NHS
Birmingham and Solihull
Mental Health
NHS Foundation Trust

# Quality Account Report 2025/2026


compassionate inclusive committed

# Quality Account Report

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

**How to provide feedback on this Quality Account**

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

Or write to

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

# PART 1 – Statement On Quality

## CHIEF EXECUTIVES'S STATEMENT ON QUALITY

Foreword from the Chief Executive Officer

As we present the Quality Account for 2025/26, we reflect on a period of continued challenge, learning and progress across our organisation, our commitment to delivering safe, effective and compassionate care remains at the heart of everything we do, and this report demonstrates the steps we have taken to improve outcomes and experiences for the communities we serve.

Over the past year, our teams have worked with dedication and resilience and led many improvements in care models and personalised care for individuals. The Culture of Care Framework has empowered clinical and support staff and increased the involvement of service users in understanding and meeting their needs. Investment in environments, staffing and training, alongside improvements in patient safety, strengthened clinical governance and use of data.

The Trust has focussed on transformation which has led to improving waiting times in key crisis and acute services, establishment of the 24/7 Mental Health Neighbourhood Centre in East Birmingham and the transfer of colleagues providing services for Children and Young People in Birmingham to deliver mental health services across the life-course from pre-birth to end of life, enhancing service user outcomes and embedding a culture of continuous learning and innovation.

We are proud of the progress made in areas such as patient safety, staff development, complaints handling and partnership working. At the same time, we recognise that there is more to do. Health inequalities, workforce pressures and increasing demand continue to present significant challenges and we are committed to addressing these with transparency and determination through new models of integrated care in community settings.

We have continued to grow our Teams with more substantive registered staff joining the Trust and competition for Consultant posts resulting in further development and promotion of internal candidates who have grown from our local communities and into clinical leadership roles in the NHS. As a result of this the Trust has reduced reliance on temporary staffing and rarely uses staff engaged through agencies. Listening to our service users, families, carers and staff has been central to shaping our priorities. Their feedback has informed service improvements and helped ensure that care is responsive, inclusive and person centred. We remain committed to working collaboratively with service users and families to ensure we meet all the requirements of the personalised care framework and new Mental Health Act.

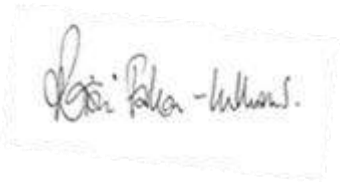
A number of services have been inspected by the Care Quality Commission in the reporting period and the Trust no longer has any regulatory sanctions in place or areas that are inadequate, a number of services have been recognised as Good. Through effective use of the Patient Safety Investigation and Response Framework we have seen a significant reduction in Preventing Future Deaths Reports following inquests, demonstrating the Trust as focussed on learning and just culture.

Looking ahead we will continue to focus on improving quality, reducing variation and ensuring that every service user receives the highest standard of care. We are grateful to our staff for their unwavering dedication and to our patients and partners for their ongoing trust and support.

This Quality Account provides an honest assessment of our performance and sets out our priorities for the year ahead. We are committed to building on our progress and delivering meaningful improvements that make a difference to the lives of those who live or work in the communities we serve.

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

Roísìn Fallon-Williams
Chief Executive Officer



Phil Gayle
Chair

## Background

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

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

## What the Quality Report includes:

- How we performed last year (2025/26), including where our services improved.
- What we plan to do next year (2026/27), what our priorities are, and how we intend to address them.
- The information we are required by law to provide so that people can see how the quality of our services compares to those provided by other NHS Trusts
- Stakeholder and external assurance statements.

## Purpose and Activities of our Trust

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

With more than 40 sites, we serve a culturally diverse population of 1.3 million, spread out over 172 square miles. We have a dedicated workforce of around 6,000 staff and a range of local and regional partnerships, making us one of the most complex and specialist mental health foundation trusts in the country. Our catchment population is ethnically diverse and characterised in places by high levels of deprivation, low earnings, and unemployment. These factors create a higher requirement for access to health services and a greater need for innovative ways of engaging people from the most affected areas.

## One Vision

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

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

| Compassionate | Inclusive | Committed |
|---|---|---|
| • Supporting recovery for all and maintaining hope for the future.<br>• Being kind to ourselves and others.<br>• Showing empathy for others and appreciating vulnerability in each of us. | • Treating people fairly, with dignity and respect.<br>• Challenging all forms of discrimination.<br>• Valuing all voices so we all feel we belong. | • Striving to deliver the best work and keeping service users at the heart.<br>• Taking responsibility for our work and doing what we say we will.<br>• Courage to question to help learn, improve and grow together. |

We continue to be ambitious about the quality of care that we provide, that we have developed in partnership with our Experts by Experience and our colleagues.

## Our Ambition

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

## Our Aims

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

# PART 2: Priorities for Improvement and Statements of Assurance from the Board.

### 2025/26 Quality Improvement Priorities – Progress on the priorities

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

In creating our quality priorities and goals, we have considered the aspirations in the NHS 10 year Plan and consulted with stakeholders on what matters to them locally.

## Quality Goal Priority 1: Service User Experience

### Why is this a priority?

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

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

| Service User Experience | |
|---|---|
| **Why is this important?**<br><br>Shared decision making with service users and families about their treatment and care to aid their recovery. | **Measures of success:**<br><br>• Implement the actions following the endorsement of the HOPE Strategy delivering the outcomes with patients, service users and families.<br>• Co-produce with Experts by Experience the implementation of a plan including goals and |

| | |
|---|---|
| | outcomes against national frameworks to identify and address health inequalities, such as Patient and Carer Race Equality Framework (PCREF), Equality Diversity System 2022, the Accessible Information Standard and Patient Led Assessments of Care Environments.<br>• Co-produce with service user networks plans and goals to strengthen involvement for people who identify with a protected characteristic as per the Equality Act 2020<br>• Identify and measure quality improvement projects with service users/carers and co-produce measurable outcomes to deliver against plans. |

What we achieved…

**The Experts by Experience (EBE) Programme -**The Experts by Experience (EBE) Programme continues to play a central role in ensuring that service users and carers are meaningfully involved in shaping Trust services. The programme supports our duties under the NHS Constitution by enabling direct participation in service planning, improvement, and decision-making.

The programme is built on a rights-based and inclusive approach, offering flexible, accessible involvement opportunities aligned with individual preferences and lived experience.

Participation is founded on the following principles:

- Every service user, family member, and carer has the right to be involved in decisions about their care.
- They also have the right to contribute to Trust-wide initiatives through the EBE programme.
- Individuals can select co-production activities that reflect their interests and lived experiences.

The HOPE Strategy (Health through Opportunities, Participation and Experience), developed collaboratively with EBEs, continues to guide this work and is embedded within the Trust's Culture of Care Framework. Current EBE Involvement Opportunities Included:

- Recruitment and selection panels
- Membership of the PEAR Group
- Co-delivery of the Recovery for All Forum
- Co-facilitation within the Recovery College
- Quality improvement advisers
- Educators and induction facilitators
- Lived Experience Action Research (LEAR) contributors
- Safety partners
- Policy and procedure review
- Patient Council co-facilitation
- AVERTS training co-delivery

The monthly HOPE Action Group continues to provide a structured forum for co-production between EBEs and staff.

Recent achievements include:

- Development of a new accessible information and communication policy
- Review of multiple Trust policies
- Contribution to the Estates Strategy review
- Co-production of an EBE service evaluation

Collectively, EBEs have contributed over 2,519 hours this year.

The EBE Programme continues to strengthen service user and carer involvement across the Trust, contributing directly to quality improvement, strategic development, and cultural change. The programme's expansion and planned developments provide clear assurance that participation will remain a core organisational priority.

## Quality Goal Priority 2: Preventing Harm

### Why is this a priority?

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

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

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

| Preventing Harm | |
|---|---|
| **Why this is important?**<br><br>A quality assurance framework will underpin and give assurance of the quality of our services and care on a continual basis. | **Measures of success:**<br><br>• Use data to understand outcomes and develop opportunities for improvement. Though the development of data dashboards progress will be monitored in real time.<br>• Provide evidence that all teams across the Trust have systems of audit and assurance in place. And can provide evidence that improvements are being made.<br>• Ensure that there is equality and inclusion within our system through data dashboards.<br>• Implement the Trust Quality Management System |

### What we achieved…

Quality and safety dashboards for the Acute & Urgent Care and Integrated Community Care & Recovery divisions are now established, with a structured programme in place to expand development across additional areas. These dashboards provide real-time feedback to support continuous monitoring and improvement.

A real-time dashboard for Reducing Restrictive Practice is also in place, enabling teams to access up-to-date data to enhance quality and safety outcomes. This tool is actively used within Reducing Restrictive Practice and Quality Assurance Group to drive quality improvement initiatives and to identify and respond to areas of potential risk.

In addition, the Physical Health Team is developing a real-time dashboard focused on physical health metrics and benchmarking. This work will enable the integration of physical health data into divisional quality and safety dashboards, strengthening oversight and supporting improved patient outcomes.

A Culture of Care QI programme dashboard is in place for all divisions to monitor service delivery and enable data-driven decision making at leadership and ward/service levels. It will be reported via the Trust Culture of Care Programme Group.

All directorates undertake structured audits within the AmaT system. In addition, specialist services carry out targeted audits across all divisions using AmaT, with specialties being the only division to consistently undertake this level of cross-divisional review. Audit data is reviewed within the Quality Assurance Group to monitor trends and identify areas of concern relating to quality and compliance.

There are 102 quality audits running on AMaT, across all 5 directorates. Monthly reporting of compliance percentages on all quality audits via Quality Assurance Group. Monthly reporting of outstanding and overdue actions of all quality audits via Quality Assurance Group.

In the last year the Trust conducted 117 quality audits across multiple service areas, reflecting a strong commitment to quality assurance, safety, and compliance. Audit coverage spans clinical, operational, and specialist domains, with focused attention on Community Services, Children and Young People, Mental

Health Legislation/Community Treatment Order compliance, and Acute Care. This marks a substantial increase from the 47 audits reported to the Trust CGC in October 2025, underscoring the extensive engagement of ward teams in system integration.

In specialised sectors such as Acute Care, quality audits encompass systematic evaluation of ward management, clinical procedures, patient documentation, risk assessments, and physical health, thereby underpinning assurance at both local and organisational levels.

The implementation of AMaT has significantly enhanced audit completion and oversight by providing a centralised, user-friendly platform with comprehensive analytics. This advancement has optimised efficiency, accuracy, and transparency of the Trust's audit processes.

