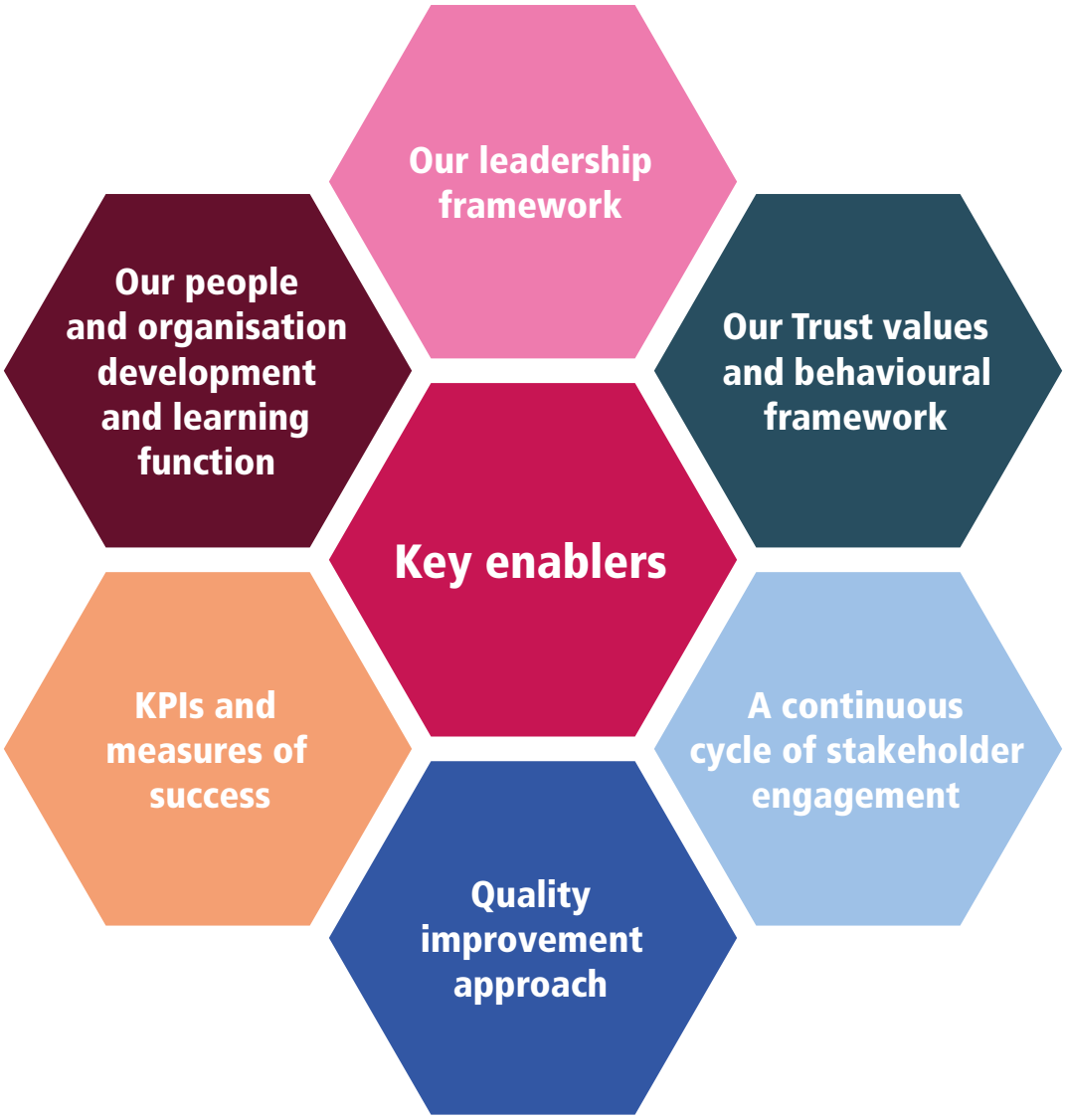


Our key drivers

We have considered the requirements of the other supporting strategies, statutory and compliance requirements, as well as local, national and regional aspirations and have engaged extensively with our staff, experts by experience and partners to ensure that the People Strategic Priority reflects the needs of our service users, staff as well as local and national needs.

We have incorporated learning from the COVID-19 pandemic and the interventions set out within the People Strategic Priority are based on research and best practice to ensure an evidence-based approach towards improving and enhancing the experience of our staff.

Our key enablers



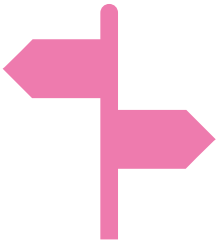
There are a number of key enablers that will support us in achieving the strategic ambitions set out within the People Strategic Priority.

Our leadership as well as values and behavioural framework are core to transforming our culture and enhancing staff and service user experience.

The new operating model for the Strategy, People and Organisation Development and Learning function will serve as a bridge in connecting our People Strategic Priority and the execution.

In addition to having clear measures in place to evaluate our success, we will engage regularly with our stakeholders and using Quality Improvement (QI) methodology regularly review our strategic priority to ensure it remains relevant, fit for purpose and aligned to our overall Trust vision and strategy.

Strategic aim: **Shaping our future workforce**



Developing a diverse, innovative, and agile workforce with the right skills and experience to meet our changing demands and where differences are valued to enhance service user experience and recovery.

Over the next five years we will:

- Attract, nurture, and retain diverse talent reflective of our values in order to build a workforce which will enable us to achieve our Trust vision – **attracting and retaining talent**.
- Support high performance by enabling our staff with the skills and expertise required to operate in a safe and innovative way and enabling staff to develop in their careers through credible career pathways – **high-performing workforce**.
- Ensure our workforce models are flexible and transformative to meet the evolving needs of our service users and staff now and in the future by utilising opportunities to work in new ways and drive productivity – **flexible and transformative workforce models**.

We need to try new ways.

This will mean:

BAME staff under-represented.

Move staff around so they get new experiences.

How do I progress?

More flexibility – get rid of the nine-to-five mentality.

Clear pathways to progress.

More multidisciplinary working.

- We have a strong employer brand which connects with our values and culture so we can attract the best and diverse talent, including those with lived experience of mental health ensuring our People are reflective of our population and service users. Every employee who joins us has a positive experience where difference is valued, and we are supported to integrate and remain with the organisation.
- We are supported with the flexibility to balance our work and personal needs, to grow and develop in our careers and to ensure we are looked after at work through our individual health and wellbeing needs being supported.
- We are supported to perform to a high standard by having clear, measurable objectives for ourselves and our teams and we are supported in a positive way to deliver against these objectives.
- We will continue to work with our stakeholders and partners across the system in developing new workforce models, improving our supply, and transforming our workforce to meet the evolving needs of our service users.

Strategic aim: **Transforming our culture and staff experience**

Engendering a culture of inclusivity, compassion and shared learning that fosters a psychologically safe climate to support us to demonstrate our Trust values and behaviours in everything we do.

Over the next five years we will:

- Mobilise a step change in our approach to inclusion where we value the lived experience of our diverse workforce and in partnership develop systemic solutions that deal with the heart of the issues and bring about enduring, transformative change – **inclusion**.
- Create a culture where our leaders inspire, support and encourage participation to enable us to feel safe to speak up when things go wrong and challenge behaviours that are not in line with our values; where we feel able to share learning and ideas engendering a climate of trust and high performance – **safety to speak up and share learning**.
- Foster a compassionate environment where we can find meaning and purpose in what we do and where we feel listened to, joyful, looked after and valued to improve staff experience and enhance service user care – **compassion and wellbeing**.

Staff feel they matter.

Staff should feel relaxed not threatened – not a blame culture.

Simple acts of kindness and appreciation.

Create an open, honest, trusted culture of talking about issues.

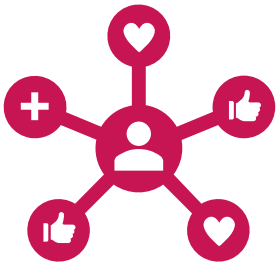
This will mean:

- Inclusion is at the heart of everything we do, and we are all supported to be the best version of ourselves, irrespective of our background, identity or role in an anti-racist, anti-discriminatory organisation where there is zero tolerance to bullying behaviours and practice.
- We have the confidence and feel safe to speak up when things go wrong, to report mistakes and to enable a culture of learning and shared accountability.
- We can candidly, respectfully, and constructively challenge each other to support consistently high standards of performance.
- We will create a culture of kindness where we are supported in role modelling compassionate, inclusive, and civil behaviours and where we are all supported to identify and challenge behaviours that do not align with our Trust values.
- Our leaders will be accountable in role modelling our values and behaviours and will be supported to do this, through our leadership framework.
- We will build a strong culture of engagement where we all feel involved, listened to and valued – nothing about me without me.
- We will have a comprehensive wellbeing offer that supports the individual requirements of our diverse workforce.

Empower staff to challenge behaviour.

Staff with disabilities stay in work with proper support.

Strategic aim: **Modernising people practice**



Building on and strengthening current people practices ensuring we meet the evolving needs of our workforce, supported by integrated working.

Over the next five years we will:

- Work collaboratively within the People function and across professional support services to bring maximum strategic value to the organisation by transforming people practice and ensuring we are a thought leader and a guardian of the culture we are seeking to embed – **integrated people practice**.
- Utilise data and effective analysis to gain insight and truly understand the needs of our workforce to improve our staff experience – **evidence-based people practice**.
- Embrace and support a digitally enabled workforce to produce more effective people practices, processes and outcomes – **digitally enabled workforce**

This will mean:

Best practice and evidence-based approach.

Support for staff going through formal processes.

Clearer, easier access to own data.

- We will transform and modernise practice by working in an integrated way and ensuring our managers and leaders are taking an evidence-based approach to People practice and decision-making.
- We do not forget the human being behind our processes, but always consider the psychological and emotional impact of the processes that are being implemented.
- We will focus on getting the basics right and clearly understanding behavioural trends to better inform People practice and enhance staff experience, for example through improvements to our HR systems such as ESR and health roster.

Systems as enabler not a burden.

Tech savvy workforce.

Get the basics right.

How People aligns with the other strategic priorities

At the beginning of this document we described how People was one of our four Trust strategic priorities, and that only by delivering collectively against all of these priorities could we deliver our Trust vision. Below we have shown the key relationships between the People Strategic Priority and the ambitions outlined in the Clinical Services, Quality and Sustainability components of the Trust Strategy:

Clinical services

- To deliver our service developments and transformations we need to have **modern workforce models** and workforce planning with **new roles, career pathways** and a **comprehensive training offer** for the skills required to deliver our models of care.
- Our transformations are ambitious and will change the way our clinicians will work – we need to have **organisational development** frameworks to inspire, support, enable and empower a culture of change.
- We will develop a **programme of anti-racism and anti-discrimination** so our workforce have confidence and can champion, challenge and change inequalities for our service users.

Quality

- Creating a **just culture** is an important component of both the Quality and the People strategic priorities and means staff will **feel supported and safe to speak up** when things go wrong and report mistakes, to enable a **culture of learning and continuous improvement**.
- Attracting people with **lived experience** to roles will improve quality of care by ensuring that our workforce is **reflective of our population and service users**.
- **Staff development** will support high performance by equipping our people with the **skills and expertise** required to operate in a **safe and innovative way**.
- Training in and use of **quality improvement methodologies** will support and enable staff to drive improvements and increase service user and staff experience.
- Developing a **safety culture** will improve the working environment and prevent harm to our staff.

Sustainability

- Having a **digitally enabled workforce** will provide staff with new skills, will improve staff experience and satisfaction and will ensure that we can deliver our aim of digital transformation.
- Easier access to **information and intelligence** will better equip us to understand our current workforce and support planning and decision making.
- Developing good internal communications will **keep staff informed and involved**.
- Having a framework for **corporate social responsibility** will **create new opportunities** for local people and the communities they live in.
- **Engaging staff in new developments** will ensure that the improvements made are of benefit to our workforce.
- Balancing the books means we have money to **invest in developing our people**, introducing **new roles and ways of working** and **reducing inequalities**.
- Improved **working environments** will increase staff satisfaction, wellbeing and safety.
- Working in partnership offers new **opportunities for staff** to share best practice and learning to improve quality.

How we will measure our success in implementing the People Strategic Priority?

The implementation of the People Strategic Priority will be undertaken through our Trust People Plan which will span over a five-year period.

Using Quality Improvement (QI) methodology, we will regularly review our People Plan to ensure it remains relevant, fit for purpose and aligned to our Trust vision and strategy.

The delivery of the People Plan will be overseen through the two sub-groups of the People Committee, namely:

- Shaping our Future Workforce and
- Transforming our Culture and Staff Experience.

We will assess performance against our People Key Performance Indicators (KPIs) as well as key strategy indicators that will contribute to successful delivery of the People Strategic Priority and act as early indications of success or otherwise.

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The strategy has been awarded the Trust's Recovery for All Quality Mark, for demonstrating the principles of recovery and co-production with service users and carers.

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Ref: COM0099A-052021 • Review date: May 2026

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Birmingham and Solihull Mental Health NHS Foundation Trust

Our Trust Five Year Strategy

Sustainability

compassionate

inclusive

committed

May 2021

Contents

Our Trust Five Year Strategy

One vision

We have a vision to continually **improve mental health wellbeing** and delivery of this strategy will help us to deliver that vision.

Three values

Our values are our guide to how we treat ourselves, one another, our service users, families and carers, and our partners. This strategy supports us to demonstrate these values and make sure that others positively experience our values.

Compassionate

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

Inclusive

- Treating people fairly, with dignity and respect.
- Challenging all forms of discrimination.
- Valuing all voices so we all feel we belong.

Committed

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

Four strategic priorities

Our priorities set out what we will do to deliver our vision and live our values. They support us to stay focussed on what is important to us and make sure we are using our resources to do the right things.

We can't achieve our vision and demonstrate our values just by improving quality, we also need to change the way that we provide some services and pathways. We need to make our organisation a great place to work and to receive care. We also need to ensure that we spend our money wisely.

These priorities have been developed alongside one another to make sure they are aligned and joined up, and we have considered the impact on each other and the dependencies between them.

Our Sustainability Strategic Priority

Our Trust Strategy describes at a high level what the key areas of focus are for each of the four strategic priorities. We have also developed a separate supporting and complementary narrative for each of the priorities which goes into more detail about what we want to achieve.

This document sets out the direction of travel, ambition and areas of focus for the Sustainability Strategic Priority.

