



NHS

**Birmingham and Solihull
Mental Health**
NHS Foundation Trust

Quality Account Report 2024/25



compassionate



inclusive



committed

Quality Account Report

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Birmingham and Solihull Mental Health NHS Foundation Trust would like to thank those who contributed to the development and publication of this Quality Account.

How to provide feedback on this Quality Account

If you would like to provide feedback on this quality account, or would like to make suggestions for content for future accounts, please email lisa.stalley-green@nhs.net

Or write to:

Company Secretary
Birmingham and Solihull Mental Health NHS Foundation Trust
Uffculme Centre
52 Queensbridge Road
Birmingham
B13 8 QY

PART 1 – STATEMENT ON QUALITY

CHIEF EXECUTIVES'S STATEMENT ON QUALITY

I am delighted to present our Quality Account for 2024/25. It looks back at our performance over the last year and gives details of our priorities for improvement in 2025/26.

I want to begin by recognising the compassion, commitment and inclusion that our staff have continued to demonstrate in working with patients, service users, families, communities, statutory and voluntary sector partners to improve access to services, care for people closer to home and respond to national learning.

2024/25 has seen improvements in patient safety and the quality of services recognised by the Care Quality Commission (CQC) for our community services. In response to challenges in one of our hospitals the swift implementation of a targeted programme of cultural change, the Culture of Care Programme, is now being recognised as a framework for a strategic approach to sustainable standards in care provision aligned with the CQC 'I Statements' focusing on outcomes and positive experience for patients.

We have fully implemented the Patient Safety Incident Response Framework and are utilising it to empower teams to share early learning and agree clear and deliverable actions to reduce risk and harm for service users. Our safety panels include trained and supported Experts by Experience and we are now developing these roles throughout the clinical governance structures.

Our colleagues and the skills they bring are central to the quality of care provided and we have welcomed a significant number of new staff into the Trust from a range of professions, both locally and internationally trained, this includes Nurses and Doctors who add diversity and a wealth of experience to our teams. We continue to increase the level of feedback from our colleagues through our staff survey and incorporate their feedback as we develop effective and well led teams to meet the needs of our communities.

Quality improvement methodologies and innovation are embedded in our approach to improving care outcomes. In addition to the Culture of Care Programme, progress is being made at pace in locality working with NHS, Local Authority and VCFSE partners, the development of the 24/7 model, reducing waiting times for patients accessing Acute Trust Emergency Departments and working with West Midlands Police to support the right, timely, response for people with a mental health need.

This Quality Account sets out what we have achieved during 2024/25 including progress against our five quality priorities and sets out our ambitions for 2025/26. To the best of my knowledge the information contained in the account is accurate.

As I close this introduction, I would like to reiterate my thanks and that of my fellow Board members to our compassionate and committed staff, our service users, families and carers, our stakeholders, our partners in the Integrated Care System and our Council of Governors and look forward to continuing to address our challenges and build on our success in 2025/26.

To the best of my knowledge, the information contained in the Quality Account is accurate.

Roísín Fallon-Williams
Chief Executive Officer



Roísín Fallon-Williams

Phil Gayle
Chair



Phil Gayle

BACKGROUND

Once a year, every NHS Trust is required to produce a Quality Account Report. This report on behalf of Birmingham and Solihull Mental Health NHS Foundation Trust (BSMHFT) includes information about the services we deliver, how well we deliver them and our plans for the following year.

Our aim in this Quality Account Report is to make sure that everyone who wants to know about what we do, can access that information. All Quality Account Reports are stored on the Trust website and available at NHS providers – quality-accounts@nhs.net

What the Quality Report includes:

- What we plan to do next year (2025/26), what our priorities are, and how we intend to address them.
- How we performed last year (2024/25), including where our services improved.
- The information we are required by law to provide so that people can see how the quality of our services compares to those provided by other NHS Trusts
- Stakeholder and external assurance statements.



Purpose and Activities of our Trust

BSMHFT provides comprehensive mental healthcare services for the residents of Birmingham and Solihull and to communities in the West Midlands and beyond.

With more than 40 sites, we serve a culturally diverse population of 1.3 million, spread out over 172 square miles. We have a dedicated workforce of around 4,000 staff and a range of local and regional partnerships, making us one of the most complex and specialist 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.

One Vision

We have a vision to continually **improve mental health wellbeing** which is underpinned by three core values.

Our Trust Values are our guide to how we treat ourselves, one another, our service users, families and carers and our partners.

Compassionate	Inclusive	Committed
<ul style="list-style-type: none">• Supporting recovery for all and maintaining hope for the future.• Being kind to ourselves and others.• Showing empathy for others and appreciating vulnerability in each of us.	<ul style="list-style-type: none">• Treating people fairly, with dignity and respect.• Challenging all forms of discrimination.• Valuing all voices so we all feel we belong.	<ul style="list-style-type: none">• Striving to deliver the best work and keeping service users at the heart.• Taking responsibility for our work and doing what we say we will.• Courage to question to help learn, improve and grow together.

We continue to hold an ambition around the quality of care that we provide, that we have developed in partnership with our Experts by Experience and our colleagues.



Our Ambition

To deliver the highest quality services in a safe inclusive environment where our service users, their families, carers and staff have positive experiences, working together to continually improve.

Our Aims

- A focus on a positive service user experience
- A focus on preventing harm.
- A focus on a positive safety culture
- A focus on quality assurance
- A focus on using our time more effectively.

PART 2: PRIORITIES FOR IMPROVEMENT AND STATEMENTS OF ASSURANCE FROM THE BOARD.

2023/24 QUALITY IMPROVEMENT PRIORITIES PROGRESS AGAINST THE PRIORITIES AGREED

Continuous quality improvement is of paramount importance to BSMHFT, and we have strived over the last year to deliver on the Quality Priorities we set in our Quality Account 2024/25. This section of the report describes the progress we have made in these areas.

In creating our quality priorities and goals, we have considered the aspirations in the NHS 10 year Plan and NHS England's Five Year Forward View for Mental Health.

2.1 Quality Priority 1: Improving Service User Experience

Improving service user experience	
Empower patients through inclusion of Patient Safety Engagement Partners in the Patient Safety Framework.	<p>Measures of success:</p> <ul style="list-style-type: none">• 8 Patient Safety Partners (PSPs) recruited (2 per division).• Number of PSPs who have completed training.• Attendance at local clinical governance meetings, trust-wide clinical governance committee, quality, experience and safety committee, experts by experience meetings and supervision meetings.• PSPs involved in serious incident investigations and oversight meetings.• Feedback in relation to compassionate engagement and involvement of individuals affected by patient safety incidents.

Why was this a priority?

NHS England and Improvement published a Framework for Involving Patients in Patient Safety in June 2021. The framework is in two parts: the involvement of patients on an individual level in their own safety, and the involvement of patients strategically via the role of patient safety partners (PSPs).

This is a key part of the new Patient Safety Incident Response Framework (PSIRF) which will ensure that patients, families and carers have a powerful and equal voice in their own care, as well as helping to shape and influence future developments at the Trust to improve patient experience and reduce health inequalities within our populations.

The role of a Patient Safety Partner is to enable the Trust to value, listen and provide meaningful involvement opportunities for patients, families and carers in the ongoing patient safety work of the organisation. They will support a culture which is patient-centered through:

- Joining key conversations and meetings within the Trust that address patient safety.
- Challenging the way that we work and being our critical friend.
- Bringing the insight of patients, carers, and families as users of our services into these meetings and conversations.
- Co-designing the development of patient safety initiatives.
- Ensuring we consider the diversity of our populations.

How did we do?

We have welcomed five new Patient Safety Partners into the Trust.

We have supported our safety partners with bespoke training and continuous mentoring to ensure that they are able to fully contribute to the further development of our PSIRF learning responses, safety improvement work, and codesigning our future processes with the patient voice at the forefront of what we do.

Our partners have started a number of workstreams which include our Sexual Safety Working Group, Emerging Risk Group and Patient Safety Advisory Group. Our partners are from a diverse background that enables us to support our drive as an organisation for inclusivity and diversity.

Quality Priority 2: Preventing Harm

Preventing harm	
Implement the Patient Safety Incident Reporting Framework (PSIRF) to pursue excellence in learning and understanding incidents and ensure cross-organisational learning.	<p>Measures of success:</p> <ul style="list-style-type: none">• Systemwide response and review of incidents.• Feedback identifying compassionate engagement and involvement of those affected by patient safety incidents.• Response to incidents and completion of structured judgement reviews within agreed timescales• Systemwide response to learning from incident themes.

Why was this a priority?

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



How did we do?

We have successfully implemented PSIRF and transitioned to a new way of working. Through Safety Summits and the Patient Safety Advisory Group we have adopted a strong learning capacity that is being used to transform the way in which we work. The appointment of our Patient Safety Partners is enhancing our approach to the provision of compassionate engagement and involvement of those affected by patient safety incidents.

As part of implementation of PSIRF the Trust are required to put together a Patient Safety Incident Response Plan. This plan sets out how the Trust will manage and learn from incidents under the new framework. Part of this plan considers how we will investigate those incidents that require deeper analysis. Investigating incidents in this way is called a Patient Safety Incident Investigation (PSII).

There are nationally mandated incidents that require this approach and in addition the Trust can identify its own safety priorities for this type of investigation. The table below indicates the safety priorities identified by the Trust.

Priority	Approach	Local and system improvement route
Co morbidity with drug/alcohol – people in active treatment at BSMHFT.	Patient Safety Incident Investigation (PSII) where agreed.	Create local organisational actions in quality improvement strategy plus a system wide response to improving services for this cohort.
Incidents resulting in harm or deaths by suspected suicide where care is fragmented/multiple contacts across the pathway.		
Incidents of evidence of disengagement, with 3 or more consecutive failed contacts prior to death by suspected suicide.		
Harm or death of a service user with an emerging risk (increased calls crisis line, duty contacts, street triage contacts) and no evidence of risk management plan.		
Lack of family involvement, not hearing/taking on board warnings of concerns from family, resulting in harm.		

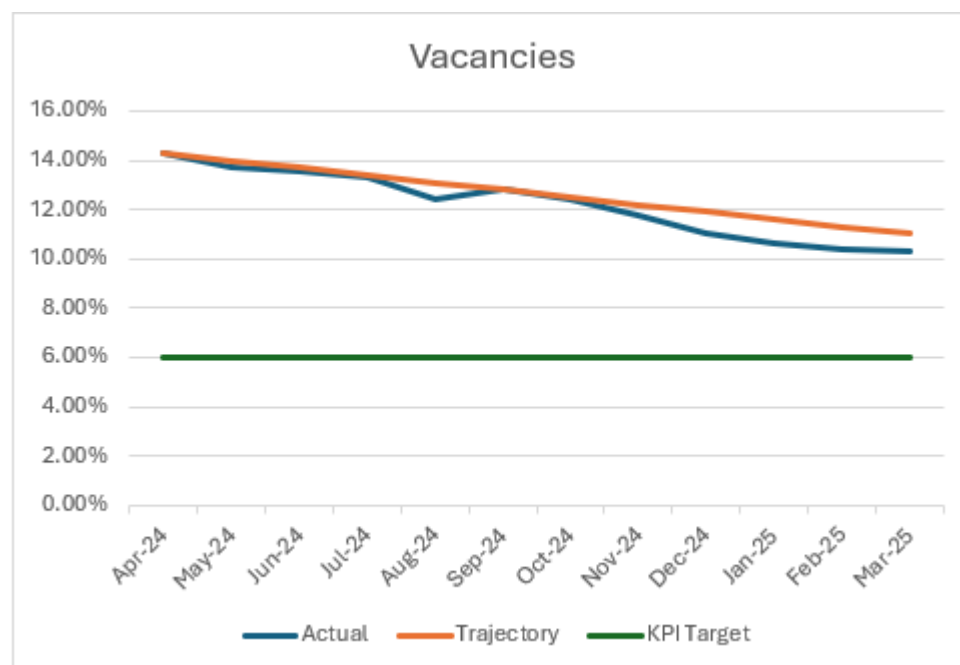
Quality Priority 3: Patient Safety Culture

Patient Safety Culture	
Review the organisation's safety culture to understand how safe our staff feel at work and engage with them to provide a safe working environment where they can flourish.	<p>Measures of success:</p> <ul style="list-style-type: none"> • Improvement in relation to recruitment and retention. • Reduction in incidents of bullying and harassment. • Number of individuals undertaking just culture and human factors training. • Reduction in grievances. • Staff Survey responses. • Stronger understanding of diversity factors and the impact that may create.

