Birmingham and Solihull NHS
Mental Health NHS Foundation Trust

Annual report and accounts 2009/10

getting better together

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of the National Health Service Act 2006

Birmingham and Solihull Mental Health NHS Foundation Trust
Annual Report and Accounts 2009/10 (for the 12 month period to March 31, 2010)

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Birmingham Museum and Art Gallery in Chamberlain Square

Welcome

Welcome to our trust

We are pleased to introduce you to our annual report for Birmingham and Solihull Mental Health NHS Foundation Trust for the 12 month period from April 1, 2009 to March 31, 2010. This report represents the work carried out during our first full year as an NHS foundation trust. We were granted foundation trust status on July 1, 2008 by the independent regulator, Monitor.

Throughout the period, we have continued to demonstrate our commitment to making sure people with mental health problems receive swift and appropriate treatment in the best possible setting to suit their needs.

During 2009 our commitment to investing in services continued as construction work began on the Juniper Centre – a new £17.7m development for our Mental Health for Older People Services division – in Moseley, in July. The site, in the grounds of Moseley Hall Hospital, was blessed by eight faith leaders in August, and a topping out ceremony took place in March. This brand new facility will be handed over to the trust later this year, with staff and service users due to move in by the end of 2010.

BSMHFT also secured a new seven-year, multi-million pound contract to provide all healthcare services to inmates and staff at HMP Birmingham, in Winson Green. Previously our trust provided mental health and addiction services under an agreement with its commissioners Heart of Birmingham Primary Care Trust.

Furthermore, a number of our staff and services were recognised this year as our trust won a clutch of national and regional awards for its achievements and excellence.

Our estates and facilities team won a prestigious *Health Service Journal* award for good corporate citizenship for their energy-saving and recycling schemes, while staff at The Bridge project in Solihull continued their run of success by being named psychiatric team of the year at the Royal College of Psychiatrists Awards. Dr Gráinne Fadden received the Marsh Award for Mental Health Work from charity Rethink for her involvement with the Meriden Family Project.

Shortly after BSMHFT celebrated its first birthday as a foundation trust on July 1, 2009, the Care Quality Commission (CQC) – which replaced the Healthcare Commission as a health watchdog – awarded our trust top marks in its annual health check. The CQC, issuing its ratings for the first time, ranked both the trust's quality of financial management and its quality of care as excellent. This success is reflection of the continued

Solihull High Street *(Photo courtesy of Stephen Hogan)*

dedication and professionalism of our staff, and their determination to provide top quality care.

The future for our trust will be to build on our financially stable base and facilitate the engagement of our governors within the communities we serve, ensuring our long-term strategies can be truly responsive to local needs. We are determined to continue making improvements and to demonstrate that we offer some of the best mental health care available in this country.

Foundation trust status has given us greater flexibility over our finances, service provision and planning, enabling us to build on our solid foundations and develop new and innovative services for the communities we serve. Over the coming years our plans include investments in medium secure facilities, developments in older people's services, and the redesign of processes which eliminate waste and errors ultimately improving cost effectiveness, quality and safety.

However, we must not become complacent and acknowledge that the coming years are not without their challenges. Financially there are tough times ahead which will require difficult choices as to how we spend our money and changes to how our services our shaped. We will continue making the bold investments to improve our facilities, making us more efficient and further improving the care we give to our patients, but this will also bring an ever greater need to quickly realise greater efficiencies.

We acknowledge that we must work harder to increase our membership base. During 2010/11 we aim to grasp the many opportunities there are to work with the public, giving those in seldom heard communities a voice. Over the next year, we will work closely with our 13,500 members, involving them in our work.

Furthermore, we will do our best to improve our service users' lives through our work with other organisations. This means working with people's carers, their families and the wider community to help them lead purposeful lives among people who accept them - breaking down the barriers of stigma, which often accompany mental health problems and lead to social isolation.

On behalf of the trust board, we would like to acknowledge and thank our staff for the hard work, professionalism and dedication they show each and every day in delivering modern, high quality and safe services to our service users, carers and their families.

We would also like to thank our service users, carers, volunteers, community and faith groups, partner organisations and stakeholders who have, and continue to support us with our overall mission to help people get better by getting better together.

Sue Turner
Chief executive

Peter Marquis
Chairman

Park Lane Garden Centre volunteer Emma James with gardener Mark Eveleigh and the garden's silver medal.

About our trust

Our trust was established as Birmingham and Solihull Mental Health NHS Foundation Trust on July 1, 2008. This annual report covers 12 month period from April 1, 2009 to March 31, 2010 for the financial year 2009/2010.

We provide a comprehensive mental healthcare service for residents of Birmingham and Solihull, and to communities in the West Midlands and beyond.

We serve a culturally and socially-diverse population of 1.2 million spread over 172 square miles, have an annual budget of £221 million and a dedicated workforce of more than 4,000 staff - making this one of the largest and most complex mental health foundation trusts in the country.

Our catchment population is ethnically diverse and characterised in places by high levels of deprivation, low earnings and unemployment.

These factors create a higher requirement for access to health services and a greater need for innovative ways of engaging people from the most affected areas.

As a foundation trust we have more financial control over the services we provide, allowing us to provide even better services and to involve our local communities in the bigger healthcare decisions that we make.

It will help us to actively engage our staff in shaping how BSMHFT is run, make sure the views of service users and their carers and families are central to everything we do, and better understand the different needs of our diverse communities to create services more in tune with local needs.

To achieve foundation trust status we had to demonstrate that we are legally constituted, well governed and financially viable.

Our mission

Getting better together. That's our mission statement, pure and simple.

We want to help people get better and create a service we are all happy to recommend to others.

To support this, our vision is that:

- People with common mental health problems are managed effectively within the primary care system;
- People with complex mental health problems are swiftly referred to and managed as appropriate by specialist services in our trust;
- Focused and co-ordinated activities are developed to help improve tolerance and understanding within neighbourhoods and communities, and enhance access to excluded groups;
- Strategic partnerships (sub-contracting out, if appropriate) are established with non-statutory sector organisations, community and user-led groups to create a continuum of:
  a) appropriate employment, educational, social and leisure opportunities;
  b) appropriate housing (independent and supported).

Our services

BSMHFT provides a wide range of inpatient, community and specialist mental health services for service users from the age of 16 upwards.

These services are located within our three divisions; Youth, Addictions, Secure and Complex Care (YASSC); Mental Health Services for Older People (MHSOP), and Adults of Working Age (AWA). Together, these services include elements of rehabilitation, crisis and home treatment, assertive outreach, early intervention, addictions, day services and mental health wellbeing. We provide our services on a local, regional and national basis, dependent upon client group.

In addition, our trust manages the delivery of all healthcare services at HMP Birmingham, in Winson Green, and works closely with the criminal justice system.

Our dedicated, specialist teams work closely with patients, their carers and families to put together a plan of care which suits each individual person and offers different types of support including community, inpatient, outpatient and day services.

We have worked, and will continue to work, hard to support and improve the mental health of people across our patch through a range of locally based inpatient and community services. We have, and continue to develop, close links with partners from education, local authorities and voluntary organisations and work in partnership to provide integrated health and social care - a real benefit for our service users.

An award-winning trust

There is no doubt that 2009/10 was a very successful year for BSMHFT, with staff across our trust winning awards for innovative and successful approaches to care, sustainability and even gardening.

Park Lane Garden Centre in Aston is run as a commercial business but it also offers accredited horticultural training for people who have experienced mental health difficulties. In June, a team of green-fingered volunteers worked with garden designer Mark Eveleigh to create a calming, therapeutic space to show at the Gardeners' World Live event at Birmingham's NEC.

Our trust's team celebrate winning the HSJ award for good corporate citizenship.

Their Hazy Days garden was selected from more than 1,000 designs to become one of the 22 show gardens, and it also won a silver medal from the Royal Horticultural Society. BSMHFT was also the first mental health trust to exhibit at the prestigious, national event.

Our innovative substance misuse service The Bridge, in Solihull, continued its winning streak – the project previously won four prizes including *Health Service Journal* and Guardian Public Service awards in 2008/9 – at the inaugural Royal College of Psychiatrists Awards in October.

The Bridge Substance Misuse Service, lead by Dr Sanju George, was named Psychiatric Team of the Year for its work in preventing overdoses and deaths among heroin addicts.

Our Solihull inpatient alcohol detox service received a special award for its services from Solihull Primary Care Trust in October. Judges handed the team the Bridging the GAP award for its partnership working between the local community mental health team, inpatients wards, a specialist service and the voluntary sector.

November was another successful month with trust staff scooping two major awards for their work. Consultant psychiatrist Dr Gráinne Fadden, who leads the Meriden Family Programme, received the prestigious Marsh Award for Mental Health Work from charity Rethink.

Dr Fadden and her team have trained more than 2,700 therapists to work with families in the West Midlands, and a further 1,200 nationally and internationally. This is the fourth award the Meriden team have won since 2008.

BSMHFT won a prestigious Health Service Journal Award for good corporate citizenship, for its innovative approach to saving energy and its 'green' agenda, led by Neil Cross, our trust's energy and environment manager.

Among the innovations that impressed the judges were regular night audits of our sites, part of our aim to reduce the trust's carbon footprint by 18 per cent by 2015, and our Earthman energy saving campaign to encourage staff to switch off lights and computers before they go home.

In the spotlight

This past financial year has been one of achievement and change for our trust, much of which has made local and national headlines.

As a summary, Birmingham and Solihull Mental Health NHS Foundation Trust featured in 24 press and magazine articles. Of these 19 were in local newspapers, four in specialist press, and one national news story.

Our stunning Hazy Days display at Gardeners' World Live in June generated a two-page spread in the *Birmingham Post's* Friday magazine, focussing on our success and an interview with one volunteer on how gardening can help boost mental wellbeing.

The *Nursing Standard* ran two features, in August and March, about how our trust is leading the way. The first was on how the NHS is coping with a rise – linked to the recession – in mental health diagnoses, and singled out our partnership with JobCentre Plus and its work with MG Rover when its Longbridge factory closed.

The second was a double-page spread on our new venture within A&E at City Hospital, in Winson Green, where our Rapid Assessment Intervention and Discharge service (RAID) was launched in December.

The board's approval of the outline business case for a new medium secure unit in Yardley Green was reported in the *Birmingham Mail Extra* and *Birmingham Post* in August.

In September, NHS West Midlands published the findings of an independent inquiry into the care and treatment of Glaister Earle Butler – five years on from the death of Detective Constable Michael Swindells. The publication of Robert Francis QC's report was reported widely by the local media and also by one national newspaper. Key reports featured in the *Birmingham Mail, Birmingham Post* and *Daily Telegraph.*

We continued to make the news in October, when BSMHFT's choir made their debut at Birmingham Rep theatre on World Mental Health Day to launch our trust's new arts and mental health strategy.

The launch of our RAID service at City Hospital in December also drew a positive response in the *Birmingham Mail.* This was followed by a two-page spread in the *Nursing Standard* in March.

Our success at the *Health Service Journal* awards, where our trust received the good corporate citizenship award, was reported in the *Birmingham Mail,* followed by a four-page article in *Health and Social Care Today* on how BSMHFT has become one of the greenest mental health trusts in the country.

However the trust's consultation over the future of the personality disorder service at Main House, in Northfield, was widely reported from December to March. These were largely informed by campaigners keen to keep the consultation in the public eye. Stories appeared in the *Birmingham Mail, Birmingham Mail Extra* and *Birmingham Post.*

Our involvement in devising new guidance for GPs and health workers to help them recognise potential signs of domestic abuse and violence in female patients was also well reported in the *Solihull News.*

Our trust continued to make the news with its awards, new developments and reports this year. *(Photo by Sarah Smith)*

The Barberry, part of the National Centre for Mental Health: Birmingham

Patient care

Developing services and improving patient care

The performance of our trust is assessed, like other NHS organisations, through a number of national and local methods. Nationally our performance is monitored by the Care Quality Commission, through annual and periodic reviews, service reviews and surveys.

In addition, the local performance of our services is monitored and reviewed by our commissioners, which includes primary care trusts, local authorities and drug action teams.

Now we are a foundation trust, our performance is also reviewed by Monitor who do this through a compliance framework and the publication of quarterly governance and mandatory services risk ratings.

We continue to work in partnership with third party organisations in our geographical boundary, including the overview and scrutiny committees, local involvement networks, and community groups to ensure they are kept well informed of our performance.

This section relates to the 12-month period of 2009/10.

Care Quality Commission annual health check

In October 2009, our trust was rated as excellent for both its quality of care and financial management, under the Care Quality Commission's (CQC) first annual health check. In 2008/9 we also received an overall rating of excellent in the Healthcare Commission's annual health check.

This was the first year of the CQC's annual health check, previously conducted by the Healthcare Commission, which scores NHS organisations on many aspects of their performance including quality of services, cleanliness, safety and patient feedback, and how well they manage their finances.

The outcome of the CQC's rating of our trust relates to the financial year 2008/9 and further demonstrated our commitment to improving services which make a real difference to the care and experience of our service users, their carers and relatives receive.

This double excellent in both categories is a reflection of the continued dedication and professionalism of our staff, and their determination to provide high quality care. Our staff certainly have much to be proud of.

Our 2008/9 quality of services rating of excellent confirmed we were compliant with the CQC's assessment framework.

Our Ardenleigh unit for women and children in Erdington.

Patient Environment Action Team (PEAT) inspections

In July 2009 the trust was rated excellent for the quality of their inpatient environments in an annual report published by the National Patient Safety Agency.

Of our 23 inpatient sites, 13 scored excellent across the three categories – environment, food, and privacy and dignity - with nine earning one or more excellent ratings.

The annual Patient Environment Action Team (PEAT) inspections check NHS hospitals and units in England with more than 10 inpatient beds. Every unit is assessed against each category, and given a rating of excellent, good, acceptable, poor or unacceptable.

This is a significant improvement on last year's PEAT scores, when only one of our sites – Little Bromwich - received maximum scores. The 2008 results did not include our new Barberry, Oleaster and Zinnia centres, which only opened last year.

Overall 16 of the 23 inpatient units scored excellent in the environment category, with the remaining seven rated as good, compared to acceptable/good scores last year.

Improvements following staff or patient input

Mystery Shoppers

Mystery shopping in our trust involves a dedicated and trained team of users and carers who make unannounced visits to centres, wards and units to assess how well we are meeting certain core standards. The results allow us to see how others view us. We can then improve our services accurately.

Examples of improvements made as a result of the mystery shopper exercises include:

- Trust sites now all display the patient core information leaflets in their reception area (Mystery Shoppers programme 2009);
- Over 50 sites now have welcome display banners featuring PALS customer care information. (Mystery Shoppers programme 2009);
- Improved welcome signage at Deaf Service (Jasmine) for deaf and hearing visitors (Mystery Shoppers - March 2009);
- Patient information leaflets displayed in community languages at various sites across the trust (Mystery Shoppers – March, May, October 2009);
- Closer monitoring of misuse of disabled parking spaces at various sites including Oleaster, Barberry, Harry Watton, Small Heath (Mystery Shoppers – March, May, July, September, December 2009);
- Improvements to the patient information displayed on the trust internet site (Mystery Shoppers - December 2009); and
- New PALS Posters displayed at various sites (Mystery Shoppers – March, May, July, October 2009).

Progress on targets from commissioners

In addition to the national targets, we are also required to report to commissioners progress on locally agreed measures to support the implementation of agreed service plans.

Specifically as part of the mental health contract requirements, commissioners receive a monthly performance report which provides an overview of progress on national targets for mental health trusts as well progress against locally agreed indicators.

Key local indicators include:

- The provision of community mental health team support covering key services including the early intervention service, assertive outreach teams and the crisis resolution home treatment teams to support the management of new referrals as well as supporting existing caseloads, ensuring appropriate support and treatment is provided for service users in line with identified needs.
- Preventing/reducing emergency readmissions within 28 days of discharge - ensuring that on discharge from inpatient care, service users are provided with the appropriate care package/community support to minimise the risk of readmission. The trust's readmission rate for 2009/10 of 4.5 per cent remains well below the 10 per cent threshold agreed with commissioners.
- Reducing outpatient waiting times for GP referrals. The trust has continued to ensure that the majority of services users are seen for their first appointment following a referral from their GP within six weeks, significantly below the 2009/10 13-week national maximum outpatient waiting time target.

