



**NHS**

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

**Welcome**  
to our  
**Annual  
General Meeting**  
23 September 2025



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



# Lived Experiences

Paul Tyrrell

Expert by Experience





# Lived Experiences

Charlotte Weir  
Peer Support Worker





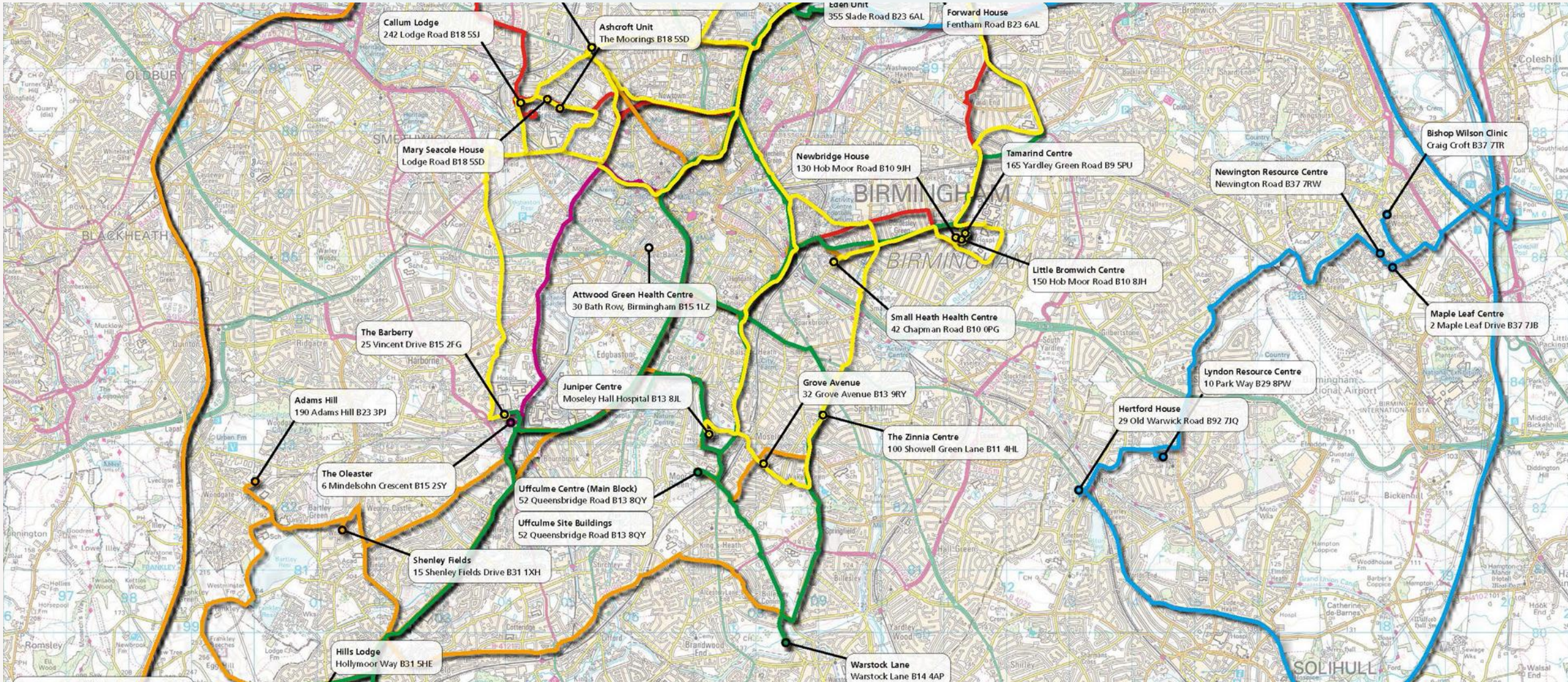
# Welcome and Address

**Phil Gayle**  
Chair





# Our sites and the staff who provide care





# Progress and positive developments

## Clinical Services

Successful 24/7 pilot bid and pilot commenced

## Quality

More EBEs added to the QI EBE pool and EBE involvement in QI projects at c70%

## Sustainability

Mental Health Provider Collaborative established

## People

Bank usage has decreased and agency reduction has exceeded plan



# NEDs and Governors news

- Welcome to Nick Moor, Associate Non-Executive Director
- Welcome to Peter Axon
- Farewell and Thank You to Linda Cullen



