







# Council of Governors

**Schedule** Thursday 11 May 2023, 12:00 PM — 2:15 PM BST





**Organiser** Hannah Sullivan

## Agenda

---

Agenda	1
 Agenda item 0 Council of Governors Agenda May 2023 .docx	2
<hr/>	
1. Apologies for absence	3
<hr/>	
2. Introductions and Welcomes	4
<hr/>	
3. Declaration of Interests	5
<hr/>	
4. Minutes from the previous meeting	6
 Agenda item 4 Minutes Council of Governors March 2023.docx	7
<hr/>	
5. Matters Arising & Action Log	19
 Agenda item 5 Action Log.docx	20
<hr/>	
6. Governor statement	21
<hr/>	
7. Chair's Report	22
 Agenda item 7 Chair's Report.docx	23
<hr/>	
8. Chief Executive's Report	26
 Agenda item 8 Chief Executive's Report.docx	27
 Agenda item 8 Appendix 1 LGBTQ+ Month Update.pptx	36
<hr/>	
9. PERFORMANCE	44

---

9.1. Finance Report	45
 Agenda item 9.1 Finance Report Header.docx	46
 Agenda item 9.1 Financial Position.pptx	50
 Agenda item 9.1 Capital Prioritisation.pdf	74
 Agenda item 9.1 SSL.docx	78

---

10. PARTNERSHIPS	85
------------------	----


---

10.1. Provider Collaboratives update	86
--------------------------------------	----


---

11. NED ASSURANCE REPORTS	87
---------------------------	----


---

11.1. Report from the Chair of Quality, Patient Experience and Safety Committee	88
 Agenda item 11.1 QPES Chair assurance report April 2023.docx	89

---

11.2. Report from the Chair of FPP	99
 Agenda item 11.2 FPP Committee Chair Assurance April 2023.docx	100

---

11.3. Report from the Chair of the People Committee	106
 Agenda item 11.3 People Committee Chair's Assurance April 2023.docx	107

---

BREAK 13 :30	114
--------------	-----

---

12. GOVERNANCE	115
----------------	-----

---

13. Quality goals workshop	116
----------------------------	-----

---

14. Any other business: Thank you's	117
--	-----

---

118

15. Date & Time of next meeting

8 June 2023

12:00 – 14:00pm

TBC

---

# Agenda



## COUNCIL OF GOVERNORS

To be held 12:00 – 14:15pm, Thursday 11 May 2023,  
Venue- Seminar Room, 50 Summerhill Road, Birmingham, B1 3RB

### AGENDA

	Item	Purpose	Lead	Enc	TIMINGS
1.	Apologies for absence	Information	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	(attached)	12 :20pm
8.	Chief Executive's Report	Assurance	R. Fallon-Williams	(attached)	12:25pm
<b>9.</b>	<b>PERFORMANCE</b>				
9.1	Finance Report	Information	N/A	(attached)	12 :35pm
<b>10</b>	<b>PARTNERSHIPS</b>				
10.1	Provider Collaboratives update	Assurance	P. Nyarumbu	(verbal)	12 :40pm
<b>11.</b>	<b>NED ASSURANCE REPORTS</b>				
11.1	Report from the Chair of Quality, Patient Experience and Safety Committee	Assurance	L. Cullen	(attached)	12 :50pm
11.2	Report from the Chair of FPP	Assurance	B. Claire	(attached)	13 :00pm
11.3	Report from the Chair of the People Committee	Assurance	M. Shafaq	(attached)	13 :10pm
<b>BREAK 13 :30</b>					
<b>12.</b>	<b>GOVERNANCE</b>				
13.	Quality goals workshop	Discussion	G. Mordain	(verbal)	13 :20pm
14.	Any other business: Thank you's	Discussion	H. Sullivan	(verbal)	14 :00pm
15.	<b>Date &amp; Time of next meeting</b> 8 June 2023 12:00 – 14:00pm TBC				

# 1. Apologies for absence

## 2. Introductions and Welcomes

### 3. Declaration of Interests



## 4. Minutes from the previous meeting

<b>MEETING</b>	<b>MINUTES OF THE COUNCIL OF GOVERNORS MEETING</b>
<b>DATE</b>	<b>9 MARCH 2023</b>
<b>LOCATION</b>	<b>HYBRID MODEL</b>

<b>ATTENDANCE</b>	<b>NAME</b>	<b>TITLE</b>
<b>Present</b>	Phil Gayle	Trust Chair
	Roisin Fallon- Williams	Chief Executive
	Victoria Fewster	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
<b>In attendance</b>	Winston Weir	Non- Executive Director
	Anne Baines	Non- Executive Director
	Bal Claire	Non- Executive Director
	Linda Cullen	Non- Executive Director
	Monica Shafaq	Designate Non- Executive Director
	Hannah Sullivan	Corporate Governance and Membership Manager
	Andrew Hughes	Managing Director ANHH

<b>AGENDA ITEM</b>	<b>DISCUSSION</b>	<b>ACTION (Owner)</b>
<b>1.</b>	<b>APOLOGIES FOR ABSENCE</b> F. Uddin M. Mirza Cllr M. Brown	
<b>2.</b>	<b>Introductions and Welcome</b> The Chair welcomed all to the meeting and thanked them for their attendance.	
<b>3.</b>	<b>Declaration of Interests</b> There were no declarations of interest to be noted.	
<b>4.</b>	<b>Minutes from the previous meeting</b> The minutes of the previous meeting were agreed as an accurate record.  V. Fewster noted she had not had the time to review the minutes and will send any comments after the meeting.  C. Barber highlighted there are a few grammar and spelling mistakes within the reports received and asked these are thoroughly checked before circulating in future.	
<b>5.</b>	<b>Matters Arising &amp; Action Log</b> There were no matters arising for discussion.	

AGENDA ITEM	DISCUSSION	ACTION (Owner)
	<p>The actions were updated and noted as complete.</p>	
<p>6.</p>	<p><b>Governor statement</b>                      F. Uddins apologies were noted therefore the statement has been defered until the next meeting.</p>	
<p>7.</p>	<p><b>Chairs Report</b>                      P. Gayle presented the chairs’ update and council members noted the overview of work.</p> <p>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.</p> <p>P. Gayle confirmed the buddy and visit schedule is now in place for NEDs and Council of Governors to undertake site/service visits over the coming months. Diary dates for these proposed visits have been shared and an updated list from April- August will be shared next week.</p> <p>P. Gayle confirmed he continues to have monthly meetings with Professor David Sallah from Birmingham Community Healthcare NHS Foundation Trust.</p> <p>P. Gayle had an introductory meeting with Tom Mcneil, West Midlands police and Crime Commissioner, who is keen to redevelop partnership working with our Trust. A further meeting with a view of possibly having a representative from the police linked to our Trust and Council of Governors is being arranged.</p> <p>P. Gayle confirmed he had a meeting with Professor Patrick Vernon, Interim Chair of BSoL ICB, to discuss the collaborative and the development of the ICB and how we can continue partnership working in the future.</p> <p>P. Gayle confirmed he had a discussion with Andy Cave from Birmingham Healthwatch and will be arranging regular monthly meetings.</p> <p>P. Gayle confirmed he also spoke with the Interim Chair of UHB, Dame Yve Buckland, in reltaion to developing our partnership working. P. Gayle stated he endeavors to continue to develop these partnerships.</p> <p>P. Gayle was pleased to chair an interview panel for a Consultant Psychiatrist position for our children and adolescent services (CAMHS SLOAR) in Solihull to which we successfully appointed.</p> <p>P. Gayle confired he visited the Zinnia Centre and spent some time meeting staff and service users. He was very impressed of the work our staff do both with our inpatient units and the community outreach teams.</p> <p>P. Gayle was pleased to confirm he attended the Integrated Care Partnership Board along with other system partners. Giving him an opportunity to network with partners in the system whom he have not previously connected with.</p>	

AGENDA ITEM	DISCUSSION	ACTION (Owner)
	<p>Finally P. Galyle confirmed the Governance Team are currently working on updating our Membership and Governor Engagement Strategy and hope in due course to circulate this for comments.</p>	
<p>8.</p>	<p><b>Chief Executives Update</b></p> <p>R. Fallon- Williams presented the Chief Executive report and highlighted the salient points as follows:</p> <ul style="list-style-type: none"> <li>• The 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.</li> <li>• 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.</li> <li>• 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.</li> <li>• Lord Hunt will be on sites across the Trust tomorrow, staff will be showcasing the positive work to enhance service delivery and the positive impact for service users.</li> <li>• The new Intensive Community rehabilitation service went 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.</li> <li>• 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.</li> <li>• Staff survey results are being published today. It was positive to note the Trust have managed to maintain the level of engagement. It is crucial we hear what is being said and take the positive steps to make the relevant changes.</li> <li>• 92 teams across the Trust engaged with the survey and individual team results will be shared with managers to lead on the changes required following the feedback. The Trust recognised the significant ongoing pressures and thanked all staff for engaging.</li> <li>• 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.</li> </ul>	

AGENDA ITEM	DISCUSSION	ACTION (Owner)
	<p>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.</p> <ul style="list-style-type: none"> <li>• The West Midlands Provider Collaborative's work on priority areas is progressing well, in particular: <ul style="list-style-type: none"> <li>○ 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.</li> <li>○ The Provider Collaborative Partner Boards are in the process of signing off the Memorandum of Understanding to finalise the governance arrangements.</li> <li>○ Discussions are underway with NHS England West Midlands and Health Education England West Midlands to introduce standards across training providers, bring in consistency and increase quality of supervision provision for psychological therapies.</li> <li>○ 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.</li> </ul> </li> <li>• 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.</li> <li>• 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.</li> <li>• 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.</li> <li>• 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. The factual accuracy has been submitted, the final report will be shared with the Council of Governors before it is publicised.</li> </ul>	

AGENDA ITEM	DISCUSSION	ACTION (Owner)
	<p>C. Barber queried whether there had been any feedback in relation to the uptake for training for autism training and whether this has had an impact on staff performance?</p> <p>R. Fallon- Williams confirmed that the training has been welcomed by staff and feedback is being collated and will be reviewed.</p> <p>C. Barber queried whether a cultural induction is available for international recruits?</p> <p>R. Fallon- Williams confirmed all internationally recruited staff are being supported with their individual needs. The Trust induction programme is being revised to be more inclusive. Feedback to date has been positive.</p> <p>K. Meeson noted the ongoing pressures for staff and queried whether there are sufficient beds across the Trust and for future needs?</p> <p>R. Fallon- Williams confirmed the Trust are developing a business case for investing capital for new buildings to extend the overall scope for the Trust. A phased approach is being reviewed.</p> <p>R. Fallon- Williams confirmed she is leading discussions in relation to the provisions for young people/ children services. Additional options are being explored and this is being escalated in writing nationally.</p> <p>J. Travers queried whether the CQC report is being delayed?</p> <p>R. Fallon- Williams confirmed the factual accuracy response was limited to ensure the report can be published as soon as possible. The draft report provided an opportunity for the Trust to review the feedback, the draft report did not highlight anything fundamental or unexpected.</p> <p>P. Gayle thanked R. Fallon- Williams for the detailed report and for the contributions from the Council.</p>	
<p><b>9.1</b></p>	<p><b>Elections and tenure update</b></p> <p>H. Sullivan provided the Council with a detailed update on how the elections process runs and how the elections company is selected.</p> <p>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.</p> <p>H. Sullivan confirmed that a full review of terms of office for Council members is now complete and this will be published on Connect and the Trust website to ensure there is transparency.</p> <p>As part of this review a number of Governors have been identified as not being in attendance for a number of meetings. Contact has been made with each of the individuals to understand the circumstances of nonattendance unfortunately non of the Governors made contact and where needed Governors will be removed from office and elections to replace these posts will be launched.</p> <p>P. Gayle thanked H. Sullivan for the update.</p>	
<p><b>9.2</b></p>	<p><b>Draft CoG Development Programme for 2023/24</b></p>	

AGENDA ITEM	DISCUSSION	ACTION (Owner)
	<p>H. Sullivan confirmed that the draft schedule of Governor workshops have been designed to support Governors in their roles alongside the offers available via NHS Providers.</p> <p>The schedule was shared with the Governors for approval.</p> <p><b>DECISION: Approved</b></p>	
9.3	<p><b>Governors and NED Buddy Programme and site visits plan</b></p> <p>H. Sullivan confirmed the schedule has been updated and shared.</p> <p>Governors and Non-Executive Directors wanting to join an Executive Director on a visit should contact the relevant Executive PA to confirm the details.</p>	
10.	<p><b>Finance Report</b></p> <p>The Council noted the Finance Report and received this for information purposes.</p> <p>It was agreed any questions should be forwarded directly to the Executive Director of Finance.</p>	
11.	<p><b>ICS Update</b></p> <p>J. Travers shared the presentation from the last</p> <p>The Council noted there have been two briefings from the ICS since the last Council meeting with a clear message to Governors on their duty for the system.</p> <p>The Council noted the focus remains on the digital strategy, health inequalities and need to maintain financial sustainability.</p> <p>J. Travers highlighted the concerns in relation to the cost savings targets.</p> <p>R. Fallon- Williams highlighted the importance of Governor engagement and thanked all of the members for their participation to date and for keeping service users at the heart of everything we do.</p> <p>H. Sullivan agreed to share the presentation with all Council members.</p>	
11.2	<p><b>Mental Health Provider Collaborative – Significant Transaction update</b></p> <p>A.Hughes presented the Significant Transactions.</p> <p>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.</p> <p>The Trust has been identified as the lead provider for the Mental Health Provider Collaborative (“MHPC”), which will be one of four provider collaboratives.</p> <p>The Council 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.</p>	

AGENDA ITEM	DISCUSSION	ACTION (Owner)
	<p>This Report seeks the Councils approval to the Board’s recommendation to proceed with the Significant Transaction.</p> <p>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.</p> <p>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.</p> <p>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.</p> <p>The MHPC is a Significant Transaction as defined by the Trust Policy (March 2020) as it:</p> <ul style="list-style-type: none"> <li>• Increases top line income by substantially more than the ten percent threshold</li> <li>• The Trust will assume certain liabilities, e.g., for contract under performance</li> <li>• The PC changes the competitive landscape by placing greater emphasis on collaboration and partnership</li> <li>• The Board will become the controlling mind for both the Trust’s provider responsibilities and commissioning of mental health services in the ICS.</li> <li>• 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.</li> </ul> <p>In particular, the Council should be satisfied that the Board:</p> <ul style="list-style-type: none"> <li>• Has entered into a formal Lead Provider Contract (“LPC”) with ongoing work with the ICS regarding responsibilities and risk share arrangements</li> <li>• Has mandatory sub-contractors for delivery of the LPC</li> <li>• Is in the process of developing suitable contract and performance management arrangements</li> <li>• Has invested in new and transferred existing staff from the ICB to discharge the new commissioning functions</li> <li>• Has considered any strategic risks and the impact on the public and the Trust’s existing responsibilities.</li> </ul> <p>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.</p> <p>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.</p>	



AGENDA ITEM	DISCUSSION	ACTION (Owner)
	<p>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.</p> <p>The ICB, the Board, and its partners are assuming formal delegation on 1 April 2023. The Commissioning Committee will meet on 22 March and, if the Council 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.</p> <p>C. Barber queried whether the Council is satisfied the Board of Directors have had oversight of all of the details?</p> <p>A. Hughes confirmed the Board of Directors have had the significant transaction as a standing agenda item at both public and private Boards for 12 months and a dedicated task and finish group was developed to review the details. Board development session have also been dedicated to reviewing the transaction.</p> <p>C. Barber noted the recommendation for the Council to approve the transaction noting the consequences of not approving were not highlighted in the report.</p> <p>A. Hughes confirmed that this transaction is central to the ICS and if this is not approved further evidence will be brought back to the Council for further consideration and approval.</p> <p>R. Fallon- Williams highlighted the transaction is a positive move forward and provides an opportunity to lead on improvements for service delivery and service users care pathways and packages.</p> <p>L. Tasab highlighted service users will be able to access the same services, approving the transaction will allow the Trust to take more control of the commissioning of services delivered. She queried whether there will be a radical reform for physical health?</p> <p>R. Fallon- Williams confirmed there are no proposals at this stage. This can be considered going forward as the key objective is to lead to better overall outcomes for service users.</p> <p>There was a detailed discussion in relation to the associated risks, there was assurance given that there has been risk oversight and challenges have been acknowledged and a framework is being developed to ensure these are being managed appropriately. Work continues to develop robust relationships with wider providers to align the risks with internal structures.</p> <p>Non- Executive colleagues confirmed due diligence has been explored at Trust Board level in detail and work continues to ensure the transaction is efficient. Trust committees continue to have oversight of the details and are fully assured.</p>	

AGENDA ITEM	DISCUSSION	ACTION (Owner)
	<p>P. Nyarumbu acknowledged the challenges with capacity and assured members that due diligence will continue through the shadow arrangements.</p> <p>The Council approved the significant transaction with no objections.</p> <p>P. Gayle thanked A.Hughes for all of the hard work to ensure the transaction has been developed in line with good governance.</p> <p><b><i>DECISION: The Council approved the significant transaction with no objections.</i></b></p>	
<p>12.1</p>	<p><b>Report from the Chair of QPES</b></p> <p>L. Cullen presented the assurance report and highlighted the salient points as follows:</p> <ul style="list-style-type: none"> <li>• 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.</li> <li>• The door monitoring alarm system has now been installed in all en-suites in Acute Care.</li> <li>• In Acute Care, a total of 418 Safety Huddles were completed out of a possible 444 for the period.</li> <li>• In terms of safer staffing, we continue to recruit to our vacancies. All suitable</li> <li>• 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.</li> <li>• The training plan for E-rostering, Safecare and the Loop commenced in January 2023.</li> <li>• 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.</li> <li>• 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.</li> <li>• 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.</li> <li>• 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.</li> <li>• 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.</li> <li>• The committee were assured of plans to develop the Trust’s Quality Improvement Strategy.</li> </ul> <p>P. Gayle thanked L. Cullen for the detailed report.</p>	

AGENDA ITEM	DISCUSSION	ACTION (Owner)
<p>12.2</p>	<p><b>Report from the Chair of FPP</b></p> <p>B. Claire presented the report and highlighted the salient points as follows:</p> <ul style="list-style-type: none"> <li>• 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.</li> <li>• 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. 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.</li> <li>• The deadlines and timetables for operational colleagues to prioritise capital expenditure for</li> <li>• 23/24 have slipped, meaning that we do not have a full list of capital expenditure for the year.</li> <li>• The Committee noted the report is seeking approval for the items that the Trust have been notified of: <ul style="list-style-type: none"> <li>○ Pre-commitments for approval</li> <li>○ £2,000,000 – SSBM (Statutory Standards and Backlog Maintenance)</li> <li>○ £930,000 – ICT</li> <li>○ £1,250,000 – CAMHS Seclusion Suite</li> <li>○ £400,000 – Completion of door sets</li> </ul> </li> <li>• For prioritisation against risk assessment list (indicative allocation of £6,246,000) <ul style="list-style-type: none"> <li>○ £1,670,000 – balance of capital allocation</li> <li>○ £500,000 – Allowance for slippage</li> <li>○ £2,170,000</li> </ul> </li> <li>• An additional £500,000 has been added to the allocation for prioritisation to allow for any slippage or VAT reclaim.</li> <li>• 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.</li> </ul> <p>J. Travers queried the disputed staff over-payments (£0.638k) with UHB. He focussed on this from two fronts – (1) our ability to recover debts and resolve disputes before the FY end, which would enhance our financial position, and (2) because UHB is a strategic partner within the ICB.</p> <p>B. Claire agreed to raise the concerns with D. Tomlinson and will respond directly.</p>	

AGENDA ITEM	DISCUSSION	ACTION (Owner)
12.3	<p>P. Gayle thanked B. Claire for the detailed report.</p> <p><b>Report from the Chair of People Committee</b></p> <p>A. Baines presented the assurance report and highlighted the following:</p> <ul style="list-style-type: none"> <li>• The committee will be receiving a staff story at the start of each meeting going forward.</li> <li>• 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.</li> <li>• 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.</li> <li>• 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.</li> <li>• 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 than 1 or a team. This would reflect the degree to which 'group think' or systematic issues can be identified.</li> <li>• 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.</li> <li>• 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.</li> <li>• 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 organisation to ensure that processes, procedures and training exist to support all colleagues to do their job and feel fulfilled and valued everyday.</li> <li>• Committee thanked 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.</li> <li>• Committee were assured that work was underway to address the key wellbeing issues.</li> <li>• 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.</li> </ul>	

AGENDA ITEM	DISCUSSION	ACTION (Owner)
	<ul style="list-style-type: none"> <li>Committee were assured regarding the processes in place but emphasised 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 finalised would provide some of this for monitoring.</li> </ul> <p>L. Tasab queried the support on offer for staff who are not able to take their breaks and asked that the committee to encourage managers to acknowledge TOIL and focus on the wellbeing of staff.</p> <p>She also highlighted the need for nursing placements to be managed in a positive way as some areas do not have the capacity to support the students.</p> <p>L. Tasab also noted a plea from staff in relation to the new appraisals system and asked this is reviewed as the system is too complicated to use and front line staff do not have the capacity to use the system.</p> <p>She also asked that active bystander training is made mandatory.</p> <p>P. Gayle confirmed the QPES committee remain committed to supporting safer staffing.</p> <p>L. Tasab noted her concerns are being raised following discussions with staff and support from the Council and Board of Directors is much appreciated.</p> <p>A.Baines thanked L. Tasab for being the voice for staff and confirmed the concerns raised will be explored at the relevant committees.</p> <p>P. Gayle noted the difficulties with the new appraisals system and highlighted the concerns have been noted for sometime and reassured the Council these issues are being addressed.</p> <p>J. Travers thanked the committee for the inclusion of staff story at committees.</p> <p>P. Gayle thanked all for their contributions.</p>	
13.	<p><b>AOB</b>  <b>Close of meeting</b>                      P. Gayle thanked all in attendance for their contributions.</p>	
14.	<p><b>Schedule of meetings going forward including agreeing venue</b>                      The Council agreed to hold meetings face to face on a bi- monthly basis.</p>	
14.	<p><b>Date &amp; Time of Next Meeting</b>                      12 Noon, 11 May 2023</p>	

## 5. Matters Arising & Action Log



**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

<b>Meeting</b>	<b>COUNCIL OF GOVERNORS</b>
<b>Agenda item</b>	Item 7
<b>Paper title</b>	<b>CHAIR'S REPORT</b>
<b>Date</b>	11 May 2023
<b>Author</b>	Phil Gayle, Chair
<b>Executive sponsor</b>	Phil Gayle, Chair

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

<input type="checkbox"/> Action	<input type="checkbox"/> Discussion	<input checked="" type="checkbox"/> Assurance
---------------------------------	-------------------------------------	---

**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 to the Council of Governors approval.
- 5.3 I am pleased to confirm our Council of Governor Board development sessions have been developed and agreed for the coming year. These sessions will allow the core development of the Council of Governors.
- 5.4 I am pleased to be able to confirm that following a robust elections process the Lead and Deputy Lead Governor have been appointed. Mr John Travers has been appointed as Lead Governor and Mr Mustak Mirza has been appointed as Deputy Lead Governor.

**PHIL GAYLE  
CHAIR**

## 8. Chief Executive's Report

<b>Meeting</b>	<b>COUNCIL OF GOVERNORS</b>
<b>Agenda item</b>	<b>Item 5</b>
<b>Paper title</b>	<b>CHIEF EXECUTIVE and DIRECTOR of OPERATIONS REPORT</b>
<b>Date</b>	11 May 2023
<b>Author</b>	Vanessa Devlin and Roisin Fallon-Williams
<b>Executive sponsor</b>	Roisin Fallon Williams

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

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

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

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

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

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

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

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

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

# CHIEF EXECUTIVE and DIRECTOR of OPERATION'S REPORT

## PEOPLE

### **Industrial Action**

Industrial Action by Junior Doctors took place for 72 hours on 13<sup>th</sup> – 15<sup>th</sup> March. Within BSMHFT, 119 Junior Doctors had the option to take strike action. 65 doctors took strike action (55%), 44 undertook normal working duties (37%) and 10 (8%) were on pre-approved leave.