It describes and how we will manage and deploy our resources to support delivery of the ambitions and transformations described throughout our strategy, achieving the best outcomes for our service users. This includes:

- managing our finances well, so that we are able to invest in the priorities, developments and innovations outlined throughout all components of the Trust Strategy
- using the latest digital technology to transform care, improve staff and service user experience and increase productivity
- considering the impact on the environment in our work and minimising harm to the world around us
- having robust governance in place, so that while we are developing our services and new ways of working in line with the Trust Strategy we maintain safety and quality, provide assurance to our Board and stakeholder and meet our regulatory requirements
- playing an active role in developing partnership working for the benefit of our staff, service users, carers and local population to improve health outcomes and reduce inequalities.

The strategy has been awarded the Trust's Recovery for All Quality Mark, for demonstrating the principles of recovery and co-production with service users and carers.

Summerhill Services Ltd (SSL) – the role of our wholly owned subsidiary in delivering our Five Year Strategy

SSL is our Trust's wholly owned subsidiary. It provides transport and portering services, capital and project management, PFI management and consultancy and a business monitoring, performance, and reporting service to the Trust. SSL also provides a pharmacy dispensing service to outpatients. It owns, leases or contract manages over 40 clinical sites across the Trust. In addition, SSL generates revenue from delivering consultancy services and contracts to other NHS trusts. Our colleagues in SSL are therefore integral to the delivery of the Trust's Sustainability Strategic Priority, including financial sustainability, caring for the environment and partnership working. They share the Trust's vision and have had the same opportunities to input into the development of our Five Year Strategy as directly employed colleagues. SSL is therefore considered part of the BSMHFT family and aligned to the Trust's aims throughout this document.

How we have developed our Trust Strategy

Co-production at the heart

It is important to us that our Trust Strategy is real and meaningful to our staff, reflects what is important for our service users, families and carers, and is aligned to the plans and aspirations of our partners.

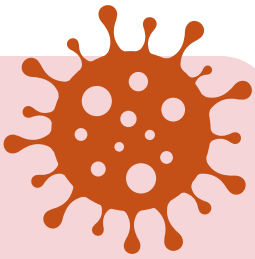
We carried out one of the largest engagement exercises we have ever carried out, over a period of ten months and using a variety of mechanisms to find out what people thought was important to them and what they thought should be included in this strategy. We asked:

- What values do we want to live by?
- What should our key areas of focus be?
- What do we need to change over the next five years?

This included thinking about what we needed to do to improve our sustainability as an organisation, for example how we used our resources and spent our money.

Phase 1: Help us brew up our strategy
November 2019 – February 2020

Our engagement started with a widespread campaign to get people's views on what the 'ingredients' of our strategy should be, asking people to take a few moments out of their day and have a cup of tea to reflect on what was important to them. We asked about our four priorities of clinical services, people, quality and sustainability, as well as what our values and behaviours should be.



Phase 2: Learning from COVID-19
May – July 2020

When the COVID-19 pandemic hit us in March, we had to very quickly adapt our ways of working so that we could continue to provide our services in a safe way. We decided to spend some time evaluating these changes and asking our staff, service users and carers what their experience of these changes had been and what we should stop, continue and improve. This helped inform how COVID-19 would impact our future strategy.

Phase 3: Taste our brew

August – September 2020

We wanted to finish our engagement with a campaign to test the contents of our strategy before taking it to Trust Board for approval. This asked people whether they felt we had heard what they had told us, whether we were focussing on the right areas and how they thought the strategy would make a difference to them.

Who we engaged with

Staff
Staff networks
Professional forums
Unions
Trust Board
Council of Governors
Experts by Experience
Service users and carers
Partner organisations

How we engaged

Comment cards
Site visits
Workshops
Discussions
Surveys
Online challenges (Your Voice)
Information pack
Listen Up Live
Cascade

We had so much energy and enthusiasm throughout all of our engagement and we are hugely grateful to everyone who participated for their views and for helping shape our future direction.

Throughout this document we have represented some of what was said to us in speech bubbles so you can see how we have responded.

Alignment with local and national strategies

Our Sustainability Strategic Priority is aligned to the aims of the local health and care system as well as the expectations of our local and national stakeholders, including NHS England and Improvement and the Department of Health. We proactively contribute to the development of local system and regional partnerships, including the Birmingham and Solihull Sustainability and Transformation Partnership and Integrated Care System and provider collaboratives.

Like all public sector organisations, we operate within national regulations. This strategic priority also takes into account the NHS Long Term Plan, the Five Year Forward View for Mental Health and the government's white paper on the future of health and social care – Integration and Innovation: working together to improve health and social care for all.

Other drivers for change

Impact of COVID-19

During the pandemic we have very much accelerated our digital programme and the role technology can play has been instrumental in enabling us to still carry out appointments via phone or video; hold our ward rounds and multidisciplinary team meetings virtually; run group sessions online; and enable our service users in hospital to keep in touch with their family and friends via Skype and Zoom. It is important that we learn from these adaptations and that is why we incorporated 'learning from COVID' engagement into our strategy development to make sure we listened to our staff, service users and carers and partners about their experience during the pandemic and what changes they wanted to stop, continue, or improve. We do still have more to learn about how these approaches affects people's engagement, outcomes, and experience.

Our ambition for Sustainability Strategic Priority

Our ambition

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

Our aims

- A focus on balancing the books
- A focus on transforming with digital
- A focus on caring for the environment
- A focus on good governance
- A focus on changing through partnerships.

We believe that implementing this component of the strategy over the next five years will make a positive difference in the following ways:

Transforming with digital

Being at the forefront of digital innovation in health care to enable us to transform the way that services are delivered and care is experienced.

Maximising the benefits of cutting-edge technology as an organisation and a system to improve efficiency, quality and health outcomes, enhancing the experience of service users, carers, staff and partners.

Having digital systems that are flexible, reliable and secure to enable safe, high-quality care; efficient supporting processes; effective communication and informed data driven decision-making with our service users.

Changing through partnerships

Being proactive in developing effective and efficient formal partnerships, strategic alliances and provider collaboratives with local and regional organisations from within and outside the NHS where this transforms services and improve pathways and service user outcomes, and sharing expertise and spread best practice.

Caring for the environment

Caring for the environment by managing our buildings and the way we operate to reduce negative impacts on the world around us, including travel, waste, pollution and energy usage, while improving the experience of service users and staff and partners.

Balancing the books

Spending less than we earn on an ongoing basis and generating sufficient cash to enable us to invest in the transformational development of services, facilities and technology for the benefit of our staff, service users and carers, and the local system.

Good governance

Providing assurance to our stakeholders that public money is being used correctly and well; being transparent and making our accountabilities and responsibilities clear, in line with our culture of openness and high standards of professional, managerial and personal conduct.

Delivering the positive improvements described across the Trust Strategy while at the same time guarding against adverse incidents, outcomes and failures to ensure a safe and supportive environment and bust governance arrangements within which high quality healthcare can be provided and objectives achieved.

There are three key themes which run through all of the above aims and provide a framework for our work over the next five years:

Understanding and communication

It is essential that we accurately define our requirements, and then properly communicate them to stakeholders so that everyone has a common understanding.

Involvement, planning and delivery

As has been the case in developing our aims, it is important that we fully empower our staff, service users and carers and partners in the transformation needed to achieve those aims and in delivering against our plans.

Value for money

It is critical that we deliver against our plans both effectively and efficiently by increasing value and/or reducing costs, to give us flexibility around how we use our resources to deliver our strategic priorities.

Look out for the these icons as we describe our strategic aims on the following pages.

How the Sustainability Strategic Priority will make a difference to our staff, service users and partners

Our staff

Our staff will understand our position and ambitions in relation to finance, technology, property and partnerships and how these will enhance their experience of working at the Trust and transform the services they are able to provide to improve outcomes for service users. They will be empowered and enabled to contribute to the development and delivery of change, and share in the benefits.

Our service users

Our service users, their families and carers will experience improved outcomes through us managing our finances well, embracing new technologies, improving the environment and partnership working. They will be given ongoing opportunities to be involved in and influence the development and delivery of our plans and be given information about how we have performed against agreed standards and expectations.

Our partners

We will work closely with our partners in a transparent way to achieve shared transformational objectives and improved benefits and outcomes for our population.

Our strategic aims

We have five areas of focus:

Strategic aim: **Transforming with digital**

We will be a leader in digital innovation in health care, transforming the way that services are delivered and care is experienced and maximising the benefits of cutting-edge technology as an organisation and a system to improve efficiency, quality, health outcomes and decision-making.

Over the next five years we will:

Be a leader in digital transformation

- Be at the forefront of developments in digital and continue to implement innovative technologies that will transform the way we work, improve access, quality and efficiency, release more time to care and support recovery and better outcomes.
- Examples could include virtual community teams, app-based treatment for lower level mental health problems, different methods of consultation to meet differing needs, remote monitoring of service users' health and better ward monitoring through use of technology.
- Undertake and keep abreast of research and emerging trends in cutting edge digital technologies, such as predictive analytics, to support early intervention, prevention and recovery and to ensure that we adopt digital service delivery methods that are underpinned by research and service evaluation.
- Improve our understanding of the benefits and opportunities presented by emerging digital technology and explain these in a way that is clear to everyone.
- Make sure we fully understand and consider the impact, both positive and negative, of technological developments on our service users and their recovery.

Continuously improve our ICT systems and skills

- Make improvements to our ICT systems, such as Rio, ESR and e-rostering, to improve quality and efficiency.
- Enhance our digital communications and interfaces, for example implementing a new website and intranet, to improve user experience and underpin our status as a digital leader.
- Develop a framework to ensure digital skills development so that we have a workforce that is skilled in using new technologies.
- Focus our resources on technologies that will support the aims described across the Trust Strategy and achieve the best outcomes for the local health and care system.
- Ensure that all systems are integrated with one true source for all data.

Make better use of business intelligence

- Make information easier to access and navigate so that staff can access up to date data and intelligence to support decision-making and provision of safe and effective care.
- Enhance our business intelligence capacity and capabilities, for example using scenario modelling and population health data, to improve clinical planning and decision-making.
- Maximise the quality and use of data and improve the information and insights available so that we are better equipped to understand our current position and benchmark against others to support service improvement and new ways of working.

Share information

- Develop shared care records and systems across the health and care system to improve consistency and quality of care.
- Ensure the safety and security of data and information flows.

Work in co-production

- Work with staff, service users, carers and others to identify required improvements and develop and implement effective plans to get the best outcomes from technology, as a trust and within the local health and care system as a whole.
- Bring together clinicians, ICT colleagues, service users and carers to co-produce a technology roadmap to determine what is needed, what is possible and how we implement the digital opportunities identified.
- Take into account the need for digital inclusion and capabilities in order to reduce inequalities and address digital poverty.
- Involve clinicians, service users and carers when assessing digital solutions to ensure that they are accessible and there will be definite and clear benefits from these.

This will mean:

- As a digital exemplar in health, we will influence and shape the ambitions of the local health and care system to achieve good outcomes for the people we serve.
- Staff, service users, carers and others will shape digital improvement plans to ensure that resource is focused on where it will make the most difference.
- Our use of technology and our development and improvement plans will be transparent and widely understood.
- There will be accessible, up to date information and business intelligence for all who need it.
- There will be seamless integration of new systems and all systems, services and hardware is integrated to provide the organisation with one source for all data.
- We will get the best outcomes from the resources available to us.
- There will be a better understanding of improvements resulting from the use of technology.
- We will have clarity about the resources required to ensure the transformation and maintenance of our digital capability.

Strategic aim: **Changing through partnerships**

We will be proactive in developing effective and efficient formal partnerships, strategic alliances and provider collaboratives with local and regional organisations from within and outside the NHS where this transforms services and improves pathways and service user outcomes, and we will share expertise and spread best practice between partners.

Over the next five years we will:

Lead, develop and play a key role in:

Regional partnerships

- As Reach Out Provider Collaborative member and Lead Provider, redesign pathways for providing adult secure care support to align with the national aims to provide care closer to home in the least restrictive place and support recovery, whilst integrating with secondary care services across West Midlands.
- Work with partners within the West Midlands Mental Health Provider Collaborative to strengthen the mental health voice, determine and explore common approaches to provider collaboratives, share learning and quality improvements and work together to meet challenges and exploit transformation opportunities that are common to us all.
- Play an active role in existing and emerging specialist provider collaboratives, such as eating disorders and CAMHS, ensuring quality improvement and sustainability of operational services.

Birmingham and Solihull system partnerships

- Drive the development of the Birmingham and Solihull Integrated Care System (ICS), in line with the government white paper – Integration and Innovation: working together to improve health and social care for all – ensuring that mental health is an integral part of whole system approach, including working with primary care, acute hospitals, third sector and local authorities to improve access, experience and outcomes.
- Play a full part in the ICS to tackle inequalities, provide good employment opportunity, support community and voluntary organisations, listen to communities and respond to key local issues.

- Lead with partners on the establishment an ICS model for mental health, working with the commissioners, Birmingham Women's and Children's NHS Foundation Trust, third sector and other partners to develop integrated pathways and models of care in Birmingham and Solihull that will help us to reduce health inequalities, drive change, manage demand, improve safety and clinical outcomes, enhance recovery and ensure that we can provide sustainable services.
- Work with our partners in the Black Country to ensure that mental health services for West Birmingham are integral to the ICS plans.
- Through our partnership with Birmingham Community Healthcare NHS Foundation Trust – the Birmingham Care Alliance – focus on integrating pathways and spreading best practice.
- Explore and develop partnerships with the third sector, primary care and other local organisations to support the transformation of services for people across all our diverse communities.
- Through SSL, our wholly owned subsidiary, and others maximise the benefits that can be delivered to Birmingham and Solihull through system wide estates and facilities programmes of work.

Locality and neighbourhood partnerships

- Work with local community groups and charities on projects and programmes to bring specific expertise and experience to contribute to the holistic care and understanding of people in our different communities.

Broader partnerships

- Work jointly with NHS and/or other organisations nationally to address specific issues, such as reducing inequalities and challenging stigma, in line with the aims of our Trust Strategy.

Enabling partnerships

Review our current Partnership Framework and refresh this in line with the new Trust Strategy to make sure the areas of focus are aligned with our strategic priorities and our ambitions around driving change, reducing inequalities and continuous improvement.

Develop our capabilities and capacity to ensure we fulfil our new commissioning responsibilities, including strategic planning and needs analysis, financial oversight and contract management and quality assurance.

Remove barriers to partnership working and make it easier for colleagues in partner organisations to work seamlessly alongside us, for example by providing better access to our training and systems.

This will mean:

- Our partnership working will be focused on achieving our priorities and those of local, regional and national stakeholders, for the benefit of population health.
- Mental health services and developments will be aligned across local partners such as Birmingham Community Healthcare NHS Foundation Trust, Birmingham Women's and Children's NHS Foundation Trust and West Midlands mental health providers, to get best outcomes and value for the people we serve.
- Our leading role in commissioning and shaping systems will be clear and effective.
- SSL will play a key role in supporting and adding value to the whole local health and care economy.