# A word from our Governors

**David Slatter**, Lead Governor  
**Chris Barber**, Deputy Lead  
Governor





# New Lead and Deputy Lead Governors

Following election in July, Chris and myself are the new Deputy Lead and Lead Governors for BSMHFT

- We have the benefit of experienced Governors
- Recruitment of Governors
- Working closely with NEDs



# Our ambitions

- Developing skills and capacity of our Governors
- People for constituents to talk to
- Service visits
- Ensuring the Trust provides excellent services



# Highlights and Look Ahead

Roísín Fallon-Williams  
Chief Executive





# Clinical services goals: an overview of 2024/25

Below are just some of the key highlights from 2024/25 for **Clinical Services**:

DIALOG+  
go live on  
Rio

Dynamic  
support  
register live  
for LD&A



Highcroft  
business case  
approved and  
plans co-produced

Peer support  
hub  
developed  
and  
launched

Successful  
24/7 pilot  
bid and pilot  
commenced

Children  
and Young  
People  
services  
transfer  
complete

New Enhanced  
Reconnect  
service launched

Coproduction  
work with 8  
communities  
of focus

There were two 'Red' rated goals remaining for **Clinical Services** at the end of Q4, as follows:

**Implement plans to ensure timely and appropriate access to inpatient beds within Birmingham and Solihull and eliminate inappropriate out of area (OOA) placements** – Despite considerable work during the year to improve the position, this remained red due to forecasted costs and target trajectories not being achieved. To support system working and to achieve targets a refresh of the project was agreed and new workstreams include admission avoidance, inpatient care and length of stay, discharge planning, each led by one of the Associate Directors of Operations. This work has rolled over into the 2025/26 goals.

**Improve access, experience and outcomes for local people through delivering a 24/7 neighbourhood mental health service pilot in East Birmingham** – While being successful in our bid to be a pilot site amongst stiff competition was undoubtedly one of the year's achievements and progress has been made leading to the opening of the service at a temporary base, the goal was rated 'Red' at the end of the year due to there being no permanent site for delivery. Two locations were identified as potentially suitable and were undergoing review as part of the feasibility study process. This goal has rolled over into 2025/26.



# Quality goals: an overview of 2024/25

Below are just some of the key highlights from 2024/25 for **Quality**:

Audit Management and Tracking (AMaT) tool go live

Culture of Care Programme launched including EBE involvement



Safety summits reviewed and governance strengthened to monitor improvements

Work to improve access to and quality of clinical supervision

More EBEs added to the QI EBE pool and EBE involvement in QI projects at c70%

Safeguarding assurance visits piloted and being rolled out

Continued uptake of Quality Improvement training, project numbers at all time high and showing sustained improvement

Asked to support BSOL ICB with QI training across the system

There was just one 'Red' rated goal remaining for **Quality** at the end of Q4, as follows:

**Ensure effective use of data to identify gaps and improve quality** – The development of a quality dashboard incorporating quality metrics was not commenced as a result of competing priorities and portfolio expansion for the lead due to current workforce vacancies. However, this will now be part of a broader workstream being led by the Chief Nurse on oversight and reporting of quality metrics, which is covered in the following update for Quarter 1 2025/26.



# People goals: an overview of 2024/25

More  
substantive staff  
than ever

Shaping our future workforce  
Transforming culture and staff experience  
Modernising our people practice

Lowest agency  
usage in the  
country

WRES  
Improvements

Greatly reduced  
disciplinary  
disparities



Improved staff  
survey results

Much improved  
belief in equal  
pay progression



# Sustainability goals: an overview of 2024/25

Below are just some of the key highlights from 2024/25 for **Sustainability**:

Learning Disability  
and Autism  
incorporated into  
the Mental Health  
Provider  
Collaborative

Patient Portal  
launched

Mental Health  
Provider  
Collaborative  
strategy  
development and  
engagement

FTB went live on  
Rio meaning a  
single record  
system for mental  
health in BSOL



Artificial  
Intelligence Policy  
developed

Reach Out  
women's  
transformation  
workstreams fully  
mobilised

Estates Strategy  
developed  
including  
engagement with  
EBEs and staff

Implementation  
and delivery of  
service area  
performance deep  
dives

There was just one 'Red' rated goal remaining for **Sustainability** at the end of Q4, as follows:

**Ensure Trust processes and systems are information governance compliant - Successful implementation and delivery of the new national Cyber Assurance Framework (CAF)** - Following further review of NHS England CAF-DSPT guidance, areas of risk have been identified which will negatively impact the Trust's ability to meet some of the requirements of the CAF-DSPT resulting in a predicted final rating of 'approaching standards'. These risks have been presented to members of IGSG and escalated to Trust FPP. Going forward IGSG will remain responsible for monitoring these risks with escalation to FPP as required. Additional Trust requested internal audit planned as part of risk mitigation and further work planned to develop the Trust's approach to manage the risk of meeting CAF requirements for information assets not managed by ICT.