Contingency plans were made to cover all out of hours duties with a 'back up' rota established for all 48 shifts within the period of industrial action. The 'back up' doctor was required to cover 22 of the 48 shifts throughout the period. Remuneration was 3x hourly pay for each hour of the out of hours duty covered. A standby allowance of £200 was paid to those that had made themselves available for the 'back up' rota but were subsequently not required due to the original rostered doctor undertaking their duty. It is estimated that the 'back up' remuneration and payment of standby allowances totalled £36k (inclusive of employer costs)

In preparation for the industrial action, non-emergency junior doctor clinics were cancelled and re-arranged and the medical workforce on duty ensured that cover was sufficient for the inpatient, MHA and Urgent Response work required.

Thank you to all involved in enabling us to continue to provide safe levels of service during this period.

The medical senior leadership team will re-establish the industrial relations planning meetings in order to plan for the proposed 96 hour strike action proposed for 11-14<sup>th</sup> April 2023.

## **People and Culture**

### **Policy Development**

The People team are progressing well with the review of a large suite of policies. This has been supported by an extensive engagement plan with various stakeholders throughout the Trust and has encapsulated the principles of Project Flourish . Policies are due for ratification in May and will be followed with the launch of our brand new HR toolkit training for managers.

### **Sickness**

Sickness rates has decreased significantly since December 2022. Our rate in February was 5.4% which is the lowest we have seen since June 2021 and nearly a 2% drop from December. ICCR in particular are now below KPI at 3.6%. In addition, we have also seen a steady decline in our 12 month plus Long Covid cases where we have either supported staff back to work or to access ill health retirement.

### **Flexible Working**

Following a successful relaunch of the flexible working policy, attention now turns to reviewing and analysing our data recorded on ESR.

**Workforce planning**

Significant work has commenced on Workforce plans throughout the Trust and the Trust's 2023/24 workforce plan will be submitted for approval to the April People Committee meeting.

**TSS**

Fundamental e-learning Training Compliance for TSS staff is now at 87.5% (KPI 75%) this is a significant increase from this time last year (42.3%)

**Learning and Development****Values in Practice -360@ feedback tool**

The 360@ tool has been created and roll out will commence in April. It is anticipated that this tool will be used to support leadership programmes and Human resource process eg Enough is Enough as appropriate.

**Leadership development training**

BSMHFT Core leadership Training modules ( Leading through values, Change and transformation) continues to be a standard offer. An additional values based Effective Teams module will be available June 2023.

The leadership and management team will also be reviewing the interventions and training to ensure that the offer continues to support the People strategy 2023-2024.

**Values based appraisal**

Since the launch of the new appraisal process in ESR and appraisal template in October 2022 the compliance rate for appraisal has fallen to circa 73%.

A recovery plan for appraisal compliance has been developed , with the aim to achieve 85% compliance by end of June 2023, and this is a priority piece of work for the team. The plan includes staff and manager support, a communication plan and an administration process to manage noncompliance hotspots. The impact of interventions recommended should be realised by the end of April 2023. The appraisal recovery plan will be updated monthly until compliance has stabilised.

**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 continuing to work through transformation. Mental Health Primary care teams are present in each locality with varying numbers of staff recruited. We are continuing to work closely with primary care colleagues to develop the process and pathways to ensure individuals receive mental health support in a timely manner at their GP surgery.

Solar continues to experience staffing vacancies and continues with their recruitment



drive and workforce planning to reduce these. Weekly meetings continue to take place to review risks, waiting lists, recruitment and staffing.

The new Intensive Community rehabilitation service has now gone live. The team is building their caseload based on need with the intention of reducing high intensity bed usage, the need for placing service users out of area and to help ease the service user's rehabilitation journey. The service had a successful community launch event in March to celebrate the newly developed team and offer to our service users.

Our Attention Deficit Hyperactivity Disorder (ADHD) services are experiencing long waits and regular weekly meetings are now in place to review waiting lists. The service is part of a wider Birmingham and Solihull (BSOL) system piece of work to re look at our system model and ensure that we have joined up and age inclusive seamless pathways of care. The collaborative work will include all partners including, general practice, local authorities as well as third sector providers.

Our ICCR services continue to have several areas of focus. Quality assurance projects, 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 significant RMN recruitment challenges across the men's and women's services, and we are continuing to engage with active recruitment. There was positive feedback from recent CQC visits regarding the MH Act to Hillis Lodge, Swift, Severn and Laurel wards.

Ardenleigh has recruited several 3rd year student nurses who will start in the autumn and have over recruited on Health Care Assistant posts to support the teams further.

There are changes in the FIRST leadership team with a new Clinical Service Manager, and the Advance Nurse Practitioner and Occupational Therapy lead retiring. These are being recruited to along with Community Psychiatric Nurse vacancies, in the meantime caseloads are being shared across team members and the Clinical Nurse Managers until posts are recruited to. Despite the challenges there is positive interface/liaison work taking place with ICCR and Steps to Recovery (S2R) and externally with Coventry and Warwickshire Mental Health partners. Reach Out has successfully approved extra recurrent funding to support with the rising referrals to FIRST.

Finally, we would like to acknowledge the impact of the junior doctors' strike was well managed thanks to the amazing efforts of acute consultants, specialty doctors, phlebotomists, and nursing colleagues.

### **Acute and Urgent Care**

The staff survey results will be analysed and incorporated into the divisions staff engagement action plan with a focus on improving staff experience. As part of efforts to address staffing levels, representatives from the division attended a recruitment event at the Birmingham NEC in March and were successful in appointing 8 new Registered Mental Health Nurses for the central area. We have also successfully recruited two Specialty and Associate Specialist (SAS) doctors to the Home Treatment team.

Staffing has been increased in the Psychiatry Decisions Unit (PDU) to increase service user access to, and movement through, the PDU. Figures currently available show an increase from 60 to 78 referrals over the last two months. A review of the PDU model will take place as part of the wider acute and urgent care pathway refresh as

highlighted and agreed as a priority in the Mental Health Provider Collaborative.

Two training day sessions have been delivered to Acute Care staff on substance misuse management by the National Alcohol Lead Nurse. A session with new junior doctors is also planned.

An extensive survey was undertaken by the Home Treatment team in partnership with carers and families. From the survey, 86% of carers and families of service users reported feeling valued and respected by the Home Treatment teams. The recommendations from the survey, have been shared in local governance forums.

Lavender ward has returned to full capacity as planned locally (16 beds) and its contribution to the division has been recognised as evidenced by the staff on Lavender ward being nominated for the Team of the Year award.

### **Dementia & Frailty**

All wards in Dementia & Frailty continue to work with over their establishment staffing numbers due to high acuity and required observation levels on the wards. A number of Staff Nurse (Band 5) sickness related absences have also created additional nurse staffing pressures. Teams have however been very flexible and supported other areas in Specialties. Care Home Liaison and CERTS are also being asked to support Community Mental Health services too.

Following a successful recruitment drive we are very pleased that the vacant occupational therapy posts have been offered to applicants and the new starters are due to join us in the coming months. The annual Allied Health Professionals conference went well with good representation from Dementia and Frailty.

Demand and capacity pressures continue in the community mental health teams with an increase in referrals and an increase in the levels of complexity and acuity.

The Solihull HuB team are currently experiencing an increase in staff vacancies and the senior leadership team are working to implement a short-term staffing plan for the forthcoming months. There are two planned days of interviews taking place early in April and appointed new staff will commence in post over a 3-month period. One of our consultants from the South Hub is facilitating a Saturday Clinic to help reduce the waiting times. Consideration is also being given to an extension of our current locum consultant, who will also support care homes in the South of the city.

Waiting times for assessment in the Memory Assessment Service have now extended to approximately 6 months for an initial assessment. We are looking at ways to shorten the pathway from initial assessment to diagnosis for example by arranging for service users on the waiting list that require head scans to have these scans whilst they are waiting for assessment.

The addition of three new staff will allow the Bipolar Service to provide more Mood on Track groups and extend the service offer by providing cognitive behaviour therapy for those with Bipolar and Behavioural Family Therapy and Carers work. It was World Bipolar day on March 30th. We joined the Compassionate Mind Foundation for a celebration event at the Midlands Art Centre in Birmingham which staff and service users can hear Professor Gilbert talk about Compassion Focused Therapy for Bipolar Disorder and research that was undertaken in BSMHFT. Therapists and service users who participated in the project spoke about their experience of participating in the project.

## **SUSTAINABILITY**

### **2023-24 Funding**

Colleagues from across the BSOL system continue to explore how the new mental health investment should be utilised. Funding has continued for existing transformation programmes, such as our community programme, as well as new funds which we need to ensure supports the ongoing work around reducing our out of area placements, as well as other local priorities such as the Urgent and Emergency Care Pathway working into A&Es and the Urgent Care Centre at the Oleaster.

### **The Budget and Pension changes**

The Government announced a range of changes to pension arrangements in the Budget last month – while these were not just for NHS staff, changes to Lifetime and Annual Allowance levels will directly benefit a number of colleagues. The changes are quite technical in nature and colleagues who might be impacted are being urged to seek external financial advice. There were no other specific announcements about the NHS and funding in the Budget and we continue to seek guidance from the national team about how the recent announcement on an NHS pay settlement would be funded.

### **ICS update**

The Board are aware that following a short shadow period the BSoL Mental Health Provider Collaborative and our associated role as lead provider, went live on April 1<sup>st</sup>. Whilst this is the start point of new working arrangement and opportunity to realise benefits for service users and their families, a considerable amount of work has been undertaken across the partnership to get us to this point, thank you to all who been involved in enabling this.

### **QUALITY**

#### **CQC Focused Inspection**

The CQC completed their full 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 as part of the well led assessment.

We expect the final report to be published in early April.

### **OTHER TRUST MATTERS**

#### **2022-23 – Quarter 3 outcome and Quarter 4 and year end review process**

Following the publication of the NHS Oversight Framework on the 1 July 2022 I am pleased to confirm we have now received confirmation regarding the approved Quarter 3 segmentation for the BSoL system and the process and timescales for the Quarter 4 and year-end review. It has been agreed that for Quarter 3 NHS Birmingham & Solihull ICB should remain in segment 3 of the NHS Oversight Framework.

#### **Wellbeing update**

The Health and Wellbeing Steering group continue to meet on a monthly basis. The central coordination of the Health and Wellbeing offers have been in place for just over 12 months so the group felt it was appropriate to survey colleagues across the Trust to see how the offers had landed, what is working well and what is missing. The survey will closed at the end of March and the outputs will help to shape the work of the group over the coming months. A QR code has been developed so all colleagues can access the offers via a smart phone, this is displayed on posters which have been made available

across all sites.

Work continues with regards to supporting the increased cost of living. Proposals have been developed and disregarded where appropriate, further work continues in collaboration with the Health & Safety Committee on potential food provision. In addition we have partnered with a charity based in Solihull who provide clothing and toiletries for children from 0-18. The process for how colleagues can gain access to this service is currently being finalised and we hope to be able to communicate this in the coming weeks. We have also met with our Charity, Caring Minds to look at providing donation bins at sites across the Trust so colleagues also have the opportunity to donate preloved items back to the charity.

Finally we have shared the following heat map on connect and via our weekly colleague briefing.

Birmingham Food Justice Network has published a map of places across Birmingham where people can access food support or a warm place to go.

The map is interactive so if we hover our mouse over the various symbols we will be presented with information about what the offer is, we can access the map here [Birmingham Food Justice Network Map – Google My Maps](#)

The following key will be useful to all of us that wish to access this provision:

- Green = food banks – referral only
- Blue = food banks with open access / no referrals needed
- Red = free / pay-as-you-feel cooked food options
- Yellow = pantries / low-cost meals
- Orange = warm hub – with food offer
- Purple = warm hub – without food offer

### **LGBTQ+ history month activities**

In celebrating LGBTQ+ History month colleagues have taken the opportunity to connect and showcase in a number of different ways through the month of June:

- Launch of the Zero Tolerance to Prejudice Campaign
- Over 100 posters and 50 Banners distributed (all sites have received)
- Approx 300 staff have signed up to the pledge
- Active participation in the ICB cohort of the Pride conference on the 1st June led by Birmingham City Council.
- Bespoke Trans Awareness Training dates have been shared on Connect.
- LGBTQ+ training being finalised

Active engagement and visible support are requested from all colleagues. As a Board we collectively signed the pledge and some of us have shared why doing so is important to us.

Further information can be found in appendix 1.

## **NATIONAL ISSUES**

### **NHS England issues apology to nurse who faced racial discrimination**

A Black senior nurse who faced racial discrimination and victimisation in the workplace has received a written apology from the chief executive of NHS England.

A recent landmark ruling saw Michelle Cox win an employment tribunal against NHS England and NHS improvement for racial discrimination and whistleblowing detriment.

The judgement, published last month, had found that Ms Cox was treated unfavourably by her employer because of her race and because she was willing to speak up.

NHS England chief executive Amanda Pritchard has now formally apologised to Ms Cox on behalf of her organisation.

The judgement had found that Ms Cox, who was employed by NHS England and NHS Improvement Commissioning as a continuing healthcare manager based in Manchester, faced discrimination, harassment and victimisation from her employer between 2019 and 2021.

The tribunal ruled that the less favourable way in which Ms Cox had been treated overall was “because of race”.

There is much for us and others in the NHS to learn from this case and we have commenced discussions on the broader learning for us to respond to.

### **Mental Health, Learning Disability and Autism Inpatient Quality Transformation Programme**

The NHS Long Term Plan has a strong focus on expanding and improving the quality of community care for people with mental health problems, including people with a learning disability and autistic people.

A new Mental Health, Learning Disability and Autism Inpatient Quality Transformation Programme was established in 2022 to support cultural change and a new bold, reimagined model of care for the future across all NHS-funded mental health, learning disability and autism inpatient settings. Central to this will be the acceleration of new models of care that enable systems to harness the potential of people and communities, within a citizenship model that promotes inclusion and respects their human rights. This programme will complement and further support our existing commitments to improve the quality of community care, and the Mental Health Act reform agenda.

The full report can be found at:

<https://gbr01.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.england.nhs.uk%2Fmental-health%2Fmental-health-learning-disability-and-autism-inpatient-quality-transformation-programme%2F&data=05%7C01%7Cchannahsullivan%40nhs.net%7C4f216231fae7435c73c908db1a36d4da%7C37c354b285b047f5b22207b48d774ee3%7C0%7C0%7C638132595013814899%7CUnknown%7CTWFpbGZsb3d8eyJWljojoiMC4wLjAwMDAiLCJQIjoiV2luMzliLCJBTiI6Ikl1haWwiLCJXVCi6Mn0%3D%7C3000%7C%7C%7C&sdata=fw8s3XSjZcmMoe2f1CredTaGtXWoeBAGv3155wlVwWY%3D&reserved=0>

**National Audit Office report on progress in improving mental health services in England.**

The National Audit Office (NAO), the UK's independent public spending watchdog, published a new report yesterday, Progress in improving mental health services in England. The report examines whether the government has achieved value for money in its efforts to date to expand and improve NHS-funded mental health services.

NHS Providers contributed to the NAO's scoping of this study and we shared our views on the progress against, and main challenges to, ambitions to improve NHS service. It was pleasing to see many of the key points they raised reflected in the final report. An inquiry by the Public Accounts Committee is expected in due course.

The full report can be found at:

<https://nhsproviders.org/media/695058/ndb-nao-report-february-2023.pdf>

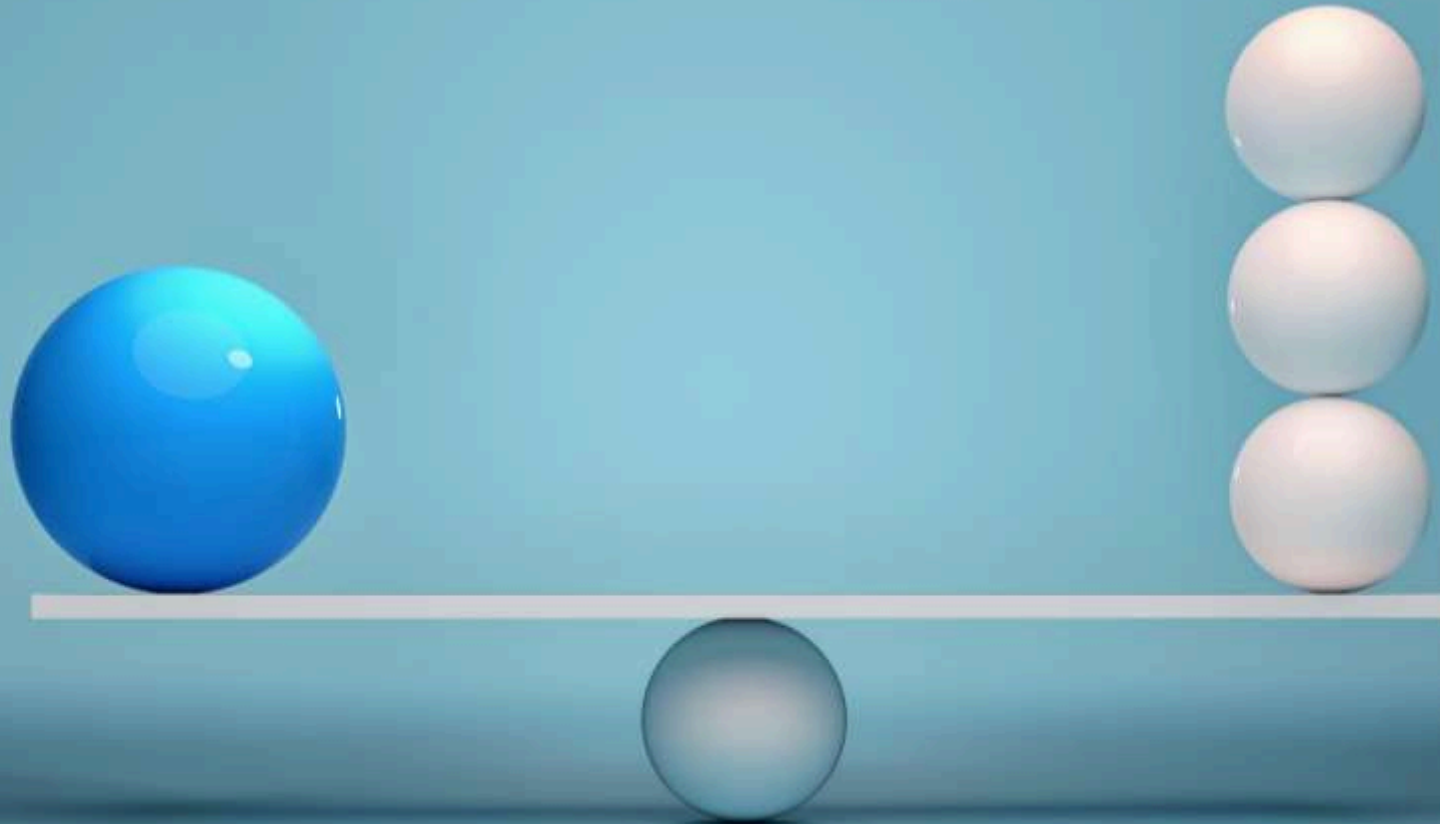
**Hewitt Review**

The Secretary of State for Health and Social Care has appointed the Rt Hon Patricia Hewitt to consider the oversight and governance of integrated care systems (ICSs). The review is considering how the oversight and governance of ICSs can best enable them to succeed, balancing greater autonomy and robust accountability. It will have a particular focus on real time data shared digitally with the Department of Health and Social Care, and on the availability and use of data across the health and care system for transparency and improvement. It's publication is imminent.

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

# LGBTQ+ History month update 2023

## Pride Month: 1<sup>st</sup> June – 30<sup>th</sup> June



To enable the right ingredients for an

## **Inclusive** culture

which is...

**Anti racist**

and

**Anti discriminatory**

for **all**

to

**Improve**

**access,**

**experience**

and

**outcomes**

for

**our people**

# Why...



# Value Me to Reduce Inequality



What..



Every person to be valued and understood



Why...



So that I have a fair opportunity to take the next step-*whatever that looks like for me*

# Campaign



The poster features a blue ribbon with 'NHS' repeated on it, and a rainbow NHS badge. The main text is 'LGBTQ+ BSMHFT = zero tolerance for prejudice'. Below this, it says 'Take the pledge. Wear the badge. Make a difference.' and provides an email address and a search term. At the bottom, there are three icons: a heart for 'compassionate', a group of people for 'inclusive', and a checkmark for 'committed'.

   
Birmingham and Solihull  
Mental Health  
NHS Foundation Trust

# LGBTQ+ BSMHFT = zero tolerance for prejudice

Take the pledge.  
Wear the badge.  
Make a difference.

Email: [bsmhft.nohatezone@nhs.net](mailto:bsmhft.nohatezone@nhs.net)  
Or search 'No Hate Zone' on Connect

 **compassionate**  **inclusive**  **committed**

# Campaign Update

- 300 colleagues actively committed and taken the pledge
- New badge
- New lanyard
- Promotional materials distributed across all sites

# Training & Policy

- LGBTQ+ Awareness Training dates on Connect
- Trans Awareness Training
  - Over 100 colleagues trained
  - New dates shared on Connect
  - High IAPT take up
  - Planned dates available on Connect
- Taking a Gendered Intelligence view to Care records

# Visibility

- Active participation of PRIDE with ICB colleagues
  - Part of the NHS parade
- Support and promotion of the proposed BSoI ICS LGBTQ+ Network
- Ally's and members only space initiated through network meeting structure

## Ask to the Board

- Share active LGBTQ+ commitment
- Board to attend LGBTQ+ and Trans Awareness Training
- Board presence at Birmingham Pride - Part of the NHS parade
- Board to encourage LGBTQ+ Campaign sign up and what it means to them

## 9. PERFORMANCE

## 9.1. Finance Report



<b>MEETING</b>	<b>COUNCIL OF GOVERNORS</b>
<b>AGENDA ITEM</b>	<b>Item 9.1</b>
<b>PAPER TITLE</b>	<b>Financial Position including:</b> <ul style="list-style-type: none"> <li>Financial Performance April 2022 to February 2023</li> <li>2023/24 Financial Plan</li> <li>Going Concern Review</li> <li>Capital Programme 2023/24</li> <li>Contract Renewal – SSL owned sites</li> </ul>
<b>DATE</b>	11 May 2023
<b>AUTHOR</b>	Emma Ellis, Head of Finance & Contracts
<b>EXECUTIVE SPONSOR</b>	David Tomlinson, Executive Director of Finance

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

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

<b>Executive summary &amp; Recommendations:</b>
<p><b>Financial Performance April 2022 to February 2023</b></p> <p><b>Revenue position</b></p> <p>The month 11 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 June 2022. The position comprises a £1.2m deficit for the Trust, a £37k deficit for Summerhill Services Limited (SSL) and a £229k surplus position for the Reach Out Provider Collaborative. The month 11 Group deficit position is mainly driven by slippage on savings delivery and continuing out of area and staffing pressures.</p> <p>The Trust continues to forecast a breakeven position for the year as a whole as it has been doing for several months.</p> <p><b>Capital position</b></p> <p>Month 11 Group capital expenditure is £7m, which is £1m ahead of year to date plan and £1.5m ahead of the revised forecast profile. The large increase in monthly spend</p>

in February reflects both increased activity on capital works in the month and more realistically assessing work completed but not yet billed earlier in the year.

### **Cash position**

The month 11 Group cash position is £65.2m.

### **2023/24 Financial Plan**

On 23 March 2023 the draft 2023/24 revenue plan was submitted to NHSE at a deficit of £8m. The draft financial plan submitted by the Birmingham and Solihull Integrated Care System was a deficit of £120m. Following ongoing review across the system, adjustments of £5m have been identified to improve the financial plan to a £3m deficit. This is the agreed plan to be submitted to NHSE following system-wide CEO and CFO discussion and will form the basis of budget setting upload for 2023/24.

For BSMHFT, this includes the following adjustments:

- £6.1m of expenditure relating to Mental Health Investment Standard funding previously included in the BSMHFT plan was already included in ICS plans elsewhere and can therefore be removed
- Removal of double count income for the system - £1.1m
- Guidance from NHSE that excess non-pay inflation should be treated as a risk rather than be included within the submission - £0.5m
- Adjustment for fair share of overall ICS deficit - £0.3m

Because of the mandatory submission deadline, the submission has been approved by the Chief Executive and Director of Finance on behalf of the Board. The Board is asked to approve the submission.

### **Going Concern Review**

In preparing its annual accounts, the Trust is obliged to confirm whether or not it is appropriate to do so on the going concern basis.

