




















Board of Directors Part I Public Meeting

Schedule	Wednesday 26 January 2022, 9:00 AM — 12:00 PM GMT
Venue	MS Teams
Organiser	Sharan Madeley

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Agenda



AGENDA
BOARD OF DIRECTORS MEETING
WEDNESDAY 26th JANUARY 2022 VIA VIDEO-CONFERENCING

Purpose and Ambition

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

Values

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

Erin Turner FRCPsych, Consultant Psychiatrist
Solihull Early Intervention for Psychosis Service

Better Pathways: work regarding jobs and apprenticeships for patients who haven't worked for years, or who have been bruised by previous discrimination at work. The pinnacle of their recovery and the product of integrated mental health care at its very best.

ITEM	DESCRIPTION	LEAD	TIME	PAPER	PURPOSE
1.	Opening Administration: Declarations of interest	<i>Chair</i>	09.30	<i>verbal</i>	-
2.	Minutes of the previous meeting		09.35	<i>attached</i>	Approval
3.	Matters Arising/Action Log		09.40	<i>attached</i>	Assurance
4.	Chair's Report		09.45	<i>attached</i>	Assurance
5.	Chief Executive's Report	<i>CEO</i>	09.50	<i>attached</i>	Assurance
6.	Board Overview: Trust Values	<i>P. Nyarumbu</i>	10:05	<i>verbal</i>	Assurance
QUALITY					
7.	Quality, Patient Experience & Safety Committee Chair's Assurance Report	<i>L. Cullen</i>	10.15	<i>attached</i>	Assurance
PEOPLE					
8.	People Committee Chair's Assurance Report	<i>W. Weir</i>	10:20	<i>attached</i>	Assurance
9.	Guardian of Safe Working	<i>S. Muzaffar</i>	10:30	<i>attached</i>	Assurance
SUSTAINABILITY					
10.	Audit Committee Chair's Assurance Report	<i>G. Hunjan</i>	10:40	To follow	Assurance
11.	Charitable Funds Committee Chair's Assurance Report	<i>W. Weir</i>	10:50	<i>attached</i>	Assurance

ITEM	DESCRIPTION	LEAD	TIME	PAPER	PURPOSE
12.	Finance, Performance & Productivity Committee Chair's Assurance Report	<i>A. Baines</i>	11:00	<i>attached</i>	Assurance
13.	Integrated Performance Report	<i>D. Tomlinson</i>	11:10	<i>attached</i>	Assurance
14.	Finance Report	<i>D. Tomlinson</i>	11:20	<i>attached</i>	Assurance
15.	SSL Quarterly Report	<i>S. Bray</i>	11:30	<i>attached</i>	Assurance
GOVERNANCE & RISK					
16.	Questions from Governors and Public (<i>see procedure below</i>)	<i>Chair</i>	11:45	<i>verbal</i>	Assurance
17.	Any Other Business (<i>at the discretion of the Chair</i>)	<i>Chair</i>	11:55	<i>verbal</i>	-
18.	FEEDBACK ON BOARD DISCUSSIONS	<i>L Cullen</i>	12:00	<i>verbal</i>	-
19.	RESOLUTION The Board is asked to approve that representative of the press and other members of the public be excluded from the remainder of the meeting having regard to the confidential nature of the business to be transacted.				
20.	Date & Time of Next Meeting <ul style="list-style-type: none"> • 09:00am • 23rd February 2022 			<i>Chair</i>	

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

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

Procedure for questions from the public at board meetings

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

Questions

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

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

Relevance of questions

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

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

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

Notice requirements

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

Limitations on numbers of questions or time allowed

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

There are no limits to the questions for Governors.

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

Response to questions

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

Staff Story: Solihull Early Intervention for Psychosis Service: Better Pathways

1. Opening Administration: Apologies for
absence: Declarations of Interest

2. Minutes of the previous meeting



MINUTES OF THE BOARD OF DIRECTORS MEETING

Meeting	BOARD OF DIRECTORS
Date	WEDNESDAY 24TH NOVEMBER 2021
Location	VIA MICROSOFT TEAMS

Purpose and Ambition

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

Attendance	Name and Title	
Present	Ms Danielle Oum	- Chair
	Mrs Roisin Fallon-Williams	- Chief Executive
	Dr Hilary Grant	- Medical Director
	Mr David Tomlinson	- Director of Finance
	Mrs Sarah Bloomfield	- Director of Quality and Safety (Chief Nurse)
	Mrs Vanessa Devlin	- Director of Operations
	Mr Patrick Nyarumbu	- Director of Strategy, People & Partnerships
	Dr Linda Cullen	- Non-Executive Director
	Mr Winston Weir	- Non-Executive Director
	Mr Philip Gayle	- Non-Executive Director
	Mrs Gianjeet Hunjan	- Non-Executive Director
	Mrs Anne Baines	- Non-Executive Director
In Attendance	Mrs Sharan Madeley	- Company Secretary
	Mr L Rowe	- Matron, Acute & Urgent Care (item 2)
	Ms J Kaur	- Equality & Diversity Lead
Observers	Mrs M Johnson	- Governor
	Mr M Mirza	- Governor
1. Apologies	Professor Russell Beale	- Non-Executive Director

Minutes

Agenda Item	Discussion	Action (Owner)
2.	OPENING ADMINISTRATION: DECLARATIONS OF INTEREST The Chair welcomed Trust Governors who were observing the meeting	

Agenda Item	Discussion	Action (Owner)
3.	<p>STAFF STORY</p> <p>L. Rowe said that being invited to the meeting reflected the inclusivity and values of the Trust giving staff the opportunity to have their thoughts and concerns heard.</p> <p>L. Rowe stated that the presentation was around creating the capacity to care which started with his personal reflections and experience regarding the disconnect Levi experienced with clinical staff relating to the treatment of his father which had caused personal conflict. Levi said that this had made him feel conflicted, in being a Matron, but also understanding the pressures and responsibilities staff had in the day-to-day work.</p> <p>The Board heard that when the barriers were reviewed, which included trauma, moral injury, distress, compassion fatigue and burnout regarding how nurses could undertake their role in an affective and caring way. When delivering care in a compassionate way, the barriers also needed to be considered. L. Rowe said that he had developed a course for personal development looking at recovery which was a shared responsibility. However, there were factors which prevented individuals from looking after themselves. This included creating successful habits which contribute to personal success.</p> <p>L. Rowe said that his calling was to instil habits in health professionals and for individuals to be aware of the costs of caring, similar to the fire brigade in making it a must of ensuring they look after their physical health to undertake their role. L. Rowe added that health care professionals did not put their own physical or mental health first. Health care professionals did not in general come forward for help or state they were not coping. It was stated that 30% of nurses were leaving the profession within 1-3 years; there was a 40,000 nursing deficit across the NHS and 25% of the deficit was from mental health.</p> <p>L. Rowe provided passionate examples regarding his drive, persuasion, and influence to look at ways to assist colleagues to create to the capacity to care. The reason why healthcare professions came into care was compassion. However, as individuals become tired or burnout, staff forget the “why” they came into profession. Therefore, there had to mechanism to ensure staff can cope with the pressures that came their way. Therefore, personal development was key in ensuring personal awareness and identity, develops potential and enhances the quality of life which takes place over a person’s entire working life. Levi said he had looked at research and tools from the world of personal development to assist and influence staff.</p> <p>S. Bloomfield stated that the core of Levi’s presentation resonated very strongly and how we support staff was very powerful to ensure the profession was in a sustainable space relating to self-care. An area of supportive supervision has been discussed with colleagues regarding how this could be developed, and the work was exciting regarding the opportunities which were available to build resilience and personal support across the profession. L. Rowe stated that plans had been discussed with Learning & Development and P. Nyarumbu added the issues was to ensure hearts and minds were won to make sure development was integrated in the offer to leaders and understood the value.</p> <p>R. Fallon-Williams said that there would be an Executive Sponsor for the work with Levi.</p>	142

Agenda Item	Discussion	Action (Owner)
	<p>The Board discusses how we want leaders in roles who live our values and with Levi he was prepared to step into a space to make a real difference and therefore this was an example of how we need more people to step into leadership roles and to share their thoughts and experiences as the answers always come from those closest to what was happening across the Trust.</p> <p>The Chair thanked Levi for an inspiring and impactful presentation and showing the Board that there was great leadership within the Trust.</p>	Page 142
4.	<p>MINUTES OF THE PREVIOUS MEETING Subject to minor amendments, the minutes of the meeting held on the were approved as a true and accurate record.</p>	
5.	<p>MATTERS ARISING / ACTION LOG The action log was reviewed and noted.</p>	
6.	<p>CHAIR'S REPORT The Board received an overview of the Chair's key areas of focus since the last Board meeting. The report detailed information received regarding preparing for the COVID-19 public inquiry. In addition, feedback on the Annual General meeting where a look back at the challenges faced over the past 12 months were highlighted along with the continued dedication of staff throughout these unprecedented times. The AGM was an opportunity to review the financial position and a deeper dive into what quality would look like for the Trust going forward.</p> <p>The report was received and noted.</p>	
7.	<p>CHIEF EXECUTIVE'S REPORT R. Fallon-Williams sincerely thanked all staff across the staff for their continued dedication due to the levels of demand and acuity being experienced within the Trust coupled with high levels of absence. It was reported that there had been an increase in outbreaks within the last month and staff were caring for 20 patients who have COVID. Board members noted the very sad news of the death of a patient due to COVID-19 and the thoughts of the Board went out to their family and to the staff on Rosemary Ward.</p> <p>Staff were working hard to maintain safe staffing and to ensure all guidance was being implemented. The Trust was issuing new communications to remind people of staffing issues and particular in the run up to the Christmas period.</p> <p>The Boar noted that the staff absence rate was at 7% with 21 colleagues who have long COVID and were being supported individually to ensure they were accessing appropriate support.</p> <p>The health system was under significant pressure with the demand for services creating risk and concern across the health economy. As a mental health trust, support was being offered to support acute colleagues. It was noted that there had been an increase in the out of area numbers which was currently at 27 patients with both the Quality, Patient Experience and Safety Committee and Finance, Performance and Productivity Committee both receiving detail of the action plan at the Committee meetings.</p>	

Agenda Item	Discussion	Action (Owner)
	<p>There had been developments within new areas of work which involve creating capacity, e.g. increasing the CMHT duty team and looking at increasing staff within the integrated discharge hub in the hospitals with these workstreams being in place within the next six weeks.</p> <p>Staffing pressures were significant especially within the outbreak areas. The huddles continued twice weekly to support the transfer of staff from particular areas.</p> <p>The tender for HM Prison Birmingham was being developed with support in place for the team locally to continue to provide the service at a challenging time.</p> <p>From quality point of view, in relation to the mandating of the vaccine, the system was working to support each other and align how this would be handled if agreed by parliament. The key approaches were being discussed and currently continuing to support staff and be very clear that everyone's views were valued within the Trust.</p> <p>The report detailed that as a system, it had been pledged to deliver 100-entry level job opportunities each year for 3 years for unemployed and young people from economically disadvantaged areas across Birmingham and Solihull. G. Hunjan queried how was the Trust supporting staff with learning difficulties to access the programme. It was reported that early work had commenced, and it was designed to focus in on the areas where employment was high and reports would be submitted through the governance route via the People Committee regarding how people would be supported with Learning difficulties. P. Nyarumbu added that the Trust was working with the Princes Trust who could provide mentoring and coaching for people to gain access to the entry level roles.</p> <p>The report was received and noted.</p>	
8.	<p>BOARD OVERVIEW: TRUST VALUES</p> <p>G. Hunjan provided her personal reflections during the month regarding how the Trust values had been evident across the Trust.</p> <p>On a visit to Oleaster on the 3rd November 2021, examples were provided where staff were showing clear examples regarding how they were living the values of the Trust. Discussions were held regarding the experiences of staff during the pandemic, the levels of acuity, staff vacancies, the impact of sick leave on staffing and the effects of staff who were shielding. Staff said that they felt safe attending the unit and discharging their responsibilities to the best of their ability and that management were visible. During the visit a number of areas were visited and service users spoken with.</p> <p>The Chair thanked G. Hunjan for the update for the Board.</p>	
9.	<p>QUALITY & PATIENT EXPERIENCE & SAFETY COMMITTEE CHAIR'S ASSURANCE REPORT</p> <p>The Quality, Patient Experience & Safety Committee met on the 17th November 2021, chaired by P. Gayle.</p> <p>In addition to the Chair's assurance reports regarding safety huddles, S. Bloomfield reported that the Trust was at a point where further challenge was required with the audit data stating that they were embedded in the current format with staff recognising the value and importance.</p>	

Agenda Item	Discussion	Action (Owner)
	<p>The introduction of the Grand Huddles has been a good place for the ward huddles to escalate issues and this has been evident with risks being escalated and mitigated through this route. It was reported that to improve effectiveness, for example to use the huddles to deliver short key safety messages, the Safety Risk Review Group was reconvened where the Capital Plan was being reviewed.</p> <p>It was reported that the serious incident report detailed the death of a service user along with the support being offered to staff on the ward. The Committee would be receiving further analysis on the serious incidents and the learning would dovetail with the existing workstreams.</p> <p>A paper was received from Dr Rowe in relation to Learning from Deaths which was comprehensive. However, the report did highlight that issues with care was a factor in a few cases, and again the learning from deaths aspect was extremely important to inform the improvements required.</p> <p>The Committee noted through the Integrated Performance Report, staff continued to strive to deliver good care. The Committee was informed that a thematic review on community suicides would take place next year with a refresh of the Suicide Prevention Strategy.</p> <p>The Committee had proposed a change to the name of the Committee from Integrated Quality Committee to Quality, Patient Experience and Safety Committee, reflecting the key responsibilities.</p> <p>DECISION: The Board endorsed the proposal to change the name of the Committee to the Quality, Patient Experience & Safety Committee.</p>	<p>Page 2 of 142</p>
10.	<p>PEOPLE COMMITTEE CHAIR'S REPORT</p> <p>The Board received an update from the discussions held at the People Committee on the 17th November 2021. The Board was informed that in relation to the workforce KPIs, the Committee was informed that there were concerns regarding the low number of teams approving rosters within the required deadline. It was noted that on average rosters were only approved three days in advance which was raised as a concern. It was recognised that late approval of rosters was not in line with Trust values regarding being compassionate, inclusive towards colleagues lives and family commitments to ensure staff could plan appropriately. The Committee was assured that actions were being taken to address compliance and would be monitored by the Committee.</p> <p>The appraisal rate was below target of 85% and had been for the duration of Quarter 2 which was due to sickness and the impact of COVID-19. However, a new process was being implemented to ensure appraisals were recorded electronically.</p> <p>The Committee reviewed Safeguarding training For Children compliance which was being monitored through the Safeguarding Board.</p> <p>The Temporary Staffing Reduction Group was reviewing the increase in bank and agency spend as bank and agency had increased month on month which was due to the increase in operational pressures.</p>	

Agenda Item	Discussion	Action (Owner)
	<p>The Committee was presented with the key performance indicators for quarter 2 with a discussion on the sickness absence levels particularly around anxiety and depression.</p> <p>A report was received from <i>Shaping our Future Workforce Sub Committee</i> where a framework to discuss clinical and non-clinical skills would take place. with quality improvement methodology being utilised.</p> <p>The Committee was pleased to receive a report regarding Health Education England and BSOL receiving funding to increase AHP leadership capacity to work with the wider ICS to develop the workforce.</p> <p>The Committee received feedback from <i>Transforming our Culture and Staff Experience Committee</i> and concerns were raised regarding the Equality Workforce Data as there had been little improvement against these standards which would continue to be monitored by the Sub Committee.</p> <p>Dr Tom Clark presented the report on the culture deep dive into Reaside with the supporting action plan which was split into 5 domains addressing specific concerns raised by staff. The action plan would be monitored by the <i>Transforming Out Culture and Staff Experience Committee</i>. The Chair stated that whilst staff feel now that they had a voice to address change, it was essential that actions were addressed promptly to maintain staff engagement.</p> <p>An update was provided on the Corporate Risk Register and the Committee was assured that the high-level corporate risks were reflected within the Board Assurance Framework.</p> <p>The Chair said that the scale of the challenge of the people agenda was affecting the whole of the NHS and there was some fantastic work being undertaken, adding that the questions asked were not reflection that things were not working but it was important to question whether the Trust was doing enough to implement change. In addition, as a Committee, it was important for to take stock and assess whether the People agenda was appropriately supported.</p> <p>The report was received and noted.</p>	Page 142
11.	<p>EQUALITY, DIVERSITY & INCLUSION APPROACH: VALUE ME TO REDUCE INEQUALITY</p> <p>H. Grant introduced the report to Board which outlined the proposed approach and priorities for taking forward equality & diversity and inclusion cross the Trust. This included the imperative progression of how the Trust grows the infrastructure to become an anti-racist and anti-discriminatory organisation.</p> <p>The report detailed the statistics generally and specific inequalities relevant to mental health and through the presentation this was set against the national context and the regional and ICS and threading that through the Trust strategy and goals.</p> <p>The report detailed that the proposed approach was to bring parity between colleague and service user voice, experience, and outcome. The presentation detailed the year one priorities which included developing and implementing an organisational anti racism, anti-discrimination policy; Data with Dignity Roadshow across service and professional groups; a refresh of the Equality Impact Assessment process and application; building leadership capability</p>	

Agenda Item	Discussion	Action (Owner)
	<p>and confidence in reducing inequality focusing on governance and inequalities data reporting. The presentation included statistics regarding health inequalities with the Chair adding that it was important to remember that the statistics were avoidable and preventable.</p> <p>J. Kaur informed the Board that a key theme through discussions within the first six months in the Trust was around Value Me to Reduce Inequality. The Chair stated that it was her expectation that the organization would embrace this duty wholeheartedly and be transparent about plans for the areas of improvement. The Chair added that the Board must hold itself and each other to account for the delivery and outcomes.</p> <p>The presentation detailed the areas of good practice which would be explored further at the Board Development session in early 2022 and to take stock on the aggregate impact on inequity.</p> <p>The Chair thanked J. Kaur for the detailed presentation to the Board of Directors.</p> <p>DECISION: (a) <i>The Board of Directors supported, approved and advocated the approach detailed within the presentation.</i></p>	Page 142
13	<p>INTEGRATED PERFORMANCE REPORT</p> <p>The Board was informed that a new set of metrics were being finalised for all four domains and new reporting cycles would commence from January 2022. The key performance issues facing the Trust have changed little over the last six months. These included the Out of Area Bed Use with some process improvements helping to address underlying issues. However, the impact of COVID-19 and the closure of beds had significantly impaired the Trusts ability to eliminate the use of out of area beds. There had been good reductions over the last four months and the figure was at its lowest since June 2018 (14 patients). The issue was also discussed in detail at the internal Performance Delivery Group.</p> <p>There was a significant adverse variance against most of the workforce measures and whilst this had deteriorated because of COVID-19, the divergence between individual teams was of concern.</p> <p>The report was received and noted.</p>	
14	<p>FINANCE REPORT</p> <p>The Board was informed that the month 7 consolidated Group position was a surplus of £788k year to date. The outturn for the six months to September was a £20k surplus. There was a continuation of non-recurrent slippage on recruitment against new investment.</p> <p>The system H2 plan submission was now due on 18th November 2021 and the provider submission was due on the 25th November 2021. The proposed total H2 plan was a break even position. As discussed at the FPP Committee, the H2 plan had been developed with the H1 plan as the start point. Adjustments have been made including system allocations, inflation and efficiency.</p>	

Agenda Item	Discussion	Action (Owner)
	<p>The capital expenditure position was £2.3m which was £1.5m less than plan. However, it was still expected to deliver the total annual capital programme of £10.3m.</p> <p>It was reported that on the 15th October 2021, a letter was issued from NHSEI confirming that BSMHFT had been placed into SOF segment 3 mainly due to challenged performance on out of area placements and IAPT, staff survey and safety concerns.</p> <p>Agency spend had increased from £542k in September to £603k in October. This was a significant increase and was £142k higher than agency spend in October 2020. The spend was above the monthly stretch target by £64k. The report detailed the agency controls in place.</p> <p>The Group cash position at the end of October was £51.2m. As per the financial regime introduced as a result of the pandemic, the majority of the NHS contracts were being paid on a block contract basis. The block income arrangement would continue for the second half of the financial year with a reduction applied for general efficiency.</p> <p>It was reported that there would be a deep dive Board Development session arranged for January/February to review the financial reporting and the performance dashboard.</p> <p>The report was received and noted.</p>	<p>Part of 142</p>
16	<p>BSOL MENTAL HEALTH PROVIDER COLLABORATIVE PROGRAMME UPDATE REPORT</p> <p>The paper was provided to update the Board on the work of the provider collaborative for Mental Health in Birmingham and Solihull. It was the intention that the Provider Collaborative would hold a devolved budget for the commissioning and delivery of mental health provision for the population of Birmingham and Solihull.</p> <p>It was reported that a workshop exploring interorganizational collaboration was facilitated by colleagues from the Health Services Management Centre at University of Birmingham on the 13 September and reported to the Programme Board on the 11th November 2021. The Steering Group had agreed a collective response to a national consultation regarding the devolution of mental health commissioning budgets to provider collaboratives.</p> <p>It was noted that workstream groups had been established for finance, contracts, commissioning and governance and workforce, leadership and culture.</p> <p>The appendix detailed the programme phases with the Chair reporting that this was helpful detail and provided a stronger sense of how the Trust would work with others to build the collaborative.</p> <p>W. Weir stated that he welcomed the report but suggested that it needed to go further in collaborating with the third sector and engagement with primary care. The Chair was pleased to note the commitment to increasing the emphasis on value attributed to service user experience.</p> <p>The Board received the report and noted regular updates would be provided.</p>	<p>S.Madeley</p>

Agenda Item	Discussion	Action (Owner)
17	BOARD AND COMMITTEE DATES 2022 The meeting dates for 2022 were received and noted.	
18	TERMS OF REFERENCE The Board was presented with four Terms of Reference for formal approval These included the Governance Task and Finish Group, the Charitable Funds Committee, the People Committee and the Quality, Patient Experience and Safety Committee DECISION: The Terms of reference for the Governance Task and Finish Group, Charitable Funds Committee, People Committee and Quality, Patient Experience & Safety Committee were approved by the Board of Directors.	S.Madeley
19.	QUESTIONS FROM GOVERNORS AND PUBLIC There were no specific questions raised from members of the public or from Governors.	
20.	ANY OTHER BUSINESS There was no further business raised.	
21.	RESOLUTION The Board asked that representatives of the press and other members of the public be excluded from the remainder of the meeting having regard to the confidential nature of the business to be transacted.	
22.	DATE & TIME OF NEXT MEETING <ul style="list-style-type: none"> • 09:00am • 26th January 2022 	

DRAFT

3. Matters Arising/Action Log



BOARD OF DIRECTORS
ACTION LOG

MONTH & AGENDA ITEM NO	TOPIC & AGREEN ACTION	LEAD	ORIGINAL TIMESCALE	RAG	COMMENT
September 2021 9 FPP Chair's Report	Refreshed plan re bed capacity to be considered in October FPP and IQC	Mrs V Devlin	Moved to December Committees	Resolved	A detailed report on the Out of Area Plan was presented to both the Quality, Patient Experience and Safety Committee and Finance, Performance and Productivity Committee in December 2021.
October 2021 Chief Executive's Report	The Chair requested that within the next month's IQC Chairs Assurance Report to the Board assurance on the provision of physical health would be included.	L. Cullen	November 2021	Not Due	
October 2021 Board Assurance Framework	A. Baines and W. Weir to provide detailed comments on the format of the Board Assurance Framework to capture fresh insight.	W. Weir/A. Baines	November 2021 – moved to February 2022	Not Due	Feedback has been received and a meeting is being arranged to review improvements to the presentation of data for the Quarter 4 position of the BAF to the Board

RAG KEY

Overdue
Resolved
Not Due

4. Chair's Report

Meeting	BOARD OF DIRECTORS
Agenda item	4
Paper title	CHAIR'S REPORT
Date	26 th January 2022
Author	Danielle Oum, Chair
Executive sponsor	Danielle Oum, Chair

This paper is for (tick as appropriate):

<input type="checkbox"/> Action	<input type="checkbox"/> Discussion	<input checked="" type="checkbox"/> Assurance
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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 light of the Infection Prevention & Control (IPC) measures within our Trust as we seek to keep our patients and staff safe, we are restricting groups of people meeting, therefore my reference to meetings within my report have taken place virtually or in line with Trust guidance.
- 2.2 I was really pleased to attend the launch of the Reaside memorial garden in remembrance of colleagues lost to COVID-19. I also joined Coumar Marimoutou, Associate Director of Operations, to judge "Reaside Shout Out" patient and colleague art competition.
- 2.3 My visits Oleaster and Zinnia were a valuable opportunity to connect with colleagues who are working extremely hard and demonstrating incredibly high levels of commitment to patients and team members despite the challenging circumstances. As we move into 2022 I will be visiting more sites to meet a range of staff throughout the Trust.

3. PEOPLE

- 3.1 This month, the Council of Governors had a meeting where they received a detailed update from the Chief Executive on the current system wide and internal pressures due to the current Omicron wave of the pandemic.
- 3.2 All of the appraisals for myself and the Non-Executive Directors have now taken place. This is an opportunity to review progress against agreed annual objectives and discuss any development needs. I would like to take this opportunity to thank all our Non-Executive Directors for the contribution they make to the Trust; their skills and experience are a great asset to the Board.

4. QUALITY

- 4.1 I was pleased to participate in the celebration of the Trust's work on Quality Improvement and was proud to hear the Institute for Healthcare Improvement assessment of progress to-date.
- 4.2 I was glad to join the Reducing Restrictive Practice Collaborative and witness the ongoing commitment to this quality improvement important work.

5. SUSTAINABILITY

- 5.1 The BSoL ICS Board met on 10 January 2022. I am pleased to report that ICS information sessions have been arranged for our Council of Governors and Non-Executive Directors during January and early February.

DANIELLE OUM
CHAIR

5. Chief Executive's Report

Meeting	BOARD OF DIRECTORS
Agenda item	5
Paper title	CHIEF EXECUTIVE'S REPORT
Date	26 th January 2022
Author	Roisin Fallon-Williams
Executive sponsor	Roisin Fallon Williams

This paper is for: [tick as appropriate]		
<input type="checkbox"/> Action	<input type="checkbox"/> Discussion	<input checked="" type="checkbox"/> Assurance

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

Reason for consideration
<i>To provide the Board of Directors with an overview of key internal, systemwide and national issues.</i>

Paper previous consideration
<i>Not Applicable</i>

Strategic objectives
<i>Identify the strategic objectives that the paper impacts upon.</i> Sustainability. Quality. Clinical Services. People

Financial implications
<i>Not applicable for this report</i>

Risks
<i>No specific risk is being highlighted to the Board regarding the contents of the report</i>

Equality impact
<i>Not applicable for this report</i>

Our values
Committed Compassionate Inclusive

CHIEF EXECUTIVE'S REPORT

1. CURRENT PANDEMIC SITUATION

At the time of writing the latest surge relating to the Omicron variant has had significant impact on services and staffing availability. Our colleagues both in the Trust and our wider Birmingham and Solihull system have responded in phenomenal ways to mitigate the risks posed by the resulting challenges. As a Board we will receive a number of reports today in both our public and closed sessions that will provide assurance and give detail on how we have managed the situation since our last Board meeting in November 2021.

I will give the headlines of our situation verbally at the Board meeting.

I would like to thank on our behalves our colleagues in Team BSMHFT for their continued commitment to service users, carers and each other, their efforts have once again been amazing.

2. PEOPLE

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

Staff absences have been significant and we have seen a number of changes in short succession to guidance in relation to absence due to COVID.

Wellbeing remains a priority in supporting team colleagues, both in the context of the shorter term increased pressure relating to the latest surge, where we have for example reinstated provision of food packs; and the medium term in particular in relation to Vaccination as a Condition of Deployment (VCOD) where we have for example increased our communications on all the offers available and worked with our system MH Hub to provide appropriate support. We have also agreed the Cary over of leave and the buying/selling of leave to support colleagues in the coming months.

There is considerable concern in some areas about the VCOD, our approach remains one tightly aligned to our values and we are working as an ICS to develop integrated frameworks and policies to support us in the difficult task of implementing this new legislation. The associated risks are significant as the Board is aware from Committee discussions last week. Our up to date position will be reported on and enable further discussions and consideration during today's sessions.

Our Values awards nomination window is now open until 13th February 2022, and we are encouraging everyone through continual communications to take time to acknowledge and celebrate the great work of individuals and teams through making a nomination.

3. **CLINICAL SERVICES**

Specialties

There has been increased pressure on bed availability this month due to covid outbreaks on our wards. This is being managed effectively through infection control processes with staff working very hard to contain and manage the outbreaks. There was a temporary closure of an older adult ward to admission because of the COVID outbreaks. The closure of the ward is placing additional pressure on bed availability for admissions. We are also experiencing delays in discharges due to closure of nursing homes due to covid outbreaks. We are working closely with partner organisations to maintain flow during these times of increased pressure. The directorate is regularly reviewing the pressures and focusing in on pinch point areas of concern to enable flow.

All the Specialties directorate services have been working under immense pressure in recent weeks due to staff absence. We have relied on staff to pick up extra shifts to cover pressures across services. The directorate is extremely grateful to all staff for their commitment and flexibility during these times.

Close monitoring and support via the MDT and local clinical governance committee continue in our older adult community teams, as they remain under pressure with a rise in caseloads and service users waiting to be seen for their first appointment. Using the local risk stratification process the teams have been heavily focused on regularly reviewing and managing local risk and need.

Although under extreme pressure some of our older adult staff have engaged very positively in a diagnostic across Solihull to focus on home first model for older people. The diagnostic is being led by Newton Europe with system partners engaging very well in the programme. The expected outcome is to develop an integrated care model across system partners to enhance physical and mental health outcomes for the citizens of Solihull based on a home first philosophy.

Secure Care & Offender Health:

All our secure inpatient sites have experienced both outbreaks and staffing pressures during the month. The sites have implemented their local plans to ensure a focus on safe staffing and promoting time to care is maintained, these have included the stepping down of non-essential meetings, short periods of restricted leave and visits to curb the rise in Covid cases, along with working together across sites to ensure a balance of staffing numbers is maintained. We thank all our staff for their understanding and flexibility during this time, many working above and beyond to ensure continued care across our sites.

We are proud that our Forget-me-not Garden, a co-produced project, opened at Reaside to remember the staff and service users who lost their lives during the early stages of the pandemic. This was dedicated with a special remembrance service from our lead Chaplain and was attended by many staff and service users. The garden, at the entrance to the building, provides a quiet, seated, reflective outdoor space for our service users, staff and families/cares to enjoy individually or together.

Despite the pressures in HMP Birmingham the team continue to work with partners on the forthcoming prison tender, which is due for submission in February 2022.

There are currently two major outbreaks in prison and mass swabbing continues to take place.

We continue to support the wellbeing of our service users and staff during this challenging time.

Our Occupational Therapy (OT) team successfully recruited to an OT Leads across services, including Youth FIRST, Tamarind, CAMHS and our Women's Service. Despite fluctuation in staffing there is a provision on each site which is prioritising clinical need as required. More recently the OT service has been aligned from the Women's Service to a ward-based model.

Integrated Community Care and Recovery (ICCR)

The Steps to Recovery wards have experienced a great deal of pressures in covering shifts safely over the past 6 weeks with a mixture of covid and general sickness absence. We have noted a recent improvement in our staffing position, and we are continuing to monitor closely, through our local staffing huddles. The clinical service manager, Matrons and team managers have worked exceptionally hard to ensure that shifts were covered safely, and teams supported.

The community services across ICCR have been maintained despite large numbers of staff Covid positive.

Many of our community staff showed a great deal of commitment by working from home to continue to support their service users via the telephone calls despite having symptoms.

As described in our local plans our teams have worked closely within a locality hubs-based model, to support and work alongside our acute and urgent care colleagues to collectively manage our service users in the community.

Acute and Urgent Care

Inpatient wards have been heavily impacted by covid outbreaks over the last few weeks across all our 6 sites. We have continued to work closely with our infection control team ensuring ongoing support to both our staff and service users during this challenging time. Throughout this time our teams have continue to work hard to ensure service continuity for our service users.

Staffing has been extremely challenging over the past month with absences due to covid, along with staff vacancies and additional staff sickness. We are pleased to now see an improving position particularly as staff return from covid related absences. Work continues regarding local and central recruitment and a skill mix review as part of our workforce planning.