In addition, as part of the Commissioning for Quality and Innovation (CQUIN) scheme introduced by the Department of Health, the trust agreed the following local priorities:

- Progress and delivery of HONOS Payment by Results implementation (allocation of GP referrals to a care cluster) – 90 per cent target for March 2010 achieved. The Health of the Nation Outcome Scale (HONOS) is a standard measurement tool used by mental health services. This is completed as part of reviewing the needs of individual patients enabling clinicians to allocate referrals to appropriate care pathways and treatment plans. The HONOS process is one that is being taken forward on a national basis.
- Reducing length of stay where appropriate for acute inpatients. This is a specific programme of work agreed with Birmingham commissioners to work with our partners to ensure that service users who do not need to be in hospital are appropriately discharged with the relevant support and care package being in place. Good progress has been made in the past year with further plans this year to maintain this approach.

New services for patients

Rapid Assessment Interface and Discharge (RAID) Service

Our trust joined forces with an acute NHS trust to launch a new mental health team, the first of its kind in the country, to assess and treat patients in one of Birmingham's busiest A&E centres in December.

The Rapid Assessment Interface and Discharge (RAID) service will provide a single point of access to mental health and substance misuse services to all patients over 16, including older adults, at City Hospital.

This new service, a joint venture between BSMHFT and Sandwell and West Birmingham Hospitals NHS Trust, will assess and treat patients within the hospital – both inpatients and those who attend A&E – to provide a smooth transition from acute to specialist care, where needed.

The RAID mental health team will aim to see all A&E referrals within an hour, with others – including inpatients – to be seen within 24 hours. This will become a round the clock service, seven days a week shortly.

This project has enabled easy access of mental health and substance misuse services, including older adult, to the busy acute general hospital. It provides mental health services at the front door of the health service and meaningfully addresses the needs of the difficult to reach patients from minority ethnic and gender groups.

This new team includes nurses, psychiatrists, psychologists and social workers who will also work closely with community service Aquarius.

During the 18-month pilot scheme, they will see any patient who attends A&E or any inpatient who medical staff believe might have mental health issues.

Dr George Georgiou, consultant psychiatrist, at the RAID launch

HMP Birmingham contract

In 2009, commissioners, Heart of Birmingham PCT awarded our trust, in partnership with South Birmingham Community Health, a seven-year multi-million pound contract to provide all primary healthcare services to prisoners at HMP Birmingham.

The Category B remand prison in Winson Green is home to about 1,450 prisoners, all requiring medical attention – from dealing with addictions or long-term conditions to common illnesses like 'flu.

Previously BSMHFT had provided mental health and addiction services to the prison's population under an agreement with its healthcare commissioners Heart of Birmingham Primary Care Trust.

Improvements in patient care information

Patient experience and involvement

The experience of our patients and carers is a major priority for the trust. We use multiple methods to measure and improve upon the patient experience.

We have dedicated user involvement staff – and we work closely with a wide range of advocacy partners and carers agencies. Our monthly networking meetings allow us to share information and views, keeping user and carer concerns paramount.

Our team of dedicated mystery shoppers are all service users or carers, by background. They visit our sites anonymously to keep a check of our standards, and they tell us when services are good, not just when things go wrong.

We are investing in real time patient feedback and have been successfully involved in a South Birmingham pilot scheme. The Share to Care project introduced new electronic ways to measure and record how our patients feel we are meeting their needs, while using our services.

Sharon Duffy, senior nurse for infection control, demonstrating how to wash your hands properly.

Our trust believes in full user and carer involvement in the planning of our services. A team of staff, led by a service user governor and carer, recently won a mental health leadership challenge organised by the *Health Service Journal.* They put their success down to their ability to work in partnership as equals.

Patient Advice and Liaison Service (PALS)

Our PALS Customer Care service has operated 24 hours a day throughout the year, and has received over 10,000 requests for support, advice and information. This year was its first year as a 24-hour operation, since the service was transformed, to fully meet the needs of patients, staff, users, carers and the public.

PALS was launched in 2002 and is now the country's leading mental health PALS service. It received a transforming services award at the Health and Social Care Awards 2009, which was a defining moment for the team. Since then they have been accepted to join the Mental Health Helplines Partnership.

The team of dedicated PALS officers deal with enquiries by freephone, fax, email and text. They also take time to visit wards and inpatient facilities to meet and talk to staff and patients. They replenish information leaflets and posters while out on visits around the trust.

To contact PALS call: 0800 953 0045

Comments and complaints: How we handle them

Our trust uses experience gained from dealing with complaints to improve mental health services within Birmingham and Solihull. We encourage complaints or concerns to be addressed by relevant front line staff, for example, a ward manager or head of department. However, when this is not possible, the complaints department can be contacted.

Our complaints department provides information and assistance to service users, their relatives and visitors who wish to complain about the service our trust provides. It also gives help and advice to staff who are involved in the investigation of a complaint.

Complaints received by the department are formally acknowledged within three working days. Our aim is to provide a full response as speedily as possible, however if we are unable to provide a response within the agreed timescale, the person is contacted to discuss the delay and to agree a new timescale in which a full response is to be provided. The vast majority (97 per cent) of complaints received by the trust between April 1, 2009 and March 31, 2010 were answered within the agreed timescale.

The Learning Lessons and Trend Analysis Group works to ensure that improvements resulting from

Joe Taylor (right), Deaf Link co-ordinator, signing with an interpreter.

complaints are implemented and will monitor any actions identified.

For more information about the complaints department or the trust's complaints procedure please contact the complaints team on Tel: 0121 301 2000 or e-mail: comms.team@bsmhft.nhs.uk

Infection prevention and control

Following investment for the Infection Prevention and Control (IPC) service, identified in the previous year, posts were recruited to and the IPC team has three infection control nurses, a hygiene advisor and a decontamination officer. In addition, the facilities department now have an in-house rapid response cleaning team. This increased resource has facilitated continued compliance with the hygiene code and the registration requirements of the Care Quality Commission.

The emphasis of hand hygiene at point of care has been actively promoted in accordance with National Patient Safety Agency and World Health Organisation's five moments of care. There has been active promotion of hand washing for staff and visitors and investment in hand washing facilities.

Good practice involving hand hygiene and environmental cleanliness played a significant role during the swine flu pandemic in minimising the risk of transmission of the virus. The team also provided education, information and support to staff in taking appropriate precautions to reduce the risk of infection from swine flu and other infectious conditions. Service user involvement has also been encouraged and members of the team are included in Service User Experience Group meetings.

The IPC team undertook regular inspections of clinical areas and worked closely with matrons and estates and facilities staff to ensure standards relating to cleanliness were regularly monitored and reported.

Learning lessons

Ensuring improvements result as a result of incidents, staff experience and feedback from service users is a significant element of our clinical governance processes (how we ensure quality improvement).

As a result of reviews undertaken of all serious incidents recommendations are made for individual services. The trust also reviews these issues across all services to identify areas where learning can take place across the organisation.

A number of policies have been introduced to reinforce best practice these include:

- Dual diagnosis ensuring appropriate training and pathways are in place for service users with mental health and alcohol issues;
- Trust wide bed management; and
- Patient falls policy and assessment process.

Changes have been made to existing policies and documentation:

- Section 17 – improvements to the S17 leave form;
- Being open policy; and
- Serious untoward incident (SUI) policy.

Circles – service user artwork, Phoenix Centre art group.

In other issues policies have been reinforced where non compliance has been identified:

- Referral management arrangements - to ensure referrals to the organisation are appropriately managed in a timely way;
- Warning markers - ensuring flags are used to identify significant risks in service user records;
- Ensuring effective support to service users and staff when incidents occur;
- Ensuring effective transfer arrangements are in place; and
- Missing patient procedures.

Other improvements made have included:

- Raising awareness to relevant staff over issues identified from reviews these include issues such as ensuring concerns are escalated;
- Improving safeguards to strengthen the security of patient identifiable information;
- Improving training (particularly in relation to infection control);
- Improvements identified as a result of a power loss incident to prevent reoccurrence.

Independent inquiry into treatment of Glaister Earl Butler

On May 21, 2004, a service user Glaister Earle Butler – who was under the care of Aston Assertive Community Outreach Team – stabbed and killed DC Mick Swindells, a West Midlands Police officer. Both an internal investigation and an independent inquiry, led by Robert Francis QC, were conducted in order to understand the events that lead up to this tragic incident and how we could learn from it.

Both reports drew similar conclusions: That there were significant shortcomings in Mr Butler's care, and that our trust had to improve its assurance systems to reduce the risk of any recurrence. The independent inquiry also concluded the sequence of events which resulted in DC Swindells' death could not have been predicted.

The overall conclusion of the external panel mirrored that from our own earlier investigation. Mr Butler's situation and condition could, and should, have been more assertively managed and treated.

NHS West Midlands, who commissioned the independent inquiry's report in November 2005, was reassured that many action points raised in recommendations had already been implemented when it was published on September 10, 2009.

Since 2004, and prior to the publication of Mr Francis's findings, our trust has focused on improving services. We produced and progressed our own internal action plan, which was refreshed in September to take on board further recommendations made by the independent inquiry.

Our trust agreed a joint action plan with its commissioners Birmingham East and North PCT and Heart of Birmingham tPCT, which are being followed up and overseen by the PCTs and Monitor.

Changes and improvements have included the implementation of standardised methods of assessing and recording risk across community assertive outreach services, a reorganisation of services to ensure the right staff, with the right skills, are in the right place at the right time.

Better systems for sharing key information with partners have also been devised, while our clinical support and managerial systems which

underpin the safe delivery of these services have also been overhauled.

A press conference was held at NHS West Midlands, following an extraordinary board meeting, and subsequently stories appeared in the *Birmingham Mail, Birmingham Post,* and the *Daily Telegraph,* with reports also featuring on *Central News, Midlands Today* and various local radio stations. Coverage of the report's findings was overall balanced and fair.

Improvements in how we manage risk

The trust has made improvements to further improve feedback to staff on incidents. Over 12,000 incidents are reported a year across the trust, ensuring that staff can flag up any concerns or identify issues which could impact on patient safety.

Information is now published monthly on the intranet for any member of staff to be able to review any trends or details of incidents which have arisen in a particular location or time period.

By openly sharing this information staff are further supported to address concerns and reassured of the positive benefits of incident reporting.

Looking to the future

This year has seen our trust improve and evolve to provide care, facilities and services fit for purpose in the 21st century.

BSMHFT will continue to develop and grow its business which will be based on both the strategic objectives and the needs of the communities we serve. Wherever possible, our developments will be made in partnership and after engagement with our service users, carers and members.

We will continue to provide services which are at the very forefront of modern mental health care over the coming years, which will include some of the following schemes.

Simon Parkes, capital development manager for BSMHFT, placing a tile on the roof of the new Juniper Centre.

The Juniper Centre

In 2008/9 our trust opened the Barberry, Oleaster and Zinnia centres as part of the National Centre for Mental Health: Birmingham. By the end of 2010, the £17.7m Juniper Centre for older people's services - currently being built on the Moseley Hall Hospital site in south Birmingham - will become the fourth centre to open under this scheme.

Work has progressed at a pace since a faith blessing was held at the site in August, and staff got their first look at their new workplace on an exclusive tour prior to a topping off ceremony in March.

This purpose-built, specialist centre will bring together acute services and diagnostic facilities for managing physical and mental health issues on the same site, enabling staff to offer patients the best possible care and support to their carers and families.

Spread over two floors, the new hospital houses three suites – Bergamot, Rosemary and Sage – each with 18 single en-suite rooms. It also has a café, therapy suite, outpatients department, education suite and a therapeutic garden.

Interserve, our contractors and partners in this project, are due to hand over the new building to the trust in November. It is hoped patients and staff will move in by the end of 2010.

Yardley Green Medium Secure Unit

Plans to open a 90-bed medium secure unit for men in east Birmingham have progressed since last year, with the trust securing the borrowing flexibility to raise the finance for the building work.

In March, the board approved the full business case for this project, which will be built on the Yardley Green NHS site. Based on current plans, the new facility should open during autumn 2012.

A series of four community engagement events are planned for summer 2010 to inform local residents and businesses about the development and the career opportunities it will bring to the area.

Recent covers of our popular Trust Talk magazine.

Stakeholder relations

Communicating with our stakeholders

Our trust is a transparent and forward thinking organisation which believes open and trustworthy communication can support the creation of a positive working environment, cement working relationships with external parties, and set the tone for the entire organisation.

We recognise that improving communication with our stakeholders is key to ensuring effective mental health services which meet the needs of the people accessing them.

To us good communication is more than a simple exchange of information or messages, we believe it involves attitude and behaviour too. We are committed to fostering an environment of trust and openness, and have a number of initiatives which assist the establishment of effective, robust communications.

During the past year, we have engaged with a number of stakeholders to understand their communication needs and as a result of their feedback, we have developed a comprehensive three-year communications strategy which was approved by our board in March 2008.

Trust Talk

Our magazine *Trust Talk* is the main way we communicate with our members and service users. Copies of this popular bi-monthly publication, which celebrates our achievements, are available at all of our sites. A personal copy is also sent to every member of the trust through the postal service. Electronic copies are available to download from our website.

BSMHFT website

Our website was re-launched in April, following a radical redesign to make it easier to navigate and more interactive for visitors.

The website www.bsmhft.nhs.uk also includes useful information for patients and carers with dedicated pages covering everything from latest trust vacancies, how to become a member of the trust, and details on the services we provide.

Electronic copies of board papers, minutes and board summaries are also available on the website, for people to read and download.

Visitors are encouraged to communicate with us via a two-way email system, while members have access to a special members-only area which includes details of our free member seminars.

Our membership

In 2009, the trust agreed a strategy to increase the number of members to 12,000 by March 31, 2010. However, by that date our trust had recruited 13,595 members, meaning we exceeded our

projected figure by over 1,500 new members.

Recruitment activities to date have included:

- Attending meetings with partner organisations;
- Participating in voluntary sector events;
- Face to face recruitment in local shopping centres;
- Publicity on the trust website and intranet;
- Targeted work with communities perceived as hard to reach;
- Dedicated members area of the trust website; and
- Free member seminars on a number of mental health and trust related topics.

The free seminars, which have proved very popular with our members, covered a wide range of subjects including tackling stigma associated with mental health, exploring spirituality in mental health and recovery and wellbeing.

However, the focus of the membership strategy has moved away from being merely about the growth in number of new members and more on continuing to engage and involve our current members, depending on their interests and level they wish to become involved in the trust.

Being a member of BSMHFT is a great way of challenging the stigma and discrimination that people with mental health difficulties can sometimes face.

Members can join the following constituencies depending on where they live:

- Heart of Birmingham
- Birmingham East and North
- South Birmingham
- Solihull
- Rest of England and Wales.

As well as joining the trust depending on where they live, members are also categorised by their interests, members are categorised into the following groups: Public members, service user members and carer members. Each group of members is represented by a governor.

Members can join the trust online via the website or through filling out a membership form which are distributed across trust sites and are also given out widely at events the trust attends.

Members can keep in touch with their governor by sending messages to a dedicated e-mail address contact.governors@bsmhft.nhs.uk, calling the governor liaison office (0121 301 1229), or by writing to the governor c/o:
Governor Liaison Office,
BSMHFT, 50 Summer Hill Road,
Birmingham, B1 3RB.

Fig 1: Map of membership areas

Table 1: Breakdown of members by constituency

	2009/10	
Public constituency	At year start (April 1)	6,404
	New members	1,413
	Members leaving	(172)
	At year end (March 31)	**7,645**
Staff constituency	At year start (April 1)	3,845
	New members	535
	Members leaving	(162)
	At year end (March 31)	**4,218**
Patient/Carer constituency	At year start (April 1)	1,153
	New members	391
	Members leaving	(10)
	At year end (March 31)	1,534
Total at year end		**13,397**

Table 2: Breakdown of public members by constituency

	Birmingham East & North	Heart of Birmingham	South Birmingham	Solihull	Rest of England & Wales	Total Total
At year start April 1, 2009	1297	1360	1490	569	1688	6404
Added	264	278	369	97	405	1413
Deleted	32	18	43	23	56	172
End date total March 31, 2010	1529	1620	1816	643	2037	7645

Engaging with our community

As our trust serves a culturally diverse population in various communities across Birmingham and Solihull, it is vital that we engage with the people we serve. Our community engagement team attend numerous events, ranging from recruitment fairs and workplace seminars, to religious events and carnivals.

One in three employees at Birmingham-based law firm Browne Jacobson signed up to become members of our trust as workplace ambassadors, following a recent presentation by Lakhvir Rellon, director of community engagement.

