Council of Governors

Schedule   Thursday 12 January 2023, 12:00 PM — 2:00 PM GMT

Organiser   Hannah Sullivan

Agenda

Agenda

COUNCIL OF GOVERNORS

To be held 12:00 – 14:15pm, Thursday 12 January 2023, via video-conferencing
AGENDA

	Item	Purpose	Lead	Enc	TIMINGS
1.	Apologies for absence		Chair	*(Verbal)*	*12 :00pm*
2.	Introductions and Welcomes	Information	Chair	*(Verbal)*	*12 :03pm*
3.	Declaration of Interests	Information	Chair	*(Verbal)*	*12:05pm*
4.	Minutes from the previous meeting	Approval	Chair	*(attached)*	*12 :07pm*
5.	Matters Arising & Action Log	Assurance	Chair	*(attached)*	*12 :10pm*
6.	Governor statement	Information	F. Uddin	*(Verbal)*	*12 :15pm*
7.	Chair's Report	Assurance	Chair	*(attachedl)*	*12 :20pm*
8.	Chief Executive's Report	Assurance	R. Fallon-Williams	*(attached)*	*12:25pm*
9.	**GOVERNANCE**				
9.1	Elections update and declaration of results	Assurance	H. Sullivan	*(attached)*	*12:35pm*
9.2	**9.2.1** Lead and Deputy Lead Governor appointments	Approval	H. Sullivan	*(verbal)*	*12 :45pm*
	9.2.2 Quick words of acceptance and thank you from the Lead and Deputy Lead Governors				*12 :55pm*
10.	**PERFORMANCE**				
10.1	Finance Report	Assurance	D. Tomlinson	*(attached)*	*13 :00pm*
11	**PARTNERSHIPS**				
11.1	ICS Update	Assurance	J. Travers	*(verbal)*	*13 :10pm*
11.2	Mental Health Provider Collaborative – Significant Transaction update	Assurance	P. Nyarumbu	*(presentation)*	*13 :20pm*
11.3	Community Transformation (for information only)	Information		*(attached)*	*13 :35pm*
12.	**NED ASSURANCE REPORTS**				
12.1	Report from the Chair of Quality, Patient Experience and Safety Committee	Assurance	L. Cullen	*(attached)*	*13 :35pm*
12.2	Report from the Chair of FPP	Assurance	R. Beale	*(attached)*	*13 :45pm*
12.3	Report from the Chair of the People Committee	Assurance	A.Baines	*(attached)*	*13 :55pm*

	Item	Purpose	Lead	Enc	TIMINGS
13.	**Any Other Business**				
14.	Governor questions not already taken within the meeting	Assurance	All	*(verbal)*	*14 :05pm*
15.	**Date & Time of next meeting** 9 March 2023 12:00 – 14:00pm via video-conferencing.				

1. Apologies for absence

2. Introductions and Welcomes

3. Declaration of Interests

4. Minutes from the previous meeting

Birmingham and Solihull
Mental Health
NHS Foundation Trust

MEETING	MINUTES OF THE COUNCIL OF GOVERNORS MEETING
DATE	10 NOVEMBER 2022
LOCATION	VIA MICROSOFT TEAMS VIDEO MEETING

ATTENDANCE	NAME AND TITLE		
Present	Phil Gayle	-	Chair
	Patrick Nyarumbu	-	Executive Director of Strategy, People & Partnerships
	Mustak Mirza	-	Service User Governor
	Victoria Fewster	-	Service User Governor
	Faheem Uddin	-	Service User Governor
	Stephanie Bloxham	-	Stakeholder Governor
	John Travers	-	Non-Clinical Staff Governor
	Jim Chapman	-	Stakeholder Governor
	Leona Tasab	-	Clinical Staff Governor
	Ken Meeson	-	Stakeholder Governor
	Jon Kennedy	-	Medical Governor
	Ntenisa Kokedima	-	Public Governor
	Christopher Barber	-	Public Governor
In attendance	Winston Weir	-	Non- Executive Director
	Anne Baines	-	Non- Executive Director
	Linda Cullen	-	Non- Executive Director
	Hannah Sullivan	-	Governance and Membership Manager
	David Tita	-	Associate Director of Corporate Governance
	Sharan Madeley	-	Company Secretary
	Andrew Hughes	-	ANHH Consulting
	Sindy Jones	-	ANHH Consulting
	Fabida Aria	-	Medical Director

AGENDA ITEM	DISCUSSION	ACTION (Owner)
1.	**APOLOGIES FOR ABSENCE** Mrs R Fallon- Williams Mr Rohan Manghra Prof R Beale Councillor M Brown	
2.	**Introductions and Welcome** The Chair welcomed all to the meeting and introduced the 4 new members of the Council and Mr D Tita.	
3.	**Declaration of Interests** There were no declarations of interest to be noted.	
4.	**Minutes from the previous meeting** The minutes of the previous meeting were agreed as an accurate record.	
5.	**Matters Arising & Action Log** There were no matters arising for discussion. The actions were updated and noted as complete.	

AGENDA ITEM	DISCUSSION	ACTION (Owner)
6.	**Chairs Report** P. Gayle presented the chairs' update and council members noted the overview of work. P. Gayle confirmed the fourth session of Pull up a Chair with the Chair, has taken place this week. To date there have been a wide range of issues discussed including organisational culture, progress on inclusivity, LGBTQ+ and ideas on improvements for patients. The overall feedback from staff has been very positive and sessions have now been booked up until December 2022. A review of the iniative will be completed after this time and fedback through the People Committee. P. Gayle confirmed a full schedule of site visits are now in place to enable members of the Trust Board and members of the Council of Governors to visit all sites over the coming months. It was agreed H. Sullivan will share the schedule with Governors. P. Gayle confirmed the fourth development session with NHS Providers has taken place with a focused discussion on clarity of roles. P. Gayle was pleased to confirm the interviews for a Non- Executive Director and Associate Non- Executive Director were successful and candidates have been informed and will be joining the Trust in the coming months. J. Travers queried the timescale in place for the new Non- Executive Directors to join the Trust and asked whether it would be possible for them to engage with the Trust and Council of Governors prior to their official start date? P. Gayle confirmed there are no restrictions in place for the Non- Executive Directors to engage before they officially join the Trust and that the recruitment process will be completed as quickly as possible with DBS checks being transferable and reference checks being chased and reviewed as a priority. M. Mirza congratulated P. Gayle on his appointment as Interim Chair and praised the process in place to ensure continuity. **Action : H. Sullivan to share the visits schedule with Governors.**	**H. Sullivan**
7.	**Chief Executives Update** P. Nyarumbu presented the Chief Executive report and highlighted the salient points as follows: • During October we celebrated Black History Month UK as a platform for the whole community to share their stories in their own words. We acknowledged a series of staff over the month in recognition of their contributions. October was also Freedom to Speak Up month and we held a number of events across the Trust and used this time to launch our Freedom to Speak up Champions campaign by inviting expressions of interest from colleagues in this role. PN thanked all colleagues for their support.	

- We launched our participation in this year's annual staff survey on 26 September 2022. There has been a dedicated Listen Up Live session to promote the benefits to staff and J Travers continues to champion ad promote the survey across the Trust. Staff will be given the time to complete the survey with a deadline of this month.

- The reinstatement of face-to-face Corporate Induction commenced on 3 October 2022. The new Induction process and content will be reviewed each quarter and amendment made where required using QI methodology. Initial feedback from staff has been positive.

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

- Changes to the Trust Board were highlighted, including
    o Dr Fabida Aria has joined the Trust as Medical Director following Dr Hilary Grant retiring in July 2022.
    o Steve Forsyth joined the Trust in October 2022 as the Interim Executive Director of Quality and Safety (Chief Nurse) in the absence of Ms Sarah Bloomfield due to an extended period of sickness.
    o Phil Gayle as Vice Chair has taken the role of Acting Chair for the Trust

- The Trust has received notification of industrial action ballots from a number on Unions. The RCN has not met the threshold to strike.
The team continue to work with Union colleagues in relation to the strike action and business continuity plans are being considered in relation to any potential strike action that may result.

- Acute and Urgent Care workforce challenges remain a focus with a review of workforce models to attract candidates being completed. New band 7 roles have been developed and introduced with enhanced clinical leadership being positively received.

- ICCR services are functioning well, processing referrals and assessments with good flow through the system. Progress continues in relation to community transformation, updated will be included on the website following feedback from Governors.

- Secure and Offender Health Services continue to experience significant RMN shortages across the men's and women's services impacting on clinical activities. Ward managers and CNM/Matron's meeting daily on each site to prioritise work and assess shortfalls.

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

- Following the immediate actions we took we have now updating the action plan to fully reflect the report and submitted it this as part of our response during last week. The CQC also made a number of unannounced inspection visits during October across a number of Trust services and sites, we have received some initial high level feedback a large number of data requests have been made (and responded to).

AGENDA ITEM	DISCUSSION	ACTION (Owner)
	Concerns raised have been reviewed and action plans agreed to address all issues and the positive feedback received shared with the Teams involved. J. Kennedy thanked P. Nyarumbu for the comprehensive update and highlighted the importance of community transformation in relation to the function of CMHTs. He noted it would be helpful if a two page document setting out how success and achievements are measured could be drafted and shared for assurance. P. Nyarumbu assured the council the clear objectives have been agreed and will be benchmarked against the national delivery. He agreed to draft a document setting out the objectives. J. Travers thanked P. Nyarumbu for the helpful update and echoed the importance of how fundamental community transformation is for the development of the Trust and queried whether the Non- Executive Directors have oversight? P. Gayle assured the council that this remains a key area of focus for all members of the Trust Board and confirmed work is being distributed amongst the Non- Executive Directors to ensure full oversight. J. Travers welcomed the positive report in relation to recruitment and the successful appointments made. J. Kennedy highlighted the importance of learning from other Trusts in relation to the industrial action ballots. P. Nyarumbu confirmed there are a number of working groups in place to review and support the industrial action and are linked with the Health and Wellbeing Steering Group. He confirmed staff will continue to be supported with a system wide forum review. Lessons will be learnt from system partners who have met the threshold. F. Uddin highlighted the failure of New Dawn many years ago as an incentive for staff to work cohesively and the detrimental impact this had on staff morale. He highlighted the importance of having a robust transformation programme. F. Uddin queried the timeline for updating the website as this has been a long standing issue? P. Nyarumbu thanked F. Uddin for his comments in relation to New Dawn. He assured the council the timeline for the new website to 'go live' is May 2023. M. Mirza stated he is a proud member of the Trust and highlighted the importance of staff wellbeing. He queried how many staff are off sick, vacancy rates and what can be done to retain staff? P. Nyarumbu confirmed there is a workforce and vacancy gap. The current vacancy rate is 14% this has increased due to the new investments and introduction of new roles. Staff sickness is 6.8% with long term sickness on a downward trend. The council were assured the People Committee maintain oversight and staff wellbeing remains a priority.	

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AGENDA ITEM	DISCUSSION	ACTION (Owner)
	M. Mirza queried whether an offer of hot food for staff could be considered?	
	P. Nyarumbu confirmed this will be reviewed and considered through the Health and Safety Group to explore with trade union representatives.	
	L. Tasab highlighted the wider impact for staff in relation to the strike and raised concerns for staff morale. She noted a number of staff will be disappointed with the result for RCN not meeting the threshold for industrial action as staff are already demoralised. She highlighted the importance of staff wellbeing offer and inclusion of offering refreshments in line with what partnering Trusts are offering their workforce.	
	P. Gayle confirmed the People Committee will review the suggestions and thanked all for their views.	
	ACTION: P. Nyarumbu agreed to draft a document setting out the objectives for the setting out how success and achievements are measured in relation to community transformation.	**P. Nyarumbu**
8.1	**Elections update** H. Sullivan provided the Council with an update confirming the elections process for public and staff Governors is now complete and new Council members are present. The Medical Staff Governor election process has been launched and will close Monday 14 November 2022. Results from the election will be shared with all members as soon as the ballot is closed. The Council thanked H. Sullivan for the update and hard work in ensuring the elections have been successful.	
8.2	**Report from the Governance Task & Finish Group** The council received the reports noting the purpose of the report is to seek Council of Governors approval of a number of formal procedures which the Governance Task & Finish Group was asked to address in line with the Terms of Reference for the Group approved by the Council in November 2021. Various governance matters during the last 18 months have highlighted the need for greater clarity in specific areas which needed to be reviewed with possible amendments being required to the Trust Constitution and Standing Orders for the Board of Directors and Council of Governors. The Council of Governors are asked to approve the following: • **Lead & Deputy Lead Governor Enclosure (1)** o AGREE the proposed criteria, eligibility and process for the appointment of Lead and Deputy Lead Governor for inclusion within the Constitution o AGREE the proposed lead governor role description and the proposed process to elect a lead governor. o AGREE to establish the role of deputy lead governor, the proposed deputy lead governor role description and the process to elect a deputy lead governor. • The role, selection/election, tenure, and removal of the Senior Independent Director (Enclosure 2)	

AGENDA ITEM	DISCUSSION	ACTION (Owner)

	o AGREE the process for the appointment of a Senior Independent Director for inclusion within the Trust Constitution
	o AGREE the role profile for the Senior Independent Director
	
	• Code of Conduct for Governors (Enclosure 3)
	   o AGREE the Code of Conduct for Governors
	
	• Process relating to an alleged breach of Code of Conduct and Termination of a Governor (Enclosure 4)
	   o AGREE the process relating to an alleged breach of the Code of Conduct and Termination of a Governor.
	