This matter was discussed at the Finance, Performance and Productivity Committee which endorsed the management assessment of going concern that it is appropriate. The Board is asked to approve this recommendation.

The external auditors will validate this approach as part of their year end audit work and report back to Audit Committee.

### **Capital Programme 2023/24**

The draft 5 year capital plan was also submitted on 23 February 2023. The draft capital plan submitted for 2023/24 was £7m (this is based on £6.2m capital envelope plus a notional allocation of £0.7m being a fair share of the system capital investment fund (SCIF) – actual allocation of the SCIF is still subject to system review and agreement ahead of the final plan). In the absence of confirmed capital envelopes for future years, the capital plan for the 4 years from 2024/25 to 2027/28 has been submitted as £6.2m in line with our 2023/24 capital envelope.

The draft programme has been developed in line with the Capital Prioritisation Process agreed by the Board.

As per previous discussion at committees and the Board, the following items totalling £4.6m had already been pre-committed:

- Statutory Standards and Backlog Maintenance - £2,000k

- ICT - £930k
- CAMHS seclusion suite (funded externally) - £1,250k
- Completion of inpatient door sets - £400k

The usage of the balance of £2.4m has been reviewed by the Directors of Operations and Nursing in line with the Capital Prioritisation Process and is included as an appendix to this report.

The Finance, Performance & Productivity and Quality, Patient Experience & Safety Committees have reviewed these proposals and recommend their approval by the Board.

### **Contract Renewal – SSL owned sites**

Currently, there are three SSL-owned sites where the lease contract with the Trust has either expired or is shortly due to expire; Tamarind Centre (expired 30 November 2022), Ardenleigh and Juniper (expired 22 December 2021). The Trust is required to make a decision about how to continue use of these sites.

It is recommended that the three contracts are extended using the current terms and conditions to 30 November 2043. The Board is asked to approve this recommendation and pre-approve the extension of Reaside, John Black and Maple Leaf Drive when they end on 31 December 2023 to the same date of 30 November 2043.

### **Reason for consideration:**

The Board is asked to:

- Note the financial position and the assurance provided
- Approve the financial plan for 2023/24
- Approve the going concern treatment in the annual accounts
- Approve the capital programme for 2023/24
- Approve the extension of contract renewals for SSL owned sites as indicated

### **Previous consideration of report by:**

Regular briefing on financial position with FPP chair. Consideration of capital programme at QPES and FPP

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

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

### **Financial Implications** *(detail any financial implications)*

Group financial position

### **Board Assurance Framework**

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

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

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

Ongoing financial briefings via Operational Management Team and Sustainability Board.

# Finance Report

Financial Performance:  
1<sup>st</sup> April 2022 to 28<sup>th</sup> February 2023

# Month 11

## Group financial position

Group Summary	Annual Budget	YTD Position		
		Budget	Actual	Variance
	£'000	£'000	£'000	£'000
<b>Income</b>				
Healthcare Income	295,830	271,178	271,507	329
Other Income	107,927	98,933	104,687	5,753
<b>Total Income</b>	<b>403,758</b>	<b>370,111</b>	<b>376,194</b>	<b>6,083</b>
<b>Expenditure</b>				
Pay	(237,321)	(217,545)	(223,509)	(5,965)
Other Non Pay Expenditure	(130,284)	(119,427)	(121,130)	(1,703)
Drugs	(5,956)	(5,460)	(6,127)	(668)
Clinical Supplies	(871)	(799)	(591)	208
PFI	(11,130)	(10,203)	(9,827)	376
<b>EBITDA</b>	<b>18,195</b>	<b>16,679</b>	<b>15,009</b>	<b>(1,669)</b>
<b>Capital Financing</b>				
Depreciation	(9,983)	(9,151)	(9,105)	46
PDC Dividend	(1,930)	(1,769)	(1,766)	3
Finance Lease	(4,845)	(4,441)	(4,442)	(0)
Loan Interest Payable	(1,154)	(1,054)	(1,057)	(2)
Loan Interest Receivable	97	85	1,130	1,044
<b>Surplus / (Deficit) before taxation</b>	<b>380</b>	<b>348</b>	<b>(230)</b>	<b>(579)</b>
Profit/ (Loss) on Disposal	-	-	(32)	(32)
Taxation	(380)	(348)	(352)	(4)
<b>Surplus / (Deficit)</b>	<b>(0)</b>	<b>0</b>	<b>(614)</b>	<b>(615)</b>

### Month 11 2022/23 Group Financial Position

The month 11 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.

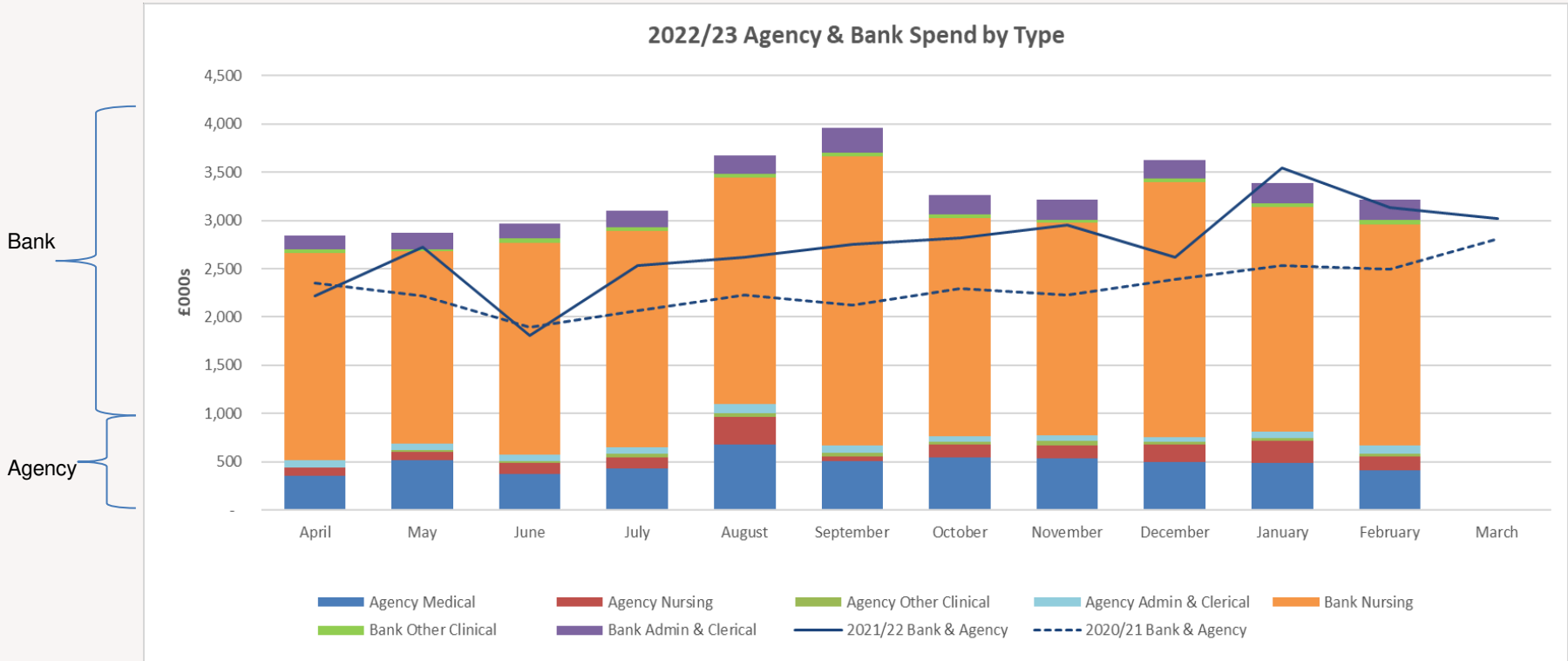
The Group position is mainly driven by the Trust month 11 deficit of £1.2m year to date. Key pressures contributing to the year to date deficit position are slippage on savings delivery, out of area pressures and staffing pressures, with a significant level of temporary staffing expenditure. These are 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. A paper regarding the approach to income deferral was approved at the Operational Management Team meeting on 14.3.23.

The Group position includes a £37k deficit for our wholly owned subsidiary, Summerhill Services Limited (SSL) and a £229k 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.

# Month 11 Group position

## Segmental summary

Group Summary	Trust	SSL	Reach Out	Consolidation	Group
	Actual	Actual	Actual	Actual	Actual
	£'000	£'000	£'000	£'000	£'000
<b>Income</b>					
Healthcare Income	271,507	-	-	-	271,507
Other Income	31,995	25,068	118,276	(70,652)	104,687
<b>Total Income</b>	<b>303,502</b>	<b>25,068</b>	<b>118,276</b>	<b>(70,652)</b>	<b>376,194</b>
<b>Expenditure</b>					
Pay	(213,121)	(9,509)	(1,130)	250	(223,509)
Other Non Pay Expenditure	(64,028)	(7,158)	(116,916)	66,973	(121,130)
Drugs	(6,457)	(2,723)	-	3,053	(6,127)
Clinical Supplies	(591)	-	-	-	(591)
PFI	(9,827)	-	-	-	(9,827)
<b>EBITDA</b>	<b>9,477</b>	<b>5,678</b>	<b>229</b>	<b>(376)</b>	<b>15,009</b>
<b>Capital Financing</b>					
Depreciation	(6,480)	(3,081)	-	455	(9,105)
PDC Dividend	(1,766)	-	-	-	(1,766)
Finance Lease	(4,438)	(350)	-	347	(4,442)
Loan Interest Payable	(1,057)	(1,933)	-	1,933	(1,057)
Loan Interest Receivable	3,062	0	-	(1,933)	1,130
<b>Surplus / (Deficit) before Taxation</b>	<b>(1,201)</b>	<b>315</b>	<b>229</b>	<b>427</b>	<b>(230)</b>
Profit/ (Loss) on Disposal	(32)	-	-	-	(32)
Taxation	-	(352)	-	-	(352)
<b>Surplus / (Deficit)</b>	<b>(1,233)</b>	<b>(37)</b>	<b>229</b>	<b>427</b>	<b>(614)</b>



The month 11 year to date temporary staffing expenditure is £36.1m. The graph above shows a breakdown of the temporary staffing expenditure by type.

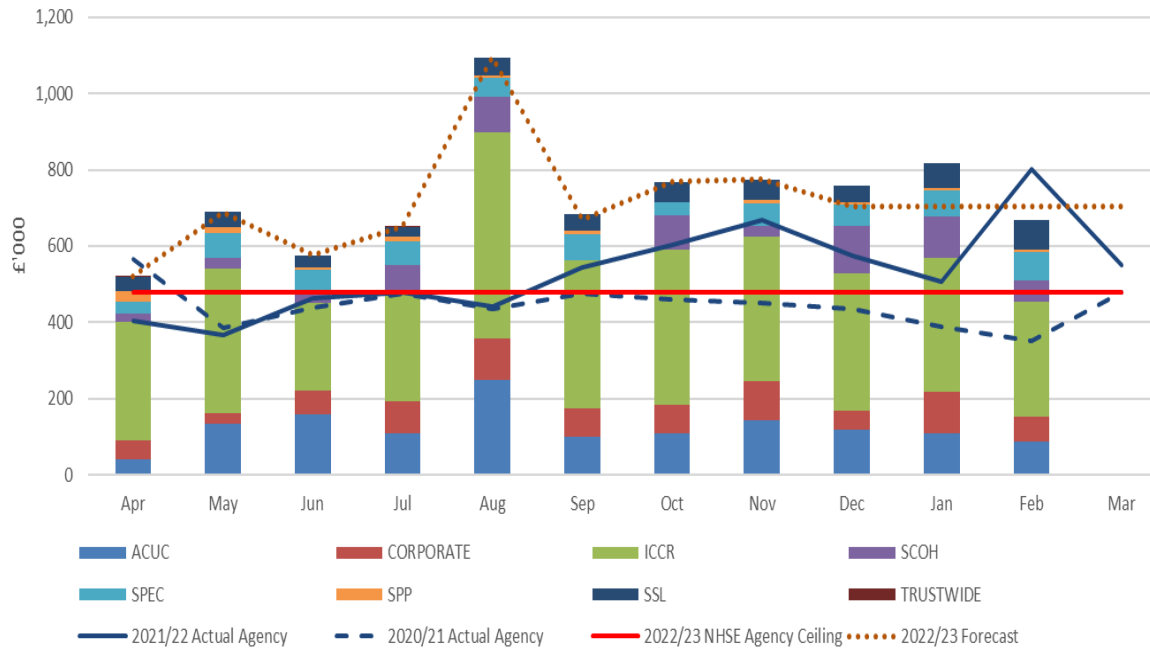
**Bank expenditure £28.1m (78%)** – the majority of bank expenditure relates to nursing bank shifts - £25.6m.

**Agency expenditure £8m (22%)** – the majority of agency expenditure relates to medical agency - £5.3m.

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



2022/23 Agency Spend by Service Area



## Agency expenditure

Total year to date agency expenditure is £8m. This has predominantly been incurred within the following service areas: ICCR £3.9m, Acute & Urgent Care £1.4m, Specialties £0.6m and Corporate £0.8m.

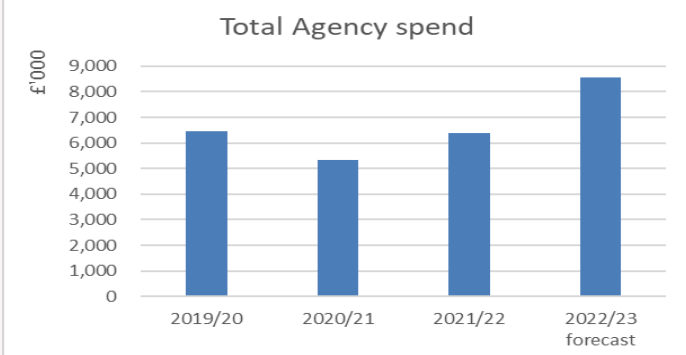
February expenditure of £668k is £149k less than prior month and is below the average monthly spend of £726k. The reduction in moth is partly due to February being a shorter month and a review of year to date accruals.

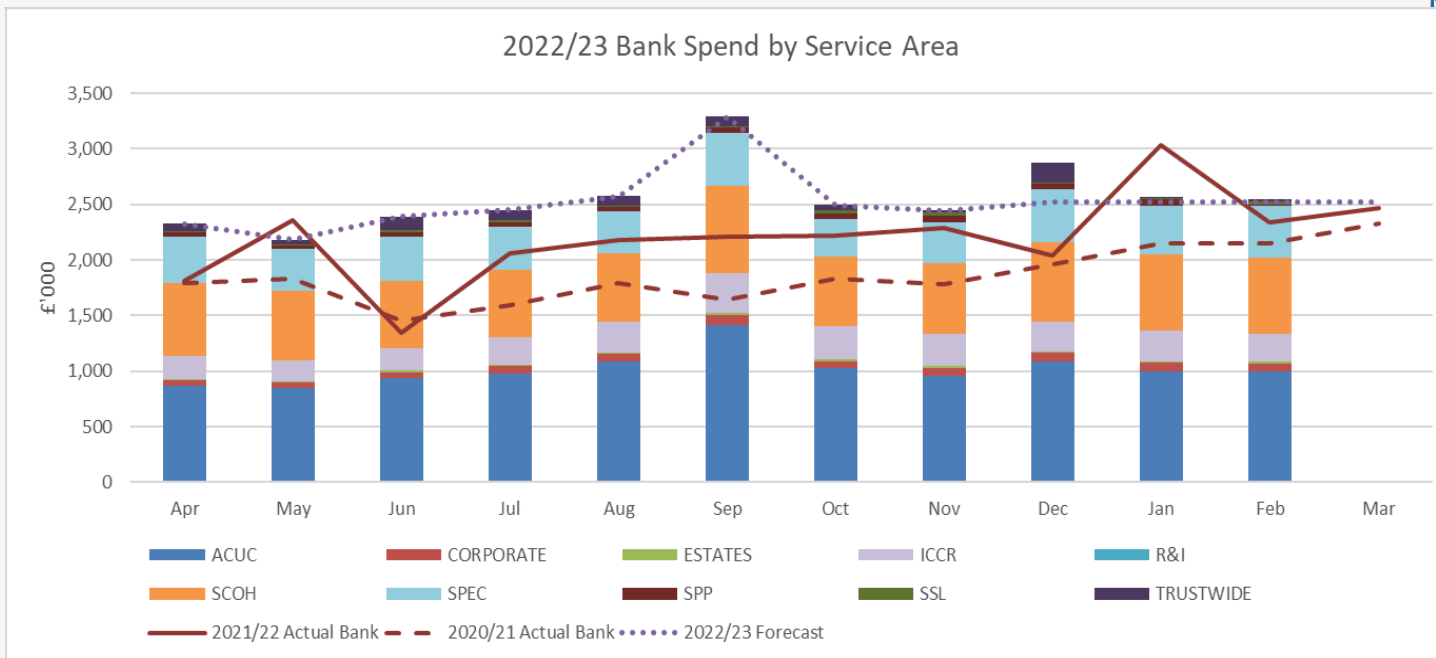
NHSE have set a system ceiling on agency spend for this financial year, calculated as 90% of 2021/22 spend: £5.7m for BSMHFT. Year to date spend exceeds the ceiling by £2.7m. The forecast spend for 2022/23 is £8.6m (£2.9m above ceiling). This is £2.2m (34%) above 2021/22 spend and £3.8m (60%) above 2020/21 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	Feb-23	2022/23 YTD
	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000
Agency Spend	520	689	576	650	1,095	670	769	774	760	817	668	7,986
NHSE Ceiling	479	479	479	479	479	479	479	479	479	479	479	5,265
Variance to NHSE ceiling	(41)	(210)	(97)	(171)	(616)	(191)	(290)	(295)	(281)	(339)	(189)	(2,721)
Agency Medical	358	515	378	433	677	510	542	539	495	490	411	5,347
Agency Nursing	86	87	113	117	285	43	136	135	180	231	144	1,557
Agency Other Clinical	(1)	20	20	40	45	46	25	40	34	23	31	322
Agency Admin & Clerical	77	67	66	61	88	71	65	60	50	73	82	759
Agency Spend	520	689	576	650	1,095	670	769	774	760	817	668	7,986





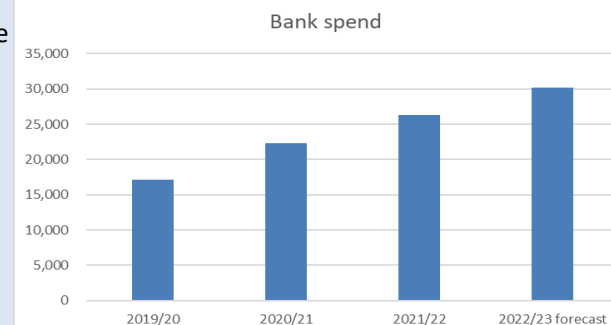
## Bank expenditure

Type	April	May	June	July	August	September	October	November	December	January	February	YTD
Bank Nursing	2,140	1,991	2,196	2,241	2,348	2,991	2,260	2,205	2,635	2,325	2,291	25,620
Bank Other Clinical	42	20	39	40	34	45	35	29	41	35	45	405
Bank Admin & Clerical	145	172	155	171	193	253	197	209	190	208	208	2,102
<b>Grand Total</b>	<b>2,326</b>	<b>2,183</b>	<b>2,390</b>	<b>2,452</b>	<b>2,575</b>	<b>3,289</b>	<b>2,492</b>	<b>2,443</b>	<b>2,866</b>	<b>2,567</b>	<b>2,544</b>	<b>28,127</b>

Total year to date bank expenditure at month 11 is £28.1m. This has predominantly been incurred within the following service areas: Acute & Urgent Care £11.2m, Secure and Offender Health £7.2m, Specialities £4.5m and ICCR £2.9m.

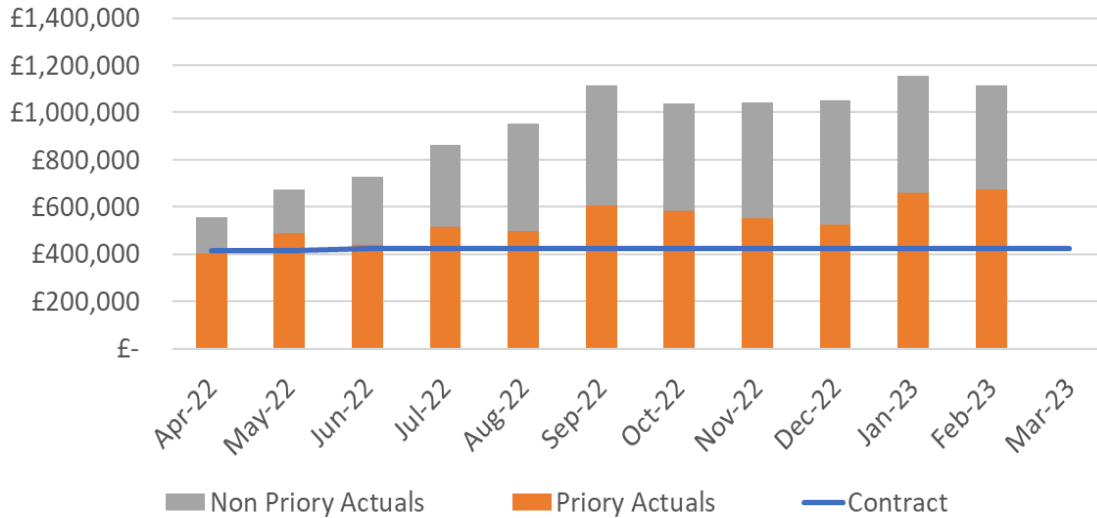
Total bank spend of £2.5m in February is in line with prior month and is just below the average monthly bank expenditure year to date of £2.6m. This is £0.4m above the 2021/22 monthly average and £0.7m above the 2020/21 average.

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%).

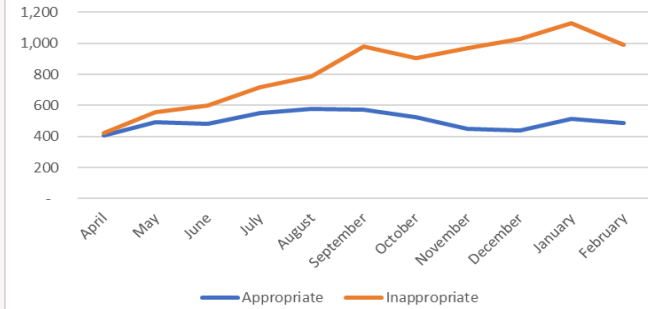


# Out of Area overspend

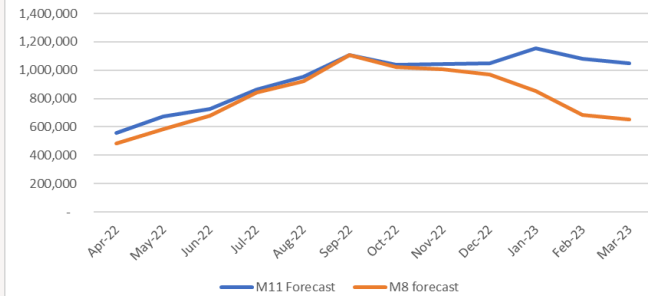
Out of Area OBD Expenditure



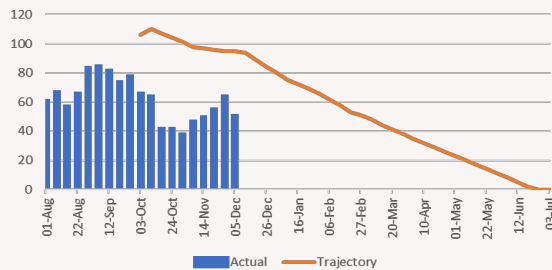
Bed days



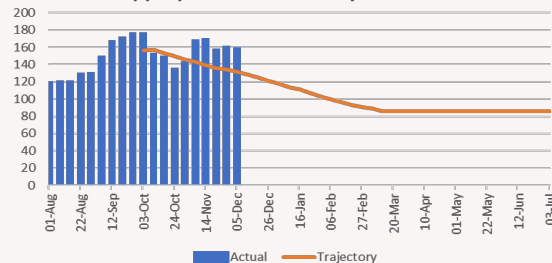
Change to actuals / forecast



Acute Inappropriate OOA bed days



PICU Inappropriate OOA bed days



The out of area plan set for 2022/23 was £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 £6m above plan.

