

# Council of Governors

**Schedule**



Thursday 11 January 2024, 12:00 PM — 2:00 PM GMT

**Organiser**



Hannah Sullivan

## Agenda

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# Agenda

**BIRMINGHAM AND SOLIHULL MENTAL HEALTH NHS FOUNDATION TRUST**

**Council of Governors**

**12.00, Thursday 11 January 2024**

**MS Teams**

**AGENDA**

Ref	Item	Purpose	Report type	Time
<b>Staff Story (12.00-12.20)</b>				
1	<b>Chair's Welcome and Introduction</b>			12.20
2	<b>Apologies for absence</b>			
3	<b>Declarations of interest</b>			
4	<b>Minutes of meeting held on 9 November 2023</b>	Approval	Enc	12.25
5	<b>Matters arising from meeting held on 9 November 2023</b>	Assurance	Enc	
6	<b>Chair's Report <i>Phil Gayle, Chair</i></b>	Assurance		12.30
7	<b>Chief Executive's Report <i>Roisin Fallon-Williams, Chief Executive Officer</i></b>	Assurance	Enc	12.45
<b>Governance</b>				
8	<b>Elections update <i>Hannah Sullivan, Corporate Governance and Membership Manager</i></b>	Approval	Enc	13:00
<b>Performance and Partnerships</b>				
9	<b>Finance Report <i>Richard Sollars, Deputy Director of Finance</i></b>	Assurance	Enc	13.15
<b>Assurance Reports</b>				
10	<b>Quality, Patient Experience and Safety Committee Report <i>Linda Cullen, Non-Executive Director</i></b>	Assurance	Enc	
11	<b>Finance, Performance and Productivity Committee Report <i>Bal Claire, Non-Executive Director</i></b>	Assurance	Enc	
12	<b>People Committee Report <i>Monica Shafaq, Non-Executive Director</i></b>	Assurance	Enc	
13	<b>Any other business: Governor training 18 January 2024</b>			
<b>Close by 14.00</b>				
<b>Date and Time of Next Meeting: Thursday 14 March 2024, 16.30-18.30</b>				

Staff story

# 1. Chair's Welcome and Introduction

## 2. Apologies for absence

### 3. Declarations of interest



## 4. Minutes of meeting held on 9 November 2023

<b>MEETING</b>	<b>MINUTES OF THE COUNCIL OF GOVERNORS MEETING</b>
<b>DATE</b>	<b>9 NOVEMBER 2023</b>
<b>LOCATION</b>	<b>MS TEAMS</b>

<b>ATTENDANCE</b>	<b>NAME</b>	<b>TITLE</b>
<b>Present</b>	Phil Gayle	Trust Chair
	Roisin Fallon- Williams	Chief Executive
	John Travers	Lead Governor
	Leona Tasab	Clinical Staff Governor
	Ken Meeson	Stakeholder Governor
	Mick Brown	Stakeholder Governor
	Mustak Mirza	Deputy Lead Governor
	Linda Hutching	Governor
	Chris Barber	Governor
	Harpal Bath	Stakeholder Governor
<b>In attendance</b>	Linda Cullen	Non- Executive Director
	Monica Shafaq	Non- Executive Director
	Winston Weir	Non- Executive Director
	Hannah Sullivan	Corporate Governance and Membership Manager
	David Tita	Associate Director of Governance
	Katrina Cleverley	Company Secretary

<b>AGENDA ITEM</b>	<b>DISCUSSION</b>	<b>ACTION (Owner)</b>
<b>1.</b>	<b>APOLOGIES FOR ABSENCE</b> Bal Claire Sue Bedward Faheem Uddin Umar Ali Jim Chapman	
<b>2.</b>	<b>Introductions and Welcome</b> The Chair welcomed all to the meeting and thanked them for their attendance.	
<b>3.</b>	<b>Declaration of Interests</b> There were no declarations of interest to be noted.	
<b>4.</b>	<b>Minutes from the previous meeting</b> The minutes of the previous meeting and the meeting held in September 23 were approved as an accurate record of the meeting.	
<b>5.</b>	<b>Matters Arising &amp; Action Log</b> There were no matters arising for discussion.	
<b>6.</b>	<b>Chairs Report</b> P. Gayle presented the Chairs Report and summarised the key points as follows : <ul style="list-style-type: none"> <li>Weekly visits are planned across Trust sites, since the last meeting P. Gayle has a number of services and has been humbled by staffs drive to deliver the best possible services whilst recognising the ongoing pressures and challenges across both recruitment and operations.</li> </ul>	

AGENDA ITEM	DISCUSSION	ACTION (Owner)
	<ul style="list-style-type: none"> <li>• Communications transformation plans are being rolled out and the positive feedback was noted.</li> <li>• The Non- Executive Directors have recognised the need to be more visable and will endeavour to be flexible with visit times to ensure staff on night and weekend shifts have the opportunity to meet with members of the Board.</li> <li>• Sue Bedward is now in post and will take formal responsibilities as Chair of People Committee.</li> <li>• A number of meetings have taken place with MPs and follwing a servoce visit staff received a hand written letter from an MP thanking them for their hard work and delivery of services.</li> <li>• Reminder to all Governors there is a planned development session with NHS Providers on 18 January 2024, diary invites have been sent.</li> <li>• Elections remain at ballot stage and an update will be bought to the Council in January 2024.</li> <li>• Attended the Recovery For All session and was very impressed and asked that other members of the Board attend when available too.</li> </ul> <p>K. Meeson expressed his thanks to the Mental Health Act team for their continued support and highlighted the community teams ongoing support and incredible delivery of services. It was agreed the note of thanks will be included in a colleague briefing.</p> <p>J. Travers formaly recognised the thanks of the Governors to P. Gayle for his compassion whilst on visits with both staff and service users.</p> <p>The report was noted with no further comments.</p>	
7.	<p><b>Chief Executives Update</b></p> <p>R. Fallon- Williams presented the Chief Executive report and highlighted the salient points as follows:</p> <ul style="list-style-type: none"> <li>• The 7th period of industrial action by Junior Doctors is taking place on 2nd, 3rd and 4th October. We continue to support eligible employees to take strike action if they wish and ensure emergency cover is in place.</li> <li>• An HMIP Thematic review has taken place reviewing waiting times for prisoners requiring transfer to mental health facilities, the results will be analysed and action plans formulated, with oversight of its delivery via the local clinical governance committee. A Quality Network review has also taken place which received positive feedback. We have an improving staffing position with the recent recruitment of new staff members.</li> <li>• Transformation work within our Urgent Care Team and pathway continues, with positive feedback from the Integrated Care Board leads regarding how mental health services have helped to address complex issues and support patient flow over the last few months.</li> <li>• Thanks to the teams who supported the celebrations for Silver Sunday National Day for Older People, with a Coffee Morning at Uffculme.</li> <li>• We have made some additional investment to our QI approach and recruitment has commenced to a number of roles to support further embedding and a focus on key strategic quality improvements, lead by Dr Renarta Rowe in her Deputy Medical Director for Quality role.</li> <li>• The Compliance team continues with its programme of assurance testing to review those actions marked as complete. Following our most recent engagement meeting with the CQC on August 31st, we are now</li> </ul>	

AGENDA ITEM	DISCUSSION	ACTION (Owner)
	<p>once again awaiting feedback as to whether we continue with the monthly submissions for the Section 31 Notice. On the 22nd of August, the CQC issued the Trust with two additional Section 29A notices around clinical risk assessments and medicines management in CMHTs. We are currently working on the responses to these. The findings from the medicines management audits have shown positive outcomes and we will work with the service to establish how we maintain this improved picture going forward.</p> <ul style="list-style-type: none"> <li>• NHS Birmingham and Solihull has been chosen alongside Dorset to take part in the Care Quality Commission’s (CQC) pilot assessment to assist the regulator to develop a new inspection regime for Integrated Care Systems.</li> <li>• The initial stages of the inspection have already begun, with teams, including BSMHFT, contributing to a number of information requests, and a number of assessment activities are planned during October and November.</li> <li>• Financial challenges remain a key concern across the system and organisation. As an organisation we will be balanced for end of year financial submissions. Following a letter received in relation to the agreed costs for industrial action no longer being paid by the government a full review of implications is underway.</li> <li>• Support for staff and services users is in place following the impacts from actions within the middle east, this is values driven support and the Board will not take a political view.</li> </ul> <p>There was a detailed discussion in relation to the CQC inspection and it was confirmed the draft is yet to be received and Board members and members of the council will receive advanced notice.</p> <p>Winter monies were discussed and it was confirmed accessed funding has been included in the overall financial plan.</p> <p>The Chair thanked R. Fallon- Williams for the detail report and updates.</p>	
	<p><b>GOVERNANCE</b></p>	
<p>8.</p>	<p><b>Nomination and Remuneration Committee Terms of Reference</b></p> <p>The Council received the Nomination and Remuneration Committee Terms of Reference noting for the purpose of simplicity, conciseness and agility the Trust has opted to have a single Rem. &amp; Nom. Committee for both Governors (CoG-led Rem. &amp; Nom. Committee) and NEDs (NED-led Rem. &amp; Nom. Committee) with membership changing based on the purpose of the meeting and the items on the agenda.</p> <p>With the exception of a minor amendment in appendix 2 in relation to the Senior Independent Director, the terms of reference were approved.</p> <p>The Council thanked D. Tita for all of his work in preparing the terms of reference for consideration and approval.</p> <p><b>DECISION: With the exception of a minor amendment in appendix 2 in relation to the Senior Independent Director, the terms of reference were approved.</b></p>	
<p>9.</p>	<p><b>Council of Governors Self-Assessment Feedback</b></p>	

AGENDA ITEM	DISCUSSION	ACTION (Owner)
	<p>The Council noted previous emails had been sent to request and it was agreed that due to a poor response rate this would be reissued for a further 8 weeks and the formal report will be shared at the meeting in March 2024 for consideration.</p>	
	<p><b>PERFORMANCE AND PARTNERSHIPS</b></p>	
<p><b>10.</b></p>	<p><b>Finance Report</b></p> <p>The Council noted the Finance Report and received this for information purposes.</p> <p>C. Barber queried whether the 1% savings across all departments will impact on staff recruitment and increase the usage of agency staff? He also highlighted the importance of the quality of care being delivered to service users and the importance of consistency.</p> <p>It was confirmed there will not be a freeze on recruitment plans, plans for how we can make savings in proactive ways are being reviewed and progressed. Current savings plans include the reduction of agency usage but does not include TSS staff.</p> <p>Out of area costs were noted and it was confirmed there are associated increased costs due to a number of service users with complex needs who require support from other providers. This was noted as a system wide issue.</p> <p>There was a detailed discussion in relation to the increased need for mental health support due to the ongoing concerns in the middle east. It was confirmed that operational staff are reviewing plans and the community engagement team have a lead supporting immigrants arriving in Birmingham and Solihull.</p> <p>It was noted the finance report needs to be the most up to date version when circulated to the Council and that a member of the finance team should attend to present going forward.</p>	
	<p><b>ASSURANCE REPORTS</b></p>	
<p><b>11.1</b></p>	<p><b>Report from the Chair of Quality, Patient Experience and Safety Committee</b></p> <p>The Council received assurance report from October 2023 presented by L. Cullen.</p> <p>L. Cullen confirmed the committee were assured on the following key areas:</p> <ul style="list-style-type: none"> <li>• Clear plans were in place to implement the Patient Safety Incidents Response Framework (PSIRF) from 1 November. The Committee received and approved the Patient Safety Incident Response Plan submission to NHS England.</li> <li>• New quality metrics were proposed; a streamlined approach would be implemented to align with regular reporting through the Integrated Performance Report; a broader range of metrics would be measured through divisional deep dives.</li> <li>• A comprehensive review of the Customer Relations team was received, highlighting challenges and plans in place to address historical issues. The Committee was assured that patient safety indicators were closely monitored whilst actions to improve performance were implemented.</li> </ul>	

AGENDA ITEM	DISCUSSION	ACTION (Owner)
	<ul style="list-style-type: none"> <li>• Visibility across sites from the Interim Chief Nurse has had a positive impact for staff.</li> </ul> <p>L. Cullen confirmed the Committee was advised of the plans to refine CQC reporting. This would include a revised template which would detail actions and outcomes to provide a higher level of assurance.</p> <p>There was a detailed discussion in relation to the CQC feedback for CMHTs being inadequate and the ongoing plans to address the concerns noted with safety as a priority. Links to PCREF, transformational agenda and quality will have robust oversight at Committees going forward in line with the CQC oversight reporting.</p> <p>The impact from Covid was noted as a significant risk as outbreaks increase going into the winter period. It was confirmed infection control oversight is key and improved reporting is a priority. Promotions continue across the Trust to encourage vaccinations for staff. It was confirmed the campaigns for both flu and Covid vaccines will be launched much earlier in the year for 2024.</p> <p>The Chair thanked L. Cullen for the detail report and updates.</p>	
<p><b>11.2</b></p>	<p><b>Report from the Chair of FPP</b>                      The Council received the assurance report from October 2023 and noted the contents with no further comments.</p>	
<p><b>11.3</b></p>	<p><b>Report from the Chair of People Committee</b>                      The Council received assurance report from October 2023 presented by M. Shafaq.</p> <p>M. Shafaq highlighted the following key areas of concern:</p> <ul style="list-style-type: none"> <li>• Capacity issues within the Freedom to Speak Up Guardian team were raised; the inability to recruit support was having an increased impact on strategic focus and caseload management.</li> <li>• A gap had been identified around support for BAME staff who were raising concerns related to bullying and harassment. Additional work would be undertaken with the Learning and Development team to explore the best way to address the concerns.</li> <li>• Continued use of bank and agency staff remained a key risk for the organisation, with a significant challenge to achieving the vacancy target noted. Ongoing recruitment initiatives were in place, however general staff shortages and the scale of the challenge was acknowledged.</li> <li>• The Committee heard from the Birmingham Healthy Minds team and was inspired by the wellbeing activities that had been undertaken. The Committee considered the potential need for a budget to replicate these initiatives across the organisation, and noted that the Health and Wellbeing Group would be capturing learning to inform an improvement trajectory for the Trust.</li> </ul> <p>There was a detailed discussion in relation to the importance of the Committee committing and delivering change that is agreed at meetings.</p> <p>L. Tasab raised concerns in relation to meal times for both staff and service users and highlighted the need for the Committees support and follow through as there has been no further action since this was last raised.</p>	

AGENDA ITEM	DISCUSSION	ACTION (Owner)
	<p>It was noted communication is key and communications to assure staff on decisions made at Committee will be shared going forward.</p> <p>M. Mirza highlighted there are no Freedom to Speak up or Experts by Experience at Recovery for All Forums and asked that this is considered. He thanked Caring Minds for their continued support for staff wellbeing.</p> <p>The Council queried whether there will be a category for members of the Council to support at this years Staff Awards? It was confirmed the Communications Team have began the plans for 2024 and further communications will be received in the coming weeks.</p> <p>It was agreed a quarterly report on organisational changes would be beneficial. It was agreed J. Travers and M. Shafaq would explore this further outside of the meeting.</p> <p>M. Shafaq provided a brief overview of Caring Minds Committee and confirmed an away day has been planned to establish the purpose and operation of the charity and a full report will be shared with the Council after the first meeting takes place in 2024.</p> <p>The Chair thanked M. Shafaq for the detail report and updates.</p>	
11.4	<p><b>Audit Committee Report</b></p> <p>The Council received assurance report from October 2023.</p> <p>The Council noted the welcome inclusion of deep dives at Audit and the development of the BAF.</p> <p>A request for an assurance report from Commissioning Committee was considered and P. Gayle confirmed the current process is for this to be considered through the Chief Executives report.</p> <p>The report was noted with no further comments.</p>	
12.	<p><b>Any Other Business</b></p> <p><b>Development opportunities</b></p> <p>The offer for members of the Council to attend to observe Board Committees was shared as a development opportunity, whilst recognising Governors attending are unable to contribute.</p>	
13.	<p><b>Close of meeting</b></p> <p>P. Gayle thanked all in attendance for their contributions.</p>	
14.	<p><b>Date &amp; Time of Next Meeting</b></p> <p>12 Noon, 11 January 2024</p>	

## 5. Matters arising from meeting held on 9 November 2023



## 6. Chair's Report

<b>Meeting</b>	<b>BOARD OF DIRECTORS</b>
<b>Agenda item</b>	6
<b>Paper title</b>	<b>CHAIR'S REPORT</b>
<b>Date</b>	11 January 2024
<b>Author</b>	Phil Gayle, Chair
<b>Executive sponsor</b>	Phil Gayle, Chair

**This paper is for (tick as appropriate):**

<input type="checkbox"/> Action	<input type="checkbox"/> Discussion	<input checked="" type="checkbox"/> Assurance
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**Executive summary & Recommendations:**

The report is presented to 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.

