NHS
Birmingham and Solihull Mental Health
NHS Foundation Trust

Annual report and accounts 2024/25

compassionate

inclusive

committed

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Mental Health NHS Foundation Trust

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The Strategic report has been prepared in accordance with sections 414A, 414C and 414D of the Companies Act, as interpreted by the FReM (paragraphs 5.2.6 to 5.2.11) and in accordance with the direction issued by NHS Improvement under the National Health Service Act 2006.

The accounts included within the Annual Report have been prepared under direction issued by NHS Improvement under the National Health Service Act 2006.

The purpose of the strategic report is to inform users of the accounts and help them assess how the Directors have performed in promoting the success of the foundation trust.

As Chief Executive, I confirm that the Board of Directors has approved the Annual Report and Annual Accounts for 2024/25 at their meeting on 25 June 2025.

Roísìn Fallon-Williams
Chief Executive

8 August 2025

Performance report

Overview

This overview of performance provides a short summary of the organisation, its purpose, the key risks to achieving our objectives and performance throughout the year.

Welcome to our Trust

A Message from our Chair and Chief Executive

We are delighted to present our Annual Report and Accounts for Birmingham and Solihull Mental Health NHS Foundation Trust for the period 1 April 2024 to 31 March 2025.

In the year covered by this report, we have continued to both strive for and see meaningful progress and positive developments across the Trust, while remaining honest about the areas where further improvement is needed. We are proud of much of what Team BSMHFT has accomplished during 2024/25 and are confident that the strong foundations we have built will support us in delivering the further changes needed and in our achieving our ambitions for the locality communities of Birmingham and Solihull and our staff. Supporting our staff and prioritising their wellbeing—so they can provide high-quality, patient- and service-user-centred care; and continuing to support and root ourselves in our communities—remain central to our approach as we moved into the fourth year of our Five-Year Strategy. We hope this report offers a balanced and transparent overview of our performance over the past year and also serves to celebrate the extraordinary commitment of our staff, carers, experts by experience, volunteers and wider teams.

As a large mental healthcare provider embedded within the Birmingham and Solihull system, we continue to maintain and strengthen our wide-ranging partnerships with criminal justice, community, acute, primary care, third sector and social care services. This year has further demonstrated the benefits of integrated working, supported by our evolving Integrated Care System (ICS), which continues to deepen collaboration and align goals across the health and care landscape.

Through our ICS, we are working side by side with hospital, community and mental health providers, GPs, local authorities and voluntary sector partners to deliver incresaing joined-up, equitable and person-centred care. Together, we are using our collective strengths to address long-standing health inequalities and the complex needs of our local population. Reducing these inequalities remains a key strategic priority for us as we enter the final years of our current strategy.

As the lead provider in the Birmingham and Solihull Mental Health Provider Collaborative since April 2023, we continue to embrace the opportunities that come with these responsibilities. This collaborative approach allows us to take the lead in working with others to shape mental health services that are more responsive, locally informed and co-produced—ensuring decisions are made closer to the point of care. We remain focused on

making lasting improvements that benefit patients, service users, and communities across Birmingham and Solihull, particularly as during this year we have welcomed the Learning Disabilities and Autism team as they joined the collaborative.

Our most recent staff survey shows encouraging signs that our focused work on fairness, inclusion and team cohesion is beginning to have a sustained, positive impact. While we are pleased to see these improvements, we know there is still much to do. We remain resolute in our commitment to building a just, inclusive workplace culture where everyone can thrive.

We also acknowledge that, although there are many examples of good practice and compassionate care across the Trust, there have been instances where our quality and safety standards have not met expectations and have in a few instances unfortunately resulted in negative impacts for individuals and families. Whilst we can never undo the harm caused, we are committed to applying the lessons from these cases consistently and systematically, with a clear focus on preventing recurrence and embedding improvement throughout the organisation.

Our investment in quality improvement continues, supported by tried and tested improvement methodologies and tools that help us better understand and redesign the systems and processes that underpin good care. We are committed to ensuring that these efforts translate into more time for direct care, better patient outcomes, and improved experiences for both service users and clinicians. Alongside this, we are maintaining our strong emphasis on research and innovation to ensure the care we provide reflects the latest evidence and best practice.

Looking ahead, we are realistic about the continuing financial and operational pressures facing the NHS and the need for resilience, discipline, and strategic clarity in how we respond and make the most of the opportunities available. March 2025 marks the end of the fourth year of our Five-Year Strategy, and the achievements highlighted in this report reflect the dedication of our teams to living our values—**Compassionate, Inclusive and Committed**. These values remain central to our mission and continue to guide our work as we strive to deliver the best possible care to those we serve.

Phil Gayle
Chair

Roísìn Fallon-Williams
Chief Executive

8 August 2025

Purpose and activities of our Trust

We have a simple and clear purpose:

To provide excellent, compassionate, high quality mental health services that are innovative and involve service users, carers, and staff.

As an organisation, we aim to promote and ensure the following values in every element of our work. We put service users at the centre of everything we do by displaying:

Honesty and openness – We will keep each other well informed through regular communication. We will have honest conversations and explain our decisions.
Compassion – we will bring compassion to all our dealings with service users and carers and expect it in our colleagues.
Dignity and respect – We will respect all those whom we deal with at work, especially our service users and staff and take action to address those who do not
Commitment – We commit to help our colleagues provide the best care services that we can. We will do what we say we will.

The organisation provides a comprehensive mental healthcare service for the residents of Birmingham and Solihull and to communities in the West Midlands and beyond. We operate out of more than 40 sites and serve a culturally diverse population of 1.3 million spread out over 172 square miles and have an annual income of £626m, a dedicated workforce of almost 4,000 staff and a range of local and regional partnerships, making this 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.

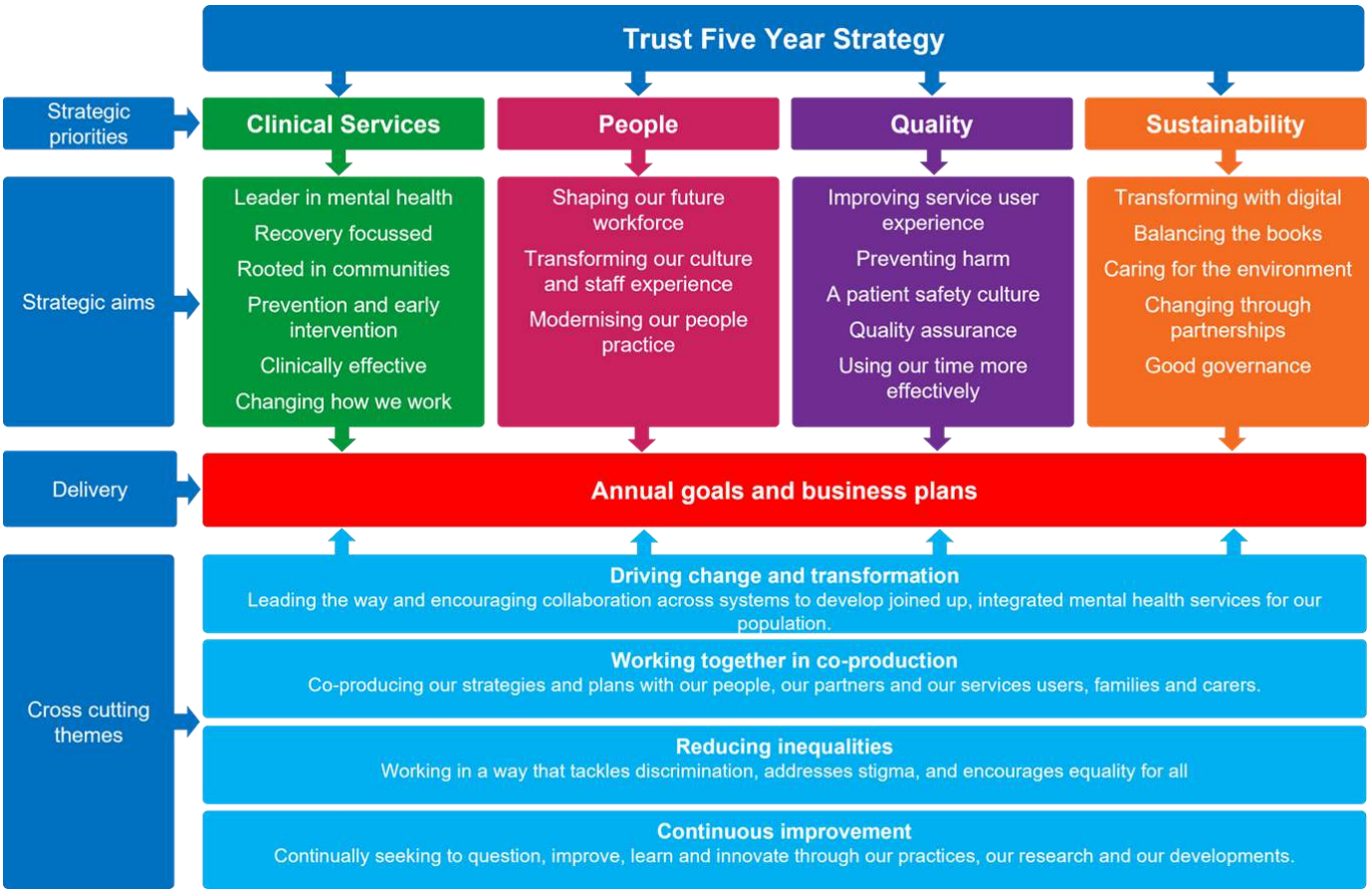
History and background

The Trust was established as Birmingham and Solihull Mental Health NHS Foundation Trust on 1 July 2009.

This followed the merger of the former Northern and South Birmingham Mental Health NHS Trusts on 1 April 2003 to create the Birmingham and Solihull Mental Health Trust.

Our strategic ambitions for 2024/2025

We have a five-year strategy covering 2021-2026, and we have four strategic priorities:



Our strategic priorities focus on:

Clinical services

Transforming how we work to provide the best care in the right way in the right place at the right time, with joined up care across health and social care.

People

Creating the best place to work and ensuring we have a workforce with the right values, skills, diversity and experience to meet the evolving needs of our service users.

Quality

Delivering 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.

Sustainability

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

Key issues and risks that could affect the Trust

The Trust has identified a number of key risks which are included in its Board Assurance Framework. The high-level risks largely represent the following areas:

Area	Risk
Trust wide	There is a risk of compromise of patient safety and quality of care due to a low number of experienced qualified nurses across the organisation. This may be caused by a high vacancy rate of 187 positions at Senior Band 6 nurse level, resulting in a low number of experienced qualified nurses across the trust. While recruitment efforts have successfully attracted newly qualified nurses alongside international nursing cohorts, this has led to high ratios of inexperienced to experienced staff in some areas. This situation is further challenged by national shortages of experienced mental health nurses and regional competition with other mental health organisations, including private providers, which makes it difficult to recruit and retain experienced staff in the necessary numbers. This may result in the compromise of patient safety and quality of care, as less experienced staff may lack the clinical expertise to manage complex cases independently. Additionally, the increased demands placed on existing experienced staff to provide oversight may lead to burnout, reduced morale, and increased turnover.
Trust wide	There is a risk that the Trust may fail to modernise its people practice in ensuring the achievement of its operational objectives. This may be caused by inability to deliver digital solutions or foster a psychologically safe environment. This may result in: - • Poor employer brand limiting recruitment. • Staff feeling vulnerable and unable to speak up resulting in missed opportunities to improve practice. • Increased retention of a valuable workforce. • Compensation costs. • Increased regulatory scrutiny, intervention, and enforcement action.
Trust wide	There is a risk that the Trust may fail in addressing racism and discrimination both behavioural and systemic across people and process. This may be caused by: - • lack of focus on an enabling a anti racist, anti-discriminatory culture. • Inability to change processes that enhance discrimination. • Lack of focus on identifying and addressing workforce inequalities. • Lack of focus on identifying and addressing health inequalities. This may result in: - • Sickness and recruitment challenges. • Lack of engagement. • Loss of trust and confidence with communities. • Services that do not reflect the needs of service users and carers. • Inequality across patient population.

	• Workforce that is not culturally competent to support populations and colleagues.
Trust Wide	There is a risk that the Trust is unable to deliver its financial plan. This may be caused by a lack of control and delivery of plans in relation to the key drivers of financial spend in the Trust - namely out of area, bank and savings. This may result in the Trust missing its financial plan target (£4.2m surplus for 2025/26) necessitating usage of limited balance sheet flexibility, under-spends in other areas or ultimately enhanced restrictions on spend.

Area	Risk
Acute	There is a risk of potential insufficient capacity across Acute Care pathways to manage patient demand in our community teams. There is a caused by insufficient bed capacity in Acute Care wards, patients who should be in hospital being managed by the Home Treatment Teams which requires more intense visits, limited resources and finance, and demand outstripping supply. This may result in higher level of risk being managed in our community teams, Service Users being placed out of area, potentially meaning that patient are not being given the required levels of care or safety, rising financial cost with Out of Area placements and poor patient experience.
ICCR and Dementia and Frailty	Risk to quality and safe patient care in Community Mental Health Teams due to a steady increase in the clinical demand that is in excess of the workforce capacity.
ICCR	Risk to quality and safe patient care in Community Mental Health Teams due to a steady increase in the clinical demand that is in excess of the workforce capacity
Acute and Urgent Care	There is a risk that patients will not be able to be admitted to an Acute inpatient bed within a timely manner, from both A&E and general wards. This is caused by the lack of bed availability, and lack of AMPH availability for Mental Health Assessments. This may result in an impact on the quality of care and can exacerbate mental health due to a delay in treatment. It can also place a strain on capacity for PL staff who are trying to manage patients as well as new referrals. For the general hospital it limits the availability of A&E beds and impacts on general staff capacity. It can increase the risk for the patient as they are staying in an environment which doesn't have the same environmental controls in place as a psychiatric ward. It increases worry and distress for patients and their families.
Secure Care	There is a risk that admissions to secure care beds from prison may be delayed, and that it may be difficult to respond to crises in the community. This is caused by a current lack of capacity in BSMHFT secure beds, compounded by a lack of capacity across the provider collaborative and within the national resource. As of May 2024 BSMHFT medium secure beds are at capacity.

Area	Risk
	This could lead to delay in providing effective treatment and care for patients who require secure care, meaning that they may deteriorate or their treatment may take longer, and services users not being held in an appropriate safe facility to contain risk.
Trust wide	There is a risk that savings schemes may not be delivered in full by the Trust. This may be caused by the Trust failing to meet its financial plans. This may lead to a deficit in year, a fall in financial risk rating or inability to fund capital programme.
Cyber security	There is an increasing requirement to protect the NHS from cyberattacks. There is a demand to focused arrangements 24/7 to protect the Trust from attack.

Going concern

After making enquiries, the directors have a reasonable expectation that the services provided by the NHS foundation trust will continue to be provided by the public sector for the foreseeable future. For this reason, the directors have adopted the going concern basis in preparing the accounts, following the definition of going concern in the public sector adopted by HM Treasury's Financial Reporting Manual.

Performance analysis

How we measure performance

We utilise a range of approaches to report and manage performance so that it can contribute to an aligned understanding from 'Board to ward'.

The Trust has established an Integrated Performance Report which is reviewed by the Trust Board sub-committees. This is based on the Integrated Performance Dashboard which has been in place since early 2018 and describes Trust performance against a holistic range of key performance indicators against four domains, which mirror the Trust's priorities focusing on:

Quality and safety
Performance (activity, demand, and delivery of national, commissioning and local standards)
Culture and people
Sustainability

The intention is to provide a balanced understanding of the performance of the Trust and its services so that we can see the relationship between the different elements, i.e. rather than individual data, such as numbers of staff and costs. We are interested in understanding, for example, how changes in the workforce impact on cost, quality and contractual performance and which changes add the greatest value.

Commentaries are provided by domain owners for each metric which describe:

What has happened?
Why has it happened?
What are the implications and consequences?
What are we doing about it?
What do we expect to happen?
How will we know when we have addressed the issues?

The Integrated Performance Dashboard is also reviewed at the Trust's Performance Delivery Group (PDG) to raise performance discussions by exception. Membership of the monthly meeting PDG includes Executive Directors, Clinical Directors and Associate Directors of services and Associate Directors of corporate support functions. In addition to this, deep dive meetings take place with services, providing an opportunity to discuss performance across the domains and patient pathways in a greater level of detail with a programme of reviews which covers the range of services provided by the trust. These are supported by Executive leads and provide a focus on key risks and agreement on strategic actions to mitigate issues.

In addition, and building on the service line deep dive review meetings, from November 2024 Divisional Leadership review meetings have been introduced. These take place with the Executive Team on a quarterly basis. The discussions focus on jointly reviewing and discussing team working, management and delivery of the Trust's finance, people, quality and performance priorities and understanding dependencies across the leadership team to support.

Performance and key issues arising across the four domains including outcomes from the PDG and service line Deep Dive meetings are reported on a monthly basis to the Trust Board sub-committees where appropriate. This includes the Quality Patient Experience and Safety Committee (QPES), Finance, Performance and Productivity Committee and the People Committee for assurance.

The integrated dashboard itself provides drill down capabilities supported by control charts to assess progress and improvement. The metrics have been updated in line with the national planning guidance for 2024/25 and next phase of development is to review and to complete engagement with service leads to develop a service level view with an expanded number of service level metrics which are used by clinical services to manage quality and performance. Integrated care system national indicators are also reviewed to establish the Trust's contribution to the overall system-wide performance, highlighting areas for improvement.

Further intranet-based reporting is also in place with a library of service specific reports to aid operational planning and support staff, for example activity reports, case management and caseload information, length of stay, Clinically Ready for Discharge, and organisational reports such as compliance with mandatory training. The reports are refreshed daily to enable proactive management action by operational and corporate teams. These reports have a drill down facility to enable the reports to be viewed at Trust level, divisional level, team level down to service user level (determined by access rights) to support delivery and improvement.

Service specific profile reports (SPRs) are routinely available and refreshed each month. These reports provide a 12-month overview of key service user pathway information such as the number of referrals and discharges, DNA, and cancellation rates, waiting times for those first seen and for those waiting to be seen, demographic information and workforce information. As well as supporting internal benchmarking these reports enable understanding of service specific activity and how service users are managed across care pathways to inform areas for review and improvement. Issues arising are discussed at operational meetings for action and improvement.

The Trust also participates in the national NHS Benchmarking programme and published reports are utilised to inform local discussions on understanding variation to aid learning and informing the Trust's improvement agenda.

To enhance accessibility and level of detail provided through our reports for staff, Power BI reports continue to be developed in conjunction with service leads to support operational oversight and inform service level discussions and decision making. Recent examples include reports which support the trusts work in promoting equality, diversity and inclusion to combating inequalities by looking at the demographic characteristics of our service user population across service areas.

This report includes breakdowns of caseloads through the referral journey by:
age, gender and ethnicity and other protected characteristics. In addition, the economic status of where people live using UK Govt Index of Multiple Deprivation also overlays reports.

To support the Trust's work to reduce inappropriate out of area placements, regular reports are provided weekly to the steering group and to the supporting workstreams to help track progress and help decision making on areas for action. Reporting updates and progress on the productivity plan is

shared with the Performance Delivery group and at Trust Board sub-committee Finance, Performance and Productivity Committee for assurance.

Significant work has also been undertaken to support the national implementation of the community mental health transformation agenda, providing new reports to help the service to improve their data quality and track key milestones in the delivery of the new primary care-based services.

Other reports introduced in 2024/25 focused on:

- Supporting the implementation of the 4 week-wait for community services and the trajectories agreed with NHSE to reduce the 104 and 78 week waits. These allow drill down to patient level along with details of missing elements required for clock stops enabling proactive management for when service users are seen.
- New report to support prison healthcare, to ensure that the HMP Escorts know which prisoners need to be bought to the healthcare wing for appointments.
- Daily list of patients who have had pathology results returned allowing for prompt notification to operational staff.
- Developed a report to help track the implementation of DIALOG+ care plans within community mental health services as part of the community mental health transformation plan. This is alongside a report to support the implementation of outcomes-based reporting which enables clinicians to understand patient outcomes, progress and recovery over time.
- Creation of a demand and capacity model for Neighbourhood Mental Health Teams which allows them to set parameters and forecast the level of appointments and associated resources they will need to manage.

Taskforce for Climate Related Financial Disclosure

NHS England's NHS foundation trust annual reporting manual has adopted a phased approach to incorporating the TCFD recommended disclosures as part of sustainability annual reporting requirements for NHS bodies, stemming from HM Treasury's TCFD aligned disclosure guidance for public sector annual reports. TCFD recommended disclosures as interpreted and adapted for the public sector by the HM Treasury TCFD aligned disclosure application guidance, will be implemented in sustainability reporting requirements on a phased basis up to the 2025/26 financial year. Local NHS bodies are not required to disclose scope 1, 2 and 3 greenhouse gas emissions under TCFD requirements as these are computed nationally by NHS England.

The phased approach incorporates the disclosure requirements of the governance, risk management and metrics and targets pillars for 2024/25. These disclosures are provided below with appropriate cross referencing to relevant information elsewhere in the annual report and accounts and in other external publications.

The Trust has adopted the recommendations from the National Taskforce for Climate Related Financial Disclosure. The Trust's Finance, Performance and Productivity Committee received a comprehensive report during 2024/25 into the four governance pillars and the recommendations and was satisfied with the frequency of reports to the Committee on this area that will be received during 2025/26. Our Executive Director of Finance has been identified as the lead executive, and a lead coordinator will be confirmed for the next financial year. Each of the Board's committees has received an overview of the recommendations and their responsibilities, with terms of reference for each committee revised to take into account the specific TCFD requirements. The Trust will receive regular reports throughout 2025/26 to incorporate and monitor the recommendations.

Pillar	Governance	Strategy	Risk Management	Metrics and Targets
Progress in 2024/25	Lead Executive Director identified Lead Board Committee identified Terms of Reference for all Committees updated to reflect TCFD BSMHFT Green/Carbon Steering Group that reports into SRO	As part of the Trust's sustainability priority ICS Green Plan BSMHFT Green Plan	Risks identified through the Trust's sustainability board, and reflected through the risk register	The Trust is a key partner in BSOL ICS Green Plan Included in Trust's own Green Plan Targets identified in the Trust's sustainability programme

Governance Pillar

The Board of Directors has arranged oversight through the Finance, Performance and Productivity Committee as the lead Board Committee for TCFD. Assurance reports from the Committee are received at each Board of Directors meeting to Alert, Advise and Assure on key issues raised. The Committee has agreed to regular reports on TCFD, currently three times per year. Each Board Committee has revised and approved its terms of reference to include TCFD recommendations and their role in overseeing and awareness of the recommendations. Audit Committee will also receive oversight of TCFD.

The Executive Director of Finance has been identified as the lead executive for this area, and is responsible for ensuring TCFD recommendations are implemented and managed throughout the organisation.

The Trust has its own Green Plan which is regularly monitored by the Finance, Performance and Productivity Committee, as well as being a key partner in the delivery of the BSOL ICS Green Plan. The Trust monitors this through the Green/Carbon Steering Group which reports into the Senior Responsible Officer. The Green Plan oversight from Finance, Performance and Productivity Committee would be raised at Board of Directors through the standard Assurance Report.

Strategy Pillar

The Trust strategy clearly explains the Sustainability priority which includes "caring for the environment" as a key aspect. The Trust has its own Green Plan, and is a key partner in the delivery of the BSOL ICS Green Plan.

This is also described in detail in in the Annual Report under the Sustainability and Climate Change section.

Risk Management Pillar

Climate-related risks are managed in the same way as other risks in the organisation, through the identification of risk at local level which is then discussed at the Trust Risk Management Group. If the risk scores highly enough, it is entered onto the Corporate Risk Register and is also reflected in the Board Assurance Framework.

The Board receives assurance on risk through the Board Assurance Framework, Corporate Risk Register and regular reporting on the Green Plan and environmental issues which describes how risks are managed and reduced.

Metrics and Targets Pillar

The Trust has a number of key performance indicators that are regularly monitored and reported to ensure targets are being met. This is described in detail in the Annual Report under the Sustainability and Climate Change section.

Significant progress has been made by BSMHFT in moving towards national net zero targets. Indeed, the first target for the NHS of delivering an 80% reduction in CO_2 by 2030/2032 is well on the way to being achieved. It must be recognised, as this is not always made clear, that the NHS had already achieved a reported 62% reduction against the 1990 Carbon baseline and thus the 2030/32 target requires the NHS to both maintain the reductions made to date (as measured in 2019/20 against 1990 baseline) and secure an additional 18% worth of Carbon reduction.

Consistent with NHSE guidance and the Carbon Net Zero Strategy, the Trust's plan has been written using a 2019/20 baseline (pre-pandemic) including a Carbon reduction trajectory that would help enable the 2030/32 target to be met.

The Green Plan is in the process of being reviewed in line with NHSE guidance and mandated timelines. It is thus highly likely given this guidance that the baseline year will change (certainly for scope 3 emissions), although a number of the performance targets and aspirations remain. It should also be recognised that significant progress has been made against the ambitions of the current plan.

Quality performance

Annually, every NHS Trust is required to produce a Quality Account Report. The report will be published on the Trust website at the end of June and includes information about the services the Trust delivers, how well we deliver them and our plans for the following year.

Birmingham and Solihull Mental Health NHS Foundation Trust (BSMHFT) is committed to continuous quality improvement. In creating our quality priorities and goals, we have considered the aspirations in the NHS Long Term Plan; NHS England's Five Year Forward View for Mental Health and NHS England Planning Guidance. We have also engaged with our workforce and our service users and Experts by Experience to ensure that these goals will support the delivery of our Quality Strategic Priority which reflects the local needs of our service users and staff as well as national needs.

A summary of the areas of progress made with reference to quality and safety since the publication of the previous annual report is as follows:

Improve patient safety by reducing harm

Our measures of success relating to this priority were defined as:

Preventing harm	
Implement the Patient Safety Incident Response Framework (PSIRF) to pursue excellence in learning and understanding incidents and ensure cross-organisational learning.	Measures of success: • Systemwide response and review of incidents Reduction in complaints. • Feedback identifying compassionate engagement and involvement of those affected by patient safety incidents. • Response to incidents and complaints in agreed timescales • Systemwide response to 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 transitioned to the Patient Incident Response Framework (PSIRF) in November 2023. As part of the commitment to delivering the PSIRF, we have invested in the personal development of the centralised Patient Safety Team to support effective implementation. Our Patient Safety Managers, who act as Learning Response Leads, have completed the System Approaches to Investigation training which is aligned to the training requirements listed by NHS England. Our dedicated Family Liaison Officer, who acts as Engagement Lead, serves as a single point of contact for those affected following a patient safety incident, where a Patient Safety Incident Investigation is taking place, has also completed their required training.

Additionally, to promote a systems-based approach to learning the NHS Patient Safety Syallabus training Level 1 and 2 have become mandatory in last 6 months so staff have a better understanding of systems learning.

Supporting a proportionate response approach, we have used a diverse range of learning responses, 6 of which were Patient Safety Incident Investigations. 3 aligned with local safety priorities and 3 nationally mandated priorities.

To aid the transition from learning to improvement we will continue to work towards strengthening our Quality Management System (QMS).

A patient safety culture

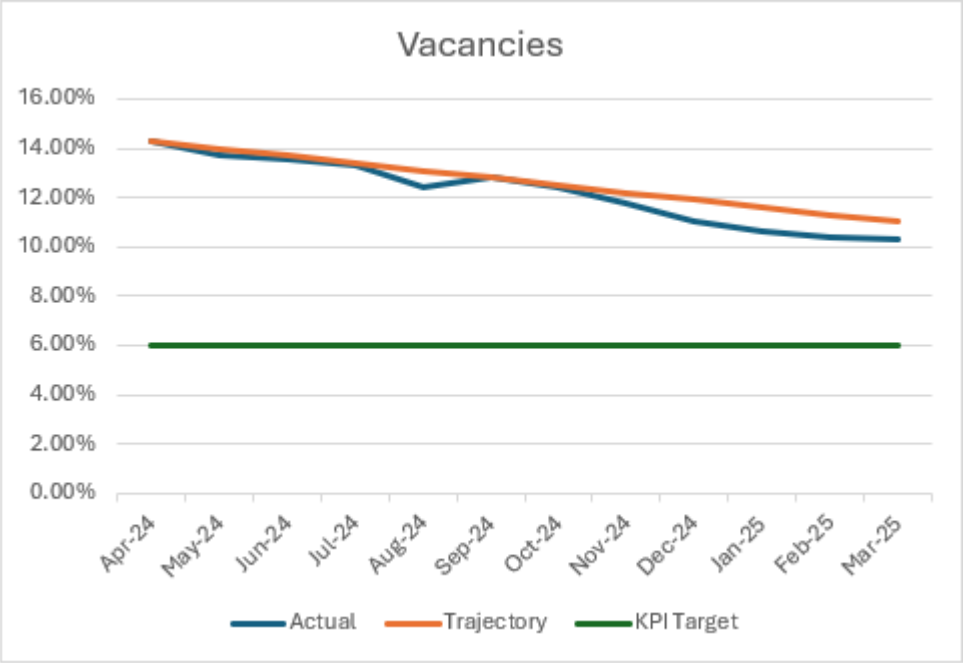
Our measures of success relating to this priority were defined as:

A Positive 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	Measures of success: • 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.

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.

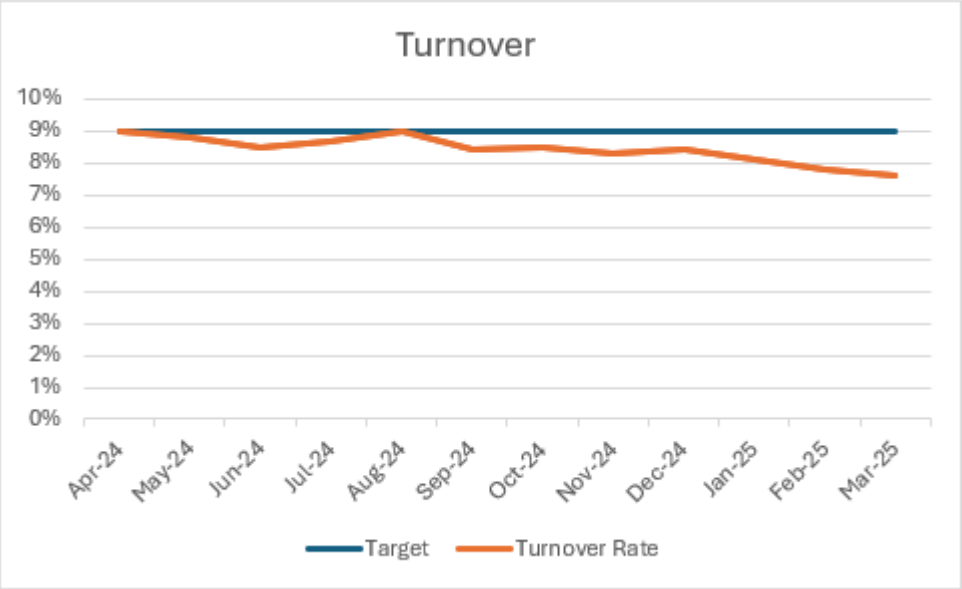
We have seen a 4% decrease in our vacancy rate over this period:



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 (whole time equivalent) 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%.

Safeguarding Quality Goal 2024/25

Provide assurance of safeguarding practice and adoption of the Think Family approach
During 2023-24, the safeguarding team launched the Think Family approach at BSMHFT. The next step was to embed this approach into everyday clinical practice, ensuring that Think Family isn't just a concept. It is a way of approaching care that supports safeguarding practice and benefits our patients, service users, their families, and carers.

Embedding the Think Family approach through engagement with clinical teams

The Think Family standard is fundamental to safeguarding training and delivery of the approach. It is described on the hub as the "Trust Safeguarding Approach." The landing page on the Trust Safeguarding Hub features the headline 'Think Family – Look Closer / See More', with an explanation that the Think Family Standard should be adopted by all clinical teams. Experts by Experience have played a key role in shaping the Think Family approach and standard. The approach is central to the short film shown to all new starters at Trust induction. Additionally, all

face-to-face and webinar Level 3 safeguarding training explains the Think Family approach and shares relevant resources with participants.

The safeguarding team was awarded the Recovery for All Quality Mark, recognizing the involvement of Experts by Experience in designing and refining our Think Family message. Over the past 12 months, the safeguarding team has engaged directly with clinical teams through a variety of methods:

- Learning events: Delivered across the Trust as part of the "Think Family Roadshow," taking the approach out to clinical teams. These sessions are tailored to specific teams so the learning resonates and can be applied in practice relevant to each area.
- Two learning events were delivered to acute and urgent care teams, sharing key learnings from cases involving child neglect, forced servitude, domestic abuse, and sexual abuse. Training also incorporated learning from a Domestic Abuse Related Death (DARD). From these sessions, action plans were developed to establish local Think Family and Domestic Abuse sessions across Acute and Urgent Care.

Targeted Think Family sessions in 2024/25

- The safeguarding team has delivered sessions to the following teams:
- Saffron & Lavender
- Good Hope PLT (psychiatric liaison team)
- Solihull HTT (home treatment team), Central and Sparks HTT
- North Inpatients (two sessions)
- Solihull Perinatal, including perinatal induction and mother and baby away day
- Warstock, Lyndon, and Newington CMHT (community mental health team)

Embedding Think Family is an ongoing process requiring consistent effort, engagement, and adaptation to ensure the approach becomes part of the Trust's culture.

Further embedding of Think Family

The Think Family message is integrated into daily practice through the safeguarding duty and advice line, and safeguarding supervision. Supervision is a growing offer across the Trust supporting both children's services (as standard) and adult-facing teams.
How do we seek assurance that the messaging is effective?

Quality Assurance Visits Pilot 2024/25

The safeguarding team conducts various quality assurance activities, including external and internal audits and case file reviews as part of multiagency safeguarding reviews. Thematic audits typically have a broad focus and limited operational staff involvement.

To complement these, a 6-month trial of safeguarding quality assurance visits was initiated with five teams to provide more direct engagement and assurance. These visits support local clinical governance committees, the Safeguarding Management Board, and external regulators. The teams selected were:

Service area	Directorate
Sage ward, Juniper Centre	Dementia & Frailty
Eden Acute, Northcroft	Acute & Urgent Care Services
Sutton HTT	Acute & Urgent Care Services
Solar CAMHS (child & adolescent mental health service)	Integrated Community Care and Recovery
Street Triage & PDU (psychiatric decisions unit)	Acute and Urgent Care Services

The teams were chosen for reasons including providing assurance against a National Safeguarding Review, following concerns raised via PIPOT (person in position of trust), or to evaluate the impact of safeguarding supervision on practice.

To ensure consistency, Key Lines of Enquiry (KLOE) focusing on essential safeguarding practice were developed. These included questions like: "How confident, skilled, and knowledgeable is this team about Think Family and safeguarding?" The KLOEs facilitated discussions with staff about their direct safeguarding experiences and the impact of safeguarding training. Staff were also asked about their awareness of recent safeguarding reviews and consequent changes.

Visits included case reviews selected by teams or by the safeguarding team from Eclipse incident reports. Some visits involved random case selections to assess safeguarding awareness and practice, with a particular focus on understanding and applying the Think Family approach.

Review of the pilot and practical outcomes

The visits identified areas where staff wanted more support, including financial abuse, professional curiosity, and Think Family. This led to the development of 7-minute briefings and bespoke workshops. Discussions also revealed gaps, which were addressed through practical solutions such as crib sheets, induction content updates, amendments to Standard Operating Procedures, and safeguarding sections added to triage documents. One visit led to the introduction of safeguarding supervision for wards within that service area.

These visits helped the safeguarding team understand specific practice issues within teams. Staff were able to identify gaps and request targeted support.

Clinical governance and assurance

Action plans arising from the visits are reported through local clinical governance committees, providing evidence of safeguarding assurance and supporting the CQC's key question: Are we safe? The visits also demonstrate the embedding of learning from external reviews.

Key findings from the pilot:

- The assurance visits enabled better direct engagement with staff about safeguarding understanding and practice.
- Safeguarding Level 3 training is highly regarded, and the visits help evaluate its impact.
- There is evidence of good safeguarding practice in teams.
- The visits provide assurance against BSMHFT safeguarding policies and West

Midlands Safeguarding Procedures.
- Staff know where to seek advice within and outside their teams, and the safeguarding team is viewed as a valuable support.
- The Think Family approach remains not fully embedded and requires ongoing promotion and training.
- Recording of family details on Rio remains inconsistent.

Next steps

The pilot demonstrated the value of assurance visits as a routine quality assurance tool. The safeguarding team has refined the methodology and will continue a programme of regular visits in 2025/26, using this approach to assess how Think Family is embedded in clinical practice.

Think Family in 2025/26

The safeguarding team will continue embedding Think Family across clinical teams through:

- Safeguarding advice and support via the duty line
- Delivery of high-quality safeguarding supervision
- Face-to-face Level 3 safeguarding training (adults and children)
- Continued Think Family Roadshow and outreach to clinical areas

Embedding a Think Family culture is an ongoing journey that requires commitment and consistency from the safeguarding team and clinical teams across the Trust.

Quality Improvement continues to add value to BSMHFT both qualitative and quantitative, weaving cultural change support processes and positive reputational elements.

At BSMHFT, utilising Quality Improvement (QI) methodology as well as QI projects helps support the positive cultural shift within the Trust and as supported by QMS approach to leadership and system thinking.

This is demonstrated through the various QI Academy Training offers that the team design, write, deliver and support. This is cost neutral to the organisation due to high level of training from IHI and the improvement advisor training received, meaning we do not need to outsource and potentially an income generating idea as we currently support ICB (integrated care board) staff on our intro and Bronze online courses and have had requests from the wider ICS (integrated care system).

Having a highly skilled QI workforce we have been able to train our QI Facilitators to a high level to support with the delivery of QMS (quality management service) recognised toolkit of methodology – which would equip leaders to use recognised professional methods when building reports, business cases and continuous improvement system thinking. Their roles are visible and in reaching and supportive on sites across the Trust, especially areas where teams struggle to access IT, emails so they require face to face contact.

The QI Team we meet regularly within the ICS and working with other system providers for collaborative ‘wins’ in the future, especially as we move towards locality working. We have started buddy systems with UHB (University Hospital Birmingham) and BWC

(Birmingham Women's & Children's Trust) as both share the same methodology and this will continue the improvement movement needed across the wider system in the near future.
All QI work projects are registered and aligned to a quality quadrant in the Trust Strategy and have agreed to support the new Trust Strategy development with the Strategy team in due course.

We have seen projects on average over the year rise consistently from an average of 20+ to 43 plus 2 National collaboratives, speaking volumes in the desire of floor up staff wanting to make active change, which is culturally significant.

We have had more winners at poster events at conferences, Royal Colleges, Values Awards in 2024, finalists in HSJ (Health Service Journal) awards to name a few with scores entered for 2025 already- showing externally we have the QMS skills. We have seen positive feedback on the early QI Culture of Care Project at Reaside and presented to colleagues at the CQC.

A sample of some other highlights include:

Experts by Experience in Quality Improvement: One-Year Highlights

At BSMHFT, the active involvement of Experts by Experience (EBEs) continues to be a cornerstone of our Quality Improvement (QI) approach. We recognise that meaningful change is only possible when we include the voices of those who use our services or care for someone who does. Our 'Little I' and 'Big I' model helps us reflect the spectrum of involvement, from targeted input at key points in a project to full participation from start to finish.

Over the past year, we've achieved several important milestones. EBE participation in QI projects reached an average of 65%, and we are committed to building on this success. In September 2024, we co-designed and co-delivered our first bespoke EBE QI Training session, with the next already planned for August 2025. Our partnership with the Recovery College resulted in two engaging QI sessions, where EBEs helped co-lead interactive activities including storytelling and PDSA workshops. These sessions not only introduced new EBEs to the principles of QI but also inspired further involvement across the Trust.

EBEs also played a key role in the Culture of Care QI Collaborative, attending programme coaching sessions and supporting pilot site engagement. At Reaside, service users participated in a 'first for us', a dedicated QI training sessions for inpatients linked to the "Live, Love, Life" Culture of Care initiative, highlighting how co-production is shaping local improvements. We've seen first-hand how involving EBEs fosters creativity, innovation, and inclusive teamwork.

Finally, we pay tribute to the late Mustak Mirza, our Deputy Lead Governor and a passionate QI EBE. Mustak's legacy lives on through the many lives he touched and the improvements he championed through storytelling and co-production. His leadership continues to guide our work as we strive to make services better, together.

Culture of Care QI Programme: All inpatient areas

Launched in January 2025, our Trust-wide Culture of Care QI Programme is already showing strong early results. Reaside and Ardenleigh were the first sites to go live, with

the programme rooted in NHS England's 12 Culture of Care Standards and built on QI methodology, compassionate leadership, and co-production. At Reaside, service users co-produced the Live. Love. Life project, identity and helped generate over 100 change ideas through appreciative inquiry sessions. A joint Spring Clean Week brought staff and service users together, lifting spirits and contributing to the removal of a CQC notice. Experts by Experience (EBEs) have played a central role, co-producing QI training to inpatients for the first time, supporting staff recruitment through "speed-dating" interviews, and driving local improvement work alongside multidisciplinary teams. Their involvement has been key to growing engagement, strengthening staff–patient relationships, and embedding a more inclusive, recovery-focused culture across pilot sites.

QI Training Academy

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

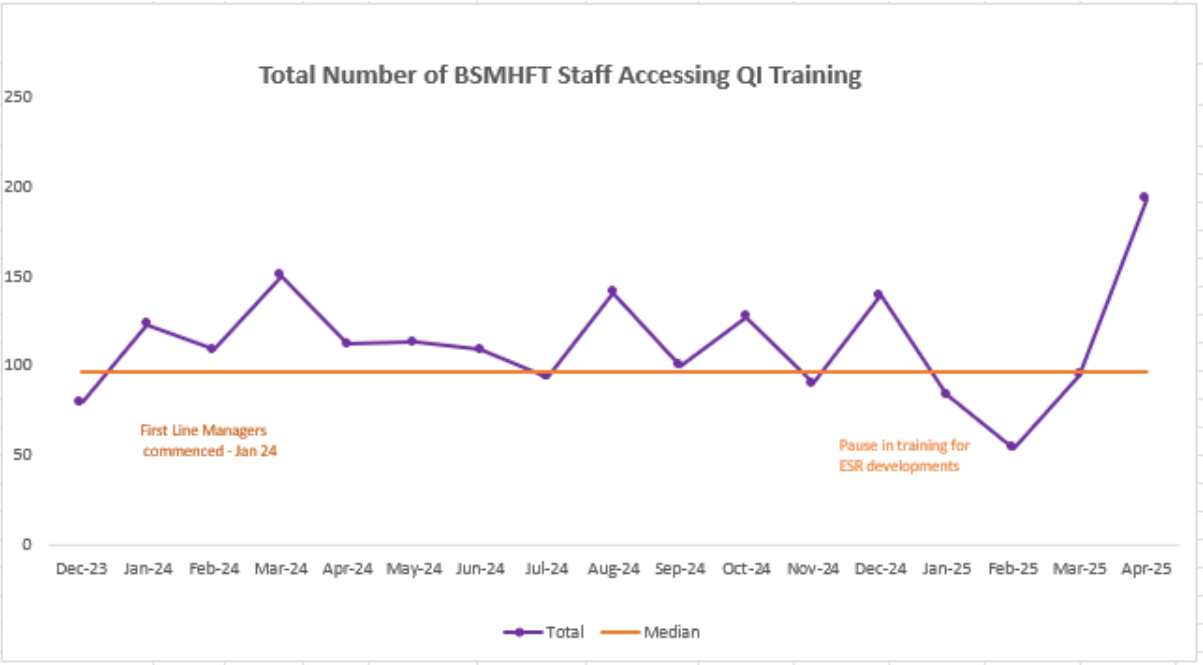
Improvements are continuing to evolve with plans such as;

- 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

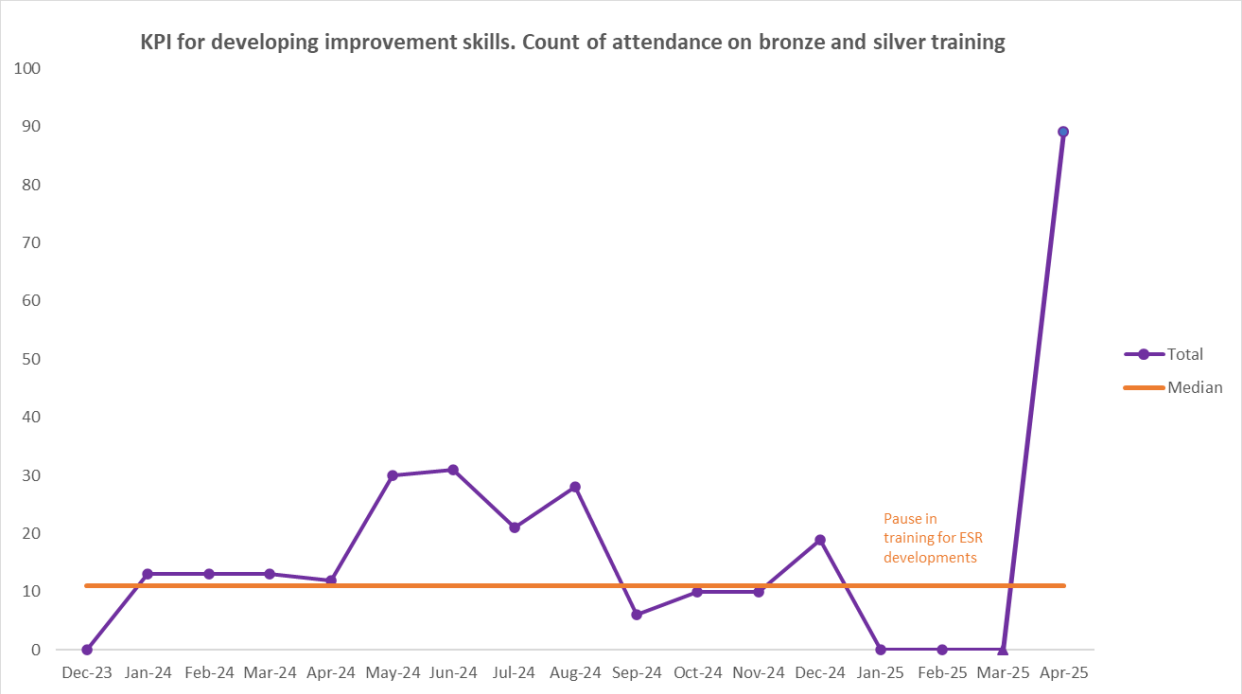
- Face to face option for Bronze; as some staff and their learning styles prefer face to face sessions, to provide some options for face to face

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!"

BSMHFT

- Best for healthcare quality
- Best place to work
- Best for co-production

Health inequalities	New ways of working
Reducing restrictive practices	Staff experience
Waiting times	Reducing restrictive practices
Primary and Secondary care gaps	Technological changes

Patient Experience

Introduction

The annual NHS Community Mental Health Survey was carried out and results showed our highest benchmarked score in the 'respect, dignity and compassion' domain. Other information is detailed as below:

1. Overview of respondent's demographics details

Who took part in the survey?

This slide is included to help you interpret responses and to provide information about the population of service users who took part in the survey.

1250 invited to take part

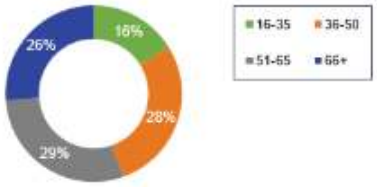
229 completed

19% response rate

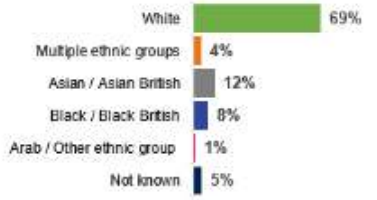
20% average response rate for all trusts

17% response rate for your trust in 2023

AGE



ETHNICITY



LONG-TERM CONDITIONS

98% of service users have a physical or mental health condition or illness that has lasted or is expected to last for 12 months or more.

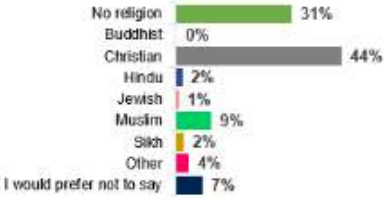
Number of long-term conditions reported:

SEX

At birth were you registered as...

3% of service users said their gender is different from the sex they were registered with at birth.