We continue to support our bed management staff team who are doing a tremendous job, during a challenging time, to deliver our 24/7 bed management function. Whilst the demand continues to be challenging, with increased support to high-risk service users in the community including acute hospital beds, we are now seeing an improving position with our planning and mitigations coming to fruition. These have included regular clinical multidisciplinary reviews with alternative and additional support offered. A redesign of the daily bed meeting with extended system partners, with a clear risk stratification approach and a direct feed into the

daily acute and urgent care safety huddles, has been very helpful.

Work is also in train working with our GP colleagues in Primary care to ensure collective oversight and support to our service users and families in the community during their crisis episode of care.

The third newsletter for the group came out in January and introduced a new awards scheme in the directorate to support morale and acknowledge the staff and teams that go above and beyond.

4. QUALITY

The latest surge in COVID-19 has resulted in a significant increase in risk across a number of areas, we will therefore receive a more detailed report on these later in today's meeting

5. SUSTAINABILITY

5.1 Integrated Care Board

Following the publication of a letter from NHS England and NHS Improvement, the date on which our Integrated Care Board (ICB) will become a statutory body has been pushed back to 1 July 2022.

The ICB will replace our existing Clinical Commissioning Group as the statutory NHS body of the Integrated Care System, which aims to bring all health and social care partners together in Birmingham and Solihull to ensure our services are appropriate for our communities, and deliver the best possible health outcomes for the population that we serve.

The decision to change the timeline is a national one, which has been made given that there is not enough time on the parliamentary timetable before the original 1 April deadline for the legislation around the change to be approved. It affects every CCG across England. As a system, we welcome the longer period of transition as we continue to manage demands across our health and social care services.

The ICB will be proceeding in line with their existing plans to ensure the transition to the ICB is a smooth and successful one, and will be using this additional time to ensure we can effectively plan for the change alongside the safe management of key priority areas such as addressing our elective care backlog, urgent and emergency care demand and the COVID-19 vaccination programme.

Key milestones in our transition planning include the appointment of our senior leadership team and establishing the new operating model for our system.

In relation to ongoing engagement, Governors have been invited to attend a briefing session on the ICS on the 26th January 2022 and Non Executive Directors have been invited to attend on the 1st February 2022. The sessions will be led by Dame Yve Buckland, Chair, and David Melbourne, Interim Chief Executive Officer,

6. NATIONAL ISSUES

6.1 Health and Social Care Bill

Lord Simon Stevens has proposed amendments to the Health and Social Care Bill. Against the backdrop of other pressing issues such as tackling operation waiting lists, Lord Stevens of Birmingham stressed the need for the mental health sector to remain a priority.

Lord Stevens had told Parliament that the Covid-19 pandemic had “exacerbated and intensified” mental health needs and reported that figures indicated a 69% increase in the number of young people being referred for specialist support, including eating disorders. Lord Stevens stated that “*at a time when entirely appropriately, the focus is on cutting waits for surgical operations we must make sure that mental health continues to get the focus the priority, the constancy of commitment that it requires.*”

6.2 National Planning Guidance

On Friday 24 December, NHS England and NHS Improvement (NHSE/I) published the 2022/23 operational planning guidance. The priorities included in the document set out the task for the next financial year as the provider sector works to restore services, reduce the care backlog, and expand capacity. A helpful briefing note from NHS Providers is attached to the report. The detailed planning document can be found at:

[B1160-2022-23-priorities-and-operational-planning-guidance-v2.pdf](https://www.england.nhs.uk/publications/b1160-2022-23-priorities-and-operational-planning-guidance-v2.pdf)
([england.nhs.uk](https://www.england.nhs.uk))

7. LOCAL ISSUES

7.1 Executive Director of Strategy, People & Partnerships

I am very pleased to take the opportunity in our public meeting to congratulate Patrick Nyarumbu on being awarded an MBE in the New Year’s Honors list for services to Nursing.

7.2 Executive Medical Director

Board colleagues will be aware of the forthcoming retirement of our Executive Medical Director, Hilary Grant, with the recruitment process now underway to appoint a new Executive Medical Director.

7.3 Charity Manager

I am pleased that we have a new Charity Manager, Louise Johns, commencing in March to lead the work of fundraising within the Trust. Louise was welcomed to the Trust when she attended the Charitable Funds Committee as an observer on the 20th January 2022.

7.4 Modern Slavery Statement

The Trust is required to publish a Modern Slavery Statement on the Trust internet site. This was last approved by the Board of Directors in 2019 and the updated version, reviewed by our Procurement Team is attached for formal endorsement by the Board of Directors.

ROISIN FALLON-WILLIAMS
CHIEF EXECUTIVE

2022/23 operational planning guidance

On Friday 24 December, NHS England and NHS Improvement (NHSE/I) published the **2022/23 operational planning guidance**. The priorities included in the document set out the task for the next financial year as the provider sector works to restore services, reduce the care backlog, and expand capacity. This briefing highlights the key takeaways from the guidance.

Key points

- NHSE/I have acknowledged that the immediate operational focus for trusts should be on delivering on the objectives set out in the recent letter, 'Preparing the NHS for the potential impact of the **Omicron variant**'. The planning timetable and submission deadlines will therefore be extended to the end of April 2022 and draft plans will be due in mid-March.
- The detailed annexes on revenue and capital allocations have not yet been published. However senior leaders in NHSE/I hope to share more of the detail likely to be included in those ahead of its publication, through their finance networks.
- Given the uncertain timeframe for the passage of the Health and Care Bill, the move to placing integrated care systems (ICSs) on a statutory footing will be pushed back to 1 July 2022.
- The priorities set out in the planning guidance are based on COVID-19 activity and disruption returning to early summer 2021 levels.
- Systems are being asked to deliver on the following ten priorities:
 - A** Investing in the workforce and strengthening a compassionate and inclusive culture
 - B** Delivering the NHS COVID-19 vaccination programme
 - C** Tackling the elective backlog
 - D** Improving the responsiveness of urgent and emergency care and community care
 - E** Improving timely access to primary care
 - F** Improving mental health services and services for people with a learning disability and/or autistic people
 - G** Developing approach to population health management, prevent ill-health, and address health inequalities
 - H** Exploiting the potential of digital technologies
 - I** Moving back to and beyond pre-pandemic levels of productivity
 - J** Establishing ICBs and enabling collaborative system working

Summary of planning guidance

Workforce

The guidance is clear about the need to prioritise support for the NHS workforce, given their experience during the pandemic so far, and the efforts which are now being asked of them. Section A lists the priorities for workforce management in 2022/23:

- **Look after our people** by delivering the [People Plan 2020/21](#), with particular focus on flexible working, career conversations, and supporting staff to understand pension options. Root causes of sickness absence should also be addressed, while supporting staff to access the ongoing vaccination programme, health and wellbeing support, and to rest.
- **Improve belonging in the NHS** by delivering the six high impact actions to overhaul recruitment and promotion practices and implementing plans to promote equality.
- **Work differently** by increasing new roles (e.g. anaesthetic associates), delivering care closer to home, e-job planning and e-rostering, and use of volunteers.
- **Grow for the future** with international recruitment of nurses and midwives, more collaborative staff banks (leading to less reliance on agency staff), protected time for supervisors to maintain doctors' education and training, and expanding clinical placement capacity for students.

Support for these actions will come from Health Education England (HEE) and NHSE/I, focussing on:

- International nurse recruitment programme - eligibility will be expanded to include allied health professionals, but there is no clarity in the guidance on whether social care nurses can access this funding.
- Health care support workers
- Mental health hubs, with enhanced health and wellbeing offers for staff
- GP recruitment and retention
- Creating multi-disciplinary teams, particularly through delivery of the Additional Roles Reimbursement Scheme (ARRS) in Primary Care Networks (PCNs). Notably, there is no mention of this scheme taking staffing pressures across the system into account (for example, to manage the risk of creating additional vacancies across the paramedic workforce within ambulance trusts).

Vaccines

The guidance details the ask of the NHS to offer every eligible adult over the age of 18 a booster vaccination by 31 December 2021, and the ongoing prioritisation of the vaccination programme for the year ahead. Systems are therefore asked to maintain infrastructure to enable the service to respond to need in the vaccination programme as it arises.

The guidance notes the rollout of new COVID-19 treatments, initially for highest-risk patients, and the launch of a new study into the efficacy of antivirals. Updates on antiviral access are expected in spring. For post-COVID services, the guidance asks systems to increase the number of patients seen within six weeks and reduce the number of those waiting longer than 15 weeks. This will be supported by £90 million in 2022/23, which is particularly welcome for community providers, which have been at the forefront of delivering long COVID care. There are, however, concerns in the sector about workforce capacity required to deliver these services within a fixed term funding structure.

Elective recovery, cancer waiting times and maternity services

Maximise elective activity and reduce long waits

Systems must establish delivery plans across elective inpatient, outpatient and diagnostic services for 2022/23, outlining how they will meet the ambitions for elective recovery, including for systems to deliver over 10% more elective activity than before the pandemic and to reduce long waits. These plans should set out how disruptions will be minimised, clarify the use of local independent sector capacity, and show how systems will utilise additional capital and revenue funding and maximise productivity opportunities.

Systems should eliminate waits of over 104 weeks as a priority and maintain this position through 2022/23 (except where patients choose to wait longer), reduce waits of over 78 weeks, and reduce outpatient follow-ups by a minimum of 25% against 2019/20 activity levels by March 2023 (and going further where possible). The guidance also outlines plans to reduce outpatient follow-ups and to promote more personalised approaches to care

As part of the additional revenue funding (over £8bn) for elective recovery announced in September, £2.3 billion will be allocated to systems and tied to the delivery of the elective activity target. Systems must also show how their capital proposals will deliver an increase in elective activity to access the £1.5 billion capital funding announced in the Spending Review for surgical hubs and increased bed capacity.

Complete recovery and improve performance against cancer waiting times standards

The guidance urges systems to complete any outstanding work on the post-pandemic cancer recovery objectives set out in the [2021/22 H2 planning guidance](#). Cancer Alliances are asked to work with systems to develop and implement a plan to improve performance against all cancer standards, and to make progress against the ambition in the NHS long term plan (LTP) to diagnose more people

with cancer at an earlier stage. Cancer Alliances and ICBs are also expected to ensure trusts have fully operational patient stratified follow-up (PSFU) pathways for breast, prostate, colorectal and one other cancer by early 2022/23 (and for two other cancers by March 2023), and to increase the recruitment and retention of the wider cancer workforce.

Diagnostics

The ambition is for systems to increase diagnostic activity to a minimum of 120% of pre-pandemic levels across 2022/23, and develop investment plans for further capacity expansion via community diagnostic centres (CDCs) in 2023/24 and 2024/25.

Expanding supply of and training opportunities for the workforce will be facilitated by national investment through HEE. Systems will be able to access revenue to support set up and running of CDCs (following business case approvals). £21m of programme funding will also support pathology and imaging networks to deliver diagnostic digital roadmaps 2022/23.

Systems are asked to utilise targeted system capital allocations to increase the number of endoscopy rooms, invest in CT capacity to support expansion of Target Lung Health Checks, develop additional digitally connected imaging capacity, ensure all acute sites have a minimum of two CT scanners, and procure new breast screening units. Operational capital resources should continue to be used to reduce the replacement backlog of diagnostic equipment replacement over 10 years old.

Deliver improvements in maternity care

ICBs are asked to undertake formal oversight of their Local Maternity Systems (LMS), and providers should continue to embed and deliver the seven immediate and essential actions identified in the [interim Ockenden Review](#). £93m of funding to support the implementation of Ockenden actions (via workforce investment) will go into baselines from 2022/23.

LMSs should also continue to work with providers to implement local plans to deliver better births, including delivering local plans for midwifery continuity of carer (MCoC), offering every woman a personalised care and support plan in line with the [personalised care and support planning guidance](#). LMSs must also implement the [Saving Babies' Lives](#) care bundle.

UEC and community care

To relieve pressure on urgent and emergency care, systems are expected to limit ambulance handover delays and improve response times; meet growing demand for NHS 111 by enhancing call

handling capacity; expand UTC to enable greater focus on higher acuity need within emergency departments; and increase focus on urgent care provision for children. Systems are asked to reduce 12-hour waits in EDs towards zero and no more than 2%; improve against all Ambulance Response Standards, with plans to achieve Category 1 and Category 2 mean and 90th percentile standards; and minimise handover delays between ambulance and hospital.

Systems are asked to develop detailed plans to maximise the rollout of virtual wards by enabling earlier supported discharge and providing alternatives to admission. There is an expectation that by December 2023, systems will have moved towards a national ambition of 40–50 virtual wards per 100,000 population. NHSE/I is making up to £200m available in 2022/23 and 2023/24 to support systems to implement virtual wards (including hospital at home services) to ease the pressure on acute bed capacity. Systems will need to develop two-year plans collaboratively across providers (and the independent sector) to maximise the rollout of virtual wards, which NHSE/I expects to have taken place by December 2023. These virtual wards will be used for patients who would otherwise be admitted to an NHS acute hospital bed or to facilitate early discharge. System partners are also asked to plan to reduce backlogs of care and waiting times for community services

Systems are asked to deliver the LTP goal of responsive, personalised community-based care. This includes enhanced health in care homes; improving quality and availability against national data requirements; and embedding urgent community response with services achieving at least 70% two-hour response times from the end of Q3 2022.

As central discharge to assess funding will end in March 2022, NHSE/I is asking systems to sustain improvements in delayed discharges in 2022/23 by working with local authorities supported by the Better Care Fund, and via investment in virtual wards.

Letters and supporting documents on safe and timely discharge

Related to the planning guidance, on 22 December NHSE/I issued two letters and several supporting documents to enable the safe and timely discharge of patients from acute care. NHSE/I **wrote** to acute and community trusts calling for a “forensic focus” on embedding systems, processes and practical arrangements that enable discharges.

NHSE/I also sent a second **letter** asking the NHS and local authorities to increase support for domiciliary care; maximise alternative pathways to acute admission (e.g. expanding **virtual ward** capacity as fast as practicable); increase bed capacity in care centres (including care homes, hospices

and hotels); and support actions taken by NHS acute hospitals. ICSs should plan by the end of December to provide COVID virtual wards that are of equivalent size to a minimum of 15% of people who are COVID+ as inpatients. ICSs will need to report to NHSE/I with the total new capacity they plan to create by 24 December.

Primary care

The guidance outlines the LTP's commitment to a £4.5 billion increase in real terms investment into primary medical and community services by 2023/24. ICBs will be expected to maximise the impact of their investment in primary care and PCNs by driving integrated working at neighbourhood/place level, and including primary care as part of the solution to system-wide challenges. ICBs will be the delegated commissioners for primary medical services in 2022/23 and should develop plans to take dental, community pharmacy and optometry commissioning functions from 2023/24.

Expanding the primary care workforce is a key priority, and all systems are expected to support their PCNs to fill their share of the 20,500 FTE PCN roles by the end of 2022/23, and to increase the number of GPs towards the 6,000 FTE target (commensurate with the October 2021 [plan](#)).

To improve access to primary care, systems have also been asked to implement revised access arrangements via PCNs; secure universal participation in the community pharmacist consultation service to divert lower acuity care away from general practice and 111; and support practices and PCNs to ensure every patient can be offered digital-first primary care by 2023/24.

Mental health, learning disability and autism

Mental health services

The guidance acknowledges that the complexity of demand has increased because of the pandemic and this, in addition to a pre-existing treatment gap within mental health, is increasing pressures within services and pathways across all ages. To address these pressures systems are asked to:

- increase the provision of alternatives to A&E and improve the ambulance mental health response.
- ensure admissions are intervention-focused, therapeutic, and supported by multidisciplinary teams.
- maintain a focus on improving equalities across all programmes, noting the actions and resources identified in the [advancing mental health equalities strategy](#).
- continue expansion and transformation of services. The guidance signposts to the 2022/23 mental health delivery plan to support systems in understanding their delivery requirements.

On funding, the guidance confirms the delivery of the MHIS remains a mandatory requirement, and that system development funding (SDF) will continue beyond 2023/24. Capital funding made available through system allocations is expected to support urgent patient safety projects for mental health trusts, and funding to eradicate mental health dormitories will continue in 2022/23 and 2023/24.

To support the expansion and transformation of the workforce, systems are asked to develop a mental health workforce plan to 2023/24 in collaboration with mental health providers, HEE and partners in the voluntary care and social enterprise (VCSE) and education sectors.

People with a learning disability and autistic people

The guidance recognises the pandemic has exacerbated the significant health inequalities experienced by people with a learning disability and autistic people. This means making reasonable adjustments and tailored responses, including considering the ongoing need for face-to-face appointments as digital healthcare develops.

Service development funding support of £75 million will be made available to systems in 2022/23 to support people with a learning disability and autistic people. This will help increase the rate of annual health checks for people aged 14 and over on a GP learning disability register towards the 75% ambition in 2023/24; improve the accuracy of GP learning disability registers, particularly for under-represented groups such as children and young people and people from ethnic minority groups; and implement actions from Learning Disability Mortality Reviews (LeDeRs).

Health inequalities

The guidance sets out the ambition to continue to develop approaches to population health management and prevention, with ICSs driving the shift towards targeting interventions and supporting prevention as well as treatment. Systems are asked to develop plans by June 2022 to put in place the systems, skills and data safeguards necessary for robust population health management, and to have the technical capability in place by April 2023. This includes the capacity to use data and analytics to redesign care pathways and measure outcomes with a focus on improving access and health equity for underserved communities. The guidance reiterates the importance of adopting culturally competent approaches to increasing vaccination uptake.

Systems are asked to develop robust plans for the rollout of tobacco dependence services, improve uptake of lifestyle services including the diabetes prevention programme, and restore diagnosis and

monitoring of long term conditions including hypertension, atrial fibrillation and diabetes. There should be further progress across the LTP's high impact actions, across respiratory, stroke and cardiac care, with the target of restoring detection and management of hypertension, atrial fibrillation and high cholesterol to pre-pandemic levels. Systems are also asked to nominate a senior responsible officer covering prevention deliverables.

Digital

The guidance confirms systems will be allocated capital over three years from 2022/23 for digital investment. £250m of capital funding will initially be made available to systems in 2022/23 to support the digitisation of services and settings that are currently the least digitally mature. Providers must meet the LTP objective of reaching a core level of digitisation by March 2025. Costed three-year digital investment plans should be completed by June 2022 to meet expectations set out in the [What Good Looks Like](#) framework.

Systems are expected to exchange information across their collaboratives and ensure suppliers comply with interoperability standards. By March 2023, local authorities with care responsibilities within a system's footprint should be connected to their local shared care record. The long-term ambition is for the NHSE e-Referral Service (e-RS) to become an 'any-to-any health sector triage, referral and booking system' by 2025.

System allocations and financial regime

The detailed annexes on contracting and revenue and capital allocations have not yet been published. However senior leaders in NHSE/I hope to share more of the detail likely to be included in those ahead of its publication, through their finance networks. NHSE/I plans to shortly issue one-year revenue allocations to 2022/23 and three-year capital allocations to 2024/25, and intends to issue the remaining revenue allocations over the SR period in the first half of 2022/23.

The planning guidance does however broadly outline the role of the 2022/23 financial regime in enabling a system-wide approach to planning and delivery, including:

- **Efficiency ask:** the planning guidance assumes the provider sector will return (and go beyond) pre-pandemic productivity allows 'when the context allows'.
- **Returning to fair shares allocations:** NHSE/I will continue to enable a system-based approach to funding and planning by issuing ICB revenue allocations (based on current system funding envelopes). On top of the efficiency ask, NHSE/I will apply a convergence adjustment and map out a glidepath from current system revenue envelopes to 'fair shares' allocations.

- **Clarity over capital allocations:** multi-year operational capital allocations will be set at ICB level, and NHSE/I will provide further clarity about the allocation of national capital programmes.
- **Financial balance at system level:** ICBs and partner trusts are collectively tasked with delivering a breakeven financial position across their system and, although possibly delayed, the Health and Care Bill will hold ICBs and trusts responsible for their use of revenue and capital resources.
- **Contracts and locally determined prices:** providers are expected to return to signed contracts and local ownership for setting payment values (additional guidance will be provided by NHSE/I). Written contracts should be signed before the start of the financial year. The guidance also recommends systems and organisations sustain a 'partnership approach' payment and contracting. The final version of the NHS Standard Contract will be published in February 2022.
- **Enabling elective recovery:** as highlighted above, additional revenue and capital funding will support systems deliver the ambitions for elective recovery.

ICBs and collaborative system working

Given the uncertain timeframe for the passage of the Health and Care Bill, the move to placing integrated care systems (ICSs) on a statutory footing will be pushed back to 1 July 2022. Timelines for national and local plans will therefore be adjusted. An extended 'preparatory phase' will begin from 1 April 2022 whereby clinical commissioning groups (CCGs) remain in place as statutory organisations, and CCG leaders are expected to work closely with designate ICB leaders on issues likely to affect future ICBs (particularly commissioning and contracting). In Q4 2021/22 NHSE/I will consult with several CCGs about boundary changes to ensure they align with the ICS boundary changes announced in July 2021. NHSE/I does not plan any further CCG mergers before the establishment of ICBs.

CCGs and ICBs should reset their implementation plans and ensure people, property and liabilities are appropriately and safely transferred from CCGs to future ICBs. This also means designate ICB chairs and chief executives should continue with recruitment plans.

NHSE/I regional teams, designate ICB leaders, and CCG accountable officers should agree ways of working for 2022/23 by the end of March 2022. The deadline for ICB Readiness to Operate and System Development Plan submissions will be extended (with details about these plans to be set out in January 2022). ICBs refreshed five-year plans are expected in March 2023, and ICBs are expected to undertake preparatory work throughout 2022/23 in collaboration with local authority partners.

NHS Providers view

We welcome the pragmatic approach in the planning guidance, resetting priorities while signalling that these will need to be kept under review.

The scope and scale of these actions highlights the formidable array of challenges facing the NHS. These include the impact of Omicron and the booster vaccination programme against a background of unprecedented demand for urgent and emergency care and the need to address the treatment backlog in hospitals, community and mental health services, and the need for urgent capital investment.

All of the priorities in the guidance are important, and we particularly welcome the prominence given to growing, adapting and focusing on the wellbeing of the workforce. Eight of the nine priorities in this programme won't be fully possible without addressing the first – securing a properly costed and funded workforce plan is fundamental to the future success of the NHS.

Trusts tell us that workforce capacity is the constraining factor in the health and care system at the moment underpinned by a lack of national long term plan, challenges with recruitment and rising staff absences connected with COVID-19.

While recognising the fundamental importance of elective recovery, this cannot be accomplished without stabilising the situation in urgent and emergency care, primary care and social care and addressing growing demand and a backlog of care in community and mental health services.

Quality of care and patient safety need to remain the key cornerstones for the NHS. For example we have seen a worrying shift in patient safety risk towards ambulance services, particularly as a result of handover delays.

The NHS also needs to transform to meet future needs – taking much greater advantage of digital technology and the leap forward offered by 21st century genomic based medicine.

We also need to do much more to help citizens manage their own health and wellbeing more effectively, with greater focus on tackling health inequalities, prevention and whole population health management.

Key to delivery of these changes will be the development of system working and integrated care systems (ICSs) enshrined in forthcoming legislation. While some trusts will be disappointed to hear of the delay in placing ICSs on a statutory footing, many will also see it as a pragmatic response to potential delays.

Trusts need to be at the forefront of this transformational change, which offers huge opportunities to improve services for patients and communities, and it will be important to keep sight of these opportunities, alongside the massive challenge of dealing with immediate operational pressures.



MODERN SLAVERY ACT 2015

SLAVERY AND HUMAN TRAFFICKING POLICY STATEMENT

INTRODUCTION

At Birmingham and Solihull Mental Health NHS Foundation Trust we are committed to ensuring that no modern slavery or human trafficking takes place in any part of our business or our supply chain. This statement sets out actions taken by this Trust to understand all potential modern slavery and human trafficking risks and to implement effective systems and controls

ORGANISATION'S STRUCTURE

The Birmingham and Solihull Mental Health NHS Foundation Trust provides mental health care to those people living in Birmingham and Solihull who are experiencing mental health problems. We serve a culturally and socially-diverse population of over a million spread over 172 square miles, and have an income of over £290m, making our Trust one of the largest mental health foundation trusts in the country. We also provide services to people who live further afield because of some of the specialised services we provide.

Our Trust has over 4000 dedicated staff who are continually working to help people get better and challenge the stigma associated with mental illness. Our Trust operates from over 50 sites in a variety of settings, from community based mental health teams through to acute wards and day centres.

OUR SUPPLY CHAINS

The Trust supply chain is predominantly service orientated with the majority of its supplier base within the United Kingdom (UK) with our extended supply chain linking into the wider European Economic Area (EAA). NHS Supply Chain is the Trusts largest goods provider and incorporates the principles of the Modern Slavery Act within its code of conduct and ensures these products comply.

OUR POLICIES ON SLAVERY AND HUMAN TRAFFICKING

We are fully aware of the responsibilities we have towards our service users, employees and local communities. We are guided by a strict set of ethical values in all of our business dealings and expect our suppliers (i.e. all companies we do business with) to adhere to these same principles. We have zero tolerance for slavery and human trafficking. Staff are expected to report concerns about slavery and human trafficking and management are expected to act upon them in accordance with our policies and procedures

DUE DILIGENCE PROCESSES FOR SLAVERY AND HUMAN TRAFFICKING

To identify and mitigate the risks of modern slavery and human trafficking in our own business and our supply chain we:

- Are working towards the Department of Health (DoH) NHS Procurement & Commercial Standards, which requires a Corporate Social Responsibility (CSR) policy defining the procurement approach to sustainability, modern slavery and all other appropriate ethical standards and approaches.
- Undertake appropriate pre-employment checks on directly employed staff and access temporary staff only through the NHS Improvement approved frameworks, ensuring suppliers comply with the same pre-employment checks.
- Uphold best practice and professional codes of conduct relating to procurement and supply, through Procurement team membership to the Chartered Institute of Procurement and Supply (CIPS). With qualified members undertaking the annual CIPS Ethical Procurement and Supply e-learning course.
- Contractual clauses are utilised to ensure that supplier supply chains are monitored and that there is zero tolerance of modern slavery within their supply chain. The largest supplier of goods is NHS supply chain who have ethical sourcing policies in place. Where any such issues arise within the extended supply chain, the supplier shall act to remove these items from entering the Trusts extended supply chain and implement ethical sourcing programs and supply chain audits to prevent any repetition.

OUR EFFECTIVENESS IN COMBATING SLAVERY AND HUMAN TRAFFICKING

Further work is needed to identify how we measure how effective we have been in ensuring that slavery and human trafficking is not taking place in any part of our business or in our supply chain.

This statement has been approved by the Board of Directors of the Birmingham and Solihull Mental Health NHS Foundation Trust who will review and update every two years.

This statement is also made pursuant to section 54(1) of the Modern Slavery Act 2015 and constitutes our slavery and human trafficking statement.

SIGNATURE

CHAIR

26th January 2022

SIGNATURE:

CHIEF EXECUTIVE

26th January 2022

6. Board Overview: Trust Values

7. Quality, Patient Experience & Safety Committee Chair's Assurance Report

Meeting	BOARD OF DIRECTORS
Agenda item	7
Paper title	CHAIR'S ASSURANCE REPORT FROM QUALITY, PATIENT EXPERIENCE & SAFETY COMMITTEE
Date	26 th January 2022
Author	Dr L Cullen, Non-Executive Director, Chair of Committee
Executive sponsor	Mrs S Bloomfield – Executive Director of Quality and Safety (Chief Nurse)

This paper is for: <i>[tick as appropriate]</i>		
<input type="checkbox"/> Action	<input type="checkbox"/> Discussion	<input checked="" type="checkbox"/> Assurance

Executive summary
The IQC met on 19 th January 2022. The attached Assurance Report is provided by the Committee Chair for the attention of the Board of Directors. The Committee expressed its thanks to the team for presenting very detailed reports for assurance despite the current pressures being experienced across the Trust.
Reason for consideration
To demonstrate the effectiveness of the assurance process for the Trust's Quality and Safety Agenda and to escalate any key issues to the Board.
Strategic objectives
Quality
Financial implications
Non specific.
Risks
Non specific.
Equality impact
Non specific.
Our values
Committed Compassionate Inclusive

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

1. ISSUES TO HIGHLIGHT TO THE BOARD

1.1 Predictive Analytics

A report was presented to the Committee detailing that the Predictive Analytics project which had remained on hold since the start of the pandemic. The Predictive Analytics project originated from the NHS England Testbed programme (now closed). The Trust had been collaborating on the project with Koa Health (formally Telefonica Alpha) for the past 6 years. In response to several contributing elements hindering project progress, it had been agreed that project closure was the most beneficial option to the Trust at this time. There were no risks that would be incurred to the Trust, project stakeholders or service users

Chair's assurance comments:

Although it was disappointing to see this project fold it is important to acknowledge the valuable experience gained through the considerable internal clinical and corporate support that various aspects of the project required including legal aspects , working with an external non NHS organisation and information governance processes etc. Learning has highlighted the importance of ensuring that similar future projects are thoroughly assessed as being fully aligned with strategy and that a full appraisal is given to the amount of resources and time that will be needed to support the project

1.2 Care Quality Commission (CQC) Section 131 Improvement Plan Report

The Committee was informed that the monthly submission was submitted to the CQC at the end of December 2021 and a formal meeting had not yet been held regarding the Section 31 notice.

The key headlines included that the door set replacement programme continued, however, there were challenges accessing wards due to specific COVID outbreaks but these were being managed and risk assessed.

Chair's assurance comments:

We were assured that progress is on schedule despite considerable challenges presented by the COVID pandemic surge

1.3 Joint Targeted Area (Safeguarding Children) Inspection (JATI)

The Trust Safeguarding Lead, Cath Evans provided a very detailed overview of JTAI which came into being in 2016 and involved a number of regulators which included the CQC, OFSTED and Her Majesty Inspectors of Prisons and Police. The role of the JTAI was regarding reviewing partnership working and did not look at individual agencies.

The current JTAI was put in place because of the tragic death of Arthur Labinjo Hughes. This was a national decision taken to quickly target Solihull with a specific remit to review partnership working and the associated risks.

The JTAI commenced beginning of December 2021 initially identifying 30 random families to review and then reduce the cases to a smaller number of between 7 – 10 to undertake deep dives into each family.

There was a six-month timeframe for the JTAI which was also identifying good practice areas. It was reported that there was very good co-operation of all the Teams working with JTAI and the Trust was able to identify the key challenges which were being faced and therefore demonstrated good knowledge and skills.

The next steps would be the receipt of a draft report on the 27th January 2022 with ten days to respond with the final report being received by the 21st February 2022.

Chair's assurance comments:

We were assured that a very detailed thorough piece of work has been carried out and the team were recognized as working impressively to a very tight timetable over the December period. The committee were made aware of the findings and areas of good practice as well as areas of concern and were assured that actions were being taken to address these

1.4 Responding to COVID-19

The Committee received the outbreak report which detailed the COVID-19 outbreak position for BSMHFT as at 12 January 2022. At the time of reporting the Trust had 23 outbreaks (outbreaks relate to 2 or more linked cases of COVID19). The report detailed the staff and patient numbers affected across wards, this totals 94 staff and 123 patients. The impact of the outbreaks were significant as included staff being off sick in addition to beds being closed which had an impact on poorly people being admitted.

A small multi-disciplinary group met to make decisions on key issues, i.e. standard of PPE for staff in outbreak areas.

The main concerns included:

- Sustained transmission in the community
- Sustained admission of COVID positive Service Users
- Staffing constraints
- Change of return to work guidelines for NHS staff who test positive past day 10
- LFT test with lower availability
- High number of staff tests sent to IPC with no reference to workplace

Chair's assurance comments:

The committee remarked on the very comprehensive, detailed and helpful report presented . We were given a clear picture of the extreme and challenging situation within the trust currently and the massive impact of the recent pandemic surge on patients , services and the workforce and the acute and rapidly changing scenario of maintaining safe services during the surge with such unprecedented staffing and infection control issues. We were given good assurance within the report with concerns clearly described, contributory factors described and resulting actions taken.

The committee were assured that every effort was been used to mitigate the risks and many areas of good practice continue to be highlighted across the trust.

1.5 Staff COVID-19 Isolation Guidance Update

A report was presented detailing the revised guidance for staff who test positive or have the symptoms of COVID-19 as at the 10th January 2022. The guidance included a flow chart detailing the 10 day self-isolation period and ending self-isolation early using LFD tests.