Other projects this year included a six-month schools initiative, visiting more than 15 schools. Lakhvir and her team spoke to Year 10, 11 and sixth form students, about mental health issues and challenging the stigma around them. These sessions also promoted active discussions about working within mental health and the NHS as a positive career option.

Dragons' Den star, entrepreneur and chef Levi Roots visited Reaside in October, as part of the team's engagement around World Mental Health Day and Black History Month. He spent a lot of time talking to service users and staff, which was appreciated all round.

As the recession continued to bite throughout this year, thousands of people found themselves struggling to find or keep a job in the West Midlands. More than 3,200 jobseekers attended a Futures recruitment fair at Villa Park, in Aston, in February. Community engagement staff were there to highlight the benefits of working within mental health – and becoming a member of our trust. Over two days, they signed up 219 new foundation trust members.

Throughout the year the trust have also appeared on various television and radio shows to reach BME populations, to discuss issues around mental health, tackling its stigma and challenging stereotypes. Appearances were made on Noor TV and BritAsia in October, March and April, and Unity FM in October.

As a Stonewall Diversity Champion, our trust believes people perform best when they can be themselves, so the role played by gay, lesbian and bisexual staff in our organisation was celebrated at a special Peak Performance event in November. This event, hosted by comedienne Barbara Nice, was supported by Advantage West Midlands and the West Midlands Employer Coalition.

Finally, drama continues to be a successful medium for BSMHFT to get its anti-stigma and awareness messages out to the public. Specialist productions such as Unworkable, which focused on wellbeing in the workplace, have proved popular.

In May 2010, our community engagement team will officially launch a short film called Revolving Door, produced in partnership with the Vine magazine and A&E Productions. It explores the story of Marcus, a young man who develops mental health difficulties and highlights some the complex issues he faces.

Events – getting out and about in our community

This year has been an exceptionally busy one for events with celebrations, showcases and launches

Comedienne Barbara Nice makes a big noise for mental health during Arts All Over The Place. *(Photo by Emma Brady)*

taking place across our trust.

In May, the Zinnia Centre celebrated its first birthday with a special open day, while The Bridge Substance Misuse Service cemented its partnership with charity Welcome, Str8 Up, and a government-funded initiative - the Drug Intervention Programme - to form Solihull Integrated Addictions Service (SIAS).

Our events blossomed in June when volunteers and staff from Park Lane Garden Centre exhibited their Hazy Days space at Gardeners' World Live at the NEC – where they received a silver medal from the Royal Horticultural Society.

Arts All Over The Place, a three week arts festival organised by the Creatives Network for Arts and Health and supported by our trust, celebrated its biggest year to date. More than 1,000 people flocked to over 40 events staged across Birmingham and Solihull during the festival. A new strand to this was the introduction of events at inpatient units, which were visited by Stagebus and Community Vibe drama group.

A special five-a-side football tournament was held at Goals in Star City, Nechells, to highlight the important link between sport and mental wellbeing as part of Men's Health Week in June. Edgbaston Utd - a team of trust staff, service users and volunteers who took part – may not have won the tournament but they received a special judges' award at the West Midlands Health and Social Care Awards in May.

Further progress on the new £17.7m Juniper Centre, our development on the Moseley Hall Hospital site, was celebrated by a host of faith leaders who came together to bless the site in August, before construction began.

Celebrity gardener Monty Don visited Park Lane Garden Centre in September to present volunteers and trainees with certificates for their City and Guilds in horticulture, and even got his hands dirty planting a wellbeing rose at the centre in Aston.

Monty Don planting a wellbeing rose at Park Lane Garden Centre

Our first birthday as a foundation trust was on July 1, 2009 but the celebrations took place at a special family fun day staged in the grounds of Uffculme, in Moseley, in September. Staff divided into teams to enter a series of sports day style races, with various stalls and activities also taking place. The event was hailed a success with about 300 people attending.

This was followed by the trust's annual general meeting, held at the Council House, in Birmingham city centre, which included workshops, stalls and a special members' seminar by local historian Professor Carl Chinn.

BSMHFT's community gospel choir made their debut on stage at the Birmingham Rep Theatre as the trust launched its Arts in Mental Health strategy on World Mental Health Day in October. This strategy was devised to follow in the footsteps of the Arts All Over The Place festival to incorporate arts into our recovery and wellbeing service.

Finally our new RAID service was launched at City Hospital, in Winson Green, in December attended by executives from both BSMHFT, Sandwell and West Birmingham Hospitals NHS Trust, PCTs and third-sector organisations to see how bringing mental health services into an A&E setting would speed up the patient's journey from an acute hospital to specialist services.

Consulting with our community about the services we provide

Consulting on the future of Main House

Main House in Northfield provided residential treatment for up to 14 people diagnosed with personality disorder for up to one year. Residential treatment was provided in a highly structured therapeutic community setting and was completely voluntary. Individuals may have been prescribed psychotropic medication (for example major tranquillisers or anti-depressants) and were expected to come off these, if appropriate, in the first three months of treatment.

Each month, residents elected people from the group to work jointly with staff in making decisions about the running of the community, which included the selection of new residents. The service also ran groups which prepared people before they entered the community and supported them when they left.

The funding of these services was secured through a national commissioning process which was part of a replication study involving the Henderson Hospital in London and Webb House in Crewe. Trusts participating in the replication study were commissioned to provide these services on a national basis through the National Specialised Commissioning Advisory Group (NSCAG) up until March 31, 2006, after which time funding was devolved on a pro rata basis to each PCT across England.

While the trust board recognised the valuable

RAID team manager Mike Preece outside City Hospital's A&E department, where the new service is based. *(Photo courtesy of Nursing Standard)*

work done by staff at Main House and the benefits to individual patients, due to the reduction in funded referrals from PCTs the service was incurring a significant financial loss. The preliminary view of the trust board was that it was not justifiable to subsidise Main House from other income streams, and so further options for the future of Main House had to be considered.

In conjunction with Birmingham East and North Primary Care Trust, our trust launched a consultation to gather views and suggestions for the future of Main House. Both trusts were fully committed to the outcome of the consultation.

The consultation opened on December 18, 2009 and closed on March 17, 2010. A total of 98 responses were received.

Following the end of the consultation on the trust's tier 4 residential service at Main House, the trust board met on March 23 to consider the responses and to make a decision on its future. A report was submitted to the trust board which highlighted the following themes that emerged from the responses:

- An understanding of the position the trust has found itself in and about the questions set out in the consultation;
- Main House offers a unique treatment but it doesn't work for everyone;
- That staff skills and expertise should not be lost
- Service provision for people with a personality disorder should be moved to a more community based service (tiers 1-3); and
- There is a need for a tier 4 service for the West Midlands and that commissioners need to establish a clear strategy and funding model at a regional level.

In general terms, it was also clear from the consultation that there is unanimous support within the trust and beyond for people with personality disorders to receive appropriate, targeted care and specialist treatment when required.

The board also noted the commitment from BEN PCT to make the necessary investment in developing intensive day therapy services (tier 3). The board also welcomed the commitment from the PCT to seek to co-ordinate and develop a tier 4 commissioning strategy for the West Midlands, whilst also recognising that the preferred model was unlikely to replicate the Main House service.

Having carefully considered the outcome of the consultation and the commissioning context, it was concluded that the Main House residential service was no longer financially viable and therefore, with regret, should be closed. However, the board reaffirmed its commitment to work with its commissioners to develop an alternative tier 4 service model, once a clear strategy and funding model has been agreed by the PCT.

The grounds of one trust site, the Uffculme centre, in Moseley.

Non-financial reporting

Sustainability and climate change

Our trust is committed to sustainable development, reducing its carbon emissions to minimise its impact on the environment and climate change. Sustainability forms an integral part of the trust's environmental strategy.

Policies, systems and where appropriate plans, have been developed and implemented to comply with legislation and enable delivery of national, (and the trust's own) targets with regard to sustainability, reducing emissions and the use of resources.

A trust-wide Sustainable Development and Carbon Management Working Group manages, monitors and reports progress made by the trust.

Principles are practiced to promote awareness of the trust's responsibilities and to engage staff, service users and carers. Specifically with regard to the following, which form part of the NHS Carbon Reduction Strategy for England.

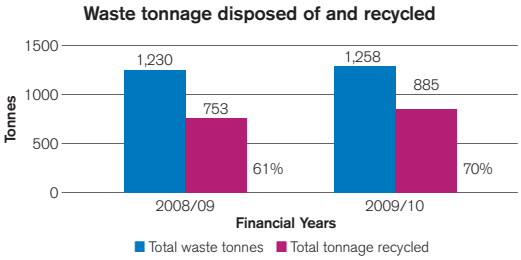
- Raising awareness of the need to manage resources more effectively, reducing consumption, waste, emissions and expenditure.
- Investing in new buildings, plant, equipment and technology to improve efficiency, and provide more with less.
- Adopting procurement practices which promote sustainable development. Consciously specifying, procuring and recycling materials from sustainable sources.
- Promoting the need to embed sustainability as part of the trust's day-to-day business. Awareness training having been provided to more than 2000 staff to date.

Waste minimisation

Table 3: Waste minimisation

Area	Area	Non-financial data	Non-financial data		Financial data (£K)	Financial data (£K)
Year		**2008/09**	**2009/10**		**2008/09**	**2009/10**
Waste minimisation and management	Total waste produced by BSMHFT	1,230 tonnes	1,258 tonnes	Total expenditure on waste disposal	£172,261	£184,943
	Waste recycling	61%	70%			

Figure 2: Waste tonnage disposed of and recycled



Although waste tonnages within BSMHFT have remained similar between 2008/09 and 2009/10, the graph demonstrates how the level of waste recycling has increased from 61 per cent to 70 per cent thus avoiding unnecessary landfill costs and helping to reduce carbon emissions.

The increase in costs is attributable to the compliance-led move to community site based clinical waste collections and the statutory landfill tax escalator.

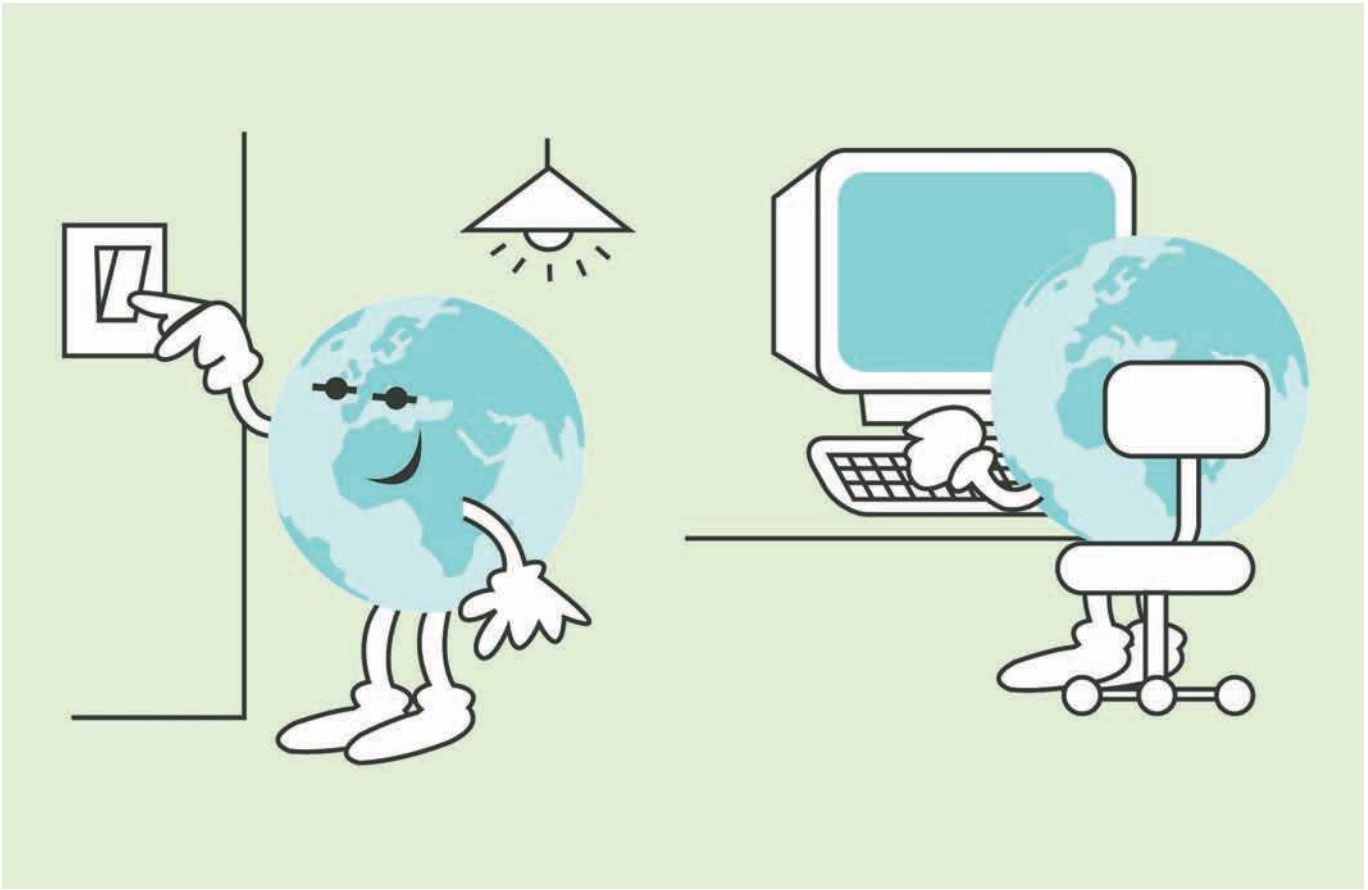
Finite resources

The table and supporting graphs below demonstrate how:

- Gas and electric actual expenditure in 2009/10 decreased from 2008/09 by a total of £147K.
- Gas and electric actual consumption in 2009/10 has decreased from 2008/09. Electric usage has decreased by 5.5 per cent and despite the coldest winter for 30 years gas has seen a 3.6 per cent reduction in usage.

Table 4: Finite resources

Area	Non-financial data	Non-financial data		Financial data (£K)	Financial data (£K)
Year	**2008/09**	**2009/10**		**2008/09**	**2009/10**
water	138,547 Cubic metres	130,380 Cubic metres	water	£403,052	£346,376
electricity	10,864 Mega watts	10,278 Mega watts	electricity	£1,168,371	£1,124,621
gas	31,763 Mega watts	30,624 Mega watts	gas	£1,096,724	£993,457



Our Earthman character has been used to help inform staff of the importance of switching off lights and computers, and saving energy.

Figure 3: Energy consumption 2008/9 and 2009/10

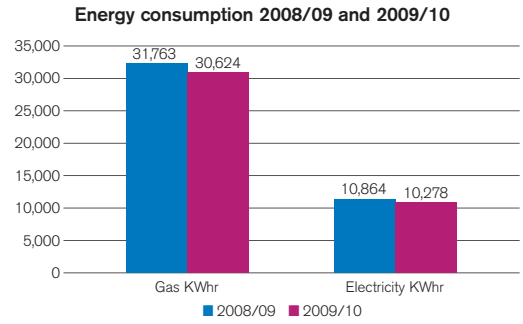
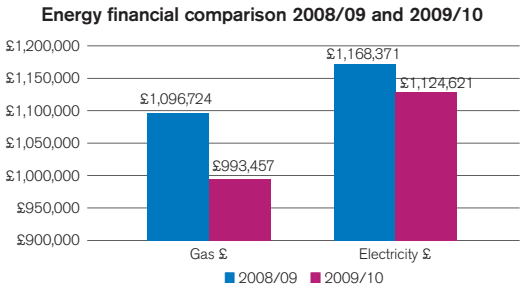


Figure 4: Energy financial comparison on 2008/9 and 2009/10



Water Consumption

Figure 5: Water financial comparison 2008/9 and 2009/10

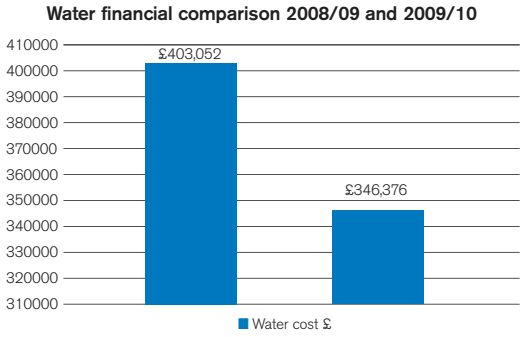
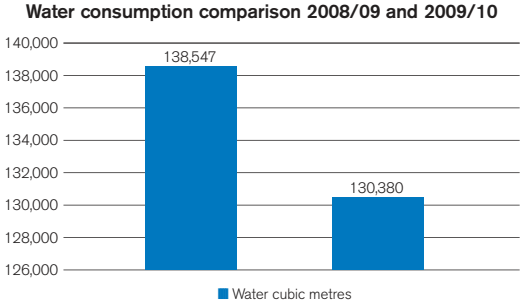


Figure 6: Water consumption comparison 2008/9 and 2009/10



The positive performance on energy, waste and water in 2009/10 is primarily due to:

- Investment in plant, technology and improvements to facilities;
- The continued drive to minimise energy wastage and promote environmental efficiencies; and
- Energy and water tariffs / procurement reductions.