	• The process of investigations following a complaint involving Non-Executive Directors, or the Trust Chair
	   o AGREE the process relating to the process to be followed following a complaint received against a Non-Executive Director of Chair.
	
	• Amending the Constitution
	   o UNDERSTAND that the amendments, if agreed by CoG, will be submitted for approval at the Board of Directors meeting on 7 December
	   o UNDERSTAND that the Company Secretariat will incorporate amendments, once approved, into a new version of the Constitution and Annexes
	   o UNDERSTAND that that exercise will also afford an opportunity for the Company Secretariat to tidy up the existing document, e.g., by removing references to Monitor, and "initial" appointments to the NHS Foundation Trust when it was first licenced
	   o UNDERSTAND that these changes will be described at the next Annual Members' Meeting, but that they will come into force immediately on approval by the Board of Directors.
	
	P. Gayle confirmed the documents presented for approval have been through rigorous developments and are robust.
	
	The Council of Governors then voted for approval on each of the proposals and agreed the following:
	
	Lead & Deputy Lead Governor appointment- APPROVED
	Approval votes included:
	Mustak Mirza
	Victoria Fewster
	Stephanie Bloxham
	John Travers
	Jim Chapman
	Leona Tasab
	Ken Meeson
	Jon Kennedy
	Ntenisa Kokedima
	Christopher Barber	

AGENDA ITEM	DISCUSSION	ACTION (Owner)
	Faheem Uddin abstained due to lack of oversight on process.	
	The role, selection/election, tenure, and removal of the Senior Independent Director- APPROVED	
	Approval votes included:	
	Mustak Mirza	
	Victoria Fewster	
	Stephanie Bloxham	
	John Travers	
	Jim Chapman	
	Leona Tasab	
	Ken Meeson	
	Jon Kennedy	
	Ntenisa Kokedima	
	Christopher Barber	
	Faheem Uddin abstained due to lack of oversight on process.	
	Code of Conduct for Governors- APPROVED	
	Approval Votes included:	
	Mustak Mirza	
	Victoria Fewster	
	Stephanie Bloxham	
	John Travers	
	Jim Chapman	
	Leona Tasab	
	Ken Meeson	
	Jon Kennedy	
	Ntenisa Kokedima	
	Christopher Barber	
	Faheem Uddin abstained due to lack of oversight on process.	
	Process relating to an alleged breach of Code of Conduct and Termination of a Governor- APPROVED	
	Approval votes included:	
	Mustak Mirza	
	Victoria Fewster	
	Stephanie Bloxham	
	John Travers	
	Jim Chapman	
	Leona Tasab	
	Ken Meeson	
	Jon Kennedy	
	Ntenisa Kokedima	
	Christopher Barber	
	Faheem Uddin abstained due to lack of oversight on process.	
	Process relating to an alleged breach of Code of Conduct and Termination of a Governor- APPROVED SUBJECT TO AMENDMENTS	

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AGENDA ITEM	DISCUSSION	ACTION (Owner)
	There was a detailed discussion in relation to ability of the Chair to resolve a complaint raised in relation to a Governor and concerns were raised in allowing one dedicated person being able to make decisions in silo. It was agreed the first paragraph in the document would be amended to reflect and clarify the checks and balances in place and escalation from the Chair following initial concern/ complaint made.	
	It was agreed the amendments would be made and shared with the Council of Governors via email for final approval.	
	The process of investigations following a complaint involving Non-Executive Directors, or the Trust Chair- APPROVED Approval votes included: Mustak Mirza Victoria Fewster Stephanie Bloxham John Travers Jim Chapman Leona Tasab Ken Meeson Jon Kennedy Ntenisa Kokedima Christopher Barber	
	Faheem Uddin abstained due to lack of oversight on process.	
	Amending the Constitution All members confirmed they have understood the amendments to the constitution.	
	S. Madeley noted her thanks to all members of the Governance Task and Finish Group for their dedications and contributions.	
	P. Gayle echoed the thanks to all members and to S. Madeley.	
	D. Tita thanked all members for the impressive and robust reports and noted this is a positive reflection of the dedication of all members involved.	
	M. Mirza thanked S. Madeley for her hard work and dedication in supporting the Governance Task and Finish Group. He thanked her for respecting all members and for her generosity.	
	F. Uddin queried whether a complaint made against a Governor that is not upheld is kept on record and queried who keeps a record of complaints made.	
	It was confirmed any complaint not upheld is not on file and the processes in relation to any complaints raised against a Governor are held by the company secretariat. **DECISION:** Lead & Deputy Lead Governor appointment- **APPROVED** **DECISION:** The role, selection/election, tenure, and removal of the Senior Independent Director- **APPROVED**	

AGENDA ITEM	DISCUSSION	ACTION (Owner)
	DECISION: *Code of Conduct for Governors-* **APPROVED** **DECISION:** *Process relating to an alleged breach of Code of Conduct and Termination of a Governor-* **APPROVED** **DECISION:** *Process relating to an alleged breach of Code of Conduct and Termination of a Governor-* **APPROVED SUBJECT TO AMENDMENTS** **DECISION:** *The process of investigations following a complaint involving Non-Executive Directors, or the Trust Chair-* **APPROVED** **ACTION: S Madeley to amend and circulate the process relating to an alleged breach of Code of Conduct and Termination of a Governor.**	**S. Madeley**
8.3	**Amendments to the Trust Constitution** The amendments to the Trust constitution were understood and agreed by the Council of Governors.	
9.	**Finance Report** P. Nyarumbu presented the Finance Report highlighting the salient points as follows: • The month 6 consolidated Group position is a deficit of £1.6m year to date. This is £1.6m adverse to the breakeven plan as submitted to NHSE on 20/6/22. • The Group position is mainly driven by the Trust month 6 deficit of £1.9m year to date. Key pressures contributing to the deficit position are slippage on savings delivery, continuing out of area pressures and staffing pressures, particularly in Acute and Urgent Care, leading to a high level of temporary staffing expenditure. • The month 6 year to date temporary staffing expenditure is £19.4m. • The Group cash position at the end of September 2022 is £68.1m. In April 2022 we deposited £20m with the National Loan Fund (NLF) for 6 months, this is due to yield a return of £116k based on the interest rate at the time of placing the deposit. With the predicted interest rate increases we are reviewing our investments to ensure we are maximising our interest receivable potential. • Group capital expenditure as at M06 is £1.64m, which is a significant increase on prior months. This includes an accrual of £0.73m related to Risk Assessment Works, following a review of committed costs and scheme progress by the Estates team. ICT spend of £0.17m has also been recognised in-month. • The YTD position is now £0.41m lower than the initially reported plan. Following a revised forecast received from the Estates team, based on expected expenditure phasing, the overall capital programme is just £0.04m below forecast, and is expected to catch-up in subsequent months. J. Kennedy noted the out of area expenditure is due to the lack of sufficient beds available and pressures in relation to complex patients. P. Nyarumbu acknowledged the need to review different models of care and implications in relation to the use of finances for community transformation. L. Tasab highlighted the importance of making substantive posts more attractive and ensuring staff receive the best supervision possible to maintain retention. She noted the importance of recognising staff wellbeing and making sure staff feel appreciated.	

AGENDA ITEM	DISCUSSION	ACTION (Owner)
	P. Gayle thanked L. Tasab for the constructive feedback and assured her the points raised will be considered. J. Travers queried whether staff will be requested to make additional savings for this financial year? W. Weir assured the council that no further savings for this financial year will be requested from teams as efficiencies will offset the position. He noted the pressures and challenges for 2023/24 and long-term efficiencies are being reviewed and adapted. P. Nyarumbu confirmed the Trust Board will have full oversight of the challenges.	
10.1	**ICS Update** J. Travers confirmed there was a well-attended meeting earlier this week to ensure Governors have oversight of the implications in relation to the ICS. He confirmed there has been positive engagement from local MPs and Patrick Vernon. The Chair of the meeting noted the challenges in retaining and motivating staff. The council were informed there is a further discussion on 13 December 2022, details will be shared. The council noted the addendum and implications for the constitution. L. Tasab noted the frustrations in relation to the community transformation and need to align physical and mental health. M. Mirza confirmed there was positive attendance at the meeting and he was proud to represent the Trust.	

10.2	**Mental Health Provider Collaborative – Significant Transaction**
	P. Nyarumbu presented the Significant Transactions and highlighted the salient points as follows:
	
	• The role of the Council including:
	  ○ Appoint and remove the Chair
	  ○ Appoint and remove the other non-executive directors
	  ○ Decide remuneration and broader terms and conditions for the Chair and the NEDs
	  ○ Approve (or not) the Chief Executive Officer
	  ○ Appoint and remove the external auditors
	  ○ Receive the accounts at the Annual Members' meeting
	  ○ Approve any significant transaction
	• Four provider collaboratives will be established: mental health, adult acute, children's and women's, community (including learning disabilities and autism)
	• Brings together:
	  ○ BSMHFT
	  ○ Forward Thinking Birmingham (Birmingham Women's and Children's)
	  ○ The Third Sector
	  ○ The two Local Authorities (as Associate Partners)	

AGENDA ITEM	DISCUSSION	ACTION (Owner)
	• BSMHFT as Lead Provider will hold a "Service Integrator Contract" with the ICB and all commissioning monies will flow into the Trust = £307.3m The council noted the recommendations.	
11.1	**Report from the Chair of QPES** L. Cullen presented the assurance report and highlighted the salient points as follows: • Following the BBC Panorama programme which showed patients being abused while in the care of an NHS Trust and the Dispatch programme of another the Trust is taking issues raised very seriously to ensure that we are doing everything possible to identify, eradicate and prevent this kind of abuse happening within this organisation. The committee noted the letter received from NHS England that outlines key areas to review and were assured that processes are in place to mitigate risks and ensure the quality of patient safety is compliant. • Staffing remains a concern and will be escalated to Trust Board.	
11.2	**Report from the Chair of FPP** In the absence of R. Beale W. Weir presented the report and highlighted the salient points as follows: • Agency spending is running higher than the NHSE-set target, in common with other organisations and primarily reflects issues with staffing. Fortnightly agency spend review meetings are taking place to ascertain and plan measures and controls to keep agency spend to a minimum. Opportunities are being considered for attracting and retaining substantive staff. • The month 6 Group position was a deficit of £1.6m year to date, this was £1.6m adverse to the break-even plan as submitted to NHSE on 20/6/22. The position comprised a £1.9m deficit for the Trust, a £6k deficit for Summerhill Services Limited (SSL) and a £125k surplus position for the Reach Out Provider Collaborative. The month 6 Group deficit position was mainly driven by slippage on savings, out of area placements and staffing pressures. • The one area the Committee's attention was due to was temporary staffing spend with the current forecast being a total of £39m by the end of the year with approximately £9m on agency and £30m on bank. The Trust spend was £600k higher on bank staff than the previous year. The Trust remained above the NHS ceiling for agency relating to the new rule of aiming for a reduction of 10% and the Trust was running £3m above the ceiling. Since the last meeting, the system has had to submit an agency reduction plan which the Trust has contributed to. • Programmes of work and Assurance on services. • Strategy provided updates on the regional (ICS) update and the direction of travel. We are broadly aligned with the National and Regional direction of travel and are leading on several pieces of work in these arenas. • Key programme and projects related to BSMHFT were presented • Section three offers assurance on all things cyber within the Trust and the ICT performance reports for this latest reporting period. There was lengthy discussion using digital to drive transformation, and the importance of clinical engagement. Engagement with clinicians through professional forums was seen as one way of improving this.	

AGENDA ITEM	DISCUSSION	ACTION (Owner)
	• The committee noted a review of options relating to the Trust's Procurement function given the development of pan-ICS arrangements to ensure sustainability and critical mass. There are some good opportunities associated with closer collaboration with partners and staff within the Procurement team also recognise benefits for themselves. Consultation is progressing with staff on options and the Committee endorsed the proposed way forward.	
11.3	**Report from the Chair of People Committee** A. Baines presented the assurance report and highlighted the following:	
	• At the meeting on the 19th October 2022, the Committee had a deep dive discussion on the Trust values and received a discussion paper to suggest the next steps regarding how the Trust would actively shape the organisational culture. With the aim to create a place where staff feel they belong and to embed the Trust's values and behaviours into the fabric of the day-to-day experience of staff, service users, carers, and our partners.	
	• The quarterly KPI report provided the detail regarding the performance indicators relating to the vacancy position, employee turnover, bank and agency fill rates, fundamental training, appraisals, sickness absence. The challenge of recruitment was reported with the paper outlining the actions being taken. The Trust was continuing to maintain the target and tracking the number of people leaving the organisation each month. In September there was a slight increase in people leaving which had predominately been administrative staff. In terms of nursing colleagues, 6 out of the 52 members of staff who had left were registered nurses but from different directorates. In terms of bank and agency fill rate, this continued to be challenging with an increase in spend for bank usage with the Trust continuing to struggle to fill all shifts requested. It was reported that there was an increase in acuity which put pressure on filling shifts.	
	• Concerns in relation to staff health and wellbeing remain a challenge and key area of focus of the committee. A series of offers have been agreed and offered to staff to support with the cost of living crisis. J. Travers queried the update on the decommissioning of B1 following concerns raised at the previous meeting. A. Baines agreed to follow up with J. Travers, supported by B. Currie. L. Tasab queried the wellbeing of D. Oum. P. Gayle confirmed D. Oum is well and has chosen to focus on other work within the ICB. M. Mirza thanked D. Tita for his contributions throughout the meeting and thanked J. Kennedy for all of his years as a member of the council and noted tis is his last meeting. He noted his thanked to D. Oum and wished her all the nest for the future.	
11.4	**Report from the Chair of Audit Committee** W. Weir presented the report and highlighted the salient points as follows:	
	• The Committee received the final audit on DSPT which was undertaken by TIAA, previous internal auditors. The overall risk assessment across all 10 standards had received a "substantial" rating. The Committee was	

AGENDA ITEM	DISCUSSION	ACTION (Owner)
	informed that this was a positive audit and all the recommendations had been completed. • The Committee received the internal audit recommendation tracking document. The report detailed that status of 48 internal audit actions, 12 were reported as implemented with supporting evidence being provided. There were 13 actions which were due, 3 actions had yet to receive a response and there were 12 actions with revised implementation dates. • The Committee received the Counter Fraud Progress report which included a number of appendices which included the Reactive Benchmarking report, the Local Counter Fraud Specialist Communication Strategy, Mandate Fraud report and the LCFS Newsletter for September 2022. The committee were assured that Local Counter fraud had commenced their work programme. The committee noted Fraud awareness Week in November 2022 and training sessions for HR teams in December 2022.	