RELIGION



6 Community Mental Health Survey | 2024 | RXT | Birmingham and Solihull Mental Health NHS Foundation Trust

Service User Experiences

NHS

CareQuality Commission

NHS Community Mental Health Survey

Results for Birmingham and Solihull Mental Health NHS Foundation Trust

Where service user experience is best

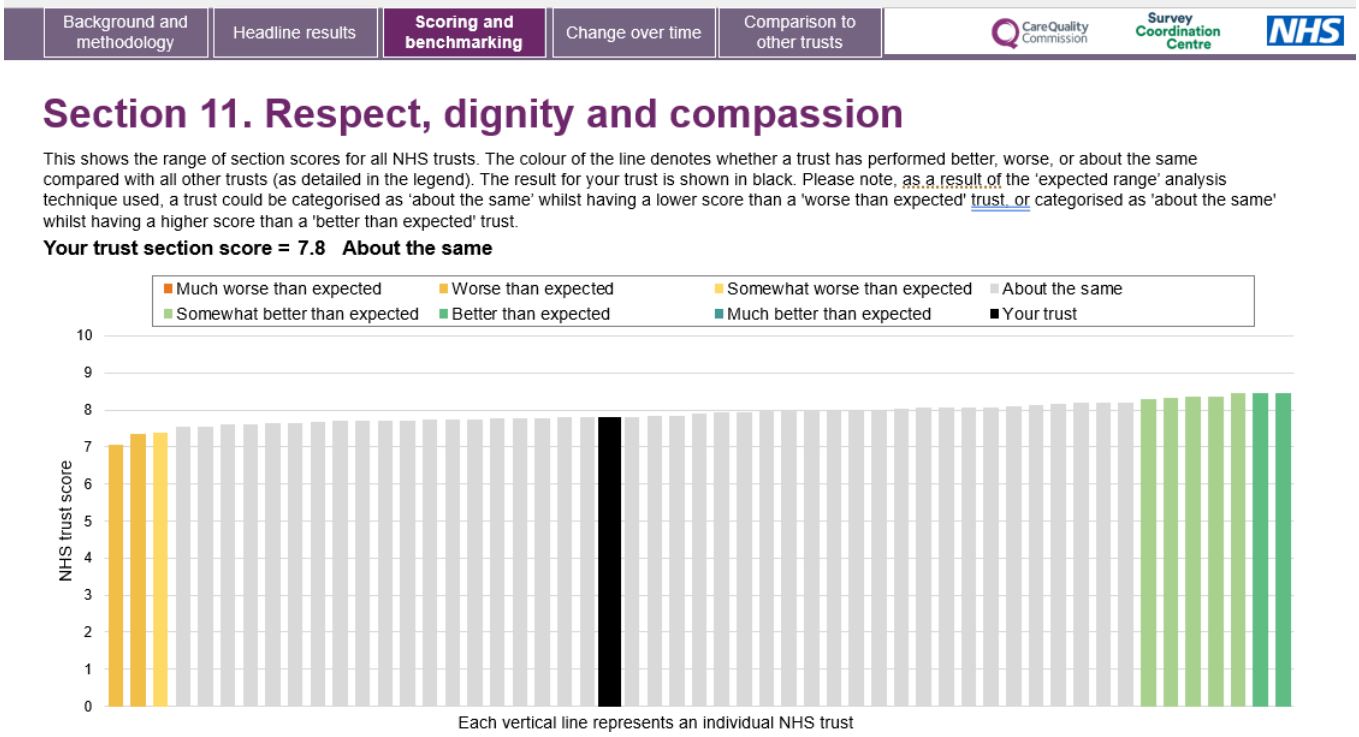
- ✓ **Support with other areas of life:** service users being given help or advice with finding support for finding or keeping work
- ✓ **Support with other areas of life:** service users being given help or advice with finding support for the cost of living
- ✓ **Planning care:** service users had a care review meeting in the last 12 months
- ✓ **Respect, dignity and compassion:** service users being treated with respect and dignity by NHS mental health services
- ✓ **Mental health team:** staff delivered help needed

Where service user experience could improve

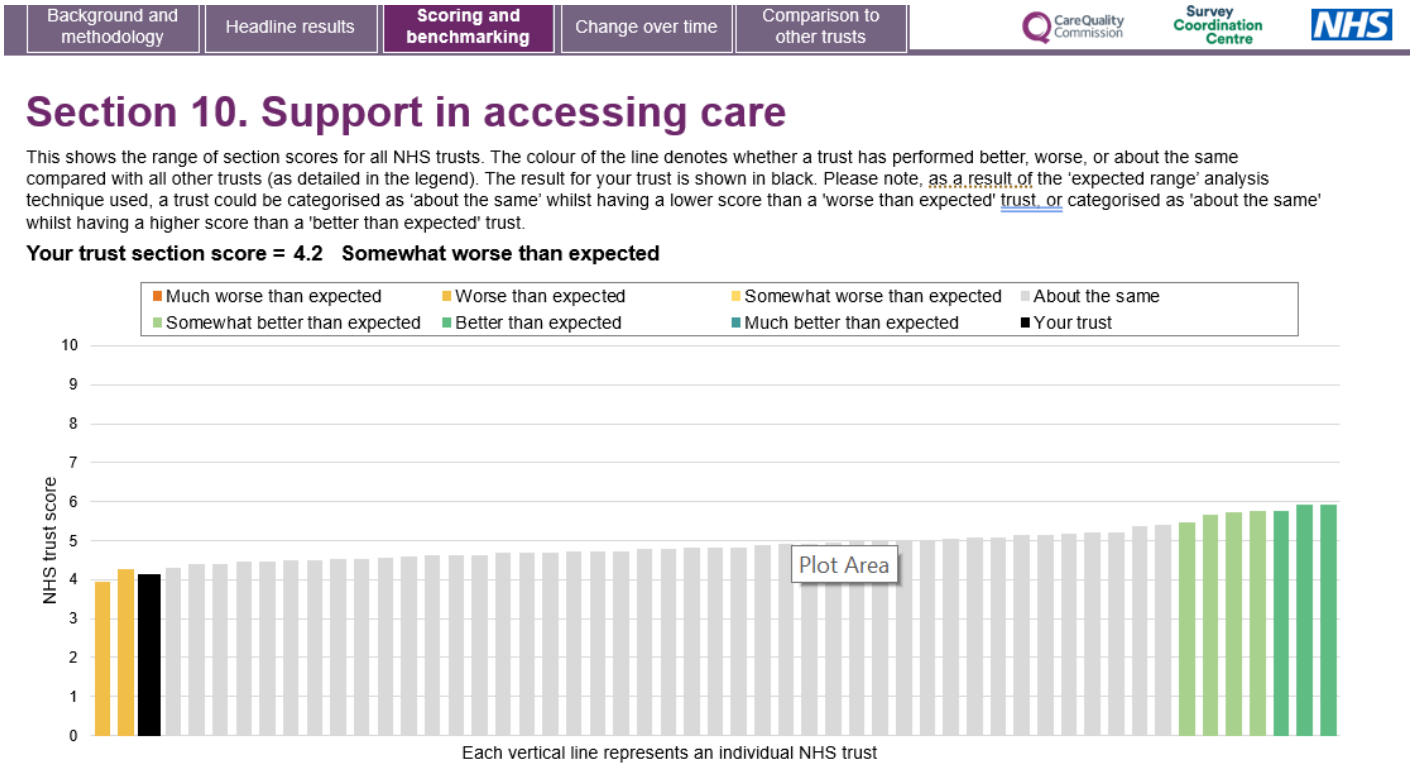
- **Crisis care access:** length of time taken to get through to the crisis team
- **Involvement in care:** service users being given a choice on how their care and treatment was delivered
- **Crisis care support:** NHS mental health team provided support to family/carer when service users had a crisis
- **Support in accessing care:** NHS mental health team asked if service users needed support to access their care and treatment
- **Support in accessing care:** support provided met service users' needs

These questions are calculated by comparing your trust's results to the national average. "Where service user experience is best": These are the five results for your trust that are highest compared with the national average. "Where service user experience could improve": These are the five results for your trust that are lowest compared with the national average.

Highest benchmarking score



Lowest benchmarking score



Patient experience

The Trust identified the following key indicators for monitoring the quality of service user and carer experience. These were identified in the previous report and following review, they were still deemed to be a priority.

	2021/22	2022/23	2023/24	2024/25
Patient survey 'do you know who to contact out of office hours if you have a crisis?	67%	64.5%		
Number of complaints	109	115	95	133
Timeliness of complaint handling	99.1%	95.8%	97.9%	100% no breaches
% of dissatisfied complaints	Nine returned. (8%)	12 returned. (10%)	21 returned. (22%)	12 returned. (9%)
Number of referrals to the Ombudsman	2 Zero accepted for re-investigation	*see below	*see below	*see below
FFT score	79%			

Further information about the above data for 2022/23, 2023/24 and 2024/25:

Number of complaints – number of formal complaints opened

Timeliness of complaints – of the closed complaints how many breached:
2024/25 0 out of 113 complaints breached leaving 100%.
2023/24 2 out of 97 (2.1%) complaints breached leaving 97.9%
2022/23 5 out of 118 (4.2%) complaints breached leaving 95.8%

% of dissatisfied complainants – sourced from the CIT ReOpened Complaints Tab using the date final response was sent.
2024/25 – 12/113 = 9%
2023/24 – 21/95 = 22%
2022/23 – 12/115 = 10%

***Number of referrals to the ombudsman**

All of the final response letters inform complainants that they can go to the PHSO should they not be happy with the outcome of an investigation.

We capture contact information with the PHSO.

Sourced from the CIT PHSO Cases tab using the Initial Contact Date:
*2024/25 – 16 contacts from PHSO. At time of reporting there are 11 requests for information, 3 closed with no further actions and 2 open.
*2023/24 – 9 contacts from PHSO. At time of reporting there are: 4 reviewing to investigate or requests for information, 4 closed with no further actions and 1 proposal for investigation.
*2022/23 – 9 contacts from PHSO. 1 complaint upheld.

Performance against the relevant indicators and performance thresholds

The following indicators form part of the annexes to the NHS Oversight Framework

National mental health indicators

	NHSE Oversight Framework updated in November 2017: National Indicators – 2023/24	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	Talking Therapies a) proportion of people completing treatment who move to recovery. b) waiting time to begin treatment 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 trajectories were agreed with commissioners to reach and maintain 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.

Outbreaks (2024/2025)

The total number of outbreaks during 2024/25 was 37 (this was an increase by six outbreaks from the previous year). The breakdown of types of outbreaks is provided below:

2024/25

Type	Q1	Q2	Q3	Q4
COVID-19	6	10	6	2
Flu	1	0	2	1
D&V	1	0	1	8

Outbreaks 2024/25:

Month	Outbreaks
Apr-24	1
May-24	3
Jun-24	3
Jul-24	3
Aug-24	3
Sep-24	4
Oct-24	5
Nov-24	1
Dec-24	3
Jan-25	1
Feb-25	7
Mar-25	3
TOTAL	37

Health and safety performance summary 2024/25

In the last year, the focus of the work of the Health and Safety team has been largely on the following areas:

- Strengthening our learning and development around ligature risk management and working with corporate colleagues such as the Clinical Educators to support frontline staff in this area of work.
- Supporting our Clinical and Estates colleagues with the ongoing installation of the new door monitoring alarm system in Acute Care on bedroom doors based on the previously agreed prioritisation list.
- Updating the environmental patient safety matrix that documents reduced ligature works completed over time.
- Implementation of the electronic Display Screen Equipment assessment form.
- Testing of the newly developed electronic system that more effectively tracks and monitors the status of actions arising from health and safety related risk assessments.

- Ongoing learning from fire drills and fire incidents to improve our fire safety management system.
- Accident and incident investigations to ensure ongoing learning and improvement in our safety culture.
- Ongoing partnership work with West Midlands Police to improve outcomes for those who were victims of physical assaults. The dedicated Mental Health leads in the Police, have ensured that the investigation of these incidents have become part of the core business of initial investigation teams.

Other key points to note are:

- The Trust received no Health and Safety enforcement notices and had zero Never Events in 2024/25.
- All Central Alerting System (CAS) alerts were responded to within the given timeframe.
- In 2024/25 there were 29,914 reported untoward incidents, an increase of 1,662 incidents compared to 2023/24.
- Incidents of violence and aggression accounted for 6,730 in 2024/25. Of this figure 1,132 were because of physical assaults on inpatient staff. This compares with 6,632 in 2023/24, of which 1,277 were because of physical assaults on inpatient staff.
- The number of false fire alarms reported in 2024/25 was 111, an increase of 16 on the previous year.
- The number of actual fires reported in 2024/25 was 23. Of these 10 were accidental, 3 were wilful/arson and 10 undetermined. The total figure compares with 12 in 2023/24.
- There were 57 (staff) and 668 (service users) Slips, Trips and Falls incidents in 2024/25.in 2023/24 there were 57 (staff) and 478 (service users) 2023/24 incidents. No change for staff incidents but 28% increase for service users.
- Personal accidents to staff (excluding slips, trips and falls) accounted for 171 reported incidents which is an increase of 16 from 2023/24.
- A total of 42 incidents were reported to the Health and Safety Executive under the requirements of RIDDOR in 2024/25.

Trust Five Year Strategy

We are now at the end of year four of our Trust Five Year Strategy, which was launched in April 2021 following an extensive engagement exercise encompassing every Trust site. The strategy sets our direction of travel, ambitions and priorities for the next five years, and each year we agree a set of ambitious annual goals to focus on during the year to move us towards achieving our ambitions across the four strategic priorities of Clinical Services, People, Quality and Sustainability.

We have made good progress against our goals in all of these areas, with 87% of our highest priority goals rated ‘green’ or ‘amber’ at the mid-year point. Just a few of the many areas of achievement include: the Birmingham and Solihull Mental Health Provider Collaborative going live; working with local communities to reduce inequalities; initiatives to improve the health and

wellbeing of our staff; continuing our work to transform community mental health services; implementation of the Patient Safety Incident Response Framework including recruitment and training of experts by experience as patient safety partners; development of a new digital strategy to support improvements in care and; further expansion of the shared care record across providers in Birmingham and Solihull to help join up care and improve patient experience.

Key partnerships and alliances

Birmingham and Solihull Integrated Care System (ICS)

The Trust is a key partner and stakeholder in the Birmingham and Solihull ICS, championing mental health, making sure there is a focus on mental health in the design and development of the ICS alongside physical health and social care. At the heart of the ICS will be place based working and provider collaboratives to make sure we are making decisions closer to patients and frontline staff.

West Midlands Mental Health, Learning Disabilities and Autism Provider Collaborative

This is a collaborative of all seven mental health trusts across the West Midlands, comprising BSMHFT, Midlands Partnership University NHS Foundation Trust, Black Country Healthcare NHS Foundation Trust, Coventry and Warwickshire Partnership NHS Trust, Herefordshire and Worcestershire Health and Care NHS Trust, North Staffordshire Combined Healthcare NHS Trust and Birmingham Women's and Children's NHS Foundation Trust.

The purpose of this collaborative is to work across the regional footprint on issues where we need to use scale, pool or access expertise, build resilience, and/or directly support front line staff to manage current pressures. This collaboration at scale will add value, particularly planning for and implementing improvements when working on larger population basis.

During 2024/25, executive teams from all partners have been working collaboratively to develop shared priorities and actions to drive forward the strategic approach of the collaborative. These include: evidencing the value of investment in mental health, learning disabilities and autism; effective use of bed capacity across the region; regional workforce initiatives and addressing health inequalities.

Provider collaboratives for specialist services

Provider Collaboratives are made up of several organisations coming together to make collective decisions about the design and delivery of health and care services around the needs of a particular group of people (for example, people in a geographical area or people with a shared need). We have seen some huge benefits from working together in this way and have been able to invest in new services, repatriate people from out of area services and avoid new out of area placements.

The Trust is a core partner in a number of West Midlands wide provider collaboratives for specialist services:

Adult secure care

Reach Out consists of Birmingham and Solihull Mental Health NHS Foundation Trust (lead provider), Midlands Partnership NHS Foundation Trust, St Andrew's Healthcare and Coventry and Warwickshire Partnership NHS Trust. Our clinical model builds on existing specialist forensic outreach services and joins together secure care and step-down providers, third sector organisations and statutory partners (e.g., criminal justice system and social services) across the whole of the West Midlands to deliver Reach Out objectives.

Perinatal mental health

This partnership consists of Midlands Partnership NHS Foundation Trust as contractual lead provider, with our Trust taking the lead for clinical leadership. These two Trusts provide the inpatient mother and baby units in the West Midlands. Our clinical reference group also involves perinatal mental health community providers in the Black Country, Staffordshire, Coventry and Warwickshire, Telford and Wrekin, and Herefordshire and Worcestershire. This provider collaborative went live in October 2023, with a clinical model that aims to improve access, reduce variation and address health inequalities in relation to perinatal mental health.

Adult eating disorders

The partnership consists of Midlands Partnership NHS Foundation Trust (lead provider), BSMHFT, Coventry and Warwickshire Partnership NHS Trust, Elysium and Priory Group. The clinical model aims for consistency in criteria and standards across the West Midlands with centralised bed management and single point of access as well as improved alignment and joint working between inpatient and community providers.

CAMHS Tier 4

This partnership, with Birmingham Women's and Children's NHS Foundation Trust as lead provider, is a wide-ranging partnership includes NHS and independent sector CAMHS providers across the West Midlands including our Trust. The clinical model aims to improve fragmented pathways, redesign the bed configuration across the region so it better meets need, and reinvest in community and step-down services.

Partnerships to drive transformation

As a large mental healthcare provider, embedded in the local health and care landscape, we have wide-ranging, well-established partnerships across Birmingham and Solihull with criminal justice, community, acute, primary care, third sector and social care services. Working collaboratively to transform services for the benefit of our population is the norm for us and simply part of what we do. Some examples of collaborations to transform services are:

Community Mental Health Transformation Programme

Our model for transforming community mental health services in Birmingham and Solihull has been developed through large-scale co-production with partners across primary care/secondary care/social care/third sector as well as experts by experience (including carers). A strong blended multi-disciplinary team approach, with a mix of providers across NHS/social care/third sector, dissolves boundaries between primary and secondary care, improves professional relationships, quality and efficiency. Service users will experience care and support for physical health, mental health and social needs that is truly joined up and takes account of local population demographics and need in each locality.

Urgent Care Transformation

We are working collaboratively with partners in the system, including the Integrated Care Board, acute trusts and West Midlands Police, to transform urgent care services. This means working as a whole system to ensure that people in mental health crisis receive care in the most appropriate setting for their needs, to provide alternatives to admission to acute mental health wards, and to relieve pressure on Emergency Departments and beds in acute hospitals.

Improving access to Talking Therapies

We are working with system partners, including NHS and third sector providers, to develop a clear Birmingham and Solihull wide NHS Talking Therapies offer (formerly known as IAPT) of which our Birmingham Healthy Minds service plays an integral part. This has included a collaborative three year plan to achieve the national access targets and working together to overcome the challenges to achieving this.

Collaboration to deliver innovative services across boundaries

Commissioners are increasingly tendering integrated healthcare services that are expected to be delivered collaboratively across wider regional and organisational boundaries. As a Trust we embrace this, and in the past year we have worked within new and existing partnerships to retain a range of services through co-development of new and innovative service models. These have included a Midlands-wide partnership to deliver Veterans Mental Health Services, a partnership with physical health and substance misuse providers to continue to deliver integrated healthcare in HMP Birmingham, and successfully retaining our Liaison and Diversion and Mental Health Treatment Requirements services, for which working with criminal justice, third sector and community partners is essential.

Summerhill Services Limited

Overview
The principal activity of the Summerhill Services Limited (SSL) throughout the year was to provide a managed property service and an outpatient pharmacy dispensing services for the parent, Birmingham and Solihull Mental Health NHS Foundation Trust. SSL also provides PFI, Capital and facilities Management consultancy and project management services to other NHS partners within the West Midlands and Nationally.

Our strategic ambitions
We aim to be the preferred supplier of high quality, efficient, clinically focussed services, and sustainable solutions: by delivering the best health care support services in the eyes of our customers, patients, communities, colleagues, and business partners.

We will earn customer respect and maintain engagement through continuous improvement, driven by integrity, innovation, and efficiency.

With expert knowledge and demonstrable results, we will achieve exceptional operating performance and shape the future of health care environments.

Business model
The company strategy is to provide efficient, clinically focused services and sustainable solutions, through a single point of contact for all facilities management and support services.to our parent Trust and other NHS organisations across the whole of the Birmingham and Solihull health system and nationally.

The company commenced trading on 2 April 2012 and is a wholly owned subsidiary of Birmingham and Solihull Mental Health NHS Foundation Trust (the 'Trust').

The principal activity of the company is to provide a managed property service and outpatient pharmacy dispensing services for the parent, Birmingham and Solihull Mental Health NHS Foundation Trust. The Company also provides estates and facilities services to the primary care sector within Birmingham and Solihull to over 200 GP practices. In addition, the company provides transport and portering services, net zero carbon management, capital, and project management, PFI performance management and consultancy, and a business monitoring, data driven analysis, and reporting services.

SSL also derives revenue from dispensing drugs which is entirely due from the parent NHS Foundation Trust and its outpatients attending their hospital appointments and supplying the Trust community outpatients' teams and therefore there is minimal commercial, or market risk associated with the company's principal activity. The parent NHS Foundation Trust is reimbursed for drugs dispensed to NHS patients by NHS England and its commissioners; this then becomes the source of the company's revenue stream.

ANNUAL REPORT AND ACCOUNTS 2024/25
The subsidiary operated its thirteenth full year of trading between 1 April 2024 and 31 March 2025. The company now owns, leases, and contracts manages 48 clinical sites across

Birmingham. For most sites, the company provides a full range of high-quality support and facilities management services to deliver a fully managed lease to the Trust.

In addition, the company provides an extensive contract and performance management service which covers 17 clinical sites including nine PFI owned and operated sites.
During the year, the company has continued expanding its services to Birmingham and Solihull Integrated Care System (BSoL ICS), which now includes support on sustainability and capital project management, as well as the existing services of providing expert property and facilities management advice and support to leading GP and primary care network (PCN) providers.

The Company continued to develop its portfolio of services to include a range of transport services, capital project management, as well as a monitoring, data driven analysis and reporting service.

Our warehouse and logistics services continue to provide a pick, pack and dispatch service for all PPE for the Trust. In addition, we have further expanded our services to the trust, which now includes the provision and management of trust staff uniforms and centralizing tissue viability products.

SSL has continued its relationship with Birmingham Community Healthcare NHS Foundation Trust (BCH) to provide dedicated warehouse space for various items.

During the year, the company achieved new contracts and additional revenue from delivering consultancy services and contracts to external NHS trust and the wider health system, including expert consultancy services to Birmingham and Solihull Integrated Care System (ICS), Birmingham Clinical Commissioning Group and other NHS trusts nationally. In addition, SSL launched a new travel and taxi management service with the Trust, providing a single point of contact for all trust staff who require travel or transport services.

The company strategic plan for 2023-2028 is to maintain quality and performance for the Trust across all clinical and non-clinical sites and continue to work with the Trust at all levels from Board to Ward to ensure the optimum level of performance for the healthcare-built environment, review and expand existing services.

In addition, the company will look to continue to expand our relationship and services to BSoL ICS, and other external NHS trusts, over the next five years, to continue to deliver financial, operational and performance benefits to the NHS.

Mental Health Provider Collaborative

Over the last year the BSOL Mental Health Provider Collaborative has strengthened in terms of its maturity and scope. From June 2024 the responsibility for the tactical commissioning of Learning Disability & Autism services for adults transferred into the Provider Collaborative from the Integrated Care Board, thus making this the BSOL Mental Health, Learning Disabilities & Autism Provider Collaborative.

Birmingham & Solihull Mental Health NHS Foundation Trust as lead provider have continued to work alongside its NHS and Voluntary, Community, Faith & Social Enterprise (VCFSE) partners to ensure a transparent approach to the commissioning and delivery of services, that focusses on the provision of high quality, safe and effective care that improves the experiences and outcomes of our patients.

We continue to work alongside our wider partners, including both local authorities and Birmingham Children's Trust to develop integrated pathways of care.

During 2024/25 the mental health provider collaborative has:

- Commissioned an all-age **Mental Health Needs Assessment** to understand both the current and future needs of its population
- commissioned an **Experience of Care campaign** that reached into communities to understand their experiences and views of mental health provision.
- Undertaken **stakeholder engagement** with communities and partners to review a draft **All Age Mental Health Strategy**, which will set the strategic ambitions for the collaborative over the next five years. This included attending Scrutiny Committees and both Health & Wellbeing Boards.
- Developed a new **3-year strategic vision** and approach to both inpatient adult acute and psychiatric intentions care unit (PICU) beds and rehabilitation provision ensuring that the patient is always placed at the centre of decision-making.
- Launched a **£1.3m Innovation Fund** which resulted in 11 projects being supported for a year with a range of initiatives focussing on areas such as admission avoidance, reducing inpatient length of stay, facilitating quicker discharge and preventing readmissions.
- **System-wide coordination**, including engagement with discharge managers and Birmingham City Council, has contributed to a reduction in those patients who are **clinically ready for discharge** being delayed in returning to the community, leading to improved continuity of care.
- Undertaken a **procurement** for the future provision of inpatient acute and psychiatric intensive care unit beds for adults was undertaken, leading to the development of a new framework arrangement from 1 July 2025 and new block arrangements from 1 October 2025.
- **Commissioning of NHS Talking Therapies services** has moved to a **cost per case basis**. This has enabled the system to respond differently and more flexibly to capacity challenges and provide a quality service as quickly as possible. We have offered a **course of treatment to over 19,000 people in 24/25.** Waiting times have also significantly reduced with over **95% of people having their first appointment within 6 weeks of referral.**

- In September 2024 providers conducted a self-audit in relation to the delivery of **Assertive and Intensive Care in the community**. As a result of this self-audit an Action Plan is now in place and overseen by the BSOL Mental Health Provider Collaborative to ensure delivery.
- Following the Trust's successful bid to become a pilot site for 24/7 in East Birmingham, the collaborative has been working with the project team to understand the scope and develop a suitable **evaluation tool** to demonstrate the benefits and outcomes of this new way of working.

In addition to the above, a **Children & Young People's Transformation Programme** led by the collaborative was initiated in February 2024 to enable the development of a new model of care. This recognised the rising demand for services, substantial health inequalities in relation to access and experience, recruitment and retention challenges faced by providers and that Birmingham is one of the most challenged areas across the country.
Following a Call for Comments on a proposed new model of care, a service specification for a new all age mental health service across Birmingham & Solihull has been developed.
From 1 July 2025 there will be a single provider for mental health across Birmingham & Solihull delivering all age mental health.

Following the successful transfer of the **Learning Disabilities & Autism** Commissioning team, the collaborative has:

- Established a **new governance framework** for decision making in relation to learning disabilities & autism that reports into the Commissioning Committee.
- Set up a new **Dynamic Support Register (DSR) online** providing a digital database that aims to bring services involved in commissioning and delivery of care and support to local people with learning disabilities and/or autism together to achieve better healthcare outcomes.
- Developed **new resources** including a video on *'Improving Experience for Autistic people in primary care'* and a Learning Disability **Annual Health Checks animation** for Children and Young people.
- **Increased joint working** with partners through funding a Housing Market Development manager with Birmingham City Council and a Maternity Support role within Birmingham Women's & Children's NHS Foundation Trust.
- Commissioned an **Autism Intensive Support Service** which will provide short term intensive support to prevent or de-escalate crisis resulting from behaviours of concern.
- Recruited into a **Small Support Programme lead and Co-production Lead** within the collaborative.

Reach Out Commissioning

The aims and ambitions for 2024/25 were to finalise, socialise and begin to embed the strategic plan that was agreed at the beginning of 2024 as below, acknowledging that these are long term strategic objectives:

Mission	Focus on providing the best quality of care we can for our patients, supporting carers and relatives, and recruiting and developing the best staff we can.		
Strategic Objectives	Address inequalities and unwarranted variation in access, experience and outcomes	Develop a coherent care pathway and ensure services meet the needs of West Midlands population	Reduce reliance on inpatient services and develop community services
Priorities	• Optimise the pathways into and out of secure care including a review of CBM processes and consideration of a SPOA • Improve interfaces between secure care and prisons, being responsive to the needs of prisoners and work more effectively with In-reach services to prevent admissions.	• Undertake a review of patient needs, particularly focusing on patients with longer lengths of stay and DTOCs and evaluation of the care pathways for this group, and determine changes required. • Undertake a review of out of area placements, understanding the needs of this patient cohort and determine future regional bed capacity to meet needs alongside an alternative commissioning model.	• Develop a Mental Health Community Forensic Team Model that meet the needs of the cohort consistently across the whole region. • Develop effective community integration with non-secure mental health and LDA care including an advisory service, liaison, in-reach into PICU and secondary care wards.
Enablers	Standardisation Co-production Workforce Development Estates Clinical Research Systems Working Transformation Resources Digital Technology Clinical and Operational Networks		

Working across the Collaborative a significant progress has been made against the objectives including:

- Undertaking a comprehensive bed modelling exercise to understand the current position and to guide future developments.
- Addressing the over provision of male low secure learning disability beds by the successful and safe transfer and discharge of patients from the Black Country Healthcare Foundation Trust Gerry Simon Clinic (learning disability service) and its subsequent closure.
- Reviewing existing bed management and patient flow processes and proposal for a patient flow management system including a single point of access to better manage flow within the system.
- Developing a comprehensive Health Inequalities Strategy, encompassing all service lines.
- Establishing relationships with ICBs and secondary care mental health services to improve patient flow, including the release of c£m9 of surplus funds to ICBs to enhance care for higher risk complex patients.
- Commissioning of an enhanced forensic learning disability and autism outreach pilot service to support secondary care and community providers, through £2m investment, to manage complex cases minimising unnecessary admissions and re-admission, and supporting discharges.
- Investing savings in health inequalities, physical health, environment, transport and digital health to improve access, experience and outcomes of patients, and in women's step-down provision (community pilot) to improve service user experience and through reduction in length of stay, reduce the overall cost of women's service provision.
- Collaborating with Criminal Justice System partners to better understand demand and pressures in the prison system and how prison services can be supported, including development of a pilot programme to test the new LDA Criminal Justice System Pathway.
- Undertaking a comprehensive review of CRFD patients and increasing engagement and joint working local authorities and ICBs to reduce these.

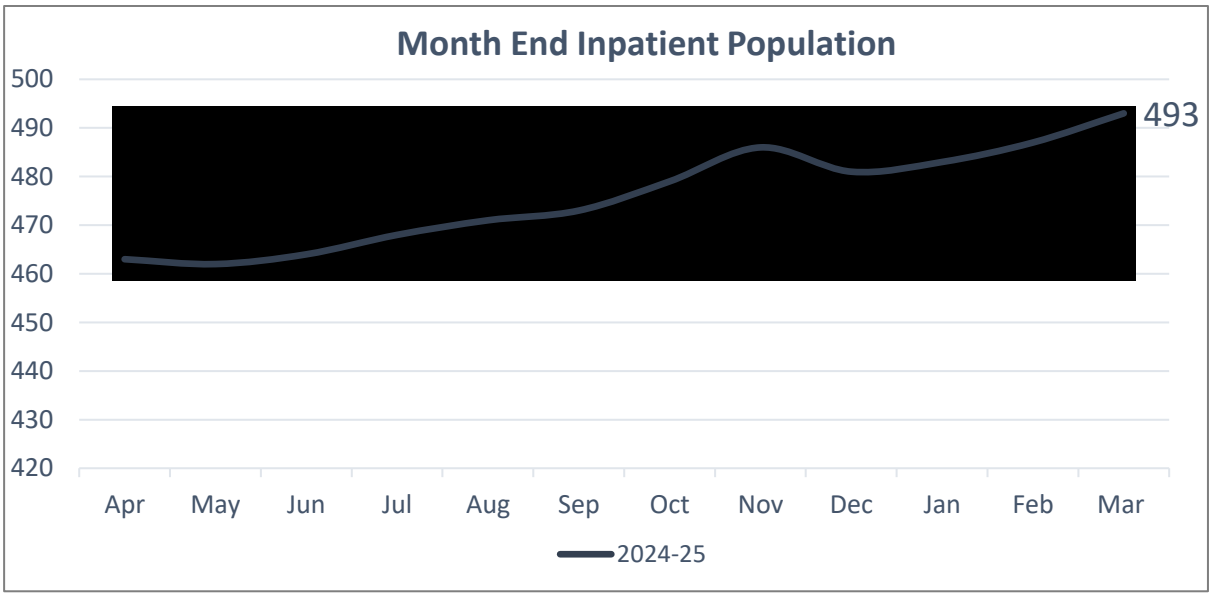
- Achieving greater integration with LDA partners, including combining key Collaborative structures and governance and decision-making.
- Working across community forensic services to refine the specifications to reduce length of stay and readmissions.
- Working closely with the national team on the Women's service Transformation Plan, including transferring West Midlands patients from the nationally commissioned WEMSS services, and redeveloping services in region.

Highlights in key areas:

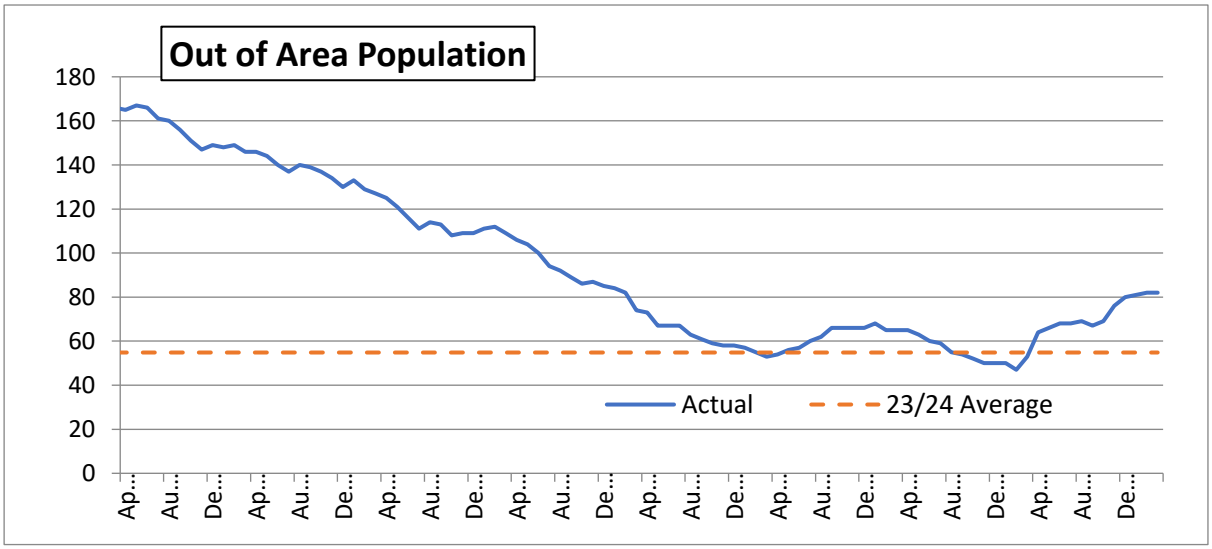
1. Service Line Performance

Mental Health

Due to sustained rise in demand from prisons (20% rise in last 12 months the overall population increased by around 10% and is at 493 compared to end of 23/24.



The Out of Area (OoA) population, which had fallen from a peak of c170 down to under 50, has increased by 55% (29 more beds being used compared to 23/24). This is the highest OoA bed usage seen in last four years.

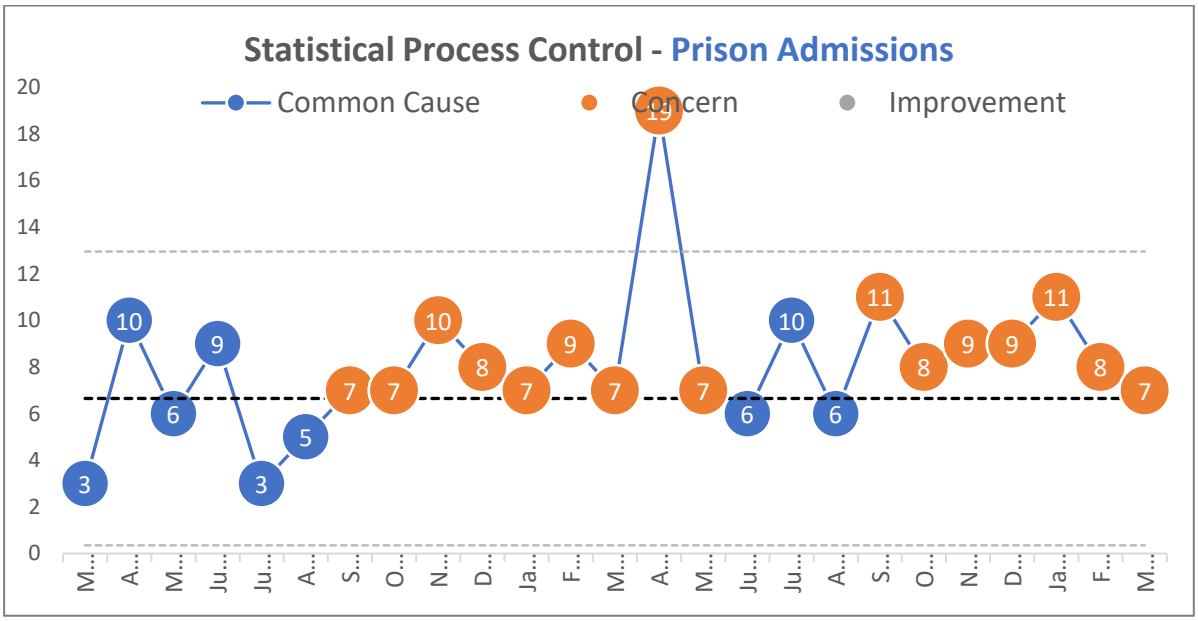


The in-area population is at 411 and this the highest seen since the Collaborative have started, the local bed utilisation is consistently over 95% occupancy.

The number of admissions has increased at 111, the highest seen in last five years. On average there were 15 admissions per month, two more each month compared to previous year.

Increase in demand for medium secure beds have been noted, needing to commission 46 additional beds. There have been fewer discharges compared to previous year, on average two fewer discharges per month.

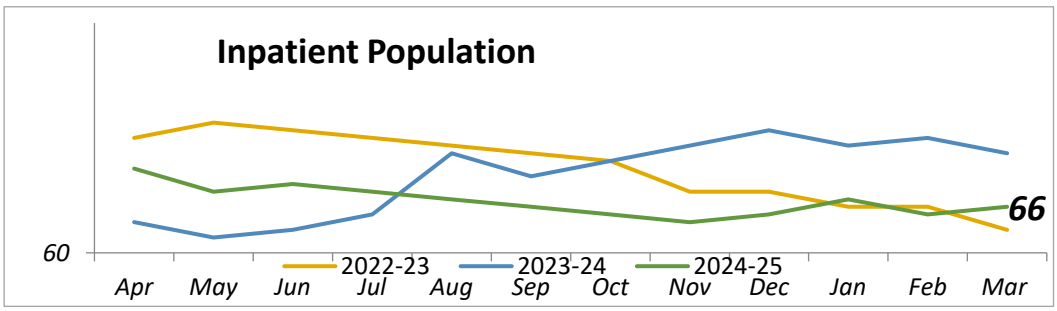
Two in three of the admissions in 2024/25 were from prison and one in four admissions were to OoA providers, predominantly medium secure services.



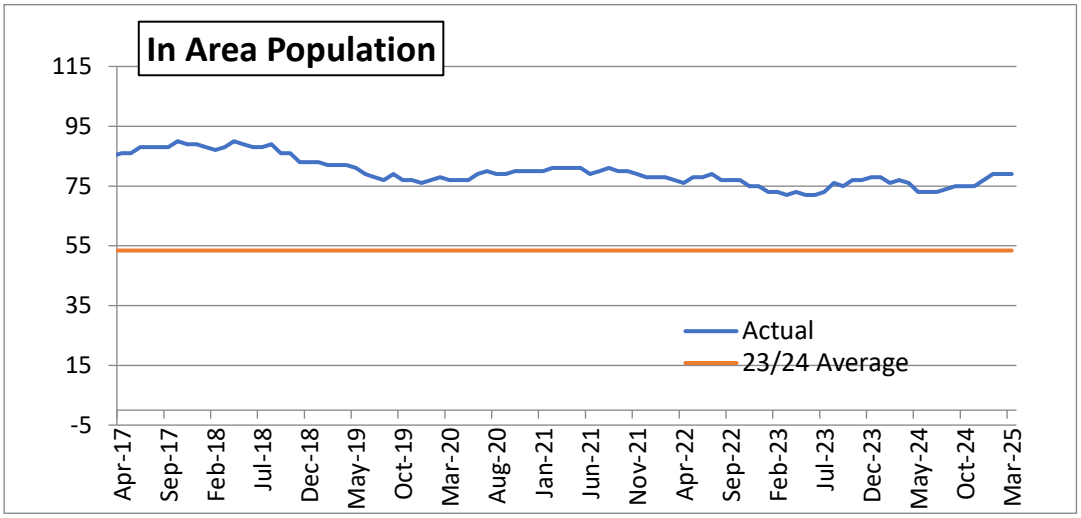
FIRST community services caseload has been gradually decreasing and is at 223 (13 less compared to previous). Alongside this there has been in a significant increase in clinical ready for discharge, blocking much needed capacity admit those patients on the waiting list.

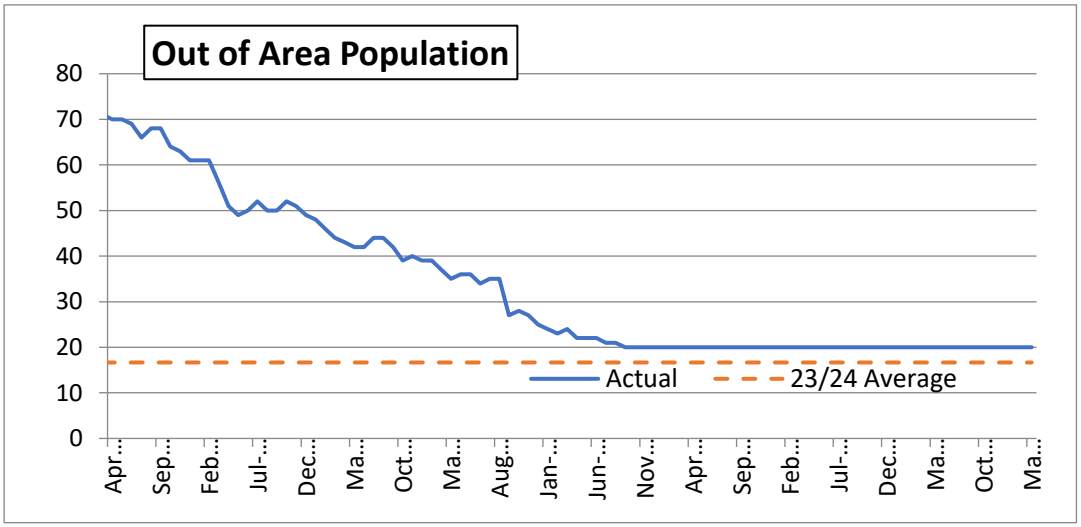
<u>Learning Disability and Autism</u>

Over the years LD&A population has been gradually reducing. At the end of 24/25, the population is at 66 (this excludes 1 non-west midland patient) Overall population reduced by 7 compared 2023/24.



The specialism deaf population remains at two. Length of these two patients is 13 and 18 years, respectively, and ICBs and NHSE have been contacted to identify suitable placements.
There was a total of 17 admissions and 24 discharges in 24/25. On average 1.4 admissions and 2 discharges per month. Majority of the admissions were from prison (5) and change from MI to LDA status (5). Most of the discharges were to community (14).





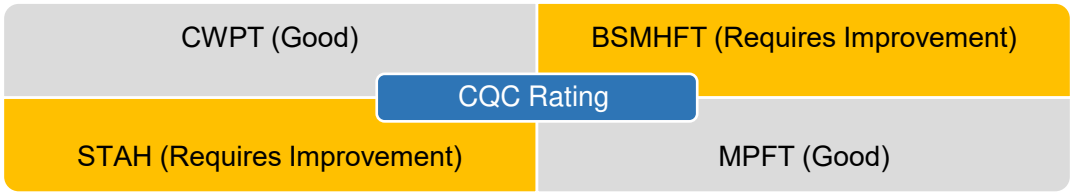
Occupancy in the last quarter has been gradually increasing across in-area units except for Eden. There were a couple of OoA placements due to lack of appropriate service provision in-area.

2. Quality

Throughout 2024/2025, Reach Out has remained dedicated to strengthening the quality and safety of services within the collaborative, driving improvements, supporting partner organisations, and facilitating meaningful patient and stakeholder engagement. The achievements reflect the collective commitment to continuous improvement, ensuring high standards of care and positive patient experience.

Key Highlights and Achievements

- **Quality Improvement and CQC Ratings:** The quality improvement support has led to demonstrable progress across the Collaborative. Coventry and Warwickshire Partnership Trust (CWPT) saw its Care Quality Commission (CQC) rating improve from *Inadequate* to *Good*, following a focused improvement journey. Midlands Partnership NHS Foundation Trust (MPFT) retained its *Good* rating. Birmingham and Solihull Mental Health NHS Foundation Trust (BSMHFT) retained *Requires Improvement* rating, but significant progress at Reaside Hospital resulted in the regulator lifting its service warning notice—a testament to the targeted improvement efforts. St. Andrews Healthcare maintained a rating of *Requires Improvement* with supportive oversight ongoing through enhanced quality surveillance and quality improvement groups, the service recent CQC inspection report demonstrated a rating of *Good* across *Effectiveness* and *Caring* domains - a



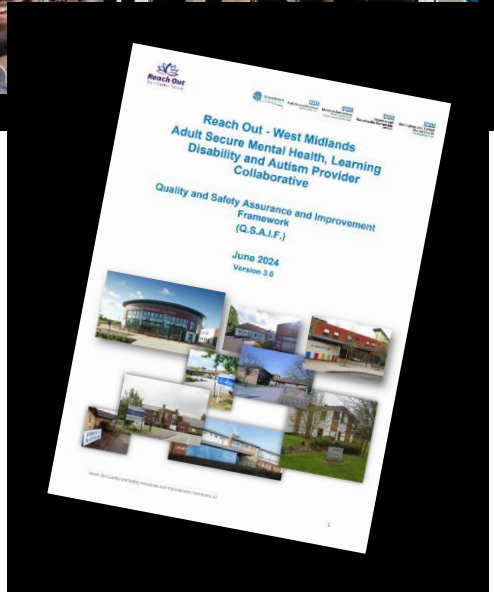
positive step forward.

- **Patients Insights and Experience:** The co-produced Patient Reported Experience and Outcome Measure Tool was utilised as part of the annual quality reviews programme, gathering detailed feedback from 77 patients across services in 2024/2025. Encouragingly, 80% of patients reported a positive experience with 7% reporting a negative experience.

- **Comprehensive Quality Reviews:** All inpatient services underwent joint annual quality reviews, delivered in partnership with local Integrated Care Boards (ICBs) and NHS England. This approach ensured robust oversight and facilitated consistent improvements across services.
- **Governance Improvements:** The integration of Mental Illness and Learning Disability & Autism Quality and Safety meetings into a singular Quality and Safety Oversight Group delivered significant efficiency gains while enabling stronger cross-pathway collaboration. This restructure allowed for more aligned governance and oversight while continuing to recognise the distinct aspects of each pathway.

- **National Collaboration:** The first National Provider Collaboratives Heads of Quality Meetup, hosted by Reach Out in September 2024, served as a platform to share best practice and benchmark quality and safety systems against other peers nationally.

- **Evolution of Quality Framework:** With increased maturity in quality and safety systems, the revised Reach Out Quality and Safety Assurance and Improvement Framework (QSAIF) have been launched, strengthening governance structures and quality processes.



- **Nursing Preceptorship and Recovery College Development:** In collaboration with providers, a Collaborative-wide nursing preceptorship standards were co-developed through dedicated task and finish group, with all partners completing self-assessments to identify future actions for enhancing preceptorship offers. Additionally, another task and finish group facilitated the rollout of secure services Recovery Colleges, with planned ongoing collaboration to co-develop a cross-Collaborative recovery college course to improve patients' social connections and overcome the challenges associated with loneliness.
- **Cross-System Engagement and Improvement Initiatives: M**ultiple 'After Action Reviews' have been facilitated with ICBs and local authorities, addressing pathway challenges that impacted secure care patients. Several best practice workshops were also hosted, including sessions focused on meaningful activities, quality standards development, outcomes framework refinement, and learning from excellence.

Looking Ahead – 2025/2026 Priorities

The key aims and areas of focus include:

- Maintaining supportive oversight of services to ensure continuous improvement of services.
- Delivering outcomes-based quality reporting through the Outcomes-Based Commissioning approach, co-producing an outcomes framework to measure impact on access, pathway efficiency, patient experience, and health outcomes.
- Strengthening relationships with system stakeholders to ensure a smooth transition to the new delegated commissioning landscape.
- Enhancing quality oversight through the launch of FIRST community teams' quality reviews, broadening the scope of assurance systems.

- Strengthening oversight for OoA placements, collaborating with other host provider collaboratives to improve assurance processes and maintain high standards of patient care.

3. Co Production and Patient Involvement

The key strategic aims in 2024 for the Patient Experience and Coproduction programme were to build on previous work and embed best practice in patient experience and co-production.
Key highlights for 2024 include:

- Implementing the new Co-Designed Patient Experience Questionnaire (PREM) in the Quality Review process.
- Launching an active Expert-by-Experience Forum, ROST (Reach Out Securely Together) in September 2024.
- Training EbE's and co-designing a Reach Out EbE Handbook for all ROST forum members.
- Developing a lived-experience film, from the patient journey of women in secure care. The film is part of an evidence-based approach called Experience-Based Co-Design (EBCD) which will inform the Women Services Pathway Transformation Programme.

Looking Ahead – 2025/2026 Priorities

To embed the Patient Experience and Co-production programme throughout the Collaborative by implementing best-practice approaches and integrating national and local priorities.

- Develop the ROST forum, through undertaking projects/ QI work and providing training, enabling the voice of lived-experience to inform strategic developments.
- Evaluate and review the PREM and integrate the PCREF (Patient Carer Race Equality Framework) into the questionnaire.
- Train Peer Reviewers to support Quality Reviews.
- Co-Design a Reach Out Forensic Carers Involvement Strategy, based on the national Forensic Carers Tool-Kit.

Key Challenges

Although significant progress was made in many areas, there have been multiple challenges that have impacted on the ability to fully achieve Collaborative's aims.

- Demand – as demonstrated earlier, the last year has seen a significant increase in demand for services particularly from the prisons which is only likely to increase particularly with impending changes the to the Mental Health Act. This will also add pressure to achieve admission the expected timeframe (28 days) which given the increasing reliance of out of area provision, will be unrealistic in many cases.
- Cultural issues – a real focus for 24/25 has been on improving co-operation between partners and aligning cultural values, this work remains challenging but essential to achieve the shared aims. It has been noticeable that over the last six months due to various initiatives, this is starting to change, and co-operation feels better than at any time previously.
- Changing NHSE priorities nationally.
- Estate issues – the aging estate across all partners restrict the ability to admit patients in a timely manner due to remedial work, resulted in increased operating/delivery costs and impact on patient experience and outcomes.

- Capacity – the local secure mental health bed capacity is not enough to meet the sustained increased demand, and there is also national shortage of beds, resulting in patients waiting longer than necessary for admissions.
- Delayed discharges/clinically ready for discharge – flow through the system continues to be impeded with issues external to secure care system including significant issues with LA. This results in large numbers of patients are waiting for discharges while others are waiting for admissions.

2025/26 Forward Plan

The second year of the strategy will focus on the implementation of the initiatives that have been shaped and developed by discussions with wide range of stakeholders. These are:

- Focus on the long stay patients: undertake a thorough needs analysis of existing cohorts including those over three years to see what can be offered and whether models of care need to be reconsidered.
- Capacity redesign: using the bed modelling to re-purpose existing local bed capacity and explore opportunities for expansion. Review the use of MSU vs LSU and non-secure care beds to ensure patients are in the right bed and in the right place. Continue with the market engagement and introduce new independent sector provider to meet the demand for services, subject to procurement exercise.
- System partnership development: continue to build closer working with secondary care/ICBs to enhance the care pathway, enhancing the community offering via pilot programmes designed by ICBs and better interface with specialist forensic community offer.
- Reduce CRfD: continue working with key stakeholders to reduce the number of patients waiting to be discharged.
- Patient Flow Management: Finalise and implement the processes and systems to implement the single point of access to maximise utilisation of existing provision.
- Women's Services Transformation: Continue to work with system partners to further design and develop women's pathway.
- Health Inequalities: Continue to focus on key areas where performance needs to be further improved and promote best practice across the Collaborative.
- Outcomes Framework: Identify key areas to focus on to incentivise improvement and innovation and implement meaningful co-produced outcome measures across the Collaborative.
- LDA and MI interface: Continue to improve the joint working arrangements between services to ensure right support is provided across the pathway.

Financial performance

Summary financial accounts

This section provides a commentary on our group financial performance for the financial year 2024/25. It provides an overview of our income, expenditure, cash flows and capital expenditure in the year.

The 2024/25 consolidated Group outturn position is a surplus of £10.8m. This is after adjusting for the revenue impact of the PFI liability remeasurement under IFRS 16 of £1.3m and impairment of £2.9m.

The month 12 outturn is in line with the forecast of £10.7m and is £8.7m better than the original plan surplus of £2m. This is mainly due to a share of in year surplus from the Reach Out and Tier 4 CAMHs provider collaboratives, release of a provision relating to SSL VAT treatment and further release of balance sheet flexibility.

In line with previous years, in month 12, there has been an increase in both income and pay of £16.3m (as communicated by NHSE on 11.3.25) to reflect the additional expenditure arising from the 9.4% pension contributions paid by NHSE. There was a significant increase in both non trust beds expenditure and bank expenditure in month 12. This was offset by balance sheet flexibility and SSL corporation tax being £0.7m better than plan, following a review of tax for the prior 3 years which resulted in a move from deferred tax liability to a deferred tax asset and tax refunds.

The Group 2024/25 outturn position is driven by a surplus of £9.8m in the Trust, £886k surplus for Summerhill Services Limited (SSL), a break-even position for the Mental Health Provider Collaborative (MHPC) and a surplus of £250k for the Reach Out Provider Collaborative in line with agreed contribution to Trust overheads.

Going concern

The Trust completes a going concern assessment each and every year and checks that this is consistent with the assessment by its subsidiary Summerhill Services Limited (SSL), as there is some degree of interdependence.

Like many NHS Trusts we rely on custom and practice. As in previous years, the Board has stated that it considers that the group has adequate resources to continue in operational existence for the foreseeable future and the accounts have been prepared on a going concern basis. In reaching this decision, the Board considered the medium-term financial plans of the organisation including income and expenditure, the capital programme and associated funding, cash, and financial performance indicators.

Financial performance

The Trust wholly owns a subsidiary Summerhill Services Limited, the results of the subsidiary company have been consolidated with those of the Trust to produce the group financial statements contained in this report and referred to in this commentary.

The arrangements for 2024/25 continued to support system collaboration with a focus on financial discipline and management of NHS resources within system financial balance.

Our year end position is an operational income and expenditure surplus of £10.8m after considering all adjustments for exceptional items.