Audits are now conducted within AMaT, facilitating instant visibility, efficient monitoring, and reduced administrative burden compared to previous manual approaches. The system minimises errors—including incorrect or incomplete submissions—by displaying only relevant, active proformas, and supports collaborative audit creation and supervision among staff members. Reporting time has been notably reduced from over one day to mere minutes; real-time quantitative data and trend analysis further reinforce assurance and improve service user experience.

There were 65 local clinical audit projects registered in 2025/26. 15 of those have been closed with completed actions. Another 13 have been completed with open actions. The remaining projects have ongoing data collection or are due to start this quarter (as were registered in the last two months). All Clinical Audits are reported via Clinical Effectiveness Assurance Group and cascade of learning is shared with members and Local Clinical Governance Forums.

A proforma to support delivery of the 15 Steps Challenge has been developed, alongside a structured programme of Non-Executive Director visits. A defined information pack will be provided in advance to support the visits and strengthen the feedback loop. Experts by Experience (EBEs) are contributing questions to help ensure visits are meaningful and provide valuable insight. Visits take place on the same day at Trust quality Committee to support triangulation of assurance.

## Quality Goal priority 3: Patient Safety Culture

### Why is this a priority?

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

| Patient Safety Culture | |
|---|---|
| **Why is this important?**<br><br>A patient safety culture will strengthen the confidence to speak up and promote learning and will enhance the values, beliefs and behaviours that support patient safety. | **Measures of success:**<br>• Identification and response to the Measurement of compassionate engagement with those affected by patient safety incidents<br>• Uptake of training provided by the Freedom to Speak Up Guardian Team to ensure managers and staff have greater confidence in speaking up and resolving issues<br>• Complete the co-production and implementation of the Staff Safety Strategy.<br>• Strengthen the approach to raising awareness and taking actions in support of service users, families, carers and staff who experience domestic abuse .<br>• Further development of the role of Expert By Experience Safety Specialists in Clinical Governance Committees<br>• Develop a framework for reporting the outcomes from Dialogue+ |

### What we achieved…

The patient safety team in partnership with the Trust Chief Psychologist implemented an enhanced staff support framework that is offered to all staff following an incident. The psychological impact of incidents on staff is reported through the eclipse system and feature in discussion and assurance through the Trust Health & Safety Committee and the Quality Committee.

The Trust has coproduced a Staff Safety Strategy which has been launched through the Culture of Care Programme and is monitored through the Health & Safety Committee. As a result the Trust has put more focus on insuring that incidents of harm to staff are appropriately reported to the police, that staff have access to and know how to use the sky guard personal safety equipment, and increases actions to address racist abuse experienced by staff from patients and service users.

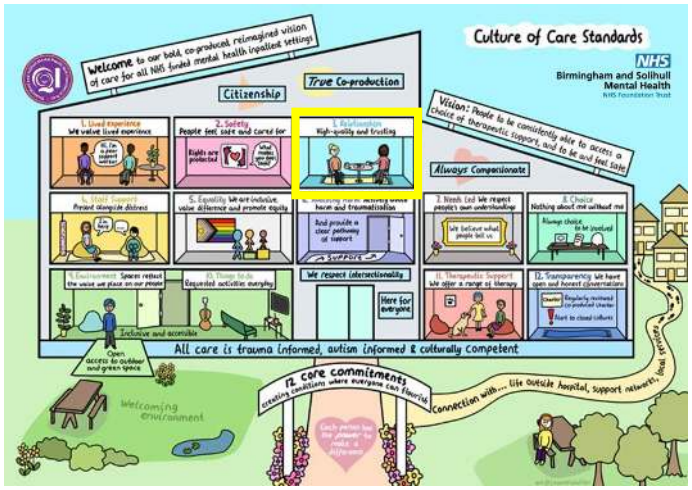
Through the 'Think Family' programme the team have completed work on reducing adult(child) domestic abuse to parents/carers, actions taken included; reviewing and analysing eclipses in relation to Adult Child Parent Abuse and identified hot spot areas, designed bitesize training which is co-delivered by the Birmingham Solihull Women's Aid Independent Domestic Violence Advocate and a safeguarding facilitator to teams across the Trust and developed a 7 min briefing on Adult Child Parental Abuse.

**In Memory of Mustak** a valued and loved Trust Governor who passed away, the Trust implemented a model for 15 Steps Visits at his request. The model has been embedded in the Culture of Care approach and ensures there is visible and intentional leadership supporting clinical teams and giving the time and space to listen to their challenges and celebrate their successes.

# 15 Steps Visits

# In Memory of Mustak

BSMHFT



# Quality Goal Priority 4: Quality Assurance

## Why is this a priority?

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

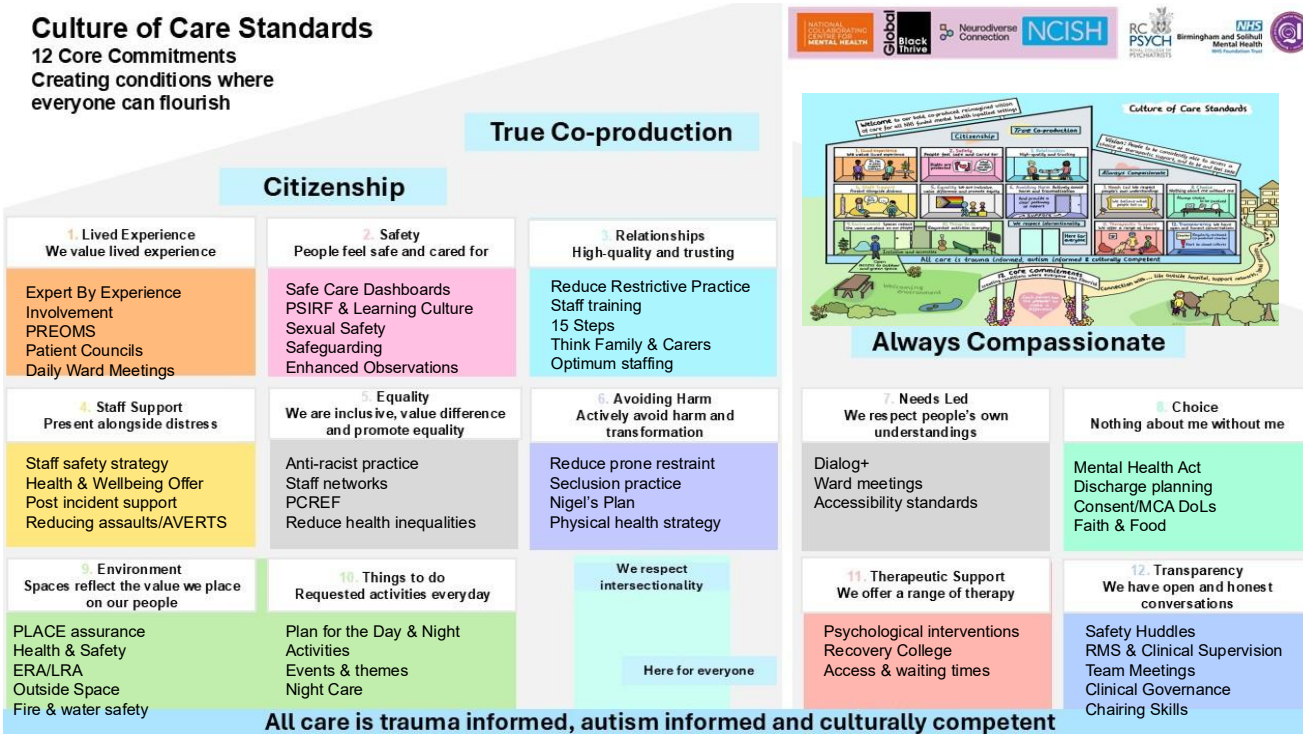
| Quality Assurance | |
|---|---|
| **Why is this important?**<br><br>It will give clarity in relation to how we monitor and evaluate service delivery. | **Measures of success:**<br><br>• Implementation of dashboard for Quality & Patient experience committee to utilize data and understand outcomes in care for service users.<br>• Evidence that pathways in Locality Delivery Areas have been created to meet the needs of service users and communities<br>• Utilization of AMAT through the Clinical Effectiveness Group to provide assurance for services and Quality & Patient Experience Committee.<br>• Implement 15 Steps visits and provide feedback for services and reporting for the Quality & Patient Experience Committee.<br>• Align the 12 Culture of Care standards with the CQC I Statements ensuring a joined up approach to evidencing outstanding care. |

**Culture of Care Programme**

Adopting the coproduced twelve National standards the Trust has now engaged all clinical services in signing up to the Culture of Care Standards and developed a Trust Culture of Care Excellence Framework to improve care, develop teams, share and celebrate positive achievements, the framework brings together tools and resources for teams and allows for self assessment to progress through to Bronze, Silver or Gold Accreditation.

Starting with four national pilot sites the Trust has now aligned all patient safety and quality work to the twelve standards, aligned them with the CQC I statements and rolled out the framework to ensure the right resources, focus and support for patient, service users and their families over the next two years.

The progress made by the Trust and approach to innovation in Governance has been recognized by the National Leads, including the fantastic progress at Reaside Clinic highlighted below.





## Reaside - Live Love Life

### What's worked well

- Clean up week: Was a resounding success with the support of all leads, staff and service users.
- Sustainable community initiatives started at Reaside including employability sessions.
- Staff QI training uptake in May exceeded previous numbers
- CQC notice lifted
- EBEs involved in the recruitment of staff through a unique speed dating approach. EBE's have also reviewed PICU care, and with Psychology and OT.
- The OT Team have developed and implemented a learning style survey for service users to help with levels of engagement in the current group programme.
- Reach Out have attended Reaside EBE suppers and have asked to cite the EBE work as best practice in their upcoming workshops.
- The Resident's Council has stabilised and working better with an EBE co-chair to be elected soon.