## **BOARD OF DIRECTORS CHAIR'S REPORT**

### **1. INTRODUCTION**

I am pleased to offer the Board a brief summary of my activities as Chair over the period since our last meeting, which was on 9 November 2023. Much of the focus over this period has been on continuing building relationships with stakeholders improving openness and transparency, particularly through data sharing which allows us all to understand the challenges to improving performance and associated outcomes as well as where we can improve, on a sustainable basis, across the health system working in partnership.

### **2. CLINICAL SERVICES**

- 2.1 I have spent time visiting staff across Trust sites on a weekly basis and have been humbled by their dedication to delivering the best possible services.
- 2.2 Following on from my last report to the Board I am proud to highlight that staff from the Barberry have received personal letters of thanks and support from Mr Steve McCabe, MP, following his visit during September 2023.
- 2.3 I was honored to be able to join colleagues at our Recovery College Forum where I was pleased to be able to gain a greater understanding of the courses on offer and opportunities available for both staff and service users.

### **3. MPs**

- 3.1 I was pleased to be able to visit the Lyndon Clinic, Solihull and meet local MP Mr. Saqib Bhatti, MP, where staff were able to showcase the services delivered. I also since my last report I had a meeting with Paulette Hamilton MP. Meeting our local MPs enables constructive conversations to take place to discuss how the whole health system can interact to assist their constituents to gain the best quality of care at the right time and in the right place. We have a few services located in a number of our MPs constituents and it is important to ensure we have their support particularly where significant investment is needed. This will become ever more essential as we deal nationally with financial constraints. Therefore, we need to ensure they fully understand both the benefits and dis-benefits that all the changes will have to their constituents, the Trust and the staff who provide the services.

### **4. PEOPLE**

- 3.1 I met with Andy Cave and Richard Burden from Healthwatch, and they shared with me how positive it has been to maintain these regular meetings to give them assurance on points of clarity about our inpatient and community services. I believe we need to strengthen our partnership working and in future the Chief Executive of Healthwatch (Andy Cave), will meet with our executive colleagues to respond to any operational queries they may have.
- 3.2 As reported in my previous chairs report I meet monthly with Shane Bray, Managing Director of Summerhill Supplies Limited. Our meetings are beneficial as they allow me the opportunity to hear about future developments and challenges SSL experience.
- 3.3 I am pleased to confirm that following a robust recruitment process, Thomas Kearny has been appointed as a Non- Executive Director. Thomas has formally joined the Board this week having completed our Trust induction programme.
- 3.4 In the coming months I look forward to meeting with Sir Bruce Keogh, Chair, Birmingham Women's & Children's NHS Foundation Trust, and visiting their services to continue to develop partnership relationships.

- 3.5 I was pleased to be able to meet with Staff Side colleagues from a number of unions and discuss the support I can offer on a range of challenges. Further meetings are being arranged to be able to ensure positive working relations continue to develop.
- 3.6 I was pleased to meet with Rebecca Farmer, NHS England, to discuss the key areas of focus for the Trust moving into 2024.

#### **4. QUALITY**

- 4.1 I was pleased to be able to attend the NHS Provider Conference over two days in Liverpool during November and was joined by a number of Board colleagues. This years theme was Vital, representing the essential care the provider sector delivers, the deep commitment of staff, and the importance of ensuring our health service is sustainable for the future. I was pleased to be able to attend a number of sessions and here the Secretary of State for Health and Social Care share her vision for the NHS as we enter an election year, following a turbulent time of industrial action and immense pressures on the service.
- 4.2 As a Board we held our final strategic session for 2023 supported by NHS Providers where we focused on our Board composition and agreed our key areas of focus and key outcomes for the Board.

#### **5. SUSTAINABILITY**

- 5.1 I was pleased to be able to Chair the Council of Governors meeting in November 2023 where we welcomed new members of the Council and were assured the current elections for vacant posts are now at ballot stage with results being made available in January 2024.

A number of our long-standing Governors have come to the end of their terms and so we thanked;

##### **Dr Imran Waheed**

Imran joined us on the Council at the end of 2022 following the elections process for a Medical Governor. During his time on the Council Imran has been a great presence and voice for medical staff, however competing clinical demand has impacted his ability to be able to gain as much momentum as he had hoped. Imran has recently been appointed as Deputy Medical Director and so has taken the decision to stand down from his Governor role. I am sure you will all join me in wishing Imran all the very best as he embarks on this leadership role and thank Imran for his tenure as a Governor.

##### **Jim Chapman:**

Jim has sadly come to the end of his third term as a Governor. Over the years Jim has been a really valued member of the Council who has always offered support in developing and strengthening our partnership with the University. Over the years Jim has supported the Trust in ensuring students get the best possible experiences when working with the Trust and has always explored new and innovative avenues for improvements. Over recent months Jim has been a great support and buddy to a number of our Governors and has always taken the time to check in and ensure his Governor colleagues are OK. I am pleased to announce that Rob Mapp will join the Council as our stakeholder Governor As Jim's replacement. Key 1:1 meetings will be arranged in the coming weeks.

##### **Vic Fewster:**

Since our last meeting Vic has started in her substantive role within the Trust and therefore has had to formally resign from her Governing role. I want to acknowledge and to thank Vic for her dedication to the governing body over the years and for always representing her constitution in the best possible manner. Vic's input and challenge have driven change and

developed services in line with best practice for our service users. I am sure you will all join me in wishing Vic all the best in her new role and I look forward to being able to continue to work with her.

- 5.2 I can confirm our Council of Governor Board development sessions have been developed and agreed for the coming year. These sessions will allow the core development of the Council of Governors. The first session took place in August 2023.
- 5.3 I chaired the third Remuneration and Nomination Committee for 2023 where we approved the recruitment process for the Chief Nurse taking place in December 2023.
- 5.4 I chaired an Extraordinary Board in November 2023 where the Board held a focused discussion in relation to the increasing financial pressures supported by key finance colleagues where we reviewed additional saving options.

**PHIL GAYLE**  
**CHAIR**

## 7. Chief Executive's Report

<b>Meeting</b>	<b>BOARD OF DIRECTORS</b>
<b>Agenda item</b>	<b>Item 8</b>
<b>Paper title</b>	<b>CHIEF EXECUTIVE and DIRECTOR of OPERATIONS REPORT</b>
<b>Date</b>	11 January 2024
<b>Author</b>	Vanessa Devlin and Roisin Fallon-Williams
<b>Executive sponsor</b>	Roisin Fallon- Williams

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

<b>Executive summary</b>
Our report to the Board provides information on our areas of work focused on the future, our challenges and other information of relevance to the Board, in relation to our Trust strategy, local and national reports and emerging issues.

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

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

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

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

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

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

<b>Our values</b>
Committed Compassionate Inclusive

# CHIEF EXECUTIVE and DIRECTOR of OPERATION'S REPORT

## PEOPLE

### **Doctors Industrial Action**

There has been no industrial action by Junior Doctors or Consultants since 04/10/23. The mandate covering industrial action of junior doctors is until 28/02/24. For Consultants it is until 26/12/23, however a new ballot to renew the mandate opened on 06/11/23 and closes on 18/12/23. This would cover any action between 01/01/24 – 17/06/24. A re-ballot of SAS doctors also opened on 06/11/23 and will close on 18/12/23.

A new pay offer has been made to NHS Consultants and will now be put forward by the BMA to its members via a referendum. The result of the referendum is not expected until late January and we are informed there will be no strike action by consultants until that result is known. The offer reduces the number of pay points from eight to four and reduces the number of years it takes a consultant to reach the top of the scale by five years. The starting pay for new consultants and to the top pay point would be increased. If accepted the changes will be implemented in April 2024 but backdated to January 2024.

### **Medical Support Workers**

Unfortunately, we received some disappointing news about the NHSE funding approved for 12 new Medical Support Workers whereby this funding is no longer available due to significant financial challenges across NHS systems created by industrial action in 2023/24. The recruitment process had not commenced and we will continue to seek funding streams to develop this role further in BSMHFT.

### **Changes to Higher Trainee (Specialist Registrar) 2nd tier on call rotas**

Agreement has been reached to change from the current system of 3 on call Specialist Registrar rotas to 2 full shift Specialist Registrar rotas, with additional weekend cover. from 06/02/24. This rota pattern will better match the work intensity and is anticipated to reduce the Guardian of Safe Working fines currently levied when Specialist Registrars do not receive their contractual rest.

### **Staff Survey**

The national staff survey period closed on Friday 24<sup>th</sup> November 2023. Thank you to all colleagues who took the time to complete the survey. Thank you also to John Travers and all local senior leadership teams for the support and encouragement they provided to colleagues across the Trust to have their say and complete the survey. We will as usual receive the results from this years survey in early 2024.

## CLINICAL SERVICES

### **Summary**

The post pandemic period has presented service areas with challenges in particular in terms of filling staff vacancies and increasing demand on services. Innovative and creative solutions have been considered with attractive offers and benefits of joining the Trust also now a feature. Despite these challenges colleagues are committed to delivering as high-quality services as possible, always aiming for as easy access as



achievable for all service users. The following report is a high-level summary of the activities of each service areas over the past couple of months.

### **Integrated Community Care and Recovery (ICCR)**

Over the past 5 years our Community Mental Health Teams (CMHT) have seen a significant increase in caseloads. We are also experiencing an increase uptake in activity in our Neighbourhood mental health function, who have seen over 14000 patients in the past 12 months. It is evident from our extended mental health offer at primary level, that there is a greater need in our communities' post Covid for mental health support.

As shared in previous reports our clinicians, particularly our doctor, psychological therapist and duty clinicians within CMHT have raised concerns regarding the increasing demand and capacity. We continue to review this as part of our community transformation work as well as in our system locality working.

Despite the high levels of need in our community our CMHTs receive over 85% positive responses via our Friends and Family Tests, some examples of these are below:  
"The team gave me hope for myself".

"Doctor spends time listening to you, feel they understood me. Never had a service like this, who do take the time and who do actually care "

"The appointment was explained at the beginning, and I was made to feel welcome and was reassured at every stage".

Our CMHT's had a targeted Care Quality Commission (CQC) inspection in August 2023. The immediate concerns noted have been promptly addressed, with a significant improvement in performance which is now at, 98% for Care Programme Approach Plans, 94% for Care Programme Approach Risks Assessments, 81% for Care Support Plans and 86% Care Support Risk Assessments.

Quality audits of these documents are also now fully underway along with medicines management audits with the support of our pharmacy team. All audit activity will be reported via local Clinical Governance Committees. Deep dive work is underway to review waiting times and other key performance indicator data, to ensure the service is as efficient as is possible and that we impact positively on measures where we can.

ICCR have been working closely with partners across Birmingham supporting the Community Collaborator Developments and testing the Integrated Neighbourhood Teams (INT). We have supported pilots in the West and East of the city and are awaiting evaluation of these pilots. The INT leads are seeking further support and staffing investment to roll out the pilot across South, North & Solihull, work is underway to explore how we can support this initiative.

Other services within ICCR are working through key objectives and challenges, there are no specific issues to highlight.

The ICCR leadership team continue to support and engage teams in discussions around staff health and wellbeing, equality, diversity, and inclusion and bullying and harassment. We are also ensuring we take just culture principles forward and are seeing a greater degree of learning and reflection amongst our teams and staff.

### **Secure Care & Offender Health (SCOH)**

HMP Birmingham staffing is improving slowly, and the mental health team is now fully established. We continue to review and implement our plans to ensure that the service is

working to its full establishment across all the pathways. Pressure remains for primary care nurses, and we continue to support our partners in this area. An NHSE quality review has taken place, with feedback indicating a vast improvement compared with last year's visit. These included, staffing, culture, retention and good care delivery despite prison pressures. Issues were noted regarding prison enablement and estates. We look forward to receiving the report in the forthcoming months.

Secure inpatient services continue to experience qualified nursing vacancies across the men's and women's services. Continuous recruitment is taking place with new students and internationally educated nurses taking up posts in the division. Ward managers and Clinical Nurse Managers/Matrons are meeting daily on each site to prioritise work and assess any shortfalls. Support takes place between sites and ward managers and matron's are working within numbers where necessary, along with our psychology and occupational therapy professions colleagues supporting activities on wards.

The Enhanced Reconnect business case has been submitted to commissioners. This is a psychologically led service helping those who are high risk, complex and are considered to be in an actual/ potential counter terrorism risk situation post prison. The service is designed to support individuals to reconnect and re-engage with their communities over an 18-month period. We anticipate receiving feedback in the forthcoming month for the submission.

### **Acute and Urgent Care**

We continue to focus and implement our plans to support safe staffing on all of our acute wards, with a spotlight supporting our managers with their rota management. Our Home Treatment Teams are also reviewing their establishments, as they collate their data and clinical activity in order to meet the current demand.

In our central area we have recruited to all our registered nursing vacancies on 4 of the 5 wards, with a focus now on our remaining or staff, which will include looking after their wellbeing.

As part of our 5-point productivity plan to drive down our inappropriate Out of Area placements, we are implementing a locality working model. The Locality Model is being implemented across the Central and West areas. Taking a quality improvement approach, the model continues to be tweaked and lesson learning aspects are discussed in our monthly meetings to ensure that we improve the service delivery. The model is due to be rolled out in the South, North & Solihull in December/January. Early results are reporting, a decrease in the delayed transfers of care, quicker and more timely admissions for complex service users in the community, along with a reduction in individuals being placed in inappropriate out of area provision.

Our productivity plan also focuses on our Delayed Transfer of Care (DTC) as there are a number of concerns regarding barriers to enable a safe service user transfer/discharge. Scrutiny of these takes place in the localities as well as at system level with ICB colleagues. We are currently in the process of pulling together an 'invest to save plan', which will enable us to continue with this focused work, throughout the winter.

We are working with West Midlands ambulance Services (WMAS) and West Midlands Police (WMP) to support direct access to our Psychiatric Decision Unit (PDU) as an alternative to A&E. This will only be applicable to service users who do not require a physical clinical intervention. We are currently in the process of undergoing joint training to access all the IT systems required. This work also links to our 'call before you convey' offer, which will be moving to 24hours from 4th December 2023. All these initiatives will further enhance our mental health urgent care response offer, both in and out of core

hours.