Table 1: Consolidated financial performance 2024/25 and 2023/24

	2024-25	2023-24
Income from activities	700,789	595,291
Other operating income	31,444	30,797
Total income	**732,233**	**626,088**
Operating expenses	(708,097)	(609,386)
EBITDA	**24,136**	**16,702**
Capital financing costs	(14,646)	(20,915)
Revaluation/(impairments)	(2,912)	(544)
Profit/(loss) on asset disposal	33	-
Corporation Tax	369	(228)
Surplus/(deficit) for the year	**6,980**	**(4,985)**
Adjusted financial performance:		
Surplus/(deficit) for the year	6,980	(4,985)
Add back all I&E impairments/(Revaluation)	2,912	544
Surplus/(deficit) before impairments and transfers	**9,892**	**(4,441)**
Remove peppercorn lease I&E impact	**5**	**5**
Remove actual IFRIC 12 scheme finance costs	**-**	**14,207**
Add back forecast IFRIC 12 interest on an IAS 17 basis	**-**	**(2,237)**
Add back forecast IFRIC 12 contingent rent on an IAS 17 basis	**-**	**(3,370)**
Remove PDC dividend benefit arising from PFI liability remeasurement	**-**	**(1,494)**
Retain impact of DEL I&E (impairments)/reversals	-	-
Remove PFI revenue costs on an IFRS 16 basis	14,915	-
Add back PFI revenue costs on a UK GAAP basis	(13,651)	-
Remove capital donations / grants I&E impact	(360)	-
Adjusted financial performance surplus/(deficit)	**10,801**	**2,670**
Operating surplus margin	1.35%	-0.71%
EBITDA margin	3.30%	2.67%

Income

In the financial year 2024/25 the group generated income of £732m, which includes income generated in the course of our responsibilities around the new Birmingham and Solihull Mental Health Provider Collaborative and Reach Out.

The chart below shows a breakdown of our income. Most of our income (95%) comes from our local and national commissioners for the delivery of healthcare services. We continue to be a major provider of education and training in the West Midlands and so this represents approximately (3%) of our income. The Trust has met the requirement under section 43(2A) of the NHS Act 2006 that the income from the provision of goods and services for the purposes of the health service in England is greater than the income from the provision of goods and services for any other purposes. Under section 43(3A) of the NHS Act 2006 the Trust's other income that has been received has not had a significant impact on its provision of goods and services for the purposes of the health service in England.

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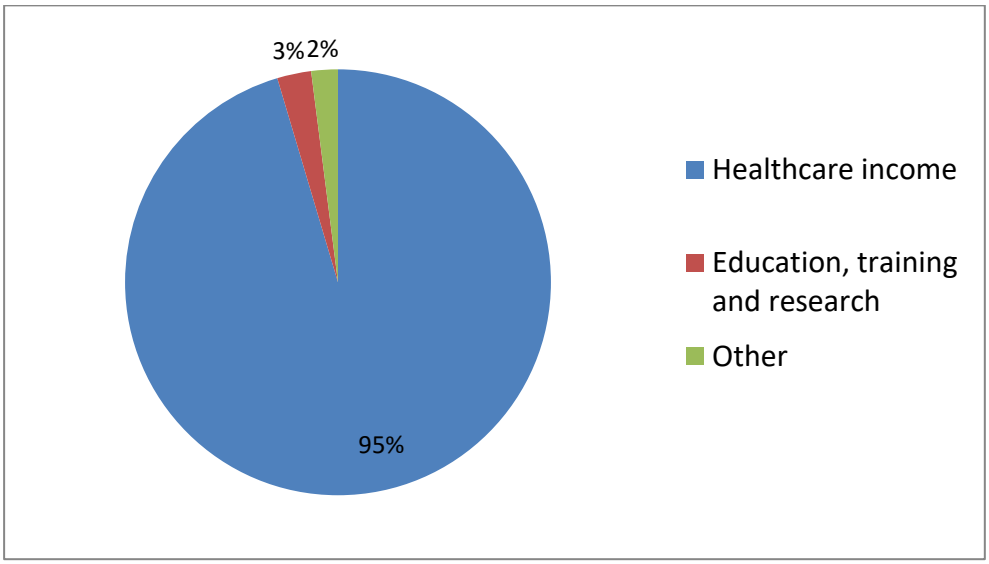
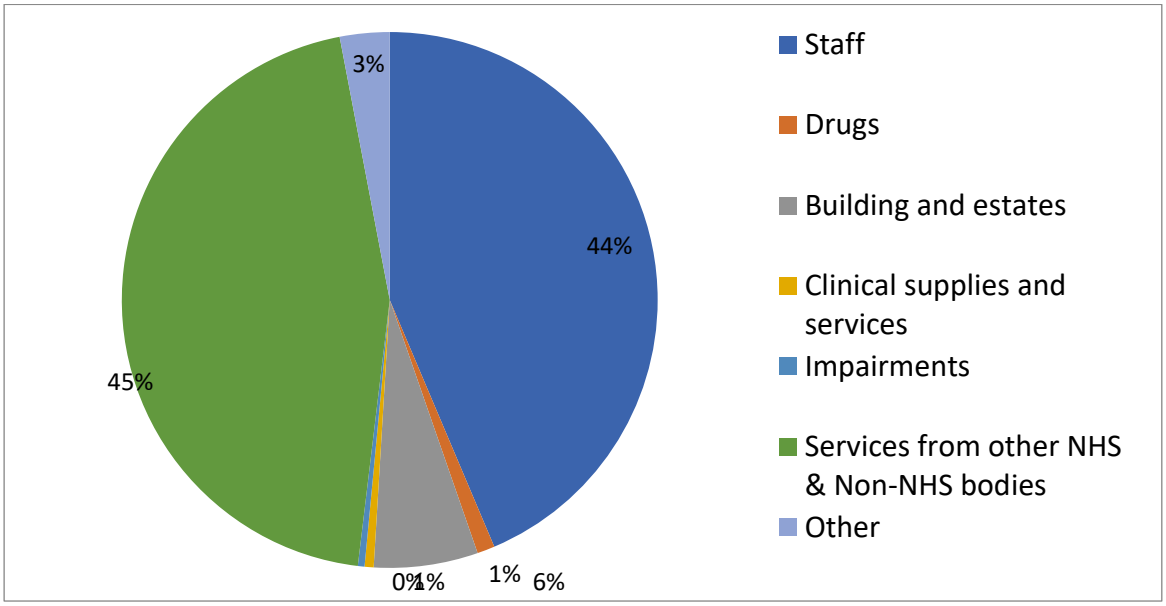


Expenditure

The chart shows that our staff are our most valuable and significant part of our expenditure. However, we also operate from over approximately 40 + sites across Birmingham and Solihull and so the cost of our estate is also a significant proportion of our overall spend.

Figure 2: What expenditure was incurred by BSMHFT t 2024/25



Cash flow

At the end of the financial year, we have a cash balance of £86.4m (this includes Reach Out, the Birmingham and Solihull Mental Health Provider Collaborative and SSL). This position means

that our organisation can meet its short and medium-term financial obligations. There were no investments made during the financial year as per our agreed Treasury Management approach with the National Loan Funds (NLF) which was not returning interest receivable over and above the interest received from our main Government Banking accounts (GBS) for part of the financial year.

Overview of capital investment and asset values

The Group capital expenditure for 2024/25 after removing grant funded schemes is £13.5m in line with forecast. Additional funding of circa £4m was received during the year enabling increased investment in shared care records and estates related works.

2025/26 Capital plan

The capital programme for 2025/26 is £16.4m funding the Trust's normal business as usual plan of £6.53m plus additional allocations for the development of the inpatient unit on the Highcroft site of £6.13m. Further allocations of £3.77m have been made to the Trust pending confirmation of the overall system envelope.

External audit

The Council of Governors appointed Forvis Mazars LLP as external auditors of the Trust on 1 February 2025. The contract is for 3 years ending March 2028 with the option to extend 2 x1 year. The audit fee for the year ended 31 March 2025 was £180k (2023/24: £98.4k) for the Trust's annual report and accounts and £42k (2023/24: £31.6k) for Summerhill Services Limited, totalling £222k (£129.9k for the year ended 31 March 2024) Inclusive of VAT.

From April 2015, NHS foundation trust auditors are required to follow an audit code issued by the National Audit Office (NAO) on behalf of the Comptroller and Auditor General. This was the fee for an audit in accordance with the Audit Code issued by NHS Improvement.

Directors of the Trust have confirmed there is no relevant audit information of which the auditor is unaware and that directors have taken steps to make themselves aware of any relevant audit information and to establish that the auditors are aware of the information.

In 2017/18 as part of the new Auditor Guidance Note (https://www.nao.org.uk/code-audit-practice/wp-content/uploads/sites/29/2020/01/Code_of_audit_practice_2020.pdf) there are now a list of prohibited non audit services, this includes tax services relation to the preparation of tax forms and provision of tax advice. Under the new legislation these services are prohibited. The following threats and safeguards are in place to ensure Auditor objectivity and independence. Mazars LLP does not support the Company in making/negotiating any changes/contract/disputes with other parties. The Audit Committee carries out a review of the effectiveness of the External Auditor following the completion of each annual audit, assessing the External Auditor's performance against an agreed framework and seeking the views of officers of the Trust, and reports the outcome of that review to the Council of Governors, together with a recommendation as to whether the External Auditor should be re-appointed for the following year (depending on the length of the contact in place).

Public sector pay policy

Our Trust adopts a Better Payment Practice Code in respect of invoices received from NHS and non-NHS suppliers. The code requires our Trust to aim to pay all undisputed invoices within 30 calendar days of receipt of goods, or a valid invoice (whichever is later), unless other payment terms have been agreed. To meet compliance with this target at least 95 per cent of invoices must be paid within 30 days, or within the agreed contract term. Our Trust's performance against target is summarised in the table below:

Table 2: Better Payment Practice Code performance

	2024/25	2024/25	2023/24	2023/24
	Number	£'000	Number	£'000
Total NHS invoices paid in the period	923	75,929	766	63,275
Total NHS invoices paid within target	900	75,001	740	62,956
Percentage of NHS invoices paid within target	97.5%	98.8%	96.6%	99.5%
Total non-NHS invoices paid in the period	54,372	306,401	49,611	247,778
Total non-NHS invoices paid within target	52,341	298,758	47,733	242,936
Percentage of non-NHS invoices paid within target	96.3%	97.5%	96.2%	98.0%

Management of working capital balances, in particular aged balances are reviewed on a regular basis by senior management and escalated where necessary.

Financial risks

The Trust has a treasury management policy which is implemented by the finance department. The Trust has assessed that it is not subject to any significant financial risks in relation to financial instruments:

• Currency risk – the Trust is a domestic organisation with the majority of transactions conducted in £sterling, therefore exposure to currency risk is low.

• Interest rate risk – borrowings are from the Government and interest is fixed for the life of the loan, therefore exposure to fluctuations in interest rates is low.

• Credit risk – majority of our income comes from contracts with other public sector bodies and so there is low exposure to credit risk. Cash deposits are only placed on a short term basis with highly rated UK banks or HM Treasury.

• Liquidity risk – operating costs are incurred under contracts with public sector bodies, financed from the Government. Exposure to liquidity risks are considered to be low.

Looking forward

The planning round undertaken for 2025/26 already indicates that the financial position for all NHS organisations will continue to be extremely challenging with reduced levels of growth funding compared to previous years. In particular the Trust faces challenges in delivering a £36.4m savings plan, delivering the operational planning targets of financial reductions in bank and agency spend, as well as making further improvements in the spend on non-contracted inpatient beds.

Reducing the cost of fraud in the NHS

Fraud in the NHS is a drain on the valuable assets meant for patient care and costs the health service a substantial amount. The situation is improving year on year as recovery of money, prosecution of offenders and awareness of the issue continues to build. However a considerable amount of money is still lost through patient, practitioner and staff fraud. The NHS Counter Fraud Service aims to reduce this to an absolute minimum, and maintain it at that level. BSMHFT has in place a team of Local Counter Fraud Specialists (LCFS) who are the first line of defence against fraud. Their role includes raising awareness of the risk of fraud among staff, reducing the risk through a programme of proactive work and, in the event of suspicion being raised, conducting formal investigations. To find out more, contact one of the Trust's LCFS contact: Emily Lake, Senior Consultant, RSM UK Risk Assurance Services LLP, Fifth Floor, Central Square, 29 Wellington Street, Leeds, LS1 4DL, T: +44 113 285 5000 | DL: +44 113 285 502, E-mail: emily.lake4@nhs.net

Additional information

The accounts have been prepared under a direction issued by NHS England under the National Health Service Act 2006. The accounting policies for pensions and other retirement benefits are set out in note 1 to the accounts and details of senior employees' remuneration can be found in the Remuneration Report on page **56**. The NHS Foundation Trust has complied with the cost allocation and charging requirements as set out in the HM Treasury and Office of Public Sector Information guidance.

Summary financial statements

The Annual Report includes summary financial statements. A full set of accounts is available on request by contacting The Executive Director of Finance, Finance Department, Uffculme Centre, 52 Queensbridge Road, Birmingham, B13 8QY.

Independent inspections, assessments, and awards

Registration with the Care Quality Commission (CQC)

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 no conditions on registration.

Birmingham and Solihull Mental Health Foundation Trust had the following conditions on registration, but they were removed by the Care Quality Commission in December 2023:

1. The registered provider must take steps to address the ligature risks across all wards by 18 June 2021.

2. By 29 January 2021 the Registered provider must implement an effective system to improve risk assessments and care planning. The Registered Provider must report to the Commission on the steps it has taken in connection with this by 5 February 2021.

3. By 4 January 2021, the registered provider must inform the Commission of the order of priority in terms of addressing the ligature risks and timescales for addressing the ligature risks across each ward.

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

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

The Care Quality Commission has taken enforcement action against Birmingham and Solihull Mental Health NHS Foundation Trust during 1 April 2023 to 31 March 2024. Two Section 29 notices were issued to Community Mental Health teams and the Trust provided action plans to the Care Quality Commission to address the points raised.

Social, community engagement, anti-bribery and human rights issues

Community engagement

A bit about us
Our community engagement team works closely with staff members and community groups to ensure local people are consulted and involved in developments or changes to services provided by the Trust.

The team also undertakes a significant amount of work with local communities to tackle the stigma associated with mental health and to reduce the barriers to getting the right help at the right time. The team is always very keen to hear from individuals and community groups with suggestions on how the Trust can better engage with local communities and support them in taking more responsibility for their own wellbeing. Below is some of the work and projects the team has undertaken for the last 12 months:

Feel the Rhythm, Beat the Stigma Community Music Events
Spanning across four locations in Birmingham, we reached out to the community and focussed on teaching people about the importance of mental health and the help that is available – all whilst having a bit of fun at the same time.
These family events were for all ages, with over 20 stalls hosting games, charity raffles, pottery sessions, hot food and drink, mental health support information and much more.
Local artists, including The One Love Band, a lively five-member Reggae band from Small Heath, Birmingham performed live throughout the events.

Hearing From Our Refugee Community
The United Nations Refugee Agency (UNHCR) in 2022 reported that over 100 million people were forcibly displaced from their homes due to persecution, conflict, and human rights violations. By the end of 2021, the number of refugees globally had increased to 21.3million,

with new and unresolved conflicts adding to greater population displacement and migration. This number increases to 27.1million when we include the 5.8million Palestinian refugees under the UNRWA's mandate.

The Community Engagement team produced a video with testimonials from five refugees living in Birmingham. Each share their real-life experiences and raise awareness of some of the challenges they have faced. Hearing their personal accounts and understanding their individual journeys is a powerful way to break down stereotypes, build empathy with this community, and create a welcoming and inclusive environment so that we can become true allies in the journey of all sanctuary seekers.

Unity FM - What shape are you in?

Beresford Dawkins is our Community Development Lead, and he is one of radio station Unity FM's most experienced presenters. He produces and presents a weekly show at 4pm on a Wednesday, *What shape are you in?* and in doing so has enabled the station to reach out to tens of thousands of people in the Birmingham and many more online. Beresford is passionate about helping those in our local communities who need support to manage their mental health. He inspires his listeners, many of whom come from the most vulnerable in our communities. Colleagues and service users from BSMHFT are regular guests on his show along with diverse organisations including Birmingham Safeguarding Children Partnership, Mens Project Birmingham, Birmingham City Council, West Midlands Police and various Mosques.

Anti-bribery

We are committed to full compliance with the Bribery Act 2010 and have a zero-tolerance approach to bribery and corruption, undertaking due diligence on third parties with whom we work to ensure they have high ethical standards, and our reputation will not be compromised by our association with them. Our latest Counter Fraud and Anti-Bribery Policy was ratified in July 2022 and established a framework that:

- improves the knowledge and understanding of everyone in the Trust, irrespective of their position, about the risk of bribery and its unacceptability.
- assists in promoting a climate of openness and a culture where staff feel able to raise concerns sensibly and responsibly.
- sets out the Trust's responsibilities in terms of the deterrence, prevention, detection and investigation of bribery and corruption.
- ensures the appropriate sanctions are considered following an investigation.

This policy works in conjunction with the Declarations Policy which was ratified by the Audit Committee in April 2024 and provides guidance on the process to be followed should any circumstance of actual or potential conflict of interest emerge, or any sponsorship, gifts and/or hospitality be offered to any member of staff by commercial organisations or generally in the course of the performance of their duties.

Human rights

The Human Rights Act underpins the requirements of the NHS Constitution and speaks directly to the requirements for Freedom, Respect, Equality, Dignity and Autonomy to be provided to all.

Our approach to embedding Human Rights principles in all parts of our people, systems, and processes. Taking a Human Rights based approach enables an environment where opportunities can be maximised with clear accountability. Practically this means creating an enabling environment through actively challenging stigma, as seen through our Behind the Badge campaign. This campaign takes an active approach to addressing the challenge of mental health stigma with our own workforce, supported by our Disability Neurodivergence network. Taking a focussed approach to service user experience is explored through the reducing inequalities work focussed within Secure Care service under the Patient Carer Race Equality Framework, a national framework with BSMHFT being a pilot site.

Organisationally we have worked consciously with intent in creating an approach to reducing inequality through the Value Me approach, this strategic approach highlights the active intention of To enable the right ingredients for an Inclusive culture which is Anti racist and Anti discriminatory for all to Improve access, experience, and outcomes for our people. The Anti racist, anti-discriminatory approach is further reinforced through the development of a specific policy supported with guidance and a practical framework that highlights positive indicators for anti-racist, anti-discriminatory colleagues, practitioners, and leaders. Practically this is further supported by the roll out of the Active Bystander training which has now been experienced by 200 colleagues across the Trust.

Our induction training programme has included an introduction to human rights since November 2013, this is experienced by all colleagues within the Trust, and this is also part of the equality and diversity e-learning programme. The Equality Analysis Guidance and Assessment Tool considers human rights and the tool forms part of our project management system. Protection of human rights is covered in our new Equality, Inclusion and Human Rights Policy, which was identified as good practice in 2022. Equality and human rights analysis are considered as part of all papers submitted to the Trust Board and its committees. Training on the effective use and application of Equality Impact Assessments has been positively received with over 50 taking part since beginning in March 2023.

Important events since the end of the financial year

There have been no significant events since the end of the financial year affecting our Trust.

Overseas operations

The Trust has no operations outside of the UK.

Sustainability and climate change 2024/25

The Sustainable Development Annual Report for 2024/25 highlights the progress being made regarding this challenging and ever-changing agenda. This report not only includes the progress being made within BSMHFT but also details some of the resource challenges being experienced and many of the ongoing workstreams. Furthermore, this report is reflective of the BSMHFT Group which for the avoidance of doubt includes that of its wholly owned subsidiary Summerhill Services Ltd (SSL).

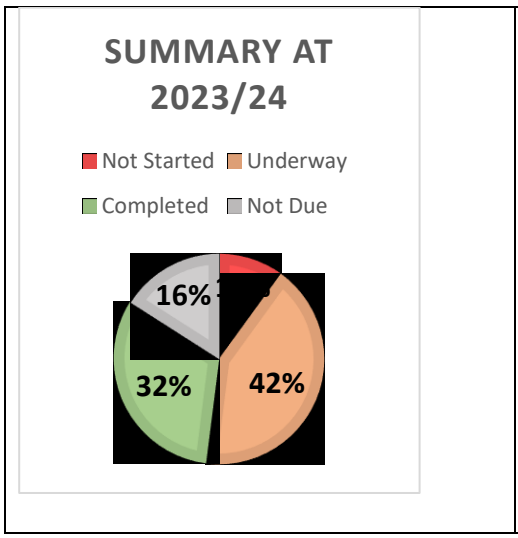
Carbon Net Zero – Our Green Plan

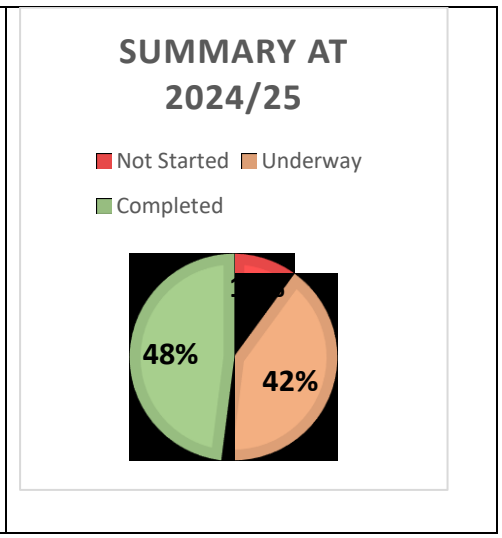
This document considers the significant progress made by the NHS and BSMHFT in moving towards national net zero targets. Indeed, the first target for the NHS of delivering an 80% reduction in CO_2 by 2030/2032 is well on the way to being achieved. It must be recognised, as this is not always made clear, that the NHS had already achieved a reported 62% reduction against the 1990 Carbon baseline and thus the 2030/32 target requires the NHS to both maintain the reductions made to date (as measured in 2019/20 against 1990 baseline) and secure an additional 18% worth of Carbon reduction.

Locally and consistent with NHS E guidance / Carbon Net Zero Strategy the BSMHFT plan has been written using a 2019/20 baseline (pre pandemic) including a Carbon reduction trajectory that would help enable 2030/32 to be met by BSMHFT.

The Green Plan is in the process of being reviewed in line with NHSE guidance and mandated timelines. It is thus highly likely given this guidance that the baseline year will change (certainly for scope 3 emissions), although a number of the performance targets and aspirations remain. It should also be recognised that significant progress has been made against the ambitions of the current plan.

Please see below comparison of the plan at 2023/24 and at 2024/25 years ends summarising the progress against workstreams with nearly 50% being completed.





Achievements 2024/2025

Expanding in a little more detail, please see below examples of the many interventions:

Electricity – All directly procured electricity being purchased from low / zero Carbon sources.
Public Transport – 4-week free Public Transport taster passes being offered for all new starters and 10% cost reduction of Travel passes for NHS staff – indeed 2024/25 has seen an incredible **4008** journeys undertaken where codes have been redeemed over the past 12 months.

Public Transport – A scheme at this time offered within ICCR to allow patients within deprived areas free public transport travel to and from appointments. Hopefully impacting positively on non-attendance at appointments. At this time over **2200** journeys have been made by patients who have redeemed codes.

Waste – Less than 1% of all waste arising going to landfill. Having also introduced food waste recycling at Trust sites. With this food waste being used to generate heat and energy via anaerobic digestion.

Electric Fleet – having circa 35% of the Trust General Transport fleet vehicles now being EV / Hybrid EV.

Heat Decarbonisation – Having bid for and been successfully awarded over £660K of revenue funding, SSL have engaged with specialist contractors Dalkia to develop detailed designs pertaining to the decarbonisation of the heat supply at 5 of our Trust sites. These designs, if to be implemented, will deliver significant carbon savings but will require several £millions of capital to make happen.
Laundry – The new contract led and introduced by SSL has seen the appointment of a provider with strong Carbon credentials, using a lower temperature wash system and mitigating the need for polythene wrapping on laundry.

Dressings / Tissue Viability eradication of wastage – In creating a central purchasing, storage and distribution service for these products has seen financial and environmental efficiency savings and waste avoidance. Over ordering has stopped, leading to less wastage with products not going beyond expiry dates or being incorrectly ordered. Also allowing from point of order to final delivery normally within 2 working days maximum – representing service quality improvement for Clinical teams.

Recruitment – Moved to 'e' recruitment via 'On base' for new starters alone saving in excess of 20,000 pieces of paper per annum (plus the additional purchase storage, transportation and disposal costs and carbon impact).

SSL General Transport – continually reviewing and developing routes and processes so as to reduce mileage and carbon Impact and in turn mitigate the mileage associated with return / empty journeys. Aim is not to have 'dry' / empty runs.

Travel - the Trust needs to understand the Travel basis and needs of its workforce so that it can help to plan for that necessary 'modal 'shift away from the car and specifically the combustion engine. A Travel survey being completed in 2024/25. With results being reviewed in conjunction with the early stages of development of a Trust wide Travel plan.

Communications – A booklet for 'new starters' to be shared at inductions (Trust and SSL) has been developed. In addition, the webpage including Carbon Jigsaw has / is being developed. Workforce – All Trust and SSL Job Descriptions now mandate that all new starters must support Sustainability practices and the Green Agenda. In additional staff have the option to join salary sacrifice schemes that support both cycling and / or the purchase of EV's / Hybrid EV's.

CAFM – A new Computer Aided Facilities Management systems helping support real time works allocation and paperless process improving efficiencies and reducing wastage.

Food - Electronic Food ordering system being introduced improving quality and reducing wastage in terms of paper, time and food wastage. Leading to quality improvements.

Carbon statement – the annual statement supported at Executive Director level that illustrates how the organisation has improved its carbon management / reduction from the baseline year (2019/20). Helping share progress but also the challenges ahead

<u>ICS Green Board / Plan</u>

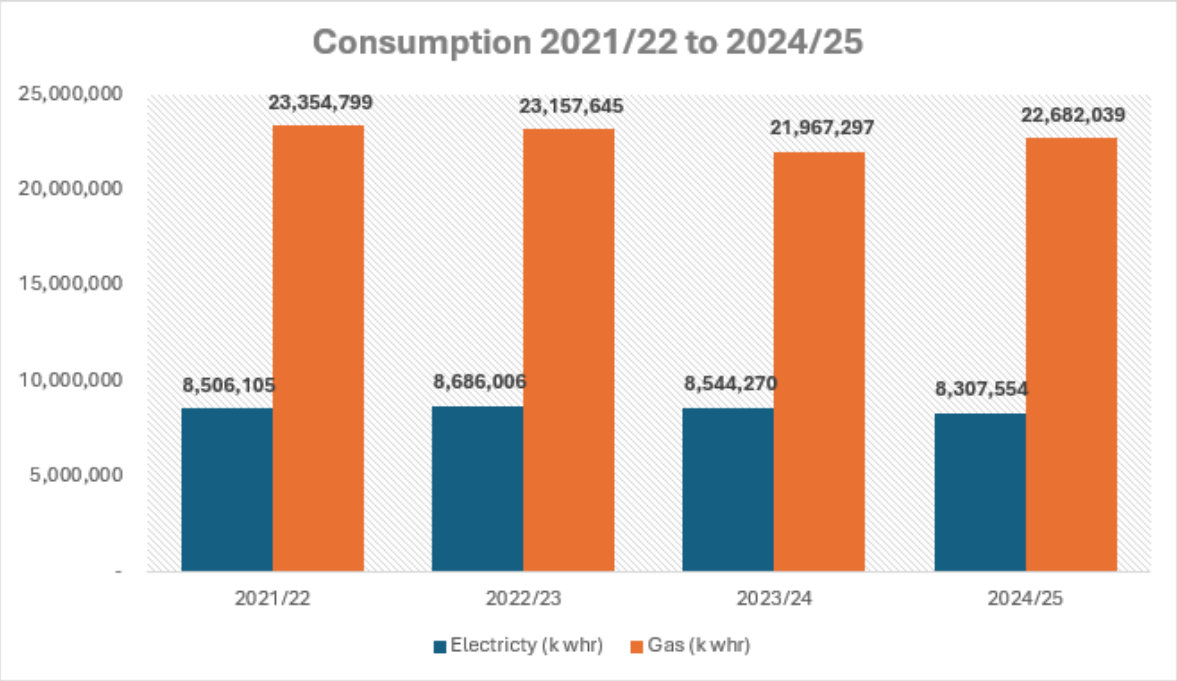
It should also be recognised that SSL management have been continuing to support the BSol ICS / ICB in reviewing and re-writing their Green Plan, defining priorities, and establishing a Governance structure and reporting framework. In addition, SSL have also supported the ICB with representation at Regional NHSE meetings and reporting.

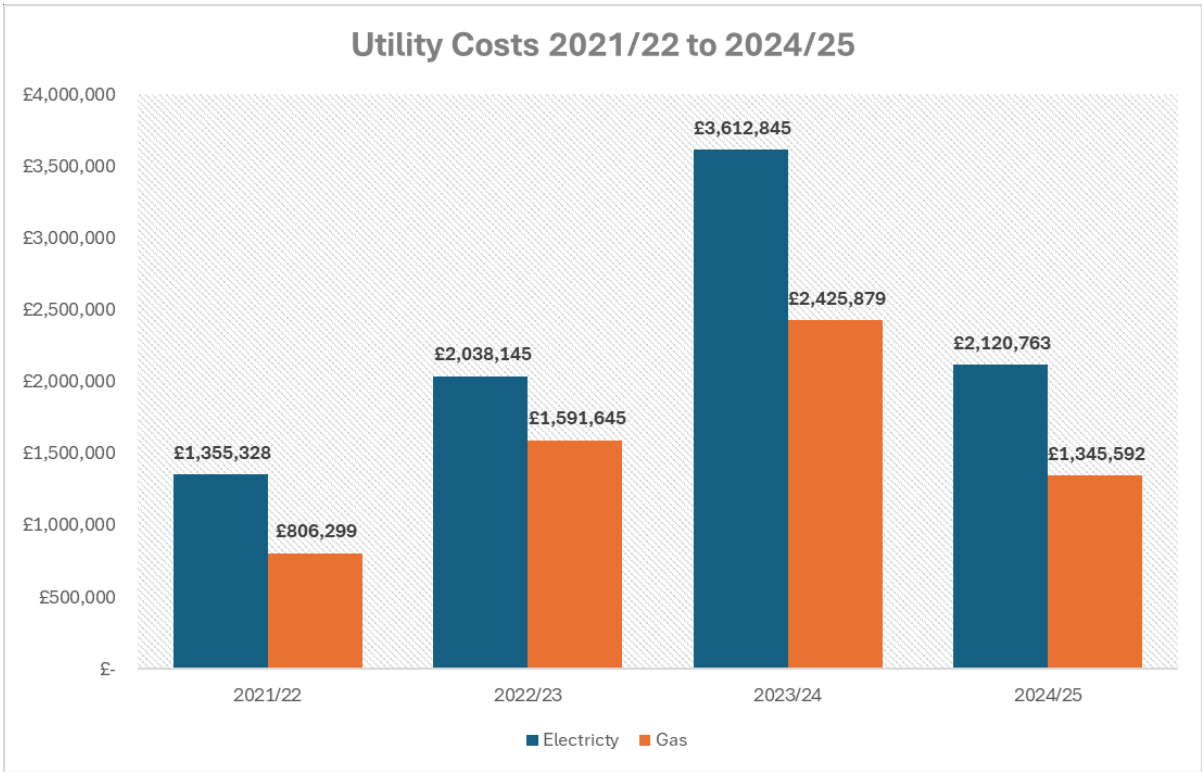
This being a temporary appointment at this time but positively received by the ICB.
The future of this role and the remit of work may need consideration given recent Government announcements re Quango's and reducing Public Sector liabilities.

Data Analysis - regarding performance in 2024/25
The strong procurement activity led by SSL working with the Trust / BSol collaborative has led to favourable utility prices in 2024/25. These resulting in a very significant non-recurring cost reduction (saving) of circa **£2.6 million against 2023/24**. The new contract being a rolling 3 year (36 month with a 30-month utility purchase window) allowing for greater flexibility in energy procurement and thus greater potential for maintaining effective market driven prices and risk strategy.

In terms of energy consumption despite an ever-growing Trust and more persons returning to the workplace the total gas and electricity kwhr consumption has remained consistent between 2023/24 and 2024/25.

In terms of consumption and costs in a little more detail please note below:





Waste - Regarding Waste management the Trust group in 2024/25 produced 848 tonnes of waste at a total management and disposal cost of £300,139. This representing a very positive reduction in the total volume of waste of 55 tonnes a reduction of 6% against 2023/24 and a cost avoidance of circa £18K

This waste being disposed of as below:

- 267 Tonnes recycled (representing an encouraging 31% return)

- 552 Tonnes treated as refuse derived fuel via waste to energy incineration (representing 65%)
- 29 Tonnes being managed via Alternative treatment plants (representing just over 3%)

Again, meaning less than 1% of all waste arisings being destined for landfill.

Water – The Trust Group used 116,128 m³ of water. This being 4% lower than that consumed in the 2023/2024 financial year. Financial implication being that water costs for 2024/25 were £408,344 this being circa 6% lower than in 2023/24.
It is considered that the main reason for relatively high water usage across the entire estate being the need for significant 'flushing' to manage water temperatures, quality and risks. It is likely with Climate Change that as temperatures increase then equally the need to flush water for safety and compliance reasons will also increase and thus unfortunately it is anticipated that consumption will also increase year on year.
To note the water costs are likely to increase exponentially for 2025/26 Financial year with some suppliers including Severn Trent who own the water used by BSMHFT having suggested commodity costs increase by in excess of 35%. Further details awaited.

Carbon Reduction - In terms of Carbon (CO2e) performance BSMHFT Group at 2024/25 having achieved a significant cumulative 42% reduction against its own 2019/20 baseline.

BSMHFT Carbon Footprint	2019/20	2019/20	2020/21	2020/21	2021/22	2021/22	2022/23	2022/23	2023/24	2023/24	2024/25	2024/25
Emission Source	Consumption	tCO2e	Consumption	tCO2e	Consumption	tCO2e	Consumption	tCO2e	Consumption	tCO2e	Consumption	tCO2e
Natural Gas in kWh	22,984,359	4,775	24,573,531	5,106	23,354,799	5,010	23,157,645	5,001	21,967,297	4,018	22,682,040	4,149
Electricity - grid supplied in kWh	9,850,040	3,112	0	0	0	0	0	0	0	0	0	0
Electricity - zero / low carbon in kWh	0	0	9,053,331	498	8,506,105	672	8,686,006	589	8,544,270	579	8,307,554	563
Water Consumption M3 (inc. treatment)	96,896	99	92,405	94	92,821	38	99,216	40	121,454	49	116,128	39
Waste Arisings in tonnes	991	41	820	39	845	49	932	39	903	22	903	5
Fleet Vehicles in litres of fuel	58,119	185	55,091	172	57,431	178	56,349	177	63,108	165	55,720	161
Business Travel, inc. Grey Fleet in miles	2,455,410	563	1,089,634	236	1,184,535	261	1,184,535	261	1,287,242	208	1,292,078	207
TOTAL tCO2e		8,775		6,145		6,208		6,107		5,041		5,125

NB: It should be recognised that government led conversion metrics fluctuate annually and thus make year on year comparisons slightly more challenging.
The Green Plan for the ICS and the same for BSMHFT is at this time being re-written and a revised. An enhanced data set with improved Carbon analysis will be included which will provide full scope 1, scope 2 and where available scope 3 data. This new Carbon Tool will be used for year ending 2025/26. In the meantime, for 2024/25 the previous methodology has been used, scope 3 omitted and the figures externally reviewed via energy and environmental consultancy.

Task Force Carbon Related Financial Disclosure

The Trust in terms of its Governance and Financial reporting is required to report against the mandate as per this disclosure. This Annual report and details held within helping by way of evidence towards the Trust's requirement to lead the reporting against this disclosure.
See separate report to be developed by BSMHFT.

Workstreams 2025/26

Priorities for 2025/26 being to continue to make the Green plan happen! To further embed its targets and messages into everyday business / business as usual.

More specifically this will include but not be limited to:

- ICS – This is very positive for BSMHFT as SSL Management have been supporting the ICS on its Green / Sustainability Agenda. For 2025/26 this is initially to continue but the remit and resource implications will need to be considered and balanced against many other priorities moving forward.

- Energy – Working with BSol procurement and NHS E to enable electricity and gas procurement to benefit from Crown Commercial Services best value contracts (moving to 50% low to Zero Carbon and 50% Renewables).

- Commence work with BSol procurement on ICS wide waste tenders (for 2026 contracts) – aiming to deliver financial and environmental best value across the System.

- Continue to support Staff across BSMHFT and SSL to help them feel that they can make a difference, make positive changes, trying to keep ideas and communications 'fresh and real'.

- SSL will continue with the support of the Trust the significant improvements being made to the Estate from a Sustainability perspective (as well as comfort and quality). These including triple glazed windows upgrades, LED lighting upgrades and improvements to insulation and building fabrics – the challenge as aways being funding.

- The Trust needs to embrace Climate Change Adaption and start to plan how its Services and Buildings can where necessary be adapted to meet climate needs, mitigating the impact on its staff, patients and others.

- Travel Plan being developed to help support the modal shift away from the combustion engine car to more sustainable forms of transport.

- Decarbonising of Heat supply – This is a massive challenge to the NHS and BSMHFT. The Trust will need to continue to plan for the decarbonisation of the estate recognising the very significant capital costs and additional recurring revenue costs of such heat supply. Where feasible and where resource permit then the Trust (SSL) should continue to bid for funding / grants to as to help restrict the impact on already stretched capital resources. Heat Decarbonisation should not be seen as a project instead it should become BAU.

- Waste - to continue to support the waste management hierarchy and new legislation re the need for greater dry waste recycling by introducing waste recycling schemes and where applicable additional food waste recycling initiatives.

- Furniture Re-use platform – to develop a system where teams within our organisation can exchange furniture for re-use rather than disposal. This will reduce the amount of furniture waste and will add a Financial and Carbon benefit.

- Sustainability Impact Assessment – Decisions (procurement, services, policies) are made within BSMHFT very often without considering the negative environmental impact. The purpose of the Sustainability Impact Assessment (final draft stage) being to raise awareness and ensure those making the decision (whatever that decision may be and where significant) to stop and think about the environmental impact and to help create awareness and influence cultural / behavioural change.

- From a Procurement perspective to continue to work with suppliers and the wider supply chain to reduce / remove single use plastic items from the Trust. This aligned with making better use of the resources that are procured / re using them where possible within the Trust and avoiding whenever possible wastage.

- Capital – Developments such as Highcroft and Reaside will follow the full Green initiatives including off-site modular construction, use sustainable building materials, and look to green fuel sources. Indeed Highcroft being developed to achieve BREEAM excellent standard with decarbonised heat supply and renewable energy.

- Other routine Capital and Revenue schemes will continue (risk focus to include the risks associated with Sustainability and Net Zero Carbon) with the inclusion of AEDET, BREEAM Excellent and Net Carbon Zero buildings standards. Financial assessments to include the principle of whole life costing rather than tender decisions made solely on purchase price.

- Continue to develop joint working with Trade Unions and Staff groups to provide advice, direction and support regarding for example energy saving opportunities / public transport discount schemes and waste recycling opportunities. Focusing on environmental and financial efficiencies and the feel-good factor!

- Medicines – To continue to work with procurement and supply chain re the supply of medicines and greening that supply chain.

- Fleet – To continue to 'green' the fleet by leasing ZEV / ULEV vehicles.

Finally, the aspirational challenge for BSMHFT (inc SSL) would be to be in a position where a Green Plan or equivalent was <u>not actually mandated or deemed necessary</u>. This being that the objectives / targets and ways of working would be embedded in what 'we do' and 'how we do it' to such an extent that a separate plan would add no value – this being a real sustainable measure of success.

Accountability report

The Trust's directors take responsibility for preparing the Annual Report and Accounts. We consider the annual report and accounts, taken a whole, is fair, balanced, and understandable and provides the information necessary for patients, regulators, and other stakeholders to assess the Trust's performance, business model and strategy.

This accountability report is signed in my capacity as Accounting Officer.

Roísìn Fallon-Williams
Chief Executive

8 August 2025

Directors' report

Statement of responsibilities

Statement of the Chief Executive's responsibilities as the Accounting Officer of Birmingham and Solihull Mental Health NHS Foundation Trust

The Chief Executive of NHS England has designated that the Chief Executive should be the Accountable Officer of the trust. The relevant responsibilities of Accountable Officers are set out in the *NHS Trust Accountable Officer Memorandum.* These include ensuring that:

- there are effective management systems in place to safeguard public funds and assets and assist in the implementation of corporate governance
- value for money is achieved from the resources available to the trust
- the expenditure and income of the trust has been applied to the purposes intended by Parliament and conform to the authorities which govern them
- effective and sound financial management systems are in place and
- annual statutory accounts are prepared in a format directed by the Secretary of State to give a true and fair view of the state of affairs as at the end of the financial year and the income and expenditure, other items of comprehensive income and cash flows for the year.

As far as I am aware, there is no relevant audit information of which the trust's auditors are unaware, and I have taken all the steps that I ought to have taken to make myself aware of any relevant audit information and to establish that the entity's auditors are aware of that information.

To the best of my knowledge and belief, I have properly discharged the responsibilities set out in my letter of appointment as an Accountable Officer.

Roísìn Fallon-Williams
Chief Executive

8 August 2025

The Board of Directors

Role and function of the Board of Directors

The Board of Directors (the Board) has overall responsibility for defining the Trust's strategy and strategic priorities, vision, and values, for the overall management and performance of the Trust and for ensuring its obligations for regulators and stakeholders are met.

The decisions reserved for the Board of Directors and the delegated discharge of its responsibilities is set out under a formal Scheme of Delegation which clearly defines the allocated responsibilities for making and approving decisions relating to Trust business. A formal schedule of matters reserved for the Board is a demonstration of the fact that the main decision-making powers belong to the Board of directors.

The Board of Directors meets 6 times per annum. Post-covid, our Board has moved from being hybrid to meeting face-to-face in public with members of the public welcome to attend to observe proceedings.

Strong governance is required to ensure the Trust is managed well and effectively complied with regulations and national standards. Birmingham and Solihull Mental Health NHS Foundation Trust is committed to effective and comprehensive governance, which focuses on developing organisational memory, capacity, capability and skills to deliver both commissioned and mandatory services. The following sections set out the Trust's governance arrangements, giving details of the ways in which the Board of Directors and Council of Governors work.

It is the responsibility of the Board of Directors to prepare the Annual Report and Accounts and ensure they are a fair, balanced and understandable and provide the information necessary for patients, regulators and stakeholders to assess the Trust's performance, business model and strategy.

The Board ensures that adequate systems and processes are maintained to deliver the Trust's strategic and operational plans, measures and monitors the Trust's effectiveness, efficiency and economy and delivering high quality services. Directors are responsible for setting the Trust's strategic direction, providing effective leadership within the external regulatory and internal control frameworks.

The Chief Executive, as Accountable Officer, adheres to the NHS Foundation Trust Accounting Officer Memorandum regarding advising the Board and Council and for recording and submitting objections to decisions.

Our Board of Directors operates in accordance with the Trust's constitution and scheme of delegation. The constitution sets out the duties of the Board and Council of Governors, and the scheme of delegation sets out the type of decisions to be taken by the full Board and/or individual directors.

BSMHFT's last CQC inspection was between October 11 to 26, November 8 to 10 and December 13 to 15 2022. The final report was published on 14 April 2023 and provided a Requires Improvement (RI) rating for the Trust as a whole, with an RI rating for the well-led and effective

domains. The Caring and Responsive domains were rated overall as Good. The Trust is taking significant steps to address the concerns which have been raised by the inspection teams through the implementation of a comprehensive action plan. NHS England expects foundation trusts to carry out an external review of their governance arrangements every three years.

The Board is committed to the continued development of good governance practices and has been focused on the refinement of the Board Assurance Framework and the way it is utilised and reviewed at Committee and Board level. The Board continues to review its strategic risks to ensure they are fit-for-purpose.

Statement of compliance with the Code of Governance

The Code of Governance is best practice guidance and is designed to assist NHS Foundation Trust Board in improving their governance practices by bringing together the best practice of public and private sector governance. The code sets out a common overarching framework for the corporate governance of NHS foundation trusts and complements the statutory and regulatory obligations on them. Birmingham and Solihull Mental Health NHS Foundation Trust has applied the principles of the NHS Foundation Trust Code of Governance on a comply or explain basis.

Composition of the Board

As at 31 March 2025, the Board has six Non-Executive Directors (including the Chair who has a casting vote), one Associate Non-Executive and six Executive Directors (including the Chief Executive). The appointment of the Chair and appointment/re-appointment of Non-Executive Directors is approved by the Council of Governors. The appointment of the Chief Executive is by the Non-Executive Directors subject to approval by the Council of Governors.

Meet our Board of Directors

Balance and Completeness of the Board of Directors

The Executive and Non-Executive Directors of the Board provide a balance and breadth of knowledge, experience and skills. The Executive Directors have at a senior level considerable NHS experience in a range of areas including finance, medicine, nursing, strategic and operational planning, research and workforce development. Their expertise is complemented by the Non-Executive Directors who have extensive private and public sector experience in psychiatry, business, commerce, accounting, audit, research, management and leadership, marketing, NHS service provision, health care and social policy, and local enterprise.

The Council of Governors and Non-Executive Director-led Nomination and Remuneration Committees consider the balance and breadth of knowledge, experience and skills required on the Board at each appointment and reappointment of directors and have ensured the maintenance of a balanced and complete Board throughout the year.

The Chair was appointed by the Assembly of Governors at Black Country Healthcare NHS Foundation Trust as Interim Chair from 1 December 2024.

Board of Directors Skills, Expertise and Experience

Phil Gayle, Chair

Phil Gayle joined the Trust as a Non-Executive Director on 1 October 2019 and was successfully appointed as Trust Chair in April 2023 following an interim period as Trust Chair from March 2022. He has extensive knowledge and leadership experience within the health, social care, and housing sector as well as expertise and specialised skills as a business consultant and in transformation and improving business performance. Phil has been an independent consultant for TRIBAL, an assessor for national funding applications for government schemes, where he gained key insight into government contracts and procurement. He is a qualified counsellor and has an MSc in Healthcare Policy Management from the University of Birmingham. Phil has previously held several NHS board positions and is currently supporting some of our partnership organisations as a Non- Executive Board member.
Phil is Chief Executive at Servol Community Services, a third sector organisation that provides accommodation and support services for people experiencing mental health difficulties.
Phils' passion for mental health continues to drive improvements for the Trust with a key focus on reducing health inequalities.

Roisin Fallon-Williams, Chief Executive Officer

Roisin Fallon-Williams joined the Trust as Chief Executive in March 2019 and became the Accountable Officer on 29 March 2019.
Roisin is a Registered Learning Disability Nurse who spent much of her early career in clinical roles in and around Hertfordshire, within mental health and learning disability NHS organisations.
Roisin is nationally recognised for her commitment to reducing health inequalities and her leadership in reducing the stigma associated with mental health was acknowledged as a key contributor as she was listed in the top 50 Chief Executives in the Health Service Journal.

Roisin is the executive lead for the Race Equity Network and has been pivotal in the development of the network over the years to ensure all staff groups are recognised and supported.
Roisin also sits as a partner member on the Birmingham and Solihull Integrated Care System Board representing local providers with knowledge and experience of services relating to mental health.
Roisin is dedicated and committed to living the Trust values and supporting staff to continue to drive improvements for mental health.

Patrick Nyarumbu, Executive Director of Strategy, People and Partnerships/Deputy Chief Executive Officer

Patrick Nyarumbu was appointed as the Executive Director of Strategy, People and Partnerships in November 2020 following his previous role as Director of Nursing, Leadership and Quality for NHS England and NHS Improvement (East of England) and was successful in being appointed as Deputy Chief Executive in April 2023.
Patrick is a Mental Health Nurse by background and has worked in a wide range of NHS organisations covering mental health, acute and specialist services as well as a Primary Care Trust and a Clinical Commissioning Group.
Patrick is passionate about leadership development, talent management and championing diversity.
In 2022 Patrick was named on the New Years Honest list and was awarded an MBE for his outstanding contributions to the West Midlands community.

Dr Fabida Aria, Executive Medical Director

Dr Fabida Aria was appointed as Executive Medical Director in August 2022. An inspiring role model to many, Fabida won the Psychiatrist of the Year accolade at the Royal college of psychiatry awards for her exceptional contributions in all her roles.
Fabida is responsible, among other things, for medical, psychology and pharmacy leadership at the Trust. Her portfolio also includes research, mental health legislation, and along with the chief nurse she oversees quality and safety.
She provides clinical and strategic leadership on the Board. She is the executive lead for health inequalities and executive sponsor for the women's network.
Fabida is a consultant psychiatrist and has previously been a medical leader for Leicestershire Partnership NHS Trust and was a system leader in the region prior to joining us.
Fabida is a Fellow of the Royal College of Psychiatrists and also has done a Masters in Healthcare Leadership. She holds additional roles at the Royal College of Psychiatrists including Chair of the Transcultural Psychiatry Special Interest Group and Specialist Advisor for the Medical Trainee Initiative scheme.
Fabida is passionate about reducing inequalities, engaging people, promoting innovation, research and collaborative working.
She brings a wealth of clinical leadership experience and many initiatives she led have been recognised nationally.

Vanessa Devlin, Executive Director of Operations

Vanessa Devlin was appointed as the Executive Director of Operations in September 2019, having been an Associate Director of Operations with the Trust since May 2013.

Vanessa has a background in nursing, having been an RMN (Registered Mental Health Nurse) with North Birmingham Mental Health Trust for 10 years, before moving over to the management side of care services. From 2006 up until the time she joined the Trust she held posts within West Midlands Commissioning Boards leading on the strategic development of mental health services within the NHS and Local Authority.

Vanessa is very committed to delivering quality mental health services to our population and believes that service users and carers should be at the forefront of development, delivery and monitoring of our services at all levels.

Dave Tomlinson, Executive Director of Finance

Dave Tomlinson joined the Trust as Executive Director of Finance in April 2017. Dave brings over 20 years' experience as a Director of Finance in the NHS, the vast majority of which has been with large mental health providers. He plays a key role in advising the Board on issues around the Trust's financial performance, information governance and estates. Dave's experience includes 12 years as Director of Finance at Lancashire Care NHS Foundation Trust where he established the Trust as a £100m turnover provider by bringing together services from seven organisations. He has experience in both the private and public sector and during his career has been responsible for a broad portfolio of services in large and complex organisations.

Dave is the Executive support lead for the Lived Experience of Mental Illness & Neurodivergence (Disability and Wellbeing Staff Network) and has been pivotal in raising the profile and championing the network since its launch in 2019.

Lisa Stalley- Green, Executive Director of Quality and Safety (Chief Nurse)

Lisa Stalley- Green joined the Trust in June 2024 with a wealth of nursing leadership experience and knowledge. Lisa has practiced in a wide range of nursing contexts most recently with NHS Chief Nurse roles across Birmingham and Solihull. She is a compassionate registered nurse with a 25 year NHS and 37 year public service career, spanning A&E, community services, prison health, commissioning and acute services, leading improvements in safeguarding practice and reducing health inequalities.

Lisa is passionate about patient care, transformation and quality improvement and is keen to further strengthen the voices of our staff, service users and patients. She is a huge advocate of inclusivity, women's mental health and wellbeing and leads work at a system level on anti-racism.

Lisa's focus will remain on the risks and challenges we face in mental health and is committed to enabling change, removing barriers to transformation and providing the right working environment for our nurses, support staff, allied health professionals and social workers to flourish.

Bal Claire, Non-Executive Director and Deputy Chair

Bal has been with the Trust as a Non-Executive Director since January 2023 and is an experienced advisor and angel investor dedicated to helping businesses achieve growth and success. With a distinguished career in telecommunications, he draws on his experience to develop, support and shape innovative ventures, delivering measurable value that drives both top and bottom-line growth. Bal's commitment to creating lasting impact is reflected in his leadership and results-oriented approach.

Most recently, Bal has been serving on Boards in both the private and public sectors including Digital Tech, Health Tech, Logistics Recruitment and Technology, Mental Health (NHS) and Higher Education (University of Warwick).

Bal is the chair of the Finance, Performance and Productivity Committee.