The guidance included a process to approve staff who have been identified as a close contact with COVID-19 including a household member along with a self-isolation exemption decision assessment tool.

Chair's assurance comments:

The committee were assured that we have rapidly updated our isolation guidance for staff following further recent changes to national guidance

1.6 Safer Staffing

The safer staffing report was received which outlined the fill rates (overall and RMN) for the past 6 months and was broken down by directorate. It was reported that in relation to temporary staffing data, the number of overall agency shifts had remained fairly consistent with a slight decrease in shifts in the final quarter of 2021. There were 22 long term agency bookings that were currently live within the Trust. As at December 2021, there were 193 FTE Qualified Band 5 nursing vacancies which equated to 36.3% vacancy gap. This was a significant increase in the vacancy rate for this staff group and had been slowly increasing since April 2021.

In July 2021, a trust wide safer staffing huddle was set up in response to concerning staffing levels. Due to significant staffing concerns in December, a series of exceptional meetings were established to ensure a number of immediate actions were taken to maintain as safe a staffing level as possible.

In order to achieve effective staffing establishment reviews, the Trust has planned to commence the use of Mental Health Optimum Staffing Tool (MHOST) in January 2022. The tool relies on clinical staffing giving every patient on a ward an acuity rating daily for 20 days and this data is utilized to produce recommend staffing.

Chair's assurance comments

The committee were made aware of the exceptional challenges with staffing since December and the complex operational decisions that have been necessary to try to keep services safe and reduce risk to patients . Very close multidisciplinary working and collective decision making has been crucial to this both in and out of hours. There has been rapid deployment of staff between services where IPC allowed from less acute to more acute areas whilst recognizing the potential detrimental impact of doing this .

1.7 SI Escalation

It was reported that 12 serious incidents had been reported to Commissioners during December 2021 which was above the median of 7. Of these 12 incidents, 2 occurred in November and another 2 incidents occurred during October. All incidents were being investigated under the Serious Incident Framework.

Five of the incidents related to the death of service users, which were potential or suspected community suicides. There were also four infection outbreak incidents; 2 relating to cases of serious self harm in the community and one was a serious assault on a patient.

Serious Incidents were one of the areas being looked at closely especially with the current surge and were being closely monitored

Chair's assurance comments:

The committee noted the analysis of the incidents and themes emerging and the ongoing work required to assess the impact of stretched capacity on areas such as handovers and recording of actions and the need to continue to embed our approach of the engagement of family and carers

The committee supported the monitoring of quality and safety during the surge by analysing serious incidents in real time

1.8 System Surge Risk Log

A report was presented detailing the risks escalated to the BSOL system risk log in relation to the current Covid19 surge. The log sets out system risks and those of the Trust, which was reported to Gold command each week during the current surge situation and was last updated for BSMHFT on 17th January 2022.

Chair's assurance comments:

The committee noted how the pandemic surge is having a very serious impact across the system in terms of staffing , service capacity and access and discharge.

It was noted that we continue to work well together with our partners in health and social care . We were pleased to note that a review of the mental health crisis care pathway will be facilitated by NHSE/I this month

1.9 Quality Monitoring During Surge

R. Grant provided a report which formed part of the early warning quality monitoring system to ensure trigger points were identified if there were any quality risks to be identified and was part of a suite of information which was presented to the Silver Command meetings.

It was confirmed that existing teams were currently supporting the surge and R. Grant was ensuring that the planned pieces of work for quality improvement were continuing to ensure momentum.

Chair's assurance comments:

The committee discussed the impact of the surge on performance and that ongoing quality improvement work continues as well as recent additional monitoring of early warning quality signs to be responded quickly to if needed

**DR LINDA CULLEN
NON-EXECUTIVE DIRECTOR**

8. People Committee Chair's Assurance Report

Meeting	BOARD OF DIRECTORS
Agenda item	8
Paper title	CHAIR'S ASSURANCE REPORT FROM THE PEOPLE COMMITTEE
Date	26 th January 2022
Author	W. Weir, Non-Executive Director
Executive sponsor	P. Nyarumbu, Executive Director of Strategy, People & Partnerships

This paper is for: [tick as appropriate]		
<input type="checkbox"/> Action	<input type="checkbox"/> Discussion	<input checked="" type="checkbox"/> Assurance

Executive summary

The People Committee met on 19th January 2022

The attached Assurance Report is provided by the Committee Chair for the attention of the Trust Board. The People committee focused upon the following areas:

- Safe Staffing levels
- Mandatory Vaccination Programme
- Initial Staff survey results
- Transforming Culture sub-committee
- Future Workforce sub-committee

Reason for consideration

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

Strategic objectives/ priorities

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

Financial implications

People are the Trust's largest area of expenditure.

The committee did not make any key decisions of a financial commitment but notes that there were incentives to existing staff to reduce the expenditure on agency staff in filling vacancies. This related to payment of overtime, payment at band rates and a £5 enhancement on all bank shifts, food/meal offer for staff working on wards.

The financial incentive was expected to be mitigated by reduced dependency on agency to fill shifts

Risks
<p>The committee considered a variety of People related risks including but not exclusive to:</p> <ul style="list-style-type: none"> • The Trust does not develop an inclusive and compassionate working environment • The Trust does not deliver its ambition to transform the culture and sponsor, implement, support, and monitor a multidisciplinary values- based leadership framework developing the right capabilities • The Trust does not engage effectively with its workforce through a dynamic, sustainable internal and external communication plan • Risk 765: Delays in issuing vaccination notice to non-compliant colleagues may lead to staff in lieu of notice • Risk 766: The Trust position is that all colleagues must be vaccinated • Risk 767: Colleagues who do not form part of the bank, SSL or substantive workforce are missed on vaccination checks • Risk 768: 3rd party partners refuse to ask their staff to be vaccinated • Risk 769: A large number of colleagues choose not to be vaccinated
Equality impact
Non specific.
Our values
Committed Compassionate Inclusive

CHAIR'S ASSURANCE REPORT FROM PEOPLE COMMITTEE

1. ISSUES TO HIGHLIGHT TO THE BOARD

1.1 Report from the Shaping Our Future Workforce Sub Committee

The People Committee was asked to note that the impact of Wave 3 of the Covid 19 pandemic impacted on the attendance of the Shaping Our Future Workforce Sub Committees in December 2021, and in January 2022. The meeting in Jan 2022 was truncated to release staff to enable them to support the current operational challenges in delivering our Covid 19 response and the mandatory Covid 19 vaccination programme.

The committee noted that in spite of the reduced attendance, the sub-committee looked at the Key Performance Indicators for November 2021 noting that the Vacancy position, bank & agency fill rates, agency expenditure and fundamental training are below the Trust's expected performance level.

Chair's Assurance Comments:

The committee was assured that the sub-meeting took place, though in truncated circumstances. The committee welcomed the continued focus on KPIs but that the latest information was November 2021. December 2021 key performance indicators would need further review especially those below Trust standard; Vacancy, Bank & agency fill rate, agency spending and Fundamental Training.

1.2 Report from Transforming Our Culture and Staff Experience

The Transforming Our Culture and Staff Experience Sub-committee met on 6th January 2022. The meeting in Jan 2022 was truncated to release staff to enable them to support the current operational challenges in delivering our Covid 19 response and the mandatory Covid 19 vaccination programme.

The committee noted that the sub-committee looked at the Key Performance Indicators for November 2021 noting the impact on the workforce intelligence team, due to the pressures of COVID-19, regarding the data being provided to the Sub Committee.

Chair's Assurance Comments:

The committee noted the change of terms of reference of the sub-committee in respect of membership and content. The committee noted that November 2021 sickness absence remains high at 6.6% and the continued actions to address this.

The committee was not assured that there was no equality & diversity report , no compassion or well being report for January 2022.

The committee noted that there were a number of policies out of date and that there would be a programme of work for updating these people policies over the remaining workplan for 2022. The committee would seek to receive further assurance in the forthcoming months.

1.3 Staff Survey

The Committee received initial results from the 2021 NHS Staff Survey. These results indicated that staff experience at BSMHFT had deteriorated year on year. This reflected a wider deterioration in staff experience across the wider NHS. The early results suggest that the decline at BSMHFT slightly exceeded that of comparable organisations. The organization would be developing and building on its existing action plans to improve staff experience.

The NHS Staff Survey results will be published in March 2022 when all organization results are complete and validated.

Chair's Assurance Comments:

The people committee had a long discussion about the survey results and were assured by the commitment, compassion and honesty of the Executive Directors and senior managers in wishing to tackle this long-standing experience of staff. The committee were assured that a well-researched action plan would be developed, after consideration of staff views and insights when sharing the preliminary results

1.4 Mandatory Vaccination Programme

The internal Mandatory Vaccination Programme has been developed to ensure the Trust has a robust process in place to monitor its delivery and provide assurance on the activities that were taking place to achieve the objectives. Weekly programme board meetings were held along with and daily huddles with the workstream leads. The Committee received a report which provided the very detailed work being undertaken within the Trust.

The Committee was informed that the Trust was reviewing the data downloaded from the National Immunisation Management System (NIMS). The Trust confirmed that the records of staff vaccination needed to be validated. Therefore the current focus was to match the data from NIMS with the internal Electronic Staff Record system through the Human Resources team.

A communication campaign was underway with senior leaders to raise awareness of the importance of vaccination records with staff. The committee noted that there ought to be supportive and compassionate conversations with staff about this sensitive issue. It was noted that the People Committee would be regularly updated.

Chair's Assurance Comments:

The committee were assured that the trust was taking action on mandatory vaccination and has developed a programme & process for monitoring progress.

The committee were assured of an evolving engagement plan with staff, service users, contractors and 3rd sector organisations. The committee were assured of the risk identified arising from mandatory vaccination. The residual risk scores remain significant BAF 766/ BAF 768, 769 in particular

1.5 Integrated Safer Staffing Report

The Committee had a detailed report providing an overview of the inpatient nursing & HCA workforce from July 2021 to December 2021 showing fill rates in service areas for both overall fill rates and RMN only fill rates, temporary staffing and vacancy data.

The Chief Nurse reported that registered nurses remain a concern for a number of areas within the Trust. The acute and secure wards were the areas most challenged by fill rates.

The Committee was informed that Secure Care had worked exceptionally hard to fill gaps and support staff had to undertake additional duties in the short term.

It was reported that agency shifts have increased but it was too early to identify whether the financial incentive changes put in place between Christmas and New Year had made an impact. HCA agency decrease was intended to reduce dependency on HCA agency, preference for using our own employed HCAs.

Medical Director reported that medical vacancies was a national issue. The Trust was in a position where teams had real challenges and there was scrutiny where medical agency was being utilised.

The Chief Nurse reported that in examining the ongoing low fill rate on George ward for Registered Mental Health Nurses, it was identified that George ward had a baseline establishment on e-roster for 3 RMN's which was different to all other North and Central wards. The arrangements for all other acute wards would be reviewed and changed appropriately. The report detailed exceptional arrangements that have been put into place to support the management of safe staffing levels in December and January.

The Committee received an update on MHOST (Mental Health Optimum Staffing Tool).

Chair's Assurance Comments:

The committee noted the information provided on safe staffing levels and were assured that the Chief Nurse and her team were reviewing and ensuring safe levels of nursing. The committee were assured that the hotspots were known and that daily operational action undertaken to address the hotspots.

The committee noted the medical vacancy levels (only November 2021) at 53.2 wte of mainly consultants 21.7wte and SAS doctors. The committee noted that scrutiny of medical agency shifts continue.

The committee were aware that there are exceptional circumstances and that registered nurses, HCAs were deployed appropriately. The committee continues to note the fill rates across the Trust for secure and adult as areas of concern. The committee noted the measures to assure safer staffing had a trustwide & multi-disciplinary approach.

WINSTON WEIR
NON EXECUTIVE DIRECTOR
20th January 2022

9. Guardian of Safe Working



Meeting	BOARD OF DIRECTORS
Agenda item	9
Paper title	GUARDIAN OF SAFE WORKING HOURS, QUARTERLY REPORT
Date	26 th January 2022
Author	Dr Sajid Muzaffar
Executive sponsor	Dr Hillary Grant

This paper is for (tick as appropriate):		
<input type="checkbox"/> Action	<input type="checkbox"/> Discussion	<input checked="" type="checkbox"/> Assurance

Executive summary & Recommendations:
<p>The number of exception reports raised during this quarter were higher than the previous quarter, this is an encouraging trend. All the exceptions were about working hours and no educational exceptions were raised. The exception data helped to identify that one of the posts needed additional junior doctor support and SHO cover was arranged through the review process. No immediate safety concerns were raised. There were several shift vacancies but all were filled by locums.</p>
Reason for consideration:
<p>Quarterly reports mandated by the Terms and Conditions of Doctors in Training.</p>
Previous consideration of report by:
Strategic priorities (which strategic priority is the report providing assurance on)
<p>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</p>

Financial Implications *(detail any financial implications)*

No financial implications

Board Assurance Framework Risks:

(detail any new risks associated with the delivery of the strategic priorities)

Not applicable

Equality impact assessments:

No concerns

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

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

Jul – Sept 2021

High level data

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
Amount of job-planned time for educational supervisors:	0 PAs per trainee

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	15	13	2
ST 3-6	1	3	2	2
GPVTS	0	0	0	0
Total	1	18	15	4

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
Forensic	1	3	2	2
ST 3-6	0	15	13	2
GPVTS	0	0	0	0
Total	1	18	15	4

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	0	13	2
ST3-6	0	0	2	2
GPVTS	0	0	0	0
Total	0	0	15	4

b) Work schedule reviews

Status (18 exception reports - figures include 1 exceptions carried forward);

0	Reviews are pending
15	Completed
0	Request for more information
2	Unresolved
2	Waiting for Doctor Agreement
0	Miscellaneous

Total number of exception reports received	18
Number relating to immediate patient safety issues	0
Number relating to hours of working	18
Number relating to pattern of work	0
Number relating to educational opportunities	0
Number relating to service support available to the doctor	0

c) Locum bookings

Locum bookings July 2021 by ROTA				
Rota	Number of shifts requested	Number of shifts worked	Number of hours requested	Number of hours worked*
Rota 1	23	23	210.50	210.50
Rota 2	21	21	185.50	185.50
Rota 3	28	28	270.50	270.50
Rota 4	3	3	36.00	36.00
Rota 5	7	7	70.00	70.00
Rota 6	12	12	107.50	107.50
ST4-6 North	31	31	443.50	443.50
ST4-6 Rea/Tam	7	7	136.00	136.00
ST4-6 Sol/East	27	27	496.00	496.00
ST4-6 South	19	19	277.00	277.00
Total	178	178	2232.50	2232.50
Locum bookings August 2021 by ROTA				
Rota	Number of shifts requested	Number of shifts worked	Number of hours requested	Number of hours worked*
Rota 1	20	20	188.50	188.50
Rota 2	8	8	74.50	74.50
Rota 3	18	18	138.75	138.75
Rota 4	14	14	138.00	138.00
Rota 5	6	6	42.00	42.00
Rota 6	4	4	33.00	33.00
ST4-6 North	30	30	428.00	428.00
ST4-6 Rea/Tam	5	5	96.00	96.00
ST4-6 Sol/East	24	24	456.00	456.00
ST4-6 South	18	18	263.00	263.00
Total	147	147	1857.75	1857.75

Locum bookings September 2021 by ROTA				
Rota	Number of shifts requested	Number of shifts worked	Number of hours requested	Number of hours worked*
Rota 1	16	16	140.50	140.50
Rota 2	6	6	50.50	50.50
Rota 3	18	18	165.50	165.50
Rota 4	8	8	82.50	82.50
Rota 5	9	9	99.75	99.75
Rota 6	2	2	24.00	24.00
ST4-6 North	28	28	407.00	407.00
ST4-6 Rea/Tam	5	5	88.00	88.00
ST4-6 Sol/East	20	20	368.00	368.00
ST4-6 South	6	6	92.00	92.00
Total	118	118	1517.75	1517.75

Locum bookings July 2021 by grade				
Specialty	Number of shifts requested	Number of shifts worked	Number of hours requested	Number of hours worked
CT1-3	94	94	880.00	880.00
ST4-6	84	84	1352.50	1352.50
Total	178	178	2232.50	2232.50

Locum bookings August 2021 by grade				
Specialty	Number of shifts requested	Number of shifts worked	Number of hours requested	Number of hours worked
CT1-3	70	70	614.75	614.75
ST4-6	77	77	1243.00	1243.00
Total	147	147	1857.75	1857.75

Locum bookings September 2021 by grade				
Specialty	Number of shifts requested	Number of shifts worked	Number of hours requested	Number of hours worked
CT1-3	59	59	562.75	562.75
ST4-6	59	59	955.00	955.00
Total	118	118	1517.75	1517.75

Locum bookings July 2021 by reason**				
Specialty	Number of shifts requested	Number of shifts worked	Number of hours requested	Number of hours worked
Vacancy	105	105	1344.00	1344.00
Sickness	9	9	89.50	89.50
COVID 19	11	11	154.00	154.00
Off Rota	42	42	533.50	533.50
Compassionate L	4	4	48.00	48.00
Maternity Leave	2	2	25.00	25.00
Paternity Leave	5	5	38.50	38.50
Total	178	178	2232.50	2232.50

Locum bookings August 2021 by reason**				
Specialty	Number of shifts requested	Number of shifts worked	Number of hours requested	Number of hours worked
Vacancy	76	76	1051.75	1057.75
Sickness	1	1	12.00	12.00
COVID 19	14	14	165.50	165.50
Off Rota	42	42	496.00	496.00
Compassionate L	2	2	6.50	4.50
Emergency Leave	1	1	16.00	16.00
Maternity Leave	10	10	105.50	105.50
Paternity Leave	1	1	4.50	4.50
Total	147	147	1857.75	1857.75

Locum bookings September 2021 by reason**				
Specialty	Number of shifts requested	Number of shifts worked	Number of hours requested	Number of hours worked
Vacancy	58	58	750.50	750.50
Sickness	13	13	155.25	155.25
COVID 19	9	9	94.50	94.50
Off Rota	32	32	459.50	459.50
Compassionate L	2	2	24.00	24.00
Emergency Leave	4	4	34.00	34.00
Total	118	118	1517.75	1517.75

Qualitative information

No immediate safety concerns were raised during the time period.

The number of exceptions has increased and this is encouraging.

Majority of exceptions were resolved with agreement of the trainee.

Issues arising and actions taken

All exception reviews did not take place in time. Two exceptions have not been resolved. The reviewer and the trainer have been sent reminders.

A series of exceptions were raised from the same CT 1 post. The doctor was paid for the extra time and once a pattern was established additional SHO cover was arranged to meet the level of clinical activity.

Summary

There have been no immediate safety concerns.

The number of vacant oncall shifts continue to be high but they are covered by internal locums.

Majority of exceptions reports were resolved. Reminders have been sent to reviewer and trainee about the pending exceptions reports.

There were no educational exceptions.

10. Audit Committee Chair's Assurance Report

11. Charitable Funds Committee Chair's Assurance Report

Meeting	BOARD OF DIRECTORS
Agenda item	11
Paper title	CHARITABLE FUNDS COMMITTEE
Date	20 th January 2022
Author	Winston Weir, Non Executive Director
Executive sponsor	Hilary Grant, Executive Medical Director

This paper is for: [tick as appropriate]		
<input type="checkbox"/> Action	<input type="checkbox"/> Discussion	<input checked="" type="checkbox"/> Assurance

Executive summary

The report provides assurance to the Board of Directors on the discussions held at the Charitable Funds Committee held on the 20th January 2022. The committee considered the following areas:

- ⇒ Approval of accounts 2020/21: with assurance from the independent review and submission to Charities commission by 31 Jan 2022
- ⇒ Appointment of fundraising manager who will start in March 2022
- ⇒ Review of fund balances for the period to 31 December 2022 – the committee received assurance for spending plans
- ⇒ The committee received assurance on the investment of fund balances via a written report from Shroeders.

The Board of Directors is also requested to endorse the Terms of Reference for the Charitable Funds Committee.

Reason for consideration

For assurance and ratification of the Fund Annual Report and Accounts

Paper previous consideration

Not Applicable

Strategic objectives / Priority

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

Financial implications

The Trust has committed to appointing a Fund Manager for Charitable Funds which should raise the profile of charitable giving and ensure the expenditure on staff wellbeing, service user well being and specific facilities.

Risks

There are no risks relating to this on the Board Assurance Framework. Financial and audit risks of financial use of funds in line with Charitable objectives but this is considered to be minimal

Equality impact

The Equality impact has not been done – this needs to be reviewed in relation to the balance of restricted and unrestricted funds, the service areas and spending plans.

REPORT FROM THE CHARITABLE FUNDS COMMITTEE

1. ISSUES TO HIGHLIGHT WITH THE BOARD

1.1 New Charity Manager

The Committee was really pleased to welcome the newly appointed Charity Manager, Louise John, to the meeting who formally commenced with the Trust in March 2022.

1.2 Caring Minds Update Recruitment of Charity Manager

The Committee was presented and discussed the initial priorities for the newly appointed Charity Manager for the first 12 months. This included:

- Increase Caring Minds publicity profile for staff, service users, public wishing to learn more about Caring Minds Charity.
- Work with the Trust to identify several wish list items and appeals that can be fundraised for over the coming years.
- Improve the Charity donor database .

A discussion was held regarding raising the profile of the charity and how this could also assist in addressing the stigma of mental health. The Committee discussed the opportunities within our communities to ensure engagement with the charitable funds and also developing links with our Governors.

Along with discussing the proposed focus of ensuring that the spending of charitable funds look towards addressing health inequalities.

The Committee discussed the ways in which the Charity Fund could be promoted and ensure all staff were aware of the processes to apply for funds.

Chairs Assurance Comments: The Chair and Committee members were extremely pleased with the appointment of the new Charity Manager which will provide a dedicated focus to fundraising activities within the Trust.

1.3 Terms of Reference

The Terms of Reference for the Committee were received and approved. Minor amendments were made which related to the membership and the frequency of the meetings.

Chairs Assurance Comments: The Board of Directors is asked to formally endorse the Terms of Reference for the Committee attached to this report.

1.4 Annual Report and Accounts for Caring Minds 2021/2022

The Committee received, for approval, the Charity's Annual Report and Accounts for the year ended 31st March 2021 to the Charities Commission by 31st January 2022. The Annual Report and Accounts includes an Independent Examination prior to being filed with the Charities Commission.

Chairs Assurance Comments: The Head of Financial Services, Jasmine Martin, was thanked for all her hard work on preparing the Annual Report and Accounts. The Committee received assurance regarding the content of the Annual Report and Accounts and approved the accounts subject to minor text amendments.

There was an excellent section regarding achievements which would be used as marketing material for the Trust. In addition, discussions were held regarding the future analysis regarding restricted funds and the plans for expenditure.

1.5 Cazenove (Schroders) Update

The Committee received a detailed Cazenove (nee Schroder's) report as at December 2021.

The market value of the fund as at 31st December 2021 is £592,609 (split between the multi asset fund and cash). This is compared to a historic cost value of £332,618. To date for the financial year investment income has been received of £13,286. In the previous financial year (2020/21) investment income of £17,504 was received.

Chairs Assurance Comments: The committee received assurance on the investment of fund balances via a written report from Shroeders. It was agreed that Cazenove would be invited to a future meeting of the Committee to present their report in more detail.

1.6 Fund balances and financial analysis

The Committee received the information on the fund balances and financial analysis as at 31st December 2021. It was reported that there has not been much financial activity bar the 4000-lottery income for 2021 to date. There was a sponsored 100-mile cycle ride organised by Solihull based Prologis UK who raised £5,500 and a donation to the Mother & Baby Suite of £1000 was also received

- Fund Balances total £544k
- Donations to December 2021 £25k (£10k Oct 21-Dec 21)
- Expenditure to December 2021 £168k (£52k Oct 21-Dec 21)

Chairs Assurance Comments: The report was really clear providing detailed analysis of income and spending. Real assurance and transparent reporting of financial transactions.

**WINSTON WEIR
NON EXECUTIVE DIRECTOR
20 JANUARY 2022**



CHARITABLE FUNDS COMMITTEE

TERMS OF REFERENCE

VALUES

The Committee will role model the Trust values:

Compassionate

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

Inclusive

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

Committed

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

1. AUTHORITY

- 1.1 The Charitable Funds Committee is constituted as a Standing Committee of the Board. Its constitution and terms of reference are as set out below, subject to amendment by the Board.
- 1.2 The Committee is authorised by the Board to request the attendance of individuals and authorities from within and outside the Trust with relevant experience and expertise as it considers necessary.

2. PURPOSE

- 2.1 The committee is authorised by Board to carry out any function within its Terms of reference.
- 2.2 The Committee is authorised to:
- perform any of the activities within its terms of reference
 - obtain outside professional advice and to secure the attendance of outsiders with relevant experience and expertise if it considers this necessary; and
 - make recommendations to the Trust Board for actions it deems necessary.

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

3. DUTIES

- 3.1 Ensure that individual fund objectives and spending plans are in keeping with the objectives, spending criteria and priorities set by the donors.
- 3.2 Obtain plans for all individual funds and approve if/when appropriate.
- 3.3 Ensure that donations and investment income or losses are attributed to individual funds appropriately.
- 3.4 Ensure that sources of income and the terms on which donations are received are acceptable to the Trustees.
- 3.5 Ensure that all funds are correctly allocated as restricted, unrestricted or designated, and accounted for accordingly. This analysis will differentiate between restricted, specific and the General charitable fund.
- 3.6 Recommend an investment advisor to the Trustees following appropriate tendering procedures and regularly monitor and review their performance.
- 3.7 Ensure that the investment policy for Charitable Funds set by the Trustees is implemented and that sufficient funds are kept readily available to meet planned requirements.
- 3.8 Ensure (through the Finance Department and accounting systems) that there is an appropriate system of control over income and expenditure, and that there are robust governance arrangements in place.
- 3.9 Ensure that the Standing Orders, Standing Financial Instructions and the Scheme of Delegation are appropriately interpreted for charitable funds.
- 3.10 Review the Charitable Funds annual accounts and comment/ recommend approval to the Trustees as appropriate.
- 3.11 Respond to requests from the Board of Trustees for review or investigation on relating to charitable funds.
- 3.12 To approve or reject bids for charitable funds having received advice from a sub-committee of members who will consider such bids.
- 3.13 The Committee will undertake an annual review of its performance against its work plan in order to evaluate the achievement of its duties.
This review will inform the Committees annual report to the Trust Board.

4. MEMBERS

Members

4.1 The membership of the Committee will be:

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

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

In Attendance

The following will be standing attendees of the Committee:

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

5. QUORACY

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

6. DECLARATION OF INTERESTS

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

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

7. MEETINGS

7.1 The committee shall meet four times per year.

8. ADMINISTRATION

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

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

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

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

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

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

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

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

9. REPORTING

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

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

Date Reviewed: January 2022

Approved by the Board: January 2022

Date of Review: January 2023

12. Finance, Performance & Productivity Committee Chair's Report

Meeting	BOARD OF DIRECTORS
Agenda item	12
Paper title	FINANCE, PERFORMANCE & PRODUCTIVITY COMMITTEE
Date	26 TH January 2022
Author	Russell Beale, Chair of FPP
Executive sponsor	Dave Tomlinson- Executive Director of Finance

This paper is for: [tick as appropriate]		
<input type="checkbox"/> Action	<input type="checkbox"/> Discussion	<input checked="" type="checkbox"/> Assurance

Executive summary
The report provides assurance to the Board of Directors on the discussions held at the Finance, Performance & Productivity Committee held on the 19 th January 2022.
Reason for consideration
For assurance
Paper previous consideration
<i>Not Applicable</i>
Strategic objectives
<i>Identify the strategic objectives that the paper impacts upon.</i> Sustainability
Financial implications
<i>Not applicable for this report</i>
Risks
<i>Financial risk relating to Reach Out provision is significant: management, mitigation and governance is still being worked on.</i>
Equality impact
Our values
Committed Compassionate Inclusive

REPORT FROM THE FINANCE, PERFORMANCE & PRODUCTIVITY COMMITTEE

1. ISSUES TO HIGHLIGHT WITH THE BOARD

The Finance, Performance & Productivity Committee met on the 19th January 2022 with a summary of the key discussions detailed below:

1.1 Storage and accessibility of contracts of employment

As part the Audit carried out by external auditors Mazars in June 2021, it was identified that when testing payroll/HR transactions, they were unable to obtain signed contracts for a number of individuals. There was a specific recommendation for the Trust to consider its current arrangements for maintenance of staff contracts to be held centrally to mitigate the risk of a data breach.

The Committee was informed that the initial time frame for completion was June 2023, however the 18 months' timeline was a guide figure which may need to be adjusted once the Trust returns to a business as usual.

Chair's Assurance Comments:

There is a project in place to scan and centralise all contracts – this takes management time as well as simple scanning resources and the Covid-19 pressures are making the completion timescales quite far out. We consider this to be appropriate given the pressures and risk profile, but have agreed to review it in 6 months time.

1.2 Financial Position

The Committee was informed that the month 9 2021/22 consolidated Group position is a surplus of £1.9m year to date. This is compared to a break-even plan. The surplus is mainly driven by a continuation of non-recurrent slippage on recruitment against new investment. The position includes a break-even position for the Reach Out Provider Collaborative.

The proposed most likely Group forecast outturn for 2021/22 is a surplus of £2m.

The system, along with all other NHS organisations were being asked for their assessments of the forecasted financial position. The submission made was a likely forecast of £2m which sat alongside the system submitting a forecast within a range of £28m. The two largest assumptions within the forecast included an assumption around annual leave and the financial implications of the mandatory vaccination programme. An additional pressure would relate to the additional payments made over the Christmas period in relation to COVID-19 and for example, top up payments for bank staff which resulted in significantly high costs for the incentive payments.

The finance team highlighted additional cost pressures which included energy bills, PFI contracts and the work relating to workforce establishments.

The 2022/23 Priorities and Operational Planning Guidance was issued on 24 December 2021. Given the pressures because of the Omicron variant, the planning timetable had been extended to the end of April 2022. A draft system revenue

envelope and 3 year capital envelope has been issued with ongoing discussions across the system regarding appropriate methodologies for allocating the envelope.

The Month 9 year to date Group capital expenditure is £3.6m, this is £2m less than plan. The Trust was behind plan in relation to the capital profile and assurance was sought at the Capital Review Group regarding ensuring the Trust was back on track by year end with one caveat regarding the disposal of Ross House which was a site in the south of the city which had been vacant for several years. The year to date underspend mainly relates to door set works and it was anticipated that this slippage will be recovered by year end.

It was reported that the month 9 Group cash position is £53m and it was noted that Reach-Out of £4.8m with cash levels at the same position as pre-pandemic.

Chair's Assurance Comments:

Systemically, the influx of government announcements on funding are not reconciled with the lack of potential staff or the timescales needed to address issues, and hence the surplus has arisen. We are working hard as a Trust internally and with our partners to ensure that we utilize this funding as effectively as possible, and are assured that all avenues continue to be explored. Overall the Trust is in a robust position.

1.3 Reach Out Commissioning Sub Committee Chair's Assurance Report

The Reach-Out Commissioning Sub Committee report was received following their meeting held on the 13th January 2022.

2. BOARD DEVELOPMENT SESSION: PERFORMANCE DASHBOARD

Following the Committee meeting, a development session was held for Board Members on the performance dashboard.

Chair's Assurance Comments:

The shortened main meeting - done to allow the development session - meant we did not discuss performance to any extent but the subsequent session gave other colleagues a good introduction to the statistical processes and trend management we have introduced and so provided them with knowledge to interpret the figures more effectively and access to the dashboard to allow them to drill into the data themselves, which will be beneficial. We note our thanks to the data team for both the explanations, the session, and their sterling work on the dashboard and these processes.

The discussions held were focused and offered good and broad challenge, coupled with wide-ranging responses from exec colleagues: it felt a very collective and shared process.

