Council of Governors

Schedule	Thursday 9 March 2023, 12:00 PM — 2:00 PM GMT
Organiser	Hannah Sullivan

Agenda

response to Edenfield.pdf

Agenda

Birmingham and Solihull Mental Health
NHS Foundation Trust

COUNCIL OF GOVERNORS

To be held 12:00 – 14:00pm, Thursday 9 March 2023, via video-conferencing
AGENDA

	Item	Purpose	Lead	Enc	TIMINGS
1.	Apologies for absence		Chair	*(Verbal)*	*12 :00pm*
2.	Introductions and Welcomes	Information	Chair	*(Verbal)*	*12 :03pm*
3.	Declaration of Interests	Information	Chair	*(Verbal)*	*12:05pm*
4.	Minutes from the previous meeting	Approval	Chair	*(attached)*	*12 :07pm*
5.	Matters Arising & Action Log	Assurance	Chair	*(attached)*	*12 :10pm*
6.	Governor statement	Information	F. Uddin	*(Verbal)*	*12 :15pm*
7.	Chair's Report	Assurance	Chair	*(attachedl)*	*12 :20pm*
8.	Chief Executive's Report	Assurance	R. Fallon-Williams	*(attached)*	*12:25pm*
9.	**GOVERNANCE**				
9.1	Elections and tenure update	Assurance	H. Sullivan	*(verbal)*	*12:35pm*
9.2	Draft CoG Development Programme for 2023/24	Approval	H. Sullivan	*(attached)*	*12 :50pm*
9.3	Governors and NED Buddy Programme and site visits plan	Information	H. Sullivan	*(attached)*	*12 :55pm*
10.	**PERFORMANCE**				
10.1	Finance Report	Information		*(attached)*	*13 :00pm*
11	**PARTNERSHIPS**				
11.1	ICS Update	Assurance	J. Travers	*(attached)*	*13 :05pm*
11.2	MHPC Significant Transaction	Approval to Proceed to Delegation	P. Nyarumbu	*(attached)*	*13 :10pm*
12.	**NED ASSURANCE REPORTS**				
12.1	Report from the Chair of Quality, Patient Experience and Safety Committee	Assurance	L. Cullen	*(attached)*	*13 :20pm*
12.2	Report from the Chair of FPP	Assurance	B. Claire	*(attached)*	*13 :30pm*
12.3	Report from the Chair of the People Committee	Assurance	A.Baines	*(attached)*	*13 :40pm*
13.	**Any Other Business**				
14.	Schedule of meetings going forward including agreeing venue	Discussion	H. Sullivan	*(verbal)*	*13 :50pm*

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	Item	Purpose	Lead	Enc	TIMINGS
	Introduction of the concept of `Alternate` governors				
15.	**Date & Time of next meeting** 11 May 2023 12:00 – 14:00pm TBC	2			

1. Apologies for absence

2. Introductions and Welcomes

3. Declaration of Interests

4. Minutes from the previous meeting

MEETING	MINUTES OF THE COUNCIL OF GOVERNORS MEETING
DATE	12 JANUARY 2023
LOCATION	VIA MICROSOFT TEAMS VIDEO MEETING

ATTENDANCE	NAME	TITLE
Present	Phil Gayle	Trust Chair
	Roisin Fallon- Williams	Chief Executive
	Mustak Mirza	Service User Governor
	Victoria Fewster	Service User Governor
	Faheem Uddin	Service User Governor
	Stephanie Bloxham	Stakeholder Governor
	John Travers	Non-Clinical Staff Governor
	Jim Chapman	Stakeholder Governor
	Leona Tasab	Clinical Staff Governor
	Ken Meeson	Stakeholder Governor
	Imran Waheed	Medical Governor
	Ntenisa Kokedima	Public Governor
	Christopher Barber	Public Governor
	Diane King	Public Governor
In attendance	Russell Beale	Non- Executive Director
	Anne Baines	Non- Executive Director
	Bal Claire	Non- Executive Director
	Linda Cullen	Non- Executive Director
	Monica Shafaq	Designate Non- Executive Director
	David Tita	Associate Director of Corporate Governance
	Hannah Sullivan	Corporate Governance and Membership Manager

AGENDA ITEM	DISCUSSION	ACTION (Owner)
1.	**APOLOGIES FOR ABSENCE** Mr W Weir	
2.	**Introductions and Welcome** The Chair welcomed all to the meeting and introduced Dr I Waheed as the newly elected Medical Staff Governor of the Council and Mr Bal Claire and Ms Monica Shafaq as newly appointed Non-Executive Directors of the Board.	
3.	**Declaration of Interests** There were no declarations of interest to be noted.	
4.	**Minutes from the previous meeting** The minutes of the previous meeting were agreed as an accurate record.	
5.	**Matters Arising & Action Log** There were no matters arising for discussion. The actions were updated and noted as complete.	

AGENDA ITEM	DISCUSSION	ACTION (Owner)
	The visits schedule for Govenors to join members of the Board has been update and will be recirculated. P. Gayle confirmed H. Sullivan will draft a 'buddy' proposal for Governors and Non Executive Directors that will be agreed and shared with all members. D. Tita confirmed Governors will need to complete a DBS check before going on visits across sites. H. Sullivan will support Governors with applications and the Trust will subsidise the associated payments. **ACTION: H. Sullivan to recirculate visits schedule.** **ACTION: H. Sullivan to draft a 'buddy' proposal and share with P. Gayle for approval.** **ACTION: H. Sullivan to support Governors with DBS process and applications.**	
6.	**Governor statement** F. Uddin withdrew his statement due to the Lead and Deputy Lead Governors being announced. He will deliver his statement at the March 23 meeting.	
7.	**Chairs Report** P. Gayle presented the chairs' update and council members noted the overview of work. P. Gayle confirmed the fourth session of Pull up a Chair with the Chair, has taken place this week. To date there have been a wide range of issues discussed including organisational culture, progress on inclusivity, LGBTQ+ and ideas on improvements for patients. The overall feedback from staff has been very positive and sessions have now been booked up until December 2022. A review of the iniative will be completed after this time and fedback through the People Committee. P. Gayle confirmed he has had two meetings with Professor David Sallah from Birmingham Community Healthcare NHS Foundation Trust and has agreed to continue to meet on a regular basis. P. Gayle has had an introductory meeting with Sir Bruce Keogh, Birmingham Women's and Children's Hospital Chair which was productive. P. Gayle confirmed intital contact has been made with Tim Pile, from The Royal Orthopedic Hospital NHS Foundation Trust. P. Gayle confirmed he also spoke with the former chair of UHB Harry Riley before his resignation in late December. P. Gayle noted he looks forward to being able to continue these close working relationships and continuing developing our partnerships. P. Gayle confirmed he met with Shane Bray, Managing Director of Summerhill Supplies Limited, to gain a greater understanding of the current arrangements and the priorities for the future. Joint visits have been arranged for January 2023 joint with Shane.	

AGENDA ITEM	DISCUSSION	ACTION (Owner)
	P. Gayle noted he was pleased to be able to join the fourth development session with NHS Providers has taken place with a focussed discussion on clarity of roles.

P. Gayle confirmed he has been on a visit to Reaside service and spent the morning visiting the site and spending time talking to staff and was humbled to see the challenges staff continue to face.

P. Gayle was pleased to confirm the interviews and appointment for a Non-Executive Director and Designate Non- Executive Director were successful and both successful candidates have joined the Trust and have attended the Trust induction sessions and were present at the meeting.

P. Gayle confirmed the election process to appoint a Lead and Deputy Lead Governor has been completed and H. Sullivan is in attendance to share the results.

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

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

P. Gayle took this opportunity to ask the Council to join him in thanking Russell for his hard work and the contributions, he has made to the organisation during his tenure of office.

M. Mirza congratulated P. Gayle on the succesfull recruitment of the new Non- Executive Directors and for the robust process followed to elect the Lead and Deputy Lead Governor.
He queried whether the feedback in relation to 'Pull up a Chair' has been positive from service users and carers ?

P. Galye confirmed the initaive is for staff only, considerations for expanding the off wider will be reviewed going forward.

F. Uddin queried whether LGBTQ+ have fed back on their expériences in the Trust ?

P. Gayle confirmed that through the 'Pull up a Chair' initaive no concerns relating to LGBTQ+ have been raised. He confirmed staff will be encouraged to share their experiences going forward to ensure the Trust remain open and transparent. | |
| 8. | **Chief Executives Update**
R. Fallon- Williams presented the Chief Executive report and highlighted the salient points as follows:
• Project Flourish, our evolving talent management programme for our disabled and Black, Asian, and Minority Ethnic colleagues, has | |

AGENDA ITEM	DISCUSSION	ACTION (Owner)
	progressed within its cross team working party set up to support equitable access to development and growth, whatever that looks like for them to flourish, in the form of support, resources and tools. It is intended to engage with the wider workforce regarding this piece of work in January 2023. • The Trust received information that BSol will lead on Emergency Planning activities on the 15 and 20 December 2022; the dates identified by the RCN on which they will enact their mandate for industrial action. Senior leaders are engaging with BSol colleagues to understand if there will be any implications for patients, service-users and staff. Within BSMHFT, both the RCN and Unison balloted members to ascertain whether they would support industrial action. Both unions did not achieve the two tests that would have provided them with a mandate for industrial action within BSMHFT. • The Trust continues to establish both independently and with system partners approaches to support colleagues (and Service Users) with the impacts of the cost of living emergency. These include a further increase in mileage rates, highlighting opportunities for discounts, considering options for colleagues to sell annual leave (as we offered last year) and a commitment to use an organisation called Wagestream that will allow colleagues to draw down some of their salary in advance of the usual monthly payroll. The Wellbeing Steering Group continue to meet, taking on board proposals and ideas that are shared with them on an on going basis, for example they are currently looking at the logistics and viability of establishing Pantry's at our sites. • The post pandemic period has presented service areas with challenges in particular in terms of filling staff vacancies. Innovative and creative solutions have been considered with attractive offers and benefits of joining the Trust also now a feature. Despite these challenges colleagues are committed to delivering as high-quality services as possible, always aiming for as easy access as achievable for all service users. The Trust has been commended by BSoL partners. • On a celebratory note, Our Early Intervention Service have won 'Team of the year' awarded by the Royal College of Psychiatrists. Our Solar Eating disorder Team Manager has developed a series of case studies that have been picked up and shared by NHS England & Improvement. One of our Nurses has been honoured with the prestigious queens nursing award. We are very proud of all of our teams' achievements. • Additional funding for the NHS and social care was announced by the Government as part of the recent Autumn Statement. We await the detailed planning guidance but expect mental health commitments to be maintained. Early indications suggest that we will continue to see pressures next year as well as significant challenges around efficiency. The forecast for the current financial year is the Trust will break even. • CQC Well Led inspection took place in December 2022 and the Trust is awaiting the information in relation to the section 29a in relation to staffing levels R. Fallon- Williams informed the Council that the HSJ have confirmed they will be publishing an article following confidential information into the investigation reports. The Trust have made direct contact with the HSJ and	

AGENDA ITEM	DISCUSSION	ACTION (Owner)
	they have confirmed F. Uddin was not the source of the reports shared and they have confirmed they will anonymise the individuals the report relates to. The Trust have asked for a copy of the article before this is published. F. Uddin noted his thanks to R. Fallon- Williams, H. Sullivan and R. Beale for their support with this matter. He confirmed he was not the source of the reports being leaked and was pleased the HSJ had confirmed this. F. Uddin confirmed the reporter from the HSJ had made direct contact and he has expressed his concerns and asked that the article is not published. He noted his concerns as a service user and expressed these to the HSJ directly highlighting the detrimental impact this can have on those involved. P. Gayle thanked F. Uddin for his honesty in communicating with the HSJ and reiterated the support available. J. Travers thanked R. Fallon- Williams for all of her work and heartfelt compassion. J. Travers queried whether the changes to Acute and Urgent Care to tackle the ongoing pressures has improved the position and whether the crisis houses are being under utilised to be able to support service users? R. Fallon- Williams confirmed a lot of work has been done and there have been a number of positive improvements since November 2022. She confirmed discussions are ongoing in relation on how best to utilise facilities and create further capacity across the BSoL footprint. J. Travers queried whether crisis houses are to expedite discharge or to avoid crisis? R. Fallon- Williams confirmed crisis houses are to avoid crisis. J. Travers queried whether formal responses/ representations have been made in relation to the section 29a? R. Fallon- Williams confirmed the Trust have been given the opportunity to respond and have responded to the concerns being raised. J. Travers queried whether the focus of concerns were staffing levels? R. Fallon- Williams confirmed the concerns raised were in relation to the number of registered mental health nurses in shift. She confirmed the Trust were assured with the data used to respond. M. Mirza thanked R. Fallon- Williams for her leadership and asked how the Trust can remain transparent in sharing the data for the level of staff absence and vacancies? R. Fallon- Williams confirmed staff absence remains higher than pre covid levels. Staff vacancies are at 14% with some areas more challenged than others when recruiting staff. The People Committee are supporting the focus on retention and cultural work.	
	P. Gayle confirmed the 14% vacancy rate includes new roles developed. M. Brown queried whether staff are leaving to work at other mental health trusts or whether they are leaving their profession? R. Fallon- Williams confirmed there is a combination of reasons for staff leaving. She confirmed there is a development for change reviewing cases	

AGENDA ITEM	DISCUSSION	ACTION (Owner)
	of leavers to better understand the reasons and to be able to review what can be done to retain staff going forward. L. Tasab queried whether staff are asked to complete exit questionnaires and asked that the Trust explore the opportunities to consider what can de done earlier to retain staff. R. Fallon- Williams confirmed that exit questionnaires are offered to staff and that the information compiled is crucial to understanding the reasons for leaving however it is too late to make any changes for the individual at this stage and agreed more needs done earlier in the process to retain staff. The Council were assured the Trust remain committed to supporting staff to remain. A.Baines confirmed the People Committee remain focussed on supporting staff and exploring opportunities to retain. P. Gayle thanked R. Fallon- Williams for the detailed report and for the contributions from the Council.	
9.1	**Elections update** H. Sullivan provided the Council with a detailed update on how the elections process runs and how the elections company is selected. The Council were assured the elections process for public and staff Governors is now complete and new Council members are present. The Medical Staff Governor election process has been concluded and the Council welcomed Dr Imran Waheed who was present at the meeting. H. Sullivan confirmed that a schedule of Governor workshops are being designed to support Governors in their roles alongside the offers available via NHS Providers. H. Sullivan confirmed that a full review of terms of office for Council members is being completed and this will be published on Connect and the Trust website to ensure there is transparency. As part of this review a number of Governors have been identified as not being in attendance for a number of meetings. Contact will be made with each of the individuals to understand the circumstances of nonattendance and where needed Governors will be removed from office and elections to replace these posts will be launched. C. Barber raised concerns in relation to the lack of communication when being appointed as a Governor. H. Sullivan noted the concerns raised and apologised for any delays in communicating the next steps when appointed. She confirmed there is now a single point of contact with the elections company so communication to newly elected Governors is clear and concise. P. Gayle thanked H. Sullivan for the update.	
9.2.1	**Lead and Deputy Lead Governor appointments**	

AGENDA ITEM	DISCUSSION	ACTION (Owner)
	H. Sullivan confirmed that following the Council and Board of Directors approving the processes proposed by the Task and Finish Group the Lead and Deputy Lead Governor recruitment was launched in December 2022. All Governors have been involved in the process and those eligible to apply for either role have been supported in doing so should they want to apply for the opportunity. The deadline for votes was extended to allow all Governors to cast their votes following the festive period. The votes have been verified and the results were confirmed as: Lead Governor- John Travers Deputy Lead Governor- Mustak Mirza H. Sullivan congratulated both J. Travers and M. Mirza and confirmed the appointments are with immediate effect and confirmed the results will be presented formally to the AGM in September 2023. P. Gayle thanked H. Sullivan for supporting the process.	
9.2.2	**Quick words of acceptance and thank you from the Lead and Deputy Lead Governors** Both J. Travers and M. Mirza thanked the Council for their votes and confirmed they will continue to support the Council to the best of their abilities and they are honoured to have the opportunity to drive the vision of the Trust forward together. All members of the Council congratulated J. Travers and M. Mirza. D. Tita thanked P. Gayle for supporting the process and allowing complete transparency.	
10.	**Finance Report** The Council noted the Finance Report and received this for information purposes. J. Travers queried whether the expectation for a break-even position is feasible? R. Beale conformed the current expectation is for the Trust to declare a break-even position based on the Trust being driven by non-recurrent savings.	
11.1	**ICS Update** The Council noted the last ICS Governor meeting was cancelled and that further updates will be received at the March 2023 meeting.	
11.2	**Mental Health Provider Collaborative – Significant Transaction update** P. Nyarumbu presented the Significant Transactions and highlighted the salient points as follows: The Trust has been identified as the lead provider for the Mental Health Provider Collaborative (MHPC). The Integrated Care Board's (ICB) assurance process is largely concluded and the MHPC and BSMHFT, as Lead Provider, must now prepare for go live on 1 April 2023.	

AGENDA ITEM	DISCUSSION	ACTION (Owner)
	The ICB's assurance process for delegated responsibilities is largely concluded and will inform a decision on delegation at the ICB meeting on 9 January. Assuming a positive recommendation, the MHPC would go live on 1 April 2023, and the MHPC and ICB have agreed that it would be prudent to move to shadow governance arrangements for the final quarter 2022/23 to amend reporting and decision-shaping processes. The current arrangements within the provider collaborative are focused on establishment and mobilisation of the partnership. The shadow and future substantive arrangements will focus on delivery. Mr P. Gayle noted the timeframe for moving to shadow arrangements is tight. Mrs R. Fallon- Williams acknowledged the anxieties in relation to the framework but was assured there is support in place and the ability to go ingot shadow form will allow a period of development and create the opportunity to work jointly. Mr P. Nyarumbu acknowledged the challenges with capacity and assured members that due diligence will continue through the shadow arrangements.	
11.3	**Community Transformation** The Council acknowledged the Community Transformation presentation that was received for information only.	
11.1	**Report from the Chair of QPES** L. Cullen presented the assurance report and highlighted the salient points as follows: • The door monitoring alarm system has now been installed in all en-suites in Acute Care. However final connectivity it still taking place for the doors at the Oleaster, with expected completion by mid-December. • In Acute Care, a total of 435 Safety Huddles were completed out of a possible 444 for the period. • In terms of safer staffing, we continue to recruit to our vacancies and the Safer Staffing Lead is attending recruitment events when possible. International recruitment continues to be successful with 28 new staff recruited to date, and we will be putting a bid in for the next financial so we can continue our project. • The monthly audits of MDT standards in Acute Care continue to take place and for this submission, we have seen either consistency or an improvement in nearly all measures for the reporting period. • No anchor point incidents were reported for the period. There was a focused discussion in relation to Edenfield: • This report was produced to provide an in-depth report to offer assurance on work and oversight of reduction of restrictive practices within BSMHFT following programmes aired on television recently. • This provided us with good assurance on the range of activities and progress that has been made via various workstreams over the past few years and the actions that are planned which are being developed based on the key priorities in each division • Committee agreed that this type of report would be helpful to be presented to QPES on a regular basis.	

AGENDA ITEM	DISCUSSION	ACTION (Owner)
11.2	**Report from the Chair of FPP** R. Beale presented the report and highlighted the salient points as follows: • We are passing the leadership of the Reach Out on to other colleagues with it in the position he hoped it would be: good levels of assurance on most aspects, and an awareness of the areas of concern with appropriate plans in place. • It is still likely that we will return a break-even position, or potentially a positive position, this financial year owing to adjustments available to us, but we face a substantial challenge for next year with significant need for transformative change and this is not happening at a pace that is likely to achieve the necessary savings. • In relation to Delivery against 22/23 workforce plan and 23/24 Workforce planning the committee recognised that much has been done to address the situation, but also feel there is a disparity between planning and impact, and that the ambition in the plan is not sufficient to meet the needs of the trust. A number of issues around the pace of recruitment, the pace of induction (e.g., averts training delays), and the general level of urgency and innovation were raised, again. Recruitment, and the associated financial costs with bank and agency cover, and cost to service user care and staff happiness (and hence retention) are still significant risks to the organisation, and we are not assured that we have a complete grip of the situation and appropriate plans and actions to address it. V. Fewster raised concerns in relation to workforce planning being insufficient and queried what is next? R. Beale confirmed the international recruitment scheme is scalable and to date has exceeded expectations. He noted the original number for international recruits was low and this was discussed in detail at People Committee. He confirmed plans are being developed for flexible working options and ambitions remain a focus for going forward. P. Nyarumbu acknowledged the need to be bolder and more creative going forward and need to balance future opportunities. He confirmed the workforce team remain focussed on making improvements. L. Tasab noted the development of Psychological Associates and raised concerns in relation to the ability to prescribe and need for best practice. She highlighted the need to enhance the experience of student nurses with the Trust as feedback is that wards are too busy. R. Beale thanked L. Tasab for her observations and confirmed the challenges will be noted to the committee. R. Fallon- Williams acknowledged the need to do more and ensure the balance is right with the infrastructure underpinning the values of the Trust. C. Barber queried whether the international recruitment is sourced ethically? R. Beale confirmed the committee and Board have had oversight of the process and are assured all guidelines have been considered and have been taken into account.	

AGENDA ITEM	DISCUSSION	ACTION (Owner)
	C. Barber queried how nursing vacancies and agency expenditure compare to other trusts?	
	R. Fallon- Williams acknowledged the agency spend and the new national requirement to cap agency spend at 3.7%. She confirmed the Trust are in a positive position compared to BSoL partners.	
	M. Mirza queried the progress on the rebuild of Reaside and Highcroft?	
	R. Beale confirmed the current capital plans are reliant on government plans and funding and the Trust are awaiting the final funding allocation. He confirmed the rebuild remains a priority.	
	R. Fallon- Williams confirmed opportunities with partners are being explored.	

11.3	**Report from the Chair of People Committee**
	 A. Baines presented the assurance report and highlighted the following:
	 • The vacancy rate in October has decreased to 14.2% and is above the KPI target of 6.0%. In April, new budgets were set and additional budget provided to the Trust allowing growth in our establishment. This large increase reflects the new allocation of additional budget.
	 • The focus is to continue to reduce vacancies, particularly – hard to recruit posts. Some of the actions include:
	     o Explore how we can improve the benefits we offer as part of our attraction package, focus on our benefit package which includes, flexible working and on specific wards only we will be offering recruitment and retention premium.
	     o The Trust will be working with local universities to attract second and third year students to consider the Trust as future employer. The Trust will be participating in 'BSol Love Our Learners' event that is planned for December 2022. This an event that will be targeting second year students to consider BSol as a choice arear to work when they complete their degree. This event is being actively planned and the Trust will be playing a prominent part in this event. For example, we will be offering help on interview techniques, how to complete application forms. Focus on benefits such as flexible working when one works for the Trusts.
	 • Committee could not receive assurance from Safer Staffing Report given the lack of more detailed evidence. It was reiterated that this additional information was key.
	 • The People Committee received a detailed presentation in relation to the Psychological professions workforce innovations noting the workforce challenges and plans in place to mitigate for the future.
	 The committee noted the diverse group of professions work is informed by the disciplines of psychology and psychological therapy and work across the lifespan, with communities and health & care workforce across a wide range of settings, including community services, mental health services, hospitals, primary care services, prisons, local authorities and educational settings.
	 • The People Committee were informed from 1 April 2023, BSMHFT as lead provider for the BSOL Mental Health Provider Collaborative, will take on new commissioning and contracting responsibilities in excess of £300m.	

AGENDA ITEM	DISCUSSION	ACTION (Owner)
	Shadow form will commence from 9 January 2023. The proposal is to develop a BSMHFT Commissioning & Transformation Hub which will be responsible for driving forward the commissioning, contracting and delivery responsibilities across the organisation. It is envisaged that although the initial infrastructure will focus on the BSOL Mental Health Provider Collaborative, the Hub will have the scope to develop into a wider resource across systems.	
12.	**AOB** **Farwell to Russell Beale** The Council acknowledged and thanked R. Beale for his contributions over his 6 years with the Trust and for working tirelessly to drive the finance agenda. R. Beale thanked all members for their support and for the challenges. He noted his thanks to the Board and looks forward to the Trust leading the way with the ICS. **Close of meeting** P. Gayle thanked all in attendance for their contributions.	
13.	**Governor Questions** J. Travers queried whether the next meeting can be face to face? P. Gayle confirmed at the next meeting we will allow time for there to be a discussion in relation to the future plans for meetings be face to face and time required for additional development sessions.	
14.	**Date & Time of Next Meeting** 12 Noon, 9 March 2023	

5. Matters Arising & Action Log

NHS
Birmingham and Solihull
Mental Health
NHS Foundation Trust

ACTION LOG: COUNCIL OF GOVERNORS

MONTH & AGENDA ITEM NO	TOPIC & AGREED ACTION	LEAD	ORIGINAL TIMESCALE	RAG	COMMENT

RAG KEY

Overdue
Resolved
Not Due

6. Governor statement

7. Chair's Report

Meeting	**BOARD OF DIRECTORS**
Agenda item	Item 7
Paper title	**CHAIR'S REPORT**
Date	9 March 2023
Author	Phil Gayle, Chair
Executive sponsor	Phil Gayle, Chair

This paper is for (tick as appropriate):

☐ Action	☐ Discussion	☒ Assurance

Executive summary & Recommendations:

The report is presented to Council members to highlight key areas of involvement during the month and to report on key local and system wide issues.