Dr Linda Cullen, Non-Executive Director and Senior Independent Director

Dr Linda Cullen was appointed as a Non-Executive Director from 1 January 2019. Linda has worked as a Consultant Child and Adolescent Psychiatrist for 25 years in a wide variety of settings across the Midlands. She is currently a locum consultant in the NHS and a second opinion doctor for the Care Quality Commission. She has worked closely with colleagues in child and adult services, using research and evidence-based practice in developing novel services. Dr Cullen helped to develop Early Intervention in Psychosis services across Birmingham and acute and high dependency child and adolescent mental health services (CAMHS), including one of the first CAMHS acute admission wards in the UK.

Linda is Chair of the Quality, Patient Experience and Safety Committee.

Winston Weir, Non-Executive Director

Winston was appointed as a Non- Executive Director in August 2021. Winston works at Board level for a variety of organisations with purposes beyond profit. He is an Independent Member at a Welsh University Health Board with an interest in finance and chairs its Sustainable Resources Committee. He works at Board level as Non-Executive Treasurer of a BAME church led Housing Association based in the West Midlands.

He brings experience of chairing and serving on Board committees, providing governance, risk, and audit and financial expertise. Winston is a Big 4 qualified Public Finance Accountant with post-graduate qualifications. He is CPFA qualified with significant post qualification experience in Public Sector Finance, Private Finance Initiative, procurement, and service improvement programmes. Winston is the Chair of the Audit Committee.

Monica Shafaq, Non-Executive Director

Monica has been with the Trust as a Non-Executive Director since January 2023. Monica is the Chief Executive of Gordon Moody. She is committed to promoting the role of women and Black and Minority Ethnic individuals in leadership roles and has a keen interest in football, holding a number of non-executive roles in the sector. One of these is the post of Non-Executive Director at Birmingham County Football Association where she has lead

responsibility for equality and mental health. She is also a member of the Premier League's Equality and Diversity Panel.
Monica has been recognised for her work in supporting black, Asian and minority group communities and in February 2022, she won the Corporate Achievement of the Year' category at the British Muslim Awards. Monica is the Chair of the Caring Minds Committee.

Thomas Kearney, Non-Executive Director

Thomas Kearney was appointed as a non- executive director in January 2024, he has worked extensively as a clinician in both acute and community care across physical and mental health, specialising in neurology trauma and acute mental health.
In his career, Thomas has held a number of senior positions in the NHS including the role of Deputy Chief Operating Officer of a large integrated mental health and community trust, Deputy Chief Allied Health Professions Officer for NHS England and Deputy Director of Medical Workforce for England. Currently he is the Director of Performance for Southwest England. Since 2007, Thomas has been involved with National Association of Psychiatric Intensive Care and Low Secure Units and became an executive member in 2011. His areas of special interest are in service improvement and change management to enable increased efficiency, quality and performance within mental health and acute services.
Thomas is passionate about mental health and is relishing the opportunity of working with our staff, service users and patients to deliver and develop our services. Thomas left the Trust on 31 March 2025.

Sue Bedward, Non-Executive Director

Sue was appointed as a Non- Executive Director in October 2023.
Sue is the Founder and Director of Midlands Business Leadership (MBL) Academy and brings a huge wealth of knowledge and experience in enterprise leadership and management and organisational development. More than 20 years of her career were in the NHS and another 15 running her own business.
Over the years, she has coached and mentored, business owners, executives and managers across public and private sector services, is a Certified Insights Discovery Practitioner, 360 Feedback Facilitator, a CiPD qualified trainer and a Member of the Chartered Management Institute. A member of the All Party Parliamentary Group (APPG) for ethnic minority business owners, Sue is passionate about driving forward the inclusive business support agenda to ensure it reflects and supports the needs of Black, Asian and ethnic minority business owners. Her other work includes board development, strategic business planning and governance. Sue prides herself on integrity, equity, fairness and respect and will bring a huge amount to the Board and Team BSMHFT. Sue is Chair of the People Committee.

Nick Moor, Associate Non- Executive Director

Nick was appointed as an Associate Non-Executive Director in December 2024. He is a former mental health nurse and is also the managing director of the Care Review Ltd, a small specialist consultancy that supports health and social care systems with independent reviews and investigations. Nick is also a delegated Chair for Care Education and Treatment Reviews for NHS England (London region) for people with a learning disability and/or autism, and an independent Chair for Domestic Homicide Reviews.

Nick worked in mental health services for the first half of his career, working up to senior management roles, before leaving to become a management consultant. He was latterly the Partner lead for mental health investigations for Niche Health and Social Care Consulting and has led investigations into many high-profile incidents. Nick brings a deep understanding of patient safety and clinical governance matters and has a special interest in mental health law, mental capacity and safeguarding issues.

Board of Directors meetings – an overview

The Board held 7 meetings in public during 2024/25, with strategy sessions held on alternate months to discuss key strategic and developmental items.

The Board has a formal schedule of matters specifically reserved for its decision. This includes high level matters relating to strategy, business plans and budgets, regulations and control, annual report and accounts, audit and monitoring how the strategy is implemented at an operational level. The Board delegates other matters to the executive directors and senior managers as appropriate. The directors have access to all relevant management, quality, financial and regulatory information.

Name	Title	Attendance
Philip Gayle	Chair	7
Bal Claire	Deputy Chair/ Non-Executive Director	7
Linda Cullen	Non-Executive Director/Senior Independent Director	7
Winston Weir	Non-Executive Director	6
Monica Shafaq	Non-Executive Director	6
Sue Bedward	Non-Executive Director	5
Thomas Kearney	Non-Executive Director (until March 2025)	4
Nick Moor	Non-Executive Director (from December 2024)	2
Roisin Fallon-Williams	Chief Executive Officer	7
David Tomlinson	Executive Director of Finance	7
Vanessa Devlin	Executive Director of Operations	7
Lisa Stalley Green	Executive Director of Quality and Safety (Chief Nurse) (from June 2024)	6
Sarah Bloomfield	Interim Chief Nurse (until June 2024)	2
Fabida Aria	Executive Medical Director	7
Patrick Nyarumbu	Deputy Chief Executive/ Executive Director of Strategy, People and Partnerships	7

The Board of Directors has a succession plan in place for the Non-Executive Directors. All Non-Executive Directors on the Board of Directors are considered independent by virtue of the employment checks made on appointment, ongoing fit and proper person's reviews, and the declaration of their actual and potential conflicts of interest.

Below are the details of Board of Directors meeting attendance:

Name	3/4/24	5/6/24	20/6/24	7/8/24	2/10/24	4/12/24	5/2/25	Total
Philip Gayle	√	√	√	√	√	√	√	7
Bal Claire	√	√	√	√	√	√	√	7
Linda Cullen	√	√	√	√	√	√	√	7
Winston Weir	√	√	√	A	√	√	√	6
Monica Shafaq	√	√	√	√	√	√	A	6

Name	3/4/24	5/6/24	20/6/24	7/8/24	2/10/24	4/12/24	5/2/25	Total
Sue Bedward	√	√	√	√	√	√	√	7
Thomas Kearney	A	√	√	√	A	√	A	4
Nick Moor	N/A	N/A	N/A	N/A	N/A	√	√	2
Roisin Fallon-Williams	√	√	√	√	√	√	√	7
David Tomlinson	√	√	√	√	√	√	√	7
Vanessa Devlin	√	√	√	√	√	√	√	7
Lisa Stalley Green	N/A	√	√	√	√	√	√	6
Sarah Bloomfield	√	√	E/M	E/M	E/M	E/M	E/M	2
Fabida Aria	√	√	√	√	√	√	√	7
Patrick Nyarumbu	√	√	√	√	√	√	√	7

Data source: Minutes of the Board of Directors meetings

Key:

E/M End of mandate *A Apology*

R Resigned *9 Present*

N/A Not yet joined

Performance evaluation

Executive Directors have an annual appraisal with the Chief Executive. The performance of Non-Executive Directors is evaluated annually by the Chair. The annual appraisal of the Chair involves collaboration between the Senior Independent Director and the Lead Governor of the Council of Governors, who seek the views of Directors, Governors and other key stakeholders.

Appointment, re-election, and the Nomination and Remuneration Committees

The Chair has responsibility for ensuring that the composition of the Board is appropriate and leads the process to identify the size, structure and skills required for the Board and in considering any changes necessary or new appointments.

Council of Governors-led Remuneration and Nominations Committee

The Council of Governors-led Remuneration Committee is responsible for advising annually on the remuneration of the Chair and Non-Executive Directors (NEDs). The Council of Governors-led Nomination Committee is responsible for advising on the appointment of the NEDs and the Chair; receiving performance/appraisal information relating to the Chair/NEDs to assist in considering re-appointments to the role. Members of the Committee would be invited to observe the Executive Director recruitment process.

During 2024/25 the Committee:

- Received and approved the request an extension of NED's tenure of office due to extenuating circumstances
- Received and approved the request for the recruitment of an Associate NED to support Board succession planning

- Received non-executive director annual appraisal themes for assurance
- Reviewed and approved the Terms of Reference of the CoG-led Remuneration and Nomination Committee

Attendance

Name	Role	September 24
Linda Cullen	Senior Independent Director (Chair)	9
Mustak Mirza	Deputy Lead Governor	A
Umar Ali	Governor	A
Leona Tasab	Governor	A
David Slatter	Governor	9
Phil Gayle	Chair-elect/Chair	9
John Travers	Lead Governor	9

Key: *A Apologies given* 9 *Attended meeting*

Non-Executive Director-led Remuneration and Nomination Committee

The Non-Executive Director-led Remuneration and Nomination Committee is responsible for advising annually on the appointment and remuneration of Executive Directors.

During 2024/25 the Committee:

- Received and approved the Executive Director Pay Progression Considerations
- Received and approved the 2024/25 annual pay increase recommendation for very senior managers (VSMs)
- Received and approved the 2024/25 annual pay increase recommendation for the Chief Executive Officer role
- Reviewed and approved the Terms of Reference of the NED-led Remuneration and Nomination Committee

Name	Role	May 24	October 24
Phil Gayle	Chair	9	9
Monica Shafaq	Non-Executive Director	A	9
Linda Cullen	Non-Executive Director	9	9
Sue Bedward	Non-Executive Director	9	9
Winston Weir	Non-Executive Director	9	A
Bal Claire	Non-Executive Director	9	9
Thomas Kearney	Non-Executive Director	*A*	9

A Apologies given 9 *Attended meeting*

Audit Committee

How the Committee discharges its responsibilities

The Audit Committee assures the Board of Directors that probity and professional judgment are exercised in all financial matters, risk management, counter fraud, and internal and external audit. It advises the Board on the adequacy and effectiveness of the Trust's systems of internal control and its arrangements for control and securing economy, efficiency, and effectiveness (value for money). The Committee prepares an annual report for the Board.

Membership and attendance

The Audit Committee was chaired by Winston Weir, Non-Executive Director. Other members of the Committee included four other Non-Executive Directors, Linda Cullen, Bal Claire, Monica Shafaq and Sue Bedward. The Committee met 5 times in 2024/25.

Member	19/4/24	20/06/24	26/7/24	24/10/24	23/01/25
Winston Weir	9	9	9	9	9
Linda Cullen	A	9	9	9	9
Bal Claire	9	9	A	9	9
Sue Bedward	A	9	9	9	9
Monica Shafaq	A	A	A	A	A

Data Source: Audit Committee minutes

Key

E/M	*End of mandate*	*A*	*Apology*
R	*Resigned*	*9*	*Present*
N/A	*Not yet joined*		

Statement of Directors' responsibilities in respect of the accounts

The directors are required under the National Health Service Act 2006 to prepare accounts for each financial year. The Secretary of State, with the approval of HM Treasury, directs that these accounts give a true and fair view of the state of affairs of the trust and of the income and expenditure, other items of comprehensive income and cash flows for the year. In preparing those accounts, the directors are required to:

- apply on a consistent basis accounting policies laid down by the Secretary of State with the approval of the Treasury
- make judgements and estimates which are reasonable and prudent
- state whether applicable accounting standards have been followed, subject to any material departures disclosed and explained in the accounts and
- prepare the financial statements on a going concern basis and disclose any material uncertainties over going concern.

The directors are responsible for keeping proper accounting records which disclose with reasonable accuracy at any time the financial position of the trust and to enable them to ensure

that the accounts comply with requirements outlined in the above mentioned direction of the Secretary of State. They are also responsible for safeguarding the assets of the trust and hence for taking reasonable steps for the prevention and detection of fraud and other irregularities. The directors confirm to the best of their knowledge and belief they have complied with the above requirements in preparing the accounts.

The directors confirm that the annual report and accounts, taken as a whole, is fair, balanced and understandable and provides the information necessary for patients, regulators and stakeholders to assess the NHS trust's performance, business model and strategy.

By order of the Board

Roisin Fallon-Williams
Chief Executive Officer
8 August 2025

David Tomlinson
Executive Director of Finance
8 August 2025

Significant issues the committee considered in relation to the financial statements.

The Audit Committee has an annual review cycle in place in relation to reviewing and considering the effectiveness and ongoing compliance. A key aspect of the Audit Committee's work is to consider significant issues in relation to financial statements and compliance.

In addition, the Audit Committee receives regular updates and feedback in relation to the progress against plan of Internal Audit and Counter Fraud. Any issues arising were addressed by the Committee and any matters of governance incorporated into the Annual Governance Statement.

Internal auditors

During 2024/25 RSM UK Risk Assurance Services LLP performed the Internal Audit function for the Trust. Internal Auditors review the organisational framework of governance, risk management and control with the Head of Internal Audit's annual opinion designed to assist the Accountable Officer and the Board in making the Annual Governance Statement on Internal Control. The Trust's Audit Committee monitors the delivery of the Internal Audit Plan at each of its meetings.

RSM UK Risk Assurance Services LLP attended meetings of the Committee to present a progress update on new and follow-up reviews; the key findings of each audit review undertaken, agreed recommendations and the associated Audit Opinion. The Committee continues to maintain oversight of implementation of agreed internal audit actions at each meeting, with detailed scrutiny of slippages occurring at the relevant Board Committees.

The reports also enabled the Committee to have an update on the planned work and/or work in progress.

External auditors

External Audit services are provided by Forvis Mazars LLP. At each meeting, the Committee receives a report from Forvis Mazars LLP outlining progress and highlighting matters such as emergent national guidance and findings of national benchmarking reviews.

Counter fraud

The Committee at relevant meetings received support from RSM, the Trust's counter fraud specialists and discussed detailed reports against plan, an overview of local fraud investigations, fraud warnings and intelligence bulletins. Key areas of focus have been awareness, prevention, and secondary employment declarations.

Statement by the auditors about their reporting responsibilities

The auditors' statement of responsibilities is contained in the Annual Accounts.

Removal of the Chair and other Non-Executive Directors

Removal of the Chair or another Non-Executive Director requires the approval of three quarters of the Council of Governors and must follow the process detailed in the Constitution.

Register of interests

The Trust holds a register listing any interests declared by the Board of Directors and the Council Governors. Board and Governors must disclose details of company directorships or other positions held, particularly if they involve companies or organisations likely to do business or possibly seeking to do business with the Foundation Trust. The Registers of interests as well as Gifts and Hospitality and Sponsorship are publicly availability and accessible via the Trust intranet.

The Council of Governors and membership

Birmingham and Solihull Mental Health NHS Foundation Trust is accountable to the public membership through our Council of Governors.
The Council of Governors represents the interests of the members of the local community, patients, public, staff, and stakeholders through sharing information about key decisions and listening to their views. The Council of Governors has clear statutory duties which include holding the Non-Executive Directors, both individually and collectively, to account for the performance of the Board of Directors.

Role of the Governors
The Council of Governors is responsible for the appointment, or removal of the Chair and the Non-Executive Directors, agreeing their terms and conditions, as well as approving, or not, the appointment of a new Chief Executive. The Council of Governors further appoints the external

auditors. Each financial year the Council of Governors is consulted on the Trust's forward plans and strategy, and receives the Annual Accounts, Auditor's Report, Annual Report, and the Quality Report.

Nominated Lead Governor
The Council of Governors elects one of its members to be the Lead Governor. The Lead Governor co-ordinates any communication that might be necessary between NHS England and the other governors and acts a main point of contact for the Chair. The Lead Governors role and responsibilities are clearly set out in the job description which is shared during the robust nomination process.

Supporting our Council of Governors' understanding
In addition to regular updates from the Trust on the performance of the organisation, the Council of Governors are given the opportunity to attend the Governwell training programme or conferences offered by NHS Providers. To support our Governors in improving their knowledge and understanding of the Trust and to gain confidence in their role, several initiatives have been taken during 2024/25, which include:

- We have invited members of the Executive Team to speak about their strategic plans and how they intend to approach the challenges facing the Trust both financially and nationally going forward.
- We ensure that we send out all key communications messages in the Trust to Governors which has included updates from the Chief Executive and Executive colleagues through the weekly briefings to staff and flash reports on any serious incidents.
- Governors are invited to attend and observe Board of Director meetings and Board Committee meetings.
- The Council and Board have agreed that all Non-Executive Directors attend the Council of Governor meetings with Executive Directors being invited to present on specific issues at request from the Council.
- Our Governors are welcome to meet informally with the Chair at request and with any other members of the Board as appropriate. As a Trust we endeavour to ensure that there is open and transparent communication between our Board of Directors and the Council of Governors.

Activities of the Council of Governors
During 2024/25, key activities of the Council of Governors and Governors have included:
- Raising assurance questions and concerns
- Non-Executive Director appointments
- Participation in recruitment panels
- Bespoke Governor training
- Judging the Values awards for both 2024 and 2025
- Supporting the development of the Quality Account
- Sharing and showcasing the work of the Council of Governors at the Annual General Meeting
- Supporting the induction of new staff
- Appointed auditors

Composition of our Council of Governors
The Council of Governors comprises these main constituencies:
- Four public governors
- Four carer governors
- Three staff governors

- Four service user governors
- Six stakeholder governors

The Council of Governors comprises 21 members.

There are vacancies across the Council of Governors. Elections will launch in June 2025 to appoint to vacant posts and ensure a full cohort of governors.

Membership of the Council of Governors 1 April 2024 – 31 March 2025

Public elected governors			
Name	Constituency	Appointment	End of term
Linda Hutchings	Central and West Birmingham	September 2023	September 2029
Vacancy	South Birmingham and Worcester		
David Slatter	Solihull & Coventry & Warwickshire	February 2024	February 2030
Chris Barber	East and North Birmingham and Black Country Boroughs	November 2022	November 2028
Staff elected governors			
Dr Onyekachi Ugwuonye	Clinical Medical	February 2024	February 2030
John Travers	Non-Clinical	July 2018	June 2025
Leona Tasab	Clinical Non-Medical	November 2022	November 2028
Service user governors			
Lindy Harrison	South Birmingham and Worcestershire	October 2024	October 2030
Mustak Mirza	Central, West Birmingham and Staffordshire	April 2017	June 2025
Hassan Malik	Solihull, Coventry and Warwickshire	October 2024	October 2030
Vacancy	East, North Birmingham and Black Country Boroughs		
Carer governors			
Umar Ali	Central, West Birmingham and Staffordshire	November 2022	November 2028
Mahmood Hussain	East, North Birmingham and Black Country Boroughs	October 2024	October 2030
Renu Marley	South Birmingham and Worcester	November 2020	November 2026
Vacancy	Solihull, Coventry and Warwickshire	November 2022	November 2028
Stakeholder appointed governors			
Robert Mapp	Birmingham City University	December 2023	December 2029

Dr Matthew Broome	Birmingham City University	March 2024	March 2030
Cllr Mick Brown	Birmingham City Council	September 2013	September 2024
Cllr Ken Meeson	Solihull Council	September 2019	September 2024
Cllr Samatha Gethen	Solihull Council	September 2024	September 2030
Vacancy	WM Police Governor		
Harpal Bath	Council for Voluntary Services	December 2023	December 2029

Council of Governors meeting attendance
1 April 2024 – 31 March 2025

Name	May 2024	July 2024	September 2024	November 2024	February 2025	March 2025	Total
Phil Gayle	9	9	9	9	9	A	5
Faheem Uddin	N	N	9	A	N/A	N/A	1
Onyekachi Ugwuonye	9	A	9	A	9	A	3
Chris Barber	9	9	9	9	9	9	6
Umar Ali	9	A	A	9	9	A	3
Linda Hutchings	A	9	A	A	9	A	2
Leona Tasab	9	9	A	9	9	9	5
Cllr Michael Brown	9	9	9	N/A	N/A	N/A	3
David Slatter	9	9	9	9	9	9	6
Mustak Mirza	A	A	A	9	9	N/A	2
John Travers	9	9	9	9	9	9	6
Robert Mapp	9	A	A	9	A	A	2
Cllr Ken Meeson	9	9	9	N/A	N/A	N/A	3
Renu Marley	A	9	A	9	A	A	2
Cllr Samantha Gethen	-	-	N/A	9	9	A	2
Dr Matthew Broome	9	A	9	9	9	9	5
Harpal Bath	A	9	9	9	9	9	5
Lindy Harrison	N/A	N/A	N/A	9	9	9	3
Mahmood Hussain	N/A	N/A	N/A	9	N	N	1
Hasan Malik	N/A	N/A	N/A	9	N	N	1

Key
9 Attended Meeting N Non-attendance N/A Not applicable
A Apologies - Not yet appointed

Membership strategy
Ensuring an effective membership is therefore a key governance issue which requires a clear and coherent strategy. The work on the membership has been refreshed and approved by the Council of Governors. The Strategy highlighted a number of areas of development and there will be a continued focus on delivering the agreed aims with a relaunch of the Strategy in the summer of 2025.

Membership engagement
We ensure that members have access to regular and timely information about the Trust's plans, services, involvement activities and accomplishments. Examples of ways in which we will communicate with members include the following:

- A welcome letter/ email with key information sent to all new members
- Membership information and opt-out forms provided to staff at inductions
- Membership pages on the Trust's website and intranet
- Additional key information (such as public board papers and the Trust's annual report)
- published on the website and intranet
- Communications through social media
- A formal briefing on BSMHFT's performance through the Annual Membership Meeting
- An annual membership survey was undertaken to gain feedback from the public members
- Email communications with members around key developments at the Trust
- Election material sent to all members

During 2025 there will be a continued focus on ensuring engagement with our members following the successful appointment of members into the corporate governance team.

Contacting our Governors
Members can contact Governors via:

- a dedicated governor email address managed by the Corporate Governance team
- by calling the company secretary office
- by accessing details on the Trust's website

Remuneration report

Annual statement on remuneration and senior managers' remuneration policy

Key areas discussed by the Nomination and Remuneration Committees in the financial year, in respect of remuneration were as follows:

- Ministers' recommendation on 2024/25 Very Senior Manager (VSM) Annual Pay Award

The following table outlines the senior manager's remuneration policy and reflects current practice. There is a policy in place for overpayments for all staff, including senior managers, agreed with the payroll provider.

Future policy table

Element	Purpose and link to strategic objectives	Operation
Base salary and pension related benefits	Directors' individual performance objectives reflect the Trust's organisational objectives and strategic ambitions. Base salaries have been set by the Trust's Remuneration Committee, taking account of the relevant size of the job roles and median salary levels of comparable roles in other NHS organisations. Performance against agreed objectives is reviewed by the Chief Executive/Chair with outcomes reported to the Remuneration Committee.	These are spot salaries set within an agreed pay band. There is no performance related pay element, and pay elements are neither awarded nor withheld pending performance assessment. Annual salary levels are subject to application of cost of living pay award determined by the Remuneration Committee. Pay bands reflect the seniority of roles at executive director level and provide appointment panels with scope to appoint new staff from within the pay band. Pay bands include incremental progression. Executive directors are members of the NHS Pension Scheme. No senior managers have rights under more than

Element	Purpose and link to strategic objectives	Operation
		one type of pension within Birmingham and Solihull Mental Health NHS Foundation Trust.
Chair and non-executive directors' fees	Trust Board determines the strategic objectives for the organisation; objectives are put in place for NEDs to reflect these	Remuneration for the Chair and the NEDs is determined by the Nominations and Remuneration Committee and approved by the Council of Governors. There is no performance related pay element; remuneration levels have been benchmarked with similar sized foundation trusts.

Base salaries are paid within an agreed pay band. The maximum that can be paid is the top of the pay band.

As at 1 April 2024, salaries for non-executive directors were:

Chair	£49k
Vice Chair	£22k
Other non-executive directors (add duties)	£18k
Other non-executive directors	£13k

Non-executive directors do not receive any additional fees for any other duties. As stated, salaries are not dependent upon performance, in terms of recovery the following paragraphs are included in the contract:

- The Trust will be entitled to deduct regularly from your salary any amounts properly owed to the Trust including but not limited to residential accommodation, trade union dues, meals, beverages, telephone charges, nursery fees, library fees and car loan charges as appropriate.

- Should you terminate your contract with the Trust then any outstanding charges will be deducted from your final salary payment. When large amounts are outstanding discussion will take place with you regarding methods of payment.

Regarding the requirement to outline payments to those senior managers earning above the threshold of £150,000 if this is based on salary alone this would only apply to the Chief Executive.

All Executive salaries are benchmarked, on appointment, against other similar sized organisations using benchmarking data from NHS Providers. Executive Director salaries are generally paid in the lower quartile in comparison to similar sized trusts.

Service contracts obligations

There is no obligation on the foundation trust which:

- is contained in all senior managers' service contracts.
- is contained in the service contracts of any one or more existing senior managers (not including any obligations in the preceding disclosure); and/or
- the foundation trust proposes would be contained in senior managers' service contracts to be entered into and which could give rise to, or impact on, remuneration payments or payments for loss of office but which is not disclosed elsewhere in the remuneration report.

The Duty of Candour applies to all staff and information leaflets have been shared with staff reminding them of their obligations.

In February 2017 NHS England published 'Managing Conflicts of Interest in the NHS, Guidance for Staff and Organisations', which sets down guidance for all NHS Organisations to follow as from 1 June 2017. The Declarations Policy was updated to reflect this guidance.

Some staff are more likely than others to have a decision-making influence on the use of taxpayers' money, because of the requirements of their role.

Decision making staff in this organisation are:

- executive and non-executive directors.
- those at Agenda for Change 8b and above.
- staff who have the power to enter contracts on behalf of the Trust (Procurement Team).
- consultant medical staff.

The request for declarations went to all staff in January 2024, and declarations (including nil returns) are submitted electronically via the Declare system. Any staff member not responding are pursued through their line manager and encouraged to do so with registers of those haven`t complied regularly published and circulated as reminders. Counter Fraud services supported the Trust in developing the Declarations Policy and Pay Policy.

Executive director posts are substantive appointments with no set period of employment or end date. Notice periods are detailed in the next section below.

Non-executive directors do not have a notice period as they undertake fixed terms of office and are subject to re-appointment.

Policy on payment for loss of office

Executive directors are entitled to three months' notice of termination of employment, consistent with contracts for all other senior staff employed by the Trust, except for the Chief Executive, who is entitled to six months' notice.

Where loss of office (dismissal) occurs, payments will be paid in accordance with the senior manager's contract, including notice and contractual redundancy pay (if applicable).

The circumstances of the loss of office and the senior manager's performance are not relevant to any exercise of discretion.

Consideration of employment conditions elsewhere in the foundation trust

The terms and conditions of employment for senior managers largely reflect the terms applicable for other staff, except in the case of annual leave entitlements (35 days, as opposed to a maximum for other staff of 33 days). Pay bands for senior managers exceed the maximum pay band (band 9) for other senior staff employed under Agenda for Change. Senior managers are subject to the national cap on redundancy payments.

We did not consult with employees when preparing the senior managers' remuneration policy. The pay bands for senior managers were determined by reference to comparable sized job roles in similar NHS organisations.

Remuneration table *(information subject to audit)*

Salary and pension entitlements of senior managers t salaries and allowance

Name and Title	Year Ending 31 March 2025						Year Ending 31 March 2024					
	Salary and fees	All taxable benefits	Annual performance - related bonuses	Long-term performace-related bonuses	All pension - Related Benefits	Total	Salary and fees	All taxable benefits	Annual performance - related bonuses	Long-term performace-related bonuses	All pension - Related Benefits	Total
	(Bands of £5,000)	(rounded to nearest £100)	(Bands of £5,000)	(Bands of £5,000)	(Bands of £2,500)	(Bands of £5,000)	(Bands of £5,000)	(rounded to nearest £100)	(Bands of £5,000)	(Bands of £5,000)	(Bands of £2,500)	(Bands of £5,000)
	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000
Roisin Fallon-Williams (Chief Executive Officer) (Appointed 1 March 2019)	210-215	-	-	-	-	210-215	210-215	-	-	-	-	210-215
Fabida Aria (Executive Medical Director) (Appointed 01 August 2022)	215-220	-	-	-	62.5-65	280-285	195-200	-	-	-	170-175	370-375
Vanessa Devlin (Executive Director of Operations) (Appointed 29 April 2019)	140-145	-	-	-	70-72.5	210-215	125-130	-	-	-	10-12.5	135-140
Sarah Bloomfield (Executive Director of Quality and Safety) (Appointed 01 March 2021)(Left Role 30 June 2024)	25-30	-	-	-	-	25-30	130-135	-	-	-	65-67.5	195-200
Lisa Stalley-Green (Executive Director of Quality and Safety) (Appointed 01 June 2024)	120-125	-	-	-	-	120-125		-	-	-	-	-
Steve Forsyth (Interim Chief Nurse) (Secondment start 17 October 2022)(Left Role March 2024)	-	-	-	-	-	-	150-155	-	-	-	-	150-155
David Tomlinson (Executive Director of Finance) (Appointed 3 April 2017)	145-150	-	-	-	-	145-150	140-145	-	-	-	-	140-145
Patrick Nyarumbu (Executive Director of Strategy, People and Partnerships) (Appointed 02 November 2020)	140-145	-	-	-	-	140-145	125-130	-	-	-	-	125-130
Philip Gayle (Chair) (Appointed 13 November 2022)	45-50	-	-	-	-	45-50	45-50	-	-	-	-	45-50
Linda Cullen (Non-Executive Director) (Appointed 1 January 2019)	15-20	-	-	-	-	15-20	20-25	-	-	-	-	20-25
Winston Weir (Non-Executive Director) (Appointed 01 August 2021)	15-20	-	-	-		15-20	15-20	-	-	-	-	15-20
Balbir Claire (Non-Executive Director) (Appointed 03 January 2023)	20-25	-	-	-	-	20-25	15-20	-	-	-	-	15-20
Monica Shafaq (Non-Executive Director) (Appointed 03 January 2023)	10-15	-	-	-	-	10-15	10-15	-	-	-	-	10-15
Susan Bedward (Non-Executive Director) (Appointed 16 October 2023)	10-15	-	-	-	-	10-15	05-10	-	-	-	-	05-10
Thomas Kearney (Non-Executive Director) (Appointed 04 December 2023)	10-15	-	-	-	-	10-15	0-5	-	-	-	-	0-5
Nicholas Moor (Non-Executive Director) (Appointed 08 January 2025)	0-5	-	-	-	-	0-5	-	-	-	-	-	-

The medical director was paid £90k during the year ended March 31 2025 (£83k during year ended March 31 2024) for non-director responsibilities.

Reporting bodies are required to disclose the relationship between the total remuneration of the highest-paid director / member in their organisation against the 25th percentile, median and 75th percentile of remuneration of the organisation's workforce. Total remuneration of the employee at the 25th percentile, median and 75th percentile is further broken down to disclose the salary component.

Salary and Allowances - % Change	Year Ending 31 March 2025			Year Ending 31 March 2024		
	25th Percentile	Median	75th Percentile	25th Percentile	Median	75th Percentile
The percentage change from the previous financial year in respect of the highest paid director	4.45%	4.45%	4.45%	4.00%	4.00%	4.00%
The average percentage change from the previous financial year in respect of employees of the entity	1.80%	5.50%	5.64%	7.91%	5.44%	5.57%

There have been no performance related pay or bonuses paid to emplyee during the year. (2023/24: Nil)

Pay Ratio's	Year Ending 31 March 2025			Year Ending 31 March 2024		
	25th Percentile	Median	75th Percentile	25th Percentile	Median	75th Percentile
Band of Highest Paid Directors Total Remuneration (£'000)	220-225	220-225	220-225	210-215	210-215	210-215
Median Total Remuneration	49,046	37,338	26,564	48,179	35,392	25,147
Ratio	4.54	5.96	8.38	4.41	6	8.45

Median Pay-Method of Calculation

The payroll data was examined , exceptional items that would distort the calculation were excluded , the normalised data was used to derive an annualised pay figure , and the median calculation was determined from the resultant data-set

		25th Percentile Pay Ratio	Median Pay Ratio	75th Percentile Pay Ratio
Highest Paid Director	£223,544	£222,500	£222,500	£222,500
Record Count	6,498	6,498.0	6,498.0	6,498.0
Median Record No.	3,249	1,624.5	3,249.0	4,873.5
Median Employee	£37,338	£49,046	£37,338	£26,564
Median Earnings Multiple	5.99	4.54	5.96	8.38

There were four people paid in excess of the Chief Executive due to additional duties taken on during the year. This banding was £240-£245 for this financial year compared to £260-£265 last year. The Chief Executive salary has been used to calculate the data as they are considered the highest paid director.

In 2024/25, 4 (2023/24, 4) employees received remuneration in excess of the highest-paid director / member. Remuneration ranged from £240-245 to £225-230 (2023/24 260-265 to £225-230). The figures are different to the table above due to a pay rise received by the Chief Executive in March 2025.

Total remuneration includes salary, non-consolidated performance-related pay, benefits-in-kind, but not severance payments. It does not include employer pension contributions and the cash equivalent transfer value of pensions.

Median pay-method of calculation

The payroll data was examined, exceptional items that would distort the calculation were excluded, the normalised data was used to derive an annualised pay figure, and the median calculation was determined from the resultant dataset.

Pension entitlements *(information subject to audit)*

Pension Benefits 2024/25

Name and Title	Real increase In pension at pension age	Real increase in pension lump sum at pension age	Total accrued pension at pension age at 31 March 2025	Lump sum at pension age related to accrued pension at 31 March 2025	Cash Equivalent Transfer Value at 1 April 2024	Real increase in Cash Equivalent Transfer Value	Cash Equivalent Transfer Value at 31 March 2025	Employer's contribution to stakeholder pension
	(Bands of £2,500) £'000	(Bands of (£2,500) £'000	(Bands of £5,000) £'000	(Bands of £5,000) £'000	£'000	£'000	£'000	£'000
Roisin Fallon Williams (Chief Executive Officer) (Appointed 1 March 2019) (Not apart of NHS Pension)	-	-	-	-	-	-	-	-
Fabida Aria (Executive Medical Director) (Appointed 01 August 2022)	2.5-5	0-2.5	55-60	135-140	1,013	82	1,163	30
David Tomlinson (Executive Director of Finance) (Appointed 3 April 2017) (Not apart of NHS Pension)	-	-	-	-	-	-	-	-
Vanessa Devlin (Executive Director of Operations) (Appointed 29 April 2019)	2.5-5	-	40-45	-	583	83	705	21
Patrick Nyarumbu (Executive Director of Strategy, People and Partnerships) (Appointed 02 November 2020) (Not apart of NHS Pension)	-	-	-	-	-	-	-	-
Sarah Bloomfield (Executive Director of Quality and Safety) (Appointed 01 March 2021)(Ended role 30 June 2024)	-	-	40-45	100-105	854	-	858	4
Lisa Stalley-Green (Executive Director of Quality and Safety) (Appointed 01 June 2024)	-	110-112.5	50-55	180-185	1,360	-	-	18

Pension Benefits 2023/24

Name and Title	Real increase In pension at pension age	Real increase in pension lump sum at pension age	Total accrued pension at pension age at 31 March 2024	Lump sum at pension age related to accrued pension at 31 March 2024	Cash Equivalent Transfer Value at 1 April 2023	Real increase in Cash Equivalent Transfer Value	Cash Equivalent Transfer Value at 31 March 2024	Employer's contribution to stakeholder pension
	(Bands of £2,500) £'000	(Bands of (£2,500) £'000	(Bands of £5,000) £'000	(Bands of £5,000) £'000	£'000	£'000	£'000	£'000
Roisin Fallon Williams (Chief Executive Officer) (Appointed 1 March 2019) (Not apart of NHS Pension)	-	-	-	-	-	-	-	-
Fabida Aria (Executive Medical Director) (Appointed 01 August 2022)	5-7.5	57.5-60	45-50	125-130	581	374	1,013	28
David Tomlinson (Executive Director of Finance) (Appointed 3 April 2017) (Not apart of NHS Pension)	-	-	-	-	-	-	-	-
Vanessa Devlin (Executive Director of Operations) (Appointed 29 April 2019)	0-2.5	-	30-35	-	429	111	583	18
Patrick Nyarumbu (Executive Director of Strategy, People and Partnerships) (Appointed 02 November 2020) (Not apart of NHS Pension)	-	-	-	-	-	-	-	-
Sarah Bloomfield (Executive Director of Quality and Safety) (Appointed 01 March 2021)	2.5-5	30-32.5	40-45	105-110	617	175	854	19
Steve Forsyth (Interim Chief Nurse) (Secondment start 17 October 2022) (on secondment)	-	-	-	-	-	-	-	-

There is no additional benefit that will become receivable by a director if that senior manager retires early.

No senior managers have rights under more than one type of pension within Birmingham and Solihull Mental Health NHS Foundation Trust.

Payments for loss of office

There has been one payment made for loss of office in the reporting period.

Payments to past senior managers

There have been no payments to past senior managers in the reporting period.

Signed:

Roísìn Fallon-Williams
Chief Executive

8 August 2025

Staff report

The focus of the past year has been dominated by:

Embedding our People practice and governance arrangements to reflect and deliver the People Strategic Priority and People Plan which considers the Trust's values of Compassionate, Inclusive and Committed, the NHS People Plan and the eight areas of commitment.

The People Strategic Priority identifies three key areas of focus:

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

In this section we also describe our approach and progress during the year in relation to areas of work which underpin the new People Strategic Priority and support staff health, wellbeing and safety.

During 2024/2025 we have continued to:

Experience strategic leadership and oversight of the People, OD and EDI functions through the People Committee which is a sub-committee of the Board. The People Committee has:

1. ultimate oversight of the delivery of the People Strategic Priorities and Goals, our legislative EDI performance and strategy,

2. supports optimum employee performance and enable the delivery of the People elements within the Trust Strategy and business plans

3. gains assurance that risks identified related to the People Plan are adequately monitored

Three sub-committees namely: Safer Staffing, Shaping Our Future Workforce and Transforming Our Culture and Staff Experience, meet each month, and provide assurance to the People Committee on the delivery of the People Strategy Implementation Plan.

The People and Organisational Development team have led on a broad range of activities during the reporting period. Key areas of progress have been made as follows:

1. Embedding a staff engagement programme to increase the take up of Flexible Working and routinely report on this data
2. Developed our Strategic Workforce Planning capacity wherein the Trust will ratify a comprehensive and co-designed workforce plans for each operational division for 2024/25
3. Developed and launched a package of People Policy masterclasses and Management essentials training that supports all aspects of the role.
4. Lead and launched a system wide coaching offer for staff
5. Worked towards reducing the number of days of formal employee relation processes and increase RJLC approaches

6. Completed the System wide international nurse recruitment campaign and had 110 starts in 24/25.
7. Increased our activities to support our staff to improve and maintain their health and Wellbeing utilising national initiatives, and developing local interventions based on staff feedback and best practice interventions.
8. Developed new staff networks for women and men, taking us to five active colleague networks across our organisation.
9. Participated in the BSOL People Promise initiative improving retention strategies and sharing best practice across the system.
10. Significantly reduced the vacancy gap across the organisation particularly band 5 nursing.

Leadership and culture

At BSMHFT, our organisational values Compassionate, Inclusive, and Committed guide how we care for our service users, support our colleagues, and work with our communities. These values are at the heart of our commitment to building a culture where people feel safe, respected, and empowered to speak up, learn, and thrive.

Over the past year, we have taken significant steps toward embedding a restorative, just, and learning culture. This work recognises that psychological safety, accountability, and continuous learning are essential to high-quality care and a positive working environment.

Key developments include:

- Restorative practice training and frameworks introduced across services to support compassionate conversations and repair trust when harm occurs
- A shift towards learning-focused responses to incidents, reducing blame and promoting collective responsibility
- Strengthened support for staff voice through enhanced Freedom to Speak Up mechanisms and the rollout of Active Bystander Training
- Alignment of our cultural transformation with national priorities, including the NHS People Promise and Just and Learning Culture principles
- Leadership development programmes focusing on inclusive, authentic and values-based leadership
- Co-production of our Anti-Racist Framework and progress toward Patient and Carer Race Equality Framework (PCREF) maturity

These efforts are central to our vision of a Trust where all staff, service users, carers, and partners feels valued, heard, and treated with fairness and dignity. We are proud of the progress made and remain committed to making BSMHFT a place of belonging, safety, and excellence.

Developing Authentic Leadership and Strengthening Management Capability

This year, BSMHFT has taken an important strategic step in clearly distinguishing between management and leadership, recognising that both are essential but distinct capabilities required to support our workforce and deliver safe, high-quality care.

To build a solid foundation for operational excellence, we launched our Management Essentials Programme, a structured development offer focused on core skills such as people management, operational delivery, and navigating systems and processes. This programme is designed to equip current and aspiring managers with the tools and confidence to lead teams effectively and consistently across the Trust.

In parallel, we have begun to shape a comprehensive Leadership Development Programme, grounded in the principle that leadership is not defined by role or hierarchy, but by mindset, behaviours, and values. Our approach starts with Leadership of Self, enabling colleagues to explore personal purpose, values, resilience, and authenticity. This focus on authentic leadership is the cornerstone of our vision to grow emotionally intelligent, inclusive, and courageous leaders at every level of the organisation.

Future phases of the programme will expand to cover Leading Others, fostering psychological safety, team dynamics, and compassionate performance and Leading System and Strategy, empowering leaders to think systemically, influence across boundaries, and drive innovation.

Together, these programmes reflect our commitment to building a leadership and management culture that is capable, compassionate, and aligned to our Trust values. By investing in our people, we are creating the conditions for sustainable improvement, staff wellbeing, and better outcomes for our service users and communities.

Average number of employees *(information subject to audit)*

Average number of employees (WTE basis)	Permanent number	Other number	2024/2025 total
Medical and dental	149	143	293
Administration and estates	862	70	932
Healthcare assistants and other support staff	907	103	1010
Nursing, midwifery, and health visiting staff	1334	47	1381
Scientific, therapeutic, and technical staff	616	199	815
Other	5	5	10
Total average numbers	3876	568	4444

Staff by gender as at 31 March 2025

Staff type	Female	% female	Male	% male	Grand total (headcount)
Directors	5	46%	7	54%	12
Other senior managers	334	72%	132	28%	466
Employees	3258	73%	1211	27%	4469
Total	3598	73%	1350	27%	4948

Sickness absence 2024/2025

Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24
5.3%	5.3%	5.3%	6.1%	5.8%	6.3%

Oct-24	Nov-24	Dec-24	Jan-25	Feb-25	Mar-25
6.6%	6.9%	6.8%	6.3%	5.6%	Est 6.0%

Rolling Average
Est 6.0%

Average WTE 2023/24	Adjusted WTE days lost	Average sick
4,442	59,672	13.43

Average annual sick days per WTE has been estimated by dividing the estimated number of FTE days sick by the average FTE and multiplying by 225 (the typical number of working days per year).

Staff Turnover 2024/25

The Trust turnover rate as at 31 March was 5.7%. This calculation is the headcount of leavers over the previous 12 months divided by headcount of staff in post at the end of the month.

Senior Managers by Band 2024/25

Band	Headcount	Sum of FTE
Band 8 - Range A	235	211.76
Band 8 - Range B	149	128.65
Band 8 - Range C	59	52.44
Band 8 - Range D	18	16.61
Band 9	5	5
Grand Total	**466**	**414.46**

Staff costs *(subject to audit)*

			2024/25	2023/24
	Permanent	Other	Total	Total
	£000	£000	£000	£000
Salaries and wages	241,368	-	241,368	214,960
Social security costs	25,226	-	25,226	23,414
Apprenticeship levy	1,149	-	1,149	1,028
Employer's contributions to NHS pensions	25,510	-	25,510	22,969
Pension cost - other paid by NHSE on provider's behalf (6.3%)	16,304	-	16,304	9,762
Other post-employment benefits	-	-	-	-

Other employment benefits	-	-	-	-
Termination benefits	-	-	-	-
Agency/contract staff	-	4,950	4,950	10,275
NHS charitable funds staff	-	-	-	-
Total gross staff costs	309,557	4,950	314,507	282,408
Recoveries in respect of seconded staff	-	-	-	-
Total staff costs	309,557	4,950	314,507	282,408
Of which				
Costs capitalised as part of assets	-	-	-	-

Average number of employees (WTE basis) *(information subject to audit)*

			2024/25	2023/24
	Permanent	Other	Total	Total
	number	number	£000	£000
Medical and dental	149	143	293	269
Ambulance staff			-	-
Administration and estates	862	70	932	875
Healthcare assistants and other support staff	907	103	1010	887
Nursing, midwifery and health visiting staff	1334	47	1381	1,255
Nursing, midwifery and health visiting learners				-
Scientific, therapeutic and technical staff	616	199	815	845
Healthcare science staff	3	-	-	3
Social care staff	-	-	-	-
Agency and contract staff	-	-	-	-
Bank staff	-	-	-	-
Other	5	5	10	11
Total average numbers	3,876	568	4,444	4,144
Of which:				
Number of employees (WTE) engaged on capital projects	-	-		-

Equality, diversity, and inclusion (EDI)

At Birmingham and Solihull Mental Health NHS Foundation Trust (BSMHFT), we are deeply committed to fostering a culture where every individual—staff, service user, carer, or community partner—is respected, valued, and empowered. We believe that embracing equality, diversity, and inclusion (EDI) is essential to deliver compassionate, high-quality, person-centred care and to create a working environment where everyone feels safe, supported, and able to thrive.

Guided by the NHS People Plan and the Equality Act 2010, our ambition is to ensure fairness, equity, and belonging for all.

Our Commitment to EDI

EDI is embedded in everything we do—from service delivery to staff experience. We uphold the principles of the Public Sector Equality Duty and actively use the NHS Workforce Race Equality Standard (WRES) and Workforce Disability Equality Standard (WDES) to track progress and identify areas for improvement.

We are committed to:

- Eliminating all forms of bullying, discrimination, and victimisation
- Creating psychologically safe, inclusive work environments
- Reducing health inequalities across our communities
- Promoting diverse leadership and equitable career development

Our focus this year has been on building individual and collective accountability, ensuring all colleagues understand their role in creating an inclusive culture aligned with our Trust values: Inclusive, Committed, Compassionate.

Embedding EDI in Practice

Our EDI team plays a vital role in shaping policies, practices, and organisational culture that reflect our commitment to equity and inclusion. Their work supports the development of compassionate, inclusive cultures and helps us attract, retain, and develop the best people to fulfil our mission
Moving Beyond Compliance

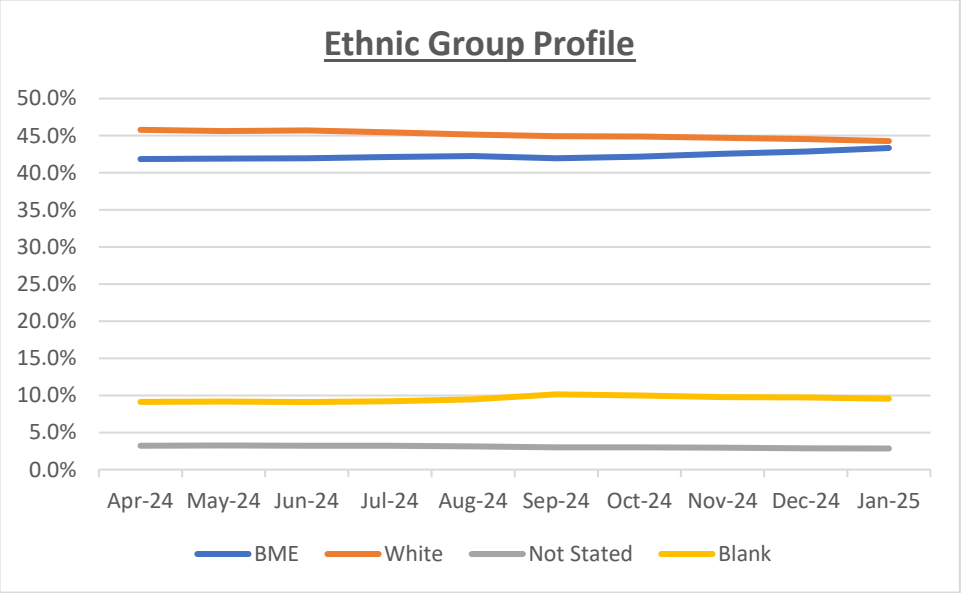
We see compliance with statutory duties not as a checkbox exercise but as the foundation for more meaningful and transformational work. Our Public Sector Equality Duty compels us to consider how our decisions impact people from protected groups—and we embrace this duty as a call to action for equitable care and workforce experiences.

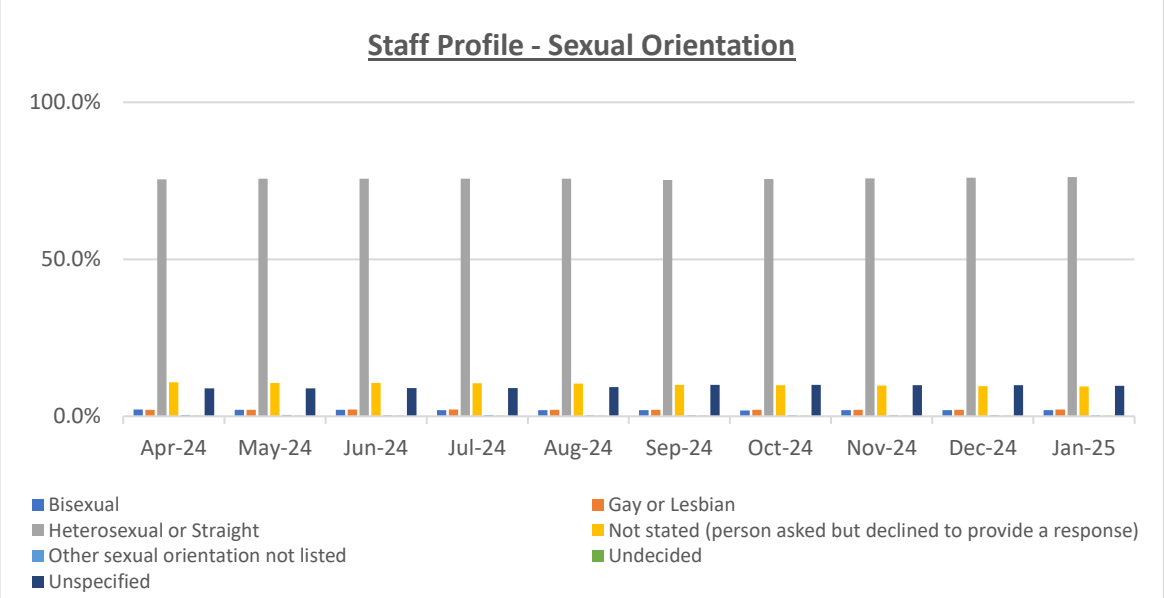
Workforce demographics

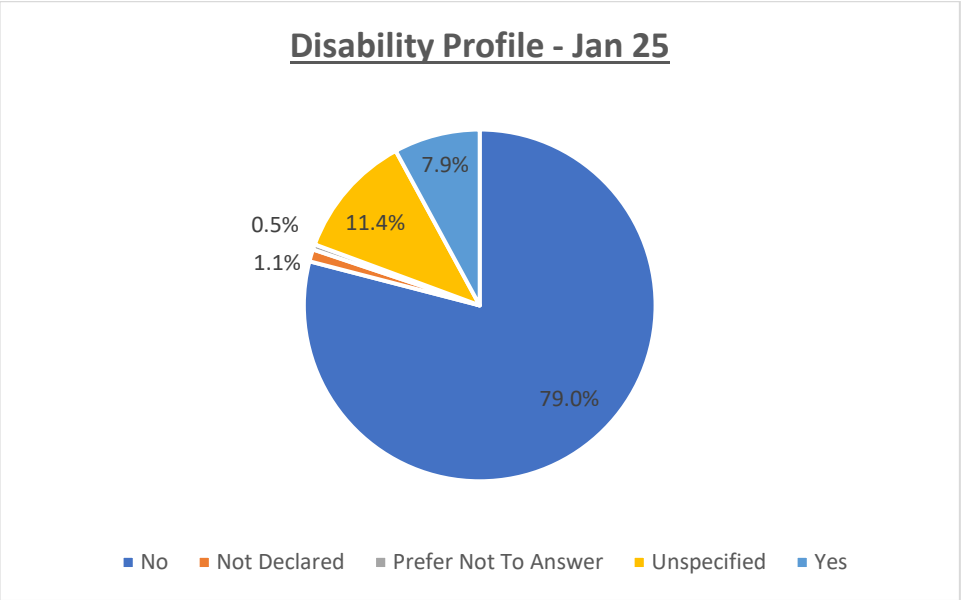
With over 4,000 clinical and support staff, our workforce reflects the vibrant and diverse communities we serve. Our population includes communities facing high levels of deprivation, requiring our services to be equitable and culturally responsive.