11.5	**Report from the Chair of Charitable Funds Committee**
	W. Weir presented the report and highlighted the salient points as follows:
	• The Committee received a detailed presentation from Louise John, Fundraising Manager, on the current priorities for the charity.
	• The committee noted the update and the ongoing work to date including:
	    ○ Bio-site raised £312 – Football Tournament for FIRST
	    ○ Staff Wellbeing Tournament – Ongoing page
	    ○ Amazon smile –Promoting this with all card holders and those that spend on Amazon on behalf of the trust and service user to utilise this platform
	    ○ Regular updates provided for Comms colleague briefing
	    ○ Managing Fundraising Inbox
	• The market value of the fund as at 31st August 2022 is £577,887.20 (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 £9,492. In the previous financial year (2021/22) investment income of £17,983 was received. The performance of the fund in 2022 compared to 2021 presents some mild cause for concern. The committee was disappointed that its investment advisers could not provide a written report to explain what is being done to protect the invested funds in light of recent financial uncertainty in the UK Economy. The committee is assured that the invested value exceeds the historic cost and requires further assurance of the investment policy, to minimise risk to the existing funds.	

12.	**AOB** **CQC interviews** P. Gayle noted the CQC well led inspection commences on 13 December 2023 and the inspectors have asked to interview a range of Governors. P. Gayle confirmed this will be an open and fair process and suggested the following Governors: • Staff Governor- John Travers • Stakeholder Governor- Stephanie Bloxham	

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AGENDA ITEM	DISCUSSION	ACTION (Owner)
	• Public Governor- Victoria Fewster • Service user Governor- Mustak Mirza and Faheem Uddin L. Tasab volunteered to be interviewed. H. Sullivan confirmed all nominations agreed will be provided to the CQC and they will choose who they want to interview. The council agreed to the proposed Governors. **Close of meeting** P. Gayle thanked all in attendance for their contributions.	
13.	**Governor Questions** There were no additional questions from Governors.	
14.	**Date & Time of Next Meeting** 12 Noon, 12 January 2023	

5. Matters Arising & Action Log

NHS
Birmingham and Solihull
Mental Health
NHS Foundation Trust

ACTION LOG: COUNCIL OF GOVERNORS

MONTH & AGENDA ITEM NO	TOPIC & AGREED ACTION	LEAD	ORIGINAL TIMESCALE	RAG	COMMENT
November 2022 Item 6	Chairs Report H. Sullivan to share the visits schedule with Governors.	H. Sullivan	January 2023		Complete
November 2022 Item 7	Chief Executives Update P. Nyarumbu agreed to draft a document setting out the objectives for the setting out how success and achievements are measured in relation to community transformation.	P. Nyarumbu	TBC		
November 2022 Item 8.2	Report from the Governance Task & Finish Group S Madeley to amend and circulate the process relating to an alleged breach of Code of Conduct and Termination of a Governor.	S. Madeley	January 2023		Complete

RAG KEY

Overdue
Resolved
Not Due

6. Governor statement

7. Chair's Report

Meeting	COUNCIL OF GOVERNORS
Agenda item	Item 7
Paper title	**CHAIR'S REPORT**
Date	12 January 2023
Author	Phil Gayle, Chair
Executive sponsor	Phil Gayle, Chair

This paper is for (tick as appropriate):

☐ Action	☐ Discussion	☒ Assurance

Executive summary & Recommendations:

The report is presented to Council 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 COUNCIL OF GOVERNORS

1. **INTRODUCTION**

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

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

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

2. **CLINICAL SERVICES**

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

3. **PEOPLE**

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

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

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

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

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

4. **QUALITY**

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

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

5.   SUSTAINABILITY

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

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

5.3   I am pleased to be able to confirm the Task and Finish Group proposals were presented to the Board of Directors in December 2022 and approved. All changes to the constitution have been made.

6. Departing NED

6.1   I did receive a request from a Non-Executive Director (NED) for their tenure of office to be extended by 12 months. However, giving that the Board has already recruited one NED designate and one NED as replacement and that of the other NED who had departed some months ago, the Chair was unable to recommend an extension for 12 months. However, the Chair has extended the NED's tenure of office until 1st February 2023 to enable smooth transition and handover.

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

PHIL GAYLE
CHAIR

8. Chief Executive's Report

Council of Governors

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Meeting	**COUNCIL OF GOVERNORS**
Agenda item	**Item 8**
Paper title	**CHIEF EXECUTIVE and DIRECTOR of OPERATIONS REPORT**
Date	12 January 2023
Author	Vanessa Devlin and Roisin Fallon-Williams
Executive sponsor	Roisin Fallon Williams

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

Executive summary

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

Reason for consideration

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

Paper previous consideration

Not Applicable

Strategic objectives

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

Financial implications

Not applicable for this report

Risks

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

Equality impact

Not applicable for this report

Our values

Committed
Compassionate
Inclusive

CHIEF EXECUTIVE and DIRECTOR of OPERATION'S REPORT

COVID 19

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

PEOPLE

Organisational Development
People Committee
A paper was submitted to the November People Committee providing information and interpretation on how staff who are subject to the organisational change process have experienced the process. This report provided valuable insight into the strengths and areas for development within our current organisational change arrangements, and the People and OD Department have committed to reviewing our current policy as a response to this feedback.

Project Flourish
Project Flourish, our evolving talent management programme for our disabled and Black, Asian, and Minority Ethnic colleagues, has progressed within its cross team working party set up to support equitable access to development and growth, whatever that looks like for them to flourish, in the form of support, resources and tools. It is intended to engage with the wider workforce regarding this piece of work in January 2023.

Strategic Workforce Planning
Strategic Workforce Planning has been a key feature of our work during the month of November. The Workforce and Analytics Team have worked together to map our all recruitment and retention activities that are in place within the Trust, and will be engaging with the Senior Leadership Team during December to receive feedback on the current activities and how we can embolden them to enable the Trust to better meet its current workforce supply and retention challenges.

Cost of living
The Trust continues to establish both independently and with system partners approaches to support colleagues (and Service Users) with the impacts of the cost of living emergency. These include a further increase in mileage rates, highlighting opportunities for discounts, considering options for colleagues to sell annual leave (as we offered last year) and a commitment to use an organisation called Wagestream that will allow colleagues to draw down some of their salary in advance of the usual monthly payroll. The Wellbeing Steering Group continue to meet, taking on board proposals and ideas that are shared with them on an on going basis, for example they are currently looking at the logistics and viability of establishing Pantry's at our sites.

Industrial Action Planning and Ballots

The Trust received information that BSol will lead on Emergency Planning activities on the 15 and 20 December 2022; the dates identified by the RCN on which they will enact their mandate for industrial action. Senior leaders are engaging with BSol colleagues to understand if there will be any implications for patients, service-users and staff.

Within BSMHFT, both the RCN and Unison balloted members to ascertain whether they would support industrial action. Both unions did not achieve the two tests that would have provided them with a mandate for industrial action within BSMHFT. The results of both ballots are as follows:

Royal College of Nursing

Number of individuals who were entitled to vote in the ballot 938
Number of votes cast in the ballot 406
Votes cast in the ballot as a % of individuals who were entitled to vote 43.28%
Question; Are you prepared to take part in strike action?
Number of spoilt or otherwise invalid voting papers returned 0
Result of Voting
Yes 386   95.07%
No 20   4.93%
"Yes" votes as a % of individuals who were entitled to vote 41.15%

Unison

Question: Are you prepared to take part in strike action?
Number of individuals entitled to vote: 1178
Number of votes received: 354
Yes: 318   90.86%
No: 32   9.14%
Number of spoiled or otherwise invalid vote papers returned: 4
Whether or not the number of votes cast in the ballot is at least 50% of the number of individuals who were entitled to vote in the ballot: No
Whether or not the number of individuals answering "Yes" to the question is at least 40% of the number of individuals who were entitled to vote in the ballot: No
Question: Are you prepared to take part in industrial action short of strike?
Number of individuals entitled to vote: 1178
Number of votes received: 354
Yes: 318   94.08%
No: 20   5.92%
Number of spoiled or otherwise invalid vote papers returned: 16

CLINICAL SERVICES

Summary

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

Acute and Urgent Care

Workforce Updates
Staffing across the directorate continues to be a challenge coupled with the high levels of patient acuity. However, there are various efforts being implemented to help address these issues. For example,
- Acute care is now piloting the use of Medical Support Workers.
- Recruitment for other posts including diverse roles for the North pilot is progressing well,
- Assistant Psychologists have started working on the wards.
- A part-time Consultant Liaison Psychiatrist has been appointed to the City Hospital.
- The third room at the Place of Safety is functional and there is an ongoing campaign to recruit staff to enable optimal utilisation of our Psychiatric Decision Unit.
-We have drawn up a co-produced A&UC staffing action plan that has involved scheduled focus groups and questionnaires.

Clinical Updates
-The Reducing Restrictive Practice Plan has started on Meadowcroft, and this will help improve the patient journey.
-The first stage of the plan to amalgamate the bed management processes with Forward Thinking Birmingham (FTB) commenced last month.
- Efforts to identify and address potential obstacles in referring patients to beds at the Crisis House that remain underutilised are still ongoing.
-Several GP trainees' posts across the acute inpatient wards will become vacant leaving a potential clinical risk. The Clinical Director is working with the relevant teams to mitigate risks by bringing in locum doctors.

Care Quality Commission (CQC) updates
Verbal feedback received by CQC acknowledged the compassion shown by staff during the provision of care as well as the good local management systems in place at most sites.

Integrated Community Care and Recovery (ICCR)

ICCR community services are all undergoing transformation and growth, inclusive of: CMHT, addictions, homeless services, Community rehabilitation, Early Intervention Services and Solar CAMHS. This is welcomed and very positive investment into our community mental health services. Despite additional challenges to capacity to deliver on new investments and expectations, all services are delivering in accordance with plans.

In addition to transformation and growth plans in ICCR all services are focused on quality assurance projects that include readiness for regulatory inspections, waiting time initiatives, digital support projects and a focus on improving our service user experience. We are working towards increasing the uptake of the Friends and Family Test (FFT) as well as working on the outcomes of this year's community patient's survey.

Our Inpatient wards are focusing on reducing restrictive practice and building on and enhancing our recovery focused offer of care.

On a celebratory note, Our Early Intervention Service have won 'Team of the year' awarded by the Royal College of Psychiatrists. Our Solar Eating disorder Team Manager has developed a series of case studies that have been picked up and shared by NHS England & Improvement. One of our Nurses has been honoured with the prestigious queens nursing award. We are very proud of all of our teams' achievements.

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Secure Care & Offender Health (Scoh)
These services continue to experience significant RMN shortages across the men's and women's services impacting on clinical activities. Ward managers and CNM/Matron's meet daily on each site to prioritise work and assess shortfalls. Sites offer support by sending staff to ensure there is at least 1 RMN on each ward. Ward Managers and Matron's work within approved staff numbers where necessary, and Occupational Therapy/Psychology is being utilised to support activities on the wards. All Ardenleigh wards are being managed safely.

There are capacity issues across our FIRST service due to medical gaps, with Community Psychiatric Nurses at capacity. FIRST is combining resources with Reach Out to assist with this gap.

HMP Healthcare, are also impacted by staff shortages in Birmingham Community Healthcare which impacts trust wide. Funding is being provided from Birmingham Community Healthcare to BSMHFT to recruit senior pharmacy technicians to support team gaps.

The Tamarind service will be celebrating today the anniversary of its opening with a number of events on the site involving colleagues, partners and service users.

Specialties

Dementia and frailty inpatients

Workforce updates
Nursing roles at Band 5 vacancies remain an area of focus. The service at Juniper is part of the international recruitment programme in the New Year and working to include additional supportive roles.

Delayed Transfers of Care have increased significantly mainly due to complexities of service users and limited places available to meet their needs. We are working closely with our Social care colleagues on addressing these.

Jasmine - Patient numbers remain low. Currently working through options to utilise beds for non-deaf patients should bed occupancy remain low. Consideration of the implications via a Clinical Quality and Equality Impact Assessment (CQEIA). The new Clinical Development Lead will focus on promoting the service across the region to ensure all deaf patients requiring beds in the region are being given access to the ward.

Neuro /Video Telemetry service – we have seen an increase in the number of patients in the service. One of our Occupational Therapist has recently presented at an international conference in Colombia on work done within the service to help patients with Huntington's Disease.

Older Adult Community Mental Health Teams (CMHTs)

Our Community transformation work continues and remains on track..

The high levels of acuity and increased numbers of people in crisis being managed in the community is impacting on the numbers needing admissions, the teams are working together to prioritise and manage risk.