Reason for consideration:

Chair's report for information and accountability, an overview of key events and areas of focus

Previous consideration of report by:

Not applicable.

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

Select Strategic Priority

Financial Implications (detail any financial implications)

Not applicable for this report

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

Not applicable for this report

Equality impact assessments:

Not applicable for this report

Engagement (detail any engagement with staff/service users)

Engagement this month has been through introductory meetings with staff across the Trust.

CHAIR'S REPORT TO THE COUNCIL OF GOVERNORS

1. INTRODUCTION

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

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

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

2. CLINICAL SERVICES

2.1   We now have in place the buddy schedule for NEDs and Council of Governors to undertake site/service visits over the coming months. Diary dates for these proposed visits will be sent to all over the next few weeks.

3. PEOPLE

3.1   I continue to have monthly meetings with Professor David Sallah from Birmingham Community Healthcare NHS Foundation Trust. I have had an introductory meeting with Tom Mcneil West Midlands police and Crime Commissioner, who is keen to re-develop partnership working with our Trust. We intend to have a further meeting with a view of possibly having a representative from the police linked to our Trust. I had a meeting with Professor Patrick Vernon interim Chair of BSoL ICB to discuss the collaborative and the development of the ICB. I briefly had a discussion with Andy Cave from Birmingham Healthwatch and we will be arranging regular monthly meetings. I also spoke with the interim chair of UHB Dame Yve Buckland on how we can develop our partnership working. It is my endeavor to continue to develop these partnerships.

3.2   I continue to hold monthly meetings with Shane Bray, Managing Director of Summerhill Supplies Limited. These meeting a helpful to understand some of the challenges and opportunities our subsidiary companies has. Also, to share from the Trust perspective areas of concern or that require clarity.

3.3   I meet on a monthly basis with our Freedom to Speak Up Lead to hear about key themes of concerns from staff which are captured through FTSU.

3.4   During February I chaired an interview panel for a Consultant Psychiatrist position for our children and adolescent services (CAMHS SLOAR) in Solihull to which we successfully appointed.

4. QUALITY

4.1   A few weeks ago I visited the Zinnia Centre and spent some time meeting staff and service users. I was very impressed of the work our staff do both with our inpatient units and the community outreach teams. I was present on the Midlands and East chairs call with the regional director from NHSE/I.

5.   SUSTAINABILITY

5.1   I attended the Integrated Care Partnership Board along with other system partners. Giving me an opportunity to net work with partners in the system whom I have not previously connected with. I also attended the West Midlands BSoL Chairs meeting which takes place monthly.

5.2   We are currently working on updating our Membership and Governor Engagement Strategy and hope in due course to circulate this for comments.

5.3   We are also finalising our Council of Governor Board development sessions with a view to disseminate this to our CoG members.

PHIL GAYLE
CHAIR

8. Chief Executive's Report

Council of Governors

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Meeting	**BOARD OF DIRECTORS**
Agenda item	**5**
Paper title	**CHIEF EXECUTIVE and DIRECTOR of OPERATIONS REPORT**
Date	1 February 2023
Author	Vanessa Devlin and Roisin Fallon-Williams
Executive sponsor	Roisin Fallon Williams

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

Executive summary

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

Reason for consideration

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

Paper previous consideration

Not Applicable

Strategic objectives

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

Financial implications

Not applicable for this report

Risks

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

Equality impact

Not applicable for this report

Our values

Committed
Compassionate
Inclusive

CHIEF EXECUTIVE and DIRECTOR of OPERATION'S REPORT

Infection Prevention and Control

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

PEOPLE

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

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

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

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

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

People Team Updates

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

Health and Wellbeing

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

Industrial Action

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

CLINICAL SERVICES

Summary

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

Integrated Community Care and Recovery (ICCR)

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

SUSTAINABILITY

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

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

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consistency and increase quality of supervision provision for psychological therapies.

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

BSoL ICS

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

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

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

BsoL Mental Health Provider Collaborative (MHPC)

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

QUALITY

CQC Focused Inspection

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

Nursing and Quality Team

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

Face Masks

Due to the increase of RSV and NHSE the trust continues to ensure staff are wearing face masks, a decision that has been implemented alongside all our healthcare providers within BSOL.

International Recruitment

International Recruits continues to go from strength to strength, with 40 successful candidates. Our first Nurse has arrived this week and will be supported by our team. Staffing levels remain a significant challenge, we reached a critical point over the Christmas weekend, requiring immediate and swift action.

Legionella

The trust continues to manage areas where there are Legionella counts that are high pre and post flush testing, Forward House remains closed presently with weekly meetings to ensure it will be reopened safely with a completed CQEIA to ensure governance and mitigate any risks.

Dr Sally Austen, Consultant Clinical Psychologist

Dr Sally Austen, Consultant Clinical Psychologist, has had a book published called Working with Deaf and Hard of Hearing Clients. The book gives simple guidance for clinical staff on working with deaf clients and contains information and tips to help staff overcome communication needs and difficulties. The Deaf Service are planning on sending a copy to all teams in the Trust to support staff. Sally has also fed into practice guidelines for NHSE looking at why pts are not provided with interpreters. She wrote the foreword for the paper and ensured the guidelines now include recommendations on the use of a relay interpreter who is a deaf member of staff who accompanies the patient through their interactions with clinical staff.

Kingsway Doors

We continue to manage and mitigate emerging risks which are aligned to our ongoing plans to the change of inpatient doors, to the Kingsway Doors.

OTHER TRUST MATTERS

Deputy Chief Executive

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

Trust's digital profile- Birmingham and Solihull Mental Health delivers virtual care

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

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

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

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

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

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

NATIONAL ISSUES

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

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

Headline ambitions for recovering our core services and improving productivity

Improve ambulance response and A&E waiting times.

Reduce elective long waits and cancer backlogs, and improve performance against the core diagnostic standard.

Make it easier for people to access primary care services, particularly general practice.

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

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

Local empowerment and accountability
ICSs are best placed to understand population needs and are expected to agree specific local objectives that complement the national NHS objectives. As set out in Operating Framework, NHS England will continue to support the local NHS [integrated care boards

(ICBs) and providers] to deliver their objectives and publish information on progress against the key objectives set out in the NHS Long Term Plan.

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

National NHS objectives 2023/24

Area	Objective
Urgent and emergency care*	Improve A&E waiting times so that no less than 76% of patients are seen within 4 hours by March 2024 with further improvement in 2024/25
	Improve category 2 ambulance response times to an average of 30 minutes across 2023/24, with further improvement towards pre-pandemic levels in 2024/25
	Reduce adult general and acute (G&A) bed occupancy to 92% or below
Community health services	Consistently meet or exceed the 70% 2-hour urgent community response (UCR) standard
	Reduce unnecessary GP appointments and improve patient experience by streamlining direct access and setting up local pathways for direct referrals
Primary care*	Make it easier for people to contact a GP practice, including by supporting general practice to ensure that everyone who needs an appointment with their GP practice gets one within two weeks and those who contact their practice urgently are assessed the same or next day according to clinical need
	Continue on the trajectory to deliver 50 million more appointments in general practice by the end of March 2024
	Continue to recruit 26,000 Additional Roles Reimbursement Scheme (ARRS) roles by the end of March 2024
	Recover dental activity, improving units of dental activity (UDAs) towards pre-pandemic levels
Elective care	Eliminate waits of over 65 weeks for elective care by March 2024 (except where patients choose to wait longer or in specific specialties)
	Deliver the system-specific activity target (agreed through the operational planning process)
Cancer	Continue to reduce the number of patients waiting over 62 days
	Meet the cancer faster diagnosis standard by March 2024 so that 75% of patients who have been urgently referred by their GP for suspected cancer are diagnosed or have cancer ruled out within 28 days
	Increase the percentage of cancers diagnosed at stages 1 and 2 in line with the 75% early diagnosis ambition by 2028
Diagnostics	Increase the percentage of patients that receive a diagnostic test within six weeks in line with the March 2025 ambition of 95%
	Deliver diagnostic activity levels that support plans to address elective and cancer backlogs and the diagnostic waiting time ambition
Maternity*	Make progress towards the national safety ambition to reduce stillbirth, neonatal mortality, maternal mortality and serious intrapartum brain injury
	Increase fill rates against funded establishment for maternity staff
Use of resources	Deliver a balanced net system financial position for 2023/24
Workforce	Improve retention and staff attendance through a systematic focus on all elements of the NHS People Promise
Mental health	Improve access to mental health support for children and young people in line with the national ambition for 345,000 additional individuals aged 0-25 accessing NHS funded services (compared to 2019)
	Increase the number of adults and older adults accessing IAPT treatment
	Achieve a 5% year on year increase in the number of adults and older adults supported by community mental health services
	Work towards eliminating inappropriate adult acute out of area placements
	Recover the dementia diagnosis rate to 66.7%
	Improve access to perinatal mental health services
People with a learning disability and autistic people	Ensure 75% of people aged over 14 on GP learning disability registers receive an annual health check and health action plan by March 2024
	Reduce reliance on inpatient care, while improving the quality of inpatient care, so that by March 2024 no more than 30 adults with a learning disability and/or who are autistic per million adults and no more than 12–15 under 18s with a learning disability and/or who are autistic per million under 18s are cared for in an inpatient unit
Prevention and health inequalities	Increase percentage of patients with hypertension treated to NICE guidance to 77% by March 2024
	Increase the percentage of patients aged between 25 and 84 years with a CVD risk score greater than 20 percent on lipid lowering therapies to 60%
	Continue to address health inequalities and deliver on the Core20PLUS5 approach

Ten senior health and council leaders drafted in to boost Hewitt ICS review
Leaders from trusts, integrated care systems and local authorities are to take charge of five workstreams within Patricia Hewitt's review of ICS autonomy and accountability.

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

ROISIN FALLON-WILLIAMS
CHIEF EXECUTIVE

10

Birmingham and Solihull Integrated Care System
Caring about healthier lives

Strategic Vision

Learning Difficulties and Disabilities

2022-27

Solihull METROPOLITAN BOROUGH COUNCIL
URBS·IN·RURE

Birmingham City Council

Vision

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

Who is included in this strategy?

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

What do we mean by learning difficulties and disabilities?

Recognising different terminology is used dependent on age and context:

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

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

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

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

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

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

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

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

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

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

Who has been involved in creating this vision?

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

What do we mean by a good and fulfilling life

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

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

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

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[6] PANSI Projects – Institute for Public Care and POPPI – Institute of Public Care – projects as at August 2022
[7] Diagram created by East Riding of Yorkshire – to be replaced by BSOL version in final draft

| Personal Resilience

I know what I need and how to look after myself | Community Resilience

I get the support I need to maintain my independence | System Resilience

I am able to access the right support at the right time for me |
|---|---|---|
| I have a voice that will be listened to, and my voice makes a difference.

I know I have choice and control about my support.

I have people around me who I like – family / friends.

I have access to employment.

I have access to education and learning.

I am involved in all the decisions about my life. | I know what community support is available and how to access it.

I feel safe, welcome, included and valued in my community.

I am able to find appropriate housing for me.

I get support to keep myself well.

I am able to access good support.

I am supported to do the things that interest me. | I tell my story once and there is a single record of my support.

I have access to the right support as I get older.

I am able to communicate my needs in an emergency.

I have support which is coordinated, cooperative and works well together

I am supported to plan for key changes and know who I can discuss any concerns with. |

Priorities

How we decide our priorities

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

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

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

PRIORITY AREA 1: Access and Inclusion

What we want to achieve:

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

PRIORITY AREA 2: Quality and Choice

- Health and social care provide consistent support and share records

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

PRIORITY AREA 3: Holistic Support

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

PRIORITY AREA 4: Reducing Health Inequalities

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

What will success look like?

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

How we will deliver this:

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

Interdependencies

Solihull Additional Needs Strategy 2022-25

Birmingham and Solihull
Integrated Care System
Caring about healthier lives

Strategic Vision

Autism

2022-27

Solihull
METROPOLITAN
BOROUGH COUNCIL
URBS·IN·RURE

Birmingham
City Council

Our Vision

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

Who is included in this strategy?

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

What do we mean by autism?

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

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

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

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

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

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

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

Waiting list time for assessment and diagnosis

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

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

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[1] ICB data – October 2021

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

Who has been involved in creating this vision?

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

What do we mean by full potential?

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

How we will work as a Health and Care System

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

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

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

---

[2] ICB data – September 2022
[3] From East Riding of Yorkshire – BSOL version to be developed

Personal Resilience I know what I need and how to look after myself	Community Resilience I get the support I need to maintain my independence	System Resilience I can get the right support I need at the right time for me
I have access to support early, including diagnosis.

I have a voice that will be listened to, and my voice makes a difference.

I feel I have choice and control about my support.

I have people around me who I like – family / friends.

I have support available for my family and carer.

I have access to employment opportunities and activities that will benefit me.

I have access to education and learning.

I have access to support for my sensory needs.

I am involved in all the decisions about my life. | I know what community support is available and how to access it.

I feel safe, welcome, included and valued in my community.

I am able to access housing appropriate to my needs.

I get support to keep me well such as health checks

I can access physical and mental health services when I need them.

I am able to access good support.

I am supported to do the things that interest me. | I tell my story once and there is a single record of my support.

I have access to the right support as I get older.

I am able to communicate my needs in an emergency.

I have support which is coordinated, cooperative and works well together.

 I know who to contact to get things changed. It is right first time

I have support that is flexible and personalised. |

Priorities

How we decide our priorities

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

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

We have grouped the priorities into these themes:

PRIORITY AREA 1: Access and Inclusion

What we want to achieve:

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

PRIORITY AREA 2: Quality and Choice

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

PRIORITY AREA 3: Holistic Support

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

PRIORITY AREA 4: Reducing Inequalities

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

What will success look like?

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

How we will deliver this:

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

Interdependencies

Birmingham All Age Autism Position Statement 2020

Solihull Additional Needs Strategy 2022-25

Reducing Restrictive Practice within BSMHFT- an update, recommendations, and considerations for QPESc

1. **Introduction**

The Reducing Restrictive Practice Steering Group (RRPSG) has prepared this report to offer information and assurance to the committee following on from the recent airing of the BBC Panorama and Channel 4 Dispatches programmes and the subsequent letter dated 28th September 2022 from the National Director of Mental Health in which questions have been raised both locally and nationally regarding "is there the potential for this to happen in any of our services?" and what is the organisation doing to mitigate the possible risk.

This paper should be read in conjunction with the accompanying presentation "*Reducing restrictive Practice update to QPESC*" and will provide an overview of the current and recent work that has been undertaken around the Trusts commitment to Reduce Restrictive Practices (RRP) and information around the ongoing workstreams, governance processes and assurances that can be afforded to Trust Board. The current workstreams involve all areas of the organisation, both clinical and corporate and required a collaborative approach to deliver a cohesive strategy to embed learning to inform future workplans and projects around RRP.

2. **The Reducing Restrictive Practice Steering Group (RRPSG)**

The RRPSG is chaired by Deputy Medical Director for Quality and Safety Dr Nat Rowe and co-chaired by Sam Howes ANP AVERTS and is the governance home for RRP. The vision is for the group to have oversight of all the work that is being undertaken across the Trust in order that any gaps or deficits are identified, work is not duplicated meaning resource can be utilised more effectively and any learning is shared across the organisation.

RRPSG meet for 1 morning a month, in person at Uffculme with membership comprising of a variety of clinical disciplines, QI and governance representation and covers all programmes within the organisation. There is regular Expert by Experience and Participation & Engagement representation, and guest membership has included colleagues from Learning & Development, information technology, governance, and corporate departments within the organisation. Full time members commit to attend and complete workstreams alongside their full-time Trust roles. All work undertaken is completed with minimal additional resource.

3. **Overview of Restrictive Interventions**

Restrictive interventions (RI) include the use of restrictive physical interventions (RPI) sometimes referred to as restraint, rapid tranquillisation (RT), Seclusion and long-term segregation, Mechanical Restraint (MR) as well as the process of searching, blanket restrictions and high- level therapeutic observations. RPI data is scrutinised monthly from reports that are generated by the governance intelligence team covering all RPI use and specifically prone (face down) and MR use along with seclusion data, staff assault and service user assault data. Quarterly reports in the use of searching, blanket restrictions and RT are tabled for oversight and scrutiny.

4. **Reporting arrangements**

There is an on-going piece of work to generate a RRP dashboard where all data is shared and stored in an accessible format that all Trust staff can access and utilise as a single source of truth. The basis for the RRP dashboard will be the reportable datasets required under Use of Force (2018) statutory reporting requirements. The RPI reports are accompanied by deep dive narrative report completed by the Trusts AVERTS consultants. Alongside the development of the RRP data dashboard, the reporting structure is undergoing a reset, with reports tabled at the RRPSG being forwarded to programme CGC's for sign off and then escalated to Trust CGC and QPESc. QPESc will also be provided with a quarterly summary of work undertaken by the RRPSG, achievements, hot spots, and items for escalation where necessary.

5. **Restrictive practice Data**

The data and graphs contained within this report are for the entire Trust and do no separate out the units that were part of the QI collaborative. Please look at the accompanying presentation to view the successes of the collaborative and the impact the work had on all forms of RI.

a) **Prone Restraint**
   In the month of October there were 68 reported incidents of prone restraint across the Trust.

Fig 1. Total restraints across the Trust.
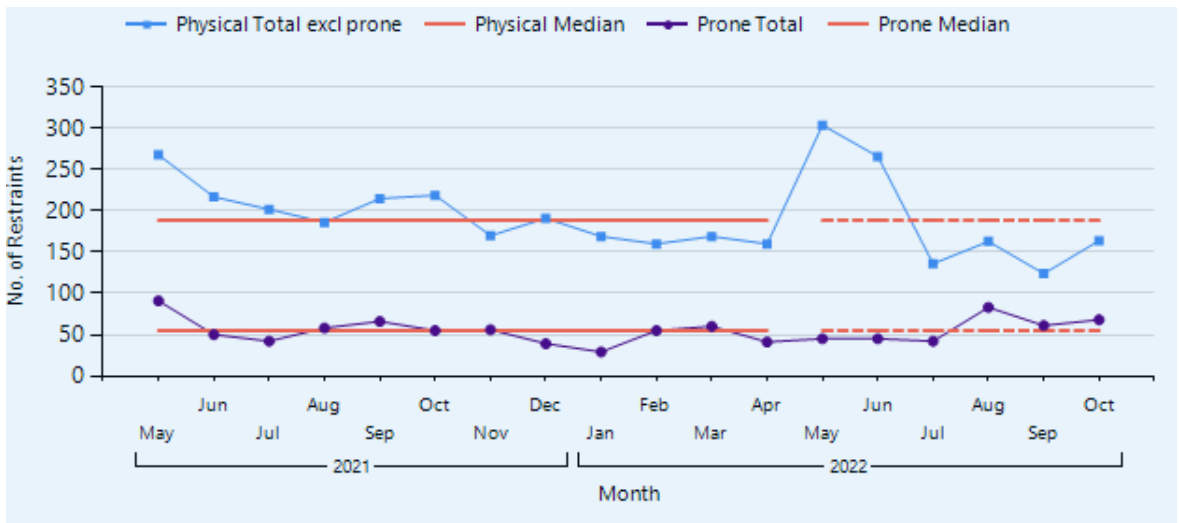
A&UC accounted for 57 of the reported incidents with Acute wards accounting for 36 episodes and PICU 19. This is the first increase above the median since March 2022, the previous 6 data points have demonstrated a downward shift in prone use in the programme (fig 2a), Fig 2b is all units including PICU. Of the 36 episodes on acute units, 26 occurred on female units and 10 on male. 16 of the 19 prone interventions on PICU occurred on EDEN PICU, 1 individual accounted for 12 of these interventions. MS1 reported a prone intervention lasting for 60 minutes however on investigation this was a reporting error and it was 60 seconds. From a deeper dive into the data, it appears that a small number or service users accounted for the increase in Eclipse entries.

Fig 2a & 2b. A&UC (Info from GI team vs info on insight)
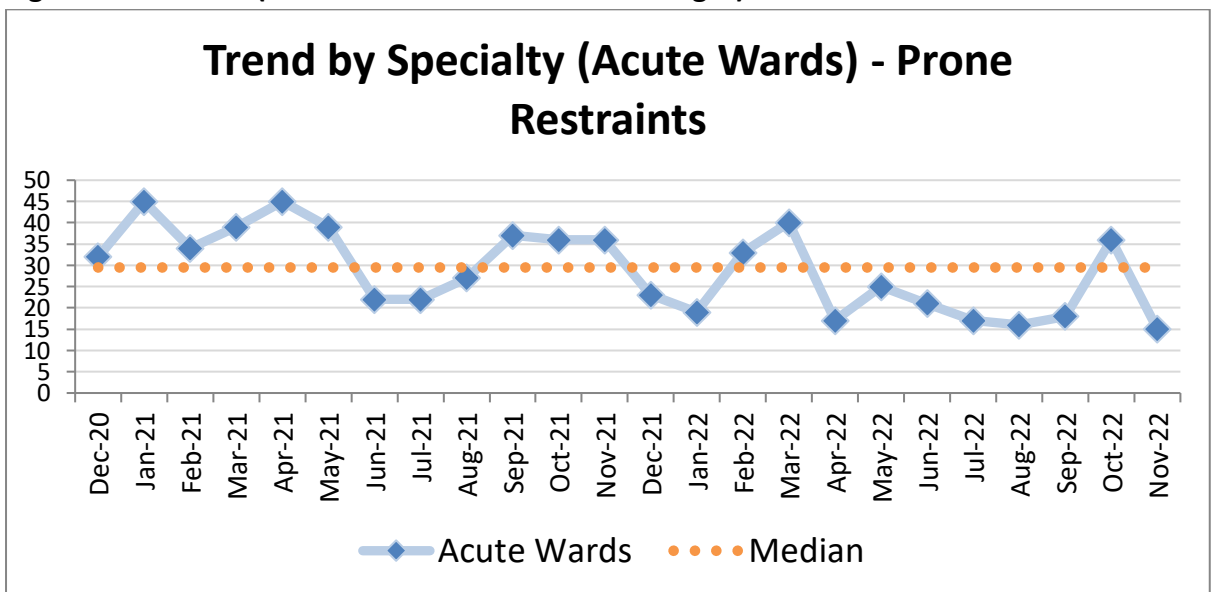
(Please note the above report includes November's data which will be reported to QPESc in Jan 2023.)

Fig 2b All restraints in Acute& Urgent care
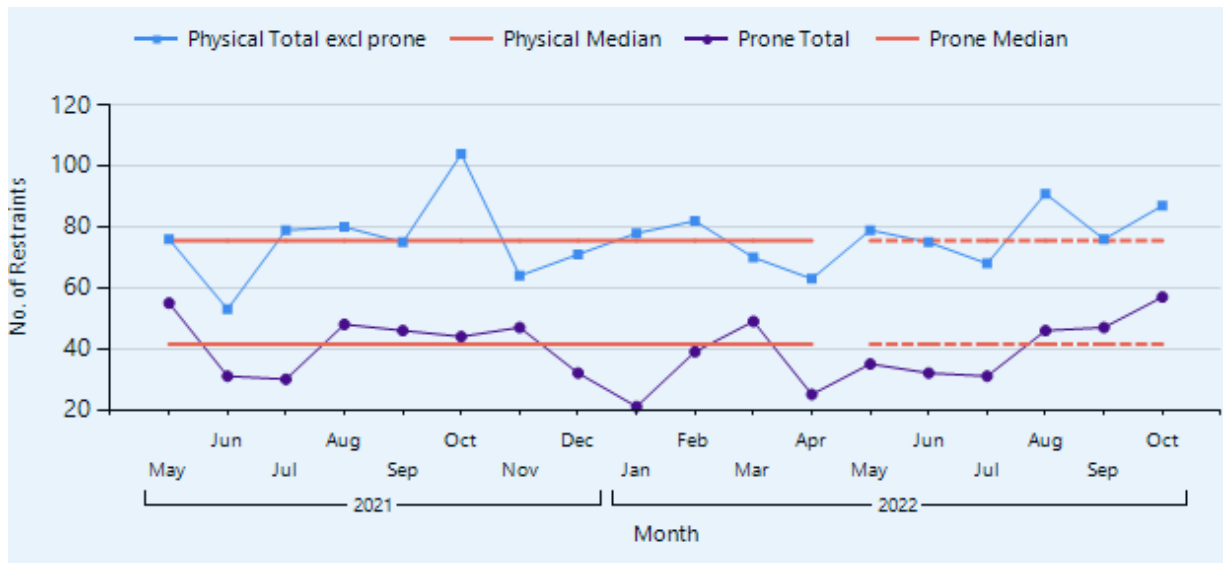
SCOH reported 10 incidents of prone restraint, this is the second month on month decrease in incidents following the astronomical point of 36 in August 2022. 5 prone incidents occurred on Sycamore, 4 on Coral and 1 on Citrine. 1 individual on Coral ward was in and out of holds that also included the use of the prone position over a period of 3 hours, 1 episode was for 80 minutes to prevent harm to self. Staff used sensory items to try to discontinue holding at the earliest opportunity and a further episode lasting 20 minutes was recorded as prevention of harm to self.