# Quality Goal Priority 5: Using Our Time More Effectively

## Why is this a priority?

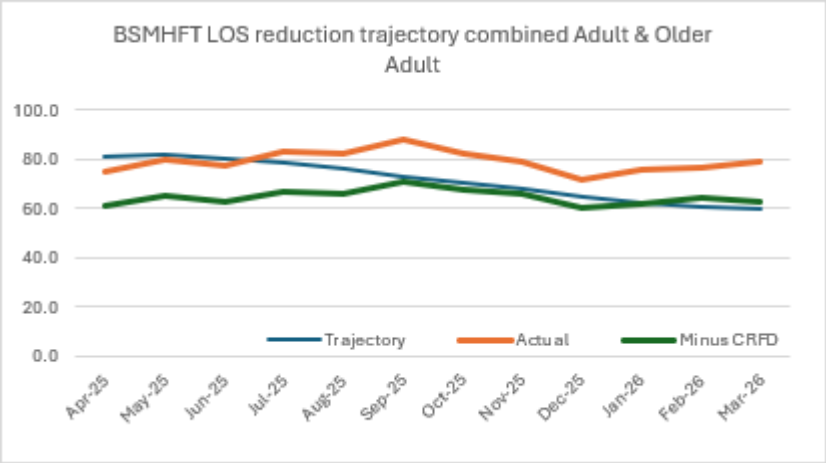
To maximise the quality and standard of care provided. To ensure that individuals within our care pathways feel listened to, valued, and receive appropriate care at the right time. Using time effectively is crucial in our organisation due to the high demand for our services. Efficient time management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

| Managing our Time Effectively | |
|---|---|
| **Why is this important?**<br><br>To enhance patient care and staff satisfaction. | **Measures of success:**<br><br>• Demonstrate outcomes against Quality Improvement Programmes that demonstrate improvement in the Culture of Care in Inpatient Settings.<br>• Outcomes that demonstrate that evidence-based practice and research are a routine way to inform transformation of care and services.<br>• Evidence related to the reduction in waiting lists and length of stay.<br>• Better use of service user's time (less waiting) including; Children, people accessing talking therapies and people returning to the community from inpatient settings. |

### What we achieved…

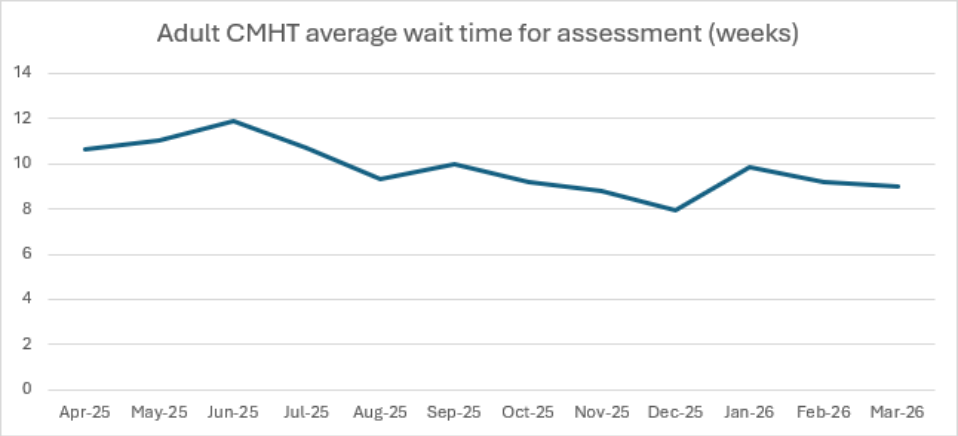
#### Reducing length of stay

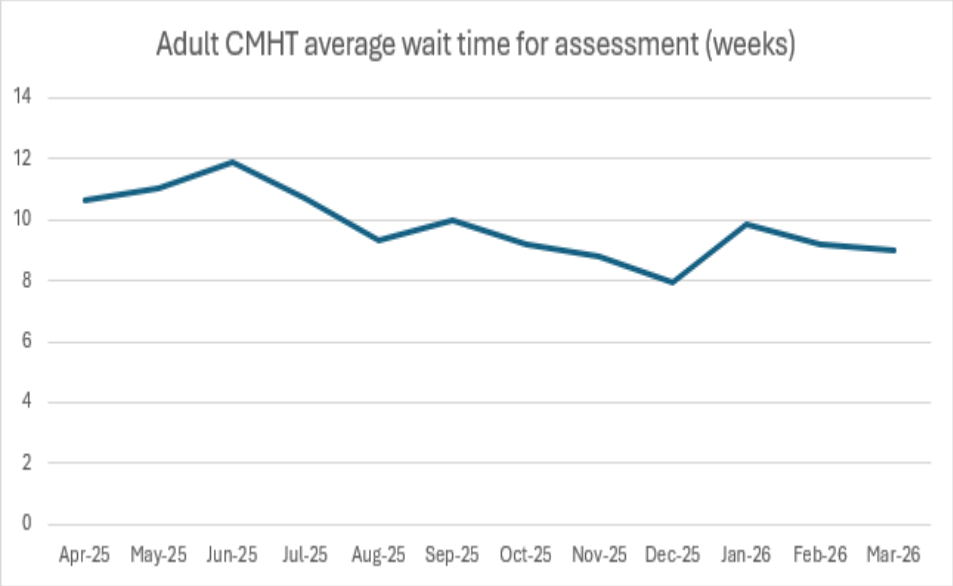
As part of the national planning submission requirements for 2025/6, the Trust submitted a combined adult and older adult acute inpatient services trajectory focusing on reducing length of stay. Actions have been in place supported by a productivity plan in adult acute services. The key areas of focus include, admission avoidance, discharge planning and support working with partner organisations to support with care packages as required in the community to facilitate discharge when service users are clinically ready with routine ward level actions to progress and minimise delays. As the chart below highlights, the Trust's ability to meet the 2025/26 trajectory was impacted by the proportion of service users in both adult and older adult acute inpatient services who are clinically ready for discharge due to delays outside of Trust's control with service users experiencing delay in discharge resulting in extended stay in hospital and impacting the Trust's length of stay position. Partnership working continues with aim of supporting a reduction in such delays enabling the trust to use the beds more effectively.




## Reducing waiting times in community teams

There has been a continued focus on reducing longer waiting times within community services with reductions in adult and older adult CMHTs. The graph below shows a reduction in the average waiting times within adult CMHTs for assessment. In terms of adult CMHT waits, the length of time patients are waiting for an assessment is showing gradual reduction.






The Trust also continues to meet the following national waiting time access standards:

- 95% national standard for routine and urgent care access to the Trust's Eating Disorder service.
- 60% national standard for service users experiencing first episode of psychosis.
- 75% national standard for service users seen within 6 weeks of referral to the Trust's Talking Therapy service.
- 95% national standard for service users seen within 18 weeks of referral to the Trust's Talking Therapy service.

2025/26 also saw the introduction of a new model of care, a 24/7 community service being part of a national pilot programme which aims to see people in a timely way according to their needs. The model allows flexibility for service users to access services without making formal appointments and to receive enhanced support when required to maintain continuity of care.

# Quality Improvement Priorities for 2026/27

## 7. Our refreshed strategic priorities

As part of the refresh of our Trust Strategy for 2026-31 we have reviewed our strategic priorities and aims Our new strategic priorities, the '4Cs', are **Care**, **Communities**, **Culture** and **Creativity**.


**Care** brings together the previous Clinical Services and Quality priorities, and includes:

Transforming services
- Adopting a life course approach
- Strengthening how we provide services in the community
- Enhancing urgent and emergency care
- Reducing inpatient length of stay
- Implementing a new model of care for children and young people

Focusing on service user, family and carer experience
- Using service user and carer experience to drive improvements in care
- Valuing lived experience
- Being recovery and outcomes focused
- Improving the experience of families and carers

Creating a culture of care
- Celebrating high-quality care through our Culture of Care programme
- Creating the right therapeutic environments
- Ensuring people feel safe and cared for and that we actively avoid harm
- Care led by the individual needs of our service users

The professional skills and standards elements of quality are included in the **Culture** priority and research is included in **Creativity**

### Priority One – Transforming Services

Improve the safety of transitions in care between Services and Teams for people on a mental health or learning disability &/or autism pathway by removing referral barriers and reducing waiting times.

Achieve learning Disability and Autism Accreditation in Acute Services, improving patient reported outcomes and family feedback about our care for people with a learning disability and/or autism.

### Priority Two - Focusing on service user, family and carer experience

Implement Patient Reported Outcome and Experience Measures across all services ensuring the feedback drives improvement priorities and provides assurance on progress. Involve patient councils and experts by experience in the processes for assuring that the voice of services users drives their care.

Coproduce and implement a Family & Carer Charter with clearly defined standards that can be monitored and achieved. Engaging with communities, families and carers ensure their voice is captured through Dialog+ service user records and they are provided with support for their own mental wellbeing.

### Priority Three - Creating a Culture of Care (Standards 10 and 11)

Coproduce and implement a model and standards for 'Night Time Care' for in-patient settings, recognising that the care provided for patients at present is very different between 'in-hours' and 'out of hours'. This priority comes directly from patient feedback and should include reporting through to patient councils on progress.

Increase the range and opportunities for access to a range of therapy and activities for patients and service users. For patients and services users in the community or in hospital there may be limited access to interesting and fulfilling exercise, hobbies, learning, work, activities and opportunities for creativity and fun. There is a direct correlation between access to activities and reduced restrictive practice, enhanced recovery and self-esteem. More focus on activities should enhance the health of service users and staff.

## Statements of Assurance from the Board

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

| | **Prescribed information** | **Form of Statement** |
|---|---|---|
| 1.0 | The number of different types of relevant health services provided or subcontracted by the provider during the reporting period, as determined in accordance with the categorisation of services:<br><br>(a) specified under the contracts, agreements or arrangements under which those services are provided or<br><br>(b) in the case of an NHS body providing services other than under a contract, agreement or arrangements, adopted by the provider. | During 2025/26 BSMHFT provided the following mental health services:<br><br>A&E Liaison<br>Adult Acute Ward<br>Adult CMHT<br>Adult Day Care<br>AOT<br>Child and Adolescent Mental Health Services (CAMHS)<br>Deaf Inpatient<br>Eating Disorders Community<br>Eating Disorders Inpatient<br>Early Intervention<br>Forensic CAMHS Community<br>Forensic CAMHS LOW SECURE<br>Forensic CAMHS MEDIUM SECURE<br>High Dependency Wards<br>Home Treatment<br>Homeless and addiction<br>IAPT<br>Justice Liaison<br>Low Secure<br>Perinatal Community<br>Perinatal Inpatient<br>Medium Secure Wards |

| | | |
|---|---|---|
| | | Neuropsychiatry<br>Older Adult Acute Ward<br>Older Adult Community<br>Memory Services<br>OPIP (Older Adult Day Care)<br>Psychiatric Intensive Care Unit (PICU)<br>Primary Care<br>Prison Mental Health Care<br>Rehabilitation Ward<br>Substance Misuse Services<br>Twenty Four Seven East Birmingham Mental Health Centre |
| 1.1 | The number of relevant health services identified under entry 1 in relation to which the provider has reviewed all data available to it on the quality of care provided during the reporting period. | BSMHFT has reviewed all the data available to them on the quality of care in these services. |
| 1.2 | The percentage that the income generated by the relevant health services reviewed by the provider, as identified under entry 1.1, represents of the total income for the provider for the reporting period under all contracts, agreements and arrangements held by the provider for the provision of, or subcontracting of, relevant health services. | The income generated by the relevant health services reviewed in 2025/26 represents 91.8 % of the total income generated from the provision of relevant health services by BSMHFT for 2025/26. |