Our focused work continues with regards to Learning Disability & Autism (LDA) awareness, with a focus on our inpatient and urgent care pathways. We held a very successful training day in November for senior leaders across acute and urgent care, involving Experts by Experience and ICB colleagues, this enabled us to confirm and agree our service user pathways. The outputs and learning from the event will be shared wider across the Trust.

In November we celebrated our first patient council involving (13 out of 16 wards) which yielded positive results and great feedback from those involved. This was also shared at one of our committees with wider Board members as our service user story. One of our experts by experience who presented stated:

‘All of my feedback is really positive, having the service users give real time feedback was very refreshing’.

The coffee morning held at one of our female inpatient wards was said to be particularly valued by service users, and this has motivated both service users and staff to explore a similar offer on their wards.

### **Specialties, Frailty & Dementia**

The Perinatal Service has recently hosted a visit from NHSE Perinatal and Young Peoples team and are on track to meet the NHSE Long Term Plan ambitions for perinatal services by March 24.

Members of the service recently spoke at the NHSE National Perinatal webinar on achieving the long-term plans and have since been approached by a number of different systems to advise on delivering our successful care models. The service was recently mentioned in an article by a Birmingham Women’s hospital patient, who stated that, "I also received support from the Birmingham and Solihull Mental Health NHS Foundation Trust Perinatal Mental Health Service, who were phenomenal and were a vital help to me."

Four International Nurses have been recruited across our older adult inpatient wards, Bergamot, Rosemary, and Reservoir court. All wards continue to experience an increase in levels of required nursing observations due to high levels of acuity. The recent Band 6 Leadership Day across the Frailty and Dementia wards was well received and there are plans to continue with a programme of further clinical and leadership updates.

The Meriden Family Programme had a successful 25th Anniversary conference in October with over 100 delegates in attendance. The free conference focused on the implementation of Behavioural Family Therapy (BFT). There were speakers from Japan, Iraq, Australia, New Zealand, Canada and the UK who spoke and delivered workshops regarding their experiences of delivering and receiving BFT.

The Bipolar Service are working in collaboration with the Transformation Programme to deliver a programme of work to enhance existing pathways and improve care and outcomes for individuals with a diagnosis of bipolar or psychosis. This will formally commence in December.

Across the older adult CMHT’s, the Collaborative has commenced work with Hall Green Health Centre beginning with the introduction of Cognitively ICA (a 5-minute computerised cognitive assessment tool) into Primary Care to improve dementia referrals to our services. Hall Green Health have already identified 40 Service Users, who will require a Memory Assessment by using the cognetivity test. Our memory assessment service

(MAS) is currently reporting long waiting list of up to 9 months. We are therefore extending clinical hours to address this as well as exploring additional funding to extend this further.

The North HuB CMHT Post Dementia Diagnostic Education Collaborative, has commenced work within Birmingham Hospices to deliver the post diagnostic support groups for people and carers of those diagnosed with dementia in line with NICE guidance. The programme covers a host of different subjects each week such as Dementia, Power of Attorneys, Medication, physical health, benefits. Two cohorts have now been completed which have been very successful. The first cohort at the end of the 12 weeks have remained in touch and have gone on to form their own support group.

Birmingham Talking Therapies welcomed 13 newly qualified staff, 15 trainees and 4 apprentices in October. A robust action plan is now in place to support the team to address their waiting times, access, and achievement of the 18,602 target by March 23/24. The Employment Advice element within Talking Therapies have now received 120 referrals since going live at the end of September 23.

Op Courage Veterans are holding a regional team development day with all partners in November as part of their ongoing staff engagement and continuous service improvement model.

Staffing levels across the specialty areas within the Barberry Centre are now improving with less reliance on bank and agency usage, although high levels of vacancies remains, which are being addressed via our recruitment and retention plans. The Eating Disorders team have commenced a day group programme and are beginning several other initiatives with support from the Collaborative. The Neurosurgery team are currently seeking support from the QI team to enable them to reduce their waiting lists, despite the waits they continue to receive consistently good Friends and Family feedback. The Deaf Service are now finalising the care pathway review work and holding a safety summit in November following several recent safeguarding issues.

Within Arts Psychotherapy the SCHEMA RCT (Secure Care Evaluation of Manualised Art Psychotherapy), which seeks to reduce the frequency and severity of interpersonal conflict and personal distress has recruited its first participants within the Tamarind services. This is the team's first steps towards becoming a research active team. There has been some fantastic feedback this month from a mother of a service user who reported:

'Hannah, Art Therapist at Longbridge CMHT assisted my daughter to explore and express her feelings around death through Art Therapy. There isn't anything that could have been improved upon, Art Therapy is very important to people who are facing end of life. It allows the individual to feel free to express themselves through art.'

## **SUSTAINABILITY**

### **2023-24 Funding**

The Trust along with system partners have been working hard over the last couple of weeks to meet a national requirement to relook at the financial position with the aim of securing a break-even position by the end of the financial year. NHS England have been working with the Government to identify additional funds to offset the cost of industrial action that providers have faced this year – the share for Birmingham and Solihull was £25m. With this additional funding, and a review of plans and financial opportunities in each organisation is being undertaken to determine how we might reach a balanced position by the end of the financial year.

### **Birmingham and Solihull (BSoL) Mental Health Provide Collaborative Update**

The BSoL Mental Health Provider Collaborative has now reached its eight -month period of operation, working across the system with partners to drive forward the activities of the collaborative at scale and pace.

Key activities include:

- Workshops with both Children and young people (CYP) Transformation Boards to re-set their roles and accountabilities into the provider collaborative.
- A workshop was held with the VCFSE (Voluntary, Community, Faith & Social Enterprise) Panel on the 14 November 2023. The aim of the workshop was to connect and foster positive working relationships, define what great collaboration should look like, bring to life the challenges and opportunities being faced by the collaborative and identify key commitments and milestones.
- The MHPC were part of the VCFSE Collective event held on the 28 November 2023 which focused on the development of a future approach to commissioning and contracting with the Voluntary, Community, Faith & Social Enterprise Sector.
- Work has commenced around the review of Section 117 processes with Local Authority partners, this includes reviewing the Memorandum of Understanding which underpins the principles of delivery for Section 117

### **NHS Providers Board Development Session**

The Board took part in the last of a series of development sessions with NHS Providers on 15 November.

The sessions focused on Board composition and effectiveness, and reflections on how the Board is operating. Comparisons were made from when the sessions first began in January 2022, with some incredible positive improvements and a real feeling of cohesion and togetherness.

There were some further developments identified by members of the Board, particularly in relation to strengthening accountability and governance processes to deliver results.

The Board is committed to continuous improvement and will be focusing on developments with the Senior Leaders Forum, divisions and teams.

### **How can we make better use of digital?**

We have recently approved the Trust Digital strategy and in October held a Board development session looking at the digital environment and the opportunities that a greater awareness and use of Digital could afford us. We have been working with senior leaders to look at what services need to look like in the future and need to bring these two pieces of work together to see how we develop the digital ask to help deliver the digital strategy and the future state of our services.

We are recognised as a digital exemplar in the NHS and have access to a large amount of data to support our staff and services, we will be bringing the ask to a future senior leaders event to explore what we can do with the data we hold and what additional data we need from our organisation and other organisations to better inform their support of staff and patients. We will ask how we can augment the services to improve outcomes? What could services do different if it was better supported by a digital offering? And what are the repetitive tasks that could be automated?

The outcome of the session should allow us all to better understand the digital offer, what we can do differently and garner greater support for a better digitally enabled future.

## QUALITY

### CQC

We continue to make progress against the actions that were developed in response to the Must and Should Do findings of the Core and Well-led inspections that took place in October and December 2022 with the majority of actions completed or track to be.

Currently we have the following overdue actions:

- Must Dos – 5 in Acute Care, 1 in Home Treatment, 1 in Steps to Recovery and 2 in Dementia and Frailty
- Should Dos – 1 in Acute Care, 1 in Steps to Recovery, 1 in Urgent Care and 1 in Specialties

They are overdue either due to the Compliance team not being satisfied with the evidence submitted to demonstrate completion or in the case of training figures, some teams not meeting the lower threshold of compliance. Updates on this action plan are shared with the CQC at the 2 monthly Engagement meeting.

CMHTs were inspected in August 2023 and prior to the publishing of the report, the Trust was issued with two Section 29A notices around Care Plans and Risk Assessments and Medicines Management – we submitted action statements to the CQC on how these issues would be addressed and updates have shown improvement in practice in all of the areas identified in comparison to the findings at the inspection.

The CMHT report will be published on November 29th and the Trust will need to submit its action plan in response to the findings by December 5th. The Head of Regulatory Compliance is working with the Service leads to ensure this deadline is met. CMHTs were given a rating of Requires Improvement with their previous rating in 2017 being Good.

In early October the CQC conducted a further inspection of Acute Care, Secure Care and Steps to Recovery inpatient services to review the conditions imposed by the Section 31 issued in January 2021. Initial high-level feedback indicates that there is evidence to show that the Trust has met the condition on ligature risks however the evidence for care plans was mixed. This report should be available early December 2023.

## LEADERS IN MENTAL HEALTH ACHIEVEMENTS AND CELEBRATIONS

### **HSJ names Marimoultou Coumarassamy as one of the 50 most influential Black, Asian and minority ethnic people in health**

Mr Coumarassamy – widely known as Coumar – is the deputy director of operations at Birmingham and Solihull Mental Health FT but is perhaps even better known for his work setting up the British Indian Nurses Association, representing one of the largest groups of overseas nurses in the UK.

He founded the group in 2020, as an offshoot of the British Association of Physicians of Indian Origin, and with support from chief nursing officer Dame Ruth May. BINA aims to support nurses arriving from the Indian subcontinent and to help them progress in their careers. This year he launched a petition calling for an independent inquiry into whether

injustices were suffered by ethnic minority staff during the pandemic – many of the health workers who have died are from this group.

Congratulations on this incredible recognition Coumar.

### **Psychiatrist of the Year**

A huge congratulations to Dr Fabida Aria, who was awarded Psychiatrist of the Year.

The Royal College of Psychiatrists Awards celebrate the nation's best and brightest teams and individuals in our field. Taking place every year, hundreds of individuals flock to London for the prestigious awards ceremony.

An inspiring role model to many, Dr Fabida Aria won the Psychiatrist of the Year accolade for her exceptional passion in her roles as a Consultant Psychiatrist and Executive Medical Director at the Trust.

Fabida was presented her prestigious award by Professor Sir Stephen Powis, National Medical Director of NHS England.

### **Specialty Doctor/ Associate Specialist of the Year**

A huge congratulations to Dr Ishtiaq Ahmad.

An Associate Specialist in Old Age Psychiatry for the past 27 years, and a Speciality and Specialist (SAS) Clinical Tutor for the past 13 years at the Trust, Ishtiaq continuously dedicates his life to improving both his patients' and colleagues' experiences in the Trust.

I am absolutely thrilled that such dedicated employees have been recognised for their hard work and commitment.

### **CAMEO 10 year anniversary celebration event**

The CAMEO Service hosted their 10-year anniversary event on Wednesday, 8th November at HMP Foston Hall.

The event celebrated by hearing of an array of speeches, presentations and service users showcasing their work and achievements within their time at CAMEO.

Congratulations team.

### **Celebrating 25 Years of Family Intervention and The Meriden Family Programme**

The Meriden Family Programme celebrated 25 years of service. The team celebrated by holding a conference where a number of staff gave presentations and raised awareness of the specialist areas. A special congratulations to the team.

### **Deputy Medical Director**

Following a robust recruitment process I am pleased to confirm Dr Imran Waheed has been appointed as Deputy Medical Director. Congratulations Dr Waheed.

I want to take this opportunity to also thank Dr Giles Berrisford for his hard work and dedication during his time in this role.

## **LOCAL NEWS**

### **Black History Month October 2023**

During October we celebrated Black History Month in the UK, an event that has been celebrated nationwide for more than 30 years.

As a Trust we celebrated across sites which included a dedicated Listen Up Live session with several colleagues sharing what their culture means to them.

Throughout October we have been highlighting some of our colleagues in a series of special features. We identified unsung heroes who live our Trust Values and are committed, no matter their role, to help and improve the experiences of our colleagues, service users and patients within Team BSMHFT. and recognised staff by shining a spotlight on individuals achievements.

Our Trust charity, Caring Minds, helped fund Black History Month celebrations at Tamarind. The funding helped to provide meaningful therapeutic activities for our service users, family, friends, carers, and colleagues whilst celebrating Black History Month.

The day involved traditional music, drums, dancing, and delicious authentic food available for all to enjoy.

### **Freedom To Speak Up Month October 2023**

Freedom to Speak Up brings positive change.

In Freedom to Speak Up Month I'm pleased to share an example of how raising a concern brought positive change. Our Freedom to Speak up Guardians regularly visit clinical areas and earlier this year they met with some of the Trust's Trainee Nursing Associates (TNA) at Ardenleigh. The TNAs were uncomfortable undertaking one to one level 3, therapeutic observations with patients. They felt that this was contrary to what they were being taught at university as well as worrying about what would happen if anything went wrong. They also found the Supportive Observations Policy difficult to interpret as there was no reference made to TNAs or Registered Nurse Degree Apprenticeship (RNDA) students.

Emma Randle, one of our Freedom to Speak Up Guardians raised this concern with Interim Chief Nurse, Steve Forsyth who asked for a review of the policy. Following this, the Trust made important changes to the policy recognising that there should be standardised guidance for all student nursing roles across all the directorates. This reassured the TNAs who now have clear guidance around observations and their role in them.

### **Birmingham and Solihull ICB Chief Delivery Officer Recruitment**

The recruitment process for the Birmingham and Solihull ICB Chief Delivery Officer is now underway and I am pleased to be involved in this process.

### **Midlands and East CEO Network**

I am pleased to Chair the Midlands and East CEO Network on a bi- monthly basis. We met recently to discuss key challenges and pressures and have taken action as a group to write to escalate concerns regarding waiting times to the Mental Health Lead for NHS England. The group has identified a number of opportunities that will be explored in the new year.



## **NATIONAL NEWS**

### **New Secretary of State Health UK- The Rt Hon Victoria Atkins MP appointed**

Victoria Atkins was appointed Secretary of State for Health and Social Care on 13 November 2023.

She was previously Financial Secretary to the Treasury between 27 October 2022 and 13 November 2023, and Minister of State at the Ministry of Justice and Minister for Afghan Resettlement between September 2021 and 6 July 2022.

Victoria led the Ministry of Justice's work on prison operations and policy, youth justice, tackling violence against women and girls, and rape and serious sexual offences.

### **CQC The State of Health Care and Adult Social Care In England 2022/23**

During October 2023 the CQC released The State of Health Care and Adult Social Care In England 2022/23 report summarising that the year has been a turbulent one for health and social care. In addition to the ongoing problem of 'gridlocked' care highlighted in last year's State of Care, the cost of living crisis is biting harder for the public, staff and providers – and workforce pressures have escalated. This combination increases the risk of unfair care, where those who can afford to pay for treatment do so, and those who can't face longer waits and reduced access.