Fig 3. SCOH
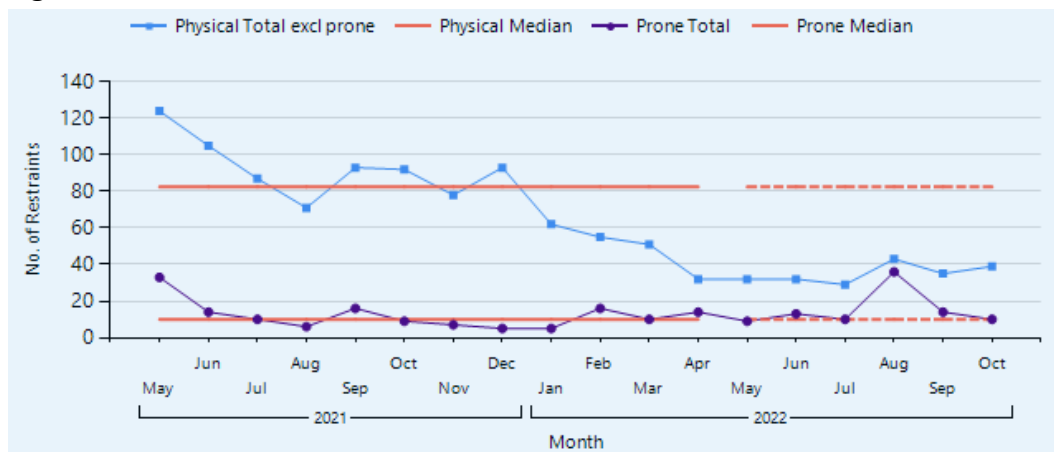
Reasons for the use of the prone position are outlined below. By far the main reason is for the administration of intra-muscular medication. The Trust report his intervention as prone even if the individual has only been placed into the prone position whilst the medications are administered. The Trust does not teach staff how to force somebody into the prone position, if staff and the person being held end up

in this position it is because gravity along with struggle has perpetuated the movement to the floor.

Fig 4. Reasons for prone restraint	2021		2022									
Reason for Prone Restraint	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct
Planned Service User choice (Advanced Directive / Care Plan / PBS Plan)	1			2		1				2	1	
Unplanned Service User choice (Putting self into position)	3	1	3	5	8	8	6	9	9	15	21	8
Staff choice to manage harm / risk	5	1	6	4	6	2	4	4	4	1	3	7
Staff choice to administer IM medication	46	33	19	41	42	29	32	31	28	62	34	48
Staff choice to leave in seclusion	1	3	2	4	4	2	4	1	2	4	2	5
Unknown reason		1		1						1		

b) **All restraints (excl prone)**

There were 164 episodes of restraint for the month of October (see fig 1.) A&UC reported 87 restraints across the programme, SCOH 39 and specialities 25. D&F reported a total of 13 restraint incidents and urgent care 2 incidents for the month. 68 incidents occurred on the female units and 32 on male units. There were 42 restraints on Acute PICU's 33 of these occurred on EDEN PICU. 49 RPI incidents occurred in SCOH, 31 of these were Ardenleigh women's service Coral (19) & Citrine (12). 81 of the restraints were to prevent harm to staff, 72 were to prevent harm to self/ or patients, 39 were to administer medications, 19 were to administer an NG feed and 10 were to prevent damage to property.

The importance of having one source of Truth is highlighted below. 3 charts containing all restraint data are displayed. The top report is taken from insight, the bottom 2 run charts are provided from the GI team and have the narrative data attached to allow for a deeper dive into incidents. Both reports have a different median line as the GI reports contain the prone figures and the insight ones are separated. Using different charts can give the reader a different account based on where the median is set.

Fig 5- **combined restraints (Acute) from insight**
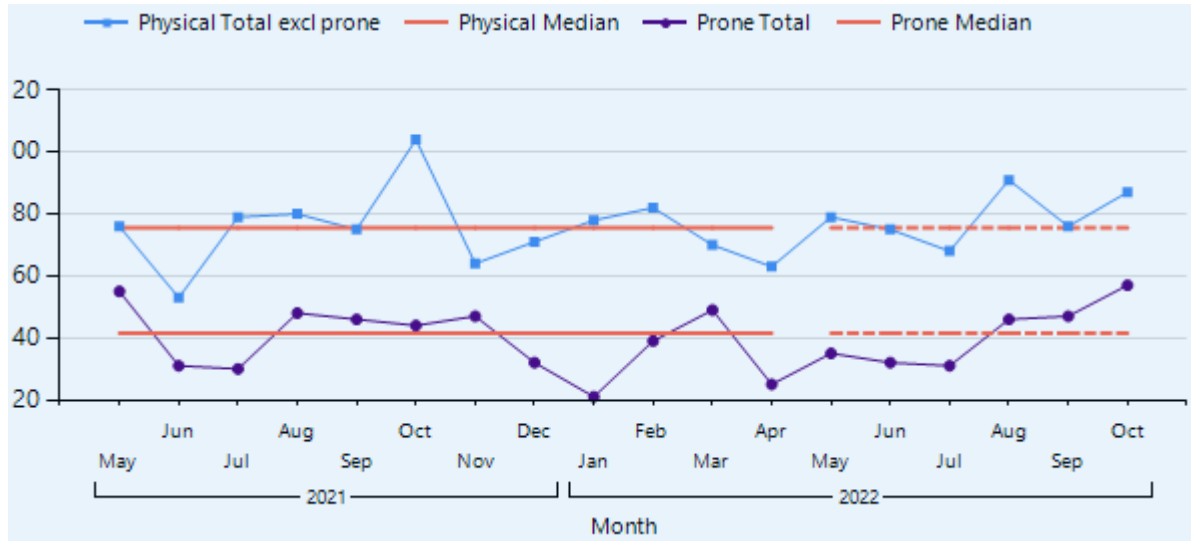
Fig 6. All restraints (incl prone) Acute
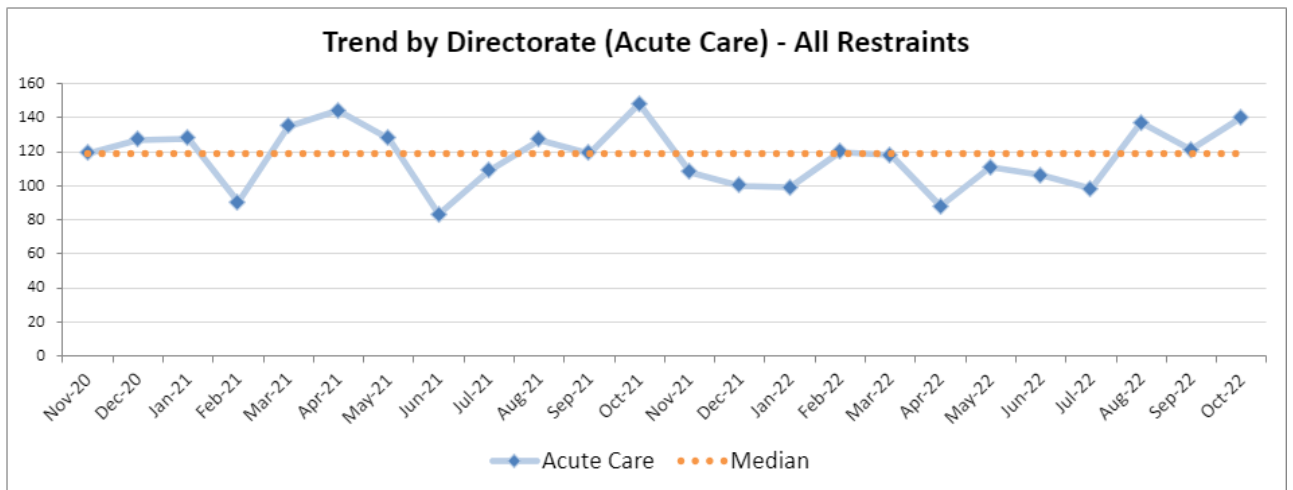
Fig 7. Prone restraints Acute
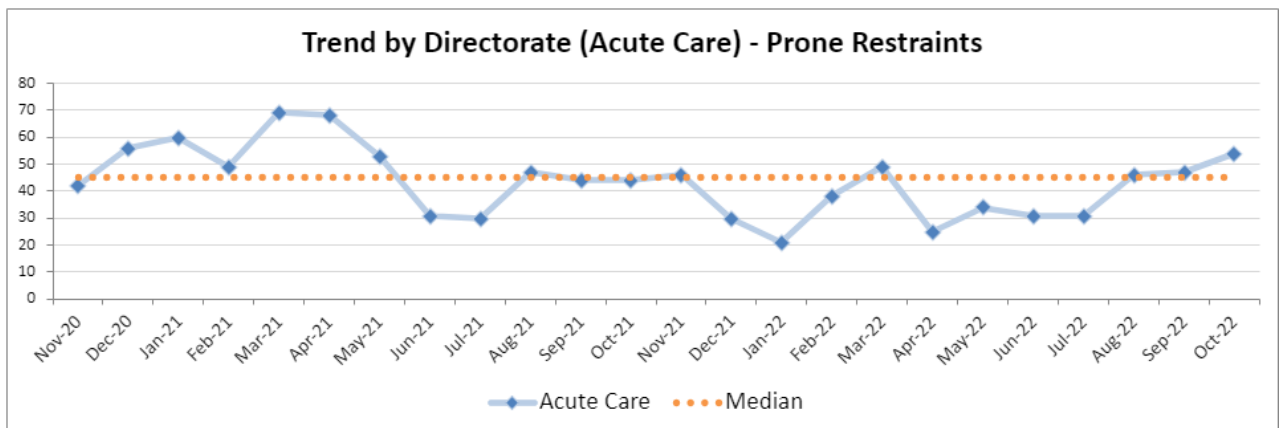
c) **Mechanical restraint**

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

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

Fig 8. Mechanical restraint (Trust-wide)
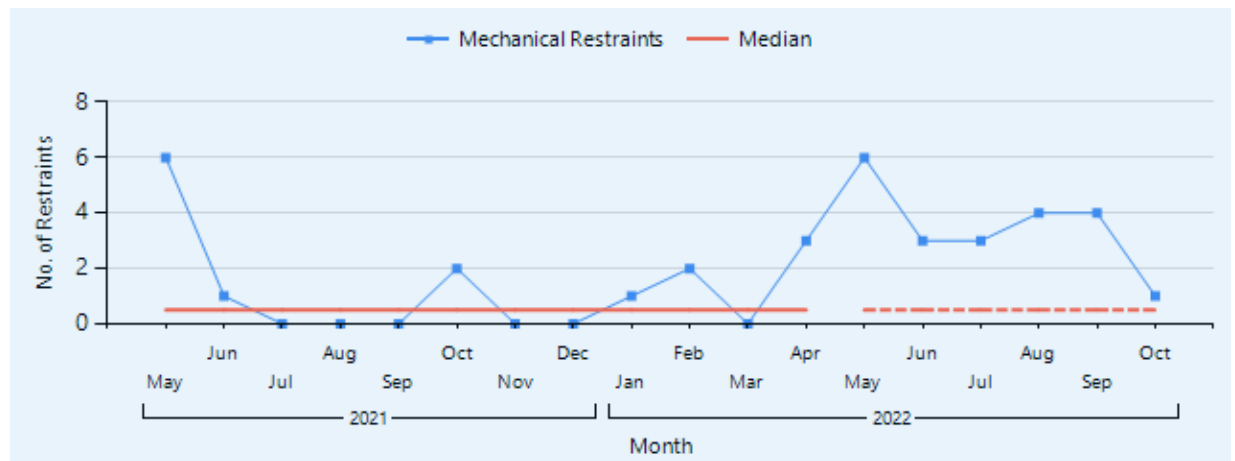
For the month of October, 1 individual in Women's medium secure has an active care plan for SRS self-harm; one documented use of the SRS, in line with care plan and reviews documented in line with policy.

There was 1 recorded use of handcuffs to escort outside of the secure perimeter. The individual was on escort to general hospital. The data on the graph above only shows one use of MR which is why the additional scrutiny is required. Staff are required to tick a box on Eclipse to record MR use. The GI team and AVERTS consultants are reminding clinical areas of the need to ensure that all use of MR is recorded appropriately.

d) **Seclusion**

During the month of October, there were 51 reported episodes of seclusion. 26 in A&UC, 24 in SCOH and 1 episode on specialities. 14 of these episodes were reported as bedroom seclusions with 11 in A&UC (9 male and 2 female) 2 Acute PICU (1 EDEN PICU & 1Caffra) and 1 on Chamomile. At present we do not have data regarding the times that seclusions were commenced, when they were terminated

and if decisions were taken out of hours which may influence the overall duration of seclusion episodes. This data would require a manual trawl of all seclusion episodes. The charts below were cross referenced with the tabular data provided from insight. This dashboard is forwarded to the Dr Rowe and Sam Howes fortnightly and is scrutinised at the monthly RRPSG.

The charts were taken from an excel chart that can be filtered by area and unit. The report also gives the average duration of seclusion episodes.

There is a workstream specifically looking at seclusion. Whilst the incidence of seclusion has not increased there is an ongoing piece of work around seclusion to try to reduce its use in line with other RRP initiatives. Please see the accompanying driver diagram for some of the change ideas related to seclusion.

Fig 9. All seclusions (Trust wide)
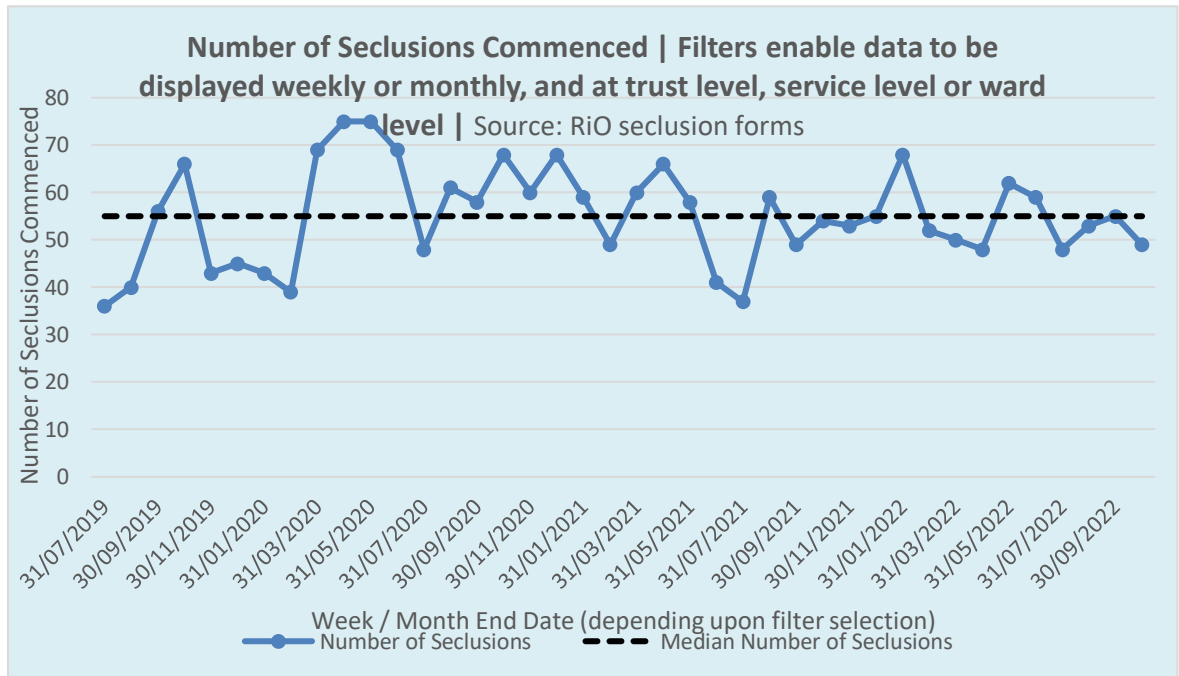
Fig 10. Number of bedroom-based seclusions (trust wide)

Number of Bedroom Seclusions | Filters enable data to be displayed weekly or monthly, and at trust level, service level or ward level | Source: RiO seclusion forms, including both commencements and transfers

Note: Information only recorded on RiO from June 2020 onwards.
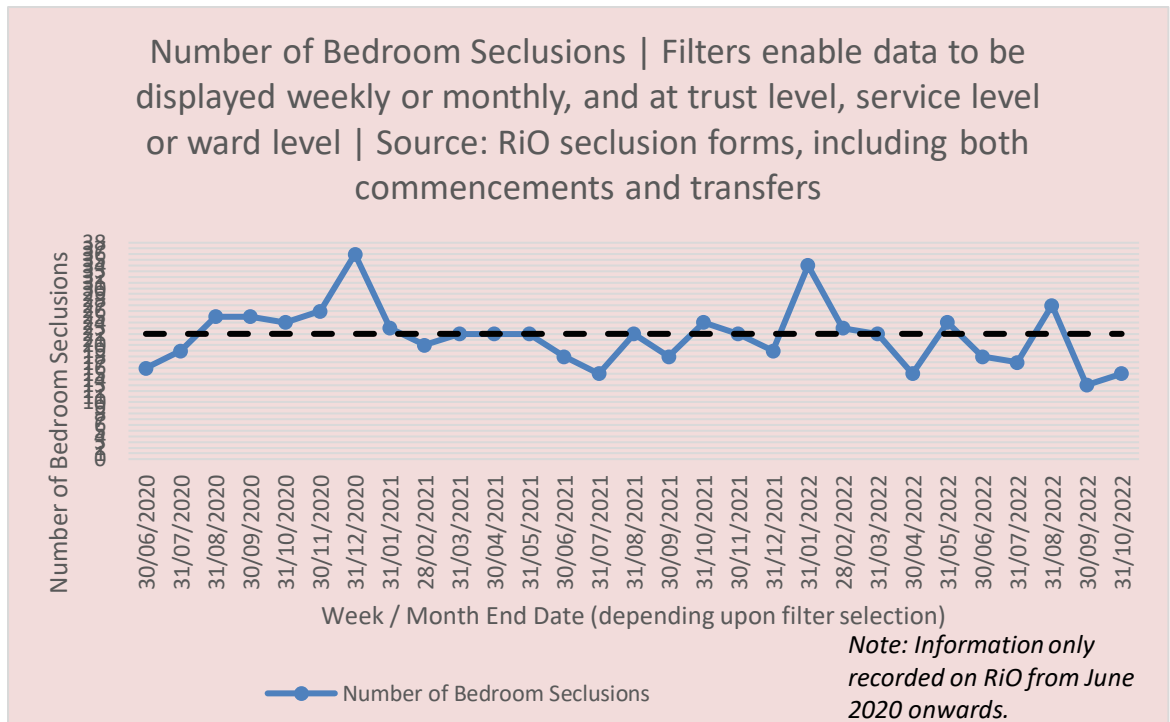
e) **Rapid Tranquilisation**

Fig.11 Trust wide RT
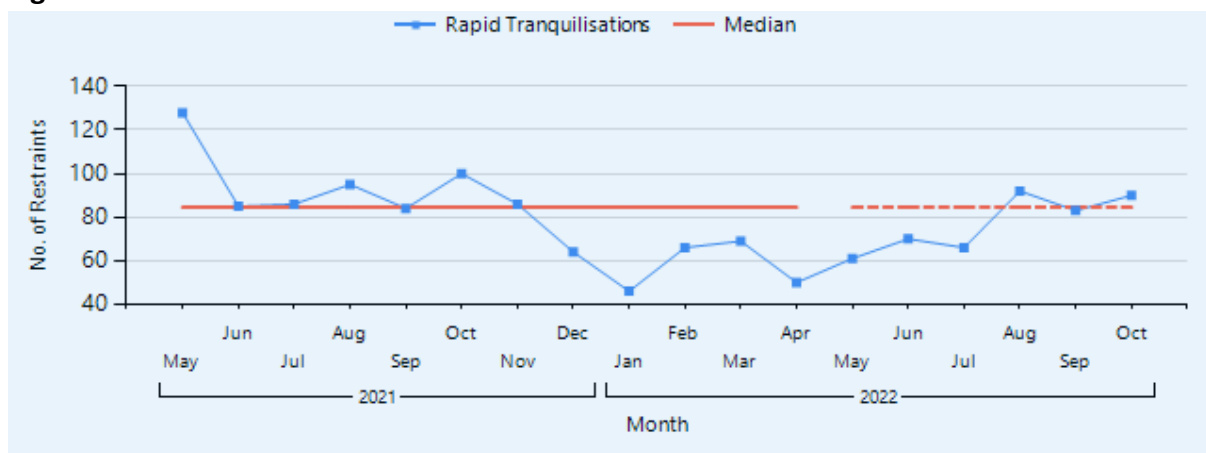
Fig 12. Type of RT administered (Trust Wide)
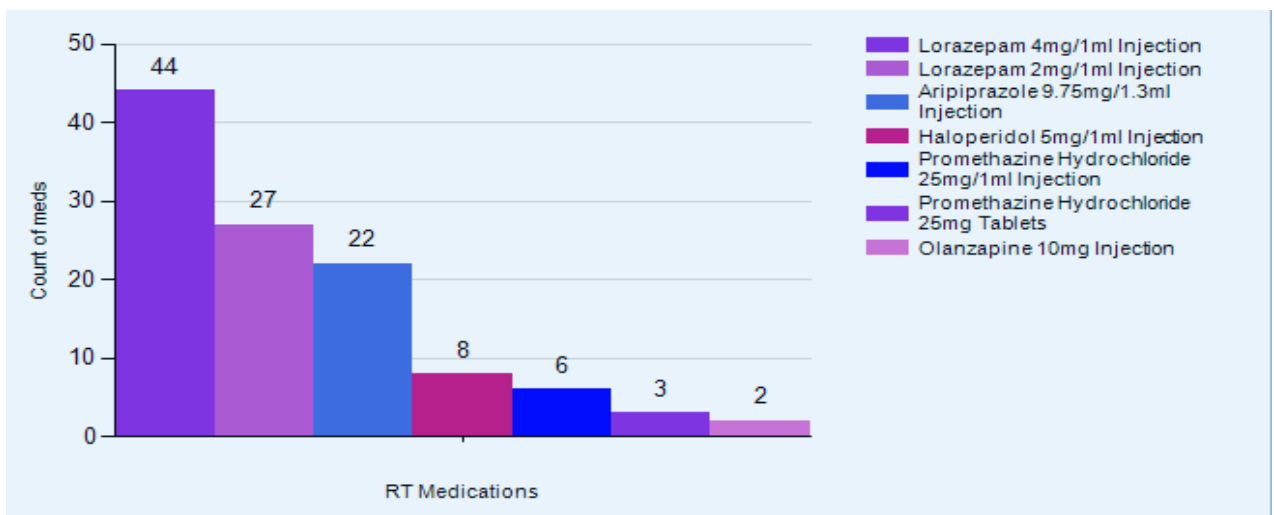
It is unclear from the reports available, how many episodes of RT were given under restraint. There is a project to look at the deltoid as an alternative site for the administration of RT to provide choice, trauma informed care and an alternative to the use of the prone position. From the detailed table below, the female units administered more RT for the month of October which correlates with the increased number of incidents within female services.

Fig 13. Table of RT use (Trust Wide)

Service Area and Team	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22
Cilantro							1					
Citrine	1			1				1				2
Coral	2	6	1	4	3	9	4	4	6	12	8	2
David Bromley House	1											
Eden Female PICU	12	9	11	3	10	7	1	5	5	20	19	17
Eden Male	3	1	1	1		2	1	2	2	3	1	1
Endeavour Court			1	1								
Endeavour House Acute						1						
George Ward	3		1	2	2		3	5	2	2		1
Hibiscus				2								
Japonica Suite	4	2	2	21	22	2	2	1	3	4	1	8
Jasmine	2		3		2	1						
Larimar Acute	6	8	2	5	1	2	11	1	1	1	4	5
Lavender Ward	11	10	2	13	3		13	13	1	7	7	14
Liaison Psychiatry - City Hospital							1					
Magnolia Unit			5			2		1	2		1	
Meadowcroft ICU			1	1	3	3	4	6	4	2	1	1
Melissa Unit	1	2	4	4		3	4		7	3	3	5
MSH Ward 1		1	1	1			2	5	1	1	2	8
MSH Ward 2	5	4				5		2	5	7	10	5
Newbridge House	1			1	8	1	1	3	3	1		3
Pacific		1						1				
Place Of Safety	2	1						2				1
Reservoir Court Inpatients	2			1		4	1		2	1		
Rosemary Ward		4					1	2	5	2		3
Saffron Ward	11	3	1	1	5	1	1		1		1	3
Sage Ward		3	3	2	1		3			3		
Severn					1			3	3	3	1	
Sycamore	3			2								1
Tazetta Unit	7	2	3	2	2	4	1		3	6	10	5
Total	86	64	46	66	69	50	61	70	66	92	83	90

f) Searching of service users.