# Summary of priorities and goals 2025/26

Summary of goals for 2025/26	Clinical Services	People	Quality	Sustainability	Total
	12	11	14	7	44

We have 43 Trust goals for 2025/26 across our four strategic priorities. Within these goals we have six top priority areas.

**1. Locality working:** working with system partners in a more joined-up integrated model of mental and physical healthcare tailored to provide easier access and earlier intervention in local communities.

**2. Patient flow:** providing better access to inpatient settings for our patients by reducing length of stay, facilitating timely and supported discharge and eliminating use of out of area/non-contracted beds.

**3. 24/7 Neighbourhood Mental Health Centres:** roll out and evaluation of the 24/7 neighbourhood model to deliver services that reflect the needs of the local community and provide early intervention.

**4. Staff experience:** improve staff experience including reducing the number of staff experiencing bullying, harassment, abuse and discrimination.

**5. Culture of care:** Continue to foster a culture with quality, safety, effectiveness and patient experience at its heart so that service users, carers and staff can flourish.

**6. Productivity and efficiency:** Work together to identify opportunities to do things differently with our resources, including use of digital and AI and use of temporary staffing, providing better patient outcomes and more efficient and cost-effective services as a result.



# Our approach to refreshing our strategy

## National drivers

- NHS 10 Year Plan
- NHS People Plan
- Specific national mental health strategies
- Advancing MH Inequalities Strategy
- PESTLE analysis (political, economic, social, technological, legal, environmental)



## Local drivers, data and intelligence

- Other relevant Birmingham and Solihull strategies, e.g the Mental Health Provider Collaborative strategy and priorities.
- Mental Health Needs Assessment
- Progress in achieving current strategic goals
- Financial position
- Performance and quality data
- Staff and patient survey results
- CQC reports/ action plans
- Key risks and challenges



## Co-production and engagement

- Engagement with staff
- Engagement with experts by experience
- Engagement with unions
- Engagement with Council of Governors
- Review of other sources of co-production and community engagement
- Engagement with partners