The full report can be found at the link below:

[State of Care 2022/23 - Care Quality Commission \(cqc.org.uk\)](https://www.cqc.org.uk/state-of-care-2022-23)

**ROISIN FALLON-WILLIAMS**  
**CHIEF EXECUTIVE**

# Governance

## 8. Elections update

# Performance and Partnerships

## 9. Finance Report

# Finance Report

Financial Performance:  
1<sup>st</sup> April 2023 to 30<sup>th</sup> November 2023

### Month 8 2023/24 Group Financial Position

The month 8 consolidated Group position is a surplus of £188k year to date. This is £188k better than the break-even plan. The 2023/24 forecast remains at break even for month 8, in line with NHSE reporting requirements. A trajectory of £4m surplus outturn was submitted as part of the NHSE system re-set in November. It is anticipated that the forecast will be formally adjusted in month 9. For further detail, see pages 17-19

The key driver of the improved position in month is an improvement in the year to date position for the Mental Health Provider Collaborative (MHPC) following a continued review of packages of care with the nursing team which has resulted in a better assessment of patient costs and packages to date. Bank expenditure has increased in November, following reduced spend in the previous three months. Agency expenditure is in line with prior month. Out of area expenditure remains high and the year to date overspend is driving the shortfall in recurrent savings delivery but there has been a reduction in run rate for the second consecutive month. PFI is overspent year to date due to ongoing water management costs at the Highcroft site.

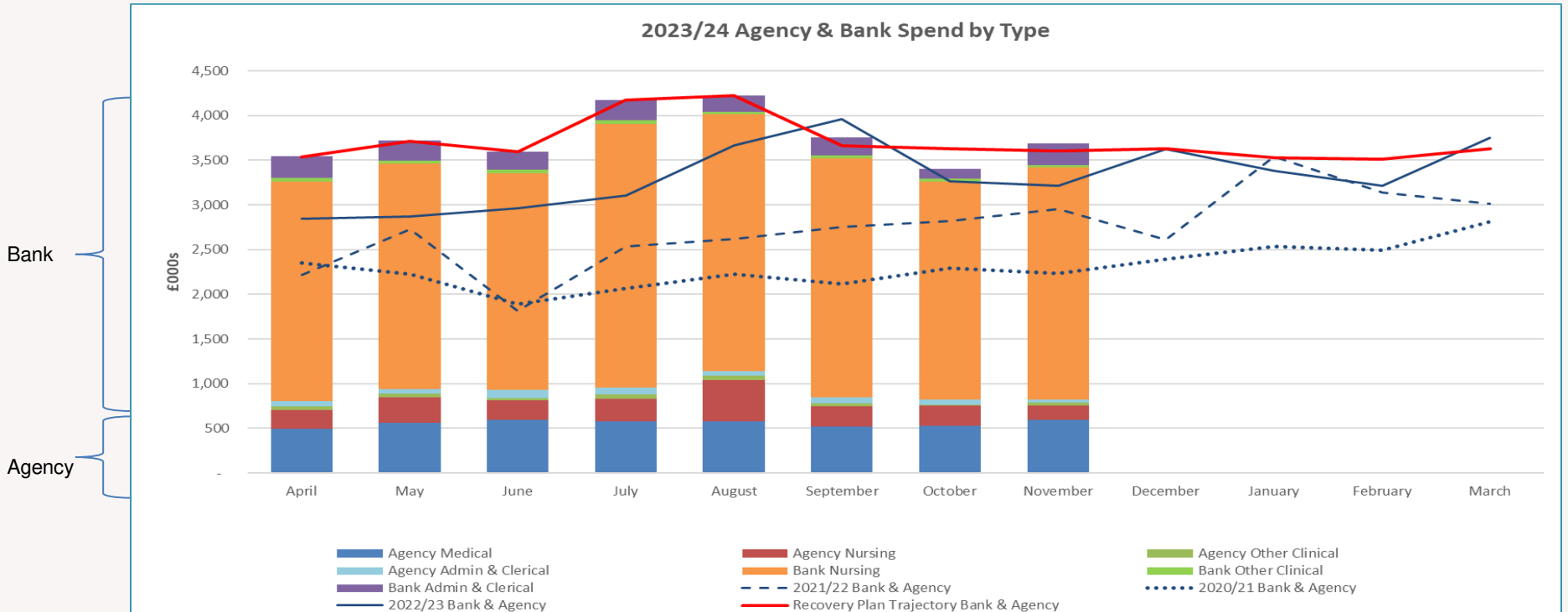
The Group position includes a £528k surplus for the Trust, £164k surplus for the wholly owned subsidiary, Summerhill Services Limited (SSL), and a £167k surplus position for the Reach Out Provider Collaborative in line with agreed contribution to Trust overheads. The year to date position for the MHPC is a deficit of £0.6m, this is driven by the cost of section 117 packages of care, but is an improvement in the year to date position as described above. For a segmental breakdown of the Group position, please see page 3.

Group Summary	Annual Budget	1.6% Pay Award Funding	0.7% Medic Pay Award Funding	Revised Plan	YTD Position		
					Budget	Actual	Variance
	£'000	£'000	£'000	£'000	£'000	£'000	£'000
<b>Income</b>							
Patient Care Activities	566,227	10,085	3,388	579,700	386,464	387,148	685
Other Income	18,832	-	-	18,832	12,555	19,429	6,874
<b>Total Income</b>	<b>585,060</b>	<b>10,085</b>	<b>3,388</b>	<b>598,533</b>	<b>399,019</b>	<b>406,577</b>	<b>7,558</b>
<b>Expenditure</b>							
Pay	(270,159)	(5,943)	(2,289)	(278,391)	(185,595)	(179,885)	5,710
Other Non Pay Expenditure	(277,459)	(4,142)	(1,099)	(282,700)	(188,463)	(201,553)	(13,090)
Drugs	(6,077)	-	-	(6,077)	(4,052)	(4,826)	(775)
Clinical Supplies	(795)	-	-	(795)	(530)	(384)	146
PFI	(12,611)	-	-	(12,611)	(8,407)	(9,840)	(1,433)
<b>EBITDA</b>	<b>17,959</b>	<b>-</b>	<b>-</b>	<b>17,959</b>	<b>11,972</b>	<b>10,088</b>	<b>(1,884)</b>
<b>Capital Financing</b>							
Depreciation	(9,906)	-	-	(9,906)	(6,604)	(6,486)	118
PDC Dividend	(1,717)	-	-	(1,717)	(1,145)	(1,146)	(1)
Finance Lease	(5,693)	-	-	(5,693)	(3,795)	(3,801)	(6)
Loan Interest Payable	(1,060)	-	-	(1,060)	(707)	(717)	(10)
Loan Interest Receivable	797	-	-	797	531	2,505	1,973
<b>Surplus / (Deficit) before tax</b>	<b>380</b>	<b>-</b>	<b>-</b>	<b>380</b>	<b>253</b>	<b>444</b>	<b>191</b>
Taxation	(380)	-	-	(380)	(253)	(256)	(3)
<b>Surplus / (Deficit)</b>	<b>(0)</b>	<b>-</b>	<b>-</b>	<b>(0)</b>	<b>(0)</b>	<b>188</b>	<b>188</b>

# Month 7 Group position Segmental summary

Group Summary	Trust	SSL	Reach Out	MHPC	Consolidation	Group
	Actual	Actual	Actual	Actual	Actual	Actual
	£'000	£'000	£'000	£'000	£'000	£'000
<b>Income</b>						
Patient Care Activities	229,130	-	98,787	253,268	(194,036)	387,148
Other Income	19,336	20,015	-	903	(20,825)	19,429
<b>Total Income</b>	<b>248,466</b>	<b>20,015</b>	<b>98,787</b>	<b>254,171</b>	<b>(214,862)</b>	<b>406,577</b>
<b>Expenditure</b>						
Pay	(169,842)	(8,306)	(1,034)	(1,772)	1,070	(179,885)
Other Non Pay Expenditure	(56,589)	(5,692)	(97,585)	(252,984)	211,297	(201,553)
Drugs	(5,101)	(1,954)	-	-	2,229	(4,826)
Clinical Supplies	(384)	-	-	-	-	(384)
PFI	(9,840)	-	-	-	-	(9,840)
<b>EBITDA</b>	<b>6,709</b>	<b>4,062</b>	<b>167</b>	<b>(584)</b>	<b>(266)</b>	<b>10,088</b>
<b>Capital Financing</b>						
Depreciation	(4,383)	(2,037)	-	-	(65)	(6,486)
PDC Dividend	(1,146)	-	-	-	-	(1,146)
Finance Lease	(3,791)	(255)	-	-	245	(3,801)
Loan Interest Payable	(716)	(1,351)	-	-	1,351	(717)
Loan Interest Receivable	3,855	0	-	-	(1,351)	2,505
<b>Surplus / (Deficit) before Taxation</b>	<b>528</b>	<b>420</b>	<b>167</b>	<b>(584)</b>	<b>(87)</b>	<b>444</b>
Taxation	-	(256)	-	-	-	(256)
<b>Surplus / (Deficit)</b>	<b>528</b>	<b>164</b>	<b>167</b>	<b>(584)</b>	<b>(87)</b>	<b>188</b>





- The month 8 year to date temporary staffing expenditure is £30.1m.
- There has been an increase in spend in November of £285k, this is driven by bank spend on nursing and non clinical.
- Agency spend has remained in line with prior month.
- If the year to date average expenditure continued for the full year, this would equate to £45m. The financial recovery plan assessment in September included a trajectory for reduction in bank and agency spend, with a total trajectory of £44m. The year to date expenditure is £34k less than the trajectory, with an adverse variance on agency spend offset by bank spend being less than trajectory year to date.

**Bank expenditure £22.8m (76%)** – the majority of bank expenditure relates to nursing bank shifts - £20.9m

**Agency expenditure £7.3m (24%)** – the majority of agency expenditure relates to medical agency - £4.4m.

For further analysis on bank and agency expenditure, see pages 5 to 8.

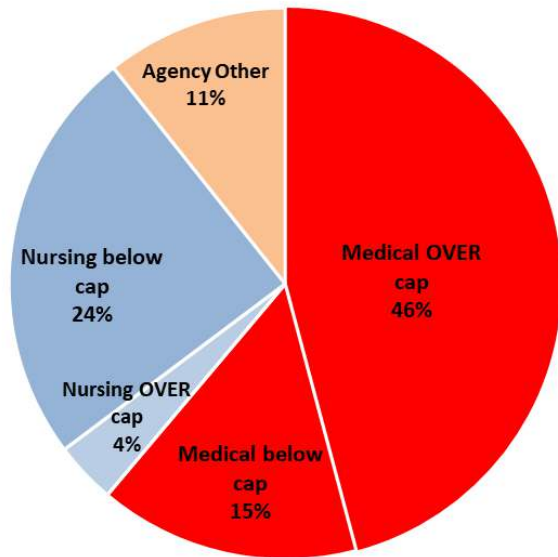
## Agency Rules

### What are the Agency Rules?

The [agency rules](#) were introduced in April 2016 to support trusts to reduce their agency expenditure and move towards a more sustainable model of temporary staffing. The main points of the rules are:

- system ceilings – the total amount a system can spend on agency workers during the financial year.
- approved frameworks – trusts should only use agencies awarded to approved frameworks to supply temporary staff.
- price caps – the total amount trusts can pay per hour for an agency worker.
- admin and estates workers – trusts should only use substantive or bank workers to fill admin and estates roles, with some exceptions.

YTD agency expenditure



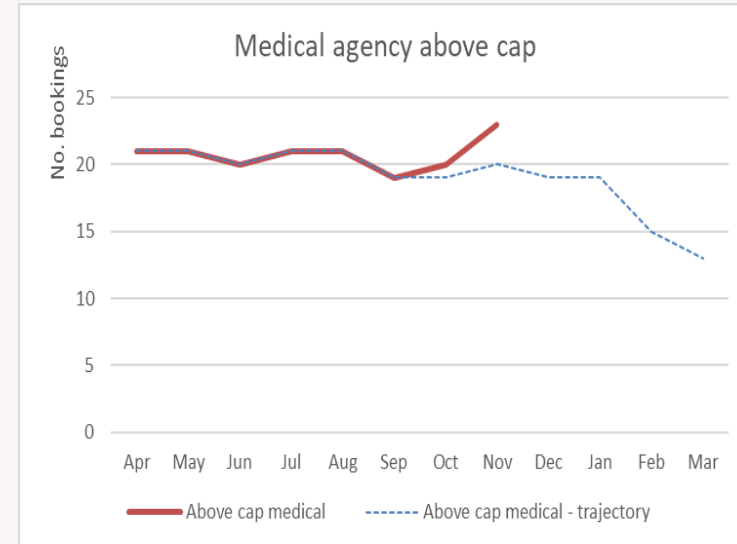
KPIs	Target	Sep-23	Oct-23	Nov-23
Agency spend as % of pay bill (YTD)	3.7%	4.2%	4.1%	4.0%
Agency framework breaches	0	0	0	0
Above price cap agency bookings - medical	0	19	20	23
Above price cap agency bookings - nursing	0	19	16	12
Admin & Estates bookings - Trust	0	2	1	2
Admin & Estates bookings - SSL	0	17	15	11

### Above price cap medical agency bookings

- In November there were 23 above cap medical agency bookings (the highest monthly position of the year to date). 61% of year to date agency bookings relate to medical with 46% relating to over cap bookings. For further detail on medical over cap agency bookings see next page.

# Above cap agency bookings Medical

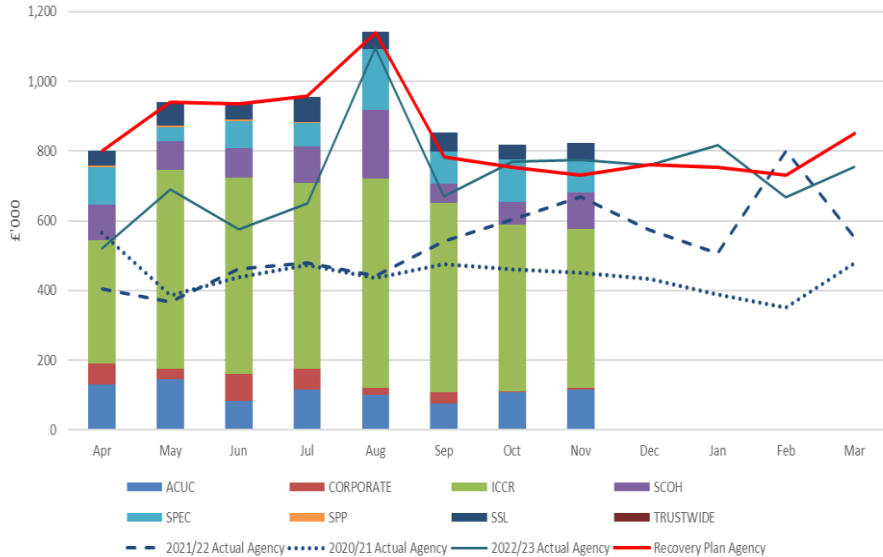
Medical agency - above cap	Total No. in post above price cap	1-10% above price cap	11-30% above price cap	31-50% above price cap	51-70% above price cap	71-90% above price cap
Consultant - above cap						
ICCR - CAMHS SOLAR	2					2
ICCR - CMHT	10		1	3	3	3
Older Adults	1		1			
Secure Care	1				1	
Acute & Urgent Care	1			1		
SAS grade - above cap						
ICCR - East AOT	1		1			
ICCR - CMHT	2	2				
Older Adults	3	1	2			
Junior - above cap						
ICCR - CMHT	2		2			
<b>Total Medical above cap</b>	<b>23</b>	<b>3</b>	<b>7</b>	<b>4</b>	<b>4</b>	<b>5</b>



- For November, there are 23 above cap medical agency bookings, 17 are within the ICCR service area, mainly CMHT.
- There has been an increase of 3 over cap medical bookings in November, with the total number being 3 above the trajectory submitted to NHSE in September.
- Over half of the bookings are being paid at a rate that is 31-90% above cap.
- Of the 23 bookings, almost one third have been in post for over 12 months.