The 2022/23 forecast out of area spend is now £13.7m (£8.7m overspend) based on latest data and contractual review following notice letter from Priory, which has caused us to fundamentally review our accruals methodology. 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 recurrent out of area cost pressure is currently being reviewed given the divergence from trajectory.

# Consolidated Statement of Financial Position (Balance Sheet)

Statement of Financial Position - Consolidated	EOY - Audited 31-Mar-22 £m's	NHSI Plan YTD 28-Feb-23 £m's	Actual YTD 28-Feb-23 £m's	NHSI Plan Forecast 31-Mar-23 £m's
<b>Non-Current Assets</b>				
Property, plant and equipment	186.5	201.5	204.6	201.9
Prepayments PFI	1.6	1.3	2.4	1.3
Finance Lease Receivable	-	-	0.0	-
Finance Lease Assets	-	-	0.0	-
Deferred Tax Asset	0.1	0.1	0.1	0.1
<b>Total Non-Current Assets</b>	<b>188.1</b>	<b>202.9</b>	<b>207.1</b>	<b>203.3</b>
<b>Current assets</b>				
Inventories	0.4	0.4	0.3	0.4
Trade and Other Receivables	9.7	11.1	19.6	11.1
Finance Lease Receivable	-	-	-	-
Cash and Cash Equivalents	28.8	51.6	65.2	49.9
<b>Total Current Assets</b>	<b>38.9</b>	<b>63.2</b>	<b>85.2</b>	<b>61.5</b>
<b>Current liabilities</b>				
Trade and other payables	(29.4)	(47.0)	(58.9)	(46.2)
Tax payable	(4.4)	(4.8)	(5.0)	(4.8)
Loan and Borrowings	(2.7)	(2.7)	(2.5)	(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)	(36.1)	(25.3)
<b>Total Current Liabilities</b>	<b>(50.9)</b>	<b>(82.0)</b>	<b>(105.1)</b>	<b>(81.2)</b>
<b>Non-current liabilities</b>				
Loan and Borrowings	(29.5)	(25.1)	(25.1)	(25.1)
PFI lease	(49.3)	(46.0)	(46.0)	(45.8)
Finance Lease, non current	-	(5.7)	(8.1)	(5.6)
Provisions	(2.4)	(4.3)	(3.3)	(4.3)
<b>Total non-current liabilities</b>	<b>(81.3)</b>	<b>(81.2)</b>	<b>(82.5)</b>	<b>(80.9)</b>
<b>Total assets employed</b>	<b>94.9</b>	<b>102.9</b>	<b>104.8</b>	<b>102.7</b>
<b>Financed by (taxpayers' equity)</b>				
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)	(46.9)	(45.0)	(47.1)
<b>Total taxpayers' equity</b>	<b>94.9</b>	<b>102.9</b>	<b>104.8</b>	<b>102.7</b>

## SOFP Highlights

The Group cash position at the end of February 2023 is £65.2m (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

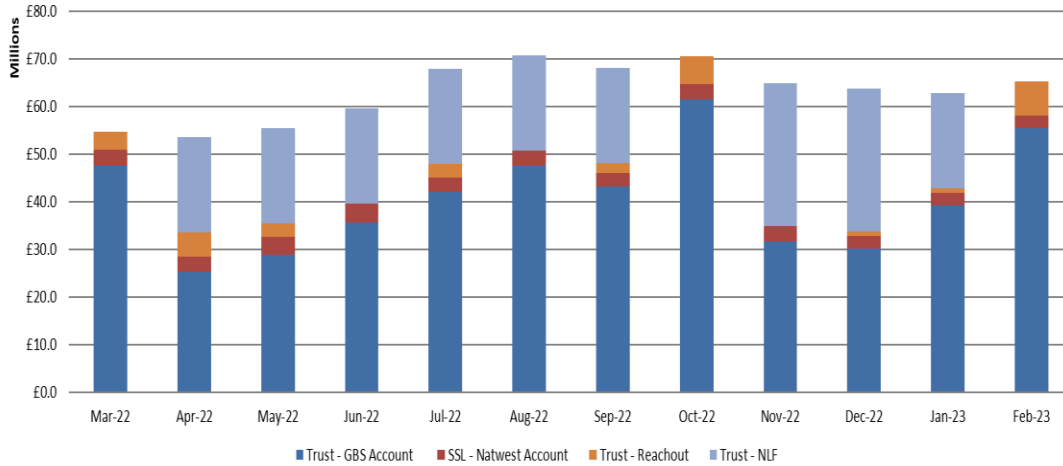
### Ratios

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

Current Ratio :	£m's
Current Assets	85.2
Current Liabilities	-105.1
<b>Ratio</b>	<b>0.8</b>

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

Group Cash Holding



## Cash

The Group cash position at the end of February 2023 is £65.2m.

Following the movement in interest rates, consideration was given to placing another short-term deposit with the National Loan Fund (NLF). This would have had to be returned by the 31.3.23 (due to the year end) but for this period our Government Banking Service (GBS) account was offering more favourable interest. We will look to place a longer term deposit with NLF in April 2023.

## Better Payments

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

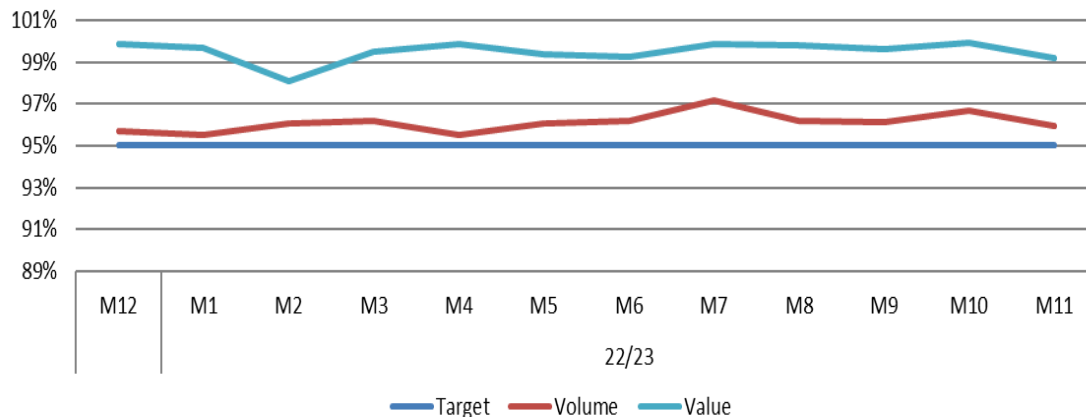
Performance against target is 97% for the month, based on an average of the four reported measures. Payment against value remains particularly high.

NHSEI wrote to the Finance Team to commend them on this consistent performance throughout the year in early March 2023.

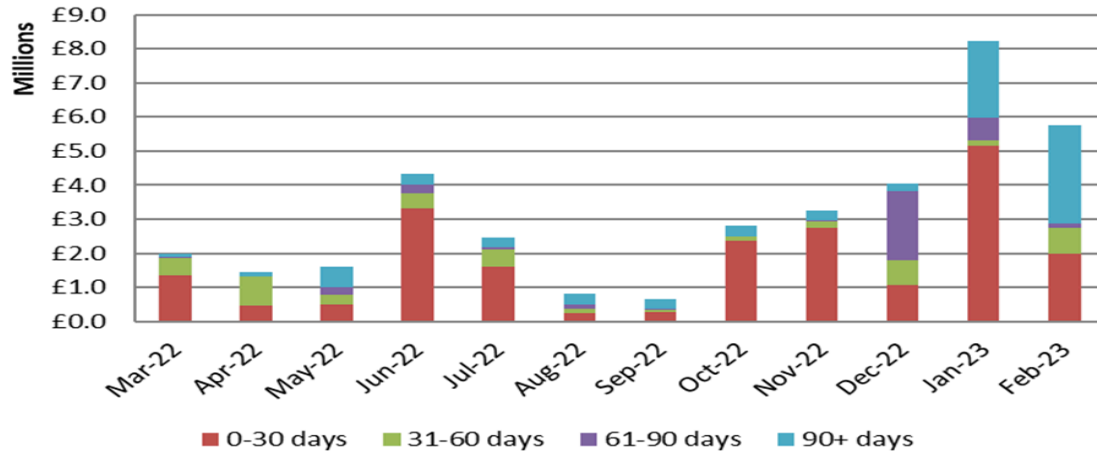
### Better Payment Practice Code :

	Volume	Value
NHS Creditors within 30 Days	98% ✓	100% ✓
Non - NHS Creditors within 30 Days	96% ✓	98% ✓

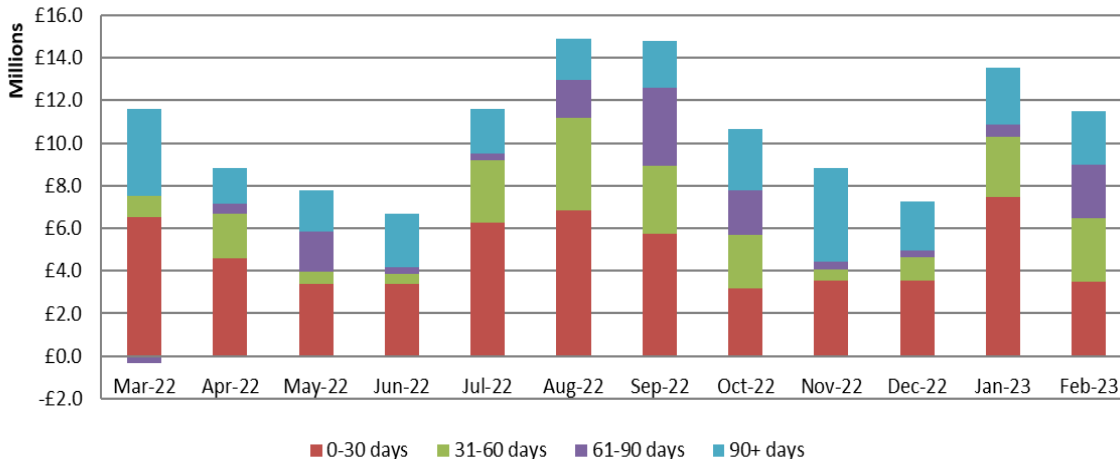
Public Sector Pay Policy



## Ageing of Trade Receivables



## Ageing of Payables



### Trade Receivables & Payables

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

#### Receivables :

- **0-30 days-** balance for scheduled monthly & ad hoc invoices with no known disputes at present. Payments of £366k received since 1.3.23.
- **31-60 days-** overall increase in month-main balance relates to UHB £444k (this has been approved for payment in March 23) the remainder of the balance relates to staff overpayments (on payment plans)
- **61-90 days-** mainly staff overpayments (on payment plans)
- **Over 90 days -** increase of balance relating to UHB £2m - received confirmation £1.3m will be paid on next payment run, remaining £638k under query due to services not fully provided, SWBH £519k in query, South Warwickshire 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
- Non-NHS Suppliers (54+) £1.5m – mainly bed fees invoices in query, most accounts are awaiting credit notes or adjustments due to disputes/other. Some payments/queries settled in March 2023.

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
<b>Approved Schemes:</b>							
Minor Projects (inc Carry-Forward)	1.2	1.3	1.1	0.8	0.2	-0.9	-0.6
SSBM Works	1.7	1.7	1.3	1.3	1.5	0.2	0.2
ICT Projects	0.8	0.8	0.6	0.6	0.8	0.1	0.1
Risk Assessment Works	3.6	3.6	3.0	2.8	4.6	1.6	1.8
<b>Total</b>	<b>7.3</b>	<b>7.3</b>	<b>6.0</b>	<b>5.5</b>	<b>7.0</b>	<b>1.0</b>	<b>1.5</b>
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

## Month 11 Group Capital Expenditure

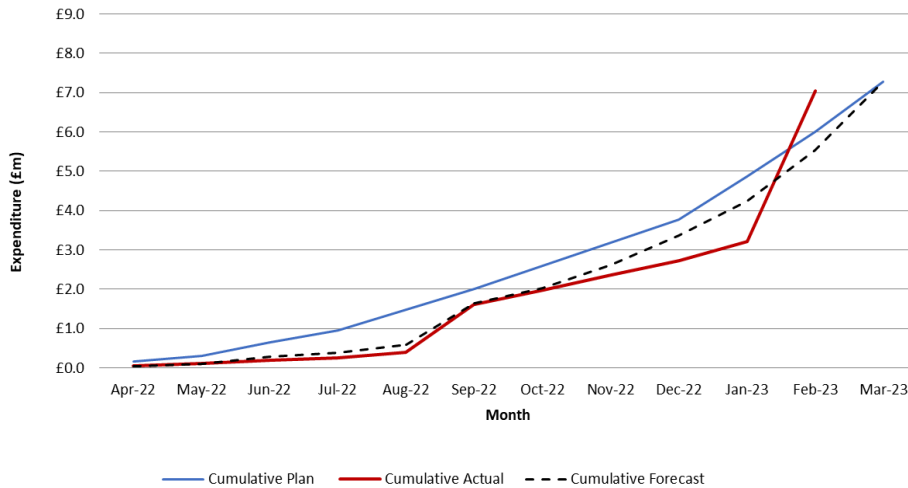
Month 11 Group capital expenditure is £7.0m year to date. This is £1.0m ahead of original plan and £1.5m ahead of the revised forecast profile.

## IFRS 16 – capital implications

Due to the implementation of IFRS 16, we have been required to recognise two right of use assets in 2022/23. These relate to the lease of Bishop Wilson and the SSL hub. 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.

There may be a requirement to recognise an additional £0.08m right of use asset in month 12 for a nursing training bus that was funded by HEE prior to the implementation of IFRS 16 – we are awaiting further information, including confirmation of the delivery date.

## 2022/23 Capital Expenditure

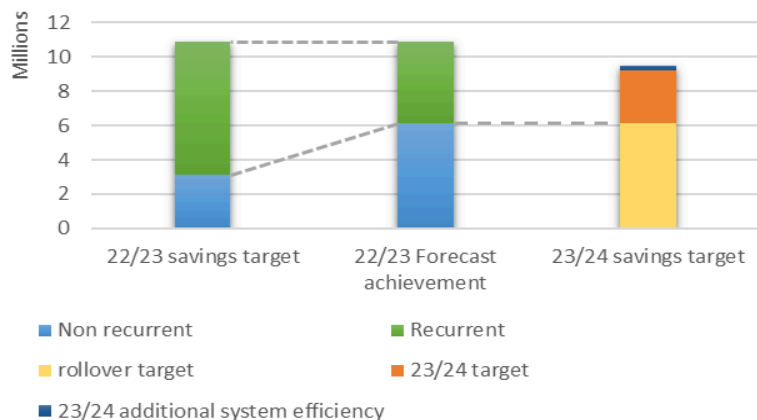


## 5 Year Capital Plan

On 23.2.23 a draft financial plan was submitted to NHSE. The total 2023/24 draft capital plan submitted was £7m, this is based on capital envelope of £6.2m plus notional allocation of £0.7m system capital investment fund (SCIF) which has been split across all system partners on a fair share basis for the purposes of the draft submission. The actual allocation of SCIF is still to be agreed by the system ahead of the final plan submission on 30.3.23. A capital prioritisation process has been undertaken to determine capital priorities for 2023/24, as set out in a separate capital prioritisation paper.

There was a requirement to submit high level capital plans to NHSE for the following 4 years from 2024/25 to 2027/28. In the absence of confirmed capital envelopes, the plan for each year has been submitted at £6.2m in line with our 2023/24 capital envelope.

### Savings



Savings plan 2023/24	£'000
<b>Non-recurrent</b>	
<b>Fully Developed</b>	
Interest receivable (1%)	250
<b>Plans in Progress</b>	
Budget setting pay review (not wte)	500
Budget setting pension review	1,400
PFI - commercial performance settlement	600
<b>Unidentified</b>	
Unidentified	2,358
<b>Non-recurrent Total</b>	<b>5,108</b>
<b>Recurrent</b>	
<b>Fully Developed</b>	
Budget setting non pay review	1,250
Budget setting pay review (not wte)	1,000
Estates budget for Ross House (disposal)	150
Interest receivable (@2.25%)	200
OH contribution	1,950
<b>Recurrent Total</b>	<b>4,550</b>
<b>Grand Total</b>	<b>9,658</b>

Efficiency Savings 2022/23	Plan Full Year £'000	Plan YTD £'000	Actual YTD £'000	Variance YTD £'000	Forecast Full Year £'000	Forecast Variance £'000
<b>Recurrent</b>	7,756	7,110	4,353	(2,757)	4,749	(3,007)
<b>Non recurrent</b>	3,116	2,856	2,857	1	6,123	3,007
<b>Total Efficiencies</b>	<b>10,872</b>	<b>9,966</b>	<b>7,210</b>	<b>(2,756)</b>	<b>10,872</b>	<b>0</b>

### 2022/23 Efficiency Plan

The total efficiency target for 2022/23 is £10.9m (£7.8m recurrent and £3.1m non recurrent). As at month 11, year to date savings achievement is £7.2m, this is £2.8m adverse to the year to date plan.

It is forecast that there will be a shortfall against the recurrent savings target of £3m which will be offset non recurrently. This recurrent shortfall 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.

### 2023/24 Efficiency Target - £9.7m

The 2023/24 efficiency target is £9.7m as follows:

- £6.1m rollover savings target
- £3.1m national efficiency target of 1.1%
- £0.5m additional system savings requirement

For the draft financial plan submitted to NHSE on 23.2.23, the savings plan submitted comprised £4.6m recurrent savings plans and £5.1m non recurrent (including £2.4m unidentified plans) as shown in the table opposite.



# 2023/24 Financial Plan

**The Draft Financial Plan 23/24 (version 3) - £8m deficit** was submitted to NHSE on 23.2.23.

## **Version 1: £21m deficit**

The bridge from the 22/23 break even plan to the £21m deficit underlying run rate is shown on page 15. 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** – submitted to the system on 13.2.23 for systemwide CFO review.

The bridge from the underlying deficit of £21m to the £38m deficit plan is shown on page 16 and is predominantly driven by:

- Removal of Service Delivery Funding (SDF) income. Recurrent SDF expenditure assumed in the plan but SDF income allocations held by the ICB until allocations have been agreed.
- Additional pressures in 23/24 include inflationary pressures above tariff and cost pressure funding.
- Planning assumption that the 1.1% efficiency target for 23/24 of £3m will be achieved

## **Version 3: £8m deficit - submitted as draft plan to NHSE 23.2.23**

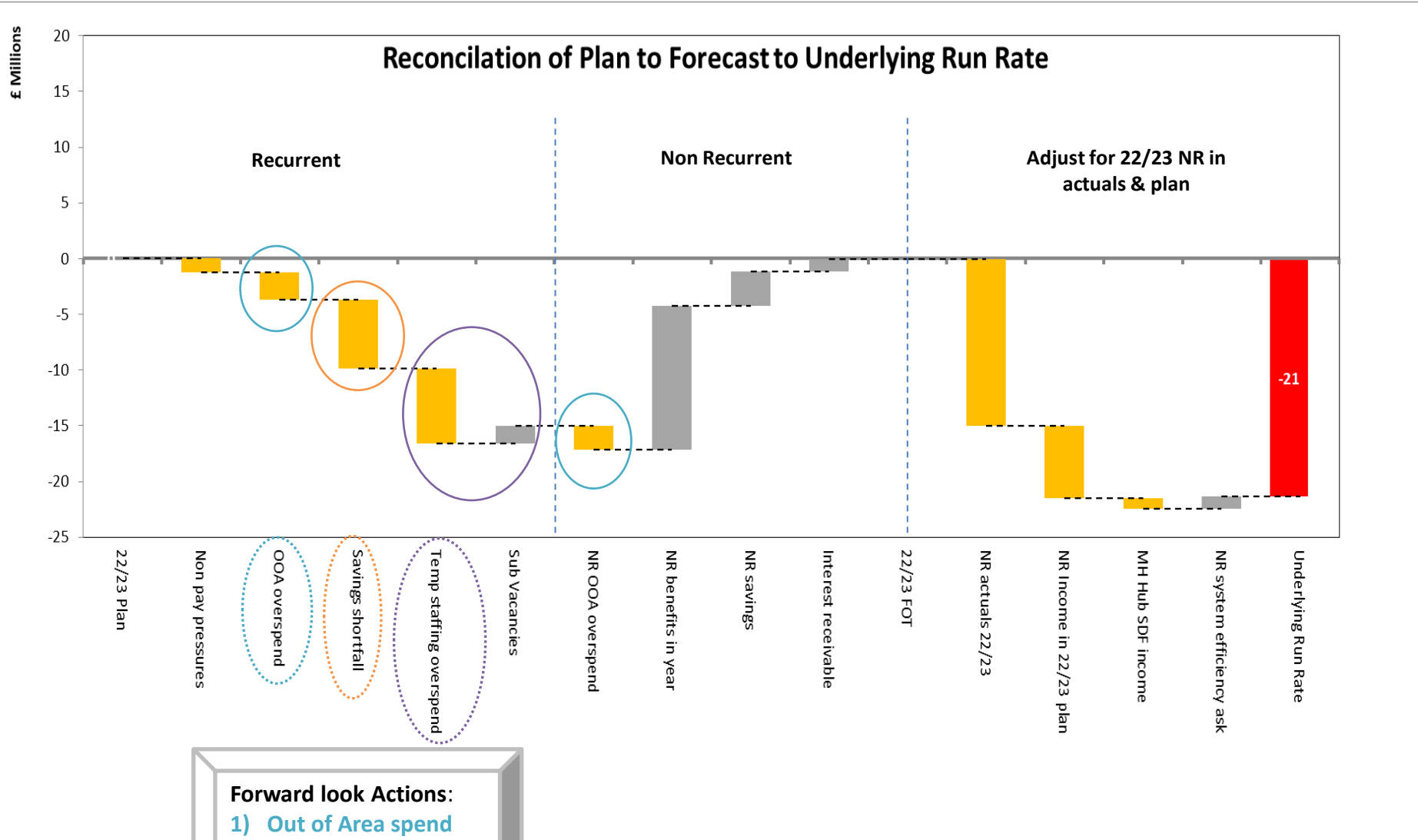
The bridge from the version 2 £38m deficit to the £8m deficit draft plan submitted to NHSE is shown on page 17. The improvement in plan is mainly driven by:

- 22/23 SDF income allocation £11m to offset recurrent expenditure plan - in version 2 income was held in ICB plan.
- Removal of £3m expenditure from plan following system agreement that growth income should be a bottom line benefit (part offsetting covid income loss)
- Agreement across the system that we should assume rollover savings target (£6m) will be achieved
- £8.7m allocation of systems reserves for draft submission – final allocation still to be agreed.
- Notional allocation of £12m MHIS funding and £5m SDF growth funding included in plan fully offset by expenditure – final allocations to be confirmed ahead of final plan submission.

## **System Financial Plan**

The draft plan submitted for the system as a whole on 23.2.23 was a deficit of £120m. The final plan submission is due on 30.3.23. System conversations are ongoing with the aim of closing the £120m gap by reviewing run rates and cost pressures, finalising MHIS and SDF allocations/plans and further review/development of efficiency plans at organisation and system level.