How have we done?

The Trust continues to address concerns related to Workforce Planning KPIs aligned to the Shaping our Future Workforce Strategic Aims under the Trust's People Strategic Priority. There have been some really positive improvements over 24/25.

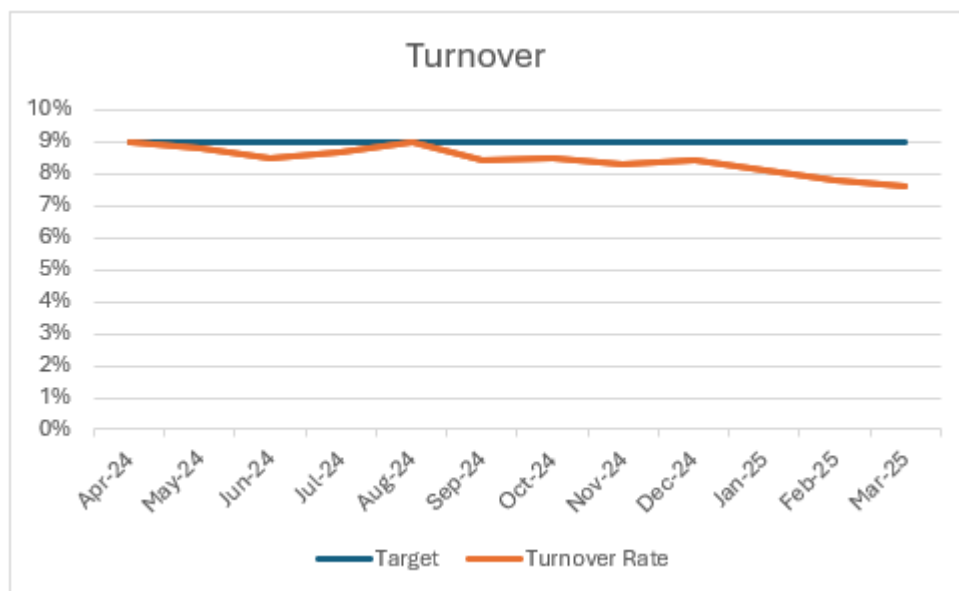
We have seen a 4% decrease in our vacancy rate over this period:



This is below our workforce plan target on 11% and shows a significant increase in staff in post. In March 2025, we had an additional 275 WTE staff in post compared in April 2024.

An area of particular improvement over this period are our band 5 Staff Nurses. Our vacancy rate has dropped to only 3.5% in March 2025 from 36.2% in April 2024. This has been due to our international recruitment programme, improvements with our domestic supply from local universities and increases in our retention rates.

Our turnover rate has also seen large improvements:



- Turnover has reduced to 7.6% in March 2025. This was a reduction from 9% in April 2024.
- In the rolling 12-month period 2024/2025, 376 people left the Trust. 287 left and 89 people left their substantive post but remained on the bank
- All service areas are below the Key Performance Indicator (KPI) level of 11%.

Staff Survey Results

We continue to monitor and respond to staff concerns through both the NHS People Pulse survey and the NHS National Staff Survey. We use the People Pulse Survey on a quarterly basis to understand any changes to staff experience and engagement with a particular emphasis on wellbeing.

The Annual NHS Staff Survey is used extensively in the Trust as an annual assessment of progress towards our People Goals.

The total number of responses in 2024 for the main staff survey at BSMHFT was 2,650 compared to 2393 in 2023. Our approach to the staff survey includes a substantial engagement exercise with teams across the trust. Teams are assisted to understand and examine their local team or service results and to make changes in response to enhance employee experience through inclusive discussions and action planning. We also respond by using the data to inform the priorities of our corporate teams. 130 teams received localised reports in 2024 compared to 112 in 2023.

A summary of our results in 2024 is included below:

- In 2024 our key people measure, whether colleagues would recommend working here to friends and family has risen significantly to 65.7% (from 62.6%), surpassing our People Goal target of 65% and approaching our highest-ever score of 66.4% in 2020. In contrast, the average score for mental health trusts has remained largely unchanged at 65.21% (previously 65.57%).
- Only four questions are “significantly worse” in comparison to 2023 and 22 are “significantly better” with the vast majority (78) remaining unchanged.
- Employee experience has improved year on year on the themes of ‘we are always learning’, ‘we work flexibly’, ‘we are safe and healthy’ and ‘morale’.
- We are above the mental health average on the themes of ‘we are always learning’ and ‘morale’ and five of the nine reported themes are at the average with two slightly below.

The Trust recognises the need to learn from the results of the staff survey and ensure the data is used to create ongoing improvements. This year’s data highlights areas where we must do more. We remain committed to becoming a truly inclusive, anti-racist, and anti-discriminatory organisation but progress in this area is limited this year and the experience of our staff remains below the NHS average. The picture is similar with speaking up and this year’s results also bring into sharper focus concerns about colleagues facing unwelcome behaviour from service users, carers, and families, as well as the urgent need to address unwanted sexual behaviour.

To drive meaningful change, our people-focused support teams will continue to find new ways to challenge and transform longstanding cultural issues. A key initiative for 2025 will be the launch of our Authentic Leader Programme, a new approach to leadership development. We are also committed to making it easier for neurodiverse colleagues to access equitable reasonable adjustments and will be reviewing how we communicate and engage with frontline colleagues to ensure everyone feels heard and supported.

Quality Priority 4: Quality Assurance

Quality assurance	
<p>Develop and embed the principles of 'Think Family'.</p> <p>Embed a system wide open door approach increasing coordination between children and adult services.</p>	<p>Measures of success:</p> <ul style="list-style-type: none"> • Consultation regarding measures with Experts By Experience (EBE) and carers is planned in the coming weeks. • Building a profile of EBE's that represents our population. • Number of staff trained in this approach as part of safeguarding training.

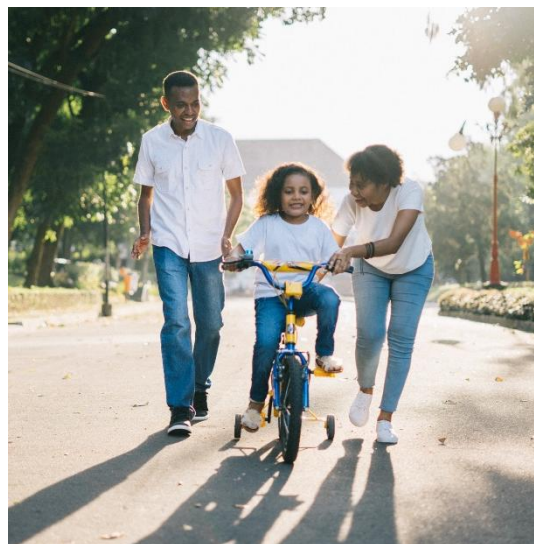
Why was this a priority?



A Think Family approach means that we identify wider family needs which extend beyond the individual we are supporting. It means that, in relation to safeguarding, while we work primarily with adults, we will still consider the safeguarding needs of children and other family members, and where we work with children in Solihull, we will still consider the needs of vulnerable adults in the family. This aligns with our Trust's approach to safeguarding – that it is everyone's responsibility and for us all to consider in our day-to-day practice.

Think family means securing better outcomes for adults, children and families by coordinating the support and delivery of services from all organisations, underpinned by the following principles:

- No wrong door – contact with any service offers an open door into a system of joined-up support. This is based on more coordination between adult and children's services.
- Looking at the whole family – services working with both adults and children take into account family circumstances and responsibilities.
- Providing support tailored to need – working with families to agree a package of support best suited to their particular situation.
- Building on family strengths – working in partnerships with families recognising and promoting resilience and helping them to build their capabilities.



How have we done?

- The Trust Safeguarding Team have developed a simple Think Family Standard which breaks down what clinical teams need to do so that Think Family is embedded in their everyday good clinical practice. The Think Family Standard has been printed into coloured leaflet format and is shared with participants on each of the Level 3 training courses.
- The Think Family Standard was introduced by our Team Lead by way of Listen Up Live.
- Think Family Standard (pdf version) was uploaded onto the home page of our Safeguarding Hub on Connect. It's prominence on our homepage underlines the fact that it is a central requirement of good safeguarding practice.
- The Think Family approach is integrated into both the statutory/mandatory Level 3 Safeguarding Children and Young People training and the Level 3 Safeguarding Adults Level 3 training. The emphasis of both courses is on the need to meet the holistic needs of a service user and working collaboratively with other services (***both adult and children facing where relevant***) to meet the needs of the family.
- The Think Family approach was introduced through a Trust wide broadcast of Listen Up Live by our Team Lead with support from the Trust Communications Team.
- The Trust Communications Team have supported the dissemination of the Think Family Standard by designing The Think Family leaflet itself and providing a platform for a month of 'Think Family' news items in Colleague Briefing during December of 2023.
- The Think Family Standard includes a simple outcome statement that our service users should be able to say as follows: **'I am a partner in meeting the needs of my family and keeping them and myself safe along with Trust staff and other professionals'**. In making the outcome for service users explicit, we have enabled clinicians to consider how best to tailor their approach to this end.
- The Trust Safeguarding Team commissioned a film maker to produce a short film to be played at Trust induction for all staff. This film delivers the message that a Think Family approach is central to requirements of clinical good practice. This film is also shared in Safeguarding Adults Level 3 training.
- The Safeguarding Hub has a six-minute explainer webinar on the home page to support access to the Think Family Standard.
- The Safeguarding Team worked with support from the Trust Project Management Team who coordinated a Project Board to inform and steer our approach. This work increased accessibility for Trust staff to Safeguarding Team Think Family messaging.
- The Trust Safeguarding Team commissioned safeguarding supervision training and opened this as a resource to clinicians across the Trust. Colleagues attended this training from both adult and children facing services. The principles of the training package were underpinned by the principles of a Think Family approach.
- Two audits were completed focusing on our operational team's participation in the child protection process.

Expert By Experience Involvement

- Our Project Board recommended that EBE's be involved in the dissemination of messages relating to our Think Family Standard and Approach through training. The idea of making a film of EBE's delivering their views was suggested.
- EBE engagement event was held at Uffculme with support from the Recovery, Participation and Experience Team. This was in advance of the launch of our Think Family Standard. EBE's shared the key messages relating to keeping them and their families safe that they felt needed to be understood by mental health clinicians.

The key messages from this engagement were used to refine our Think Family Standard and Approach.

- Expert by Experience consultation took place, and their input supported the refining of Think Family messages delivered to clinical teams.

Think Family Standard statements that relate directly to Quality Assurance statement.

Embed a system wide open door approach increasing coordination between children and adult services.

See yourself as a part of a wider team around a child. You may not have access to them that allows you to explore their feelings, but key information should be shared with others (e.g. Social Worker, teacher, health visitor) that do to support their ability to respond to children's needs.

Respond to the 'Voice' or 'Lived Experience' of the child by sharing your insight with other relevant professionals and making referrals to children's services as appropriate.

Where needs are identified, share information with relevant avenues of support and work to engage them on behalf of the family.

Where necessary, apply appropriate challenge to other professionals when needs remain unmet, or risks are not controlled following a referral.

Consider young (child) carers – signpost to avenues of support and share information in the best interests of the child with other services who may offer support.

Work in partnership with other professionals to help family members understand the mental health needs of their loved ones and how they can best support them.

Work with other professionals and families to control and respond to risks.