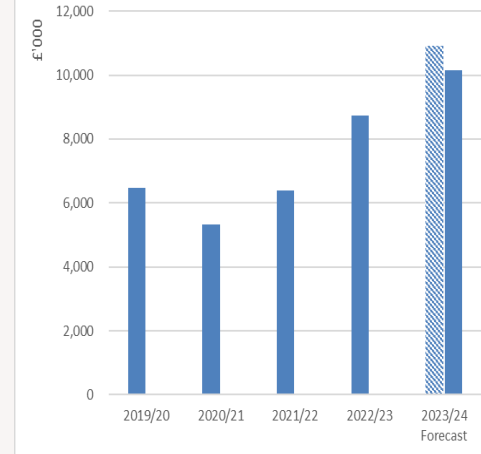
# Agency expenditure analysis

2023/24 Agency Spend by Service Area

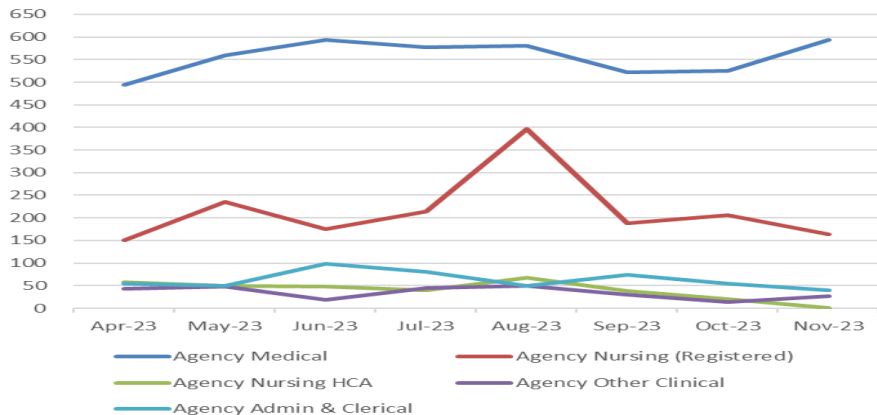


	2023/24 YTD
	£'000
Agency Expenditure	7,270
NHSE Ceiling (3.7% of pay bill)	6,689
Variance to NHSE ceiling	(582)
Agency Medical	4,445
Agency Nursing (Registered)	1,727
Agency Nursing HCA	322
Agency Other Clinical	275
Agency Admin & Clerical	502
Agency Expenditure	7,270

Total Agency spend

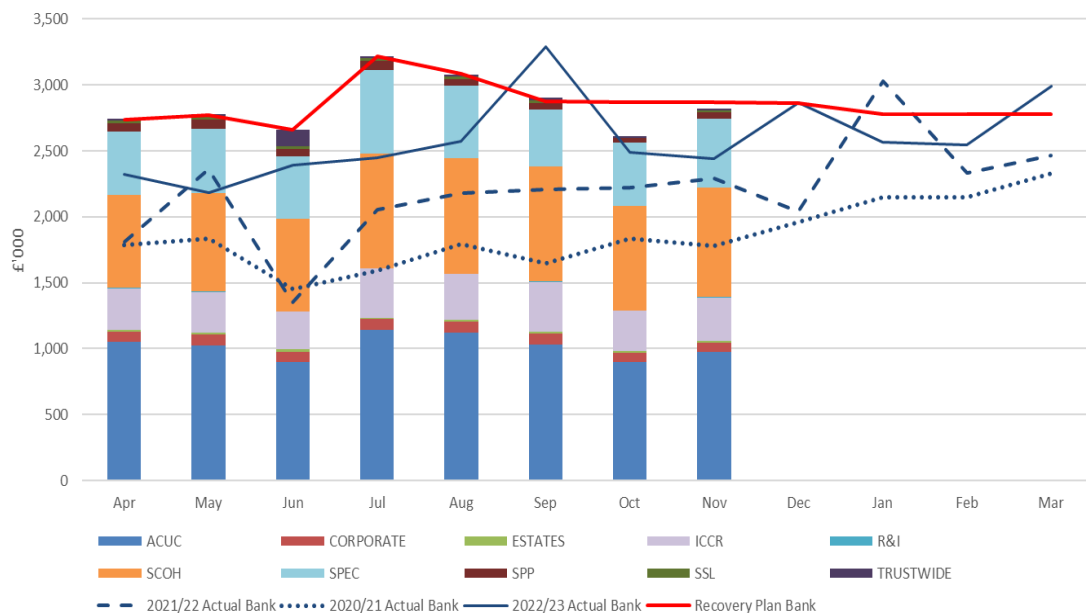


Agency spend by type



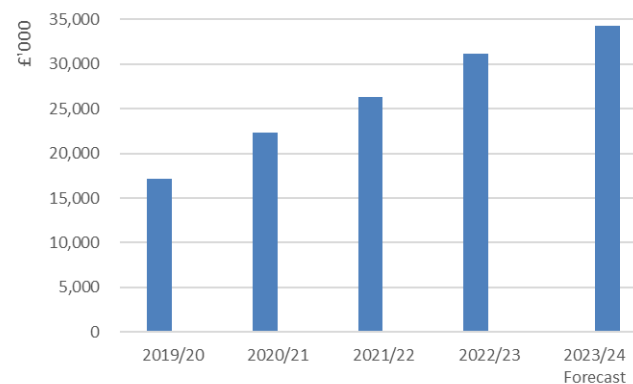
- Agency expenditure is £7.3m year to date. This is 4.0% of the year to date pay bill, compared to the NHSE ceiling of 3.7% - total breach of £582k.
- 56% of the year to date expenditure was incurred by ICCR (10% of the ICCR pay bill year to date).
- 61% of year to date agency bookings relate to medical with 46% relating to over cap bookings.
- Expenditure in November was £824k, this is in line with prior month and April, when spend was at the lowest of the year to date.
- A straight line forecast of year to date expenditure would give a total spend of £10.9m. The financial recovery plan trajectory is £10m. Year to date spend is £226k above this trajectory.

2023/24 Bank Spend by Service Area

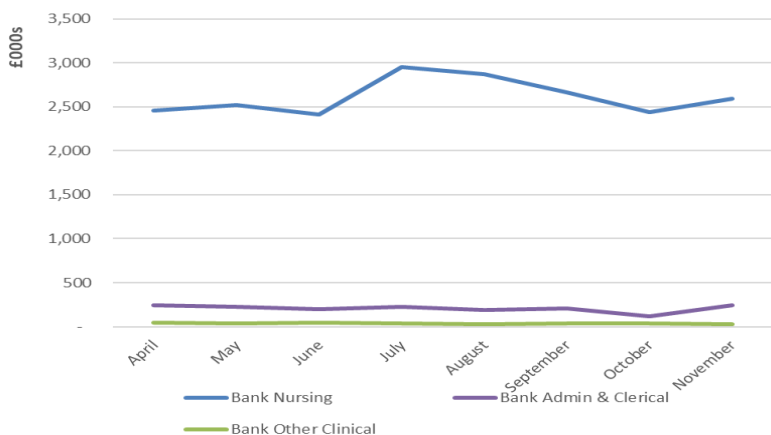


Type	YTD £'000	% of spend
Bank Nursing	20,911	92%
Bank Other Clinical	283	1%
Bank Admin & Clerical	1,644	7%
<b>Grand Total</b>	<b>22,838</b>	<b>100%</b>

Total Bank spend



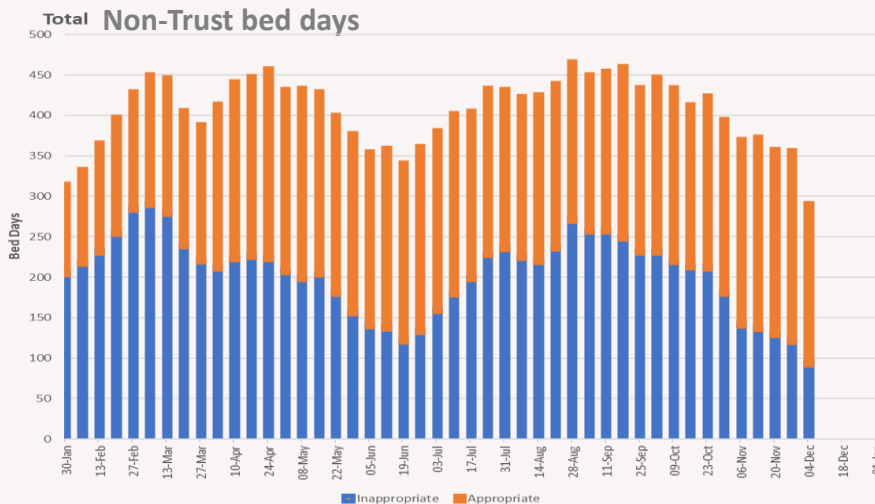
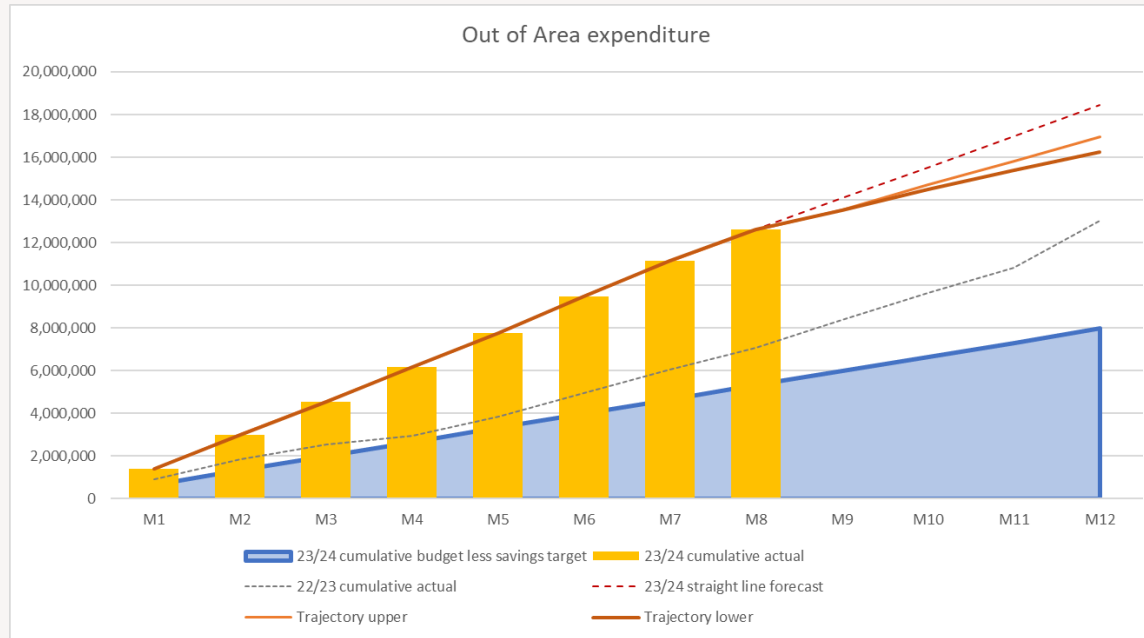
2023/24 Bank Spend by Type



## Bank expenditure

- Month 8 year to date bank expenditure is £23m. A straight line of year to date spend would result in £34m. Year to date bank expenditure is £260k less than the trajectory as per the financial recovery plan.
- There has been an increase in expenditure in November of £280k, just over half relates to bank nursing following an increase in shift numbers compared to October which had the lowest number of bank shift numbers for the year to date. The remainder of the increase is in admin and clerical and relates to year to date expenditure adjustments in MHPC and SSL.
- Year to date bank expenditure has predominantly been incurred within the following service areas: Acute & Urgent Care £8.1m, Secure and Offender Health £6.4m and Specialities £4m.

# Out of Area overspend



- Year to date out of area expenditure as at month 8 is £12.6m.
- Total 2023/24 plan for out of area, including a £5m savings target, is £8m.
- Year to date overspend is £7.3m. There has been a reduction in run rate for the second consecutive month. A straight line forecast of November spend would give a total spend of £18.5m. Work is continuing on assessing the expected outturn assuming continued reduction in bed usage but also taking into account winter pressures, this could be in the region of £16m-£17m.



Recurrent/ Non-Recurrent	Scheme Name	Sum of YTD Plan	Sum of YTD Actual	Sum of YTD Variance	Sum of Annual Plan	Sum of Full Year Forecast	Sum of Forecast variance
Non-recurrent	Budget setting pay review (not wte)	333	333	-	500	500	-
	Budget setting pension review	933	933	-	1,400	1,400	-
	Interest receivable (1%)	167	167	-	250	250	-
	PFI - commercial performance settlement	400	1,357	957	600	1,357	757
	Unidentified	1,572	-	(1,572)	2,358	-	(2,358)
	Additional interest receivable	-	1,973	1,973	-	1,973	1,973
	NR income	-	761	761	-	4,219	4,219
<b>Non-recurrent Total</b>		<b>3,406</b>	<b>5,525</b>	<b>2,119</b>	<b>5,108</b>	<b>9,699</b>	<b>4,591</b>
Recurrent	Budget setting non pay review	833	833	-	1,250	1,250	-
	Budget setting pay review (not wte)	706	688	(18)	1,059	1,033	(26)
	Estates budget for Ross House (disposal)	100	50	(50)	150	75	(75)
	Interest receivable (@2.25%)	133	133	-	200	200	-
	OH contribution	1,300	1,300	-	1,950	1,950	-
	<b>Out of Area reduction</b>	<b>3,333</b>	<b>-</b>	<b>(3,333)</b>	<b>5,000</b>	<b>-</b>	<b>(5,000)</b>
	Additional OH contribution	-	340	340	-	510	510
<b>Recurrent Total</b>		<b>6,406</b>	<b>3,345</b>	<b>(3,061)</b>	<b>9,609</b>	<b>5,018</b>	<b>(4,591)</b>
<b>Grand Total</b>		<b>9,812</b>	<b>8,870</b>	<b>(941)</b>	<b>14,717</b>	<b>14,717</b>	<b>(0)</b>

The 2023/24 efficiency target is £14.7m. The savings plan submitted to NHSE comprised £9.6m recurrent savings plans and £5.1m non-recurrent (including £2.4m unidentified plans).

### Year to date achievement

Savings achievement at month 8 totals £8.9m, a shortfall of £0.9m year to date. The shortfall is driven by £3.3m non-delivery against the out of area savings target which is part offset by additional non-recurrent savings.

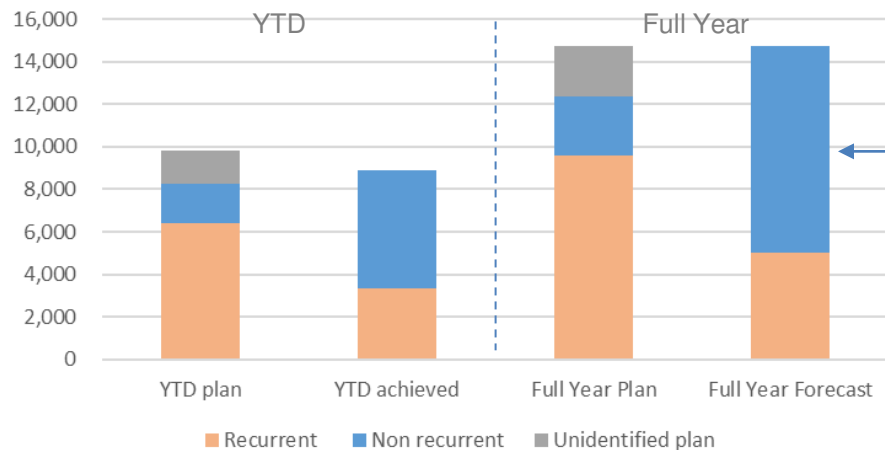
### Forecast

It is forecast that the full £14.7m savings target will be achieved in year. However, there will be an under achievement of £5m against recurrent plans (due to out of area slippage) which will be offset by non-recurrent savings. Therefore, the total non-recurrent forecast achievement is £9.7m for 2023/24. This will roll over as a savings target brought forward for 2024/25.

