Board of Directors Public Session

Schedule	Wednesday 5 August 2026, 10:15 — 12:45 BST
Venue	Plymouth Room, Uffculme Centre
Organiser	Kat Cleverley

Agenda

Agenda

Birmingham and Solihull Mental Health NHS Foundation Trust

BIRMINGHAM AND SOLIHULL MENTAL HEALTH NHS FOUNDATION TRUST Board of Directors Public Meeting, 10.15, Wednesday 5 August 2026, Uffculme Centre AGENDA				
Ref	**Item**	**Purpose**	**Report type**	**Time**
	Service User Talk 10.15-10.35			
1	**Chair's Welcome and Introduction**			10.35
2	**Apologies for absence**			
3	**Declarations of interest**			
4	**Minutes of meeting held on 3 June 2026**	Approval	Enc	10.40
5	**Matters arising from meeting held on 3 June 2026**	Assurance	Enc	
6	**Chair's Report** *Phil Gayle, Chair*	Assurance	Enc	10.45
7	**Chief Executive and Director of Operations Report** *Roisin Fallon-Williams, Chief Executive Officer and Vanessa Devlin, Executive Director of Operations*	Assurance	Enc	10.50
8	**Board Assurance Framework** *Kat Cleverley, Company Secretary*	Assurance	Enc	11.05
9	**Integrated Performance Report** *Dave Tomlinson, Executive Director of Finance*	Assurance	Enc	11.10
	Care and Communities			
10	**Quality, Patient Experience and Safety Committee Report** *Nick Moor, Non-Executive Director*	Assurance	Enc	11.15
11	**Quality and Safety Report** *Lisa Stalley-Green, Chief Nurse*	Assurance	Enc	11.20
12	**Infection Prevention and Control Annual Report 2025/26** *Zalika Geohaghon, Lead Nurse Consultant/Deputy Director for Infection Prevention and Control*	Approval	Enc	11.30
13	**Research and Development Annual Report 2025/26** *Emma Patterson, Head of Research and Development and Alex Copello, Associate Director of Research and Development*	Assurance	Enc	11.40
	Culture			
14	**People Committee Report** *Sue Bedward, Non-Executive Director*	Assurance	Enc	11.50
15	**Guardian of Safe Working Hours Report** *Hari Shanmugaratnam, Guardian of Safe Working Hours* • **Annual Report 2025/26** • **Q4 Report 2025/26** • **Q1 Report 2026/27**	Assurance	Enc	11.55
16	**WRES/WDES Annual Report 2025/26** *Patrick Nyarumbu, Deputy CEO/Executive Director of Strategy, People and Partnerships*	Assurance	Enc	12.05
	Creativity			
17	**Finance, Performance and Productivity Committee Report** *Bal Claire, Non-Executive Director*	Assurance	Enc	12.15
18	**Finance Report** *Dave Tomlinson, Executive Director of Finance*	Assurance	Enc	12.20
19	**Audit Committee Report** *Winston Weir, Non-Executive Director*	Assurance	Verbal	12.25
20	**Trust Seal Report** *Kat Cleverley, Company Secretary*	Approval	Enc	12.30
	Reflections			
21	**Living the Trust Values** *Fabida Aria, Executive Medical Director*		Verbal	12.35
22	**Board Assurance Framework reflections**		Verbal	12.40
23	**Any other business**		Verbal	12.45
24	**Questions from Governors and members of the public**			
Close by 12.45 **Date and Time of Next Meeting: Wednesday 7 October 2026, 10.15**				

1. Chair's Welcome and Introduction

2. Apologies for absence

3. Declarations of interest

4. Minutes of meeting held on 3 June 2026

BIRMINGHAM AND SOLIHULL MENTAL HEALTH NHS FOUNDATION TRUST Minutes of the Public Board of Directors Meeting Wednesday 3 June 2026, 10.30, Uffculme Centre			
Members	Phil Gayle	PG	Chair
	Fabida Aria	FA	Executive Medical Director
	Peter Axon	PA	Non-Executive Director
	Sue Bedward	SB	Non-Executive Director
	Bal Claire	BC	Non-Executive Director/Deputy Chair
	Vanessa Devlin	VD	Executive Director of Operations
	Roisin Fallon-Williams	RFW	Chief Executive Officer
	Patrick Nyarumbu	PN	Deputy CEO/Executive Director of Strategy, People and Partnerships
	Monica Shafaq	MS	Non-Executive Director
	Lisa Stalley-Green	LSG	Executive Director of Quality and Safety/Chief Nurse
	Dave Tomlinson	DT	Executive Director of Finance
	Winston Weir	WW	Non-Executive Director
Attending	Sharon Baldock	SBa	Front of House Manager (item 0 only)
	Kat Cleverley	KC	Company Secretary (minutes)
	Jas Kaur	JK	Associate Director of EDI and OD (item 14 only)
Observers	4 governors and members of the public observed the meeting in person.		

Ref	Item
0	**Staff Talk** SBa attended to reflect on her twelve years with the Trust and her current role leading the reception and front of house team at Uffculme. SBa highlighted the team's commitment to providing a welcoming, responsive and supportive service for staff, service users, visitors and members of the public, and noted recent recognition received by the team, including Team of the Month and Values Award nominations. The Board noted the breadth of contribution made by the team, including support for the wider participation team, facilitation of events and conferences, and initiatives to improve staff wellbeing, including the development of a wellbeing room and outdoor seating at the Uffculme Centre through Caring Minds funding. SBa also outlined operational challenges affecting the team, including pressures associated with Uffculme as an open headquarters site, limited office and parking capacity, inappropriate public use of parking spaces, and difficulties directing calls where staff working arrangements mean contact details are not always clear. The Board recognised the impact of these issues on reception staff and the importance of maintaining a safe, accessible and supportive working environment. RFW asked whether an up-to-date directory of telephone numbers was available to support call handling and advised that she had written formally to the neighbouring school regarding parking restrictions. SBa agreed that an organisation-wide directory would be useful. RFW also noted that she would arrange a meeting with the neighbouring school to address the parking problems. SB commended SBa's enthusiasm and queried whether automatic number plate recognition should be considered, noting that this formed part of wider estates discussions covering Uffculme, Oleaster and Barberry. BC emphasised the need for staff contact details to be consistently included in email signatures to support effective communication. The Board thanked SBa and the team for their continued dedication, professionalism and contribution to creating a positive first impression of the Trust.
1	**Chair's Welcome and Introduction**

	PG welcomed everyone to the meeting.
2	**Apologies for absence** Nick Moor, Non-Executive Director
3	**Declarations of interest** None.
4	**Minutes of meeting held on 1 April 2026** The minutes were agreed as a true and accurate record.
5	**Matters arising from meeting held on 1 April 2026** All actions were updated.
6	**Chair's Report** The Board received the Chair's Report. PG highlighted recent engagement activity undertaken and reflected positively on the commitment, innovation and professionalism demonstrated by staff across services visited: • PG reported that he had attended the Neighbourhood Mental Health Centre open day with the Lead Governor and Deputy Lead Governor. He described the Centre as an excellent facility and noted that the open day had been managed effectively without disrupting access for service users. The Board noted that the opening represented a significant and positive milestone for the Trust. • PG had visited Birmingham Healthy Minds at Shenley Fields and noted the dedicated environment provided for the team. He acknowledged the significant demand on the service and the value of hearing directly from staff about their work and experiences. • PG had also visited Homeless Services with a member of the Council of Governors and recognised the important work being undertaken by the service. • PG and RFW had visited HMP Birmingham, where they had the opportunity to speak with staff about the quality of work being delivered and the challenges being experienced within the prison environment. RFW provided a further update on the Neighbourhood Mental Health Centre, noting that FA and the Deputy Medical Director had convened a "Pilot into Practice" conference the previous day to provide an opportunity for stakeholders to view the facility and discuss the developing model. It was noted that Sir Norman Lamb had attended and spoken in support of the approach. PG commented that the East Birmingham Neighbourhood Mental Health Centre was a flagship centre and, whilst future centres may not replicate the same physical environment, they would be expected to deliver the same model and benefits. PN reflected on the Board's ongoing development in relation to system working and the need to continue evolving as the Trust's role within the wider system developed. RFW advised that organisational development was a key consideration within discussions on the anchor organisation contract, and that live conversations were taking place with the ICB about how future ways of working would differ from current arrangements.
7	**Chief Executive and Director of Operations Report** The Board received the report and noted the following key points: • Progress was highlighted in relation to Birmingham Healthy Minds against the recovery plan trajectory. • The Red2Green pilot, aligned to NHS England High Impact Actions, had commenced to strengthen multidisciplinary review of delays and improve discharge planning. • The Forensic Recovery Support Team had relocated to new premises. • The Board noted developments at HMP Birmingham, including the appointment of a new Governor and the continued focus on wellbeing and partnership working.