## Participation in National Clinical Audits and National Confidential Enquiries

| | **Prescribed information** | **Form of statement** |
|---|---|---|
| 2.0 | The number of national clinical audits (a) and national confidential enquiries (b) which collected data during the reporting period, and which covered the relevant health services that the provider provides or subcontracts. | All directorates undertake structured audits within the AmaT system. In addition, specialist services carry out targeted audits across all divisions using AmaT, with specialties being the only division to consistently undertake this level of cross-divisional review. Audit data is reviewed within the Quality Assurance Group to monitor trends and identify areas of concern relating to quality and compliance.<br><br>There are 102 quality audits running on AMaT, across all 5 directorates. Monthly reporting of compliance percentages on all quality audits via Quality Assurance Group. Monthly reporting of outstanding and overdue actions of all quality audits via Quality Assurance Group. |

| | | |
|---|---|---|
| | | National - 7 of the 8 national projects available on AMaT (exception is the National Audit of Eating Disorders which has not begun it's service user-related data collection phase). All Prescribing Observatory of Mental Health National QIPs are available on AMaT. We are one of only two Trusts that work this way. It allows the Trust to conduct early reporting on results whilst the national report is prepared by POMH (which can take six months or more).<br>Trustwide / High Priority – 10 clinical audit projects registered under this priority level, with two entering reaudit phase (second round). |
| 2.1 | The number, as a percentage, of national clinical audits and national confidential enquiries, identified under entry 2, that the provider participated in during the reporting period. | During that period Birmingham and Solihull Mental Health NHS Foundation Trust participated in 100% of national clinical audits and 100% of national confidential enquiries of the national clinical audits and national confidential enquiries which it was eligible to participate in. |
| 2.2 | A list of the national clinical audits and national confidential enquiries identified under entry 2 that the provider was eligible to participate in. | The national clinical audits and national confidential enquiries that the Birmingham and Solihull Mental Health NHS Foundation Trust was eligible to participate in during 2024/25 are as follows:<br>• National Audit of Care at the End of Life (NACEL) – Mental Health Spotlight Audit<br>• National Audit of Dementia (NAD) - Spotlight on Memory Assessment Services<br>• National Audit of Eating Disorders (NAED)<br>• National Clinical Audit of Psychosis (Early Intervention Services) (NCAP)<br>• POMH 16c: Rapid Tranquilisation<br>• POMH 18c: The Use of Clozapine<br>• POMH 21b: The Use of Melatonin<br>• POMH 24a: Opioid Medications in Mental Health Services |
| 2.3 | A list of the national clinical audits and national confidential enquiries, identified under entry 2.1, that the provider participated in. | • National Audit of Care at the End of Life (NACEL) – Mental Health Spotlight Audit<br>• National Audit of Dementia (NAD) - Spotlight on Memory Assessment Services<br>• National Audit of Eating Disorders (NAED)<br>• National Clinical Audit of Psychosis (Early Intervention Services) (NCAP)<br>• POMH 16c: Rapid Tranquilisation<br>• POMH 18c: The Use of Clozapine<br>• POMH 21b: The Use of Melatonin<br>• POMH 24a: Opioid Medications in Mental Health Services |
| 2.4 | A list of each national clinical audit and national confidential enquiry that the | The national clinical audits and national confidential enquiries that Birmingham and Solihull Mental Health |

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|---|---|---|
| | provider participated in, and which data collection was completed during the reporting period, alongside the number of cases submitted to each audit, as a percentage of the number required by the terms of the audit or enquiry. | NHS Foundation Trust participated in, and for which data collection was completed during April 2025 to March 2026 are listed below, alongside the number of cases submitted to each audit or enquiry as a percentage of the number of registered cases required by the terms of that audit or enquiry: |

| Title of National Clinical Audit | Eligible | Participated | %* |
|---|---|---|---|
| LeDeR – Learning from Lives and Deaths – People with a Learning Disability and Autistic People | Yes | Yes | N/A |
| National Audit of Eating Disorders (NAED) | Yes | Yes | N/A |
| National Audit of Dementia (NAD) - Spotlight on Memory Assessment Services | Yes | Yes | 100% (50) |
| National Clinical Audit of Psychosis (NCAP) – Early Intervention Services | Yes | Yes | 100% (57) |
| POMH 16c: Rapid Tranquilisation | Yes | Yes | 100% (50) |
| POMH 18c: The Use of Clozapine | Yes | Yes | 100% (73) |
| POMH 21b: The Use of Melatonin | Yes | Yes | 100% (41) |
| POMH 24a: Opioid Medications in Mental Health Services | Yes | Yes | 100% (45) |

| | | |
|---|---|---|
| 2.5 | The number of national clinical audit reports published during the reporting period that were reviewed by the provider during the reporting period. | The reports of 7 national clinical audits were reviewed by the provider in 2025/26 and Birmingham and Solihull Mental Health NHS Foundation Trust intends to take the following actions to improve the quality of healthcare provided: |
| 2.6 | A description of the action the provider intends to take to improve the quality of healthcare following the review of reports identified under entry 2.5. | |
| 2.7 | The number of local clinical audit (a) reports that were reviewed by the provider during the reporting period. | There were 65 local clinical audit projects registered in 2025/26. 15 of those have been closed with completed actions. Another 13 have been completed with open actions. The remaining projects have ongoing data collection or are due to start this quarter (as were registered in the last two months). All Clinical Audits are reported via Clinical Effectiveness Assurance Group and cascade of learning is shared with members and Local Clinical Governance Forums. |
| 2.8 | A description of the action the provider intends to take to improve the quality of healthcare following the review of reports identified under entry 2.7. | |

## Research

| | Prescribed Information | Form of Statement |
|---|---|---|
| 3.0 | The number of patients receiving relevant health services provided or subcontracted by the provider during the reporting period that were recruited during that period to participate in research approved by a research ethics committee within the National Research Ethics Service. | The number of patients receiving relevant health services provided or subcontracted by Birmingham and Solihull Mental Health NHS Foundation Trust in April 2025-March 2026 that were recruited during that period to participate in research approved by a research ethics committee is 402. |

### CQUIN

| Prescribed Information | Form of Statement |
|---|---|
| Whether or not a proportion of the provider's income during the reporting period was conditional on achieving quality improvement and innovation goals under the Commissioning for Quality and Innovation (CQUIN) payment framework agreed between the provider and any person or body they have entered into a contract, agreement, or arrangement with for the provision of relevant health services. | BSMHFT income in 2025/26 was not conditional on achieving quality improvement and innovation goals through the Commissioning for Quality and Innovation payment framework. |
| If a proportion of the provider's income during the reporting period was not conditional on achieving quality improvement and innovation goals through the CQUIN payment framework, the reason for this. | |
| If a proportion of the provider's income during the reporting period was conditional on achieving quality improvement and innovation goals through the CQUIN payment framework, where further details of the agreed goals for the reporting period and the following 12-month period can be obtained. | |

## Care Quality Commission

### Registration with the Care Quality Commission (CQC)

| Prescribed Information | Form of Statement |
|---|---|
| Whether or not the provider is required to register with CQC under Section 10 of the Health and Social Care Act 2008. | Birmingham and Solihull Mental Health NHS Foundation Trust is required to register with the Care Quality Commission and its current registration status is unconditional. BSMHFT has the following conditions on registration – none.<br><br>Birmingham and Solihull Mental Health NHS Foundation Trust is required to register with the Care Quality Commission and its current registration status is unconditional. BSMHFT has the following conditions on registration – none.<br><br>Birmingham and Solihull Mental Health NHS Foundation Trust has participated in special reviews or investigations by the Care Quality Commission relating to the following areas during 1 April 2025 to 31 March 2026.<br><br>Focused Inspections of:<br>○ Lavender and Saffron Wards at Zinnia Centre, Eden Acute, Eden Psychiatric Intensive Care Unit, George Ward, Endeavour House and Larimar (June 2025)<br>○ Healthcare Wards at HMP Birmingham (October 2025)<br>○ Home Treatment Teams, Psychiatric Liaison Teams, Psychiatric Decisions Unit and Health Based Place of Safety<br>○ Older Adults Community Mental Health Teams (February 2026)<br>○ Long Stay Rehabilitation Wards (March 2026).<br><br>Birmingham and Solihull Mental Health NHS Foundation Trust has developed and submitted detailed action plans to the Care Quality Commission on the actions being taken to address the findings from each inspection and provide updates on progress at each Engagement Meeting for those inspections where the report has been received. |

## Data Submission

| Prescribed Information | Form of Statement |
|---|---|
| Whether or not during the reporting period the provider submitted records to the Secondary Uses Service for inclusion in the Hospital Episode Statistics which are included in the latest version of those statistics published prior to publication of the relevant document by the provider. | Birmingham and Solihull Mental Health NHS Foundation Trust did not submit records during 2025/26 the Secondary Uses Service for inclusion in the Hospital Episode Statistics which are included in the latest published data. |
| If the provider submitted records to the Secondary Uses Service for inclusion in the Hospital Episode Statistics which are included in the latest published data: (a) the percentage of records relating to admitted patient care which include the patient's: (i) valid NHS number (ii) General Medical Practice Code (b) the percentage of records relating to outpatient care which included the patient's: (i) valid NHS number (ii) General Medical Practice Code (c) the percentage of records relating to accident and emergency care which included the patient's: (i) valid NHS number (ii) General Medical Practice Code. | |

## Information Governance

| Prescribed Information | Form of Statement |
|---|---|
| The provider's Information Governance Assessment Report overall score for the reporting period as a percentage and as a colour according to the IGT Grading scheme.5 | Birmingham and Solihull Mental Health NHS Foundation Trust's Information Governance Assessment Report for 2025 / 2026 is not due to be submitted until the 30th June 2026 in line with national submission timescales relating to the Data Security and Protection Toolkit. At the time of writing, the Trust's 2024 / 2025 toolkit rating is 'approaching standards'. Subject to completion of the related action plan due by end March 2026, it is anticipated that the Trust's attainment rating will then be revised to 'standards met'.<br>Birmingham and Solihull Mental Health NHS Foundation Trust's Information Governance Assessment Report for 2025 / 2026 is not due to be submitted until the 30th June 2026 in line with national submission timescales relating to the Cyber |