Priorities and achievements

Building on achievements made in previous years, during 2009/10 the trust has:

- Completed the National Carbon Management Programme for the NHS, being one of the first mental health trusts to do so;
- Developed a range of tools and material to promote its commitment to sustainability and engage staff and service users; and
- Played an active part promoting sustainability in the wider community in collaboration with other organisations from the public, private and voluntary sectors.

The trust's commitment to sustainability and achievements made were recognised nationally when the trust won the *Health Service Journal* award for good corporate citizenship in November 2009.

The trust recognises that sustainability is not a project, and has no end, rather that it is integral to and impacts on all of its activities, day-to-day business and the quality and cost of services.

Recognising this, the principal focus for 2010 will be reinforcing the need to embed sustainability in the day-to-day planning, management and utilisation of resources and promoting its impact on the environment.

This will include:

- The new hospital developments being progressed on the Moseley Hall and Yardley Green Hospital sites, both of which will achieve a BREEAM rating - a measure used to assess a building's environmental impact - of excellent rating and provide the most energy efficient facilities in the trust.
- The positive steps being taken to promote and encourage staff to consider sustainability in the day-to-day planning, management and utilisation of resources.

Regulatory ratings

Since attaining foundation trust status and for the financial year 2009/10 to date, the trust board has confirmed a continuing declaration of compliance with the Trusts Terms of Authorisation in line with Monitor's Compliance Framework requirements. For 2009/10, as at Quarter 3, Monitor has confirmed a green rating for our trust's governance risk rating and for the mandatory services risk rating.

For 2009/10, our trust has met all four mental health national indicators and related thresholds as specified within the compliance framework.

Table 5: Monitor 2009/10 Compliance Framework: Delivery of national indicators for mental health foundation trusts

			2009/10				
Indicator Number	**Indicator title**	**Monitor target**	**Quarter 1**	**Quarter 2**	**Quarter 3**	**Quarter 4**	**2009/10 YTD**
1	Healthcare Standards 2009/10	Full compliance	Full compliance	Full compliance	Full compliance	Full compliance	Full compliance
2	CPA 7 day follow up	> or = 95%	97.7%	97.4%	96.4%	96.4%	97.5%
3	Delayed transfers of care (as % of bed-days)	> or equal to 7.5%	4.4%	4.7%	5.0%	5.5%	4.9%
4	Admissions via crisis resolution home treatment teams	> or = 90%	98.8%	94.7%	93.8%	98.3%	96.6%
5	Maintain level of crisis resolution teams set in 03/06 planning round (maintenance target)	9.5	10	9*	9*	9*	9* (from Aug 2009)

* In agreement with commissioners, the number of crisis resolution home treatment teams has been reduced from 10 to 9 with related activity being maintained.

Our trust is currently rated as excellent by the Care Quality Commission (CQC) for quality of services based on its 2008/09 assessment framework covering core healthcare standards assessment and compliance against 11 national targets for mental health trusts. Based on our continued focus, we hope to maintain this rating for 2009/10 although this will not be confirmed until autumn 2010.

Established performance management processes are in place to ensure continued progress as well as ensuring that areas for improvement are identified, taking targeted action where necessary.

Developing services and improving patient care

The performance of our trust is assessed, like other NHS organisations, through a number of national and local methods. Nationally our performance is monitored by the CQC, through annual and periodic reviews, service reviews and surveys.

In addition, the local performance of our services is monitored and reviewed by our commissioners, which includes primary care trusts, local authorities and drug action teams.

Now we are a foundation trust, our performance is also reviewed by Monitor who do this through a compliance framework and the publication of quarterly governance and mandatory services risk ratings.

We continue to work in partnership with third party organisations in our geographical boundary, including the overview and scrutiny committees, local involvement networks, and community groups to ensure they are kept well informed of our performance.

This section provides an overview of our performance against key targets. For the purpose of this report, this section relates to the 12-month period of 2009/10.

Quality of services

Our 2008/09 quality of services rating of excellent, confirmed that we were compliant with the CQC's assessment framework which covers core healthcare standards assessment in the following seven areas:

- Safety
- Clinical and cost effectiveness
- Governance
- Patient focus
- Accessible and responsive care
- Care environment and amenities
- Public health.

In addition, mental health trusts were also assessed against 11 key national targets including:

- Experience of patients;
- Support in the community – provision of a care co-ordinator;
- Drug misusers sustained in treatment;
- Data quality on ethnic group;
- Crisis resolution team implementation/access;
- Data quality of mental health minimum data set;
- Core programme approach – seven day follow-up post discharge;
- Staff satisfaction;

- Minimising delayed transfers of care;
- Best practice in mental health services for people with a learning disability; and
- Child and adolescent mental health services – access and provision of appropriate services.

This national assessment process confirmed that our trust achieved the required standard of performance in 2008/9. We will continue to ensure that these high standards are maintained and improved where appropriate.

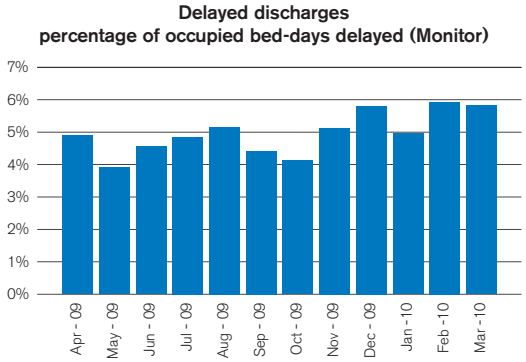
Waiting times

Our trust has consistently met the national outpatient waiting time standards of no more than 11 weeks. On average, our service users wait three weeks for an outpatient appointment, with the vast majority (93 per cent) seen within six weeks.

Delayed transfers of care

We continue to work hard to reduce the numbers of patients ready for discharge who are delayed by the lack of suitable accommodation or support. Our trust works with its partners including social services and the independent sector to support and ensure appropriate, safe and timely discharge.

Fig 7: Delayed discharges - percentage of occupied bed days delayed



The average number of delayed transfers of care each week has fallen from 39 in 2007/8 to 32.6 in 2009/10. This ensures that available inpatient capacity is being used effectively reducing the length of stay for patients who no longer need to be in hospital.

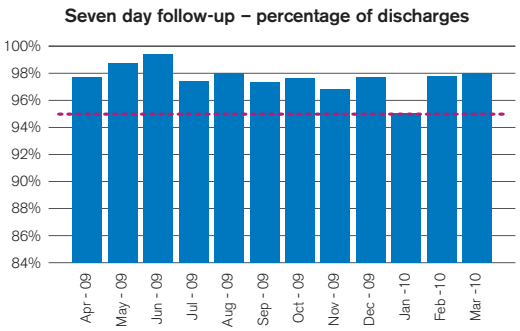
However, we have seen a rise recently which will need to be closely monitored.

Seven day follow-up

Our trust strives to meet the national target of ensuring that all patients are appropriately followed up within seven days of being discharged from hospital. Evidence has shown that this is the time that some patients feel most vulnerable and are more at risk of committing suicide.

We have continued to exceed the target set by Monitor of 95 per cent. In 2009/10, 97.6 per cent of patients were followed up with within seven days of discharge, exceeding the Monitor-based national target of 95 per cent.

Fig 8: Seven day follow-up - percentage of discharges

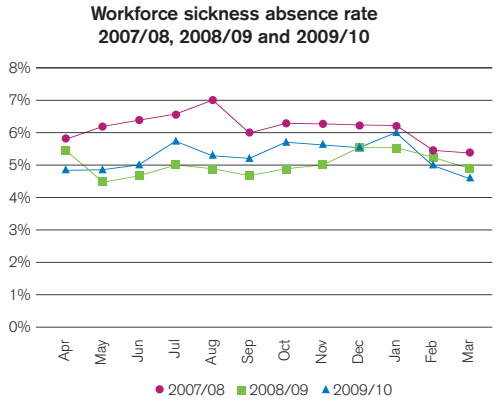


Sickness absence

Working on the frontline in mental health services can be demanding and requires resilience. The trust employs a range of measures to support staff in accessing the right support and guidance when they are unwell to aid their recovery and assist them in returning to work as quickly as possible. The management of attendance (sickness absence) policy encourages managers to recognise when staff may require specific support. Staff are able to access professional advice and support via our occupational health provider, confidential staff support and physiotherapy service. We have also developed annual health and wellbeing roadshows to raise awareness regarding health issues among staff.

It is encouraging that average sickness levels have fallen since 2007/8 but that there remains room to reduce these even further.

Figure 9: Workforce sickness absence rate 2007/8, 2008/9 and 2009/10



A group of staff get a preview of the new Juniper Centre

Our staff, our greatest asset

While the people our trust cares for are at the centre of what we do, delivering top quality care and services for them would be impossible without the dedication and commitment of our highly skilled staff.

Our workforce profile

We recognise that the delivery of high quality services is only possible with our dedication and commitment of our highly skilled and motivated workforce. Our trust continually looks at ways of improving staff working lives through leadership, support and staff benefits.

Table 6: Workforce profile by staff group and gender (April 1, 2009 - March 31, 2010)

	Female		Male		
Staff group	**No. of staff**	**% of staff**	**No. of staff**	**% of staff**	**Total**
Admin and clerical	524	85%	94	15%	618
Allied health professional	2	50%	2	50%	4
Ancillary	169	73%	62	27%	231
Art therapist	7	87%	1	13%	8
Consultant	40	35%	75	65%	115
Dietician	6	100%	0	0%	6
Drug worker	43	68%	20	32%	63
Estates	0	0%	25	100%	25
Graduate worker	5	100%	0	0%	5
Manager	78	58%	56	42%	134
Medic	85	50%	86	50%	171
Medical technical officer	16	89%	2	11%	18
Nursing assistant	484	71%	200	29%	684
Nurse	975	68%	450	32%	1425
Occupational therapist	80	86%	13	14%	93
Pharmacist	9	64%	5	36%	14
Physiotherapist	14	93%	1	7%	15
Psychologist	207	82%	46	18%	253
Scientist	9	50%	9	50%	18
Senior manager	78	53%	68	47%	146
Support time recovery worker	28	76%	9	24%	37
Technician	17	85%	3	15%	20
Technical instructor	26	49%	27	51%	53
Grand Total	**2902**	**70%**	**1254**	**30%**	**4156**

Table 7: Workforce profile by ethnicity (April 1, 2009 - March 31, 2010)

	Ethnicity	Trust staff profile Feb 2010	Birmingham and Solihull Population
White	British	54.62%	69.68%
	Irish	3.95%	3.03%
Mixed	Other White	2.43%	1.45%
	White and Black Caribbean	1.15%	1.45%
	White and Black African	0.43%	0.14%
	White and Asian	0.43%	0.59%
	Other Mixed	0.34%	0.42%
Asian or British Asian	Indian	5.73%	5.05%
	Pakistani	2.62%	8.92%
	Bangladeshi	0.53%	1.78%
	Other Asian	1.37%	0.89%
Black or Black British	Black Caribbean	9.17%	4.19%
	Black African	6.52%	0.55%
	Other Black	0.91%	0.50%
Chinese	Chinese	0.29%	0.49%
Other Ethnic Group	Other Ethnic Group	1.11%	0.57%
Undefined	Not Stated	8.40%	-

Fig 10: Ethnicity of Birmingham and Solihull

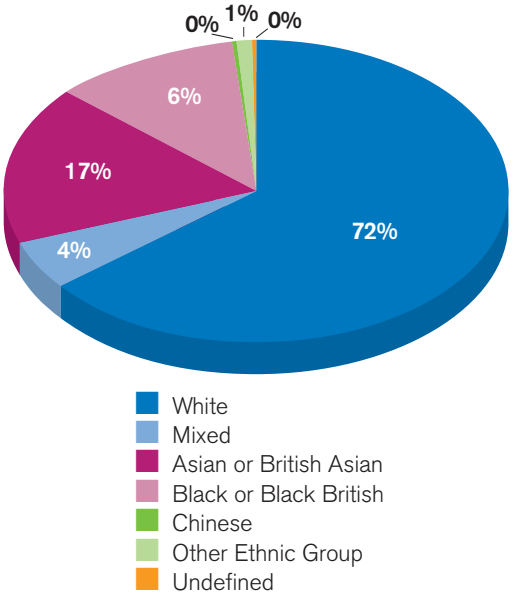
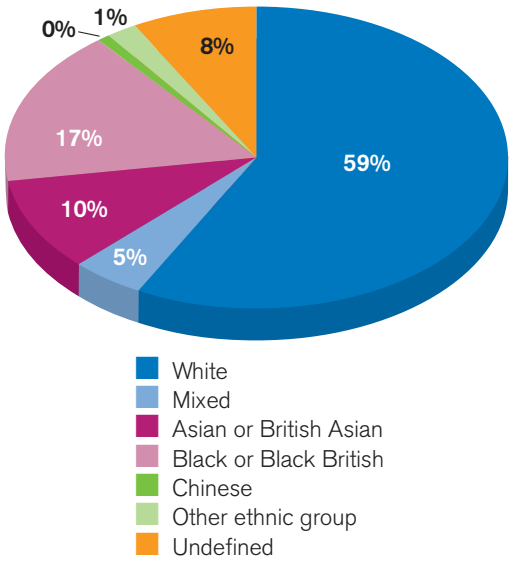


Fig 11: Ethnicity of trust workforce



Equality and diversity

We are committed to promoting equality of opportunity for everyone, both in the provision of services and employment of staff. Our trust seeks to provide services and employment in an environment free from discrimination, which benefits from diversity, participation and involvement of staff, service users and their carers.

We recognise that inequalities exist within our society and we are fully committed to looking at ways to remedy this. Our trust will not discriminate directly or indirectly through applying conditions or requirements that cannot be shown to be justified. It is our policy to treat all job applicants and employees fairly, regardless of race, gender, nationality or national origin, marital status, disability, sexual orientation, age, trade union membership and religious belief.

Furthermore, we monitor and publish the composition of our workforce and introduce positive action if it appears necessary.

Table 8: Staff in post: Equality and diversity data 2008/09 and 2009/10

Staff in post: Equality and diversity data 2008/09 and 2009/10

Gender	08/09	%	09/10	%
Female	2706	69.2%	2785	69.9%
Male	1202	30.8%	1198	30.1%
Total	3908	100%	3983	100%
Age profile	08/09	%	09/10	%
<22	26	0.7%	17	0.4%
22-29	461	11.8%	467	11.8%
30-39	1081	27.7%	1086	27.3%
40-49	1319	33.7%	1327	33.3%
50-59	809	20.7%	864	21.7%
60-65	186	4.8%	172	4.3%
65+	26	0.6%	50	1.2%
Total	3908	100%	3983	100%
Disability	08/09	%	09/10	%
No	2136	54.7%	2134	53.6%
Not Declared	2	0%	1	0%
Undefined	1689	43.2%	1750	43.9%
Yes	81	2.1%	98	2.5%
Grand Total	3908	100%	3983	100%

We have maintained the Employment Service's disability 'two ticks' symbol, which recognises our ongoing commitment to recruit and retain staff with disabilities. As an equal opportunities employer we celebrate diversity and operate workforce policies that help us recognise and respond to the individual needs of our staff.

These policies include making sure we accommodate the needs of disabled staff by making reasonable adjustments to their jobs and the working environment so they can continue to work effectively and support the delivery of our services. We also operate recruitment practices that ensure we avoid discrimination and promote best practice.

Leadership

The chief executive is accountable for the equality and diversity agenda, with lead responsibility for monitoring the delivery of the action plan undertaken by the medical director (operational service delivery issues) and director of organisational development and performance improvement (workforce issues). The directors of strategic delivery are responsible for ensuring that the equality and diversity agenda is delivered in their divisions.

Single equality scheme

We have developed and published our Single Equality Scheme 2008-2011. This is supported by a detailed action plan setting out targets, outcomes, leads and timescales for focussed action across all of the strands of diversity. The plan is an integral component of our annual plan.