	• The Board noted the opportunity presented by the Neighbourhood Mental Health Centre to influence wider system thinking and raise awareness of the Trust's model. It was reported that the ICB had provided significant support, including attendance by the ICB Chief Executive at the formal opening, and that the Chair had also attended meetings at the Centre. • The Board noted that the Trust's provider capability assessment had been rated amber/red. Work was being taken forward to evidence improvements, with the intention that this would be reflected in future assessment rounds. • RFW updated the Board on the appointment of the new Secretary of State and reported that Chief Executives had had the opportunity to meet with him the previous afternoon. It was noted that he had emphasised his connection to the NHS Ten Year Plan through his previous roles, his intention to reach agreement to end industrial action, and his commitment to modernising the NHS. • The Board noted continued focus on waits for Children and Young People's services, the eradication of out of area placements, and work to prevent 12-hour breaches in emergency departments. The Board also noted the draft CQC reports relating to Community Mental Health Teams, that eleven applicants were being taken forward through the High Potential Scheme, and that the Trust had received national recognition through the HSJ Digital Award for the EDI dashboard. The Board further noted that the Trust had been voted by students as an organisation of choice for placements, and that a member of the Trust had attended the King's Garden Party. PG asked about the impact of a funding reduction for the Recovery Near You service. VD advised that the pathways, offer and skill mix would need to be reviewed in light of the reduced income. It was noted that the Trust would not be required to re-tender, but would need to consider how the service could be delivered differently. PG also referred to the continuing challenges in Children and Young People's services and asked what the improvement trajectory was expected to look like over the next six months. VD advised that the quality and performance teams were working closely together on this. LSG noted that there was a clear understanding of the risks and drivers, including leadership gaps and historic skill mix within teams, with the main impact being within crisis pathways. LSG advised that there had been some successful medical recruitment, that community caseloads were being reviewed, and that the Lifecourse approach was being embedded. LSG further advised that workforce issues were expected to be addressed within the next three months, with caseload issues expected to improve over the following three to six months. VD added that work was also underway to consider a more holistic Children and Young People's division, with a further position expected by the end of September. PA referred to the Culture of Care work and asked whether staff were willing and positive about undertaking the self-assessment process, and whether the outputs were triangulated. LSG advised that teams were engaging positively with the process and that it was encouraging to see greater use of data, with teams becoming more data driven. It was noted that a 'Gold' celebration event would be held to recognise progress. PA welcomed the High Potential Scheme and emphasised the importance of ensuring that it was not perceived as elitist, and that disappointment was managed appropriately for those who applied but were not selected. PN advised that the scheme formed part of the Trust's wider talent management approach, including coaching and mentoring, and was being taken forward as part of a holistic approach to workforce development.
8	**Board Assurance Framework** The Board received the current version of the BAF. KC highlighted the following key points: • The BAF was currently in a transition stage as work was underway to realign the risks to the new Trust strategy. • Consideration was ongoing with Executives and Committee members in relation to whether the risks were fit for purpose or if any changes were required. The work was also looking into how the strategy's four "Cs" aligned to each Committee, which Committee would lead on certain risks, and how the integration and crossover would be strengthened.

	• The process of BAF risk oversight and management would not change as it was well-embedded and was driving agendas; the realignment work was an evolution to ensure risks remained accurate. • KC advised that there would be several iterations as risks were drafted to be agreed. KC noted that, for the second year in a row, internal auditors had given a positive assurance rating for the Board Assurance Framework and risk management process, which should be celebrated as it demonstrated the journey the Trust had been on to strengthened governance across the organisation. PG requested that the amber/red rating from the provider capability assessment was reflected in the BAF, and that consideration was given as to how the National Oversight Framework could be included. FA also noted that SR8 related to health inequalities and how important it was to ensure this was mapped across all Committees.
9	**Integrated Performance Report** The Board received the Integrated Performance Report and noted the ongoing changes to the National Oversight Framework metrics and the work being undertaken to incorporate these into the Trust's reporting arrangements. PG referred to out of area placements and noted that, from April, there had been 15 service users placed out of area. PG asked what the repatriation plan looked like. VD advised that the number had reduced in the previous month and that patient flow meetings continued to focus on individual service users in order to monitor progress and plan for repatriation. VD noted that the wider system had been under significant pressure over the preceding three weeks, including pressures relating to emergency department and ambulance activity, which had affected the position. The number had reduced by five, although there had been a further increase in the preceding week. VD advised that the position would be reviewed again on Friday to consider how best to support and manage those service users. RFW reminded the Board that the Trust had previously achieved and sustained a position of zero out of area placements for a considerable period, and emphasised that the current position should be understood in the context of wider system pressures. FA noted that the data appeared to indicate a seasonal pattern, with spring being a peak period for mental health admissions. BC reflected on the way in which the Finance, Performance and Productivity Committee received and scrutinised performance reporting, and highlighted the importance of ensuring that reporting supported a transformational approach aligned to the Trust's strategy and demonstrated how performance intelligence was driving change. BC also noted that safeguarding had been identified as an area requiring continued focus. LSG advised that variation had been identified in safeguarding training, competence and reporting. However, significant improvements had been seen in relation to domestic abuse reporting and practice, and work was underway to extend the training into Children and Young People's services.
10	**Quality, Patient Experience and Safety Committee Report** The Board received reports from April and May's meetings, noting the following key points: • Good assurance had been received on Nigel's Plan (assertive and intensive outreach). • AMHPs planning had been reviewed and the Committee received some assurance on the ongoing work. • Sickness absence had been discussed, triangulating discussions held at People Committee. • The Committee had noted the robust governance arrangements in place for the Board Assurance Framework and Corporate Risk Register. • The Quality Account 2025/26 had been endorsed and recommended to the Board for approval. BC commented on the health inequalities and PCREF report that had been received by the Committee and queried whether enough progress was being made. The Board agreed that the narrative within the reports needed to reflect the improvements being made and the impact it was having.