**RUSSELL BEALE
NON EXECUTIVE DIRECTOR**

13. Integrated Performance Report

Meeting	BOARD OF DIRECTORS
Agenda item	13
Paper title	INTEGRATED PERFORMANCE REPORT
Date	26 th January 2022
Author	Richard Sollars, Deputy Director of Finance Rob Grant, Interim Associate Director of Governance Hayley Brown, Workforce Business Partner Tasnim Kiddy, Associate Director Performance & Information
Executive sponsor	David Tomlinson, Executive Director of Finance

This paper is for (tick as appropriate):		
<input type="checkbox"/> Action	<input checked="" type="checkbox"/> Discussion	<input checked="" type="checkbox"/> Assurance

Executive summary & Recommendations:
<p>New sets of metrics are being finalised for all domains following approval of the Trust Strategy.</p> <p>The key issues for consideration by the Committees on which they need to provide assurance to the Board are as follows:</p> <ul style="list-style-type: none"> FPP – Out of area bed use, IAPT, CPA 12-month reviews, new referrals not seen, financial position and CIP People – Vacancies, shift fill rates, fundamental training, appraisal rates and sickness. Also the divergence in performance between different teams
Reason for consideration:
To assure the Committee of Trust delivery against its key performance indicators and priorities and seek support for recommended improvements.
Previous consideration of report by:
Executive Team and Performance Delivery Group
Strategic priorities (which strategic priority is the report providing assurance on)
Clinical Services, Quality, People and Sustainability



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

Integrated Performance Report

Context

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

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

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

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

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

Performance in December 2021

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

- **Out of Area Bed Use** – Some process improvements have helped us address underlying issues, but the impact of COVID-19 and the closure of beds has significantly impaired our ability to eliminate use of out of area beds. December's figure is 19 patients
- **Workforce measures in general** – There is a significant adverse variance against most of the set performance standards. While this has deteriorated as a result of COVID, the divergence between individual teams is of concern:
- **Financial position and CIP** – Financial position for 2021/22 is positive but outlook for 2022/23 is problematic

Quality

- A new set of Quality goals have been approved by IQC and have been implemented within the dashboard
- Incident reporting levels have been reducing for some time but remain above mean
- **Key concerns: None**

Performance

- The level of Out of Area Patients remains the main concern. The national requirement was for this to be eliminated by April, but this was renegotiated to September. The figure for December is 583 occupied bed days (18.9 patients). The elimination of acute bed days is anticipated in the next month or so, though PICU Out of Area stays will remain problematic
- IAPT patients seen within 6 weeks of referral has deteriorated to 29.5% and remains a real concern. It reflects large number of staff vacancies (11% - 16.1 WTE). This is being discussed

across BSol to identify how to address underperformance. Performance for within 18 weeks is also problematic at 76.0%

- The % of service users on CPA having a formal review in the last 12 months remains a worry at 87%
- New referrals not seen within 3 months are of concern and are little changed at 2,611
- **Key concerns: Out of Area, IAPT waiting times, CPA 12-month review and new referrals not seen in 3 months**

People

- The People domain continues to show the most significant adverse impact from COVID-19, with staff availability and well-being at particular risk and requiring most focus. Scores are of concern across the board
- Vacancies are little changed at 10.4% (454.2 WTE). Actual WTE in post at 3,879.2 WTE has changed little since Apr-21 (3,855.6)
- Sickness levels have remained at 6.6% and remain the highest since Jan-21. Variation: Psychology 2.1% v Urgent Care 10.4%
- Appraisals down to 81.2% and still significantly below pre-COVID levels and target. Variation: Psychology 46% on 28 people v AOT 97% on 94
- Fundamental training is down to 93.3% and temporary staffing is a particular issue (50% for IG training, lowest level since this has been separately analysed). Variation: Medical directorate 77% on 165 people v Birmingham Healthy Minds 95% on 147
- Bank and Agency fill rate down to 81.1%
- Rolling 12-month turnover continues to be better than plan
- Monthly agency expenditure reduced to £575,000 – November seems to be an anomaly
- **Key concerns: Vacancies, fundamental training, bank and agency fill rate, appraisal rates and sickness**

Sustainability

- The financial result to December shows a surplus of £1.9m, made up of under spends resulting from delays in recruitment against additional funding
- Cash and property standards remain well above target
- Cap Ex performance against plan remains a little down in month as a result of delays at start of year in agreeing capital programme but is starting to catch up. We expect to achieve planned outturn
- Information Governance position unchanged, still held back by training of temporary staff
- Single Oversight Framework now less relevant as ICS-equivalent metric will replace it
- **Key concerns: CIP under achievement impacting adversely on Operating Surplus, uncertainty regarding national financial ask**

Integrated Performance Dashboard


HOME


 PERFORMANCE


 PEOPLE


 QUALITY


 SUSTAINABILITY

Top Line Commentary (Trust level)

Performance: Out of Area and IAPT remain key problems

People: Continues to be adversely affected by COVID

Quality: Staff and Patient assaults

Sustainability: Savings plans yet to be identified

Division
 A: All v

A: All

December 2021

Performance

CPA 7 day FU	90.7%	↓
CPA with Formal Review last 12 mths	87.1%	↓
Data Quality Maturity Index (DQMI)	97.8%	↑
Delayed Transfer Bed Days	1070	
Delayed Transfer, percent of bed days	6.9%	↘
Eating disorders routine	100.0%	
Eating disorders urgent	100.0%	
First episode psychosis	100.0%	
IAPT into recovery	54.0%	
IAPT seen in 18 weeks	76.0%	↓
IAPT seen in 6 weeks	29.5%	↓
Out of Area Bed Days	583	↑
Referrals over 3 mths with no contact	2611	↓

People

Bank & Agency Fill Rate	81.1%	↓
Fundamental Training	93.3%	↓
Rolling 12m Turnover	9.6%	↑
Staff Appraisals	81.2%	↓
Staff Sickness	6.6%	↓
Staff Vacancies	10.4%	↓

Quality

Absconsions from inpatient units	3	
Commissioner reportable incidents	6	
Community confirmed suicides	0	
Community suspected suicides	0	
Failure to return	12	↑
Incidents of self harm	151	
Incidents resulting in harm (other)	14.9%	↑
Incidents resulting in harm (patients)	16.7%	↑
Inpatient confirmed suicides	0	
Inpatient suspected suicides	0	
Ligature no anchor point	42	
Ligature with anchor point	3	
Patient assaults	41	

Sustainability

CAP Ex	£1k	
Cash	£52,956k	↑
CIP	£374k	
Info Governance	84.4%	
Monthly Agency	£575k	
Operating Surplus	-£463k	
Property	98.5%	↑
SOF rating	2	↓

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

Integrated Performance Dashboard



**Birmingham and Solihull
Mental Health**
NHS Foundation Trust


HOME


PERFORMANCE


PEOPLE


QUALITY


SUSTAINABILITY

Division

A: All ▼

A: All

Measure	Latest Target	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	
CPA 7 day FU	95.00	90.0%	91.0%	91.8%	87.7%	88.9%	90.7%	↓
CPA with Formal Review last 12 mths	95.00	89.1%	89.2%	88.7%	87.2%	87.1%	87.1%	↓
Data Quality Maturity Index (DQMI)	95.00	97.4%	97.4%	98.4%	98.4%	98.5%	97.8%	↑
Delayed Transfer Bed Days		1232	1007	724	985	1006	1070	
Delayed Transfer, percent of bed days		7.8%	6.2%	4.7%	6.2%	6.5%	6.9%	↘
Eating disorders routine	95.00	100.0%	75.0%	100.0%	100.0%	100.0%	100.0%	
Eating disorders urgent	95.00	100.0%	0.0%	100.0%	100.0%	100.0%	100.0%	
First episode psychosis	60.00	85.7%	100.0%	100.0%	100.0%	100.0%	100.0%	
IAPT into recovery	50.00	52.3%	56.2%	51.4%	48.4%	49.2%	54.0%	
IAPT seen in 18 weeks	95.00	93.1%	91.6%	89.2%	81.8%	82.3%	76.0%	↓
IAPT seen in 6 weeks	75.00	32.9%	31.7%	28.1%	32.0%	30.5%	29.5%	↓
Out of Area Bed Days		572	652	613	430	591	583	↑
Referrals over 3 mths with no contact		2146	2322	2423	2578	2523	2611	↓

Top Line Commentary (Trust level)

KEY CONCERN:

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

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

Integrated Performance Dashboard

Board of Directors Part 1 Public Meeting


HOME


PERFORMANCE


PEOPLE


QUALITY


SUSTAINABILITY

Division

A: All ▼

A: All

Measure	Latest Target	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	
Staff Vacancies	6.00	9.9%	9.7%	9.8%	10.5%	10.5%	10.4%	↓
Staff Sickness	4.28	6.6%	6.1%	6.2%	6.5%	6.6%	6.6%	↓
Staff Appraisals	90.00	81.6%	81.5%	81.3%	80.9%	81.5%	81.2%	↓
Rolling 12m Turnover	11.00	9.5%	9.5%	9.6%	9.8%	9.8%	9.6%	↑
Fundamental Training	95.00	93.2%	93.4%	91.5%	92.3%	93.4%	93.3%	↓
Bank & Agency Fill Rate	95.00	83.8%	82.9%	80.6%	84.3%	82.5%	81.1%	↓

Top Line Commentary (Trust level)

KEY CONCERNS

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

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

Integrated Performance Dashboard

Board of Directors Part 1 Public Meeting

compassionate
inclusive
committed

HOME

PERFORMANCE

PEOPLE

QUALITY

SUSTAINABILITY

Division

A: All ▼

A: All

Measure	Latest Target	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21
Abscensions from inpatient units		3	6	4	10	2	3
Commissioner reportable incidents		8	4	7	5	7	6
Community confirmed suicides		0	0	0	0	0	0
Community suspected suicides		1	3	4	1	1	0
Failure to return		12	11	16	17	11	12 ↑
Incidents of self harm		245	124	123	170	163	151
Incidents resulting in harm (other)		13.0%	16.3%	15.4%	15.3%	15.9%	14.9% ↑
Incidents resulting in harm (patients)		16.0%	15.0%	16.2%	14.4%	15.2%	16.7% ↑
Inpatient confirmed suicides		0	0	0	0	0	0
Inpatient suspected suicides		0	0	0	0	0	0
Ligature no anchor point		78	20	39	57	39	42
Ligature with anchor point		2	2	0	2	3	3
Patient assaults		28	64	44	54	47	41
Patient assaults / 1000 OBD		1.5	3.3	2.3	2.8	2.5	2.2

Top Line Commentary (Trust level)

KEY CONCERNS

- * Staff and patient assaults

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

Integrated Performance Dashboard

Board of Directors Part 1 Public Meeting

compassionate **inclusive** **committed**

HOME

PERFORMANCE

PEOPLE

QUALITY

SUSTAINABILITY

Division

A: All ▼

A: All

Top Line Commentary (Trust level)

KEY CONCERNS

* Staff and patient assaults

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

Measure	Latest Target	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21
Incidents resulting in harm (patients)		16.0%	15.0%	16.2%	14.4%	15.2%	16.7% ↑
Inpatient confirmed suicides		0	0	0	0	0	0
Inpatient suspected suicides		0	0	0	0	0	0
Ligature no anchor point		78	20	39	57	39	42
Ligature with anchor point		2	2	0	2	3	3
Patient assaults		28	64	44	54	47	41
Patient assaults / 1000 OBD		1.5	3.3	2.3	2.8	2.5	2.2
Physical restraints		240	235	275	265	213	214 ↑
Physical restraints/ 1000 OBD		12.5	12.1	14.7	13.8	11.4	11.4
Prone restraints		42	57	64	54	55	36 ↑
Prone restraints/ 1000 OBD		2.2	2.9	3.4	2.8	2.9	1.9 ↑
Reported incidents		2253	2066	1926	2080	1918	2045 ↓
Staff assaults		91	103	89	85	81	83
Staff assaults / 1000 OBD		4.8	5.5	4.6	4.4	4.3	4.4

Integrated Performance Dashboard



Division

A: All ▼

A: All

Measure	Latest Target	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21
CAP Ex		£176k	£427k	£763k	£420k	£590k	£1k
Cash		£34,188k	£37,630k	£36,798k	£51,192k	£51,252k	£52,956k ↑
CIP		£0k	£0k	£0k	£0k	£748k	£374k
Info Governance	100.00	86.6%	88.2%	88.8%	91.4%	92.1%	84.4%
Monthly Agency		£478k	£441k	£542k	£603k	£667k	£575k
Operating Surplus		-£651k	£555k	£2,626k	-£768k	-£645k	-£463k
Property	95.00	98.5%	98.5%	98.5%	98.5%	98.5%	98.5% ↑
SOF rating		2	2	2	2	2	2 ↓

Top Line Commentary (Trust level)

KEY CONCERNS:

- * CIP under achievement
- * National financial uncertainty

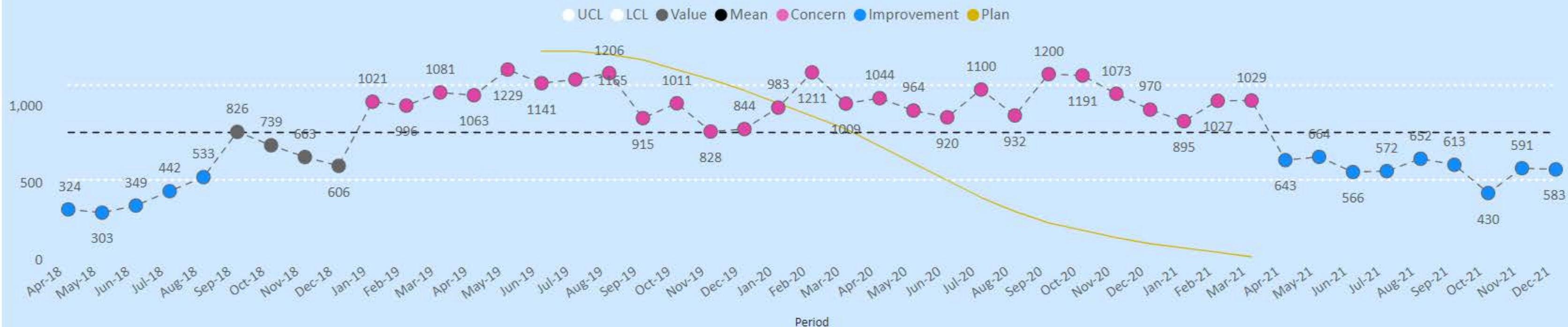
	Not meeting target
↑	significant IMPROVEMENT
↓	significant CONCERN
↗	possible improvement
↘	possible concern



Out of Area Bed Days



Statistical Process Control (SPC)



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

Division	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21
A: All	572	652	613	430	591	583
B: Acute and Urgent Care	572	652	613	430	591	583

Commentary

Key areas of the out of area implementation plan have continued to be implemented and in April 2021, a significant reduction in the number of OBDs was achieved, down to 643, below pre covid levels and the lowest number in the previous 16 months. Further reduction in OBDs has been achieved with December at 583. The number of new OOA admissions has reduced from 13 in November to 11 in December taking the full month's number to 30 OOA placements.

From the 1st October 2021 NHSE have agreed a Standard Operating Protocol (SOP) to enable 10 Priory acute beds based in Willenhall to be classified as 'appropriate placements' for 6 months until 31st March 2022 in addition to the same classification for the MERIT beds. Internal reporting and commissioner reporting from 1st October 2021 has been amended to reflect this change. However, it should be noted that national reporting via the Mental Health Services Dataset (MHSDS) managed by NHS Digital currently does not recognise the bespoke arrangements agreed via NHSE/I. Discussions are taking place with NHSE/I leads as to how these changes can be reflected in national MHSDS submissions as the Priory beds at Willenhall will continue to be classified as 'inappropriate'. As a result, until this issue



Out of Area Bed Days

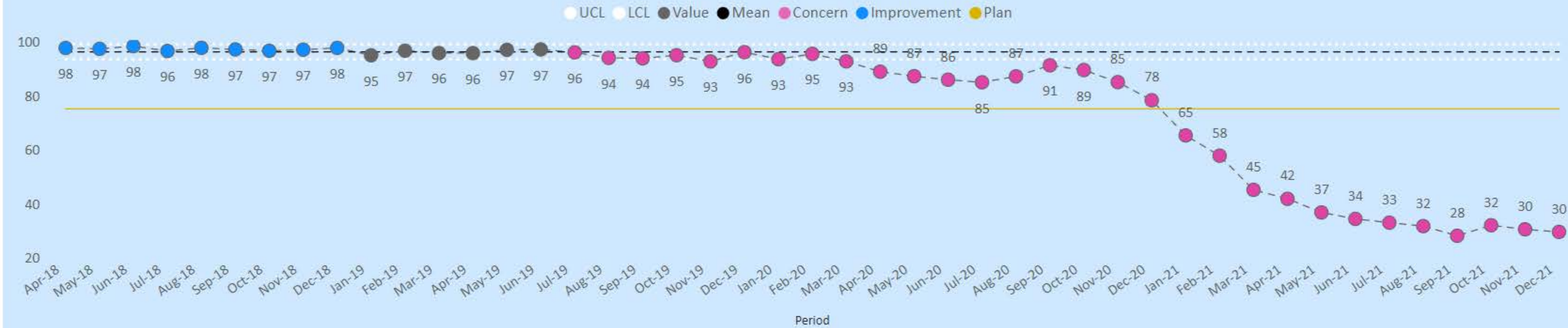
Question	Answers
A: What has happened?	<p>Key areas of the out of area implementation plan have continued to be implemented and in April 2021, a significant reduction in the number of OBDs was achieved, down to 643, below pre covid levels and the lowest number in the previous 16 months. Further reduction in OBDs has been achieved with December at 583. The number of new OOA admissions has reduced from 13 in November to 11 in December taking the full month's number to 30 OOA placements.</p> <p>From the 1st October 2021 NHSE have agreed a Standard Operating Protocol (SOP) to enable 10 Priory acute beds based in Willenhall to be classified as 'appropriate placements' for 6 months until 31st March 2022 in addition to the same classification for the MERIT beds. Internal reporting and commissioner reporting from 1st October 2021 has been amended to reflect this change. However, it should be noted that national reporting via the Mental Health Services Dataset (MHSDS) managed by NHS Digital currently does not recognise the bespoke arrangements agreed via NHSE/I. Discussions are taking place with NHSE/I leads as to how these changes can be reflected in national MHSDS submissions as the Priory beds at Willenhall will continue to be classified as 'inappropriate'. As a result, until this issue is resolved, there will be a difference between national reporting using MHSDS as the data source and local Trust reporting. Commissioners are also aware of this anomaly.</p>
B: Why has it happened?	<p>The observed reductions are a combination of a range of actions that are being implemented within the urgent and acute care service including the daily bed state review meetings, weekly multi agency meetings, implementation of the crisis houses, use of respite beds and targeted support and action via the 2 discharge coordinators to review complex cases. In addition, additional bed capacity has been purchased with support from commissioners is being utilised. The additional investment includes the procurement of 22 additional beds with the Priory, 12 PICU and 10 acute beds. Latest available national benchmarking data continues to identify the Trust as having one of the lowest number of adult acute beds per 100,000 weighted population. During December there have been a number of covid outbreaks on inpatient wards which have resulted in them closing to new admissions which has applied additional pressure. Of the new OOA placements in December, 5 were for acute beds and 6 were PICU admissions.</p>
C: What are the implications and consequences?	<p>Without a system wide approach and a review of patient flow across MH pathways, demand will continue to exceed capacity and risks to patients and staff potentially increasing without the reconfiguration of services needed to manage demand and manage patients in community teams that have the staffing and skill mix levels to support. The bed waiting list identifies patients who are waiting to be admitted and are being risk managed in the community. Action plans receive national and commissioner scrutiny which will increase if the Trust is unable to demonstrate continuing progress.</p>
D: What are we doing about it?	<p>See above for actions being taken. The out of area reduction plan is continuing to be implemented to support the repatriation of patients and increase the flow within existing trust beds. Additional bed capacity has been commissioned with commissioner support, and NHSE have agreed that Standard operating Protocol (SOP) to enable the 10 Priory acute beds based in Willenhall to be classed as 'appropriate placements' from 1st October 2021 for 6 months until 31st March 2022. The 12 PICU beds purchased from the Priory will continue to be classified as 'out of area' due to geographical distance. Longer term options include the potential for a capital build solution which is at an exploratory stage.</p>
E: What do we expect to happen?	<p>Monthly use of Out of area beds is expected to continue but reducing as the range of actions get implemented and embedded and more recently as a result of the SOP agreed with NHSE. However, it should be noted that the service is currently facing significant Covid-19 pressures in terms of outbreaks on wards and impact on staff sickness absence levels.</p>
F: How will we know when we have	<p>When the numbers of OOA bed days reduce in line with the trajectory submitted in the action plan. Operational meetings have continued to take place to maintain the implementation</p>



IAPT seen in 6 weeks



Statistical Process Control (SPC)



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

Division	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21
A: All	32.9%	31.7%	28.1%	32.0%	30.5%	29.5%
E: Specialties	32.9%	31.7%	28.1%	32.0%	30.5%	29.5%

Commentary

Performance has been on a reducing trend since March 2020 below the 75% target. December 2021 has shown a further slight decrease from the previous month to 29.51%.

The service has a large number of vacancies which are difficult to recruit to which has made it difficult to offer appointments in a timely way. The majority of contact with service users remains via telephone and this is not always the most suitable form of contact and there is limited physical space in primary care to offer face to face appointments.



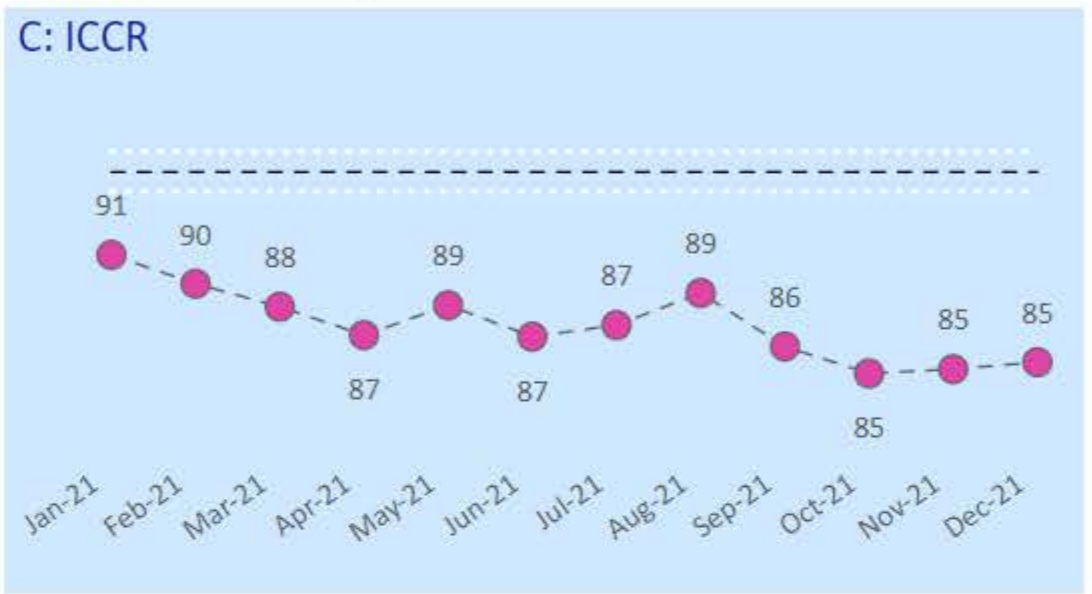
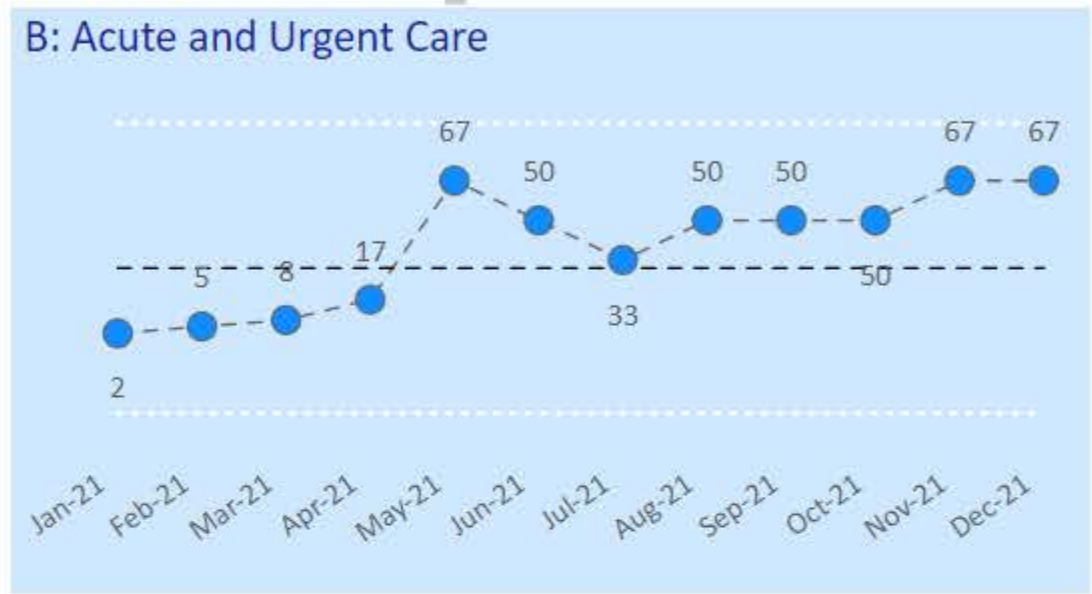
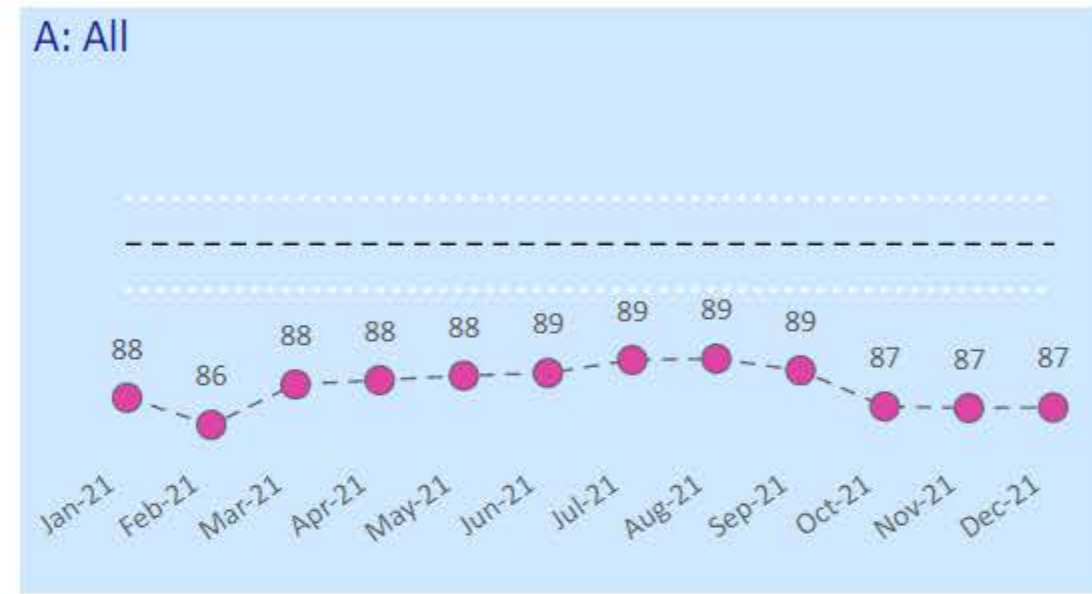
Dec - 2021

IAPT seen in 6 weeks

Question	Answers
A: What has happened?	Performance has been on a reducing trend since March 2020 below the 75% target. December 2021 has shown a further slight decrease from the previous month to 29.51%. The service has a large number of vacancies which are difficult to recruit to which has made it difficult to offer appointments in a timely way. The majority of contact with service users remains via telephone and this is not always the most suitable form of contact and there is limited physical space in primary care to offer face to face appointments.
B: Why has it happened?	Ability to see patients face to face has been impacted by Covid as access to GP surgeries and community facilities were stopped. Face to face contacts have increased in BHM premises but need to be undertaken in a COVID secure way and capacity is reduced in number. The service has a large number of vacancies with additional challenges around retention, with staff leaving to take further training or moving to posts which attract higher bandings elsewhere.
C: What are the implications and consequences?	In response to the COVID impact, NHSE/I and commissioners issued support recognising that performance in complying with national standards may be impacted and that performance would therefore be monitored from an assurance perspective during this time. Timely access to IAPT services aims to support service users in managing their anxiety and depression and to enable adoption of recovery/management strategies to improve long-term outcomes including reduced need for mental health services in the future.
D: What are we doing about it?	A system wide forum has been set up with the support from the national IAPT team which will bring together providers and the lead IAPT commissioner to work on an integrated approach to IAPT across BSol and to address how we can work together to address demand and capacity. A number of strands of work have been identified both internal and external. Internally: a communications strategy to support increasing activity, HR support to help address the workforce issues and ongoing review of ability to provide groups and face to face activity is being reviewed. Externally: A review of Long term conditions pathway, prioritising where additional investment can be focused and ongoing review through IAPT forum with regional IAPT team.
E: What do we expect to happen?	To slowly increase the face to face offer and increase capacity.
F: How will we know when we have addressed issues?	The waiting times will be equal to or be above the 75% target.