Equality steering group

Our equality steering group is responsible for monitoring the progress of the single equality scheme and ensuring that overall standards, targets and objectives are met.

Equality impact assessment

Equality impact assessments are key to ensuring the embedding of equality and diversity across all trust activities. Our approach of applying one impact assessment to all six diversity strands ensure that when ensuring equality for one group we do not disadvantage another. These are published in summary half yearly.

Consultation

The trust has well established arrangements in place to ensure effective consultation and engagement with communities, staff, service users and other stakeholders. We involve key stakeholders and those who are likely to be affected by proposed policies or service change. A core part of our communications strategy is to engage with service users and staff in all areas of the work we do.

Staff support networks

There are three staff-led diversity networks. These are the lesbian, gay, bisexual and transgender (LGBT), disability, and black ethnic minority (BME) staff networks. The networks meet regularly and are active in supporting individual staff issues and reviewing trust policies.

Mandatory training

Our services are provided through our staff, usually

through direct contact with the service user or other member of staff. Given the multicultural environment within which staff work it is vital each member of staff ensures the service they provide is sensitive, and responsive to the needs of all individuals. We therefore provide mandatory training in equality and diversity for all staff.

Equality impact assessment training is available for all managers of services. All training is monitored and the data is published on an annual basis.

Monitoring

The trust is engaged in ongoing work to harness patient and staff demographic data and to ensure this is provided in a meaningful format. See workforce statistics on tables 6, 7 and 8.

Publication

We annually publish employment monitoring data, consultations, equality impact assessments, single equality scheme and annual reports.

Going forward

Under the NHS Employers – Equality and Diversity Partners Programme we have been selected for partner status for the period April 1, 2010 to March 31, 2011.

A key focus of work going forward which cuts across operational activity and workforce is the need to look at strategies to ensure where possible the composition of clinical teams reflects the diversity of service users receiving care.

The flexing of our workforce through effective staff deployment and recruitment is already a feature of our workforce strategy and will help support progress towards achieving that objective within the actions for 2010/11.

Staff wellbeing

The wellbeing of our staff is of paramount importance to us and, as such, we have various policies and support services in place to assist them in maintaining a healthy work-life balance. These include:

- an occupational health service;
- flexible working options;
- physiotherapy services;
- staff support services;
- tax free cycle scheme;
- childcare voucher scheme; and
- access to physical therapies service.

To underline the importance of establishing a good work-life balance, our trust also staged a series of staff wellbeing events during 2009/10 which proved popular and were well attended. These included:

- Stress Down Day
- Launch of a staff smoking cessation scheme
- Family fun day.

Organisation-wide cultural change

We are continuing to shape our culture to become one where continuous service and organisational improvement is integral to everything we do.

Our Capacity and Capability Unit has been

Verona Reid relaxes as physiotherapy technical instructor Natalie Belle demonstrates massage at our AGM.

Staff teams pull together in a three-legged race at our family fun day.

successful in delivering service improvement initiatives, providing internal consultancy and organisational development programmes consistently across our trust – enabling our staff to deliver real changes from ground level upwards.

Although we are in the early stages of implementing a lean approach, our commitment to improving our business and clinical practices, and adopting processes to eliminate waste, is undeterred. We continue to encourage every member of staff to adopt lean principles in their work and we have already seen improvements in some areas of our trust – addictions, care records management processes, inpatient and pharmacy services.

A commitment to learning and development

During the year, our learning and development department has continued to expand its portfolio of programmes available to staff. The joint investments we have with NHS West Midlands and the Learning Skills Council have enabled us to deliver more National Vocational Qualifications (NVQs), particularly in customer service, care, and administration.

Funding has also enabled us to offer basic skills programmes in partnership with Bournville College, developing skills in literacy and numeracy.

Management and leadership development

Our continued partnership with De Montfort University and links with the Institute of Leadership and Management enables us to continue to offer some of their qualifications to our staff.

During the coming months, we will build on the success of the programmes offered by these establishments and work to expand the qualifications on offer to include workplace coaching and team building.

We are committed to working in partnership with other NHS organisations across Birmingham and Solihull and, as such, we have a coaching collaborative to deliver qualifications in coaching across a number of organisations.

This will also see the development of a coaching tracking system and a move towards cross-organisational coaching. This project was supported in 2009/10 by the Birmingham and Sandwell Locality Stakeholder Board.

Team development

Our investment in staff development has so far enabled us to deliver a number of programmes resulting in a positive shift in the way our staff work. These programmes which include team building, measurement and analysis of improvement and project management have benefited more than 400 staff of all grades and disciplines.

During the next financial year we will be working to support the transformational change programme in our Mental Health Services for Older People division.

Team performance

Measuring team performance is crucial as it allows us to continue to identify areas of good practice and the delivery of trust business. Our trust uses the Aston team performance inventory and team workbook series as a measurement tool in a number of different settings.

Our future plans for learning and development will see us move towards fully integrated learning and

development function, incorporating both clinical and non-clinical training.

Staff engagement

We continue to be committed to actively working with staff, recognising the valuable contribution that they make on a day-to-day basis, and also the innovation they can bring to service design and improvement.

We are also developing a long term People Change Plan. This will identify how we continue to build on our commitment to having a meaningful dialogue with staff, to ensure that they are fully engaged as part of the workforce and have a full opportunity to contribute to our success, in providing quality services to service users and our own staff.

National staff survey 2009

Through the annual NHS staff survey our trust strives to understand staff views and work towards achieving improvements for our staff. However we remain committed to gaining staff views in a variety of ways including staff networks, forums, team brief and our new staff impressions on line survey.

Our trust will build on information gathered from the annual staff survey by asking employees to give specific details regarding some of the issues raised through the new staff impression survey (harassment and bullying, physical violence, health and safety training and pressure to attend work when unwell).

This will inform how we address staff issues, both on a short and long term basis, while also providing clear targets for measured improvements. Managers will also deliver concise presentations to staff regarding the survey's results and encouraging staff feedback.

While some of the measures we are taking in response to the staff survey will ensure that we engage with staff, we recognise that we need to continue to develop innovative mechanisms to allow all staff to have a voice.

Table 9: Staff survey response rate

	2008/09		2009/10		
Response rate	Trust	National average	Trust	National average	Trust deterioration
	58%	54%	46%	55%	Decrease by 9%

Table 10: Staff survey – Top four ranking scores

Top four ranking scores	2009/10 Trust	National average	Trust change
F24. Percentage of staff experiencing physical violence from patients / relatives in last 12 months	14%*	18%	Increase of 2%
KF32. Percentage of staff agreeing that they understand their role and where it fits in	51%	45%	Increase of 5%
KF12. Percentage of staff receiving job-relevant training, learning or development in last 12 months	82%	81%	No change
KF7. Percentage of staff working in a well structured team environment	44%	41%	Increase of 3%

*The lower the score the better

The table left indicates where we have achieved positive results within the trust and how we improved on our position since the previous survey was conducted. While these results are encouraging, we will continue to strive to improve.

Table 11: Staff survey – Bottom four ranking scores

Bottom four ranking scores	2009/10 Trust	National average	Trust change
KF27. Percentage of staff experiencing harassment, bullying or abuse from staff in last 12 months	21%*	16%	Increased by 1%
KF30. Percentage of staff feeling pressure in last 3 months to attend work when feeling unwell	24%*	19%	
KF25. Percentage of staff experiencing physical violence from staff in last 12 months	3%*	2%	No change
KF17. Percentage of staff receiving health and safety training in last 12 months	62%	75%	Increased by 1%

*The lower the score the better

The results above indicate that we have significant work to do in addressing our lowest ranking scores within this survey. The issues specifically relating to harassment, bullying, abuse and physical violence in the workplace are a key focus for us. Through working with all staff it is hoped we can successfully address these issues. We continue to actively promote the role of the harassment and bullying advisors within the trust to provide confidential advice and support to staff.

We continue to be committed to actively working with staff, recognising the valuable contribution that they make on a day-to-day basis and also their capacity to innovate in the delivery of our services.

Through the annual staff survey we strive to actively listen to our staff and work towards achieving improvements in the staff experience in the workplace. Responses from the staff survey continue to inform how we are endeavouring to address staff concerns both on a short and long term basis while also, providing clear targets for measured improvements.

While some of the measures that we are taking in response to the staff survey will ensure that we engage with staff, we recognise that we need to continue to develop innovative mechanisms to allow all staff to have a voice and to ensure that we act on their concerns.

However we also remain committed to encouraging staff to submit their views about our organisation and their experience of it in a number of other ways, such as using staff networks, forums, team briefings and our new staff impressions survey.

As a result we are reviewing our long term approach to improving staff engagement and plan to introduce new initiatives to allow all staff to have a voice and to help target efforts to improve their overall employment experience.

Julie Cresswell, one of the joint overall winners of our annual Board Challenge event, receives her prize from chief executive Sue Turner.

This will ensure we strengthen our position in those areas within our staff survey results where we need to make sustained improvements: Communication; promoting an anti-bullying and harassment culture; and specifically ensuring staff have more flexibility and freedom to achieve a greater work-life balance and to be able to manage the pressures of continuing to deliver.

Internal communications

Internally our intranet for staff is currently being redesigned and a series of communications workshops is also being planned. By enhancing existing channels and establishing new modes of contact, such as a central email 'hotline', we can ensure our staff are fully engaged and well informed about key activities and know how to influence and provide feedback on strategic developments and policies.

We regularly update our staff with the latest information about our trust through regular face-to-face meetings, team briefings, global emails as well as our comprehensive intranet site, which includes a daily newsfeed.

Working in a healthy, safe and secure environment

Our commitment to providing a safe, secure and healthy environment for our staff is unwavering. As part of this commitment, every member of staff receives mandatory training in a number of areas including health and safety and fire safety. Our specialised health and safety staff make regular assessments proving assurance that all standards of health and safety legislation are adhered to at all times.

Occupational health services are provided to all staff by an external provider, Team Prevent.

Managing violence and aggression

We believe that any incident involving violence and/or abuse is unacceptable and as such, we take prevention and management of these issues extremely seriously.

Our trust continues to deliver a programme of measures which are implemented by our local security management specialist who supports any individual who has been affected by such incidents, with a specific emphasis on liaising with the appropriate criminal justice agencies to ensure sanctions are imposed on the aggressor when appropriate.

Our local security management specialist is part of the risk management department and is available to provide advice and support to clinical teams, individuals, and in some areas, service users across our trust in relation to tackling violence against staff and reducing the impact of crime on staff and service users.

Dragons' Den star and entrepreneur Levi Roots continued to support our trust during the year.

The Uffculme centre in Moseley, a trust site which occasionally hosts trust board meetings.

Meet the board

All of the trust's directors, as listed over the following pages, declare that as far as they are aware, there is no relevant audit information of which the NHS body's auditors are unaware.

Professor Peter Marquis – Chairman

Peter was appointed as chairman of the trust in 2007. He has been a non–executive director in the NHS for over 10 years and a member of the trust board since its creation in 2004. Up until his retirement in 2008, Peter was an academic at the University of Birmingham involved in the research and development of materials for joint and tooth replacement.

He was appointed as Professor of Biomaterials in 1991 and subsequently became Head of the School of Dentistry and then Dean of Life and Health Sciences, serving as a member of the university senior management team for over four years. Peter holds a BSc (Hons) in Physics and a Doctorate in Materials Science and is a Fellow of the Institute of Materials, Minerals and Mining.

Interests: Emeritus Professor, University of Birmingham.

Sue Turner – Chief executive

Prior to her appointment as chief executive in 2003, Sue held the position of chief executive at the then South Birmingham Mental Health NHS Trust. She has also held the post of deputy chief executive of Riverside Mental Health Trust and was formerly chair of the Hamlet Trust, a charitable organisation working in central and eastern Europe.

Having worked in the NHS for more than 28 years, Sue's background includes various senior managerial roles which involved leading and supporting reconfiguration and remodelling of acute health services in inner London teaching hospitals. She has also held managerial positions at the Lewisham and North Southwark Health Authority (Guy's, Newcross, and Lewisham) and the Riverside Health Authority (St Stephen's, Charing Cross, Westminster).

In addition, Sue has carried out a wide range of commercial and public sector projects. She led and achieved successful implementation and bedding down of four multi-million pound investment programmes. These were in CAMHS Secure Services and general acute mental health, all of which were in Birmingham. Sue - who holds a BSc, and an MSc in Survey Methods and Statistics – is a member of the British Psychological Society and is consistently involved in a range of service user and family involvement activities.

Interests: None declared.

Frances Allcock – Director of organisational development and performance improvement

Frances, who was appointed to her role within the trust in February 2010, was previously director for organisational development and change at the BBC.

Frances also has a strong record in the private sector, having worked in various blue chip companies including Cable & Wireless, BT Global Services and PriceWaterhouseCooper. She has a BA (Hons) in history, an MA in management learning, and is a graduate of the Institute of Personnel and Development.

Interests: None declared.

Stan Baldwin – Non-executive director

Stan, who was appointed as a non-executive director in 2003, has extensive public sector experience including eight years developing community services in Birmingham and senior posts in Cheshire and Worcestershire. Formerly a chief executive of Wyre Forest District Council, Stan also has wide ranging consultancy experience including work with the Audit Commission, the Office of the Deputy Prime Minister, the Regional Office and with Sport England.

Previous posts held include chairman of governors Kidderminster College, chair of Birmingham Community Resource and Information Service, and chairman of BSMHFT's finance committee.

He has an MSc in Management, MEd in Adult Education, is a Fellow of the Chartered Institute of Management, and a member of the Institute of Sport, Parks and Leisure.

Interests: None declared.

David Boden – Non-executive director

David was appointed to the board as a non-executive director in October 2006, after serving as chairman of the PPI Forum for Birmingham and Solihull Mental Health NHS Trust. For the past year he has served as vice chair of the trust, senior independent director and chair of the Mental Health Act committee. At the same time he is CEO of a small family business and an investor and manager of commercial properties.

Prior to this he was a management consultant under the DTI Enterprise Initiative, a senior lecturer at Aston University and marketing manager at 3M UK dealing in healthcare products. He is also a serving magistrate and chair, and was once a deputy director of the Samaritans of Solihull.

He has a BSc in Chemistry and an MSc in Industrial Administration

Interests: Company director (bookmaking and property), magistrate on Sutton Coldfield Bench.

Sukhbinder Singh Heer – Non-executive director

Sukhbinder was appointed as a non-executive director in 2007. He is the founder and executive chair of ic2 Capital, a crossborder private equity firm. Prior to this, Sukhbinder was the managing partner of RSM Robson Rhodes, the UK member of RSM – one of the world's largest accounting and consulting firms. Sukhbinder is a chartered accountant and member of the Institute of Chartered Accountants of England and Wales. He holds a BA Hons in economics and a post-graduate diploma in management, from Harvard University.

Interests: ic2 Capital, ic2 Capital (PVT) India, Hadley Industries plc, Whiting Landscape Limited, member of the Chairman's Circle of the Birmingham Symphony and Town Hall, Governor of the King Edward's School Foundation in Birmingham.

Stella Layton – Non-executive director

Stella was appointed as a non-executive director in September 2007. She is European President of Cookson Precious Metals European Division with a turnover of around 200 million, a position she has held since 2001. Cookson Precious Metals is part of the Cookson Group plc, a FTSE registered company.

Stella was the first woman to hold the position of chairperson of the British Jewellers' Association. She is also member of the CBI West Midlands Council, CBI UK Manufacturing Council, CBI Manufacturing Advisory Group.

She has an MBA, and in 2005 was awarded the CBI First Women Award for Manufacturing in its inaugural year. She received an honorary degree of Doctor of Science from Cranfield University in June 2006, and was also finalist in the West Midlands' Business Woman of the Year. She is a guardian of the Birmingham Assay Office and a liveryman of the Worshipful Company of Goldsmiths.

Interests: Cookson Metaux Precious Ltd, Cookson Drijfhourt BV, Cookson Precious Metals Ltd Ireland, CPM UK Ltd, CPM Thailand Ltd, Sempsa Joyeria Plateria, SA, CPM Drijhout Holland, Hallmark Healy UK Ltd, Cookson Clal Ltd.

Dr Peter Lewis –Medical director

Dr Peter Lewis was appointed medical director for Birmingham and Solihull Mental Health NHS Foundation Trust in June 2009. Peter completed his medical training at the University of the West Indies in 1972, then specialised in psychiatry, gaining his FRCP from University of Toronto, in Canada.