Birmingham Healthy Minds (BHM)
Our work with the university educators grows from strength to strength as we continue to recruit both high and low Intensity Cognitive Behavioural Therapy trainees. Thank you to our Project Management and Communications Team for their support which enabled us to complete develop our recruitment pack. A task and finish group has been established to address the waiting lists challenges in addition to the service wide recovery action plan and four out of six of our GP walk-ins have now recommenced.

Bipolar Service
We are being asked more frequently by higher education institutions and other mental health providers to offer training in psychological interventions for bipolar conditions, as the Trust is viewed as a gold-standard and innovative service with a long history (over 30 years) of quality psychological care for this client group. We therefore plan to undertake this and aim to licence our materials for use by other services in 2023.

MERIDAN Family Programme
The new Deputy Head of the programme commenced last month has had a positive impact on the team. We have started involving affiliated trainers in the delivery of Health Education England (HEE) FI training.

Veteran's Service
Veterans' services are working closely with our partners in Lincolnshire and Coventry to plan team away days across the Midlands to ensure staff and patients are involved in the Older People clinical model discussions to ensure staff engagement.

SUSTAINABILITY

Funding
Additional funding for the NHS and social care was announced by the Government as part of the recent Autumn Statement. We await the detailed planning guidance but expect mental health commitments to be maintained. Early indications suggest that we will continue to see pressures next year as well as significant challenges around efficiency.

ICB update
Further changes to the leadership arrangements at University Hospitals Birmingham NHS Foundation Trust (UHB) and NHS Birmingham and Solihull Integrated Care Board (ICB), have been announced in month.

Harry Reilly, currently Interim Chair of University Hospitals Birmingham, will step down from the role on 30 November 2022.

Dame Yve Buckland, current Chair of the ICB, will become Interim Chair of UHB on a short term basis.

Patrick Vernon, the ICB's current Non-executive Director for Inequalities and Vice-Chair, will become Interim Chair of the ICB.

David Rosser has announced his departure From UHB to undertake a new system role in the new year, leading on digital development.

West Midlands Provider Collaborative

Governance

A Memorandum of Understanding (MoU) agreement now has been drafted and will be reviewed and approved by the Provider Collaborative Executive Board on 9th December 2022; this will then be discussed by each Trusts Board for agreement, with a view to the MoU becoming effective from April 2023.

Priority Development Areas

The Collaborative Partners have agreed that, supported by Collaborative colleagues, each priority area will be owned by one of the Trusts and their Director of Strategy who will be accountable to the Provider Collaborative (PC) Executive Board, reporting progress and providing assurance for delivery. Proposals for each priority area will be developed and shared with the Collaborative Executive Board for approval to begin work over the next few months.

Priority 1- Development of an All-Age West Midlands MH and LDA Strategy- The strategy will be underpinned by co-production, population health needs, review and alignment of local priorities sources across all partners and will bind organisational strategies together to make the impact greater across the West Midlands. The development of the strategy will run from Dec 2022 and will align with the new ICB strategies and the National Operating Plan publication, and be finalised in April 2023.

The data and evidence gathered during the population health analyses will support the development of subsequent strategies, such as regional bed strategy, community CAMHS approaches, as well as informing other priority programmes to co-produce at scale solutions.

Priority 2- Regional Bed Strategy- The focus will be to understand demand and capacity for locally commissioned services, to determine capacity and challenges impacting on local systems and assess opportunities for joined up approaches to address these capacity challenges, and identify areas where there is potential to improve quality and/or value for money. It is anticipated that the development of the local capacity will remain within the remit of the Lead Provider and Provider Collaborative Boards. A detailed programme proposal will be developed in February 2023 to initiate the project across all Trusts.

Priority 3- Community CAMHS Pathways Improvement- The focus will be on those services where there is an increased demand from children and young people with complex, acute and high levels of needs. The investigative stage will aim to achieve insight into why other CYP and CAMHS pathways are not effectively managing the need of these cohorts of patients, and consider future demand for adult services. This programme will run in alignment with the Regional CAMHS Tier 4 Provider Collaborative to ensure alignment between pathways. A detailed programme proposal will be developed in February 2023 to initiate the project across all Trusts.

Priority 4- Increase of Supervision Capacity for Psychological Therapies- A Hub model has been agreed for implementation across the West Midlands. Trust leads are working together to define the operating model, standards for delivery and undertaking capacity requirement exercise. Following the completion of the demand exercise, it is intended to hold a market engagement event with providers to secure additional supervision capacity to be utilised across all Trusts.

Priority 5- Clinical Support Worker Role Development Framework- The focus of the Programme is to develop a competency framework and an accompanying career progression scheme for those non-qualified staff (band 2 to 4) working in clinical environment, and a suite of training and development programmes (induction and retention) to equip support staff with softer and clinical skills. A similar Programme has been successfully trialed in East Midlands region, and an external provider has been identified as a delivery partner. The proposal outlining the delivery approach, seeking approval will be presented to the Provider Collaborative Executive Board on 9th December.

Other Developments
Regional Psychological Therapies Forum– Trusts Chief Psychological Professional Officers (CPPOs) have agreed to establish a Strategic Forum to develop consistent approaches in the planning and delivery of psychological therapies and support the development of effective workforce planning across the West Midlands. The Forum will provide steer in strategic developments and governance framework to discuss key issues with a view to formulating recommendations to be considered by the Provider Collaborative Executive Board, and subsequently for approval by each Trust.
Staff Mental Health and Wellbeing Hubs- The Trusts across the West Midlands have established mutual support arrangements, and recently shared their challenges in securing recurrent funding as the national funding of the Hubs are ending. Each Trust is reviewing demand and capacity data to engage in discussions with their ICBs to determine ongoing funding. A meeting is taking place in December amongst Trust colleagues to share local pictures and develop a consistent response and approach. A discussion is scheduled at the Provider Collaborative Executive Board in January 2023 to determine how Trusts can best support ICB discussions in securing funding, and what alternatives and options could be considered.

Regional LDA Complex Care Advisory Panel- The recent rise in complex LDA placement discussions between ICS colleagues and Trusts highlighted a gap across the region in bringing together clinical expertise to assess and agree needs and how resources can be used collectively. Discussions are underway with all West Midlands ICBs and LDA Trusts to introduce the Panel in early 2023.

NHS England Specialised Commissioning Delegation- NHS England previously shared its intention to devolve specialised mental health and learning disability and autism budgets to ICBs from 2024 onwards. The West Midlands Provider Collaborative is engaging in discussions with NHSE Regional Team and ICBs to determine any supporting role they can play in ensuring alignment between the NHS Led Specialised Mental Health and Learning Disabilities and Autism Provider Collaboratives and local pathway integration and service development.

BSoL Mental Health Provider Collaborative
Work is progressing around the development of the BSOL Mental Health Provider Collaborative, in particular:

- The Provider Collaborative partners have submitted an Integrated Delivery Plan to BSOL ICB to provide assurance on the readiness to operate from 01st April 2023. This Integrated Delivery Plan set out the collective leadership, vision and values that

underpin the collaborative and included key plans around finance, commissioning, contracting, people and quality.

- As part of preparing the Trust to have the right capacity and capability to take on the new responsibilities as a lead provider, the BSOL Mental Health commissioning team have aligned into the Trust from the 21/11/22. We welcome this team who bring with them a wealth of knowledge and experience around service design and transformation.
- Work continues on the development of a Partnership Agreement, Risk Share and Data Sharing Agreements.
- Engagement continues with the third sector to understand and develop a future approach to commissioning and contracting that ensures that we continue to support the development of a sustainable third sector.
- It is anticipated that the outcome of the assurance process and approval to proceed will be announced in mid-January 2023.

QUALITY

CQC Focused Inspection
As the Board is aware the CQC made a series of unannounced inspection to services in November and we will have our Well led inspection later in December. .

NATIONAL ISSUES

NHS Providers Operating framework
On 12 October, NHS England (NHSE) published its new operating framework. The document sets out how the NHS will operate in the new statutory framework created by the Health and Care Act 2022, and reflects the formal establishment of integrated care systems (ICSs) and NHSE's expanding remit. The framework defines NHSE's purpose, its areas of added value, and sets out the roles and accountabilities of providers, integrated care boards and NHSE's national and regional teams. This briefing summarises the content of the guidance and includes NHS Providers' view.

https://www.england.nhs.uk/publication/operating-framework/

Secretary of State for Health and Social Care
Mr Steve Barclay was appointed Secretary of State for Health and Social Care on 25 October 2022. He previously held the same role between 5 July 2022 and 6 September 2022.

He was previously appointed Chancellor of the Duchy of Lancaster and Minister for the Cabinet Office between 15 September 2021 and July 2022.

He was previously Chief Secretary to the Treasury from 13 February 2020 to 15 September 2021 and Secretary of State for Exiting the European Union from 16 November 2018 to 31 January 2020 and Minister of State for the Department of Health and Social Care from January to November 2018. Steve was also Economic Secretary to the Treasury from June 2017 to January 2018.

He served as a Government Whip (Lord Commissioner of HM Treasury) from July 2016 to June 2017. He was elected Conservative MP for North East Cambridgeshire in May 2010.

ROISIN FALLON-WILLIAMS
CHIEF EXECUTIVE

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9. GOVERNANCE

9.1. Elections update and declaration of results

Meeting	**COUNCIL OF GOVERNORS**
Agenda item	9.1
Paper title	Elections update and declaration of results
Date	12 January 2023
Author	Hannah Sullivan, Corporate Governance and Membership Manager
Executive sponsor	Phil Gayle, Chair

This paper is for (tick as appropriate):

☐ Action	☐ Discussion	☒ Assurance

Executive summary & Recommendations:

The report is presented to Council members to provide assurance on the process for elections of appointed Governors.

Reason for consideration:

Information and assurance.

Previous consideration of report by:

Not applicable.

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)

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:

The processes used have been fair, open and inclusive.

Engagement (detail any engagement with staff/service users)

All members of the Board of Directors and Council have been engaged.

compassionate   inclusive   committed

ELECTIONS UPDATE AND DECLARATION OF RESULTS

1.   PURPOSE OF THE REPORT

1.1   To present to the Council of Governors an update on the election process.

1.2   Originally it was planned to hold the elections early in 2022. However, due to resources issues within the governance team and national pressures, to assist Trusts, NHS England/Improvement issued correspondence stating that elections could be postponed.

1.3   The Trust successfully appointed Civica to support the elections process.

1.4   There were six vacancies as follows:

Constituency	Vacancy
South Birmingham & Worcester	Public Governor
Central & West Birmingham	Carer Governor
East & North Birmingham & Black Country Boroughs	Service User Governor

Constituency
Clinical Staff Governor
Non-Clinical Staff Governor
Medical Staff Governor

1.5   All posts have been now successfully appointed too.

1.6   The Trust would like to welcome all new Governors.

1.7   A review of the Governors terms is underway and members attendance at meetings will be monitored to ensure all members of the Council are participating in discussions and obtaining assurances from Non- Executive colleagues.

1.8   Governors terms will be published on the Trust Website and intranet along with contact details.

9.2. Lead and Deputy Lead Governor appointments

9.3. Quick words of acceptance and thank you from the Lead and Deputy Lead Governors

10. PERFORMANCE

10.1. Finance Report

Council of Governors

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NHS
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MEETING	COUNCIL OF GOVERNORS
AGENDA ITEM	**Item 10.1**
PAPER TITLE	**Month 7 2022/23 Finance Report**
DATE	12 January 2023
AUTHOR	Emma Ellis, Head of Finance & Contracts
EXECUTIVE SPONSOR	David Tomlinson, Executive Director of Finance

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

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

Executive summary & Recommendations:

Revenue position
The month 7 Group position is a deficit of £0.7m year to date, this is £0.7m adverse to the breakeven plan as submitted to NHSE on 20/6/22. The position comprises a £1.1m deficit for the Trust, a £2k deficit for Summerhill Services Limited (SSL) and a £146k surplus position for the Reach Out Provider Collaborative. The month 7 Group deficit position is mainly driven by slippage on savings delivery and continuing out of area and staffing pressures.

Capital position
Month 7 Group capital expenditure is £2m, which is £0.6m less than year to date plan but in line with the year to date revised forecast profile.

Cash position
The month 7 Group cash position is £70.5m.

Reason for consideration:

Update on month 7 financial position.

Previous consideration of report by:

❤ **compassionate**   👥 **inclusive**   ✓ **committed**

Regular briefing on financial position with FPP chair and Trust Board.

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

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

Financial Implications *(detail any financial implications*)

Group financial position

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

FPP OVERALL RISK - There is a risk that the Trust fails to make best use of its resources

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

Ongoing financial briefings via Operational Management Team and Sustainability Board.

Finance Report

Financial Performance:

1st April 2022 to 31st October 2022

Month 7
Group financial position

Group Summary	Annual Budget	YTD Position		
		Budget	Actual	Variance
	£'000	£'000	£'000	£'000
Income				
Healthcare Income	295,830	172,568	172,696	129
Other Income	107,927	62,958	66,735	3,777
Total Income	**403,758**	**235,525**	**239,431**	**3,906**
Expenditure				
Pay	(237,321)	(138,438)	(141,398)	(2,960)
Other Non Pay Expenditure	(130,284)	(75,998)	(78,000)	(2,001)
Drugs	(5,956)	(3,474)	(3,795)	(321)
Clinical Supplies	(871)	(509)	(385)	123
PFI	(11,130)	(6,493)	(6,334)	158
EBITDA	**18,195**	**10,614**	**9,519**	**(1,095)**
Capital Financing				
Depreciation	(9,983)	(5,823)	(5,774)	49
PDC Dividend	(1,930)	(1,126)	(1,123)	3
Finance Lease	(4,845)	(2,826)	(2,835)	(9)
Loan Interest Payable	(1,154)	(662)	(688)	(26)
Loan Interest Receivable	97	45	427	382
Surplus / (Deficit) before taxation	**380**	**222**	**(474)**	**(696)**
Profit/ (Loss) on Disposal	-	-	(32)	(32)
Taxation	(380)	(222)	(224)	(2)
Surplus / (Deficit)	**(0)**	**0**	**(730)**	**(730)**

Month 7 2022/23 Group Financial Position

The month 7 consolidated Group position is a deficit of £0.7m year to date. This is £0.7m adverse to the break even plan as submitted to NHSE on 20/6/22.