The RRPSG has requested an insight report for the searching of service users to pull the data that is inputted via the in-patient portal. This should be available to report on from January 2023.

g) Staffing incidents

In order to triangulate some of the data around restraints and violent incidents it may be necessary to look at other potential causative factors. It is well documented that when there are high staff absences and services are relying on high levels of bank and agency use there is the potential for an increase in incidents.
The graph below was pulled from Eclipse reported incident data around staffing issues. The high number of staffing issues correlates with the rise in restrictive interventions. It would be useful for the committee to identify what data they would like to look at as potential balancing measures for the report. This can then be looked at in conjunction with the proposed RRP dashboard.

Fig 14. Reported staffing incidents (Trust Wide)
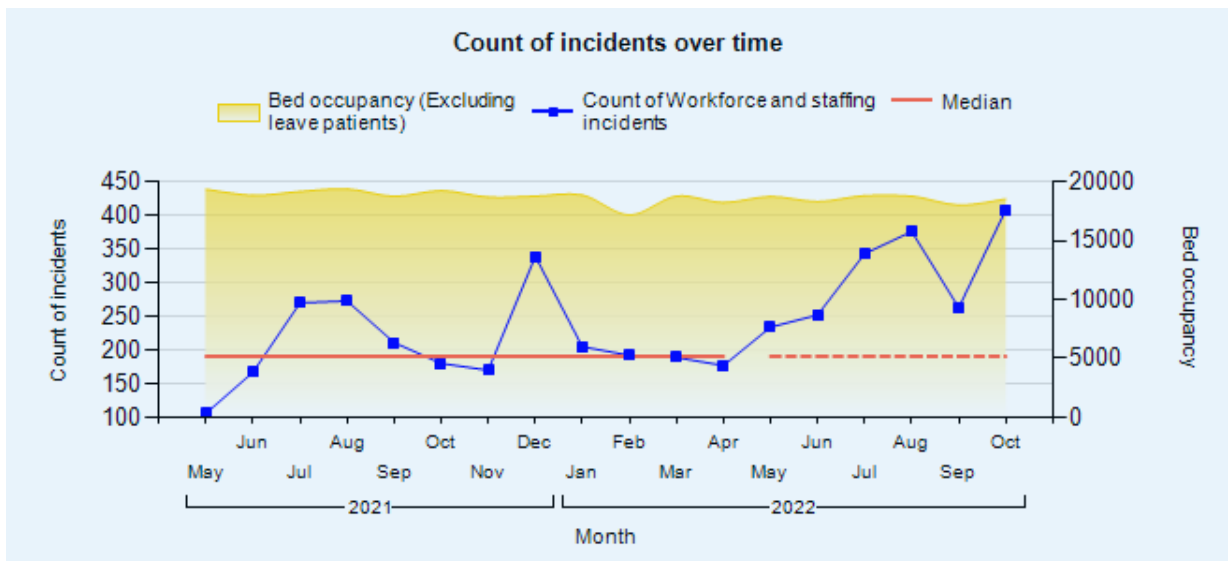
When we look at the impact of the staffing issues, many of the identified factors are also triggers for service user frustration and aggression and therefore potential triggers for restrictive interventions. There will also be an impact upon the mental health and well-being of staff, lack of support and leadership which again can impact upon decision making processes.

Fig 15. Reported staffing issues (Trust Wide)

What was the impact of staffing incidents?
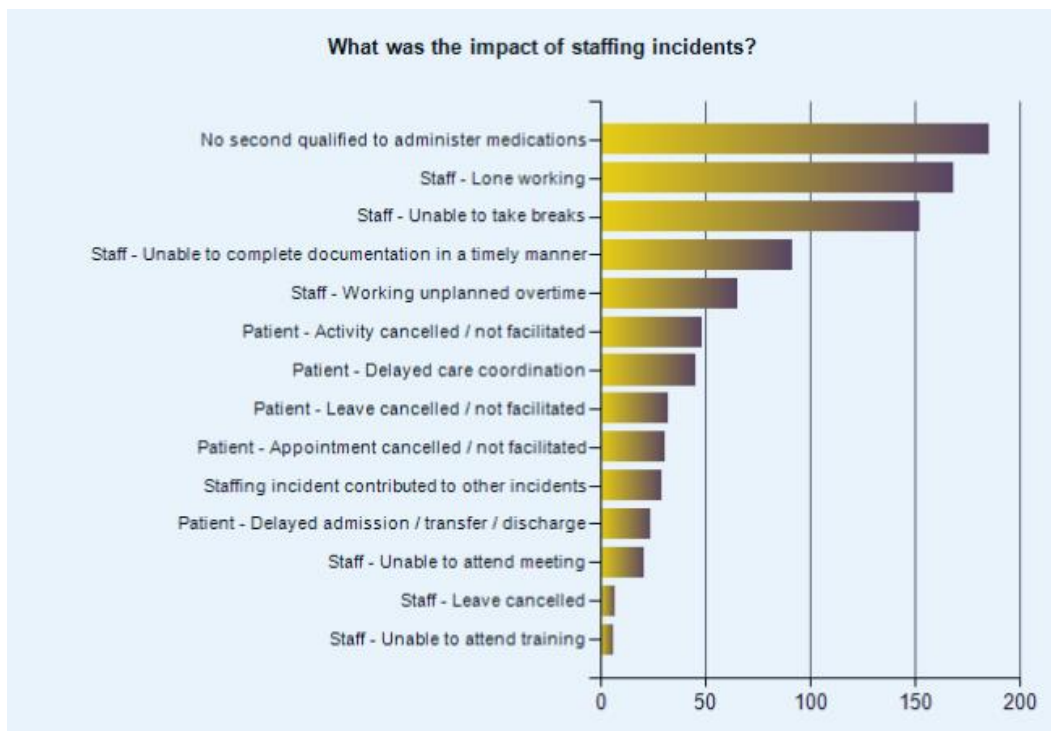
6. **Current workstreams**

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

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

Some of the proposed work will continue to follow tested QI methodology and processes whereas other projects will follow a strategic Trust wide approach.

From the data that is scrutinised by the RRPSG, clinical areas are invited to come along and showcase some of their individual successes, conversely where units may be struggling, they are invited to share their experience in an attempt to offer support and formulate a working plan that can be followed up by the panel.

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

Other workstream ideas and opportunities include.

- Use of deltoid administration for IM medication including Rapid Tranquilisation

- Bespoke training for reducing seclusion length and no episodes
- Use of safety pod
- Reduction of blanket restrictions (overnight observations, access to ward environment, ward processes etc)
- Positive risk taking when managing people who pose a risk of harm towards themselves
- Proactive management of illegal drugs in ward areas
- Awareness of unconscious bias in decision making
- Series of Clinical listen up Lives around RRP.

Transitions to business as usual within BSMHFT;

- Consistent use of data (ward to Board)
- Network of staff, service users and EBE
- Sharing key learning from the Collaborative
- Training for all staff- co-produced, relevant to different disciplines consideration of "golden threads"- ethnicity, autism and LD, personality disorder and complex trauma
- RRP work aligned with PCREF
- RRP work related to recruitment, retention, staff well-being- everyone matters

9. GOVERNANCE

9.1. Elections and tenure update

9.2. Draft CoG Development Programme for 2023/24

PROPOSED COUNCIL OF GOVERNORS DEVELOPMENT PROGRAMME 2023/24

DEVELOPMENT ACTIVITY	LEAD	TIME SCALE/DATE
COUNCIL OF GOVERNORS DEVELOPMENT		
Council of Governors Development Session - (Facilitated by NHS Providers) Sustainability & Clinical Service • Governors and system working. • Effective Questioning and Challenge. • New Code of Governance for NHS Provider Trusts – October 2022 • Addendum to your statutory duties – reference guide for NHS FT governors – October 2022	Virtual via MS Teams 3.5hrs (09:00 – 12:30pm)	To be arranged
Council of Governors Development Session Quality & People *(Focus on People)*	External (tbc)	10th August 2023
Council of Governors Development Session Sustainability & Clinical Service	External (tbc)	12th October 2023

1

DEVELOPMENT ACTIVITY	LEAD	TIME SCALE/DATE
Council of Governors Development Session Quality & People *(Focus on quality)*	External (tbc)	15th February 2024

NB: Council of Governors development sessions for 2023/24 will be placed under our Trust priorities grouped as thus:

1.   Quality & People
2.   Sustainability & Clinical Services

9.3. Governors and NED Buddy Programme and site visits plan

Site Visits

Site	Jun-21	Jul-21	Aug-21 SB	Sep-21 HG	Oct-21 RFW
Adams Hill					
Athena House					
			8/9/2021		10/19/2021
Ardenleigh			8/31/2021		
Ashcroft Unit					10/29/2021
B1		7/29/2021	8/4/2021		10/7/2021
			8/2/2021		10/4/2021
					10/4/2021
					10/4/2021
					10/4/2021
					10/4/2021
Bishop Wilson Clinic					10/4/2021
Callum Lodge					
Dan Mooney House					10/12/2021
David Bromley House					10/12/2021
Eden Unit					
Endeavour Court					10/8/2021
Endeavour House					10/8/2021
Forward House					
Freshfields					
George Ward		7/27/2021			
Grove Avenue					
Hertford House					
Hillis Lodge	6/15/2021	7/30/2021			
		7/30/2021			
	6/15/2021			9/30/2021	
Juniper Centre	6/11/2021				
Little Bromwich Centre					
Longbridge Health & Community Centre					
Lyndon Resource Centre					
Maple Leaf Centre					
Mary Seacole House			8/4/2021		
Newbridge House					10/15/2021
Newington Resource Centre					10/28/2021
Northcroft		7/27/2021			10/25/2021
Orsborn House					
Reaside					
Reservoir Court				9/3/2021	10/8/2021
Rookery Gardens					
Shenley Fields					
Small Heath Health Centre				9/8/2021	

	6/21/2021		8/24/2021	9/8/2021	
	6/21/2021				
	6/21/2021				
Tamarind	6/21/2021				
			8/19/2021	9/8/2021	
The Barberry				9/8/2021	
The Oleaster			8/19/2021	9/8/2021	10/25/2021
The Zinnia Centre			8/2/2021		10/19/2021
					10/11/2021
					10/11/2021
					10/11/2021
					10/11/2021
					10/11/2021
Uffculme Centre inc					10/11/2021
Venture House	6/26/2021		11/9/2021		
Warstock Lane					
William Booth Centre					

DET	VJD				SB	
Nov-21	**Dec-21**	**Jan-22**	**Feb-22**	**Mar-22**	Apr-22	May-22
	12/3/2021		2/9/2022	3/30/2022		
	12/24/2021		2/10/2022			
11/9/2021						
11/25/2021	12/22/2021					
	12/24/2021	1/17/2022		3/9/2022		
	12/16/2021					
11/26/2021			2/22/2022			
				3/18/2022		
	12/31/2021					
	12/24/2021		2/8/2022	3/17/2022		
	12/23/2021	1/12/2022				
	12/23/2021	1/12/2022				
	12/28/2021	1/12/2022	2/18/2022			
	12/24/2021					
	12/24/2021					
11/9/2021	12/24/2021					
	12/23/2021					
	12/24/2021		2/18/2022			
	12/28/2021	1/31/2022	2/9/2022	3/25/2022		
22.12.21			2/15/2022			
				3/4/2022		
	12/31/2021					
	12/28/2021	1/31/2022		3/25/2022		
	12/10/2021					
	12/30/2022		2/3/2022	3/25/2022		
30.12.21		1/12/2022		3/17/2022		
11/10/2021	12/29/2021	1/26/2022	2/15/2022	3/11/2022		
10/26/2021	12/29/2021					
	12/31/2021			3/9/2022		
CANCELLED due to outbreak 11/11/2021	12/29/2021	1/7/2022				
	12/30/2021					
11/17/2021			2/10/2022			
11/22/2021	12/24/2021					
	12/22/2021	1/7/2022	2/17/2022			
	12/9/2021		2/24/2021	3/1/2022		
	12/13/2021					
11/9/2021	12/22/2021	1/21/2022				
11/22/2021	12/31/2021	1/7/2022		3/9/2022		
11/29/2021	12/30/2021			3/25/2022		

		12/6/2021	1/27/2022		
		12/30/2021			
			1/20/2022		
		12/31/2021			
CANCELLED due to outbreak 30/11/2021		12/31/2021	1/20/2022		
11/2/2021		12/30/2021			
11/11/2021					
11/5/2021					
		12/17/2021			
		12/24/2021	1/28/2022		3/28/2022
11/19/2021		12/30/2021	1/24/2022		3/15/2022
		11/30/2021			3/15/2022	5/3/2022

PN	HG	RFW	DET	VJD
Jun-22	Jul-22	Aug-22		

Site Name
Adams Hill - Out Patinet
Ardenleigh - In-Patinet
Ashcroft Unit - Older Adults CMHT, Perinatal West Team, Birmingham Healthy Minds
Athena House - IT
Bishop Wilson Clinic - Out Patient / CMHT
Callum Lodge - Out Patient
Dan Mooney House - In-Patinet
David Bromley - In-Patinet
Eden Unit - In-Patinet
Endeavour Court - In-Patinet
Endeavour House - In-Patinet
Express Signs - Out Patient
Forward House - In-Patinet
Freshfields - Out Patient
George Ward - In-Patinet
Grove Avenue - In-Patinet
Hertford House - In-Patinet
Hillis Lodge - In-Patinet
HMP Birmingham - In-Patinet
Juniper Centre - In-Patinet
Little Bromwich Centre - Out Patient
Longbridge Health & Community Centre - Out Patient
Lyndon Resource Centre - Out Patient
Maple Leafe Centre - HTT (Solihull)
Maple Leaf Centre - CMHT
Mary Seacole House - In-Patinet
Middlewood House site (inc The Bridge & Clarity House) - Out Patient
Newbridge House - In Patient
Newbridge House - Out Patient
Northcroft - Eden PICU - In-Patinet
Northcroft CMHT (Sutton, Kingstanding & Erdington) & Birmingh Healthy Minds
Northcroft - HTT (Sutton, Kingstanding & Erdington)
Olesaster Centre - CMHT (South West & South East)
Oleaster Centre - HTT (South East)
Oleaster Centre - In-Patinet
Orsborn House - HTT (Handsworth & Ladywood)
Orsborn House - Out Patient / CMHT (Handsworth & Ladywood)
Phoenix Day Centre - Out Patient (Day Centre)
Reaside - In-Patinet
Reservoir Court - In-Patinet
Rescourt Cout - Out Patinet
Rookery Gardens - In-Patinet
Shenley Fields - Out Patient
Small Heath Health Centre - Out Patient / CMHT
TBC
Tamarind Centre - In-Patinet
The Barberry - In-Patinet
The Zinnia Centre - CMHT (Sparks & Central)
The Zinnia Centre - HTT

The Zinnia Centre - In-Patinet
Venture House - Pharmacy
Warstock Lane - Out Patient
William Booth Centre - Out Patient

Exec Site Visits April 22 - March 23

	Apr-22	May-22
Fabida Aria	N/A	N/A
Dave Tomlinson		William Booth Centre - 03.05.22
Patrick Nyarumbu		Small Heath Health Centre (CMHT) - 4.05.22
Rosin Fallon-Williams		Tamarind 09.05.22 Reaside 09.05.22 Oleaster 26.05.22 Ardenleigh 26.05.22 Zinnia Centre 30.05.22
Sarah Bloomfield	Zinnia Centre 12.04.22 Reservoir Court 26.04.22	Ardenleigh 4.05.22 Mary Seacolde House 12.05.22 Ardenleigh 26.05.22 Northcroft 26.05.22 The Barberry 26.05.22 Zinnia Centre 30.05.22
Steve Forsyth	N/A	N/A
Vanessa Devlin	Northcroft 05.04.22 Maple Leaf Centre 06.04.22 The Oleaster 11.04.22	The Oleaster 04.05.22

Hilary Grant - Northcroft Visit on the 5.05.22

	Jun-22	Jul-22	Aug-22
	N/A	N/A	Hillis Lodge - 19.08.22
	Warstock Lane (CMHT) 21.06.22 The Juniper Centre 21.06.22	The Barberry 18.07.22	
	Ashcroft 06.06.22 Eden site 13.06.22 Mary Seacole 27.06.22	Mary Seacole 27.07.22	Newbridge House 22.08.22
	Mary Seacold House 17.06.22 Juniper 22.06.22	N/A	N/A
	N/A	N/A	N/A
		Zinnia Centre 12.07.22 Venture House/Pharmacy - 27.07.22	HMP Birmingham 10.-8.22 Northcroft (Eden ward and George Ward) 10.08.22 The Oleaster 17.08.22 The Tamarind Centre 17.08.22

	Sep-22	Oct-22	Nov-22
	Mary Seacole House - 28.09.22	Ardenleigh - 07.10.22 Northcroft - 20.10.22 Maple Leaf Centre - 20.10.22 The Barberry - 21.10.22 David Bromley 28.10.22	Juniper Centre - 12.11.22
			Ashcroft Unit - 04.11.22 Forward House - 22.11.22
	N/A	N/A	N/A
	N/A	Northcroft 20.10.22 Mary Seacole 25.10.22 Northcroft (HTT) 26.10.22 Reaside 27.10.22 Shift at Mary Seacole - 30.10.22	Eden PICU 03.11.22 The Barberry 25.11.22
	Reaside 01.09.22 The Oleaster 27.09.22 Reaside 28.09.22	The North (acute wards) 10.10.22 Resevoir Court/OA ward and CMHT OA 13.10.22 Mary Seacole House 25.10.22 Barberry Cilantro 27.10.22	Juniper Centre - 17.11.22 Reaside 18.11.22

Dec-22
Callum Lodge - 15.12 22
Adams Hill 08.12.22
N/A
Tamarind Centre - 09.12.22
Ardenleigh with Superintendent Twyford 08.12.22

Exec Site Visits Jan 23 - Dec 23

	Jan	Feb	March	April	May	June	July	August
Fabida Aria								
Dave Tomlinson								
Patrick Nyarumbu		2 Feb – Bishop Wilson	1 Mar – Dan Mooney David Bromley, Fresh Fields 2 Mar - TBC once team of the month is decided.	12 Apr – Orsborn House 26 Apr – North Site	2 May – Uffculme & Tall Trees 25 May - Zinnia	12 Jun - Shenley Fields and Adams Hill 22 June - Barberry		
Rosin Fallom-Williams		06.02.23 visit to Reaside 07.02.23 visit Orsborn House Shadowing Sharon Nira-King						
Sarah Bloomfield	Ardenleigh 05.01.23	28.02.23 Oleaster	21.03.23 North Wards - TBC	18.04.23 Juniper Centre - TBC	23.05.23 Mary Seacole - TBC	20.06.23 Oleaster Site Management/ Place of Safety - TBC		
Steve Forsyth	North Site 25.01.23							
Vanessa Devlin	Ardenleigh 20.01.23	Site visit 03.02.23 t.b.c Site visit 22.02.23 t.b.c	Site visit 13.03.23 t.b.c	Site visit 20.04.23 t.b.c.	Site visit 24.05.23 t.b.c. Site visit 30.05.23 t.b.c	Site visit 14.06.23 Site visit 27.06.23		

10. PERFORMANCE

10.1. Finance Report

Finance Report

Financial Performance:

1st April 2022 to 31st January 2023

Month 10
Group financial position

Birmingham and Solihull Mental Health
NHS Foundation Trust

Group Summary	Annual Budget	YTD Position		
		Budget	Actual	Variance
	£'000	£'000	£'000	£'000
Income				
Healthcare Income	295,830	246,525	246,626	100
Other Income	107,927	89,939	93,841	3,901
Total Income	**403,758**	**336,465**	**340,466**	**4,002**
Expenditure				
Pay	(237,321)	(197,768)	(202,856)	(5,088)
Other Non Pay Expenditure	(130,284)	(108,570)	(108,706)	(137)
Drugs	(5,956)	(4,963)	(5,579)	(616)
Clinical Supplies	(871)	(726)	(550)	176
PFI	(11,130)	(9,275)	(8,993)	282
EBITDA	**18,195**	**15,163**	**13,782**	**(1,380)**
Capital Financing				
Depreciation	(9,983)	(8,319)	(8,268)	51
PDC Dividend	(1,930)	(1,608)	(1,606)	3
Finance Lease	(4,845)	(4,038)	(4,055)	(18)
Loan Interest Payable	(1,154)	(955)	(964)	(9)
Loan Interest Receivable	97	74	841	767
Surplus / (Deficit) before taxation	**380**	**317**	**(269)**	**(586)**
Profit/ (Loss) on Disposal	-	-	(32)	(32)
Taxation	(380)	(317)	(320)	(3)
Surplus / (Deficit)	**(0)**	**0**	**(621)**	**(621)**

Month 10 2022/23 Group Financial Position

The month 10 consolidated Group position is a deficit of £0.6m year to date. This is £0.6m adverse to the break even plan as submitted to NHSE on 20/6/22.

The Group position is mainly driven by the Trust month 10 deficit of £1.2m year to date. Key pressures contributing to the year to date deficit position are slippage on savings delivery, out of area pressures and staffing pressures, with a significant level of temporary staffing expenditure. These are partly offset by vacancies across the Trust and slippage relating to Service Development Fund (SDF) investment, SDF income has been deferred in relation to this.

The Group position includes a £14k deficit for our wholly owned subsidiary, Summerhill Services Limited (SSL) and a £208k surplus position for the Reach Out Provider Collaborative in line with agreed contribution to Trust overheads year to date. For a segmental breakdown of the Group position, please see page 3.

compassionate   inclusive   committed

Month 10 Group position Segmental summary

Group Summary	Trust	SSL	Reach Out	Consolidation	Group
	Actual	Actual	Actual	Actual	Actual
	£'000	£'000	£'000	£'000	£'000
Income					
Healthcare Income	246,626	-	-	-	246,626
Other Income	28,718	22,746	110,791	(68,415)	93,841
Total Income	**275,343**	**22,746**	**110,791**	**(68,415)**	**340,466**
Expenditure					
Pay	(193,466)	(8,595)	(1,022)	228	(202,856)
Other Non Pay Expenditure	(57,718)	(6,478)	(109,561)	65,051	(108,706)
Drugs	(5,879)	(2,495)	-	2,795	(5,579)
Clinical Supplies	(550)	-	-	-	(550)
PFI	(8,993)	-	-	-	(8,993)
EBITDA	**8,737**	**5,178**	**208**	**(341)**	**13,782**
Capital Financing					
Depreciation	(5,885)	(2,794)	-	412	(8,268)
PDC Dividend	(1,606)	-	-	-	(1,606)
Finance Lease	(4,053)	(317)	-	315	(4,055)
Loan Interest Payable	(964)	(1,760)	-	1,760	(964)
Loan Interest Receivable	2,601	0	-	(1,760)	841
Surplus / (Deficit) before Taxation	**(1,169)**	**306**	**208**	**386**	**(269)**
Profit/ (Loss) on Disposal	(32)	-			(32)
Taxation	-	(320)	-	-	(320)
Surplus / (Deficit)	**(1,201)**	**(14)**	**208**	**386**	**(621)**

Temporary staffing expenditure

Council of Governors
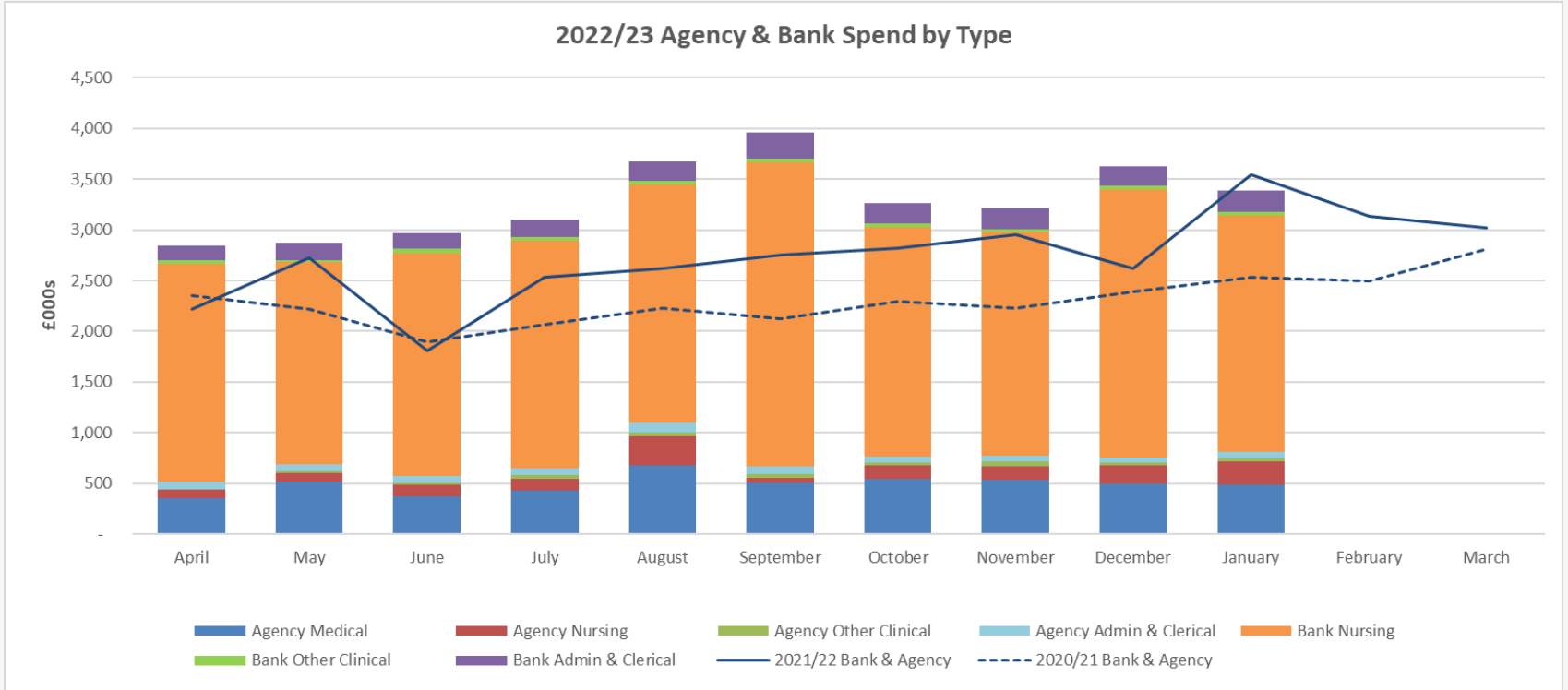
The month 10 year to date temporary staffing expenditure is £32.9m. The graph above shows a breakdown of the temporary staffing expenditure by type.