Peter joined the trust as a consultant psychiatrist in 2001. Prior to that he was a consultant psychiatrist for a mental health trust in north west England, and also had a number of consultant assignments for global organisations including the United Nations and World Health Organisation.

Interests: Harriet Tubman House – provision of consultant psychiatric services.

Alison Lord – Non-executive director

Alison is a member of the Chartered Association of Certified Accountants, and the Society of Business Recovery Professionals. She has 20 years' experience of financial and operational restructuring.

Her previous roles include chief executive of Options Group, a provider of residential care and education to young people and adults with autistic spectrum disorders and young people with behavioural, emotional and social disorders.

Interests: Chief executive – Allegra Limited, chief executive Options Group Holdings Ltd and subsidiaries.

Chris Tidman – Deputy chief executive/executive director of resources

Chris joined BSMHFT as executive director of finance and resources in 2006. Throughout his NHS career, Chris has held a number of directorships and senior management positions within the NHS.

Chris has a wealth of experience in leading on PFI finance, capital investment, business planning and contract development. He holds a first class degree in accountancy and is a member of the Chartered Institute of Management Accountants.

Interests: None declared.

Denise Wilson – Executive director of quality, improvement and patient experience

Denise was appointed to her role with our trust in February 2010, having more than 25 years' experience in mental health settings.

Denise's previous senior roles include associate director of operations for a large health economy in the north-west, leading a service redesign, reconfiguration and developing a range of new services.

Latterly, as deputy director of nursing and director of clinical design, she led work to develop the service and workforce models for a major capital scheme to replace mental health inpatient services across Lancashire.

She holds a BSc in nursing studies, a diploma in psychological interventions and is a registered mental nurse.

Interests: None declared.

The BSMHFT Community Gospel Choir performing at Warwick Arts Centre.

Audit committee

The audit committee's function is to review integrated governance, risk management and internal control across the whole of our organisation's activities (both clinical and non-clinical) which supports the achievement of our objectives.

Its members are our five non-executive directors: Stan Baldwin, David Boden, Sukhbinder Singh Heer (chairman), Stella Layton and Alison Lord.

The committee meets every six weeks, when at least three members of the committee are required to meet. The director of finance, medical director, executive director of quality, improvement and patient experience will also attend these meetings, as should appropriate internal and external audit representatives.

Finally the committee also meets at least once a year in private with the external and internal auditors.

Remuneration committee

The committee members are:

- The chairman of the committee;
- The trust chairman; and
- Four non-executive directors.

The remuneration committee of the NHS trust is a sub-committee of the trust board, which determines the remunerations, allowances and terms of service of the chief executive and those executive directors reporting directly to the chief executive.

In considering the remuneration of senior executives, the committee considers any guidance or best practice issued by the Secretary of State for Health as well as the affordability of any increases. The committee will monitor and evaluate the performance of the chief executive and the executive directors.

All members of the trust board subscribe to the Code of Conduct for NHS Managers. Our directors, managers and staff are required to adopt high standards of corporate and personal conduct in respect of offers of hospitality, declaration of interests and prevention of fraud and corruption. Policies relating to these matters are available from the director of finance.

Our chief executive (appointed April 1, 2003) and executive directors were appointed via rigorous nationwide recruitment processes in line with national and local guidance.

Governors are a key link with the communities our trust serves. *(Photo courtesy of NHS Photo Library)*

Meet our governors

What do governors do?

All NHS foundation trusts must have an assembly of governors to represent members' interests in the development of their organisation.

Our trust is served by 33 governors across Birmingham and Solihull, comprising of nine from public constituencies, nine representing service users, five for trust staff and 10 for partner organisations. Each of the four primary care trusts which make up our trust's area – Heart of Birmingham, Birmingham East and North, South Birmingham and Solihull – are each have two public and one service user governor seats. See the map below for how this is configured.

Governors are a key link with the communities the trust serves, who feedback to the board of directors on issues their constituents feel need addressing and ideas for service improvement or development. Part of their role is to ensure the views of service users, stakeholders and local communities are taken into account when plans for services are being drawn up. They are also ambassadors for the trust who champion initiatives to tackle the stigma associated with mental illnesses.

The governors' relationship with the board of directors is also critical as they also have a strategic role, helping to set priorities for change and improvement. A major responsibility is the appointment of the trust's chairman and non-executive directors, and to approve the appointment of the chief executive.

Governors are not involved in the day-to-day running of the organisation, nor can they inspect its services or overrule decisions made by the board as they are not employed by the trust. It is also not an appropriate platform for those who wish to pursue political agendas or represent pressure groups, as they must represent their constituency's range of views.

Governors are expected to maintain regular contact with members within their constituencies, which at a minimum involves briefing them on the outcome of assembly meetings.

Members can contact governors through the Foundation Trust Office on 0121 301 1229 or by email to ft.membership@bsmhft.nhs.uk.

Who can become a governor?

- Anyone who is a member of our trust;
- Candidates must be aged 18 or over;
- They must live within the constituency area they wish to represent; and
- Candidates must fit the profile of the vacancy, so only service users can qualify to stand as a service user governor, likewise for carers and public seats.
- All vacancies and notice of elections are published on our website www.bsmhft.nhs.uk.

Our governors

Bishop Dr Joe Aldred - Public: Birmingham East and North
Councillor Sue Anderson - Stakeholder
Darren Cooper - Staff: Nursing
Carl Foulkes - Stakeholder: West Midlands Police
Lawrence Innis - Carer
MP Lynne Jones - Stakeholder
Dr Asaf Khan - Staff: Clinical
Vinodrai Mehta - Staff: Other clinical
Gerry Moynihan - Public: Heart of Birmingham
Sue Nixon - Stakeholder: PCT commissioners
Renganathan Ramamoorthy - Public: Birmingham East and North
Sally Selvey - Staff: Nursing
Lynda-Jane Smith: Service User - South Birmingham
Faheem Uddin - Service User: Heart of Birmingham
Dr Charles Zuckerman - Stakeholder: Local medical committee
Peter Lea - Stakeholder: Solihull Metropolitan Borough Council
Khalid Ali - Public: Rest of England and Wales
Peter Brown - Service User: Solihull
Ann Davis - Stakeholder: University of Birmingham
Elsie Genieve Gayle - Service User: Rest of England and Wales
Naomi Hawkins - Staff: Non-clinical
Kenneth Jeffers - Public: Heart of Birmingham
Maureen Johnson - Public: Solihull
Ann McKenzie - Carer
Jane Morel - Stakeholder: Terrence Higgins Trust
Bernadette Murray - Public: South Birmingham
Bridie Nugent - Public: South Birmingham
John Robinson - Service User: Birmingham East and North
Brian Sheppard - Public: Solihull
Loris Tapper - Carer
Paul Illingworth - Stakeholder: Birmingham City University

A busy year for our governors

It has been a busy and productive year for our trust, and our governors have been involved in some key developments and events during 2009/10.

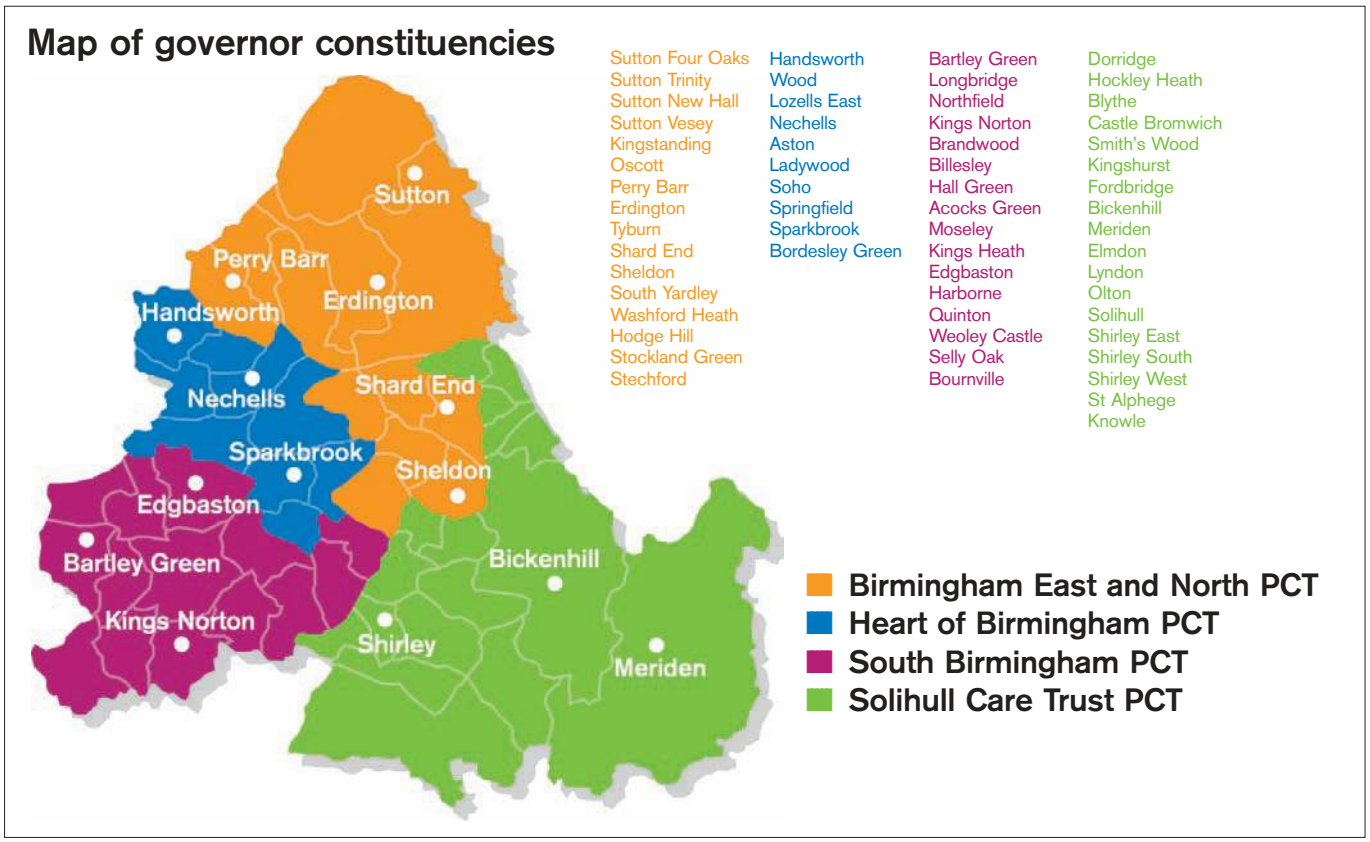
They were consulted during a special assembly of governors meeting on May 27, 2009, for their input into our annual plan, which sets out what the trust wants to achieve in the coming year.

The assembly of governors met four times during 2009/10 in June, September, December and March.

Governors were also involved with the Main House consultation from December 18, 2009 to March 17, 2010.

The trust is currently looking at how the governors' role within our organisation can be further developed, to include new tools such as a scrutiny plan.

Figure 10: Map of governor constituencies



Financial accounts

Financial performance

This section provides a commentary of our trust's financial performance for financial year 2009/10. It provides an overview of our income, expenditure, cashflows and capital expenditure in the year. We ended the year with an operating surplus of £2.9 million, leading to a financial risk rating of 3 from Monitor. This equates to a score of good for our use of resources.

Going concern

The board of directors considers that the trust has adequate resources to continue in operational existence for the foreseeable future and the accounts have been prepared on a going concern basis. In reaching this decision the board considered the short, medium and long term financial plans of the organisation including both the cashflows and income and expenditure position.

International Financial Reporting Standards

From April 1, 2009 the trust was required to adopt International Financial Reporting Standards ('IFRS'). The key difference for the trust is the impact on PFI reporting. Under IFRS we show the PFI assets on our balance sheet as our assets with a liability to reflect the amounts due to our PFI provider. The accounts have therefore been prepared on this basis and the comparatives for 2008/09 have been restated under IFRS to show a direct comparison.

Financial performance

This has been a challenging year for the trust particularly in light of the current financial climate and growing pressure on public finances. An operating surplus of £2.9m was achieved after taking into account impairments of £13m. These charges relate to the reduction in value of our buildings due to the current economic conditions. The achieved operating surplus was below the planned surplus of £3.7m. One of the key reasons being the impact of the Main House closure and the lost income associated with this. In addition we saw a general increase in our costs across both pay and non pay costs in the past few months of the year. The underlying reasons for this are being addressed and actions being taken to manage the position going forward.

The delivery of a surplus over recent years has been key in delivering our plans and ensuring the financial stability of the trust. In 2009/10 this has included the Juniper Centre development and continued investment in our estate. The surplus has also allowed us to invest in improving the quality of

our services and patient experience. In 2009/10 we have invested in a range of developments including:

- Strengthening of our clinical audit function;
- Pharmacy strategy;
- Implementation of an E-rostering solution; and
- Continued development of the IT infrastructure including remote access for staff.

Income and expenditure

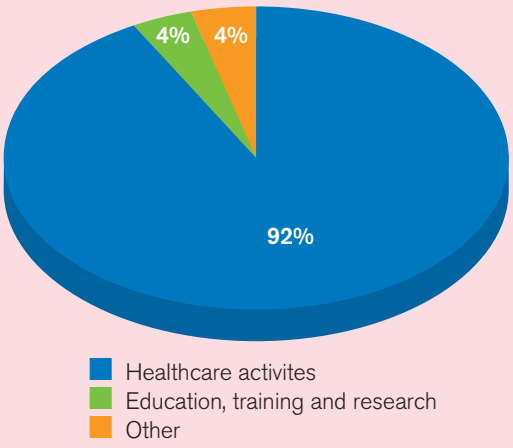
Table 12: Income and expenditure 2008/9 and 2009/10

	2009/10 £000	2008/09 Restated £000
Income from activities	203,959	190,707
Other operating income	18,680	30,418
Total income	222,639	221,125
Operating expenses	(209,269)	(205,206)
EBITDA	13,370	15,919
Depreciation	(4,270)	(4,606)
Impairments	(13,206)	(31,176)
Profit/loss on asset disposal	57	(1)
Interest received	112	697
Interest payable	(3,541)	(2,764)
Public dividends payable	(2,783)	(5,123)
Surplus /(deficit)	(10,261)	(27,054)
Operating surplus	2,945	4,122
Income and expenditure surplus margin	1.3%	1.9%
EBITDA Margin	6.0%	7.2%

* EBITDA – earnings before interest, tax, depreciation and amortisation

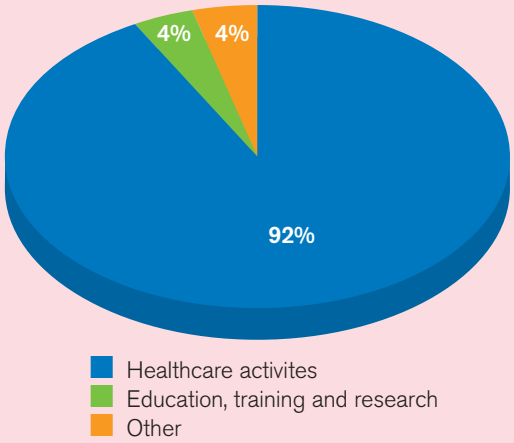
In the financial year 2009/10, the trust generated income totalling £223 million. A breakdown of this income is detailed in the chart below:

Figure 10: Where our income comes from



In total 92 per cent of our income comes from PCTs for the delivery of healthcare services. We continue to be a major provider of education and training in the West Midlands and so this represents approximately four per cent of our total income.

Figure 11: How our total expenditure is split



It can be seen that staffing is our most valuable and expensive resource. However, we also operate from over 100 sites across Birmingham and Solihull meaning premises costs are a major cost driver.

Cash flow

Our trust has reviewed its cash and working capital management with the aim of bringing cash management into line with the commercial cash management arrangements required of foundation trusts. At the end of the financial year 2009/10 our trust has a cash balance of £32.1million and an agreed working capital facility of £16 million, showing that the trust's liquidity position remains strong. In line with the trust's Treasury management policy we invested cash reserves in selected banks in the year to maximise the interest received.

Overview of capital investment and asset values

We invested £10.3m in improving our assets this year. The largest scheme was the Moseley Hall development where construction started in year, we have spent £5.5m against a total planned value of £17m. Other schemes included improvements to the Reaside site; preparatory work for the Yardley Green site and a range of smaller schemes to improve the environment, ensure compliance with statutory standards and IT infrastructure.