The Group position is mainly driven by the Trust month 7 deficit of £1.1m year to date. Key pressures contributing to the deficit position are slippage on savings delivery, out of area pressures and staffing pressures, particularly in Acute and Urgent Care, leading to a high level of temporary staffing expenditure. These are partly offset by vacancies across the Trust and slippage relating to Service Development Fund (SDF) investment, some SDF income has been deferred in relation to this. There has been an improvement in run rate in month 7 in line with planned release of deferred income.

The Group position includes a £2k surplus for our wholly owned subsidiary, Summerhill Services Limited (SSL) and a £146k surplus position for the Reach Out Provider Collaborative in line with agreed contribution to Trust overheads year to date. For a segmental breakdown of the Group position, please see page 3.

Council of Governors

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Month 7 Group position Segmental summary

Group Summary	Trust	SSL	Reach Out	Consolidation	Group
	Actual	**Actual**	**Actual**	**Actual**	**Actual**
	£'000	**£'000**	**£'000**	**£'000**	**£'000**
Income					
Healthcare Income	172,696	-	-	-	172,696
Other Income	17,040	15,826	81,607	(47,739)	66,735
Total Income	**189,736**	**15,826**	**81,607**	**(47,739)**	**239,431**
Expenditure					
Pay	(134,873)	(5,986)	(700)	161	(141,398)
Other Non Pay Expenditure	(38,162)	(4,489)	(80,761)	45,412	(78,000)
Drugs	(4,002)	(1,720)	-	1,927	(3,795)
Clinical Supplies	(385)	-	-	-	(385)
PFI	(6,334)	-	-	-	(6,334)
EBITDA	**5,980**	**3,632**	**146**	**(239)**	**9,519**
Capital Financing					
Depreciation	(4,116)	(1,946)	-	288	(5,774)
PDC Dividend	(1,123)	-	-	-	(1,123)
Finance Lease	(2,835)	(221)	-	221	(2,835)
Loan Interest Payable	(688)	(1,239)	-	1,239	(688)
Loan Interest Receivable	1,666	0	-	(1,239)	427
Surplus / (Deficit) before Taxation	**(1,116)**	**226**	**146**	**270**	**(474)**
Profit/ (Loss) on Disposal	(32)	-			(32)
Taxation	-	(224)	-	-	(224)
Surplus / (Deficit)	**(1,148)**	**2**	**146**	**270**	**(730)**

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Temporary staffing expenditure
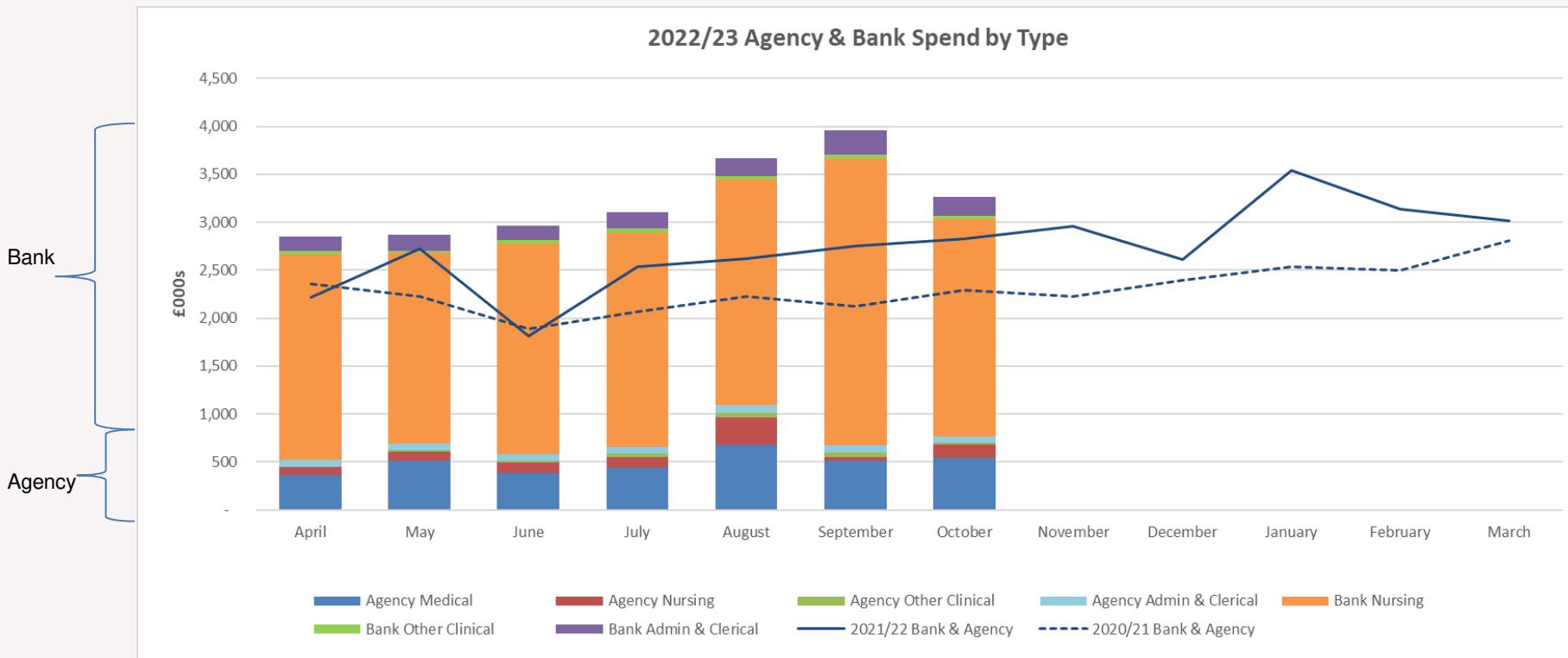
The month 7 year to date temporary staffing expenditure is £22.7m. The graph above shows a breakdown of the temporary staffing expenditure by type.

Bank expenditure £17.7m (78%) – the majority of bank expenditure relates to nursing bank shifts - £16.2m.

Bank expenditure has decreased by £0.8m in October compared to September mainly due to the spike in September driven by payment of the back dated pay award for April to September.

Agency expenditure £5m (22%) – the majority of agency expenditure relates to medical agency - £3.4m.

For further analysis on bank and agency expenditure, see page 5.

Agency and Bank expenditure analysis

Agency expenditure

	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	2022/23 YTD
Agency Spend (£'000)	520	689	576	650	1,095	670	769	4,967
NHSE Ceiling (£'000)	479	479	479	479	479	479	479	3,350
Variance to NHSE ceiling	(41)	(210)	(97)	(171)	(616)	(191)	(290)	(1,617)
Agency Medical	358	515	378	433	677	510	542	3,412
Agency Nursing	86	87	113	117	285	43	136	867
Agency Other Clinical	(1)	20	20	40	45	46	25	195
Agency Admin & Clerical	77	67	66	61	88	71	65	494
Agency Spend (£000s)	520	689	576	650	1,095	670	769	4,967

Total year to date agency expenditure is £5m. This has predominantly been incurred within the following service areas: ICCR £2.5m, Acute & Urgent Care £0.9m, Specialties £0.4m and Corporate £0.5m.

October expenditure is £99k above the September spend, mainly driven by qualified nursing agency in Secure and Offender Health. The year to date average monthly agency spend is £0.7m. This is £0.2m above the 2021/22 monthly average and £0.3m above the 2020/21 average. Year to date spend is £1.6m above the NHSE ceiling which has been set at 90% of 2021/22 spend.

2022/23 Agency Spend by Service Area
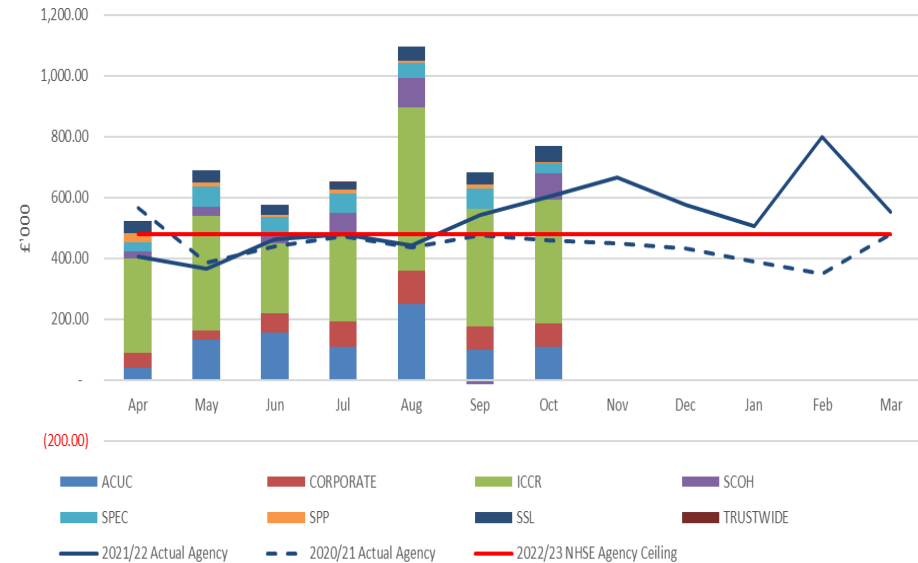
Bank expenditure

Type	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	YTD
Bank Nursing	2,140	1,991	2,196	2,241	2,348	2,991	2,260	16,165
Bank Other Clinical	42	20	39	40	34	45	35	255
Bank Admin & Clerical	145	172	155	171	193	253	197	1,286
Grand Total	2,326	2,183	2,390	2,452	2,575	3,289	2,492	17,707

Total year to date bank expenditure at month 7 is £17.7m. This has predominantly been incurred within the following service areas:
Acute & Urgent Care £7.2m, Secure and Offender Health £4.5m, Specialities £2.8m and ICCR £1.8m.

Total bank spend has decreased by £797k in October compared to September due to payment of the back dated pay award in September.

The average monthly bank expenditure is £2.5m year to date, this is £0.3m above the 2021/22 monthly average and £0.6m above the 2020/21 average.

For further detail on service area pay positions, see page 10.

2022/23 Bank Spend by Service Area
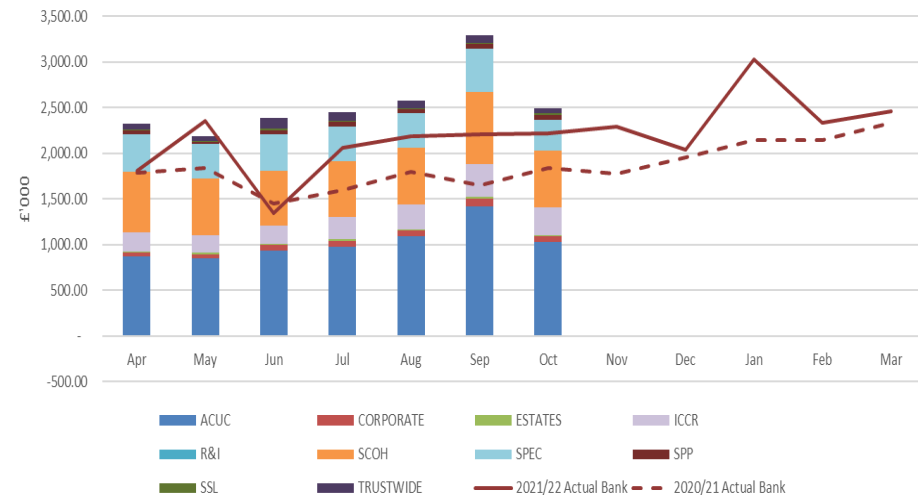
Consolidated Statement of Financial Position (Balance Sheet)

Statement of Financial Position – Consolidated	EOY - Audited 31-Mar-22 £m's	NHSI Plan YTD 31-Oct-22 £m's	Actual YTD 31-Oct-22 £m's	NHSI Plan Forecast 31-Mar-23 £m's
Non-Current Assets				
Property, plant and equipment	186.5	201.4	200.4	201.9
Prepayments PFI	1.6	1.3	2.0	1.3
Finance Lease Receivable	-	-	(0.0)	-
Finance Lease Assets	-	-	0.0	-
Deferred Tax Asset	0.1	0.1	0.1	0.1
Total Non-Current Assets	188.1	202.8	202.5	203.3
Current assets				
Inventories	0.4	0.4	0.4	0.4
Trade and Other Receivables	9.7	11.1	12.4	11.1
Finance Lease Receivable	-	-	-	-
Cash and Cash Equivalents	28.8	53.2	70.5	49.9
Total Curent Assets	38.9	64.8	83.3	61.5
Current liabilities				
Trade and other payables	(29.4)	(46.4)	(55.6)	(46.2)
Tax payable	(4.4)	(4.8)	(5.1)	(4.8)
Loan and Borrowings	(2.7)	(2.7)	(2.4)	(2.7)
Finance Lease, current	-	(1.0)	(1.0)	(1.0)
Provisions	(1.2)	(1.2)	(1.5)	(1.2)
Deferred income	(13.2)	(25.3)	(34.0)	(25.3)
Total Current Liabilities	(50.9)	(81.3)	(99.6)	(81.2)
Non-current liabilities				
Loan and Borrowings	(29.5)	(25.5)	(25.5)	(25.1)
PFI lease	(49.3)	(46.6)	(46.6)	(45.8)
Finance Lease, non current	-	(6.0)	(6.0)	(5.6)
Provisions	(2.4)	(4.3)	(3.5)	(4.3)
Total non-current liabilities	(81.3)	(82.5)	(81.6)	(80.9)
Total assets employed	94.9	103.8	104.7	102.7
Financed by (taxpayers' equity)				
Public Dividend Capital	110.5	113.0	113.0	113.0
Revaluation reserve	27.5	36.8	36.8	36.8
Income and expenditure reserve	(43.1)	(46.0)	(45.1)	(47.1)
Total taxpayers' equity	94.9	103.8	104.7	102.7

SOFP Highlights

The Group cash position at the end of October 2022 is £70.5m (this includes Reach Out).