Safeguarding training Figures

Safeguarding training has shown that there has been a significant increase in compliance with the current data shown in the tables below:

Competencies	Percentage Completion
Safeguarding Adults – Level 1	97.1%
Safeguarding Adults – Level 2	97.7%
Safeguarding Adults – Level 3	89.2%
Safeguarding Children - Level 1	96%
Safeguarding Children - Level 2	96%

Quality Priority 5: Using Our Time More Effectively

How did we do?

By engaging BSMHFT and systemwide colleagues we had scoped how we can use quality improvement methodologies to release time to care.

The QI training academy focused on two aims. The first is to offer QI at an introductory level, to ensure staff are aware of the methodology, how it can support them and how to access further training and assistance. Further training is then available on how to utilise the QI methodology through bronze and silver training. By utilising the approaches described below we have seen a record intake of engagements in training and 50% increase in QI project work that puts our service users/carers/staff at the centre of each improvement cycle and using time more effectively.

QI Training Academy Developments 2024/25

Following a brief pause over Winter 2025 The QI training offer has evolved rapidly from Spring 2025; with a “fresh look” of all QI training package slides/course content and new approach to booking on courses via the ESR system; enabling all staff to conveniently self-book onto a QI course, making the booking process more accessible for nightshift and weekend workers. In addition to accessibility, the use of ESR for booking has also released administrative time as delegates can now self-book, and reporting is all completed through ESR. Following the launch of the ESR booking process saw a 300% increase over the usual median bookings for our Bronze training offering; and for the first time recorded a QI Training course fully booked. Our training packages have been opened out to ICB/ICS staff in last quarter as a system wide approach. And in May 2025, training slots will be provided as part of the ATAPP (Applying Theory and Practice Pathway) Programme.

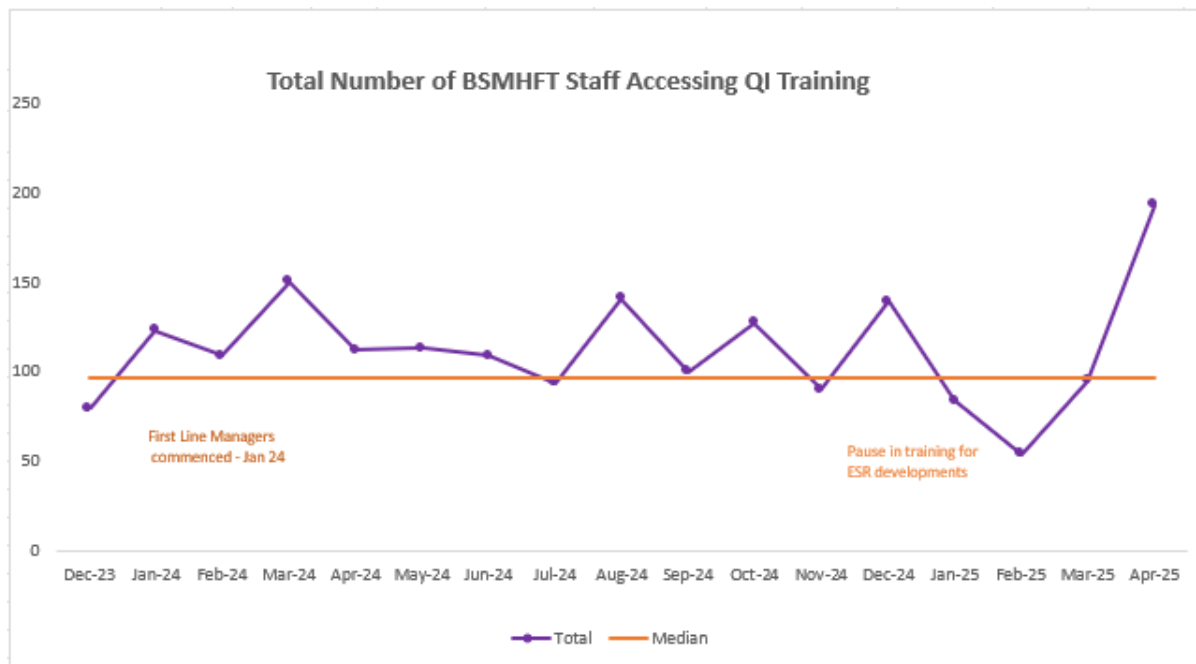
Looking forward 2025/26

Improvements are continuing to evolve with plans such as;

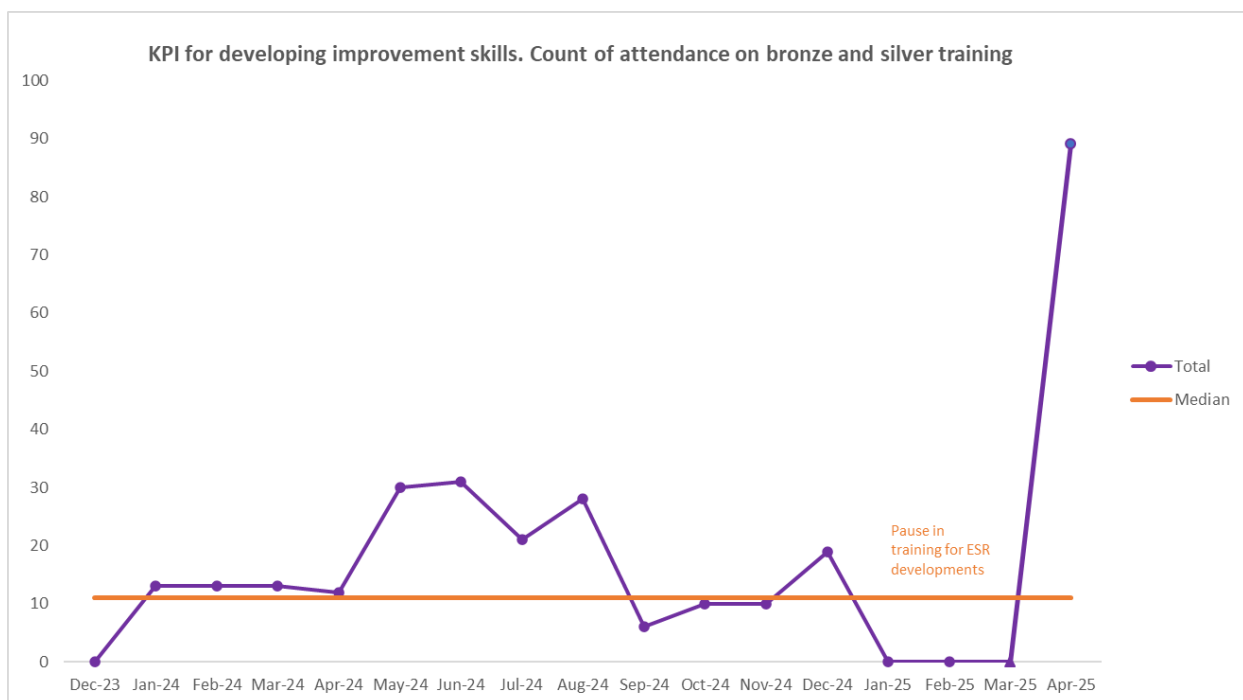
- Updating the QI Silver Programme into a “Local Champions” model to enable greater access to QI knowledge/support
- Development of eLearning packages; to ensure nightshift and weekend workers do not miss out on training
- Face to face option for Bronze; as some staff and their learning styles prefer face to face sessions, to provide some options for face to face

Statistics and feedback

From April 2024 to March 2025, **1091** staff have accessed introductory training through induction, Intro to QI, 1st line managers programme and various ad hoc training. With bookings and access to training continuing to rise.



There have been **167** staff who have undertaken more in-depth training on the methodology via half day Bronze training and 3-day Silver training. Despite the pause for redevelopments, this is a 52% increase over previous year. April 2025 has also shown a large increase for bookings with **89** trained in the month alone.



As a Trust we have invested in our approach to quality improvement and want to ensure we are using that methodology and associated tools to identify where we can improve our processes and systems to release more time for direct patient care, to improve their experience and the experience of our clinicians. The views and needs of our population are of significant importance and as a result we are driving an inclusive approach to ensure the voices of all who use our services are heard.

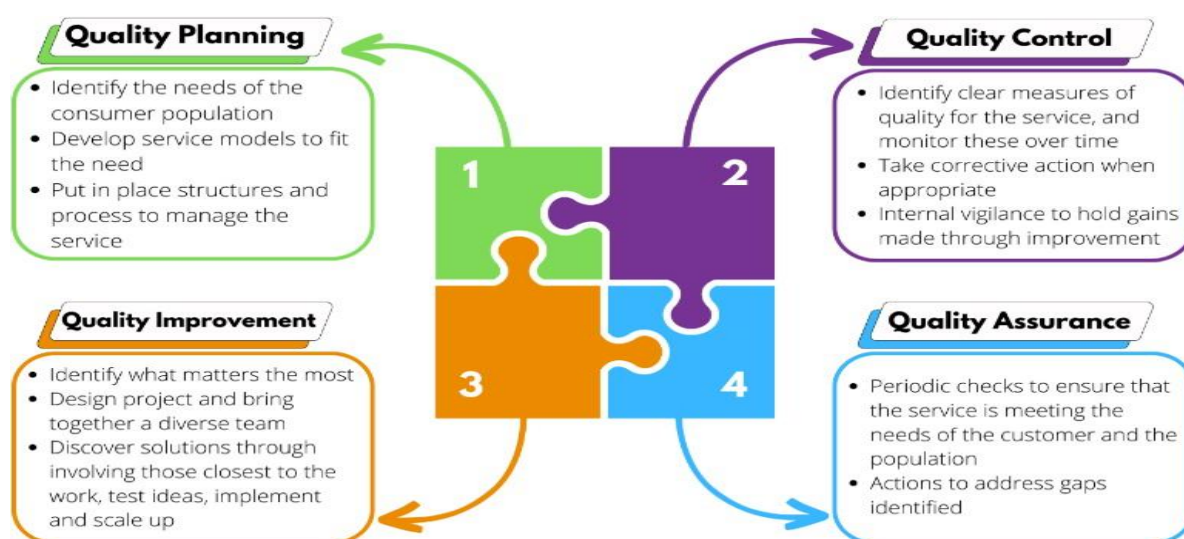
We have developed a program of work using the quality management system framework to underpin and assure us of the quality of our services and care on a continual basis, to identify opportunities for quality improvement and to embed quality planning. Working together across services we have developed and agreed a work plan to enhance delivery of patient care. This will help us to act quickly to recognise good care and practice and equally act quickly where improvement is needed.

Examples of course feedback

“Information provided during the training session was, overall, very useful as it offered a good overview of QI and its appropriate application within projects”

“..Interesting and engaging exercises (e.g., handwriting exercise to demonstrate variation) to explain complex concepts. Thank you!”

Quality Improvement Priorities for 2025/26



Patient feedback and information from a number of sources and consideration of national improvement plans and priorities has helped inform the Trust's priorities for 2025/26.

BSMHFT has been on a journey of improvement, and we remain committed to continuous learning and improvement utilizing our Quality Management System to ensure we have the right conditions based on Quality Planning, Quality Control, Quality Improvement and Quality Assurance. The Trust is committed to significantly raising the voice of patients and service users and ensuring the full involvement of clinical service teams to continue to mature our quality approach.

This is the agenda that drives everything we do, and the evidence shows that it is having a real, visible and measurable effect in the organisation. During 2025/26 we will embed a quality improvement strategy to support the Trust's five-year Strategic Plan, this will include the co-production of a vision for quality.



Quality Goal Priority 1: Service User Experience

Why is this a priority?

To improve our services, we must collaborate with the people that use them through meaningful partnership working. We must be able to listen to, learn from and empower the people and communities we serve to ensure that the best standards of care are provided. To do this we must continue to engage with our Experts by Experience and increase the opportunities for people to participate in shared decision making (SDM) in both treatment and care and service improvement.

Empowerment and autonomy are key aspects of SDM, as it involves service users directly in their healthcare decisions, respecting their right to make informed choices about their health. When service users are actively engaged, they are more likely to feel in control of their health journey, leading to increased satisfaction and engagement with treatment plans.