11	**Quality and Safety Report, including Safer Staffing** The Board received the Quality and Safety Report, including the safer staffing update. The Board noted that staffing levels had improved, with a good number of staff now in post and plans in place to address remaining vacancies. The Board noted that variation remained across teams in relation to skills and experience, and that this was being managed through targeted training and support. It was further noted that internationally recruited nurses had indicated their intention to remain with the Trust, which was welcomed as a positive indication of retention and workforce stability. The report also highlighted ongoing work to strengthen workforce planning and allocation. The Board noted that some non-compliance with e-rostering processes remained, including changes made between roster sign-off and shifts being worked, and that this would continue to require oversight and improvement. There was no further discussion.
12	**Quality Account 2025/26** The Board formally **approved** the Quality Account for publication.
13	**People Committee Report** The Board received reports from meetings held in April and May. SB highlighted that the Committee had held a focused session on the Staff Survey results in April and noted that the team had been commended for the engagement approach used to increase responses. WW queried the variance in sickness absence reported through the Integrated Performance Report and Committee reports. RFW highlighted that there were pockets of sickness absence concerns, and that People Committee and Quality, Patient Experience and Safety Committee would review the concerning areas.
14	**Health Inequalities Report** The Board received the Health Inequalities Report and noted the progress made in embedding health inequalities conversations across the Trust's governance arrangements. It was reported that this work was increasingly reflected across Committee reporting and assurance mechanisms, supporting a more systematic approach to identifying, monitoring and addressing inequalities in access, experience and outcomes. PG congratulated JK and the team on winning the Digital Equality, Diversity and Inclusion HSJ Digital Award and asked that congratulations be passed on. The Board welcomed the progress described in the report and noted the importance of continuing to evidence the impact of this work through clear metrics, narrative and outcomes. JK outlined the key areas of progress set out in the report, including continued progress in delivering the Trust's health and workforce inequalities priorities, clearer divisional plans, PCREF-focused activity, stronger community engagement, Culture of Care work, and targeted quality improvement initiatives. Improvements in data and dashboard development were welcomed, particularly to support better understanding of access, experience and outcomes across different patient groups. BC noted that the gender pay gap had increased significantly and asked what actions were within the Trust's control, and what factors were driven by wider system or workforce issues. JK advised that the position related to the distribution of the workforce across Agenda for Change bands and that responsibilities relating to inclusive recruitment, divisional workforce planning and awareness of the gender pay gap were being considered as part of divisional workforce plans. Positive action considerations were also noted. RFW added that the data suggested a need to understand whether male colleagues were benefiting disproportionately from development opportunities and how this may affect progression and promotion. BC also asked whether the Trust was an outlier compared with the wider NHS. JK advised that the Trust was not an outlier and offered to provide further information on comparative data.

	WW expressed concern that Community Treatment Order rates remained higher for black male service users than for other groups. FA noted that the Section 113 data for black males was lower and advised that a detailed review of Community Treatment Orders was taking place. It was further noted that the Neighbourhood Mental Health Centre model, by increasing access and earlier support, may help to reduce reliance on Community Treatment Orders over time, although this would need to be monitored. SB asked whether prescribing data was available for global majority service users. JK advised that this was not currently a specific workstream, but confirmed that the data should be available for consideration. RFW noted that draft standards relating to flexible working had been developed and would be released. RFW also emphasised the importance of continuing to showcase the Trust's work on health inequalities, both to recognise progress and to demonstrate impact. The Board noted the report, welcomed the progress made, and emphasised the need for continued focus on measurable impact, particularly in relation to workforce inequalities, Community Treatment Orders and the use of data to support targeted improvement.
15	**Finance, Performance and Productivity Committee Report** The Board received reports from meetings held in April and May. BC highlighted the considerable surplus at year-end, which the Trust should recognise as a significant achievement. The Committee also commended the clear strategy for the next five years, which set out a comprehensive long-term plan. There was no further discussion.
16	**Finance Report** The Board received the report for information. DT noted that the Trust was marginally off plan for two key reasons relating to unresolved Children and Young People's service income, and a challenging bank and agency plan. RFW noted that the Trust was continuing to meet with partners to resolve the Children and Young People's service income issue, to understand the scale of the gap and where the funding would be sourced from. RFW noted that independent oversight would support decision-making on this issue.
17	**Audit Committee Report** The Board received the report from April's meeting. WW reflected that it had been a positive meeting, with the following discussed: • A positive Head of Internal Audit Opinion had been received. • The Committee had received positive progress updates against Medical Job Planning, Appraisals Process and Temporary Staffing internal audit reviews. • WW noted the positive internal review into the Board Assurance Framework and Risk Management processes. • The Corporate Risk Register had been scrutinised and provided generally good assurance. • The Committee had highlighted the use of technology and AI as a risk to the organisation. There was no further discussion.
18	**Living the Trust Values** Deferred.
19	**Board Assurance Framework reflections** The Board highlighted the need to ensure partnerships was reflected as a key risk.
20	**Any other business** None.
21	**Questions from Governors and members of the public**

	There were no questions.
Close	

Actions/Decisions			
Item	**Action**	**Lead/ Due Date**	**Update**
Quality Account 2025/26	The Board formally **approved** the Quality Account for publication.		

5. Matters arising

6. Chair's Report

Report to the Board of Directors							
Agenda item:	**6**						
Date	5 August 2026						
Title	Chair's Report						
Author/Presenter	Phil Gayle, Trust Chair						
Executive Director	Phil Gayle, Trust Chair	**Approved**	**Y**	✓	**N**		

Purpose of Report	Tick all that apply ✓		
To provide assurance	✓	**To obtain approval**	
Regulatory requirement		**To highlight an emerging risk or issue**	
To canvas opinion		**For information**	✓
To provide advice		**To highlight patient or staff experience**	✓

Summary of Report

Alert		**Advise**		**Assure**	

The report is presented to Board of Directors in public to highlight key areas of involvement during the month and to report on key local and system wide issues.

Recommendation

Chair's report for information and accountability, an overview of key events and areas of focus

Enclosures

N/A

BOARD OF DIRECTORS CHAIR'S REPORT

Introduction

I am pleased to present the Board with a summary of my activities and key engagements since our last meeting. This report reflects a period of significant strategic momentum for the Trust, important governance activity and a continued programme of service visits that have provided valuable and direct insight into the realities of our services and the experiences of the people who deliver and receive them.

Care, Communities, Culture and Creativity, are our four strategic priorities that provide the organising framework for the Trust's work over the next five years. They reflect what matters most to the people we serve and to the staff and partners who work alongside us. Our newly launched strategy will shape and inform everything we do as an organisation going forward. It provides both a clear statement of our values and a practical framework for decision making, resource allocation and performance management at every level. Alongside these priorities the Trust is embarking on a number of significant organisation-wide transformations designed to improve how we deliver care and support. These include adopting a life-course approach to wellbeing, strengthening community-based services and developing new models of care for children and young people that place families at their centre.

We are also working to enhance urgent and emergency mental health pathways, improve inpatient flow and ensure people receive the right care in the right place at the right time. Underpinning all of this is our Culture of Care alongside a strong focus on digital innovation to help us work smarter and provide more responsive and joined-up services across Birmingham and Solihull. Together these changes will enable us to deliver high quality, compassionate care for our service users, their carers and families both now and into the future. The launch of this strategy marks the beginning of an exciting chapter and I look forward to reporting on our progress against it at future Board meetings.

Governance Matters

Effective governance continues to underpin the Trust's ability to deliver safe and high-quality mental health services for the people of Birmingham and Solihull. Over the past month I have continued to work closely with Board colleagues to maintain strong and active oversight of key risks, performance and statutory responsibilities, particularly as the wider health and care system experiences sustained operational and financial pressures.

Annual Report and Accounts

I am pleased to confirm that the Board of Directors has approved the Trust's Annual Report and Accounts and that the documents have now been formally submitted for Parliamentary laying and approval.

The Annual Report and Accounts provide a comprehensive account of the Trust's performance, achievements and challenges over the past year, together with assurance regarding the stewardship of public resources and the delivery of our statutory responsibilities. The Board was satisfied that the documents present a fair, balanced and transparent reflection of the Trust's activities and financial position.

On behalf of the Board, I would like to thank our staff, service users, carers, governors, volunteers and partners for their continued commitment and contribution throughout the year. Their dedication has enabled the Trust to continue delivering high-quality services whilst pursuing our strategic objectives.

The submission of the Annual Report and Accounts represents an important milestone in our accountability to patients, local communities and stakeholders, and demonstrates our ongoing commitment to openness, transparency and good governance.

Committee Cycle and Non-Executive Director Contribution

Our committee cycle continues to provide an essential and structured source of assurance across quality, workforce, finance and transformation. I would like to take this opportunity to acknowledge the valuable scrutiny and constructive challenge provided by our Non-Executive Directors throughout this period. Their engagement plays a central and indispensable role in strengthening accountability, supporting robust decision making and ensuring the Board discharges its governance responsibilities with rigour and integrity.

Non- Executive Director Appraisals

The annual appraisal process for the Non-Executive Directors was completed during June. Feedback from the appraisal discussions was positive and reflected the significant contribution made by Non-Executive Directors in providing constructive challenge, strategic oversight, and support to the Trust. The appraisal process confirmed continued effective engagement, a strong commitment to the Trust's values and objectives, and positive working relationships across the Board. No significant concerns were identified, and the outcomes provided assurance regarding the effectiveness of the Non-Executive Director cohort and their ongoing contribution to good governance.