- Global Majority (Ethnic Minority) representation: 41.5% (up from 39.1% in 2023)
- Board representation: 50% Global Majority, 42.9% White, 7.1% Unknown ethnicity

We recognise the need to reduce representation gaps in other areas and improve our workforce data quality through more accurate and complete ESR data collection.



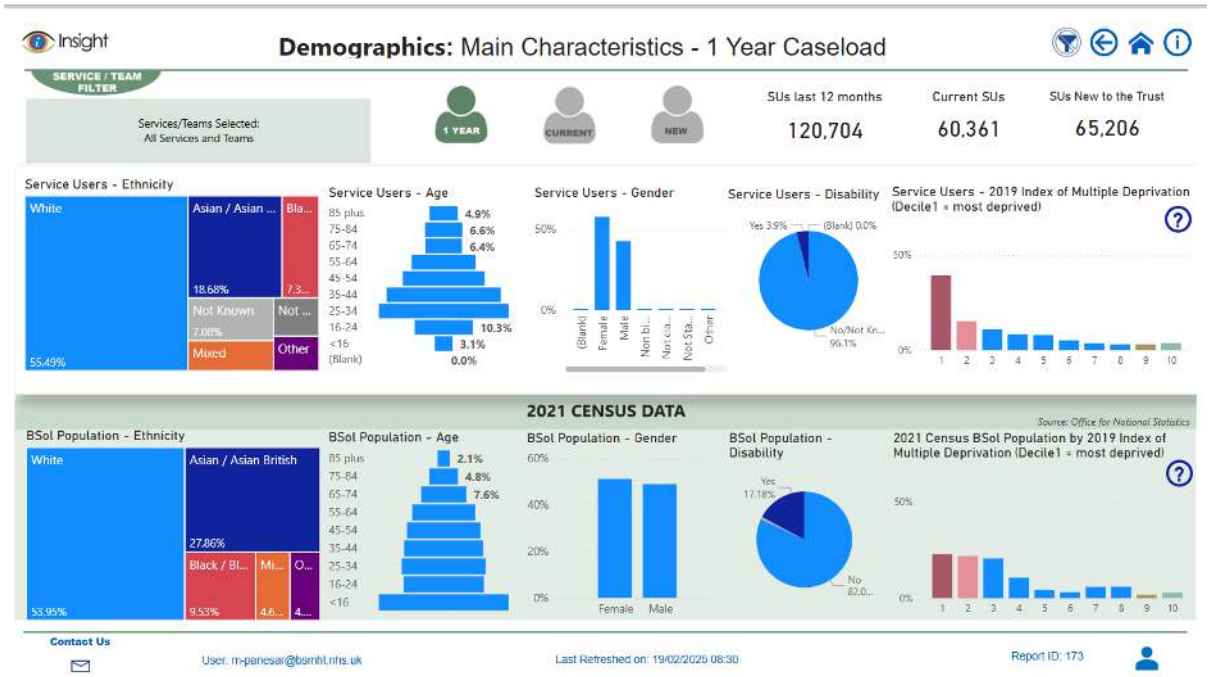




Service User Demographics

Reducing health inequalities is a strategic priority across BSMHFT. By comparing internal service user data to national census benchmarks, teams have developed locally focused plans to address inequities and improve access and outcomes.

Initiatives like the Patient and Carer Race Equality Framework (PCREF) and the Birmingham and Lewisham African and Caribbean Health Inequalities Review provide valuable direction for this work.



Key Outcomes and Improvements

We've made important strides over the past year, including:

- Anti-Racist Supervision Diagnostic completed, with a gap analysis informing next steps
- Increased participation in the Anti-Racism Pledge and Active Bystander Training
- Restorative practice principles supporting reductions in racial disparities
- Development of PCREF organisational competencies informed by co-production and safety data
- Training enhancements based on service-user and staff feedback
- Compliance work under way for Equality Delivery System (EDS2)
- Integration of Public Sector Duty reporting into our Annual Report
- Rollout of Dialog+ and pilot sites for culturally appropriate advocacy

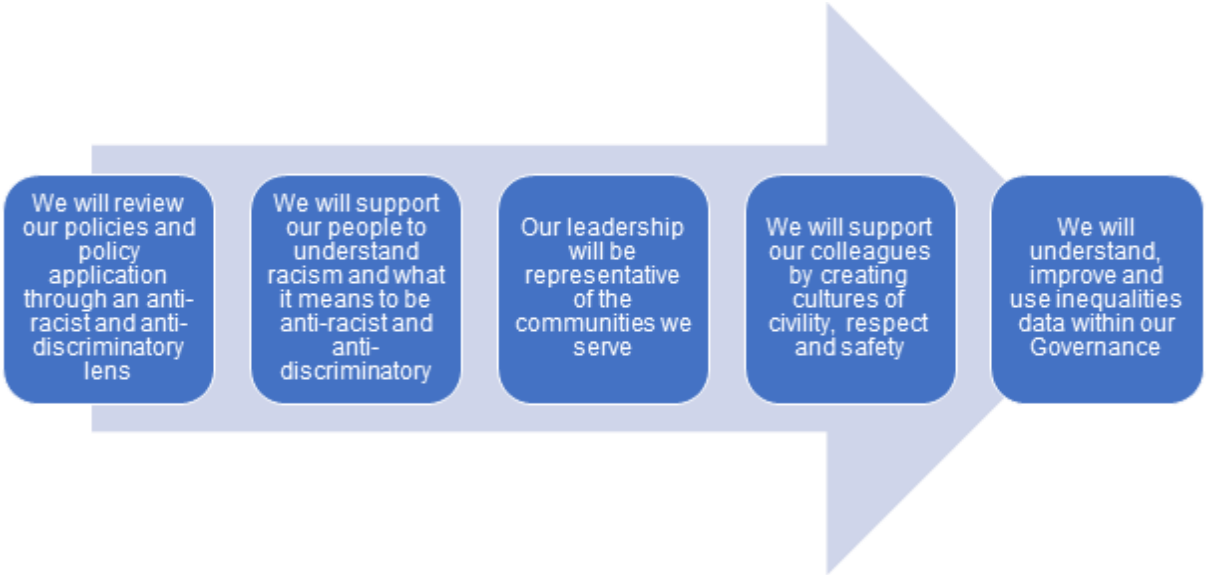
Anti-racist and anti-discriminatory

As part of this strategy, we have created and launched our Anti-Racist Framework. The framework will support us all in bringing our most authentic self to work without any form of discrimination. This framework has been co-produced with colleagues from different backgrounds, roles and teams and developed through a wide consultation to ensure this framework incorporates the representative voice and can therefore be used by us all.

This framework has been designed to support all staff in every service area to evaluate progress towards becoming an anti-racist organisation.

The EDI team have engaged with the Trust by attending a series of roadshows to support the conversation around how we can embed the framework within the workplace. The EDI team will be providing continual support as and when required.

Our key area of focus remains and will be delivered over the next 3 years are set out below:



Workforce Race Equality Standard (WRES)

WRES helps us monitor and improve career experiences for Global Majority colleagues. Our 2023/24 data showed mixed progress:

- White colleagues were 1.7x more likely to be appointed from shortlisting (up from 1.3)
- 52% of Global Majority staff believe in equal opportunities for progression (up from 43%)

- Formal disciplinary rate for Global Majority colleagues dropped to 1.86x (from 2.02x)
- Discrimination from managers reduced for both Global Majority and White colleagues

Workforce Race Equality Standard (WRES) - Birmingham and Solihull Mental Health NHS Foundation Trust (bsmhft.nhs.uk)

Workforce Disability Equality Standard (WDES)

The Workforce Disability Equality Standard (WDES) is a set of ten specific measures (metrics) which enables NHS organisations to compare the workplace and career experiences of disabled and non-disabled staff.

Key highlights from the WDES data:

- 9.65% of colleagues identify as having a long-term health condition
- Appointment likelihood has improved for disabled staff
- Equity reached in capability processes for disabled and non-disabled staff
- Harassment/bullying from patients and colleagues has decreased

Workforce Disability Equality Standard (WDES) - Birmingham and Solihull Mental Health NHS Foundation Trust (bsmhft.nhs.uk)

Please note: The WRES and WDES data is pulled on the 31 March as requested by the national WRES/WDES Team. We are currently in the process of collating the data for 2024/25.

Gender and Pay Gap Analysis

As part of our broader commitment to fairness, we also monitor pay gaps across multiple protected characteristics.

- Gender Pay Gap: Mean gap decreased to 7.87%, median increased slightly to 0.56%
- Ethnicity Pay Gap: Mean increased to 8.49% (requires attention)
- Disability Pay Gap: Mean decreased to 3.17% (positive progress)
- Sexual Orientation Gap: Moved from -2.08% to -4.25%

PCREF and Anti-Racist Strategy

We are committed to becoming an anti-racist organisation. Co-produced with colleagues from across the Trust, our Anti-Racist Framework supports all teams to identify progress and plan next steps. Achievements include:

- Anti-Racist Practitioner Toolkit rollout
- Train-the-Trainer pools for cultural humility and safety
- Mapping Cultural Competency priorities against co-production outputs
- Integration of PCREF into Clinical Governance structures

Building trust and confidence

We are proud to have five active colleague networks across our organisation. These networks have been critical in building trust and confidence by raising collective concerns and through collective celebration. Our networks are all fully supported by individual Executive Sponsors whose role is to support where barriers and challenges are identified whilst also playing an active role as allies.

Our Disability and Wellbeing Network continue to maintain our status as a Disability Confident Employer, with a drive on improving the access, experience, and outcomes for our colleagues with disabilities. The network has also launched the Disability Awareness Training as well as the Disability Campaign (See the Ability not the Disability).

Successes:

- Disability Awareness Training
- Disability Campaign
- Disability History Month Celebration

The LGBTQ+ network has been pivotal in building our LGBTQ+ Campaign and launching our first Staff Survey for our LGBTQ+ survey for our staff, this being a great achievement all round. The launch of the No Hate Zone LGBTQ+ Zero tolerance for prejudice Pledge, collating over 700 signatures which continues to grow.

Successes:

- LGBTQ+ History Celebration Month (February)
- LGBTQ+ Pledge take up

The Women's Network has now been running for just over 2 years with a membership of over 120 colleagues. They have been pivotal in getting menopause well and truly on the agenda at the Trust with the introduction of the menopause passport, menopause training for managers and breathable uniforms pilot for colleagues. They have identified issues with current policy for colleagues suffering from baby loss, miscarriage and fertility treatment issues, and reiterated the importance of speaking about Domestic abuse. We have received great feedback from members who have shared that they are grateful to have a safe space to speak to other women and share and listen to experiences.

Successes:

- QI project on Menopause
- First Line Management training
- Menopause Passport
- Recording of menopause related sickness on ESR
- Menopause education sessions
- Baby loss policy under development

We are continuing to progress race equality across our organisation as our focal point remains in advancing equalities across all groups. Our Race Equity Network has been driving this focussed approach through difficult times within our communities and wider society who are experiencing much

difficulty. We are starting to make some changes that will improve the access, experience, and outcome of our racialised communities, whether colleague, service user, carer, or community. The WRES data clearly shows areas of improvement, however as a Trust we will continue to strive to reduce the inequality gap.

Successes:

- White Allies Network
- Support to people post racial discrimination – initial work has commenced to identify areas of improvement and recommendations for a) how racial incidents from service users, families etc. are identified within teams, b) streamlining and improving processes to follow unacceptable behaviour policy (current process isn't straightforward and is arduous making it difficult for staff to follow) and c) organisational support post racial incidents from both service users, third party and staff.
- Anti Racist Framework
- Anti Racist Supervision
- Anti Racist Policy

The Men's Network offers a great place for men to talk and share experiences. Membership continues to grow each month with more colleagues focussing on the betterment of Men's wellbeing.

Successes:

- November Event 2024: Organised an interactive session for new starters during Trust inductions in November, raising awareness about men's mental health, suicide and prostate cancer.
- James' Place talk on suicide awareness/support. James Place is charity working to save lives of men in suicidal crisis.
- Let's Get Active for Men's Health month – Running or walking total of 60km throughout November symbolising 60 men lost to suicide every hour worldwide.
- International Men's Day – Personal stories on Connect website
- Awareness Campaigns: Distributed materials across the Trust to educate staff on men's mental health, heart diseases, and prostate cancer.
- Ongoing Support Sessions: Continuously organised monthly interactive meeting for men within the Trust, providing a safe space to discuss issues affecting them.

Training and Education

In support of the Trust in becoming an anti-racist and discriminatory organisation we currently offer Active Bystander Training Phase 1 and Phase 2, Cultural Humility Safety and Cultural Intelligence Training and Disability Awareness Training. We encourage all staff to undertake this training to fully commit to speaking up and feeling confident to call out inappropriate behaviour.

We have also pull together a bank of resources which is available on our Connect page that staff can access to enhance their understanding of EDI and supporting documents.

Equity Panel Members

We've introduced the Equity Panel Member (EPM) role to ensure fair, bias-free recruitment processes—currently in place for Band 8a+ roles. We aim to expand the programme to Bands 2–7, where vacancies are most prevalent, and implement diverse panel checklists to ensure representation across all appointments.

Key Achievements 2024/25

- Inclusive Workforce Initiatives – We have strengthened our recruitment and development processes to ensure fair representation of diverse communities at all levels.
- Staff Networks and Support Groups – Our staff networks for race equality, LGBTQ+, disability, and carers continue to grow, offering peer support and advocacy.
- Training and Awareness – EDI training has been rolled out across all departments, ensuring staff understand unconscious bias, cultural competence, and inclusive leadership.
- Patient-Centered Approach – We have improved accessibility in our services by enhancing language support, reasonable adjustments, and patient engagement strategies.
- Health Inequality Reduction – Our outreach programs and partnerships with community organizations have helped us address disparities in healthcare access and outcomes.
- Expanded community outreach programmes to improve access for deprived and underrepresented groups

Challenges and Future Focus

While we've made significant progress, we acknowledge there is more to do. Our priorities include:

- Addressing inequities in recruitment, career progression, and pay
- Enhancing service user feedback to reflect diverse voices
- Strengthening EDI data collection to inform action
- Developing inclusive leadership and promoting diversity at senior levels
- Embedding restorative, psychologically safe cultures
- Fully implementing the Anti-Racist Framework across all teams
- Enhancing mental health support for communities
- Promoting positive action through the Values in Practice Programme
- Continuing to embed EDI into everyday culture and operations

Our Vision

By prioritising equity, diversity, and inclusion, we strive to create an environment where everyone—regardless of background, identity, or circumstance—feels seen, heard, valued, and supported to thrive.

Health and wellbeing

The Trust continues with its commitment to improve the health and wellbeing of our colleagues from day one of their employment by ensuring they have access to services which support their overall wellbeing, encourage a healthy lifestyle, and help reduce absence. The Trust's People Strategic Priority has a specific focus on staff wellbeing with the aim to support wellbeing at various levels.

The Trust's Health & Wellbeing steering group continues to meet on a monthly basis to develop and support new initiatives that will assist colleagues with improving their health and wellbeing, the support available is on a dedicated space on our connect site so a one stop shop for all offers which include:

- National, local and in-house resources and support available to colleagues (Wellbeing apps and toolkits, resources by themes, PAM occupational health support).
- Support for building resilience and coping in teams (PAM psychological support, Schwartz Rounds).
- Support for managers and team leaders (PAM psychological support, online resources, post-incident bereavement support).
- Specialist intervention for those who need it (via PAM and other services).

Other wellbeing offers for colleagues include:

- Psychological first aid and support
- Menopause toolkit and resources
- Domestic abuse support (training and policy)
- Coaching and mentoring support
- Cost of Living Support
- Improved communication channels including QR codes for staff
- Staff Mental Health Hub

The Trust continues to review and refresh our post incident support framework which will be launched during 2024.

During 2023 we saw the introduction our new Health and Wellbeing newsletter 'All about you' which provides hardcopies of our offers directly to front line staff across all of our sites.

A new Health & Wellbeing champions model was also launched, this provides access to champions across the organisation who can support colleagues with wellbeing conversations and signposting to offers that are available. Some of our champions are also undertaking a health and wellbeing apprenticeship which will provide them with an accredited qualification.
We have been successful in our bid to NHS charities for funding to provide wellbeing spaces on a number of sites, the roll out of these spaces will take place during the next two years.

We continue to survey our colleagues on an annual basis on the offers we have available to ensure that they meet the needs of everyone and are easily accessible.

Working with our colleagues across the integrated care system we have been able to provide access to dedicated resources from Relate, Citizen's advice bureau and Aquarius.

Listening, Learning and Improving Together: Staff Survey 2024

At Birmingham and Solihull Mental Health NHS Foundation Trust, we believe that listening to the voices of our people is one of the most powerful ways we can grow as an organisation. The annual NHS Staff Survey remains a cornerstone of our commitment to understanding the experiences of colleagues and creating a more inclusive, supportive, and rewarding place to work.

This year, we were pleased to see our response rate increase to 57%, up from 55% in 2024. A total of 2,650 colleagues shared their views, compared to 2,393 the previous year. This growth reflects greater engagement across our workforce and a shared belief that every voice matters. Our survey sample also expanded, with 4,719 colleagues invited to take part, compared to 4,390 in 2024.

We also heard from 217 Bank-only colleagues this year (22.4% response rate). While this reflects a lower participation rate than in 2024 (33.6%, 253 responses), their feedback continues to play a valued role in shaping improvements.

A key part of our approach this year was to bring the survey closer to teams. We focused on listening locally, supporting over 130 frontline teams to understand and reflect on their results. These conversations are already helping to inform meaningful, team-led actions that aim to improve day-to-day experience, belonging, and wellbeing.

Our staff survey results are analysed using the NHS People Promise, a framework designed to capture what matters most to those working in the NHS. Alongside this, we continue to monitor key indicators of staff morale and engagement.

We're proud to report significant progress:

- In 2022, BSMHFT scored below the mental health sector average in eight of nine People Promise themes.
- By 2025, seven themes are now at or above average, with only two remaining slightly below.

Themes above sector average:

- *We Are Always Learning* – 6.12 (vs 5.93)
- *Morale* – 6.34 (vs 6.20)

Themes at sector average:

- *We Are Recognised and Rewarded* – 6.38 (vs 6.35)
- *We Are Safe and Healthy* – 6.42 (vs 6.40)
- *We Work Flexibly* – 6.91 (vs 6.83)
- *We Are a Team* – 7.21 (vs 7.15)
- *Staff Engagement* – 7.07 (equal to sector average)

Themes just below average:

- *We Are Compassionate and Inclusive* – 7.43 (vs 7.55)
- *We Each Have a Voice That Counts* – 6.86 (vs 6.94)

We are especially encouraged by the progress in key areas:

- Learning has improved by +0.14
- Flexible working by +0.12

- Morale by +0.15

These improvements reflect the efforts made across the Trust to listen deeply, respond meaningfully, and build a culture rooted in mutual respect, growth, and support.

At the same time, we remain focused on where further care and attention are needed, especially around compassion, inclusion, and ensuring every colleague feels their voice is heard. We know that building a truly just, restorative, and learning culture is a long-term commitment, and we are grateful to every colleague who continues to share their experience and help shape the future of our Trust.

The NHS Staff Survey remains a vital touchstone. It gives us both insight and direction as we work together to build the kind of workplace that reflects the values we hold dear, one where everyone feels safe, supported, and empowered to thrive.

Safer staffing

Following the establishment of the Safer Staffing Commitment in 2024/25, understanding and oversight of the challenges in clinical staffing is much improved. Establishment reviews using the MHOST tool have been undertaken. Our Heads of Nursing and Allied Health Professionals are completing the work to uplift the staffing levels where this is appropriate.

The safe care tool has also been rolled out across inpatient areas, this is a live staffing tool that is used in real time monitoring to report on our inpatient staffing levels. We have seen our compliance of this increase from March 2024 average trust compliance of 39.74% to March 2025 trust compliance of 86.93%. We have seen significant improvements in our roster effectiveness. Improvements in unfilled rota rates, we are now seeing staff contractual hours and establishment within the demand being used effectively. Our compliance of unfilled rosters in March 2024 was 26.51% we have seen this reduce to 17.34% in March 2025. Recruitment and retention strategies such as international recruitment, engagement with universities, health & wellbeing and flexible working initiatives, have helped achieve an improved position in 2024/2025 in terms of vacancy reduction. Risks and recommendations are escalated to the People Committee and through to the Board of Directors.

Future priorities and targets

Fostering a Fair, Inclusive, and Compassionate Culture

At Birmingham and Solihull Mental Health NHS Foundation Trust, we recognise that a positive and inclusive culture is the foundation for staff engagement, fairness, and wellbeing. Our 2024/2025 Staff Survey reflects some encouraging signs of progress, but also reinforces the continued need for focused action, particularly around bullying, harassment, and inclusion.

We are concerned by ongoing challenges in these areas. To build a truly anti-racist, psychologically safe, and compassionate workplace, we are strengthening leadership accountability for Equality, Diversity, and Inclusion (EDI), improving psychological safety, and addressing discrimination and unfair treatment through targeted, proactive interventions.

Creating a culture rooted in dignity and respect means taking a zero-tolerance approach to bullying and harassment. We are working to improve reporting mechanisms, provide faster and more effective responses to concerns, and foster respectful team cultures that prevent harm before it occurs.

We are also committed to more person-centred and efficient approaches to people management. This includes reducing reliance on formal processes, building trust in HR systems, and modernising our people services to improve accessibility, transparency, and consistency.

Sustaining a resilient, well-supported workforce requires thoughtful planning. We are embedding strategic workforce plans across all areas, expanding international recruitment to ease staffing pressures, and strengthening onboarding support so that new colleagues feel welcomed and valued from day one.

While challenges remain, particularly around staff experience of inclusion and safety, our focus for 2025/2026 is clear: to embed cultural transformation, modernise people practices, and build a stronger, more equitable organisation. These efforts are vital not only for our workforce, but for the quality of care we provide to our communities.

Together, we are committed to creating a workplace where everyone feels safe, heard, and able to thrive.

Trade union facility time disclosures

The Trade Union (Facility Time Publication Requirements) Regulations 2017 came into force on 1 April 2017. These regulations place a legislative requirement on the Trust to collate and publish, on an annual basis, a range of data on the amount and cost of facility time within their organisation. The Trust data published in line with the Cabinet Office guidance is listed below:

Number of employees who were relevant union officials during the relevant period	Full-time equivalent employee number
17	2.2 wte

Percentage of time	Number of employees
0%	0
1-50%	13

	Figures
Provide the total cost of facility time	TBC
Provide the total pay bill	TBC
Provide the percentage of the total pay bill spent on facility time, calculated as (total cost of facility time ÷ total pay bill) x 100	TBC

Expenditure on consultancy

Expenditure on consultancy in 2024/25 was £1.452m compared to 2023/24 was £1.621m.

High paid off-payroll engagements

For all off-payroll engagements as of 31 March 2025, for more than £245 per day and that last longer than six months

Number of existing arrangements as of 31 March 2025	0
Of which:	
Number that have existed for less than one year at time of reporting	0
Number that have existed between one and two years at time of reporting	0
Number that have existed between two and three years at time of reporting	0
Number that have existed between three and four years at time of reporting	0
Number that have existed for more than four years at time of reporting	0
Confirmation that all existing off-payroll engagements, outlined above, have at some point been subject to a risk based assessment as to whether assurance is required that the individual is paying the right amount of tax and where necessary that assurance has been sought.	Yes

For all new off-payroll engagements, or those that reached six months in duration, between 1 April 2024 and 31 March 2025, for more than £245 per day and that last for longer than six months

Number of new engagements, or those that reached six months in duration between 1 April 2024 and 31 March 2025	0
Number of the above which include contractual clauses giving the Trust the right to request assurance in relation to income tax and national insurance obligations	0
Number for whom assurance has been requested	0
Of which:	
Number for whom assurance has been received	0
Number for whom assurance has not been received	0
Number that have been terminated because of assurance not being received	0

In any cases where, exceptionally: the Trust has engaged without including contractual clauses allowing the Trust to seek assurance as to their tax obligations; or where assurance has been requested and not received, without a contract termination please specify the reasons for this.	Assurance in ALL cases is requested at the time the contractor is set up on our systems. Payments will NOT be made under any circumstances unless assurance is received. This forms part of our 'supplier set-ups'.

For any off-payroll engagements of Board members, and/or senior officials with significant financial responsibility, between 1 April 2024 and 31 March 2025

Number of off-payroll arrangements of Board members, and/or senior officials with significant financial responsibility, during the financial year	0
Number of individuals that have been deemed "Board members and/or senior officials with significant financial responsibility". This figure should include both off-payroll and on-payroll engagements	33

In any cases where individuals are included within the first row of this table, please set out

Details of the exceptional circumstances that led to each of these engagements	Not applicable to this reporting period.
Details of the length of time each of these exceptional engagements lasted	Not applicable to this reporting period.

Our Trust's policy on the use of off-payroll arrangements

As part of the Review of Tax Arrangements of Public Sector Appointees published by the Chief Secretary to the Treasury on the 23 May 2012, departments and their arm's length bodies, including foundation trusts, must publish information in relation to the number of payroll engagements – at a cost over £245 a day for six or more months. Since May 2012, appropriate processes have been in place to ensure that any new off payroll engagements, whether direct contractor or agency staff, have contractual arrangements in place and provide appropriate evidence to demonstrate that they pay UK Tax and National Insurance. This evidence consists of assurance via a signed declaration that the direct contractor or agency staff member is compliant with HMRC regulations for PAYE and national insurance purposes.

Exit packages *(information subject to audit)*

The termination benefits disclosed below all relate to compulsory redundancies and other agreed departures (mutually agreed resignation scheme). Of the disclosed termination payments none were non-contractual payments requiring HM Treasury approval. This was also the case in 2024/25. There was one (1) termination benefit paid or due in the reporting year to key management personnel, who are defined to be the Board of Directors of the Trust. This was nil in 2023/24.

Staff exit packages - 2024/25 (Group)	No. of compulsory redundancies	Cost of compulsory redundancies	No. of other agreed departures	Cost of other departures agreed	Total no. of exit packages	Total cost of exit packages	No. of departures where special payments have been made	Cost of special payment element included in exit packages
Exit package cost band	No.	£s	No.	£s	No.	£s	No.	£s
Less than £10,000					-	-		
£10,000 - £25,000	-	-	-	-	-	-	-	-
£25,001 - £50,000	-	-	-	-	-	-	-	-
£50,001 - £100,000	1	69	-	-	1	69	-	-
£100,001 - £150,000	-	-	-	-	-	-	-	-
£150,001 - £200,000	-	-	-	-	-	-	-	-
> £200,000	-	-	-	-	-	-	-	-
Total	1	69	-	-	1	69	-	-

Staff exit packages - 2023/24 (Group)	No. of compulsory redundancies	Cost of compulsory redundancies	No. of other agreed departures	Cost of other departures agreed	Total no. of exit packages	Total cost of exit packages	No. of departures where special payments have been made	Cost of special payment element included in exit packages
Exit package cost band	No.	£s	No.	£s	No.	£s	No.	£s
Less than £10,000	-	-	-	-	-	-	-	-
£10,000 - £25,000	-	-	-	-	-	-	-	-
£25,001 - £50,000	-	-	-	-	-	-	-	-
£50,001 - £100,000	-	-	-	-	-	-	-	-
£100,001 - £150,000	-	-	-	-	-	-	-	-
£150,001 - £200,000	-	-	-	-	-	-	-	-
> £200,000	-	-	-	-	-	-	-	-
Total	-	-	-	-	-	-	-	-

Exit packages: other (non-compulsory) departure payments (Group)					2024/25		2023/24	
					Agreements	Total Value of Agreements	Agreements	Total Value of Agreements
					No.	£s	No.	£s
Voluntary redundancies including early retirement contractual costs					-	-	-	-
Mutually agreed resignations (MARS) contractual costs					-	-	-	-
Early retirements in the efficiency of the service contractual costs					-	-	-	-
Contractual payments in lieu of notice					-	-	-	-
Exit payments following Employment Tribunals or court orders					-	-	-	-
Non-contractual payments requiring HMT approval							-	-
Total					-	-	-	-

Disclosures set out in the NHS Foundation Trust Code of Governance

There is a range of information that will be of interest to members of the public, which is included throughout the report. The elements below are key disclosures which have been brought together for ease of access.

Disclosure of audit information

So far as the Directors are aware, there is no relevant audit information of which the auditors are unaware. The Directors have taken all steps that they ought to have taken as Directors to make themselves aware of the relevant audit information and to establish that the auditors are aware of that information.

Annual Report and Accounts

The Directors consider the annual report and accounts, taken as a whole, as fair balanced and understandable and provides the information necessary for patients, regulators, and stakeholders to assess the Trust's performance, business model and strategy.

Fit and proper persons test

Requirements are included in the eligibility criteria for Directors regarding the need to meet the 'fit and proper' persons test described in the provider licence. Directors are required to confirm that they meet these requirements on an annual basis. All declarations and fitness checks have been undertaken during 2024/25.

Insurance

The Board of Directors has ensured the Trust has appropriate insurance to cover the risk of legal action against its Directors.

Political donations

The Trust has not made any political donations during 2024/25.

NHS Oversight Framework

NHS England's NHS Oversight Framework provides the framework for overseeing systems including providers and identifying potential support needs. NHS organisations are allocated to one of four 'segments'.

A segmentation decision indicates the scale and general nature of support needs, from no specific support needs (segment 1) to a requirement for mandated intensive support (segment 4). A segment does not determine specific support requirements. By default, all NHS organisations are allocated to segment 2 unless the criteria for moving into another segment are met. These criteria have two components:

a) objective ad measurable eligibility criteria based on performance against the six oversight themes using the relevant oversight metrics (the themes are: quality of care, access and outcomes; people; preventing ill-health and reducing inequalities; leadership and capability; finance and use of resources; local strategic priorities)
b) additional considerations focused on the assessment of system leadership and behaviours, and improvement capability and capacity.

An NHS foundation trust will be in segment 3 or 4 only where it has been found to be in breach or suspected breach of its licence conditions.

Segmentation

NHS England has placed Birmingham and Solihull Mental Health NHS Foundation Trust in Segment 3.

What being a Segment 3 means:

Significant support needs against one or more of the five national oversight themes and in actual or suspected breach of the NHS provider licence (or equivalent for NHS trusts).

This segmentation information is the Trust's position as at 31 March 2025. Current segmentation information for NHS trusts and foundation trusts is published on the NHS England website via https://www.england.nhs.uk/nhs-system-oversight-framework-segmentation.

Statement of accounting officer's responsibilities

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The NHS Act 2006 states that the Chief Executive is the accounting officer of the NHS Foundation Trust. The relevant responsibilities of the accounting officer, including their responsibility for the propriety and regulatory of public finances for which they are answerable, and for the keeping of proper accounts, are set in the *NHS Foundation Trust Accounting Officer Memorandum,* issued by NHS England.

NHS England has given Accounts Directions which require Birmingham and Solihull Mental Health NHS Foundation Trust to prepare for each financial year a statement of accounts in the form and on the basis required by those Directions. The accounts are prepared on an accruals basis and must give a true and fair view of the state of affairs of Birmingham and Solihull Mental Health NHS Foundation Trust and of its income and expenditure, other items of comprehensive income and cash flows for the financial year.

In preparing the accounts, and overseeing the use of public funds, the Accounting Officer is required to comply with the requirements of the Department of Health and Social Care Group Accounting Manual and to:

- Observe the Accounts Direction issued by NHS Improvement, including the relevant accounting and disclosure requirements and apply suitable accounting policies on a consistent basis.

- Make judgements and estimates on a reasonable basis.

- State whether applicable accounting standards as set out in the NHS Foundation Trust Annual Reporting Manual (and the Department of Health and Social Care Group Accounting Manual) have been followed, and disclose and explain any material departures in the financial statements.

- Ensure that the use of public funds complies with the relevant legislation, delegated authorities, and guidance.

- Confirm that the annual report and accounts, taken as a whole, is fair, balanced, and understandable and provides the information necessary for patients, regulators, and stakeholders to assess the NHS Foundation Trust's performance, business model and strategy and

- Prepare the financial statements on a going concern basis and disclose any material uncertainties over going concern.

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

As far as I am aware, there is no relevant audit information of which the foundation trust's auditors are unaware, and I have taken all the steps that I ought to have taken to make myself aware of any relevant audit information and to establish that the entity's auditors are aware of that information.

To the best of my knowledge and belief, I have properly discharged the responsibilities set out in the *NHS Foundation Trust Accounting Officer Memorandum*.

Signed:

Roísìn Fallon-Williams
Chief Executive

8 August 2025

Annual Governance Statement

Scope of responsibility

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

The purpose of the system of internal control

The system of internal control is designed to manage risk to a reasonable level rather than to eliminate all risk of failure to achieve policies, aims and objectives; it can therefore only provide reasonable and not absolute assurance of effectiveness. The system of internal control is based on an ongoing process designed to identify and prioritise the risks to the achievement of the policies, aims and objectives of Birmingham and Solihull Mental Health NHS Foundation Trust, to evaluate the likelihood of those risks being realised and the impact should they be realised, and to manage them efficiently, effectively and economically. The system of internal control has been in place in Birmingham and Solihull Mental Health NHS Foundation Trust for the year ended 31 March 2025 and up to the date of approval of the annual report and accounts.

Capacity to handle risk

The Board of Directors, with the support of its committees, has a key role in ensuring a robust risk management system is effectively maintained and to develop a culture whereby risk management is operationalised and embedded as "business as usual" at all levels across the organisation. The Trust Risk Management Group has been reinvigorated and is helping harness organisational resilience, capacity, resources, and joined-up thinking in risk management with the view of engineering constructive challenge and embedding a positive enterprise-wide risk-aware culture. Staff training, capacity and capability building and development in risk management is at the heart of the Trust`s approach to risk management as this has witnessed the delivery of bespoke training tailored staff needs, levels, roles and responsibilities. This also ensures the best leadership, co-ordination and prioritisation is received, on a strategic and operational basis, of the risk management agenda in relation to clinical, quality, workforce, operational and financial risks. This includes the identification and appropriate mitigation of the full range of risks that are inherent in the delivery of healthcare.

The Chief Executive maintains overall accountability for risk management within the Trust and has delegated responsibility to the Executive Director of Finance who is responsible for the coordination of the management of risks across the Trust. They are also responsible for ensuring that other Executive Directors and leadership within the Directorates and Divisions ensure the effective mitigation and management of risks within their portfolios and escalation of any `red` risks via the Risk Management Group (RMG).

The Deputy Chief Executive and Executive Director of Strategy, People and Partnerships: Apart of deputising for the CEO with regards overall accountability for the Trust`s risk management arrangements, they are also the executive lead for Workforce, Strategy and Partnership-related risks. They ensure that there are adequate systems and processes in place for timely and dynamically identifying, assessing and mitigating risks liked to ongoing workforce shortage and challenges.

The Executive Director of Quality and Safety (Chief Nurse): The Executive Director of Nursing is the registered officer with the CQC and responsible for ensuring compliance with the CQC regulations. They are also responsible for coordinating resources within their Directorate towards the effective mitigation and management of clinical and non-clinical risks while ensuring that local leadership uses risk management as a tool for driving better decision-making, improvements in quality, safety and in fostering positive patient experience.

The Executive Director of Finance is the executive lead for risk management and is supported by the Associate Director of Corporate Governance and the Risk Manager. While the Executive Director of Finance has a lead role in terms of reporting arrangements, all directors have responsibility for the effective management of risks within their own area of direct management responsibility, and corporate and joint responsibility for the management of risk across the organisation. They are also responsible for internal financial controls and the implementation of financial risk management, information management systems, performance review, the programme management office, property management, commissioning and contracting. The Executive Director of Finance is the Senior Information Risk Officer (SIRO). The Trust has effective, agile and dynamic structures, including a governance architecture, systems and processes to support the effective delivery and embedding of integrated, enterprise-wide risk management arrangements. Birmingham and Solihull Mental Health NHS Foundation Trust`s risk management culture seeks to develop and build staff capacity, capability and resilience in effective risk management while encouraging horizon scanning for emerging risks/threats and the triangulation of intelligence and data in proportionally mitigating and managing risks to the delivery of its business objectives.

The Executive Director of Operations is responsible for the management and coordination of all operational risks. The Associate Directors of Operations, reporting to the Executive Director of Operations, are responsible for the performance of their areas. Clinical Directors are responsible for clinical quality and governance for their areas. Other professional heads have responsibility for the systems of risk management at service area level and lead their implementation.

The Executive Medical Director is the Caldicott Guardian.

The Associate Director of Corporate Governance and Company Secretary have overall responsibility for reporting to the Board of Directors and Board Committees on the Board Assurance Framework within the context of providing assurance that risks linked to the delivery of Trust's strategic objectives are robustly mitigated and managed in line with best practice. The Associate Director of Corporate Governance is responsible for coordinating the regular update and presentation of the Trust's Corporate Risk Register (CRR), (reflecting high-level risks to the delivery of operational objectives on local risk registers), at the Risk Management Group (RMG), Board Committees and Board of Directors.

A primary focus of the Board has been to promote openness, transparency and to reinforce the dynamic, timely and agile process of escalation of concerns and risks from 'Ward to Board'. This is further underscored through visible leadership, Board of Directors communications and Board visits.

Board Committees are required to consider risks pertaining to their areas of responsibility by reviewing the management of CRR and the Board Assurance Framework to ensure that effective controls are in place to manage corporate risks and to report any significant risk management and assurance issues to the Board of Directors. The Audit Committee considers the systems and processes in place to maintain and update the Assurance Framework, it considers the effectiveness and completeness of assurances and that documented controls are in place and functioning effectively. The Board of Directors receives reports and assurance from the Audit Committee, Quality, Patient Experience and Safety Committee, People Committee and the Finance, Performance and Productivity Committee meetings via the Chair's Assurance Reports, discusses and notes progress and assurance, as necessary.

The Board of Directors, in exercising its responsibilities, also considers key indicators capable of showing improvements in risk management and/or providing early warning of emerging risks (e.g. incident and complaints statistics, progress in compliance with registration requirements of Care Quality Commission) through the Integrated Performance Report.

The Trust has a policy for statutory and mandatory training which requires that all senior managers of the organisation receive training and three yearly updates on core competencies in relation to risk management. The statutory and mandatory training programme reflects all key training requirements for risk management for all staff within the Trust. The risk management structure is detailed in the Trust's Risk Management Policy. It describes the responsibilities and accountabilities of all directors, managers and staff including the duty to identify, assess and report risks of all kinds and the duty to act upon these using their own skills and competencies in the management of risk. Effective risk management is everyone`s responsibility, hence the Trust ensures, through our management arrangements, that we provide training and support to staff on risk management such as:

- local and corporate induction training
- health and safety and risk awareness
- incident reporting and monitoring
- Accessing and navigating risk management systems (Eclipse).
- Fundamentals of risk management for Managers, Team Leaders, Directors and Senior Leaders across the Trust.

The risk and control framework

The Trust continually reviews its risk and control framework through its governance and operational structures. It has identified its major strategic risks, and these are monitored, maintained and managed through the Board Assurance Framework and the Corporate Risk Register, which is underpinned Directorate and Divisional risk registers. The Trust's approach to risk management is agile, comprehensive, dynamic, proportionate and recognises the need to ensure that risks are openly discussed and reported within a culture of improvement, honesty, and reality; as well as the need to strike a balance between stability, sustainability, and innovation.

The principal risks and mechanisms to control them are identified through the Board Assurance Framework, which is regularly reviewed by the RMG, Board Committees and Board of Directors. The Trust has adopted a multi-stakeholder approach to reviewing and updating its Board Assurance Framework; this has brought Non-Executive Directors, Executive Directors and staff together to review and update the BAF within the context of fostering and embedding shared learning and organisational memory. Board oversight and scrutiny of the Board Assurance Framework also includes gaps in controls

and assurance and explore 'deep dives', constructive challenge or 'check and challenge' as mechanisms for fostering accountability, engagement and ownership of related risks and actions. Each Board Committee has responsibility for oversight and scrutiny of BAF and CRR risks under its remits while the RMG and Audit Committee receive and review both documents in their entirety. Both the BAF and CRR dovetail in leveraging assurance to the Board and its committees that the Trust's risk management arrangements are fit-for-purpose.

Internal Audit provides assurance on the management of key risks and the effectiveness of the Risk Management Framework and process on a yearly basis. The Risk Management process is evaluated by Internal Audit on compliance and areas of best practice focusing on the BAF risk register and ensuring it is considered by the Trust Board and Committees sufficiently as well as risks at all levels and that there is evidence that the risks are appropriately managed.

Risks facing the organisation are identified from a number of sources, for example:

- Risks arising out of the delivery of day-to-day work-related tasks or activities.
- The review of strategic or operational ambitions.
- As a result of an incident or the outcome of investigations
- Following a complaint, claim or patient feedback.
- As a result of a health and safety inspection/assessment, external review or audit report.
- From external reviews, external visits, Peer Reviews, Regulatory inspections etc.
- National requirements and guidance.

The Audit Committee is responsible for:

- Reviewing the effectiveness of the system of internal control for risk management.
- Reviewing the BAF and CRR in their entirety prior to the Board receiving them.
- Preparing the Annual Governance Statement for approval by the Board.

The Quality, Patient Experience and Safety Committee (QPES) is responsible for:

- Reviewing the full high-level risk register to ensure that this is reflective of quality, and safety outcomes for the Trust.
- Reviewing the effectiveness of mitigating controls in managing related risks.
- Providing assurance of the credibility of the risk register content to the Board via the BAF.

The Finance, Performance and Productivity Committee (FPP) is responsible for:

- Reviewing the full high-level risk register to ensure that this is reflective of performance and financial sustainability outcomes for the Trust.
- Reviewing the effectiveness of mitigating controls in managing risk.
- Providing assurance of the credibility of the risk register content to the Board via the BAF.

The People Committee is responsible for:

- Reviewing the high-level risk register to ensure that this is reflective of workforce risks.
- Reviewing the effectiveness of mitigating controls in managing risk.
- Providing assurance of the credibility of the risk register content to the Board via the BAF.

The Risk Management Group:

- The Trust Risk Management Group is a formal Management Group established by the Chief Executive to discharge the responsibility of the Senior Leadership Team in overseeing the effective operationalisation of risk management while ensuring that there are robust

systems, processes and infrastructure in place to facilitate effective risk management across the Trust.

- The RMG has delegated responsibilities from the Chief Executive to review, scrutinise, provide constructive challenge and approve risks for inclusion onto the Trust`s Corporate Risk Register and above all, to support them in fulfilling their accountability function for effective risk management across the Trust.
- The RMG has overall responsibility for the effective management of risks across both the Provider Collaborative and Provider arms of the Trust.

The Transformation Board is responsible for:

- Reviewing all programme group risks linked to change programmes with a score of 15 and above and for applying risk moderation to determine the level of impact that these risks may have on delivery of corporate objectives. Where a significant impact is identified, the Transformation Board will escalate such risks to the high-level risk register.

Local Clinical Governance Committees, Trust wide governance groups, programme groups are responsible for:

- Reviewing all local and service/project specific risks and ensuring that these are documented on local risk registers.
- Identifying and tracking the implementation and effectiveness of risk mitigation actions to demonstrate dynamic risk management escalating risks with a score of 15 and above to the Clinical Governance Committee or Programme Management Board as appropriate.

The Board Assurance Framework and risk management systems are critical elements of the Trust's system of internal control and are subject to regular review by the Trust's Internal Auditor. The auditors undertook a review of the Trust's risk management and BAF arrangements for 2024/25 and advised that, taking account of the issues identified, the Board could take reasonable assurance that the controls upon which the organisation relies to manage this risk are suitably designed and consistently applied or effective. The auditors also noted continued improvements on the Trust's risk management landscape. underpinned by ongoing work of the Risk Manager and the relaunching of the Risk Management Group with strong Divisional and frontline engagement.

The Trust has plans to address any issues that are identified during 2025/26 with improved alignment between the Board Assurance Framework, the CRR and risk management systems while the Internal Auditor will ensure that all outstanding tests are completed, so fully independent assurance could be provided.

Governance and Assurance Framework Key Elements			
Finance, Performance and Productivity Committee Provides assurance to the Board as to the effective management and utilisation of the Trust's resources. The Committee maintains oversight of financial control and management arrangements, the Digital Strategy, Estates Strategy and Green Plan. • Approving strategies and monitoring their implementation. • Receiving regular reports from sub-committees and groups responsible for managing operational performance, financial sustainability and capital project implementation. • Approval of business cases for investment and review of the achievement of business case benefits post-investment.	**Quality, Patient Experience and Safety Committee** Provides assurance to the Board as to the adequacy of controls to ensure the provision of high quality and safe care. This includes: • Receiving regular reports from sub-committees and groups focused on the core elements of quality – safety, effectiveness and patient experience, plus key areas of regulatory control, such as information governance and the Mental Health Act. • Monitoring compliance in areas such as safeguarding, infection control and safe working. • Reviewing independent assurance on quality from the internal auditor and regulatory and other review bodies. • Monitoring key quality metrics through regular reports. • Overseeing the implementation of significant quality improvement schemes. • Hearing the voice of our service users through PEAR Group assurance reports.	**Audit Committee** Responsible for providing assurance to the Board on the Trust's financial and internal controls and risk management systems, the integrity of the financial statements and the effectiveness of the internal audit function. This includes: • Agreeing an annual Internal Audit Plan, which includes both core internal control matters and areas identified by the Board as high risk or requiring improvement. • Agreeing an annual counter fraud plan which is both proactive in reviewing and establishing fraud controls and reactive in responding to possible incidences of fraud. • Reviewing the Trust's governance framework and processes, including the Board Assurance Framework.	**People Committee** Provides assurance to the Board on the delivery of Workforce, Recruitment and People strategies. This includes: • Regular reports on staff wellbeing • Workforce plans • Promoting equality and diversity • Receiving regular reports from sub-committees and groups focusing on shaping our future workforce, safer staffing and transforming culture and staff experience. **Remuneration and Nomination Committees** Oversees the performance of members of the Board and assesses the mix of skills required. The Committee also considers the remuneration of Executive and Non-Executive Directors.
Council of Governors Obtains assurance regarding the performance of the Board from the Non-Executive Directors.	**Assurance Reports** Reported from each meeting of each Board Committee to draw the Board's attention to areas where the Committees have rated assurance as low or required actions to improve the level of assurance. Links to the Board Assurance Framework.	**Board Assurance Framework** Monitored by Board Committees and regularly refreshed to ensure it reflects the changing internal and external environment and the Trust's shifting priorities and objectives.	**Integrated Performance Report** A key assurance document that will continue to be developed during 2025/26 to provide the Board with an integrated summary of key performance metrics across finance, quality, people and operations.

During 2024/25, the most significant risks addressed by the Trust are detailed below. The major risks are considered those rated at 15 or above at a corporate level on the standard 5x5 matrix for risk scoring. All areas identified have a work programme in place in mitigation.

Area	Risk
Trust wide	There is a risk of compromise of patient safety and quality of care due to a low number of experienced qualified nurses across the organisation. This may be caused by a high vacancy rate of 187 positions at Senior Band 6 nurse level, resulting in a low number of experienced qualified nurses across the trust. While recruitment efforts have successfully attracted newly qualified nurses alongside international nursing cohorts, this has led to high ratios of inexperienced to experienced staff in some areas. This situation is further challenged by national shortages of experienced mental health nurses and regional competition with other mental health organisations, including private providers, which makes it difficult to recruit and retain experienced staff in the necessary numbers. This may result in the compromise of patient safety and quality of care, as less experienced staff may lack the clinical expertise to manage complex cases independently. Additionally, the increased demands placed on existing experienced staff to provide oversight may lead to burnout, reduced morale, and increased turnover.
Trust wide	There is a risk that the Trust may fail to modernise its people practice in ensuring the achievement of its operational objectives. This may be caused by inability to deliver digital solutions or foster a psychologically safe environment. This may result in: - • Poor employer brand limiting recruitment. • Staff feeling vulnerable and unable to speak up resulting in missed opportunities to improve practice. • Increased retention of a valuable workforce. • Compensation costs. • Increased regulatory scrutiny, intervention, and enforcement action.
Trust wide	There is a risk that the Trust may fail in addressing racism and discrimination both behavioural and systemic across people and process. This may be caused by: - • lack of focus on an enabling a anti racist, anti-discriminatory culture. • Inability to change processes that enhance discrimination. • Lack of focus on identifying and addressing workforce inequalities. • Lack of focus on identifying and addressing health inequalities. This may result in: - • Sickness and recruitment challenges. • Lack of engagement. • Loss of trust and confidence with communities. • Services that do not reflect the needs of service users and carers. • Inequality across patient population. • Workforce that is not culturally competent to support populations and colleagues.

Trust Wide	There is a risk that the Trust is unable to deliver its financial plan. This may be caused by a lack of control and delivery of plans in relation to the key drivers of financial spend in the Trust - namely out of area, bank and savings. This may result in the Trust missing its financial plan target (£4.2m surplus for 2025/26) necessitating usage of limited balance sheet flexibility, under-spends in other areas or ultimately enhanced restrictions on spend.

Area	Risk
Acute	There is a risk of potential insufficient capacity across Acute Care pathways to manage patient demand in our community teams. There is a caused by insufficient bed capacity in Acute Care wards, patients who should be in hospital being managed by the Home Treatment Teams which requires more intense visits, limited resources and finance, and demand outstripping supply. This may result in higher level of risk being managed in our community teams, Service Users being placed out of area, potentially meaning that patient are not being given the required levels of care or safety, rising financial cost with Out of Area placements and poor patient experience.
ICCR and Dementia and Frailty	Risk to quality and safe patient care in Community Mental Health Teams due to a steady increase in the clinical demand that is in excess of the workforce capacity.
ICCR	Risk to quality and safe patient care in Community Mental Health Teams due to a steady increase in the clinical demand that is in excess of the workforce capacity
Acute and Urgent Care	There is a risk that patients will not be able to be admitted to an Acute inpatient bed within a timely manner, from both A&E and general wards. This is caused by the lack of bed availability, and lack of AMPH availability for Mental Health Assessments. This may result in an impact on the quality of care and can exacerbate mental health due to a delay in treatment. It can also place a strain on capacity for PL staff who are trying to manage patients as well as new referrals. For the general hospital it limits the availability of A&E beds and impacts on general staff capacity. It can increase the risk for the patient as they are staying in an environment which doesn't have the same environmental controls in place as a psychiatric ward. It increases worry and distress for patients and their families.
Secure Care	There is a risk that admissions to secure care beds from prison may be delayed, and that it may be difficult to respond to crises in the community. This is caused by a current lack of capacity in BSMHFT secure beds, compounded by a lack of capacity across the provider collaborative and within the national resource. As of May 2024 BSMHFT medium secure beds are at capacity. This could lead to delay in providing effective treatment and care for patients who require secure care, meaning that they may deteriorate or their treatment may

Area	Risk
	take longer, and services users not being held in an appropriate safe facility to contain risk.
Trust wide	There is a risk that savings schemes may not be delivered in full by the Trust. This may be caused by the Trust failing to meet its financial plans. This may lead to a deficit in year, a fall in financial risk rating or inability to fund capital programme.
Cyber security	There is an increasing requirement to protect the NHS from cyberattacks. There is a demand to focused arrangements 24/7 to protect the Trust from attack.