### 2024/25 Savings

As agreed at August FPP, a 1% savings target was set for all operational and corporate areas for 2024/25. Initial plans were due to be submitted for review at Sustainability Board on 26.10.23. Plans totalling £782k were submitted compared to a target of £2.5m; a shortfall of £1.7m.

Savings YTD and Full Year forecast



£9.7m forecast non-recurrent savings achievement will rollover as savings target into 2024/25

# Consolidated Statement of Financial Position (Balance Sheet)

Statement of Financial Position - Consolidated	EOY - 'Audited' 31-Mar-23 £m's	NHSI Plan YTD 31-Oct-23 £m's	Actual YTD 31-Oct-23 £m's	NHSI Plan Forecast 31-Mar-24 £m's
<b>Non-Current Assets</b>				
Property, plant and equipment	214.2	212.5	212.1	211.3
Prepayments PFI	1.3	1.3	2.0	1.3
Finance Lease Receivable	-	-	0.0	-
Finance Lease Assets	0.0	-	-	-
Deferred Tax Asset	(0.1)	-	-	-
<b>Total Non-Current Assets</b>	<b>215.4</b>	<b>213.8</b>	<b>214.1</b>	<b>212.6</b>
<b>Current assets</b>				
Inventories	0.6	0.6	0.3	0.6
Trade and Other Receivables	28.2	28.2	20.8	28.2
Finance Lease Receivable	-	-	-	-
Cash and Cash Equivalents	59.0	57.3	88.4	56.8
<b>Total Current Assets</b>	<b>87.9</b>	<b>86.2</b>	<b>109.5</b>	<b>85.7</b>
<b>Current liabilities</b>				
Trade and other payables	(55.9)	(56.0)	(69.3)	(55.9)
Tax payable	(5.0)	(5.0)	(5.4)	(5.0)
Loan and Borrowings	(2.6)	(2.6)	(2.3)	(2.6)
Finance Lease, current	(1.1)	(1.2)	(1.1)	(1.2)
Provisions	(1.5)	(1.5)	(1.4)	(1.5)
Deferred income	(40.4)	(40.4)	(51.5)	(40.4)
<b>Total Current Liabilities</b>	<b>(106.5)</b>	<b>(106.7)</b>	<b>(131.0)</b>	<b>(106.6)</b>
<b>Non-current liabilities</b>				
Deferred Tax Liability	-	(0.1)	(0.1)	(0.1)
Loan and Borrowings	(25.1)	(23.3)	(23.3)	(23.0)
PFI lease	(45.7)	(44.6)	(44.6)	(43.8)
Finance Lease, non current	(7.9)	(7.2)	(7.2)	(6.8)
Provisions	(3.7)	(3.7)	(3.4)	(3.7)
<b>Total non-current liabilities</b>	<b>(82.4)</b>	<b>(79.0)</b>	<b>(78.6)</b>	<b>(77.4)</b>
<b>Total assets employed</b>	<b>114.4</b>	<b>114.4</b>	<b>113.9</b>	<b>114.4</b>
<b>Financed by (taxpayers' equity)</b>				
Public Dividend Capital	114.5	114.5	114.5	114.5
Revaluation reserve	41.7	41.7	41.7	41.7
Income and expenditure reserve	(41.9)	(41.9)	(42.3)	(41.9)
<b>Total taxpayers' equity</b>	<b>114.4</b>	<b>114.4</b>	<b>113.9</b>	<b>114.4</b>

## SOPF Highlights

The Group cash position at the end of October 2023 is £88.4m, this includes Reach Out and the Mental Health Provider Collaborative.

For further detail on the current month cash position and movement of trade receivables and trade payables, see pages 12 to 13.

## Current Assets & Current Liabilities

### Ratios

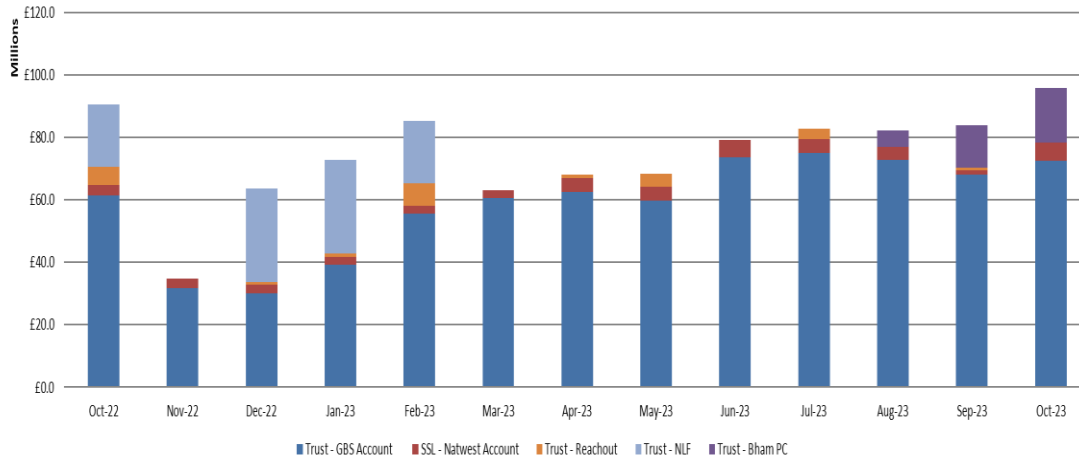
Liquidity measures the ability of the organisation to meet its short-term financial obligations.

Current Ratio :	£m's
Current Assets	109.5
Current Liabilities	-131.0
<b>Ratio</b>	<b>0.8</b>

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



Group Cash Holding



## Cash

The Group cash position at the end of October 2023 is £88.4m.

At this present time, the National Loan Fund (NLF) is not offering a more favourable interest rate than the Government Banking Service (GBS) hence we have not placed any short-term/long-term deposits.

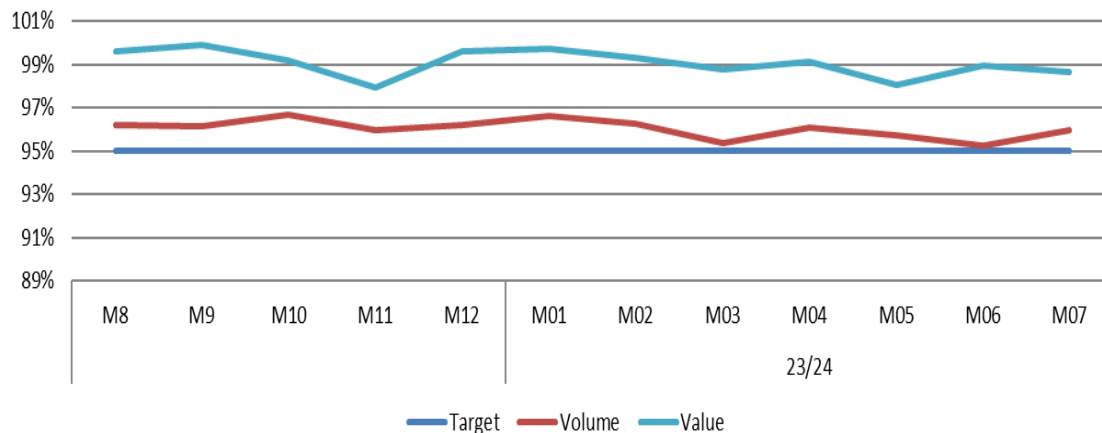
## Better Payments

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

Performance against target is 97% for the month, based on an average of the four reported measures. Payment against value remains particularly high.

NHSE wrote to the Finance Team in September 2023 to commend them on this consistent performance throughout the year.

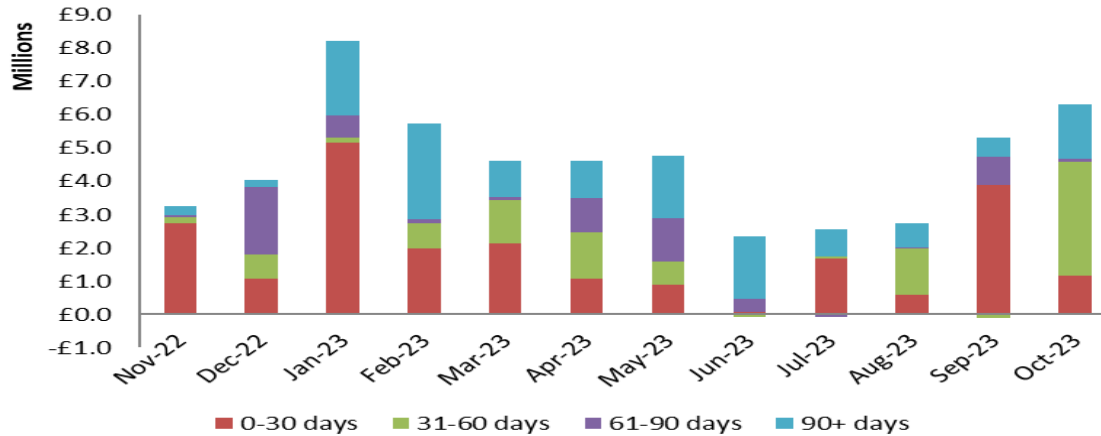
Public Sector Pay Policy



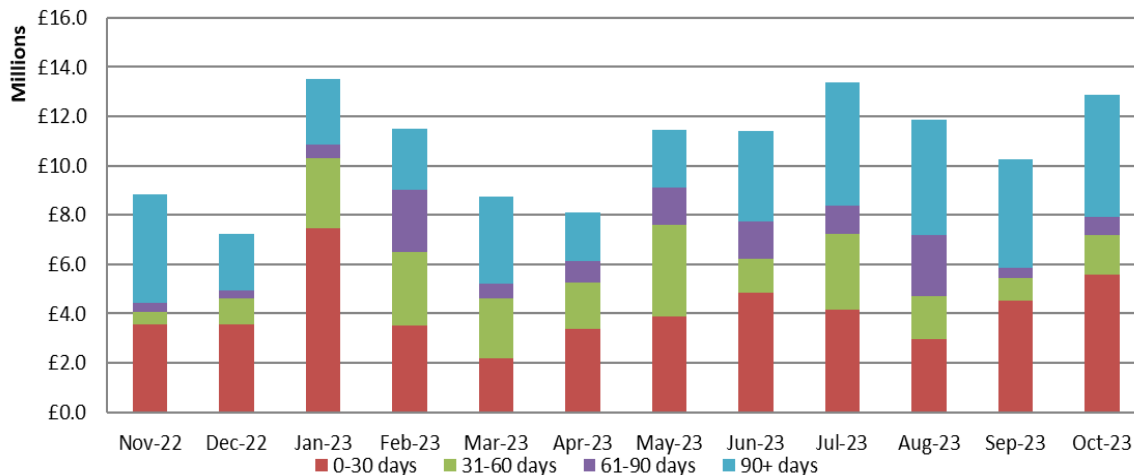
## Better Payment Practice Code :

	Volume	Value
NHS Creditors within 30 Days	95% ✓	99% ✓
Non - NHS Creditors within 30 Days	96% ✓	99% ✓

## Ageing of Trade Receivables



## Ageing of Payables



### Trade Receivables & Payables

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

#### Receivables:

- **0-30 days-** Decrease in balance due to some outstanding invoices moving in to 31-60 days. The balance relates to ad hoc invoices raised in month with no known disputes/payments received as from Nov 23 £208k.
- **31-60 days-** Significant increase in balance – BWC £959K authorisation on hold, SWBH £359k invoice on next payment run, UHB £976k invoices raised without contracts agreed and no purchase orders in place so anticipated delays in payment, balance relates to staff overpayments (on payment plans)
- **61-90 days-** significant decrease in month mainly due to UHB £49k, balance mainly relates to staff overpayments (on payment plans)
- **Over 90 days** –overall balance due to queries with UHB £1.1m, BUPA £62k, Nottinghamshire NHS £48k, South Warwickshire Partnership Trust £24k, SDSmyhealthcare £35k, balance staff overpayments (on payment plans).

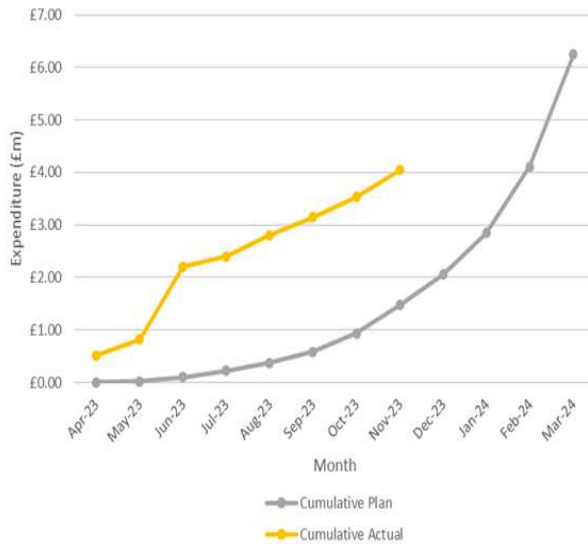
#### Trade Payables:

##### Over 90 days -

- Coventry & Warwickshire -£960k Reach Out related awaiting approval, BWCH £424k awaiting new PO & credit note, NHS Property £282k-historic invoices, UHB £146k awaiting approvals, SWBH £146k settled in Nov 23
- Non-NHS Suppliers (61+) £2.8m – mainly bed fees invoices in query, most accounts are awaiting credit notes or adjustments due to disputes/other. Some payments/queries settled in November 2023.

Capital schemes	Annual Plan	YTD Plan	Total Actual	Variance to plan
	£'m	£'m	£'m	£'m
<b>Approved Schemes:</b>				
Minor Projects (inc Carry-Forward)	1.7	0.3	1.0	0.7
SSBM Works	2.0	0.6	0.9	0.3
ICT Projects	0.9	0.4	0.7	0.4
Doorsets	0.4	0.0	1.3	1.3
CAMHS Seclusion Suite (PDC Funded)	1.3	0.3	0.2	-0.1
NEPT Lease Renewal	0.0	0.0	0.0	
<b>Total</b>	<b>6.3</b>	<b>1.5</b>	<b>4.1</b>	<b>2.6</b>
R&D Capital Grant	0.7	0.0	0.0	0.0

2023/24 Capital Expenditure



## Group Capital Expenditure

Group capital expenditure is £4.1m year to date. This is £2.6m adverse to the year to date plan due to works progressing ahead of plan, mainly related to risk assessment works including door set expenditure.

The 2023/24 capital plan submitted to NHSE was £7m. This is based on a capital envelope of £6.25m plus notional allocation of £0.7m system capital investment fund (SCIF) which was split across all system partners on a fair share basis. The actual allocation of SCIF is still to be agreed by the system and therefore, while we await confirmation, expenditure is being monitored against the £6.25m envelope.

An additional £440k of capital expenditure will be incurred this year due to non emergency patient transport vehicle lease renewals. Under IFRS 16 (the international financial reporting standard for leases), which became applicable to NHS accounting from 1 April 2022, operating leases must be capitalised on the balance sheet. We are currently forecasting that this capitalisation will be offset by SCIF but a reprioritisation of the current capital plan may be required depending on the outcome of the system decision on SCIF allocation.