Service visits

Service visits remain one of the most important and valued elements of my role as Chair and of our broader Board and Council of Governors engagement programme. Non-Executive Directors and Governors are continuing their programme of site visits over the coming months and I am pleased to report on significant visits I have undertaken since our last meeting. These visits provide an irreplaceable and direct insight into the experiences of staff, patients and service users. They help the Board understand both areas of genuine strength and the places where further support, investment or improvement is needed. This direct engagement ensures that the voices of those delivering and receiving care remain central to our governance and strategic leadership, and that Board discussions remain grounded in the lived reality of our services rather than paper-based reporting alone.

Visit to Lyndon Centre, Solihull

I had the pleasure of visiting the Lyndon Centre site in Solihull. The visit offered an opportunity to meet with staff across the service, gain a greater understanding of the care being delivered, and observe services in operation. I was impressed by the commitment, professionalism and enthusiasm demonstrated by staff, and welcomed the opportunity to hear directly about both the achievements and challenges within the service. The visit provided assurance regarding the quality of care being provided and highlighted the dedication of teams to delivering safe, effective and compassionate services for patients.

Partner and System Development

As Chair I continue to maintain an active and visible presence within key strategic and system forums across the region, providing leadership, influence and constructive challenge on behalf of the Trust. This engagement is an essential part of my role and supports the development of strong and productive relationships with partners and stakeholders across the health and care system. I recently attended events hosted by the NHS Confederation and the NHS Alliance as well as a Midlands NHS leadership meeting. These forums provided valuable and timely opportunities to connect with system partners, share learning and insight and reflect on the wider challenges and opportunities facing mental health services nationally and regionally. Engaging with these networks ensures that the Trust remains outward-looking, well-informed and well-positioned to contribute to and influence the broader mental health agenda as we continue to shape our own strategic direction. These activities provide the Board with assurance that the Trust is well-positioned within the regional landscape, actively contributing to the development of integrated mental health services, promoting innovation and inclusion and maintaining a clear and consistent focus on improving outcomes for the communities we serve. I will continue to report on significant developments from these forums at future Board meetings.

Stakeholder Engagement
Strong and meaningful stakeholder engagement remains a core focus and priority of my role as Chair. Planning is underway for further engagement activities in the coming period to ensure the Trust remains closely aligned with the needs, expectations and perspectives of our communities and system partners. I continue to chair the Council of Governors meetings, which provide an important and valued forum for engagement, assurance and development. These meetings include focused assurance from Non-Executive Directors on key areas of Trust performance and governance alongside constructive and probing discussion that supports effective oversight and ongoing organisational development. The Council continues to provide a vital bridge between the Board and the wider communities and constituencies the Trust serves.

People / Quality
I continue to chair the Board Strategy sessions, which provide a critical and regular forum for strategic alignment, collective leadership and continuous improvement across the Trust. These sessions play a central role in shaping the Trust's strategic direction and provide assurance to the Board that quality, safety and workforce considerations are fully integral to our decision making rather than being treated as separate or secondary concerns. I also maintain regular one-to-one meetings with our Chief Executive and with individual Non-Executive Directors to ensure strong leadership cohesion, clarity of roles and effective oversight across the full breadth of Board responsibilities. These relationships are fundamental to the collective functioning of the Board and to our ability to respond swiftly and with confidence to emerging challenges. In addition, I meet monthly with our Freedom to Speak Up Guardians, which represents one of the most important sources of assurance available to me on staff experience and organisational culture. These conversations provide candid and invaluable insight into themes relating to staff wellbeing, workload, inclusion and psychological safety. They support the Board in maintaining a clear and continuous line of sight to workforce risks and the actions being taken in response, reinforcing our commitment to creating and sustaining a respectful, supportive and genuinely open working environment for all our people.

PHIL GAYLE
CHAIR

7. CEO and Director of Operations Report

Report to Board of Directors							
Agenda item:	**7**						
Date	5 August 2026						
Title	Chief Executive Officer and Director of Operations Report						
Author/Presenter	Vanessa Devlin, Executive Director of Operations Roisin Fallon-Williams, Chief Executive Officer						
Executive Director	Roisin Fallon-Williams, CEO	**Approved**	**Y**	✓	**N**		

Purpose of Report	Tick all that apply ✓		
To provide assurance	✓	**To obtain approval**	
Regulatory requirement		**To highlight an emerging risk or issue**	
To canvas opinion		**For information**	✓
To provide advice		**To highlight patient or staff experience**	✓

Summary of Report					
Alert		**Advise**	✓	**Assure**	✓

Purpose

To provide the Board of Directors with an overview of key internal, systemwide and national issues.

The report to the Board provides information on areas of work focused on the future, our challenges and other information of relevance to the Board in relation to our Trust strategy, local and national reports, and emerging issues.

Recommendation

The Board is asked to note the contents of the report.

Enclosures

N/A

CHIEF EXECUTIVE and DIRECTOR of OPERATIONS REPORT

CULTURE

Strategic Headlines

Workforce Resilience and Future Supply
Workforce numbers remain broadly in line with plan, with substantive staffing only marginally below trajectory and supported by a healthy recruitment pipeline. This includes 82 offers made to newly qualified nurses due to complete training in September 2026 and continued movement from bank into substantive roles.

Agency usage remains significantly below plan, reflecting sustained progress in reducing reliance on temporary staffing. Bank usage continues to exceed planned levels and remains a key focus, with robust governance and targeted actions in place to support sustainable reductions.

The Trust continues to strengthen its future workforce pipeline through apprenticeships, T Levels and community engagement. During the year, almost 5,000 students were reached through partnerships with schools, colleges and community organisations, helping to widen access to NHS careers and support future workforce supply.

Digital, Data and Workforce Systems
The Trust continues to invest in digital, data and AI capability to support future service delivery and organisational effectiveness.

The launch of the BSMHFT Data & AI Academy provides an opportunity to build the skills needed to support future workforce, operational and clinical priorities. Within People Services, AI-enabled tools are also being deployed to improve access to knowledge, increase self-service, and enhance efficiency.

Alongside this, continued improvements in workforce information and ESR data quality are strengthening workforce planning, reporting and organisational assurance.

Future Priorities

Implementing the NHS Leadership and Management Framework
The newly launched NHS Leadership and Management Framework provides a consistent national approach to leadership development. Over the coming months, the Trust will review the Framework against its existing development offer and develop a phased implementation plan.

This presents an opportunity to strengthen leadership capability, provide greater consistency and ensure managers at all levels have access to the support and development required to lead effectively.

Embedding the NHS Staff Standards
The NHS Staff Standards set out clear expectations for staff experience across areas including line management, wellbeing, violence prevention, sexual safety, tackling racism and flexible working.
These priorities are already reflected within the Trust's programmes of work. The focus now is to ensure they are embedded consistently across the organisation and continue to support improvements in staff experience and organisational culture.

Preparing for Future Workforce Solutions
The NHS Future Workforce Solution will replace ESR nationally. In preparation, the Trust is progressing a structured programme of work focused on:

i. Strengthening operational controls, workforce data quality and establishment management.
ii. Enhancing workforce intelligence and analytical capability.
iii. Developing the governance, capability and organisational readiness required for the future system.

This work will improve current arrangements while ensuring the Trust is well positioned to transition successfully to the future workforce platform.

Overall Position
The overall workforce position remains stable. Recruitment pipelines remain strong, agency usage continues to reduce investment in future workforce supply, leadership capability and digital skills are progressing well.
Key areas requiring continued focus are bank usage, mental health-related absence and appraisal compliance. Targeted plans are in place in each of these areas. Looking ahead, implementation of the NHS Leadership and Management Framework, NHS Staff Standards and preparations for Future Workforce Solutions provide a strong foundation for strengthening workforce resilience, capability and staff experience.