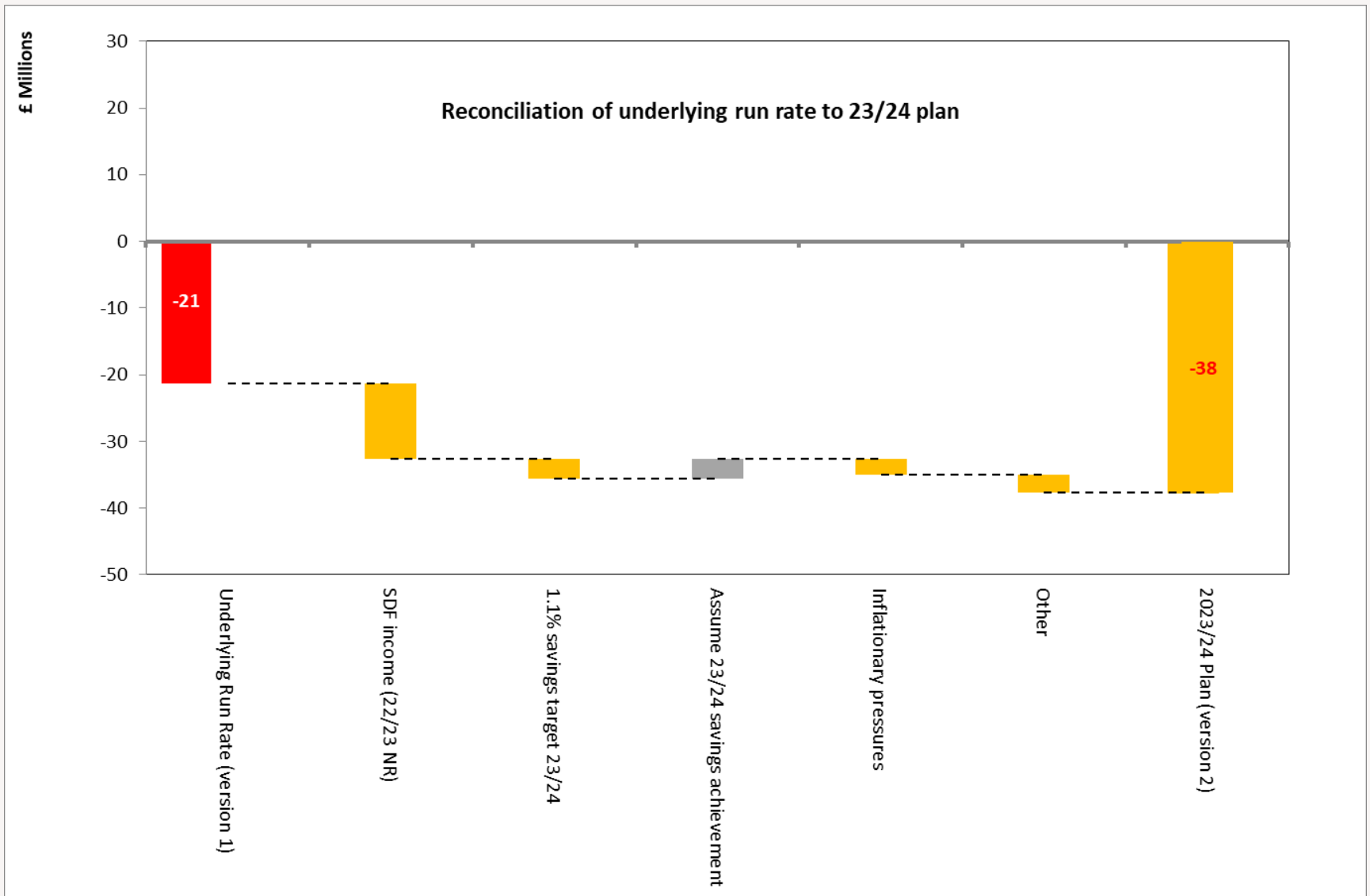
# Underlying run rate



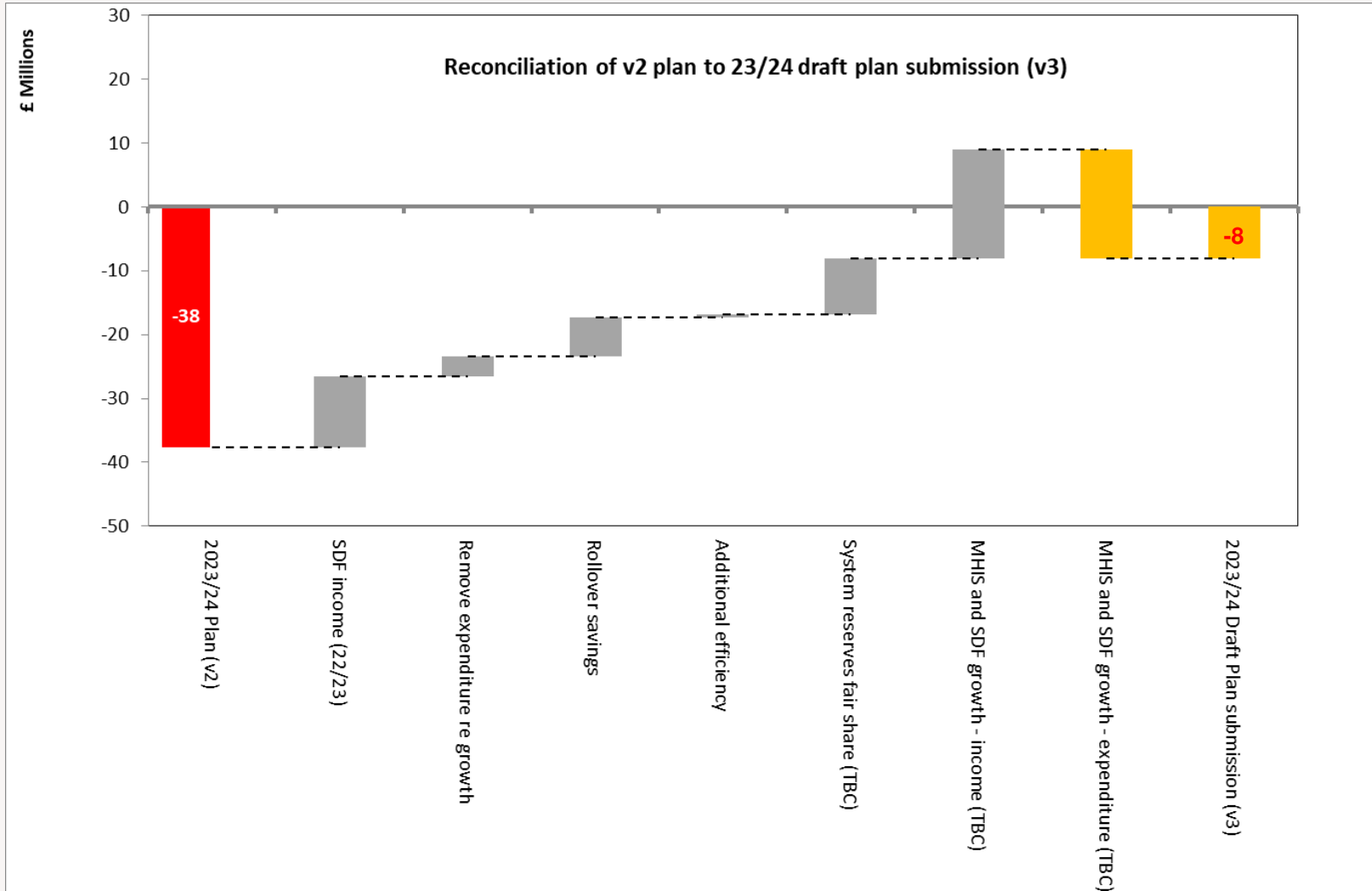
**Forward look Actions:**

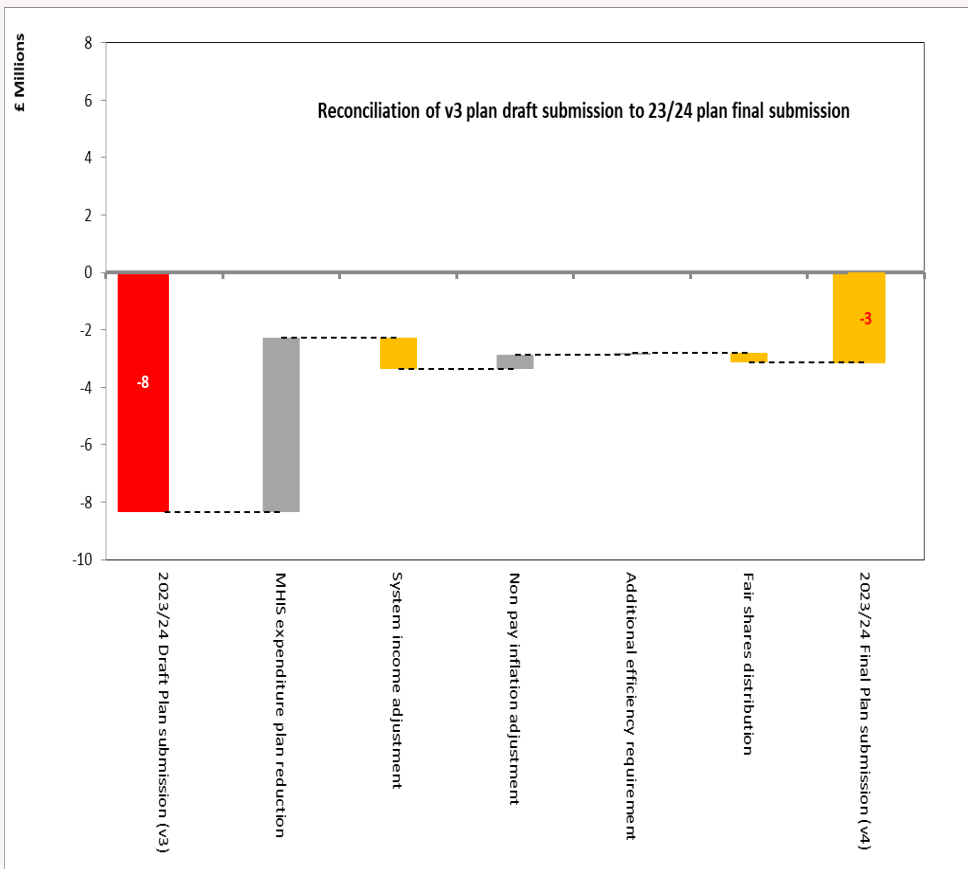
- 1) Out of Area spend
- 2) Efficiencies
- 3) Temporary staffing

# Underlying run rate to v2 2023/24 plan



# v2 plan to 2023/24 Draft Financial Plan submission





### Revenue Plan

The BSMHFT draft financial plan submitted to NHSE on 23.3.23 was £8m deficit. Following ongoing review across the system, adjustments of £5m have been identified to improve the financial plan to a £3m deficit. This is the agreed plan to be submitted to NHSE following system wide CEO and CFO discussion and will form the basis of budget setting upload for 2023/24. The changes are summarised as follows:

- **£6m MHIS expenditure plan reduction** - in the draft submission, £12m MHIS income was included in the BSMHFT plan with £12m offsetting expenditure. Further review of planned investments has concluded that £6.1m of MHIS expenditure was already included in system plans elsewhere, therefore this could be removed from the BSMHFT plan.
- **£(1)m system income adjustment** - a worsening of the income position for all system partners (due to a double count of ICB covid allocation in the draft plan) totalling £8.4m, with the BSMHFT share being £1.1m.
- **£0.5m non pay inflation adjustment** - made across all organisations to reduce non pay inflation from 5.5% to 4% following further guidance from NHSE.
- **£0.3m fair shares adjustment** - a final adjustment has been made to ensure each organisation has a fair share of the total agreed system deficit of £41.3m. This equates to 7.6% for BSMHFT, to give a final plan of £3.1m deficit - requiring a fair share adjustment of £342k.

### 5 Year Capital Plan

The 2023/24 capital plan to be submitted to NHSE on 30.3.23 will be as per the draft plan: £7m, this is based on capital envelope of £6.2m plus notional allocation of £0.7m system capital investment fund (SCIF) which has been split across all system partners on a fair share basis. The actual allocation of SCIF is still to be agreed by the system. A capital prioritisation process has been undertaken to determine capital priorities for 2023/24.

There is a requirement to submit high level capital plans to NHSE for the following 4 years from 2024/25 to 2027/28. In the absence of confirmed capital envelopes, the plan for each year has been submitted at £6.2m in line with our 2023/24 capital envelope.

# Going Concern Review

# Requirement to undertake Going Concern review

*International Accounting Standard 1 Presentation of financial statements (IAS 1) requires management to assess an entity's ability to continue as a going concern when preparing that entity's financial statements. It is assumed that an entity will prepare its accounts on a going concern basis unless management intends to, or has no alternative but to, liquidate the entity or to cease trading. **In the public sector, the HM Treasury Financial reporting manual (FReM)2 sets out an interpretation of this standard which focuses on whether the service(s) provided by the entity is going to be continued rather than whether the entity providing the service will continue to exist.***

*NHS specific guidance is provided in the Department of Health and Social Care's Group accounting manual (GAM) and NHS Improvement's NHS foundation trust Annual reporting manual (FT ARM). The FReM says:*

- **'For non-trading entities, the anticipated continuation of the provision of a service in the future, as evidenced by inclusion of financial provision for that service in published documents, is normally sufficient evidence of going concern. ....**
- *Sponsored entities whose statements of financial position show total net liabilities should prepare their financial statements on the going concern basis unless, after discussion with their sponsors, the going concern basis is deemed in appropriate, and*
- *Where an entity ceases to exist, it should consider whether or not its services will continue to be provided (using the same assets, by another public sector entity) in determining whether to use the concept of going concern for the final set of financial statements'*

*As healthcare services continue to be provided, despite financial difficulties and/ or reorganisations this means that it is highly unlikely that an NHS body will prepare its accounts on anything other than a going-concern basis. The fact that a body is going to cease to exist does not necessarily affect its going concern status. The key consideration is whether the services the body is providing will continue to be provided in the public sector. For example, if an NHS trust is acquired by a foundation trust, the NHS trust remains a going concern if its assets will continue to be used to provide healthcare services although under the auspices of another NHS body. Equally, where CCGs merge, the services continue.*

*Foundation trusts follow the FReM adaptation to IAS 1, as set out in paragraph 2.13 of the FT ARM4 : 'There is no presumption of going concern status for NHS foundation trusts. **Directors must decide each year whether or not it is appropriate for the NHS foundation trust to prepare its accounts on the going concern basis.**' It is clear an NHS body will be determined not to be a going concern in only exceptional circumstances; however, this interpretation does not exempt the management of NHS bodies from the requirement to undertake a going concern review – and this has not changed in 2020/21. What has changed is the focus of the review on service provision rather than financial sustainability. This also means it is unlikely that an NHS body would have any going concern uncertainties to disclose.*

(Extract taken from the Healthcare Financial Management Association Going Concern Briefing – April 2021)



# Auditor's role in relation to Going Concern

*International standard on auditing (UK) 570 Going concern (ISA 570) sets out the auditor's responsibility in relation to going concern. The standard was substantially revised in September 2019 and the revised standard is applicable to audits of financial statements for periods commencing on or after 15 December 2019. For NHS bodies this is 2020/21.*

*The Financial Reporting Council's (FRC) Statement of recommended practice – Practice Note 10: Audit of financial statements and regularity of public sector bodies in the United Kingdom, (Revised 2020) (PN10) sets out the interpretation of going concern for non-trading entities within public sector in the UK.*

*PN10 recognises that the adaptation of IAS1 means the matter of whether the going concern basis is appropriate is not a significant focus for the auditor. Therefore a 'straightforward and standardised approach to compliance with ISA 570 will often be appropriate'.*

*Supplementary Guidance Note (SGN) 01: Going Concern – Auditors' responsibilities for local public bodies (the SGN), issued by the National Audit Office's Controller and Auditor General, has been prepared to assist auditors in meeting their responsibilities as the statutory auditor of local public bodies, under the Code of Audit Practice (the Code).*

*The SGN sets out guidance for auditors to have regard to in their assessment of going concern on audits of financial statements of local health and local government bodies and is relevant to audits from financial year 2020/21 and onwards. The SGN sets out the requirements (in accordance with ISA (UK) 570) of the auditor's risk assessment procedures in respect of understanding the entity and understanding the entity's controls around going concern and evaluating management's assessment.*

(Extract taken from the Healthcare Financial Management Association Going Concern Briefing – April 2021)

**PRN00021 2023/24 priorities and operational planning guidance v1.1 27 January 2023** states the following:

*We need to create stronger foundations for the future, with the goals of the NHS Long Term Plan our ‘north star’. These include our core commitments to improve mental health services and services for people with a learning disability and autistic people*

The guidance requests all systems to develop plans to implement the key actions to help deliver the national NHS objectives for 2023/24. The mental health objectives are set out below:

### National NHS objectives 2023/24:

<b>Mental health</b>	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

The **NHSE 2023/24 planning and operational guidance** sets out the following:

### **Mental health Key actions:**

- *Continue to achieve the Mental Health Investment Standard by increasing expenditure on mental health services by more than allocations growth.*
- *Develop a workforce plan that supports delivery of the system’s mental health delivery ambition, working closely with ICS partners including provider collaboratives and the voluntary, community and social enterprise (VCSE) sectors.*
- *Improve mental health data to evidence the expansion and transformation of mental health services, and the impact on population health, with a focus on activity, timeliness of access, equality, quality, and outcomes data.*

*NHS England has allocated funding to grow the workforce and expand services to support delivery of the mental health NHS Long Term Plan commitments. In particular, NHS England will continue to support the growth in IAPT workforce by providing 60% salary support for new trainees in 2023/24. We will also support ICBs to co-produce a plan by 31 March 2024 to localise and realign mental health and learning disability inpatient services over a three year period as part of a new quality transformation programme.*

# Evidence that services will continue to be provided for the foreseeable future

**The NHS Mental Health Implementation Plan 2019/20 – 2023/24**, published in July 2019, set out the following:

*The NHS Long Term Plan renewed our commitment to pursue the most ambitious transformation of mental health care England has ever known. Today, the Mental Health Implementation Plan provides a new framework to ensure we deliver on this commitment at the local level. The Five Year Forward View for Mental Health, published in 2016, represented a major step, securing an additional £1 billion in funding for mental health, so that an additional 1 million people could access high quality services by 2020/21.....With this Implementation Plan, a ringfenced local investment fund worth at least £2.3 billion a year in real terms by 2023/24 will ensure that the NHS provides high quality, evidence-based mental health services to an additional 2 million people.*

**The 2023/24 Revenue Finance and Contracting Guidance**, set out the following:

*ICBs will continue to receive Service Development Fund (SDF) allocations to support the delivery of the NHS Long Term Plan commitments in 2023/24.....NHS England has reviewed and streamlined the number of individual SDF allocations. Most of the SDF for 2023/24 will be bundled into higher level groupings..... ICBs must spend bundled SDF on the core set of initiatives for which it has been allocated, but can choose how to distribute the funding between those initiatives, other than where specific priorities are set out in the 2023/24 priorities and operational planning guidance.*

*Key financial commitments - Mental health services (section 106 – 109)*

- The Mental Health Investment Standard (MHIS) will apply to ICBs and continue to be subject to an independent review. For 2023/24, the MHIS requires ICBs to increase spend on mental health services by ICB programme allocation base growth (prior to the application of the convergence adjustment) plus an additional amount to reflect further recurrent funding that has been added to ICB allocations for mental health in 2023/24.....*
- Local system leaders, including the nominated lead mental health provider, should review each ICB's investment plan underpinning the MHIS to ensure it is credible to deliver the mental health activity commitments and the related workforce.... Where an ICB fails to deliver the mental health investment requirements, NHS England will consider appropriate action.*
- The NHS Long Term Plan makes recurrent commitments on mental health services. While currently issued as non-recurrent SDF allocations, they are recurrent within the NHS mandate and therefore systems will continue to be funded to deliver these.*
- Efficiencies applied to MHIS-related expenditure should be re-invested in mental health services such that systems continue to meet their MHIS requirements.*

# Management's assessment of Going Concern

International Accounting Standard 1 Presentation of financial statements (IAS 1) requires management to assess an entity's ability to continue as a going concern when preparing that entity's financial statements. In the public sector, the HM Treasury Financial reporting manual (FRM)<sup>2</sup> sets out an interpretation of IAS 1 which focuses on **whether the service(s) provided by the entity is going to be continued** rather than whether the entity providing the service will continue to exist.

IAS 1 states that the review should take into account as much information about the future as possible but should look ahead at least 12 months from the end of the reporting period.

## Recommendation

The evidence set out on pages 21 to 22 demonstrates the ongoing national commitment to the funding of mental health services. This together with block funding arrangements, Service Delivery Funding and Mental Health Investment Standard allocations for 2023/24 provides strong indication that the services provided by BSMHFT will continue for the foreseeable future. Notwithstanding any new national announcements around operational planning guidance, and revised national narrative around going concern, it is therefore recommended that the going concern basis of accounting should be used for the preparation of the 2022/23 year end accounts.

The Finance, Performance and Productivity Committee are asked to endorse this recommendation.

**The Board of Directors are asked to approve the recommendation to use the going concern basis of accounting for the preparation of the 2022/23 year end accounts.**

Birmingham and Solihull Mental Health NHS Foundation Trust	
Major/Minor/Risk/Statutory Standards & Backlog Maintenance/ICT Capital Projects - 23/24, 24/25, 25/26 & 26/27	

Location	Description of Works	Comments	Priority	£'s 2023/24	£'s 2024/25	£'s 2023/24 Priority Work Only	£'s 2024/25 Priority Work Only
George Ward	Decommission and remove bath as not used, also highlighted as a risk		X	£ 10,000.00	£ -	£ 10,000.00	£ -
Eden Acute	Anti-ligature Upgrade of Courtyard (not including windows)	No Clinical Supervision to Courtyards - H&S Risk	X	£ 100,000.00	£ -	£ 50,000.00	£ 50,000.00
Eden PICU	Anti-ligature Upgrade of Courtyard (not including windows)	No Clinical Supervision to Courtyards - H&S Risk	X	£ 80,000.00	£ -	£ 40,000.00	£ 40,000.00
Endeavour House	Anti-ligature Upgrade of Courtyard (not including windows)	No Clinical Supervision to Courtyards - H&S Risk	X	£ 80,000.00	£ -	£ 40,000.00	£ 40,000.00
George Ward	Fencing at front of ward	H&S Risk Priority 1	X	£ 65,000.00	£ -	£ 32,500.00	£ 32,500.00
George Ward	Take down crumbling wall and install fencing	H&S Risk Priority 1	X	£ 5,000.00	£ -	£ 5,000.00	£ -
Newbridge House	Second Courtyard fencing	Security Risk Priority 1	X	£ 75,000.00	£ -	£ 37,500.00	£ 37,500.00
Eden Unit	Replacement pipework for control of Legionella	£55,000.00 moved back from 22/23 into 23/24	X	£ 55,000.00	£ -	£ 55,000.00	£ -
			<b>Sub-Total</b>	<b>£ 470,000.00</b>	<b>£ -</b>	<b>£ 270,000.00</b>	<b>£ 200,000.00</b>
Eden Acute	Small courtyard fence cloaking and remove slabs and install resin in courtyard	H&S Risk Priority 1	x - 2 years	£ 35,000.00	£ 35,000.00	£ 35,000.00	£ 35,000.00
Endeavour House	Re-configure Endeavour House to allow for better DDA compliance	H&S Risk Priority 1	x - 2 years	£ 125,000.00	£ 125,000.00	£ 125,000.00	£ 125,000.00
Endeavour House	Extend Clinic into small Office - space adjustment	H&S Risk Priority 1	x - 2 years	£ 87,500.00	£ 87,500.00	£ 87,500.00	£ 87,500.00
Mary Seacole 1	Cloaking to Courtyard fence	Security Risk Priority 1 and Privacy & Dignity	x - 2 years	£ 10,000.00	£ 10,000.00	£ 10,000.00	£ 10,000.00
Mary Seacole 2	Lounge to Courtyard - Britplas window and door	Security Risk Priority 1	x - 2 years	£ 12,500.00	£ 12,500.00	£ 12,500.00	£ 12,500.00
Mary Seacole 2	Cloaking to Courtyard fence	Security Risk Priority 1 and Privacy & Dignity	x - 2 years	£ 10,000.00	£ 10,000.00	£ 10,000.00	£ 10,000.00
			<b>Sub-Total</b>	<b>£ 280,000.00</b>	<b>£ 280,000.00</b>	<b>£ 280,000.00</b>	<b>£ 280,000.00</b>
George Ward	Water Management remedial works for the prevention of Legionella			£ 16,400.00	£ -	£ -	£ -
George Ward	Anti-ligature Upgrade of Courtyard (not including windows)	No Clinical Supervision to Courtyards - H&S Risk		£ 80,000.00	£ -	£ -	£ -
Mary Seacole 1	16 no. anti-ligature WC's and Trovex IPS panels			£ 240,000.00	£ -	£ -	£ -
Mary Seacole 1	Anti-ligature Upgrade of Courtyard (not including windows)	No Clinical Supervision to Courtyards - H&S Risk		£ 80,000.00	£ -	£ -	£ -
Mary Seacole 2	14 no. anti-ligature WC's and Trovex IPS panels			£ 210,000.00	£ -	£ -	£ -
Mary Seacole 2	Anti-ligature Upgrade of Courtyard (not including windows)	No Clinical Supervision to Courtyards - H&S Risk		£ 80,000.00	£ -	£ -	£ -