Group Summary	Annual Budget	YTD Budget	YTD Actual	YTD Variance
	Actual	Actual	Actual	Actual
	£'000	£'000	£'000	£'000
<b>Acute and Urgent Care Services</b>				
Other Income	(148)	(98)	(472)	373
Pay	43,709	29,080	34,975	(5,895)
Non Pay	17,199	11,425	16,243	(4,818)
<b>Acute and Urgent Care Services Total</b>	<b>60,760</b>	<b>40,407</b>	<b>50,746</b>	<b>(10,339)</b>
<b>ICCR</b>				
Other Income	(4,851)	(3,234)	(3,716)	482
Pay	57,538	38,345	39,473	(1,128)
Non Pay	10,386	6,912	7,524	(612)
<b>ICCR Total</b>	<b>63,073</b>	<b>42,022</b>	<b>43,281</b>	<b>(1,258)</b>
<b>Specialties Services</b>				
Other Income	(3,375)	(2,250)	(2,053)	(197)
Pay	42,906	28,604	32,728	(4,124)
Non Pay	3,243	2,162	2,663	(500)
<b>Specialties Services Total</b>	<b>42,774</b>	<b>28,516</b>	<b>33,338</b>	<b>(4,822)</b>
<b>Secure Serv &amp; Offender Health</b>				
Other Income	(479)	(319)	(1,717)	1,398
Pay	54,919	36,612	38,798	(2,185)
Non Pay	8,828	5,886	5,482	404
<b>Secure Serv &amp; Offender Health Total</b>	<b>63,268</b>	<b>42,178</b>	<b>42,562</b>	<b>(384)</b>
<b>Corporate Services</b>				
Other Income	(12,852)	(8,568)	(14,705)	6,137
Pay	43,070	28,713	31,296	(2,583)
Non Pay	37,860	25,240	30,054	(4,814)
PFI	12,611	8,407	9,840	(1,433)
Capital Financing	12,335	8,223	6,181	2,042
<b>Corporate Services Total</b>	<b>93,023</b>	<b>62,015</b>	<b>62,666</b>	<b>(651)</b>
<b>HCI Total</b>	<b>(331,164)</b>	<b>(220,776)</b>	<b>(225,804)</b>	<b>5,027</b>
<b>Trustwide total</b>	<b>8,711</b>	<b>5,933</b>	<b>(7,318)</b>	<b>13,251</b>
<b>Surplus / Deficit - Trust</b>	<b>444</b>	<b>296</b>	<b>(528)</b>	<b>824</b>

The month 8 year to date Trust position is a £528k surplus, this is £0.8m better than plan. The breakdown of the Trust financial position is shown in the table opposite. Key variances are as follows (budget for in year pay award funding is held centrally):

### Acute and Urgent Care Services (ACUC) £10.3m overspent

- Pay is £5.9m overspent (including pay award). £8.6m temporary staffing overspend (£7.7m bank), £2.7m substantive underspend.
- Non pay is £4.8m overspent, predominantly due to out of area expenditure. This does not take into account the £5m out of area savings target, which is held centrally. Including non-delivery against this target, out of area total overspend year to date is £7.3m.

### Integrated Community Care & Recovery (ICCR) £1.3m overspent

- Pay is £1.1m overspent (including pay award). £5.6m substantive underspend, including Service Development Funding (SDF) is offset by £6.7m temporary staffing spend (£4m agency, £2.6m bank).

### Specialties £4.8m overspent

- Pay is £4.1m overspent (including pay award). £4.5m temporary staffing overspend (£3.7m bank).
- Non pay is £0.5m overspent.

### Secure Care and Offender Health (SCOH) £0.4m overspent

- Other Income is £1.4m ahead of plan, mainly relating to specialising income.
- Pay is £2.2m overspent (including pay award). £5.1m temporary staffing overspend (£4.3m bank) and £2.9m substantive underspend.

### Corporate £0.7m overspent

- Pay is £2.6m overspent (including pay award). £1.2m substantive overspend and £1.4m temporary staffing overspend (£1.1m bank).
- Non pay is £4.8m overspent, this is offset by other income £6.1m and interest receivable £2m.
- PFI expenditure is £1.4m overspent, driven by water management costs.

At the time of writing, the draft Month 8 revenue position for Birmingham and Solihull Integrated Care System (BSOL ICS) is £30m deficit. This is a £31m improvement in the overall system position compared to month 7, mainly relating to UHB and the ICB due to additional funding allocations for industrial action and adjustment to the Elective Recovery Fund (ERF) targets. The system forecast for month 8 is currently held at break even.

On 8.11.23, NHSE issued a letter to ICBs and Trusts to confirm system funding allocations to help manage the financial and performance pressures created by industrial action. Systems were asked to complete a rapid two-week exercise to determine action plans for achieving financial balance for 2023/24. For further detail, see pages 18-20.

Organisation	Surplus / (Deficit) - Adjusted Financial Position						Prior Month			Movement		
	Plan	Actual	Variance	Plan	Forecast	Variance	Plan	Actual	Variance	Plan	Actual	Variance
	YTD	YTD	YTD	Year Ending	Year Ending	Year Ending	YTD	YTD	YTD	YTD	YTD	YTD
	£000	£000	£000	£000	£000	£000	£001	£000	£000	£000	£000	£000
Birmingham and Solihull ICB	(234)	12,559	12,793	0	0	0	2,376	2,077	-299	-2,610	10,482	13,092
Birmingham And Solihull Mental Health NHS Foundation Trust	-	191	191	0	0	0	0	-423	-423	-	614	614
Birmingham Community Healthcare NHS Foundation Trust	352	(146)	(498)	0	1,030	1,030	308	-523	-831	44	377	333
Birmingham Women'S And Children'S NHS Foundation Trust	0	(984)	(984)	0	0	0	0	-1,496	-1,496	0	511	511
The Royal Orthopaedic Hospital NHS Foundation Trust	609	(3,779)	(4,387)	0	0	0	383	-3,272	-3,655	225	(507)	(732)
University Hospitals Birmingham NHS Foundation Trust	(5,500)	(37,792)	(32,292)	0	0	0	-7,000	-57,311	-50,311	1,500	19,519	18,019
<b>ICS Total</b>	<b>(4,773)</b>	<b>(29,951)</b>	<b>(25,177)</b>	<b>0</b>	<b>1,031</b>	<b>1,030</b>	<b>(3,933)</b>	<b>(60,948)</b>	<b>(57,015)</b>	<b>(841)</b>	<b>30,997</b>	<b>31,838</b>

# Financial recovery trajectory

On 8.11.23, NHSE issued a letter to ICBs and Trusts to confirm the funding and actions that the NHS has been asked to take, following discussions with Government, to manage the financial and performance pressures created by industrial action. The key messages of the letter and the associated guidance were as follows:

- The agreed priorities for the remainder of the financial year are to achieve financial balance, protect patient safety and prioritise emergency performance and capacity, while protecting urgent care, high priority elective and cancer care.
- By 22.11.23, systems must complete a rapid two-week exercise to agree actions required to deliver the priorities for the remainder of the financial year, with the working assumption that there is no further strike action.
- From 27.11.23 onwards, ICB and provider Executives to meet with NHSE to agree proposed actions.

## Funding

- A total of £800m nationally allocated to ICBs sourced from a combination of reprioritisation of national budgets and new funding.
- The distribution of funding within a system should be determined by each system, taking account of all financial pressures and risks.
- The elective activity target for 2023/24 will be reduced to a national average of 103%.
- The BSOL ICB share of the funding allocation is £25.2m.

## Programme funding flexibilities

- If systems require the use of programme funding flexibility to achieve financial balance it should be specified as part of November discussions with NHSE. The ability to use underspend non-recurrently to support wider system financial performance is subject to a number of criteria. For mental health, these are:
  - systems must continue to meet their MHIS targets
  - Adult crisis service development funding (SDF) – excluded as it supports urgent and emergency care performance
  - Funding for employment advisers in Talking Therapies is DWP funding and any underspends should be discussed with DWP.

## BSOL financial recovery submission

Work was undertaken across the BSOL ICS to agree the actions for completion of the submission on 22.11.23. The system submitted a financial recovery trajectory to deliver a break even position for 2023/24. The BSMHFT share of this is £4m surplus, mainly to be delivered via technical adjustments and release of balance sheet flexibility. For further detail on the system and BSMHFT financial trajectories, see pages 19-20.

# System Financial recovery trajectory

The following is an extract from the Birmingham and Solihull ICB financial recovery trajectory board paper, 20.11.23

The system has submitted a financial recovery trajectory which will deliver a breakeven position by year end, following:

- An allocation of £25.2m in respect of the £800m national fund to cover industrial action costs
- An adjustment to the ERF target to reduce by an additional 2%, subject to a floor of 100% of the 19/20 activity. For BSOL this resulted in an adjustment of 0.875%
- Confirmation that systems could retain the underspend in Delegated Dental services
- Confirmation that systems could be flexible in the use of an identified range of SDF allocations and could retain any resulting slippage on these

This trajectory includes clearing the remaining system risk reserve

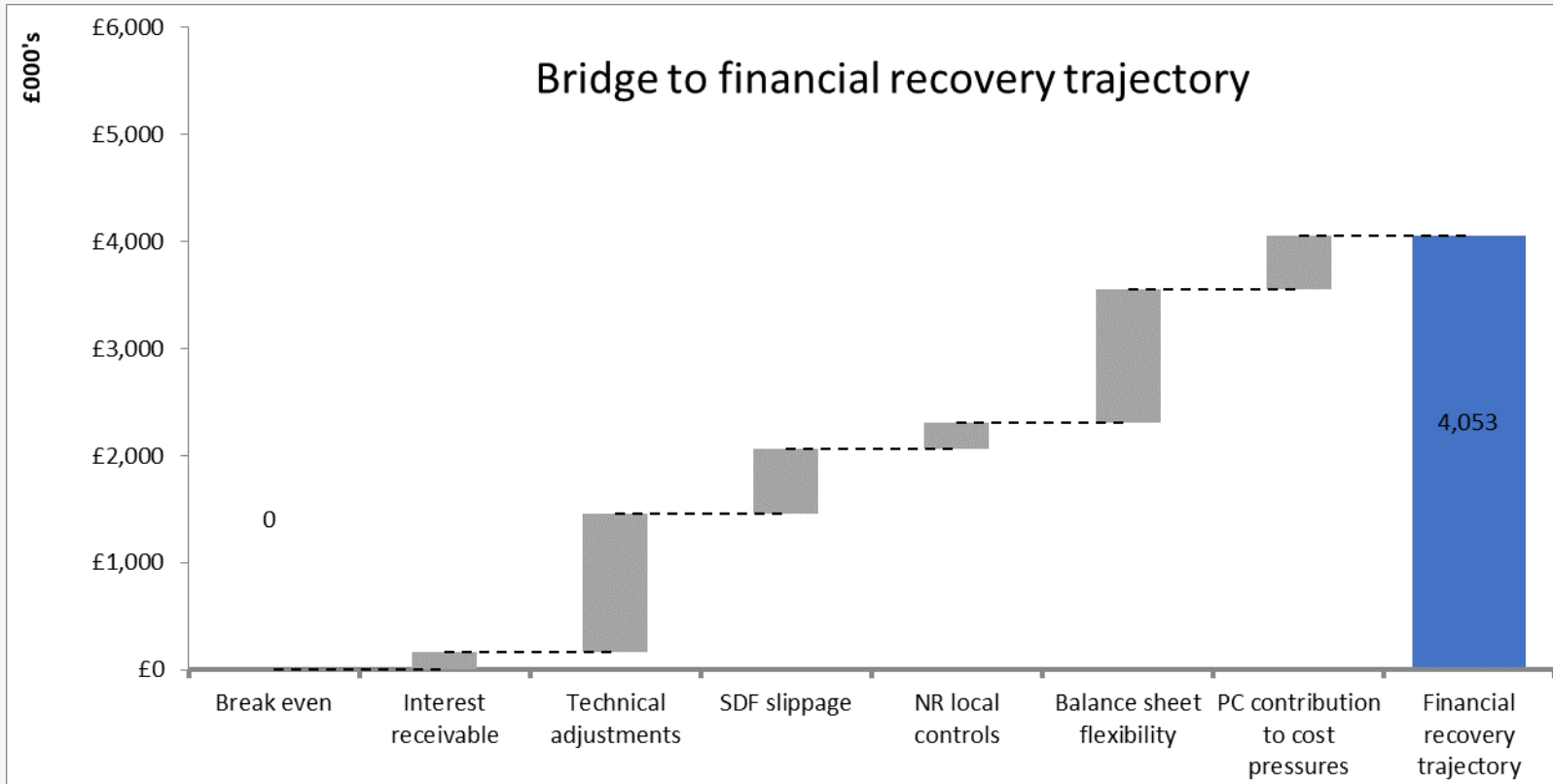
The bridge shows the movement from the previously submitted trajectory of £66.7m deficit.

System Surplus/(Deficit)	Previous trajectory £000s	Rebased trajectory £000s	Current trajectory prior to distribution of IA Allocation £000s	Movement from rebased trajectory £000s	Current trajectory incl IA Allocation £000s	Notes
BSMHT	0	0	4,053	4,053	4,053	
BCHC	62	62	1,030	968	1,030	£0.5m also contributed to system risk reserve
BWC	-1	-1	5,198	5,199	5,198	£1.8m also contributed to risk reserve
ROH	112	112	131	19	131	
UHB	-66,900	-78,407	-62,323	16,083	-37,123	
Provider Total	-66,726	-78,233	-51,911	26,323	-26,711	
ICB	0	0	26,711	26,711	26,711	
System Total excl IA Allocation	-66,726	-78,233	-25,200	53,034	0	
IA Allocation			25,200	25,200	0	
System Total incl IA Allocation	-66,726	-78,233	0	78,234	0	

Bridge Analysis	Total
	£000s
Original Trajectory	-66,726
Industrial action in original trajectory	352
M1-7 Industrial action costs	-11,859
Rebased Trajectory	-78,233
Share of £800m	25,200
<b>ERF - ICB</b>	
ERF - impact of target change - ICB	3,174
ERF - additional over target - ICB	14,872
<b>ERF - Provider</b>	
ERF - impact of target change - Providers	176
ERF - additional over target - Providers	284
<b>Pharmacy, Optometry, Dentistry</b>	
POD - dental underspend	4,033
POD - pharmacy/optometry	-1,584
<b>Programme Slippage</b>	
Slippage on flexible programme funding	3,985
Slippage on other investments outside of national list	2,669
Slippage on areas deemed "off the table"	0
<b>Capacity</b>	
Premium rate insourcing/outourcing	667
<b>Workforce/Discretionary</b>	
Further non-recurrent controls	9,031
Further balance sheet flexibility	588
<b>Technical</b>	
Interest receivable	1,534
Additional funding sources	2,538
Technical Adjustments	18,678
Additional recurrent efficiencies	0
<b>Other Pressures/Adjustments</b>	
Known changes since last trajectory offset by mitigations	-7,610
	0



# BSMHFT financial recovery trajectory -bridge



## **IFRS 16 Leases**

IFRS 16, the international financial reporting standard for leases, became applicable to NHS accounting from 1 April 2022. Under IFRS 16, a lessee is required to recognise a right of use asset representing its right to use the underlying leased asset and a lease liability representing its obligation to make lease payments.