CARE – Delivery

Primary Care, Dementia Services & Specialties

Older Adults

Reducing Delayed Discharges

The Older Adults inpatient service is working with social care partners and the mental health provider collaborative to reduce the number of service users who are clinically ready for discharge but remain in NHS beds. The service has reported that, if suitable placements were available, approximately 30% of service users currently on older adult inpatient wards could be discharged to a more suitable and less restricted environments. The team is developing a range of innovative plans aligned with the NHS 10-Year Plan, with the aim of enabling service users to receive care closer to home, in the right place and at the right time.

Older Adults Community Mental Health Teams

The Community Mental Health Team service model review has commenced, alongside a safer staffing review. The Community Mental Health Team action plan arising from the Care

Quality Commission report has also now been submitted and includes a number of actions predominantly related to workforce.

The memory matters team plan to promote Brain Health awareness at the following events in Birmingham this month:

- Celebration of Life event, run by Empowered Health, 27th June 2026
- Feel the Rhythm, Beat the Stigma, 27th June 2026

Birmingham Healthy Minds

Birmingham Healthy Minds has shown steady improvement against all key performance indicators in 2026/27. In June, the service achieved over 840 completed cases, exceeding the monthly trajectory of 790. Reliable recovery reached 48.5% in June, although this remains below the 51% target, performance has improved steadily month on month. Reliable improvement continues to exceed the 69% target, reaching over 71% in June 2026.

Perinatal

The Perinatal Community service continues to review its financial position and is striving to reach its savings plan which was introduced earlier this year. The team is exploring how they can work with system partners to improve pathways and are currently working closely with family hubs across Birmingham.
The Perinatal Community service has been working to increase service user engagement and feedback over recent months. Recent examples of feedback include:

- *I found it extremely helpful to have someone to talk to help me work through and process my pregnancy loss and the feelings associated with it. I found all of the techniques that I was given to try really helpful. I was very happy with the consistency of the appointments and having somewhere to go where I could get the help that I needed.*

Bipolar

This month we were delighted to receive an email from a service user in Newcastle who wanted to thank us for inventing Mood on Track here in Birmingham. She had received the intervention following us training Newcastle Northumberland and Tyne and Wear and wanted to tell us it had changed her life.

Acute and Urgent Care

Acute and Urgent Care continues to operate in a period of sustained operational pressure, with a strong focus on improving patient flow, reducing discharge delays and strengthening urgent and crisis pathways. Recent system reporting shows a reduction in inappropriate out-of-area placements, however overall independent sector bed use remains high. The focus is on improving flow, although clinically ready for discharge delays remain a significant challenge, largely driven by housing, social care and supported accommodation barriers. Enhanced operational oversight and discharge planning arrangements continue to support reductions in length of stay and improve patient flow across inpatient services.

Significant progress has been made in the development of the Mental Health Emergency Department model following confirmation of NHS England capital funding. Work is underway with system partners to develop a dedicated mental health front door model, improving assessment, patient experience and flow through emergency care pathways. Alongside this, transformation planning has progressed across urgent and crisis care, inpatient flow and

earlier discharge programmes, with clear delivery plans being developed to support the Trust's long-term strategy.

There has also been positive and constructive engagement with system partners through recent collaborative forums, including the Clinically Ready for Discharge workshop, the Section 136 partnership day and the criminal justice pathway workshop facilitated by NHS England. These sessions have strengthened shared understanding of pathway pressures, supported alignment across partner organisations and created opportunities to progress joint actions that will improve responsiveness, flow and outcomes for people accessing urgent and crisis mental health services.

Quality improvement and Culture of Care initiatives continue to gain momentum across the acute pathway. Positive feedback has been received regarding ward environment improvements, participation and experience work, enhanced co-production with Experts by Experience, Recovery College ward activities, and the introduction of patient welcome and discharge resources. These improvements continue to strengthen patient experience, staff engagement and therapeutic care delivery.

Integrated Community Care & Recovery (ICCR)

Birmingham Neighbourhood Mental Health Teams

Dialectical Behavioural Therapy (DBT) skills groups have commenced roll out across the teams with three of the eight successfully completed. A full evaluation will be completed following the final session.
Recruitment has started for our new family link workers, roles which will be embedded into our teams, in partnership with Birmingham Children's Trust.

Community Mental Health Teams

Bipolar and Psychosis four-day training is rolling out across the division, with 3 cohorts successfully completed. A one-day trauma informed care training session has also been produced. This is in soft launch phase, with testing taking place and a timetable confirmed for roll out.

East Community Mental Health Teams are experiencing workforce pressures, due to staff sickness and staff vacancies, support of x2 B5 nurses has been secured, team leads and heads of service are supporting the team, and weekly monitoring meetings are in place. Circuit breaker pilot, for caseload management is underway at Zinnia Community Mental Health Teams. If successful, this will be upscaled across other Community Mental Health Teams in Birmingham. Caseloads are reviewed by a Multi-Disciplinary Team to allow for joint formulation and decision making, this takes place on a recurrent cycle to ensure the entire caseloads is reviewed. Depending on the decision of the panel service users are moved to the most appropriate provision.

Assertive Outreach Teams (AOTs)

Fortnightly interface meeting with Community Mental Health Team Hub Managers and Clinical Leads are established and working well. The waiting list is reviewed with a fortnightly report demonstrating the positive impact on waits. Assertive Outreach Team weekly acute bed management meetings are going well; over the last eight months the team have remained under the bed allocation number.

Homeless Mental Health Services and Rough Sleepers

Plans underway to undertake renovations at the Homeless Exchange, Attwood Green site to expand allowing for clinic spaces to be on one floor. The Rough Sleepers
Team are continuing to review caseloads and linking with other to offer support, we are part of on-going Make Every Adult Matter and Connecting Health Care Communities strategy meetings to consider support. The teams are continuing to improve completion of Dialog+ across the board.

SOLAR

Progress is being made against the Remedial Action Plan- all service users who are 17 years plus have been reviewed. The Screening team has been successfully recruited and should be in post by September. This will ensure a robust screening and triage process while increasing capacity in the core team.

Steps to Recovery are now working with local Birmingham providers for High Dependency male beds in Birmingham. This provision will reduce need for out of area placements and have closer relational governance to support improved system flow and length of stay. A high-level of Out of Area rehabilitation position and cessation plan has been formulated and will be shared through our internal governance in response to an NHS England requirement of all providers. Ongoing work with commissioners and the local authority continues, to identify community pathways for discharge for service users in rehabilitation.

Secure Care & Offender Health (SCOH)

Tamarind

The units air conditioning system has been challenging in the hot weather and confirmed from an operational and maintenance perspective will need replacing and will be added to the future capital programme.

Recruitment to the Occupational Therapist lead post remains challenging, and the role is now being advertised for a third time. Psychology provision also remains under pressure; however, new staff are expected to start in October. In the meantime, an internal referral system is being used to prioritise work and minimise any impact on length of stay. New psychologist starts post in October.

Sickness absence above Trust target at 6%. Working closely with HR and supporting staff to return to work.

Reaside and Hillis Lodge

Sickness absence has reduced and KPIs remain positive. The Friends and Family event was successful; its focus was carers and over 20 attended. The weather was lovely, so it was themed around a sports day.

The recent heatwave has created uncomfortable working and living conditions on some wards without air conditioning, particularly those on the first floor. We have purchased some mobile units, and staff were able to wear non uniform to keep cooler. Close monitoring of the temperatures continue, and all effort are made to ensure both service users and staff are kept as cool and comfortable as possible.

Environmental pressures linked to the ageing estate continue, with several capital works projects underway across the site. Culture of Care work is progressing positively, supported by strong Expert by Experience involvement.

Ardenleigh and Medium Secure Unit, Children and Adolescent Mental Health Service

Ardenleigh Women's Secure Blended Service:

Clinical activity remains high with multiple enhanced observations. Ongoing work with recruitment regarding Band 3, 5 and 6 posts, and we are managing to successfully recruit to the majority of the vacancies. Clean up week has been a success with wards and communal spaces looking much brighter and cleaner.