Due to the changing economic climate, we have reviewed the value of our entire estate. This has resulted in an adjustment to reduce the value of our buildings by £20 million – a reduction of circa 15 per cent. This exercise ensures that the true value of the trust's assets are recorded in the balance sheet and assists in future financial planning.

Management costs

Management costs are defined on the management cost website at **www.dh.gov.uk/PolicyAndGuidance/OrganisationalPolicy/FinanceAndPlanning/NHSManagementCosts/fs/en**

The management costs for the year were £12.4 million, which represents 5.6 per cent of income.

External audit

The external auditor is the Audit Commission. In the year fees of £75,000 were paid for statutory audit services.

Public sector pay policy

Our trust adopts a Better Payment Practice Code in respect of invoices received from NHS and non-NHS suppliers. The code requires our trust to aim to pay all undisputed invoices within 30 calendar days of receipt of goods or a valid invoice (whichever is the later), unless other payment terms have been agreed.

To meet compliance with this target at least 95 per cent of invoices must be paid within 30 days, or within the agreed contract term.

Our trust's performance against the target is summarised in the table below:

Table 13: Performance against payment targets 2008/9 and 2009/10

	2009/10		2008/09	
	Number	£000	Number	£000
Total NHS invoices paid in the period	794	9,820	910	11,862
Total NHS invoices paid within target	760	9,413	876	11,784
Percentage of NHS invoices paid within target	96%	96%	96%	99%
Total non-NHS invoices paid in the period	33,535	52,073	38,400	49,202
Total non-NHS invoices paid within target	30,971	50,368	34,947	47,189
Percentage of non-NHS invoices paid within target	92%	97%	91%	96%

We paid no interest during the year under the Late Payment of Commercial Debts (Interest) Act 1998.

Looking forward

In 2010/11 we plan to take forward a number of developments including:

- Development of a male medium secure unit on the Yardley Green site;
- Implementation of an electronic care record; and
- Further investment in our IT infrastructure.

We believe that these investments will improve the quality of our services and also help to deliver efficiencies in the future. However this scale of investment and of borrowing does mean that we have reduced our flexibility in the short term. The board has made this decision as it believes it is right for our services and recognises the risks associated with this. We have developed mitigation strategies to minimise the impact of these risks.

Reducing the cost of fraud in the NHS

Fraud in the NHS is a drain on the valuable assets meant for patient care and costs the health service hundreds of millions of pounds.

The situation is improving year on year as recovery of money, prosecution of offenders and awareness of the issue continue to build. However a considerable amount of money is still lost through patient, practitioner and staff fraud. The NHS Counter Fraud Service aims to reduce this to an absolute minimum, and maintain it at that level. BSMHFT has in place a team of Local Counter Fraud Specialists (LCFS) who are the first line of defence against fraud.

Their role includes raising awareness of the risk of fraud amongst trust staff, reducing the risk of fraud through a programme of proactive work and, in the event of a suspicion being raised, conducting formal investigations.

To find out more contact one of the trust's LCFS. Contact: Lorna Barry email LBarry@deloitte.co.uk or call 0121 695 5157, or David Fletcher email DCFletcher@deloitte.co.uk or call 0121 695 5162.

Summary financial statements

The annual report includes summary financial statements. A full set of accounts is available on request by contacting:

Georgina Dean, director of finance
Finance department
B1, 50 Summerhill Road
Birmingham
B1 3RB

Reeds – service user artwork, Phoenix Centre art group.

Statement of the chief executive's responsibilities

as the accounting officer of Birmingham and Solihull Mental Health NHS Foundation Trust

The National Health Service Act 2006 states that the chief executive is the accounting officer of the NHS foundation trust. The relevant responsibilities of accounting officer, including their responsibility for the propriety and regularity of public finances for which they are answerable, and for the keeping of proper accounts, are set out in the accounting officer's memorandum issued by the Independent Regulator of NHS Foundation Trusts ("Monitor").

Under the National Health Service Act 2006, Monitor has directed the Birmingham and Solihull Mental Health NHS Foundation Trust to prepare for each financial year a statement of accounts in the form and on the basis set out in the Accounts Direction. The accounts are prepared on an accruals basis and must give a true and fair view of the state of affairs of Birmingham and Solihull Mental Health NHS Foundation Trust and of its income and expenditure, total recognised gains and losses and cash flows for the financial year. In preparing the accounts, the accounting officer is required to comply with the requirements of the NHS foundation trust Financial Reporting Manual and in particular to:

- observe the Accounts Direction issued by Monitor, including the relevant accounting and disclosure requirements, and apply suitable accounting policies on a consistent basis;
- make judgements and estimates on a reasonable basis;
- state whether applicable accounting standards as set out in the NHS foundation trust Financial Reporting Manual have been followed, and disclose and explain any material departures in the financial statements; and
- prepare the financial statements on a going concern basis.

The accounting officer is responsible for keeping proper accounting records which disclose with reasonable accuracy at any time the financial position of the NHS foundation trust and to enable him/her to ensure that the accounts comply with requirements outlined in the above mentioned Act. The accounting officer is also responsible for safeguarding the assets of the NHS foundation trust and hence for taking reasonable steps for the prevention and detection of fraud and other irregularities.

To the best of my knowledge and belief, I have properly discharged the responsibilities set out in Monitor's NHS Foundation Trust Accounting Office Memorandum.

S. D. Turner

Sue Turner
Chief executive

Date: May 14, 2010

STATEMENT ON INTERNAL CONTROL 2009/10

Birmingham and Solihull Mental Health NHS Foundation Trust

1. Scope of responsibility

The board is accountable for internal control. As accounting officer, and chief executive of this board, I have responsibility for maintaining a sound system of internal control that supports the achievement of the organisation's policies, aims and objectives, whilst safeguarding the public funds and departmental assets for which I am personally responsible, in accordance with the responsibilities assigned to me. I am also responsible for ensuring that the NHS Foundation Trust is administered prudently and economically and that resources are applied efficiently and effectively. I am personally responsible as set out in the NHS Foundation Trust Accounting Officer Memorandum.

2. The purpose of the system of internal control

The system of internal control is designed to manage risk to a reasonable level rather than to eliminate all risk of failure to achieve policies, aims and objectives; it can therefore only provide reasonable and not absolute assurance of effectiveness. The system of internal control is based on an ongoing process designed to:

- Identify and prioritise the risks to the achievement of the organisation's policies, aims and objectives,
- Evaluate the likelihood of those risks being realised and the impact should they be realised, and to manage them efficiently, effectively and economically.

The system of internal control has been in place in Birmingham and Solihull Mental Health NHS Foundation Trust for the year ended March 31, 2010 and up to the date of approval of the annual report and accounts.

3. Capacity to handle risk

Leadership arrangements for risk management are clearly documented in the Risk Management Strategy approved by trust board, and are further supported by the trust's business plan objectives and individual job descriptions.

As accountable officer, I sign the Statement on Internal Control (SIC) on behalf of the board. To discharge this accountability, I delegate risk management responsibilities across my senior director team as follows. It should be noted that executive portfolios changed during the year.

The medical director and the director of quality, improvement and patient experience (director of nursing) have joint delegated responsibility for clinical risk management and clinical governance and jointly chair the Clinical Governance Committee.

The medical director has particular responsibility for overseeing the care programme approach, clinical effectiveness, information governance and acts as the Caldicott Guardian. The medical director chairs the Information Governance Steering Group, using the information governance toolkit to identify and manage risks around data security and data loss.

The director quality, improvement and patient experience (director of nursing) has board level responsibility for risk management and chairs the Risk Management Committee. She is supported by the associate director of governance who has operational responsibility for ensuring that risk management processes are in place across the trust.

The director quality, improvement and patient experience (director of nursing) also has particular responsibility for risk management processes around health and safety, infection control, local security management (NHS SMS), CNST, safeguarding children, safeguarding vulnerable adults and complaints.

The executive director of resources / deputy chief executive has responsibility for managing the development, implementation and management of financial control and IM&T systems. The trust's Finance Committee plays a key role in managing financial risk and in ensuring that resources are deployed economically and effectively. Following the departure of the director of workforce and organisational development in October 2009, he also chairs the Performance Management and Improvement Board, ensuring that performance across a range of quality and productivity metrics is monitored and delivered, and that action plans are in place to address any identified weaknesses.

The director of organisational development and performance Improvement has delegated responsibility for managing risks associated with the recruitment, retention, training and development and remuneration of our workforce.

The director of commercial services and asset management has overall responsibility for the trust estate, plant, waste management, fire safety, environmental management and major incident planning.

Three directors of strategic delivery have delegated responsibility for managing operational risk across their divisions.

Clinical directors and the other professional heads have responsibility for the systems of risk management at divisional level and lead their implementation.

The trust's risk management training policy defines the range of statutory and mandatory risk management training identified for staff based upon

a trust wide training needs analysis. Training also includes a course for managers to ensure they are equipped to manage risks appropriate to their level of responsibility and duties, and are competent to fulfil their roles. In addition, there is a range of policies in place to describe staff roles in relation to the identification and management of risk. All relevant policies are available on the intranet. Furthermore, all new members of staff are required to attend a mandatory induction that covers key elements of risk management.

The trust learns from good practice through a range of mechanisms including benchmarking, clinical supervision and reflective practice, individual and peer reviews, performance management, continuing professional development programmes, clinical audit and application of evidence-based practice and meeting risk management standards. Furthermore, the trust ethos is to systematically review and learn from untoward incidents and complaints. There is a Learning Lessons Group which reports to the Clinical Governance Committee on actions taken in response to trends and themes. Good practice and changes to policies are communicated through email, intranet, divisional reports, newsletters and team briefs.

There are formal mechanisms in place to ensure that external changes to best practice, such as those issued by the National Institute for Health and Clinical Excellence, are incorporated into trust policies procedures and clinical guidelines.

4. The risk and control framework

The risk management strategy clearly defines the leadership and processes required to manage risk and states the important link to the performance management and business planning systems.

The trust's approach to risk is made clear to all staff: that is that risk cannot be eliminated and that sometimes risks of a particular intervention need to be balanced against the risk of doing nothing. It is also emphasised that a completely risk averse culture can sometimes stifle innovation and service improvement. Therefore, the trust emphasises the importance of measuring and mitigating risk, rather than seeking to eradicate all risk. The principle of learning lessons is also stressed - it is every staff member's duty to seek to minimise risk and to report untoward incidents where they occur in order to prevent recurrence. All members of staff are responsible for managing risks within the scope of their role and as part of their responsibilities as employees of the trust, working to professional codes of conduct.

The trust board, through the risk management policy, promotes open and honest reporting of incidents, risks and hazards. This is supported by a range of policies that staff are required to comply with.

Use of a nationally recognised 5 x 5 risk rating tool (likelihood x impact, where 1 is low and 5 high), supported by agreed assurance level definitions ensures a standard approach is taken to prioritising risks. All notified risks are then validated by the trust's risk management team to ensure consistency. All divisional risks rated at 12 or over are captured on the trust risk register.

The trust has developed a clinical quality dashboard approach to systematically focus on areas of key clinical risk. The trust's Clinical Governance Committee has continued to focus on exceptions, trends and lessons learned. This has been supported by the appointment of account directors who have the key responsibility to investigate serious untoward incidents and to safeguard the patient experience within the Adults of Working Age Division.

There are robust formal mechanisms for engaging with partner organisations, governors, service users and the wider public, ensuring that risks are fully understood and are embedded into business planning and performance management processes.

The trust works closely with key stakeholders and there are a number of joint structures that already exist between agencies (e.g. strategic partnership boards). The trust will endeavour to involve partner organisations in all aspects of risk management. Key partners include providers of shared services to the trust, PCTs, other NHS organisations, social care, HMP Birmingham, the police, statutory and voluntary bodies and service user and carer groups.

The Assurance Framework 2009/10 is developed via the Strategic Risk Management Committee throughout the year and reported to the board on a quarterly basis. The key risks are used to inform the trust's annual planning processes. The assurance Framework provides the board with the required assurance that risks to achieving key strategic objectives are being effectively controlled.

The foundation trust is fully compliant with the core Standards for Better Health.

In response to a number of national issues around breaches in patient confidentiality, the Information Governance Committee has endorsed a policy to mitigate the risks around data security, and data loss. We had one serious data security incident during the year relating to a stolen laptop, which contained both confidential patient and staff data on its hard drive. Despite being password controlled, the laptop had not been encrypted. We have liaised with the Information Commissioner's Office (ICO) to ensure we have followed best practice when contacting those affected. We have also given a written undertaking to the ICO with regards to preventing a re-occurrence and have initiated an urgent project to encrypt all remaining laptops.

As an employer with staff entitled to membership of the NHS pension scheme, control measures are in place to ensure all employer obligations contained within the scheme regulations are

complied with. This includes ensuring that deductions from salary, employer's contributions and payments in to the scheme are in accordance with the scheme rules, and that member pension scheme records are accurately updated in accordance with the timescales detailed in the regulations. The trust has also undertaken its own data cleanse exercise with all staff to ensure records are maintained at an optimum level.

Control measures are in place to ensure that all the organisation's obligations under equality, diversity and human rights legislation are complied with.

The foundation trust has undertaken risk assessments and Carbon Reduction Delivery Plans are in place in accordance with emergency preparedness and civil contingency requirements, as based on UKCIP 2009 weather projects, to ensure that this organisation's obligations under the Climate Change Act and the adaptation reporting requirements are complied with.

5. Review of economy, efficiency and effectiveness of the use of resources.

As the economic environment within the NHS gets more challenging, it will be imperative that we continue to focus on value for money. Due to the continued efforts of all BSMHFT staff during 2009/10, he trust delivered a financial risk rating of 3, which equates to a use of resources rating of good. This would have been a score of 4 (excellent), would it have not been for the transitional costs of redesign. Despite a challenging 3 per cent year on year savings target, we have again managed to deliver the vast majority of this on a recurring basis.

The Head of Internal Audit opinion given for 2009/10 has also given BSMHFT significant assurance on its core internal control systems, including the way in which the trust manages its budgetary control and financial management systems. While we did receive limited audit assurance on some aspects of our creditor payment processes, we have speedily rectified these weaknesses and are satisfied that our systems are robust.

The trust's finance team also began to utilise the cost and volume contracting information to produce service line reporting analysis, indicating the relative productivity of each ward and team against internal and external benchmarks. This has helped to inform the trust's strategic planning as well as focus on areas for efficiency improvement.

We also commissioned a benchmarking analysis from the Audit Commission, indicating our relative spending and productivity metrics against our peer group. This has been used to inform our strategic planning.

During the year we have also strengthened our own procurement team to ensure improved internal controls over ordering, and to support staff in tendering for better value services. During the year, we have tendered for a single pathology provider as well as commencing the processes to appoint new external audit and payroll providers for 2010/11. We have also implemented a number of electronic procurement systems to speed up our processes.

Due to the significant spend on bank and agency staffing; we are also rolling out an electronic rostering system in order to assist our ward managers in optimising our use of nursing resources.

Finally, we have been employing lean thinking methodology in a number of service improvement events, with the aim of redesigning processes to eliminate waste and errors, improving both cost effectiveness and quality.

For these reasons, I am satisfied that our systems and processes for ensuring value for money remain strong.

6. Annual Quality Report

The directors are required under the Health Act 2009 and the National Health Service (Quality Accounts) Regulations 2010 to prepare Quality Accounts for each financial year. Monitor has issued guidance to NHS foundation trust boards on the form and content of annual quality reports which incorporate the above legal requirements in the NHS Foundation Trust Annual Reporting Manual.

Reports relating to quality account metrics have been reported through the trust clinical governance processes to the trust board over the past year.

The main indicators reflect data which is cascaded down from corporate level to individual clinical programmes and are therefore subjected to review at team/programme and corporate level.

Proposals for the Quality Account have been discussed through a range of different groups and committees which include:

- Trust board and senior directors and informal discussions
- Assembly of governors
- Patient experience committee
- Carers voice group
- Trust and local programme clinical governance committees

Proposals for the Quality Account have been developed from a long list of prioritised which have been tested in discussions prioritised as a result.

Quality report metrics have been incorporated into dashboard reports which are produced monthly around a quarterly cycle reflecting the key dimensions of safety, clinical effectiveness and user experience. These are presented for review at the Clinical Governance Committee and as a result presented to trust board and also commissioners.

7. Review of effectiveness

- Clinical audit
- Annual health check performance and Standards for Better Health, where we have declared full compliance for the whole of 2009/10.
- PCT Performance and clinical quality reviews

During 2009/10, the trust did receive a letter from the CQC expressing some concerns regarding documentation and communication issues arising from the findings of a coroner's Inquest. The trust was able to satisfy the CQC that this was not a systemic problem, and in response, service improvement sessions were held with a number of clinical staff to ensure that lessons had been learned.

