



Birmingham and Solihull Mental Health NHS Foundation Trust
Unit B1, Trust Headquarters
50 Summerhill Road,
Birmingham

XXXXRedactedXXXX

Inspection Manager
Hospitals; Mental Health
(Central West) Central Region
XXXXRedactedXXXX

30th September 2022

Your reference: RGP1-10053519614
Account number: RXT

Dear XXXXRedactedXXXX

**Re: Care Quality Commission
Health and Social Care Act 2008**

**Notice of decision to impose conditions on your registration as a service provider in
respect of regulated activities
Reporting schedule**

Condition 3 - Commencing from 5 February 2021 the registered provider must report to the Commission on a monthly basis setting out progress being made in respect of and including mitigating measures being put in place until all ligature risks are addressed.

Condition 5 - Commencing from 1 March 2021, the Registered Provider must report to the Commission on a monthly basis the results of any monitoring data and audits undertaken that provide assurance that the system implemented is effective.

I am pleased to enclose for your attention our latest position relating to the implementation of the section 31 improvement plan for XXXXRedactedXXXX and for improving the safety of the physical environment.

Since our last submission to you, we have been continuing with work to strengthen our relational, procedural and environmental measures to improve patient safety. These actions focus on installation of the en-suite door alarm systems in our Acute Care inpatient settings and some bedroom doors in the service, XXXXRedactedXXXX improve staffing shortfalls.

Chair: Danielle Oum | Chief Executive: Roisín Fallon-Williams

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Further to previous updates on our actions to address the staffing challenges, we will be working with Birmingham City University to recruit return to practise (RTP) nurses. We are hopeful to support RTP nurses in both mental health and learning disability. We are also planning on-site recruitment events bespoke to our Trust and are planning to attend external recruitment events over the next 12 months. We also hope to have 30 additional nurses through the international recruitment process by the end of the year.

The People Team has also appointed a specialist in workforce planning who is currently working with clinical teams to identify current and future workforce requirements.

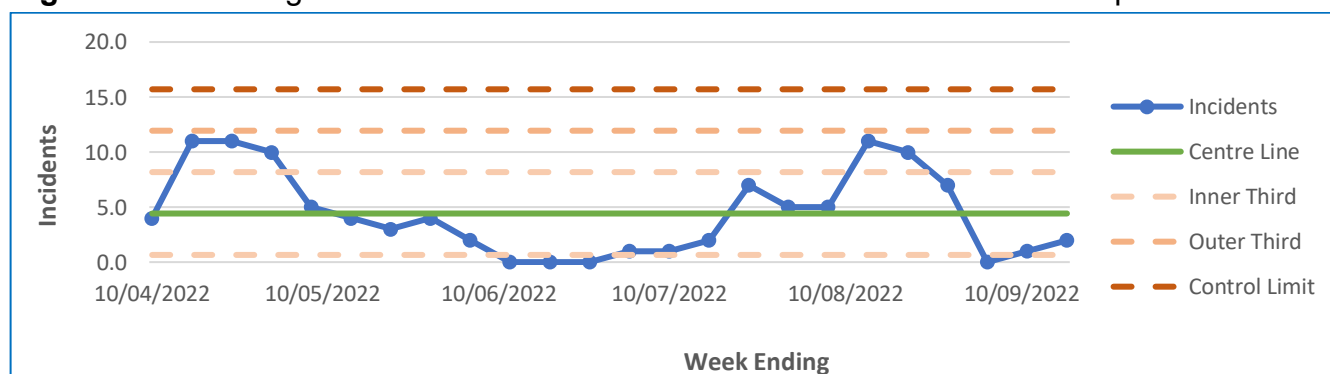
The Trust has several medical staffing vacancies, but a range of focused actions are being undertaken inclusive of the following:

- Advertising strategy is in place with BMJ
- Internal website has been developed
- International recruitment
- Process to move bank/agency staff to move up the recruitment hierarchy
- Expansion of Physician Associates
- Creation of 10 new training posts

The revised door programme for the installation of the en-suite doors in Acute Care is now largely complete, except for Caffra at the Oleaster, which is expected to be complete by early October. These doors at the Oleaster and Zinnia are also awaiting final connection to the Staff Assist System which is taking place through lifecycle PFI works across the two hospital sites. This specific work is expected to commence in early October.