Bank expenditure £25.6m (78%) – the majority of bank expenditure relates to nursing bank shifts - £23.3m.

Agency expenditure £7.3m (22%) – the majority of agency expenditure relates to medical agency - £4.9m.

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

Agency expenditure analysis

NHS
Birmingham and Solihull
Mental Health
NHS Foundation Trust



2022/23 Agency Spend by Service Area
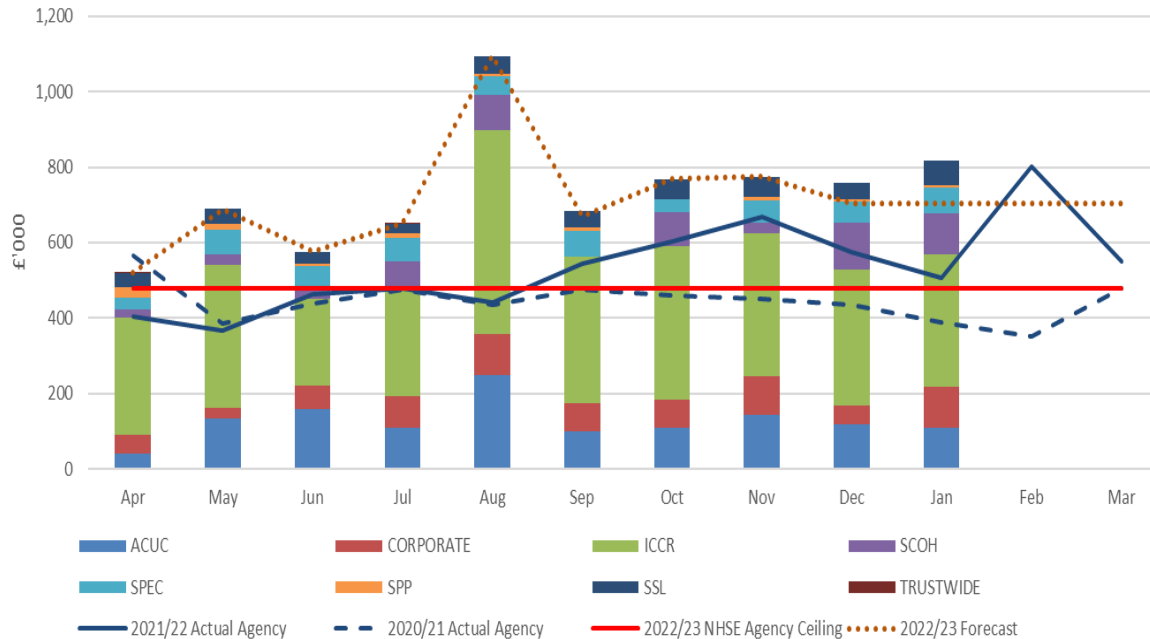
Agency expenditure

Total year to date agency expenditure is £7.3m. This has predominantly been incurred within the following service areas: ICCR £3.6m, Acute & Urgent Care £1.3m, Specialties £0.6m and Corporate £0.8m. December expenditure of £817k is £57k higher than prior month and £0.1m above the average monthly spend of £0.7m.
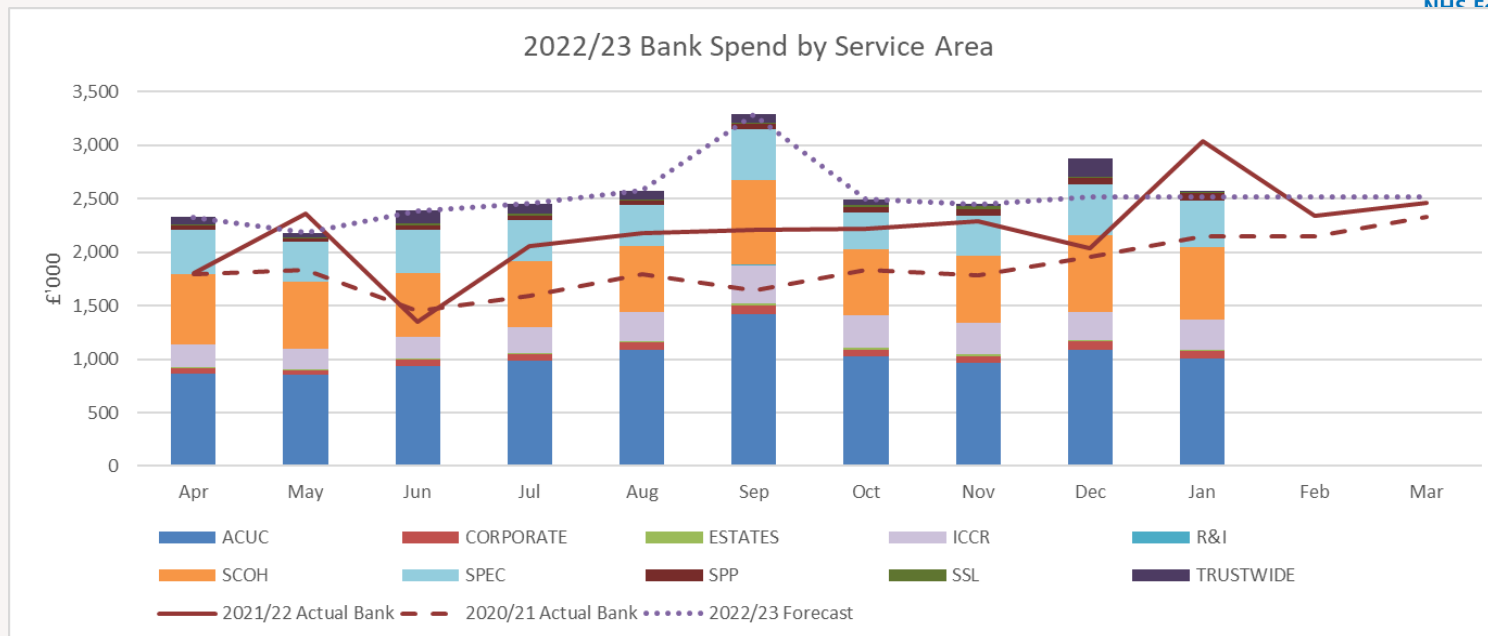
NHSE have set a system ceiling on agency spend for this financial year, calculated as 90% of 2021/22 spend: £5.7m for BSMHFT. Year to date spend exceeds the ceiling by £2.5m. The forecast spend for 2022/23 is £8.6m (£2.9m above ceiling). This is £2.2m (34%) above 2021/22 spend and £3.8m (60%) above 2020/21 spend.

2023/24 Operational Planning guidance indicates a new KPI for agency expenditure, being a limit of 3.7% of the pay bill.
2022/23 year to date agency expenditure equates to 3.6% (2.8% in 2021/22).
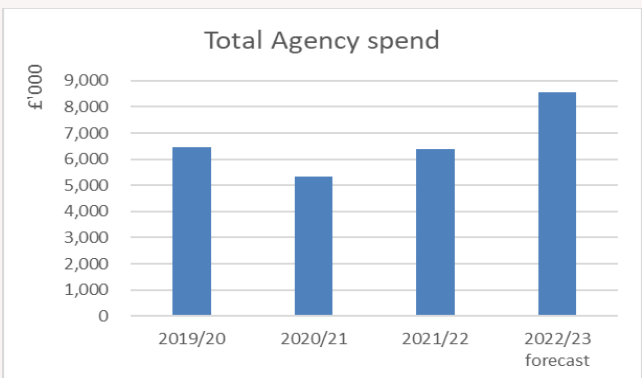
	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	2022/23 YTD
Agency Spend (£'000)	520	689	576	650	1,095	670	769	774	760	817	**7,318**
NHSE Ceiling (£'000)	479	479	479	479	479	479	479	479	479	479	**4,786**
Variance to NHSE ceiling	(41)	(210)	(97)	(171)	(616)	(191)	(290)	(295)	(281)	(339)	**(2,532)**
Agency Medical	358	515	378	433	677	510	542	539	495	490	4,936
Agency Nursing	86	87	113	117	285	43	136	135	180	231	1,414
Agency Other Clinical	(1)	20	20	40	45	46	25	40	34	23	291
Agency Admin & Clerical	77	67	66	61	88	71	65	60	50	73	677
Agency Spend (£000s)	**520**	**689**	**576**	**650**	**1,095**	**670**	**769**	**774**	**760**	**817**	**7,318**

Total Agency spend

compassionate   inclusive   committed

Bank expenditure analysis

NHS
Birmingham and Solihull
Mental Health
NHS Foundation Trust

2022/23 Bank Spend by Service Area

Bank expenditure

Type	April	May	June	July	August	September	October	November	December	January	YTD
Bank Nursing	2,140	1,991	2,196	2,241	2,348	2,991	2,260	2,205	2,635	2,325	23,329
Bank Other Clinical	42	20	39	40	34	45	35	29	41	35	360
Bank Admin & Clerical	145	172	155	171	193	253	197	209	190	208	1,894
Grand Total	**2,326**	**2,183**	**2,390**	**2,452**	**2,575**	**3,289**	**2,492**	**2,443**	**2,866**	**2,567**	**25,583**

Total year to date bank expenditure at month 10 is £25.6m. This has predominantly been incurred within the following service areas: Acute & Urgent Care £10.2m, Secure and Offender Health £6.5m, Specialities £4m and ICCR £2.6m.

Total bank spend of £2.6m in January is £0.3m less than in December, when bank expenditure spiked due to bank holiday cover arrangements.

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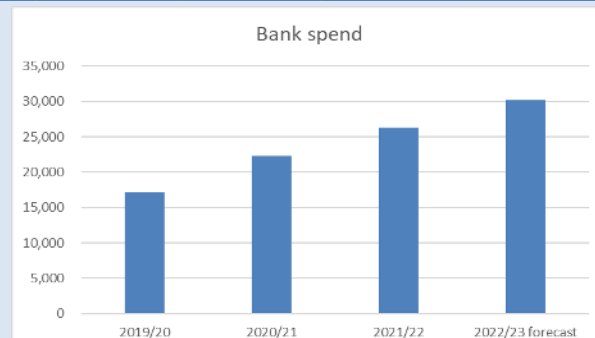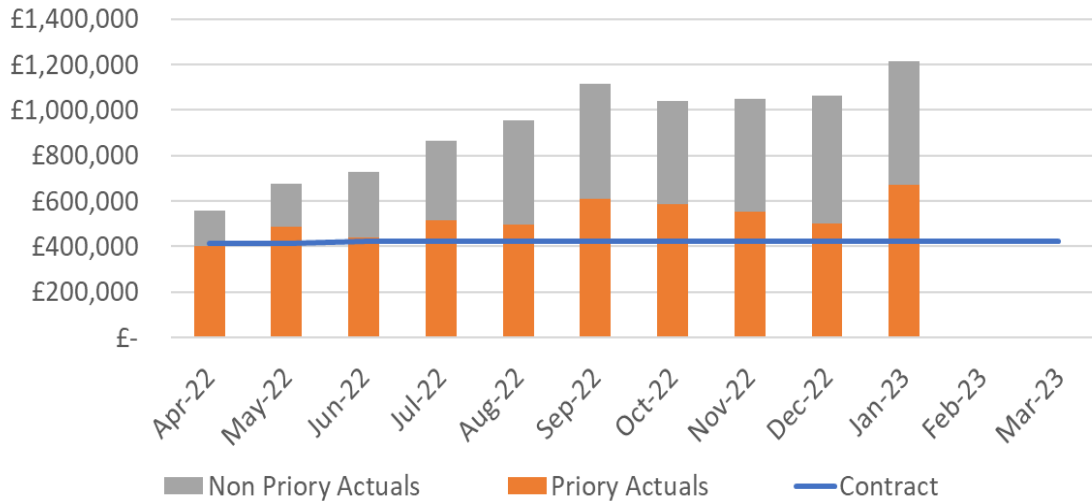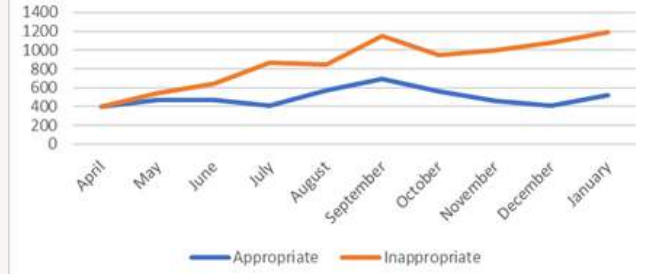

Bank spend

Out of Area overspend
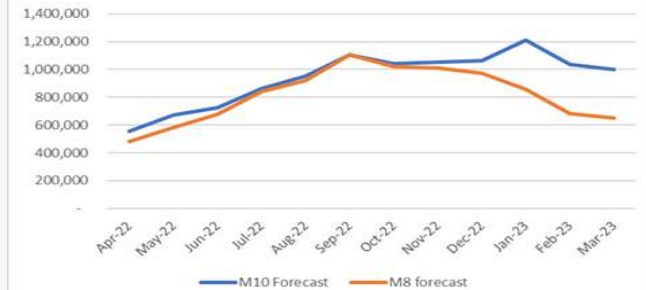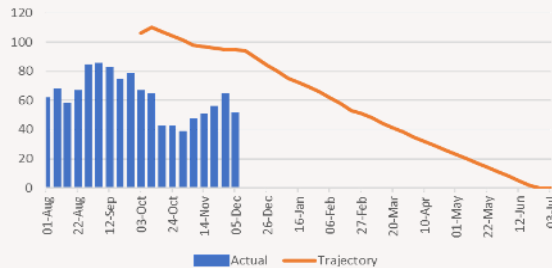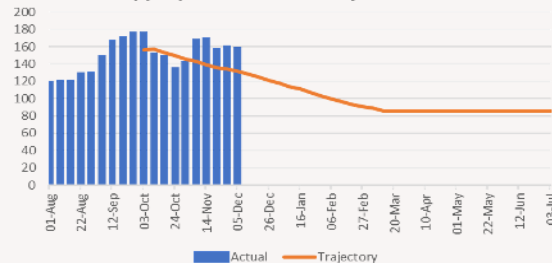
The out of area plan for 2022/23 is £5m, based on an agreed contract with Priory for provision of 22 out of area beds (10 Acute and 12 PICU). Actual expenditure year to date is £5.4m above plan.

The 2022/23 forecast out of area spend is now £11.3m (£6.3m overspend). This is an increase of £1.7m from that forecast at month 8 as a result of an increase in bed usage and divergence from trajectory. The initial trajectory for reduction of inappropriate out of area spend (shown in the graphs opposite) assumed that Acute beds will reach zero inappropriate by July 2023. This suggested that total out of area spend would reduce recurrently by £2.4m. The revised recurrent out of area cost pressure is currently being reviewed.

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Consolidated Statement of Financial Position (Balance Sheet)

Birmingham and Solihull Mental Health NHS Foundation Trust

Statement of Financial Position – Consolidated	EOY - Audited 31-Mar-22 £m's	NHSI Plan YTD 31-Jan-23 £m's	Actual YTD 31-Jan-23 £m's	NHSI Plan Forecast 31-Mar-23 £m's
Non-Current Assets				
Property, plant and equipment	186.5	201.2	201.6	201.9
Prepayments PFI	1.6	1.3	2.3	1.3
Finance Lease Receivable	-	-	0.0	-
Finance Lease Assets	-	-	0.0	-
Deferred Tax Asset	0.1	0.1	0.1	0.1
Total Non-Current Assets	188.1	202.6	204.0	203.3
Current assets				
Inventories	0.4	0.4	0.3	0.4
Trade and Other Receivables	9.7	11.1	20.5	11.1
Finance Lease Receivable	-	-	-	-
Cash and Cash Equivalents	28.8	52.2	62.9	49.9
Total Curent Assets	38.9	63.8	83.7	61.5
Current liabilities				
Trade and other payables	(29.4)	(46.9)	(52.9)	(46.2)
Tax payable	(4.4)	(4.8)	(4.8)	(4.8)
Loan and Borrowings	(2.7)	(2.7)	(2.4)	(2.7)
Finance Lease, current	-	(1.0)	(1.0)	(1.0)
Provisions	(1.2)	(1.2)	(1.5)	(1.2)
Deferred income	(13.2)	(25.3)	(37.6)	(25.3)
Total Current Liabilities	(50.9)	(81.8)	(100.2)	(81.2)
Non-current liabilities				
Loan and Borrowings	(29.5)	(25.1)	(25.1)	(25.1)
PFI lease	(49.3)	(46.1)	(46.1)	(45.8)
Finance Lease, non current	-	(5.8)	(8.2)	(5.6)
Provisions	(2.4)	(4.3)	(3.3)	(4.3)
Total non-current liabilities	(81.3)	(81.4)	(82.8)	(80.9)
Total assets employed	94.9	103.2	104.8	102.7
Financed by (taxpayers' equity)				
Public Dividend Capital	110.5	113.0	113.0	113.0
Revaluation reserve	27.5	36.8	36.8	36.8
Income and expenditure reserve	(43.1)	(46.6)	(45.0)	(47.1)
Total taxpayers' equity	94.9	103.2	104.8	102.7

SOFP Highlights

The Group cash position at the end of January 2023 is £62.9m (this includes Reach Out).

For further detail on the current month cash position and movement of trade receivables and trade payables, see pages 9 to 10.

Current Assets & Current Liabilities

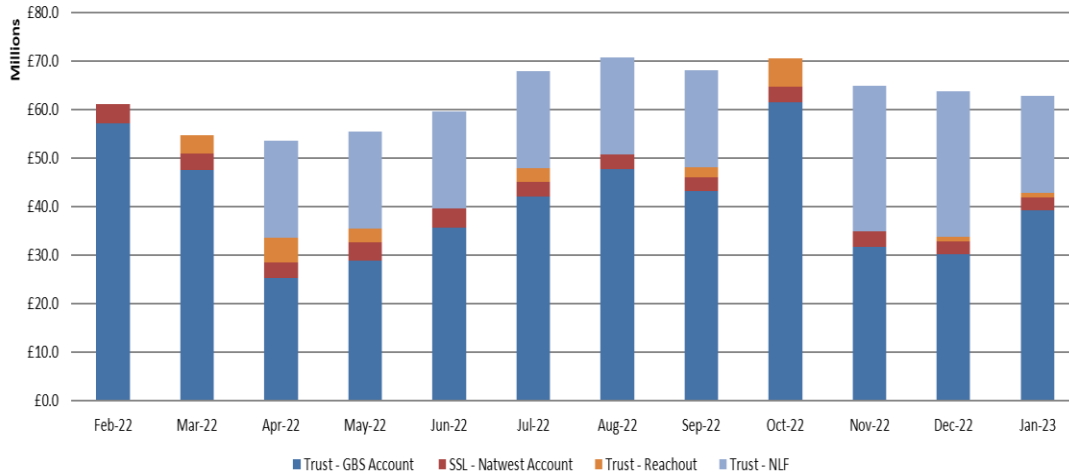**Ratios**
Liquidity measures the ability of the organisation to meet its short-term financial obligations.

Current Ratio :	£m's
Current Assets	83.7
Current Liabilities	-100.2
Ratio	0.8

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

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Cash & Public Sector Pay Policy

Council of Governors

NHS
Birmingham and Solihull Mental Health
NHS Foundation Trust

Group Cash Holding

Public Sector Pay Policy

Cash

The Group cash position at the end of January 2023 is £62.9m.

In November 2022 we made a deposit with the National Loan Fund (NLF) for £20m to be returned in February 2023. This deposit will yield a return of £166k based on interest rates at the time of placing the deposits. With the recent change in interest rates we will be looking to place another deposit with the NLF which has to be returned by the 31st March 2023 (due to the year end).

Better Payments

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

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

Better Payment Practice Code :

	Volume		Value	
NHS Creditors within 30 Days	100%	✓	100%	✓
Non - NHS Creditors within 30 Days	97%	✓	99%	✓

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Trust Receivables and Payables
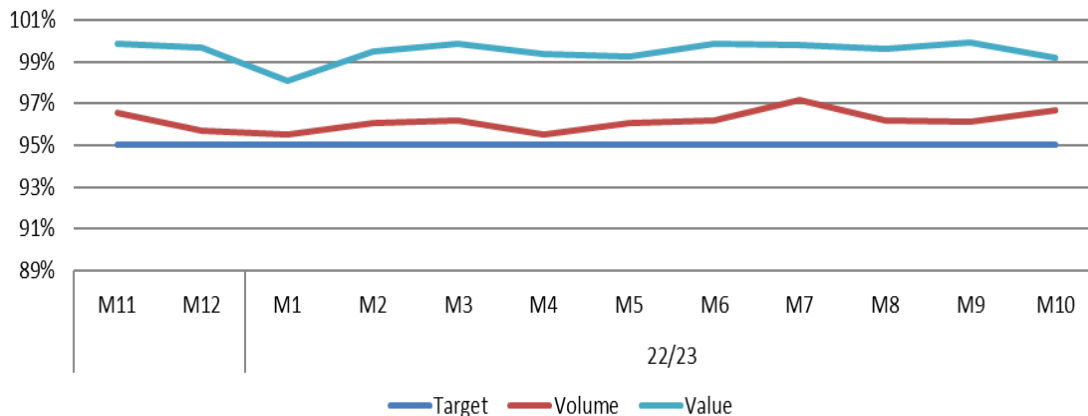
Ageing of Trade Receivables

(Millions)
- 0-30 days
- 31-60 days
- 61-90 days
- 90+ days

Ageing of Payables

(Millions)
- 0-30 days
- 31-60 days
- 61-90 days
- 90+ days
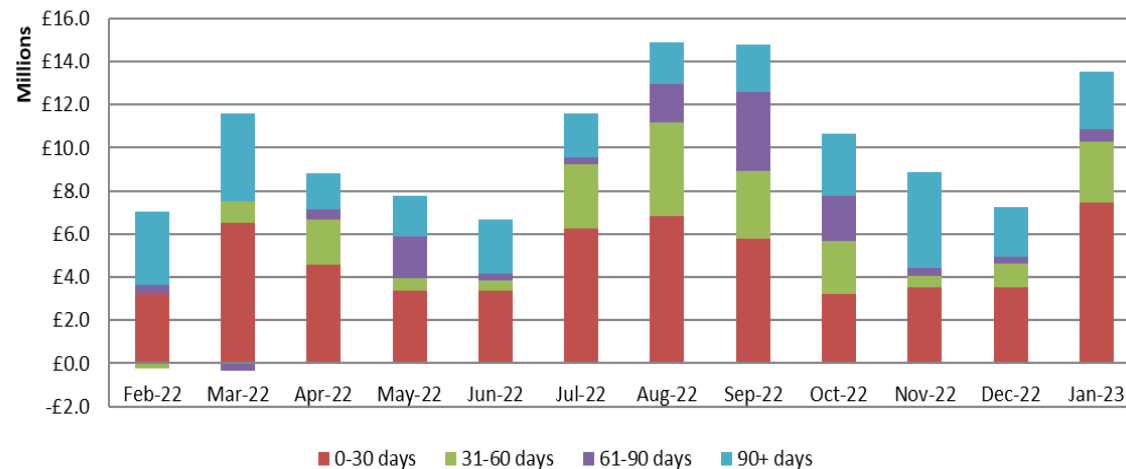
Trade Receivables & Payables

There is continued focus to maintain control over the receivables & payables position and escalate to management, system and other partners where necessary for urgent and prompt resolution.
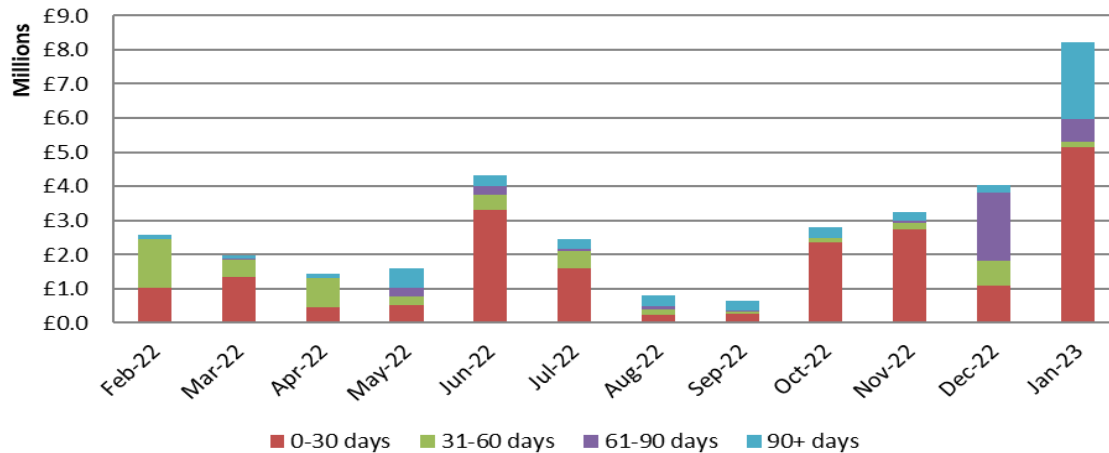
Receivables :
- **0-30 days-** Significant Increase in balance this month due to scheduled monthly & quarterly invoices with no known disputes at present. (Payment of £3m received since 01.02.2023 relating to these charges)
- **31-60 days-** £29k BWC, £94k S/hull MBC, £18k South Warwick PT-awaiting authorisation, staff overpayments (on payment plans)
- **61-90 days –** balance relating to UHB £638k being disputed & mainly staff overpayments (on payment plans)
- **Over 90 days -** increase of balance relating to UHB £1.3m being disputed, SWBH £519k awaiting approval, South Warwick PT £165k, DOH £57k still under review by DOH, staff overpayments (on payment plans).