CPA with Formal Review last 12 mths



Key

- UCL
- LCL
- Value
- Mean
- Concern
- Improvement



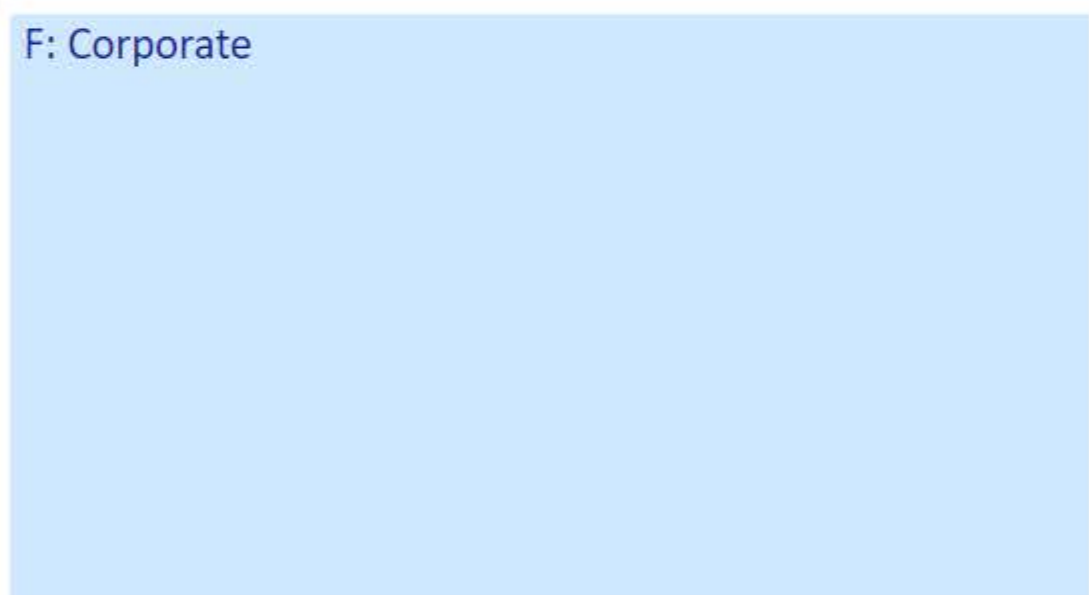
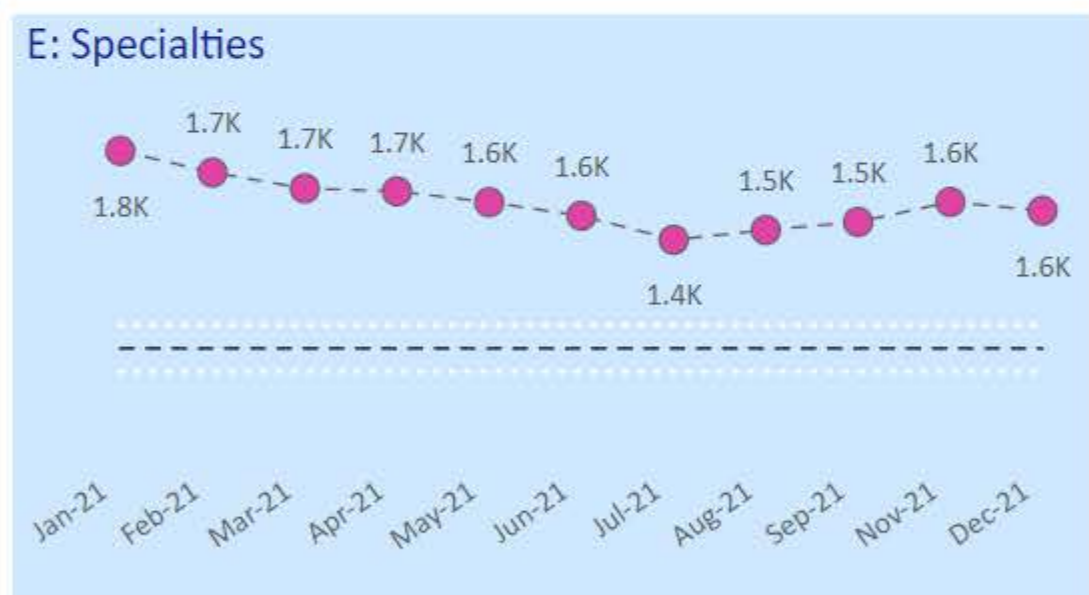
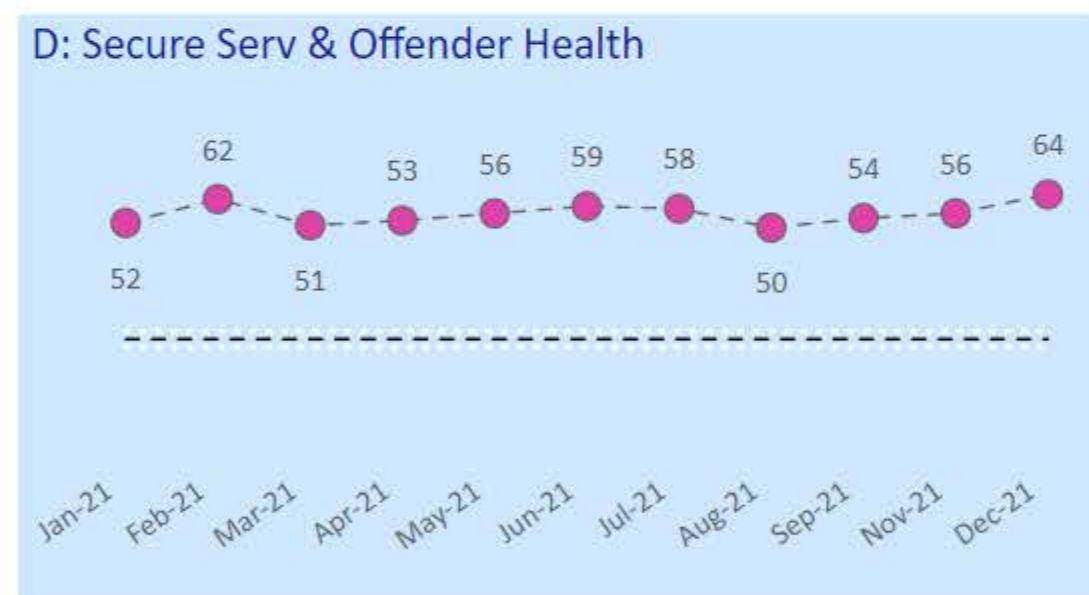
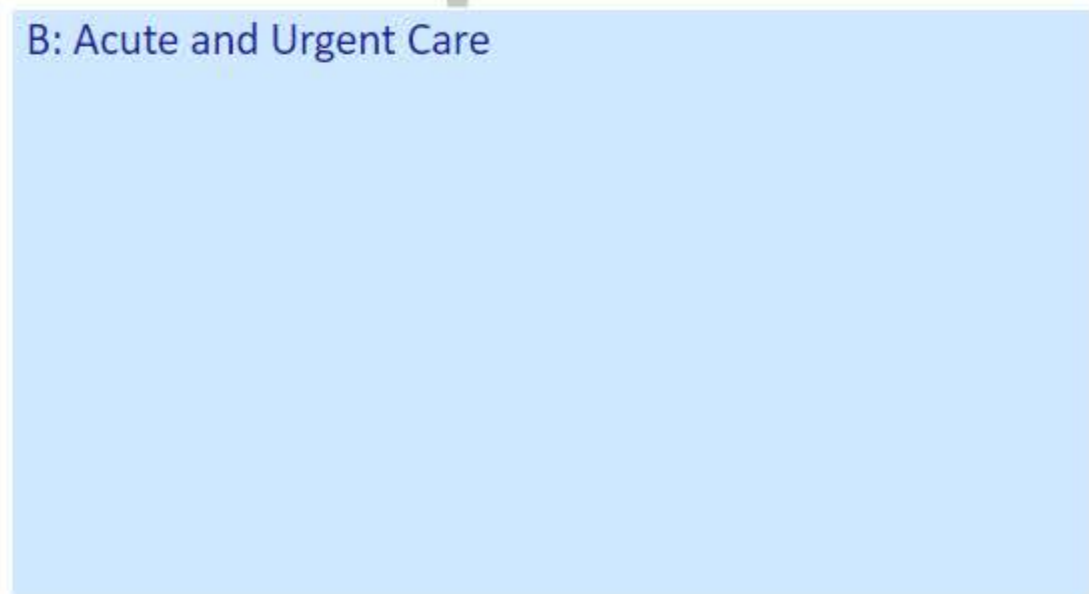
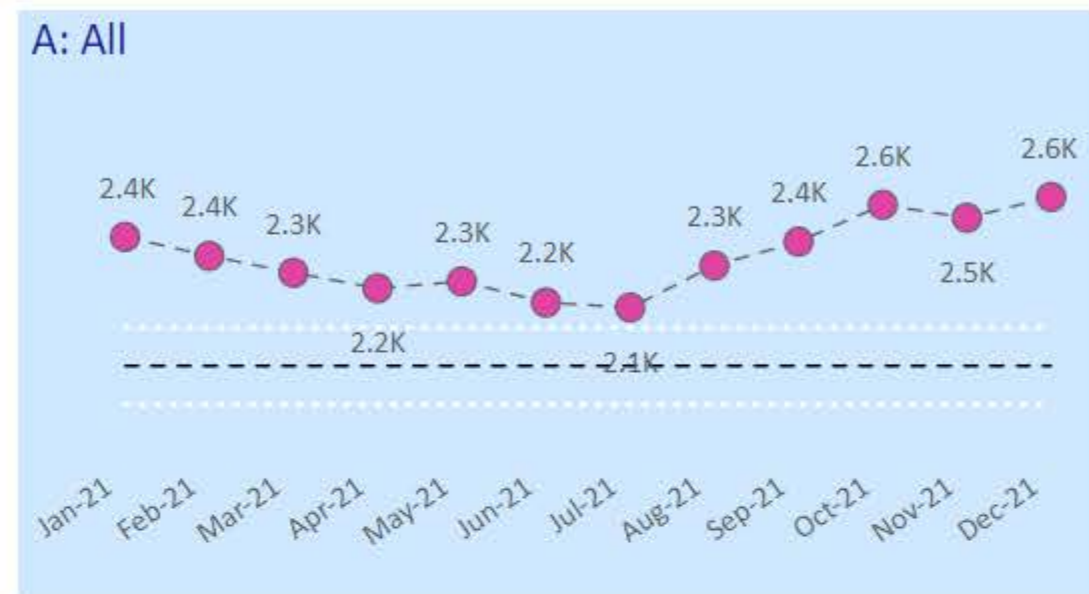
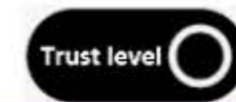
Dec - 2021

CPA with Formal Review last 12 mths

Question	Answers
A: What has happened?	Performance has consistently declined over the last year and has been outside the control limits since July 2019. The rate has been sustained at an average of 89% since April 21 but has reduced in October and November to 87% which has been sustained in December. Adult CMHT account for 57%, older adult CMHT for 4%, Secure for 14% and AOT for 21%.
B: Why has it happened?	During the COVID period face to face contacts have reduced with staff using digital solutions such as AccuRx and telephone calls to conduct appointments. Meetings with multiple people cannot take place unless co-ordinated on teams and remains challenging at the moment. The increase in performance in April to date is due to data quality work within Home treatment, Specialties and Secure care to close down CPA details for patients who have been discharged or updating the care level to care support.
C: What are the implications and consequences?	Carrying out as a minimum an annual CPA review is key to ensuring that the service user's care plan is updated to reflect changes in service users' needs, care and support requirements.
D: What are we doing about it?	Exception reports outlining service users coming up for their annual CPA review are available to all teams to enable proactive action in advance of the 12 months expiring. Work has taken place in to address data quality issues in HTT, specialties and secure care. A further review of outstanding reviews has taken place in November and identified a number of CPA reviews which have taken place in external settings but not recorded on Rio. A plan to strategically review the CPA process including care plans has commenced with plans to introduce a new care plan in line with changes outlined in national guidance. Changes to the process in the community will be based on clinical models developed as part of the transformation work and in line with the NHSE statement on CPA.
E: What do we expect to happen?	Due to current circumstances and challenges to conduct appointments, the position is unlikely to improve.
F: How will we know when we have addressed issues?	Currently part of ongoing strategic service review discussions.



Referrals over 3 mths with no contact



Key

- UCL
- LCL
- Value
- Mean
- Concern
- Improvement



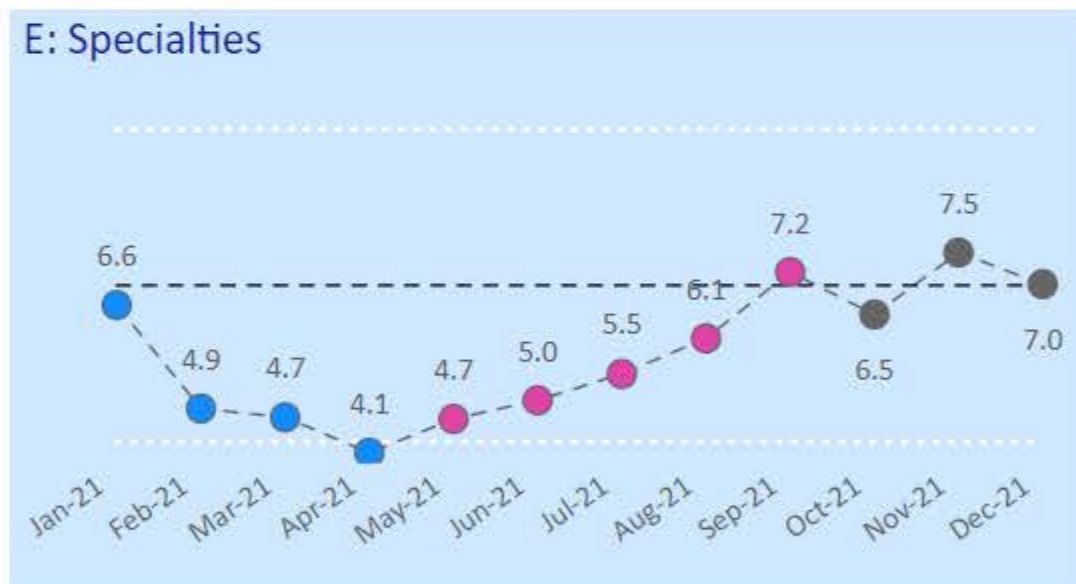
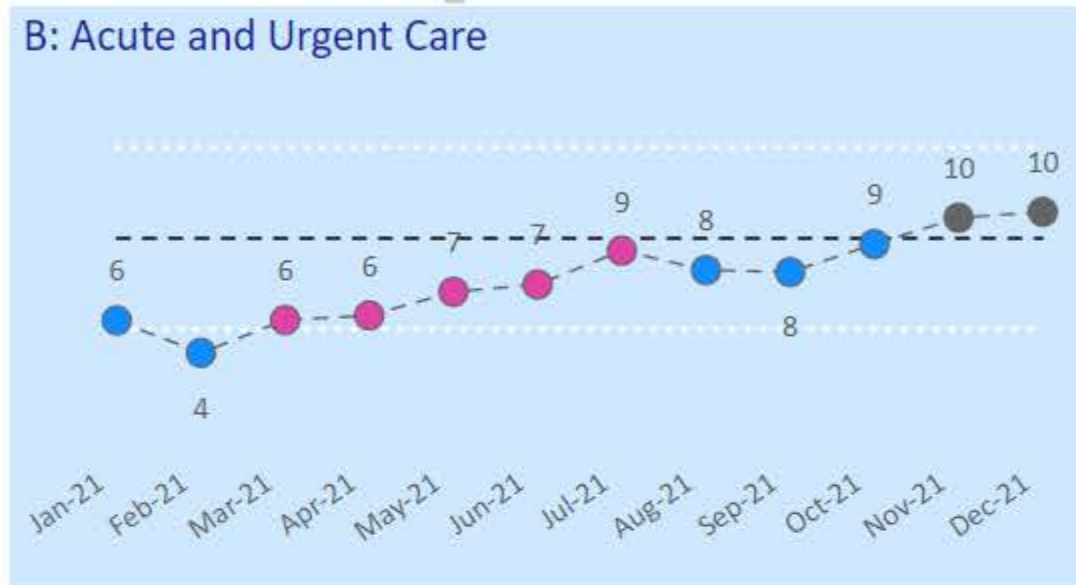
Dec - 2021

Referrals over 3 mths with no contact

Question	Answers
A: What has happened?	<p>The number of new referrals without a contact had been on an increasing trend pre Covid due to demand exceeding available capacity, with pressures in CMHTs and the neuropsychiatry service in particular.</p> <p>The number of patients who have not been seen after 3 months of referral at April 2021 was 2227. August onwards has shown a steep increase reaching 2578 in October which then fell slightly in November before increasing again to a peak of 2611 in December. The number of referrals not seen within 3 months of referral have increased in all services with the exception of SOLAR which has shown a slight decrease. It should be noted that changes have been made to the reporting to take into account alternative contact methods with service users e.g. telephone and video (introduced from April 2020) and this has been applied retrospectively. Neuropsychiatry service accounts for 30% and Adult CMHTs 22% of referrals open for over 3 months without a contact.</p>
B: Why has it happened?	<p>During the COVID period, face to face contacts have reduced with staff using telephone contact and digital solutions such as AccruRx to conduct appointments. Based on available research, it is expected that the backlog of service users not seen or choosing not to access services during the Covid period together with new demand arising as a result of the impact from Covid -19 will result in increased referrals to CMHTs adding pressure on ability to see service users within 3 months of referral. 50% of older adult CMHT patients are being treated in care homes and contact with carers BUT not directly with service users due to Covid impact and these remain on the waiting list although care has commenced.</p>
C: What are the implications and consequences?	<p>This represents the number of referrals that have been open for more than 3 months without an appropriate contact being recorded and is indicative of the waiting time experienced by service users. Late data entry in outcoming appointments will impact on this measure.</p>
D: What are we doing about it?	<p>Reviewing patient flow and activities as part of strategic management of demand and capacity informed by service user need and staffing levels/skill mix to support. New ways of working and alternative methods of contact are being taken into account to manage the demand. Work is being undertaken to review the long waiters within both adult and older adult CMHTs.</p>
E: What do we expect to happen?	<p>This represents the number of referrals that have been open for more than 3 months without an appropriate contact being recorded and is indicative of the waiting time experienced by service users. Late data entry in outcoming appointments will impact on this measure.</p>
F: How will we know when we have addressed issues?	<p>Currently part of ongoing strategic service review discussions.</p>



Staff Vacancies



Key

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

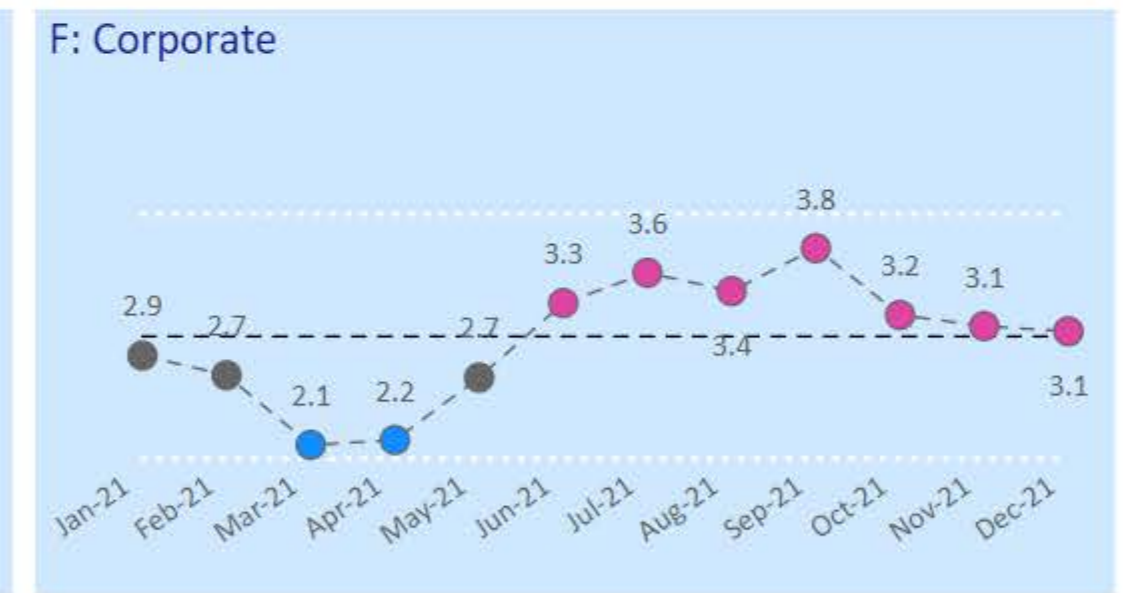
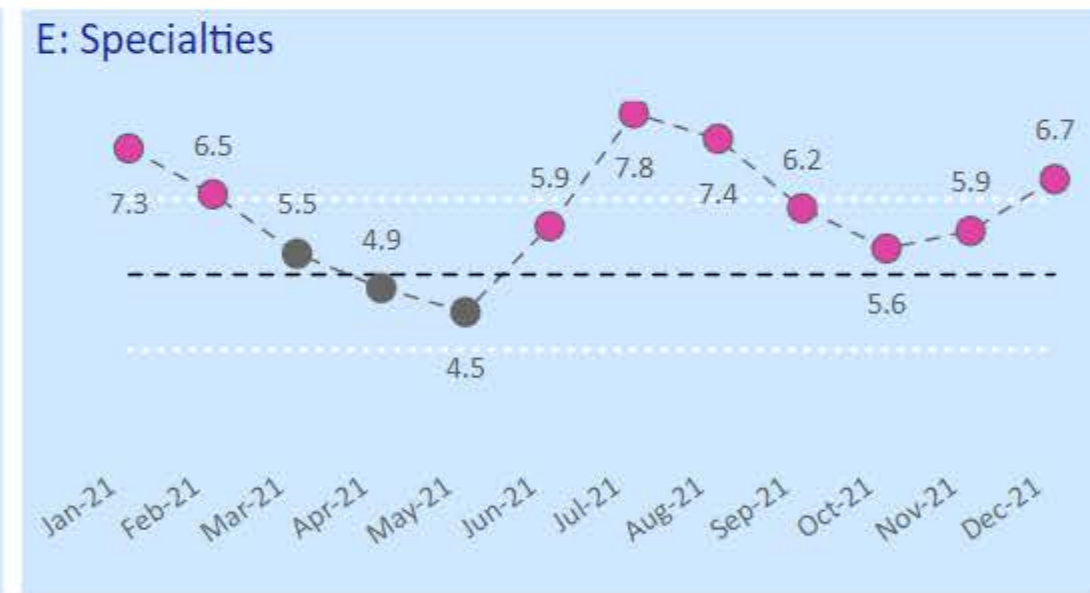
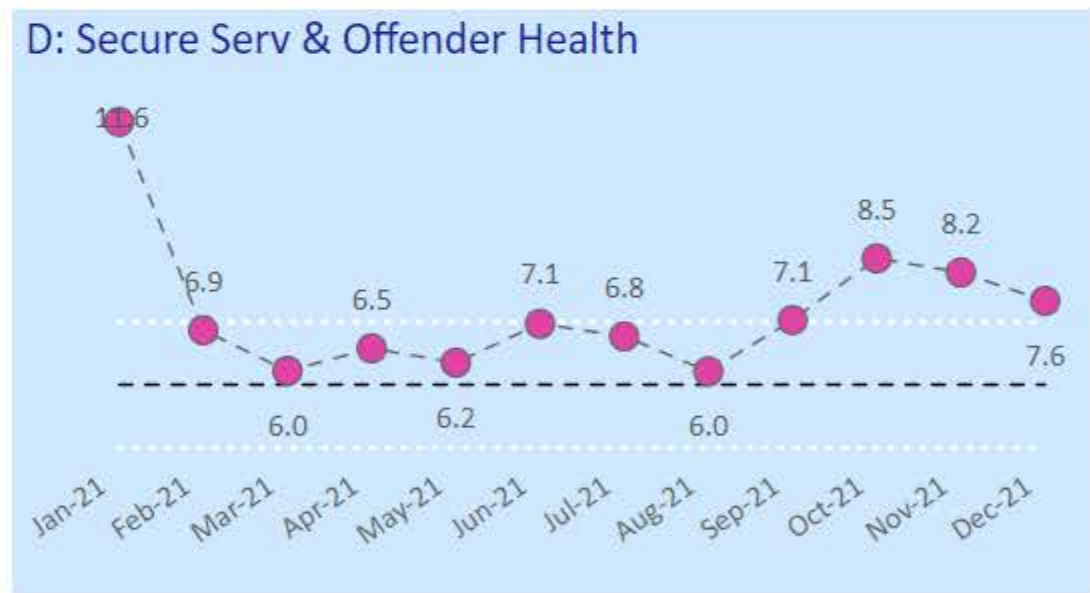
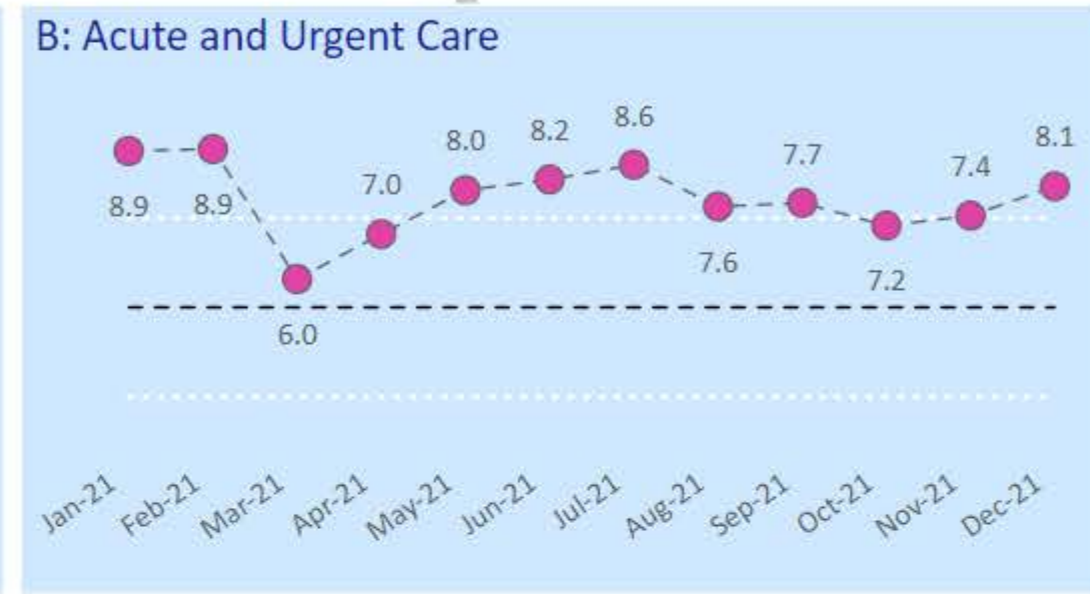


Staff Vacancies

Question	Answers
A: What has happened?	The vacancy rate decreased slightly in December to 10.5% and is above the KPI target of 6.0%. Vacancy rates have fluctuated over the last 12 months with an overall increase in vacancies since April 2020 when vacancies stood at 7.8%. The vacancy breakdown by division is as follows: Secure Services and Offender Health – 8.8%; Specialties – 9.4%; Acute and Urgent Care – 13.4%; and ICCR – 13.7%.
B: Why has it happened?	The vacancy rate has remained consistent because there has been no changes to the establishment between October and November.
C: What are the implications and consequences?	Nationally there is a shortage of registered nurses and this is reflected in our local data; Band 5 nurses particularly are a key concern with a high vacancy rate (36.3% for December). Whilst the vacancy rate has improved in some areas, there is a variance in rates across teams and staff groups and it is important to note areas are experiencing severe staffing level challenges - lower staffing levels has an impact on the Trust's ability to provide high quality patient care and increases reliance on bank and agency usage – this in turn impacts continuity of care for patients. BAF Risk Fails to develop an inclusive and compassionate working environment, resulting in failure to attract talent.
D: What are we doing about it?	The "I Can" programme being run across the ICS will aim to support unemployed people across Birmingham and Solihull into entry-level roles has launched. We hope to start filling our entry-level roles with candidates from the pool later this month. We continue to work with operational areas to convert long term temporary staffing bookings into substantive offers of employment. Following the Safer Staffing Committee there are tangible actions and focus around our nursing supply We are still awaiting feedback from our joint bid with the ICS around funding for International Recruitment. This system-wide approach should be beneficial to us in terms of support, pastoral care and some of the challenges with the mental health specialism.
E: What do we expect to happen?	There are national supply issues in relation to certain staff groups e.g., registered nurses and IAPT meaning we do need to recognise that this will limit the improvements that can be made in relation to vacancy rates. However targeted work ongoing across the Trust should mean we see a reduction in vacancy rates over time.
F: How will we know when we have addressed issues?	Reduction in vacancy rate and maintenance of the vacancy rate at below the 6% Trust target.



Staff Sickness



Key

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

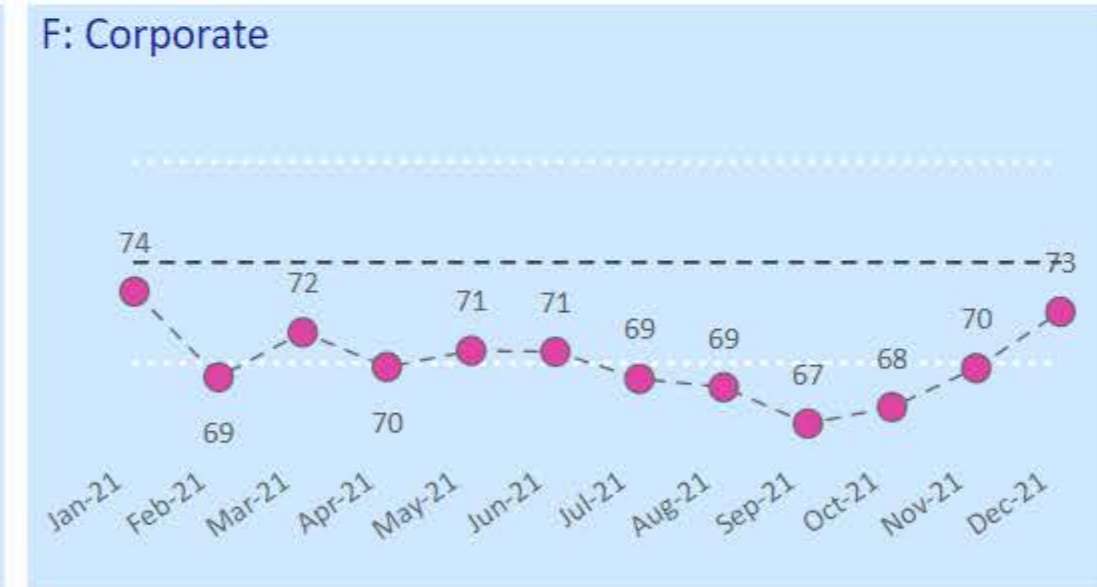
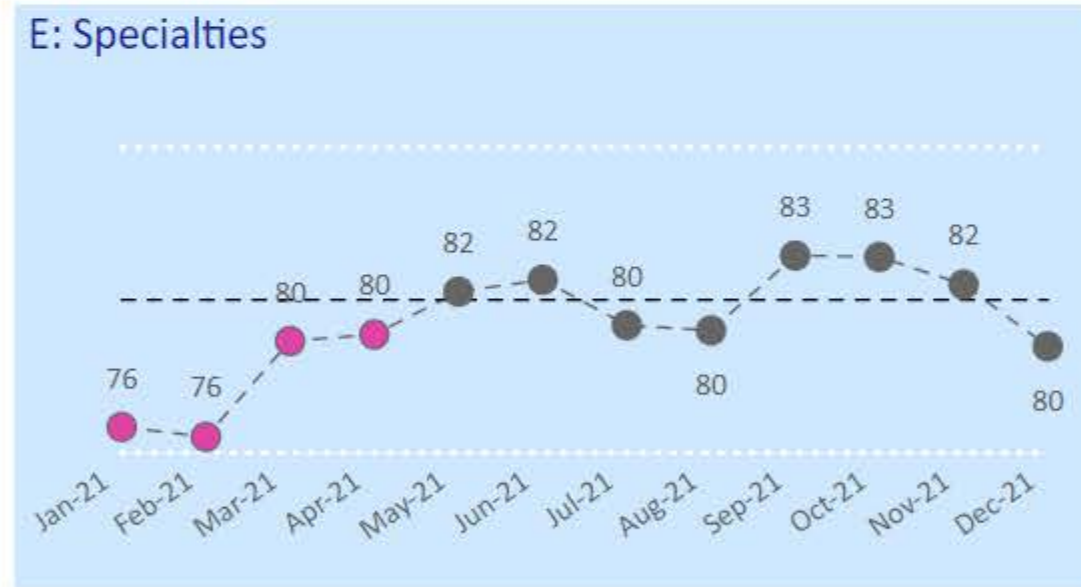
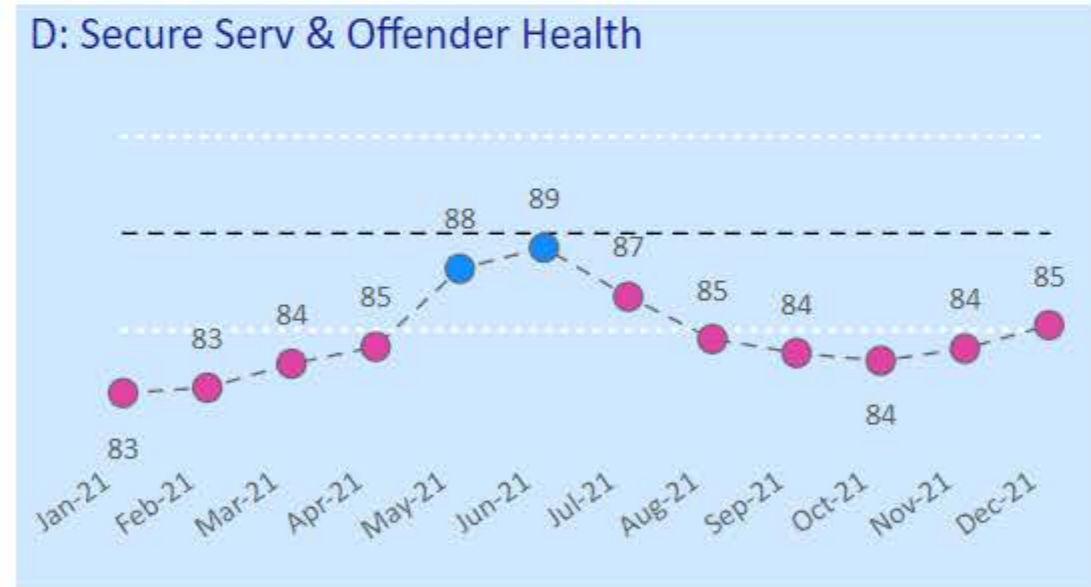
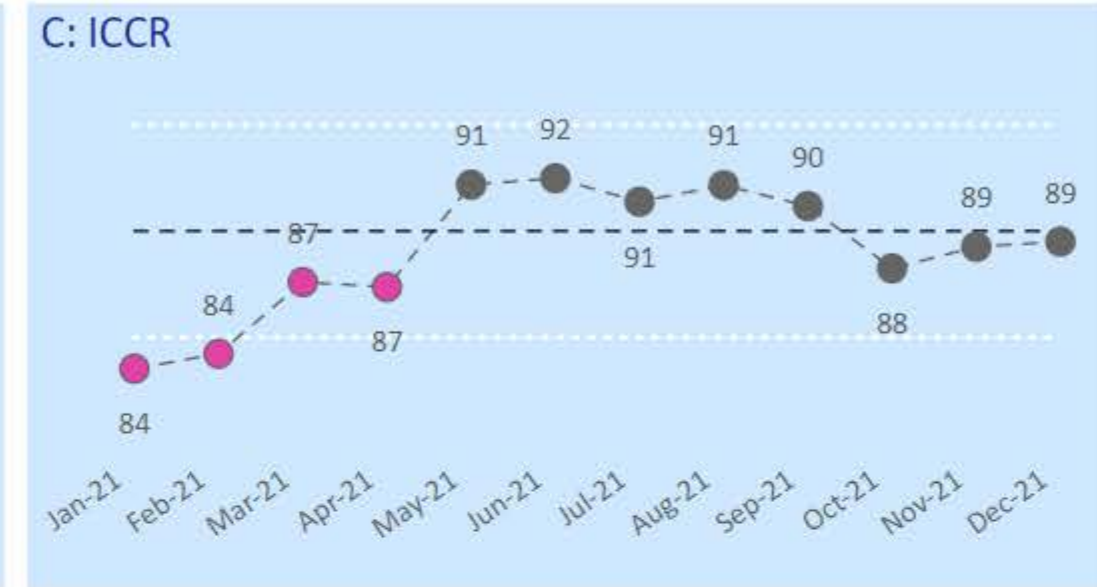
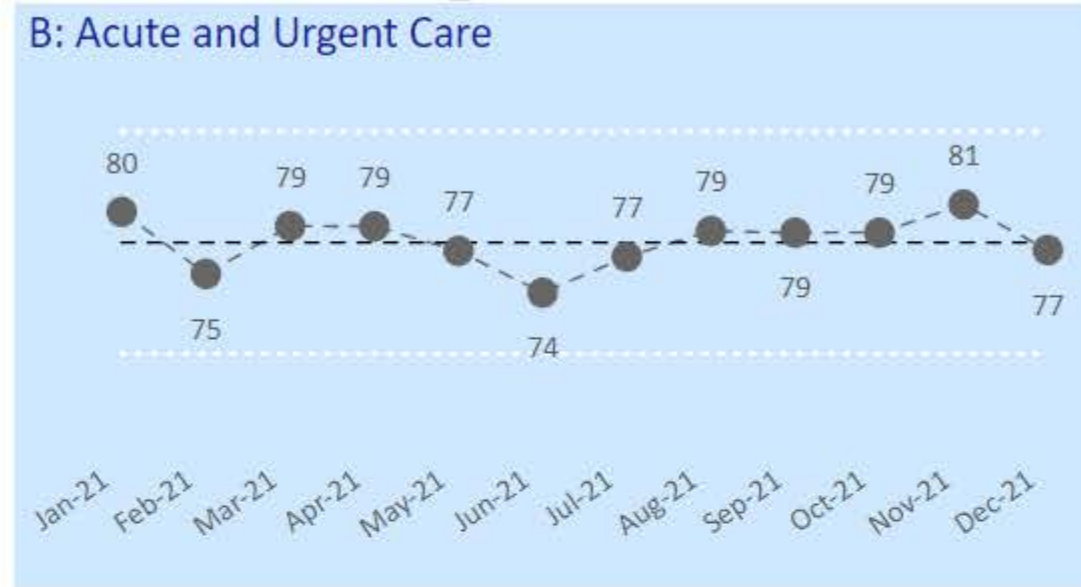
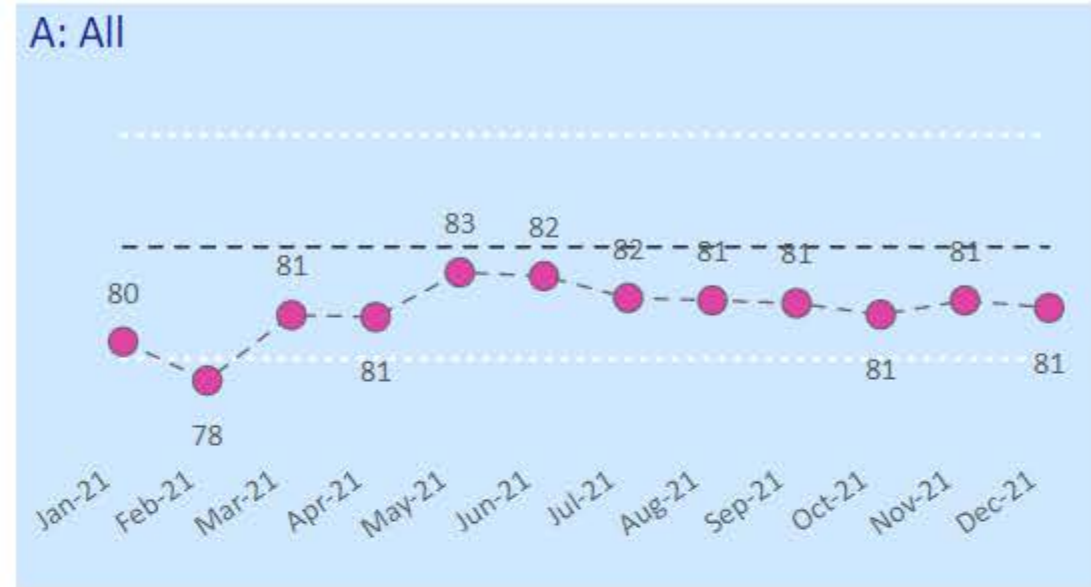
Dec - 2021