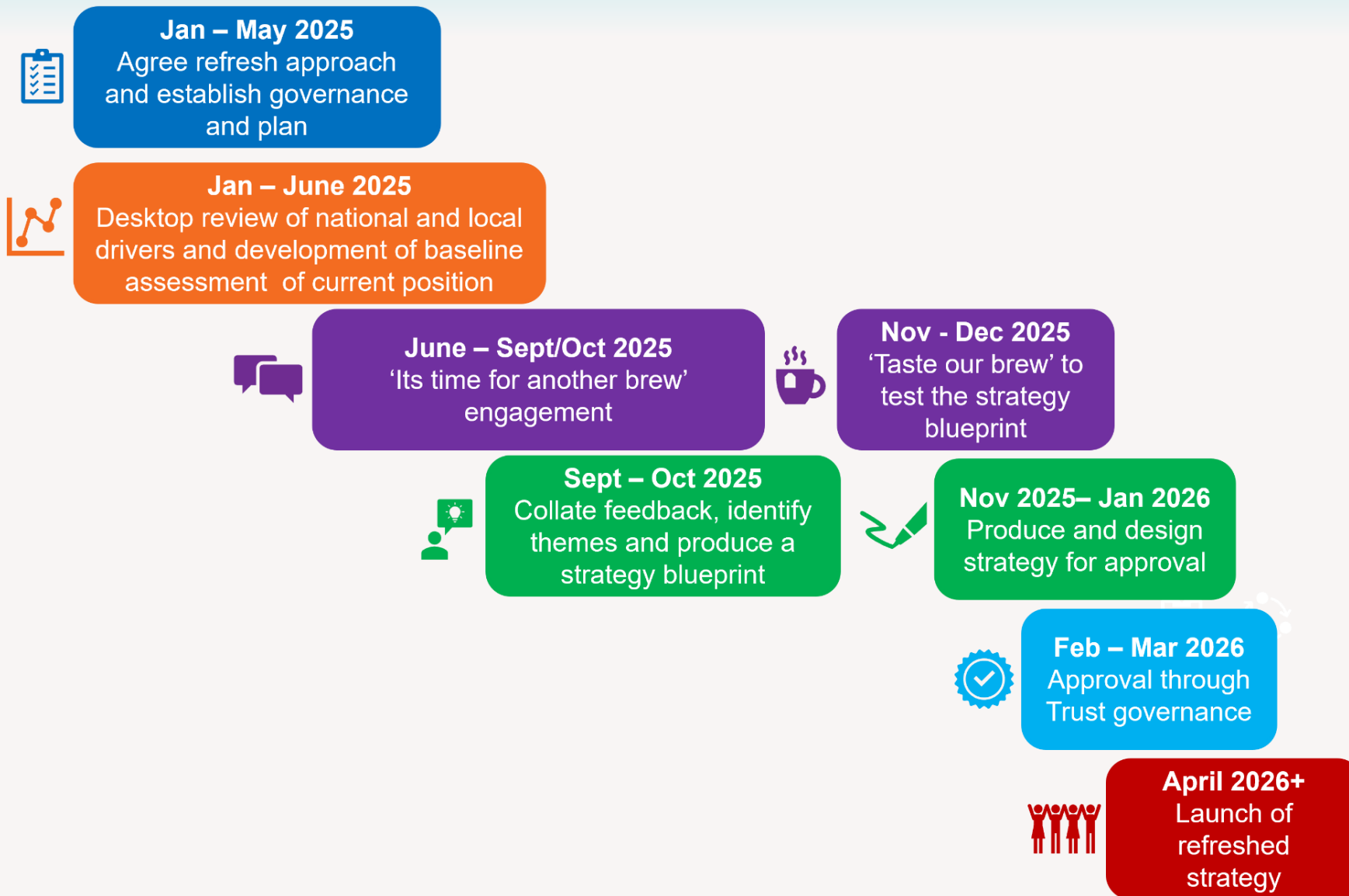


## BSMHFT Five Year Strategy 2026-31

- Where do we want to be at the end of the next five years?
- What do we need to focus on to get there?
- How do we measure our success and impact?



# What's the timeline for the new strategy?





# Quality Review

**Lisa Stalley-Green**  
Chief Nurse





# What has gone well

- Overall, our nurse vacancies have reduced from 19.5% in 2024 to 10.9% in April 2025. In September 2024 there were 100 Band 5 vacancies. By the end of March 2025 this had reduced to 18 nurse vacancies
- Clinical supervision rates have increased this year from 60% to 81%
- Patient Safety Partners who are also Experts by Experience are actively involved in clinical governance and safety meetings Trust-wide
- Community services have improved their CQC rating from *Requires Improvement* in 2023 to *Good* in 2024



# Some ongoing challenges

- Access for patients to ADHD pathway
- Ensuring we bring patients out of Emergency Departments as soon as possible – locality working model is supporting this initiative
- Creating the best therapeutic environments in our acute wards – Chief AHP and Chief Psychological Professional Officer leading this piece of work



# Commitment to hearing the voice of our service users

- Patient reported outcome measures have been embedded in secure care and are being administered by Experts by Experience
- Our 15 Steps programme being led by Patient Experience team with involvement from patients on the ward, their family and carers and Trust-wide staff
- In 2024/25 we received 20,608 emails and 4,611 telephone calls. The top three category types for Customer Relations was Access to Treatment or Drugs (27%), Communications (21%) and Values and Behaviours (Staff) (15%). This financial year we have received 88 formal complaints. During 2024/25 the Customer Relations team appointed a substantive Customer Relations Lead



# Culture of Care

## Culture of Care Standards

12 Core Commitments  
Creating conditions where  
everyone can flourish

### True Co-production

#### Citizenship

1. Lived Experience  
We value lived experience

🎧 Paid roles - Copro

2. Safety  
People feel safe and cared for

🎧 Nighttime routine - Copro  
🎧 TIC awareness training :Psych safety  
🎧 Clinic room upgrade ★