Tamarind	Various air-condition system replacements affecting seclusion and control room		3	£ 200,000.00	£ -		£ 100,000.00	£ 100,000.00
Reaside	Replace fire alarm system		4	£ 180,000.00	£ -	Ideally needs doing in one year as 'end of useful life', with spares difficult to obtain.	£ 180,000.00	£ -
			<b>Sub-Total</b>	<b>£ 830,000.00</b>	<b>£ -</b>		<b>£ 517,500.00</b>	<b>£ 312,500.00</b>
Ardenleigh	Lighting upgrade	There were two upgrades one of ardenleigh and one of hillis lodge- both energy saving perspective- ardenleigh was costed around 200000 and hence added to get more value - to push into Year 2	5 2 years	£ -	£ 200,000.00		£ -	£ 200,000.00
			<b>TOTAL</b>	<b>£ 830,000.00</b>	<b>£ 200,000.00</b>	<b>Secure Services</b>	<b>£ 517,500.00</b>	<b>£ 512,500.00</b>
<b>Specialties</b>								
Maple Leaf Centre	Conversion of unused kitchen area into Perinatal Community Team base, including clinical and admin space	£315k	1	£ 315,000.00	£ -	Approved at CRG for works to go ahead.	£ 157,500.00	£ 157,500.00
Little Bromwich Centre	10 no. Anti-Barricade Doorsets and hinges - Consultation Room doors	£10k	2	£ 10,000.00	£ -		£ 10,000.00	£ -
Little Bromwich Centre	BHM Area - Convert 3 unused rooms to Consultation Rooms	£40k	3	£ 40,000.00	£ -		£ 40,000.00	£ -
Ashcroft	To complete all alterations to existing rooms for relocation of teams	£150k	4	£ 150,000.00	£ -		£ 75,000.00	£ 75,000.00
			<b>Sub-Total</b>	<b>£ 515,000.00</b>	<b>£ -</b>		<b>£ 282,500.00</b>	<b>£ 232,500.00</b>
Juniper	En-suite refurbishments	£150k	5 2 years	£ 75,000.00	£ 75,000.00		£ 75,000.00	£ 75,000.00
			<b>TOTAL</b>	<b>£ 590,000.00</b>	<b>£ 75,000.00</b>	<b>Specialties</b>	<b>£ 357,500.00</b>	<b>£ 307,500.00</b>
<b>ICCR</b>								
Endeavour Court	Creation of Clinic Room & External Fencing	£90k	1	£ 90,000.00	£ -	Priority work move up the list.	£ 45,000.00	£ 45,000.00
Endeavour Court (CAC)	Anti-Barricade Doorsets	£80k		£ 80,000.00	£ -		£ -	£ -
Endeavour Court	Anti-ligature Upgrade of Courtyard (not including windows)	£80k		£ 80,000.00	£ -		£ -	£ -
			<b>Sub-Total</b>	<b>£ 250,000.00</b>	<b>£ -</b>		<b>£ 45,000.00</b>	<b>£ 45,000.00</b>
Endeavour Court	Internal Courtyard landscaping	£100k	2 years	£ 50,000.00	£ 50,000.00		£ 50,000.00	£ 50,000.00
Dan Mooney House	Alterations due to change in Complex Care Unit	£250k	2 2 years	£ 125,000.00	£ 125,000.00	Richard to discuss re splitting the work and feedback when spoken to the Estates.	£ 125,000.00	£ 125,000.00
Lyndon Centre	Completion of total building refurbishment	£470k	3 2 years	£ 235,000.00	£ 235,000.00	Richard to discuss re splitting the work and feedback when spoken to the Estates.	£ 235,000.00	£ 235,000.00
			<b>Sub-Total</b>	<b>£ 410,000.00</b>	<b>£ 410,000.00</b>		<b>£ 410,000.00</b>	<b>£ 410,000.00</b>
Endeavour Court	New door for dignity & respect to Reception Search Room	£15k		£ 15,000.00	£ -		£ -	£ -
Longbridge Centre	LED lighting upgrade	£75k		£ 75,000.00	£ -		£ -	£ -
Lyndon Centre	Patient safety and Risk Assessment works	£6k		IN FOR 24/25	£ 6,000.00		£ -	£ -
Lyndon Centre	Upgrade to internal fabric etc	£7k		IN FOR 24/25	£ 9,000.00		£ -	£ -
Lyndon Centre	Various external works	£5k		IN FOR 24/25	£ 3,000.00		£ -	£ -
Lyndon Centre	Upgrades to mechanical and electrical plant, fixtures and fittings	£18k		IN FOR 24/25	£ 18,000.00		£ -	£ -
Dan Mooney House	Patient safety and Risk Assessment works	£9k		APPROVED UNDER SSBM WORKS 23/24			£ -	£ -
Dan Mooney House	Upgrade to internal fabric etc	£16k		APPROVED UNDER SSBM WORKS 23/24			£ -	£ -
Dan Mooney House	Various external works	£9k		APPROVED UNDER SSBM WORKS 23/24			£ -	£ -

Dan Mooney House	Replace fire alarm system	down for 24/25		IN FOR 24/25	£	25,000.00	£	-	£	-	
Dan Mooney House	Upgrade to mechanical and electrical plant, fixtures and fittings	£12k		APPROVED UNDER SSBM WORKS 23/24	£		£	-	£	-	
David Bromley House	Patient safety and Risk Assessment works	£5k		APPROVED UNDER SSBM WORKS 23/24	£		£	-	£	-	
David Bromley House	Upgrades to internal fabrics etc	£13k		APPROVED UNDER SSBM WORKS 23/24	£		£	-	£	-	
David Bromley House	Various external works	£17k		APPROVED UNDER SSBM WORKS 23/24	£		£	-	£	-	
David Bromley House	Upgrades to mechanical and electrical plant, fixtures and fittings	£20k		APPROVED UNDER SSBM WORKS 23/24	£		£	-	£	-	
Hertford House	Upgrades to mechanical and electrical plant, fixtures and fittings	£15k		APPROVED UNDER SSBM WORKS 23/24	£		£	-	£	-	
Hertford House	Upgrades to internal fabric, etc	£6k		APPROVED UNDER SSBM WORKS 23/24	£		£	-	£	-	
Hertford House	Various external works	£3k		APPROVED UNDER SSBM WORKS 23/24	£		£	-	£	-	
Hertford House	Patient safety and risk assessment works	£16k		APPROVED UNDER SSBM WORKS 23/24	£		£	-	£	-	
Maple Leaf Centre	Patient safety and risk assessment works	£6k		APPROVED UNDER SSBM WORKS 23/24	£		£	-	£	-	
Newington Centre	Patient safety and Risk Assessment works	£3k		APPROVED UNDER SSBM WORKS 23/24	£		£	-	£	-	
Rookery Gardens	Redecorations	down for 24/25		IN FOR 24/25	£	5,000.00	£	-	£	-	
Rookery Gardens	Staff Assist System Enhancement	£30k		IN FOR 24/25	£	30,000.00	£	-	£	-	
Warstock Lane	Patient safety and Risk Assessment works	£5k		APPROVED UNDER SSBM WORKS 23/24	£		£	-	£	-	
Warstock Lane	Upgrades to mechanical and electrical plant, fixtures and fittings	£16k		APPROVED UNDER SSBM WORKS 23/24	£		£	-	£	-	
Warstock Lane	External works, including stonework repairs	£12k		APPROVED UNDER SSBM WORKS 23/24	£		£	-	£	-	
Small Heath Health Centre	Remedial Works - Passive Fire Protection Surveys (Important)			APPROVED UNDER SSBM WORKS 23/24	£		£	-	£	-	
Small Heath Health Centre	Remedial works - Fire risk assessments			APPROVED UNDER SSBM WORKS 23/24	£		£	-	£	-	
Small Heath Health Centre	Remedial Works - Fixed Wire Test & inspection			APPROVED UNDER SSBM WORKS 23/24	£		£	-	£	-	
Small Heath Health Centre	Remedial Works - Water Management Risk assessment			APPROVED UNDER SSBM WORKS 23/24	£		£	-	£	-	
			<b>Sub-Total</b>		£	<b>90,000.00</b>	£	<b>96,000.00</b>	£	<b>-</b>	
			<b>TOTAL</b>		£	<b>750,000.00</b>	£	<b>506,000.00</b>	<b>ICCR</b>	£ <b>455,000.00</b>	
		<b>NOTE:</b> This sum <b>DOES NOT</b> include the £449,099.90 prioritised shortfall required in 23/24 for the manufacture of 'Kingsway' doorsets or the installation costs for any of the doorsets. (Please see separate e-mail/spreadsheet for costs) - Natassia share the objective evidence. Natassia to work with Tariro and the team. Natassia to work with Coumar as there was an incident previously at Reaside.	<b>GRAND TOTAL</b>		£	<b>6,294,400.00</b>	£	<b>1,061,000.00</b>	<b>NOTE:</b> This sum <b>DOES NOT</b> include the £449,099.90 prioritised shortfall required in 23/24 for the manufacture of 'Kingsway' doorsets or the installation costs for any of the doorsets. (Please see separate e-mail/spreadsheet for costs)	£ <b>1,880,000.00</b>	£ <b>1,755,000.00</b>
						<b>2023/24</b>		<b>2023/24</b>		<b>£'s 2023/24 Priority Work Only</b>	<b>£'s 2024/25 Priority Work Only</b>

Doorset Manufacture Shortfall (No Installation Costs) £ 449,099.90

**GRAND TOTAL** £ 2,329,099.90



# **Birmingham & Solihull Mental Health Foundation Trust and Summerhill Services Limited**

## **Contracts renewal – SSL owned sites**

### **Background**

Summerhill Services Limited (SSL) is a wholly owned subsidiary of Birmingham and Solihull Mental Health NHS Foundation Trust (BSMHFT) and commenced trading on 2 April 2012. SSL owns, leases and contract manages 48 clinical sites across Birmingham and Solihull. The principal activity of the company is to offer a holistic facilities management service for BSMHFT.

SSL has grown at pace, leading to a multi-million-pound property portfolio, as well as operating several sites on behalf of stakeholders through leases and occupation arrangements. SSL offer a multi-faceted approach and provision; transport and portering services, capital, and project management, PFI management, contract management, consultancy and a business monitoring, performance, and reporting service.

The combined BSMHFT and SSL business model has always been to provide agile, efficient, clinically focused services and sustainable solutions, through a single point of contact for all facilities management and support services to Birmingham and Solihull Mental Health Foundation Trust.

### **Contract Summary**

BSMHFT have several separate contracts with SSL across all services and sites, this has happened in a stepped approach and as such the contracts come up for renewal in a piece meal approach based on the date of creation. Since its inception in 2012, there have been four sets of major transactions involving SSL and BSMHFT (detail in appendix 1).

- The sale to SSL and lease back by BSMHFT of Tamarind on 30th November 2012
- The sale to SSL and lease back by BSMHFT of Juniper and Glenthorne (Ardenleigh) on 22nd December 2016
- The sale to SSL and lease back by BSMHFT of part of Reaside, John Black and Maple Leaf Drive on 1st June 2018.
- The most recent transaction, the 'Estate Transfer' on 1st July 2019, was a lease to SSL and licence back to BSMHFT of 14 buildings.

Each of these transactions had a managed services lease agreement where SSL provides the same offering to each location. The offering for the later Estates transfer is slightly different to the other transfers because of the PFI contract management, estate planning/service and repair of the leased properties elements

Tamarind from 1<sup>st</sup> December 2017 due to expire on 30<sup>th</sup> November 2022 having previously been extended

Reaside, John Black and Maple Leaf Drive from 1<sup>st</sup> June 2018 for five years due to expire on 31<sup>st</sup> December 2023.

The Estate Transfer from 1<sup>st</sup> July 2019 to 30<sup>th</sup> April 2029.

A breakdown of current contracts and end-dates is included within Appendix 1.

### **Site Categorisation**

BSMHFT sites fit in to one of five categorisations

- **Sites leased by the Trust**

SSL provides cleaning and any catering required for these sites and the landlord provides estates/maintenance.

SSL also provides a Property & lease management service to ensure these leases are managed correctly and efficiently.

- **Sites leased to SSL**

These properties are leased to SSL but the facilities management and estates / maintenance is provided by a PFI partner.

SSL provides a PFI contract management service to ensure compliance, KPI's and performance is achieved and maintained. SSL also provides a benchmarking service to ensure services provided by 3rd suppliers are best value.

- **Sites owned by the Trust**

SSL provides all facilities management and estates/ maintenance services to these sites.

- **Sites owned by PFI Partners**

The majority of these sites, the PFI partners provide facilities management and estates/ maintenance – SSL provides a PFI contract management service to ensure compliance, KPI's and performance is achieved and maintained. SSL also provides a benchmarking service to ensure services provided by 3rd suppliers are best value.

A small number of PFI sites the PFI partner only provides estates / maintenance services. In these sites SSL provides a full hotel-services offer – catering, housekeeping and domestic services.

SSL provides a PFI contract management service to ensure compliance, KPI's and performance is achieved and maintained. SSL also provides a benchmarking service to ensure services provided by 3rd suppliers are best value.

- **Sites owned by SSL**

SSL provides a fully managed lease which includes all housekeeping, domestic services, catering and estates / maintenance.

Full details of site categorisation are included within Appendix 2.

### **Value For Money Proposal for SSL**

From the outset of SSL, each transaction was based on a business case presented to the Trust Board which demonstrated the savings, return on investment and the benefits of the transfer. There are three key elements SSL are baselined and measured to establish value for money; staff, services and financial return.

SSL operate a flexible staff model – offering a competitive salary (above A4C) but with a reduced pension in comparison to NHS employees, this is further enhanced by insurance and services, offering a modern and highly competitive package. SSL's recruitment time is on average 25% quicker than the Trust for a similar style role.

Service offering - SSL deliver a fully Integrated soft and hard FM services package to the Trust which is measured against agreed performance indicators set by the Trust

Financial return - SSL offers a tax efficiency that cannot be delivered from within the NHS due to national restrictions on public bodies. From the reclamation of VAT on utility costs, general expenses, and capital costs which means that SSL has saved the Trust more than £26m over the contract period.

### **Quality and Delivery of Service**

The Trust and SSL have shareholder and an operational stakeholder meeting where the performance indicators are shared and discussed along with the performance risks and issues to delivery. The shareholder meetings are held between the Chair and CEO of the Trust and the MD of SSL. The operational group is led by the trust chief operating officer and has relevant associate directors as well as operational service leads from SSL.

### **Issue to be Resolved**

Currently, there are three SSL-owned sites where the lease contract with the Trust has either expired or is shortly due to expire; Tamarind Centre (due to expire 30<sup>th</sup> November 2022), Ardenleigh and Juniper (expired 22<sup>nd</sup> December 2021). The Trust is required to make a decision about how to continue use of these sites, and options are set out in the following section.

## Options

- **Option 1 – Extend current leasing arrangement with SSL**

It is proposed that the contracts are extended, duplicated current terms and conditions, with a harmonised end-date of **30<sup>th</sup> November 2043**. Costs have been provided by the SSL finance team to extend the current arrangements;

Site	Annual Unitary Charge (£)	Estimated Annual FM Charge (£)
Tamarind	2,135,280	2,504,358
Ardenleigh	1,212,336	2,451,351
Juniper	709,548	1,237,865
Reaside	303,456	2,151,141
Rookery Gardens	103,608	149,047
Maple Leaf	98,760	186,761
<b>Total</b>	<b>4,562,988</b>	<b>8,680,523</b>

The costs for the annual unitary charge are fixed, unless additional capital works are completed on the sites. The FM charges are variable and based on actual cost plus a 5% fee (as per current SSL contractual arrangements). This structure allows the Trust to benefit from reclaiming the 20% VAT cost on these charges. The figures quoted for FM charges are an estimate based on the prior 12 months actual costs.

This option would offer both organisations an element of stability, confidence, assurance and commitment. SSL is a wholly owned subsidiary of the Trust and forms part of the overall group position. This request meets the NHSE recognition for wholly owned subsidiaries and does not represent a significant transaction, it comes under the continuation of services.

By making contract end-dates consistent, this will also reduce resources required, including financial, contracting and legal support required to manage the contracts. Appropriate financial reviews will need to be conducted periodically, at intervals to be agreed between BSMHFT and SSL.

- **Option 2 – Contracts not renewed and buildings bought back in-house under Trust**

This option would be classed as a significant transaction by NHSEI and require a business case and a fully audited review and sign off. This would require the repurchase of the sites from SSL or the reacquisition via a dissolution of the SSL (which would have an impact on other SSL operations). This option would incur significant resource and cost implications, including for external advice and consultancy, as well as increased capital charges.

This option would also require a further TUPE transfer of staff back from SSL to BSMHFT, which would create workforce instability and incur additional costs. It would also reverse any ongoing future savings that the Trust can benefit from through the VAT reclaim arrangements with SSL.

- **Option 3 – Contract not renewed and alternate sites sought**

This option would involve significant costs for finding, leasing and bringing up to standard, as well as the implications of the requirement to replace the tenant or sell the estate.

The sites in question are highly specialised assets, which are configured for clinical use and therefore would take significant time to find replacement tenants, and costs would continue to be incurred by the Group during this period.

### **Recommendation**

It is recommended that Option1 is chosen, to extend current leasing arrangements between BSMHFT and SSL, and harmonise all contract end-dates to **30<sup>th</sup> November 2043**.

This option would offer both organisations an element of stability, confidence, assurance and commitment. SSL is a wholly owned subsidiary of the Trust and forms part of the overall group position. This request meets the NHSE recognition for wholly owned subsidiaries and does not represent a significant transaction, it comes under the continuation of services requirements. This proposal would create no additional costs, which promotes financial sustainability for the Group, and is within current budgetary envelopes.

**Appendix 1 – Current Contract Position**

<b>Site</b>	<b>Type of Agreement</b>	<b>Start Date</b>	<b>Renewal Date</b>
Tamarind	Loan Agreement	30/11/12	30/11/37
Tamarind	Group Service Agreement	30/11/12	30/11/37
Tamarind	Sale Contract	30/11/12	
Tamarind	Lease Agreement	30/11/12	30/11/37
Tamarind	Managed Lease Contract	01/12/17	01/12/22
Ardenleigh	Loan Agreement	22/12/16	22/12/41
Ardenleigh	Group Service Agreement	22/12/16	22/12/21
Ardenleigh	Sale Contract	22/12/16	
Ardenleigh	Lease Agreement	22/12/16	22/12/41
Juniper	Loan Agreement	22/12/16	22/12/41
Juniper	Group Service Agreement	22/12/16	22/12/21
Juniper	Sale Contract	22/12/16	
Juniper	Lease Agreement	22/12/16	22/12/41
Juniper	Deed of Covenant	22/12/16	
Reaside	Loan Agreement	01/06/18	
Reaside	Group Service Agreement	01/06/18	01/06/23
Reaside	Sale Contract	01/06/18	
Reaside	Lease Agreement	01/06/18	01/06/43
Maple Leaf	Loan Agreement	01/06/18	
Maple Leaf	Group Service Agreement	01/06/18	01/06/23
Maple Leaf	Sale Contract	01/06/18	
Maple Leaf	Lease Agreement	01/06/18	01/06/43
Various	Tenant Agreement	Jun-19	
Various	Landlord Agreement	Jun-19	
Various	Fully Managed Service	Jun-19	
Various	Property Management Agreement	Jun-19	

### Appendix 2 – SSL Property and Managed Leases

Property		Postal Address	Title Number	Owned By	Facilities Management Service	Estates Management Service	SSL Service Provision
<b>LEASED PROPERTIES</b>							
Adams Hill				Leased By BSMHFT	Assorted FM Services provided by SSL	Landlord	Assorted FM Services provided by SSL & lease management
B1				Leased By BSMHFT	Assorted FM Services provided by SSL	Landlord	Assorted FM Services provided by SSL & lease management
Bishop Wilson Clinic				Leased By BSMHFT	Assorted FM Services provided by SSL	Landlord	Assorted FM Services provided by SSL & lease management
Calum Lodge				Leased By BSMHFT	Assorted FM Services provided by SSL	Landlord	Assorted FM Services provided by SSL & lease management
Express Signs				Leased By BSMHFT	Assorted FM Services provided by SSL	Landlord	Assorted FM Services provided by SSL & lease management
Freshfields				Leased By BSMHFT	Assorted FM Services provided by SSL	Landlord	Assorted FM Services provided by SSL & lease management
Grove Avenue	a			Leased By BSMHFT	Assorted FM Services provided by SSL	Landlord	Assorted FM Services provided by SSL & lease management
Middlewood House site (inc The Bridge & Clarity House)				Leased By BSMHFT	Assorted FM Services provided by SSL	Landlord	Assorted FM Services provided by SSL & lease management
Orsborn House				Leased By BSMHFT	Assorted FM Services provided by SSL	Landlord	Assorted FM Services provided by SSL & lease management
Phoenix Day Centre				Leased By BSMHFT	Assorted FM Services provided by SSL	Landlord	Assorted FM Services provided by SSL & lease management
William Booth Centre				Leased By BSMHFT	Assorted FM Services provided by SSL	Landlord	Assorted FM Services provided by SSL & lease management
<b>LAND</b>							
Rubery Hill Land				Owned By BSMHFT	No service Provided		No Service Required
<b>OWNED BY BSMHFT ( Managed Service PFI)</b>							
Eden Unit	Inpatient	355 Slade Rd Erdington, B23 6AL	WM727641	Lease to SSL	PFI Managed Service via Amey	PFI Managed Service via Amey	SSL Contract Management of PFI Service
George Ward	Inpatient	355 Slade Rd, Erdington, B23 6AL	WM727641	Lease to SSL	PFI Managed Service via Amey	PFI Managed Service via Amey	SSL Contract Management of PFI Service
Little Bromwich Centre	Outpatient	150 Hob Moor Rd, Small Heath, B10 9JH	WM820557	Lease to SSL	PFI Managed Service via Amey	PFI Managed Service via Amey	SSL Contract Management of PFI Service
Newbridge House	Outpatient	130 Hob Moor Rd, Small Heath, B10 9JH	WM820695	Lease to SSL	PFI Managed Service via Amey	PFI Managed Service via Amey	SSL Contract Management of PFI Service
Northcroft	Outpatient	190 Reservoir Rd, Erdington B23 6DW	WM787838	Lease to SSL	PFI Managed Service via Amey	PFI Managed Service via Amey	SSL Contract Management of PFI Service
Small Heath Health Centre	Outpatient	42 Chapman Rd Small Heath B10 0PG	WM558794	Lease to SSL	PFI Managed Service via Amey	PFI Managed Service via Amey	SSL Contract Management of PFI Service
Venture House	Corporate	Fertham Rd Erdington B23 6AL	WM727641	Lease to SSL	PFI Managed Service via Amey	PFI Managed Service via Amey	SSL Contract Management of PFI Service
Nightingale House	Vacant	Hob Moor Rd, Small Heath, B10 9JH	WM820557	Lease to SSL	PFI Managed Service via Amey	PFI Managed Service via Amey	SSL Contract Management of PFI Service
<b>OWNED BY BSMHFT ( Fully Managed Service SSL)</b>							
Dan Mooney House	Inpatient	1 Woodside Crescent, Downing Close, Knowle, Solihull, B93 0QA	WM933526	BSMHFT	SSL Managed Service	SSL Managed Service	SSL Managed Service
David Bromley House	Inpatient	2-4 Woodside Crescent, Downing Close, Knowle, Solihull, B93 0QA	WM933526	BSMHFT	SSL Managed Service	SSL Managed Service	SSL Managed Service
Hertford House	Inpatient	29 Old Warwick Road, Olton, Solihull, B92 7JQ	WK178660	BSMHFT	SSL Managed Service	SSL Managed Service	SSL Managed Service
Hills Lodge	Inpatient	Hollymoor Way, Northfield, B31 5HE	WM696952	BSMHFT	SSL Managed Service	SSL Managed Service	SSL Managed Service
Longbridge Health & Community Centre	Outpatient	10 Park Way, Birmingham Great Park, Rubery, B45 9PL	WM698718	BSMHFT	SSL Managed Service	SSL Managed Service	SSL Managed Service
Lyndon Resource Centre	Outpatient	Hobs Meadow, Solihull, B92 8PW	WM228771	BSMHFT	SSL Managed Service	SSL Managed Service	SSL Managed Service
Newington Resource Centre	Outpatient	Newington Road, Hamar Way, Marston Green, B37 7RW	WM742508	BSMHFT	SSL Managed Service	SSL Managed Service	SSL Managed Service
Sherley Fields	Outpatient	15 Sherley Fields Drive, Northfield, B31 1XH	WM354675	BSMHFT	SSL Managed Service	SSL Managed Service	SSL Managed Service
Uffculme Centre inc	Corporate	52 Queensbridge Road, Moseley, B13 8QY	WM629873	BSMHFT	SSL Managed Service ( Excl Catering)	SSL Managed Service ( Excl Catering)	SSL Managed Service ( Excl Catering)
Uffculme site buildings (Tall Trees, Coach House, Old Lodge, Estates Office, Creative Arts)	Mixed use	52 Queensbridge Road, Moseley, B13 8QY	WM629873	BSMHFT	SSL Managed Service ( Excl Catering)	SSL Managed Service ( Excl Catering)	SSL Managed Service ( Excl Catering)
Warstock Lane	Outpatient	Warstock Lane, Billesley, B14 4AP	WM629864	BSMHFT	SSL Managed Service	SSL Managed Service	SSL Managed Service
Main House	Vacant	201 Hollymoor Way, Northfield, B31 5HE	WM696952	BSMHFT	SSL Managed Service	SSL Managed Service	SSL Managed Service
Hollyhill	Vacant	Rubery Lane, Rubery, B45 9AY	WM696803	BSMHFT	SSL Managed Service	SSL Managed Service	SSL Managed Service
Ross House	Vacant	Sheldon Drive, Northfield, B31 5EJ	WM788320	BSMHFT	SSL Managed Service	SSL Managed Service	SSL Managed Service
<b>PFI PROPERTIES</b>							
Ashcroft Unit	Inpatient	The Moorings, Hockley, B18 5SD	WM727644	PFI	PFI Managed Service via Amey	PFI Managed Service via Amey	SSL Contract Management of PFI Service
Endeavour Court	Inpatient	210 Reservoir Rd Erdington, B23 6DJ	WM727641	PFI	PFI Managed Service via Amey	PFI Managed Service via Amey	SSL Contract Management of PFI Service
Endeavour House	Inpatient	202 Reservoir Road Erdington, B23 6DJ	WM727641	PFI	PFI Managed Service via Amey	PFI Managed Service via Amey	SSL Contract Management of PFI Service
Forward House	Inpatient	Slade Road, Erdington, B23 7JQ	WM727641	PFI	PFI Managed Service via Amey	PFI Managed Service via Amey	SSL Contract Management of PFI Service
Mary Seacote House	Inpatient	Lodge Rd, Winson Green, B18 5SD	WM727644	PFI	PFI Managed Service via Amey	PFI Managed Service via Amey	SSL Contract Management of PFI Service
Reservoir Court	Inpatient	220 Reservoir Rd Erdington, B23 6DJ	WM727641	PFI	PFI Managed Service via Amey	PFI Managed Service via Amey	SSL Contract Management of PFI Service
The Barbary	Inpatient	25 Vincent Drive, Edgbaston, B15 2FG	WM930799	PFI	SSL Hotel Services	PFI Managed Service	SSL Hotel Services / SSL Contract management of PFI Services
The Oleaster	Inpatient	6 Mindelsohn Crescent, Edgbaston, B15 2SY	WM930799	PFI	SSL Hotel Services	PFI Managed Service	SSL Hotel Services / SSL Contract management of PFI Services
The Zinnia Centre	Inpatient	100 Showell Green Lane, B11 4HL	WM743181	PFI	SSL Hotel Services	PFI Managed Service	SSL Hotel Services / SSL Contract management of PFI Services
<b>OWNED BY SSL</b>							
Ardenleigh	Inpatient	385 Kingsbury Road, Erdington, B24 9SA	WK220477	SSL	SSL Managed Service	SSL Managed Service	SSL Managed Service
John Black Day Hospital	Outpatient	4 Maple Leaf Drive, Marston Green B37 7JB	WM742512	SSL	SSL Managed Service	SSL Managed Service	SSL Managed Service
Juniper Centre	Inpatient	Moseley Hall Hospital site, Alcester Road, Moseley, B13 8JL	WM906216	SSL	SSL Managed Service	SSL Managed Service	SSL Managed Service
Reaside	Inpatient	Birmingham Great Park, Bristol Road South, Rubery, B45 9BE	WM696803	SSL	SSL Managed Service	SSL Managed Service	SSL Managed Service
Rookery Gardens	Inpatient	385 Kingsbury Road, Erdington, B24 9SA	WK220477	SSL	SSL Managed Service	SSL Managed Service	SSL Managed Service
Tamarind	Inpatient	165 Yardley Green Road, Bordesley Green, B9 5PU	WM681118	SSL	SSL Managed Service	SSL Managed Service	SSL Managed Service
Maple Leaf Drive	Vacant	2 Maple Leaf Drive, Marston Green B37 7JB	WM742512	SSL	SSL Managed Service	SSL Managed Service	SSL Managed Service