When service users and carers feel heard and involved in the decision-making process, their satisfaction increases. They are more likely to feel respected and valued, which enhances their overall experience and fosters a positive relationship with our teams providing care. Involving service users and carers in decision making aligns with ethical and legal standards of informed consent and patient rights, supporting the principles of dignity and respect.

Through strong engagement with our populations, we will enable the voice of individuals that are in contact with our services to be heard leading to enhancements in our services in line with expectations and need. Engagement processes and improvement plans will enable us to drive system change to address health inequalities and deliver the most appropriate responses to the care required.



Service User Experience

Why is this important?

Shared decision making with service users and families about their treatment and care to aid their recovery.

Measures of success:

- Implement the actions following the endorsement of the HOPE Strategy delivering the outcomes with patients, service users and families.
- Co-produce with Experts by Experience the implementation of a plan including goals and outcomes against national frameworks to identify and address health inequalities, such as

	<p>Patient and Carer Race Equality Framework (PCREF), Equality Diversity System 2022, the Accessible Information Standard and Patient Led Assessments of Care Environments.</p> <ul style="list-style-type: none"> • Co-produce with service user networks plans and goals to strengthen involvement for people who identify as a minority or with a protected characteristic as per the Equality Act 2020 • Identify and measure quality improvement projects with service users/carers and co-produce measurable outcomes to deliver against plans.
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Quality Goal Priority 2: Preventing Harm

Why is this a priority?

Working within the Patient Safety Incident Framework we will learn from events/incidents to achieve person-centred, safe quality care and meet regulatory compliance to prevent harm.

Learning from incidents under PSIRF is crucial for several reasons. PSIRF provides a structured approach to investigating and responding to patient safety incidents, ensuring that healthcare organisations systematically identify the root causes of errors and adverse events. This process is essential for understanding not only what went wrong, but also why it happened, enabling the development of targeted interventions to prevent recurrence. By analysing incidents thoroughly, PSIRF fosters a culture of transparency and continuous improvement within healthcare settings, where staff feel encouraged to report and learn from mistakes without fear of blame. This openness is fundamental to building trust among healthcare professionals and patients alike.

Additionally, learning from incidents helps to identify systemic issues and inefficiencies that may compromise patient safety, leading to organisational changes that enhance overall care quality. It also provides valuable insights that can inform policy decisions, clinical guidelines, and training programs, ultimately contributing to safer healthcare environments. Embracing the principles of PSIRF ensures that lessons learned from incidents are effectively integrated into practice, promoting resilience and adaptability in healthcare systems.

Preventing Harm	
Why this is important? A quality assurance framework will underpin and give assurance of the quality of our services and care on a continual basis.	Measures of success: <ul style="list-style-type: none">• Use data to understand outcomes and develop opportunities for improvement. Though the development of data dashboards progress will be monitored in real time.• Provide evidence that all teams across the Trust have systems of audit and assurance in place. And can provide evidence that improvements are being made.• Ensure that there is equality and inclusion within our system through data dashboards.• Implement the Trust Quality Management System

Quality Goal priority 3: Patient Safety Culture

Why is this a priority?

To ensure that the organisation meets internal and external requirements to deliver the highest standards of care. A robust patient safety culture is vital because it underpins the entire framework of healthcare delivery, ensuring that safety is prioritised at all levels of our organisation. A strong patient safety culture promotes an environment where healthcare professionals feel empowered and obligated to report errors, near misses, and potential hazards without fear of retribution. This transparency is essential for identifying and addressing issues before they result in harm. In such a culture, safety is seen as a collective responsibility, fostering collaboration and communication across multidisciplinary teams. It encourages continuous learning and improvement, where the focus is on understanding and mitigating risks rather than assigning blame. By prioritising patient safety, healthcare organisations can reduce the incidence of adverse events, enhance the quality of care, and build trust with patients and their families. Moreover, a positive safety culture supports staff well-being by reducing the stress and burnout associated with working in environments where mistakes are hidden or ignored.



Patient Safety Culture	
Why is this important? A patient safety culture will strengthen the confidence to speak up and promote learning and will enhance the values, beliefs and behaviours that support patient safety.	Measures of success: <ul style="list-style-type: none">• Identification and response to the Measurement of compassionate engagement with those affected by patient safety incidents• Uptake of training provided by the Freedom to Speak Up Guardian Team to ensure managers and staff have greater confidence in speaking up and resolving issues• Complete the co-production and implementation of the Staff Safety Strategy .• Strengthen the approach to raising awareness and taking actions in support of service users, families, carers and staff who experience domestic abuse .• Further development of the role of Expert By Experience Safety Specialists in Clinical Governance Committees• Develop a framework for reporting the outcomes from Dialogue+

Quality Goal Priority 4: Quality Assurance

Why is this a priority?

As an organisation we want to ensure that we meet fundamental standards of quality and safety and meet the needs of our population. Quality assurance is critically important to our organisation as it ensures that our services consistently meet established standards and deliver safe, effective, and patient-centred care. By systematically monitoring, evaluating, and improving processes, quality assurance helps identify areas where care may fall short of guidelines or expectations, enabling timely interventions to rectify deficiencies. This continuous cycle of assessment and improvement fosters a culture of excellence and accountability, where staff are committed to maintaining high standards and continuously seeking ways to enhance care delivery. Effective quality assurance processes protect patients from harm by reducing variability in care practices, ensuring adherence to evidence-based protocols, and promptly addressing potential safety issues. Additionally, it supports organisational learning by providing data-driven insights that inform strategic decisions, resource allocation, and staff training programs. Quality assurance is essential for optimising efficiency and ensuring that our service users receive the highest standard of care possible. Ultimately, robust quality assurance mechanisms contribute to improved patient outcomes, increased patient satisfaction, and trust in our services.

Quality Assurance	
Why is this important? It will give clarity in relation to how we monitor and evaluate service delivery.	Measures of success: <ul style="list-style-type: none">• Implementation of dashboard for Quality & Patient experience committee to utilise data and understand outcomes in care for service users.• Evidence that pathways in Locality Delivery Areas have been created to meet the needs of service users and communities• Utilisation of AMAT through the Clinical Effectiveness Group to provide assurance for services and Quality & Patient Experience Committee.• Implement 15 Steps visits and provide feedback for services and reporting for the Quality & Patient Experience Committee.• Align the 12 Culture of Care standards with the CQC I Statements ensuring a joined-up approach to evidencing outstanding care.

Quality Goal Priority 5: Using Our Time More Effectively

Why is this a priority?

To maximise the quality and standard of care provided. To ensure that individuals within our care pathways feel listened to, valued, and receive appropriate care at the right time. Using time effectively is crucial in our organisation due to the high demand for our services. Efficient time management ensures that healthcare professionals can maximize the quality of care provided to our service users while minimising delays and wait times. By prioritising tasks, streamlining workstreams, and reducing unnecessary administrative burdens, we can devote more time to direct patient care, enhancing the patient experience and improving overall health outcomes. Effective time management also helps in managing workloads more sustainably, reducing stress and burnout among staff, which is essential for maintaining a motivated and resilient workforce. Furthermore, when time is used efficiently, it supports better utilisation of resources, including facilities, equipment, and personnel, leading to cost savings and more effective allocation of NHS funds. This optimisation of time and resources not only improves operational efficiency but also supports strategic planning and the ability to respond swiftly to emerging challenges. Ultimately, effective time management in our organisation is fundamental to delivering high-quality, patient-centred care in a timely and resource-efficient manner, contributing to the overall sustainability and effectiveness of the healthcare system.



Managing our Time Effectively	
Why is this important? To enhance patient care and staff satisfaction.	Measures of success: <ul style="list-style-type: none">• Demonstrate outcomes against Quality Improvement Programs that demonstrate improvement in the Culture of Care in Inpatient Settings.• Outcomes that demonstrate that evidence-based practice and research are a routine way to inform transformation of care and services.• Evidence related to the reduction in waiting lists and length of stay.• Better use of service user's time including; Children, people accessing talking therapies and people returning to the community from inpatient settings.

2.2 Statements of Assurance from the Board

This section of the report includes a series of statements of assurance from the Board of Directors. The exact form of the statements is prescribed and specified by the 'quality account regulations' and as such the wording of these statements is statute and unable to be changed.

	Prescribed information	Form of Statement
1.0	<p>The number of different types of relevant health services provided or subcontracted by the provider during the reporting period, as determined in accordance with the categorisation of services:</p> <p>(a) specified under the contracts, agreements or arrangements under which those services are provided or</p> <p>(b) in the case of an NHS body providing services other than under a contract, agreement or arrangements, adopted by the provider.</p>	<p>During 2024/25 BSMHFT provided the following mental health services:</p> <p>A&E Liaison Adult Acute Ward Adult CMHT Adult Day Care AOT Child and Adolescent Mental Health Services (CAMHS) Deaf Inpatient Eating Disorders Community Eating Disorders Inpatient Early Intervention Forensic CAMHS Community Forensic CAMHS LOW SECURE Forensic CAMHS MEDIUM SECURE High Dependency Wards Home Treatment IAPT Justice Liaison Low Secure Perinatal Community Perinatal Inpatient Medium Secure Wards Neuropsychiatry Older Adult Acute Ward Older Adult Community Memory Services OPIP (Older Adult Day Care) Psychiatric Intensive Care Unit (PICU) Primary Care Prison Mental Health Care Rehabilitation Ward Substance Misuse Services</p>
1.1	<p>The number of relevant health services identified under entry 1 in relation to which the provider has reviewed all data available to it on the quality of care provided during the reporting period.</p>	<p>BSMHFT has reviewed all the data available to them on the quality of care in these services.</p>

1.2	The percentage that the income generated by the relevant health services reviewed by the provider, as identified under entry 1.1, represents of the total income for the provider for the reporting period under all contracts, agreements and arrangements held by the provider for the provision of, or subcontracting of, relevant health services.	The income generated by the relevant health services reviewed in 2024/25 represents 92.5 % of the total income generated from the provision of relevant health services by BSMHFT for 2024/25.
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Participation in National Clinical Audits and National Confidential Enquiries

	Prescribed information	Form of statement
2.0	The number of national clinical audits (a) and national confidential enquiries (b) which collected data during the reporting period, and which covered the relevant health services that the provider provides or subcontracts.	During 2024/2025, 8 national clinical audits covered relevant health services that Birmingham and Solihull Mental Health NHS Foundation Trust provides.
2.1	The number, as a percentage, of national clinical audits and national confidential enquiries, identified under entry 2, that the provider participated in during the reporting period.	During that period Birmingham and Solihull Mental Health NHS Foundation Trust participated in 100% of national clinical audits and 100% of national confidential enquiries of the national clinical audits and national confidential enquiries which it was eligible to participate in.
2.2	A list of the national clinical audits and national confidential enquiries identified under entry 2 that the provider was eligible to participate in.	The national clinical audits and national confidential enquiries that the Birmingham and Solihull Mental Health NHS Foundation Trust was eligible to participate in during 2023/24 are as follows: <ul style="list-style-type: none"> • National Audit of Care at the End of Life (NACEL) – Mental Health Spotlight Audit • National Audit of Dementia (NAD) - Spotlight on Memory Assessment Services • National Audit of Eating Disorders (NAED) • National Clinical Audit of Psychosis (Early Intervention Services) (NCAP) • POMH 16c: Rapid Tranquilisation • POMH 18c: The Use of Clozapine • POMH 21b: The Use of Melatonin • POMH 24a: Opioid Medications in Mental Health Services
2.3	A list of the national clinical audits and national confidential enquiries, identified under entry 2.1, that the provider participated in.	<ul style="list-style-type: none"> • National Audit of Care at the End of Life (NACEL) – Mental Health Spotlight Audit • National Audit of Dementia (NAD) - Spotlight on Memory Assessment Services • National Audit of Eating Disorders (NAED) • National Clinical Audit of Psychosis (Early Intervention Services) (NCAP)