Partner with other local organisations so we don't duplicate initiatives.

Sharing good practice – too much silo working.

Tap into the local voluntary services better.

It's hard to get partners on our systems and training.

More collaborative working with partner agencies, health and social care being one. It is not just a 'health' or 'social' need, it is a need.

Create opportunities for people to recover or stay well in the community with our partners.

Look to share services with our alliances to save money across all partners.

Strategic aim: **Caring for the environment**

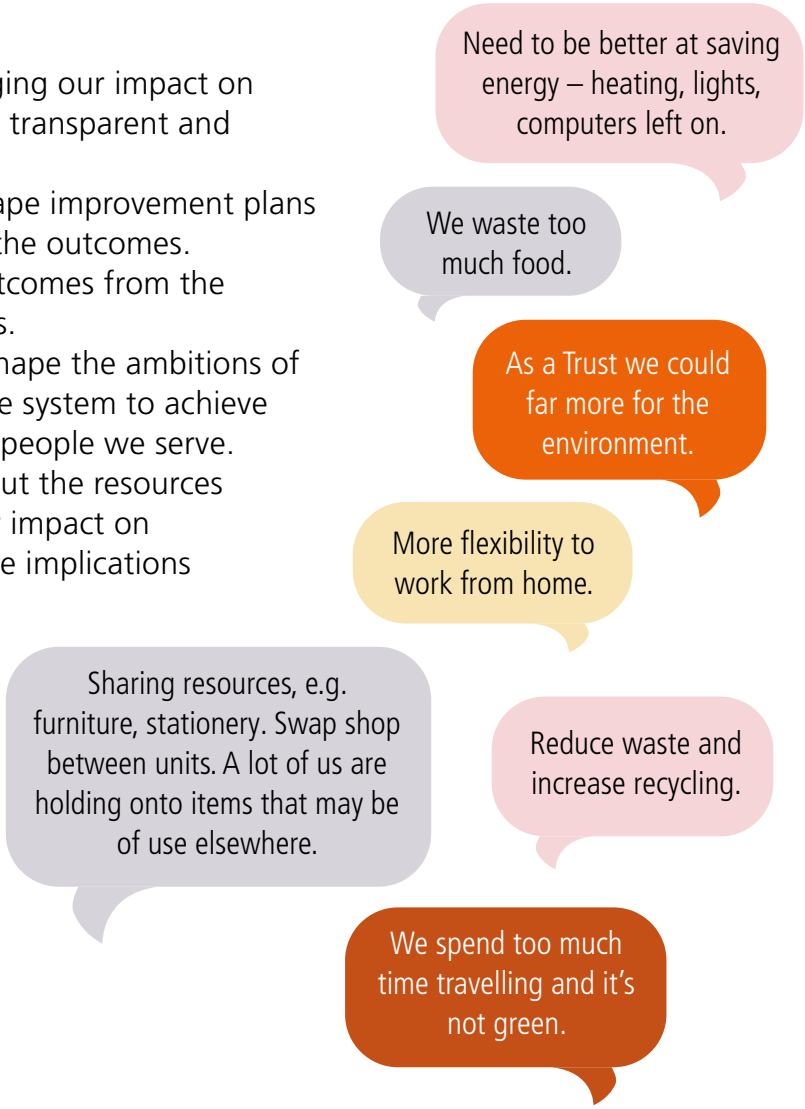
We will care for the environment by managing our buildings and the way we operate to reduce negative impacts on the world around us, including travel, waste, pollution and energy usage, while improving the experience of service users and staff and partners.

Over the next five years we will:

- Improve our **understanding of our impact on the environment** and explain our ambitions and plans in a way that is clear to everyone.
- Work with Trust and SSL staff and others to identify improvements and implement effective plans to **reduce negative impacts** on the environment, while improving the experience of service users and staff and partners, as a Trust and within the local health and care **system as a whole**.
- Develop and implement a **procurement strategy** that focuses on **minimising waste**, releasing funds for investment in key strategic priorities.
- Focus on **recycling and our wider environmental responsibilities**, including our existing commitment to reduce the use of single use plastics.
- Develop and implement a **green vehicle strategy**, build on the reductions in journeys, and therefore emissions, seen during the COVID-19 and respond to the impact of the Birmingham Clean Air Zone.
- Invest in **new technology** during all developments of **buildings and facilities** to minimise waste and become a leader in provision of mental health facilities utilising **renewable energy**.

This will mean:

- Our approach to managing our impact on the environment will be transparent and widely understood.
- Staff and others will shape improvement plans and better understand the outcomes.
- We will get the best outcomes from the resources available to us.
- We will influence and shape the ambitions of the local health and care system to achieve good outcomes for the people we serve.
- We will have clarity about the resources required to manage our impact on the environment and the implications for stakeholders.



Strategic aim: **Balancing the books**

We will spend less than we earn on an ongoing basis and generate sufficient cash to invest in the transformational development of facilities, technology and clinical services for the benefit of our staff, service users and carers, and the local system.

Over the next five years we will:

Focus our resources where they will make the most difference

- Focus our resources on the themes and priorities outlined throughout the Trust Strategy, ensuring that resources are allocated and/or redistributed to achieve our vision of improving mental health wellbeing through driving change, eradicating health inequalities, partnership working and continuous improvement.
- Maximise positive outcomes for our service users and the local health and care system from the money we have.
- Ensure our managers and staff know what they need to do with the money they have for their team.
- Make sure we charge the right amount of money for our services to produce sustainable outcomes, especially incorporating new and innovative technological ways of delivering services.
- Manage financial risks and rewards with partners across the system.

Balance the books

- Concentrate our efforts on those areas that have the biggest financial challenge
- Help our staff in those areas to understand what they can do to improve things.
- Improve understanding of our financial position and performance, the longer term outlook and implications, and explain this in a way that is clear to everyone.
- Focus on reducing spend in ways that limit the impact on our services.
- Develop a framework for achieving savings on an ongoing basis, recognising the contribution that innovation, prevention and partnership working can make in delivering these.
- As the Trust works across the wider Birmingham and Solihull system, work on how we can support the commissioning agenda – i.e. how money is spent on buying services.

Maximise the benefits from SSL

- Opportunities for external commercial business and income generation.
- Efficiencies in transport services, estates and facilities management and estates rationalisation.
- Working with partners in Birmingham and Solihull as a system to optimise the use of estates and facilities across the system.

This will mean:

- Our financial performance and standing will be in line with our medium term plans and aligned to the needs of the local health and care system.
- We will get the best outcomes from the resources available to us.
- We will influence and shape the ambitions of the local health and care system to achieve good outcomes for the people we serve.
- Sufficient resources will be available for the transformation of services, facilities and digital capability.

Strategic aim: **Good governance**

We will have robust and transparent governance arrangements to provide assurance that public money is being used well and deliver positive improvements, while guarding against adverse incidents, outcomes and failures, ensuring a safe and supportive environment in which high quality and innovative healthcare can be provided and our ambitions achieved.

Over the next five years we will:

Define and communicate our approach to good governance

- Define our approach to governance, including board, committees and structures/ frameworks and clearly explain these to stakeholders.
- Develop internal and external communications that support good governance and promote our reputation, for example through our intranet, social media and external website.
- Work with staff and others to identify required improvements to our approach to governance, not only as a trust but within the local health and care system as a whole.
- Improve effectiveness and efficiency in the way we provide information and assurance to the Board and other stakeholders.

Support transformation and quality

- Have well-developed corporate and clinical governance structures to support transformation, innovation, quality improvement and partnership working and guard against adverse incidents in both clinical and support services.
- Design and implement clear and robust governance processes to fulfil Reach Out and other Provider Collaborative Lead Provider functions.

Be socially responsible

- Develop a clear Corporate Social Responsibility framework to benefit our communities and ensure that we contribute positively to the lives of local people and the environment in which they live.
- Be an anchor organisation around procurement, stimulating social value through our supply chain, sourcing more goods and services locally and with organisations that offer a living wage and minimise negative environmental impact.
- Strike a balance between the wellbeing of our population and lowest cost/best value.
- Offer a range of accessible employment opportunities and ways of working to meet the differing needs of our diverse communities to improve the wellbeing of local people, reduce inequalities and contribute to the local economy.
- Support the development and capacity building in local third sector organisations, so that they have the resources to be able to work in partnership with us to provide holistic support and improved outcomes and experience for our communities.
- Promote community cohesion and equality, diversity and inclusion through involvement in community development and engagement projects and sustained engagement with schools, colleges, universities, communities and charities.

This will mean:

- Our approach to governance will be seen as an exemplar in the NHS.
- Our assessment and management of risk will be strong.
- We will be a socially responsible organisation that positively contributes to support our communities to thrive.
- Local third sector organisations will be well equipped and resourced to work jointly with us in achieving our aims.
- Our status as a well-governed organisation will be evidenced by independent review and high quality outcomes.

How Sustainability aligns with the other strategic priorities

At the beginning of this document we described how Sustainability was one of our four Trust strategic priorities, and that only by delivering collectively against all of these priorities could we deliver our Trust vision. Below we have shown the key relationships between the Sustainability Strategic Priority and the ambitions outlined in the Clinical Services, Quality and People components of the Trust Strategy:

Clinical services

- Using data is key to our service developments, making sure we are making decisions based on **business intelligence, predictive demand analysis, population health data and scenario modelling**.
- **Managing our finances** so that we have money to focus on service transformation and reducing inequalities where needed.
- **Driving digital transformation** to support our services in delivering high quality service user care in a personalised, flexible and agile way, while making sure we are being **digitally inclusive** to our service users.
- As we work more and more in partnership and deliver services in an integrated way, **information sharing** and access to service user records between clinical teams and providers of care is critical.
- Enabling the right **strategic partnerships** to improve population health outcomes and reduce health inequalities.

Quality

- **Robust governance** arrangements will ensure that while we are developing our services and new ways of working we maintain **safety and quality, provide assurance** to our Board and stakeholders and meet our **regulatory requirements**.
- Managing our finances well will mean there is money available to **invest in our quality improvement** initiatives.
- Investment in our **buildings and physical environment** and reduction in waste and carbon emissions will **improve the safety and experience** of staff and service users.
- Introduction of new digital technologies will support the **safety and quality of care** we provide to service users and will aid their recovery. It will also help us **use our time more efficiently**.
- Working as part of partnerships and collaboratives, such as the patient safety collaborative, will help us to **share best practice and learning** and improve **staff and service user experience**.

People

- Having a **digitally enabled workforce** will provide staff with new skills, will improve staff experience and satisfaction and will ensure that we can deliver our aim of digital transformation.
- Easier access to **information and intelligence** will better equip us to understand our current workforce and support planning and decision making.
- Developing good internal communications will **keep staff informed and involved**.
- Having a framework for **corporate social responsibility** will **create new opportunities** for local people and the communities they live in.
- **Engaging staff in new developments** will ensure that the improvements made are of benefit to our workforce.
- Balancing the books means we have money to **invest in developing our people**, introducing **new roles and ways of working** and **reducing inequalities**.
- Improved **working environments** will increase staff satisfaction, wellbeing and safety.
- Working in partnership offers new **opportunities for staff** to share best practice and learning to improve quality.

How we will measure our success in implementing this strategy

Throughout the five year period of the Trust Strategy we will develop specific goals that we need to achieve each year against which we will measure our success.

Some of the measures that we will use will be:

Transforming with digital

- How effectively the Trust has empowered staff and others in determining how we use technology to improve quality.
- How well we use technology to transform care, performance and the built environment.
- To what extent we overcome digital exclusion or digital poverty of staff and service users.
- How well we guard our data and information against cyberthreats and other issues.
- The digital capability of staff.

Changing through partnerships

- The quantifiable improvements and value delivered by partnership working.

Good governance

- How effective and efficient our governance processes are.
- The social value generated through our procurement and HR activities.

Caring for the environment

- The experience service users have of our care environments.
- How well we deliver against national targets on carbon neutrality and waste.

Balancing the books

- How the Trust performs against its financial plan, including surplus/deficit, liquidity, capital programme and savings targets.

Certain key performance indicators will be included within the integrated performance dashboard, and we will supplement this with reports detailing our progress to our Trust Board. This would include, for instance, the monthly finance report. This information will enable everyone to understand where we are in our journey, our achievements and any challenges that we are facing. We will also provide reports to our Finance, Performance and Productivity Committee. This is a Committee chaired by a non-executive director of the Trust which focuses on the organisation's sustainability and performance.

Each year we develop financial and operational plans for agreement by the Board which confirm the goals that we set ourselves to deliver the priorities in this strategy and the extent to which we have achieved them.

The strategy has been awarded the Trust's Recovery for All Quality Mark, for demonstrating the principles of recovery and co-production with service users and carers.

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SUSTAINABILITY

13. Finance, Performance & Productivity Committee Chair Report

Birmingham and Solihull Mental Health NHS Foundation Trust

Meeting	**BOARD OF DIRECTORS**
Agenda item	**10**
Paper title	**FINANCE, PERFORMANCE & PRODUCTIVITY COMMITTEE**
Date	26 May 2021
Author	Russell Beale
Executive sponsor	

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

Executive summary

Reach Out – provider collaborative making progress in terms of structure and governance; risk share agreed. Substantial financial risk to Trust over some issues still being worked on.
Trust strategy on sustainability – an excellent piece of work with only minor wording comments.
Capital – agreed at system level, and envelopes for spend in areas within the `trust endorsed.

Reason for consideration

Paper previous consideration

Not Applicable

Strategic objectives

Identify the strategic objectives that the paper impacts upon.
Sustainability

Financial implications

Not applicable for this report

Risks

Financial risk relating to Reach Out provision is significant: management, mitigation and governance is still being worked on.

Equality impact

Reach Out programme assists us helping all sectors of the community.

Our values

Committed
Compassionate
Inclusive

REPORT FROM THE FPP COMMITTEE

1. ISSUES TO HIGHLIGHT WITH THE BOARD

The Finance, Performance & Productivity Committee met on the 19 May 2021 with a summary of the key discussions being detailed below:

1.1 Provider Collaborative: Reach Out Business Case Update

The Committee was appraised of the updates for the Reach Out Business.
Work continues to finalise financial due diligence and validate the baseline to mitigate the associate financial costs and risks.
Risk and Gains Share model has been finalised and the formal model met by partners with the Trust being 50% accountable.
Work continues to progress the formalisation of the commissioning Hub for the three provider collaboratives and the individual providers driving the agenda.