3. Relationships  
High-quality and trusting

🎧 Recovery Charter - Copro  
🎧 Individual discipline liaison for each ward ★

4. Staff Support  
Present alongside distress

🎧 Wellbeing champion – Psych Safety  
Staff massage -

5. Equality  
We are inclusive, value difference  
and promote equality

🎧 Clothing Bank - Coproduction

6. Avoiding Harm  
Actively avoid harm and  
transformation

🎧 Monthly Joint Group: PH,  
Substance use, RRP, blanket  
restrictions with EbE rep ★

9. Environment  
Spaces reflect the value we place  
on our people

🎧 Sensory Library – Therapeutic Env  
🎧 Staff room make over : psych safety  
🎧 TIC walk through – Psych safety  
🎧 Therap Env: champions ★  
🎧 Bathroom upgrades : Kennet ★

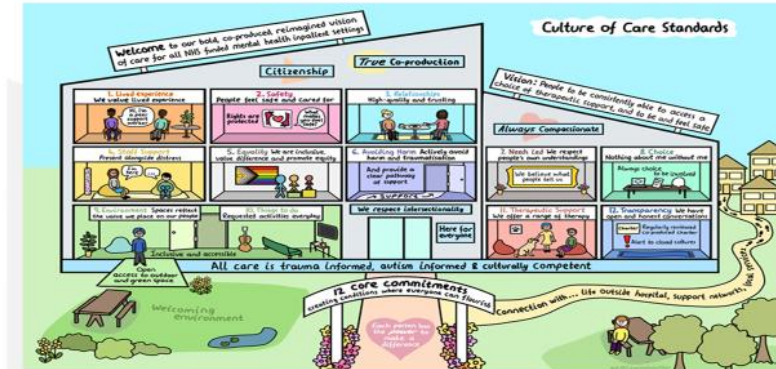
10. Things to do  
Requested activities everyday