These risks will be carried forward into 2025/26.

The Trust has put in place controls and actions to mitigate these risks as these will be monitored, reported and escalated (if deemed necessary) through appropriate governance structures for oversight, scrutiny and assurance.

Through its risk management policies, the Board of Directors promotes open and honest reporting of incidents, risks and hazards. The use of a nationally recognised risk rating tool supported by agreed assurance level definitions ensures a standard approach is taken to prioritising risks.

The Board of Directors has kept under review its arrangements in relation to the NHS foundation trust condition 4 (FT governance). As identified above, each committee reviews its own effectiveness and the Board sub-committees have provided annual reports to the Board of Directors.

The Board of Directors has held sessions with the governors on a range of issues.

The Audit Committee ensures that any actions identified in the Corporate Governance Statement are reviewed and met.

The Policy Management Framework provides a comprehensive and structured standard process for the development, approval and review of all Trust policies. Inherent in this is the requirement for equality impact assessments to be undertaken on all policies. Compliance with all the requirements has to be demonstrated to the Clinical Governance Committee. However, responsibility for ratifying newly designed and updated Trust policies is assigned to the Policy Development Management Group (PDMG) and/or appropriate Board committee before a policy is uploaded onto Connect for staff to access.

An established Transformation Hub is in place which ensures overarching governance and risk management of all service development and change projects incorporating Project Management Office Projects, Quality Improvement Projects and Research and Innovation Projects.

The focus on training in relation to the new Patient Safety Incident Response Framework (PSIRF) has provided a paradigm shift from undertaking incident investigations via the use of root cause analysis techniques and human factors approach to compassionate engagement, strengthening response systems, improvement and a system-based approach to learning.

There are a range of formal mechanisms for engaging with partner organisations, governors, service users and the wider public, ensuring that risks are fully understood and are embedded into business

planning and performance management processes. The Trust works closely with key stakeholders and there are a number of joint structures that already exist between agencies (e.g., strategic partnership board, system oversight groups and commissioning committees).

The Trust will endeavour to involve partner organisations (including those operating within the MHPC, Reach Out and LDA Collaboratives) in all aspects of risk management and has established a joint memorandum of understanding with system partners for multiagency serious incident reviews. Engagement of service users and carers is the key to our success. The Trust moves forward in this commitment through a number of initiatives. These include all aspects of service design, the mechanisms through which we hear and respond to user and carer feedback and all initiatives embedding recovery throughout services.

Co-production and co-design sit at the heart of the Trust's commitment, and throughout the year, we have sought to embody this as we create opportunities for people with lived experience of mental ill health to take an active part in all elements of delivery and design, as equal partners.

Emergency preparedness, resilience and response (EPRR) has facilitated a stepdown of the command-and-control structures which were setup during Covid-19 as the focus in 2024/25 shifted to supporting services across the Trust to reset their business continuity plans and strengthen their resilience post-Covid-19 as they gravitate towards some degree of normalcy.

The Trust's internal audit programme supports the organisation in continuously strengthening its governance processes.

The Trust recognises the continued complexity and challenges associated with cyber resilience and prioritises cyber security across all its data management responsibilities. We operate a multi-faceted approach to ensure we have the "appropriate security", considering the nature of the personal data being processed, the risk that processing poses to the individuals' rights and freedoms, and the resources and tools available to help protect that data. BSMHFT works closely with partners across Birmingham and Solihull and the National Cyber Security Centre, the UK's technical authority on cyber threats, in developing a set of security outcomes we can use when trying to determine the measures that are appropriate for them. These include:

- Managing security risk – having appropriate organisational structures, policies, and processes to manage security risks to personal data.
- Protecting personal data against cyber-attack – having appropriate security measures that cover both the personal data that is processed, as well as the systems that process it.
- Detecting security events – monitoring the status of systems processing personal data and ensuring that unexpected events can be acted on in an appropriate timeframe.
- Minimising the impact – restoring systems and services, managing incidents appropriately, and learning lessons for the future.

Future risks and associated mitigations are identified in a number of ways, including horizon scanning of the environment in which the Trust is operating, as well as through the regular refresh of the organisational risk register following the annual planning process. The Trust is required to be registered with the Care Quality Commission (CQC) for the delivery of services. The Trust achieved registration for all of our services with the CQC and holds an overall rating of Requires Improvement.

During 2024/25, Section 29a notices were removed following a reinspection of the Trust's Community Mental Health Teams (CMHTs). There would be continued reporting on risk assessment and care plans to ensure ongoing compliance. The Trust received Section 29a notices in relation to cultural, environmental and governance concerns at Reaside; the Trust has established a Culture of Care programme at the site. The Trust also received Section 29a notices in relation to clinical risk assessments, learning culture and ILS/RMS compliance at Zinnia Centre; workstreams were initiated to find resolution to the issues raised. The Trust continues to closely monitor and govern the associated improvement plans around these areas and is providing monthly monitoring updates to the CQC Steering Group on progress, alongside participation in two monthly monitoring meetings with the regulator.

The organisation has several patient experience groups, including newly established Patient Councils, where service users and carers are members. These oversee and monitor involvement and patient experience activity in the Trust. Our patient advice service (PALS) captures low-level concerns and issues raised by patients and the public. It is also fully integrated within the complaint's management process. These and other patient experience issues are considered and ultimately reported to the Quality, Patient Experience and Safety Committee.

The Council of Governors plays an important role in the governance of the Trust by holding non-executives to account for the performance of the Board.

The foundation trust has an online portal for the declaration of interests including gifts and hospitality, for decision making staff and can be access by staff and members of the public here: https://bsmhft.mydeclarations.co.uk/home.

As an employer with staff entitled to membership of the NHS Pension Scheme, control measures are in place to ensure all employer obligations contained within the Scheme regulations are complied with. This includes ensuring that deductions from salary, employer's contributions and payments into the scheme are in accordance with the Scheme rules and that member Pension Scheme records are accurately updated in accordance with the timescales detailed in the Regulations.

The Trust has five staff networks (Race Equity, Women's, Men's, Disability and Wellbeing, and LGBTQ+) which are recognised as key stakeholder groups within the Trust decision-making and consultative processes. In addition, the networks play a key role in supporting the Trust in its commitment towards national standards including the NHS Workforce Disability Equality Standards, Accessible Information Standards as well as our commitment towards our Equality, Diversity and Inclusion Framework.

Audit Committee and the role of Internal Audit

The Trust uses a comprehensive Internal Audit service as part of its assurance process around internal controls. An annual risk-based internal audit work programme is approved by the Audit Committee and progress is reported at each meeting. The work programme may be amended during the year to respond to the Trust's changing needs or any emerging risks.

Reports of each review within the work programme include an assurance rating for Design and Compliance, either:

- Substantial Assurance
- Reasonable Assurance

- Partial Assurance
- Minimal Assurance

Each review also includes a management response which describes the actions the Trust will take to address any recommendations for improvement. The Audit Committee receives regular reports on progress to implement these actions.

The Head of Internal Audit Opinion for 2024/25 gave the Trust a positive rating, identifying that the Trust has an adequate and effective framework for risk management, governance and internal control. However, further enhancements have been identified to ensure that the risk management, governance and internal control framework remains adequate and effective. A number of reviews were undertaken during the year and are detailed below.

A number of internal audit reviews were carried out during 2024/25. The following received a rating of Substantial/Reasonable Assurance and Good/Some Progress Follow-up Reports:

- Emergency Preparedness, Resilience and Response Follow-Up Review (Good Progress)
- Clinical Governance Committee Effectiveness Follow-Up Review (Some Progress)
- Complaints Follow-Up Review (Good Progress)
- Bank Staff Management Follow-Up Review (Good Progress)
- Key Financial Controls: General Ledger and Budgetary Control (Reasonable Assurance)
- Sickness Absence Management Follow-Up Review (Good Progress)
- Disciplinary Process Follow-Up Review (Reasonable Assurance)
- Board Assurance Framework (Reasonable Assurance)

The following internal audit reviews received a rating of Partial/Minimal Assurance:

- Medical Job Planning (Partial Assurance)

Advisory reports into Finance Culture, Race Equality Code, and Discharge Management had also been undertaken and received by the Committee for assurance.

The Audit Committee received each of these reviews at meetings during the year and were advised of the recommendations and actions associated with each to make significant improvements. The senior lead or executive director responsible for each review was present to provide the Committee with assurance that plans had been put in place in line with the auditors' recommendations. Oversight of the actions associated with the reviews was formally given to People Committee, Quality, Patient Experience and Safety Committee and Finance, and Performance and Productivity Committee, as applicable. The Audit Committee continued to receive assurance on action plans through regular action and recommendation tracking reports.

Well Led Framework

The Trust continues to review its governance practices to ensure a streamlined, best practice approach. The Integrated Performance Report is currently being developed to reflect the well-led framework to ensure continued oversight of key elements.

The principle of learning lessons remains a priority. The Trust continues to receive assurance by receiving an integrated quality report on a quarterly basis at the Quality, Safety, Patient Experience Committee meeting which provides an overview of aggregated intelligence arising from incidents, regulators, complaints, inquests and litigation by quarter. The document underscores the volume of

intelligence being reported within the Trust, alongside the underlying issues of risk to be addressed moving forward.

It is every staff member's duty to seek to minimise risk and to report untoward incidents where they occur in order to prevent recurrence. All members of staff are responsible for managing risks within the scope of their role and as part of their responsibilities as employees of the Trust, working to professional codes of conduct. The Trust aims to systematically review and learn from untoward incidents and complaints. Good practice and changes to policies are communicated through email, intranet, service area reports, newsletters, and team briefs.

All performance information in relation to the Trust's priority indicators are reported to the Quality, Patient Experience and Safety Committee and Finance, Performance and Productivity Committee. Each report includes a RAG rating of data accuracy reflecting entry accuracy, timeliness, and reporting accuracy.

In line with its strategic framework and values, the Trust has further sought to ensure a culture of openness and empowerment to its staff. This is intended to ensure that risks can be promptly identified and responded to. This is reinforced in a range of ways including:

- Promotion of incident reporting. The Trust actively seeks to increase the level of incident reporting – particularly for non-nursing staff groups who tend to report less.
- Weekly feedback brief sent to all staff from the Chief Executive.
- High Board level presence within clinical teams and departments.
- The reinforcement of the role of the Freedom to Speak Up Guardian.
- Delivery of a range of staff engagement activities which build on our previous work to regularly promote staff engagement and recognition activities and events at the Trust.

The Trust in 2023/24 adopted the new Patient Safety Incident Response Framework (PSIRF) which set out a new approach to developing and maintaining effective systems and processes for responding to patient safety incidents with the overarching aims focused on learning and improving patient safety. This had continued to embed throughout 2024/25 and was contributing towards greater investigating, learning from patient safety incidents and fostering the Trust's safety culture.

Assurance in relation to CQC regulation requirements is led by the Executive Lead, Director of Quality and Safety/Chief Nurse and Associate Director of Corporate Governance. Our internal approach to peer review against the regulatory framework enables local understanding of regulatory requirements and compliance with teams being empowered to self-assess compliance resulting in the sharing of good practice and the development of local improvement plans.

The Trust learns from good practice through a range of mechanisms including national guidance/alerts, benchmarking, clinical supervision and reflective practice, individual and peer reviews, performance management, continuing professional development programmes, clinical audit and application of evidence-based practice and meeting risk management standards.

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

The focus of investigations around serious incidents is to identify system failures which can then be addressed through action plans. The Trust actively promotes a system approach to incidents to ensure appropriate risk reporting and support teams to address weaknesses when identified. The Trust has established a Compassion at Work Group to ensure that support is available to staff undergoing challenging times with Schwartz Rounds and Balint Groups in place.

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

The Trust reviews economy, efficiency and effectiveness through the review of finance and performance at budget manager, associate director and overall Trust level. In addition to a system of devolved budget management, the Trust considers performance, quality standards and financial targets through a range of formal Trust groups, such as Sustainability Board and Performance Delivery Group. There is also a system of reporting finance and performance to the Board of Directors, supported by detailed performance and financial reporting to the Finance, Performance and Productivity Committee.

As the Trust operated through the pandemic and post-pandemic era with a focus on key areas (emerging from COVID-19; quality and safety; health and wellbeing of staff; risk; finance/impacts on performance and statutory requirements) it adapted its finance and performance approach to be flexible to support system partners and patients.

The New Code of Audit Practice relating to Value for Money has increased the prominence and expectations of Audit Committees as those charged with governance. Specifically, one of the indicators of 'adequate arrangements' covers 'effective challenge from those charged with governance/audit committee'. The arrangements, which are explicitly considered by the Audit Committee, are as follows:

Proper arrangements	Is the arrangement described in the AGS?
Financial sustainability: how the body plans and manages its resources to ensure it can continue to deliver its services, including	
how the body ensures that it identifies all the significant financial pressures that are relevant to its short and medium-term plans and builds these into them.	The Trust has well established routines for identifying and quantifying financial pressures which has been proven to be effective by the degree of the Trust's compliance with its financial plans. The Trust has decided to improve its process of identifying financial pressures as they emerge.
how the body plans to bridge its funding gaps and identifies achievable savings.	As part of its normal financial planning processes, the Trust identifies estimates of any financial gaps in the short and medium term and uses them to set savings targets. Schemes are assessed using Clinical, Quality and Equality Impact Assessments.
how the body plans finances to support the sustainable delivery of services in accordance with strategic and statutory priorities.	Saving schemes are assessed using Clinical, Quality and Equality Impact Assessments.to ensure they are sustainable, and impacts are understood.

Proper arrangements	Is the arrangement described in the AGS?
how the body ensures that its financial plan is consistent with other plans such as workforce, capital, investment, and other operational planning which may include working with other local public bodies as part of a wider system.	Trust officers work together to ensure consistency between various plans and work closely with colleagues across the STP to ensure consistency and alignment with local system plans.
how the body identifies and manages risks to financial resilience, e.g. unplanned changes in demand, including challenge of the assumptions underlying its plans.	Trust officers triangulate the financial position with other relevant issues, such as demand, workforce, to identify emerging themes and initiate corrective action where required.

Proper arrangements	Is the arrangement described in the AGS?
Governance: how the body ensures that it makes informed decisions and properly manages its risks, including	
how the body monitors and assesses risk and how the body gains assurance over the effective operation of internal controls, including arrangements to prevent and detect fraud.	The Trust has a robust internal audit service, supplied by TIAA, which provides independent assurance over its approach to risk. TIAA also supply a comprehensive counter fraud service.
how the body approaches and carries out its annual budget setting process.	The Trust carries out an annual planning process that considers emerging pressures, developments and commissioning intentions. Budgets are developed a spart of this exercise and considered for approval by the Board.

Proper arrangements	Is the arrangement described in the AGS?
how the body ensures effective processes and systems are in place to ensure budgetary control; to communicate relevant, accurate and timely management information (including non-financial information where appropriate); supports its statutory financial reporting requirements; and ensures corrective action is taken where needed;	The Trust has a range of management groups to review performance on a monthly basis including financial and to initiate any required corrective action. These groups include performance Delivery Group, Sustainability Board and the Strategy and Transformation Board. This process provides assurance to Board sub-committees, including IQC, FPP and People, The Integrated Performance Report is provided to the Board on a monthly basis to summarise all these matters.

Proper arrangements	Is the arrangement described in the AGS?
how the body ensures it makes properly informed decisions, supported by appropriate evidence and allowing for challenge and transparency. This includes arrangements for effective challenge from those charged with governance/audit committee.	The Board committees review all relevant matters to provide assurance to the Board. This process includes objective challenge, and the Audit Committee independently reviews performance, the annual accounts and the annual report. An internal audit service is provided by RSM to offer independent assurance to the Audit Committee.
how the body monitors and ensures appropriate standards, such as meeting legislative/regulatory requirements and standards in terms of officer or member behaviour (such as gifts and hospitality or declarations/ conflicts of interests).	The Company Secretary maintains appropriate registers including declarations of interest and provides appropriate advice and guidance as required by the Board and its committees.

Proper arrangements	Is the arrangement described in the AGS?
Improving economy, efficiency and effectiveness: how the body uses information about its costs and performance to improve the way it manages and delivers its services, including:	
how financial and performance information has been used to assess performance to identify areas for improvement.	The Trust's Integrated Performance Report which is reviewed by the Executive Team, the Performance Delivery Group and the Board and its committees offers a balanced analysis of performance across all domains, offering insights to Board committees.
how the body evaluates the services it provides to assess performance and identify areas for improvement;	The Trust's Integrated Performance Report which is reviewed by the Executive Team, the Performance Delivery Group and the Board and its committees offers a balanced analysis of performance across all domains, offering insights to Board committees.
how the body ensures it delivers its role within significant partnerships, engages with stakeholders it has identified, monitors performance against expectations, and ensures action is taken where necessary to improve;	The Trust has identified partnerships as a key element in its refreshed strategy and monitors effectiveness and engagement on an ongoing basis. The Director of Strategy, People and Partnerships has the executive lead in this area.
where the body commissions or procures services, how the body.	The Trust operates a dedicated procurement function to police and support its relevant activities in this area,
ensures that this is done in accordance with relevant legislation, professional standards and internal policies, and how the body assesses whether it is realising the expected benefits.	including the delivery of value for money. This function is subject to cyclical review by Internal Audit.

Climate change

SSL is supporting this agenda on behalf of the Trust. A Green Plan has been written and ratified by the Board of Directors and a multi-disciplinary steering Group helps to lead and make interventions happen. SSL are also supporting the ICS in the Sustainability Agenda and have established a Green Plan and supported the revised Governance structure and Performance Management framework. SSL have also worked closely with NHSE regarding self-assessments, communication and reporting whilst focussing on regional priorities and aspirations. Adaptation of building and services to that of Climate change is challenging and ongoing and represents a significant challenge to the NHS. Moving forward the Trust will need to consider producing a Climate Change adaptation Plan focussing on its staff and its healthcare services and how the same need to adapt practices and processes to meet climate extremes.

In conclusion, the Trust has identified some internal control issues. These issues have been identified through the internal audit reviews highlighted within the Annual Governance Statement, and the Head of Internal Audit Opinion. The internal control issues relate to the following areas:

- Medical Job Planning

The Trust has demonstrated its commitment to address the agreed management actions to introduce necessary control improvements. Throughout the year the Audit Committee has received regular recommendation tracking reports for assurance that improvements are being made, and escalation taken where necessary.

Roísìn Fallon-Williams
Chief Executive

8 August 2025

Independent auditor’s report to the Council of Governors of Birmingham and Solihull Mental Health NHS Foundation Trust

Report on the audit of the financial statements

Opinion on the financial statements

We have audited the financial statements of Birmingham and Solihull Mental Health NHS Foundation Trust (‘the Trust’) and its subsidiary (‘the Group’) for the year ended 31 March 2025 which comprise the Group Statement of Comprehensive Income, the Trust and Group Statements of Financial Position, the Trust and Group Statements of Changes in Taxpayers’ Equity , the Trust and Group Statements of Cash Flows, and notes to the financial statements, including material accounting policy information.

The financial reporting framework that has been applied in their preparation is applicable law and international accounting standards as interpreted and adapted by HM Treasury’s Financial Reporting Manual 2024/25 as contained in the Department of Health and Social Care Group Accounting Manual 2024/25, and the Accounts Direction issued under the National Health Service Act 2006.

In our opinion, the financial statements:

- give a true and fair view of the financial position of the Trust and Group as at 31 March 2025 and of the Trust’s and the Group’s income and expenditure for the year then ended;
- have been properly prepared in accordance with the Department of Health and Social Care Group Accounting Manual 2024/25; and
- have been properly prepared in accordance with the requirements of the National Health Service Act 2006.

Basis for opinion

We conducted our audit in accordance with International Standards on Auditing (UK) (ISAs (UK)) and applicable law. Our responsibilities under those standards are further described in the “Auditor’s responsibilities for the audit of the financial statements” section of our report. We are independent of the Trust and Group in accordance with the ethical requirements that are relevant to our audit of the financial statements in the UK, including the FRC’s Ethical Standard, and we have fulfilled our other ethical responsibilities in accordance with these requirements. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our opinion.

Conclusions relating to going concern

In auditing the financial statements, we have concluded that the Accounting Officer’s use of the going concern basis of accounting in the preparation of the financial statements is appropriate.

Based on the work we have performed, and taking into account the requirements of the Department of Health and Social Care Group Accounting Manual, we have not identified any material uncertainties relating to events or conditions that, individually or collectively, may cast significant doubt on the Trust's or the Group’s ability to continue as a going concern for a period of at least twelve months from when the financial statements are authorised for issue.

Our responsibilities and the responsibilities of the Accounting Officer with respect to going concern are described in the relevant sections of this report.

Other information

The other information comprises the information included in the Annual Report, other than the financial statements and our auditor’s report thereon. The Directors are responsible for the other information. Our opinion on the financial

statements does not cover the other information and, except to the extent otherwise explicitly stated in our report, we do not express any form of assurance conclusion thereon.

Our responsibility is to read the other information and, in doing so, consider whether the other information is materially inconsistent with the financial statements or our knowledge obtained in the audit, or otherwise appears to be materially misstated. If we identify such material inconsistencies or apparent material misstatements, we are required to determine whether there is a material misstatement in the financial statements or a material misstatement of the other information. If, based on the work we have performed, we conclude that there is a material misstatement of this other information, we are required to report that fact.

We have nothing to report in these regards.

Responsibilities of the Accounting Officer for the financial statements

As explained more fully in the Statement of Accounting Officer's Responsibilities, the Accounting Officer is responsible for the preparation of the financial statements and for being satisfied that they give a true and fair view, and for such internal control as the Accounting Officer determines is necessary to enable the preparation of financial statements that are free from material misstatement, whether due to fraud or error.

The Accounting Officer is required to comply with the Department of Health and Social Care Group Accounting Manual 2024/25 and prepare the financial statements on a going concern basis, unless the Trust is informed of the intention for dissolution without transfer of services or function to another public sector entity. The Accounting Officer is responsible for assessing each year whether or not it is appropriate for the Trust and Group to prepare financial statements on the going concern basis and disclosing, as applicable, matters related to going concern.

Auditor’s responsibilities for the audit of the financial statements

Our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor’s report that includes our opinion. Reasonable assurance is a high level of assurance, but is not a guarantee that an audit conducted in accordance with ISAs (UK) will always detect a material misstatement when it exists. Misstatements can arise from fraud or error and are considered material if, individually or in the aggregate, they could reasonably be expected to influence the economic decisions of users taken on the basis of these financial statements.

The extent to which our procedures are capable of detecting irregularities, including fraud is detailed below.

Irregularities, including fraud, are instances of non-compliance with laws and regulations. We design procedures in line with our responsibilities, outlined above, to detect material misstatements in respect of irregularities, including fraud.

Based on our understanding of the Trust and Group, we considered that non-compliance with the following laws and regulations might have a material effect on the financial statements: employment regulation, health and safety regulation, anti-money laundering regulation, data protection, environmental protection, corruption and anti-bribery.

To help us identify instances of non-compliance with these laws and regulations, and in identifying and assessing the risks of material misstatement in respect to non-compliance, our procedures included, but were not limited to:

- inquiring with management and the Audit Committee, as to whether the Trust and the Group is in compliance with laws and regulations, and discussing their policies and procedures regarding compliance with laws and regulations;
- inspecting correspondence, if any, with relevant licensing or regulatory authorities;
- communicating identified laws and regulations throughout our engagement team and remaining alert to any indications of non-compliance throughout our audit; and

- considering the risk of acts by the Trust and the Group which were contrary to applicable laws and regulations, including fraud.

We also considered those laws and regulations that have a direct effect on the preparation of the financial statements, such as the National Health Service Act 2006 (as amended by the Health and Social Care Act 2012).

In addition, we evaluated management's incentives and opportunities for fraudulent manipulation of the financial statements (including the risk of override of controls) and determined that the principal risks were related to posting manual journal entries to manipulate financial performance, management bias through judgements and assumptions in significant accounting estimates, revenue recognition (which we pinpointed to the cut off assertion), expenditure recognition (which we pinpointed to the cut off assertion) and significant one-off or unusual transactions.

Our audit procedures in relation to fraud included but were not limited to:

- making enquiries of management, Head of Internal Audit and the Audit Committee on whether they had knowledge of any actual, suspected or alleged fraud;
- gaining an understanding of the internal controls established to mitigate risks related to fraud;
- discussing amongst the engagement team the risks of fraud;
- addressing the risk of fraud through revenue recognition by testing income recorded within the last two months of the financial year and contract receivables;
- addressing the risk of fraud through expenditure recognition by testing expenditure recorded within the next financial year; and
- addressing the risks of fraud through management override of controls by performing journal entry testing.

There are inherent limitations in the audit procedures described above and the primary responsibility for the prevention and detection of irregularities including fraud rests with management and the Audit Committee. As with any audit, there remained a risk of non-detection of irregularities, as these may involve collusion, forgery, intentional omissions, misrepresentations or the override of internal controls.

We are also required to conclude on whether the Accounting Officer's use of the going concern basis of accounting in the preparation of the financial statements is appropriate. We performed our work in accordance with Practice Note 10: Audit of financial statements and regularity of public sector bodies in the United Kingdom, (Revised 2024) and Supplementary Guidance Note 01, issued by the Comptroller and Auditor General in November 2024.

A further description of our responsibilities for the audit of the financial statements is located on the Financial Reporting Council's website at **www.frc.org.uk/auditorsresponsibilities**. This description forms part of our auditor's report.

Report on the Trust's arrangements for securing economy, efficiency and effectiveness in the use of resources

Matter on which we are required to report by exception

We are required to report to you if, in our opinion, we are not satisfied that the Trust has made proper arrangements for securing economy, efficiency and effectiveness in its use of resources for the year ended 31 March 2025.

We have nothing to report in this respect.

Responsibilities of the Accounting Officer

The Chief Executive as Accounting Officer is responsible for putting in place proper arrangements to secure economy, efficiency and effectiveness in the Trust's use of resources, to ensure proper stewardship and governance, and to review regularly the adequacy and effectiveness of these arrangements.

Auditor's responsibilities for the review of arrangements for securing economy, efficiency and effectiveness in the use of resources

We are required by Schedule 10(1) of the National Health Service Act 2006 to satisfy ourselves that the Trust has made proper arrangements for securing economy, efficiency and effectiveness in its use of resources. We are not required to consider, nor have we considered, whether all aspects of the Trust's arrangements for securing economy, efficiency and effectiveness in its use of resources are operating effectively.

We have undertaken our work in accordance with the Code of Audit Practice, having regard to the guidance issued by the Comptroller and Auditor General in November 2024.

Report on other legal and regulatory requirements

Opinion on other matters prescribed by the Code of Audit Practice

In our opinion:

- the parts of the Remuneration and Staff Report subject to audit have been properly prepared in accordance with the requirements of the NHS Foundation Trust Annual Reporting Manual 2024/25; and
- the other information published together with the audited financial statements in the Annual Report for the financial year for which the financial statements are prepared is consistent with the financial statements.

Matters on which we are required to report by exception under the Code of Audit Practice

We are required to report to you if:

- in our opinion the Annual Governance Statement does not comply with the NHS Foundation Trust Annual Reporting Manual 2024/25; or
- we refer a matter to the regulator under Schedule 10(6) of the National Health Service Act 2006; or
- we issue a report in the public interest under Schedule 10(3) of the National Health Service Act 2006.

We have nothing to report in respect of these matters.

Use of the audit report

This report is made solely to the Council of Governors of Birmingham and Solihull Mental Health NHS Foundation Trust as a body in accordance with Schedule 10(4) of the National Health Service Act 2006. Our audit work has been undertaken so that we might state to the Council of Governors of the Trust those matters we are required to state to them in an auditor's report and for no other purpose. To the fullest extent permitted by law, we do not accept or assume responsibility to anyone other than the Council of Governors of the Trust as a body for our audit work, for this report, or for the opinions we have formed.

Delay in certification of completion of the audit

We cannot formally conclude the audit and issue an audit certificate until we have received confirmation from the NAO that the group audit of the Department of Health and Social Care has been completed and that no further work is required to be completed by us.

Daniel Watson, Key Audit Partner
For and on behalf of Forvis Mazars LLP (Local Auditor)

One St Peters Square
Manchester
M2 3DE

8 August 2025

BIRMINGHAM and SOLIHULL MENTAL
HEALTH NHS FOUNDATION TRUST

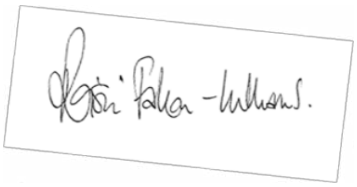
Consolidated Financial Statements

March 31 2025

Birmingham and Solihull Mental Health NHS Foundation Trust
March 31 2025

Foreword to the Accounts

These accounts, for the year ended 31 March 2025, have been prepared by Birmingham and Solihull Mental Health NHS Foundation Trust in accordance with paragraphs 24 & 25 of Schedule 7 within the National Health Service Act 2006.



Roisin Fallon-Williams, Chief Executive
08th August 2025

Birmingham and Solihull Mental Health NHS Foundation Trust
March 31 2025

Consolidated Statement of Comprehensive Income for the year ended March 31 2025	Note	2024/25 £000	2023/24 £000
Income from patient care activites	2	698,681	597,919
Other operating income	2	33,707	29,335
Operating costs	4	(721,464)	(620,885)
Operating Surplus / (Deficit)		10,924	6,369
Finance Costs			
Finance income	7	5,275	4,228
Finance costs	8	(9,589)	(15,353)
PDC Dividend payable		-	-
Net Finance Costs		(4,314)	(11,125)
Corporation tax expense	29	369	(228)
Surplus / (Deficit) for the year		6,979	(4,984)
Other comprehensive Income / (Expense)			
Will not be reclassified to income and expenditure:			
(Impairments) / Reversal of Impairments on property, plant and equipment		(849)	(496)
Revaluation (losses) / gains on property, plant and equipment		1,959	6,806
Total comprehensive income / (Expense) for the year		8,089	1,326

Birmingham and Solihull Mental Health NHS Foundation Trust
March 31 2025

Statement of Financial Position	Note	Group		Trust	
		March 31 2025	March 31 2024	**March 31 2025**	March 31 2024
		£000	£000	**£000**	£000
Non-current assets					
Intangible assets	9	**2,937**	3,122	**2,937**	3,122
Property, plant and equipment	10	**211,969**	209,351	**87,498**	86,455
Right of use assets	11	**6,237**	8,185	**81,477**	87,600
Subsidiary investment	13	**-14**	-	**29,994**	29,486
Trade and other receivables		**1,412**	1,392	**59,952**	61,479
Deferred tax asset	30	**247**	-	**-**	-
Total non-current assets		**222,802**	222,050	**261,858**	268,142
Current assets					
Inventories	12	**643**	401	**504**	266
Trade and other receivables	14	**31,216**	21,174	**33,477**	22,927
Cash and cash equivalents	22	**86,352**	92,228	**81,732**	87,020
Total current assets		**118,211**	113,803	**115,713**	110,213
Current liabilities					
Trade and other payables	15	**(90,402)**	(82,206)	**(87,117)**	(78,754)
Borrowings	17	**(6,870)**	(7,298)	**(11,496)**	(11,924)
Provisions for liabilities and charges	19	**(1,247)**	(1,297)	**(1,247)**	(1,297)
Other liabilities	16	**(35,601)**	(45,225)	**(35,601)**	(45,225)
Total current liabilities		**(134,120)**	(136,026)	**(135,461)**	(137,200)
Total assets less current liabilities		**206,893**	199,827	**242,110**	241,155
Non-current liabilities					
Borrowings	17	**(104,907)**	(108,079)	**(176,573)**	(183,612)
Provisions for liabilities and charges	19	**(2,426)**	(3,015)	**(2,426)**	(3,015)
Other liabilities	30	**-**	(142)	**-**	-
Total non-current liabilities		**(107,333)**	(111,236)	**(178,999)**	(186,627)
Total assets employed		**99,560**	88,591	**63,111**	54,528
Financed by (taxpayers' equity)					
Public dividend capital		**117,931**	115,050	**117,931**	115,050
Revaluation reserve		**49,113**	48,004	**8,232**	8,812
Income and expenditure reserve		**(67,484)**	(74,463)	**(63,052)**	(69,334)
Total taxpayers' equity		**99,560**	88,591	**63,111**	54,528

The accounts and the associated notes were approved by the Audit Committee, who have delegated authority from Trust Board to approve the financial statements. The financial statements were approved on 08th August 2025 and signed on its behalf by:

Signed: ……Roisin Fallon-Williams, Chief Executive

Date: 08th August 2025

Birmingham and Solihull Mental Health NHS Foundation Trust
March 31 2025

Group Statement of Changes in Taxpayers' Equity	Total taxpayers' equity £000	Public dividend capital £000	Revaluation reserve £000	Income and expenditure reserve £000
Taxpayers' Equity at April 1 2024	88,591	115,050	48,004	(74,463)
Surplus / (Deficit) for the year	6,979	-	-	6,979
Revaluation gains/ (losses) on property, plant and equipment	1,109	-	1,109	-
Public Dividend Capital Received	2,881	2,881	-	-
Taxpayers' Equity at March 31 2025	99,560	117,931	49,113	(67,484)
Taxpayers' Equity at April 1 2023	114,358	114,550	41,694	(41,886)
Application of IFRS 16 measurement principles to PFI liability on 1 April 2023	(27,593)	-	-	(27,593)
Surplus / (Deficit) for the year	(4,984)	-	-	(4,984)
Revaluation gains/ (losses) on property, plant and equipment	6,310	-	6,310	-
Public Dividend Capital Received	500	500	-	-
Taxpayers' Equity at March 31 2024	88,591	115,050	48,004	(74,463)

Trust Statement of Changes in Taxpayers' Equity	Total taxpayers' equity £000	Public dividend capital £000	Revaluation reserve £000	Income and expenditure reserve £000
Taxpayers' Equity at April 1 2024	54,528	115,050	8,812	(69,334)
Surplus / (Deficit) for the year	6,282	-	-(580)	6,282
Revaluation gains/ (losses) on property, plant and equipment	(580)	-	-	
Public Dividend Capital Received	2,881	2,881	8,232	
Taxpayers' Equity at March 31 2025	63,111	117,931		(63,052)
			7,807	
Taxpayers' Equity at April 1 2023	85,426	114,550	--	(36,931)
Application of IFRS 16 measurement principles to PFI liability on 1 April 2023	(27,593)	-	1,005	(27,593)
Surplus / (Deficit) for the year	(4,810)	-	-	(4,810)
Revaluation gains/ (losses) on property, plant and equipment	1,005	-	8,812	-
Public Dividend Capital Received	500	500		-
Taxpayers' Equity at March 31 2024	54,528	115,050		(69,334)

Birmingham and Solihull Mental Health NHS Foundation Trust
March 31 2025

Group statement of cash flows		Group		Trust	
	Note	March 31 2025	March 31 2024	March 31 2025	March 31 2024
		£000	£000	£000	£000
Cash flows from operating activites					
Operating (deficit) / surplus for the year		10,924	6,369	9,251	5,037
Depreciation and amortisation	4	10,319	9,789	11,310	11,417
Impairments	4	2,912	544	2,831	444
Income Recognised in respect of capital donations		(360)	-	(360)	-
Loss / (gain) on disposal		(33)	-	(33)	-
(Increase) / decrease in trade and other receivables		(10,251)	6,740	(10,629)	7,233
(Increase) / decrease in inventories		(242)	219	(238)	(19)
Increase / (decrease) in trade and other payables		7,765	22,511	6,617	22,304
Increase / (decrease) in other liabilities		(9,624)	4,815	(9,624)	4,815
Increase / (decrease) in provisions		(639)	(850)	(639)	(850)
Corporation tax (paid) / received		-	(238)	-	-
Net cash generated from operating activities		10,771	49,899	8,486	50,381
Cash flows from investing activities					
Interest received	7	5,275	4,228	7,382	6,309
Purchase of financial assets & Investments		-	-	(1,879)	(5,455)
Proceeds from settlements of financial assets & investments		-	-	2,789	2,671
Purchase of property, plant and equipment	10	(12,413)	(9,811)	(7,929)	(7,289)
Receipt of cash donations to purchase capital assets		360	-	360	-
Net cash used in investing activities		(6,778)	(5,583)	723	(3,764)
Cash flows from financing activites					
Public dividend capital received		2,881	500	2,881	500
Loans repaid to foundation trust financing facility		(2,183)	(2,183)	(2,183)	(2,183)
Capital element of lease liability repayments		(1,643)	(1,061)	(5,509)	(5,444)
Capital element of private finance initiative obligations		(3,748)	(3,392)	(3,748)	(3,392)
Interest paid on loans from foundation trust financing facility		(1,004)	(1,091)	(1,005)	(1,091)
Interest element of lease liability repayments		(218)	(86)	(979)	(889)
Interest element of private finance initiative obligations		(4,162)	(4,110)	(4,162)	(4,110)
PDC dividend paid		208	314	208	314
Net cash used in financing activities		(9,869)	(11,109)	(14,497)	(16,295)
Net increase/ (decrease) in cash and cash equivalents		(5,876)	33,207	(5,288)	30,322
Cash and cash equivalents at 1 April		92,228	59,020	87,020	51,414
Cash in hand (petty cash)	22	47	58	47	58
Cash at commercial banks	22	4,620	5,208	-	-22
Cash at GBS	81,685	86,962	81,685	86,962	
Cash and cash equivalents at 31 March		86,352	92,228	81,732	87,020

1 **Accounting policies and other information**

NHS England has directed that the financial statements of the Trust shall meet the accounting requirements of the Department of Health and Social Care Group Accounting Manual (GAM), which shall be agreed with HM Treasury. Consequently, the following financial statements have been prepared in accordance with the GAM 2024/25 issued by the Department of Health and Social Care. The accounting policies contained in the GAM follow International Financial Reporting Standards to the extent that they are meaningful and appropriate to the NHS, as determined by HM Treasury, which is advised by the Financial Reporting Advisory Board. Where the GAM permits a choice of accounting policy, the accounting policy that is judged to be most appropriate to the particular circumstances of the Trust for the purpose of giving a true and fair view has been selected. The particular policies adopted are described below. These have been applied consistently in dealing with items considered material in relation to the accounts.

1.1 Accounting convention

These accounts have been prepared under the historical cost convention modified to account for the revaluation of property, plant and equipment, intangible assets, inventories and certain financial assets and financial liabilities.

1.2 Going Concern

These accounts have been prepared on a going concern basis. The financial reporting framework applicable to NHS bodies, derived from the HM Treasury Financial Reporting Manual, defines that the anticipated continued provision of the entity's services in the public sector is normally sufficient evidence of going concern. The directors have a reasonable expectation that this will continue to be the case.

The Trust completes a going concern assessment each and every year and checks that this is consistent with the assessment by its subsidiary Summerhill Services Limited (SSL), as there is some degree of interdependence.

1 **Accounting policies and other information (continued)**

1.3 Consolidation

Subsidiary entities are those over which the Foundation Trust has the power to exercise control or a dominant influence so as to gain economic or other benefits. The income, expenses, assets, liabilities, equity and reserves of subsidiaries are consolidated in full into the appropriate financial statement lines.

Birmingham and Solihull Mental Health NHS Foundation Trust has one 100% owned subsidiary, Summerhill Services Ltd (formerly known as Summerhill Supplies Limited until September 28 2018), which commenced trading on December 1 2012. The amounts consolidated are drawn from the published accounts of the subsidiary for the year ending March 31 2025. The shares held are ordinary and aggregate capital and reserves amount to £29,994k as at March 31 2025 (£29,486k as at March 31 2024). Summerhill Services Limited made a Profit of £885k in the year ended March 31 2025 (2023/24: Loss of £288k).

All intra-group transactions, balances, income and expenses are eliminated on consolidation. Adjustments are made to eliminate the profit or loss arising on transactions with the subsidiary. Where the subsidiary's accounting policies are not aligned with those of the Trust (including where they report under UK GAAP) then amounts are adjusted during consolidation where the differences are material. There are a number of differences that existed at the reporting date. In accordance with the Group Accounting Manual a separate statement of comprehensive income for the parent (the Trust) has not been presented.

The Foundation Trust is the Corporate Trustee of Birmingham and Solihull Mental Health NHS Foundation Trust Charity-Caring Minds (Charity number 1098659). The trust has assessed its relationship to the charitable fund and has determined that the charity is immaterial and therefore has chosen not to consolidate the Charity into the Trust accounts as the Charity's income and expenditure are less than 1% of the Trust's income. This will be reviewed each financial year.

The primary statements and notes to the accounts are presented with separate ‘Group’ and ‘Trust’ columns. However when the difference between Group and Trust is not material they are shown as a singular column marked "Group and Trust".The foundation trust is able to take advantage of an exemption afforded by the Companies Act to omit the statement of comprehensive income for the foundation trust parent if it wishes. As a foundation trust we have taken advantage of this exemption. The Parent company surplus for the year can be found with the financial summary section of the annual report.

1 **Accounting policies and other information (continued)**

1.4 Income

Revenue from contracts with customers

Where income is derived from contracts with customers, it is accounted for under IFRS 15. The GAM expands the definition of a contract to include legislation and regulations which enables an entity to receive cash or another financial asset that is not classified as a tax by the Office of National Statistics (ONS).

Revenue in respect of goods/services provided is recognised when (or as) performance obligations are satisfied by transferring promised goods/services to the customer and is measured at the amount of the transaction price allocated to those performance obligations. At the year end, the Trust accrues income relating to performance obligations satisfied in that year. Where the Trust's entitlement to consideration for those goods or services is unconditional a contract receivable will be recognised. Where entitlement to consideration is conditional on a further factor other than the passage of time, a contract asset will be recognised. Where consideration received or receivable relates to a performance obligation that is to be satisfied in a future period, the income is deferred and recognised as a contract liability.

Revenue from NHS contracts

The main source of income for the Trust is contracts with commissioners for health care services. Funding envelopes are set at an Integrated Care System (ICS) level. The majority of the Trust's NHS income is earned from NHS commissioners under the NHS Payment Scheme (NHSPS). The NHSPS sets out rules to establish the amount payable to trusts for NHS-funded secondary healthcare.

Aligned payment and incentive contracts form the main payment mechanism under the NHSPS. API contracts contain both a fixed and variable element. Under the variable element, providers earn income for elective activity (both ordinary and day case), out-patient procedures, out patient first attendances, diagnostic imaging and nuclear medicine, and chemotherapy delivery activity. The precise definition of these activities is given in the NHSPS. Income is earned at NHSPS prices based on actual activity. The fixed element includes income for all other services covered by the NHSPS assuming an agreed level of activity with 'fixed' in this context meaning not varying based on units of activity. Elements within this are accounted for as variable consideration under IFRS 15 as explained below.

The Trust also receives income from commissioners under Commissioning for Quality Innovation (CQUIN) and Best Practice Tariff (BPT) schemes. Delivery under these schemes is part of how care is provided to patients. As such CQUIN and BPT payments are not considered distinct performance obligations in their own right; instead they form part of the transaction price for performance obligations under the overall contract with the commissioner and accounted for as variable consideration under IFRS 15.

Where the relationship with a particular integrated care board is expected to be a low volume of activity (annual value below £0.5m), an annual fixed payment is received by the provider as determined in the NHSPS documentation. Such income is classified as 'other clinical income' in these accounts.

Mental health provider collaboratives

NHS led provider collaboratives for specialised mental health, learning disability and autism services involve a lead NHS provider taking responsibility for managing services, care pathways and specialised commissioning budgets for a population. As lead provider for both Reach Out and Birmingham and Solihull PC, the Trust is accountable to NHS England and as such recognises the income and expenditure associated with the commissioning of services from other providers in these accounts. Where the trust is the provider of commissioned services, this element of income is recognised in respect of the provision of services, after eliminating internal transactions. The income received by Reach Out is from NHSE Direct and income received by Birmingham and Solihull PC is from the Birmingham and Solihull ICB.

Other Income

Income from the sale of non-current assets is recognised only when all material conditions of sale have been met, and is measured as the sums due under the sale contract.

1 **Accounting policies and other information (continued)**

1.5 Expenditure on employee benefits

Short-term Employee Benefits

Salaries, wages and employment-related payments such as social security costs and the apprenticeship levy are recognised in the year in which the service is received from employees. The cost of annual leave entitlement earned but not taken by employees at the end of the year is recognised in the accounts to the extent that employees are permitted to carry-forward leave into the following year.

1.6 Pension costs

NHS Pension Scheme

Past and present employees are covered by the provisions of the two NHS Pension Schemes. Both schemes are unfunded, defined benefit schemes that cover NHS employers, general practices and other bodies, allowed under the direction of Secretary of State for Health and Social Care in England and Wales. The scheme is not designed in a way that would enable employers to identify their share of the underlying scheme assets and liabilities. Therefore, the scheme is accounted for as though it is a defined contribution scheme: the cost to the trust is taken as equal to the employer's pension contributions payable to the scheme for the accounting period. The contributions are charged to operating expenses as and when they become due.

Additional pension liabilities arising from early retirements are not funded by the scheme except where the retirement is due to ill-health. The full amount of the liability for the additional costs is charged to the operating expenses at the time the trust commits itself to the retirement, regardless of the method of payment.

NEST Pension Scheme

National Employment Savings Trust is a defined contribution pension scheme that was created as part of the government’s workplace pensions reforms under the Pensions Act 2008 (as amended by Pensions Act 2014). There are currently 476 employees enrolled in this service as at 31 March 2025.

1 **Accounting policies and other information (continued)**

1.7 Expenditure on other goods and services

Expenditure on goods and services is recognised when they have been received, and is measured at the fair value of those goods and services. Expenditure is recognised in operating expenses except where it results in the creation of a non-current asset such as property, plant and equipment.

1.8 Property, plant and equipment

Recognition

Property, Plant and Equipment is capitalised where:

• it is held for use in delivering services or for administrative purposes;
• it is probable that future economic benefits will flow to, or service potential be provided to, the Foundation Trust or Group;
• it is expected to be used for more than one financial year;
• the cost of the item can be measured reliably;
• individually have a cost of at least £5,000;
• where the assets are functionally interdependant, collectively have a cost of at least £5,000 and individually have a cost of more than £250, they had broadly simultaneous purchase dates, are anticipated to have simultaneous disposal dates and are under single managerial control; or
• form part of the initial equipping and setting-up cost of a new building, ward or unit irrespective of their individual or collective cost.

Where a large asset, for example a building, includes a number of components with significantly different asset lives e.g. plant and equipment, then these components are treated as separate assets and depreciated over their own useful economic lives.

Measurement

Valuation

All property, plant and equipment assets are measured initially at cost, representing the costs directly attributable to acquiring or constructing the asset and bringing it to the location and condition necessary for it to be capable of operating in the manner intended by management.

Assets are measured subsequently at valuation. Assets which are held for their service potential and are in use (ie operational assets used to deliver either front line services or back office functions) are measured at their current value in existing use. Assets that were most recently held for their service potential but are surplus with no plan to bring them back into use are measured at fair value where there are no restrictions on sale at the reporting date and where they do not meet the definitions of investment properties or assets held for sale.

Revaluations of property, plant and equipment are performed with sufficient regularity to ensure that carrying values are not materially different from those that would be determined at the end of the reporting period. Current values in existing use are determined as follows:

- Land and non-specialised buildings – market value for existing use
- Specialised buildings – depreciated replacement cost on a modern equivalent asset basis.

1 **Accounting policies and other information (continued)**

1.8 Property, plant and equipment (continued)

For specialised assets, current value in existing use is interpreted as the present value of the asset's remaining service potential, which is assumed to be at least equal to the cost of replacing that service potential. Specialised assets are therefore valued at their depreciated replacement cost (DRC) on a modern equivalent asset (MEA) basis. An MEA basis assumes that the asset will be replaced with a modern asset of equivalent capacity and meeting the location requirements of the services being provided. Assets held at depreciated replacement cost have been valued on an alternative site basis where this would meet the location requirements.

Valuation guidance issued by the Royal Institute of Chartered Surveyors states that valuations are performed net of VAT where the VAT is recoverable by the entity. This basis has been applied to the trust's Private Finance Initiative (PFI) scheme where the construction is completed by a special purpose vehicle and the costs have recoverable VAT for the trust.

Properties in the course of construction for service or administration purposes are carried at cost, less any impairment loss. Cost includes professional fees and, where capitalised in accordance with IAS 23, borrowings costs. Assets are revalued and depreciation commences when the assets are brought into use.

IT equipment, transport equipment, furniture and fittings, and plant and machinery that are held for operational use are valued at depreciated historic cost where these assets have short useful lives or low values or both, as this is not considered to be materially different from current value in existing use.

Subsequent expenditure
Subsequent expenditure relating to an item of property, plant and equipment is recognised as an increase in the carrying amount of the asset when it is probable that additional future economic benefits or service potential deriving from the cost incurred to replace a component of such item will flow to the enterprise and the cost of the item can be determined reliably. Where a component of an asset is replaced, the cost of the replacement is capitalised if it meets the criteria for recognition above. The carrying amount of the part replaced is de-recognised. Other expenditure that does not generate additional future economic benefits or service potential, such as repairs and maintenance, is charged to the Statement of Comprehensive Income in the period in which it is incurred.

Depreciation
Items of property, plant and equipment are depreciated over their remaining useful lives in a manner consistent with the consumption of economic or service delivery benefits. Freehold land is considered to have an infinite life and is not depreciated.

Property, plant and equipment which has been reclassified as 'held for sale' cease to be depreciated upon the reclassification. Assets in the course of construction and residual interests in off-Statement of Financial Position PFI contract assets are not depreciated until the asset is brought into use or reverts to the trust, respectively.

Revaluation and impairment
Revaluation gains are recognised in the revaluation reserve, except where, and to the extent that, they reverse a revaluation decrease that has previously been recognised in operating expenses, in which case they are recognised in operating Expenditure.

Revaluation losses are charged to the revaluation reserve to the extent that there is an available balance for the asset concerned, and thereafter are charged to operating expenses.
Gains and losses recognised in the revaluation reserve are reported in the Statement of Comprehensive Income as an item of 'other comprehensive income'.

Impairments
In accordance with the GAM, impairments that are due to a loss of economic benefits or service potential in the asset are charged to operating expenses. A compensating transfer is made from the revaluation reserve to the income and expenditure reserve of an amount equal to the lower of (i) the impairment charged to operating expenses; and (ii) the balance in the revaluation reserve attributable to that asset before the impairment. An impairment arising from a loss of economic benefit or service potential is reversed when, and to the extent that, the circumstances that gave rise to the loss is reversed. Reversals are recognised in operating income to the extent that the asset is restored to the carrying amount it would have had if the impairment had never been recognised. Any remaining reversal is recognised in the revaluation reserve. Where, at the time of the original impairment, a transfer was made from the revaluation reserve to the income and expenditure reserve, an amount is transferred back to the revaluation reserve when the impairment reversal is recognised.

1 **Accounting policies and other information (continued)**

1.8 Property, plant and equipment (continued)

De-recognition

Assets intended for disposal are reclassified as 'Held for Sale' once all of the following criteria are met:

• the asset is available for immediate sale in its present condition subject only to terms which are usual and customary for such sales;

• the sale must be highly probable i.e.

- management are committed to a plan to sell the asset;
- an active programme has begun to find a buyer and complete the sale;
- the asset is being actively marketed at a reasonable price;
- the sale is expected to be completed within 12 months of the date of classification as 'Held for Sale'; and
- the actions needed to complete the plan indicate it is unlikely that the plan will be dropped or significant changes made to it.

Following reclassification, the assets are measured at the lower of their existing carrying amount and their 'fair value less costs to sell'. Depreciation ceases to be charged and the assets are not revalued, except where the 'fair value less costs to sell' falls below the carrying amount. Assets are de-recognised when all material sale contract conditions have been met. Property, plant and equipment which is to be scrapped or demolished does not qualify for recognition as 'Held for Sale' and instead is retained as an operational asset and the asset's economic life is adjusted. The asset is de-recognised when scrapping or demolition occurs.