The Committee noted work is progressing well whilst acknowledging there are ongoing pressures for staff and there are associated financial risks.

Chair's assurance comments:
Reach Out has been a clear success in terms of the Trust creating and running a new iniative, and its development going forwards is fundamentally supported. There is a clear financial risk to the Trust in that some individual packages of care can run into £m annually, and becoming responsible for those would lead the Trust to a more fragile financial position. Detailed discussions are ongoing but we need to fully understand these risks and mitigations, and the Board should be aware of them. There are obvious tensions between being both a provider and commissioner of care, and the formalization of the governance is still under way. We do not yet have a model that is robust and can be signed off, though we have managed similar situations previously and so expect to get there.

1.2 Trust Strategy: Sustainability

The committee acknowledged the delays in receiving the strategy due to the impact of Covid and noted this will be received at Trust Board in May 21 for approval.

This will be launched next week and a focused Listen Up Live is scheduled to promote the launch and provide staff with a detailed overview of the content and ambitions. The key focus for the sustainability component is to evidence the impact and ambitions with a focus on digital transformation.

Concerns regarding some of the language used when referring to 'non pay spend' and use of speech bubbles highlighting negative comments were raised and it was agreed this would be reviewed to ensure this is clearly translated.

The Committee formally endorsed the proposal.

Chair's assurance comments: A strong piece of work with only minor comments on style and tone from the committee – it represents a clear approach to what we plan to do and is in a relatively accessible format. We also noted that it was important to measure outcomes and not just inputs to ensure that we achieve what we are setting out to. What is especially pleasing to see is that it has been developed with wide input from all parts of the organization, and so should find easier acceptance across the Trust. Much work will be needed to send and resend the messages in a variety of ways to a variety of interested parties, however.

1.3 Financial Position and including Capital Update

Birmingham and Solihull STP was issued a capital envelope for 2021/22 of £70.6m. Following collaboration across the system to ensure capital plans were developed within envelope, the Trust will make submission to NHSEI of £9.6m next week.

The system financial plan submitted on 6 May 2021 was a deficit of £28m. The BSMHFT H1 projection was £1.6m deficit.

Discussions regarding whether the new investment of £8.5m can be off set against the system deficit if not utilised as the national deficit is £120m and highlights BSoL as an outlier took place and will be explored.

Agency spend decreased from £478k in March to £405k in April 2021. April 2021 spend was lower than agency spend for April in 2020 and 2019.

Agency spend remains a key focus with the total agency spend for yearend was £3m with an increased overall cost including temporary staffing of £27m.

AVERTS training continues to have an impact on temporary staffing and concerns were raised. The Committee were assured a data cleanse is progressing to ensure all data is relevant for temporary staff and substantive investment jas been agreed to appoint a permanent AVERTS trainer in the Trust.

Service development funding will flow in line with the implementation plan. Additional funding from the £500m announced at the spending review has been provided by HM Treasury in 2021/22 to accelerate recovery from COVID-19 and to bring forward elements of the LTP. Work system wide to identify opportunities for spend was discussed in detail wit a key focus of workforce modeling, recruiting at risk, shared posts, voluntary sector and third sector.

Pre commitment to the MH investment standard raised concerns due to the financial challenge for the next financial year.

The Committee were appraised of the minor capital spend for month 1 and noted ICT and statutory backlog maintenance funding has been approved.

The Committee noted the report received at IQC detailing the prioritised proposed spend of £3.9m capital. £3.4m will be utilised to address ligature risks including bathroom and bedroom doors and the remaining £500k will be allocated to works at Newington.

Concerns were raised regarding the oversight of decision making and need to ensure Committees interlink on the prioritisation process.

There was a detailed discussion whereby assurance was provided to the Committee on the allocation of envelopes across service areas and the governance arrangements in place to review proposals and mitigate risks.

The Committee formally endorsed the proposal.

Chair's assurance comments: The envelopes are now endorsed by the committee and we received reassurance that these have gone through various groups in the lead-up to this and that all concerned parties are content with the allocation. We note the good, detailed work that has gone into this at various sub-committee levels. However, we discussed that

the intention of the capital prioritization process was, at a high level, to allow committees to better scrutinize the executive decisions around this matter, and for visibility of the benefit and risks of major programmes of work to be more apparent so that they have been justified and balanced against each other, especially when in competing areas (for example, should we spend £xm on upgrading RIO or should we spend £ym on fixing a leaking roof or £zm on alternative doors?). This is still not completely clear, partly because the individual schemes within these budgets are not defined or approved and partly because the process is new this year and bedding in. We recognized that we have better clarity, and, crucially, that we need to move forward so that programmes can start, so were content that we had sufficient information now to agree this split (noting too that it will be reviewed during the year as needed). However, we plan to revisit this process to try to refine it, though exactly how, who and when is not yet determined.

On overall capital and financial positions, we noted the good system-wide working that is evident.

1.4 Other papers

Chair's assurance comments: Received and noted, with no specific comments or issues. Owing to the density of the agenda and depth of discussion on previous issues, we agreed to set aside more time in the next meeting especially for the integrated performance report.

***Meeting review:** we had a reflection on the meeting afterwards, noting the positive tone, useful and helpful challenge, broad discussion around key points, and effective inputs from all. What was pleasing to observe during the meeting was the contribution to the discussion from all of the execs (and NEDs) and not just an assumption that the Finance leads would answer everything.*

14. Integrated Performance Report

Birmingham and Solihull Mental Health NHS Foundation Trust

Meeting	**All Committees and Board**
Agenda item	**X**
Paper title	**Integrated Performance Report**
Date	19/05/2021
Author	Richard Sollars, Deputy Director of Finance Dawn Clift, Associate Director of Governance Lizzie Prior, 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:

We are critically reviewing our performance management and reporting approaches as we begin to move forward with the new Trust Strategy. We will retain the positive intentions of the existing approach and enhance the process in a number of respects.

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

- IQC - Staff and patient assaults, pressure sores, prone restraints, commissioner reportable incidents, falls
- FPP – Out of area bed use, financial position and CIP
- People - Return to work interviews, fundamental training, appraisal rates and sickness. Also the divergence in performance between different teams

Reason for consideration:

To assure the Committee of Trust delivery against its key performance indicators and priorities

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

Integrated Performance Report

Context

As has been outlined in previous discussions at Committee and Board meetings, we are critically reviewing our performance management and reporting approaches as we begin to move forward with the new Trust Strategy to ensure that:

- We focus on the priorities and key outcomes associated with the Strategy
- We develop our Board Assurance Framework to understand the strategic and emerging risks relating to the Strategy and the world around us
- We provide the right information at the right level of detail in the right format that helps us transparently explain what has happened and the implications and identify the action required to improve outcomes

We will retain the positive intentions of the existing approach:

- Balanced review of performance in the round rather than concentrating on one factor at the expense of others
- Use of graphics to make it easy to understand trends and distinguish between random variation and underlying issues
- Allow drill down from top level or average information to identify the underpinning detail

We will enhance the process in a number of respects:

- Improve the robustness of performance review by the Executive Team and performance Delivery Group
- Provide greater insight and intelligence to the Committees to allow them to better understand key performance issues and improve the level of assurance they provide to the Board
- Improve the integration and structure of data in different Trust systems to improve accuracy and integrity

Performance in April 2021

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

- **Out of Area Bed Use** – Some process improvements have helped us address underlying issues, but the impact of COVID-19 and the closure of beds has significantly impaired our ability to eliminate use of out of area beds, but the numbers of bed days used in April is down to 643 (21.4 patients), the lowest level since Dec-18
- **Workforce measures in general** – There is a significant adverse variance against most of the set performance standards. While this has deteriorated as a result of COVID, the divergence between individual teams is of real concern:
- **Financial position and CIP** – Financial control totals have only just been set for 2021/22 and we are still developing plans. We have thus yet to identify savings, but are currently performing marginally better than planned deficit

Quality

- The reported level of physical assaults has continued to reduce across all areas. It has been suggested that this may not be reflective of the actual level of incidents occurring in acute care. The Clinical Director is taking forward discussions with consultants and matrons to improve the incident reporting culture amongst the service area
- Levels of prone restraint have reduced and levels of physical restraint are similar to last month. An increasing number of patients have been secluded over the past month which is cause for concern. A quality goal is included for 2021/22 relation to the reduction of seclusion in bedrooms is being introduced
- The level of patients absconding from inpatient units increased in April. The missing persons policy was implemented in all cases and all patients were safely returned to their respective wards
- All other performance is generally within expected levels
- **Key concerns: Staff and patient assaults, pressure sores, prone restraints, commissioner reportable incidents, falls**

Performance

- The level of Out of Area Patients remains the main concern. The national requirement was for this to be eliminated by April, but this has been renegotiated as being by end of June. April has seen the figure significantly reduced at 643 occupied bed days (21.4 patients), the lowest level since Dec-18
- IAPT patients seen within 6 weeks of referral has consistently worsened over last five months to 42%, the lowest position in entire reporting period (61 weeks since Apr-16). It reflects large number of staff vacancies (14%)
- The % of service users on CPA having a formal review in the last 12 months remains a worry at 88%
- New referrals not seen within 3 months are of concern but have reduced in month to 2,227, the lowest level since Mar-20
- On the large majority of targets, the Trust achieves target or better on an ongoing basis
- **Key concerns: Out of Area, IAPT seen in 6 weeks, CPA 12 month review and new referrals not seen in 3 months**

People

- The People domain has seen 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
- Return to Work contacts – 64% overall against a target of 85%, best position since Aug-20 - individual departments/teams vary between Psychology (29%) and Tamarind (96%)
- Fundamental training – 89% overall against a target of 95%, best position since Aug-20 - varies between Medical directorate (73%) and Liaison & Diversion and Tamarind (95%)
- Staff Appraisals – 81% overall against a target of 90% - varies between Psychology (48%) and Tamarind (92%)
- Sickness absence – 5.3% overall against a target of 3.9%, lowest figure since Aug-20 – varies between ICCR Other (0.2%) and Liaison & Diversion (13.9%)
- Rolling 12 month turnover and agency expenditure continue to be better than plan
- **Key concerns: Return to work interviews, fundamental training, appraisal rates and sickness**

Sustainability

- The financial result for April is slightly better than plan at a deficit of £261k, with savings plans yet to be set for 2021/22. No savings have been identified as yet, although this is understandable as the financial control total for the year has only just been set

- Cash, performance against the capital expenditure plan and property standards remain well above target
- **Key concerns: CIP under achievement impacting adversely on Operating Surplus**

INTEGRATED PERFORMANCE DASHBOARD

Overall Performance @ Apr-21

NHS
Birmingham and Solihull Mental Health
NHS Foundation Trust

OVERALL	74.2%
QUALITY	85%
PERFORMANCE	77%
PEOPLE	60%
SUSTAINABILITY	74%

KEY CONCERNS:
* **Staff and patient assaults**
* **Pressure sores**
* **Prone restraints**
* **Commissioner reportable incidents**
* **Falls**

SOME CONCERNS:
* None

	Now	1m ago	12m ago
QUALITY	85%	74%	84%
PERFORMANCE	77%	76%	76%
PEOPLE	60%	60%	57%
SUSTAINABILITY	74%	77%	88%
OVERALL	74%	72%	76%

KEY CONCERNS:
* **Financial position**
* **Some Quality metrics problematic**
* **Workforce metrics in general**
* **Out of Area bed usage**

KEY CONCERN:
* **Out of Area - significantly improved and on track to reach 0 by July**
* **IAPT seen in 6 weeks - large number of staff vacancies**
* **New referrals not seen in 3M - reduced to 2,227, performance standard not yet agreed**
* **CPA 12 month review - standards under discussion**

SOME CONCERNS:
None

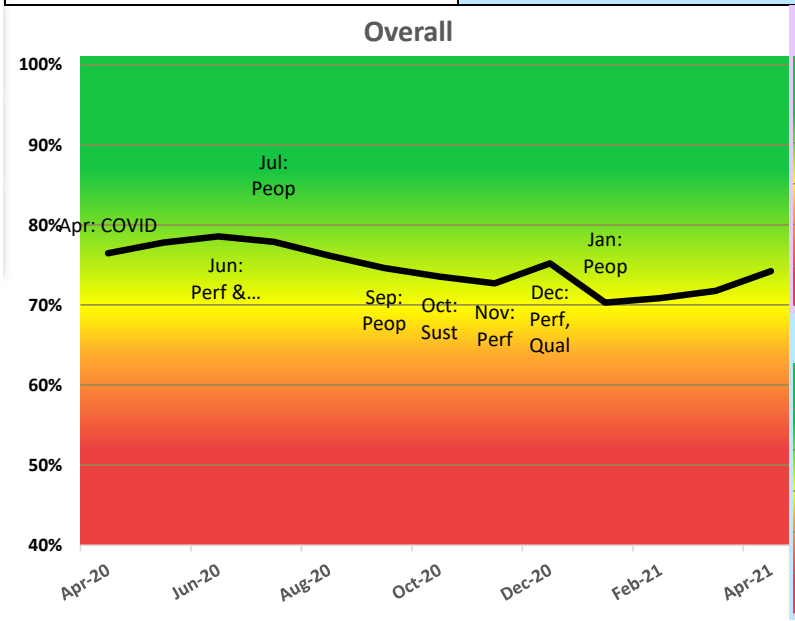
* Quality score remains highest scoring domain, reflects high incident reporting as positive outcome
* Performance improved - issues with capacity and new metrics
* People improved but significant under performance across the board
* Sustainability impacted by financial position

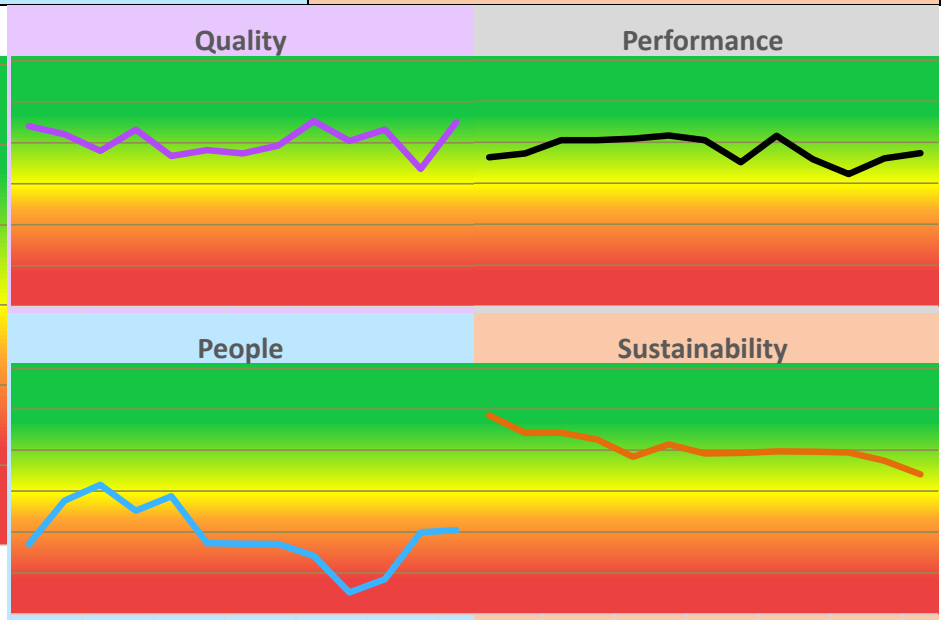
KEY CONCERNS
* **Return to Work interviews have remained around or below 60% for last eight months and show no signs of improvement**
* **Fundamental training remains below 90% for 8th successive month**
* **Appraisals deteriorated and significantly below pre-COVID levels**
* **Sickness deteriorated and remains worryingly low**