🎧 Shop Worker role - copro  
🎧 Kitchen Worker role - copro

We respect  
intersectionality

Here for everyone

All care is trauma informed, autism informed and culturally competent



### Always Compassionate

7. Needs Led  
We respect people's own  
understandings

🎧 Learning style survey: Therap Env

8. Choice  
Nothing about me without me

🎧 Preoms/Dialogue plus ★

11. Therapeutic Support  
We offer a range of therapy

🎧 121 Group Therapies (OT/Psych) ★

12. Transparency  
We have open and honest  
conversations

🎧 SLT interface with EbEs  
through Resident's Council -  
Copro



# Annual Report and Accounts

Richard Sollars

Deputy Director of Finance





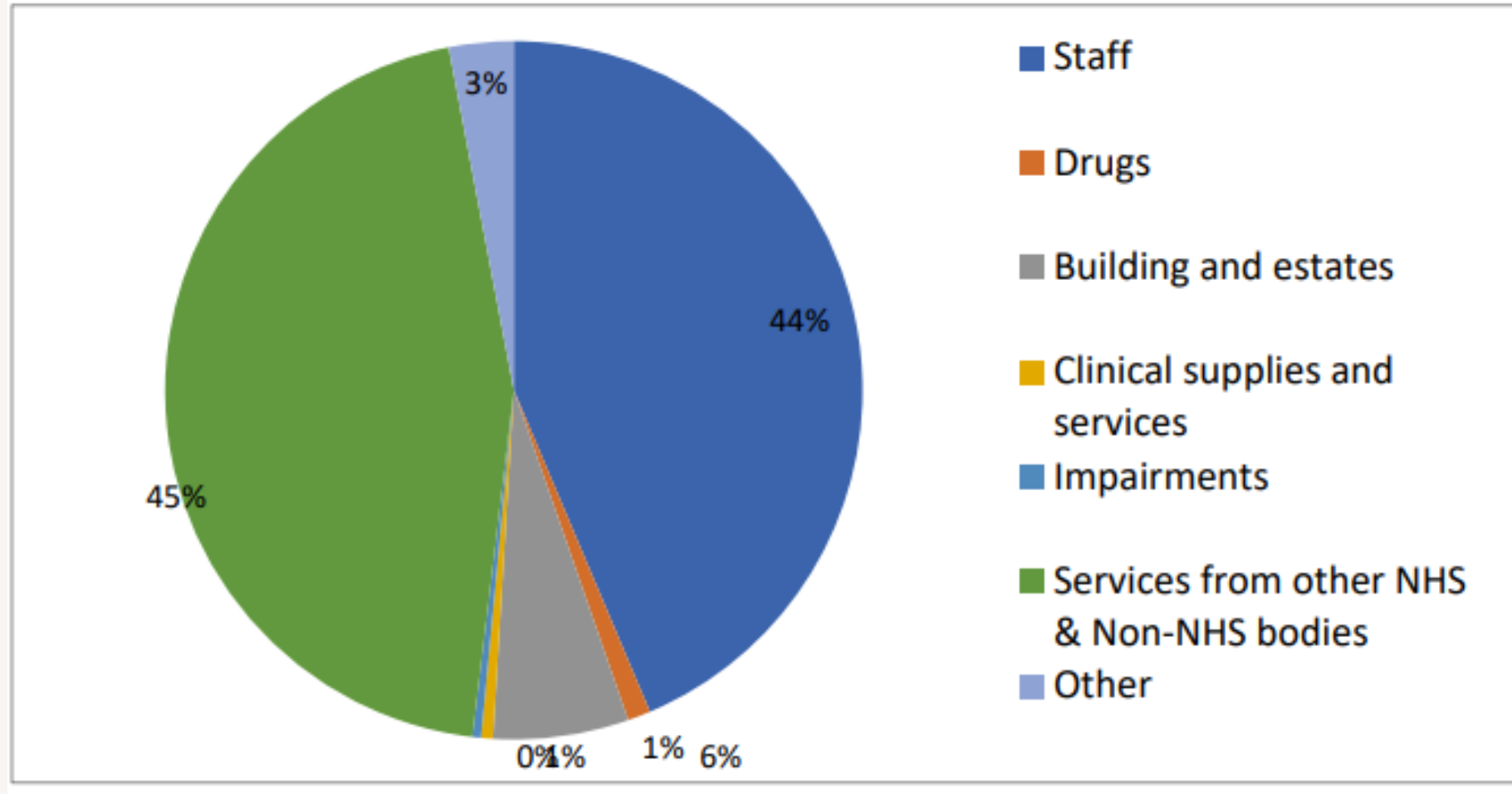
# Year end financial performance – 2024/25

	2024/25	2023/24	Movement
Income from activities	700,789	595,291	105,498
Other operating income	31,444	30,797	647
<b>Total Income</b>	<b>732,233</b>	<b>626,088</b>	<b>106,145</b>
Operating expenses	(708,097)	(609,386)	(98,711)
<b>EBITDA</b>	<b>24,136</b>	<b>16,702</b>	<b>7,434</b>
Capital financing costs	(14,646)	(20,915)	6,269
Revaluation / (impairments)	(2,912)	(544)	(2,368)
Profit / (loss) on asset disposal	33		33
Corporation Tax	369	(228)	597
<b>Surplus / (deficit) for the year</b>	<b>6,980</b>	<b>(4,985)</b>	<b>11,965</b>
<i>Adjusted financial performance:</i>			
Surplus / (deficit) for the year	6,980	(4,985)	11,965
Add back all I&E impairments / (Revaluation)	2,912	544	2,368
<b>Surplus / (deficit) before impairments and transfers</b>	<b>9,892</b>	<b>(4,441)</b>	<b>14,333</b>
Technical adjustments	909	7,111	(6,202)
<b>Adjusted financial performance surplus / (deficit)</b>	<b>10,801</b>	<b>2,670</b>	<b>8,131</b>

- Total income has increased by £106m
- Includes income for LDA element of BSOL provider collaborative (£26m), funding for inflation (£20m), additional development funding (£18m)
- Surplus for the Trust increased to £10.8m



# How did the Trust spend the money?





# Example of good performance - agency

## Agency spend opportunity – compared other MH providers

### Efficiency - workforce

5c

Agency  
opportunity  
as % total pay  
spend

\*M8 FOT 2024/25



5d

Agency  
spend as %  
total pay  
spend

\*M8 FOT 2024/25





# Year end financial performance – capital and cash

## Capital

**BSMHFT spent £13.92m on Capital Expenditure in 2024/25,** compared to £9.1m in 2023/24.

The Trust received national funding from NHS England for several schemes including IT Shared Care £1.4m and Acute and Urgent Care programme £0.8m. Research & Development grant funding for Medical Equipment £0.66m and the Trust also received £1.6m of system capital.