Staff Sickness

Question	Answers
A: What has happened?	Sickness absence decreased to 6.58% in December from 6.6% in November. Non-covid related sickness absence slightly decreased by 0.43% which accounts for the overall decrease whilst Covid-19 related sickness absence increased slightly to 1.3% in December from 0.90% in November. There was a decrease in short term sickness absence by 0.38% whilst long term sickness absence increased by 0.36%. Overall sickness absence rates by division for November are as follows: Specialties – 6.81%; ICCR – 7.32%; Secure Services and Offender Health – 7.65%; and Acute and Urgent Care – 7.51%.
B: Why has it happened?	Covid related sickness increased in December, following a drop in November. Covid-19 related sickness accounted for 19.8% of all sickness in December compared to 13.6% in November, 12% in October, 26% in September, 19% in August, 17% in July, 14.3% in June, 16.9% in May, 18.1% in April, 21.3% in March, 35.0% in February and 41.4% in January. This will continue to be monitored in light of the new Omicron strain and the potential impact of this on staffing levels. The top specified reasons for sickness absence in December were cold, cough, flu – influenza (accounting for 27.5% of all sickness absence which is an increase from November); Anxiety/stress/depression/other psychiatric illness ; Gastrointestinal problems; and chest and respiratory problems.
C: What are the implications and consequences?	Continuity of care for patients is affected and reliance on bank and agency staff increases. Lower staffing levels due to high sickness absence also has an impact on safe staffing levels, workload and health and wellbeing of staff. BAF Risk: Fails to develop an inclusive and compassionate working environment, resulting in increase levels of sickness. Fails to look holistically at flexible and transformative workforce models used across all services, resulting in a failure to take opportunities where positive gains are possible Fails to deliver its ambition to transform the culture and sponsor, implement, support, and monitor a multidisciplinary values-based leadership framework developing the right capabilities, resulting in an underperforming workforce
D: What are we doing about it?	The People Partners/Senior People Partners have been asked to create a sickness absence action/recovery plan for each of their service areas, working in conjunction with operational leads to reduce the sickness rates. These are due to be reviewed and an update provided ahead of the People Committee in February. The Team are also looking at re-introducing bite size training for managers around sickness absence monitoring whilst the full training has been stood down during the pandemic, in the meantime the 'How to Manage Sickness Absence' has been updated and will be available on Connect as a quick reference guide for managers. Monthly meetings with managers are being held with the People Advisors/People Managers as a support measure in managing sickness absence. Weekly reports are being produced on the impact of Long Covid on our staff, with cases carefully managed to ensure individuals are receiving the right support. Long Covid cases are being referred for OH advice on whether IHR is a potential option. The Flexible Working policy has been reviewed in line with Agenda for Change to encourage a good work-life balance which is important for health and wellbeing and is currently going through the ratification process. The Attendance and Wellbeing Policy (Previously known as Sickness Absence Policy) is currently under review and will be circulated for consultation in January 2022. The title and content has been changed to ensure a focus is more on preventative and wellbeing interventions



Staff Appraisals



Key

- UCL
- LCL
- Value
- Mean
- Concern
- Improvement

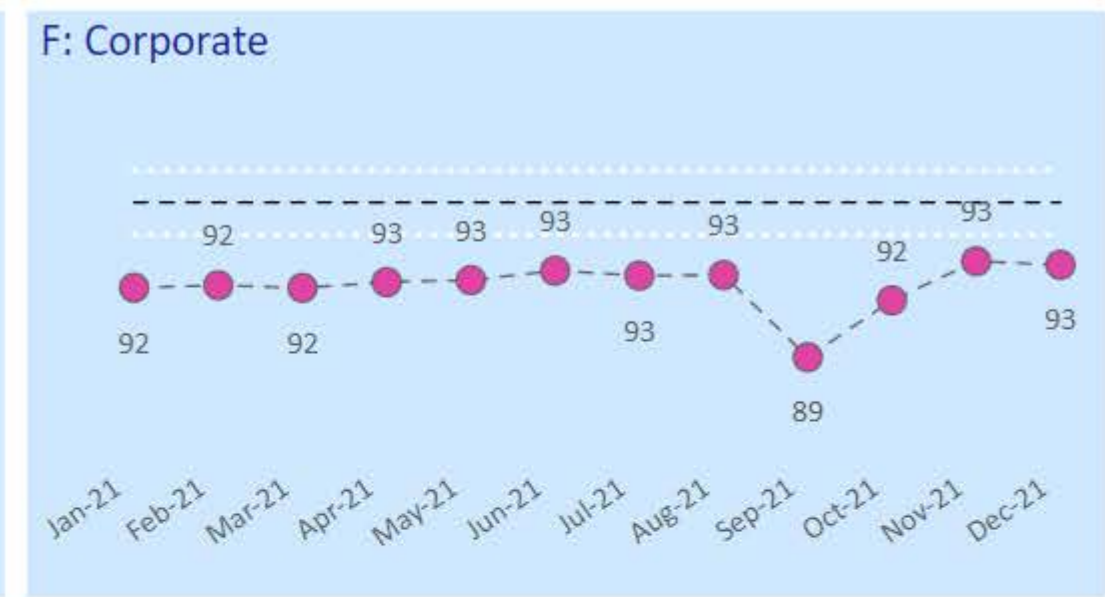
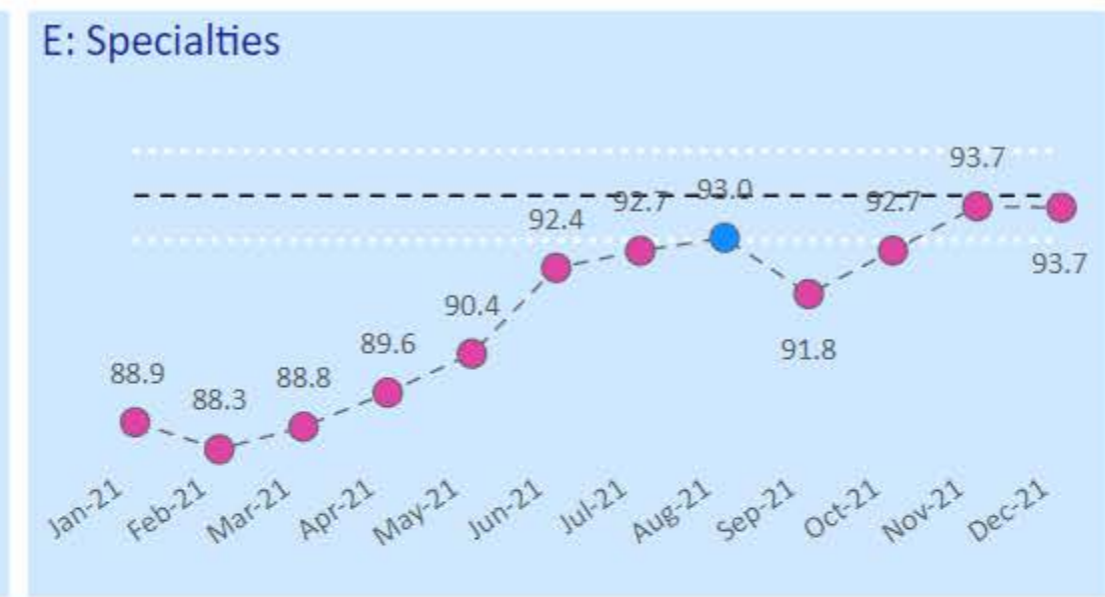
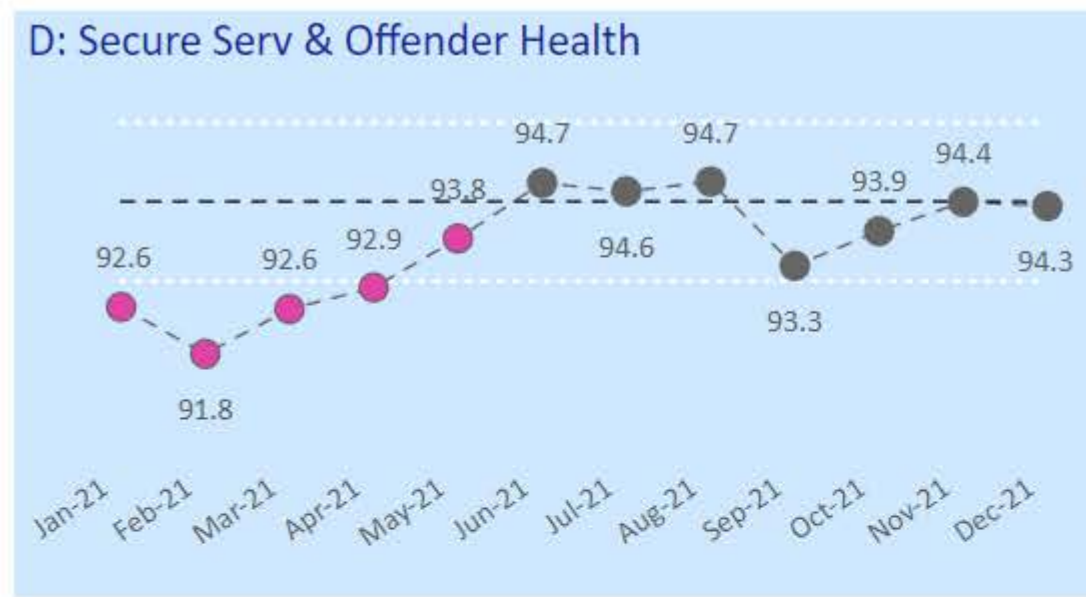
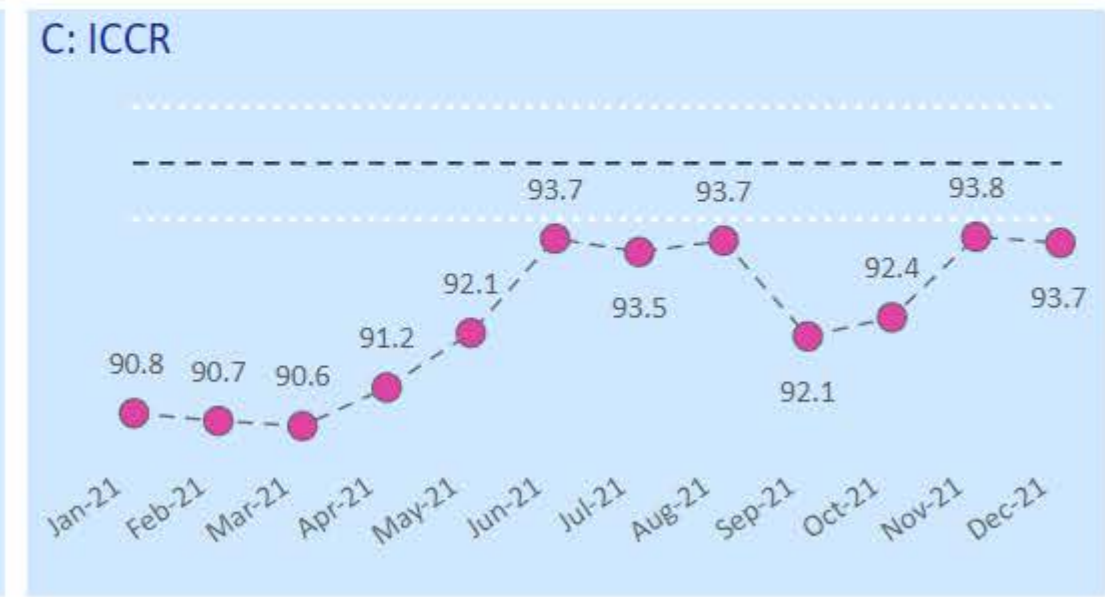
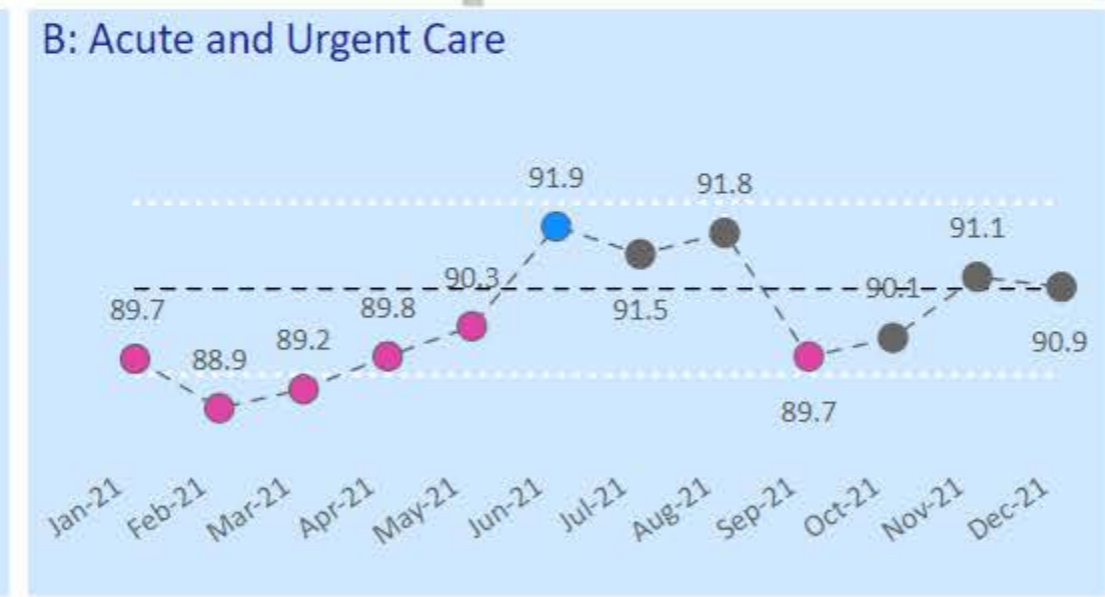
Dec - 2021

Staff Appraisals

Question	Answers
A: What has happened?	Appraisal rates have decreased slightly to 81.1% in December 21. The appraisal rate had been maintained consistently above the 85% CCG target from November 2019 to March 2020, however fell below this in April 2020. Recently in Nov 21 we were able to identify an improvement in the appraisal rate. The appraisal rate breakdown by division for December 21 is as follows: ICCR – 88.8%; Secure and Offender Health – 86.0%; Specialties – 81.4%; and Acute and Urgent Care – 77.6%.
B: Why has it happened?	The main reason for the increase in appraisal compliance in Nov 2021 since April 2020 is the targeted compliance work completed by the L&D Administrator (as discussed below). However with the slight decrease in December 21, we will need to continue to review the appraisal completion report in order to provide appropriate support where required. We recognise that this figure will continue to fluctuate due to the impact of Covid-19.
C: What are the implications and consequences?	Failure to meet our contractual requirements – this stands at an 85% target for completion from the CCG. Non-completion of appraisals and/or poor-quality appraisals has an impact on staff experience and development, potentially leading to reduced engagement from staff and increased turnover. BAF Risk: Fails to develop an inclusive and compassionate working environment, resulting in demotivated workforce
D: What are we doing about it?	As part of our regular compliance work- an L&D Administrator is utilising the draft Appraisal Completion report (provided by the Informatics Team) to target those staff that are not completing their appraisals and support them in the completion of the ADR process; this approach was adapted throughout the pandemic to encourage supportive conversations as opposed to targeted work on recording appraisals recognising the significant staffing challenges - during the Covid period a best-practice appraisal guide was produced and made available on Connect to support all staff. As staffing pressures have reduced due to the pandemic, focused work on the recording of appraisals and a review of how staff are being supported is taking place. Appraisal project/policy updates: - The appraisal form development work is currently being developed by the HTML coder within the ESR system. - The Appraisal policy is within the consultation phase.
E: What do we expect to happen?	Due to the reliance on historical, system driven processes there will be continued difficulties in trying to report accurately on RMS and ADR data. The Appraisal compliance figure will continue to fluctuate due to the impact on staffing levels and capacity due to Covid-19, however we expect to see some recovery once the new Appraisal process and form has been implemented.
F: How will we know when we have addressed issues?	An improvement in appraisal completion rates to meet the 85% commissioner target; the appraisal project completion is ongoing and this will provide updates as the project moves forward. Improvement in the quality of values-based appraisal conversations, enabling the development of an inclusive, compassionate culture.



Fundamental Training



Key

- UCL
- LCL
- Value
- Mean
- Concern
- Improvement

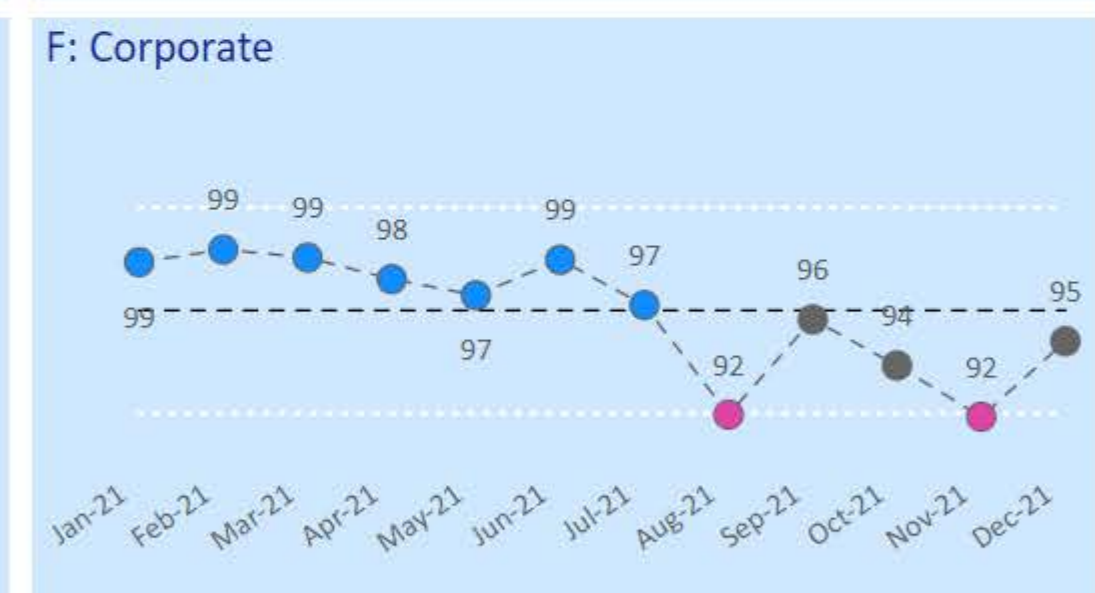
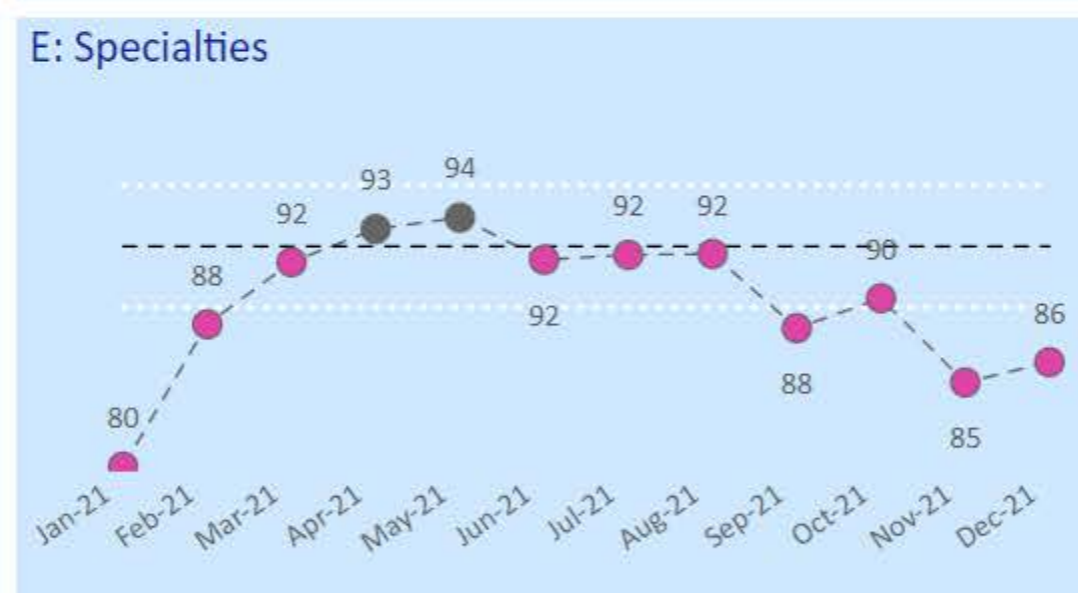
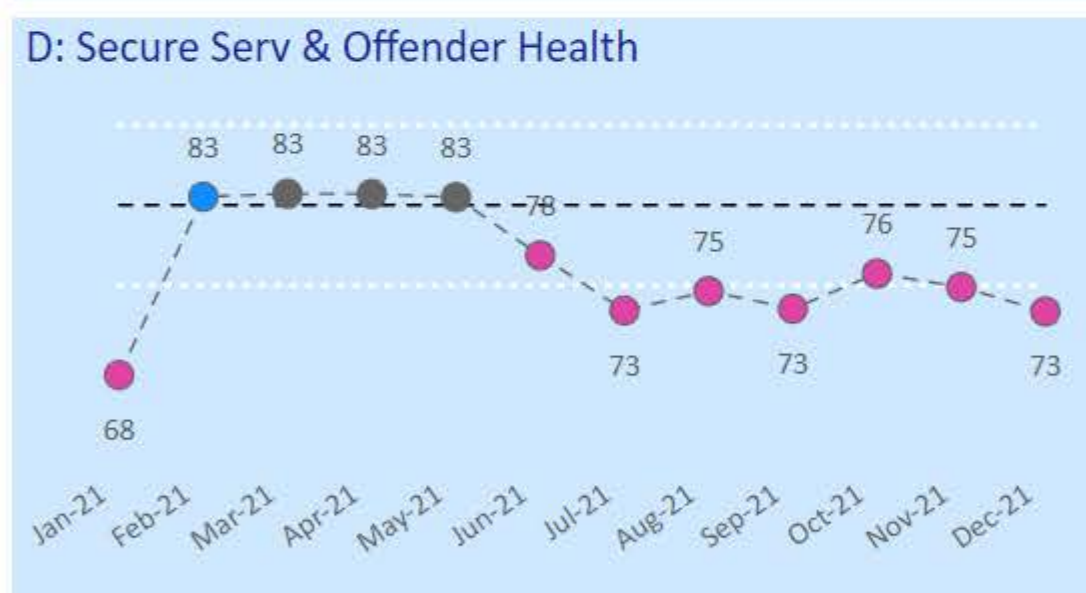
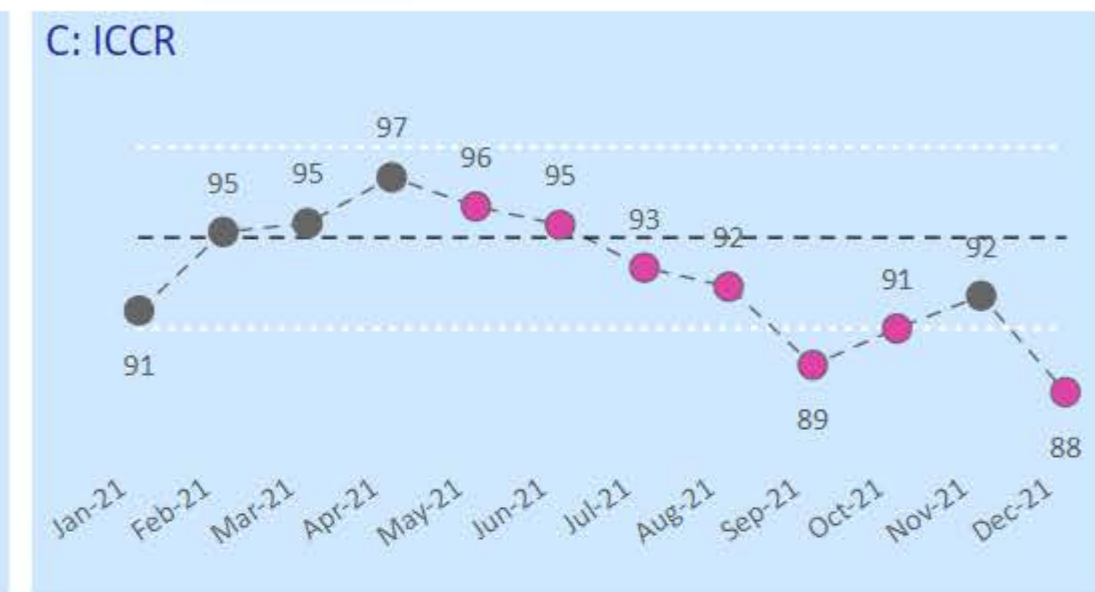
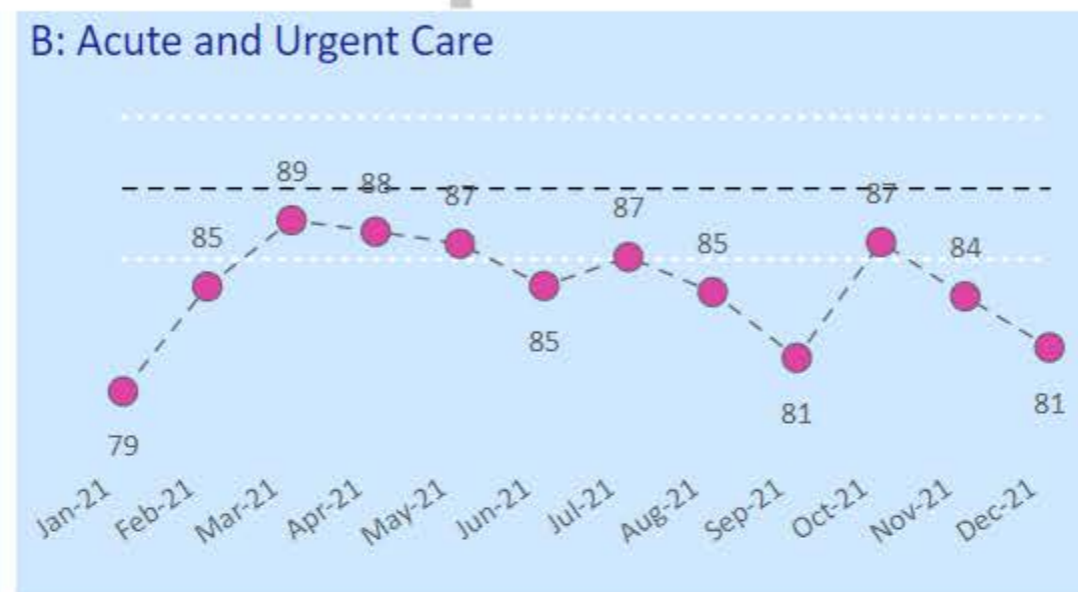
Dec - 2021