SOME CONCERNS
* Shift Fill Rate has improved but remains significantly below target

KEY CONCERNS:
* **There have been significant delays in agreeing financial controls nationally, impacting on the Trust's ability to develop its own plans**
* **Savings plans have therefore been delayed an schemes have yet been identified**

SOME CONCERNS: IG held down by poor compliance by temporary staff





INTEGRATED PERFORMANCE DASHBOARD

Quality @ Apr-21

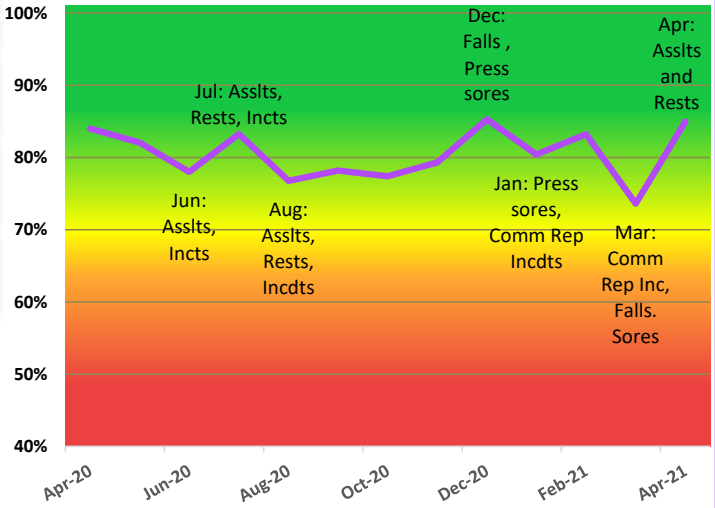
NHS
Birmingham and Solihull Mental Health
NHS Foundation Trust

OVERALL	
74.2%	
QUALITY	PERFORMANCE
85%	77%
60%	74%
PEOPLE	SUSTAINABILITY

*

Metric	Actual	Comparator		Now	1m ago	12m ago	4y Trend	Reference
Duty of Candour	0	Target	0.5	100%	100%	100%		DoC oversight
Staff assaults/ 1000 OBD	3.4	Target	0	66%	55%	52%		Assaults on staff
Patient assaults/ 1000 OBD	2.1	Target	0	58%	44%	48%		Assaults on patients
Prone restraints/ 1000 OBD	4.6	Target	0	69%	61%	76%		Prone restraints
Physical restraints/ 1000 OBD	11.5	Target	8	82%	82%	86%		Physical restraints
Abscon. and Fail to Return	13	Target	0	86%	92%	93%		Fails to Return summary
Incidents resulting in harm	17.0%	Target	0	100%	100%	100%		Incidents result. in harm
Reported incidents	1,741	Target	1,800	94%	100%	86%		Incidents reported
Comm report incidents	4	Target	0	73%	33%	53%		Summary of CR incidents
Homicides in month	0	Target	0	100%	100%	100%		Homicide analysis
Inpatient suicides	0	Target	0	100%	56%	100%		Inpatient suicides
Comm'ty suicides	0	Target	0.5	100%	100%	93%		Community suicides
Never events	0	Target	0	100%	100%	100%		Never events
Pressure sores (weighted)	1	Target	0	80%	20%	100%		Pressure sores
Inpatient falls/ 1000 OBD	2	Target	0	67%	79%	66%		Inpatient falls
Falls resulting in serious harm	0	Target	0	100%	55%	100%		Serious harm falls
Qual BAF Score	9	5x5 matrix		68%	74%	74%		BAF Summary
QUALITY				85%	74%	84%		

Quality



Headlines

KEY CONCERNS:

* **Staff and patient assaults**
* **Pressure sores**
* **Prone restraints**
* **Commissioner reportable incidents**
* **Falls**

SOME CONCERNS:

* None

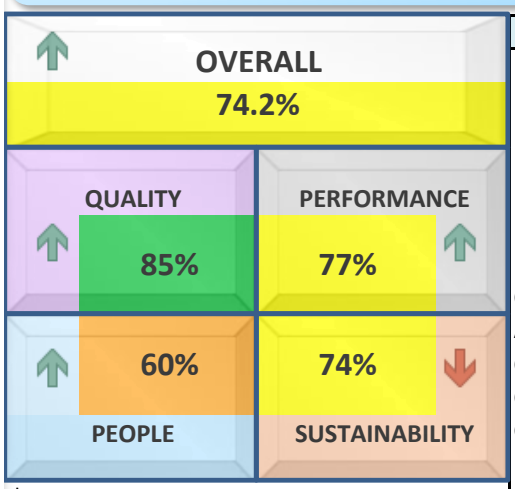
NO CONCERNS:

All other metrics on or close to target

INTEGRATED PERFORMANCE DASHBOARD

Performance @ Apr-21

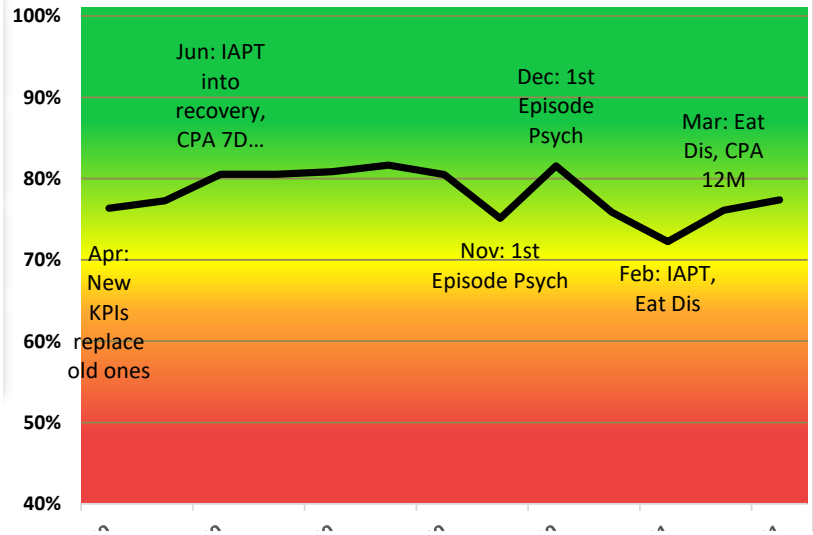
NHS
Birmingham and Solihull Mental Health
NHS Foundation Trust



*

Metric	Actual	Comparator		Now	1m ago		12m ago		4y Trend	Reference
Data Quality Matur. Index	98%	Target	95%	100%	→	100%	→	100%		DQMI summary
IAPT seen in 6 weeks	42%	Target	75%	0%	→	0%	↓	100%		IAPT <6 weeks
IAPT seen in 18 weeks	99%	Target	95%	100%	→	100%	→	100%		IAPT <18 weeks
IAPT into recovery	59%	Target	50%	100%	→	100%	↑	81%		IAPT moving to recovery
1st episode psychosis	80%	Target	60%	100%	→	100%	→	100%		1st Episode psychosis
Eating disorders urgent	100%	Target	95%	100%	→	100%	→	100%		Eating disorders urg.
Eating disorders routine	100%	Target	95%	100%	→	100%	→	100%		Eating disorders rout.
Out of Area Bed Days	643	Target	0	0%	→	0%	→	0%		OAP bed days
Admissions gatekept HTT	95%	Target	95%	100%	→	100%	→	100%		Gatekept admissions
CPA 7 day FU	95%	Target	95%	100%	→	100%	↑	52%		7 day follow up
CPA 3 day FU	86%	Target	80%	100%	→	100%	↑	67%		3 day follow up
CPA 12m Review	88%	Target	95%	55%	↑	54%	↓	71%		12 month review
DTOC %	5%	Target	8%	100%	→	100%	↑	91%		DTOC
New Referrals not seen in 3m	2,227	Target	1,000	39%	↑	35%	↑	31%		New refer not seen
Perf BAF Score	9	5x5 matrix		67%	↑	52%	↑	52%		BAF Summary
PERFORMANCE				77%	↑	76%	↑	76%		

Performance



Headlines

KEY CONCERN:

* **Out of Area - significantly improved and on track to reach 0 by July**
* **IAPT seen in 6 weeks - large number of staff vacancies**
* **New referrals not seen in 3M - reduced to 2,227, performance standard not yet agreed**
* **CPA 12 month review - standards under discussion**

SOME CONCERNS

None

NO CONCERNS

* DQMI score has sustained improvement and in top 7 nationally
* All other metrics are on or close to target
* BAF scores/risks based on new definitions, 2 risks in Performance domain

INTEGRATED PERFORMANCE DASHBOARD

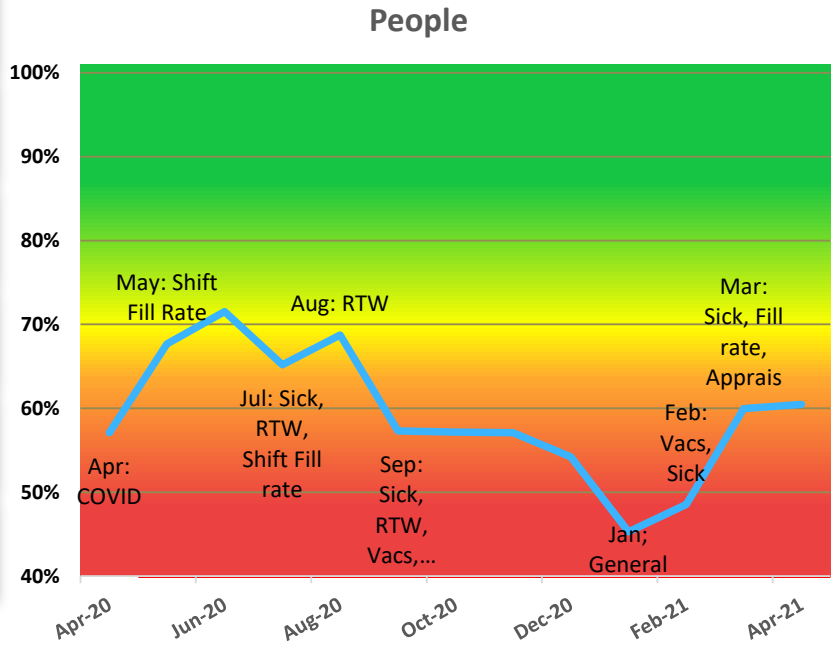
People @ Apr-21

Birmingham and Solihull Mental Health NHS Foundation Trust

OVERALL	
74.2%	
QUALITY	PERFORMANCE
85%	77%
60%	74%
PEOPLE	SUSTAINABILITY

Metric	Actual	Comparator		Now	1m ago	12m ago	4y Trend	Reference
Staff Sickness	5%	Target	4%	57%	58%	3%		Sickness absence
RTW Contact	64%	Target	85%	0%	0%	0%		Return to Work
Bank & Agency Fill Rate	89%	Target	95%	72%	68%	63%		Shift fill rate
Rolling 12m Turnover	9%	Target	11%	100%	100%	100%		Staff turnover
Staff Vacancies	8%	Target	6%	83%	83%	85%		Staff vacancy rates
Staff Appraisals	81%	Target	90%	54%	55%	61%		Staff appraisals
Fundamental Training	89%	Target	95%	42%	38%	65%		Fundamental training
Monthly Agency £'000	£405	Target	£501	100%	100%	100%		Agency expenditure £'000
Peop BAF Score	16	5x5 matrix		38%	38%	38%		BAF Summary
Staff Well Being								
Staff Temperature								
PEOPLE				60%	60%	57%		

*



Headlines

KEY CONCERNS

* Return to Work interviews have remained around or below 60% for last eight months and show no signs of improvement
* Fundamental training remains below 90% for eighth successive month
* Appraisals deteriorated and remains significantly below pre-COVID levels
* Sickness deteriorated and remains worryingly low

SOME CONCERNS

* Shift Fill Rate has improved but remains significantly below target

OTHER

Metrics/data quality under review to ensure most relevant items of performance reported

INTEGRATED PERFORMANCE DASHBOARD

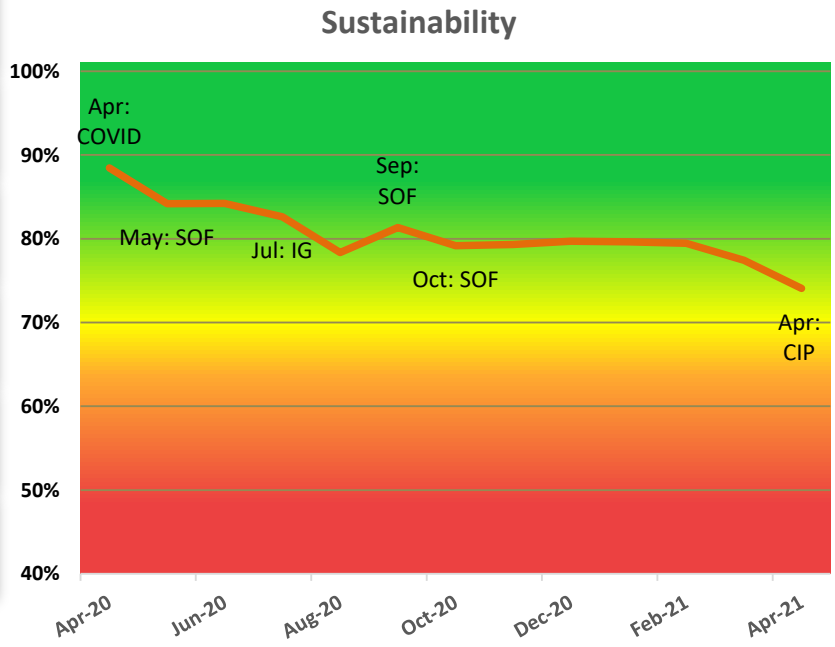
Sustainability @ Apr-21

NHS
Birmingham and Solihull Mental Health
NHS Foundation Trust

OVERALL	74.2%
QUALITY	85%
PERFORMANCE	77%
PEOPLE	60%
SUSTAINABILITY	74%

Metric	Actual	Comparator		Now	1m ago	12m ago	4y Trend	Reference
YTD Operating Surplus £m	-£0.3	Plan	-£0.3	100%	100%	100%		Surplus details
SOF rating	3	1-4 matrix		67%	67%	100%		SOF/Use of Resources
YTD CIP £'000	£0	Plan	£417	0%	29%	43%		CIP details
Cash £'000	£28,159	Plan	£18,000	100%	100%	100%		Cash details
YTD CapEx £'000	£55	Plan	£0	100%	100%	100%		Capital Expenditure
Sust BAF Score	14	5x5 matrix		46%	46%	63%		BAF Summary
Property	99%	Plan	95%	100%	100%	100%		Property standards
Info Governance	80%	Target	100%	80%	78%	91%		Info Governance
SUSTAINABILITY				74%	77%	88%		