Conclusion

As accounting officer, I can confirm that BSMHFT has a sound system of internal control that supports the achievement of the organisation's plans, aims and objectives and that the Statement of Internal Control is a balanced reflection of the systems in place during 2009/10.

Signed: Sue Turner

Chief executive
Birmingham and Solihull Mental Health NHS Foundation Trust

Date: May 26, 2010

Auditor's report

Independent Auditor's report to the board of governors of Birmingham and Solihull Mental Health NHS Foundation Trust.

Opinion on the summary financial statements

I have examined the summary financial statement for the year ended March 31, 2010 which comprises the statement of comprehensive income, statement of financial performance, statement of changes to taxpayers equity, cashflow statement set out on pages 49 to 52 .

This report is made solely to the board of governors of Birmingham and Solihull Mental Health NHS Foundation Trust as a body in accordance with paragraph 24(5) of Schedule 7 of the National Health Service Act 2006. My work was undertaken so that I might state to the board of governors those matters I am required to state to it in an auditor's report and for no other purpose. In those circumstances, to the fullest extent permitted by law, I do not accept or assume responsibility to anyone other than the foundation trust as a body, for my audit work, for the audit report or for the opinions I form.

Respective responsibilities of directors and auditor

The directors are responsible for preparing the annual report.

My responsibility is to report to you my opinion on the consistency of the summary financial statement within the annual report with the statutory financial statements.

I also read the other information contained in the annual report and consider the implications for my report if I become aware of any misstatements or material inconsistencies with the summary financial statement. The other information comprises only welcome, patient care, stakeholder relations, non finance reporting, our staff our greatest asset, meet the board, meet our governors and financial accounts and the unaudited part of the remuneration report.

I conducted my work in accordance with Bulletin 2008/03 "The auditor's statement on the summary financial statement in the United Kingdom" issued by the Auditing Practices Board. My report on the statutory financial statements describes the basis of my opinion on those financial statements.

Opinion

In my opinion the summary financial statement is consistent with the statutory financial statements of the Birmingham and Solihull Mental Health NHS foundation trust for the year ended March 31, 2010. I have not considered the effects of any events between the date on which I signed my report on the statutory financial statements (June 3, 2010) and the date of this statement.

Mark Stocks
Officer of the Audit Commission
No 1 Friarsgate, 1011 Stratford Road,
Solihull, B90 4EB
[Date]

Statement of comprehensive income

Table 14: Statement of comprehensive income

STATEMENT OF COMPREHENSIVE INCOME	Year ending **2009/10 £000**	9 month period ending **2008/09 £000**
Operating income from continuing operations	222,696	168,987
Operating expenses of continuing operations	(226,745)	(191,548)
OPERATING DEFICIT	**(4,049)**	**(22,561)**
FINANCE COSTS		
Finance incom	112	507
Finance expense - financial liabilities	(3,541)	(2,368)
PDC Dividends payable	**(2,783)**	(3,842)
NET FINANCE COSTS	(6,212)	(5,703)
Corporation tax expense	0	0
Deficit from continuing operations	(10,261)	(28,264)
Surplus/(deficit) of discontinued operations and the gain/(loss) on disposal of discontinued operations	0	0
DEFICIT FOR THE YEAR	**(10,261)**	**(28,264)**
Other comprehensive income		
Revaluation gains/(losses) and impairment losses property, plant and equipment	**(6,666)**	(16,661)
Reduction in the donated asset reserve in respect of depreciation, impairment, and/or disposal of on donated assets	(62)	(56)
TOTAL COMPREHENSIVE EXPENSE FOR THE PERIOD	**(16,989)**	**(44,981)**

Statement of financial position

Table 15: Statement of financial position

STATEMENT OF FINANCIAL POSITION	Mar 31, 2010 £000	Mar 31, 2009 £000	July 01, 2008 £000
Non-current assets			
Intangible assets	0	0	0
Property, plant and equipment	**165,169**	**178,972**	229,008
Trade and other receivables	**1,172**	**1,059**	852
Total non-current assets	166,341	180,031	229,860
Current assets			
Inventories	460	524	342
Trade and other receivables	**4,695**	**7,936**	7,993
Cash and cash equivalents	**32,097**	**19,862**	14,566
Total current assets	37,252	28,322	22,901
Current liabilities			
Trade and other payables	(15,319)	(12,018)	(11,768)
Borrowings	**(2,060)**	**(2,035)**	(1,521)
Provisions	(919)	(588)	(662)
Tax payable	**(3,336)**	**(3,183)**	(3,005)
Other liabilities	**(10,625)**	**(5,674)**	(3,093)
Total current liabilities	(32,259)	(23,498)	(20,049)
Total assets less current liabilities	171,334	184,855	**232,712**
Non-current liabilities			
Borrowings	**(71,512)**	**(68,258)**	(70,214)
Provisions	**(894)**	**(720)**	0
Total non-current liabilities	(72,406)	(68,978)	(70,214)
Total assets employed	98,928	115,877	**162,498**
Financed by (taxpayers' equity)			
Public dividend capital	100,067	100,027	101,667
Revaluation reserve	20,441	27,048	43,321
Donated asset reserve	1,884	2,092	2,901
Income and expenditure reserve	(23,464)	(13,290)	14,609
Total taxpayers' equity	98,928	115,877	162,498

The summary financial statements on pages 49 to 52 were approved by the board on May 26, 2010 and signed on its behalf by:

Signed:  (Chief executive)

Date: May 26, 2010.

Statement of changes in taxpayers' equity

Table 16: Statement of changes in taxpayers' equity

STATEMENT OF CHANGES IN TAXPAYERS' EQUITY	Total	Public dividend capital	Revaluation reserve	Donated assets reserve	Income and expenditure reserve
	£000	£000	£000	£000	£000
Taxpayers' equity at April 1, 2009 - as previously stated	**115,877**	100,027	27,048	2,092	(13,290)
Prior period adjustment	**0**		0		
Taxpayers' equity at April 1, 2009 - restated	**115,877**	**100,027**	**27,048**	**2,092**	**(13,290)**
At start of period for new FTs	**0**		0		
Surplus/(deficit) for the year	**(10,261)**				(10,261)
Revaluation gains/(losses) and impairment losses property, plant and equipment	**(6,666)**		(6,520)	(146)	
Reduction in the donated asset reserve in respect of depreciation, impairment, and/or disposal of on donated assets	**(62)**			(62)	
Transfers to the income and expenditure account in respect of assets disposed of	**0**		(87)		87
Public Dividend Capital received	**40**	40			
Taxpayers' equity at March 31, 2010	**98,928**	100,067	20,441	1,884	(23,464)
Taxpayers' equity at April 1, 2008 as previously stated	**0**	0	0	0	0
Prior period adjustment	**0**		0		
Taxpayers' equity at April 1, 2008 - restated	**0**	0	0	0	0
At start of period for new FTs	**162,498**	101,667	43,321	2,901	14,609
Surplus/(deficit) for the year	**(28,264)**				(28,264)
Revaluation gains/(losses) and impairment losses property, plant and equipment	**(16,661)**		(15,833)	(828)	
Reduction in the donated asset reserve in respect of depreciation, impairment, and/or disposal of on donated assets	**(56)**			(56)	
Transfer of the excess of current cost depreciation over historical cost depreciation to the Income and expenditure reserve	**0**		(365)		365
Public Dividend Capital repaid	**(1,640)**	(1,640)			
Other transfers between reserves	**0**	0	(75)	75	
Taxpayers' equity at March 31, 2009	**115,877**	100,027	27,048	2,092	(13,290)

Statement of cash flows

Table 17: Statement of cash flows

STATEMENT OF CASH FLOWS	2009/10 £000	2008/09 £000
Cash flows from operating activities		
Operating deficit from continuing operations	**(4,049)**	(22,561)
Operating deficit of discontinued operations	0	0
Operating deficit	**(4,049)**	**(22,561)**
Non-cash income and expense:		
Depreciation and amortisation	**4,270**	3,678
Impairments	13,206	31,005
Transfer from the donated asset reserve	**(62)**	(56)
(Increase)/Decrease in trade and other receivables	**3,128**	(150)
(Increase)/Decrease in inventories	64	(182)
Increase in trade and other payables	**3,332**	4,289
Increase in other liabilities	**4,951**	0
Increase in provisions	505	646
Tax received	**153**	0
NET CASH GENERATED FROM/(USED IN) OPERATIONS	25,498	16,669
Cash flows from investing activities		
Interest received	112	507
Purchase of property, plant and equipment	(10,834)	(2,946)
Sales of property, plant and equipment	312	1,638
Cash flows attributable to investing activities of discontinued operations	0	
Net cash generated from/(used in) investing activities	(10,410)	(801)
Cash flows from financing activities		
Public dividend capital received	40	0
Public dividend capital repaid	**0**	(1,640)
Loans received	**5,300**	0
Capital element of Private Finance Initiative obligations	**(2,035)**	(1,442)
Interest paid	(54)	0
Interest element of Private Finance Initiative obligations	(3,473)	(2,368)
PDC Dividend paid	(2,631)	(5,122)
Net cash generated from/(used in) financing activities	(2,853)	(10,572)
Increase/(decrease) in cash and cash equivalents	12,235	5,296
Cash and cash equivalents at April 1, 2009	19,862	**14,566**
Cash and cash equivalents at March 31, 2010	32,097	**19,862**

Remuneration report

The information in this section of this report has been audited by the Audit Commission

Table 18: Salary and pension entitlements of senior managers: Salaries and allowances

	Year ending March 31, 2010			Year ending March 31, 2009*		
	Salary (bands of £5000)	Other remuneration (bands of £5000)	Benefits in kind (rounded to the nearest £100)	Salary (bands of £5000	Other remuneration (bands of £5000)	Benefits in kind (bands of the nearest £100)
Name and title	£000	£000	£	£000	£000	£
Prof P Marquis (Non-executive director, Chairman)	40-45	0	0	30-35	0	0
Mrs S Layton (Non-executive director)	10-15	0	0	10 - 15	0	0
Ms A Lord (Non-executive director)	10-15	0	0	10 – 15	0	0
Mr WS Baldwin (Non-executive director)	10-15	0	0	10 – 15	0	0
Mr S Heer (Non-executive director)	10-15	0	0	10 – 15	0	0
Mr D Boden± (Non-executive director)	10-15	0	0	10 - 15	0	0
Ms S Turner (Chief executive)	190-195†	0	0	150-155	0	0
Mr C Tidman (Executive director of resources/ Deputy chief executive)	125-130	0	0	115-120	0	0
Dr P Lewis (Medical director)	100-105	55-60	0	n/a	n/a	n/a
Ms Frances Allcock (Executive director of organisational and workforce development)	20-25	0	0	n/a	n/a	n/a
Ms D Wilson (Executive director of quality, innovation and patient experience and executive nurse)	15-20	0	0	n/a	n/a	n/a
Mrs K Martin (Director of organisational and workforce development)	70-75	0	0	115-120	0	0
Ms R Alstead (Director of nursing)	60-65	0	0	100-105	0	0
Dr N Deuchar (Medical director)	15-20	5-10	0	115-120	20-25	0

Dr Neil Deuchar left the Trust on May 31, 2009
Dr Peter Lewis came into post on June 1, 2009
Mrs Karen Martin and Mrs Ros Alstead left the Trust on October 31, 2009
Ms Frances Allcock and Ms Dee Wilson joined the Trust on February 1, 2010

† This includes an amount relating to 2008/9.

* Under accounting rules, the annual report must state a comparator of directors' remuneration and pension benefits for the previous period. Given that Foundation Trust status was granted on July 1, 2008, the comparator period is shown for the whole of 2008/9 financial year to aid the readers of these accounts, as well as the statutory requirement for the nine month period from incorporation.

Remuneration report continued

Table 19: Salary and pension entitlements of senior managers: Salaries and allowances. For the 9 months, ending March 31, 2009

	9 months ending March 31, 2009		
	Salary (bands of £5000)	Other remuneration (bands of £5000)	Benefits in kind (rounded to the nearest £100)
Name and title	£000	£000	£
Prof P Marquis (Non-executive director, Chairman)	25-30	0	0
Mrs S Layton (Non-executive director)	10-15	0	0
Ms A Lord (Non-executive director)	10-15	0	0
Mr WS Baldwin (Non-executive director)	10-15	0	0
Mr S Heer (Non-executive director)	10-15	0	0
Mr D Boden± (Non-executive director)	10-15	0	0
Ms S Turner (Chief executive)	115-120	0	0
Mr C Tidman (Executive director of resources/ deputy chief executive)	90-95	0	0
Dr P Lewis (Medical director)	n/a	n/a	n/a
Ms Frances Allcock (Executive director of organisational and workforce development)	n/a	n/a	n/a
Ms D Wilson (Executive director of quality, innovation and patient experience and executive nurse)	n/a	n/a	n/a
Mrs K Martin (Director of organisational and workforce development)	90-9	0	0
Ms R Alstead (Director of nursing)	75-80	0	0
Dr N Deuchar (Medical director)	105-110	12-20	0

Pension benefits

Table 20: Pension benefits (12 month period)

12 month period	Real increase in pension at age 60	Lump sum at age 60 related to real increase in pension	Total accrued pension at age 60 ending March 31, 2010	Lump sum at age 60 related to accrued pension ending March 31, 2010	Cash equivalent transfer value ending March 31, 2010	Cash equivalent transfer value ending March 31, 2009	Real increase in cash equivalent transfer value during period
	(bands of £2500)	(bands of £2500)	(bands of £5000)	(bands of £5000)			
Name and title	£000	£000	£000	£000	£000	£000	£000
Ms S Turner (Chief executive)	2.5-5	12.5-15	55-60	170-175	1,115	932	136
Mr C Tidman (Executive director of resources/deputy chief executive)	2.5-5	7.5-10	25-30	85-90	393	326	59
Dr Peter Lewis (Medical director)	0-2.5	5-7.5	10-15	40-45	0	0	0
Ms Frances Allcock (Executive director of organisational and workforce development)	0-2.5	0	0-5	0	4	0	1
Ms D Wilson (Executive director of quality, innovation and patient experience and executive nurse)	0-2.5	0-2.5	15-20	55-60	292	235	7
Mrs K Martin (Director of organisational and workforce development)	0-2.5	5-7.5	40-45	130-135	762	642	51
Ms R Alstead (Director of nursing)	0-2.5	0-2.5	40-45	125-130	865	760	39
Dr N Deuchar (Medical director)	0-2.5	0-2.5	25-30	80-85	562	500	6

Table 21: Pension benefit (9 month period)

9 month period	Real increase in pension at age 60	Lump sum at age 60 related to real increase in pension	Total accrued pension at age 60 ending March 31, 2009	Lump sum at age 60 related to accrued pension ending March 31, 2009	Cash equivalent transfer value ending March 31, 2009	Cash equivalent transfer value ending June 30, 2008	Real increase in cash equivalent transfer value during period
	(bands of £2500)	(bands of £2500)	(bands of £5000)	(bands of £5000)			
Name and title	£000	£000	£000	£000	£000	£000	£000
Ms S Turner (Chief executive)	5 – 7.5	15 – 17.5	50 – 55	150 – 155	932	644	275
Dr N Deuchar (Medical director)	0 – 2.5	0 – 2.5	25 – 30	80 – 85	500	374	118
Mr C Tidman (Finance ddirector)	5 – 7.5	15 – 17.5	20 – 25	70 – 75	326	212	109
Mrs K Martin (Director of organisational and workforce development)	5 – 7.5	15 – 17.5	35 – 40	115 – 120	642	429	205
Ms R Alstead (Director of nursing)	0 – 2.5	2.5 - 5	35 - 40	115 - 120	760	575	174

Remuneration received by non- executive members is not pensionable and so this information is not applicable.

Ill health retirements

During the year there were six early retirements due to ill health. The costs of these are borne by the NHS Business Services Authority – Pensions Division. The value of these early retirements was £467,000.

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Albanian

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Serbian

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Sylheti

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براہ کرم 0121 301 1296 پر ٹیلی فون کریں۔

Vietnamese

Ấn bản này được cung cấp ở những định dạng khác và bằng ngôn ngữ khác theo yêu cầu. Hãy gọi điện tới số 0121 301 1296.

Yoruba

A ti ṣe ìwé yi ni oríṣíríṣí èda ati ède míràn. Ẹ kàn si wa lori 0121 301 1296.

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