Medium Secure CAMHS:

Clinically busy on the ward with some complex and very unwell young people. No lone working in place for all young people to maintain safety for all. This creates complexities when attempting to ensure all tasks are being completed. Psychology staff are due to start over the next few weeks. Ongoing work with recruitment regarding Band 3, 5 and 6 posts. Clean up week has been a success with wards and communal spaces looking much brighter and cleaner.

FIRST (Forensic Intensive Recovery Support Team)

FIRST has successfully relocated to Main House. The move has gone well overall, with the team now using the space effectively for meetings, supervision and quieter working. A small number of snagging issues and ongoing estates works remain, including completion of the lift works.

Medical secretary provision remains an identified gap and ongoing risk, particularly in the context of increasing caseloads. This is recorded on the risk register and continues to be reviewed through appropriate governance routes.

Progress continues on the Tier 2 and Tier 3 pathway development, now named CaLMS: Consultation and Liaison Multi-Disciplinary Team Support. The pathway is supporting consultation, and clinic offers across the Integrated Care Board FIRST footprint, with continued engagement through the Reach Out pilot programme.

We continue to work with project management as we transition towards a new working model.

HMP Birmingham

Population pressures remain, with an increase of prisoners arriving early into the prison (08:00) from police stations. There has been a notable increase in illicit substance misuse across the estate which is impacting on stability in the prison. We are working closely with the prison drug team to offer information and advice to prisoners.

HMIP and CQC returned to review progress following the inspection in October 2025, there were a number of recommendations for the prison and healthcare. For Healthcare these were the Red Route, which remained a concern for the inspectors as well as the compliance with the 28-day transfer to mental health hospital. Partnership working continues in these two areas to address the shortfalls and enhance the exiting pathways.

A Health needs analysis has been commissioned, initial meetings have happened and data collection is underway.

Health and Justice Vulnerability Service

Health and Justice Vulnerability Service continues to operate under sustained demand across all pathways. Despite workforce pressures within Court and Adult Outreach services, continuity has been maintained through cross-cover arrangements, clinical leadership support and flexible deployment of staff.

Community pathways remain stable, with manageable caseloads across adult and youth services. Improvements have been demonstrated in risk management and safeguarding oversight within Adult Outreach following targeted action plans and enhanced audit activity.

Recruitment activity has been positive, with successful appointments to Custody Band 6, Peer Mentor and Speech and Language Therapy posts. However, prolonged police vetting processes continue to delay onboarding and impact workforce capacity.

Mental Health Treatment Requirement services remain under significant pressure, with demand and referral complexity continuing to exceed capacity. Data quality issues have been addressed, improving confidence in performance reporting. Workforce resilience remains a risk due to reliance on a single Practitioner Psychologist to provide statutory oversight across both mental health treatment requitement pathways.

The service continues to strengthen quality improvement and workforce development activity, including Trauma Informed Care implementation, Neurodiversity Pathway development and delivery of the service 28-day Hub provision. The Elevate team has also been shortlisted for a national HSJ Patient Safety Award.

Environmental and infrastructure risks remain under active management, including community estate issues, custody accommodation improvements, and ongoing IT challenges across several sites.

Overall, the service remains stable and operationally resilient; however, sustained demand, workforce capacity pressures, recruitment delays and MHTR sustainability continue to require active oversight and management.

Children & Young People’s (CYP) Services

The Children and Young People's Division has continued to focus on embedding services within the trust while progressing key improvement programmes across operational performance, clinical quality and transformation.

Work to improve access to Neurodevelopmental services continues, with the division awaiting the outcome of a system business case developed with partners to provide temporary additional capacity to reduce waiting lists while longer-term pathway redesign is progressed. Eating Disorder Services continue to provide timely access for urgent referrals and maintain one of the lowest inpatient admission rates within the West Midlands Child and Adolescent Mental Health Services Provider Collaborative, reflecting the strength of the community model. Work continues with commissioners through the Mental Health Provider Collaborative to implement revised access guidance to improve routine access whilst maintaining safe care.

Following the completion of an independent external review of the Referral Management Centre, the division has begun a structured programme of work to review and strengthen referral management pathways. The review has identified opportunities to further improve consistency, governance and patient flow across referral processes. This will be a significant

area of focus over the coming months, with improvements being developed through existing governance arrangements and including good staff engagement.

Operational recovery within the Child and Adolescent Mental Health Services Crisis Resolution and Home Treatment Team continues through the established bronze, silver and gold improvement framework. Alongside this, programme work has now commenced to bring together Solar Child and Adolescent Mental Health Services and Birmingham Children and Young People Division community mental health services, with the aim of developing a more consistent clinical model and pathway offer across the wider system by December 2026.

Alongside service improvement, the division continues to manage operational challenges associated with the integration of services into the Trust. Work is ongoing to resolve legacy Information Technology issues affecting clinical and operational processes following transfer into the Trust. Estates also remain a significant operational challenge, particularly at the Parkview site where accommodation constraints continue to impact staff experience and service delivery. Work continues with Trust colleagues to identify both short-term mitigations and longer-term estate solutions while maintaining safe and effective patient care.

Operational performance continues to demonstrate encouraging progress across a number of key areas alongside some ongoing challenges. Recruitment activity remains positive, with vacancy rates reducing to **8.0%** and significantly improved recruitment timelines, particularly in vacancy approval and time to start. Reliance on temporary staffing continues to reduce, with bank fill rates increasing to **89.2%** and agency utilisation falling further, supporting both service continuity and financial sustainability. Neurodevelopmental and Eating Disorder services continue to maintain good performance in a number of key clinical indicators, including urgent access and safe community care, whilst work continues to address routine waiting times and pathway redesign. Additionally, one area of surge, in adult inpatient beds, now seems to be stabilising and improving. After several months of above forecast admission, the division is now supporting a normal and expected number of service users in inpatient settings thanks to a continued focus and oversight from the clinical teams in making sure we have flow and supporting safe discharges.

The principal workforce challenge remains sickness absence, which increased to **6.02%**, driven predominantly by stress-related absence accounting for over half of all sickness episodes within the division. Improving staff wellbeing, strengthening management support and increasing Return to Work compliance remain key priorities over the coming months.

CARE – Quality

Quality Account

Regulatory Compliance

The Older Adult Community Mental Health Team (CMHT) CQC inspection report was published in June, and the service received a rating of ‘Good’ overall. To date we have not yet had the draft inspection reports for Steps to Recovery or Urgent Care but have been advised this should happen in the coming weeks.

We have identified all services that have been inspected in the last five years and mapped the ratings for each of the five domains following those inspections. To support the ongoing improvement of quality and safety workstreams, any areas rated as ‘Requires Improvement’ have been shared with Heads of Nursing and AHPs as part of the monthly Quality

Assurance Group days.
Divisional Teams will report monthly on progress in their recovery plan.

Prevention of Future Deaths (PFD)

The Trust was issued with one PFD notice related to improving Wi-Fi signal on some inpatient wards and improvement in physical health monitoring care plans. A response was sent to the Coroner on June 9th outlining actions taken around a Wi-Fi survey and the planned installation of additional boosters. The Trust has a published Physical Health Strategy and further training for staff on physical health conditions being managed in the Trust is being rolled out. The physical health and care needs are identified in Dialog+ plans and will be audited for improvement.

Safeguarding

The Trust safeguarding Team are embarking on an exciting piece of work with a local community theatre group (Women in Theatre) who are devising a film to be shown in Level 3 Adult safeguarding training. The film will depict a mother who is talking about her relationship with her adult son. Course participants will be given the opportunity to work with colleagues to identify areas of concern, the character will disclose aspects of her sons controlling and abusive behaviour. We will ensure that key aspects or 'themes' common in coercively controlling relationships are represented and we will focus on the need for practitioners working at this level are confident to recognise them and to respond to them in a safe way aligned with Trust policies and procedures.