## 10. PARTNERSHIPS



## 10.1. Provider Collaboratives update

## 11. NED ASSURANCE REPORTS

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

<b>Meeting</b>	<b>COUNCIL OF GOVERNORS</b>
<b>Agenda item</b>	<b>Item 11.1</b>
<b>Paper title</b>	<b>CHAIR'S ASSURANCE REPORT FROM QUALITY, PATIENT EXPERIENCE &amp; SAFETY COMMITTEE</b>
<b>Date</b>	11 May 2023
<b>Author</b>	Dr L Cullen, Non-Executive Director, Chair
<b>Executive sponsor</b>	Mr S Forsyth, Interim Director of Quality and Safety (Chief Nurse)

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

<b>Executive summary</b>
<p>The Quality Patient Experience &amp; Safety committee met on the 19 April 2023. The attached Assurance Report is provided by the Committee Chair for the attention of the Council of Governors.</p> <p>The committee received the following:</p> <ul style="list-style-type: none"> <li>• QI framework</li> <li>• Monthly Quality Report</li> <li>• Integrated Performance Report</li> <li>• Complaints and PHSO Updates</li> <li>• Quality assurance from Provider Collaborative</li> <li>• CQC Update</li> <li>• Serious Incidents and Learning</li> </ul> <p>The committee reviewed its Terms of Reference for the Board to approve.</p>

<b>Reason for consideration</b>
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.

<b>Strategic objectives</b>
<p>QualityQuality</p> <ul style="list-style-type: none"> <li>• 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</li> </ul>

<b>Financial implications</b>
Significant costs associated with delivery of high-quality services and addressing quality related risks.

<b>Strategic Risks</b>
<ul style="list-style-type: none"> <li>• QSC1- The Trust fails to co-produce with people who uses its services</li> <li>• QSC2 – The Trust fails to focus on reduction and prevention of patient harm</li> <li>• QS2 – The Trust fails to be a self-learning organization that embeds patient safety culture</li> <li>• QS4 – The Trust fails to be a self-learning organisation that embeds quality assurance</li> <li>• QS5 – The Trust fails to lead and take accountability for the development of system wide approaches to care</li> <li>• QS6 – The Trust fails to prevent and contain a public health outbreak</li> <li>• QS7 – The Trust fails to take account of service users' holistic needs</li> </ul>

<b>Equality impact</b>
------------------------

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**

Committed  
Committed  
Compassionate  
Inclusive

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

### 1. ISSUES TO HIGHLIGHT TO THE BOARD

#### 1.1 CQC Update

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

- We are now in receipt of the final report from the CQC following our core and well-led inspections last October through to December. We have also had a response to the factual accuracy and where points were accepted the report has been amended accordingly.
- The report was published on April 14th.
- The service areas and corporate leads have developed their own actions in response to the Must and Should Dos, as detailed in the report. These were all then collated by the Head of Regulatory Compliance and used to create a single action plan, which will be the master document going forward.
- We now need to submit our approved action plan to the CQC by April 28th.
- Action plans will be monitored locally at service area governance committees as well as specialist groups such as Safer Staffing or Clinical Effectiveness Group
- Trust oversight of the action plans will be at QPESC, with monthly updates provided by the Head of Regulatory Compliance.
- The committee is asked to review and approve the action plans to enable submission to the CQC by the deadline of April 28th.
- We have now completed the specific actions as set out in the Section 31 notice and have sought feedback from the CQC as to when the monthly monitoring might end. We are still awaiting feedback on this.
- The door monitoring alarm system has now been installed in all en-suites in Acute Care.
- In Acute Care, a total of 415 Safety Huddles were completed out of a possible 437 for the period.
- In terms of safer staffing, following sign-off at the Safer Staffing Group in March, the Check and Challenge system will be implemented in April. From the international recruitment process, we now have two international nurses in post with a further 5 expected to commence in post in April.
- The monthly audits of MDT standards in Acute Care continue to take place and for this submission, we have seen variability in terms of compliance for the measures.
- The Clinical Educators continue to provide support to our operational staff. They have developed specific support packages for prequalified, existing and Nurse Associates. For the reporting period they have also continued to present their Clinical learning labs.
- In terms of incidents of self-harm, we have seen random variation for these types of incidents for the reporting period with most data points below the median. We have also seen a similar picture for the reporting period for no anchor point incidents.
- 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.
- We have now received the final report from the Core and Well-led inspections that took place in October and December last year. We had a response from the CQC to our factual accuracy submission and they upheld a total of 20 points, partially upheld a total of 12 and rejected 24 points. The report was amended accordingly and will be published on April 14th.
- With service areas and corporate staff leading and developing their responses for actions, we have coordinated a comprehensive draft action plan in response to the Must and Should Do points raised in the report.

**Chair's assurance comments:**

- **Committee noted and approved the action plan in response to the Must and Should Do points raised in the CQC report**
- **QPES will gain monthly regular updates on progress with a clear flow of actions to gain assurance**
- **Committed noted that further review is currently ongoing to benchmark the methodology to be used for the RAG rating scores of the risks and actions and this will come to committee next time for assurance**

1.2 Patient Safety: Complaints, SI Escalation Report

The Committee received the Patient Safety: Complaints, SI Escalation Report. The report outlined the number of incidents reported within the month and the categories. It outlined the serious incident investigations submitted to our commissioners for closure, the associated action plans and learning together with any emerging themes.

The salient points were noted as follows:

- On review, data evidences an increase in the number of the serious incidents reported ,with 4 incidents reported during January 2023, and 7 serious incidents reported in February to our Commissioners ,which is on the mean and is not considered to be an astronomical data point.
- 3 related to the death of a service user in the community, 1 related to serious self harm following ingestion of a substance, 2 serious physical assaults where one related to the service user as the perpetrator and another as the victim and 1 incident related to a ward closure following a Covid outbreak at one of our sites.
- At the time of writing this report there are 28 live incidents in the review process, excluding infection control reviews, of which 6 exceed 60-day review deadline. This is a reduction from 8 on prior month and evidences a continued reduction month on month. The average time for completion of a review has been evidenced as being 65 days. This is a reduction from 90 days on prior month. Delayed investigation and completion of SI's leads to delayed learning for services and the organisation and increases the risks of a further incident of this type from reoccurring.
- Delays in completion of SI's have been highlighted as being due to a number of cases having been overdue as a result of capacity issues within the Patient Safety Team, delayed meetings with relevant staff or awaiting additional information from other agencies. The Patient Safety Lead and team will be working closely with the Divisional teams to work towards the 60-day KPI.
- In terms of completed reviews, 5 reports were submitted to our commissioners for consideration of closure. Prior to submission the reports were reviewed by our recently re-established serious incident oversight pathway, a group that includes executive membership and divisional representation from senior leaders, which forms part of our PSIRF preparation.
- Most of the complainants are under the age of 44. There are a similar number of female and male complainants. The main ethnic groups for complainants are White-British, Black Caribbean, and Pakistani. Meaningful comparison of this data is not yet enabled as this is the 1st time data of this type has been included quarterly. On-going monitoring of this data, its meaning, and impact will be enabled as more regularly reviewed through this committee. It is anticipated that further information including Religion, Marital Status, and Sexual Orientation will be part of this review process going forward.
- During the month there has been a total of 3 inquests held with 2 concluded as

suicides and one given a narrative verdict concluding that the service user died from a self-tied ligature due to the nature of her serious mental health condition, however her intentions were unclear.

- A PFD has been issued by the Coroner in relation to Mr S with a response due on the 11th of May. The SU was resident in HMP Birmingham and the main concerns relate to lack of psychiatry input into the MDT rounds and absence of risk assessment documentation on the prison system 1. A meeting has been held with the key stakeholders including from HMP Birmingham and actions agreed as follows;
  - A 3-month pilot will be commenced ensuring psychiatrist attendance at all associated MDT rounds – findings of the pilot will be shared through local CGC with recommendations made as to whether this should become regular established practice
  - A meeting will be held with the administrators for System 1 to make the relevant changes on the system. An interim measure is to be implemented by implementation of an SOP standardising the processes around completion of risk assessment documentation on Rio.
- During February there were a total number of 2210 incidents reported, which is a decrease in the number reported in the previous months, however, it is too early to say if this is a trend. The majority of incidents resulted in no harm. There has been a decrease in reporting in the following areas:
  - Self harm behaviours
  - Physical Assault & Attempted Assault
  - Medications
- There are currently 3616 incidents identified as currently awaiting managers sign off. This is a reduction from 3753 on prior month. The delay in timely closure of incidents leads to a lack of assurance regarding lessons learned and leads to a risk of increased incidence of harm, the non-detection of near misses, and missed opportunity for learning.
- A proposed methodology for the closure of overdue incidents was presented and formally agreed by committee for closure of historical incidents and is currently being worked through. The 1st phase of the roll out of this work is almost complete with all incidents from 2011 – 2020 having been reviewed and anticipated to be safely closed by the agreed timeline of the 14th of April.
- 86% of our incidents reported during February 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.
- During the month of February 150 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 and include;
- During the month there were 19 ligature incidents reported, 0 of these with an anchor point. This is an area of continued focus for the trust. The Patient Safety team undertake a rapid review to identify if there is any immediate learning for the anchor point incidents.
  - Roll out of en-suite door alarm systems
  - Roll out of bedroom door alarm system on high-risk wards (Larimar, Melissa and Citrine all programmed for this financial year)
  - Reviewing therapeutic observation practice
  - Reviewing safe staffing levels and implementing daily staffing huddles
  - Rolling out additional therapeutic activities
- The total number of actual assaults on staff for the month of February totaled at 95



which is on the median. Previously there were seven consecutive months in reporting above the median showing an upward trend in reported assaults. Operation Stonethwaite is being expanded within the organisation. Education around the need for prompt completion of appendix 5 and conversations within the medical directorate around RC support for seeking prosecution (where appropriate). This will feature as a quarterly update for RRPSG and Trust H&S committee regarding assurance and updates moving forwards. Review of TRiM and post incident support structures.

- The total number of reported assaults on service users for the month of February is 46. A number of the reported incidents involved the same service users, of the 5 incidents reported on Caffra.

**Chair's assurance comments:**

**Committee noted the report and gained reasonable assurance**

**We were pleased to note the progress made with continued reduction month on month of the average time for completion of a serious incident review**

**We noted the first set of baseline data to be presented to committee detailing a thematic review of complaints including protected characteristics and further monitoring and analysis of its meaning and impact will be regularly reviewed through this committee**

### 1.3 Infection, Prevention & Control (IPC)

The Committee received the Infection, Prevention & Control update.

The Committee were assured the IPC team continues to carry out an IPC audit program and IPC spot-checks for outbreak areas. There was only one visit during March to Mary Seacole Ward 1 with an overall score of 81.47%.

The IPC team also conducts spot checks weekly for each outbreak area, with a total of 5 visits and subsequent reports produced.

Since the 1st of March the IPCT has received 7 notifications of alert organisms and/or conditions requiring IPC response (not outbreak related).

During this period an E coli Bacteremia was diagnosed. IPC is currently conducting a post infection investigation to determine if this could have been avoided. The findings will be disseminated with the appropriate stakeholders once the investigation is concluded.

The Committee were assured the Trust keeps a strict policy of isolate, test and investigate the positive cases.

There were no COVID outbreaks where the first detected case was in March.

At the time this report is being produced, there are 3 open outbreaks (less than 28 days but more than 10 since the last positive case).

As in previous months, the most affected group are the service users. This is likely related to the mandatory use of masks by staff, that does not happen with SU where the use of masks is advised but cannot be mandated. Also, in some cases there have been challenges in ensuring SU are compliant with isolation, therefore causing the spread of the outbreak. It is also important to mention that regardless of the ratio, the IPC team continues to identify issues with compliance with PPE.

**Chair's assurance comments:**

**Committee gained limited assurance . We do not currently have a centralized overview across all clinical areas - both inpatient and out patient**

**We noted the plan for a new audit oversight process and the proposed implementation of a live dashboard which will improve the line of sight for committee**

## 1.4 Clinical Audit

The Committee received the clinical audit and noted the 2023-2024 Clinical Audit Programme has been developed to ensure full participation in all mandated National Clinical Audits for Mental Health NHS trusts as dictated by the Annual Quality accounts list, provided by HQIP.

The annual audit programme will ensure that key practice areas are assessed for compliance against policy and evidence-based standards and is a key part of ensuring trust responsibilities are met. It is built by piecing together our national requirements, requirements from external recommendations such as Prevention of Future Death reports (PFDs), independent reviews, and inspections, plus internal serious reviews or concern over policy implementation issues and NICE guidance. This work is overseen by the Clinical Effectiveness Advisory Group.

The Committee noted that the team are currently in the process of reporting our national mandated audit participation from 22/23, as part of the NHS Quality Accounts. We are also confirming the status of any new audits for the 2023/24 programme, and reviewing any audits that may need to be carried over to the 23/24 programme.

Key points from the presentation were noted as:

### **Clinical Effectiveness Advisory Group**

- Chaired by Dr Nat Rowe (Deputy Medical Director for Quality and Safety).
- The membership includes clinical leads, pharmacological experts, physical health experts, deputy director of nursing, clinicians, and the effectiveness team.
- Key responsibilities related to audit:
  - Monitoring HQIP and Quality Account audit lists for any relevant audits
  - Reviewing Level 1/2/3 audits in conjunction with relevant directorate
  - Creating action plans (on Eclipse) to monitor process of improving care/experience through reviewing audit reports
  - Developing and sharing learning materials and opportunities resultant from the activities of the Group
  - Lead on the continued development of the Clinical Audit Policy and NICE Policies for the Trust
  - Report to the Clinical Governance Committee any exceptions to the achievement of the annual work plan and resulting risks
  - Governance of the deployment of the annual clinical audit programme

### **Reporting of Outcomes**

- The Clinical Effectiveness Advisory Group and Pharmacological Therapies Committee share responsibility in reviewing POMH (Prescribing Observatory for Mental Health) audits (Level 1s). Other audits in the same category such as NACEL (National Audit of Care at end of Life) are discussed first in their relevant directorate, before coming to CEAG to allow further discussion on actions/outcomes.
- Directorates also have their own audit committees, such as the Acute Care Audit Committee, which allows for focused time on audits with relevance to the service.
- Outcomes are reported on a quarterly basis to Commissioners and on a six monthly basis to Clinical Governance Committee, Audit Committee and the Integrated Quality Committee.
- Outcomes are also reported publicly in our Quality Account.

### **Audit, QI and Triangulation**

- Within the trust the Quality Improvement and Clinical Effectiveness sit under one team - QICE. Having the two together naturally allows for joint working and transitions when fulfilling the Quality domain within the trust.

**Audit Training**

- Audit training was held on two occasions in 2022, and there was good attendance in both sessions. The upcoming plan is to deliver two to three sessions in 2023. This will be advertised via Connect and is open to anyone who has an interest in Audit / QI, irrespective of their role or position within the trust, showing our commitment to being inclusive.
- Preceptorship Training, which is available to nursing staff. This looks at the background of audit (and QI), and goes into more detail on the process of audit, using Trust examples to help understand why this is an important part of the clinical effectiveness processes.
- Training is reviewed annually to ensure we are offering updated information and continually improving our process, in line with any national or local changes that may have occurred in the last year.

**Trainee-Led Audit Group**

- In September 2022 a group was set up for psychiatric post graduate doctors in training to attend, to learn about clinical audit and to complete audits in small groups, led by doctors who were more experienced in this, with the opportunity to present to the group. An “audit of audits” was completed initially, looking at the Level 4 audits that had been completed over the last 2 years and these were then reviewed by the group, looking at either the most important clinical topics, or the most robust and repeatable methodology.

Overall the Committee noted there has been a great effort from all directorates to ensure data was collected, and reports were disseminated for high priority audits. The changes in CEAG have also helped create an avenue for audit outcomes to see more effective progress, in part through creating a more inclusive environment for staff to participate.

The Committee were assured the main goal in 2023 is to add the other aspect of inclusivity by looking at how service users can be involved in audits at any level.

**Chair’s assurance comments:**

**Committee gained reasonable assurance and noted the ongoing progress .  
Next month we will get an update on lessons learnt from all the key audits.  
Also Clinical Effectiveness lead will report the annual plan to committee**

**1.5 PSIRF Implementation**

The Committee received the report and were informed that in August 2022 NHS England published the Patient Safety Incident Response Framework (PSIRF). This sets out the NHS’s approach to developing and maintaining effective systems and processes for responding to patient safety incidents for the purpose of learning and improving patient safety.

PSIRF replaces the Serious Incident Response Framework (SIF) and will remove the ‘serious incident’ classification.

Organisations are expected to transition to PSIRF within 12 months from September 2022. The preparation has been broken down into six phases to ease transition and provide detail around discrete activities that will set strong foundations for implementation.

**Phase 1 – PSIRF Implementation**

**To help PSIRF leads at all levels of the system familiarise themselves with the revised framework and associated documents. This phase establishes important**

**foundation for PSIRF preparation and subsequent implementation.**

This phase has been reviewed and identified as complete in that the key components of the phasing have been delivered.

**Phase 2 – PSIRF Implementation**

**To understand how developed systems and processes already are to respond to patient safety incidents for the purpose of learning and improvement. In this phase strengths and weaknesses are identified, and necessary improvements in areas that will support PSIRF requirements and transition are defined.**

This phase has been reviewed and identified as underway and almost complete in that the key components of the phasing have been delivered.

The Committee were assured by the next steps as:

- Inaugural launch of the Implementation Team Meetings
- Monthly updates to CGC and QPES of current position against PSIRF implementation requirements
- Launch of organisational comms to promote understanding of PSIRF – Comms plan has been prepared and will be signed off by the Implementation Team
- Move to Phase 3 of the PSIRF implementation plan.

**Chair's assurance comments:**

Committee gained good assurance on implementation of PSIRF and were pleased to note the support to this process from the project management team (PMO) and the very active engagement from the divisions

1.6 Integrated Performance Report

The key issues for consideration by the Committees on which they need to provide assurance to the Board are as follows:

- 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
  - CIP delivery
- People
  - Bank and agency fill rate
  - Appraisals
  - Sickness absence
  - Vacancies
- QPES
  - Staff assaults

There were 112 reported staff assaults, 2 of which were categorised as medium harm. This is the 7th consecutive month that the data has been above the median showing an upward trend.

11 assaults were reported in Male PICU with 2 on Meadowcroft and 9 on Caffra. 1 of the incidents on Meadowcroft was categorised as moderate harm with the staff member requiring paramedic attendance. Bergamot recorded 27 patient on staff assaults,; 1 person has been recorded in 21 incidents as instigator. On Tazetta the single incident was categorised as moderate harm. This involved an informal service user attempting to punch a staff member leading to physical intervention. Service user was discharged

from services and police contacted in relation to assault.

**Chair's assurance comments:**

**Committee noted the report**

1.7 Forward planner

The Committee received the forward planner for approval.

**Chair's assurance comments:**

**Further work is required to pull together the previous feedback and discussion on the content and will be brought to committee next time for approval**

1.8 Review of the BAF

The Committee held a detailed discussion in relation to the Board Assurance Framework and noted an update will be brought to the next Committee meeting.

**Chair's assurance comments:**

**The Committee held a detailed discussion in relation to the Board Assurance Framework and noted an update will be brought to the next Committee meeting**

1.9 Minutes and Sub Committee escalations from the Clinical Governance Committee

The Committee noted the escalations and recommendations from the Clinical Governance Committee.