### Trade Payables:
Over 90 days -
- Oxford NHS £526k Reach Out in query, SWBH £214k-resolved in Feb 23.
- Non-NHS Suppliers (54+) £1.6m – mainly bed fees invoices in query, most accounts are awaiting credit notes or adjustments due to disputes/other. Some payments/queries settled in February 2023.

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10

Month 10 YTD Capital Expenditure

Council of Governors

NHS
Birmingham and Solihull Mental Health
NHS Foundation Trust

Partial assurance

Capital schemes	Annual Plan	Annual Forecast	YTD Plan	YTD Forecast	YTD Total Actual	YTD Variance to plan	YTD Variance to forecast
	£'m	£'m	£'m	£'m	£'m	£'m	£'m
Approved Schemes:							
Minor Projects (inc Carry-Forward)	1.2	1.3	1.0	0.6	0.2	-0.8	-0.4
SSBM Works	1.7	1.7	0.9	1.1	1.1	0.2	0.0
ICT Projects	0.8	0.8	0.5	0.5	0.6	0.1	0.1
Risk Assessment Works	3.6	3.6	2.4	2.0	1.3	-1.1	-0.8
Total	7.3	7.3	4.9	4.2	3.2	-1.6	-1.0
Right of use asset (SSL Hub)	0.0	1.6	0.0	1.6	1.6	1.6	0.0
Right of use asset (Bishop Wilson)	0.0	0.8	0.0	0.8	0.8	0.8	0.0

2022/23 Capital Expenditure

Cumulative Plan — Cumulative Actual --- Cumulative Forecast
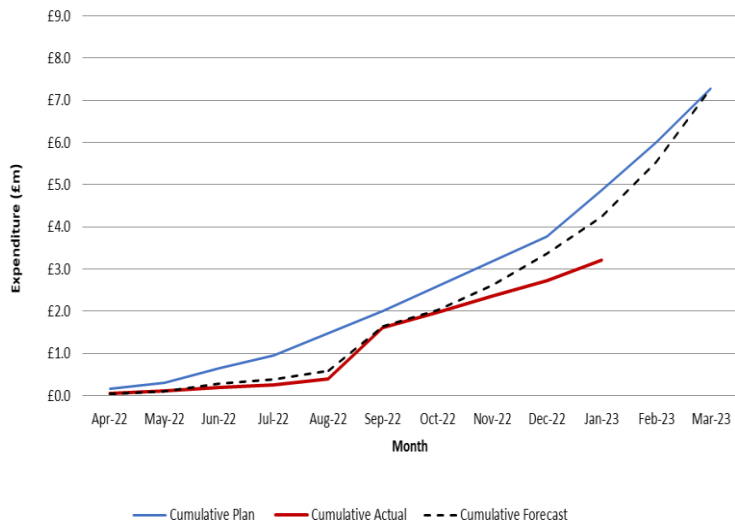
Month 10 Group Capital Expenditure

Month 10 Group capital expenditure is £3.2m year to date. This is £1.6m behind original plan and £1.0m behind the revised forecast profile. ICT projects are progressing £0.1m ahead of the forecast profile, this is offset by slippage on minor schemes (£0.4m) and risk assessments (£0.8m).

Right of use assets

Due to the implementation of IFRS 16, we have been required to recognise an additional right of use asset of £0.8m, relating to the lease of Bishop Wilson that has been recently agreed. This is in addition to the SSL hub, which was recognised as a right of use asset in December 2022, giving a total of £2.4m new right of use assets recognised on the balance sheet in 2022/23. A CDEL (Capital Departmental Expenditure Limit) charge is incurred equal to the right of use asset value, therefore creating a £2.4m forecast variance to plan on CDEL as these were not originally planned for in 2022/23.

compassionate   inclusive   committed

Birmingham and Solihull ICS Financial position Month 9 YTD

Revenue performance

The month 9 year to date system revenue position was a deficit of £0.8m. This was mainly driven by UHB deficit position of £10m, offset by surplus for BWC £6.8m and BCHC £4.4m. The reported forecast for the system was break even.

Capital

The month 9 year to date capital position was £13m underspend against the system envelope plan of £47m, with nil forecast variance. The system CDEL variance was £81m, with a forecast CDEL underspend of £31m.

Efficiencies

As at month 9, 98% of the system year to date target is delivered, with 68% of the recurrent target and 154% of the non recurrent target delivered. Forecast is 100% delivery of the total system efficiency target, with £19m non recurrent delivery offsetting recurrent shortfalls.

Efficiency Performance	YTD Plan £000s	YTD Actual £000s	YTD Variance £000s	Actual as % of Plan	Recurrent schemes variance £000s	Recurrent schemes variance % of plan	Non-recurrent schemes variance £000s	Non-recurrent schemes variance % of plan
Provider Total	51,023	48,252	-2,771	95%	-13,582	58%	10,812	158%
B'ham and Solihull CCG/ICB	18,108	19,462	1,354	107%	-913	93%	2,267	143%
System Total	69,131	67,714	-1,417	98%	-14,495	68%	13,078	154%

Efficiency Performance	Annual Plan £000s	FOT £000s	FOT Variance £000s	Actual as % of Plan	Recurrent schemes variance £000s	Recurrent schemes variance % of plan	Non-recurrent schemes variance £000s	Non-recurrent schemes variance % of plan
Provider Total	72,981	72,980	-1	100%	-17,275	62%	17,274	162%
B'ham and Solihull CCG/ICB	24,141	24,141	0	100%	-1450	92%	1,450	121%
System Total	97,122	97,121	-1	100%	-18,725	70%	18,724	154%

Cash

As at month 9, the system cash position was £564m. This is £134m above plan.

Cash position	YTD cash movement Opening cash £000s	YTD cash movement Current Cash £000s	YTD cash movement YTD change £000s	YTD Cash variance to plan Plan £000s	YTD Cash variance to plan Actual £000s	YTD Cash variance to plan Variance £000s
B'ham and Solihull MH NHSFT	54,799	63,751	8,952	55,145	63,751	8,606
B'ham Community Healthcare NHSFT	49,979	48,043	-1,936	47,889	48,043	154
B'ham Women's and Children's NHSFT	142,043	151,832	9,790	127,334	151,832	24,498
Royal Orthopaedic Hospital NHSFT	11,147	10,878	-269	13,502	10,878	-2,624
University Hospitals B'ham NHSFT	287,951	289,051	1,100	185,346	289,051	103,705
Total	545,919	563,556	17,637	429,216	563,556	134,340

Agency

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

The current forecast based on agency usage and staffing pressures is that the system will breach the cap by 39% (excluding agency spend relating to non recurrent funding for additional capacity).

	M1 £000s	M2 £000s	M3 £000s	M4 £000s	M5 £000s	M6 £000s	M7 £000s	M8 £000s	M9 £000s	Forecast £000s
Agency Cap	4,958	4,758	5,078	5,334	4,959	5,369	5,370	5,496	5,294	60,016
Total Agency Actual	6,587	6,587	6,596	6,876	7,267	7,636	8,576	8,327	7,295	87,647
Less costs re add'l cap	171	113	240	195	213	318	519	450	550	4,149
Adjusted Agency Actual	6,416	6,475	6,357	6,681	7,053	7,318	8,057	7,877	6,745	83,498
Total % of cap	129%	136%	125%	125%	142%	136%	150%	143%	127%	139%

Please note, system financial reporting is one month in arrears

Efficiencies

Partial assurance

Birmingham and Solihull Mental Health
NHS Foundation Trust

Efficiency Savings	Plan Full Year £'000	Plan YTD £'000	Actual YTD £'000	Variance YTD £'000	Forecast Full Year £'000	Forecast Variance £'000
Recurrent	7,756	6,464	3,957	(2,507)	4,749	(3,007)
Non recurrent	3,116	2,596	2,597	1	6,123	3,007
Total Efficiencies	10,872	9,060	6,554	(2,506)	10,872	0

£3m 23/24 target

£6m rollover target
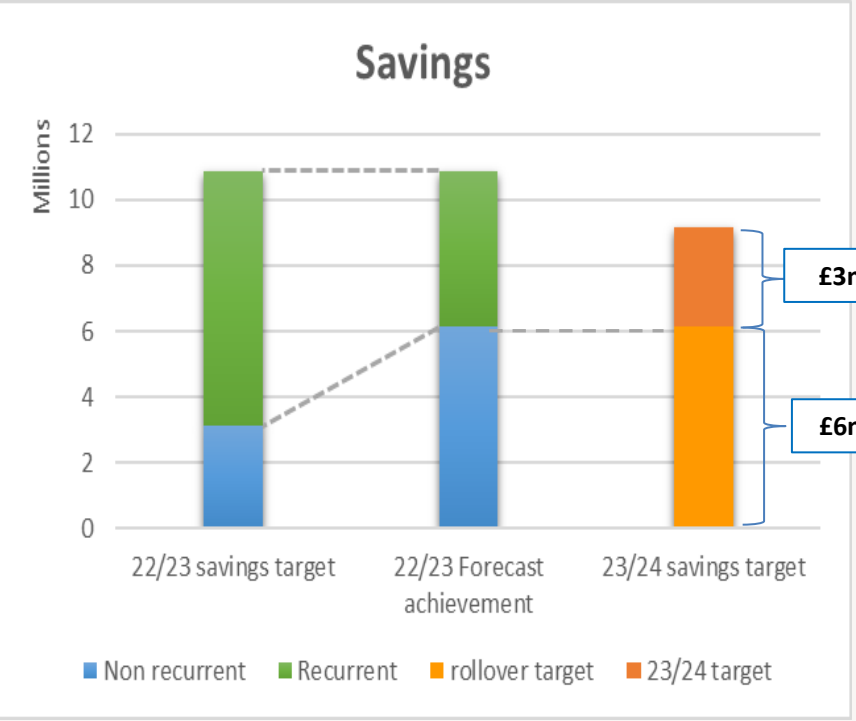
Efficiency Plan 2022/23
The total efficiency target for 2022/23 is £10.9m (£7.8m recurrent and £3.1m non recurrent). As at month 10, year to date savings achievement is £6.6m, this is £2.5m adverse to the year to date plan.
It is forecast that there will be a shortfall against the recurrent savings target of £3m. It is anticipated that this will be met non recurrently in year but this recurrent savings balance will need to be addressed in 2023/24. This together with the requirement to meet the £3.1m in year non recurrent savings target on a recurrent basis, will take the savings rollover target into 2023/24 to £6.1m.

Efficiency Plan 2023/24
The 2023/24 efficiency target is 1.1% which equates to £3.1m. This together will the rollover savings target of £6.1m gives a total savings pressure for 2023/24 of £9.2m.
We continue to encourage all operational and corporate portfolios to determine transformational opportunities to generate recurrent benefit.

2023/24 Operational Planning

Birmingham and Solihull Mental Health
NHS Foundation Trust

- NHS Operational Planning Guidance for 2023/24 was published on 23/12/22. This sets out key priorities for the year ahead: To recover core services and productivity, make progress in delivering the key ambitions in the long term plan and continue transforming the NHS for the future.

- ICBs are expected to work with system partners to develop plans to meet the national objectives and local priorities set by systems.

- System plans should be triangulated across activity, workforce and finance, and signed off by ICB and trust board before the end of March 2023.

- **Financial plan draft submission due 23/2/22** (provisional submission date)

- The draft Revenue finance and contracting guidance for 2023/24 was issued on 23/12/22

Core Allocation Assumptions

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

Service Development Funding

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

Agency caps

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

Capital

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

System Financial Planning timetable

VERSION 1 - Finalise M8 underlying positions	**Friday 27th January**
CFOs Confirm and challenge of v1 of plan	CFOs on 30th January
CFOs Agree position working to for flash submission	CFOs 3rd February
FLASH REPORT to NHSE	Thursday 6th February
CFOs to have met with CIU lead re system efficiency plans	Friday 10th February
VERSION 2 - Take bridge to next stage (pre-developments)	**Friday 10th February (noon)**
* Build in uplifts for the following into out of system contract values	
- National growth (Acute	
- Inflation	
- Efficiency	
- Elective capacity	
- MHIS	
* Build in net inflationary uplifts on expenditure plans	
- Pay inflation (based on national assumptions)	
- 23/24 non-pay inflationary uplifts	
* Build in local efficiency plans	
- Efficiency ask of 1.1% per tariff	
CFOs REVIEW v2 of plan and agree message for flash submission	CFOs Monday 13th February
SOGs to confirm asks	Tuesday 14th February
FLASH REPORT to NHSE	Thursday 16th February
Agree notional distribution for purposes of draft submission	SIC Thurs 16th February
CFOs to confirm 1st cut system efficiency plans	Friday 17th February
VERSION 3 - Take bridge to pre-draft submission stage (including distribution of allocations/add'l efficiencies)	**Monday 20th February**
* Build in interim distribution of allocations	
* Build in additional efficiency ask	
Draft PFR to be circulated to system matching value agreed	**Noon, Wednesday 22nd February**
CFOs Review SOG asks	CFOs Wednesday 22nd February
DRAFT SYSTEM IFR SUBMISSION	**Thursday 23rd February (noon)**
VERSION 4 - Take bridge to next stage (incl developments and system efficiencies)	Friday 3rd March
* Build in system efficiences	
* Build in net developments	
* Build in any developments not covered by SOG (TBC)	
CFOs to confirm final system efficiency plans	Friday 10th March
CFOs REVIEW v3 of plan & proposed resource allocation	CFOs Friday 10th March
SOG to confirm final asks	Tuesday 14th March
SIC Agree final distribution of resource for final submission	SIC 15th March
CFOs review final SOG asks and sign off final plan	CFOs Thurs 16th March
F&P sign off plan	F&P w/c 20th March
VERSION 5 - Take bridge to pre-final submission stage (including distribution of allocations/add'l efficiencies)	**Friday 24th March**
* Build in final SOG asks	
* Build in final distribution of allocations	
* Build in final additional efficiency ask	
Fianl PFR to be circulated to system matching value agreed	**Tuesday 28th March**
FINAL SYSTEM IFR SUBMISSION	**Thursday 30th March (noon)**

The timetable opposite sets out the key milestones for development of the system financial plan. Version 2 of our financial plan was submitted to the system on 13.2.23 for collation and review by CFOs.

Version 1: £21m deficit
The bridge from the 22/23 break even plan to the £21m deficit underlying run rate is shown on page 18. The key factors contributing to the underlying deficit are Out of Area overspend, temporary staffing spend and savings shortfall plus the removal of 22/23 non recurrent income allocations.

Version 2: £38m deficit
The bridge from the underlying deficit of £21m to the £38m deficit plan is shown on page 19 and is predominantly driven by:
- removal of Service Delivery Funding (SDF) income. Recurrent SDF expenditure is assumed in the plan but SDF income allocations are currently held by the ICB until allocations have been agreed. Additional pressures in 23/24 including inflationary pressures above tariff and cost pressure funding
- Planning assumption that the 1.1% efficiency target for 23/24 of £3m will be achieved.

Underlying run rate
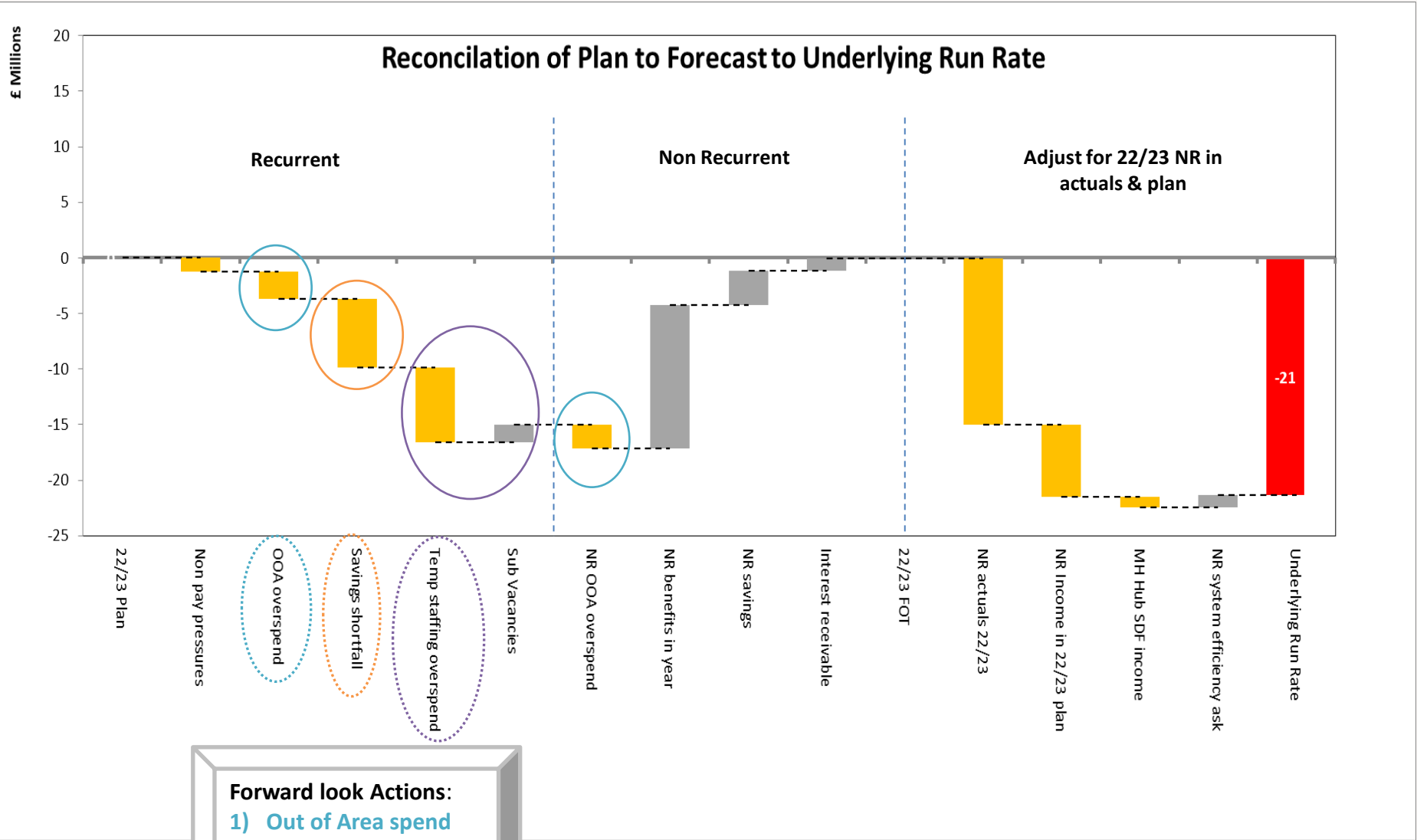
2023/24 Financial Plan

Reconciliation of underlying run rate to 23/24 plan
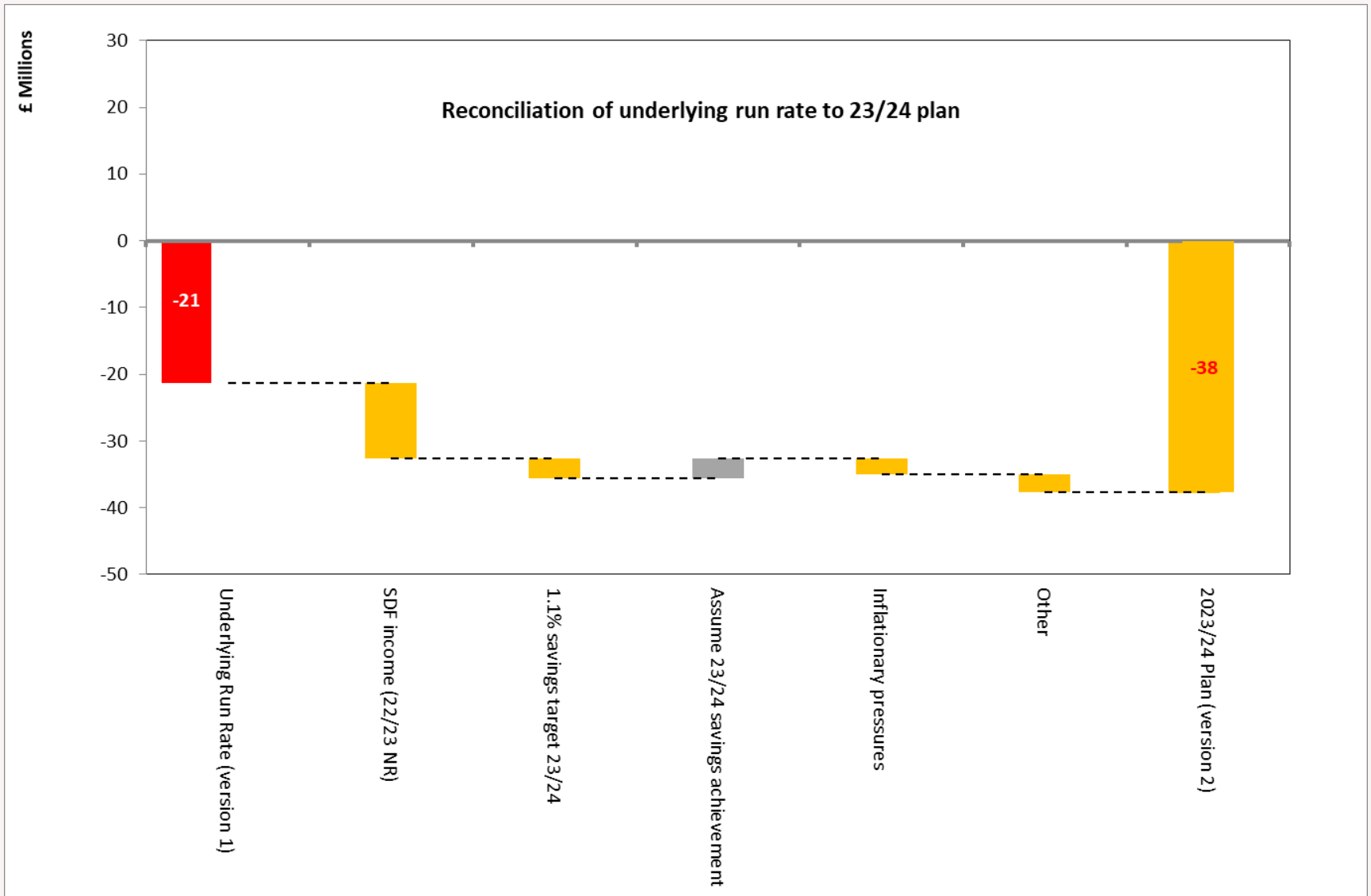
11. PARTNERSHIPS

11.1. ICS Update

Birmingham and Solihull ICS
Lead Governors Meeting
24 January 2023

Gerard Hanratty

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New NHSE *Code of Governance for NHS provider trusts* (Oct 2022)

- Now applies to both NHSFTs and NHSTs

- New focus on ICSs - requirement for board to assess NHST/FT contribution to the objectives of ICP, ICB and PBPs

- Other significant changes -

  - NHSE involvement in board appointments (formalises existing common practice)

  - CoG transaction approval – to be withheld only if due diligence not undertaken

Other new NHSE guidance

- *NHS Oversight Framework 2022/23* (June 2022)

- *Guidance on good governance and collaboration* (Oct 2022)

- *Addendum to Your statutory duties: System working and collaboration: the role of foundation trust governors* (Oct 2022) -

  - Key messages from the Addendum

  - Statutory duties of CoGs have not changed but focus of organisations has

  - Trusts are expected to avoid making decisions that might benefit their own institution but worsen the position for the system overall

Addendum to Your statutory duties (cont)

- No organisation can operate in isolation, and each is dependent on the efforts of others

- Clarification of the CoG duty to represent the public at large - includes the population of the local system of which the NHSFT is part

- CoG will need assurance that their Board has considered the consequences of decisions on other parties within their system [triple aim duty], and the impact of the public at large

- Approving transactions that may benefit the ICS population but not the NHSFT itself

- The success of an individual NHSFT will increasingly be judged against its contribution to the objectives of the ICS [new CQC approach to inspection]

Practical tips from Addendum

- What is the foundation trust's ICS footprint? Who are the key partners in the system?