Fundamental Training

Question	Answers
A: What has happened?	<p>Trust Target 95%</p> <p>Substantive staff</p> <p>Fundamental Training decreased to 90.2% in December from 90.5% in November.</p> <p>FT breakdown by division is as follows: Secure and Offender Health – 91.9%; ICCR – 91%; Specialties – 91.2% and Acute and Urgent Care – 87.8%.</p> <p>TSS Bank Workers</p> <p>Trust Target 75%</p> <p>Bank FT compliance has increased by 1.1% to 64.8% in December.</p>
B: Why has it happened?	<p>Substantive staff FT compliance:</p> <p>FT compliance across all operational areas have remained consistent over Quarter 3 with three areas ICCR, Specialities and Acute and Urgent Care reporting an uptick in November. As a result of BAU and Fundamental Training Team processes.</p> <p>However, some areas are below Trust target 95%.</p> <p>An increase in withdrawals and DNA's which in early indicators show are as a result of Covid outbreaks in clinical areas.</p> <p>ADs have worked with Learning and Development to drive up compliance and continue to support for TSS bank workers to complete FT.</p> <p>An increase in workforce following surge recruitment</p>
C: What are the implications and consequences?	<p>Business, Administration and Financial Risks:</p> <p>Low FT compliance is a risk to patient safety and the safety of our staff. There is a risk staff will not have the competence required to practice safely in clinical areas.</p> <p>Breach of commissioners compliance contracts which can result in financial penalties that can cost in excess of £210,000 per subject for every month that BSMHFT remains non-compliant.</p> <p>Workforce growing but training resources unable to expand to offer the additional training needed to achieve sustain compliance.</p> <p>TSS are not included in overall Trust compliance however are required to undertake training, yet no additional training provision is available to increase capacity so as to include TSS staff- this results in either a drop in substantive compliance or a TSS workforce who do not have the skills to practice safely.</p> <p>Fails to develop an inclusive and compassionate working environment, resulting in demotivated workforce.</p>
D: What are we doing about it?	<p>A fortnightly report and newsletter is being sent to ADs regarding clinical Fundamental Training, to inform associate directors of their areas performance regarding compliance, DNA rate and opportunities available through the FT Team</p> <p>Monthly meetings with TSS to assess progress of the bespoke training procured to address TSS training backlog, to look at compliance and how Fundamental training can advise TSS</p> <p>Training administrator on processes.</p>



Bank & Agency Fill Rate



Key

- UCL
- LCL
- Value
- Mean
- Concern
- Improvement

Dec - 2021

Bank & Agency Fill Rate

Question	Answers
A: What has happened?	The bank and agency fill rate decreased to 80.7% in December from 82.6% in November. The agency fill rate showed an decrease by 3.7% whilst the bank fill rate increased by 1.8%, accounting for the overall decrease in the combined bank and agency fill rate figure. The fill rate breakdown by division is as follows: ICCR – 88%; Specialties – 85.5%; Acute and Urgent Care – 82.2%; and Secure Services and Offender Health – 73.3%. The number of shifts requested in December increased by 353. Bank filled 551 more shifts in December than November, but agency filled 562 less shifts hence the decrease in fill rates. The breakdown of shifts requested by division is as follows: ICCR – 1,613; Specialties – 2,367; Secure Services and Offender Health – 5433; and Acute and Urgent Care – 4,996.
B: Why has it happened?	12,628 temporary staffing shifts were filled in December (11,884 of these were bank) – the number of filled shifts decreased in December from 12,639 in November to 12,628 in December. Despite only a 11 decrease in filled shifts for December, the fill rate has decreased by 1.9%. The main reasons for requested shifts in June were: Clinical Activity (6,621 shifts requested); Additional Work (2,197 shifts requested); Vacancies (1,665 shifts requested); COVID-19 (1,566 shifts requested); Block booking (1,256 shifts requested) and Sickness (1,066); This continues a consistent trend for the top request reasons.
C: What are the implications and consequences?	Low fill rates resulting in unfilled shifts has an implication on safer staffing levels and the Trust's ability to deliver high quality patient care. Having less staff also has an impact on workload and staff health and wellbeing. BAF Risk: Fails to look holistically at flexible and transformative workforce models used across all services, resulting in inefficiencies
D: What are we doing about it?	Daily Staff Safety huddles were being carried out with the Director of Operations, Chief Nurse, Associate Directors, Finance and HR to review the workforce issues on ward. In wards where there is deemed a high risk, incentive payments of £5 an hour extra are being offered to bank workers who work in these areas. This is having some positive effect on the fill rates for these wards. This is being reviewed every 4 weeks. Daily staff safety huddles have now been stood down as COVID Silver is now daily. A Temporary Workforce Cost Improvement Programme is taking place. There are 4 strands to the programme; 1) Medical workforce - The workstream focuses on reducing medic agency spend across the Trust. New processes to support recruitment and approval of agency requests will be implemented, with work ongoing to gather analytics and data to support these improvements. 2) Non-medical workforce - this looks at reducing bank and agency spend on non-medical staff. This will involve improvements to rostering (cross-cutting with the e-Rostering CIP project) 3) Support processes and practice - this looks at support processes within HR, recruitment, etc and is exploring the possibilities around substantive roles and more flexible working arrangements 4) Future Provision - This workstream looks at the future provision of temporary staffing. Options that may be more cost effective and efficient in terms of managing the service are being explored. A new Team Leader has started in January to support the TSS Manager. Pastoral Care Support Officer is starting in February to assist the Clinical Lead for TSS. These are pivotal roles in terms of supporting our TSS only workers and will focus on engagement, development and support for our TSS colleagues. A project for exploring bank only workers wanting substantive roles within the Trust is underway. 40 bank only workers have expressed an interest thus far. Resourcing team are working on this project. These roles will help to further reduce the need for bank and agency shifts. 19 bank only workers have been offered substantive posts and are currently going through



Cash



Statistical Process Control (SPC)



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

Division	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21
A: All	£34,188k	£37,630k	£36,798k	£51,192k	£51,252k	£52,956k

Commentary

Cash is up to £53.0m, includes Reach Out commissioning funds (£6m) and some ICS funding which the Trust is hosting



Detailed Commentary

Dec - 2021

Cash

Question	Answers
A: What has happened?	Cash is up to £53.0m, includes Reach Out commissioning funds (£6m) and some ICS funding which the Trust is hosting
B: Why has it happened?	Advanced contractual payments have ceased in line with national decisions
C: What are the implications and consequences?	Pressure on capital plans
D: What are we doing about it?	Reviewing and improving treasury management plans and forecasting
E: What do we expect to happen?	Cash to remain above acceptable levels
F: How will we know when we have addressed issues?	Cash remaining at acceptable levels



CIP



Statistical Process Control (SPC)



Commentary

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

Division	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21
A: All	£0k	£0k	£0k	£0k	£748k	£374k

There are no CIP plans yet developed for 21/22

Detailed Commentary

Dec - 2021



CIP

Question	Answers
A: What has happened?	There are no CIP plans yet developed for 21/22
B: Why has it happened?	Financial control totals have only just been finalised nationally and STP remains in discussion with NHS E/I. Delay has impacted on savings planning
C: What are the implications and consequences?	Non-delivery of CIP would leave us not meeting control total
D: What are we doing about it?	Now that control total has been agreed we are identifying savings schemes
E: What do we expect to happen?	We will deliver in line with expectation, although a savings target has not yet been agreed
F: How will we know when we have addressed issues?	Savings are being delivered in line with requirements



Info Governance



Statistical Process Control (SPC)



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

Commentary

Division	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21
A: All	86.6%	88.2%	88.8%	91.4%	92.1%	84.4%

Overall IG score has deteriorated from 85% to 84%, but below historic and acceptable levels



Info Governance

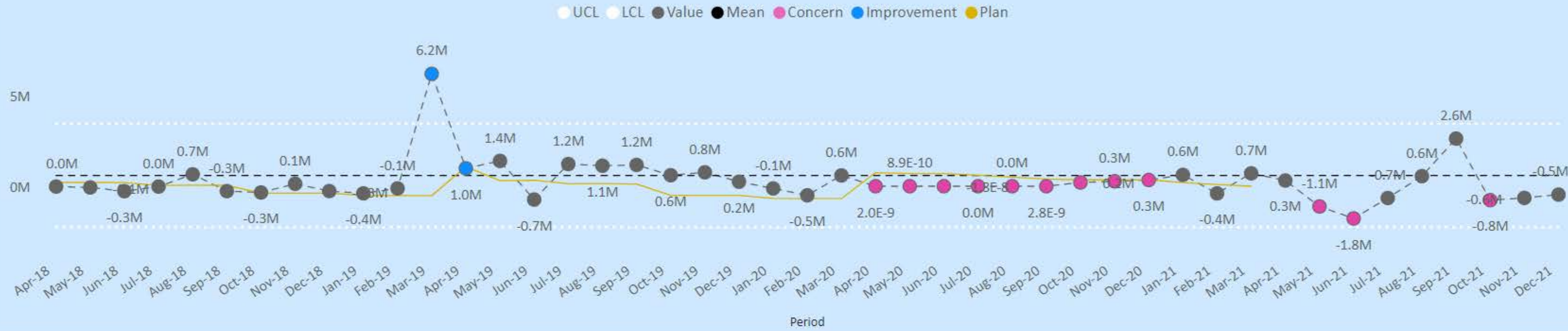
Question	Answers
A: What has happened?	Overall IG score has deteriorated from 85% to 84%, but below historic and acceptable levels
B: Why has it happened?	Score held down by poor TSS staff compliance with IG training
C: What are the implications and consequences?	Trust has difficulties meeting NHSX standards and could face difficulties with commissioners
D: What are we doing about it?	Pushing hard for improved IG training, other elements will improve next month
E: What do we expect to happen?	Scores will return to normal levels
F: How will we know when we have addressed issues?	Scores at acceptable levels



Operating Surplus



Statistical Process Control (SPC)



Commentary

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

Division	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21
A: All	-£651k	£555k	£2,626k	-£768k	-£645k	-£463k

YTD surplus of of £2.4m v plan of breakeven

Dec - 2021

Operating Surplus

Question	Answers
A: What has happened?	YTD surplus of of £2.4m v plan of breakeven
B: Why has it happened?	Delays in recruitment against additional income received for services, performance slightly better than plan
C: What are the implications and consequences?	None as yet
D: What are we doing about it?	Developing savings plans
E: What do we expect to happen?	Trust to slightly better plan
F: How will we know when we have addressed issues?	Monthly underlying surplus returns to breakeven and remains in financial balance

14. Finance Report

Meeting	BOARD OF DIRECTORS
Agenda item	14
Paper title	MONTH 9 2021/22 FINANCE REPORT
Date	26/1/2022
Author	Emma Ellis, Head of Finance & Contracts
Executive sponsor	David Tomlinson, Executive Director of Finance

This paper is for (tick as appropriate):		
<input type="checkbox"/> Action	<input checked="" type="checkbox"/> Discussion	<input checked="" type="checkbox"/> Assurance

Executive summary & Recommendations:
<p>Revenue position The month 9 2021/22 consolidated Group position is a surplus of £1.9m year to date. This is compared to a break even plan. The surplus is mainly driven by a continuation of non-recurrent slippage on recruitment against new investment. The position includes a break even position for the Reach Out Provider Collaborative.</p> <p>The proposed most likely Group forecast outturn for 2021/22 is a surplus of £2m.</p> <p>2022/23 Planning 2022/23 Priorities and Operational Planning Guidance was issued on 24 December 2021. Given the pressures as a result of the Omicron variant, the planning timetable has been extended to the end of April 2022. A draft system revenue envelope and 3 year capital envelope have been issued. Discussions have commenced across the system regarding appropriate methodologies for allocating the envelopes.</p> <p>Capital position Month 9 year to date Group capital expenditure is £3.6m, this is £2m less than plan. The year to date underspend mainly relates to door set works, it is anticipated that this slippage will be recovered by year end.</p> <p>Cash position The month 9 Group cash position is £53m.</p>

Reason for consideration:

Update on month 9 financial position.

Previous consideration of report by:

Regular briefing on financial position with FPP chair.

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

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

Financial Implications (detail any financial implications)

Group financial position

Board Assurance Framework 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.



Finance Report

Financial Performance:

1st April 2021 to 31st December 2021



Group financial position

Group Summary	Total 2021/22 Plan £'000	H1 (month 1-6)	H2 YTD	Total YTD	YTD Position	
		Actual £'000	Actual £'000	Actual £'000	Budget £'000	Variance £'000
Income						
Healthcare Income	292,531	147,071	74,400	221,472	218,251	3,221
Other Income	61,168	9,100	29,152	38,252	34,627	3,625
Total Income	353,698	156,171	103,552	259,723	252,877	6,846
Expenditure						
Pay	(222,886)	(113,201)	(56,229)	(169,430)	(166,182)	(3,249)
Other Non Pay Expenditure	(91,772)	(24,747)	(36,649)	(61,396)	(57,053)	(4,342)
Drugs	(5,877)	(3,192)	(1,587)	(4,779)	(4,418)	(361)
Clinical Supplies	(1,359)	(273)	(145)	(419)	(1,020)	602
PFI	(10,349)	(5,164)	(2,928)	(8,092)	(7,774)	(318)
Unallocated Budgets	(5,156)	-	-	-	(4,206)	4,206
EBITDA	16,300	9,594	6,014	15,608	12,224	3,384
Capital Financing						
Depreciation	(8,084)	(4,100)	(2,050)	(6,151)	(6,063)	(88)
PDC Dividend	(2,364)	(1,180)	(589)	(1,769)	(1,773)	4
Finance Lease	(4,366)	(2,187)	(1,097)	(3,284)	(3,275)	(9)
Loan Interest Payable	(1,239)	(631)	(307)	(938)	(939)	0
Loan Interest Receivable	97	(0)	0	(0)	73	(73)
Surplus / (Deficit) before taxation	344	1,495	1,971	3,466	248	3,218
Impairment		(1,283)	0	(1,283)	-	(1,283)
Profit/ (Loss) on Disposal	40	-	-	-	40	(40)
Taxation	(384)	(192)	(96)	(288)	(288)	-
Surplus / (Deficit)	0	20	1,875	1,896	0	1,896

Month 9 2021/22 Group Financial Position

The month 9 year to date consolidated Group financial position is £1.9m surplus. This is mainly driven by a continuation of non-recurrent slippage on recruitment against new investment. The position includes a break even position year to date for the Reach Out Provider Collaborative. This went live on 1 October 2021, with BSMHFT as lead provider.

2021/22 Group Forecast

NHSEI have requested submission of a system risk assessed forecast outturn by Tuesday 18 January. This must identify most likely, best and worst forecast outturns for each provider, the CCG and the system as a whole.

At the time of writing, the system is still reviewing the final submission but given the current surplus position and based on early assumptions related to material items to be managed as part of the year end process, the BSMHFT proposed most likely Group forecast outturn for 2021/22 is a surplus of £2m. The best case forecast currently proposed is £3m surplus, this would be based on a reduction in the assumed covid spend during quarter 4. The worst case forecast currently proposed is £1m surplus, this would be based on an increase in covid expenditure above current assumptions in the final part of the year as well as potential additional financial impact due to the introduction of Vaccination as a Condition of deployment for Healthcare workers.



Agency expenditure

	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	21/22 YTD
Agency Spend (£'000)	405	366	462	478	441	542	603	667	575			4,540
NHSEI Ceiling (£'000)	616	616	616	616	616	616	616	616	616			5,546
Stretch target (£'000)	501	501	501	501	501	501	538	522	522			4,590
Variance to stretch target	96	135	39	23	60	(41)	(64)	(145)	(53)	0	0	50

Agency Medical	234	183	298	318	261	379	376	495	360			2,904
Agency Nursing	86	91	92	82	87	75	108	82	104			807
Agency Other Clinical	42	44	(2)	10	36	29	22	29	31			242
Agency Admin & Clerical	44	49	74	68	57	59	97	61	80			588
Agency Spend (£000s)	405	366	462	478	441	542	603	667	575	0	0	4,540

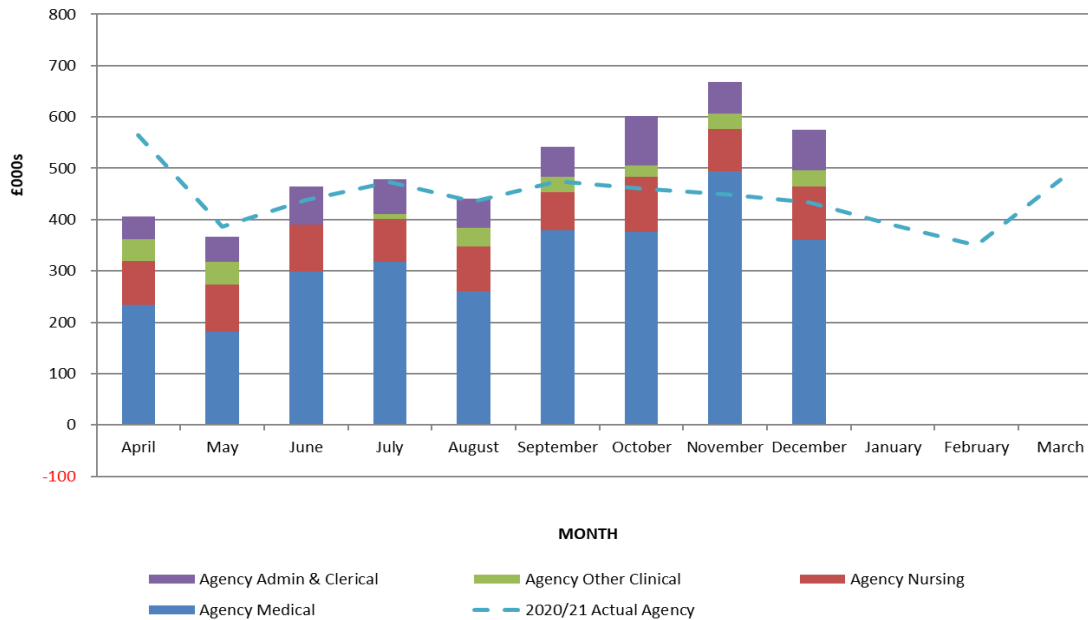
Agency spend decreased from £667k in November to £575k in December. This spend is £53k above the monthly stretch target but £41k less than the NHSEI ceiling target. Year to date expenditure is £4.5m. This is £50k below the internal stretch target and £1m below the NHSEI year to date ceiling.

There has been a significant decrease in medical agency spend in December. There is however a 22k increase for nursing and a 19k increase in admin and clerical agency expenditure. Compared to December 2020, spend is £141k higher across all areas.

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

- Due to the current staffing pressures, twice monthly adverts are continuing for bank nurses, HCAs and administrators to increase capacity.
- Work is ongoing with the L&D team to ensure that bank workers receive timely Averts and ILS training including increased training capacity.
- Work continues with operational areas to convert long term agency into substantive offers of employment Trust-wide.
- Training took place in December on the MHOST system which will support the bi-annual establishment review process.

2021/22 Agency Spend by Type





Consolidated Statement of Financial Position (Balance Sheet)

Statement of Financial Position - Consolidated	EOY - Audited 31-Mar-21 £m's	NHSI Plan YTD 31-Dec-21 £m's	Actual YTD 31-Dec-21 £m's	NHSI Plan Forecast 31-Mar-22 £m's
Non-Current Assets				
Property, plant and equipment	186.5	181.5	182.7	183.2
Prepayments PFI	1.6	1.4	2.3	1.4
Finance Lease Receivable	-	-	0.0	-
Finance Lease Assets	-	-	(0.0)	-
Deferred Tax Asset	0.1	(0.0)	0.1	(0.0)
Total Non-Current Assets	188.1	182.8	185.1	184.5
Current assets				
Inventories	0.4	0.4	0.2	0.4
Trade and Other Receivables	9.7	7.4	10.2	7.4
Finance Lease Receivable	-	-	-	-
Cash and Cash Equivalents	28.8	23.3	53.0	19.8
Total Current Assets	38.9	31.1	63.4	27.6
Current liabilities				
Trade and other payables	(29.4)	(28.6)	(47.3)	(28.0)
Tax payable	(4.4)	(4.4)	(4.3)	(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)	(16.8)	(11.2)
Total Current Liabilities	(50.9)	(47.7)	(71.8)	(47.1)
Non-current liabilities				
Loan and Borrowings	(29.5)	(27.3)	(27.3)	(27.3)
PFI lease	(49.3)	(48.1)	(48.1)	(47.7)
Finance Lease, non current	-	-	(0.0)	-
Provisions	(2.4)	(1.8)	(4.4)	(1.8)
Total non-current liabilities	(81.3)	(77.3)	(79.8)	(76.9)
Total assets employed	94.9	88.9	96.8	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)	(46.2)	(41.2)	(47.0)
Total taxpayers' equity	94.9	88.9	96.8	88.1

SOFP Highlights

The Group cash position at the end of December 2021 is £53.0m (this includes Reach Out).

For further detail on the current month cash position and movement of trade receivables and trade payables, see pages 5 to 6.

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	63.4
Current Liabilities	-71.8
Ratio	0.9

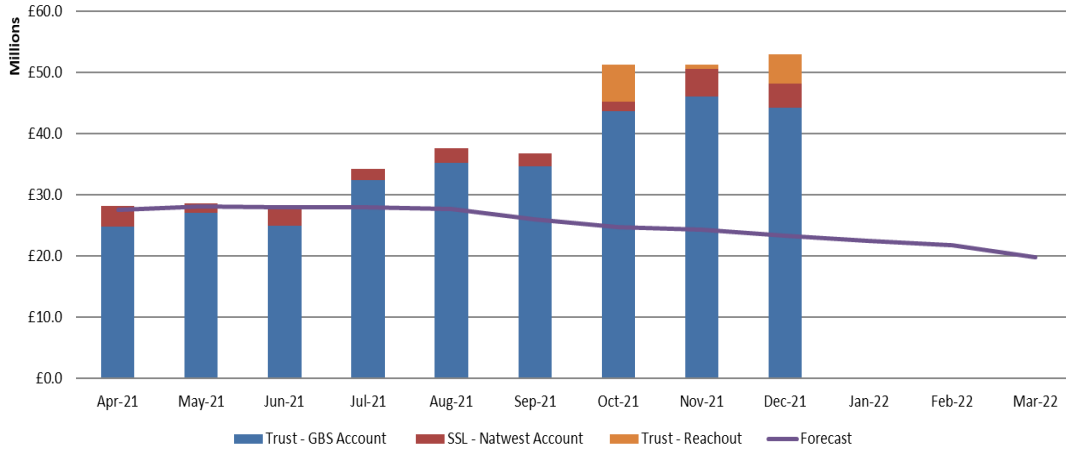
Current Assets to Current Liabilities cover is 0.9:1 this shows the number of times short-term liabilities are covered.





Cash & Public Sector Pay Policy

Group Cash Holding



Cash

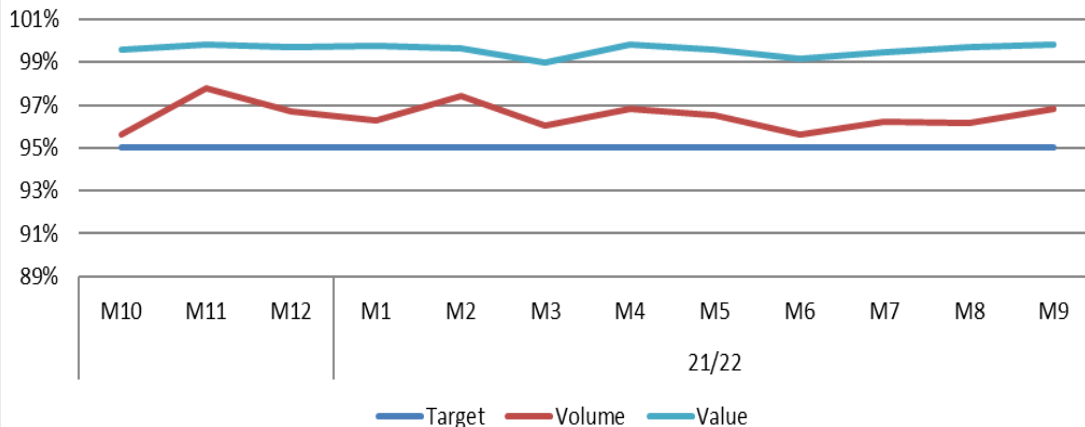
The Group cash position at the end of December 2021 is £53.0m. This includes the Reach Out element for December 2021 of £4.8m (total income for Reach Out on a monthly basis is £11.9m). As per the financial regime introduced as a result of the pandemic, the majority of our NHS contracts are being paid on a block basis.

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.

Public Sector Pay Policy



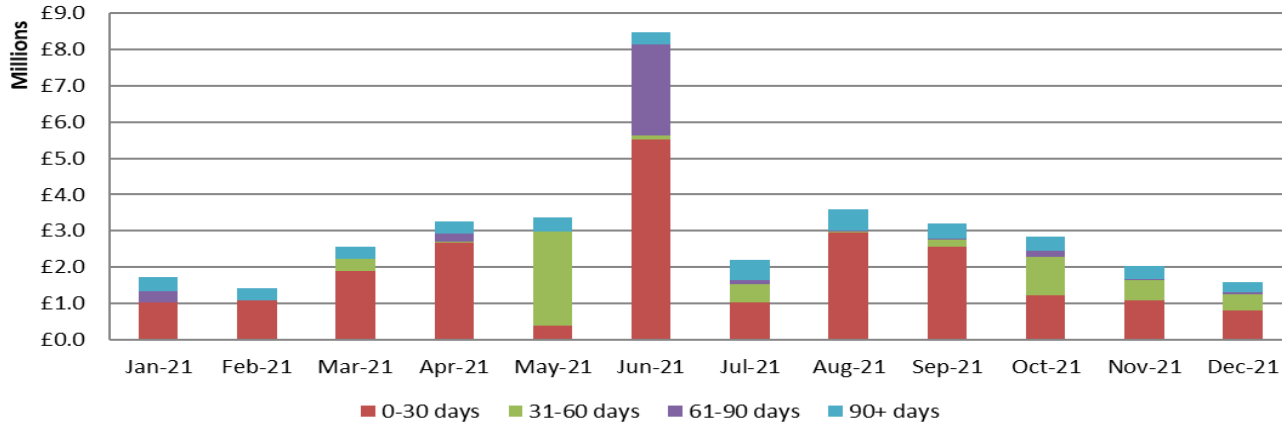
Better Payment Practice Code :

	Volume	Value
NHS Creditors within 30 Days	100% ✓	100% ✓
Non - NHS Creditors within 30 Days	97% ✓	100% ✓



Trust Receivables and Payables

Ageing of Trade Receivables



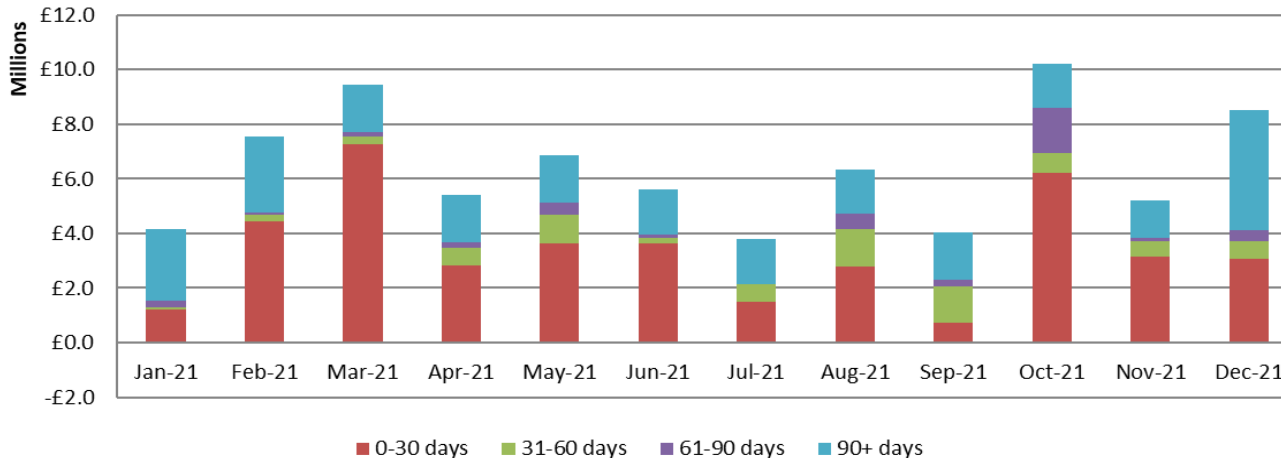
Trade Receivables

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

Receivables :

- **0-60 days** - mainly SSL & Nacro invoices- payments processed in January 2022.
- **Over 90 days** -NHSE Modality invoice & Staff overpayments (on payment plans)

Ageing of Payables



Trade Payables:

Over 90 days –

- BSoL invoices £2m in query-credit notes expected in Jan/Feb 2022.
- NHS Property Services £467k– Awaiting lease agreement to be finalised to enable/facilitate payment. Estates colleagues are working with NHS Property Services to resolve this matter (DoF is aware of the position).
- Non-NHS Suppliers (42+) £2m – mainly Reach-out invoices in query, most accounts are awaiting credit notes/ adjustments due to disputes/other. Some payments/queries settled in January 2022.





Month 9 YTD Capital expenditure behind plan

Capital schemes	Total 2021/22	Forecast 2021/22	Forecast variance to plan	YTD plan	YTD actual	YTD variance
	£'m	£'m	£'m	£'m	£'m	£'m
Pre committed - major schemes c/f from 20/21- Urgent Care Centre	1.2	1.2	0.0	1.2	1.1	0.1
Pre committed - minor schemes c/f from 20/21	0.3	0.1	0.2	0.3	0.0	0.3
Pre committed - Ardenleigh Women's seclusion suite	0.5	0.2	0.4	0.0	0.0	0.0
Total Door Sets phase 1 and phase 2	4.4	4.4	0.0	2.4	0.9	1.5
Statutory Standards & Backlog Maintenance (SSBM)	1.8	1.8	0.0	0.9	0.8	0.1
ICT	0.8	1.2	-0.4	0.7	0.4	0.2
Newington refurbishment	0.5	0.7	-0.2	0.0	0.3	-0.3
ECG Machines	0.0	0.2	-0.2	0.0	0.0	0.0
Risk Assessments	0.8	0.0	0.8	0.4	0.0	0.4
Barberry rear fence	0.0	0.1	-0.1	0.0	0.0	0.0
Ardenleigh wall	0.0	0.1	-0.1	0.0	0.0	0.0
Shared Care Record	0.0	1.8	-1.8	0.0	0.0	0.0
TOTAL	10.3	11.5	-1.2	5.8	3.6	2.2

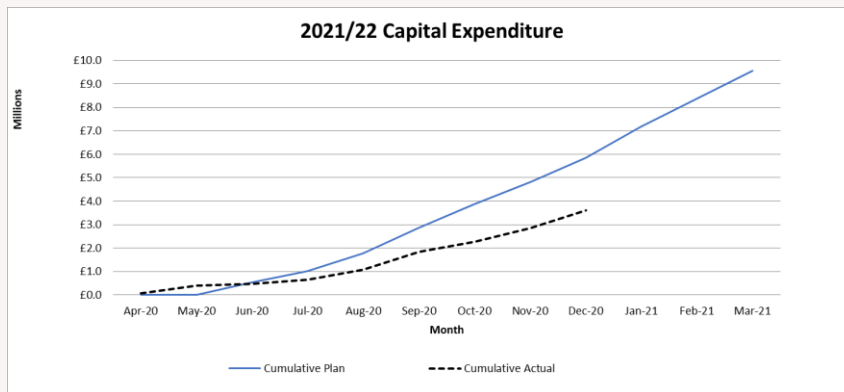
Month 9 Group Capital expenditure

Month 9 year to date Group capital expenditure is £3.6m, this is £2m less than plan. The year to date underspend mainly relates to slippage to date on door sets works due to ward access issues related to covid outbreaks and initial delays in finalising specifications. It is anticipated that this will be recovered in quarter 4.

Capital Forecast

The forecast capital expenditure has been reviewed and updated to £11.5m. This is a reduction compared to prior month of £0.6m. This is mainly due to slippage on Ardenleigh seclusion suite of £0.35m due to delays in being able to commence work on site, now expected to start in February 2022 and slippage on forecast for risk assessments. Opportunities are being explored for utilisation of the full capital envelope. It is considered increasingly likely that the Ross House disposal will not complete before March 2022. The property is sold subject to contract but is reliant on third parties including planning approval. If the sale does not proceed, the available capital envelope will reduce by £0.4m, this will be offset by the forecast capital expenditure reduction.

It is expected that there will be a further increase in the forecast of £0.2m relating to Shared Care records as a result of an additional PDC funding allocation, currently awaiting approval from NHSX.