XXXXRedactedXXXX

Figure 2 –Actual Ligature Incidents with No Anchor Point in our Acute Care Inpatient Wards

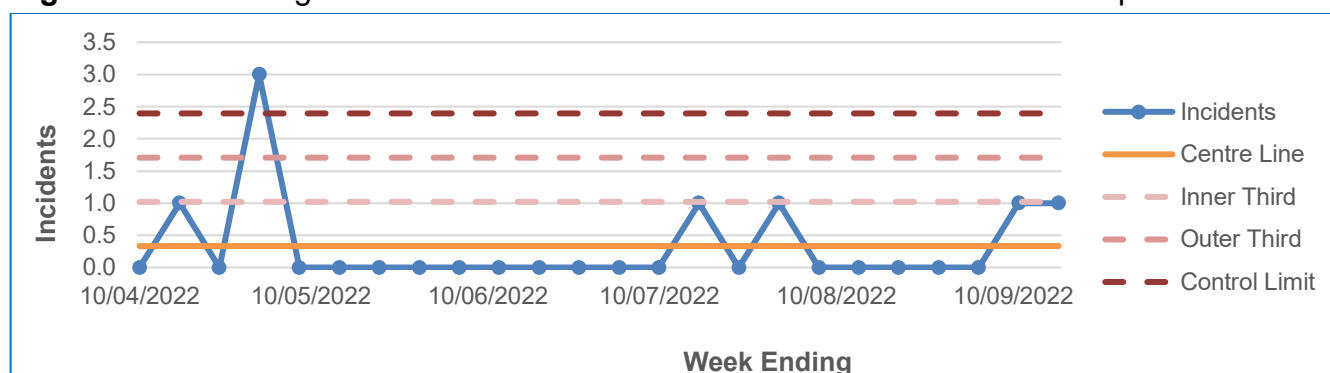


All incidents were managed through relational and procedural controls. Such controls included:

- Risk formulation huddles have commenced on four wards (George, Tazetta, Eden PICU and MSH Ward 2) and now in QEHB Liaison Psychiatry team. We will report on completion status in a similar way to safety huddles in the next update.

- Daily safety huddles
- Psychology input
- Supporting service users with techniques to benefit longer term recovery and safety
- Medical Review and update to Care Plans and Risk Assessments
- 1:1 de-brief time between staff and patient
- Reducing Restrictive Practice Quality Improvement Collaborative
- Therapeutic activities programme
- Sensory Wards project
- Support for patients with autism and learning disability prior to admission in Home Treatment
- Two Band 7 Clinicians for out of hours to support clinical decision making

Figure 3 – Actual Ligature Incidents with an Anchor Point in our Acute Care Inpatient Wards



There were two anchor point incidents in Acute Care since our last submission. Both were on Larimar on XXXXRedactedXXXX.

In the first incident, staff responded to an alarm sounding in a service user's bedroom. Service user was on the floor with a ligature around her neck XXXXRedactedXXXX. Staff removed the ligature using the ligature cutters and reassured and de-escalated the service user. Physical observations were checked and were all within normal range. The on-call duty doctor was present on the ward and was able to also assess the service user.

The second incident was detected by the en-suite door monitoring alarm system after the service user XXXXRedactedXXXX door. The alarm sounded and staff responded and removed the ligature using ligature cutters. The service user's physical health was checked by the nursing staff, and she was further assessed by the duty doctor and provided with appropriate support. The decision was made to use anti-rip clothing and bedding and level 3: 1:1 observation was commenced with no bathroom privacy due to the seriousness of the incident.

We welcome the opportunity to discuss any of these matters with you at our next monthly meeting, however, should you have any immediate queries or require any additional information then please do not hesitate to contact me.

Yours sincerely,

Vanessa Wright
Deputy Director of Nursing and Quality