*



Headlines

KEY CONCERNS:

*** There have been significant delays in agreeing financial controls nationally, impacting on the Trust's ability to develop its own plans**

*** Savings plans have therefore been delayed an schemes have yet been identified**

SOME CONCERNS: IG held down by poor compliance by temporary staff

NO CONCERNS

* BAF score reflects revised strategic risks (4 in Sustainability domain) including financial position at score of 25

INTEGRATED PERFORMANCE DASHBOARD

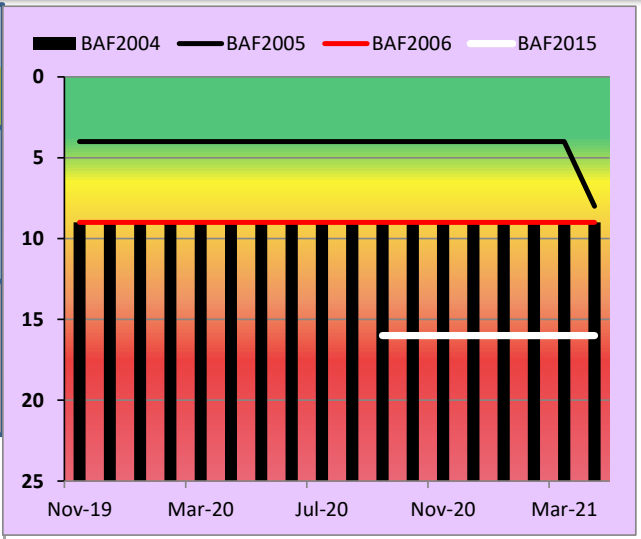
Board Assurance Framework @ Apr-21

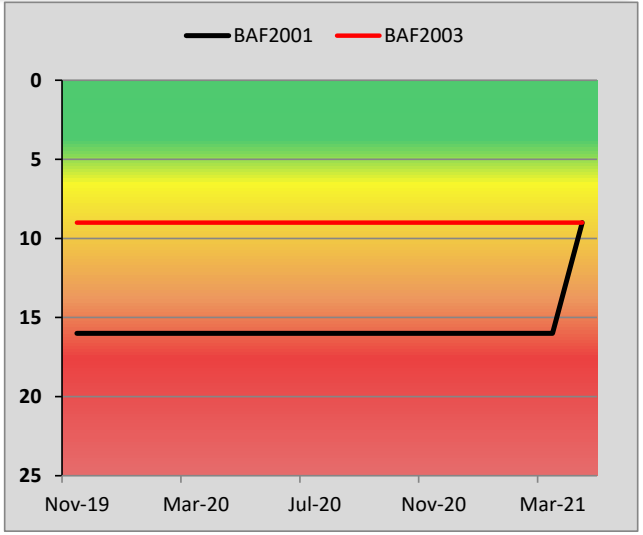
NHS
Birmingham and Solihull Mental Health
NHS Foundation Trust

OVERALL	
74.2%	
QUALITY	PERFORMANCE
85%	77%
60%	74%
PEOPLE	SUSTAINABILITY

*

Latest Board Assurance Framework

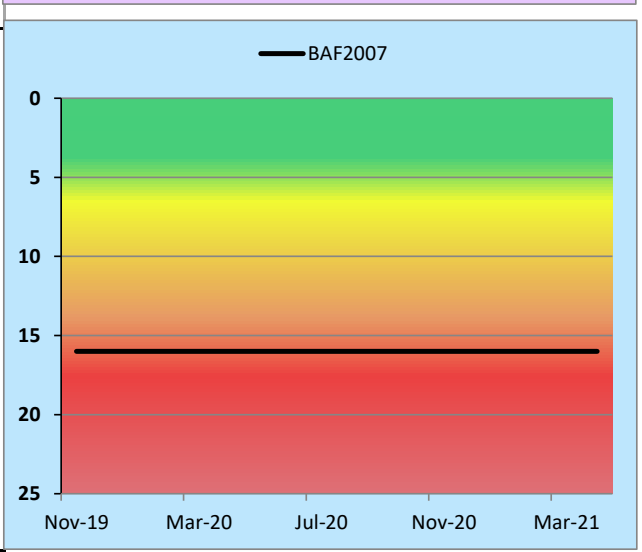


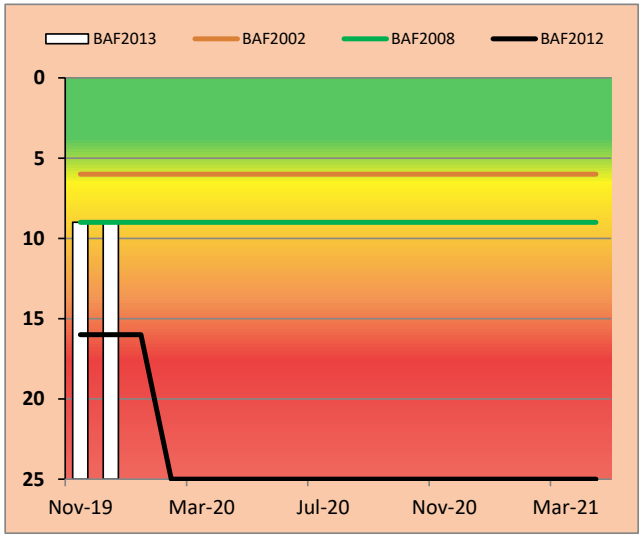


TOP RISKS (Impact * Likelihood)

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

MOVEMENTS
BAF2001 - risk reduced
BAF2004 - risk increased





15. Finance Report including Provider Collaborative: Reach-Out Update

Birmingham and Solihull Mental Health NHS Foundation Trust

Meeting	**Trust Board**
Agenda item	17
Paper title	**Finance Report**
Date	26 May 2021
Author	Emma Ellis
Executive sponsor	David Tomlinson

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

Executive summary & Recommendations:

On 25 March 2021, NHSEI issued the 2021/22 priorities and operational planning guidance for the six-month period April to September 2021 (referred to as H1).

A system-based approach is being taken to funding and planning. Birmingham and Solihull STP was issued an envelope of £1.17 billion for H1 with a requirement to submit a six month financial plan on 6 May 2021. The system plan submitted was a deficit of £28m. Included within this was BSMHFT's H1 projection of £1.6m deficit.

NHSEI have issued individual organisational control totals for H1, based on adjusted quarter 3 2020/21 actuals, with a single line entry to balance to the system financial plan. BSMHFT will take an opportunity to realign this plan in a non-mandated organisational plan submission due in the week commencing 24 May 2021.

The month 1 2021/22 consolidated Group position is a deficit of £0.3m, this is slightly better than the month 1 plan issued by NHSEI.

Month 1 Group Capital expenditure was £55k, this is in line with the plan profile as submitted to NHSEI on 12 April 2021; total capital expenditure plan is £9.6m. This was approved by Committee Chairs during April and confirmed following discussions at IQC and FPP in May. The timeline is included in the attached report. **The Board is asked to formally confirm approval for this plan for absolute completeness.**

The Board has been previously briefed regarding plans for the development of the West Midlands Secure Services Lead Provider Collaborative (Reach Out) and authority was delegated to the Director of Finance to take the necessary action to prepare a business case. Both IQC and FPP have been briefed during May. Since the last update to the Board NHSEI have deferred the go live date to October 2021 and it is currently planned that the final business case will come to the Board for approval in

September.
Reason for consideration:
Assurance on the 2021/22 financial position Formal approval for the 2021/22 capital programme Assurance on the preparations for the Lead Provider Collaborative
Previous consideration of report by:
Regular briefing on financial position with FPP chair and FPP Committee
Strategic priorities (which strategic priority is the report providing assurance on)
SUSTAINABILITY: Being recognised as an excellent, digitally enabled organisation which performs strongly and efficiently, working in partnership for the benefit of our population
Financial Implications *(detail any financial implications)*
Group financial position

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

Capital Prioritisation

The details of the proposed capital programme for 2021/22 are included in the attached Finance Report. This constitutes a total programme of £9.6m, which can be analysed as follows:

- Total pre-committed plans (approved by Board March 21) - £3.4m
- Statutory Standards and Backlog Maintenance (approved by Committee Chairs April 21) - £1.5m
- ICT (approved by Committee Chairs April 21) - £0.8m
- Risk Assessments (approved by IQC May 2021) - £3.9m

Following approval of the pre-commitments by the Board in March, Committee Chairs were asked to work with the Executives in April to determine prioritisation of the remainder of the programme. It was noted that the Trust had negotiated with the STP to increase the capital funding available from £5m to £9.6m.

It was noted that schemes had been prioritised but the Integrated Quality Committee had asked for a comprehensive risk assessment to be completed which would be undertaken by the 19 May 2021. The financial envelopes were agreed for pre-commitments (£3.4m); Health & Safety Risk Assessments (£3.9m); ICT (£0.8m) and statutory standards and backlog maintenance (SSBM) (£1.5m). The Trust would commence planning and delivery as appropriate regarding the ICT and SSBM programmes.

The risk assessment was taken to IQC in May and approval given for £3.4m for general risk assessments and £0.5m for work at Newington.

The overall programme of £9.6m was considered and endorsed by FPP at its meeting in May and the Board is now asked to formally confirm approval for this plan for absolute completeness.

Birmingham and Solihull Mental Health NHS Foundation Trust

Finance Report

Financial Performance:

1st April 2021 to 30th April 2021

Financial Plan (H1: April – September 2021)

On 25 March 2021, NHSEI issued the 2021/22 priorities and operational planning guidance. The guidance covered the six-month period of 1 April to 30 September 2021 (referred to as H1). A system-based approach is being taken to funding and planning.

Three mandated system finance returns were required for the planning round:

- System capital submission (full year) – 12 April 2021
- System Financial Plan submission (half year - H1) – 6 May 2021
- CCG Mental Health submission (full year) – 6 May 2021

System Capital Submission – 12 April 2021

On 22 March 2021, Birmingham and Solihull STP was issued a capital envelope for 2021/22 of £70.6m. Following collaboration across the system to ensure capital plans were developed within envelope, BSMHFT submitted a capital plan to NHSEI of £9.6m. For further detail see page 9-10.

System Financial Plan - 6 May 2021

On 26 March 2021, the Birmingham and Solihull STP envelope for H1 2021/22 was issued at £1.17 billion
As a system, Birmingham and Solihull STP has worked to produce a financial plan for H1 2021/22. The startpoint was the NHSEI organisational envelopes (based on doubling the quarter 3 2020/21 actual position). Adjustments were made to reflect system-wide planning assumptions including known cost pressures, inflation, additional funding allocations and efficiency.
The system financial plan submitted on 6 May 2021 was a deficit of £28m. The BSMHFT H1 projection was £1.6m deficit.

Non-mandated organisational plan – w/c 24 May 2021

NHSEI have issued individual organisation plans for H1, based on adjusted quarter 3 2020/21 actuals, with a single line entry to balance to the system financial plan. Organisations have an option to submit plans in the week commencing 24 May 2021. This will allow realignment of income and expenditure but there cannot be any movement from the bottom line position submitted within the system plan on 6 May 2021 (BSMHFT: £1.6m deficit). In order to enable effective financial management during the six-month period we have decided to complete this non-mandated organisational plan submission. An update will be provided in the month 2 finance report.

Month 1 2021/22 Financial Position

The month 1 2021/22 consolidated Group position is £0.31m deficit, this is slightly better than the month 1 plan issued by NHSEI of £0.38m. The monthly plan phasing will be reviewed and revised as appropriate as part of the organisational plan submission on 24 May 2021. There is no financial reporting requirement to NHSEI in month 1.

System Mental Health Plan

NHSEI Mental Health Planning Guidance:

- All CCGs are individually required to meet the Mental Health Investment Standard (MHIS)
- Service development funding (SDF) will flow in line with the implementation plan
- Additional funding from the £500m announced at the Spending Review has been provided by HM Treasury in 2021/22 to accelerate recovery from COVID-19 and to bring forward elements of the LTP
- Mental health support hubs for staff will continue to be funded in 2021/22 through additional SDF funding.

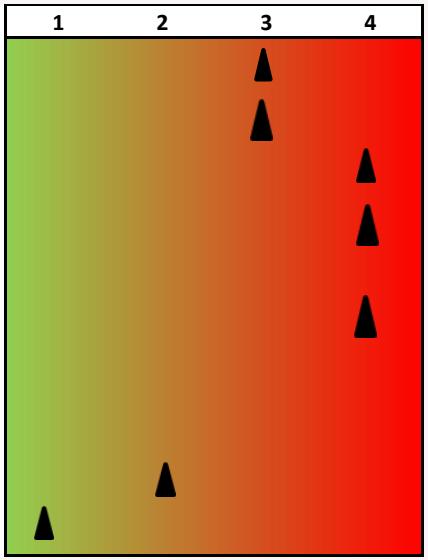
Mental health financial planning will be undertaken once in relation to minimum investment requirements. In undertaking the annual mental health financial planning process, CCGs and systems need to plan for the minimum investment to meet the MHIS.