1 **Accounting policies and other information (continued)**

1.8 Property, plant and equipment (continued)

Private finance initiative (PFI) transactions
PFI transactions which meet the IFRIC 12 definition of a service concession, as interpreted in HM Treasury's FReM, are accounted for as 'on-statement of financial position' by the Trust. Annual contract payments to the operator (the unitary charge) are apportioned between the repayment of the liability including the finance cost, the charges for services and lifecycle replacement of components of the asset.

Initial recognition
In accordance with HM Treasury's FReM, the underlying assets are recognised as property, plant and equipment, together with an equivalent liability. Initial measurement of the asset and liability are in accordance with the initial measurement principles of IFRS 16 (see leases accounting policy).

Subsequent measurement
Assets are subsequently accounted for as property, plant and equipment and/or intangible assets as appropriate.

The liability is subsequently reduced by the portion of the unitary charge allocated as payment for the asset and increased by the annual finance cost. The finance cost is calculated by applying the implicit interest rate to the opening liability and is charged to finance costs in the Statement of Comprehensive Income. The element of the unitary charge allocated as payment for the asset is split between payment of the finance cost and repayment of the net liability.

Where there are changes in future payments for the asset resulting from indexation of the unitary charge, the Trust remeasures the PFI liability by determining the revised payments for the remainder of the contract once the change in cash flows takes effect. The remeasurement adjustment is charged to finance costs in the Statement of Comprehensive Income.

The service charge is recognised in operating expenses in the Statement of Comprehensive Income.

Lifecycle replacement
Components of the asset replaced by the operator during the contract ("life cycle replacement") are capitalised where they meet the Trust's criteria for capital expenditure. They are capitalised at the time they are provided by the operator and are measured initially at their fair value.

Assets contributed by the Foundation Trust to the operator for use in the scheme
Assets contributed for use in the scheme continue to be recognised as items of property, plant and equipment in the Foundation Trust's Statement of Financial Position

Initial application of IFRS 16 liability measurement principles to PFI and LIFT liabilities
IFRS 16 liability measurement principles were applied to PFI, LIFT and other service concession arrangement liabilities in these financial statements from 1 April 2023. The change in measurement basis was applied using a modified retrospective approach with the cumulative impact of remeasuring the liability on 1 April 2023 recognised in the income and expenditure reserve.

1 **Accounting policies and other information (continued)**

1.9 Intangible assets

Recognition
Intangible assets are non-monetary assets without physical substance which are capable of being sold separately from the rest of the Foundation Trust's or Group business, which arise from contractual or other legal rights. They are recognised only where it is probable that future economic benefits will flow to, or service potential be provided to, the Foundation Trust and where the cost of the asset can be measured reliably. Where internally generated assets are held for service potential, this involves a direct contribution to the delivery of services to the public.

Internally generated intangible assets
Internally generated goodwill, brands, mastheads, publishing titles, customer lists and similar items are not capitalised as intangible assets. Expenditure on research is not capitalised. Expenditure on development is capitalised only where all of the following can be demonstrated:
• the project is technically feasible to the point of completion and will result in an intangible asset for sale or use;
• the Foundation Trust or Group intends to complete the asset and sell or use it;
• the Foundation Trust or Group has the ability to sell or use the asset;
• how the intangible asset will generate probable future economic or service delivery benefits e.g. the presence of a market for it or its output, or where it is to be used for internal use, the usefulness of the asset;
• adequate financial, technical and other resources are available to the Foundation Trust to complete the development and sell or use the asset; and
• the Foundation Trust or Group can measure reliably the expenses attributable to the asset during development.

Software
Software which is integral to the operation of hardware e.g. an operating system, is capitalised as part of the relevant item of property, plant and equipment. Software which is not integral to the operation of hardware e.g. application software, is capitalised as an intangible asset where it meets recognition criteria.

Measurement
Intangible assets are recognised initially at cost, comprising all directly attributable costs needed to create, produce and prepare the asset to the point that it is capable of operating in the manner intended by management.

Subsequently intangible assets are measured at current value in existing use. Where no active market exists, intangible assets are valued at the lower of depreciated replacement cost and the value in use where the asset is income generating. Revaluations gains and losses and impairments are treated in the same manner as for property, plant and equipment. We consider there to be no active markets for our intangible assets and therefore cost has been used as a proxy for valuation.

Intangible assets held for sale are measured at the lower of their carrying amount or fair value less costs to sell.

Amortisation
Intangible assets are amortised over their expected useful economic lives in a manner consistent with the consumption of economic or service delivery benefits.

1 **Accounting policies and other information (continued)**

1.10 Government grants

Government grants are grants from Government bodies other than income from Integrated Care Boards or NHS Trusts for the provision of services. Where a grant is used to fund revenue expenditure it is taken to the Statement of Comprehensive Income to match that expenditure.

1.11 Inventories

Inventories are valued at the lower of average cost and net realisable value. Average cost is calculated based on the average purchase price of the inventory held. Provisions are made for slow moving, defective and obsolete inventory if considered necessary by management.

Between 2020/21 and 2023/24 the Trust received inventories including personal protective equipment from the Department of Health and Social Care at nil cost. In line with the GAM and applying the principles of the IFRS Conceptual Framework, the Trust has accounted for the receipt of these inventories at a deemed cost, reflecting the best available approximation of an imputed market value for the transaction based on the cost of acquisition by the Department. Distribution of inventories by the Department ceased in March 2024.

1.12 Financial assets, financial instruments and financial liabilities

Recognition

Financial assets and financial liabilities arise where the Trust is party to the contractual provisions of a financial instrument, and as a result has a legal right to receive or a legal obligation to pay cash or another financial instrument. The GAM expands the definition of a contract to include legislation and regulations which give rise to arrangements that in all other respects would be a financial instrument and do not give rise to transactions classified as a tax by ONS.

This includes the purchase or sale of non-financial items (such as goods or services), which are entered into in accordance with the Trust's normal purchase, sale or usage requirements and are recognised when, and to the extent which, performance occurs, ie, when receipt or delivery of the goods or services is made.

As per the GAM intra-government debts, including debts with other NHS bodies, are not subject to expected credit losses.

Classification and measurement

Financial assets and financial liabilities are initially measured at fair value plus or minus directly attributable transaction costs except where the asset or liability is not measured at fair value through profit and loss. Fair value is taken as the transaction price, or otherwise determined by reference to quoted market prices or valuation techniques.

Financial assets are classified as subsequently measured at amortised cost.

Financial liabilities classified as subsequently measured at amortised cost.

Financial assets and financial liabilities at amortised cost

Financial assets and financial liabilities at amortised cost are those held with the objective of collecting contractual cash flows and where cash flows are solely payments of principal and interest. This includes cash equivalents, contract and other receivables, trade and other payables, rights and obligations under lease arrangements and loans receivable and payable.

After initial recognition, these financial assets and financial liabilities are measured at amortised cost using the effective interest method less any impairment (for financial assets). The effective interest rate is the rate that exactly discounts estimated future cash payments or receipts through the expected life of the financial asset or financial liability to the gross carrying amount of a financial asset or to the amortised cost of a financial liability.

Interest revenue or expense is calculated by applying the effective interest rate to the gross carrying amount of a financial asset or amortised cost of a financial liability and recognised in the Statement of Comprehensive Income and a financing income or expense. In the case of loans held from the Department of Health and Social Care, the effective interest rate is the nominal rate of interest charged on the loan.

1 **Accounting policies and other information (continued)**

1.12 Financial assets, financial instruments and financial liabilities (continued)

Impairment of financial assets
For all financial assets measured at amortised cost including lease receivables, contract receivables and contract assets or assets measured at fair value through other comprehensive income, the Trust recognises an allowance for expected credit losses.

The Trust adopts the simplified approach to impairment for contract and other receivables, contract assets and lease receivables, measuring expected losses as at an amount equal to lifetime expected losses. For other financial assets, the loss allowance is initially measured at an amount equal to 12-month expected credit losses (stage 1) and subsequently at an amount equal to lifetime expected credit losses if the credit risk assessed for the financial asset significantly increases (stage 2).

For financial assets that have become credit impaired since initial recognition (stage 3), expected credit losses at the reporting date are measured as the difference between the asset's gross carrying amount and the present value of estimated future cash flows discounted at the financial asset's original effective interest rate.

Expected losses are charged to operating expenditure within the Statement of Comprehensive Income and reduce the net carrying value of the financial asset in the Statement of Financial Position.

Derecognition
Financial assets are de-recognised when the contractual rights to receive cash flows from the assets have expired or the Trust has transferred substantially all the risks and rewards of ownership.

Financial liabilities are de-recognised when the obligation is discharged, cancelled or expires.

1 **Accounting policies and other information (continued)**

1.13 Leases

A lease is a contract or part of a contract that conveys the right to use an asset for a period of time in exchange for consideration. An adaptation of the relevant accounting standard by HM Treasury for the public sector means that for NHS bodies, this includes lease-like arrangements with other public sector entities that do not take the legal form of a contract. It also includes peppercorn leases where consideration paid is nil or nominal (significantly below market value) but in all other respects meet the definition of a lease. The trust does not apply lease accounting to new contracts for the use of intangible assets.

The Trust determines the term of the lease term with reference to the non-cancellable period and any options to extend or terminate the lease which the Trust is reasonably certain to exercise.

The Trust as a lessee
Recognition and initial measurement
At the commencement date of the lease, being when the asset is made available for use, the Trust recognises a right of use asset and a lease liability.

The right of use asset is recognised at cost comprising the lease liability, any lease payments made before or at commencement, any direct costs incurred by the lessee, less any cash lease incentives received. It also includes any estimate of costs to be incurred restoring the site or underlying asset on completion of the lease term.

The lease liability is initially measured at the present value of future lease payments discounted at the interest rate implicit in the lease. Lease payments includes fixed lease payments, variable lease payments dependent on an index or rate and amounts payable under residual value guarantees. It also includes amounts payable for purchase options and termination penalties where these options are reasonably certain to be exercised.

Where an implicit rate cannot be readily determined, the Trust's incremental borrowing rate is applied. This rate is determined by HM Treasury annually for each calendar year. A nominal rate of 4.72% applied to new leases commencing in 2024 and 4.81% to new leases commencing in 2025.

The Trust does not apply the above recognition requirements to leases with a term of 12 months or less or to leases where the value of the underlying asset is below £5,000, excluding any irrecoverable VAT. Lease payments associated with these leases are expensed on a straight-line basis over the lease term or other systematic basis. Irrecoverable VAT on lease payments is expensed as it falls due.

Subsequent measurement
As required by a HM Treasury interpretation of the accounting standard for the public sector, the Trust employs a revaluation model for subsequent measurement of right of use assets, unless the cost model is considered to be an appropriate proxy for current value in existing use or fair value, in line with the accounting policy for owned assets. Where consideration exchanged is identified as significantly below market value, the cost model is not considered to be an appropriate proxy for the value of the right of use asset.

The Trust subsequently measures the lease liability by increasing the carrying amount for interest arising which is also charged to expenditure as a finance cost and reducing the carrying amount for lease payments made. The liability is also remeasured for changes in assessments impacting the lease term, lease modifications or to reflect actual changes in lease payments. Such remeasurements are also reflected in the cost of the right of use asset. Where there is a change in the lease term or option to purchase the underlying asset, an updated discount rate is applied to the remaining lease payments.

1 **Accounting policies and other information (continued)**

1.13 Leases (continued)

The Trust as a lessor
The Trust assesses each of its leases and classifies them as either a finance lease or an operating lease. Leases are classified as finance leases when substantially all the risks and rewards of ownership are transferred to the lessee. All other leases are classified as operating leases.

Where the Trust is an intermediate lessor, classification of the sublease is determined with reference to the right of use asset arising from the headlease.

Finance leases
Amounts due from lessees under finance leases are recorded as receivables at the amount of the Trust's net investment in the leases. Finance lease income is allocated to accounting periods to reflect a constant periodic rate of return on the Trust's net investment outstanding in respect of the leases.

Operating leases
Income from operating leases is recognised on a straight-line basis or another systematic basis over the term of the lease. Initial direct costs incurred in negotiating and arranging an operating lease are added to the carrying amount of the leased asset and recognised as an expense on a straight-line basis over the lease term.

1 **Accounting policies and other information (continued)**

1.14 Provisions

The Foundation Trust recognises a provision where it has a present legal or constructive obligation of uncertain timing or amount; for which it is probable that there will be a future outflow of cash or other resources; and a reliable estimate can be made of the amount. The amount recognised in the Statement of Financial Position is the best estimate of the resources required to settle the obligation. Where the effect of the time value of money is significant, the estimated risk-adjusted cash flows are discounted using HM Treasury's discount rates effective from 31 March 2025:

		Nominal rate	Prior year rate
Short-term	Up to 5 years	4.03%	4.26%
Medium-erm	After 5 years up to 10 years	4.07%	4.03%
Long-term	After 10 years up to 40 years	4.81%	4.72%
	Exceeding 40 years	4.55%	4.40%

HM Treasury provides discount rates for general provisions on a nominal rate basis. Expected future cash flows are therefore adjusted for the impact of inflation before discounting using nominal rates. The following inflation rates are set by HM Treasury, effective from 31 March 2025:

	Inflation rate	Prior year rate
Year 1	2.60%	3.60%
Year 2	2.30%	1.80%
Into perpetuity	2.00%	2.00%

Early retirement provisions and injury benefit provisions both use the HM Treasury's post employment benefits discount rate of 2.40% in real terms (prior year: 2.45%).

1.15 Contingent liability

A contingent liability is a possible obligation that arises from the past events and whose existence will be confirmed only by the occurrence or non-occurrence of one or more uncertain future events not wholly within the control of the NHS Foundation Trust, or a present obligation that is not recognised because it is not probable that a payment will be required to settle the obligation or the amount of the obligation cannot be measured sufficiently reliably.

1.16 Contingent asset

Contingent assets (assets arising from past events whose existence will only be confirmed by one or more future events not wholly within the entity’s control) are not recognised as assets, but are disclosed in the notes to the financial statements where an inflow of economic benefits is probable.

1.17 Clinical negligence costs

NHS Resolution operates a risk pooling scheme under which the NHS Foundation Trust pays an annual contribution to NHS Resolution, which, in return, settles all clinical negligence claims. Although NHS Resolution is administratively responsible for all clinical negligence cases, the legal liability remains with the NHS Foundation Trust. The total value of clinical negligence provisions carried by NHS Resolution on behalf of the NHS Foundation Trust is disclosed at note 19.2 but is not recognised in the NHS Foundation Trust accounts.

1 **Accounting policies and other information (continued)**

1.18 Non-clinical risk pooling

The NHS Foundation Trust participates in the Property Expenses Scheme and the Liabilities to Third Parties Scheme. Both are risk pooling schemes under which the Trust pays an annual contribution to the NHS Resolution (Formerly NHS Litigation Authority or NHSLA) and in return receives assistance with the costs of claims arising. The annual membership contributions, and any 'excesses' payable in respect of particular claims are charged to operating expenses when the liability arises.

1.19 Public dividend capital

Public dividend capital (PDC) is a type of public sector equity finance based on the excess of assets over liabilities at the time of establishment of the predecessor NHS organisation. HM Treasury has determined that PDC is not a financial instrument within the meaning of IAS 32.

The Secretary of State can issue new PDC to, and require repayments of PDC from, the trust. PDC is recorded at the value received.

A charge, reflecting the cost of capital utilised by the trust, is payable as public dividend capital dividend. The charge is calculated at the rate set by HM Treasury (currently 3.5%) on the average relevant net assets of the trust during the financial year. Relevant net assets are calculated as the value of all assets less the value of all liabilities, with certain additions and deductions as defined by the Department of Health and Social Care.

This policy is available at https://www.gov.uk/government/publications/guidance-on-financing-available-to-nhs-trusts-and-foundation-trusts.

In accordance with the requirements laid down by the Department of Health and Social Care (as the issuer of PDC), the dividend for the year is calculated on the actual average relevant net assets as set out in the "pre-audit" version of the annual accounts. The dividend calculated is not revised should any adjustment to net assets occur as a result the audit of the annual accounts.

1.20 Taxation

Value added tax (VAT)

Most of the activities of the Foundation Trust are outside the scope of VAT and, in general, output tax does not apply and input tax on purchases is not recoverable. Irrecoverable VAT is charged to the relevant expenditure category or included in the capitalised purchase cost of fixed assets. Where output tax is charged or input VAT is recoverable, the amounts are stated net of VAT.

Corporation tax

Healthcare activities of the NHS Foundation Trust are outside the scope of Corporation Tax. Summerhill Services Ltd is liable to corporation tax charges.

Current tax is recognised at the amount expected to be paid or recovered for the period based on tax rates and laws that have been enacted or substantively enacted at the statement of financial position date.

Deferred Tax

Deferred tax is provided in full, using the liability method, on taxable temporary differences between the carrying amounts of assets and liabilities for financial reporting purposes and the amounts used for taxation purposes. Deferred tax is not accounted for if it arises from the initial recognition of assets or liabilities that affect neither accounting nor taxable profit other than in a business combination.

A deferred tax asset is recognised only to the extent that it is probable that future taxable profits will be available against which the temporary difference can be utilised. The amount of deferred tax provided is based on the expected manner of realisation or settlement of the carrying amount of assets and liabilities, using tax rates enacted or substantively enacted at the statement of financial position date.

1.21 Third party assets

Assets belonging to third parties (such as money held on behalf of patients) are not recognised in the accounts since the Trust has no beneficial interest in them. However, they are disclosed in a separate note to the accounts in accordance with the requirements of HM Treasury's Group Accounting Manual.

1 **Accounting policies and other information (continued)**

1.22 Critical judgements in applying accounting policies

The following are the judgements, apart from those involving estimations (see below) that management has made in the process of applying the trust accounting policies and that have the most significant effect on the amounts recognised in the financial statements:

- Provisions

  Provisions have been recognised in these accounts for restructuring which relates to the cost of restructuring a service where an obligation exists at the year end; the most significant cost being redundancy and termination payments. Provisions are only recognised after a clear decision has been made to remove a post and the decision has been communicated to those affected. It is likely that these amounts will be settled during the year ended 31 March 2026.

- Modern Equivalent Asset (MEA)

  Department of Health and Social Care guidance specifies that the Trust's land and buildings should be valued on the basis of depreciated replacement cost, applying the Modern Equivalent Asset (MEA) concept. The MEA is defined as "the cost of a modern replacement asset that has the same productive capacity as the property being valued." Therefore the MEA is not a valuation of the existing land and buildings that the Trust holds, but a theoretical valuation for accounting purposes of what the Trust could need to spend in order to replace the service potential that those assets have.

  The Trust has used an alternative MEA Model that has been produced by (taking advice from an independent Consultant) to apply as a representation of the service delivery from the actual buildings. The Model adopts GIA figures that vary from the actual assets and in many instances represents a number of buildings as an MEA single building. The Trust is satisfied that the estimates provided would not change the services provided by the Trust, and would not impact on service delivery or the level and volume of service provided. This is because all staff are contracted to work across all sites, and the catchment area for patients using the services has been taken into account when deciding on an appropriate alternative site.

  The Trust does not intend to implement any of the theoretical assumptions that underpin the MEA valuation.

1.23 Sources of estimation uncertainty

The following are assumptions about the future and other major sources of estimation uncertainty that have a significant risk of resulting in a material adjustment to the carrying amounts of assets and liabilities within the next financial year:

- Property useful economic lives

  The Trusts' buildings and equipments are depreciated over their remaining useful economic lives as described in note 1.6. Management assesses the useful economic life of an asset when it is brought into use and periodically reviews for reasonableness. The review is based on physical lives of similar class of building asset as calculated by the District Valuer and updated to make a best estimate of the useful economic life.

- PPE Valuations

  As detailed in accountancy policy note 1.8 'Property, plant and equipment'. The Trust's valuer provided the Trust with a valuation of the land and building assets (estimated current value in existing use and remaining useful life). The significant estimation being the specialised builidng - depreciation replacement value, using modern equivalent asset optimised alternative site methodology. The result of this valuation, based on estimates provided by a suitably qualified professional in accordance with HM Treasury guidance, is dosclosed in note 10. Future revaluations of the Trust's property may result in furhter material changes to the carrying value of non-current assets.

  A Valuation has been undertaken as at 31 March 2025, the total valuation of land and buildings was £205.863m.

The estimates and associated assumptions are based on historical experience and other factors that are considered to be relevant. Actual results may differ from those estimates and the estimates and underlying assumptions are continually reviewed. Revisions to accounting estimates are recognised in the year in which the estimate is revised if the revision affects only that year or in the year of the revision and future years if the revision affects both current and future years.

1 **Accounting policies and other information (continued)**

1.24 Other standards, amendments and interpretations

Amendments to the following standards are applicable in 2024/25: NIL

Amendments to the following standards are applicable in 2025/26 and Beyond:
- implementation of IFRS 17 Insurance contracts is expected to be adopted from April 2025 in the 25/26 FReM, with limited options for early adoption. The impact of this is still being quantified.
- implementation of IFRS 18 Presentation and Disclosure in Financial Statements, replacment for IAS 1. expected adoption is from 2027/28. Not yet considered.

1.25 Cash and cash equivalents
Cash is defined as cash in hand and any deposits with any financial institution repayable on demand without penalty. Cash equivalents are investments that are short-term and are readily convertible to known amounts of cash with insignificant risk of change in value. Cash, bank and overdraft balances are recorded at current values.

1.26 Losses and special payments
Losses and special payments are items that Parliament would not have contemplated when it agreed funds for the health service or passed legislation. By their nature they are items that ideally should not arise. They are therefore subject to special control procedures compared with the generality of payments. They are divided into different categories, which govern the way that individual cases are handled. Losses and special payments are charged to the relevant functional headings in expenditure on an accruals basis, including losses which would have been made good through insurance cover had Foundation trusts not been bearing their own risks (with insurance premiums then being included as normal revenue expenditure).
However the losses and special payments note is compiled directly from the losses and compensations register which reports on an accrual basis with the exception of provisions for future losses.

1.27 Operating segments
Operating segments are reported in a manner consistent with the internal reporting provided to the chief operating decision-maker. The chief operating decision-maker, who is responsible for allocating resources and assessing performance of the operating segments, has been identified as the board that makes strategic decisions.

1.28 Climate change levy
Expenditure on the climate change levy is recognised in the Statement of Comprehensive Income as incurred, based on the prevailing chargeable rates for energy consumption.

2	**Operating Income (Group)**	2024/25 £000	2023/24 £000
	Income from patient care activities		
	Income from commissioners under API contracts*	34,768	42,046
	Services delivered under a mental health collaborative	319,785	288,938
	Income for commissioning services in a mental health collaborative	301,806	239,038
	Clinical income for the secondary commissioning of mandatory services	24,209	17,008
	Other clinical income	1,399	1,025
	Agenda for change pay award central ***	410	102
	Additional pension contribution central funding **	16,304	9,762
	Total income from patient care activities	698,681	597,919
	Other operating income (Contract Income)		
	Research and development	1,275	1,193
	Education and training	18,924	15,991
	Non-patient care services to other bodies	487	228
	Other Income	12,661	11,859
	Other operating income (Non-Contract Income)		
	Cash donations for the purchase of capital assets - received from other bodies	360	-64
	Charitable and other contributions to expenditure	-	29,335
	Total other operating income	33,707	
			627,254
	Total operating income	732,388	

*Aligned payment and incentive contracts are the main form of contracting between NHS providers and their commissioners. More information can be found in the 2023/25 NHS Payment Scheme documentation. https://www.england.nhs.uk/pay-syst/nhs-payment-scheme/

** Increases to the employer contribution rate for NHS pensions since 1 April 2019 have been funded by NHS England. NHS providers continue to pay at the former rate of 14.3% with the additional amount being paid over by NHS England on providers' behalf. The full cost of employer contributions 23.7%, (2023/24: 20.6%) and related NHS England funding (9.4%, 2023/24: 6.3%) have been recognised in these accounts.

*** Additional funding was made available directly to providers by NHS England in 2024/25 and 2023/24 for implementing the backdated element of pay awards where government offers were finalised after the end of the financial year. NHS Payment Scheme prices and API contracts are updated for the weighted uplift in in-year pay costs when awards are finalised.

2.1	**Income from patient care activities (by Source) (Group)**	2024/25 £000	2023/24 £000
	NHS England	222,185	187,149
	Integrated care boards	446,142	386,796
	NHS Foundation Trusts	23,464	16,120
	NHS Trusts	746	888
	Local authorities	3,534	3,368
	Non NHS: other	2,610	3,597
	Total Income from patient care activities	**698,681**	**597,918**

2.2	**Income from activities arising from mandatory services (Group)**	2024/25 £000	2023/24 £000
	Income from activities arising from mandatory services	699,328	594,194
	Income from activities arising from non-mandatory services	33,060	33,060
		732,388	627,254

2.3	**Commissioner requested services (Group)**	2024/25 £000	2023/24 £000
	Under the terms of its provider licence, the trust is required to analyse the level of income from activities that has arisen from commissioner requested and non-commissioner requested services. Commissioner requested services are defined in the provider licence and are services that commissioners believe would need to be protected in the event of provider failure. This information is provided in the table below:		
	Income from activities arising from commissioner requested services	698,681	597,918
	Income from activities arising from non-commissioner requested services	33,707	29,335
		732,388	627,253

3 Segmental analysis

The analysis by business segment is presented in accordance with IFRS 8 Operating segments, on the basis of those segments whose operating results are regularly reviewed by the Board (the Chief Operating Decision Maker as defined by IFRS 8) as follows:

Healthcare services as Provider

NHS Healthcare is the core activity of the Trust - the 'mandatory services requirement' as set out in the Trust's Terms of Authorisation issued by NHS Improvement and defined by legislation.

This activity is primarily the provision of NHS healthcare, either to patients and charged to the relevant NHS commissioning body, or where healthcare related services are provided to other organisations by contractual agreement.

Revenue from activities (medical treatment of patients) is analysed by type of activity in note 2 to the accounts.

Other operating income is analysed in note 2 to the accounts and materially consists of revenues from medical education and related support services to other organisations. Revenue is predominately from HM Government, Related party transactions are analysed in note 23.1 and 23.2 to the accounts, where individual customers within public sector are considered material.

The healthcare and related support services as described are all provided directly by the Trust, which is a public benefit corporation. These services have been aggregated into a single operating segment because they have similar economic characteristics: the nature of the services they offer are the same (the provision of healthcare), they have similar customers (public and private sector healthcare organisations) and have the same regulators (NHS Improvement and the Department of Health).

Healthcare services as Commissioner

Provider Collaborative Reach Out went live during the financial year 21/22. BSMHFT took full responsibility for commissioning budgets re Reach Out in October 2021.

Our involvement in Provider Collaboratives across the Midlands is based on what were formerly known as New Care Models (NCM) pilots. These pilots trialled new ways of working across mental health providers within local areas. The pilot sites provided specialised mental health services with the aim of reducing the number of people who were cared for out of area and creating the services their population needed through local re-investment. Due to their success, Provider collaboratives will be responsible for managing the budget and patient pathway for specialised mental health care for people who need it in their local area.

Provider Collaborative Birmingham and Solihull went live during the financial year 23/24. BSMHFT Took full responsibility for commissioning budgets re BSOL PC in April 2023.

Under section 408 of the companies Act 2006 the parent companies surplus / deficit for year was £6,283k for year end March 2025 (2023/24: Deficit £4,810k).

Commercial trading - Summerhill Services Limited

The company Summerhill Services Limited is a wholly owned subsidiary of the Trust and currently leases 15 properties to the Trust. As a trading company, subject to additional legal and regulatory regime (over and above that of the Trust), this activity is considered to be a separate business segment whose individual operating results are reviewed by the Trust Board (the Chief Operating Decision Maker).

A significant proportion of the company's revenue is inter segment trading with the Foundation Trust which is eliminated upon the consolidation of these group accounts. The monthly performance report to the Chief Operating Decision maker reports financial summary information in the format of the table overleaf.

3 Segmental analysis (continued)

Year ended March 31 2025	Healthcare services as Provider	Healthcare services as Commissioner	Commercial trading	Inter-group eliminations BSMHFT & PC Transactions	Inter-Company Transactions	Total
	£000	£000	£000	£000	£000	£000
Total segment revenue	426,664	628,013	29,084	(323,452)	(28,077)	732,232
Total segment expenditure	(414,533)	(630,905)	(26,079)	323,452	26,757	(721,308)
Operating surplus / (deficit)	12,131	(2,892)	3,005	-	(1,320)	10,924
Net financing cost	(6,097)	3,141	(2,489)	-	1,131	(4,314)
PDC dividend payable	-	--	-	-	--	-
Taxation	-	249	369	-	(189)	369
Retained surplus / (deficit) for the year	6,034		885	-		6,979
		70,453			-	
Reportable segment assets	307,559	-	93,079	-	(130,078)	471,091
Eliminations	-	70,453	-	-	(130,078)	(130,078)
Total Assets	307,559	(69,718)	93,079	-	-	341,013
Reportable segment liabilities	(245,185)	-	(68,489)	-	141,939	(383,392)
Eliminations	-	(69,718)	-	-	141,939	141,939
Total liabilities	(245,185)	735	(68,489)	-	11,861	(241,453)
Net assets / (liabilities)	62,374		24,590	-		99,560

Year ended March 31 2024 Restated	Healthcare services as Provider	Healthcare services as Commissioner *	Commercial trading	Inter-group eliminations BSMHFT & PC Transactions *	Inter-Company Transactions	Total
	£000	£000	£000	£000	£000	£000
Total segment revenue	390,115	455,535	29,418	(218,982)	(28,832)	627,254
Total segment expenditure	(385,314)	(455,300)	(27,014)	218,982	27,761	(620,885)
Operating surplus / (deficit)	4,801	235	2,404	-	(1,071)	6,369
Net financing cost	(9,846)	-	(2,464)	-	1,185	(11,125)
PDC dividend payable	-	-	-	-	--	-
Taxation	-	-	(228)	-	114	(228)
Retained surplus / (deficit) for the year	(5,045)	235	(288)	-		(4,984)
					-	
Reportable segment assets	308,670	69,682	92,620	-	(135,262)	470,972
Eliminations	-	-	-	-	(135,262)	(135,262)
Total Assets	308,670	69,682	92,620	-	-	335,710
Reportable segment liabilities	(254,629)	(69,197)	(69,425)	-	146,132	(393,251)
Eliminations	-	-	-	-	146,132	146,132
Total liabilities	(254,629)	(69,197)	(69,425)	-	10,870	(247,119)
Net assets / (liabilities)	54,041	485	23,195	-		88,591

* The comparative for 23/24 has been adjusted for Reachout Provider Collaborative to show values on a gross basis to bring inline with 24/25 disclosure.

Year ended March 31 2024 - Orignal Values	Healthcare services as Provider	Healthcare services as Commissioner	Commercial trading	Inter-group eliminations BSMHFT & PC Transactions	Inter-Company Transactions	Total
	£000	£000	£000	£000	£000	£000
Total segment revenue	390,115	394,827	29,418	(158,274)	(28,832)	627,254
Total segment expenditure	(385,314)	(394,592)	(27,014)	158,274	27,761	(620,885)
Operating surplus / (deficit)	4,801	235	2,404	-	(1,071)	6,369
Net financing cost	(9,846)	-	(2,464)	-	1,185	(11,125)
PDC dividend payable	-	-	-	-	--	-
Taxation	-	-	(228)	-	114	(228)
Retained surplus / (deficit) for the year	(5,045)	235	(288)	-		(4,984)
					-	
Reportable segment assets	308,670	69,682	92,620	-	(135,262)	470,972
Eliminations	-	-	-	-	(135,262)	(135,262)
Total Assets	308,670	69,682	92,620	-	-	335,710
Reportable segment liabilities	(254,629)	(69,197)	(69,425)	-	146,132	(393,251)
Eliminations	-	-	-	-	146,132	146,132
Total liabilities	(254,629)	(69,197)	(69,425)	-	10,870	(247,119)
Net assets / (liabilities)	54,041	485	23,195	-		88,591

The above 23/24 table is the original stated values for comparison purposes only.

Birmingham and Solihull Mental Health NHS Foundation Trust
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Notes to the financial statements

4

Operating Costs (Group)	2024/25 £000	2023/24 £000
Services from NHS Foundation Trusts	17,538	10,880
Services from NHS Trusts	906	403
Services from other Non-NHS bodies	10,931	13,159
Services from NHS Foundation Trusts - Mental Health Collaborative (Lead Provider)	108,219	81,859
Services from NHS Trusts - Mental Health Collaborative (Lead Provider)	24,305	15,605
Services from Non-NHS bodies - Mental Health Collaborative (Lead Provider)	163,460	137,148
Employee expenses - executive directors	1,134	1,045
Employee expenses - non-executive directors	195	202
Employee expenses - staff	313,373	281,363
Drug costs	7,658	7,246
Supplies and services - clinical (excluding drug costs)	680	315
Supplies and services - general	3,239	3,919
Establishment	4,884	3,714
Transport	1,974	2,112
Premises	31,369	33,169
Impairments / (Reversal of impairments) of property, plant and equipment	2,912	544
Increase / (decrease) in bad debt provision	206	-
Termination benefits	-	-
Depreciation on property, plant and equipment	9,030	8,090
Amortisation on intangible assets	1,289	1,699
Statutory audit services	222	130
Other auditors' remuneration	-	-
Clinical negligence	1,113	1,018
Gain on disposal of right of use assets	(33)	-
Internal audit costs	152	132
Consultancy costs	1,452	1,621
Other	15,256	15,512
Total operating costs	721,464	620,885

4 **Operating costs (continued)**

4.2 **External Auditors' remuneration**

The Council of Governors appointed Forvis Mazars LLP as external auditors of the Trust on the 1st February 2025. The contract is for 3 years ending March 2028 with the option to extend 2 x1 year. The audit fee for the year ended 31 March 2025 was £180k (2023/24: £98.4k) for the Trust's annual report and accounts and £42k (2023/24: £31.6k) for Summerhill Services Limited, totalling £222k (£129.9k for the year ended 31 March 2024) Inclusive of VAT.

5

Directors remuneration (Group)	2024/25 £000	2023/24 £000
Short-term benefits :		
Salary	927	855
Taxable benefits	135	125
Performance related bonuses		-
Employer's pension contributions	72	65
Post-employment benefits :		-
Other long-term benefits :		-
Termination benefits :		-
Share-based payment :		-
Total directors remuneration	1,134	1,045

The medical director was paid 90k during the year ended March 31 2025 (£83k during year ended March 31 2024), which is not included in the above disclosure, for non-director responsibilities.

Further details of directors' remuneration can be found in the remuneration report.

6

Employee expenses (including executive directors but excluding non-executive directors) **(Group)**	2024/25 £000	2023/24 £000
Salaries and wages	241,368	214,960
Social security costs	25,226	23,414
Employers contribution to NHS pensions	25,510	22,969
Employers contribution to NHS pensions paid by NHSE on Provider's Behalf (9.4%/6.3%)	16,304	9,762
Apprenticeship Levy	1,149	1,028
Termination benefits (see note 4 and 4.1)	-	-
Agency / contract staff	4,950	10,275
Total recognised in operating expenses	314,507	282,408

6 **Employee expenses (continued)**

6.2 **Early retirements due to ill health (Group)**

This note discloses the number and additional pension costs for individuals who retired early on ill-health grounds during the year. The information has been supplied by NHS Pensions and these costs are not borne by the Foundation Trust.

	2024/25 £000	2024/25 Number	2023/24 £000	2023/24 Number
No. of early retirements on the grounds of ill health		2		6
Value of early retirements on the grounds of ill health	389		472	

7 **Finance Income (Group)**

	2024/25 £000	2023/24 £000
Interest on deposits / investments	5,275	4,228

8 **Finance costs (Group)**

	2024/25 £000	2023/24 £000
Loans from the foundation trust financing facility	968	1,060
Interest on lease obligations	218	86
Finance costs in PFI obligations :		
Main finance costs	4,161	4,109
Remeasurement of PFI / other service concession liability resulting from change in index or rate	4,242	10,098
Contingent finance costs	-	-
Total finance costs	9,589	15,353

Birmingham and Solihull Mental Health NHS Foundation Trust
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Notes to the financial statements

9 Intangible assets

9.1

Group and Trust Intangible assets for year ended March 31 2025	Total	Software licences (purchased)	IT (Internally generated and 3rd Party)	Development expenditure (internally generated)
	£000	£000	£000	£000
Gross cost at April 1 2024 - as previously stated	16,290	13,373	1,109	1,808
Reclassifications	1,103	1,103	-	-
Cost or valuation at March 31 2025	17,393	14,476	1,109	1,808
Amortisation at April 1 2024 - as previously stated	13,168	10,355	1,055	1,758
Provided during the year	1,288	1,187	51	50
Amortisation at March 31 2025	14,456	11,542	1,106	1,808
NBV - Purchased at April 1 2024	3,122	3,018	54	50
Total NBV at April 1 2024	3,122	3,018	54	50
NBV - Purchased at March 31 2025	2,937	2,934	3	-
Total NBV at March 31 2025	2,937	2,934	3	-

9.2

Group and Trust Intangible assets for year ended March 31 2024	Total	Software licences (purchased)	IT (Internally generated and 3rd Party)	Development expenditure (internally generated)
	£000	£000	£000	£000
Gross cost at April 1 2023 - as previously stated	15,790	12,873	1,109	1,808
Reclassifications	500	500	-	-
Cost or valuation at March 31 2024	16,290	13,373	1,109	1,808
Amortisation at April 1 2023 - as previously stated	11,469	8,946	943	1,580
Provided during the year	1,699	1,409	112	178
Amortisation at March 31 2024	13,168	10,355	1,055	1,758
NBV - Purchased at April 1 2023	4,321	3,927	166	228
Total NBV at April 1 2023	4,321	3,927	166	228
NBV - Purchased at March 31 2024	3,122	3,018	54	50
Total NBV at March 31 2024	3,122	3,018	54	50

10 **Property plant and equipment**

10.1 **Group property, plant and equipment for year ended March 31 2025**	Total	Land	Buildings excl dwellings	Assets under construction	Plant and machinery	Transport equipment	Information technology	Furniture and fittings
	£000	£000	£000	£000	£000	£000	£000	£000
Cost or valuation at April 1 2024 - as previously stated	235,014	20,754	183,777	-	3,051	11	14,457	12,964
Additions - purchased	12,444	-	1,277	11,167	-	-	-	--------
Additions - assets purchased from cash donations/grants	360	-	-	-	360	-	-	12,964
Impairments charged to operating expenses	(3,252)	-	(3,252)	-	-	-	-	
Impairments charged to the revaluation reserve	(849)	-	(849)	-	-	-	-	
Reversal of impairments credited to operating expenses	340	-	340	-	-	-	-	
Revaluations credited to the revaluation reserve	1,954	-	1,954	-	-	-	-	
Reclassifications	(1,103)	-	8,816	(10,513)	214	-	380	
Transfers from accumulated depreciation*	(5,243)	-	(5,243)	-	-	-	-	
Cost or valuation at March 31 2025	239,665	20,754	186,820	654	3,625	11	14,837	
Accumulated depreciation at April 1 2024 - as previously stated	25,663	-	735	-	2,748	11	9,220	12,949
Provided during the year	7,276	-	5,332	-	86	-	1,843	15
Transferred to cost or valuation*		(5,243)	(5,243)	-	-	-	-	-
Accumulated depreciation at March 31 2025		-27,696	824	-	2,834	11	11,063	12,964
		-						
NBV - Purchased at April 1 2024			183,042	-	303	-	5,237	15
Total NBV at April 1 2024	209,351	20,754	183,042	-	303	-	5,237	15
	209,351	20,754						
NBV - Purchased at March 31 2025			185,996	654	791	-	3,774	-
Total NBV at March 31 2025	211,969	20,754	185,996	654	791	-	3,774	-
	211,969	20,754						

*These lines represent the elimination of accumulated depreciation against the carrying value of assets which have been revalued in the year in accordance with IAS 16 - Property, Plant and Equipment.

The net book value of assets held under PFI arrangements is £47,259k at March 31 2025 (£46,846k at March 31 2024). Depreciation of £1,313k was charged on these assets in the year (£1,257k during the year ended March 31 2024).

The impairment gains and loss recognised in the accounts arose due to movement in market prices.

10 **Property plant and equipment (continued)**

10.2 **Trust property, plant and equipment for year ended March 31 2025**	Total	Land	Buildings excl dwellings	Assets under construction	Plant and machinery	Transport equipment	Information technology	Furniture and fittings
	£000	£000	£000	£000	£000	£000	£000	£000
Cost or valuation at April 1 2024 - as previously stated	101,100	10,500	71,218	-	2,149	-	14,356	2,877
Additions - purchased	9,295	-	1,277	8,018	-	-	------	--------
Additions - assets purchased from cash donations/grants	360	-	-	-	360	-	380	2,877
Impairments charged to operating expenses	(3,137)	-	(3,137)	-	-	-	-	
Impairments charged to the revaluation reserve	(648)	-	(648)	-	-	-	14,736	
Reversal of impairments credited to operating expenses	306	-	306	-	-	-		
Revaluations credited to the revaluation reserve	63	-	63	-	-	-		
Reclassifications	(1,103)	-	5,859	(7,364)	22	-		
Transfers from accumulated depreciation*	(2,080)	-	(2,080)	-	-	-		
Cost or valuation at March 31 2025	104,156	10,500	72,858	654	2,531	-		
Accumulated depreciation at April 1 2024 - as previously stated	14,645	-	735	-	1,848	-	9,200	2,862
Provided during the year	4,093	-	2,170	-	85	-	1,823	15
Transferred to cost or valuation*		(2,080)	(2,080)	-	-	-	-	-
Accumulated depreciation at March 31 2025		-16,658	825	-	1,933	-	11,023	2,877
		-						
NBV - Purchased at April 1 2024			70,483	-	301	-	5,156	15
Total NBV at April 1 2024	86,455	10,500	70,483	-	301	-	5,156	15
	86,455	10,500						
NBV - Purchased at March 31 2025			72,033		654	598	-	3,713
Total NBV at March 31 2025	87,498	10,500	72,033		-654	598	-	3,713
	87,498	10,500						-

*These lines represent the elimination of accumulated depreciation against the carrying value of assets which have been revalued in the year in accordance with IAS 16 - Property, Plant and Equipment.

The net book value of assets held under PFI arrangements is £47,259k at March 31 2025 (£46,846k at March 31 2024). Depreciation of £1,313k was charged on these assets in the year (£1,257k during the year ended March 31 2024).

The impairment gains and loss recognised in the accounts arose due to movement in market prices.

10 **Property plant and equipment (continued)**

10.3 **Group property, plant and equipment for year ended March 31 2024**	Total	Land	Buildings excl dwellings	Assets under construction	Plant and machinery	Transport equipment	Information technology	Furniture and fittings
	£000	£000	£000	£000	£000	£000	£000	£000
Cost or valuation at April 1 2023 - as previously stated	224,384	21,806	174,139	86	2,868	11	12,510	12,964
Additions - purchased	10,455	-	1,354	9,101	-	-	-	-
Impairments charged to operating expenses	(556)	(556)	-	-	-	-	-	-
Impairments charged to the revaluation reserve	(496)	(496)	-	-	-	-	-	-
Reversal of impairments credited to operating expenses	12	-	12	-	-	-	-	-
Revaluations credited to the revaluation reserve	6,786	-	6,786	-	-	-	-	-
Reclassifications	(500)	-	6,557	(9,187)	183	-	1,947	-
Transfers from accumulated depreciation*	(5,071)	-	(5,071)	-	-	-	-	-
Cost or valuation at March 31 2024	235,014	20,754	183,777	-	3,051	11	14,457	12,964
Accumulated depreciation at April 1 2023 - as previously stated	23,740	-	645	-	2,688	11	7,487	12,909
Provided during the year	6,994	-	5,161	-	60	-	1,733	40
Transferred to cost or valuation*	(5,071)	-	(5,071)	-	-	-	-	-
Accumulated depreciation at March 31 2024	25,663	-	735	-	2,748	11	9,220	12,949
NBV - Purchased at April 1 2023	200,644	21,806	173,494	86	180	-	5,023	55
Total NBV at April 1 2023	200,644	21,806	173,494	86	180	-	5,023	55
NBV - Purchased at March 31 2024	209,351	20,754	183,042	-	303	-	5,237	15
Total NBV at March 31 2024	209,351	20,754	183,042	-	303	-	5,237	15

*These lines represent the elimination of accumulated depreciation against the carrying value of assets which have been revalued in the year in accordance with IAS 16 - Property, Plant and Equipment.

The net book value of assets held under PFI arrangements is £46,846k at March 31 2024 (£44,755k at March 31 2023). Depreciation of £1,257k was charged on these assets in the year (£1,172k during the year ended March 31 2023).

The impairment gains and loss recognised in the accounts arose due to movement in market prices.

10 **Property plant and equipment (continued)**

10.4 **Trust property, plant and equipment for year ended March 31 2024**	Total	Land	Buildings excl dwellings	Assets under construction	Plant and machinery	Transport equipment	Information technology	Furniture and fittings
	£000	£000	£000	£000	£000	£000	£000	£000
Cost or valuation at April 1 2023 - as previously stated	96,290	11,027	68,011	-	1,966	-5,440	12,409	2,877
Additions - purchased	6,794	-	1,354		-	-	-	-
Impairments charged to operating expenses	(517)	(517)	--	-	-	-	-	-
Impairments charged to the revaluation reserve	(10)	(10)	73	-	-	-	-	-
Reversal of impairments credited to the revaluation reserve	73	-	993	-	-	-	-	-
Revaluations credited to the revaluation reserve	993	-	2,810	-	-	-	-	-
Reclassifications	(500)	-	(2,023)	(5,440)	183	-	1,947	-
Transfers from accumulated depreciation*	(2,023)	-	71,218	-	-	-	-	-
Cost or valuation at March 31 2024	101,100	10,500		-	2,149	-	14,356	2,877
			645					
Accumulated depreciation at April 1 2023 - as previously stated	12,770	-	2,113	-	1,790	-	7,487	2,848
Provided during the year	3,898	-	(2,023)	-	58	-	1,713	14
Transferred to cost or valuation*	(2,023)	-	735	-	-	-	-	-
Accumulated depreciation at March 31 2024	14,645	-		-	1,848	-	9,200	2,862
			67,366					
NBV - Purchased at April 1 2023	83,520	11,027	67,366	-	176	-	4,922	29
Total NBV at April 1 2023	83,520	11,027		-	176	-	4,922	29
			70,483					
NBV - Purchased at March 31 2024	86,455	10,500	70,483	-	301	-	5,156	15
Total NBV at March 31 2024	86,455	10,500		-	301	-	5,156	15

*These lines represent the elimination of accumulated depreciation against the carrying value of assets which have been revalued in the year in accordance with IAS 16 - Property, Plant and Equipment.

The net book value of assets held under PFI arrangements is £46,846k at March 31 2024 (£44,755k at March 31 2023). Depreciation of £1,257k was charged on these assets in the year (£1,172k during the year ended March 31 2023).

The impairment gains and loss recognised in the accounts arose due to movement in market prices.

10 **Property plant and equipment (continued)**

10.5 **Economic life of property, plant and equipment**

	Min Life Years	Max Life Years
Land	-	-
Buildings excluding dwellings	5	47
Assets under construction	-	-
Plant and machinery	1	5
Transport equipment	-	-
Information technology	1	5
Furniture and fittings	1	5
Intangible Assets	1	5

The numbers stated above relate to remaining useful economic life of group assets.

10.6 **Valuations**

Valuations are carried out by professionally qualified, independent valuers in accordance with the Royal Institute of Chartered Surveyors (RICS) Appraisal and Valuation Manual. Fair values were determined based on estimates. The impairment gains and loss recognised in the accounts arose due to movement in market prices.

11 **Leases - Birmingham and Solihull Mental Health NHS Foundation Trust as a Lessee**

This note details information about leases for which the Trust is a lessee.

The Foundation Trust has a number of leasing arrangements for the use of land and buildings, vehicles and equipment. The leases for land and building range from 5 to 99 year terms. The leases for vehicles and equipment range from 1 to 5 years.

The Foundation Trust's most significant lease arrangement is for the lease of the Foundation Trust Headquarters. This is a 25 year lease expiring in 2030. The lease agreement does not contain provision for contingent rentals and does not impose any restrictions on the Trust. The lease has options for early termination, with penalty, in year 20 of the lease.

The Tamarind Centre, the Ardenleigh site, the Juniper Centre, Reaside Clinic and the John Black Centre (Maple Leaf Drive) which are owned by Summerhill Services Limited, a wholly owned subsidiary of the Foundation Trust, are being leased to the Foundation Trust on 20 year leases expiring in 2043.

The ROU assets are all held under the cost method as they meet the requirements under IFRS16, Regarding term and relevant rent reviews. Apart from one which is held under the revaluation method as it falls into the peppercorn lease catergorisation.

11 **Leases (Continued)**

11.1 **Group right of use assets for year ended March 31 2025**	Total	Property (land and buildings)	Transport equipment	Of which: leased from DHSC group bodies
	£000	£000	£000	£000
Cost or valuation at April 1 2024 - Brought Forward	10,375	10,154	221	875
Additions - Lease Liability	2,394	1,100	1,294	-
Remeasurements of the lease liability	(2,593)	(2,593)	-	-
Revaluations	5	5	-	-
Cost or valuation at March 31 2025	10,181	8,666	1,515	875
Accumulated depreciation at April 1 2024 - Brought Forward	2,190	1,991	199	104
Provided during the year - right of use asset	1,749	1,140	609	68
Provided during the year - peppercorn leased asset	5	5	-	-
Accumulated depreciation at March 31 2024	3,944	3,136	808	172
Total NBV at April 1 2024	8,185	8,163	22	771
Total NBV at March 31 2025	6,237	5,530	707	703

11 **Leases (Continued)**

11.2 **Group right of use assets for year ended March 31 2024**	Total	Property (land and buildings)	Transport equipment	Of which: leased from DHSC group bodies
	£000	£000	£000	£000
Cost or valuation at April 1 2023 - Brought Forward	10,354	10,133	221	875
Revaluations	21	21	-	-
Cost or valuation at March 31 2024	10,375	10,154	221	875
Accumulated depreciation at April 1 2023 - Brought Forward	1,094	940	154	36
Provided during the year - right of use asset	1,091	1,046	45	68
Provided during the year - peppercorn leased asset	5	5	-	-
Accumulated depreciation at March 31 2024	2,190	1,991	199	104
Total NBV at April 1 2023	9,260	9,193	67	839
Total NBV at March 31 2024	8,185	8,163	22	771

11 **Leases (Continued)**

11.3 **Trust right of use assets for year ended March 31 2025**	Total	Property (land and buildings)	Transport equipment	Of which: leased from DHSC group bodies
	£000	£000	£000	£000
Cost or valuation at April 1 2024 - Brought Forward	99,315	99,094	221	875
Additions - Lease Liability	2,394	1,100	1,294	-
Remeasurements of the lease liability	(2,593)	(2,593)	-	-
Revaluations	5	5	-	-
Cost or valuation at March 31 2025	99,121	97,606	1,515	875
Accumulated depreciation at April 1 2024 - Brought Forward	11,715	11,516	199	104
Provided during the year - right of use asset	5,924	5,315	609	68
Provided during the year - peppercorn leased asset	5	5	-	-
Accumulated depreciation at March 31 2025	17,644	16,836	808	172
Total NBV at April 1 2024	87,600	87,578	22	771
Total NBV at March 31 2025	81,477	80,770	707	703

11 **Leases (Continued)**

11.4 **Trust right of use assets for year ended March 31 2024**	Total	Property (land and buildings)	Transport equipment	Of which: leased from DHSC group bodies
	£000	£000	£000	£000
Cost or valuation at April 1 2023 - Brought Forward	99,294	99,073	221	875
Revaluations	21	21	-	-
Cost or valuation at March 31 2024	99,315	99,094	221	875
Accumulated depreciation at April 1 2023 - Brought Forward	5,895	5,741	154	36
Provided during the year - right of use asset	5,815	5,770	45	68
Provided during the year - peppercorn leased asset	5	5	-	-
Accumulated depreciation at March 31 2024	11,715	11,516	199	104
Total NBV at April 1 2023	93,399	93,332	67	839
Total NBV at March 31 2024	87,600	87,578	22	771

11 **Leases (Continued)**

11.3 **Reconciliation of the carrying value of lease liabilities**

Lease liabilities are included within borrowings in the statement of financial position. A breakdown of borrowings is disclosed in note 17.