- What is the membership of the ICP? What is the membership of the board and committees of the ICB?

- How is the trust contributing to the ICS, and what is the impact of the ICS on existing trust plans?

- How is the trust's decision-making complying with the triple aim duty of better health and wellbeing for everyone, better quality of health services for all individuals and sustainable use of NHS resources?

- How can the council of governors support the trust in leading in or contributing to its ICS?

- How can the council of governors best communicate the ICS plans to the trust members and public?

NHSE consultation about other potential new regulations and guidance

- NHS Provider Selection Regime

  - DHSC and NHSE have completed consultation

  - Not expected to operate in time for 2023/24 contracting round

  - Will apply to all NHS commissioning (NHSE, ICB and LA)

- NHS Provider Licence

  - Current NHSE consultations about Provider Licence and Enforcement Guidance

  - Proposed changes to support system working

  - Proposed positive obligation to integrate

  - Proposed removal of competition condition

brownejacobson LLP

Q&A

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Thank You

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11.2. MHPC Significant Transaction

MEETING	**COUNCIL OF GOVERNORS**
AGENDA ITEM	**11.2**
PAPER TITLE	**BSOL MHPC SIGNIFICANT TRANSACTION**
DATE	9 March 2023
AUTHOR	ANHH Consulting
EXECUTIVE SPONSOR	Patrick Nyarumbu, Executive Director of Strategy, People and Partnerships

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

Equality & Diversity *(all boxes MUST be completed)*	
Does this report reduce inequalities for our service users, staff and carers?	Yes
What data has been considered to understand the impact?	National guidance on the Provider Collaboratives and integrated care systems

Executive summary & Recommendations:
The Council of Governors ("CoG") is aware that planning continues relating to the establishment of new contractual frameworks across the Birmingham and Solihull Integrated Care System.

The Trust has been identified as the lead provider for the Mental Health Provider Collaborative ("MHPC"), which will be one of four provider collaboratives.

The CoG has been briefed about the Provider Collaborative, and its duty to approve the associated Significant Transaction, at its meetings on 10 November 2022 and 12 January 2023. Those briefings provided information relating to the context and purpose of the Provider Collaborative and the Trust's new role as Lead Provider.

This Report seeks the CoG's approval to the Board's recommendation to proceed with the Significant Transaction. |

The Council of Governors is asked to:

- **NOTE FOR ASSURANCE** the process of assurance that the Board of Directors has followed in reaching this stage in the planning

- **APPROVE** the Significant Transaction as a key step prior to 1 April.

Reason for consideration:

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

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

Previous consideration of report by:

N/A

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

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

Financial Implications *(detail any financial implications)*

Part of a significant strategic change for the Trust.

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

FPP1 – There is a risk that the Trust fails in its responsibilities as a partner, and does not structure and resource itself properly to take advantage of new contractual mechanisms

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

None.

2

BIRMINGHAM AND SOLIHULL MENTAL HEALTH NHS FOUNDATION TRUST

COUNCIL OF GOVERNORS, 9 MARCH 2023

BSOL MHPC SIGNIFICANT TRANSACTION

- For Decision and Approval -

1. INTRODUCTION and PURPOSE

The Council of Governors ("CoG") is aware that planning continues relating to the establishment of new contractual frameworks across the Birmingham and Solihull Integrated Care System.

The Trust has been identified as the lead provider for the Mental Health Provider Collaborative ("MHPC"), which will be one of four provider collaboratives.

The CoG has been briefed about the Provider Collaborative, and its duty to approve the associated Significant Transaction, at its meetings on 10 November 2022 and 12 January 2023. Those briefings provided information relating to the context and purpose of the Provider Collaborative and the Trust's new role as Lead Provider. This Report seeks the CoG's approval to the Board's recommendation to proceed with the Significant Transaction.

The CoG is asked to consider the recommendations at the end of the Report.

2. RECAP

The MHPC creates a new way of commissioning and providing care, which places specific and new responsibilities on the Trust as a commissioner of services:

- The Trust will enter into a Lead Provider Contract with the ICB
- Commissioning monies of £307.3m will flow into the Trust
- The Trust will assume contract management responsibility with sub-contractors (Birmingham Women's and Children's NHS Foundation Trust (BWCFT), and various third and independent sector providers)
- The Trust will be both a provider of mental health services and a commissioner on behalf of the Provider Collaborative.

The MHPC will be the first of four Provider Collaboratives within the ICS – Adult Acute Services, Women's and Children's Services, Community Services (including Learning Disabilities and Autism), and Mental Health Services. The transfer of commissioning responsibilities is a central tenet of the ICS's Strategy and was enabled by legislative change through the Health and Social Care Act 2022.

The Trust will use the learning gained from the West Midlands Reach Out Provider Collaborative to assume these new responsibilities. It is possible that further such opportunities will arise in the future.

3. SIGNIFICANT TRANSACTION

Governors hold statutory duties under the Health Act 2006, one of which is to consider for approval any Significant Transaction proposed by the Board of Directors.

The MHPC is a Significant Transaction as defined by the Trust Policy (March 2020) as it:

- Increases top line income by substantially more than the ten percent threshold
- The Trust will assume certain liabilities, e.g., for contract under performance
- The PC changes the competitive landscape by placing greater emphasis on collaboration and partnership
- The Board will become the controlling mind for both the Trust's provider responsibilities and commissioning of mental health services in the ICS.

The role of the CoG is to be assured that the Board has sought appropriate assurance about the implications of the transfer of commissioning responsibilities. In particular, the CoG should be satisfied that the Board:

- Has entered into a formal Lead Provider Contract ("LPC") with ongoing work with the ICS regarding responsibilities and risk share arrangements
- Has mandatory sub-contractors for delivery of the LPC
- Is in the process of developing suitable contract and performance management arrangements
- Has invested in new and transferred existing staff from the ICB to discharge the new commissioning functions
- Has considered any strategic risks and the impact on the public and the Trust's existing responsibilities.

4. DUE DILIGENCE

The Trust has received a list of all mental health contracts in scope for the MHPC. There is an ongoing due diligence process underway to satisfy the Trust that there are no significant risks around the receipt of the new commissioning and contracting responsibilities.

This includes the activities associated to the delivery of the Section 117 after care packages and Specialist Placement Team function for which existing operating procedures and Memorandums of Understanding with Local Authorities are under review.

5. FINANCIAL AND CONTRACTUAL ISSUES

The ICS, as part of the detailed work with the Trust, has shared the contract values for all its relevant contracts which form the make-up of the £307.3m to be transferred. The Trust continues to work with the ICB to ensure that the risk management arrangements limit the financial risk, in the same way that providers within BSol work currently to manage financial pressures at a system level.

6. INTERNAL CAPACITY AND CAPABILITY

To ensure the appropriate capacity and capability is in place for the Trust to discharge its new responsibilities effectively from 1 April 2023, both the BSol ICB Mental Health Commissioning Team and the Specialist Placement Team have been aligned into the Trust, with a TUPE consultation on their full transfer from April 2023 having been concluded on 1 March 2023.

In addition, the Trust has invested in several additional roles including interim roles working across the system to take forward the priorities identified by the Collaborative.

The Trust is currently undertaking a workforce consultation, which looks at how internal functions within the Trust will interface with the Integrated Commissioning, Transformation and Contracting Hub which will be the vehicle for driving forward the MHPC activities.

7. QUALITY ASSURANCE

There will be two elements to Quality Assurance within the new arrangements. The first will be the contractual quality oversight, to ensure that each provider meets agreed local targets and mandated national targets. In addition, any assessments of Quality by external organisations, such as the CQC, will be taken into consideration as a part of the accountability process.

The second element is the Quality Surveillance Group, as shown on the governance architecture below. This will be Chaired by the Chief Nurse of BSMHFT, with the Deputy Chair being the Director of Nursing and Clinical Mental Health Strategy from BWCFT. This will be a meeting of all partners within the MHPC, convening to have oversight of shared quality and safety issues, and supporting one another to make improvements and share learning.

8. GOVERNANCE

As previously reported, the Trust is statutorily required to separate its provider and commissioner responsibilities to address potential conflicts of interest.

The Governance Architecture below highlights how this separation has been achieved. The Board of Directors will remain as the controlling mind of the Trust's provider arm, supported by various Committees.

The Board will meet in full and in Committee ("Board in Committee") to discharge its role as the controlling mind of the Trust's commissioning arm. The full Unitary Board are Members of the Commissioning Committee ("CoCo"), which had its first meeting on 1 February and will meet monthly at least for the first year of the MHPC. The CoCo has established two Sub-Committees for Reach Out and the MHPC. These Sub-Committees hold the same authority in hierarchy as the Committees of the Board. The MHPC is informed by an Executive Group comprising senior leaders from all partners.
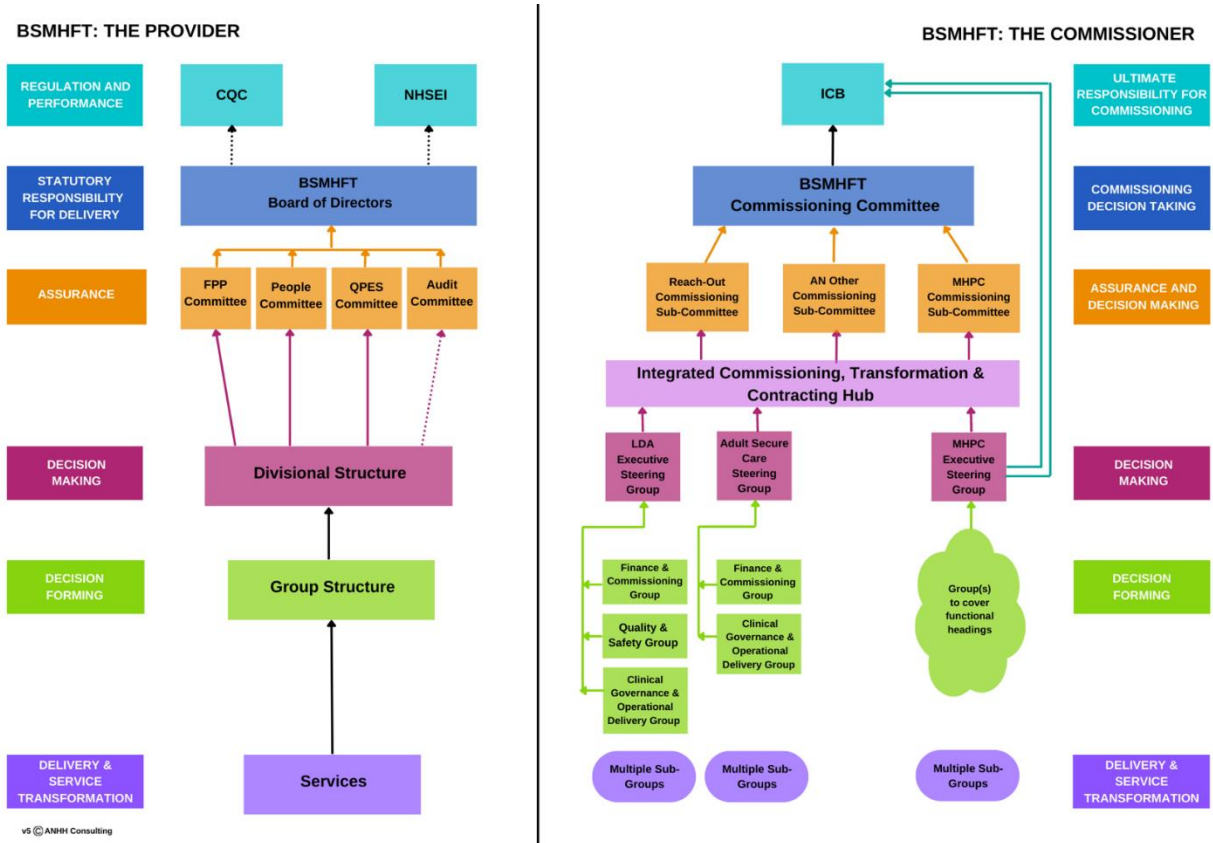
In addition, changes have been made or are in the process of being made to the Trust's principal governance instruments, to wit:

- The Constitution and its Annexes, including new Standing Orders for the CoCo
- The Standing Financial Instructions
- The Reservation of Powers to the Board and Delegation of Powers ("Scheme of Delegation")
- Various Terms of References
- Cycles of Business
- Commissioning BAF
- Risk Policy.

These will be submitted for consideration by the Audit Committee in April and the CoG in May with final ratification, as required, at the AMM later in the year.

9. AUTHORISATIONS AND APPROVALS

The ICB instigated a formal process to assess the Trust's and the PC's readiness for delegation. This Assurance Framework for Delegated Responsibilities was conducted over a three to four-month period in the second half of 2022, and concluded with the ICB's approval of a recommendation to delegate at its meeting on 9 January.

The ICB's process was, in turn, overseen by NHS England, which confirmed its acceptance of the decision to delegate responsibility for commissioning (note, not accountability) on 1 March.

The ICB has established a joint MHPC Transition Group with senior representatives from the Collaborative, which has been meeting at least monthly since December 2022. It is through that forum that further assurance has been sought and received relating to partnership documents, forward plan, and Contract.

The ICB, the Board, and its partners are assuming formal delegation on 1 April 2023. The CoCo will meet on 22 March and, if the CoG gives its approval, will formally take the decision to accept delegation and become both principal provider and commissioner of mental health services in Birmingham and Solihull.

10. RECOMMENDATIONS

The Council of Governors is asked to:

- **NOTE FOR ASSURANCE** the process of assurance that the Board of Directors has followed in reaching this stage in the planning

- **APPROVE** the Significant Transaction as a key step prior to 1 April.

ANHH Consulting
3 March 2023

12. NED ASSURANCE REPORTS

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

NHS
Birmingham and Solihull Mental Health
NHS Foundation Trust

Meeting	**COUNCIL OF GOVERNORS**
Agenda item	**12.1**
Paper title	**CHAIR'S ASSURANCE REPORT FROM QUALITY, PATIENT EXPERIENCE & SAFETY COMMITTEE**
Date	9 March 2023
Author	Mr W Weir, Non-Executive Director, Vice Chair
Executive sponsor	Mr S Forsyth, Interim Director of Quality and Safety (Chief Nurse)

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

Executive summary

The Quality Patient Experience & Safety committee met on the 15 February 2023. The attached Assurance Report is provided by the Committee Chair for the attention of the Board of Directors.

The committee noted the CQC update and correspondence. The committee received a service user update on his patient/ user experience of Trust services.

The committee received the following:

- SAGE Ward response to service user incident
- Safeguarding Training: The Trust needs to implement a plan to train its staff for safeguarding
- Infection Control update: legionella / lack of food safety expert
- Monthly Quality Report
- Mental Health Act committee update
- Learning from Incidents: concern about the number of open incidents going back as far as 2011
- Patient safety incident Response framework
- Quality Improvement strategy
- Clinical Audit Committee: Clinical audit plan needs to be developed
- Mental Health Integrator – Provider collaborative

The committee reviewed its Terms of Reference for the Board to approve.

Reason for consideration

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

Strategic objectives

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

Financial implications

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

Strategic Risks

- QSC1- The Trust fails to co-produce with people who uses its services
- QSC2 – The Trust fails to focus on reduction and prevention of patient harm

- QS2 – The Trust fails to be a self-learning organization that embeds patient safety culture
- QS4 – The Trust fails to be a self-learning organisation that embeds quality assurance
- QS5 – The Trust fails to lead and take accountability for the development of system wide approaches to care
- QS6 – The Trust fails to prevent and contain a public health outbreak
- QS7 – The Trust fails to take account of service users' holistic needs

Equality impact

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

Our values

CommittedCommitted
Compassionate
Inclusive

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

1.   ISSUES TO HIGHLIGHT TO THE BOARD

1.1   Service User Story- Mr Max Carlish on behalf of the LEAR Group

The Committee welcomed the presentation from Mr Carlish and was pleased to note that this was a presentation received at both Board of Directors and Clinical Governance Committee.

Mr M. Carlish gave a detailed presentation that gave a detailed overview of the experience of service users medication that is prescribed and how these decisions are made clinically with little input of the service users and lack of explanation as to why medications are prescribed. He gave a personal description of what it is like to be done to rather than being inclusive. The committee noted that over the years he has been prescribed various medications which have affected his quality of life.

Chair's assurance comments:

The Patient Experience assurance: it is important that the committee receive first hand contribution from a service User on his experience of our services. This is personal experience and may not represent all service users who are unique in their individual experience of mental health services. The committee are assured that the Trust is seeking to work alongside service users in adapting services to their needs.

1.2   CQC Update

The Committee received an update on the activities related. The salient points were noted as follows:

- The door monitoring alarm system has now been installed in all en-suites in Acute Care.
- In Acute Care, a total of 418 Safety Huddles were completed out of a possible 444 for the period.
- In terms of safer staffing, we continue to recruit to our vacancies. All suitable systems and tools are also being utilised to ensure we dynamically manage any staff changes or requirements, and this includes the use of an app called Loop.
- The training plan for E-rostering, Safecare and the Loop commenced in January 2023.
- The monthly audits of MDT standards in Acute Care continue to take place and for this submission, we have seen a slight decline in most measures largely due to staffing over the Christmas period.
- We reported no anchor point incidents for the period.
- The team has continued with its programme of Assurance testing and peer reviews for service areas and sharing the findings from these.
- On January 23rd, we submitted the expected return to the CQC in relation to the Section 29A notice that was issued in December. There are still areas of the Trust where both clinical and managerial supervision needs to be improved and Heads of Nursing have a plan to support with this.
- We are still awaiting the final report from the Core and Well-led inspections that took place between October and December 2022.

Chair's assurance comments:

The committee noted the CQC update and are assured of the continuing communication with CQC. The committee are assured that the Trust is continuing to implement its plans in response to the CQC.

1.3   Sage Ward Action Plan

The Committee were presented with the Sage Ward Action Plan after an incident was reported on Sage Ward on the 13th of January via Eclipse.

The Committee noted the concerns raised and immediate actions taken.

The Committee noted the investigation was undertaken in a timely manner and the outcome as:
- There was no evidence of serious care omissions or of any significant harm to patients.
- The Trusts Safeguarding Lead attended all investigation meetings and concluded that there was no requirement to undertake a formal safeguarding referral. However, it was felt that there should be a low threshold for formal referral should care concerns of this nature be raised again on Sage Ward.
- It was agreed that the patient with the communication difficulties should receive a full and frank apology for the omissions in care primarily that he was not offered the ability to have a daily shower which was seen as a basic right. If the patient lacked capacity to understand the apology, then the next of kin/power of attorney should be contacted and formal apology made.
- The patient with communication difficulties received a full physical review by the MDT and was referred externally for diagnostics of expressed pain.
- The findings of this investigation should be fed into an already existing overarching action plan regarding ward culture, behavior, improvement in the therapeutic environment, staff training and development, clinical handover and documentation practices.
- Safeguarding training for all staff should meet the required trust threshold.
- The Incident was downgraded to low harm.

Chair's assurance comments:

The committed are assured of the detailed and comprehensive plan in response to the patient/ service user incident reported on SAGE ward. The committee noted that the response was in line with Trust Values of compassion (an apology offered) and inclusive.

1.4   Serious Incidents and Learning

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

- A sustained decline in the numbers of incidents reported as serious incidents since October with December being the lowest level of external reporting with only one incident.
- The serious incident reported to Commissioners during December 2022 is related to the suspected suicide of a service user in the community. Initial scoping of this review does not suggest that duty of candour is applicable.
- There are 21 live incidents in the review process, excluding infection control reviews. The 60-day review deadline has been removed nationally following COVID there are no breaches to report. The average time for completion of a review has

been evidenced as being 100 days.
- Data identifies that the highest numbers of deaths reported over the last 12 months are identified as "unknown cause" and relate to the death of our service users in the community, with most deaths occurring in our Dementia and Frailty services.
- 11 reports were submitted to our commissioners for consideration of closure. The themes identified as arising from Serious Incidents include record keeping, working in a trauma informed way, and interfaces both internally and externally.
- This month the paper details incident 207403, which relates to a case of a patient at Ardenleigh. This incident is drawn to the Committees attention due to the specific areas highlighted within the investigation findings pertaining to the door access. Door access was noted as impeded as the HCA reported that their key would not turn in the lock so they removed the door's anti-barricade bolts but it did not come away from the frame as it is designed to do.
- During the month there has been a total of 3 inquests held with 2 concluded as suicides and one had a narrative verdict that concludes the death was contributed to by Neglect.
- The Associate Director of Nursing and Governance has requested deep dive information on the total number of serious incidents actions open as a Trust. An initial review appears to indicate a total of 91 overdue serious incident actions.

Chair's assurance comments:

The committee noted the new format of the serious incidents and learning report. The committee discussed the particular incident at Ardenleigh and were assured of the process for learning to be disseminated in the organization. The committee requested that the information in the report is presented with reference to protected characteristics.

1.5   Escalation Safeguarding Board- level 3 compliance Safeguarding Adults and Children

The Committee noted the Safeguarding Management Board (SMB) has been informed that safeguarding training level 3 for adults and children has not been aligned correctly in ESR in line with the Intercollegiate Document Adult and Children 2014.

Mapping has shown that there over 2000 staff who need a Level 3 traffic light attached to their name for both adults and children training.

Risk and mitigations has been added to the risk register.

Chair's assurance comments:

The committee were not assured that the Trust has ensured that its staff are appropriately trained and complaint for Safeguarding Adults and Children. The committee asked that a plan is developed which provides a date by which this training is completed. The committee notes the risk ongoing in Safeguarding.

1.6   Legionnaires update – IPC committee escalations

The Committee received the Infection Prevention & Control Team report Q3 Oct-Dec 2023 and noted the salient points as:
- The IPC team continues to carry an IPC audit program and IPC spot-checks for outbreak areas.
- The average for inpatients for Q2 was 83.63%, therefore a decrease of 6%. To note that the number of visits last quarter was 7 against 29 this quarter which may partially have affected the average score.
- The average score for community areas was 82.76% last quarter in an increase of 0.19% therefore not significant. Last quarter the total number of visits was 7 and this quarter 15.

In relation to Legionnaires the Committee noted the salient points as:
- Concerns regarding Occupational Health Data regarding spike in inoculation injuries and low OCC health referrals and need to ascertain if there are discrepancies between Trust and PAM on the definition of inoculation injuries.
- FFP3 face fit testing remains low – Concerns around Trust resilience.
- Mask wearing in clinical areas (IIR) – Risk assessment to be developed to inform step down and cut-line to re-instate use.
- BAF out of date. IPC keeps quarterly review against hygiene code under review
- Food Safety – The Trust has no food safety expert. ADL Kitchen audits outstanding

Chair's assurance comments:

The committee noted the IPCC report and were assured of the arrangements for monitoring Legionella levels across the Trust. The committee were not assured that the Trust has a food safety expert in place. The committee noted that face mask wearing in clinical areas guidance needs to be clarified so that staff and service users are informed.

1.7 Monthly Quality Report

There are 16 identified quality metrics and trend data is provided in the graphs included within the detailed report.

During December there were a total number of 2186 incidents reported, of which 24 were reported anonymously. The majority of incidents resulted in no harm.