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|---|---|
| | Assurance Framework - Data Security and Protection Toolkit. The 2025/26 Cyber Assurance Framework - Data Security and Protection Toolkit attainment level for the Trust was 'approaching standards'. Based on this result the Trust submitted action plans to NHSE which were approved by NHSE, and progress continues against these actions. |

### Payment By Results

| Prescribed Information | Form of Statement |
|---|---|
| Whether or not the provider was subject to the Payment by Results clinical coding audit at any time during the reporting period by the Audit Commission. | Birmingham and Solihull Mental Health NHS Foundation Trust was not subject to the Payment by Results clinical coding audit during 2025/26. |
| If the provider was subject to the Payment by Results clinical coding audit by the Audit Commission at any time during the reporting period, the error rates, as percentages, for clinical diagnosis coding and clinical treatment coding reported by the Audit Commission in any audit published in relation to the provider for the reporting period prior to publication of the relevant document by the provider | |

### Data Quality

| Prescribed Information | Form of Statement |
|---|---|
| The action taken by the provider to improve data quality. | Birmingham and Solihull Mental Health NHS Foundation Trust will be taking the following actions to improve data quality:<br>• Maintaining regular assessment of the quality of data underlying all key performance measures so that any issues can be addressed.<br>• Continuing detailed audit and review of the accuracy of clinical case classification, activity monitoring and clinical outcome measurement information<br>• On-going comparison of service user contact and GP registration details with the national NHS Summary Care Record database to ensure information in our clinical systems stays up to date.<br>• Close monitoring and continuous quality improvement work on a range of data quality performance indicators, with clinical and |

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|---|---|
| | administrative staff using monitoring reports to identify and correct data errors.<br>• Maintaining work on completeness and validity of Mental Health Services Data Set (MHSDS) submissions guided by the nationally defined Data Quality Maturity Index<br>• Improving the completeness of Restrictive Interventions data submitted to the MHSDS<br>• Maintaining work on completeness and validity of NHS Talking Therapies data submissions and the related experimental data set items added to the Data Quality Maturity Index<br>• Active data quality support to operational services by service-aligned data analysts bringing any data issues forward for attention and supporting and monitoring improvement actions<br>• A range of data quality audits covering key reporting data sets, with special in-depth audits and corrective work where data quality issues are identified.<br>• Reviewing national methodologies for the new metrics included within NHSEs National Oversight Framework and the metrics submitted as part of the 2026/27 national Planning submission, identifying data quality improvement actions.<br>• Programme of data quality work in place to support integration of reporting for Children and Young Peoples services following transfer to BSMHFT from Birmingham Women's and Children's Trust on 1st July 2025. |

## Learning from Deaths

The Trust is committed to learning from deaths to improve the quality and safety of care provided to patients and their families. Reviews of deaths provide an opportunity to understand how care is delivered in practice and to identify opportunities to strengthen systems of care.

The Trust undertakes reviews of deaths in line with national guidance published by NHS England.

Number of Deaths

During the reporting period 1093 patient deaths were recorded of which 809 were reported as expected and 284 unexpected.

This compromised of the following number of deaths which occurred in each quarter:

Q1 258  Q2 305  Q3 251  Q4 279

Of these deaths:

171 Structured Judgement Reviews (SJRs) were commissioned, the table below provides a breakdown per quarter:

Q1 35  Q2 39  Q3 37  Q4 60

Case record reviews were undertaken using the nationally recognised Structured Judgement Review methodology, which supports clinicians to review care and identify learning.

3 Patient Safety Investigations were commissioned, as they were adjudged to be more likely than not due to problems in the care provided

Learning Identified

Across investigations and learning responses, consistent themes emerging

• Increased vulnerability during discharge, leave, transfer and waiting periods.

• Risk building over time without always triggering timely senior review.

• Actions agreed not consistently tracked through.

• Safety plans present but not always guiding day to day care.

These themes are recurrent across pathways and show how risk develops and presents over time, particularly where care changes or need increase.

What Has Been Done in Response

In response to this learning, targeted improvement work is already underway across the Trust to strengthen how emerging and cumulative risk is recognised and responded to in practice.

This includes:

• A more consistent approach to follow-up and response where early warning signs of deterioration are identified (missed depot medication, repeated crisis contact, non-engagement).

• Improved identification of repeated or escalating presentations to support timely review of care.

• Earlier and more consistent senior clinical input where risk is increasing.

• Clearer translation of MDT and crisis decisions into ongoing care.

• Greater focus on review of risk at key transition points, including discharge, leave and transfer.

• Improvements to Duty and access systems to support timely response to risk at the point of contact.

### Engagement with Families

Families are offered the opportunity to raise questions or concerns about the care provided to their relative. Learning from deaths reviews seek to ensure that family perspectives are considered wherever possible. Trust colleagues have met with a number of families to discuss incidents and support involvement in investigation; this is coordinated by a dedicated Family Liaison Officer.

### Reporting Against Core Indicators

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

- The percentage of patients on Care Programme Approach who were followed up within 7 days of discharge from psychiatric inpatient care during the reporting period.
- The percentage of admissions to acute wards for which the crisis resolution home treatment team acted as a gatekeeper during the reporting period.
- Readmission to hospital within 28 days of discharge.

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

The percentage of service users being treated under the Care Programme Approach who were followed up within 7 days after discharge from psychiatric inpatient care is shown in the table below. This indicator identifies whether people with a mental illness discharged from our inpatient wards have a direct face-to-face or telephone follow-up contact with a member of clinical staff on at least one of the seven days following discharge. The measure aims to ensure that service users are protected at a time of significant vulnerability and appropriately supported through their transition back into day-to-day life outside hospital.

| | Birmingham and Solihull Mental Health NHS Foundation Trust | National Average | Highest Reported Score Nationally | Lowest Reported Score Nationally |
|---|---|---|---|---|
| **2025-26** | 92.9% | * | * | * |
| **2024-25** | 91.7% | * | * | * |
| **2023-24** | 90.7% | * | * | * |
| **2022-23** | 92.0% | * | * | * |

*Data Source: Rio - our internal clinical information system*

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

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

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

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

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

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

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

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

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

| | Birmingham and Solihull Mental Health Foundation Trust | National Average | Highest Reported Score Nationally | Lowest Reported Score Nationally |
|---|---|---|---|---|
| **2025-26** | 98.0% | * | * | * |
| **2024-25** | 96.7% | * | * | * |
| **2023-24** | 95.9% | * | * | * |
| **2022-23** | 96.7% | * | * | * |

*Data Source: Rio - our internal clinical information system*

* No national comparator figures have been collected or published since 2019-20.
Birmingham and Solihull Mental Health NHS Foundation Trust considers that this data is as described for the following reasons:
• A process audit of the Trust's methodology has confirmed that our processes and calculations adhere to national reporting definitions.
• Regular samples of records are compared with clinical progress notes to ensure that they are being counted correctly in indicator calculations.
Birmingham and Solihull Mental Health NHS Foundation Trust has taken the following actions to improve this percentage and so the quality of its services, by ensuring oversight of this process is maintained through regular review.

### Readmissions to hospital within 28 days of discharge

The percentage of admissions to Trust hospitals of patients aged:
(i) 0 to 15 and
(ii) 16 or over

which were readmissions within 28 days of discharge from a hospital which forms part of the Trust. There is no national indicator meeting exactly this definition. Trust data is based on all readmissions happening on the same day as a discharge from Trust inpatient services or any of the following 27 days.
This indicator measures quality of inpatient care, discharge arrangements and ongoing community support by identifying the extent to which service users discharged from hospital need to be readmitted within 4 weeks, our Trust's aim being to keep early readmissions to a minimum. National comparison figures are not available.
There is no national data available for comparison for this indicator.

| | Age 0-15 | Age 16+ |
|---|---|---|
| **2025-26** | 0.0% | 3.4% |
| **2024-25** | 0.0% | 4.52% |
| **2023-24** | 0.0% | 3.78% |
| **2022-23** | 0.0% | 3.9% |

*Data source: Rio – our internal clinical information system*

Birmingham and Solihull Mental Health NHS Foundation Trust considers that this data is as described for the following reasons:
• Admission and discharge dates, and service user dates of birth, are audited regularly as part of the Trust's routine data quality audit programme.
• Service user dates of birth are also subject to regular validation against information held on the NHS national Summary Care Record.
Birmingham and Solihull Mental Health NHS Foundation Trust intends to take the following action to improve these percentages and so the quality of its services, by ensuring oversight of this process is maintained by monthly reporting and review at service level meetings.

## Performance against the relevant indicators and performance thresholds

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

| | NHSE/I Oversight Framework updated in November 2017: National Indicators – 2025/26 | National Threshold | 2025/26 |
|---|---|---|---|
| 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% | 65% |
| 2 | Improving access to psychological therapies (IAPT):<br>a) proportion of people completing treatment who move to recovery (from IAPT dataset)<br>b) waiting time to begin treatment (from IAPT minimum dataset):<br>i. within 6 weeks of referral<br>ii. within 18 weeks of referral | 50%<br><br>75%<br>95% | 48.2%**<br><br>94.8%<br>99.8% |
| 3* | Inappropriate out-of-area placements for adult mental health services (average bed days per month) * | n/a | 939*** |

| | | | |
|---|---|---|---|
| 4* | Admissions to adult facilities of patients under 16 years old | n/a | 0 |

*Please note that from 1st July 2025, Birmingham Women's and Children's CYP mental health services were transferred to BSMHFT from Birmingham Women's and Children's Hospital. Data for this service has been included from 1st July 2025 to end of March 2026 for these metrics.
** For 2025/26, the Trust's 'Moving to Recovery' rate for service users accessing psychological talking therapies was 48.2% It should be noted that this metric is no longer the primary national focus for Talking Therapies with outcome measures focusing on improving 'Reliable Recovery Rate' and the 'Reliable Improvement Rate'. Service level improvement plans are in place.
** For 2025-26 the trajectories for reducing inappropriate out of area placements agreed with commissioners and submitted to NHSE were based on reducing and maintaining no more than 10 PICU active inappropriate placements each month and 0 Acute inappropriate out of area placements. A productivity improvement plan has been in place to support this action 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 admission avoidance, reducing length of stay, including reducing those who are Clinically Ready for Discharge and earlier intervention actions on discharge planning and support.
It should be noted that the existing Standard Operating Protocol (SOP) agreed with commissioners specifying adherence to national qualitative and quantitative criteria that need to be met to classify out of area placements as 'appropriate' was further reviewed to confirm inclusion of additional contract beds commissioned out of area and was approved by commissioners at the end of March 2026.
It should also be noted as recognised by NHSE, that as the SOP includes locally agreed changes these are not reflected in national reporting. There will therefore be a lack of consistency between local and national data. It is recognised nationally that this impacts on all Mental Health Providers who have a SOP in place.