		<ul style="list-style-type: none">• POMH 16c: Rapid Tranquilisation• POMH 18c: The Use of Clozapine• POMH 21b: The Use of Melatonin• POMH 24a: Opioid Medications in Mental Health Services																																					
2.4	A list of each national clinical audit and national confidential enquiry that the provider participated in, and which data collection was completed during the reporting period, alongside the number of cases submitted to each audit, as a percentage of the number required by the terms of the audit or enquiry.	The national clinical audits and national confidential enquiries that Birmingham and Solihull Mental Health NHS Foundation Trust participated in, and for which data collection was completed during April 2024 to March 2025 are listed below, alongside the number of cases submitted to each audit or enquiry as a percentage of the number of registered cases required by the terms of that audit or enquiry:																																					
<table><tr><th>Title of National Clinical Audit</th><th>Eligible</th><th>Participated</th><th>%*</th></tr><tr><td>LeDeR – Learning from Lives and Deaths – People with a Learning Disability and Autistic People</td><td>Yes</td><td>Yes</td><td>N/A</td></tr><tr><td>National Audit of Eating Disorders (NAED)</td><td>Yes</td><td>Yes</td><td>N/A</td></tr><tr><td>National Audit of Dementia (NAD) - Spotlight on Memory Assessment Services</td><td>Yes</td><td>Yes</td><td>100% (50)</td></tr><tr><td>National Clinical Audit of Psychosis (NCAP) – Early Intervention Services</td><td>Yes</td><td>Yes</td><td>100% (57)</td></tr><tr><td>POMH 16c: Rapid Tranquilisation</td><td>Yes</td><td>Yes</td><td>100% (50)</td></tr><tr><td>POMH 18c: The Use of Clozapine</td><td>Yes</td><td>Yes</td><td>100% (73)</td></tr><tr><td>POMH 21b: The Use of Melatonin</td><td>Yes</td><td>Yes</td><td>100% (41)</td></tr><tr><td>POMH 24a: Opioid Medications in Mental Health Services</td><td>Yes</td><td>Yes</td><td>100% (45)</td></tr></table>				Title of National Clinical Audit	Eligible	Participated	%*	LeDeR – Learning from Lives and Deaths – People with a Learning Disability and Autistic People	Yes	Yes	N/A	National Audit of Eating Disorders (NAED)	Yes	Yes	N/A	National Audit of Dementia (NAD) - Spotlight on Memory Assessment Services	Yes	Yes	100% (50)	National Clinical Audit of Psychosis (NCAP) – Early Intervention Services	Yes	Yes	100% (57)	POMH 16c: Rapid Tranquilisation	Yes	Yes	100% (50)	POMH 18c: The Use of Clozapine	Yes	Yes	100% (73)	POMH 21b: The Use of Melatonin	Yes	Yes	100% (41)	POMH 24a: Opioid Medications in Mental Health Services	Yes	Yes	100% (45)
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2.5	The number of national clinical audit reports published during the reporting period that were reviewed by the provider during the reporting period.	The reports of 5 national clinical audits were reviewed by the provider in 2024/25 and Birmingham and Solihull Mental Health NHS Foundation Trust intends to take the following actions to improve the quality of healthcare provided:																																					
2.6	A description of the action the provider intends to take to improve the quality of healthcare following the review of reports identified under entry 2.5.																																						
2.7	The number of local clinical audit (a) reports that were reviewed by the provider during the reporting period.	The reports of 32 local clinical audits were reviewed by the provider in 2024/25 and Birmingham and Solihull Mental Health Foundation Trust intends to take the following actions to improve the quality of healthcare provided:																																					
2.8	A description of the action the provider intends to take to improve																																						

	the quality of healthcare following the review of reports identified under entry 2.7.	
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Research

	Prescribed Information	Form of Statement
3.0	The number of patients receiving relevant health services provided or subcontracted by the provider during the reporting period that were recruited during that period to participate in research approved by a research ethics committee within the National Research Ethics Service.	The number of patients receiving relevant health services provided or subcontracted by Birmingham and Solihull Mental Health NHS Foundation Trust in April 2024-March 2025 that were recruited during that period to participate in research approved by a research ethics committee is 339.

CQUIN

Prescribed Information	Form of Statement
Whether or not a proportion of the provider's income during the reporting period was conditional on achieving quality improvement and innovation goals under the Commissioning for Quality and Innovation (CQUIN) payment framework agreed between the provider and any person or body they have entered into a contract, agreement, or arrangement with for the provision of relevant health services.	BSMHFT income in 2024/25 was not conditional on achieving quality improvement and innovation goals through the Commissioning for Quality and Innovation payment framework.
If a proportion of the provider's income during the reporting period was not conditional on achieving quality improvement and innovation goals through the CQUIN payment framework, the reason for this.	
If a proportion of the provider's income during the reporting period was conditional on achieving quality improvement and innovation goals through the CQUIN payment framework, where further details of the agreed goals for the reporting period and the following 12-month period can be obtained.	

Registration with the Care Quality Commission (CQC)

Prescribed Information	Form of Statement
<p>Whether or not the provider is required to register with CQC under Section 10 of the Health and Social Care Act 2008.</p>	<p>Birmingham and Solihull Mental Health NHS Foundation Trust is required to register with the Care Quality Commission and its current registration status is unconditional. BSMHFT has the following conditions on registration – none.</p> <p>The Care Quality Commission has taken enforcement action against Birmingham and Solihull Mental Health NHS Foundation Trust during 1 April 2024 to 31 March 2025. One Section 29A warning notice was issued to Reaside Clinic and three Section 29A notices were issued to Saffron and Lavender inpatient wards at the Zinnia Centre. The Trust provided action plans to the Care Quality Commission to address the points raised in these notices.</p> <p>Birmingham and Solihull Mental Health NHS Foundation Trust has participated in special reviews or investigations by the Care Quality Commission relating to the following areas during 1 April 2024 to 31 March 2025.</p> <p>Focused Inspections of:</p> <ul style="list-style-type: none"> ○ Cilantro Ward at the Barberry Centre (April 2024) ○ Community Mental Health Teams (June 2024) – reinspection, resulting in removal of the Section 29A notices issued in August 2023 ○ Reaside Clinic (August 2024) ○ Lavender and Saffron Wards at the Zinnia Centre (October 2024) ○ Forensic Intensive Recovery Support Team (FIRST) February 2025 ○ Reaside Clinic – reinspection to consider removal of Section 29A notice (February 2025) <p>Birmingham and Solihull Mental Health NHS Foundation Trust has developed and submitted detailed action plans to the Care Quality Commission on the actions being taken to address the findings from each inspection and provide updates on progress at each Engagement Meeting.</p>

<p>If the provider is required to register with CQC:</p> <p>(a) whether at end of the reporting period the provider is:</p> <p>(i) registered with CQC with no conditions attached to registration</p> <p>(ii) registered with CQC with conditions attached to registration</p> <p>(b) if the provider's registration with CQC is subject to conditions, what those conditions are and</p> <p>(c) whether CQC has taken enforcement action against the provider during the reporting period</p>	
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Data Submission

Prescribed Information	Form of Statement
Whether or not during the reporting period the provider submitted records to the Secondary Uses Service for inclusion in the Hospital Episode Statistics which are included in the latest version of those statistics published prior to publication of the relevant document by the provider.	Birmingham and Solihull Mental Health NHS Foundation Trust did not submit records during 2024/25 the Secondary Uses Service for inclusion in the Hospital Episode Statistics which are included in the latest published data.
If the provider submitted records to the Secondary Uses Service for inclusion in the Hospital Episode Statistics which are included in the latest published data: (a) the percentage of records relating to admitted patient care which include the patient's: (i) valid NHS number (ii) General Medical Practice Code (b) the percentage of records relating to outpatient care which included the patient's: (i) valid NHS number (ii) General Medical Practice Code (c) the percentage of records relating to accident and emergency care which included the patient's: (i) valid NHS number (ii) General Medical Practice Code.	

Information Governance

Prescribed Information	Form of Statement
The provider's Information Governance Assessment Report overall score for the reporting period as a percentage and as a colour according to the IGT Grading scheme. ⁵	<p>Birmingham and Solihull Mental Health NHS Foundation Trust's Information Governance Assessment Report for 2024 / 2025 is not due to be submitted until the 30th June 2025 in line with national submission timescales relating to the Data Security and Protection Toolkit.</p> <p>Following submission of action plans approved by NHSE and subsequent successful implementation, the 2023/24 Data Security and Protection Toolkit attainment level for the Trust was 'standards met'.</p>

Payment Results

Prescribed Information	Form of Statement
Whether or not the provider was subject to the Payment by Results clinical coding audit at any time during the reporting period by the Audit Commission.	Birmingham and Solihull Mental Health NHS Foundation Trust was not subject to the Payment by Results clinical coding audit during 2024/25.
If the provider was subject to the Payment by Results clinical coding audit by the Audit Commission at any time during the reporting period, the error rates, as percentages, for clinical diagnosis coding and clinical treatment coding reported by the Audit Commission in any audit published in relation to the provider for the reporting period prior to publication of the relevant document by the provider	

11. Data Quality

Prescribed Information	Form of Statement
<p>The action taken by the provider to improve data quality.</p>	<p>Birmingham and Solihull Mental Health NHS Foundation Trust will be taking the following actions to improve data quality:</p> <ul style="list-style-type: none"> • Maintaining regular assessment of the quality of data underlying all key performance measures so that any issues can be addressed. • Continuing detailed audit and review of the accuracy of clinical case classification, activity monitoring and clinical outcome measurement information • On-going comparison of service user contact and GP registration details with the national NHS Summary Care Record database to ensure information in our clinical systems stays up to date. • Close monitoring and continuous quality improvement work on a range of data quality performance indicators, with clinical and administrative staff using monitoring reports to identify and correct data errors. • Maintaining work on completeness and validity of Mental Health Services Data Set (MHSDS) submissions guided by the nationally defined Data Quality Maturity Index • Undertaking preparatory work to assure data quality in relation to the new experimental data items to be included in the Data Quality Maturity Index from July 2024 • Actively using the NHS Digital Data Quality summary to improve the data submitted to the MHSDS. • Improving the completeness of Restrictive Interventions data submitted to the MHSDS • Maintaining work on completeness and validity of NHS Talking Therapies data submissions and the related experimental data set items added to the Data Quality Maturity Index • Active data quality support to operational services by service-aligned data analysts bringing any data issues forward for attention and supporting and monitoring improvement actions • A range of data quality audits covering key reporting data sets, with special in-depth

	audits and corrective work where data quality issues are identified.
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Learning from Deaths

Prescribed Information	Form of Statement
1. The number of its patients who have died during the reporting period, including a quarterly breakdown of the annual figure.	<p>During the reporting period 1 April 2024 to 31 March 2025, a total of 1,945 patient deaths were recorded of which 1524 were reported as expected and 414 were reported as unexpected and 7 death of a third party.</p> <p>This comprised of the following number of deaths which occurred in each quarter of the reporting period</p> <p>495 in the first quarter 441 in the second quarter 586 in the third quarter 423 in the fourth quarter</p> <p>*Due to potential delays in the Trust being notified of some deaths, this figure may change if a further report is produced.</p>
The number of deaths included in item 1 above which the provider has subjected to a case record review or an investigation to determine what problems (if any) there were in the care provided to the patient, including a quarterly breakdown of the annual figure.	<p>In line with national guidance, the Patient Safety Incident Response Framework (PSIRF) has now replaced the Serious Incident Framework (SIF), leading to a change in how we review and learn from deaths. This new approach supports a more proportionate and system focused response to incidents that enables a more meaningful understanding of the improvements needed.</p> <p>Structured Judgement Reviews (SJR's) are carried out when deaths meet a specific criterion outlined in our local policy or when national PSIRF guidance or local safety priority for a Patient Safety Incident Investigation (PSII) are met.</p> <p>At the time of this report 125 submission Structured Judgement Reviews have been in carried out and 5 Patient Safety Incident Investigations (PSII's) were commissioned, as they were adjudged to be more likely than not due to problems in the care provided.</p>