**Chair's assurance comments:**

**Clinical governance committee did not meet this month due to lack of quoracy due many staff on leave .We were reasonably assured that members met by exception yesterday to review the CQC action plan and that upcoming CGC will include 2 months reporting**

1.10 Matters of escalation to the Board

**Committee wished to escalate to board the soft intelligence gained about the impact on staff morale of external media messaging about the CQC report and consideration of internal comms about the positive messages contained within the CQC report**

**DR LINDA CULLEN  
NON-EXECUTIVE DIRECTOR**

## 11.2. Report from the Chair of FPP

<b>Meeting</b>	<b>COUNCIL OF GOVERNORS</b>
<b>Agenda item</b>	<b>Item 11.2</b>
<b>Paper title</b>	<b>CHAIR'S ASSURANCE REPORT FROM THE FINANCE, PERFORMANCE &amp; PRODUCTIVITY COMMITTEE</b>
<b>Date</b>	11 May 2023
<b>Author</b>	B. Claire, Non-Executive Director, Chair
<b>Executive sponsor</b>	D. Tomlinson, Executive Director of Finance

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

<b>Executive summary</b>
The FPP Committee met on the 19 April 2023. The attached Assurance Report is provided by the Committee Chair for the attention of the Council of Governors.
<b>Reason for consideration</b>
To demonstrate the effectiveness of the assurance process for the Trust's sustainability agenda and to escalate any key issues.
<b>Strategic objectives/ priorities</b>
Sustainability
<b>Financial implications</b>
Detailed within the report
<b>Risks</b>
<b>Equality impact</b>
Non specific.
<b>Our values</b>
Committed Compassionate Inclusive

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

### **1. Integrated Performance Report**

#### **Reasonable Assurance**

##### **Headlines:**

- The committee received the Integrated Performance Report.
- As requested at the February FPP meeting, the committee was presented with the specific plans and recovery trajectories for the following performance metrics;
  - Inappropriate out of area bed days
  - IAPT waiting times 6 and 18 weeks
  - New referrals not seen within 3 months
  - CPA 12 month reviews
  - 7 day follow up
 and the following People metrics;
  - Vacancies
  - Sickness
  - Appraisals
  - Bank and agency fill rates
- The committee welcomed the clarity in the reporting, as well as the forward views of the recovery trends based upon the current action plans and the likely impacts.
- The level of influence the accountable Performance Delivery Group has, as well as the role the broader ICB system must play to ensure success were also discussed.

##### **Key Highlights and Lowlights:**

- **CPA 12 months reviews**
  - ICCR performance for March at 88.5% and Specialties at 82.6% (Target 95%).
  - ICCR and older adults CMHTs – improvement trajectory to achieve 95% by Sept '23.
  - Known staffing issues will make this a challenging target to achieve.
- **IAPT waiting times 6 and 18 weeks**
  - March 2023 performance in 6 weeks = 40.75% (Target = 75%).
  - The aim is to reach 75% by Jan '25 (based on current/budgeted staffing profiles).
  - Key dependency: the Trust's ability to successfully recruit within this staffing group due to existing national shortages.
- **Inappropriate out of area bed days**
  - March 2023 performance = 1302 occupied bed days (Target 561)
  - Recovery trajectories agreed as part of the national planning round for 2023/24.
  - Trajectories agreed with commissioners remain in place for March 2023, i.e. new improvement trajectory does not apply until April 2023
- **New referrals not seen within 3 months**
  - March 2023 performance = 3201 referrals. No target has been set, i.e. it is a local metric, which is important, but there is now a view on the standard to apply.
  - Due to the high number of patients waiting to be seen over 18 weeks for a first appointment, initial focus for the ICCR CMHTs is to this cohort of patients.
  - The recovery trajectory is based on achieving a 20% reduction in the 18 week plus



cohort by the end of October 2023. At March 2023 there were 1119 such referrals.

- **Monthly agency expenditure**

- March 2023 performance = £755k (Target £479k)
- Historically, BSMHFT has been successful in driving down agency spend against the NHSE targets. A different approach to target setting is in place for 2023/24 and BSMHFT is already performing ahead of the target.
- Demand on bank shifts continues to be high – c18,000 shifts requested per month.
- A key behavioral shift needed is to reduce the number of bank shifts being requested.
- Action being taken is to fill current vacancies as quickly as possible and to improve recruitment and retention in line with the Trust's workforce plan.

**Next Month:**

- The committee looks forward to the continued clarity in the reporting and the continued impact of the respective recovery action plans underpinning the services.
- The committee also looks forward to the introduction of a much broader conversation around financial sustainability through the Trust's strategic/transformation agendas.

**Chair's Assurance Comments:**

*The Trust remains challenged across a number of known operational pressures points impacting the Trust's current financial sustainability. The committee welcomed the greater clarity and therefore assurance on the 'get well' plans that indicated a forward view of the impact trajectories. Also welcomed was the acknowledgement of the dependency on challenging the Trust's services through a transformational lens as a vital key to unlock future financial sustainability.*

**2. Business Development and Partnerships Report – Q4 22/23**

**Substantial Assurance**

**Headlines:**

- The committee received the detailed report.
- A summary of the contract awards and work in progress was presented;
  - The mobilisation plan for the BSOL Mental Health Provider Collaborative was progressed in Quarter 4, with approval given for go live from 1 April 2023.
  - Contract awarded by Health Education England for the Trust to continue to provide IAPT Psychological Wellbeing Practitioner training across the Midlands.
  - The Trust was successful in a bid with Practice Plus for prison healthcare at HMP Foston Hall and HMP Sudbury, for provision of psychiatry input.
  - The Trust is in the middle of a procurement process for the Vulnerability Support Hubs (replacing our current Prevent In Place pilot service) by Counter Terrorism Policing Headquarters, working in partnership with the two other existing providers.
  - The Trust is currently assessing tenders for prison healthcare at HMP Long Lartin and HMP Hewell.
  - Appraisals of the options available to the Trust when Midlands Metropolitan Hospital opens in Spring 2024 are currently underway, as the psychiatric liaison services provided by us at City Hospital and Black Country Healthcare at Sandwell Hospital will need to move to the new hospital.
  - Progress is being made on the development of the Perinatal Provider Collaborative business case including the clinical model, for a go-live later this financial year.
  - Work continues on the Trust's refreshed Business Development and Partnerships strategy.

**Key Highlights/Lowlights:**

- See Executive Summary above.

**Chairs Assurance Comments:**

*The committee received a well-presented report and substantial assurance. All business development work is carefully assessed and dimensioned, with the assurance that existing services and service user experience will not be adversely impacted.*

**3. Financial Position****22/23 – Substantial Assurance****Headlines:**

- The 2022/23 full year Group position is a surplus of £14k, this is in line with forecast and the break-even plan as submitted to NHSE on 20.6.22.
- The full year position comprises:
  - £0.7m deficit for the Trust,
  - £44k deficit for Summerhill Services Limited (SSL) and
  - £250k surplus position for the Reach Out Provider Collaborative.
- Key run rate pressures: slippage on recurrent savings delivery, out of area pressures and staffing pressures, with a significant level of temporary staffing expenditure have been offset in year by non-recurrent benefits predominantly release of deferred income.
- Across the BSOL system agency spend is currently at 4.2% and as such, NHSE have requested the system to provide a planned trajectory of reductions in 23/24.
- Group capital expenditure totaled £8.8m, this is in line with the original plan of £7.3m plus additional expenditure covered by £1.5m PDC funding received in March 2023.
- The Group cash position at the end of March 2023 is £59m.
- Consideration is being given to placing a long-term deposit with the National Loan Fund (NLF) in April/May 2023.

**Key Highlights/Lowlights:**

- Bank expenditure £31.1m – the majority of bank expenditure relates to nursing bank shifts - £28.3m.
- Agency expenditure £8.7m – the majority of agency expenditure relates to medical agency - £5.8m.
- Total agency spend is £3m above the ceiling set by NHSE. It is £2.3m (36%) above 2021/22 spend and £3.4m (64%) above 2020/21 spend.
- Operational Planning guidance indicates a new KPI for agency expenditure, being a limit of 3.7% of the pay bill. Current BSMHFT 2022/23 agency spend equates to 3.3%.
- There were 17 above agency price cap bookings in 2022/23 and no framework breaches. It is proposed that these key KPIs will be reported monthly from 2023/24.
- The out of area plan set for 2022/23 was £5m above plan (£8m), based on an agreed contract with The Priory for provision of 22 out of area beds (10 Acute and 12 PICU).

**Chair's Assurance Comments:**

*The committee welcomed the report and thanked the team for their dedication and efforts throughout the year in achieving the surplus position, notwithstanding the challenges going into 20/24, that were duly noted.*

#### **4. Financial Plan for 2023/24**

##### **23/24 – Reasonable Assurance**

##### **Headlines:**

- The committee received the financial plan for 2023/24.
- Draft financial plan submission to NHSE on 30.3.23:
  - BSMHFT £3.1m deficit,
  - BSOL System £41m deficit.
- Given that BSMHFT and the BSOL System have not submitted break even plans, it is anticipated that further iterations will be required, likely in early May.
- As such the committee was asked to endorse the upload of budgets based on the current £3.1m deficit plan in order to allow month 1 reporting – approved.
- The 2023/24 capital plan submitted to NHSE on 30.3.23 was £7m.
- In the absence of confirmed capital envelopes, for the following 4 years, the plan for each year has been submitted at £6.2m in line with our 2023/24 capital envelope.

##### **Key Highlights/Lowlights:**

- See Executive Summary above.

##### **Chair's Assurance Comments:**

*The committee welcomed the update and was pleased that the deficit both at Trust and System level was reducing, at the same time recognising the challenges around achieving financial sustainability in 23/24 and beyond. Picking up on previous conversations, the need for a joined-up system-wide transformation agenda was clear – this was a discussion for this and the two subsequent agenda items. From a Trust perspective, the committee discussed the various initiatives driving change that would need to align to achieve strategic financial assurance – eg Quality Improvement Plans, Productivity Plans, Service Transformation Plans, BAU CIPs, Performance Improvement Plans (eg OOA) and MH Provider Collaborative direction.*

#### **5. Trust Strategy – Sustainability Strategic Priorities 2022/2023 Achievement and 2023/2024 Goals**

The Committee received a verbal update to provide assurance and set the expectation ahead of the update planned for the May FPP that will subsequently go to the June Trust Board.

#### **6. Trust Strategy – Clinical Services Strategy Priorities 2022/2023 Achievement and 2023/2024 Goals**

The Committee received a verbal update to provide assurance and set the expectation ahead of the update planned for the May FPP that will subsequently go to the June Trust Board.

#### **7. Board Assurance Framework**

##### **Headlines:**

- The committee received the Board Assurance Framework update.
- Two new risks are recommended to be included and allocated to the FPP Committee.
  - FPP5: The Trust fails to live within the financial resources available to it.
  - FPP6: The Trust fails to comply with regulatory requirements.

##### **Chair's Assurance Comments:**

*Committee was assured by the BAF and agreed the new risks, subject to ongoing review at future meetings.*

#### **8. FPP ToR– Annual Review**

**Headlines:**

- The Committee received the terms of reference for approval.

**Chair’s Assurance Comments:**

The committee approved the terms of reference on the basis it receives clarity on the Trust’s Financial and Investment Strategies. Based upon the strategic conversations earlier in the meeting, these documents will be prepared and ready for review by Sept ’23.

#### **9. FPP Forward Planner for 2023/24**

**Headlines:**

- The Committee received the terms of forward planner for approval.

**Chair’s Assurance Comments:**

Committee approved the forward planner.

**BAL CLAIRE**

**CHAIR OF FINANCE, PERFORMANCE AND PRODUCTIVITY**

## 11.3. Report from the Chair of the People Committee

<b>Meeting</b>	<b>COUNCIL OF GOVERNORS</b>
<b>Agenda item</b>	<b>Item 11.3</b>
<b>Paper title</b>	<b>CHAIR'S ASSURANCE REPORT FROM THE PEOPLE COMMITTEE</b>
<b>Date</b>	11 May 2023
<b>Author</b>	M. Shafaq, Non-Executive Director (Vice Chair of Committee)
<b>Executive sponsor</b>	P. Nyarumbu, Executive Director of Strategy, People & Partnerships

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

**Executive summary**  
 The People Committee met on the 19 April 2023. The attached Assurance Report is provided by the Committee Chair for the attention of the Council of Governors.

**Reason for consideration**  
 To demonstrate the effectiveness of the assurance process for the Trust's 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

#### Monthly Key Performance Indicators

The Committee received a detailed report and noted the salient points as:

- The vacancy rate in February has decreased to 12.4% by 1.74% but is still above the KPI target of 6.0%
- Nursing remains a significant issue with 330.82 WTE vacancies across the Trust. We also have a 28.6% vacancy rate for Occupational Therapists
- A number of additional recruitment events are planned at the end of Q4 and into Q1 - Ardenleigh jobs fair, South Solihull Jobs Fair and a Barberry Jobs Fair. This has proven successful in the past as a way of filling vacancies
- A Recruitment Projects and Initiatives meeting has been arranged to look at continuous improvement around process, reporting procedures and delivery and Project Flourish
- The current Recruitment and Selection Policy is being updated by Senior People Partner for Corporate
- The Trust has made offers to 37 Nurses within the last financial year, against a target of 32. Two international nurses have already started in the Trust, with one successfully completing her OSCE and working as a nurse
- Turnover has increased very slightly to 10.7% in February from 10.69% in January
- The number of leavers in a rolling 12-month period have increased to 459 in February from 456 in January - in February there were 24 leavers which is 10 more than January
- The bank and agency fill rate decreased to 81.3% in February from 84.5% in January. The bank fill rate remained relatively stable, as did the agency fill rate
- 18,608 temporary staffing shifts were requested in February. This is a decrease of 529 from 19,137 in January. 15,135 shifts were filled in February (13,387 of these were bank)
- There has been a decrease in agency spend from c.£782k in January 23 c.£667.6K in February 2023. This spend is above the NHSI monthly stretch target by £339K. Year to date expenditure is £7.318m. We are £4.17m over the YTD stretch target
- There has been a significant decreases in spend across areas in medical agency and other clinical agency however increases in admin & nursing agency spend
- As part of enhanced agency expenditure controls, from 1 September, NHSE will be monitoring expenditure at system level against an agency limit. The limit that has been issued to the system for 2022/23 is £60m. This equates to 90% of 2021/22 agency expenditure.
- For BSMHFT the limit is £5.7m which is an average of £0.5m per month. Average monthly expenditure is £0.8m, with total spend year to date being over £4m above the NHSE limit
- Overall, Trust's Fundamental Training compliance figure decreased from 92.7% in January to 90.3% in February 2023
- Bank FT compliance has decreased from 87.5 to 85.5 % at the end of February 2023. However, still over the commissioner's target
- Sickness absence saw an decrease in February 2023 to 5.4% from January 2023 of 6.31%. Non-covid related sickness absence decreased by 0.78% to 4.91% in February and Covid-19 related sickness absence decreased by 0.12% to 0.5% in February from 0.59% in January. Short term sickness absence decreased by 0.87% to 1.98% in February. Long term sickness absence in February 3.43% is a decrease of 0.02% in January 3.45%

Vacancies in certain areas remain a challenge (especially nursing) but assurance is provided around the ongoing work specifically around nursing and medical recruitment to try and reduce rates to close to the KPI.

Assurance is given that we are currently under KPI for turnover and that work is underway to

maintain this level and improve in areas with higher levels. However, this needs monitoring as the SPC charts indicates continuous increase in turnover rates.

There has been significant drop in sickness absence levels for January and February. The People Team and operational areas are working hard to ensure this continues to reach the 3.9% target.

### **Chair's Assurance Comments:**

The Committee were assured that this work was moving in the right direction and acknowledged the progress made to date

### Deep dive – focus on the Workforce transformation plan

The Committee received a detailed report on the Deep dive – focus on the Workforce transformation plan.

Over the last 12 months, senior clinical services leaders have come to recognise that with regards to workforce planning within the Trust:

- The ambition set out in the 2022/23 workforce plan to achieve an overall increase in Trust workforce numbers of 7% was overly ambitious in the immediate post COVID-19 pandemic recovery / return to some sort of new normality period;
- The Trust's internal arrangements for the development at pace of workforce recruitment and retention initiatives, the overall co-ordination of implementation activity and impact tracking all required strengthening – as did the depth of workforce planning focused engagement with Divisional clinical service leaders; and
- Whilst system wide working is an essential component of meeting our future workforce needs, the day-to-day practicalities of turning joint working into having new starters physically in our workplace and working with patients requires unrelenting and energetic attention to detail

At the heart of the plan is the ambition to achieve a 3% increase in the overall number of clinical and immediate service support staff in post by the end of March, 2024 (against the number in post at 1st April, 2023). Although outturn figures for the current financial year are not yet available, it is anticipated that this will be slightly more than a 1% increase on the Trust's 2022/23 performance. The core planning assumptions underpinning the achievement of a 3% increase are both:

- A reduction of 2% in the average number of staff leaving over the last 3 years; and
- An increase of 3% in the average number of new recruits joining BSMHT over the last 3 years (plus 40 MH nurses recruited via an extension of the existing international recruitment programme)

Aside from the crucial ambition of seeking to achieve a net increase in the number of staff in post by the end of March, 2024, the really core assumptions behind this workforce plan are:

- That 2023/24 is used as the 'baseline' year on which to build future annual plans. We have carefully captured all of the assumptions upon which the numeric part of the 2023/24 plan has been based and put in place robust monitoring arrangements to enable 'implementation reality' tracking to be done – with lessons subsequently fed into future workforce planning rounds;
- Laying emphasis on encouraging clinical leads / service managers to understand, engage with and focus on the creativity which workforce planning can offer in taking more adventurous approaches to job role design, especially when faced with intractably 'hard to fill' roles. Progressing that requires on our having a competent and respected internal advisory resource – which participation in the current HEE workforce planning training programme will help bolster the established provision within People Services'
- Determinedly getting to grips with known (and in some cases, long standing) weaknesses in



the Trust's internal workforce data collection and reporting systems - most notably ESR - with a view to making the 'fit for purpose' in providing workforce planning information which better meets the needs of planning activity

- That implementation of the myriad action plans highlighted within the plan is progressed at pace – not least so that the proposal to start the 2024/25 planning cycle wef September 2023 can build on 'achievements to date'.

The Committee approved the recommendation that the draft 2023/24 workforce plan is adopted, with the first full 'implementation progress' report being submitted to the Committee in September 2023.

#### **Chair's Assurance Comments:**

The committee felt that the workforce plan was ambitious but necessary to identify much needed baseline info and to establish as an agreed framework. It was noted the pace required to identify and implement any recommendations but were assured that with the required focus, the plan was achievable.

#### Safer Staffing Report

The Committee received a detailed report and noted the salient points as:

##### **Secure Care**

There continues to be vacancies across each of the inpatient wards, these are just under 20% per ward for the women's wards and under 25% for the FCAMHS including low secure ward.

We have received positive feedback from students regarding their experience at Ardenleigh and are keen to work there. We have the bespoke recruitment event planned for the 30th March 2023.

90 eclipse forms were completed in the month of few citing staffing/skill mix as a concern, 34 of these being citrine.

Avon currently have 33% of vacancies across the ward, this is currently being mitigated with Blythe staff whilst the site actively recruits into site.

There were 23 eclipse forms completed in February linked to staffing, with 8 of them citing short staffing and 15 stating staff have been unable to take breaks.

Sycamore is funded to have 4 x RMN per shift, Myrtle and Laurel are funded 3 x RMN per shift. It is rare that this is met, due to high levels of vacancies.

Given the low RMN fill rates for the month of February, there was 21 eclipse forms completed in regard to staffing issues for the site.

##### **Acute Care**

North Acute wards have now recruited to 2 x Assistant psychologist who are split between Eden PICU and Larimar with the second covering Eden Acute and George ward.

There continues to be estates working across the North and Central patch, that require HCA escort. This is a partial account of why the HCA fill rates are over.

Acute Care continue to mitigate by ward managers working clinically in numbers and matrons providing break cover. There have been occasions where Matrons are leading the MDTs.

Concerns have been raised around the establishment for Solihull HTT. HON an AHP will be presenting at the acute deep dive to request a full review into the establishment.

##### **Dementia/Frailties and Specialties**

Cilantro currently sitting on high vacancies, it has been recognised the Clinical Nurse Manager and Service Manager are starting work at 7am are regularly having to work in numbers to

support, to ensure the ward feels supported and has RMN cover. There was no shift without a RMN, these shifts were the Clinical Nurse Manager and Service Manager.

Reservoir Court isn't funded correctly they have 12 RMNs in the establishment they should be 9 as they now have 18 services users as the bed state was reduced. This will be amended as part of budget resetting and the establishment review.

Vacancy data is currently inaccurate due to when Ashcroft closed staff were redeployed across the service. HCAs are currently oversubscribed due to this.

### **Steps to Recovery**

Forward House continued to be closed throughout February, it has now gradually started to reopen.

Fill rates do appear to be higher but this due to staff from forward house being redeployed across the service. We may see a different picture for March fill rates.

There are vacancies Hertford house these are 5 x B5s, they are all now recruited to but are currently going through the recruitment process. The matron for this area has been regularly working in the numbers clinically to provide continued support for the staff and consistency for the service users.

Dan Mooney House was in a COVID outbreak, this has dropped their fill rates as shifts weren't always picked up and sickness.

It was also noted that there was high annual leave during February half term, HON & AHP will discuss re planning annual leave better across the year.

### E – Rostering

The Check and challenge is due to start the week commencing the 1st May 2023, it will be piloted initially at the Oleaster and Ardenleigh. Meetings have already taken place with NHS England - Heads of Clinical Workforce. This is already embedded in other Trusts across the country. The purpose of this is to ensure rosters promote staff welling and are safe, ensuring annual leave is fairly done and that staff available resources are optimised. The Check and Challenge meeting would take place once the roster is published every 6 weeks. This will be working towards having safe rosters. This would be reported back to Safer Staffing Committee on a quarterly basis. The review of the rosters will be reported to the Board in the annual establishment review.

### **Chair's Assurance Comments:**

The Safer Staffing Report was felt as providing partial assurance in line with the discussions above.

### Integrated Performance Report

The key issues for consideration by the Committees on which they need to provide assurance to the Board are as follows:

- 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
  - CIP delivery

- People
  - Bank and agency fill rate
  - Appraisals
  - Sickness absence
  - Vacancies
- QPES
  - Staff assaults

**Bank and agency fill rate-** There will be little change with the current bank and agency fill rates unless there is a significant decrease in the number of bank shifts being requested. Action to improve recruitment and retention to employ new staff in line with the workforce plan as well as filling existing vacancies will support improvement on this metric. Demand on bank shifts continues to be high with on average, nearly 18,000 shifts being requested each month.

**Appraisals-** A new appraisal system has been recently introduced which has had an impact on performance. This also means that appraisals during this year will be recorded in 2 different systems which makes monitoring challenging. A recovery plan has been developed which will include further targeted work, webinars and support to operational staff in navigating the new process on ESR. It has also been noted that there are a number of appraisals which have been created but not finalised. L&D staff will be reviewing these to assess levels of completion.

**Sickness absence-** The trajectory has incorporated seasonal impact variations to reflect previous summer and winter trends. The Trajectory has also been informed by NHS Digital data for NHS Mental Health Trusts in terms of long term and short-term trends. The people team are working with managers to support the management of long term sickness cases through a wide range of actions.

**Vacancies-** The HR lead has confirmed that the workforce plan for 2023/24 is being finalised as part of the national planning round. Once growth figures are established a phased trajectory will be developed and will be provided to FPPC on completion.

#### **Chair's Assurance Comments:**

The committee acknowledged the proactive progress being made and assurance was received.

#### Oversight Framework - BSOL draft

The Committee received the Oversight Framework letter and noted that the Midlands Regional Support Group made a decision to maintain segment 3 for BSMHFT.

#### **Chair's assurance comments:**

The committee noted the content of the report

#### **Review of Board Assurance Framework**

The Committee held a detailed discussion in relation to the Board Assurance Framework and noted an update will be brought to the next Committee meeting.

**Chair's Assurance Comments:**

The committee noted the content of the report

Matters of escalation to the Board

There were no matters of escalation to the Board.

**MONICA SHAFaq**  
**NON-EXECUTIVE DIRECTOR**

BREAK 13 :30

## 12. GOVERNANCE

## 13. Quality goals workshop

14. Any other business:  
Thank you's



15. Date & Time of next meeting

8 June 2023

12:00 – 14:00pm

TBC