For further detail on the current month cash position and movement of trade receivables and trade payables, see pages 7 to 8.
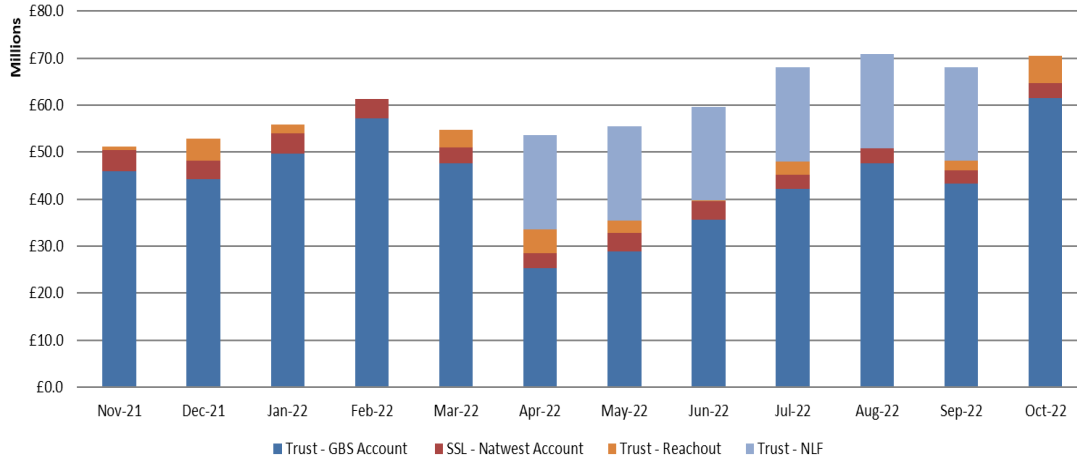
Current Assets & Current Liabilities

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

Current Ratio :	£m's
Current Assets	83.3
Current Liabilities	-99.6
Ratio	0.8

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

Cash & Public Sector Pay Policy

Council of Governors

Birmingham and Solihull Mental Health
NHS Foundation Trust

Group Cash Holding

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

Public Sector Pay Policy

Legend: Target | Volume | Value

Cash

The Group cash position at the end of October 2022 is £70.5m.

In April 2022 we deposited £20m with the National Loan Fund (NLF) for 6 months, this yielded a return of £116k based on the interest rate at the time of placing the deposit. This was returned to the Trust in October 2022.

With the recent announcement of interest rate increases we are reviewing our investments to ensure we are maximising our interest receivable potential.
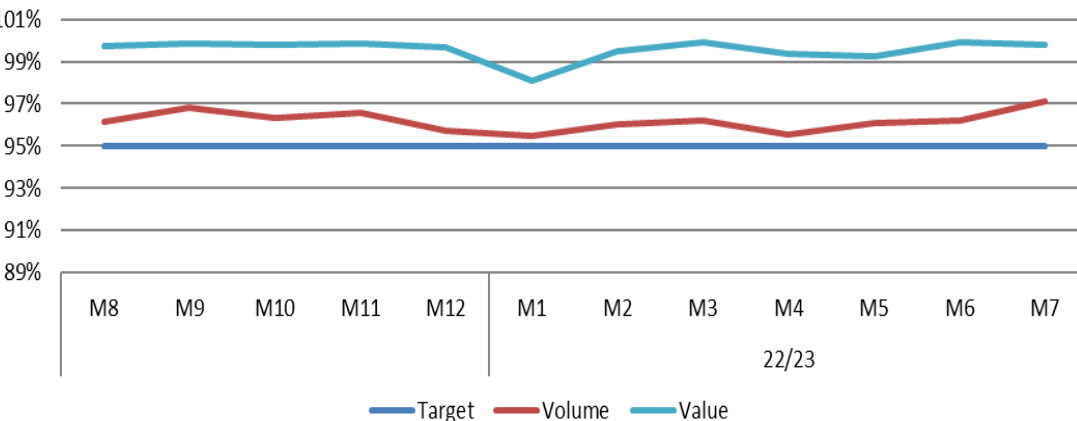
Better Payments

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

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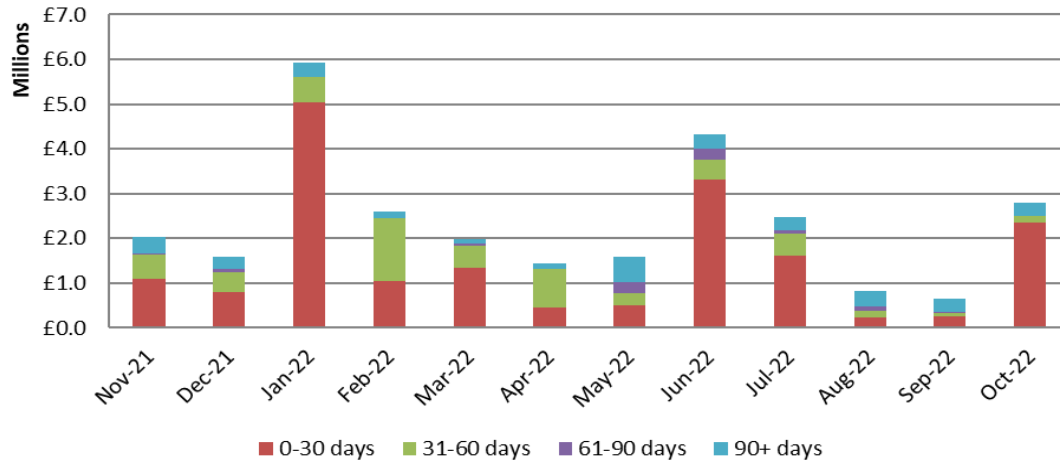
Better Payment Practice Code :

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

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Trust Receivables and Payables

NHS
Birmingham and Solihull
Mental Health
NHS Foundation Trust


Ageing of Trade Receivables

Ageing of Payables

Trade Receivables

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

Receivables :

- **0-30 days**- new invoices raised in the period with no known disputes at present and staff overpayments (on payment plans)
- **31-60 days**- increase of balance mainly NHS monthly charges of £101k outstanding-slow processing of payments, £6k NHSE in query with no other known issues at present, staff overpayments (on payment plans)
- **61-90 days –** mainly staff overpayments (on payment plans)
- **Over 90 days -** balance comprises DOH £114k further delay of obtaining final signature to release payment, staff overpayments (on payment plans).
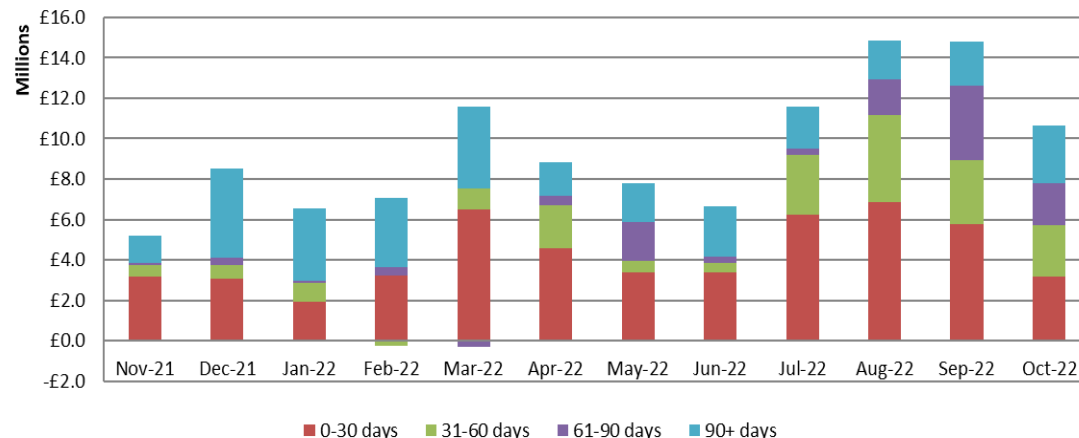
Trade Payables:
Over 90 days -

- NHS Property Services £570k– progress has been made in the past month regarding the lease agreement being finalised to enable payment. Estates colleagues are working with NHS Property Services to resolve this matter (DoF is aware of the position)
- Oxford NHS £525k Reach Out in query, BWCH £216k – passed for payment in Nov 22, SWBH £102k-awaiting supporting information to facilitate payment.
- Non-NHS Suppliers (43) £1.3m – mainly bed fees invoices in query, most accounts are awaiting credit notes or adjustments due to disputes/other. Some payments/queries settled in November 22.

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Capital Expenditure

Capital schemes	Annual Plan	Annual Forecast	YTD Plan	YTD Forecast	YTD Total Actual	YTD Variance to plan	YTD Variance to forecast
	£'m	£'m	£'m	£'m	£'m	£'m	£'m
Approved Schemes:							
Major Projects (inc Carry-Forward)	1.2	1.3	0.8	0.2	0.1	-0.7	-0.1
SSBM Works	1.7	1.7	0.4	0.7	0.7	0.4	0.1
ICT Projects	0.8	0.8	0.3	0.3	0.2	-0.1	-0.1
Risk Assessment Works	3.6	3.6	1.1	0.9	0.9	-0.2	0.0
Total	**7.3**	**7.3**	**2.6**	**2.0**	**2.0**	**-0.6**	**0.0**

2022/23 Capital Expenditure
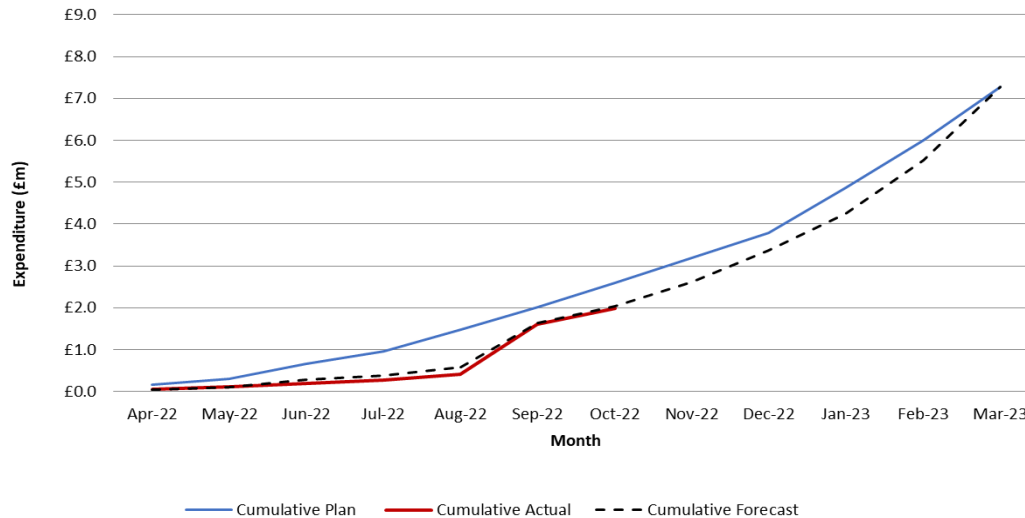
Month 7 Group Capital Expenditure

As at month 7, Group capital expenditure is £2m year to date. This is £0.6m behind the original plan but in line with the year to date revised forecast profile. It is forecast that the full capital programme will be spent by year end.