	<p>The number of deaths in each quarter for which a case record or an investigation was carried out was:</p> <p>31 in the first quarter 30 in the second quarter 33 in the third quarter 31 in the fourth quarter</p>
<p>An estimate of the number of deaths during the reporting period included in item 27.2 for which a case record review or investigation has been carried out which the provider judges as a result of the review or investigation were more likely than not to have been due to problems in the care provided to the patient (including a quarterly breakdown), with an explanation of the methods used to assess this.</p>	<p>No patient deaths were judged to be more likely than not to have been due to problems in the care provided to the patient, in this sample.</p>
<p>A summary of what the provider has learnt from case record reviews and investigations conducted in relation to the deaths identified in item 27.3.</p>	<p>The overall learning themes identified as follows:</p> <ul style="list-style-type: none"> • Transfer and interface between teams internally and externally • Care planning and safety assessments • Family involvement in care and the application of think family • MDT decision making and the implementation of actions • Therapeutic observations
<p>A description of the actions which the provider has taken in the reporting period, and proposes to take following the reporting period, in consequence of what the provider has learnt during the reporting period (see item 27.4).</p>	<p>The following actions have been undertaken and are ongoing:</p> <ul style="list-style-type: none"> • Substance misuse- we have set up a subgroup looking at various aspects of improving care for service users with drug and alcohol needs, which reports quarterly to our Clinical Effectiveness Advisory Committee. This oversees changes in training for detoxification, raising awareness of related patient safety issues and improving multi-agency working. • Specific work has been completed. in the prisons setting in relation to ligature risk assessments • Autism and learning disability - we have started a workstream relating to supporting service users with autism, including training, improving the environment for

	<p>inpatients, and raising awareness of patient safety related issues.</p> <ul style="list-style-type: none"> The clinical risk assessment and management policy is due for review and will make reference to how staff can improve their risk assessment and risk management for key groups of service users, including where there is a risk of drug or alcohol use, service users with autism.
An assessment of the impact of the actions described in item 27.5 which were taken by the provider during the reporting period.	Due to the scale of work involved in the actions listed above it would be premature to evaluate the outcome.
The number of case record reviews or investigations finished in the reporting period which related to deaths during the previous reporting period but were not included in item 27.2 in the relevant document for that previous reporting period.	14 case record reviews and 32 investigations completed after 31-03-2023 which related to deaths which took place before the start of the reporting period.
An estimate of the number of deaths included in item 27.7 which the provider judges as a result of the review or investigation were more likely than not to have been due to problems in the care provided to the patient, with an explanation of the methods used to assess this.	5 representing 0.33% of the patient deaths before the reporting period (2022-23), are judged to be more likely than not to have been due to problems in the care provided to the patient. This number has been estimated using the Root Cause Analysis investigations and Mortality Case Note Reviews.
A revised estimate of the number of deaths during the previous reporting period stated in item 27.3 of the relevant document for that previous reporting period, taking account of the deaths. referred to in item	Of the deaths reviewed in 2023-24, 5 representing 0.33% of the patient deaths in 2023-24 are judged to be more likely than not to have been due to problems in the care provided to the patient.

Reporting Against Core Indicators

The Trust is required to provide performance details against a core set of quality indicators that were part of a new mandatory reporting requirement in the Quality Accounts from 2013 with the data being supplied by NHS Digital as follows:

- The percentage of patients on Care Programme Approach who were followed up within 7 days of discharge from psychiatric inpatient care during the reporting period.
- The percentage of admissions to acute wards for which the crisis resolution home treatment team acted as a gatekeeper during the reporting period.
- Readmission to hospital within 28 days of discharge.
- Patient experience of community mental health services.
- Patient safety incidents.
- The Staff Friends and Family Test.

2.3.1 The percentage of patients on Care Programme Approach who were followed up within 7 days after discharge from psychiatric inpatient care during the reporting period.

The percentage of service users being treated under the Care Programme Approach who were followed up within 7 days after discharge from psychiatric inpatient care is shown in the table below.

This indicator identifies whether people with a mental illness discharged from our inpatient wards have a direct face-to-face or telephone follow-up contact with a member of clinical staff on at least one of the seven days following discharge. The measure aims to ensure that service users are protected at a time of significant vulnerability and appropriately supported through their transition back into day-to-day life outside hospital.

	Birmingham and Solihull Mental Health NHS Foundation Trust	National Average	Highest Reported Score Nationally	Lowest Reported Score Nationally
2024-25	91.7%	*	*	*
2023-24	90.7%	*	*	*
2022-23	92.0%	*	*	*
2021-22	92.5%	*	*	*

Data Source: Rio - our internal clinical information system

** No national comparator figures have been collected or published since 2019-20.*

Please note performance dipped in March 2020 due to the impact of Covid-19

It should be noted that in addition, the Trust aims to follow up 80% of service users within 3 days of discharge in line with national good practise. This measure is routinely monitored, and same actions taken as with 7 day follow up to support staff in carrying out timely follow up.

Our local methodology excludes three groups of service users where the exclusion is not explicitly defined in national guidance, as follows:

- People discharged to non-NHS psychiatric hospitals, because they continue to be under the direct 24-hour care of qualified mental healthcare staff.
- People discharged to an overseas address are excluded from the indicator due to the challenge of contacting people outside the United Kingdom.
- People discharged from our neurological investigations unit because their admissions do not relate to acute psychiatric illness.

Birmingham and Solihull Mental Health NHS Foundation Trust considers that this data is as described for the following reasons:

- A process audit of the Trust's methodology has confirmed that our processes and calculations adhere to national reporting definitions.
- Regular samples of records are compared with clinical progress notes to ensure that they are being correctly included or excluded from indicator calculations.

Birmingham and Solihull Mental Health NHS Foundation Trust has taken the following actions to improve this percentage and so the quality of its services, by monitoring adherence to our Trust's policy on community follow-up of inpatient discharge, undertaking regular sample audits and feeding back results to clinical teams, and by ensuring oversight of this process is maintained through circulation of daily reports to senior managers and review at regular divisional performance meetings.

2.3.2 The percentage of admissions to acute wards for which the crisis resolution home treatment team acted as a gatekeeper during the reporting period.

This indicator identifies whether crisis resolution or home treatment teams had assessed people admitted to hospital and been involved in the decision to admit and, therefore, measures our success in ensuring that people are not admitted to hospital where they could be more appropriately cared for in their own home or another community location. As such, it is a measure of both quality of care and efficiency of resource use. National definitions exclude transfers from other hospitals, including A&E Departments, so the measure is looking at people admitted from their own homes or other community locations. Our local definitions would also consider admissions as having been 'gate-kept' where there was involvement from an assertive outreach or Psychiatric liaison, as these teams also provide a crisis resolution service and consider alternatives to admission as part of their assessments.

	Birmingham and Solihull Mental Health Foundation Trust	National Average	Highest Reported Score Nationally	Lowest Reported Score Nationally
2024-25	96.7%	*	*	*
2023-24	95.9%	*	*	*
2022-23	96.7%	*	*	*
2021-22	95.4%	*	*	*

Data Source: Rio - our internal clinical information system

** No national comparator figures have been collected or published since 2019-20.*

Birmingham and Solihull Mental Health NHS Foundation Trust considers that this data is as described for the following reasons:

- A process audit of the Trust's methodology has confirmed that our processes and calculations adhere to national reporting definitions.
- Regular samples of records are compared with clinical progress notes to ensure that they are being counted correctly in indicator calculations.

Birmingham and Solihull Mental Health NHS Foundation Trust has taken the following actions to improve this percentage and so the quality of its services, by ensuring oversight of this process is maintained through regular review.

2.3.3 Readmissions to hospital within 28 days of discharge

The percentage of admissions to Trust hospitals of patients aged:

- (i) 0 to 15 and
- (ii) 16 or over

which were readmissions within 28 days of discharge from a hospital which forms part of the Trust. There is no national indicator meeting exactly this definition. Trust data is based on all readmissions happening on the same day as a discharge from Trust inpatient services or any of the following 27 days.

This indicator measures quality of inpatient care, discharge arrangements and ongoing community support by identifying the extent to which service users discharged from hospital need to be readmitted within 4 weeks, our Trust's aim being to keep early readmissions to a minimum. National comparison figures are not available.

There is no national data available for comparison for this indicator.

	Age 0-15	Age 16+
2024-25	0.0%	4.52
2023-24	0.0%	3.78%
2022-23	0.0%	3.9%
2021-22	0.0%	5.3

Data source: Rio – our internal clinical information system

Birmingham and Solihull Mental Health NHS Foundation Trust considers that this data is as described for the following reasons:

- Admission and discharge dates, and service user dates of birth, are audited regularly as part of the Trust's routine data quality audit programme.
- Service user dates of birth are also subject to regular validation against information held on the NHS national Summary Care Record.

Birmingham and Solihull Mental Health NHS Foundation Trust intends to take the following action to improve these percentages and so the quality of its services, by ensuring oversight of this process is maintained by monthly reporting and review at service level meetings.

Performance against the relevant indicators and performance thresholds

The following indicators form part of the annexes to the NHS Oversight Framework and are required to be reported upon in this section of the report, unless they are referred to in section 2.

National mental health indicators

	NHSE/I Oversight Framework updated in November 2017: National Indicators – 2024/25	National Threshold	2024/25
1	Early intervention in Psychosis (EIP): People experiencing a first episode of psychosis treated with a NICE approved care package within two weeks of referral.	60%	95.8%
2	Improving access to psychological talking therapies: a) proportion of people completing treatment who move to recovery (from IAPT dataset) # b) waiting time to begin treatment (from IAPT minimum dataset): i. within 6 weeks of referral ii. within 18 weeks of referral	50% 75% 95%	47.6% # 88.1% 95.7%
3	Inappropriate out-of-area placements for adult mental health services (average bed days per month) *	n/a *	630*
4	Admissions to adult facilities of patients under 16 years old	n/a	0%

For 2024/25, the Trust's 'Moving to Recovery' rate for service users accessing psychological talking therapies was marginally below the national 50% standard. Service level action plans are in place to continue to focus on areas of improvement going into 2025/26.

* For 2024-25 the trajectories for reducing inappropriate out of area placements were agreed with commissioners and this was based on reducing and maintaining no more than 10 PICU active inappropriate placements each month and 0 Acute placements. This plan was also submitted to NHS England (NHSE). This area of work has remained challenging for the trust and a productivity improvement plan has been in place with a focus on the following key workstreams, to better manage demand, reduce inappropriate OOA placements and related costs, improve patient experience and optimise services within resources available. The workstreams include demand management and gatekeeping, development of a locality bed model and reducing service users in mental health inpatient care who are Clinically Ready for Discharge.

In addition, it should be noted that activity reporting against this metric is based on the Standard Operating Protocol agreed with NHSE to include 10 local acute private beds to be classified as 'appropriate placements' from the 1st of October 2022 and admissions to 20 local PICU private beds from the 1st of January 2022 as they meet the national criteria for appropriate placements. However as recognised by NHSE, these locally agreed changes are not reflected in national Mental Health Services Dataset (MHSDS) reporting and national reporting will continue to show these being 'inappropriate' placements due to MHSDS data constructs.

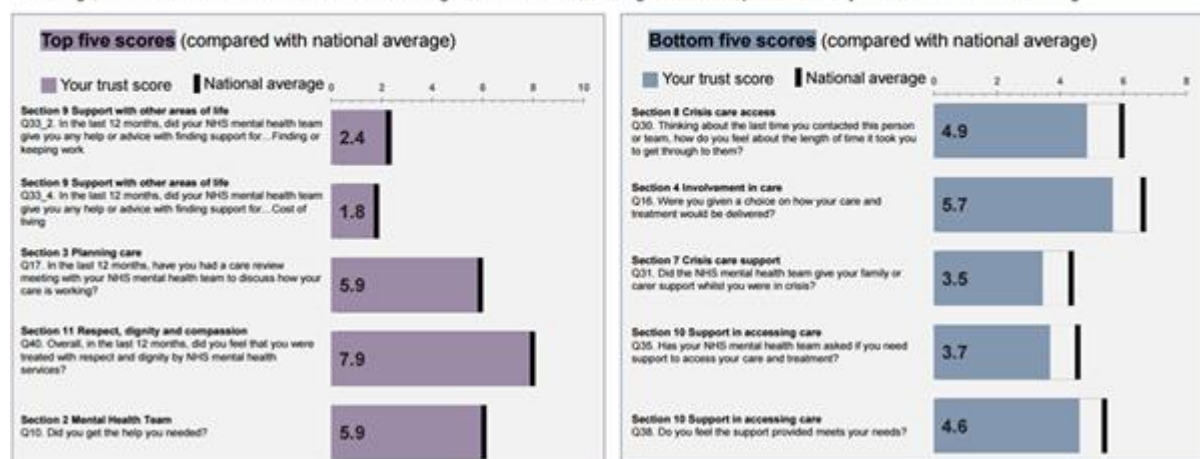
2.3.4 Patient Experience of Community Mental Health Services

As a trust we participate in the yearly Care Quality Commission national community mental health survey. The sample for the survey was generated at random on the agreed national protocol from all clients on the CPA and Non-CPA Register seen between April and May 2024.