## The Friends and Family Test

The Friends and Family Test (FFT) provides service users, carers, and family members with an opportunity to share feedback on their experiences of our services. Core questions include: "Overall, how was your experience of our service?", "Please tell us about anything that we could have done better", and a question selected by our Experts by Experience (EBE) team: "When you have spoken with us, did you feel that we have listened / you have been heard?" reflecting the fundamental importance of feeling heard.

FFT enables respondents to provide free-text comments, ensuring experiences are captured in their own words. The tool actively invites constructive feedback, particularly through the improvement-focused question, which supports ongoing service development and quality improvement.

In addition to traditional postcard and tablet-based collection methods, the Trust provides an online portal to improve accessibility and convenience: https://fftsurvey.bsmhft.nhs.uk/

During 2025, response rates have increased, with Quarter 3 achieving above-average participation and overall response levels remaining generally consistent.

Table 1 – FFT responses January – December 2025

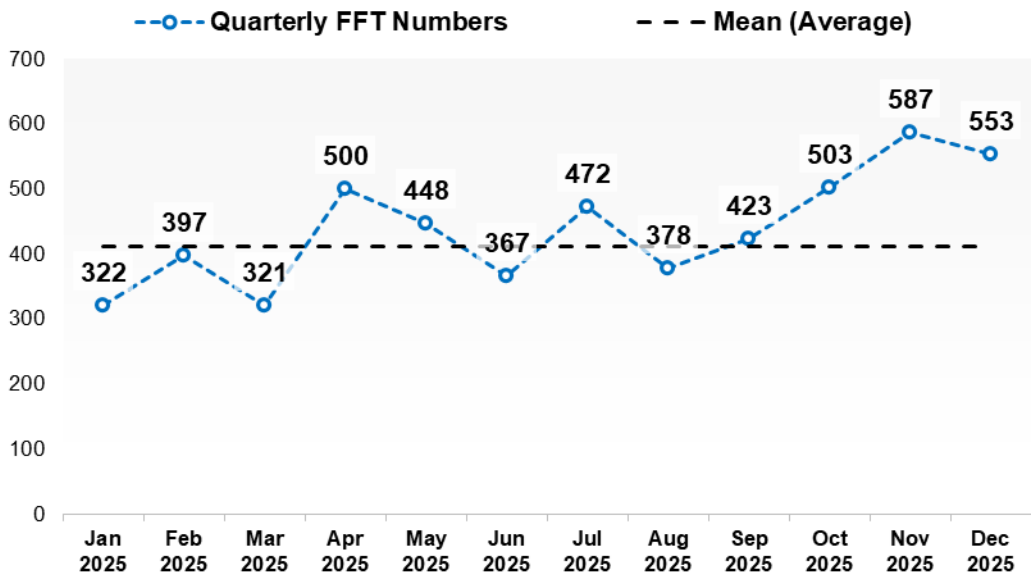
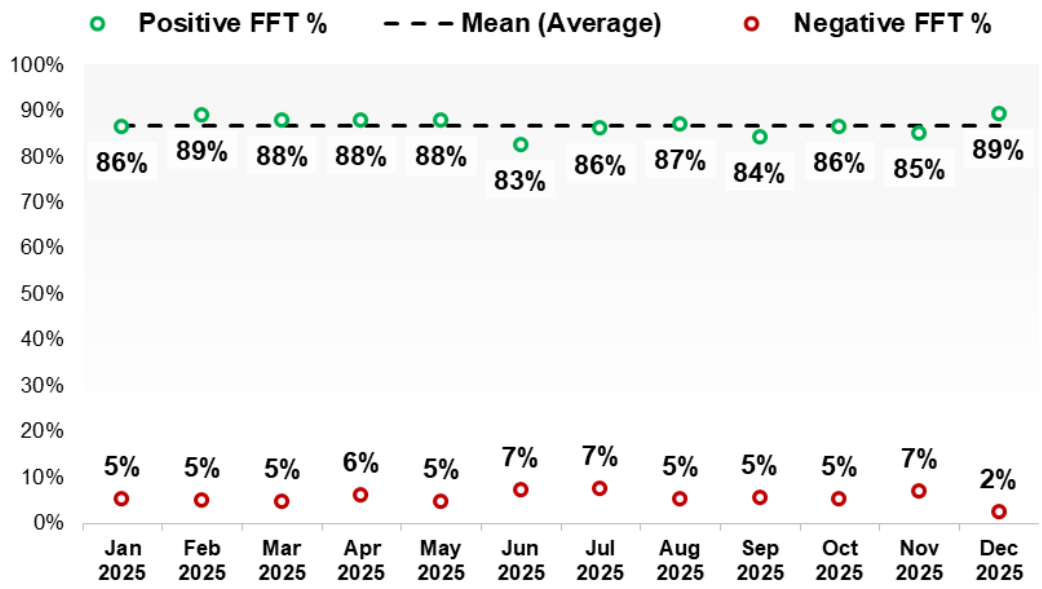



Table 2 – FFT positive and Negative response rate January – December 2025




Themed responses detail comments related to the highest scoring positive and improvement areas:

Staff Positive Theme Feedback indicates that staff are widely perceived as compassionate, caring, kind, helpful, and approachable. There is overlap with the Environment theme, as staff contribute significantly to individuals feeling safe. Similarly, crossover exists with Support and Information, as staff are described as knowledgeable, proactive, and willing to go above and beyond in providing advice. Staff efforts were also noted as making the Christmas period particularly meaningful.

Support Positive Theme Positive feedback highlights the importance of being listened to, understood, taken seriously, and given adequate time to talk. These factors have a substantial impact on individuals' health and overall wellbeing.

Waiting Times Improvement Theme Concerns relate to prolonged waiting times for initial appointments, extended gaps between appointments, delays when on-site (including waiting to be seen or receive medication), and slow communication from services. Long waiting times are particularly challenging for individuals in crisis or those with limited alternative support.

Support Improvement Theme Areas for improvement include individuals feeling unheard or not fully understood, the need for more timely access to support, longer-term support where required, and increased time during appointments to discuss concerns.

Activities Improvement Theme Feedback reflects a desire for a greater variety of structured indoor and outdoor activities, including access to gym equipment and exercise opportunities. A lack of meaningful activity contributes to boredom. There is also a need for activities to continue consistently, even when specific staff members are unavailable.

Information Improvement Theme Issues relate to both the timeliness and accuracy of information sharing. This includes delays in providing information to service users, lack of clarity in communication, incorrect recording of information, and inadequate information transfer between services and external agencies (e.g., GP practices).

Self-Harm Improvement Theme Concerns centre on insufficient follow-up, limiting opportunities to appropriately address self-harm.

Crisis Response Improvement Theme Feedback highlights slow response times for individuals in crisis, including delays when contacting the crisis line.

Security Improvement Theme Concerns relate to personal safety and privacy, particularly regarding contractors entering bedrooms and a perceived need for enhanced security measures

Table 3 FFT responses by clinical division April 2025-January 2026

Friends and Family Test (FFT)

Start Date : 01/Apr/2025
End Date : 16/Jan/2026

Birmingham and Solihull Mental Health NHS Foundation Trust

NHS England

| Divisions | Positive | Negative | Other | Total | Positive | Negative | Other |
|---|---|---|---|---|---|---|---|
| Trust Wide | 3774 | 238 | 348 | 4360 | 87% | 5% | 8% |
| Dementia & Frailty | 338 | 5 | 23 | 366 | 92% | 1% | 6% |
| Specialities | 228 | 5 | 9 | 242 | 94% | 2% | 4% |
| Primary Care | 250 | 16 | 13 | 279 | 90% | 6% | 5% |
| Secure Care | 30 | 5 | 11 | 46 | 65% | 11% | 24% |
| Offender Health | | | | | 0% | 0% | 0% |
| Integrated Community Care | 1783 | 153 | 163 | 2099 | 85% | 7% | 8% |
| Recovery | 187 | 6 | 15 | 208 | 90% | 3% | 7% |
| Acute Care | 435 | 24 | 70 | 529 | 82% | 5% | 13% |
| Urgent Care | 115 | 2 | 15 | 132 | 87% | 2% | 11% |
| Corporate | 84 | 5 | 10 | 99 | 85% | 5% | 10% |
| Children & Young People | 324 | 17 | 19 | 360 | 90% | 5% | 5% |

Given the results for Secure Care through FFT it has been pleasing to see the improvement in Service User involvement and voice started at Reaside clinic delivering the following results:

Culture of Care Service Users / EBE Involvement at Reaside

• Recovery Suppers in the restaurant

• PREOMS support, individual interviews with service users by EBEs

• Supported the Belgrade Theatre in Coventry

• EBEs were awarded with a certificate presentation for their contributions in empowering service users' voice.

• 45 EBEs have been trained over the last 12 months with about 30–35 actively working in the clinic.

• The Residents' Council has been transformed, which is now considered one of the strongest across secure services.

• Art Exhibition with invitations for members of the community

• Family visits on Christmas day for the first time

• Father's Day Fete and Games

• Revamped Roles

• Anti-racism stories that impact care

• Reaside Choir

• EBEs have also represented the service at events across the Trust, at the NHS Confederation, and with the CQC, sharing their experiences and journeys.