11. PARTNERSHIPS

11.1. ICS Update

11.2. Mental Health Provider Collaborative – Significant Transaction update

Significant Transaction

Council of Governors
12 January 2023

1

Recap

On 10 November, the CoG was:

- Reminded of its statutory powers relating to significant transactions

- Briefed on the scope and purpose of the Birmingham and Solihull Mental Health Provider Collaborative (BSol MHPC), and BSMHFT's role as lead provider

- Advised of the process that would be followed to enable the Council to take the required decision on 9 March

- Informed about the process of assurance and delegation that the Integrated Care Board is following

- Told about the principal programme milestones to go-live on 1 April 2023

2

Purpose

In this briefing, the CoG will receive details of arrangements for:

- Governance and Constitutional changes
- The ICB's delegated assurance process
- Due diligence
- Internal capacity and skills development
- Sub-contractual arrangements
- Risks and challenges
- Next steps

3

The Headlines

4

2

The MHPC

- A new way of commissioning and providing care
- Brought about by legislation that created the ICB on 1 July
- Four provider collaboratives will be established: mental health, adult acute, children's and women's, community (including learning disabilities and autism)
- Brings together:
  - BSMHFT
  - Forward Thinking Birmingham (Birmingham Women's and Children's)
  - The Third Sector
  - The two Local Authorities (as Associate Partners)
- BSMHFT will be the lead provider

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BSMHFT as Lead Provider

- Will hold a "Service Integrator Contract" with the ICB
- All commissioning monies will flow into the Trust = £307.3m
- Partners remain sovereign organisations, but with shared accountability for delivery of performance and outcomes
- BSMHFT will remain a provider and become a commissioner
- These two roles need to have separate and separated governance, albeit with the same leading players:
  - Decision-taking and assurance
  - Accounts
  - Strategic risk management
  - Contract management of c150 Contracts
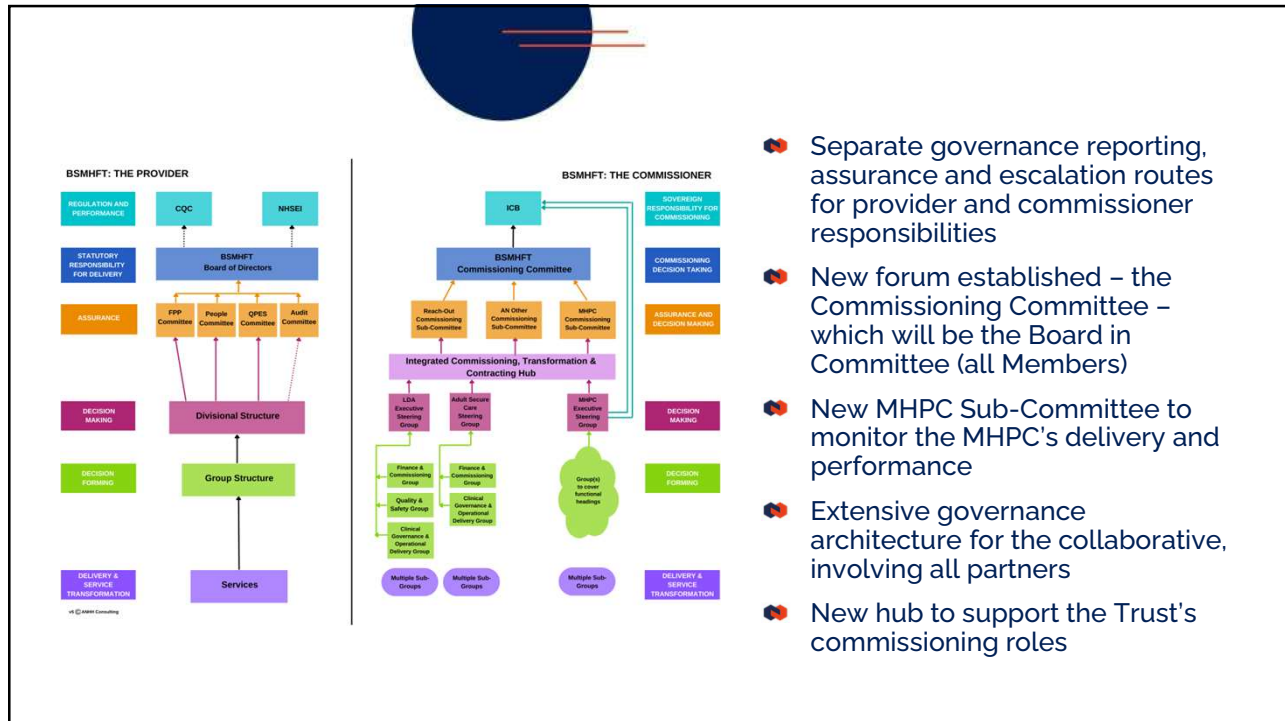- Regionally commissioned services are NOT included

6

Why is it a Significant Transaction?

- Considered under the Trust's Significant Transaction Policy (March 2020)

- Increase in income (top line). Exceeds the 10% threshold

- Financial penalties for Contract underperformance

- A change in function (taking on commissioning)

- A change to the competitive landscape

- BSMHFT will assume certain Delegated Responsibilities

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Governance and Constitutional Changes

8

4

- Separate governance reporting, assurance and escalation routes for provider and commissioner responsibilities
- New forum established – the Commissioning Committee – which will be the Board in Committee (all Members)
- New MHPC Sub-Committee to monitor the MHPC's delivery and performance
- Extensive governance architecture for the collaborative, involving all partners
- New hub to support the Trust's commissioning roles

9

Changes to corporate governance documents

- Constitution – will be amended to introduce the CoCo, including new Standing Orders

- Standing Financial Instructions – will be amended to reflect the CoCo and its sub-committees

- Reservation of Powers to the Board and Delegation of Powers (Scheme of Delegation) – will be amended to reflect the powers of the new governance forums, and any extension to officers' delegated approval thresholds

- Risk Policy – will be amended to reflect the introduction of the new governance forums, their roles, and routes for escalation

- Commissioning BAF – will be produced to provide a standalone Board Assurance Framework that is separate to provider risks

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The ICB's Delegated Assurance Process

11

The ICB Delegation Assurance

- The ICB approved, on 9 January, a recommendation from its Delegation Committee to:

  Support BSMHFT and the MHPC to receive full delegation for the ICB functions and responsibilities

- The recommendation followed the completion of a thorough process under the ICB's Delegated Assurance Framework

- The process assessed the collaborative's readiness and progress towards becoming a provider collaborative under lead provider arrangements

- Phase One focused on shared vision and leadership, people and culture, and improving outcomes and tackling inequalities

- Phase Two sought evidence and narrative on plans in place and/or in development for the key themes in the assurance framework
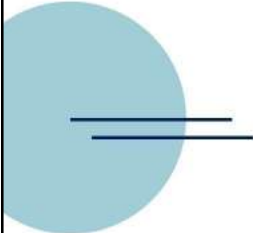
12

Foundation: Shared Vision and Leadership	1: People and Culture	2: Improving Outcomes and Tackling Inequalities
3: Quality	4: Performance and Delivery	5: Commissioning and Contracting
6: Governance	7: Finance and Use of Resources	8: Information Governance, Digital, and Cyber Security

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Due Diligence

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Due Diligence

Service Integrator Contract to include:

- ➢ 5 NHS Provider Contracts
- ➢ 3 Procured Voluntary Sector Contracts
- ➢ 21 Small Voluntary Sector contracts or grant arrangements
- ➢ 1034 S117 aftercare individually funded placements (figure under review)
- ➢ 1 High Dependency Beds (procurement stage)
- ➢ 3 Goods & Services Contracts
- ➢ 2 Personal Health Budgets Contracts

- ▪ A due diligence exercise of the current contracts has been underway to assess the Providers' current challenges and areas of concern, leveraging intelligence and data shared by BSOL Integrated Care Board (BSOL ICB). No significant risks have been identified at this point.

- ▪ Ongoing due diligence underway regarding the S117 aftercare packages and associated finances to inform the future risk and benefit share

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Internal capacity and skills development

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Capacity & Capabilities

- BSOL ICB **Mental Health Commissioning Team** aligned into Trust from 21/11/22
- Drafted **joint work plan** developed for Jan – March 2023 and April 2023 onwards
- BSOL ICB **Section 117 Clinical Team** aligning into BSMHFT from 23/01/23
- ICB resources for finance and contracting have been identified in order to secure capacity and capability within the Trust
- **Workforce Consultation** underway regarding the development of a proposed **Commissioning & Transformation Hub**.

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Sub-contractual arrangements

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Aligning the partners

The MHPC will be founded on some key partnership documents:

- **Partnership Agreement** – the PA has been drafted and follows the NHSE template. Partners have been involved in the drafting and it will be signed before the end of March 2023.
- **Memorandum of Understanding** – the MoU is in final draft state. It is an agreement between full and associate partners, and will be signed before the end of March 2023.
- **Information Sharing Protocol** – the ISP is in its final draft state prior to signature.
- **Risk and Benefit Framework** – this is still being drafted in discussion with the ICB and will be shared with partners for consideration and agreement.

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Sub-contracts and performance

- Lead Provider responsible for reporting the delivery of the MHPC
- Performance Reporting through Commissioning Sub-Committee, Mental Health Delivery & Improvement Group (MHDIT) and Service Overview Group (SOG)
- Ongoing dialogue regarding the future commissioning and contracting of the Voluntary, Community, Faith, Social Enterprise sector underway, aligning to the ambitions of the Provider Collaborative.
- Lead Provider and ICB offering joint Information Sessions to third sector and independent providers during January 2023 regarding changes to contracts from 01/04/23

20
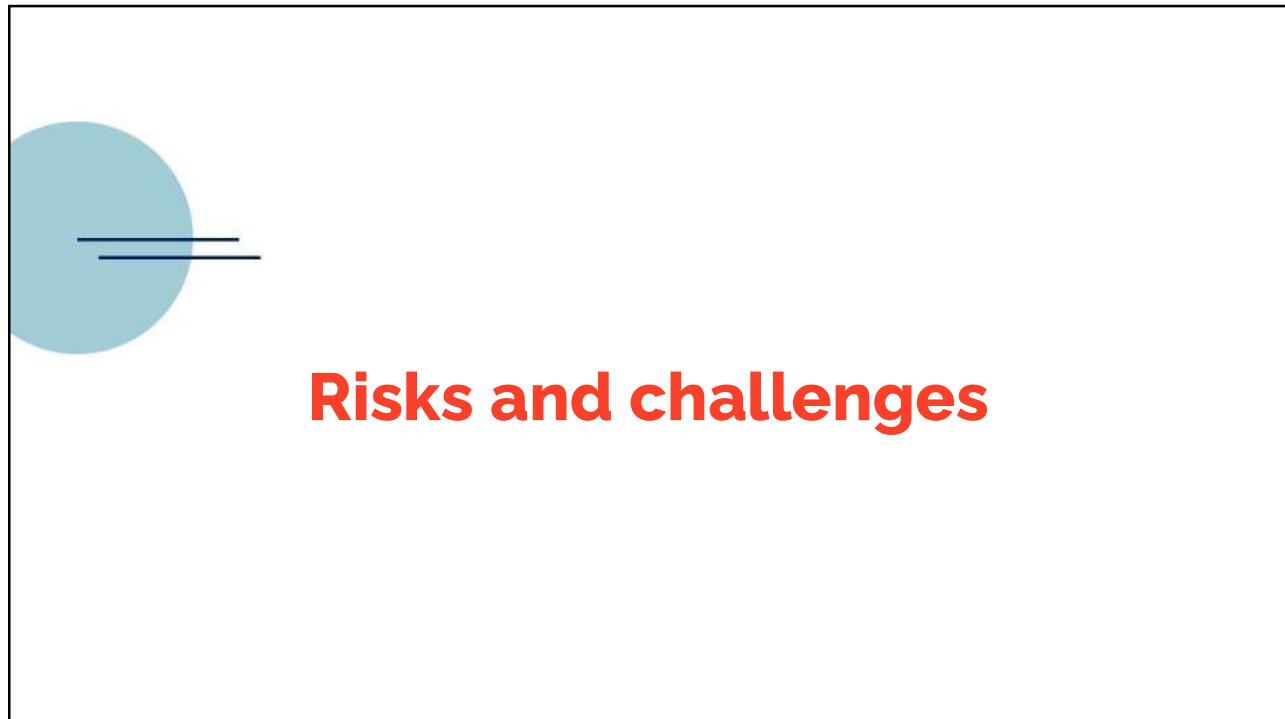
Risks and challenges

21

Risks and challenges

Scope
- LDA services confirmed not included in this delegation

Collaboration and partnership
- Other provider collaboratives are yet to emerge
- Third Sector and LA engagement needs to improve

Delegation
- Risk and gain share arrangements not yet agreed

Reporting
- Quality reporting from MHPC to ICB still being defined

22

Next steps
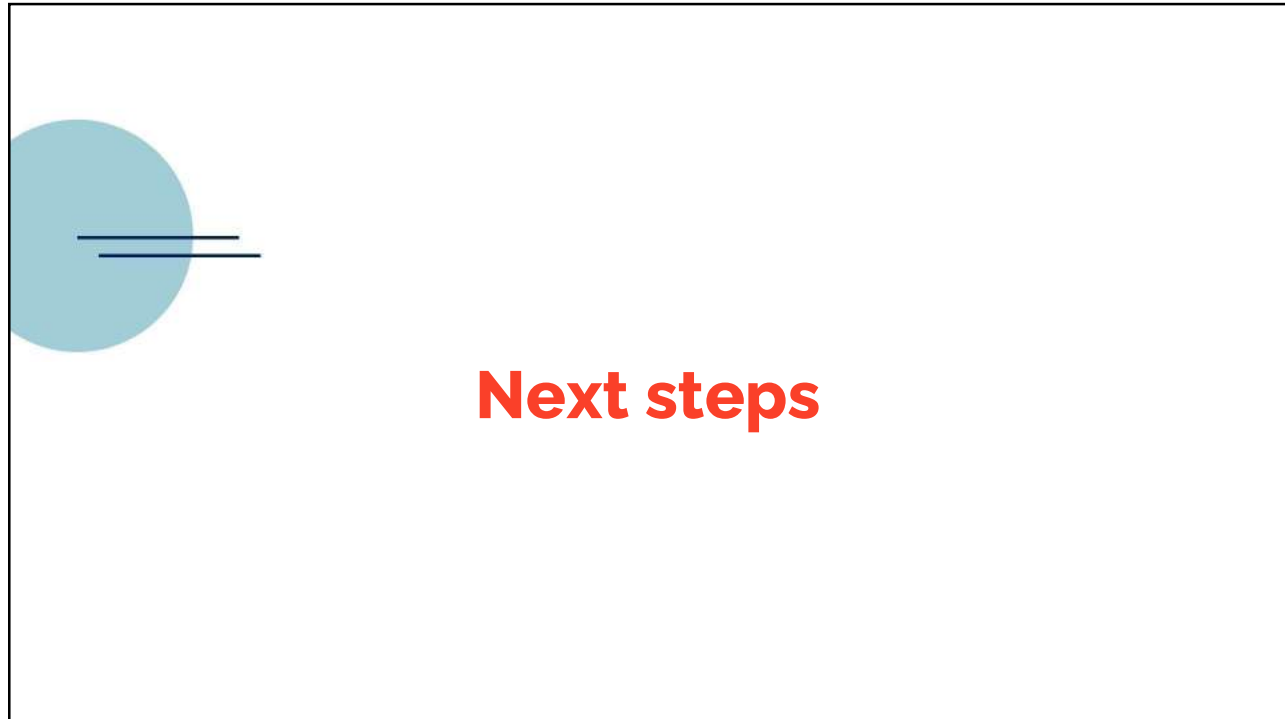
23

Principal milestones

9 Jan 2023   ICB approved establishment of the MHPC

12 January   CoG receives briefing on plans for establishment and
             delivery of the provider collaborative

21 January   Next tranche of commissioning skills transfer to BSMHFT

End of Feb   Service Integrator Contract awarded

9 March **CoG receives assurance to approve transaction**

End March   Board receives Independent Assurance Report to proceed

             Service Integrator Contract signed

1 April   Mental Health Provider Collaborative go-live

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Recommendations

The Council of Governors is asked to:

- **UNDERSTAND and DISCUSS** the briefing on the MHPC

- **UNDERSTAND for ASSURANCE** the revised governance and Constitutional changes that are being established

- **NOTE for ASSURANCE** the ICB's decision to delegate responsibilities to the MHPC and BSMHFT from 1 April 2023

- **NOTE for ASSURANCE** the continuing processes of due diligence, sub-contractual arrangements, and internal skills development

- **UNDERSTAND for ASSURANCE** the risks and challenges that are being addressed

- **ACKNOWLEDGE** the timeline that incorporates the final briefing and decision at the 9 March 2023 CoG meeting

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11.3. Community Transformation (for information only)

BSOL HIGHLEVEL BENEFITS ROAD MAP

Model development	Care provision	Workforce	Data	Dedicated focus[6]		
				CEN / 'personality disorder'	**Community rehab**	**Eating disorders[6]**
Joint governance with ICB oversight[1]	"Must have" services[3] commissioned at PCN level tailored for SMI[7]	Recruitment in line with indicative 22/23 MH workforce profile	Record access data from new model (inc. primary, secondary and VCS orgs)	Dedicated function linked to core model: increased access to dedicated function and consultation, support, supervision and training to core model		
Model design coproduced with service users, carers & communities	"Additional" services[4] commissioned at PCN level tailored for SMI[7]	Expand MHP ARRS roles in primary care	Interoperable standards for personalised and co-produced care planning			
Integration with primary care with access to the model at PCN level[2]	Improved access to evidence-based psychological therapies	Staff accessing national training to deliver psychological therapies	Routine collection of PROMs using nationally recommended tools	Embed experts by experience in service development and delivery		
Commissioning and partnership working with range of VCSE services	No wrong door approach means no rejected referrals recorded	Multi-disciplinary place-based model[5] in place	Waiting time measured for CMH services (core & dedicated focus areas)	Trauma-specific support, drawing on VCSE provision	Ensure a strong MDT approach[5]	No barriers to access e.g. BMI or weight thresholds
Integration with Local Authority services	Tailored offer for young adults and older adults	Staff retention and well-being initiatives	Interoperability for activity from primary, secondary and VCSE services	Co-produced model of care in place to support a diverse group of users	Clear milestones are in place to reduce reliance on inpatient provision	Early intervention model (e.g. FREED) embedded
~**67%** PCN coverage for transformed model	Principles for advancing equalities embedded in care provision	Dedicated resource to support full range of lived experience input	Impact on advancing equalities monitored in routine data collection		Co-produced care and support planning is undertaken	Clear arrangements in place with primary care ts for medical monitoring
Shift away from CPA towards personalised care	Support for co-occurring physical needs & substance use	Staff-caseload ratios to deliver high quality care			Supported housing strategy delivered in partnership with LAs	Support across spectrum of severity and type of ED diagnoses
						Joint working with CYP ED services including transitions
Alignment of model with IAPT, CYP & perinatal	Trauma-informed & personalised care approaches	Place-based co-location approaches				Accept self-referrals, VCS referrals and Primary Care referrals.

12. NED ASSURANCE REPORTS

12.1. Report from the Chair of Quality, Patient Experience and Safety Committee

Meeting	**COUNCIL OF GOVERNORS**
Agenda item	**12.1**
Paper title	**CHAIR'S ASSURANCE REPORT FROM QUALITY, PATIENT EXPERIENCE & SAFETY COMMITTEE**
Date	12 January 2023
Author	Dr L Cullen, Non-Executive Director, Chair
Executive sponsor	Mr S Forsyth, Interim Director of Quality and Safety (Chief Nurse)

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

☐ Action	☐ Discussion	☒ Assurance

Executive summary

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

Reason for consideration

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

Strategic objectives

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

Financial implications

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

Strategic Risks

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

Equality impact

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

Our values

CommittedCommitted
Compassionate
Inclusive

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

1.   ISSUES TO HIGHLIGHT TO THE BOARD

1.1   CQC Update

The Committee received an update on the activities related.

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

Chair's assurance comments:

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

1.2   Quarterly Learning from Deaths Report

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

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

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

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

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

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

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

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

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

Chair's assurance comments:

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

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

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

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

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

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

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

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

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

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

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

Chair's assurance comments:

This report was produced to provide an in-depth report to offer assurance on work and oversight of reduction of restrictive practices within BSMHFT following programmes aired on television recently.
Committee were grateful to Sam Howes for pulling this report together at such short notice . This provided us with good assurance on the range of activities and progress that has been made via various workstreams over the oast few years and the actions that are planned which are being developed based on the key priorities in each division
Committee agreed that this type of report would be helpful to be presented to QPES on a regular basis.

1.4   Reducing restrictive practice

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

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

Chair's assurance comments:

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

1.5   Quality Strategy Update

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

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

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

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

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

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

Chair's assurance comments:

We were appraised of the QI journey and the specific work around RRP collaborative being a clear example of this.
A work plan for next steps was presented and committee were assured that work is underway across all directorates to not only maintain gains we have made but also to scale up and spread to their areas not yet involved.

1.6   National Patient Survey Report

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

Executive Summary

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

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

The survey has become a performance indicator for the community mental health transformation programme, and it is hoped that the programme will address some of the system issues as follows:
- Improved community mental health transportation enabling service users to access care and support more easily
- Neighbourhood multi-agency teams
- Multi-disciplinary, co-produced (with service-users), needs led care plan and treatment delivery
- Support with social circumstances, employment, housing and finances
- Range of evidence-based psychological approaches
- No referral culture - no "wrong front door".

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

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

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

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

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

culture of safe and innovative practices across all care pathways.

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

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

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

Our approach to delivery will be achieved through:
• Collaborative improvement projects focused on strategic priorities and the elimination of risk
• Improvement hubs leading change at a local level
• Involvement and the voice of experts by experience and their families
• Learning lessons from incidents, complaints and feedback loops and embedding within improvement work.

Chair's assurance comments:

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

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

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

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

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

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

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

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

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

Chair's assurance comments:
Committee noted the update.

1.9   Escalation from Clinical Governance Committee

The committee received the report with no matters for escalation.

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

1.10   Minutes and Sub Committee escalations

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

Reach Out Mental Health Steering Group Chair's Assurance Report

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

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

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

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

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

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

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

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

MH Cost Pressures Proposal

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

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

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

Mental Health Delivery Plan Update

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

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

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

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

Risk Registers

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

Matters of escalation to the Board

Matters of escalation to the Board

There have been outbreaks of respiratory problems across the Trust therefore use of masks is now recommended in clinical areas.
There was no SI or Quality report this month however there were emerging issues and discussions in light of the CQC visit – a plan is in place for matters to be addressed by March.

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

DR LINDA CULLEN
NON-EXECUTIVE DIRECTOR

12.2. Report from the Chair of FPP

Meeting	COUNCIL OF GOVERNORS
Agenda item	12.2
Paper title	CHAIR'S ASSURANCE REPORT FROM THE FINANCE, PERFORMANCE & PRODUCTIVITY COMMITTEE
Date	12 January 2023
Author	R. Beale Non-Executive Director (Chair of Committee)
Executive sponsor	D. Tomlinson, Executive Director of Finance

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

Executive summary

The FPP Committee met on the 21 December 2022. The attached Assurance Report is provided by the Committee Chair for the attention of the Council of Governors.

Reason for consideration

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

Strategic objectives/ priorities

Sustainability

Financial implications

Detailed within the report

Risks

Equality impact

Non specific.

Our values

Committed
Compassionate
Inclusive

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

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

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

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

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

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

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

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

Demand and Capacity

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

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

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

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

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

Integrated Performance Report

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

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

- Out of Area Bed Use – Some process improvements have helped us address underlying issues, but the impact of COVID-19 and the closure of beds has significantly impaired our ability to eliminate use of out of area beds. October's figure is 33 patients
- IAPT – There are a range of issues which require a system approach to resolve and additional investment
- New referrals not seen – There are a range of issues here, including the level of Neuropsychiatry waits
- Workforce measures in general – There is a significant adverse variance against most of the set performance standards. This has deteriorated as a result of COVID, but the overall divergence between individual teams has long been a concern:
- YTD financial position is a deficit of £0.7m against a planned breakeven, chiefly because pressures on temporary staffing and out of area beds. We expect to achieve breakeven for the year as a whole
- Key concerns: Out of Area, CPA 7-day follow up, IAPT waiting times, CPA 12-month review and new referrals not seen in 3 months

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

Financial Position

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

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

The month 8 Group cash position is £64.7m.

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

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

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

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

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

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

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

Actions being taken to achieve plan

Nursing Vacancies
- International recruitment programme – currently 33 offers have gone out, expected 18 to start by end of March 2023
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- Development of new roles such as Medical Support Workers and Physicians Associates – additional 8 posts this year (already in post)
- Utilisation of Royal College of Psychiatrists medical training initiative for overseas doctors – expected additional 3 for 2023/24
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General recruitment/retention initiatives
- Review of website and careers pages for Trust
- Launch of flexible working toolkit and revised communication plan
- Targeted work on AHP retention and psychology retention – reduction of turnover rate to below KPI level of 11%
- Launch of new exit survey

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

RUSSELL BEALE
CHAIR OF FINANCE, PERFORMANCE AND PRODUCTIVITY

12.3. Report from the Chair of the People Committee

Council of Governors

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NHS
Birmingham and Solihull
Mental Health
NHS Foundation Trust

Meeting	**BOARD OF DIRECTORS**
Agenda item	**Item 12.3**
Paper title	**CHAIR'S ASSURANCE REPORT FROM THE PEOPLE COMMITTEE**
Date	12 January 2023
Author	A. Baines, Non-Executive Director (Interim Chair of Committee)
Executive sponsor	P. Nyarumbu, Executive Director of Strategy, People & Partnerships

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

☐ Action	☐ Discussion	☒ Assurance

Executive summary

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

Reason for consideration

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

Strategic objectives/ priorities

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

Financial implications

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

Risks

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

Equality impact

Non specific.

Our values

Committed
Compassionate
Inclusive

CHAIR'S ASSURANCE REPORT FROM PEOPLE COMMITTEE

1.   ISSUES TO HIGHLIGHT TO THE BOARD

1.1   Quarterly Performance Indicators

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

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

limit. The limit that has been issued to the system for 2022/23 is £60m. This equates to 90% of 2021/22 agency expenditure.

- For BSMHFT the limit is £5.7m which is an average of £0.5m per month. Average monthly expenditure is £0.7m, with total spend year to date being over £2m above the NHSE limit
- Appraisal rates have decreased to 81.8% in October 22. The appraisal rate had been maintained consistently above the 85% CCG target from November 2019 to March 2020, however fell below this in April 2020 due to the impact of Covid-19
- Fundamental Training increased to 93.4% in October from 93.1% in September, an increase of 0.3%
- Bank Fundamental Training compliance has increased to 82.1% in November which is over the target

Chair's Assurance Comments:

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

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

1.2   Integrated Performance Report

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

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

Chair's Assurance Comments:

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

1.3   Psychological professions workforce innovations

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

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

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

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

Chair's Assurance Comments:

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

1.4   Safer Staffing Report

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

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

Chair's Assurance Comments:

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

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

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

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

The short term plan (up to April, 2023) is to focus on:
- Working with divisional and professional leaders to preparing a Trust wide 2023/24 workforce plan comprising forecast changes in staff numbers and key priority areas for 'recruitment and retention' attention (see the applying

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

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

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

Actions being taken to achieve plan

Nursing Vacancies
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Chair's Assurance Comments:

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

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

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

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

1.6   Mental Health Provider Collaborative

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

Shadow form will commence from 9 January 2023.

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

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

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

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

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

These principles will apply across the organisation.

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

Chair's Assurance Comments:

The reported was noted by the Committee.

1.7   Medical Directorate Quarterly Update

The People Committee noted the Medical Directorate Quarterly Update.

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

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

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

Chair's Assurance Comments:

Committee was assured by the contents of the report.

ANNE BAINES
NON-EXECUTIVE DIRECTOR

13. Any Other Business

14. Governor questions not already taken within the meeting

15. Date & Time of next meeting

9 March 2023

12:00 – 14:00pm via video-conferencing.