Best and worst performance relative to the national average

These five questions are calculated by comparing your trust's results to the national average.

- **Top five scores:** These are the five results for your trust that are highest compared with the national average. If none of the results for your trust are above the national average, then the results that are closest to the national average have been chosen, meaning a trust's best performance may be worse than the national average.
- **Bottom five scores:** These are the five results for your trust that are lowest compared with the national average. If none of the results for your trust are below the national average, then the results that are closest to the national average have been chosen, meaning a trust's worst performance may be better than the national average.



Breakdown of the questions where our trust has performed better or worse compared with all other trusts.

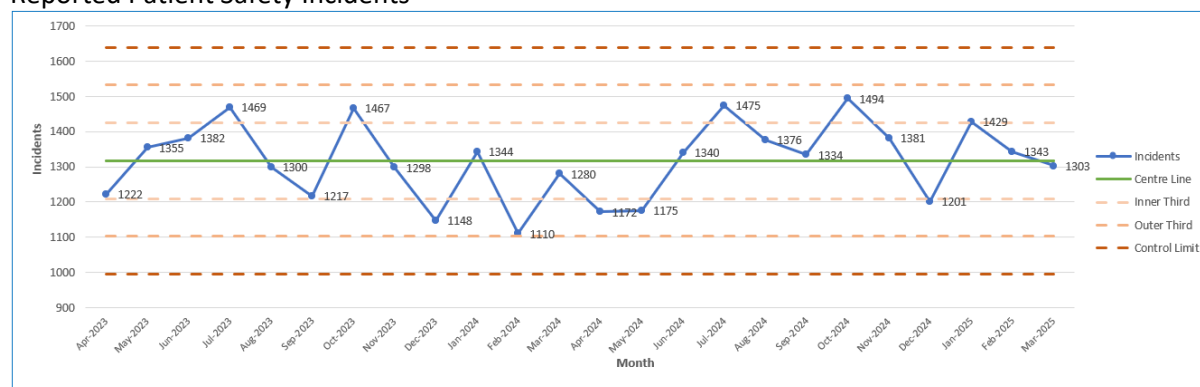
- Involvement in care – Choices on care delivery – being given a choice on how their care and treatment would be delivered – 5.7 out of 10 – Worse than expected.
- Crisis Care Access (section score) – 6.3 out of 10 – Somewhat worse than expected.
- Crisis Care Access – Contacting the team – satisfaction with the length of time it took to get through to the team - 4.9 out of 10 – Somewhat worse than expected.
- Support in accessing care (section score) – 4.2 out of 10 – Somewhat worse than expected.
- Support in accessing care – being asked if they needed support to access their care and treatment – 3.7 out of 10 – Worse than expected

Of the CQC's 48 scored sections and questions, 2 were not available, 5 were worse or somewhat worse than other trusts and 41 were about the same as other trusts.

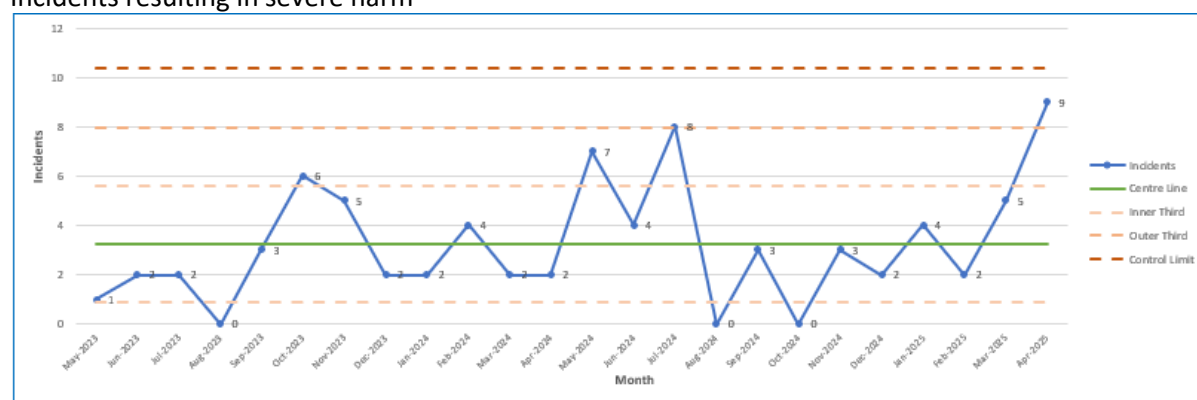
Patient Safety Incidents 2024/25

Due to the national requirement to transition from NRLS to LFPSE, this year we are unable to benchmark ourselves against national figures as this data is currently not available at this time.

Reported Patient Safety Incidents



Incidents resulting in severe harm



- Birmingham and Solihull Mental Health NHS Foundation Trust intends to take the following actions to improve this data, and so the quality of its services, by:
- Continuing to deliver incident reporting training via incidents awareness sessions and Incident Manager training. Continue our approach to governance and incident reporting at the junior doctor's marketplace, preceptorship training and at Student Experiential Learning Pathway sessions.
- Constantly evolve incident types to be reflective of incidents occurring in the Trust.
- Continuing to develop and promote the utilisation of the Eclipse, our innovative governance intelligence analytics portal providing in-depth automated analysis of incidents data from ward to board.
- Improving the learning lessons framework and promote adoption through new practice guidance.
- Thematic reviews of incidents and reporting trends.

Part three – Other Information

In this section of the report, we share other information relevant to the quality of the services we have provided during 2024/25 which together with sections 1 and 2 of this report, provide an overview of the quality of care offered by our Trust during this period.

In May 2024 two hundred colleagues united for a very special annual awards ceremony to shine a light on and celebrate the success, hard work and achievements delivered by our people. It provided an opportunity to stop and reflect on the incredible work that has been achieved over the last 12 months. The Awards saw colleagues and teams recognised for their inclusive, committed, and compassionate work.

We celebrated colleagues in nine award categories:

- Compassionate Award
- Inclusive Award
- Committed Award
- Team of the Year in Clinical Services Award
- Team of the Year in Professional Support Services Award
- Service User and Carer Choice Award (sponsored by Caring Minds)
- Rising Star Award
- Quality Improvement, Research and Innovation Award
- Lifetime Achievement Award



Guardian of Safe Working Hours

This section provides assurance that doctors in training are safely rostered and that their working hours are compliant with the terms and condition of their contract.

The Guardian of Safe Working Hours (GSWH) has been introduced to protect patients and doctors by making sure doctors and dentists are not working unsafe hours.

A Consultant Psychiatrist undertakes this role for the Trust and is responsible for protecting the safeguards outlined in the 2016 Terms and Conditions of service for doctors in training. It is a role intended to be undertaken by a consultant or someone of equivalent seniority. The Guardian reports directly to the Trust Board and is independent of the management structure within the organisation.

To fulfil this role, The GSWH:

- Acts as a champion of safe working hours.
- Receives exception reports and records and monitors compliance against terms and conditions.
- Escalates issues to the relevant executive director, or equivalent for decision and action.
- Intervenes to reduce any identified risks to doctors or to patient safety.
- Undertakes work schedule reviews where there are regular or persistent breaches in safe working hours; and
- Distributes monies received as a consequence of financial penalties, to improve training and service experience.
- Meets with the Deputy Medical Director for Medical Workforce, Associate Medical Director for Medical Education and Senior Human Resource Business Partner for medical staffing, as well as with all of the postgraduate doctors in training to receive direct information about the rotas and working conditions.

Freedom to Speak Up Guardian

The Freedom to Speak Up Guardians in partnership with the Trust are taking action to promote the following:

- *Colleagues throughout the organisation have the capability, knowledge, and skills they need to speak up themselves and to support others to speak up*
- *Speaking up policies and processes are effective and constantly improved*
- *Senior leaders role model effective speaking up*
- *All colleagues are encouraged to speak up*
- *Individuals are supported when they speak up*
- *Barriers to speaking up are identified and tackled*
- *Information provided by speaking up is used to learn and improve*
- *Freedom to speak up (FTSU) is consistent throughout the health and care system, and ever improving*

The Trust's FTSU service was established in 2019 and has expanded to become a team of 3 guardians, a team administrator, and is supported by a network of 21 FTSU Champions working across the organisation. For the period 1 January 2024- 31 December 2024 there were **432** contacts with the guardians and champions. These provide an opportunity for the Trust to learn from these speakers who may not have otherwise been heard. The FTSU Guardians are in place as an alternative route to speaking up with other options embedded and available to staff.

Workers from a range of professional groups spoke to the FTSU guardians, with Nurses accounting for the biggest portion (26.8%). Of those concerns, fourteen per cent of cases included an element of patient safety and quality (compared to the national average of 19.4%¹). Sixteen per cent of cases reported an element of bullying or harassment (national average of 20%); and Worker Safety and Wellbeing was a feature of over one in three cases and was the most reported theme. Inappropriate attitudes and behaviours was a feature in over one in three cases (34%) with the percentage of cases that were raised anonymously at four percent against the national average of ten percent. Lastly, detriment was indicated in 1% of cases, significantly less than the national average of 4%.

The impact of freedom to speak up on safety culture and organisational improvement

High level themes are routinely shared in reports and with leaders across the organisation enabling them to act, learn and improve. Behind these themes are the human experiences of workers wanting to do their best for their patients and colleagues. One of these stories was featured nationally by the National Guardians' Office as part of their 100 Voices initiative which showcases the difference which Freedom to Speak Up can make to people, patients and organisations. This story was also included in the National Guardians Office Annual report laid before parliament on March 6th 2025 [Annual Report laid before Parliament - National Guardian's Office](#).

Part of the strategy to embed cultural change on speaking up and also to offer local listening spaces and early resolution is the development of the FTSU Champion network. This consists of twenty-one fully trained champions who work in all areas across the Trust. Champions do not handle cases but listen, signpost and role model the values and principles of a positive speak up culture. They take on these roles in addition to their substantive jobs and are also visible across our staff networks.

Our champion network is inclusive. Collectively our champions have lived experiences of mental health and recovery, of speaking up themselves, diversity in their backgrounds, and in their protected characteristics. They are committed, passionate and uphold our values in driving behavioral change, empowering their colleagues. Forty seven percent have one or more protected characteristics (Black and minority ethnic, LGBTQ and Disability and Health and Wellbeing).

Working with our Chair and others last year we made improvements to our governance arrangements and the governance framework for reports. This instrument is in place as a safeguard to protect the independence and integrity of the FTSU Guardian from any undue influence and/or pressure or requests to amend their reports or direct work

We have also been included in the Trust's Five -Year Strategy 2025/26 in terms of goals and deliverables and will be working alongside the Interim Deputy Director of Quality & Experience to generate action plans. Likewise, the new Board Assurance Risk (BAF) framework "A failure to listen and utilise data and feedback from patients, carers and staff to improve the quality and responsiveness of services" has also been crafted, enabling further scrutiny and raising the priority of the Trust's speaking up arrangements.

Looking forward to 2025/26 we will be focusing on equipping our leaders and managers to gain the skills, knowledge, and confidence to consistently respond well when someone speaks up to them, and to speak up themselves. Creating a healthy speak up culture in these areas has been a long-standing objective and forms part of the FTSU Improvement plan approved at Board.