Service Development Fund	BSMHFT
	£'m
CYP community and crisis	0.3
18-25 young adults (18-25)	0.1
Perinatal - Maternal Mental Health Services (MMHS)	0.4
Adult Mental Health Crisis (AMH Crisis)	0.2
Adult Mental Health Community (AMH Community)	2.4
Rough Sleeping 19/20 and 20/21 Sites	0.5
Staff Support Hubs	1.0
Total	**4.9**

Spending Review (Non Recurrent)	BSMHFT
	£'m
CYP community and crisis	0.2
Children & Young People's Eating Disorders (CYPED)	0.0
18-25 young adults (18-25)	0.0
Adult Mental Health Community (AMH Community)	1.0
Discharge	1.8
Physical health outreach and remote delivery of checks (PH Checks)	0.3
Memory assessment services and recovery of the dementia diagnosis rate (I	0.3
Total	**3.6**

Use of Resources rating 3

Single Oversight Framework (without Overrides)	
Single Oversight Framework (After Overrides)	
Financial Sustainability	Liquidity Ratio
	Capital Servicing Capacity
Financial Efficiency	I&E margin (%)
Financial Controls	Distance from Financial Plan
	Agency Spend



Month 1 Single Oversight Framework (SOF) rating is 3 (after overrides).

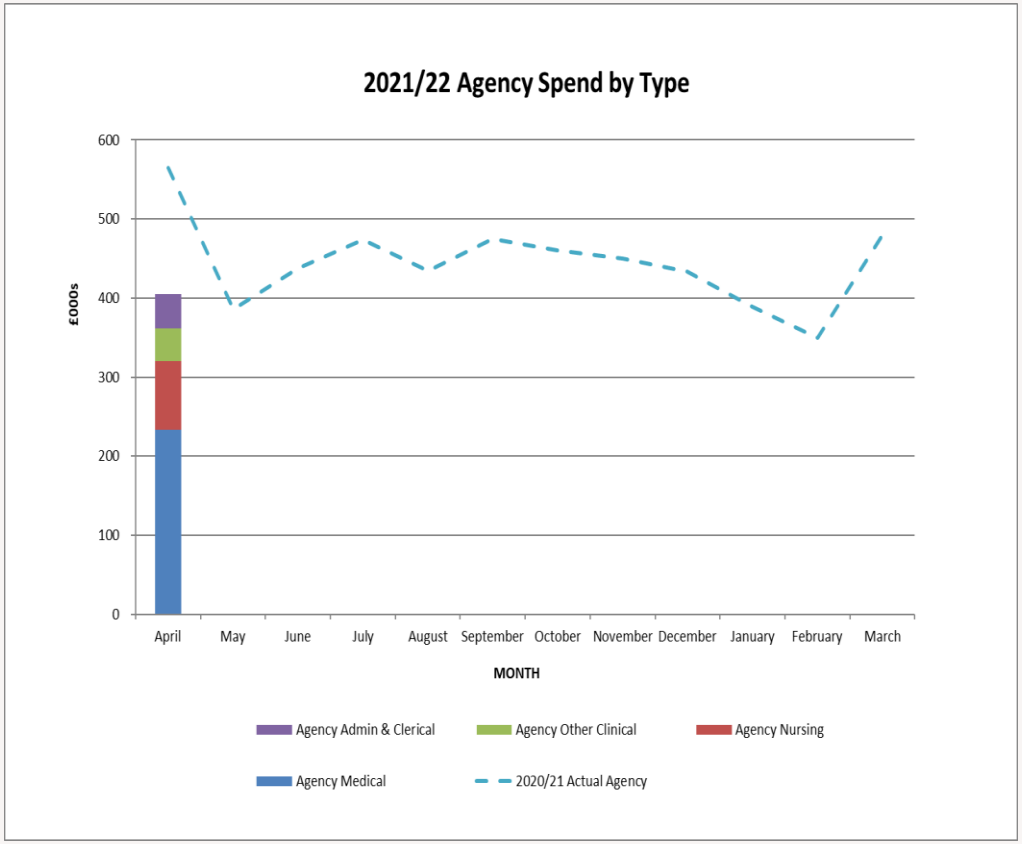
- Month 1 Liquidity rating is 4.
- Month 1 Capital servicing score is 4.
- Month 1 I&E Margin Rating is 4.
- Month 1 Agency spend is scored at 1 as expenditure is below the NHSEI ceiling.

Single Oversight Framework Risk Rating	**Month 1 2021/22**	**Plan 2021/22**
	Risk Rating	**Risk Rating**
Liquidity (Current Assets and Current Liabilities less inventories and assets held for sale / Operating Expenditure x No of days in financial year to date)	4	4
Capital servicing (EBITDA for year to date / capital servicing costs)	4	4
I&E Margin %	4	4
Distance from Financial Plan	2	1
Agency Spend	1	1
Rounded Average	**3**	**3**
Single Oversight Framework (without Overrides**)**	**3**	**3**
Single Oversight Framework (After Overrides**)**	**3**	**3**

Agency expenditure

	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	21/22Total
Agency Spend (£000s)	405												405
NHSEI Ceiling (£000s)	501	501	501	501	501	501	499	499	499	499	499	499	6,000
Net (£000s)	**96**												

Agency Medical	234												234
Agency Nursing	86												86
Agency Other Clinical	42												42
Agency Admin & Clerical	44												44
Agency Spend (£000s)	**405**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**405**



Agency spend decreased from £478k in March to £405k in April 2021. April 2021 spend was lower than agency spend for April in 2020, 2019 and 2018 and was below the expected NHSEI agency expenditure ceiling, although this figure has not yet been confirmed for 2021/22.

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

- Rapid, substantial recruitment to the bank took place in 2020/21 in response to Covid-19 which has greatly increased bank capacity and reduced reliance on agency.
- There are a number of bank staff currently unable to work in areas which require AVERTS due to an under-resource in AVERTS training capacity however, as more individuals complete their training, bank capacity is increasing. Guidance has been produced on where and how staff can work dependent on previous training whilst they are awaiting AVERTS training. Posts for core skills trainers that can deliver ELS and AVERTS skills training have been advertised a number of times, however recruitment has been unsuccessful – the poor response may be due to the posts being 6-month contracts and other options are being explored.
- In response to significant staffing pressures, HCA over-recruitment was stood back up for Q4 of 2020/21 with recruitment rounds taking place in February and March. The Trust has accessed national winter pressure funding in relation to this.
- Work continues with operational areas to convert long term agency into substantive offers of employment Trust-wide.
- Recruitment plans continue to be developed and reviewed with each service to address clinical vacancies and recruit to additional posts identified through the Long Term Plan expansion requirements and the 2021/22 Spending Review Funding.
- The Workforce Transformation workstream continues to focus on upskilling our current workforce, additional workforce supply, new roles and new ways of working and retention to address high levels of substantive vacancies and reduce reliance on agency.
- Following the pilot of MHOST in 2020/21, work is continuing to roll out a bi-annual establishment review process Trust-wide.
- The Trust continues to run processes to ensure the staffing impact of COVID-19 is minimised as much as possible to help prevent heavy reliance on agency workers. A review of the staffing impact of long covid is currently being undertaken.
- The Trust's Redeployment group continues to meet weekly with additional urgent meetings where needed to review deployment of staff.

Consolidated Statement of Financial Position (Balance Sheet)

Birmingham and Solihull Mental Health NHS Foundation Trust

Statement of Financial Position - Consolidated	EOY - Draft 31-Mar-21 £m's	NHSI Plan YTD 30-Apr-21 £m's	Actual YTD 30-Apr-21 £m's	NHSI Plan Forecast 31-Mar-22 £m's
Non-Current Assets				
Property, plant and equipment	186.5	181.4	184.0	183.2
Prepayments PFI	1.4	1.4	1.5	1.4
Finance Lease Receivable	0.0	-	0.0	-
Finance Lease Assets	(0.0)	-	0.3	-
Deferred Tax Asset	0.1	(0.0)	0.1	(0.0)
Total Non-Current Assets	187.9	182.8	185.9	184.5
Current assets		-		
Inventories	0.4	0.4	0.3	0.4
Trade and Other Receivables	8.5	7.4	10.2	7.4
Finance Lease Receivable	-	-	-	-
Cash and Cash Equivalents	28.8	27.5	28.2	19.8
Total Curent Assets	37.7	35.4	38.7	27.6
Current liabilities				
Trade and other payables	(28.0)	(28.2)	(27.3)	(28.0)
Tax payable	(4.4)	(4.4)	(4.2)	(4.4)
Loan and Borrowings	(2.7)	(2.7)	(2.4)	(2.7)
Finance Lease, current	-	-	-	-
Provisions	(1.2)	(0.7)	(1.2)	(0.7)
Deferred income	(13.2)	(11.2)	(16.1)	(11.2)
Total Current Liabilities	(49.5)	(47.3)	(51.2)	(47.1)
Non-current liabilities				
Loan and Borrowings	(29.5)	(28.8)	(28.8)	(27.3)
PFI lease	(49.3)	(49.2)	(49.2)	(47.7)
Finance Lease, non current	0.0	-	0.0	-
Provisions	(2.4)	(1.8)	(2.4)	(1.8)
Total non-current liabilities	(81.3)	(79.8)	(80.4)	(76.9)
Total assets employed	94.9	91.0	93.0	88.1
Financed by (taxpayers' equity)				
Public Dividend Capital	110.5	110.5	110.5	110.5
Revaluation reserve	27.5	24.6	27.5	24.6
Income and expenditure reserve	(43.1)	(44.1)	(45.0)	(47.0)
Total taxpayers' equity	94.9	91.0	93.0	88.1

SOFP Highlights

The Group cash position at the end of April 2021 is £28.2m.

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

Current Assets & Current Liabilities

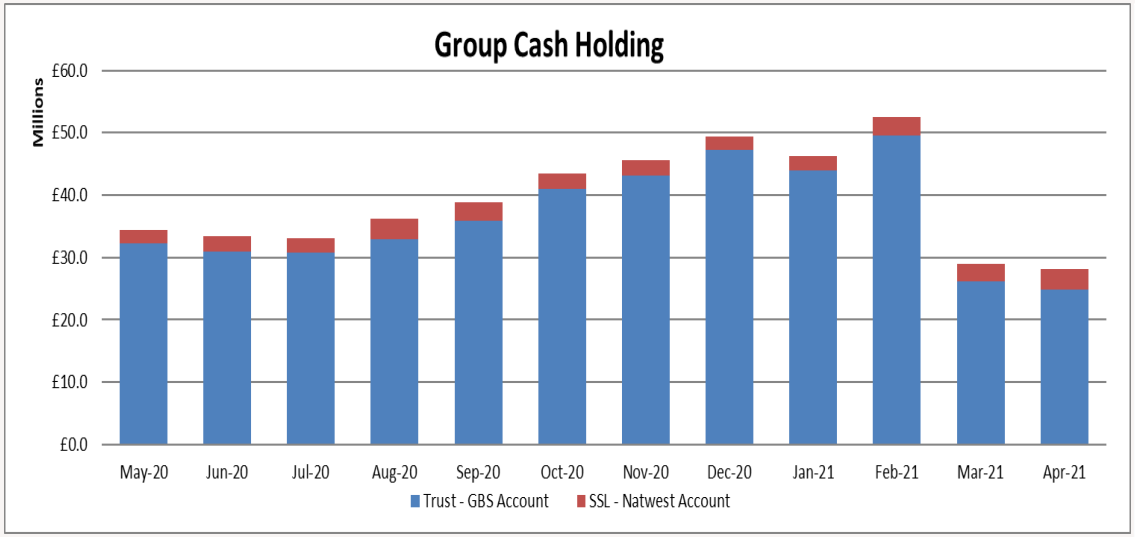
Ratios

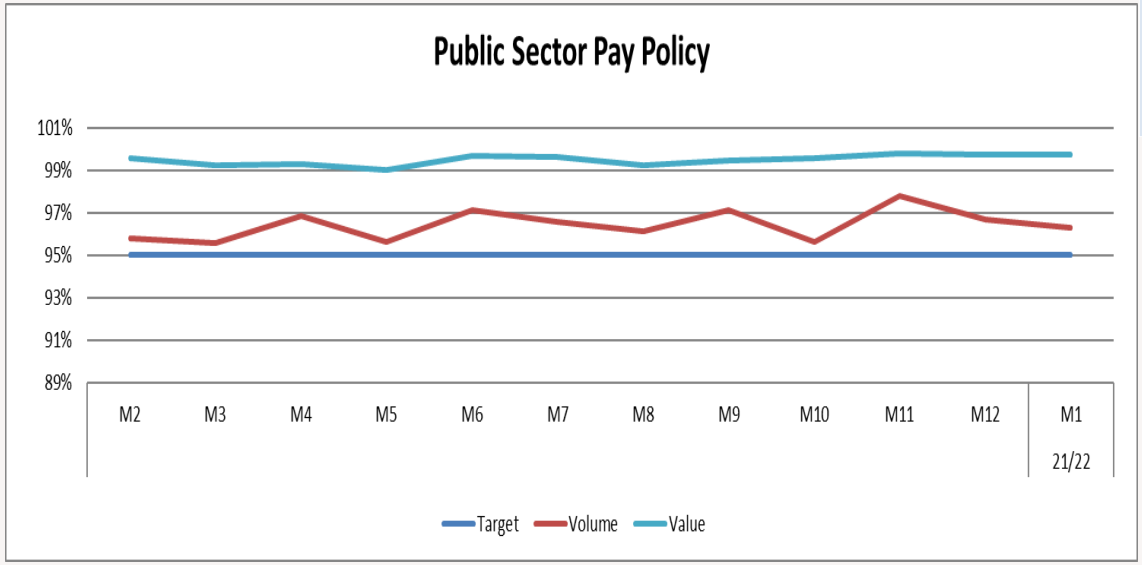
Liquidity measures the ability of the organisation to meet its short-term financial obligations.

Current Ratio :	**£m's**
Current Assets	38.7
Current Liabilities	-51.2
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 April 2021 is £28.2m.

As per last financial year the financial regime introduced as a result of the pandemic will continue for at least the first half of 2021/22, where the majority of our NHS contracts were paid on a block basis. Last year the payments were made in advance to bolster cash positions, this arrangement ceased in month 12, hence the reduction in cash balance in March & April 21.