	Group March 31 2025 £000	Group March 31 2024 £000	Trust March 31 2025 £000	Trust March 31 2024 £000
Carrying value at 1 April	7,941	9,002	88,099	93,543
Lease additions	2,393	-	2,393	-
Lease liability remeasurements	(2,592)	-	(2,592)	-
Interest charge arising in year	218	86	979	888
Early terminations	(33)	-	(33)	
Lease payments (cash outflows)	(1,860)	(1,147)	(6,488)	(6,332)
Carrying value at 31 March	6,067	7,941	82,358	88,099

Lease payments for short term leases, leases of low value underlying assets and variable lease payments not dependent on an index or rate are recognised in operating expenditure. These payments are disclosed in Note 4. Cash outflows in respect of leases recognised on-SoFP are disclosed in the reconciliation above.

11.4 **Maturity analysis of future lease payments at 31 March 2025**	Group Total March 31 2025 £000	Group Of which leased from DHSC group bodies: March 31 2025 £000	Trust Total March 31 2025 £000	Trust Of which leased from DHSC group bodies: March 31 2025 £000
Undiscounted future lease payments payable in:				
- not later than one year;	1,291	67	5,917	67
- later than one year and not later than five years;	2,851	211	16,060	211
- later than five years.	2,439	485	73,014	485
Total gross future lease payments	6,581	763	94,991	763
Finance charges allocated to future periods	(515)	(51)	(12,633)	(51)
Net lease liabilities at 31 March 2025	6,066	712	82,358	712

11.5 **Maturity analysis of future lease payments at 31 March 2024**	Group Total March 31 2024 £000	Group Of which leased from DHSC group bodies: March 31 2024 £000	Trust Total March 31 2024 £000	Trust Of which leased from DHSC group bodies: March 31 2024 £000
Undiscounted future lease payments payable in:				
- not later than one year;	1,135	73	5,761	73
- later than one year and not later than five years;	4,161	230	17,370	230
- later than five years.	3,059	537	73,516	537
Total gross future lease payments	8,355	840	96,647	840
Finance charges allocated to future periods	(414)	(64)	(8,548)	(64)
Net lease liabilities at 31 March 2024	7,941	776	88,099	776

12	**Inventories**	Group		Trust	
		March 31 2025	March 31 2024	March 31 2025	March 31 2024
		£000	£000	£000	£000
	Drugs	498	365	359	230
	Consumables	145	36	145	36
	Total Inventories	643	401	504	266

12.1	**Inventories recognised in expenses**	March 31 2025	March 31 2024
		£000	£000
	Inventories recognised in expenses	7,619	7,233
	Write-down of inventories recognised as an expense	39	13
	Reversals of any write down of inventories	-	-
	Total inventories recognised in expenses	7,658	7,246

13	**Subsidiary investment**	Group		Trust	
		March 31 2025	March 31 2024	March 31 2025	March 31 2024
		£000	£000	£000	£000
	Shares in group undertakings	-	-	29,994	29,486
	Total Subsidiary investment	-	-	29,994	29,486

The Trust's principal subsidiary undertaking as included in the consolidation as at the reporting date is set out below. The reporting date of the accounts for the subsidiary is the same as for these group accounts - March 31 2025.

Summerhill Services Limited
The company is registered in the UK, company number 08015667. The company commenced trading on December 1 2012 and is a wholly owned subsidiary of Birmingham and Solihull Mental Health NHS Foundation Trust with share capital of £29,994,098 (2023/24: £29,485,778). The current purpose of the company is two fold (1) to provide a managed lease service to the Trust for (a) owned properties such as Tamarind Centre, Ardenleigh Site, Juniper Centre, Reaside Clinic and the John Black Centre (Maple Leaf Drive). (b) a further 10 properties on a lease and leaseback arrangement. (2) to provide a outpatient dispensing service to the Trust which commenced in September 2013. The company decided to change its name from Summerhill Supplies Limited to Summerhill Services Limited on 28th September 2018.

14	**Trade and other receivables - Group**	Total March 31 2025 £000	Financial assets March 31 2025 £000	Non-financial assets March 31 2025 £000	Total March 31 2024 £000	Financial assets March 31 2024 £000	Non-financial assets March 31 2024 £000
	Current						
	Contract Receivable	19,158	19,158	-	8,358	8,358	-
	Provision for Impaired Contract Receivables	(358)	(358)	-	(221)	(221)	-
	Prepayments	8,692	-	8,692	10,958	---	10,958
	PDC receivable	16	-	16	224	815	224
	VAT Receivable	2,733	-	2,733	1,040	8,952	1,040
	Other receivables	975	975	-	815		-
	Total current trade and other receivables	31,216	19,775	11,441	21,174		12,222
	Non-current						
	Prepayments - Lifecycle replacement	1,233	-	1,233	1,213	-	1,213
	Clinician pension tax provision	179	179	-	179	179	-
	Total non-current trade and other receivables	1,412	179	1,233	1,392	179	1,213

14.1	**Trade and other receivables - Trust**	Total March 31 2025 £000	Financial assets March 31 2025 £000	Non-financial assets March 31 2025 £000	Total March 31 2024 £000	Financial assets March 31 2024 £000	Non-financial assets March 31 2024 £000
	Current						
	Contract Receivable	18,701	18,701	-	8,027	8,027	-
	Provision for Impaired Contract Receivables	(358)	(358)	-	(221)	(221)	-
	Prepayments	8,548	-	8,548	10,310	---	10,310
	PDC receivable	16	-	16	224	814	224
	VAT Receivable	2,733	-	2,733	1,040	308	1,040
	Other receivables	975	975	-	814	2,425	-
	Finance Lease Receivable**	330	330	-	308	11,353	-
	Loan assets*	2,532	2,532	-	2,425		-
	Total current trade and other receivables	33,477	22,180	11,297	22,927		11,574
	Non-current						
	Prepayments - Lifecycle replacement	1,233	-	1,233	1,213	-	1,213
	Clinician pension tax provision	179	179	-	179	179	--
	Finance Lease Receivable**	10,445	10,445		10,786	10,786	--
	Loan assets*	48,095	48,095		49,301	49,301	-
	Total non-current trade and other receivables	59,952	58,719	1,233	61,479	60,266	1,213

*Loan assets are comprised solely of loans made to the 100% owned subsidiary Summerhill Services Limited. The term of these loans is 25 years. This is made up of multiple loans the earliest of which will mature in March 2038 and newest maturing in March 2049.

** Finance Lease Receivable relates wholly to the 10 properties leased to subsidiary as detailed in Note 13.

14 Trade and other receivables (continued)

14.2 **Provision for impairment of receivables 2024/25 - group and trust**

	2024/25 £000 Contract Receivables and Contract Assets	2024/25 £000 All Other Receivables
Provision as at April 1 2024 - Bought Forward	221	-
New Provision amounts arising	206	-
Utilisation of Provision (where receivable is written off)	(69)	-
Provision as at March 31 2025	358	-

14.2 **Provision for impairment of receivables 2023/24 - group and trust**

	2023/24 £000 Contract Receivables and Contract Assets	2023/24 £000 All Other Receivables
Provision as at April 1 2023 - Bought Forward	579	-
New Provision amounts arising	-	-
Utilisation of Provision (where receivable is written off)	(358)	-
Provision as at March 31 2024	221	-

14.3 **Analysis of impaired receivables - group and trust**

	March 31 2025 £000	March 31 2024 £000
Ageing of impaired receivables:		
0-30 Days	4	-
31-60 Days	18	-
61-90 Days	-	-
Over 90 Days	336	221
Total impaired receivables	358	221

14.4 **Ageing of non-impaired receivables - group**

	March 31 2025 £000	March 31 2024 £000
Ageing of non-Impaired Receivables		
0-30 Days	5,210	1,820
31-60 Days	1,289	2,163
61-90 Days	587	516
Over 90 Days	975	2,026
Total non-impaired receivables	8,061	6,525

14.5 **Ageing of non-impaired receivables - trust**

	March 31 2025 £000	March 31 2024 £000
Ageing of non-Impaired Receivables		
0-30 Days	5,292	1,632
31-60 Days	1,288	2,094
61-90 Days	587	515
Over 90 Days	910	1,929
Total non-impaired receivables	8,077	6,170

15	**Trade and other payables - Group**	Total March 31 2025 £000	Financial liabilities March 31 2025 £000	Non-financial liabilities March 31 2025 £000	Total March 31 2024 £000	Financial liabilities March 31 2024 £000	Non-financial liabilities March 31 2024 £000
	Current						
	Trade payables	33,508	33,508	-	32,690	32,690	-
	Trade payables - capital	1,723	1,723	-	1,312	1,312	-
	Social security and taxes payable	6,971	-	6,971	6,023	-	6,023
	Pension contributions payable	3,676	-	3,676	3,301	3,301	--
	Other payables	931	931	-	879	879	1,716
	Accruals	43,593	41,885	1,708	38,001	36,285	7,739
	Total current trade and other payables	90,402	78,047	12,355	82,206	74,467	

Trade Payables above includes £12,012k relating to business with NHS and Other WGA Bodies at March 31 2025 (£8,127k at March 31 2024). The remaining £21,494k relates to business with bodies external to government at March 31 2025 (£24,562k at March 31 2024).

Pension Contributions above includes £2,214k at March 31 2025 in respect of outstanding Employer Pension Contributions (£3,301k at March 2024).

15.1	**Trade and other payables - Trust**	Total March 31 2025 £000	Financial liabilities March 31 2025 £000	Non-financial liabilities March 31 2025 £000	Total March 31 2024 £000	Financial liabilities March 31 2024 £000	Non-financial liabilities March 31 2024 £000
	Current						
	Trade payables	31,078	31,078	-	30,022	30,022	-
	Trade payables - capital	3,107	3,107	-	1,361	1,361	-
	Social security and taxes payable	6,736	-	6,736	5,803	-	5,803
	Pension contributions payable	3,618	-	3,618	3,236	3,236	---
	Other payables	464	464	-	728	728	5,803
	Accruals	42,114	42,114	-	37,604	37,604	
	Total current trade and other payables	87,117	76,763	10,354	78,754	72,951	

Trade Payables above includes £12,012k relating to business with NHS and Other WGA Bodies at March 31 2025 (£8,127k at March 31 2024). The remaining £19,066k relates to business with bodies external to government at March 31 2025 (£21,895k at March 31 2024).

Pension Contributions above includes £2,177k at March 31 2025 in respect of outstanding Employer Pension Contributions (£3,236k at March 2024).

16	**Other Liabilities - Group**	March 31 2025 £000	March 31 2024 £000
	Current		
	Deferred Income	35,601	45,225
	Total current other Liabilities	35,601	45,225
	Non-current		
	Deferred Tax Liability	-	142
	Total non-current other Liabilities	-	142

16.1	**Other Liabilities - Trust**	March 31 2025 £000	March 31 2024 £000
	Current		
	Deferred Income	35,601	45,225
	Deferred gain on disposal	-	-
	Total current other Liabilities	35,601	45,225
	Non-current		
	Deferred gain on disposal	-	-
	Total non-current other Liabilities	-	-

17	**Borrowings - Group**	March 31 2025 £000	March 31 2024 £000
	Current		
	Loans from foundation trust financing facility	2,562	2,600
	Lease liabilities	1,291	1,135
	Obligations under private finance initiative contracts	3,017	3,563
	Total current borrowings	6,870	7,298
	Non-current		
	Loans from foundation trust financing facility	20,776	22,958
	Lease liabilities	4,775	6,806
	Obligations under private finance initiative contracts	79,356	78,315
	Total Non-current borrowings	104,907	108,079

17.1	**Borrowings - Trust**	March 31 2025 £000	March 31 2024 £000
	Current		
	Loans from foundation trust financing facility	2,562	2,600
	Lease liabilities	5,917	5,761
	Obligations under private finance initiative contracts	3,017	3,563
	Loans from Subsidiary Company	-	-
	Total current borrowings	11,496	11,924
	Non-current		
	Loans from foundation trust financing facility	20,776	22,958
	Lease liabilities	76,441	82,338
	Obligations under private finance initiative contracts	79,356	78,316
	Total Non-current borrowings	176,573	183,612

17.2	**Reconciliation of liabilities arising from financing activities - Group**	Total £000	DHSC Loans £000	Other Loans £000	Leases £000	PFI Schemes £000
	Carrying Value at April 1 2024	115,375	25,556	-	7,941	81,878
	Cash Movements:					
	Financing cash flows - principal	(7,574)	(2,183)	-	(1,643)	(3,748)
	Financing cash flows - interest	(5,384)	(1,004)	-	(218)	(4,162)
	Non-Cash Movements:					
	Additions	2,393	-	-	2,393	-
	Lease liability remeasurements	(2,592)	-	-	(2,592)	-
	Remeasurement of PFI / other service concession liability resulting from change in index or rate (taken to financing costs)	4,242	-	-	-	4,242
	Early termination	(33)	-	-	(33)	-
	Interest charge arising in year (application of effective interest rate)	5,347	967		218	4,162
	Carrying Value at March 31 2025	111,774	23,336	-	6,066	82,372

17.3	**Reconciliation of liabilities arising from financing activities - Group**	Total £000	DHSC Loans £000	Other Loans £000	Leases £000	PFI Schemes £000
	Carrying Value at April 1 2023	84,352	27,770	-	9,002	47,580
	Cash Movements:					
	Financing cash flows - principal	(6,636)	(2,183)	-	(1,061)	(3,392)
	Financing cash flows - interest	(5,287)	(1,091)	-	(86)	(4,110)
	Non-Cash Movements:					
	Application of IFRS 16 measurement principles to PFI liability on 1 April 2023	27,593	-	-	-	27,593
	Additions	-	-	-	-	-
	Remeasurement of PFI / other service concession liability resulting from change in index or rate (taken to financing costs)	10,098	-	-	-86	10,098
	Interest charge arising in year (application of effective interest rate)	5,255	1,060	-	7,941	4,109
	Carrying Value at March 31 2024	115,375	25,556	-		81,878

17.4	**Reconciliation of liabilities arising from financing activities - Trust**	Total £000	DHSC Loans £000	Other Loans £000	Leases £000	PFI Schemes £000
					88,099	
	Carrying Value at April 1 2024	195,533	25,556	-		81,878
	Cash Movements:				(5,509)	
	Financing cash flows - principal	(11,440)	(2,183)	-	(979)	(3,748)
	Financing cash flows - interest	(6,145)	(1,004)	-		(4,162)
	Non-Cash Movements:				2,393	
	Additions	2,393	-	-	(2,592)	-
	Lease liability remeasurements	(2,592)	-	-		-
	Remeasurement of PFI / other service concession liability resulting from change in index or rate (taken to financing costs)	4,242	-	-	- (33)	4,242
	Early termination	(33)	-	-	979	-
	Interest charge arising in year (application of effective interest rate)	6,108	967	-	82,358	4,162
	Carrying Value at March 31 2025	188,066	23,336	-		82,372

17.5	**Reconciliation of liabilities arising from financing activities - Trust**	Total £000	DHSC Loans £000	Other Loans £000	Leases £000	PFI Schemes £000
					93,543	
	Carrying Value at April 1 2023	168,893	27,770	-		47,580
	Cash Movements:				(5,444)	
	Financing cash flows - principal	(11,019)	(2,183)	-	(889)	(3,392)
	Financing cash flows - interest	(6,090)	(1,091)	-		(4,110)
	Non-Cash Movements:				-	
	Application of IFRS 16 measurement principles to PFI liability on 1 April 2023	27,593	-	-	-	27,593
	Additions	-	-	-		-
	Remeasurement of PFI / other service concession liability resulting from change in index or rate (taken to financing costs)	10,098	-	-	889	10,098
	Interest charge arising in year (application of effective interest rate)	6,058	1,060	-	88,099	4,109
	Carrying Value at March 31 2024	195,533	25,556	-		81,878

18

PFI obligations (on SOFP) - group and trust	March 31 2025 £000	March 31 2024 £000
Gross PFI liabilities of which liabilities are due:		
- Not later than one year;	7,000	7,505
- Later than one year and not later than five years;	25,924	24,625
- Later than five years.	91,201	93,347
Finance charges allocated to future periods	(41,753)	(43,597)
Net PFI liabilites	82,372	81,880
- Not later than one year;	3,016	3,563
- Later than one year and not later than five years;	11,458	10,349
- Later than five years.	67,898	67,968
Total PFI obligations	82,372	81,880

18.1

PFI total commitments (on SOFP) - group and trust	March 31 2025 £000	March 31 2024 £000
- Not later than one year;	15,151	14,382
- Later than one year and not later than five years;	60,602	57,527
- Later than five years.	202,126	206,963
Total commitments in respect of the PFI	277,879	278,872
- Not later than one year;	14,404	13,676
- Later than one year and not later than five years;	50,935	48,383
- Later than five years.	118,485	118,810
Total present value of commitments	183,824	180,869

18.2

PFI service commitments (on SOFP) - group and trust	March 31 2025 £000	March 31 2024 £000
Charge in respect of the service element of the PFI for the period	5,745	5,437
Commitments in respect of the service element of the PFI:		
- Not later than one year;	5,496	5,196
- Later than one year and not later than five years;	19,703	18,645
- Later than five years.	49,673	49,590
	74,872	73,431

18.3

PFI Analysis of amounts payable to service concession operator (on SOFP) - group and trust	March 31 2025 £000	March 31 2024 £000
Unitary payment payable to service concession operator	15,151	14,382
Consisting of:		
- Interest charge	4,162	4,109
- Repayment of balance sheet obligation	3,748	3,392
- Service element and other charges to operating expenditure	5,746	5,437
- Capital lifecycle maintenance	1,277	1,257
- Revenue lifecycle maintenance	198	187
- Addition to lifecycle prepayment	20	-
	15,151	14,382
Other amounts paid to operator due to a commitment under the service concession contract but not part of the unitary payment	7,677	8,567
Total amount paid to service concession operator	22,828	22,949

18.4 **PFI contract details**

The Foundation Trust has entered into two PFI contracts:

PFI 1 - Northern PFI Scheme

This is a 35 year contract with Healthcare Support (Erdington) Limited which commenced in April 2002 and is for the provision of six buildings including "hard" facility management services. The service provision is implicitly for the patients, staff and visitors of the Trust. This contract has been treated as being on-statement of financial position by the Trust following a review of the contracts based on Treasury Task force Technical Note 1 "How to account for PFI transactions" which interprets IAS16 ''Property, Plant and Equipment'' and IFRIC12'' Service Concession Arrangements''. The increase in annual Unitary Charge is linked to annual movement is RPIx.

At the end of the concession period, the ownership of the six buildings transfers to the Trust at which point the contract will expire.

The Contract also includes the provision of "soft" facility management services. These services are also linked to the annual movement in RPIx but are subject to a market testing exercise which takes place every 5 years. This commenced in January 2014.

The contract stipulates obligations on the Trust and Healthcare Support (Erdington) Limited. Should either party default on its contractual obligations then the other party has the right to terminate the contract. Provisions for compensation are included within the contract which include the Trust settling the amount of outstanding senior debt.

PFI 2 - Birmingham New Hospital Projects

This is a 38 year contract with Consort Healthcare (Birmingham) Limited which commenced in July 2008 and is for the provision of three buildings including "hard" facility management services. The PFI contract was jointly undertaken by the Trust and University Hospital Birmingham NHS Foundation Trust (UHB) for the "Birmingham Super Hospitals" in Selly Oak of which the Trust provides Mental Health services. Only the assets, liability, income and expenditure directly attributable to the Trust under the contract are disclosed in these accounts. The service provision is implicitly for the patients, staff and visitors of the Trust. This contract has been treated as being on-statement of financial position by the Trust following a review of the contracts based on Treasury Task force Technical Note 1 "How to account for PFI transactions" which interprets IAS16 ''Property, Plant and Equipment'' and IFRIC12'' Service Concession Arrangements''. The annual Unitary Charge is linked to annual movement is RPI.

At the end of the concession period, the ownership of the three buildings transfers to the Trust at which point the contract will expire.

The contract contains various termination clauses including voluntary, events of default, Force Majeure, and termination due to material non-availability clauses each having its own compensation mechanism. The voluntary termination clause requires the Foundation Trust to act jointly with UHB.

19 **Provisions for Liabilities and charges - group**

	Total	Legal claims	Property	Restructuring	Injury allowance	Other
	£000	£000	£000	£000	£000	£000
At April 1 2024	4,312	198	1,697	42	870	1,505
Change in discount rate	(2)	-	-----	-	-	(2)
Arising during the year	86	78	1,697	-	-	8
Utilised during the year	(680)	(38)		(42)	(90)	(510)
Reversed unused	(52)	-	141	-	-	(52)
Unwinding of discount rate	9	-	74	-	-	9
At March 31 2025	3,673	238	1,482	-	780	958
Expected timing of cash flows:			1,697			
- Not later than one year;	1,247	238		-	89	779
- Later than one year and not later than five years;	429	-		-	355	
- Later than five years.	1,997	-		-	336	179
Total provisions for liabilities and charges	3,673	238		-	780	958

The legal claims provision relates to personal legal claims that have been lodged against the Foundation Trust with the NHS Resolution (Formerly NHSLA) but not yet agreed. The exact timing or amount of any payment will only be known once the case is heard, although it is expected that all cases will be resolved during the year ended March 31 2025.

The Trust has £100k of contingent liabilities in respect of legal claims notified by NHS Resolution for potential employer and public liability claims over and above those detailed above at March 31 2025 (£100k at March 31 2024).

The property provision consists of amounts payable on dilapidation costs. Dilapidation provisions are based on management's best estimate of settling dilapidation costs contained within lease contracts but the exact liability will only be known once settlement has been agreed with the lessor. The timing of the cash flows is based on the length of the lease.

The restructuring provision relates to the cost of restructuring a service where an obligation exists at the year end; the most significant cost being redundancy and termination payments. Provisions are only recognised after a clear decision has been made to remove a post and the decision has been communicated to those affected.

The injury allowance provision relates to permanent injury and early retirement provisions. The liability of the Foundation Trust is dependant based on life expectancy.

The other provision consists of £280k for Increment Provision, £179k for Clinicians Pension Tax. £500k for onerous lease costs relating to the Trust's intention to exercise the option of break on the lease of B1, Trust headquarters.

19.1 **Provisions for Liabilities and charges - trust**

	Total	Legal claims	Property	Restructuring	Injury allowance	Other
	£000	£000	£000	£000	£000	£000
At April 1 2024	4,312	198	1,697	42	870	1,505
Change in discount rate	(2)	-	-----	-	-	(2)
Arising during the year	86	78	1,697	-	-	8
Utilised during the year	(680)	(38)		(42)	(90)	(510)
Reversed unused	(52)	-	141	-	-	(52)
Unwinding of discount rate	9	-	74	-	-	9
At March 31 2025	3,673	238	1,482	-	780	958
Expected timing of cash flows:			1,697			
- Not later than one year;	1,247	238		-	89	779
- Later than one year and not later than five years;	429	-		-	355	
- Later than five years.	1,997	-		-	336	179
Total provisions for liabilities and charges	3,673	238		-	780	958

19.2 **Clinical Negligence liabilities - group and trust**

	March 31 2025	March 31 2024
	£000	£000
Amount included in provisions of the NHS Resolutions (formerly NHSLA) in respect of clinical negligence liabilities of Birmingham and Solihull Mental Health NHS Foundation Trust	8,822	8,383

20 **Contractual capital commitments - group and trust**

The Group was contractually committed to £2,069k at 31 March 2025 (£2,465k at 31 March 2024) of capital expenditure for the purchase of property, plant and equipment.

21 **Third party assets**

The trust held £1,210k cash and cash equivalents at March 31 2025 (£1,068k March 31 2024) which relates to monies held by the Foundation Trust on behalf of patients. This has been excluded from the cash and cash equivalents figure reported in the accounts.

22 **Cash and cash equivalents**

	Group		Trust	
	2024/25	2023/24	2024/25	2023/24
	£000	£000	£000	£000
At April 1	92,228	59,020	87,020	56,698
Net change in year	(5,876)	33,208	(5,288)	30,322
At March 31	86,352	92,228	81,732	87,020
Broken down into:				
Cash in hand (petty cash)	47	58	47	58
Cash at commercial banks	4,620	5,208	-	-
Cash at GBS	81,685	86,962	81,685	86,962
Cash and cash equivalents as in SOFP	86,352	92,228	81,732	87,020
Bank overdraft				
Cash and cash equivalents as in SOCF	86,352	92,228	81,732	87,020

23 **Ultimate parent compnay**

The Foundation Trust is a public benefit corporation established under the NHS Act 2006. NHS England, the NHS Foundation Trust Regulator, has the power to control the Trust within the meaning of IAS 27 'Consolidated and Separate Financial Statements' and therefore can be considered as the Trust's parent. NHS England does not prepare group accounts but does prepare separate NHS Foundation Trust Consolidated Accounts. The NHS FT Consolidated Accounts are then included within the Whole of Government Accounts. NHS England is accountable to the Secretary of State for Health. The Foundation Trust's ultimate parent is the Department of Health and Social Care.

23.1 **Related party transactions**

The Foundation Trust has taken advantage of the exemption provided by IAS 24 'Related Party Disclosures', where the parent's own accounts are presented together with the consolidated accounts and any transactions or balances between group entities have been eliminated on consolidation.

During the year the Foundation Trust did not enter into any material transactions with Board members, governors, key staff members or parties related to them. The Trust did have material transactions with entities within the Whole of Government, details of which are listed below. We have disclosed any values over £1.5m as we consider this to be significant (prior period comparatives remain)

	Income > £1.5m	
	2024/25	2023/24
	£000	£000
University Hospital Birmingham NHS Foundation Trust	4,305	2,616
NHS Birmingham and Solihull ICB	445,368	385,133
NHS England	222,601	193,237
Solihull Metropolitan Borough Council	3,581	3,256
Birmingham Women's and Children's Hospital NHS Foundation Trust	7,409	5,147
Midlands Partnership NHS Foundation Trust	8,269	4,981
Black Country Healthcare NHS Foundation Trust	2,867	2,741

	Expenditure > £1.5m	
	2024/25	2023/24
	£000	£000
Birmingham Community Healthcare NHS Trust	18,599	300
NHS Pension Scheme	41,814	32,730
HMRC - Other Taxes and NI	26,006	24,670
Midlands Partnership NHS Foundation Trust	26,587	21,707
Coventry and Warwickshire Partnership NHS Trust	21,823	15,348
Birmingham Women's and Children's NHS Foundation Trust	73,557	61,696
Black Country Healthcare NHS Foundation Trust	9,151	7,154
NHS Birmingham and Solihull ICB	3,165	-
University Hospitals Birmingham NHS Foundation Trust	2,069	1,567

23.2 **Related party balances**

At the year end the Foundation Trust had material balances with entities within the Whole of Government, details of which are listed below:

	Receivables > £0.5m	
	March 31 2025	March 31 2024
	£000	£000
HMRC (VAT)	2,733	1,040
NHS Birmingham and Solihull ICB	1,350	600
University Hospitals Birmingham NHS Foundation Trust	4,366	2,668
Birmingham Women's and Children's NHS Foundation Trust	1,068	1,595

	Payables > £0.5m	
	March 31 2025	March 31 2024
	£000	£000
HMRC - Other Taxes and NI	6,971	6,023
NHS Pension Scheme	3,676	3,301
Birmingham Community Healthcare NHS Trust	917	872
University Hospital Birmingham NHS Foundation Trust	1,483	896
NHS Birmingham and Solihull ICB	8,542	979
NHS England	20,728	34,449
Coventry and Warwickshire Partnership NHS Trust	1,566	3,654
Birmingham Women's and Children's NHS Foundation Trust	3,530	1,914
Black Country Healthcare NHS Foundation Trust	2,100	314
Midlands Partnership University NHS Foundation Trust	1,694	431
NHS Coventry and Warwickshire ICB	1,148	-
NHS Herefordshire and Worcestershire ICB	1,148	-
NHS Shropshire, Telford and Wrekin ICB	731	-
Sandwell And West Birmingham Hospitals NHS Trust	224	520

The Foundation Trust is the Corporate Trustee of Birmingham and Solihull Mental Health NHS Foundation Trust Charity Caring Minds (Charity number 1098659) and provides administration services for the Charity. At March 31 2025 the Trust was owed £376k (£247k at March 31 2024) from the Charity for expenses incurred by the Trust related to the Charity.

The Foundation Trust is parent of the wholly owned subsidiary Summerhill Services Limited. At March 31 2025 the Trust was owed £50,627k from the company (£51,726K at 31 March 2024) . Income from Summerhill Services Limited during the year amounted to £29,084k (£29,418k at 31 March 2024) and the expenditure incurred was £28,568k (£29,706k at 31 March 2024).

All related party balances are not secured, are on standard Foundation Trust terms and conditions and will be settled in cash

23.3 **Declaration of Interest - Board**

Name of Person	Name of Organisation	Interest
Roisin Fallon-Williams	NHS Providers	NHS Providers Board Trustee
Sarah Bloomfield	Deloitte LLP	Clinical Advisor and employee coaching
	Public Services Ombudsman Wales	Clinical Advisor for the service
	Mid and West Wales Adoption Service	Independent Panel Member for the adoption service
Dave Tomlinson	DEAT Consulting Limited which has previously provided services to the NHS	95% Shareholder and Director
	Summerhill Services Limited	Director
	*BSMHFT	*Wife working as Executive Assistant
Vanessa Devlin	NIL	NIL
Patrick Nyarumbu	Yellowwood Healthcare Ltd	Shareholding
Linda Cullen	CQC	Second Opionion Appointed Doctor
	Home Group Limited	Non Executive Director
Phillip Gayle	Walsall Healthcare Trust	Non Executive Director
	PG Consultancy	Director
	University Hospital Birmingham	Non Executive Director
	World Afro Day C.I.C	Non Executive Director
	Servol Community Services	CEO
Ann Baines	MiddlefieldTwo Ltd	Director and Management Consultant
	Birmingham and Solihull ICB	ICB Finance and Performance Committee member (as BSMHT NED representative)
Winston Weir	Nehemiah Housing Association	Housing Association
	AOMCS Ltd	ordinary shares 5
	Hywel Dda University Health Board	Non Executive Director
	Walsall Housing Group	Housing Association - Non Executive Director
	Legacy West Midlands - Charity	Trustee of Charity - chair Finance & Investment committee
	The Mercian Trust	Trustee - Multi Academy Trust of Schools based in Walsall
Fabida Aria	Royal college of psychiatrists	Specialist advisor to the Medical Trainee Initiative scheme
	Transcultural psychiatry special interest group	Non-Financial Professional Interest (unpaid role).
	British Indian psychiatry association	Executive member of British Indian psychiatry association
Balbir Claire	University of Warwick	Independent Member of the University Governing Counsel
	Coventry & Warwickshire Partnership Trust NHS	Non Executive Director
	Alumni Services	Associate Consultant
	Clive Henry Group	Non Executive Advisory Board Member
	MyQonsult Ltd	Managing Director (Founder / Owner)
Monica Shafaq	The Kaleidoscope Plus Group	Chief Exec
	Birmingham County Football Association	Non Executive Director
	Premier League Equality and Diversity Panel	Panel Member

24 **Financial risk management**

Financial reporting standard IFRS 7 requires disclosure of the role that financial instruments have had during the year in creating or changing the risks a body faces in undertaking its activities. Because of the continuing service provider relationship that the Foundation Trust has with Integrated Care Boards and the way those Integrated Care Boards are financed, the Foundation Trust is not exposed to the degree of financial risk faced by business entities. Also financial instruments play a much more limited role in creating or changing risk than would be typical of listed companies, to which the financial reporting standards mainly apply. The Foundation Trust has limited powers to borrow or invest surplus funds and financial assets and liabilities are generated by day-to-day operational activities rather than being held to change the risks facing the NHS Trust in undertaking its activities.

The Foundation Trust's treasury management operations are carried out by the finance department, within parameters defined formally within the Foundation Trust's standing financial instructions and policies agreed by the Board of Directors. The Foundation Trust treasury activity is subject to review by the Trust's internal auditors.

Currency risk

The Foundation Trust is principally a domestic organisation with the great majority of transactions, assets and liabilities being in the UK and sterling based. The Trust has no overseas operations. The Trust therefore has low exposure to currency rate fluctuations.

Interest rate risk

The Foundation Trust borrows from government for capital expenditure, subject to affordability. The borrowings are for 1 – 25 years, in line with the life of the associated assets, and interest is charged at the National Loans Fund rate, fixed for the life of the loan. The Foundation Trust therefore has low exposure to interest rate fluctuations.

Credit risk

Because the majority of the Foundation Trust's income comes from contracts with other public sector bodies, the Foundation Trust has low exposure to credit risk. The maximum exposures as at March 31 2025 are in receivables from customers, as disclosed in the Trade and other receivables note. The risk associated with cash and deposits with financial institutions (National Loan Funds) is considered to be low as trading cash is held with the Government Banking Service and deposits are only placed on a short-term basis with highly rated UK banks.

Liquidity risk

The Trust's net operating costs are incurred under annual service agreements with Integrated Care Boards and NHS England, which are financed from resources voted annually by Parliament. The Trust ensures that it has sufficient cash or committed loan facilities to meet all its commitments when they fall due. This is regulated by the Trust's compliance with the 'Continuity of Services Risk Rating' system created by NHSE, the Independent Regulator of NHS Foundation Trusts. The Trust is not, therefore, exposed to significant liquidity risks.

25 **Carrying value and fair value of financial assets - Group**

Carrying value and fair value of financial assets - 31 March 2025	Held at amortised cost	Held at fair value through P&L	Held at fair value through OCI	Total book value
	£000	£000	£000	£000
Financial assets per the SoFP:				
Trade and other receivables excluding non-financial assets	19,954	-	-	19,954
Cash and cash equivalents (at bank and in hand)	86,352	-	-	86,352
Total as at 31 March 2025	106,306	-	-	106,306

Carrying value and fair value of financial assets - 31 March 2024	Held at amortised cost	Held at fair value through P&L	Held at fair value through OCI	Total book value
	£000	£000	£000	£000
Financial assets per the SoFP:				
Trade and other receivables excluding non-financial assets	9,131	-	-	9,131
Cash and cash equivalents (at bank and in hand)	92,228	-	-	92,228
Total as at 31 March 2024	101,359	-	-	101,359

25.1 **Carrying value and fair value of financial assets - Trust**

Carrying value and fair value of financial assets - 31 March 2025	Held at amortised cost	Held at fair value through P&L	Held at fair value through OCI	Total book value
	£000	£000	£000	£000
Financial assets per the SoFP:				
Trade and other receivables excluding non-financial assets	80,899	-	-	80,899
Cash and cash equivalents (at bank and in hand)	81,732	-	-	81,732
Total as at 31 March 2025	162,631	-	-	162,631

Carrying value and fair value of financial assets - 31 March 2024	Held at amortised cost	Held at fair value through P&L	Held at fair value through OCI	Total book value
	£000	£000	£000	£000
Financial assets per the SoFP:				
Trade and other receivables excluding non-financial assets	71,619	-	-	71,619
Cash and cash equivalents (at bank and in hand)	87,020	-	-	87,020
Total as at 31 March 2024	158,639	-	-	158,639

26 **Carrying value and fair value of financial liabilities - Group**

Carrying value and fair value of financial liabilities - 31 March 2025	Held at amortised cost £000	Held at fair value through P&L £000	Total book value £000
Financial liabilities per the SoFP:			
Loans from the Department of Health and Social Care	23,338	-	23,338
Obligations under leases	6,066	-	6,066
Obligations under PFI, LIFT and other service concessions	82,373	-	82,373
Trade and other payables excluding non financial liabilities	78,047	-	78,047
Total as at 31 March 2025	189,824	-	189,824

Carrying value and fair value of financial liabilities - 31 March 2024	Held at amortised cost £000	Held at fair value through P&L £000	Total book value £000
Financial liabilities per the SoFP:			
Loans from the Department of Health and Social Care	25,558	-	25,558
Obligations under leases	7,941	-	7,941
Obligations under PFI, LIFT and other service concessions	81,878	-	81,878
Trade and other payables excluding non financial liabilities	74,467	-	74,467
Total as at 31 March 2024	189,844	-	189,844

26.1 **Carrying value and fair value of financial liabilities - Trust**

Carrying value and fair value of financial liabilities - 31 March 2025	Held at amortised cost £000	Held at fair value through P&L £000	Total book value £000
Financial liabilities per the SoFP:			
Loans from the Department of Health and Social Care	23,338	-	23,338
Obligations under leases	82,358	-	82,358
Obligations under PFI, LIFT and other service concessions	82,373	-	82,373
Trade and other payables excluding non financial liabilities	76,763	-	76,763
Total as at 31 March 2025	264,832	-	264,832

Carrying value and fair value of financial liabilities - 31 March 2024	Held at amortised cost £000	Held at fair value through P&L £000	Total book value £000
Financial liabilities per the SoFP:			
Loans from the Department of Health and Social Care	25,558	-	25,558
Obligations under leases	88,099	-	88,099
Obligations under PFI, LIFT and other service concessions	81,879	-	81,879
Trade and other payables excluding non financial liabilities	72,951	-	72,951
Total as at 31 March 2024	268,487	-	268,487

The fair value on all these financial assets and financial liabilities equates to their carrying value.

26.2 **Maturity of financial liabilities - Group**

The following maturity profile of financial liabilities is based on the contractual undiscounted cash flows. This differs to the amounts recognised in the statement of financial position which are discounted to present value.

Maturity of financial liabilities - 31 March 2025	Total	PFI & lease liabilities	DHSC Loans	Trade & other payables: DHSC group bodies	Trade & other payables: other bodies
	£000	£000	£000	£000	£000
Financial liabilities fall due in:					
In one year or less	89,433	8,292	3,096	18,864	59,181
In more than one year but not more than five years	40,276	28,775	11,501	-	-
In more than five years	107,212	93,640	13,572	-	-
Total as at 31 March 2025	236,921	130,707	28,169	18,864	59,181

The following maturity profile of financial liabilities is based on the contractual undiscounted cash flows. This differs to the amounts recognised in the statement of financial position which are discounted to present value.

Maturity of financial liabilities - 31 March 2024	Total	PFI & lease liabilities	DHSC Loans	Trade & other payables: DHSC group bodies	Trade & other payables: other bodies
	£000	£000	£000	£000	£000
Financial liabilities fall due in:					
In one year or less	86,295	8,640	3,188	9,786	64,681
In more than one year but not more than five years	40,644	28,787	11,857	--	-
In more than five years	112,717	96,404	16,313	9,786	-
Total as at 31 March 2024	239,656	133,831	31,358		64,681

26.3 **Maturity of financial liabilities - Trust**

The following maturity profile of financial liabilities is based on the contractual undiscounted cash flows. This differs to the amounts recognised in the statement of financial position which are discounted to present value.

Maturity of financial liabilities - 31 March 2025	Total	PFI & lease liabilities	DHSC Loans	Trade & other payables: DHSC group bodies	Trade & other payables: other bodies
	£000	£000	£000	£000	£000
Financial liabilities fall due in:					
In one year or less	94,188	14,329	3,096	18,864	57,899
In more than one year but not more than five years	56,813	45,312	11,501	-	-
In more than five years	181,115	167,543	13,572	-	-
Total as at 31 March 2025	332,116	227,184	28,169	18,864	57,899

The following maturity profile of financial liabilities is based on the contractual undiscounted cash flows. This differs to the amounts recognised in the statement of financial position which are discounted to present value.

Maturity of financial liabilities - 31 March 2024	Total	PFI & lease liabilities	DHSC Loans	Trade & other payables: DHSC group bodies	Trade & other payables: other bodies
	£000	£000	£000	£000	£000
Financial liabilities fall due in:					
In one year or less	90,659	14,520	3,188	9,786	63,165
In more than one year but not more than five years	58,491	46,634	11,857	--	-
In more than five years	187,241	170,928	16,313	9,786	-
Total as at 31 March 2024	336,391	232,082	31,358		63,165

27 **Losses and special payments**

NHS Foundation Trusts are required to report to the Department of Health any losses or special payments, as the Department of Health still retains responsibility for reporting these to Parliament.

There were 73 cases of losses and special payments totalling £150k during the year to March 31 2025 (63 cases totalling £443k during the year to March 31 2024). These amounts are reported on an accruals basis but excluding provisions for future losses.

Losses and special payments (approved cases only)	2024/25 Total No. of cases Number	2024/25 Total value of cases £000	2023/24 Total no. of cases Number	2023/24 Total value of cases £000
Losses:				
Losses of cash due to :				
Theft, fraud etc	4	1	1	1
Fruitless payments and constructive losses			-	-
Bad debts and claims abandoned in relation to :				
Other	38	69	9	358
Damage to buildings, property etc. (including stores losses) due to:				
Theft, fraud etc	-	-	-	-12
Store losses	39	12	13	
Other	-	-	-	-54
Total Losses	109	22	372	
Special payments :				
Compensation under legal obligation	4	38	27	69
Ex gratia payments; in respect of; loss of personal effects	15	3	14	2
Special severance payments	-	-	-	-
Other employment payments	-	-	-	-
Overtime corrective payments	-	-	-	-
Total special payments	19	41	41	71
Total losses and special payments	73	150	63	443

28 **Pensions**

Past and present employees are covered by the provisions of the NHS Pension Schemes. Details of the benefits payable and rules of the schemes can be found on the NHS Pensions website at www.nhsbsa.nhs.uk/pensions. Both the 1995/2008 and 2015 schemes are accounted for, and the scheme liability valued, as a single combined scheme. Both are unfunded defined benefit schemes that cover NHS employers, GP practices and other bodies, allowed under the direction of the Secretary of State for Health and Social Care in England and Wales. They are not designed to be run in a way that would enable NHS bodies to identify their share of the underlying scheme assets and liabilities. Therefore, each scheme is accounted for as if it were a defined contribution scheme: the cost to the NHS body of participating in each scheme is taken as equal to the contributions payable to that scheme for the accounting period.

In order that the defined benefit obligations recognised in the financial statements do not differ materially from those that would be determined at the reporting date by a formal actuarial valuation, the FReM requires that "the period between formal valuations shall be four years, with approximate assessments in intervening years". An outline of these follows:

a) Accounting valuation

A valuation of scheme liability is carried out annually by the scheme actuary (currently the Government Actuary's Department) as at the end of the reporting period. This utilises an actuarial assessment for the previous accounting period in conjunction with updated membership and financial data for the current reporting period, and is accepted as providing suitably robust figures for financial reporting purposes. The valuation of the scheme liability as at 31 March 2025, is based on valuation data as 31 March 2023, updated to 31 March 2025 with summary global member and accounting data. In undertaking this actuarial assessment, the methodology prescribed in IAS 19, relevant FReM interpretations, and the discount rate prescribed by HM Treasury have also been used.

The latest assessment of the liabilities of the scheme is contained in the statement by the actuary, which forms part of the annual NHS Pension Scheme Annual Report and Accounts. These accounts can be viewed on the NHS Pensions website and are published annually. Copies can also be obtained from The Stationery Office.

b) Full actuarial (funding) valuation

The purpose of this valuation is to assess the level of liability in respect of the benefits due under the schemes (considering recent demographic experience), and to recommend the contribution rate payable by employers.

The latest actuarial valuation undertaken for the NHS Pension Scheme was completed as at 31 March 2020. The results of this valuation set the employer contribution rate payable from 1 April 2024 to 23.7% of pensionable pay. The core cost cap cost of the scheme was calculated to be outside of the 3% cost cap corridor as at 31 March 2020. However, when the wider economic situation was taken into account through the economic cost cap cost of the scheme, the cost cap corridor was not similarly breached. As a result, there was no impact on the member benefit structure or contribution rates.

The 2024 actuarial valuation is currently being prepared and will be published before new contribution rates are implemented from April 2027.

The projected employer pension expense for the year ending 31 March 2026 is £25,044k.

28.1 **Pensions (continued)**

NEST Pension Scheme

National Employment Savings Trust is a defined contribution pension scheme that was created as part of the government's workplace pensions reforms under the Pensions Act 2008 (as amended by Pensions Act 2014). There are currently 476 employees enrolled in this service as at 31 March 2025.

The projected employer pension expense for the year ending 31 March 2026 is £64k.

28.2 **Pensions (continued)**

LGPS Pension Scheme

The West Midlands Pension Fund works in partnership with over 800 participating employers to support pension saving and provide benefits to 340,000 members and employees who provide public services, which support communities across the West Midlands.

Our mission is to provide sustainable futures for all – engaging our customers in retirement planning, ensuring efficient pension administration and return on contributions through responsible investment and influence for positive environmental and social benefit, all of which deliver long term benefit promises.

The Trust currently has 2 active members of this scheme.

The projected employer pension expense for the year ending 31 March 2026 is £32k.

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Corporation Tax Expense - Group	2024/25 £000	2023/24 £000
UK corporation tax expense	431	299
Adjustment in respect of prior years	(412)	(90)
Current tax expense	19	209
Origination and reversal of temporary differences	(388)	19
Deferred tax expense	(388)	19
Total income tax expense in statement of comprehensive income	(369)	228
Reconciliation of effective tax charge		
Effective tax charge percentage	129	2
Tax if effective tax rate charged on surpluses before tax	129	2
Effect of :		
Surpluses not subject to tax	-	-
Non-deductible expenses	302	297
Adjustments in respect of prior years	-	-
Share of results of joint ventures and associates	-	-
Change in tax rate	-	-
Other	-	-
Total income tax charge for the year	431	299

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Deferred tax asset / liability - Group	2024/25 £000	2023/24 £000
Deferred tax asset to be recovered after > 12 months	247	-
Deferred tax liability to be recovered after > 12 months	-	142
Total deferred tax asset / Liability	247	142

Annual accounts
Documents prepared by the FT to show its financial position. Detailed requirements for the annual accounts are set out in the DHSC Group Accounting Manual , published by NHS England. The *Annual Reporting Manual* was previously called the *Foundation Trust Financial Reporting Manual* .

Annual report
A document produced by the FT that summarises the FT's performance during the year, including the annual accounts.

Asset
Something the FT owns – for example a building, some cash, or an amount of money owed to it.

Audit Code
Audit Code for Foundation Trusts
A document issued by DHSC, which sets out how FT audits must be conducted.

Audit opinion
The auditors' opinion of whether the FT's accounts show a true and fair view of its financial affairs. If the auditors are satisfied with the accounts, they will issue an unqualified audit opinion.

Available for sale
Assets are classed as available for sale if they are held neither for trading nor to maturity. An example of this would be an investment without a maturity date such as an ordinary share.

Statement of Financial Position
A year-end statement prepared by all public and private sector organisations, which shows the net assets controlled by the organisation and how these have been funded. The balance sheet is known as the Statement of Financial Position under IFRS.

Breakeven
An FT has achieved breakeven if its income is greater than or equal to its expenditure.

Cash and cash equivalents
Cash includes cash in hand and cash at the bank. Cash equivalents are any other deposits that can be converted to cash straight away.

Corporation tax
A tax payable on a company's profits. FTs may have to pay corporation tax in the future.

Current asset or current liability
An asset or liability the FT expects to hold for less than one year.

Depreciation
An accounting charge to represent the use, or wearing out, of assets. As a result the cost of an asset is spread over its useful life.

Earnings before interest, tax, depreciation and amortisation (EBITDA)
A measure of an FT's financial performance excluding interest, tax, depreciation and amortisation. EBITDA is used to calculate some of risk ratings.

External auditor
The independent professional auditor who reviews the accounts and issues an opinion on whether the accounts present a true and fair view.

External financing limit
A measure of the movement in cash an FT is allowed in the year, which is set by the government.

Finance lease
An arrangement whereby the party leasing the asset has most or all of the use of an asset, and the lease payments are akin to repayments on a loan.

Financial statements
Another term for the annual accounts.

DHSC Group Accounting Manual (GAM)
The key document, published annually by DHSC, setting out the framework for the FT'S accounts. Now called the Group Accounting Manual (GAM).

Going concern
The accounts are prepared on a going concern basis, in other words with the expectation that the FT will continue to operate for at least the next 12 months.

Impairment
A decrease in the value of an asset.

Intangible asset
An asset that is without substance, for example computer software.

International Financial Reporting Standards (IFRS)
The new accounting standards that the NHS has adopted from April 2009.
International Standards on Auditing (United Kingdom and Ireland) (ISAs (UK&I))
The professional standards external auditors must comply with when carrying out audits.

Inventories
Stock, such as clinical supplies.

Liability
Something the FT owes, for example an overdraft, a loan, or a bill it has not yet paid.

Liquidity ratio
Liquidity is a measure of how easily an asset can be converted into cash. Bank deposits are very liquid, debtors less so. The liquidity ratio is a measure of an entity's ability to meet its obligations, in other words how well it can pay its bills from what it owns.

Non-current asset or liability
An asset or liability the FT expects to hold for more than one year.

Non-executive director
Non-executive directors are members of the FT's board of directors but do not have any involvement in day-to-day management of the FT. They provide the board with independent challenge and scrutiny.

Operating lease
An arrangement whereby the party leasing the asset is paying for the provision of a service (the use of the asset) rather than exclusive use of the asset.

Payables
Amounts the FT owes.

Primary statements
The four main statements that make up the accounts: the Statement of Comprehensive Income; Statement of Financial Position; Statement of Changes in Taxpayers' Equity; and Statement of Cash Flows.

Private Finance Initiative (PFI)
A way of funding major capital investments, without immediate recourse to the public purse. Private consortia, usually involving large construction firms, are contracted to design, build, and in some cases manage new projects. Contracts typically last for 30 years, during which time the building is leased by the FT.

Provision
A liability of uncertain timing or amount.

Prudential Borrowing Code
DHSC mechanism to limit the total amount an FT is allowed to borrow. The Code sets out how to determine an FT's prudential borrowing limit.

Prudential borrowing limit
The amount of money an FT is allowed to borrow, as agreed with DHSC

Public dividend capital
Taxpayers' equity, or the taxpayers' stake in the FT, arising from the government's original investments in NHS trusts when they were first created.

Receivables
Amounts owed to the FT.

Remuneration report
The part of the annual report that discloses senior officers' salary and pension information.

Reserves
Reserves represent the increase in overall value of the organisation since it was first created.

Statement of Cash Flows
The name for the cash flow statement under IFRS. It shows cash flows in and out of the FT during the period.

Statement of Changes in Taxpayers' Equity
One of the primary statements which shows the changes in reserves and public dividend capital in the period.

Statement of Comprehensive Income
The new name for the income and expenditure account, and the public sector equivalent of the profit and loss account. It shows what income has been earned in the year, what expenditure has been incurred and hence the surplus or deficit for the year.

Statement on Internal Control
A statement about the controls the FT has in place to manage risk.

Those charged with governance
Auditors' terminology for those people who are responsible for the governance of the FT, usually the audit committee.

True and fair
It is the aim of the accounts to show a true and fair view of the FT's financial position, that is they should faithfully represent what has happened in practice.

UK GAAP (Generally Accepted Accounting Practice)

The standard basis of accounting in the UK before international standards were adopted.

Unrealised gains and losses
Gains and losses may be realised or unrealised. Unrealised gains and losses are gains or losses that the FT has recognised in its accounts but which are potential as they have not been realised. An example of a gain that is recognised but unrealised is where the value of assets has increased. This gain is realised when the assets are sold or otherwise used

Integrated care board (ICB)
An integrated care board (or ICB) is a statutory NHS organisation which is responsible for developing a plan for meeting the health needs of the population, managing the NHS budget and arranging for the provision of health services in a geographical area.

Birmingham and Solihull Mental Health NHS Foundation Trust
March 31 2025
Notes to the financial statements

Noted	Meaning
"k"	'000
" £ m"	'000000
" '000 "	'000

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