### **IFRS16: CDEL budget and allocations 2023/24**

- On 6.12.23, NHSE issued IFRS16 capital departmental expenditure limit (CDEL) budget guidance for 2023/24. This confirmed that the provider incremental IFRS16 CDEL impact will be managed at a system level. As such there will be an uplift to system operational capital allocations for 2023/24. Each system will be allocated a share of £615m CDEL uplift.
- Systems will be monitored and expected to manage their operational capital expenditure against their total system operational capital allocations including the incremental impact of IFRS16. NB this is different from the approach taken in 2022/23 and to date in 2023/24 when systems were monitored against capital allocations before the incremental impact of IFRS16.
- The BSOL share of CDEL uplift for 2023/24 is £30.3m. It is anticipated that this will leave a £3m capital pressure across the system when compared to the £33.6m forecast incremental impact of IFRS16 (this includes £441k for BSMHFT relating to non emergency patient transport vehicle lease renewals). It is intended that this will be managed via utilisation of the system capital investment fund (SCIF).
- Overspends against the final 2023/24 system operational capital allocations will be deducted from the 2024/25 capital allocations.
- Further guidance on the adjustments to provider and ICB CDEL budgets for future years as a result of the application of IFRS16 will be provided in the 2024/25 planning guidance.

## IFRS 16: PFI liability remeasurement

- Transition to PFI liability remeasurement under IFRS 16 (international financial reporting standard for leases) had been delayed to allow finalisation of HMT guidance but will now be effective from 1 April 2023. Guidance from NHSE has stated a requirement to report PFI liabilities on an IFRS 16 basis for the first time at month 9.
- Under IFRS16, entities are required to remeasure the lease liability where future lease payments change as a result of a change in an index or rate. This will increase PFI liabilities on NHS provider balance sheets. The cumulative impact on the liability will be taken to the I&E reserve effective 1 April 2023. Previous years will not be restated. Contingent rent will be replaced with a charge to finance costs for the value of the remeasurement when future lease payments change as a result of a movement in the index. There will be no change to accounting for the non-lease components of the unitary payment such as services and lifecycle costs.
- It should be noted that PFI assets are not right of use assets and so there is no adjustment to the value of the PFI asset as a result of the application of IFRS16.
- NHSE have indicated that any bottom line revenue impact will be covered (£8.6m anticipated impact), we are awaiting confirmation.
- It is anticipated that as a result of the increase in the PFI liability, the subsequent reduction in net assets will therefore lead to a favourable PDC benefit of circa £1m, this has been included in the technical adjustments to reach financial recovery trajectory as shown on page 20.

<b>PFI Adjustments - IFRS16</b>	<b>Pre IFRS 16 impact</b>	<b>New IFRS 16 Entries</b>	<b>Diff</b>
<b>Liability Adjustments 2023/24</b>			
	£'000	£'000	£'000
<b>Balance Sheet Adjustments</b>			
IFRS16 Transition Adjustment	-	(27,593)	(27,593)
Lease Interest	(2,237)	(4,109)	(1,871)
Lease Payment	4,131	7,500	3,370
Lease liability remeasurement	-	(10,098)	(10,098)
<b>Balance Sheet impact</b>	<b>1,893</b>	<b>(34,300)</b>	<b>(36,193)</b>
<b>I&amp;E Adjustments</b>			
Lease Interest	2,237	4,109	1,871
Contingent rentals	3,370	-	(3,370)
Operating costs	5,437	5,437	-
Lease liability remeasurement	-	10,098	10,098
<b>Income &amp; Expenditure impact</b>	<b>11,044</b>	<b>19,644</b>	<b>8,600</b>

## **IFRS 17 Insurance contracts**

NHS bodies will be required to apply IFRS 17, the international financial reporting standard for insurance contracts, from April 2025 but the transition date will be 1 April 2024. An insurance contract is a contract where the issuer agrees to take on the risk of something happening in the future that will cost money to fix or resolve, in return the policy holder pays a fee for the insurance coverage.

The standard applies to all insurance contracts no matter who issues them. So, NHS bodies will need to demonstrate that they have considered the new standard and have satisfied themselves that they have not issued any insurance contracts. This is unlikely but is not something that would have been considered or documented under the current arrangements. This standard has to be adopted retrospectively so all contracts, not just ones issued after 1 April 2025 need to be considered.

## **NHS Pension Scheme: 2024/25 contributions**

The NHS pension scheme employer rate will increase from the current rate of 20.6% to 23.7% from 1 April 2024. Currently the additional 6.3% (compared to previous 14.3%) is fully funded and it is expected that the additional 3.1% will also be fully funded.

## **Asset valuation**

A HMT exposure draft is expected to be issued in December 2023 regarding the measurement of non-investment assets. The key impact expected for BSMHFT is that from 1 April 2025, the modern equivalent asset method of valuation will only be applicable based on asset in existing location not alternative site as is the basis of our current valuation model. A piece of work will need to be undertaken to assess the impact.

# Assurance Reports

## 10. Quality, Patient Experience and Safety Committee Report

### Committee Escalation and Assurance Report

<b>Name of Committee</b>	Quality, Patient Experience and Safety Committee
<b>Report presented at</b>	Council of Governors
<b>Date of meeting</b>	11 January 2024
<b>Date(s) of Committee Meeting(s) reported</b>	22 November 2023
<b>Quoracy</b>	Membership quorate: Y
<b>Agenda</b>	<p>The Committee considered an agenda which included the following items:</p> <ul style="list-style-type: none"> <li>• CQC Update and Action Plan Report</li> <li>• Patient Safety Incident Responses Framework (PSIRF), SI Reviews, Patient Safety Alerts, Complaints and PALS</li> <li>• Quarterly Risk Report</li> <li>• Infection, Prevention and Control Quarterly Report</li> <li>• Strategy Update: Quality Priority</li> <li>• Strategy Update: Clinical Services Priority</li> <li>• Integrated Performance Report</li> <li>• NHS Impact Report</li> <li>• Quality Management System</li> <li>• Clinical Governance Committee Report</li> <li>• Mental Health Act Quarterly Report</li> <li>• Review of Governance Arrangements: Service/Directorate and Division</li> <li>• QPES Integrated Action Plan</li> </ul>
<b>Alert:</b>	<p>The Committee wished to alert the Board of Directors to the following key areas:</p> <ul style="list-style-type: none"> <li>• The Suicide Strategy Annual Report had not been received. This had been deferred until January 2024.</li> </ul>
<b>Assure:</b>	<p>The Committee was assured on the following key areas:</p> <ul style="list-style-type: none"> <li>• A positive staff story, supported by services users, highlighted the positive feedback following the development of the Acute Care Patient Council. The co-production of the Council had allowed a wide range of staff and service users to discuss ongoing challenges, areas for development and highlighted the great work of staff. Magnolia Ward was highlighted as an area of particularly outstanding service delivery.</li> <li>• Comprehensive regulatory reporting around the CQC had progressed to allow for oversight and key escalations to the Committee.</li> <li>• A proposal for the review of governance arrangements across divisions was approved.</li> <li>• An Integrated Action Plan was being developed to provide a holistic review of associated actions for the Committee and allow for additional assurance.</li> <li>• The Quality and Clinical Services Strategy Update provided assurance on the trajectory of Trust goals and achievements.</li> <li>• The Committee was assured that although Q1 remained a very busy period for the MHL department, with an average of 906 people under detention per month of the quarter and an average of 223 people on a Community Treatment Order per month. Analysis of the data showed a further 1%</li> </ul>

	<p>reduction in the number of BAME patients under a Community Transformation Order, following the 2% reduction in Q1.</p> <ul style="list-style-type: none"> <li>The Infection, Prevention and Control Quarterly Report provided assurance with the positive implementation of centralised reporting.</li> </ul>	
<b>Advise:</b>	<ul style="list-style-type: none"> <li>NHS Impact work was progressing well and was on trajectory. This would remain a key area of focus for the Committee and form a strategic session for the Board of Directors.</li> <li>The Committee was assured by the improved approach to risk management and was advised of further data cleansing to produce a fully accurate register.</li> <li>The MHOST Tool update would be presented to People Committee and will be presented to Quality, Patient Experience and Safety Committee in January 2024 following feedback.</li> </ul>	
<b>Board Assurance Framework</b>	<p>Improvements continued to ensure a fully embedded Board Assurance Framework, with positive feedback to date. The Board Assurance Framework would be reviewed regularly and begin to inform and focus agendas, strategic goals and risk registers.</p> <p>A quarterly review process would be implemented to monitor improvements, prominent issues, risk reductions and increases over time.</p>	
	<p><b>New risks identified:</b> no additional risks were identified.</p>	
<b>Report compiled by:</b>	Hannah Sullivan, Governance and Membership Manager	<b>Minutes available from:</b> Hannah Sullivan, Governance and Membership Manager



# 11. Finance, Performance and Productivity Committee Report

## Committee Escalation and Assurance Report

<b>Name of Committee</b>	<b>Report of the Finance, Performance and Productivity Committee</b>
<b>Report presented at</b>	<b>Council of Governors</b>
<b>Date of meeting</b>	<b>11 January 2024</b>
<b>Date(s) of Committee Meeting(s) reported</b>	<b>22 November 2023</b>
<b>Quoracy</b>	<b>Membership quorate: Y</b>
<b>Agenda</b>	<p>The Committee considered an agenda which included the following items:</p> <ul style="list-style-type: none"> <li>• Integrated Performance Report</li> <li>• Finance Report</li> <li>• Planning and Budget Setting 2024/25</li> <li>• Digital Quarterly Report and Digital Strategy</li> <li>• Sustainability Strategy Progress and Impact Report</li> <li>• Clinical Services Strategy Progress and Impact Report</li> </ul>
<b>Alert:</b>	<p>The Committee wished to alert the Board of Directors to the following areas of performance and financial sustainability:</p> <ul style="list-style-type: none"> <li>• The Month 7 financial position showed a <b>deficit</b> of £426k, which was adverse to the breakeven plan. The forecast breakeven position would be achieved through non-current savings and benefits, however <b>significant transformational change</b> was needed for 24/25.</li> <li>• Challenges remained significant spend related to <b>Out of Area placements</b> and <b>agency use</b>, however significant improvements had been reported.</li> <li>• A response to NHSE had been submitted on the Trust's plan to manage the financial and performance pressures created by industrial action.</li> <li>• The <b>Digital Strategy</b> was received, with a clear focus on enhancing digital services for staff. There were some challenges related to greater utilisation of digital enhancements, and costs associated with larger projects.</li> </ul>
<b>Assure:</b>	<p>The Committee was assured on the following areas of performance and financial sustainability:</p> <ul style="list-style-type: none"> <li>• Significant improvements had been made with bank and agency usage, with further reductions expected on medical and nursing agency staff paid above capped rates. The Committee was assured by the planned trajectory.</li> <li>• The Committee commended the work of the teams who had delivered continuous improvements in Out of Area Placements,</li> </ul>

	<p>noting that performance had been significantly improving over the last 11 weeks.</p> <ul style="list-style-type: none"> <li>• The Committee was encouraged by the progress of Planning and Budget Setting for 2024/25, although reduced flexibility and additional challenges for the new financial year were acknowledged. The Committee was again assured by transformational approaches being taken to ensure robust financial strategy for future years.</li> <li>• The Committee was encouraged by the progress made in specific areas of the Trust’s performance and the intervention plans that had been developed and implemented.</li> <li>• An update on Sustainability and Clinical Services strategic priorities was received; the Committee noted the progress and improvements, and anticipated impact reports in the new year.</li> <li>• The Committee was assured by the approach to cyber security, noting the number of phishing and other spam attacks which had not affected the Trust’s systems.</li> </ul>	
<b>Advise:</b>	Further refinements to the metrics and presentation of the Integrated Performance Report would be made for greater clarity and assurance.	
<b>Board Assurance Framework</b>	<p>Improvements continued to ensure a fully embedded Board Assurance Framework, with positive feedback to date. The Board Assurance Framework would be reviewed regularly and begin to inform and focus agendas, strategic goals and risk registers.</p> <p>A quarterly review process would be implemented to monitor improvements, prominent issues, risk reductions and increases over time.</p>	
	<b>New risks identified:</b> no additional risks were identified.	
<b>Report compiled by:</b>	Bal Claire Deputy Chair	<b>Minutes available from:</b> Kat Cleverley, Company Secretary

## 12. People Committee Report

## Committee Escalation and Assurance Report

<b>Name of Committee</b>	<b>People Committee</b>
<b>Report presented at</b>	<b>Council of Governors</b>
<b>Date of meeting</b>	<b>11 January 2024</b>
<b>Date(s) of Committee Meeting(s) reported</b>	<b>22 November 2023</b>
<b>Quoracy</b>	<b>Membership quorate: Y</b>
<b>Agenda</b>	<p>The Committee considered an agenda which included the following items:</p> <ul style="list-style-type: none"> <li>• Staff Story</li> <li>• Integrated Performance Report</li> <li>• Transforming our Culture and Staff Experience Report</li> <li>• People Strategy</li> <li>• Deep Dive: Staff Survey Engagement</li> <li>• Staff Networks Report</li> <li>• International Recruitment Report</li> <li>• People Committee Integrated Action Plan</li> </ul>
<b>Alert:</b>	<p>The Committee wished to alert the Board of Directors to the following key areas:</p> <ul style="list-style-type: none"> <li>• A particular gap in workforce was highlighted; the Trust remained below trajectory for recruitment of <b>registered mental health nurses</b>. The Committee would receive further information on plans to review the approach in January.</li> <li>• The Committee noted some improvements in <b>bank and agency spend</b>, with clear progress being made to reduce the reliance on both clinical and non-clinical agency use. There was still work to do to ensure a sustainable, embedded approach, but the Committee commended the efforts of teams.</li> </ul>
<b>Assure:</b>	<ul style="list-style-type: none"> <li>• The Committee was assured that a steady increase in appraisal performance had been reported.</li> <li>• The Committee commended the work that was ongoing to appoint international nurses to the organisation; additional funding had been made available to recruit 20 further nurses to the Trust, meaning that the Trust had welcomed 60 international nurses to the team.</li> <li>• Positive feedback from Staff Networks was received. It was agreed that regular attendance from Staff Network Chairs would be welcomed.</li> <li>• Plans for continued communication and feedback to staff on the actions arising from the staff survey provided assurance. The Staff Survey was due to close on 24 November, with the Committee noting a current 46.77% response rate.</li> </ul>
<b>Advise:</b>	<p>High levels of stress and anxiety had prompted a deep dive into sickness data, with a focus on qualified and unqualified nursing staff to explore and understand the reasons.</p> <p>The MHOST tool highlighted a number of areas of work to be undertaken before workforce skill mix and establishments could be determined, including work required to implement consistent approaches to annual leave, sickness reporting,</p>

	<p>and training across wards. A broader review would take place to include Forward Thinking Birmingham colleagues.</p> <p>The Committee heard from the Charity about a partnership with <b>Help Harry Help Others</b>, and how the Trust could utilise the partnership for monthly celebration events such as LGBTQ+ month in February and International Women’s Day in March. Further conversations would be undertaken to review how the partnership would work, and how it could also potentially link to the Staff Networks.</p>	
<b>Board Assurance Framework</b>	<p>Improvements continued to ensure a fully embedded Board Assurance Framework, with positive feedback to date. The Board Assurance Framework would be reviewed regularly and begin to inform and focus agendas, strategic goals and risk registers.</p> <p>A quarterly review process would be implemented to monitor improvements, prominent issues, risk reductions and increases over time.</p>	
	<p><b>New risks identified:</b> No additional risks were identified.</p>	
<b>Report compiled by:</b>	Kat Cleverley Company Secretary	<b>Minutes available from:</b> Kat Cleverley, Company Secretary

13. Any other business:

Governor training 18 January 2024