International Nursing Recruitment

Birmingham and Solihull Mental Health Trust has been successful working alongside NHS England in International Nursing Recruitment. Our project started in May 2022 with our first arrival in February 2023.

Since our first arrival we have seen a further 138 nurses arrive bringing our total to 139 nurses recruited internationally. They have enriched our nursing workforce with 480 years of nursing experience and brought with a wealth of both physical and mental health knowledge.

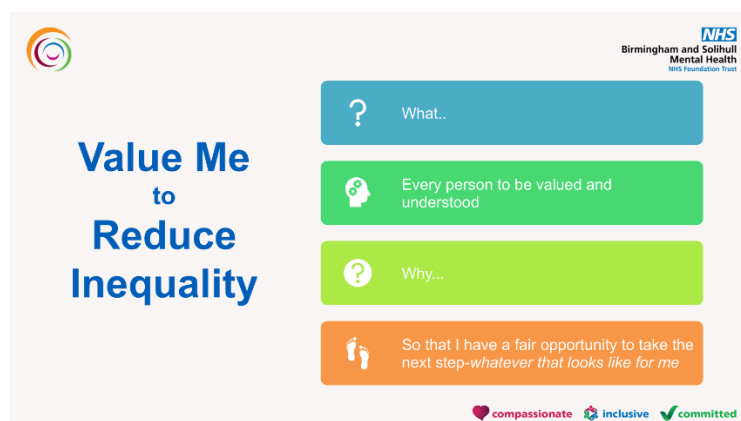
We have also been fortunate to have our 'welcome booklet' for our international nurses recognised within NHS England and is now available on the NHS Futures Platform. This book has covered all aspects of your job as a staff nurse and what we face in real life of finding support with utilities bill, where to buy international food goods to the all-important diaspora networks

Our future for those who joined us internationally is bright and positive, they have attended our 12 – month preceptorship and attended bespoke learning labs from our clinical education team. We have seen development into our senior nurse roles and are supporting those to achieve their dreams whilst working with us.



Reducing Health Inequalities

Birmingham and Solihull Mental Health NHS Foundation Trust (BSMHFT) has continued to strengthen its commitment to tackling health inequalities, embedding this work as a strategic and operational priority across all levels of the organisation. Recognising that differences in health outcomes are often driven by systemic inequalities—including racism, poverty, stigma, and structural barriers to care—the Trust is working to create a fairer, more responsive, and more inclusive mental health system through the organisational approach of Value Me.



Health inequalities are not just a matter of data—they are about people’s lives, experiences, and rights. Across the NHS, there is a statutory and moral duty to reduce these disparities. At BSMHFT, our approach is guided by the NHS Long Term Plan, the Core20PLUS5 framework, and local system strategies developed through the Birmingham and Solihull Integrated Care System (BSOL ICS). Our work also aligns with national frameworks such as the Patient and Carer Race Equality Framework (PCREF), which we piloted and are now preparing to implement Trust-wide.

Over the past year, a significant shift has occurred in how we govern and deliver health inequalities work. Each Division now has its own dedicated Health Inequalities Plan, with identified leads, timelines and milestones. These plans address disparities in access, experience and outcomes and are closely linked to existing quality, safety and performance systems. They are also supported by regular data reporting and assurance processes that sit within the Trust’s Quality, Patient Experience and Safety (QPES) governance structures.

A number of focused quality improvement projects have been successfully delivered as part of this work. These include a targeted reduction in long waits for high-intensity cognitive behavioural therapy, the streamlining of discharge processes within Solihull’s Early Intervention Psychosis team, and enhancements to service environments to make them more sensory-friendly for neurodiverse users. In each case, improvements were co-designed with staff and service users, with learning applied through the new Patient Safety Incident Response Framework (PSIRF), which places greater emphasis on systemic factors, including inequality.

The Trust has also led the way in developing culturally competent and anti-racist approaches to care. In partnership with voluntary, community, faith and social enterprise (VCFSE) groups, we have developed direct referral routes for our perinatal mental health services, supported through tailored risk training. We have delivered anti-racism workshops for staff across the psychological workforce and created graduate psychology internships specifically for candidates from global majority groups. These initiatives aim not only to improve service delivery but also to address underrepresentation and bias in our workforce.

BSMHFT has taken a proactive approach to engaging communities that have historically experienced exclusion and discrimination in healthcare. Through our community-based workstreams, we have delivered pop-up mental health clinics in trusted local spaces, hosted suicide prevention workshops, and developed a range of communication tools—from podcasts and videos to co-produced educational resources—that aim to increase understanding and reduce stigma. Our work has also included specialist outreach to groups such as asylum seekers, sex workers and the Gypsy, Roma and Traveller (GRT) community, ensuring that people facing multiple layers of disadvantage have safe, non-judgemental routes into care.

One of the most innovative developments over the past year has been the launch of the East Birmingham 24/7 Neighbourhood Mental Health Centre pilot. This rights-based model of care, aligned with World Health Organization guidance, focuses on holistic and integrated support, particularly in the diverse and underserved communities of Small Heath, Heartlands and Bordesley Green. Delivered in partnership with VCFSE providers, this pilot is helping to build trust, reduce unnecessary hospital admissions, and offer flexible, culturally grounded mental health support.

As we look ahead, we are also preparing to implement the PCREF more fully across the Trust. This will provide a formal framework to embed race equity within clinical practice, governance, workforce and data. Although the PCREF is not yet reflected in national NHS contracts or planning guidance, we continue to drive this work forward locally, setting an example across the Midlands and nationally.

Despite the strong progress made, we are mindful of the challenges that remain. These include the need for more consistent and high-quality data collection on protected characteristics, varying levels of knowledge and confidence among staff when it comes to tackling health inequalities, and the ongoing reality of discrimination—including racism and ableism—experienced by some of our service users and staff. We also recognise that community voices, particularly from smaller grassroots organisations, must be better integrated into our governance and decision-making processes.

Our next steps will involve deepening the integration of health inequalities work into all parts of the Trust, including finance, digital, estates and workforce. We aim to strengthen our use of data and digital tools, such as AI and translation technologies, to improve access and communication. We will also build on our existing Community Collaborative approach to establish stronger partnerships with service users, carers and local community organisations. A Trust-wide set of measurable goals related to health inequalities is being developed within the organisational strategy to guide progress into 2025 and beyond

In summary, BSMHFT is committed to being an anti-racist, anti-discriminatory and inclusive organisation. We recognise that addressing health inequalities is not a separate project—it is central to delivering safe, effective and compassionate care for all. Through strong leadership, community partnerships, and a focus on lived experience, we are working to ensure that equity becomes the foundation of all our services.



STATEMENT OF DIRECTORS' RESPONSIBILITIES

The Board of Directors are required under the Health Act 2009 to prepare a Quality Account for each financial year. The Department of Health has issued guidance on the form and content of annual Quality Accounts (which incorporates the legal requirements in the Health Act 2009 and the National Health Service (Quality Accounts) Regulations 2010 (as amended by the National Health Service (Quality Accounts) Amended Regulations 2011). In preparing the Quality Account, the Board of Directors are required to take steps to satisfy themselves that:

- The Quality Account presents an open and balanced picture of the Trust's performance over the period covered;
- The performance information reported in the Quality Account is reliable and accurate;
- There are proper internal controls over the collection and reporting of the measures of performance included in the Quality Account, and these controls are subject to review to confirm that they are working effectively in practice;
- The data underpinning the measures of performance reported in the Quality Account is robust and reliable, conforms to specified data quality standards and prescribed definitions, and is subject to appropriate scrutiny and review, and;
- The Quality Account has been prepared in accordance with Department of Health guidance. The Board of Directors confirm to the best of their knowledge and belief they have complied with the above requirements in preparing the Quality Account.

By Order of the Board of Directors:

Roísín Fallon-Williams
Chief Executive Officer



Phil Gayle
Chair



Annex 1: Stakeholder Statements

BSMHFT Council of Governors Statement on the Quality Account

As a Council of Governors, we were invited to review the goals set out in the Quality Account with delivery against 2024/25 goals and those identified for 2025/26 in line with the Trusts five-year strategy.

The workshop that took place provided Governors with an opportunity to assure members of our Trust, that quality and patient safety are at the heart of what we do and will not be compromised. We will ensure that the priorities set for 2025/26 will be met and be taken forward as we are in the final year of the current Trust strategy.

Whilst it has been a challenging year it has also been one where we have been able to build on the achievements of the last couple of years which saw investment in our services and delivery against our five-year plan. We recognise that there is a clear drive to improve quality and meet the needs of our populations.

We continue to support this organisation to provide a leading health and wellbeing service supporting and enabling our communities to thrive and be supported within environments that meets needs on an individual basis and will ensure this is reflected in the development of the Trust strategy 2026/2031.

Solihull Health and Adult Social Care Scrutiny Board – Chair’s Response

Thank you for the opportunity to comment on the Birmingham and Solihull Mental Health NHS Foundation Trust Quality Account for 2024-25.

Progress Against Quality Improvement Priorities

I recognise the progress the Trust has made against the following Quality Improvement Priorities over the last year:

- 1: Improving Service User Experience
- 2: Preventing Harm
- 3: Patient Safety Culture
- 4: Quality Assurance
- 5: Using Our Time More Effectively

As part of the delivery of the above priorities, I welcome how the Trust has fully implemented the Patient Safety Incident Response Framework and is using it to enable teams to share early learning and agree clear actions to reduce risk and harm for service users.

I’m also pleased to see the Trust’s ongoing development of the ‘Think Family’ approach, where there is consideration of the wider family needs, alongside the individual being supported.

Quality Improvement Priorities for 2025/26

I also support the Quality Improvement Priorities the Trust has identified for 2025/26 as follows: Service User Experience, Preventing Harm, Patient Safety Culture, Quality Assurance, Using Our Time More Effectively.

As part of the above priorities, I welcome the Trust's focus on engaging with Experts by Experience, as well as increasing the opportunities for people to participate in shared decision making about the care and service provision they receive.

Participation in National Clinical Audits and National Confidential Enquiries

Also, I am pleased to see the Trust participated in 100% of national clinical audits during the last year, recognising the considerable commitment and work this requires.

Care Quality Commission

I note, with concern, the Care Quality Commission has taken enforcement action against Birmingham and Solihull Mental Health NHS Foundation Trust during the last 12 months. With one Section 29A warning notice issued to Reaside Clinic and three Section 29A notices issued to Saffron and Lavender inpatient wards at the Zinnia Centre.

I recognise the Trust has provided action plans to the Care Quality Commission to address the issues identified in these notices. It has been requested for the latest overall CQC ratings, for all the NHS Trusts, to be presented at the Birmingham and Solihull Joint Health Overview and Scrutiny Committee (JHOSC) as part of quality reporting.

Health Scrutiny activity during 2024-25

On 23rd October, the Solihull Health and Adult Social Care Scrutiny Board was invited to consider the latest draft of the Solihull Mental Health Delivery Plan and the progress being made against the actions for 24/25. The main issues raised by Members related to the following:

- The work being undertaken on waiting times for mental health support in the Borough.
- The provision of safe places for people in crisis, within the local area.
- The importance of support to residents closer to home, in particular, support for Autistic people, as well as people with eating disorders.
- The measures being undertaken to monitor and reduce out of area placements, as well as limit hospital readmissions.
- The action being taken to help reduce the waiting lists for talking therapies, which included access to online therapies, as well as peer support.
- The delivery of the Care Home liaison service by the Mental Health Trust.

Also, during the last year, the BSOL JHOSC has received reporting on the overall BSOL Integrated Care System performance – this has included progress against key mental health objectives, such as improving patient flow and working towards eliminating inappropriate out of area placements. Also, increasing the number of people accessing children and young people services. These objectives continue to be of key importance to the Members, and I welcome receiving ongoing performance reporting over the next 12 months.

Overall, I recognise, as set out in the Quality Account, all the commitment the Trust's staff have demonstrated in working with patients, service users, families and communities over the last year. I look forward to continuing working with the Trust throughout 2025-26.



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