During the month of December, we have seen a second consecutive increase in the reporting of incidents. Generally incident reporting has increased within the areas of:

- Self harm behaviours
- Physical Assault & Attempted Assault
- Workforce and Staffing

A total of 3612 incidents were identified as currently awaiting managers sign off however this data only included information dating to 2019.

There are 4535 open incidents on the system (2011-2023)

The break down by Division is as follows;
Acute and Urgent Care Services   1628 (Open from 2011)
Corporate   292 (Open from 2011)
Integrated Community Care and Recovery   446 (Open from 2011)
Secure Care and Offender Health   1241 (Open from 2011)
Specialities   928 (Open from 2011)

This evidences that currently 3378 **(82.5%)** of incidents are overdue for closure.
708 **(16%)** of incidents predate 2022.

86% of our incidents reported during December resulted in no harm. The Trust remain below the national average for incidents resulting in harm to patients (39%) in accordance with the National Reporting and Learning System benchmark reporting and we also measure favourably in this area in the CQC Insight report.

In the 12 months preceding December 2022, 7 suicides have been confirmed through

the inquest process. There are 11 inquests scheduled to take place for those incidents reported as a suspected suicide. Themes and trends from inquests will be shared ongoing as part of this report.

There was a marginal increase in the number of reported prone restraints for the month of December however this is the 4th consecutive month that the figure has been below the median.

There were 246 reported incidences of restraint during December which includes the 37 prone incidents.

The total number of actual assaults on staff for the month of December totalled 112 an increase on the previous month. This is the sixth consecutive month above the median showing an upward trend in reported assaults. Operation Stonetthwaite is being expanded within the organisation.

The total number of reported assaults on service users for the month of December is 49. A number of the reported incidents involved the same service users, 6 of the 7 incidents on George involved the same person, 5 of the 8 incidents on Mary Seacole 2 involved 2 service users in an altercation together.
During the month of December 144 incidents were reported which is within the mean. Most incidents occurred within the trusts acute inpatient setting. A program of works to support the prevention of self-harm incidents is being rolled out across the Trust.

Chair's assurance comments:

The committee noted the monthly quality report and were assured of the reported items. The committee noted the action plans included within the report. The committee were concerned about the number of open incidents on the system dating back as far as 2011 and noted that there is a plan to review and clear the older open incidents.

1.8   Mental Health Legislation Committee escalation report

The Committee received the Mental Health Legislation (MHL) Committee escalation report.

The committee noted that although Quarter 3 remained a very busy period for the MHL department with an average of 914 people under detention per month of the quarter (922 Q2) and an average of 231 people on a Community Treatment Orders (CTO) per month during Q3 (230 Q2), this quarter also saw a decrease in unlawful detentions from 21 to 9, 7 of those incidents reported were due to paperwork issues.

Of the average of 231 CTOs per month 75% were men (170), with the most common age group being 41-56 (55%). The top 3 ethnicity groups were black patients – 77 (33%), white – 67 (29%), and Asian – 52 (22%).

In addition, there were 266 referrals into the place of safety, compared to 248 in Q2, an increase of 18. Work is underway between the MHL and ICT departments to improve the quality of the data provided in the Insight reports. This will help to provide the demographics of those patients who go on to be detained following use of a s136 and the length of stay of patients detained under a s3 including the demographics.

In addition to detentions, the MHL department administered 299 MHA hearings, 12 Lay Manager appeals (1 discharge), 103 Lay manager reviews (1 discharge) - 0.02% total

discharge rate - and 184 Tribunal appeals (7 discharge) – 0.03% total discharge rate. The committee noted that the Trust has systems in place to ensure the MHA is appropriately implemented and monitored. In quarter 3 of the 914 detentions, there were 55 MHA related incidents report compared to 90 in Q2, a decrease of 38% (35)

The most reported category of incident remains in relation to AMHP related issues, 32 (43) a decrease of 25% (11) from Q2. Joint agency working and regular meeting s to review incidents and issues continue and assist in reducing the number of incidents.

There were 5 CQC MHA visits in Q3 with overarching themes running across all visits of care planning, activities and quality of capacity assessments.

During quarter 3 we received notification of 1 death of a patient under MHA (CTO)

There was 1 formal MHL complaint reported for Q3 (0 in Q2) in relation to care records entry, not MHA related, and 7 PALS contacts made (9 Q2).

An update on the progress of the CTO service evaluation was presented with good progress reported. The Lay Manager focus group was held in December. The final report is expected February 2023 which will provide the opportunity for learning and plans for improvement if required.

Chair's assurance comments:

The committee noted the update from the Mental Health Legislative Committee. The committee were assured that the arrangements in place for oversight of MHA issues.

The committee is assured there are processes in place regarding multi-agency working in the form of Joint System Oversight Group.

1.10   Locks/ doors update

The Committee received the update following a serious concern was raised through an internal meeting on the 26th of January where the Director of Nursing and Deputy Director of Nursing were present.

The concern was in relation to the deliberate misuse of a barricade locking system, the Primera Safe Hinge, to enable bedroom seclusion. This could lead potentially to the locking system being incapacitated/broken meaning considerable delays would be incurred to access the room in the case of a patient deliberately harming themselves, suffering a fatal event, or in the event of a fire evacuation.

The issue was reported to be related primarily to acute inpatient wards.

The Committee noted:
- It has been bought to the attention of the Director of Nursing that adjustments are being made to other barricade doors within the Trust to support seclusion and restrict patients in their bedroom which raises some concerns regarding the general culture around misuse of door locks.
- Whilst assurances have been given regarding not using barricade locks in other areas of the trust apart from acute wards, during internal audit of doors carried out on Friday the 3rd of February, damage to the Primera Safe Hinge locks has been found in 3 other wards outside of the acute specialty indicating a wider issue than initially anticipated.
- Following receipt of this information on the evening of Friday the 3rd of February the

Director of Nursing convened an urgent meeting to ensure all bedroom doors were reviewed by nursing staff to ascertain if any broken locking mechanisms were identified going into the weekend. At the time of completing this report no further doors have been identified as damaged.

Chair's assurance comments:

The committeed were assured of the plan to address doors lock issues and oversight by Director of Nursing.

1.11   Mental Health Integrator

The Committee noted the Mental Health Provider Collaborative (MHPC) for Birmingham and Solihull, as part of the overall structures within the Integrated Care System for BSol, has been approved to move forward into shadow form operation.

At present, the MHPC architecture is largely focused on ensuring that the operating system is safely in place for 'go-live' on 1/4/23. There are two main elements of the operating system.

The first of those is to enable the lead provider arrangements for contracting and contractual oversight and monitoring for all elements of the mental health services in the collaborative (NHS, Voluntary, Community, Faith and Social Enterprise Sector (VCFSE) and the Independent Sector) to be put in place.

The second relates to the partnership working of all those partners listed above, towards meeting the ICB Strategic Aims of enabling people to be:
- Born well
- Grow well
- Live well and to
- Age well

Therefore, the role and function of the new Quality and Safety Group within the MHPC will be to:
- Agree new system level quality outcome measures that are emerging as new integrated pathways of care are developed through the transformation workstreams, and recommend them to the Executive Steering Group (see appendix one)
- Have oversight of an agreed high-level set of quality monitoring information to enable identification of common issues
- Identify quality concerns that are held by at least two partners, where working together on how those might be addressed, would be most appropriate
- To enable the sharing of system wide learning, in relation to good practice and learning from incidents.

Full terms of reference are in the process of being agreed.

Chair's assurance comments:

The committee noted the arrangements to be implemented from April 2023.

1.12   Quality Improvement update

The Committee received the Quality Improvement update highlighting the purpose of Improving the quality of care and support that service users experience across Birmingham and Solihull is at the heart of our Trust objectives and plans. Quality Improvement drives the transformation of existing services, the development of new services and the collaborative working formed through partnerships.

The update received highlighted the plans for the development of a framework for quality improvement that guides a consistent approach at a team, locality, and organisational level. It is built on a range of foundations that will drive performance from ward to Board:

The framework for QI sits within an overarching quality management system that will provide the planning and controls to drive improvement in line with organisational goals and priorities.

The Committee noted the next steps as:
- Development of QI Strategy and engagement with stakeholders across the Trust– March 2023
- Formation of QI Hubs – April 2023
- Planning workshops to agree improvement priorities aligned to business strategy – April 2023
- Capacity development across organisation – April 2023 onwards

Chair's assurance comments:

The committee were assured of plans to develop the Trust's Quality Improvement Strategy.

1.13   Patient safety – Patient Safety Incident Response Framework (PSIRF) update

The Committee received the Patient Safety Incident Response Framework.
The new PSIRF responds to calls for a new approach to incident management, one which facilitates inquisitive examination of a wider range of patient safety incidents "in the spirit of reflection and learning" rather than as part of a "framework of accountability". Informed by feedback and drawing on good practice from healthcare and other sectors, it supports a systematic, compassionate and proficient response to patient safety incidents; anchored in the principles of openness, fair accountability, learning and continuous improvement.

The transition to PSIRF from the Serious Incident Framework will necessarily be a gradual process that is expected to take a minimum of 12 months. The process of implementation will commence in September 2022 with the aim of completing the transition phase by Autumn 2023, to help support this an implementation plan has been developed which is governed through the Patient Safety Advisory Group (PSAG).

Key achievements to dates:

- Key stakeholders mapped
- Reviewed existing resources to deliver PSRIF and development of a business case to support implementation
- Review commenced of what is being done to support open and transparent reporting
- Commencement of a review to understand what is being done to support the development of a Just Culture
- Implementation of incident oversight group
- Benchmarked against national standards for staff and family engagement Thematic review of addiction service deaths commenced

Chair's assurance comments:

The committee noted this report.

1.14   Clinical Quality equality impact assessment- Capital priorities

The Committee received the report and noted the reasons for recommendations.

The deadlines and timetables for operational colleagues to prioritise capital expenditure for 23/24 have slipped, meaning that we do not have a full list of capital expenditure for the year.

The Committee noted the report is seeking approval for the items that the Trust have been notified of:

Pre-commitments for approval
£2,000,000 – SSBM (Statutory Standards and Backlog Maintenance)
£930,000 – ICT
£1,250,000 – CAMHS Seclusion Suite
£400,000 – Completion of door sets

For prioritisation against risk assessment list (indicative allocation of £6,246,000)
£1,670,000 – balance of capital allocation
£500,000 – Allowance for slippage
£2,170,000

An additional £500,000 has been added to the allocation for prioritisation to allow for any slippage or VAT reclaim.

Chair's assurance comments:

The committee noted this report.

1.15   Clinical audit committee minutes/ high-level summary

The Committee noted the high-level summary received.

The Trust Audit Planner for 2022/2023 is currently being finalised and due by end of March 2023 in readiness for the Quality Account detail.

The new prospective Audit Planner for 2023/2024 is under construction and will be ready for sharing in Q1 2023.

Successful EBE involvement using a workshop approach to assessing NICE Anxiety Guidelines.

Ongoing use of the action tracker on Eclipse has been successful for monitoring Audit and NICE guideline recommendations and triangulating back to CEAG on a regular basis.

The new initiative of Trainee-led audit group. This has been designed to look at Level 4 audits, in particular linking in with Acute and Secure Care via their audit groups. The rationale being: to generate a list of topics which are aligned to Trust policies and strategies rather than looking at random topics of audits, which will link audits that are directly correlated to the quality and safety agenda. Although it is early days this is a way of working, we believe, would be beneficial across the Trust and are currently reviewing its effectiveness.

Chair's assurance comments:

The committee noted the report and were assured that there are Clinical Audit plans for 2023/24. However, the committee were not assured that there is an

overall co-ordinated Clinical Audit plan.

1.16   Review of Terms of Reference

The Committee received the revised Terms of Reference for approval.

Chair's assurance comments:

The committee suggested some changes to the ToR to include all of the subcommittees. The Committee asks the Board to approve its Terms of Reference.

1.17   Matters of escalation to the Board

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

MR WINSTON WEIR
NON-EXECUTIVE DIRECTOR

12.2. Report from the Chair of FPP

Meeting	**BOARD OF DIRECTORS**
Agenda item	**Item 9.2.1**
Paper title	**CHAIR'S ASSURANCE REPORT FROM THE FINANCE, PERFORMANCE & PRODUCTIVITY COMMITTEE**
Date	5 April 2023
Author	B. Claire, Non-Executive Director, Chair
Executive sponsor	D. Tomlinson, Executive Director of Finance

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

Executive summary

The FPP Committee met on the 15 February 2023. The attached Assurance Report is provided by the Committee Chair for the attention of the Board of Directors.

Reason for consideration

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

Strategic objectives/ priorities

Sustainability

Financial implications

Detailed within the report

Risks

Equality impact

Non specific.

Our values

Committed
Compassionate
Inclusive

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

Reach Out Sub Committee Assurance Report

The Committee received a verbal update that confirmed future assurance will be through the Commissioning Committee.

Chairs Assurance Comments: *Partial Assurance*
Whilst the changes to the leadership and governance of Reach Out had previously been discussed, a concern was raised regarding the timing of these responsibilities transferring to the (Shadow) Commissioning Board. For the long term this approach is right and sensible, however for the near term, whilst the Commissioning Board is still in 'shadow' status (and the dynamic nature of that), it was deemed a potential risk.
Committee noted this and given there is potentially one more Shadow Commissioning Board before now and April, the risk was deemed to be low.

Financial Position

The month 10 Group position is a deficit of £0.6m year to date, this is £0.6m adverse to the breakeven plan as submitted to NHSE on 20/6/22. The position comprises a £1.2m deficit for the Trust, a £14k deficit for Summerhill Services Limited (SSL) and a £208k surplus position for the Reach Out Provider Collaborative. The month 10 Group deficit position is mainly driven by slippage on savings delivery and continuing out of area and staffing pressures.

Month 10 Group capital expenditure is £3.2m, which is £1.6m less than year to date plan and £1m behind the year to date revised forecast profile.

The month 10 Group cash position is £62.9m.

Work continues with finance colleagues across BSOL ICS to develop a system financial plan. Version 1 of the plan was development of the underlying financial position, for BSMHFT this is a £21m deficit. Version 2 of the plan has built in 2023/24 national tariff assumptions for inflation and efficiency. SDF income is currently held at ICB until system allocations have been agreed. The resulting version 2 plan is £38m deficit. This was submitted to the system for CFO review on 13.2.23.

Chair's Assurance Comments:
22/23 – Partial Assurance
It's likely that the Trust will achieve a break-even position for year-end, or potentially deliver a surplus. However there remains a number of dependencies that at this point in time remain unclear to provide absolute certainty.

23/24 – Limited Assurance
It was recognised that the level of 'system wide' thinking and collaboration has increased – which is a real positive. However, unless there is a fundamental shift in the way we deliver savings, the risk is that our year-on-year financial gap is only likely to increase. Neither do we appear to have a long-term savings plan that would provide adequate levels of assurance.

2

The committee challenged based on how the Trust plans to address this and what are the big-ticket opportunities and/or behavioral changes necessary to develop credibility and assurance. A productive conversation took place that discussed alignment to the delivery of the transformational elements of Trust's strategy, the introduction of Service Line Reporting, developing a Trust-wide culture around continuous improvement and more structured/programmatic approach to delivery.

Integrated Performance Report

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

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

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

QPES
- Staff assaults

Chair's Assurance Comments: *Partial Assurance*
Good progress towards the year end continues, however the fundamental issues underpinning our ability to address out of area beds, bank/agency expenditure and the lack of recurrent saving opportunities remain. The committee challenged the need for greater clarity on the 'get well' plans, in particular clarity on when the current action plans will start to make a positive impact.

Capital Programme Proposals 2023/24

The Committee received the report and noted the reasons for recommendations.

The deadlines and timetables for operational colleagues to prioritise capital expenditure for 23/24 have slipped, meaning that we do not have a full list of capital expenditure for the year.

The Committee noted the report is seeking approval for the items that the Trust have been notified of:

Pre-commitments for approval
£2,000,000 – SSBM (Statutory Standards and Backlog Maintenance)
£930,000 – ICT

3

£1,250,000 – CAMHS Seclusion Suite
£400,000 – Completion of door sets

For prioritisation against risk assessment list (indicative allocation of £6,246,000)
£1,670,000 – balance of capital allocation
£500,000 – Allowance for slippage
£2,170,000

An additional £500,000 has been added to the allocation for prioritisation to allow for any slippage or VAT reclaim.

Chair's Assurance Comments:
The committee approved the items as per above, however it was noted that a complete view of the Trust's capital plan for 23/24 be presented at the next FPP. It was also noted that the capital planning cycle is clearly included in the Trust's annual business calendar.

Review of Terms of Reference

The Committee received the revised Terms of Reference for approval.
The Terms of Reference were approved subject to minor changes.

Chair's Assurance Comments:
In respect to the references to a Financial Strategy and Investment Strategy within the Terms of Reference. Either appear not to be explicitly documented, ie outside of the ToR, Financial Strategy is loosely referenced as the Trust's 'budget setting process', and it's Investment Strategy as 'placement of cash balances'. The importance of both strategies was recognised, particularly their importance in the Trust's management of financial risk.

The committee challenged the reference to section 3.4 – 'leading on monitoring of controls and assurance to the Sustainability sections of the BAF'. Whilst it is understood that other committees and areas of the governance structure would have overall responsibility for the respective section of the BAF, it was unclear how Productivity and Performance aligned to the Trust's other strategic priorities.

Board Assurance Framework

Chair's Assurance Comments:
The BAF was discussed, and David Tomlinson and David Tita were requested to review the financial challenges discussed during the meeting against the current risk narrative. In particular, the 23/24 financial savings challenge and the apparent lack of a long-term savings plan (ie through strategic transformation) appeared to be less explicit within the Trust's risk profile.

BAL CLAIRE
CHAIR OF FINANCE, PERFORMANCE AND PRODUCTIVITY

12.3. Report from the Chair of the People Committee

Birmingham and Solihull Mental Health
NHS Foundation Trust

Meeting	COUNCIL OF GOVERNORS
Agenda item	Item 12.3
Paper title	CHAIR'S ASSURANCE REPORT FROM THE PEOPLE COMMITTEE
Date	9 March 2023
Author	A. Baines, Non-Executive Director (Chair of Committee)
Executive sponsor	P. Nyarumbu, Executive Director of Strategy, People & Partnerships

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

Executive summary

The People Committee met on the 15 February 2023. The attached Assurance Report is provided by the Committee Chair for the attention of the Board of Directors.

Reason for consideration

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

Strategic objectives/ priorities

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

Financial implications

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

Risks

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

Equality impact

Non specific.

Our values

Committed
Compassionate
Inclusive

CHAIR'S ASSURANCE REPORT FROM PEOPLE COMMITTEE

ISSUES TO HIGHLIGHT TO THE BOARD

Quarterly Performance Indicators

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

The Committee noted the main points for escalation as:
- High levels of vacancies continue to be a significant issue across Trust, especially in Nursing and Occupational Therapists.
- Extremely poor performance around the percentage of rosters finalised within 6 weeks. Only wards achieved this across entire quarter.
- The Trust has seen a drop in appraisal rates over this quarter. This has coincided with the launch of the new appraisal system. A recovery plan has been put in place.
- Positive progress with EDI data were noted with increases in BME staff at band 8a and above. 60% of all offers in Q3 were to BME candidates, drop in both WRES and WDES measure. WDES to show that disabled applicants are more likely to be offered that non-disabled applicants.
- Sickness levels continue to be high. High levels of sickness are due to stress, anxiety and depression.
- Trust has seen a large increase in Dignity at Work cases in Q3 – a rise from 8 to 18 in Q3 – Q4 due to a change in reporting.

Chair's Assurance Comments:

The continuing issue of vacancies remains a significant concern as well as the cost of temporary workforce cover. Although there are positive developments and actions, including the appointment of increasing numbers of overseas colleagues committee members reiterated their concerns, particularly on the wellbeing of existing staff.

Committee were very dismayed to hear of the poor performance in 6 week rostering. Although the data was being checked it was clear that a plan for improvement was needed. Members reiterated that an effective forward plan for work commitments contributed to a feeling of security and value for colleagues.

The Committee were pleased to hear that an improvement action plan was being developed following a drop in colleague appraisal rates, again a mechanism to show value and support to colleagues and their development. Members stressed that training for appraisers was key.

Committee were advised that because of a change in measure the numbers for Dignity at Work cases had increased. The new measure reflects the number of people against which a case may be investigated i.e. possibly more then 1 or a team. This would reflect the degree to which 'group think' or systematic issues can be identified.

Finally, members requested a reflection used regarding language and terms used for specific groups i.e. EDI etc. It was suggested that the Networks be used to agree the appropriate wording based on their discussions.

Overall the Committee were partially assured on the work underway to address issues but asked that a clearer journey to improvement rather than target achievement be demonstrated.

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<u>Deep dive – focus on staff wellbeing</u>

The Committee received a detailed presentation on staff wellbeing noting the salient points as:
- Progress to date
    - Development of an established Health & Wellbeing steering group (currently refreshing membership)
    - Member of the ICS Health & Wellbeing group (currently on hold)
    - Access to regional and National offers via webinars, drop in sessions
    - Appointment of Wellbeing guardian
    - Communications improvements
- Our offers
    - Physical and Mental Health offers
    - 30 minute lunchtime workshops
        - Sleep
        - Emotion Regulation
        - Managing Anxiety
        - Winter Blues
        - Chronic Stress and Compassionate Self-care
        - Vicarious Trauma
    - Yoga
    - Additional support from occupational health
    - Access to Bsol staff Mental Health and Wellbeing hub
    - Compassionate Mind training
    - Know your numbers clinics
    - Post Incident support offer
- Financial support offer
    - Financial support letter to all colleagues
    - City save
    - Dry goods pantries
    - Annual leave sales scheme
    - Supporting increased fuel costs
    - Fast track access to citizens advice bureau
    - Partnering with Relate and Aquarius
    - Signposting to discount websites

The Committee noted the functions in place to monitor the progress going forward will be through the staff survey results and the development of a bespoke anonymous questionnaire.

Chair's Assurance Comments:

The Committee received a detailed presentation of the work underway to address wellbeing issues across the Trust. This was important given our performance in sickness rates is not good and that increasing numbers of colleagues are experiencing stress and anxiety. This further reiterated discussions earlier in the meeting regarding the roles of the organization to ensure that processes, procedures and training exist to support all colleagues to do their job and feel fulfilled and valued everyday.

Committee thanks colleagues for the presentation and the work they are doing which was highly valued. Members added that our approach of the BSMHFT family is more important than ever and needs to be felt throughout the Trust.

Committee were assured that work was underway to address the key wellbeing issues.

<u>Quarterly Report - update on Workforce Planning</u>

The Committee noted the report and noted this has been received to provide an update and assurance to the People Committee on progress made in establishing a Trust wide workforce plan for the period 2023/24 further to the discussion at December's Committee meeting.

The Committee noted the key focus for 2023/24 - and immediately beyond - remains building on what has been achieved to date by further embedding good practice in workforce planning. This will be achieved by:

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

The adopted short-term plan (up to April, 2023) will focus on:

- Working with divisional and professional leaders to preparing a Trust wide 2023/24 workforce plan
- Giving particular attention to building on existing staff retention measures – starting from a 'getting the basics right' approach
- Completing work already in hand to ensure that there is a single Trust wide directory of all recruitment and retention initiatives in place
- Completing the establishment of a 'Recruitment and Retention' Sub Committee
- Supporting / briefing local managers on the benefits of taking a planned approach to workforce management
- Ensuring that a workforce planning approach is embedded within wider Trust OD / culture change / learning & development plans for 2023/24
- Submitting a team bid to participate in the HEE 'workforce planning masterclass' programme scheduled to start in March 2023

Progress against each element of the short term plan was noted as positive.

Chair's Assurance Comments:

Committee received a detailed and confident report regarding the workforce planning process currently underway. Important issues raised included the significant involvement of frontline colleagues in consideration, the role and contribution of transformation of models of deliver based on changing workforce supply and recruitment and retention.

Committee were assured regarding the processes in place but emphasized that the impact of initiatives and understanding their contribution towards an improvement was essential to gaining assurance regarding delivery. It was hoped that the Workforce Plan when finailised would provide some of this for monitoring.

<u>Review of Forward Planner</u>

The Committee received the revised forward planner for approval.

Chair's Assurance Comments:

Following a proposal to Committee it was agreed that the Committee would introduce a monthly section to the meeting reflecting a story from a member of staff or from the Networks. It was felt that this would, as in other key meetings, ground the Committee in the key workforce and wellbeing issues facing colleagues each day.

Review of Terms of Reference

The Committee received the revised terms of reference for approval.

Chair's Assurance Comments:

The In Attendance section would be revised to reflect the actual attendees at the meeting.

Matters of escalation to the Board

There were no matters of escalation to the Board.

ANNE BAINES
NON-EXECUTIVE DIRECTOR

13. Any Other Business

14. Schedule of meetings going forward including agreeing venue
Introduction of the concept of `Alternate` governors

15. Date & Time of next meeting

11 May 2023

12:00 – 14:00pm

TBC