We are keen to ensure that the character depicted is authentic and representative of the community she represents, so the theatre company we are working with will engage with experts by experience as well as partner agencies with expertise in this area of practice. The issues that we are including have been taken from statutory review processes following domestic abuse related deaths as well as academic research focussing on the experiences of victims and survivors of domestic abuse from global majority populations. We have also liaised with BSMHFT's Equality, Diversity and Inclusion (EDI) Team to ensure that we minimise any adverse impact of the resource and will do so, in part, by applying the EDI risk assessment framework.

Community

West Midlands Provider Collaborative

The West Midlands Mental Health, Learning Disability and Autism Provider Collaborative, continues to support coordinated, system-wide action across partner Trusts to address shared workforce, quality and sustainability challenges. The Collaborative has made progress across four established programmes: expanding psychological therapies supervision capacity through a Regional PT-SMHP Supervision Hub; developing a more consistent and sustainable Clinical Support Worker workforce; taking a cautious and assurance-led approach to the deployment of Physician Associates in mental health services; and progressing immersive learning as a regional workforce development opportunity.

A joint report has been crafted to highlight the next phase of collaborative priorities, including development of a West Midlands Mental Health Observatory, digital innovation, an early

warning tool and learning dashboard, and learning disability nursing, with work underway to define scope, governance, priorities and recommendations for future Board consideration. Overall, the update demonstrates the value of regional collaboration, shared governance and pooled investment in delivering tangible benefits across partner organisations, while highlighting the need for continued focus on sustainability and embedding successful programmes, particularly where non-recurrent funding has supported delivery. ..\..\..\..\..\..\..\Documents\Common Board Report working for review.docx

Neighbourhood Mental Health Center's (NMHC) Conference

The Trust held a well attended national conference to share learning and support understanding of the NMHC approach and the impact of our local model. Feedback was positive and we have provided input to further national events as a consequence.

CREATIVITY

Funding and Finances

The financial position for the Trust, and the wider NHS, continues to be challenging. The Trust set a balanced plan for this financial year which was dependent on delivering a significant level of efficiencies as well as reductions in our usage of temporary staffing. Given the challenges in the wider system, and pressures on our own teams, progress against these plans, especially on reducing non contracted bed usage and spend on bank staff, has not been as sustained as planned and therefore the Trust continues to explore other options for managing our financial position.

New Highcroft mental health facility construction begins

Construction officially started on a new inpatient mental health facility at Highcroft Hospital in Erdington. The development aims to improve the environment and quality of care for local people requiring inpatient mental health support. Our local MP Paulette Hamilton joined Vanessa Devlin on site to undertake the 'first spade' ceremony.

New three-year Learning Disability and Autism Plan launched

A new Birmingham and Solihull-wide delivery plan was launched to improve outcomes for people with learning disabilities and autistic people, with a focus on prevention, community support and reducing reliance on inpatient care. **[nationalhe...cutive.com]**

Celebrations

£380,000 investment for children with learning disabilities and autism

The Trust secured £380k of funding to expand its specialist Disability Intensive Care and support services for children and young people with learning disabilities and autism. **[bsmhft.nhs.uk]**

Medical workforce and professional achievements

BSMHFT celebrated excellence across its medical workforce and highlighted national recognition received by Dr Melissa Brown for her contribution to older people's psychology.

Shared patient portal launched across mental health and community services

BSMHFT and Birmingham Community Healthcare launched a shared patient portal, allowing patients to access appointments, care information and selected clinical records through a single digital platform using NHS Login. More than 30,000 patients had already enrolled.

LOCAL TRUST, BIRMINGHAM AND SOLIHULL (BSoL) SYSTEM, BLACK COUNTRY & BSoL Cluster AND MIDLANDS REGIONAL NEWS

Birmingham PLACE committee

The structure and approach to the revised Birmingham Place Committee have now been agreed and finalised and the first meeting of the new Committee held in July. The committee has agreed five workstreams that partners are involved in and committed to. These are –

- Population Health
- Children and Young People
- Neighbourhood Health and Social Care
- Mental Health, Learning Disability and Autism
- Working Well

Anchor Organisation and Contract Arrangements For Birmingham Solihull and Black Country

The Clyster ICBS strategic intentions to establish Anchor Organisation contractual arrangements are progressing, with 3 of the 4 proposed now being established. The Trust Biard met with members of the ICB Board in July to discuss the proposed Anchor arrangements for Mental Health across the cluster. This was a productive and informative discussion and the approach is welcomed by the Board as creating opportunities for parity and focused improvements for the populations served across the cluster.

ICB cluster merger plan for April 2027

NHS England is progressing plans to reduce the number of Integrated Care Boards (ICBs) through a programme of clustering and merger activity, with further mergers expected to take effect from April 2027. The changes support the transition of ICBs into strategic commissioning organisations, align with wider system reform and devolution agendas, and are intended to deliver greater efficiency, resilience and reduced management costs. NHS England’s expectation is that clustered ICBs will move toward formal mergers, creating larger organisations able to operate within the revised running-cost framework while maintaining effective oversight of population health and service commissioning. [england.nhs.uk], [thenhsalliance.org]

St Andrews charity commission around regulatory compliance

In June 2026, the Charity Commission escalated its regulatory compliance case into St Andrew's Healthcare to a statutory inquiry. The inquiry is examining trustee oversight of safeguarding, governance, financial sustainability, regulatory engagement with NHS England and the CQC, and the charity's overall management and administration. The action follows concerns relating to the potential mistreatment of patients at the Northampton site and reflects increased regulatory scrutiny of leadership accountability, safeguarding arrangements and organisational governance.

NATIONAL NEWS

Resident Doctors Industrial Action Update

Planned resident doctor industrial action scheduled for 15–19 June 2026 was stood down following agreement between the Government and the BMA to put a revised pay and workforce offer to members. NHS England subsequently encouraged organisations to reinstate cancelled activity and stand down contingency arrangements where possible. Following a member ballot, the offer was accepted in June 2026, formally ending the dispute and bringing a period of greater workforce stability across the NHS. The agreement includes pay reform, improved career progression opportunities and an expansion of specialty training places.

NHSE Quality Strategy

NHS England's Quality Strategy, published in July 2026, sets out a 10-year approach to making quality the organising principle of NHS-funded care. The strategy focuses on three core domains-safety, effectiveness and experience—with the aims of improving patient outcomes, reducing health inequalities and enhancing patient experience. Initial priorities include reducing unwarranted variation, improving maternity and neonatal care, strengthening patient safety, restoring public trust and embedding continuous quality improvement across the NHS.

Flu

- The NHS has made flu vaccination a central part of winter planning to reduce hospital admissions, deaths, and pressure on urgent and emergency care services.

- NHS England wants to achieve at least the WHO target of 75% flu vaccine uptake among people aged 65 and over and improve uptake among frontline healthcare workers.
- There is a particular focus on vaccinating children early in the season, as this helps reduce transmission across the wider population. Regional vaccination forums are being established to improve uptake.
- NHS Trusts will receive a target for colleague vaccination levels in the coming weeks.

Government launches new Mental Health Strategy development

During Mental Health Awareness Week, the Government launched a national call for evidence to inform a new cross-government Mental Health Strategy. The strategy aims to

shift services towards prevention, earlier intervention and improved access, particularly for children and young people. The announcement highlighted record levels of demand, record NHS mental health investment (£16.1bn), and continued expansion of the mental health workforce. [gov.uk]

Increased focus on community-based mental healthcare

Nationally, the NHS continues to develop neighbourhood mental health services to provide more integrated local support and reduce reliance on hospital-based care. The long-term ambition is to improve access to mental health support within communities and prevent escalation to crisis services. [rcpsych.ac.uk], [england.nhs.uk]

Mental health data highlights ongoing demand

Updated national mental health statistics were published in July 2026, providing new information on referrals, community contacts and inpatient activity. The data reinforces the continued high demand for mental health services across England and supports planning for future service improvements. [gov.uk], [gov.uk]

Health Bill

Introduced to Parliament in May 2026, the Health Bill is a major component of the Government's NHS reform programme and 10-Year Health Plan. The Bill proposes the abolition of NHS England, with functions transferring to the Department of Health and Social Care and Integrated Care Boards, alongside the introduction of a Single Patient Record to support more joined-up, proactive care. It also includes reforms to NHS governance, patient safety arrangements and local health system accountability, with the stated aim of reducing bureaucracy, improving patient experience and empowering local health organisations.
You can read more about it here - **Health Bill - GOV.UK**

NHS Staff Standards

NHS Staff Standards, published in July 2026, introduce a nationally mandated set of minimum employment standards across NHS secondary care organisations to improve staff experience and retention. The six standards focus online management, health and wellbeing, violence prevention and reduction, tackling racism, championing sexual safety, and promoting flexible working. Performance against the standards will be monitored through the NHS Oversight Framework, reinforcing the Government's commitment to making staff experience a key organisational priority alongside quality, finance and operational performance.