Key programmes included within the £13.92m were:

- Estates works (£3.3m)
- IT Shared Care (£1.4m)
- Acute and Urgent Care Programme (£0.8m)
- Highcroft Build (initial phase) (£0.6m)
- Statutory Standards and Backlog Maintenance (£2.02m)




Capital schemes	Plan	Actual	Variance to Plan
£m			
Critical Infrastructure Risks (CIR)	0.65	0.35	0.30
Highcroft Build	0.60	0.65	(0.05)
Estates Projects	3.30	3.65	(0.36)
SSBM Works	2.02	1.78	0.24
Doorsets	1.47	1.52	(0.05)
IFRS1 16 Leases	2.52	2.39	0.13
R&D rTMS Machines	0.66	0.38	0.28
ACUC PDC Funded Programme	0.60	0.61	(0.01)
Medical Equipment	0.24	0.19	0.04
ICT	1.98	1.52	0.46
Northcroft Cladding	0.20	0.87	(0.67)
<b>Sub Total</b>	<b>14.24</b>	<b>13.92</b>	<b>0.32</b>
Remove grant funded capital	(0.66)	(0.38)	(0.28)
<b>Total</b>	<b>13.58</b>	<b>13.54</b>	<b>0.04</b>

## Cash

BSMHFT had cash available across the group of £86.4m



# Conclusions of our external auditors

Audit opinion	Value for Money	Other Matters
<p>The financial statements :</p> <ul style="list-style-type: none"><li>Unqualified opinion</li><li>Give a true and fair view of the financial position of the Trust as at 31 March 2025, and of the Trust’s income and expenditure for the year ended</li><li>That the accounts were prepared in accordance with relevant requirements</li></ul>	<div><div>Reporting criteria</div><div><div>Financial sustainability</div><div>Governance</div><div>Improving economy, efficiency and effectiveness</div></div></div> <ul style="list-style-type: none"><li>Did not identify any significant weaknesses in the Trust’s arrangements for securing economy, efficiency and effectiveness in its use of resources.</li></ul>	<ul style="list-style-type: none"><li>Use of going concern basis of accounting was appropriate.</li><li>No identification of potential or actual fraud</li><li>Accounting working papers and evidence to support the draft accounts were prepared in line with best practises and provided to the audit team in line with agreed timeframes.</li></ul>



## Further information

- Our Annual Report and Accounts 2024/25 includes:
  - Annual Report
  - Consolidated financial statements
  - Auditors' opinion
- Available to download at [www.bsmhft.nhs.uk](http://www.bsmhft.nhs.uk)
- Detailed accounts are available in full by request
- Contact our Executive Director of Finance by email:  
[david.tomlinson5@nhs.net](mailto:david.tomlinson5@nhs.net)



# Changes to the Constitution

**David Tita**

Associate Director of  
Corporate Governance





# Why amendments to the Trust Constitution?

- To align with changes to the legislative and national policy landscapes – e.g. Publications of the Health and Care Act 2022, the Code of Governance for NHS Provider Trusts (2022) and the new NHS Provider Licence (2023)
- Need to include changes to constituencies which make up our Council of Governors that resulted from the CYP transfer
- Need to reflect best practice and changes to the job descriptions and person specifications of the Lead and Deputy Lead Governors.



# Summary of the changes to the Trust Constitution

- Inclusion of the Trust's responsibility to climate change as per the Climate Change Act 2008 and the Environmental Act 2021
- Updates to the role of the Council of Governors in endorsing Significant Transactions as per the Trust's Significant Transactions Policy and the Code of Governance for NHS Provider Trusts
- Highlighted circumstances under which any amendments to the Trust Constitution would be deemed appropriate
- Changes to the composition and constituencies arrangements of the Council of Governors
- Changes to the terms of office of the Lead and Deputy Lead Governors including to their JDs/PSs.



## Next steps

- These changes to the Trust Constitution have been through our internal governance for scrutiny, recommendation and approval e.g.
  - At the Council of Governors, Thursday 10 July 2025
  - At the Audit Committee, Wednesday 30 July 2025
  - At the Board, Wednesday 6 August, where these changes were approved and the updated Constitution ratified.
- However, as the changes to the Council of Governors are substantial and in line with the HSCA 2012, these will need to be presented here at the AGM for a vote
- However, these changes would only be taken forward if they are endorsed by the AGM today.