Better Payments

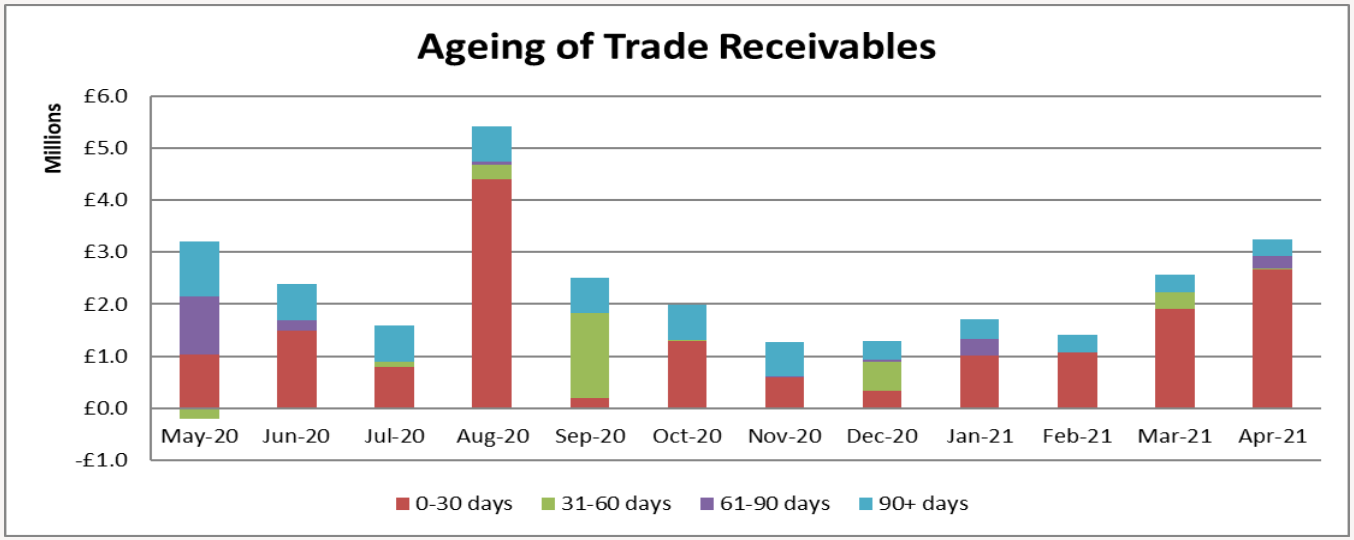
The Trust adopts a Better Payment Practice Code in respect of invoices received from NHS and non-NHS suppliers.

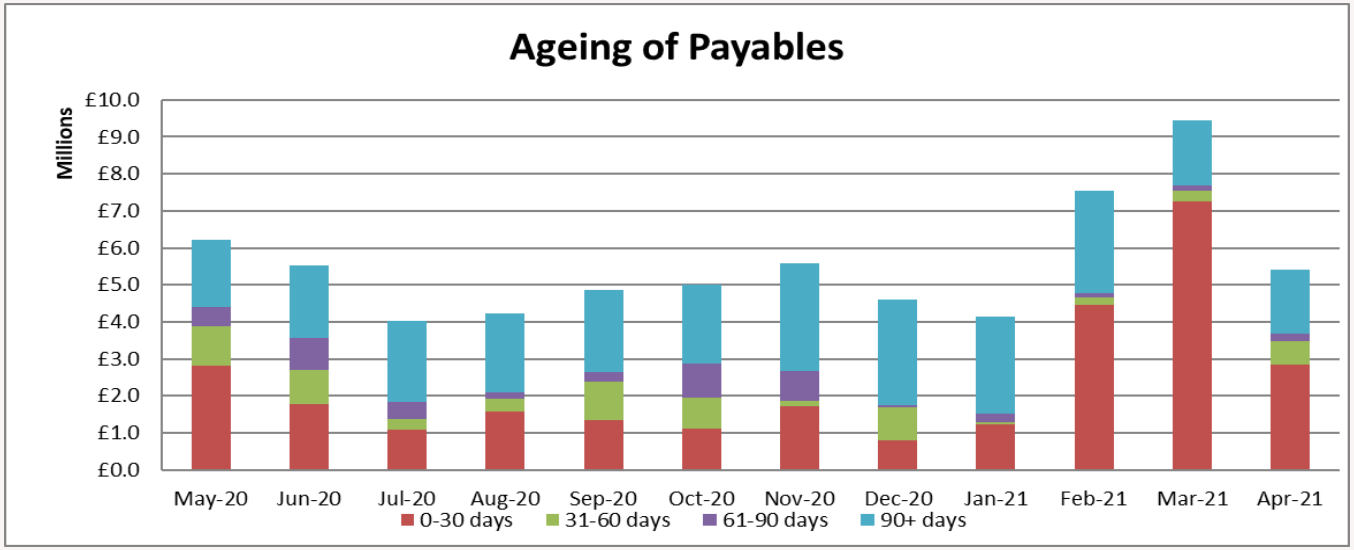
Performance against target is 98% for the month, based on an average of the four reported measures. Payment against value remains particularly high.

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

The overall receivables position reduced significantly last financial year mainly due to provider to provider arrangements under the COVID-19 financial regime. This is to continue for the first half of 2021/22. The focus is to maintain this position as far as possible and escalate to management, STP and other partners where necessary for urgent and prompt resolution.

Receivables :

- **Over 30 days**-mainly intercompany. Settled in May 2021
- **Over 90 days**-consists of outstanding NCA balances from 4 NHS bodies- less than £11k with some being settled in May 2021.

Trade Payables

Payables greater than 90 days:

- NHS Property Services £344k– Awaiting lease agreement to be finalised to enable/facilitate payment. The Estates Dept are working with NHS Property to resolve this matter.

- Non-NHS Suppliers (44+) £1.2m – accounts are awaiting credit notes/ adjustments due to disputes/other. Some payments/queries settled in May 2021.

2021/22 Capital

2021/22 Capital envelope

On 22/3/21 NHSEI issued a letter which outlined the 2021/22 BSOL STP capital envelope of £71m and requested the system to work together to produce 2021/22 capital plans (within the capital envelope) and plans for a further 4 years, for submission on 12/4/21.

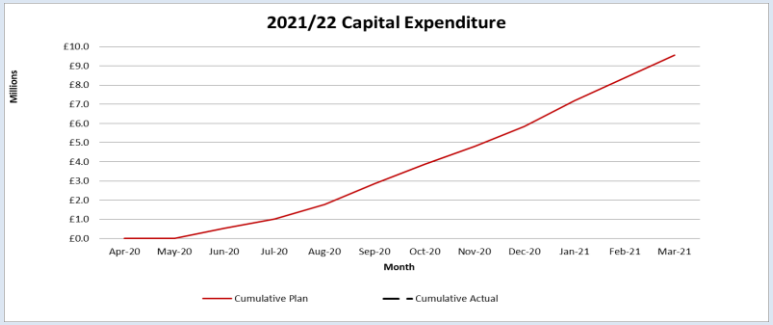
2021/22 Capital Plan

Allocation of the system capital envelope, was agreed by Chief Finance Officers (CFO) on 7/4/21 as follows:

85% of the total envelope to be apportioned to all organisations, with the remaining 15% held at system level as a System Capital Investment Fund (SCIF). Individual organisations have put forward initial bids against the SCIF – these are not yet approved and are subject to a formal prioritisation process. The BSMHFT allotted share of the capital envelope is £8m. This is made up of £6.7m approved to spend, £1.4m bid against SCIF (CQC door set requirement) to be approved, adjusted by £0.1m as a fair share of assumed slippage across the system to ensure total envelope is not exceeded.

STP CFOs agreed that for 2021/22 organisations could retain proceeds of assets disposals to fund capital expenditure. This will allow additional expenditure against the planned disposal of Ross House £0.4m (slippage from 2020/21). Further to this, planned PFI capital spend on the completion of the Urgent Care Centre £1.2m will not impact on Capital Departmental Expenditure Limits (CDEL). Therefore, a total plan of £9.6m has been submitted for 2021/22. This was based on the capital prioritisation work as presented to Health and Safety Committee and Trust Board. It consists of £3.4m pre-committed plans, £1.5m Statutory Standards and Backlog Maintenance and £0.8m ICT, with the balance of £3.9m for prioritisation regarding risk assessments.

STP ENVELOPE ALLOCATION - CFO agreement 7/4/21	£'m
System approved spend	6.7
Bids against SCIF (door sets) - to be approved by system	1.4
STP agreed adjustment	-0.1
Capital envelope excluding PFI Capital (IFRIC12)	**8.0**
Plus PFI Capital (IFRIC 12)	1.2
Plus planned disposal - NBV	0.4
Adjusted gross capital envelope - submitted to NHSEI 12/4/21	**9.6**



Month 1 Group Capital expenditure

Month 1 Group capital expenditure was £55k, this is in line with plan, the profile of planned capital expenditure is shown in the graph above.

2021/22 Capital Plan

Birmingham and Solihull Mental Health NHS Foundation Trust

Capital schemes	Total 2021/22	
	£'m	
Pre committed - major schemes brought forward - Urgent Care Centre	**1.2**	
Pre committed - minor schemes brought forward	**0.3**	
Pre committed - Ardenleigh Women's seclusion suite	0.5	
Pre committed Acute en suite door sets (CQC plan)	1.4	
Total Pre committed plans (Approved by Board March 21)	**3.4**	Approved by Board March 2021
Statutory Standards and Backlog Maintenance	**1.5**	Approved by Committee Chairs April 2021
ICT	**0.8**	Approved by Committee Chairs April 2021
Risk Assessments	**3.9**	Pending IQC confirmation of priorities May 2021
TOTAL	**9.6**	

Birmingham and Solihull Mental Health NHS Foundation Trust

Agenda Item No:	Item 5	**Report provided:**			
Report to:	FPP	To Note	☐	For Assurance	☒
Meeting Date:	19.05.2021	For Decision	☐	For Consent	☐

Reach Out- West Midlands Adult Secure Lead Provider Collaborative

Board Director Sponsor:	Dave Tomlinson, Executive Director of Finance (SRO)
Report Author(s):	Ebru Oliver, Associate Director
Appendices and References:	Appendix 1- Indicative Timelines and Milestones
Previously Discussed:	17th February 2021

Alignment to the Trust's Strategic Objectives:			
SA1 - We will put service users first and provide the right care, closer to home, whenever it's needed.	☒	SA2 - We will listen to, and work alongside, service users, carers, staff and stakeholders	☒
SA3 - We will champion mental health wellbeing and support people in their recovery	☒	SA4 - We will attract, develop and support an exceptional and valued workforce	☒
SA5 - We will drive research, innovation and technology to enhance care	☐	SA6 - We will work in partnership with others to achieve the best outcomes for local people	☒
F.1 - Sustainability	☒		

Purpose of Report: (What do you want the Board or Committee to consider?)	• Provide update on the progress of the outstanding issues presented at the Committee and the Trust Board in February 2021. • Outline the planned next steps to assure the Committee that the work will be completed in time for the Trust to resume its Lead Provider duties from October 2021.
Summary of Key Issues and Updates:	• Financial due diligence is nearing completion; Exceptional Packages of Care budget still yet to be agreed. • Partnership Agreement and Risk and Gains Share model have been finalised, waiting for Partner sign off following the conclusion of contract offer discussions. • Sub-contracting 'planning process' began and discussions regarding 'terms and conditions and contract values' are underway. • Partners made clear their intention to sign off the Business Case upon completion of the initial contract offer, resulting in the delay of Trust signing off the Business Case in September, prior to go-live date of 1st October. • Trust's review and refresh of the Governance Framework has begun to ensure Lead Provider accountabilities are reflected in the ToR of Committees and Board. • Learning Disability and Autism cohort integration discussions are underway with Coventry and Warwickshire Partnership Trust, and gaining momentum as a deadline of 1st of July has been agreed by the Regional Team for CWPT to introduce a bed management.

	• Lead Provider Support Hub discussions have progressed with BWC (CAMHS Lead Provider) and MPFT (Adult Eating Disorder Lead Provider) to finalise hub functions and offer to move to the next stage to identify and agree the delivery options.
	• NHSE/I confirmed a two-stage process to assess the Trust's commitment, progress and readiness in resuming its Lead Provider accountability.
	  ○ Gateway 3- A self-assessment against a set of measures, supported by Partner Organisations (appendix 1 outlines the themes for assessment)
	  ○ Gateway 4- The presentation of the formal business case and alignment of work with national and local key lines of enquiry, by the Lead Provider CEO and the team.

Recommendation(s):	• **Note** the progress made in outstanding areas. • **Note** the actions and the timeline prior to go-live in October (appendix 1 provides oversight on work status and actions) • **Note** the Gateway 3 and Gateway 4 process that the Trust will be involved in to provide assurance to NHSE/I

Next Steps: (Subject to recommendation(s) being accepted)	• Finalise financial modelling and sub-contract offers
	• Negotiate terms with Partners and achieve Partner Board approval of the Business Case and Partnership Agreement, including Risk and Benefit Share
	• Undertake further discussions and progress outstanding work with regard to:
	  ○ Lead Provider Support Hub, to agree the final form and budget to commence recruitment process
	  ○ Learning Disability and Autism to develop a detailed work programme to ensure readiness for 1st October.

Do the action(s) outlined in this paper impact on any of the following issues?			
Patient Safety ☐	Clinical Effectiveness ☐	Patient Experience ☒	Operational Performance ☐
CQC Compliance ☐	Legal Requirements ☐	NHS Provider license Compliance ☐	Resource Implications (financial or staffing) ☒

Equality and Human Rights Analysis	Yes	No	N/a
Do the issue(s) identified in this document affect one of the protected group(s) less or more favorably than any other? The Equality Act 2010 is designed to prevent discrimination against someone with protected characteristics (Age, disability, gender reassignment, marriage/civil partnership, pregnancy/maternity, race, religion/belief, sex, sexual orientation). The Human Rights Act 1998 protects the right to life, liberty and security, a fair trial and to marry and start a family. It protects freedom from torture, slavery, forced labour and protects freedom of thought, belief and religion, expression, assembly and association. It provides for no punishment without law and protection from discrimination.	☐	☒	☐
Are there any valid legal / regulatory reason(s) for discriminatory practice?	☐	☒	☐
If answered 'YES' to either question, please include a section in the report explaining why			

Does this paper provide assurance in respect of delivery of our Equality, Diversity and Inclusion (EDI) Framework goals and objective?

Maximise our contribution to reducing inequalities and promoting equality of access, experience and outcomes.	☒	Become a model employer in respect of equality, diversity and inclusion in employment	☐
Comply fully with current and future equality and human rights legislation	☐	Ensure our services are accessible to all and support a diverse workforce that is capable of understanding the needs and culture of its service users and staff	☐
No assurance provided	☐	Not applicable	☐

Does this paper provide assurance in respect of a new / existing risk(s) (if appropriate)					
Area	New	Existing	N/A	If new or existing, please indicate where the risk is described	
Type of Risk	☐	☒	☐	Board Assurance Framework ☐	Organisational Risk Register ☒
Risk Reference / Description: (only include reference to the highest level framework / register)				Risk Number 747	

GOVERNANCE & RISK

16. Questions from Governors

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

18. Snap shot review of Board Performance

19. RESOLUTION: To exclude members of the public from the remainder of the meeting due to the confidential nature of the business to be transacted

20. Date & Time of Next Meeting:

09:00am, 30th June 2021