• Freedom to Speak Up and QI masterclass

• Incorporating service-user attendance and stories into governance

### Outcome from the Care Quality Commission Community Survey 2025

- 211 respondents from Birmingham and Solihull Mental Health NHS Foundation Trust
- Survey period: April–May 2023
- Compares performance with 53 NHS mental health trusts
- Scores reported out of 10, with benchmarking against other trusts
- Overall experience score: 6.1 / 10
- Performance rating: Somewhat worse than expected compared with other trusts
- Indicates acceptable core care, but significant gaps in support and access impacting overall experience

**Strengths:**

Compassionate Care

- Most people felt treated with respect, dignity and compassion
- Score: 7.4 / 10 (about the same as other trusts)

Talking Therapies

- Users generally reported sufficient privacy during therapy sessions
- Score: 8.3 / 10 (about the same as other trusts)

Time with Clinicians

- People felt they were usually given enough time to discuss needs and treatment
- Mental health team score: 5.6 / 10 (about the same as other trusts)

**Areas for improvement:**

Support with Wider Life Needs

Lowest-scoring domain in the survey:

- Poor support for physical health, employment, benefits, financial advice, cost of living, and social participation
- Score: 2.7 / 10
- Rated worse than expected compared with other trusts Access to Care
- Many people were not asked whether they needed support to attend or access services
- Score: 3.5 / 10
- Worse than expected compared with other trusts

Medication Management

- Insufficient discussion about:
    - Purpose of medication
    - Benefits and side effects
    - Stopping medication
- Score: 6.1 / 10
- Worse than expected against national comparators

Crisis Care Access

- Difficulties knowing who to contact out of hours
- Delays getting through to crisis services
- Crisis access score: 6.0 / 10
- Worse than expected compared with other trusts

Involvement and Feedback

- Involvement in care: Average 5.3 / 10)
- Many felt families or carers were not involved as much as desired
- People were rarely asked for feedback on their care (2.0 / 10), though this mirrors national patterns

What's working

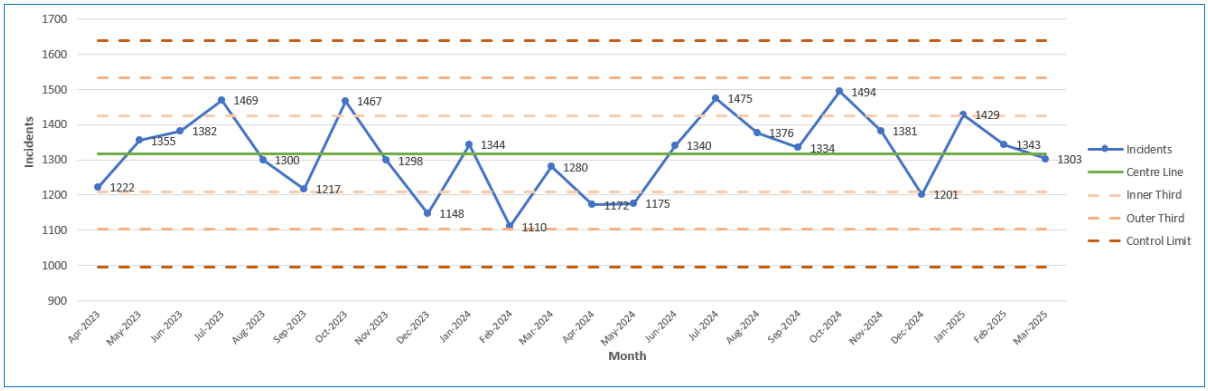
- Compassionate frontline staff
- Safe and private therapeutic environments

What needs attention

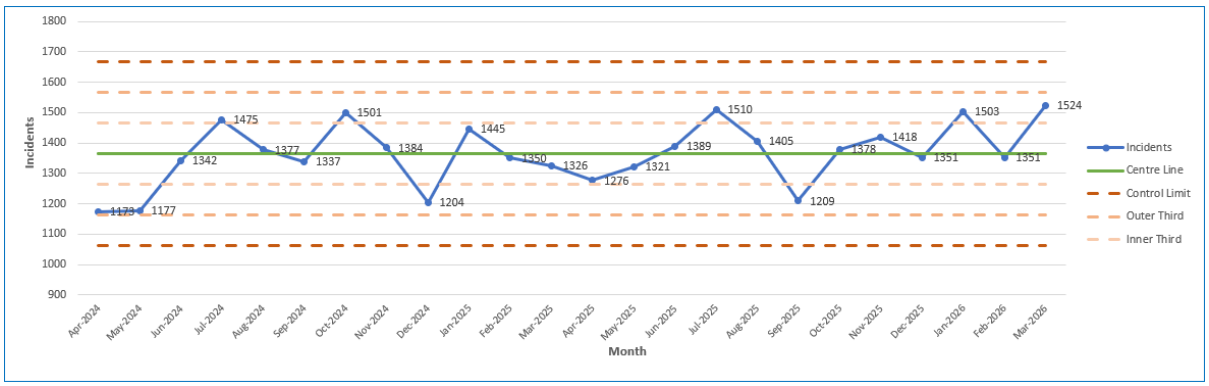
- Holistic support beyond clinical treatment
- Practical access support and crisis responsiveness
- Shared decision-making around medication
- Stronger links to social, physical health and financial support

# Patient Safety Incidents 2024/25

## Reported Patient Safety Incidents




## Incidents resulting in severe harm




Birmingham and Solihull Mental Health NHS Foundation Trust encourages staff to report patient safety incidents so that we can learn and improve care. During the year, the number of incidents reported has remained broadly consistent. This reflects a positive reporting culture, where staff feel able to raise concerns and share learning.

Most reported incidents result in no or low harm to patients. Incidents that result in severe harm are rare. While there is some natural variation in these numbers due to the low volume, every incident is carefully reviewed to understand what happened and to identify any improvements needed.

### Learning and Improving Care

We have continued to strengthen how we learn from incidents and use this learning to improve services. This includes:

- Reviewing incidents in detail to identify common themes and areas for improvement
- Carrying out focused reviews where patterns or risks are identified
- Using information from incidents to inform changes in practice and service delivery
- We have also improved how we record and categorize incidents to ensure we have a clearer understanding of the issues affecting patients.

### Making Changes that Matter

Learning from incidents is shared across teams and services to support improvement. During the year we have:

- Continued to promote a culture of openness and learning
- Supported staff through training and development in patient safety and incident reporting
- Strengthened how we track actions from incidents to ensure improvements are implemented and sustained

## Part three – Other Information

In this section of the report, we share other information relevant to the quality of the services we have provided during 2025/26 which together with sections 1 and 2 of this report, provide an overview of additional elements impacting the quality of care offered by our Trust during this period.

### Improving quality and reducing health inequalities

Reducing health inequalities is fundamental to improving the quality and safety of the care we provide. Evidence consistently shows that people who experience disadvantage are more likely to experience poorer access, less positive care experiences and worse outcomes. For mental health services, these inequalities can be particularly pronounced for people from racialised communities and other groups facing structural barriers. Addressing inequality is therefore integral to delivering safe, effective, and person-centred care.

The Trust takes a coordinated approach to reducing health inequalities, focusing on improving equitable access to services, experience of care, and clinical outcomes. Key priority areas include ethnic disparities in Mental Health Act detention, access and experience in talking therapies, severe mental illness (SMI) physical health care, reducing restrictive practice, and adapting psychological service provision to better meet the needs of diverse communities.
Health inequalities are addressed as part of routine quality improvement rather than as a standalone programme. This enables services to focus on reducing unwarranted variation in care and outcomes, with learning embedded into everyday clinical and operational practice.

Each Operational Division owns delivery of health inequalities through a Divisional Health Inequalities plan, aligned to Trust priorities and informed by local population data and lived experience. These plans set out how Divisions will identify and address inequalities within their services, including actions linked to quality improvement, workforce development and partnership working.
Divisional ownership ensures that action is taken closest to patients and carers, where changes to pathways, practice and experience can have the greatest impact. Progress against Divisional plans is reviewed through established governance arrangements, enabling challenge, support and shared learning across services.

Quality oversight of health inequalities is provided through a combined Health Inequalities and Patient and Carer Race Equality Framework (PCREF) governance structure. This brings together Divisional leaders, quality, experience and workforce expertise, and lived experience insight to provide coordination, assurance and escalation.
Progress, risks and learning are reported through formal governance routes into Board-level committees responsible for quality, performance, experience and safety. This ensures that health inequalities are considered alongside other quality priorities and that the Board receives assurance on the impact of improvement activity.

The Patient and Carer Race Equality Framework is embedded as a core quality improvement framework within the Trust. PCREF supports services to identify and address racial inequalities in access, experience and outcomes in a structured and systematic way.
Rather than operating as a separate initiative, PCREF actions are incorporated into Divisional Health Inequalities plans and service improvement activity. This supports a consistent focus on reducing unjustified variation in care and improving safety and experience for patients and carers from racialised communities.
At service level, PCREF delivery includes the use of working groups to review data, listen to lived experience and test practical changes. This approach supports continuous learning and improvement rather than one-off interventions.

Improving quality and reducing inequalities requires a workforce that is confident and capable of delivering culturally responsive care. As part of our quality improvement approach, the Trust supports Divisions to embed Cultural Humility and Safety training, alongside community-led cultural awareness training.
Cultural Humility and Safety training focuses on reflective practice, power, bias and psychological safety. It supports staff to understand how clinical decisions, communication and systems can impact different groups of patients and carers, and to adapt practice to improve trust, safety and experience.
Community-led cultural awareness training complements this by drawing directly on the knowledge and experience of local communities. Delivered with community partners, this training helps staff better understand the context, needs and barriers faced by the populations they serve, supporting more effective and compassionate care.
Both approaches are embedded within Divisional plans to ensure that learning translates into changes in practice and contributes directly to improved quality and experience, rather than being treated as standalone training activity.

Improving how data and lived experience are used to drive quality improvement remains a key focus.
Services review access, experience and outcomes through an equality lens, supported by improved recording of ethnicity, language and accessibility needs.
Quantitative data is triangulated with qualitative insight from patient and carer feedback to identify inequalities, prioritise improvement activity and monitor progress. This approach supports services to move from understanding variation to taking action to improve quality and safety for all patients.

Through Divisional ownership, strong governance and an embedded approach to workforce development and co-production, the Trust continues to strengthen how health inequalities are addressed as a quality priority. While this is long-term work, it supports a culture of continuous learning and improvement, helping to ensure that care is increasingly equitable, safe and effective for the diverse communities we serve.

### Care for People with a Learning Disability and/or Autism

Our Learning Disability and Autism work in 2025/26 has focused on strengthening community-based, preventative support, most notably through the introduction of Birmingham and Solihull's first Adult Autism Enhanced Support Team. This service has been purposefully designed to provide timely, specialist support to autistic people and their families, with the clear aim of preventing unnecessary hospital admissions and improving wellbeing in the community. The team continues to grow and brings together a highly skilled, multidisciplinary workforce including nursing, occupational therapy, and speech and language therapy. We are particularly proud of the strong partnership approach underpinning this work, with colleagues from BSMHFT, Autism West Midlands, and Birmingham and Solihull local authorities working collaboratively as one team. Crucially, the development of this service has been directly informed by what autistic people in Birmingham and Solihull have told us they need to stay well, safe, and supported, ensuring the model of care is purposeful, person-centred, and responsive to local need.