The 2022/23 planning guidance states:

- *The 2021 Spending Review (SR21) provided the NHS with a three-year revenue and capital settlement covering 2022/23 to 2024/25. The SR21 settlement assumes the NHS takes out cost and delivers significant additional efficiencies, on top of the NHS Long Term Plan requirements, to address the excess costs driven by the pandemic response, moving back to and beyond pre-pandemic levels of productivity when the context allows this.*
- *The scale of the efficiency requirement will be sustained throughout the SR21 period and systems should ensure they develop plans that deliver the necessary exit run-rate position to support delivery of future requirements.*

System Central Improvement Unit (CIU)

To support the development and delivery of a financial sustainability programme, the system CFOs have agreed to establish a system-level central improvement unit (CIU).

The aim of the CIU will be to ensure a consistent approach to delivering, monitoring and managing system-wide improvements, whilst also providing financial assurance of key locally managed programmes for system leaders. It will provide varying levels of oversight, scrutiny and support across three levels of financial improvement schemes.

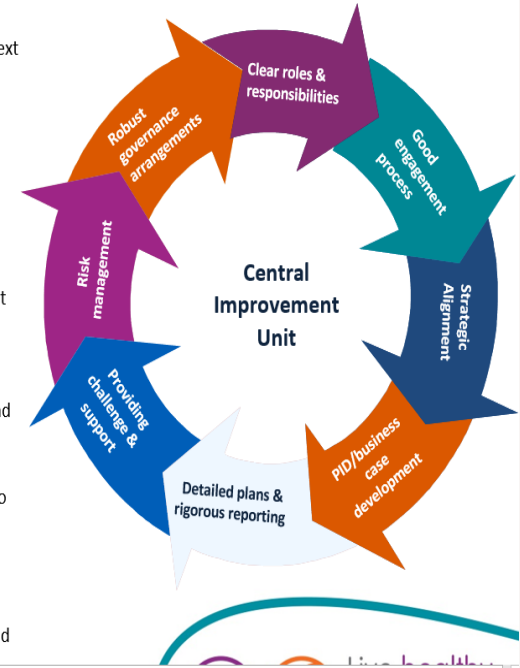
The CIU will initially be facilitated by an external organisation, PwC, who will work alongside dedicated resource (to be identified) from across the system.

Two steering group sessions have been held to date, the current thinking, given current capacity pressures, is that the focus will be on potential opportunities in three key areas: Telephony convergence, MSK Redesign Work and System wide collaborative procurement model development.

The role of the Central Improvement Unit (CIU)

A CIU will play a central role in the development and delivery of BSol's financial sustainability programme. Its role and responsibility will vary depending on the 'level' of schemes, ie (levels 1,2 & 3 - set out in the next page) but in summary, it will ensure the following:

- **Consistent approach to ensure robustness of planning and delivery:** Use of best practice project management tools, clear guidance on planning requirements, clear roles and responsibilities, identification and management of interdependencies, consistent progress monitoring.
- **Alignment and prioritisation of schemes:** Ensure all organisations improvement programmes are aligned to system objectives and strategic outcomes, identifying system level risks and opportunities. Ensures a 'joined-up' approach is taken, with schemes prioritised accordingly.
- **Communication of improvement and transformation activities across the system:** Drive and support workstreams in the development of level 3 plans: feeding into organisations' financial position accordingly and providing visibility of progress and any risks/issues.
- **Challenge and support to ensure delivery:** Support and guidance to workstream teams in project development; providing an independent view on interdependencies and connecting workstreams; and provide ongoing facilitation and promotion of project management best practice across the organisation.
- **Continued monitoring to address risks/issues:** Identification and management of risks/issues likely to impact progress and overall financial and non-financial objectives – ensuring appropriate remedial action is taken and complete assessment of programme risks against time, quality, cost, impact and probability.
- **Concise reporting to provide visibility & assurance:** To give the BSol system leadership visibility of progress against targets, agreed milestones and impact of slippage, driving timely decision making and unblocking of issues





Birmingham and Solihull ICS

Financial position Month 8 YTD

System revenue performance:

The month 8 year to date system revenue position was £3.5m surplus. This comprises an £826k surplus for H1 (April to September 2021) plus a £2.7m surplus for H2 year to date (October to November 2021). This is a £2.4m variance to year to date plan.

	H1 Actual £'000	H2 YTD Actual £'000	YTD Actual £'000	YTD Plan £'000	YTD Variance £'000
B'ham and Solihull MH FT	20	1,414	1,434	0	1,434
B'ham Community Healthcare FT	0	10	10	1	9
B'ham Women's and Children's FT	393	233	626	-1	627
Royal Orthopaedic Hospital FT	0	-100	-100	-185	85
University Hospitals Birmingham	412	903	1,315	1,240	75
B'ham and Solihull CCG	0	210	210	0	210
System Total	826	2,670	3,496	1,055	2,441

System cash position:

As at month 8, the system cash position was £494m. This is a £95m increase since the start of the year and a £13m increase in month. The slippage on capital programmes across the ICS continue to impact cash positively.

	Opening cash	M7	M8	Monthly movement	YTD Movement
	£'000	£'000	£'000	£'000	£'000
Provider Cash	£'000	£'000	£'000	£'000	£'000
System Total	398,265	480,659	493,675	13,016	95,410

System capital performance:

The system capital plan for 2021/22 was £163m. Additional funding through PDC and donations has been allocated totalling £35m, taking the capital resource available to £199m.

The month 8 year to date system capital position was £32m underspend against the total capital programme. This included £23m underspend against the system CDEL target (£11.5m relating to ACAD). The system capital forecast is a £3m underspend against the revised capital programme envelope (£33m above original programme).

		Current		Change £m
		Initial Plan £m	Programme £m	
System Envelope		70.6	70.6	0
Outside of Envelope	ACAD	61.3	61.3	0
	Other	8.1	43.0	34.9
Funded via Donations/Disposals/Grants		16.6	17.4	0.8
PFI/LIFT		6.8	6.8	0
Total		163.4	199.1	35.7

System Capital position	Year to Date Variance	Forecast Variance
	£'000	£'000
CDEL	22,537	-32,699
Total Programme	31,826	-32,622





2022/23 Priorities and Operational Planning Guidance was issued on 24 December 2021

Key headlines:

- Given the immediate priorities and anticipated pressures of operating within a Level 4 National Incident in response to the emergence of the Omicron variant of COVID-19, the planning timetable will be extended to the **end of April 2022** (draft submission mid-March 2022) and this will be kept under review.
- The objectives for 2022/23 have been set based on COVID-19 returning to a low level and as such the objectives will be kept under review as the pandemic evolves.
- A new target date of 1 July 2022 (originally 1 April 2022) has been agreed for statutory arrangements to take effect and ICBs to be legally and operationally established.
- The NHS's financial arrangements for 2022/23 will continue to support a system-based approach to planning and delivery and will align to the new ICS boundaries agreed during 2021/22.

The **2022/23 financial and contracting arrangements** are summarised as:

- A glidepath from current system revenue envelopes to fair share allocations. ICB revenue allocations will be based on current system funding envelopes, which continue to include the funding previously provided to support financial sustainability. In addition to a general efficiency requirement, a convergence adjustment will be applied to bring systems gradually towards their fair share of NHS resources.
- Multi-year operational capital allocations set at ICB level
- A collective local accountability and responsibility for delivering system and ICB financial balance.
- A return to signed contracts and local ownership for payment flows under simplified rules. An updated draft of the NHS Standard Contract for 2022/23 has been published for consultation; the final version of the contract, to be used in practice, will be published in February 2022.
- ICBs will continue to be required to deliver the Mental Health Investment Standard.



Systems are asked to focus on the following priorities for 22/23:

- Investing in the workforce and strengthening a compassionate and inclusive culture
- Delivering the NHS COVID-19 vaccination programme
- Tackling the elective backlog
- Improving the responsiveness of urgent and emergency care and community care
- Improving timely access to primary care
- Improving mental health services and services for people with a learning disability and/or autistic people
- Developing approach to population health management, prevent ill-health, and address health inequalities
- Exploiting the potential of digital technologies
- Moving back to and beyond pre-pandemic levels of productivity
- Establishing ICBs and enabling collaborative system working





2022/23 Revenue Allocation

The draft system envelope, published on 24 December 2021, has a revenue envelope of £2,749m.

This is based on the H2 envelope, adjusted to remove the non-recurrent H1 back pay element and the non-recurrent support for Provider income loss, then doubled to create a recurrent H2 x 2 system envelope of £2,350m. Further adjustments have then been made including boundary change impacts totalling £357m and a further net £41m increase. Covid allocations have been reduced by 57%.

The system envelope is not final and some detail underpinning it has not yet been provided. Discussions across the system regarding potential methodologies for allocating the envelope have commenced, further detail will be provided once formalised.

Capital Allocation

The system has been issued with a 3 year capital envelope (years 2 and 3 indicative).

BSOL Capital	Envelope			Indicative allocations							Total System Capital £000s	Midlands ERF Allocation £000s
	Primary		Total £000s	Diagnostics - Community			NHSX levelling digital maturity £000s	NHSX Front Line digitisation £000s	NHSX Critical Cybersecurity			
	Core £000s	Care £000s		Endoscopy £000s	Diagnostic Centre (CDC) £000s	Total Diagnostics £000s			risks £000s	Total NHSX £000s		
21/22 envelope	70,572	2,606	73,178			0					73,178	
22/23 envelope	74,458	2,644	77,102	280	15,460	15,740	2,773	0	370	3,143	95,985	133,000
23/24 envelope	67,324	2,638	69,962	810	5,980	6,790				0	76,752	95,000
24/25 envelope	67,324	2,632	69,956	420	5,980	6,400				0	76,356	57,000

For 22/23 this is an indicative system envelope of £96m and comprises:

- Core envelope for BAU capital £74m. This has been built up using a formulaic approach which is equivalent to 1.98% of the national core capital envelope.
- Primary Care capital £2.6m
- Indicative envelope for Diagnostics covering Endoscopy and Community Diagnostic Centres £15.7m
- Indicative envelope for NHSX schemes (digital maturity, front line digitisation and critical cybersecurity infrastructure risks) £3.1m

System conversations have commenced regarding the most appropriate allocation of the capital envelope in light of system priorities, further detail will be provided once formalised.



15. SSL Quarterly Report

Summerhill Services Limited (SSL) Business Report

April 2021–December 2021

This report summarises the performance of SSL from April 2021 to December 2021.

During this period COVID has continued to cause significant operational challenges for SSL services and our partners in PFI, with increased staff sickness and absences, ward isolations and increased demand on PPE. In addition, SSL continued to support 23 COVID vaccine sites across Birmingham plus operating 4 mobile vaccination vehicles. During this period, SSL has successfully maintained ALL SSL services and managed PFI partners across all sites over this period.

SSL continued to work and support the Trust in the production of the Strategic Outline Business Cases for Reaside and Highcroft, these should be completed by early 2022. SSL is on schedule with the plan to complete the physical environmental works associated with the replacement of compliant anti-ligature door sets with new anti-ligature door sets incorporating alarm monitoring over the next 17 months. In addition, we have supported the Trust to develop a new 5 yr capital program, which outlines the potential capital spend up to 2026.

SSL Pharmacy services continue to deliver a high level of performance with good results across all main KPI's. In line with the upgrades to the Trust pharmacy software systems, as our pharmacy Robot is over 5 yrs old, it also required a significant operating software upgrade. This work is progressing well, and we don't expect any operational issues or effect on our service delivery. The works is expected to complete in early Jan 2022.

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

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

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

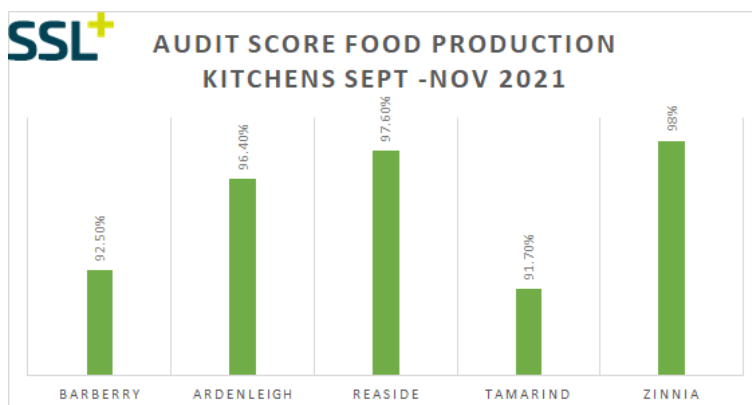
Facilities Management

- Laundry and Linen
 - Elis have taken over the contract after buying our Central Laundry, numerous service failures have been noted and are being managed.
 - Regular weekly meetings held with service provider to stabilise the contract with the support of procurement.
 - Collaborative Board established with other local Trusts who are also seeing service issues (include Birmingham Womens and children, community, Royal Orthopaedic & UHB).
 - Alternative providers being reviewed and a potential SSL service option too.
- New National Healthcare Cleanliness Standards – SSL has carried out Gap analysis carried out to ascertain variance between current and proposed standards (2007 v 2021) – FR3 relates to Mental Health Facilities with an audit target of 90% with audits carried out every 2 months and a 12 month implementation programme.
- New upgraded CAFM software (computer aided facilities management) - We are now utilising version 26.1 of Archibus which gives us tablet functionality and bespoke reporting capabilities. – Tablets will be rolled out Jan 2021 to test trade team members, Trust managers will be enabled to track and manage jobs requested.
- SSL have completed an extensive staff training program to update and develop “Authorised Persons” and “Authorised Engineers” for Lifts, Water Safety, Asbestos Management, Electrical LV.

Catering / Food Safety:

- SSL Allergen Policy has been developed to support Natasha's Law which comes into force from October 2021. The law will require all food businesses to include full ingredients labelling on pre-packed for sale items. The aim is to protect allergy sufferers and give them confidence in the food they buy.
- Allergens added to menu to comply with Natasha's Law as of 1st October 2021.
- Review of Ward food ordering systems underway, functionality allows for tablet ordering to all wards, label printing, allergen management, stock control, HACCP information management etc.

Food Production Kitchen Audit Scores:



Cleanliness Scores as @ Dec 2021

LOCALITY	NORTH PFI LOCALITY BUILDINGS	BNHP LOCALITY BUILDINGS (Barberry, Oleaster & Zinnia)	COMMUNITY SITES Dan Mooney House, David Bromley House, Hertford House, Maple Leaf Centre Juniper	FORENSIC SITES Tamarind Ardenleigh Reaside	Corporate Buildings B1 Uffculme
Quarter 3 21/22 Trust Score	97.53%				
Quarter 3 20/21 Individual Localities	98.62%	95.21%	97.89%	98.67%	97.86%

Corporate, Property and Sustainability

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

Transport & Logistics

- SSL continues to provide pick, pack and distribution of all PPE throughout the Trust, included Lateral Flow Kits from our warehouse.
PPE – Stock levels regarding normal daily issue are where they need to be. Significant piece of work completed re the return of quarantined / surplus / incorrect stock as ‘pushed out’ to the Trust.
- SSL have developed a Transport Strategy of the in-house Trust Fleet. This includes management of the circa 75 strong vehicles, though lifecycle hire, contract agreements, maintenance, servicing, RTAs, hybrid/electric sustainability development, installation of Fleet charging points, etc.
- The Trust has launched a PMO supported Transport review. They are to include many aspects including Hire / Loan cars, Pool cars, Taxi usage / rules / contracts / costs plus, and Secure Patient Transport (SPT). SSL is continuing to support with our “proof of concept” trial at Tamarind for a Secure Patient Transport service.
SSL can support on the physical vehicle element and possibly even drivers but for example with SPT that SSL will not be taking any remit re the staffing / escorting and management thereof.

Capital Projects

- The 2021/22 capital plan as submitted to NHSEI on 12 April 2021, was £9.6m, our current forecast is this will be achieved – this is double previous year

- SSL has supported the Trust on the CQC required works and reports. SSL are managing the Physical Environmental works associated with the replacement of compliant anti-ligature doorsets with new anti-ligature doorsets incorporating continuous alarm monitoring over the next 17 months. The current program which includes replacement of over 250 doors.
- SSL continues to support the development of the option appraisal information associated with Reaside and Highcroft and, ensures these projects remain at high level within the STP prioritised schemes.
- Additional Capital works are progressing around Ardenleigh Seclusion Suite, Newington refurbishment, Urgent Care Centre plus the SSBM programme.
- Schemes being completed to ensure forecast expenditure by 31st March, however this will be dependent on issues around access into 'live' areas as a result of covid outbreaks and isolations.
- 5 Year draft Capital Programme now completed and issued to Trust, incorporating Major Projects, Minor Projects, SSBM and Risk Anti-Ligature Works. Due to the value of the list of potential capital projects - over the next few months we will support the Trust to prioritise the capital projects based on the capital spend allocated for 22/23.

SSL PFI/Contract Management

- Negotiations to agree Settlement Agreement have taken significant steps forward. This agreement will deliver a **high six figure settlement** value which will cover:
 - On -going contractual settlement discussions
 - Energy Management settlement
 - Negotiations and close workings with DHSC have led to Consummate Deduction agreed value.
- Oleaster Urgent Care Centre (despite issues with Covid, building materials and fuel) is due to complete 31st January 2021. This has been a very challenging project from outset, due to the many stakeholders involved and instigating a multimillion-pound project on a PFI Site.
- The SSL PFI Team was invited by PFU to act as an exemplar Trust to support and share good practice with other Mental Health NHS Trusts with PFI Projects.
- New Menu previously issued to wards have been reissued with a list of what can be ordered each day, this gives the ward the ability to design their own menu within these parameters. Sizable work stream to enable flexibility in menu choice and no extra cost
- PFI Health Check Paper is progressing well, where we are seeking Intellectual Rights governance to protect the doc for SSL as well as Marketing strategies.

STP/CCG Primary Care

- Following the award of our new Primary Care contract, SSL will be working on Estates and project management support to the local Primary Care partners.
- Contract spend circa £2.8m/ annum 21/22, including service contract for SSL/CCG
- SSL are supporting key Primary Care projects such as
 - Bourne Road; first European Drive through GP service.
 - Dudley Park Medical Centre - New GP development requiring Investment/Joint venture to deliver Primary Care Facility for a GP practice leading a PCN.
- SSL is currently reviewing our business structure to enable SSL to be a successful ICS partner in the future ICS structure.

- We have developed and managed over 23 of the BSol CCG Vaccination Centres across Birmingham and Solihull

Outpatient Dispensing Services - April – December 2021

- Summerhill Pharmacy dispenses 15,000 items on average per month accounting for 55% of medication items dispensed by the Trust pharmacy services.
- SSL had 15 externally reportable incidents from 140,635 dispensed. No service users were harmed as a result of these externally reportable incidents and all of them have been dealt with promptly.
- SSL implemented a Prescription Tracker which tracks our pharmacy performance (Please see Appendix C,D & E).
- SSL robot maintained its performance and continues to deliver an accuracy of 99% on compliance aids,(see chart below):

Apr-21	May-21	Jun-21	July-21	Aug-21	Sep-21	Nov-21	Dec-21
99%	99%	99%	99%	99%	99%	99%	99%

Repeatable Prescriptions

Our SSL Pharmacy Superintendent been working with the Trust Chief Pharmacist and has introduced “Repeatable prescriptions” into the service. This will allow a single paper prescription to act as 6 tokens, which can be sent to pharmacy for processing. The aim of this is to optimise admin time and subsequent cost on preparing prescriptions in clinics across BSMHFT

Pharmacy

In line with the upgrades to the Trust pharmacy software systems, as our pharmacy Robot is over 5 yrs old, it also required a significant operating software upgrade. This work is progressing well, and we don't expect any operational issues or effect on our service delivery. The new software will create a hub and spoke model, allowing production of compliance aids from any location in the Trust. The works is expected to complete in early Jan 2022.

Financial Performance

There is loss after tax of £0.6m which is £0.3m better than plan as at M9. Alterations to budget have been made to reflect an adjustment to depreciation alongside recognition of a corporation tax budget within the I&E. Further adjustments will be made during the second half of the financial year to reflect both changes to external services

Income has over recovered by £1.7m which is mainly due to additional income from Birmingham & Solihull CCG for the Vaccine programme - this includes our management fee / margin. All income and cost has been reflected as per agreed plan with the CCG but there is a reconciliation being completed which will adjust the numbers when complete.

The 5 year forecast demonstrates how SSL moves into good profitability to over £2m per yr over this period, as costs and depreciation reduces. In addition, to the profits generated, there are significant other benefits which SSL deliver to the Trust which don't appear on SSL profit and loss – these benefits also total over £2m annually, which could help to support the Trust CIP commitments. (see appendix A & B)

HR Strategy/People Plan Staff

- SSL HR team are now in place, and early feedback is that the organisation is seeing a more responsive service, across Recruitment, ER, general advice and project work.
- SSL has also strengthened its Corporate Team support to the business with the recruitment of a Procurement Lead, Head of Finance, and a Media and Communications Co-ordinator who are also in place and impacting on the business.
- SSL has now trained all line managers, on how to access the digitalised HR files and upload documents.
- SSL have now received delivery of employee uniforms and these are currently being distributed.
- SSL HR team with Operations have been working on a new Induction process, which will be launched commencing February 2022.
- SSL have now consulted over 90% of their workforce on what they feel SSL values should be. The values moving forward will be:
 - **Excellence in Service Delivery**
 - **Inclusion**
 - **Respect**
 - **Kindness.**
- Along with the values SSL have created fundamental behaviours for each value which identify the behaviour expected by both team members and Leaders which will be launched in January 2022.

COVID-19 Compulsory Vaccination Status

- Following the recent change in legislation which requires all healthcare workers to be double vaccinated - SSL have written to all employees in relation to compulsory vaccinations to advise them of the requirement.
- SSL have invited all unvaccinated employee's to a compassionate conversation and also written to all staff they believe are vaccinated to advise them of the process you will need to undertake to share their vaccination status with SSL.
- Initial discussions indicate a significant number of staff are now planning to become vaccinated which should significantly reduce the risk of losing valued staff members as result of this legislation.

Employee Engagement (Communications)

- The new Media and Communications Co-ordinator has outlined their plan for first three months on how we can improve communications which include:
 1. SSL Newsletter
 2. Rebranded and informative intranet site
 3. Communication boards at all sites,
 4. Communication champions,
 5. Regular communications from the executive team
- During the values sessions the Senior Leadership Team also obtained feedback from the teams on issues which they felt the organisation should address. Four key themes were identified; Communication; Training and Development; Management and Leadership; Reward and Recognition. SSL has identified key actions which relate to each theme which will be feedback to all employees as part of the feedback they receive from the values.

Equality, Diversity & Inclusion

- SSL have produced an EDI Framework document which has been reviewed by Inclusive Employers and the language simplified to ensure its reading is more accessible to SSL employees.
- SSL have now commissioned a photographer to take pictures to represent SSL which will be included within the EDI framework booklet which will be sent to all staff.
- SSL will launch its EDI framework at the end of February 2022.

Union

- Established a regular cadence of meetings with Unison and Unite. The meetings are proving to be of mutual benefit to both the Unions and the organisation and is having a positive impact on the relationship.
- Union recognition letter has gone back out to the unions for comment and feedback

Business Development

SSL is continuing to explore new opportunities across the wider healthcare economy to grow and expand our business, as well as deliver quality and value back into the NHS. These opportunities include:

- Providing FM Services within the Primary Care environment supporting PCNs and GPs
- PFI Management- via liaison with Department of Health, Treasury and NHS E I
Developing a consultancy professional services and performance management across NHS PFIs nationally including our PFI Health Check
- Laundry and Linen Service – The five Trusts of BSol are experiencing poor laundry and linen services from the same outside contractor. SSL have developed a proposal to resolve the BSMHFT service provision which is expandable to develop for other NHS Trusts. BCH have expressed support and requested to be kept informed
- PPE service – SSL provide the PPE service for BSMHFT from a professional warehouse service. This service is under- review with a BCH partnership progressing

Governance and Assurance

- SSL and Trust hold regular shareholders meetings to discuss strategy and business development. The last meeting was held in December which included the introduction to the new Trust Chair.
- SSL presented the external opportunities which are in development
- Both parties explored and discussed other opportunities where it was felt SSL could deliver additional value or improved performance.
- In addition, a quarterly Service Review Forum with the Trust operational team reviews current performance against agreed KPI's and discusses future operational developments.

Material Issues: There are no material issues for the Trust Board to consider.

Recommendation The Board is asked to receive and note the report.

Appendix A – Financial Statement April 21 to Dec 21

SSL Financial Position	Annual budget	Annual budget	M9		
			Budget	Actuals	Variance
			£'000s	£'000s	£'000s
Sale & Leaseback	12,134	12,134	9,100	9,641	540
Lease & Long License	2,128	2,128	1,596	1,913	317
Contract Management	1,906	1,906	1,429	1,346	(83)
Facilities Services	2,567	2,567	1,925	2,083	157
Grounds and Garden	285	285	214	173	(41)
PPE & Warehouse	118	118	89	121	32
Pharmacy	2,864	2,864	2,148	2,411	263
External Services - Head of Assets	180	180	135	173	37
External Services - STP	95	236	172	(21)	(193)
External Services - CCG Vaccine Programme	886	2,425	1,912	2,609	696
Total income	23,164	24,844	18,722	20,447	1,725
Pay costs	(8,519)	(8,691)	(6,518)	(6,914)	(396)
Drug costs	(2,500)	(2,534)	(1,900)	(2,114)	(214)
Non pay costs	(6,067)	(7,540)	(5,745)	(6,613)	(868)
Clinical supplies costs	0	0	0	0	0
Total Expenditure	(17,086)	(18,765)	(14,163)	(15,641)	(1,478)
EBITDA	6,079	6,079	4,559	4,807	248
Depreciation	(3,982)	(3,982)	(3,199)	(3,199)	0
Interest Payable	(2,168)	(2,168)	(1,635)	(1,596)	39
Interest Receivable	0	0	0	0	0
Finance Lease	(390)	(390)	(292)	(292)	0
Profit / (Loss) before tax	(461)	(460)	(567)	(280)	286
Taxation	(384)	(384)	(288)	(288)	0
Profit / (Loss) after tax	(845)	(844)	(855)	(568)	286

Appendix B – 5 year Forecast 2021 to 2027

SSL I&E 5 Year Forecast	21/22 Forecast £000's	22/23 Forecast £000's	23/24 Forecast £000's	24/25 Forecast £000's	25/26 Forecast £000's	26/27 Forecast £000's
*Total Trading Income	26,569	24,447	24,776	25,111	25,452	25,800
Pay Costs	(9,229)	(9,144)	(9,327)	(9,514)	(9,704)	(9,898)
Drug Costs	(2,739)	(2,755)	(2,772)	(2,788)	(2,805)	(2,822)
Non Pay Costs	(8,276)	(6,330)	(6,444)	(6,560)	(6,678)	(6,799)
Total Trading Expenditure	(20,244)	(18,230)	(18,544)	(18,863)	(19,188)	(19,519)
EBITDA	6,326	6,216	6,232	6,248	6,264	6,281
Depreciation	(3,982)	(3,037)	(2,124)	(1,944)	(1,943)	(1,940)
Interest Payable	(2,129)	(2,077)	(1,983)	(1,886)	(1,787)	(1,685)
Finance Lease	(390)	(390)	(390)	(390)	(390)	(390)
Total Capital Financing	(6,500)	(5,503)	(4,497)	(4,220)	(4,119)	(4,014)
Profit / (Loss) before Tax	(175)	713	1,735	2,028	2,145	2,267
Corporation Tax	(473)	(482)	(511)	(536)	(558)	(577)
Profit / (Loss) after Tax	(647)	231	1,224	1,492	1,587	1,690
Benefit to the Trust						
Total Benefit to the Trust (Not in P&L)	2,467	2,793	2,252	1,817	1,824	1,832
Total Benefit after Tax	2,292	3,506	3,988	3,845	3,969	4,098

Notes:

- Forecast **does not** include any revenue from new business development opportunities.
- Forecast **does not** include any financial benefits or savings which are delivered by our PFI contracts management team.
- Capital expenditure reduced to normal levels after 2024, following the major door replacement programme.
- **No** major capital spend on New Reaside or Highcroft is included.

Appendix C: Dispensing Performance Community Teams

A RAG traffic light system to identify service performance against benchmarking:

As part of joint service development, Summerhill produces a monthly prescription report for all outpatient prescriptions to benchmark performance and improve service delivery. Below are the parameters set by the Superintendent at Summerhill Services Ltd, the gold standard is 95% of prescriptions should be achieved to the required by date/time set by the team.

• ≥95% : Green Result

- o Both the community team and pharmacy are performing to ensure all prescriptions are achieved to time

• ≥85% - <95%: Amber Result

- o There are elements in either pharmacy or the community team which are preventing prescriptions achieving to time
- o If consecutive amber for 3 months completed an investigation of prescriptions for the current month within 10 days
- o Results shared with the community team manager by day 14
- o Agreed action plans to be generated thereafter

• <85%: Red Result

- o Investigation into failed prescriptions must be completed within 10 days
- o Results shared with the community team manager by day 14
- o Agreed action plans to be generated thereafter

Benchmarking Report for Outpatient Prescriptions

Benchmarking Report for Compliance aids

Team	Achieved to date/time Nov-21	Not Achieved to date/time Nov-21	Percentage Achieved to date/time Nov-21	Percentage Achieved to date/time Oct-21	Percentage Achieved to date/time Sep-21
Aston and Nechells Community Team	135	1	99%	98%	97%
Central Assertive Outreach	54		100%	97%	98%
East hub Older Adults	6		100%	100%	100%
East Assertive Outreach	44	1	98%	95%	98%
Handsworth AOT	47		100%	100%	97%
Kingstanding & Erdington CMHT	216	7	97%	97%	97%
Ladywood & Handsworth CMHT	103	2	98%	94%	100%
Longbridge CMHT	164	8	95%	97%	99%
Lyndon CMHT	64	2	97%	98%	100%
Newbridge Clinic	181	5	97%	99%	99%
Newington CMHT	49	1	98%	100%	94%
North Assertive Outreach	56	6	90%	96%	93%
North Hub Older Adults	7		100%	100%	100%
Reaside Community	101	2	98%	99%	98%
Riverside CMHT	6		100%	100%	90%
Small Heath CMHT	19		100%	100%	100%
Solihull Assertive Outreach Team	37	2	95%	97%	97%
Solihull Early Intervention Service	87	3	97%	97%	96%
South Assertive Outreach Team	41	2	95%	95%	97%
Sutton Coldfield Community Team	67	3	96%	94%	98%
The Homeless Team	10		100%	100%	100%
Warstock Lane CMHT	78	2	98%	97%	95%
West Hub Older Adults	1		100%	100%	100%
Yewcroft CMHT's	91		100%	98%	99%
Zinnia CMHT'S	213	12	95%	96%	92%
South Hub Older adults	4		100%	100%	100%
Wilson Lodge	2		100%	100%	100%
MHSOP Solihull Hub	1		100%		100%
Perinatal Community (Barberry)					
Barberry Neuro EEG					
Grand Total	1884	59	97%	97%	97%

Compliance Aids	Achieved to date/time Nov-21	Not Achieved to Date/time Nov-21	Not Achieved to Date/time Nov-21	Percentage Achieved to date/time Oct-21	Percentage Achieved to date/time Sep-21
Aston and Nechells Community Team	26	1	96%	91%	94%
Central Assertive Outreach	26	1	96%	94%	95%
East Assertive Outreach	20	2	91%	94%	96%
Handsworth AOT	18	1	95%	92%	100%
Kingstanding & Erdington CMHT	32		100%	95%	100%
Ladywood & Handsworth CMHT	21	1	95%	94%	100%
Longbridge CMHT	36	3	92%	96%	93%
Lyndon CMHT	23	1	96%	100%	100%
Newington CMHT	17		100%	100%	100%
Newbridge Clinic	15		100%	100%	100%
North Assertive Outreach	28	1	97%	100%	100%
Reaside Community	36	2	95%	86%	94%
Riverside CMHT					
Small Heath CMHT					
Solihull Assertive Outreach Team	10		100%	100%	100%
Solihull Early Intervention Service	6		100%	100%	100%
South Assertive Outreach Team	22	2	92%	100%	96%
Sutton Coldfield Community Team	7		100%	100%	100%
Warstock Lane CMHT	22		100%	90%	100%
Yewcroft CMHT's	15		100%	93%	100%
Zinnia CMHT'S	48	1	98%	97%	100%
Grand Total	428	16	96%	95%	98%

16. Questions from Governors & Public

17. Any Other Business

18. Feedback on Board Discussions