Other highlights include the continued strengthening of our Dynamic Support Register across Birmingham and Solihull mental health services, alongside the first trust-wide roll-out of the National Autism Trainer Programme, reinforcing our commitment to consistent, high-quality autism-informed practice. Looking ahead to 2026/27, our clear purpose is to build on this momentum through further investment in community-based support for people with a learning disability and autistic people, the continued growth of our skilled workforce within BSMHFT, and the delivery of a robust Autism Accreditation programme across our acute services to drive sustainable, system-wide improvement.

### Trust Staff Survey 2025/26

The Trust recognises that w well supported and respected staff group who are empowered and resourced with the skills and tools to provide safe and effective care for patients will provide better care than those who may not be. Given this the Staff Survey continues to be an important part of our Quality System and important to reflect in our Quality Account. We continue to monitor and respond to staff concerns through the NHS People Pulse survey, the NHS National Staff Survey, and other local team surveys. The People Pulse survey is used quarterly to track changes in staff experience and engagement, with a particular focus on wellbeing. The annual NHS Staff Survey remains a key measure of progress against our People Goals and helps us identify priorities for improving staff experience at team level.

In 2025, 3,347 colleagues responded to the main staff survey at BSMHFT, compared with 2,650 in 2024. This total included 269 responses from the Children and Young People's Directorate, which was not part of BSMHFT in 2024. The overall response rate increased from 56.8% to 60.6%.

Our approach to improvement is centred on meaningful engagement with teams across every part of the Trust. Teams are supported to review and analyse their local results, identify areas of strength and opportunities for improvement, and co-produce changes to working practices in response. Survey findings also help shape the priorities of our corporate teams. In 2025, 140 teams received localised reports, compared with 130 in 2024.

#### A summary of our 2025 results is set out below:

Our key People Goal measure, whether colleagues would recommend BSMHFT as a place to work to friends and family, remained at 65.7%, unchanged from 2024. This is above the mental health sector average of 64.0% and represents an improvement of 8.8 percentage points since 2022 (56.9%).

We scored above the mental health average in four themes of We are always learning, Morale, We each have a voice that counts, and Staff Engagement.

We were at the mental health average in four further themes but remained below average in the Compassionate and Inclusive theme (7.52 v 7.61).

Negative behaviours from service users, carers and families towards colleagues remain a concern. In the Negative Experiences sub-theme, BSMHFT scored 7.87 compared with 8.05 across other mental health trusts.

Question-level analysis shows a particular strength in staff involvement. The percentage of staff who feel involved in deciding changes that affect their work was 56.8%, above the mental health average of 52.4%. Our score for the statement "My immediate manager asks for my opinion before making decisions that affect my work" was 71.48%, the highest among mental health trusts.

The percentage of colleagues who said they would be happy with the standard of care provided by the organisation if a friend or relative needed treatment was 59.07% at BSMHFT, compared with 64.45% across other mental health and learning disability trusts.

Each year, we use staff survey data to inform continuous improvement both locally and across the organisation. This year's results highlight areas where further action is needed. We remain committed to becoming a truly inclusive, anti-racist and anti-discriminatory organisation. Although we have narrowed the gap with other trusts this year, these areas remain a key focus, alongside strengthening psychological safety and helping colleagues feel more confident to speak up.

In response, we will move into the second year of our Authentic Leader Programme, which represents a refreshed approach to leadership development. We will also continue to strengthen the ways in which colleagues can raise concerns and share their experiences, supported by a new communications strategy aligned to our new Five-Year Trust Strategy.

### Guardian of Safe Working Hours

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

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

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

To fulfil this role, The GSWH:

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

### Freedom to Speak Up Guardian

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

Colleagues throughout the organisation have the capability, knowledge, and skills they need to speak up themselves and to support others to speak up

· Speaking up policies and processes are effective and constantly improved

· Senior leaders role model effective speaking up

· All colleagues are encouraged to speak up

· Individuals are supported when they speak up

· Barriers to speaking up are identified and tackled

· Information provided by speaking up is used to learn and improve

· Freedom to speak up (FTSU) is consistent throughout the health and care system, and ever improving

The Trust's FTSU service was established in 2019 and has expanded to become a team of 3 guardians (2 WTE; 1 .6 WTE) a team administrator and is supported by a growing network of 30 Champions working across the organisation. For the period 1 April 2025- 31 March 2026 there were 482 contacts. These provide an opportunity for the Trust to learn from these speakers who may not have otherwise been heard. The FTSU Guardians are in place as an alternative route to speaking up with many other options embedded and available to staff.

Workers from a range of professional groups spoke to the guardians, with Nurses accounting for the biggest portion (29%). Of those concerns, 23 per cent of cases included an element of patient safety and quality (compared to the national average of 17.8%). Twelve per cent of cases reported an element of bullying or harassment (national average of 18.4%); and Worker Safety and Wellbeing was the most reported theme featuring in 1/3 or one- in -three cases. Inappropriate attitudes and behaviours was a theme in 2/5 or two-in- five cases with the percentage of cases that were raised anonymously at 2 per cent against the national average of 2.9 per cent.

High level themes are routinely shared in reports and with leaders across the organisation enabling them to act, learn and improve. Behind these themes are the human experiences of workers wanting to do their best for their patients and colleagues.

In 2025 the Trust accepted our recommendations and proposals for the "All our Voices" communication and engagement initiative which is led by the Chief Executive Operations (CEO). Staff not feeling involved and listened to by senior leaders is a persistent theme in our NHS Staff Survey and Pulse data. This project seeks to connect the CEO directly with frontline clinicians providing an opportunity for listening, sharing of good practice, and ideas for improvement. Any wider feedback from these sessions is directly shared with the team reinforcing the values of a listening and responsive organisation.

We have made a significant contribution to the cultural change work at Reaside, supporting the leadership to develop and improve the speak up culture. We have hosted numerous listening events, surgeries, and drop ins. This is reflected in February's CQC inspection which has led to improved ratings in Caring, Responsive and Well-led. Similarly, in June/July 2025 a CQC inspection of the Trust's acute and psychiatric intensive care (PICU) services at Northcroft Hospital, the Zinnia Centre and Ardenleigh scored FTSU in the service area as a 3, demonstrating a good standard with most staff confident their voices would be listened to.

The work of the guardians and the wider cultural speak up listen up follow up work is embedded for the first time in the Trust's Five -Year Strategy 2026-2031 and is fundamental in achieving our goal of becoming an organisation that listens, acts and learns. This years' Quality Goal objectives are largely achieved; we have

socialised the Listen Up e-learning module for the senior leadership team supporting them to respond confidently and consistently when concerns are raised; the commissioned Courage to speak Up leadership programme is shortly concluding and will have strengthened leadership and conflict resolution skills across key professional roles; and our toolkits for managers and staff will be launched later this year.

We have updated the Trust's Freedom-to-Speak-Up-Policy which incorporates the latest guardian network guidance Detriment-guidance.docx for organisations and their leadership. This sets out guiding principles in the prevention of disadvantageous treatment or detriment from speaking up, the critical role that managers and leaders play in safeguarding against this and ensuring we have clear and effective processes in place to address it.

This year we saw an increase in cases where disadvantageous and or demeaning treatment was indicated. Separate from the guardian's function, and building on organisational progress to date, we are working with our Equality Diversity Inclusion /Organisational Development partners and other stakeholders to produce a comprehensive corporate programme response to making speaking up business as usual in a compassionate and inclusive culture that communicates a zero tolerance of detriment.

The guardians do not work in isolation; they are supported by a growing Champion network consisting of 30 fully trained champions who work in all areas across the Trust. Champions do not handle cases but listen, signpost and role model the values and principles of a positive speak up culture. They take on these roles in addition to their substantive jobs and are also visible across our staff networks. They are committed, passionate and uphold our values in driving behavioural change, and empowering their colleagues. Nearly half of our network has one or more protected characteristics (Global Majority, LGBTQ and Disability and Neurodiversity).

Our Ward Managers and Deputy Ward Managers are often the 'go to' people when it comes to raising frontline clinical concerns. Equipping them with the knowledge and skills to do this consistently and confidently is a key objective of the Culture of Care Masterclass 'Conversations that Matter' programme. After a successful pilot at Reaside, this is now being rolled out across all divisions. Divisional quality plans will include this training as part of an accredited quality assurance programme linking it to 'Transparency' one of the 12 Culture of Care standards. Candidate evaluation is through pre and post confidence ratings which measures behavioural change and manager's confidence in creating psychological safety within their teams.

In November 2025 we made representations to the national CQC policy team for their work on the development of the new regulatory platform and well led inspection framework for FTSU. The team have also contributed to NHS E proposals for the National Guardian's Office replacement NHS England » Future of Freedom to Speak Up: engagement pack

## STATEMENT OF DIRECTORS' RESPONSIBILITIES

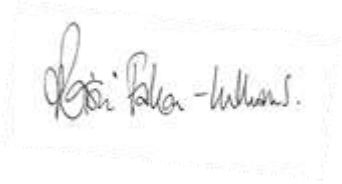
The Board of Directors are required under the Health Act 2009 to prepare a Quality Account for each financial year. The Department of Health has issued guidance on the form and content of annual Quality Accounts (which incorporates the legal requirements in the Health Act 2009 and the National Health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

- The Quality Account presents an open and balanced picture of the Trust's performance over the period covered;

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

By Order of the Board of Directors:

Roísìn Fallon-Williams
Chief Executive Officer



Phil Gayle
Chair

**Annex 1: Stakeholder Statements**

*BSMHFT Council of Governors Statement on the Quality Account*

As a Council of Governors, we were invited to review the goals set out within the Quality Account, including delivery against the 2025/26 priorities and those aligned to the Trust's five-year strategy. This was supported through a dedicated workshop, which provided Governors with the opportunity to seek assurance on behalf of our members that quality and patient safety remain at the core of the Trust's work and will not be compromised.

Whilst this has been a challenging year, it has also been one in which the Trust has continued to build on its achievements and strengthen its focus on improvement. We are committed to ensuring that the priorities identified for 2026/27 are achieved and embedded into future delivery through the newly developed Trust Strategy for 2026-31. The new strategy has been co- produced with our service users and will focus on Excellent care, empowered people and thriving communities.

We recognise the clear organisational ambition to enhance quality and respond to the evolving needs of our population. As a Council, we will continue to support the Trust in delivering high-quality health and wellbeing services, enabling our communities to thrive and ensuring care is provided within environments that meet individual needs.

**David Slatter**
Lead Governor

**Chris Barber**
Deputy Lead Governor