Lord Mann Review

Lord Mann's independent review, published in June 2026, examined antisemitism and other forms of racism across the NHS and healthcare regulatory system. The review found that racism remains a persistent issue affecting both staff and patients and made recommendations to strengthen leadership accountability, improve reporting and investigation processes, enhance workforce data and transparency, and embed an anti-racist culture across the NHS. The Government and NHS England have accepted the recommendations in full and are implementing measures including enhanced staff standards, anti-racism training, and stronger oversight arrangements.

The Mann Review recommends strengthened leadership accountability through enhanced oversight, measurable inclusion objectives for senior leaders, mandatory anti-racism training, improved reporting and workforce data, and alignment with the new NHS Staff Standards to ensure organisations take consistent action to tackle racism and discrimination.

Ockendon Report

Donna Ockenden's 2026 review of maternity and neonatal services at Nottingham University Hospitals NHS Trust identified concerns relating to leadership, culture, governance, patient safety and the failure to consistently learn from incidents. The report reinforces the need for strong clinical leadership, effective oversight, transparent investigations and a culture of continuous learning to improve outcomes for mothers, babies and families.

AMOS Report

Baroness Amos' Independent Investigation into Maternity and Neonatal Services in England, published in June 2026, identified systemic concerns relating to safety, workforce pressures, culture, racism and discrimination, and women and families not being consistently listened to. The report concluded that maternity and neonatal services require significant cultural and operational transformation, setting out eight national recommendations focused on leadership, accountability, workforce sustainability, safety, equity and patient experience. NHS England has responded with a national improvement programme, including a 10-point action plan and targeted investment to strengthen maternity and neonatal services.

NHS colleagues accessing data and records guidance

In July 2026, NHS England Chief Executive Sir Jim Mackey issued guidance reinforcing the importance of protecting patient confidentiality and preventing unlawful access to health records. The letter reminds NHS organisations that accessing patient information without a legitimate clinical or operational reason is illegal and undermines public trust. Trust boards are expected to strengthen staff awareness, monitoring, audit processes and governance controls, with clear action taken where inappropriate access is identified. The guidance also highlights the importance of robust information governance arrangements as the NHS progresses digital transformation and development of the Single Patient Record.

Chair in waiting and new CEO for CQC

The Department of Health and Social Care announced Baroness Julia Neuberger as the preferred candidate for the next Chair of the CQC, pending the required parliamentary scrutiny and appointment process. Until then, the Interim Chair continues in post.
In the meantime Emily Miles currently Director General for Food, Farming, and Biosecurity at the Department for Environment, Food and Rural Affairs (DEFRA) has been appointed as the new CEO.

Roisin Fallon-Williams **Vanessa Devlin**

Chief Executive *Executive Director Operations*

8. Board Assurance Framework

Report to Board of Directors

Agenda item:	**8**					
Date	5 August 2026					
Title	Board Assurance Framework					
Author/Presenter	Kat Cleverley, Company Secretary					
Executive Director	Dave Tomlinson, Executive Director of Finance	**Approved**	**Y**	✓	**N**	

Purpose of Report	Tick all that apply ✓		
To provide assurance	✓	**To obtain approval**	
Regulatory requirement		**To highlight an emerging risk or issue**	✓
To canvas opinion	✓	**For information**	✓
To provide advice		**To highlight patient or staff experience**	

Summary of Report

Alert		**Advise**		**Assure**	✓

Executive Summary

An effective Board Assurance Framework provides a structured approach for a Board to identify, monitor, and gain assurance over the key strategic risks that could prevent the organisation from achieving its objectives. It links strategic goals to principal risks, controls, and sources of assurance, enabling the Board to assess whether risks are being managed effectively and where gaps in control or assurance exist. The BAF supports informed decision-making, strengthens oversight and accountability, and helps ensure that governance, risk management, and internal control arrangements are robust and aligned with organisational priorities.

Purpose

The current Board Assurance Framework has been included in the reading pack for information. The Board has received the revised draft risks for discussion, following realignment to the new Trust strategy. Following feedback at Committees during July, the risks have been updated and are presented for review and discussion.

Further work will be undertaken to bring clarity to SR8, *Inability to deliver secure, reliable and well-embedded digital infrastructure and systems*, to ensure it reflects use of digital systems and security, and innovation. The other risks will also be developed to ensure they are fully updated and risk scores are aligned.

The Board Strategy Session in September will focus on a wider discussion of the BAF, risk management and the Trust's risk appetite.

The Board is asked to note that the process of the BAF is well-embedded within the organisation, and this alignment to the strategy reflects the evolvement of risks and the BAF as a dynamic tool.

Recommendation

The Board is asked to review the current draft risks that have been aligned to the new Trust strategy and confirm support for the continued development of the risks.

Enclosures

- Board Assurance Framework Draft Risks July 2026

Ref	Strategic Risk	Date of Entry	Last Update	Lead	Target Risk Score	Previous Risk Score	Current Risk Score
Culture: Building a values-led culture where people and teams feel supported, skilled and confident throughout their employment journey							
SR1	Failure to create and sustain an inclusive, psychologically safe, anti-discriminatory and anti-racist organisational culture that enables equitable staff experience, effective speaking up, workforce wellbeing and high-quality care outcomes.	June 2024	April 2026	DSPP	3x3 = 9	4 x 3=12	4 x 3=12
SR2	Failure to develop, transform and sustain a future-ready workforce with the capacity, capability, diversity and leadership required to meet changing population needs, service transformation and long-term organisational resilience.	June 2024	April 2026	DSPP	3x3= 9	4 x 3=12	4 x 3=12
Care: Creating simpler, more connected, high quality and responsive services where care is safe and inclusive, with service users and carers at the centre							
SR3	Failure of services to be consistently safe for service users, carers and communities	July 2026	July 2026	CN	4 x 2 = 8	4 x 4 = 16	4 x 3 = 12
SR4	Failure to be a service user, family and carer-led organisation	July 2026	July 2026	CN	4 x 2 = 8	4 x 3 = 12	4 x 2 = 8
SR5	Failure to maximise the Culture of Care standard and ensure we are a clinically informed organisation	July 2026	July 2026	CN			
SR6	Failure to provide timely access to and discharge from services	July 2026	July 2026	DOO			
Creativity: Empowering and enabling people to make positive and bold change through innovation, improvement and research							
SR7	Failure to maintain a sustainable financial position.	Sept 2024	April 2026	DOF	5 x 2 = 10	5 x 5= 25	5 x 5= 25
SR8	Inability to deliver secure, reliable and well-embedded digital infrastructure and systems	July 2026	July 2026	DOF			
Communities: Working with and understanding our diverse local communities so that we are responsive to their specific needs							
SR9	Failure to continuously learn, improve and transform mental health services to promote mentally healthy communities and reduce health inequalities.	Sept 2024	April 2026	MD	3 x 3 = 9	4 x 3 = 12	4 x 3 = 12
SR10	Failure to work in partnership to meet patient and service user needs.	Sept 2024	April 2026	DOO	3x 3 = 9	4 x 3 = 12	4 x 3 = 12

Heat Map

Impact	Likelihood				
	1 Rare	2 Unlikely	3 Possible	4 Likely	5 Certain
5 Catastrophic				SR6	SR5
4 Major					SR3
3 Moderate				SR1 SR2 SR8 SR9	
2 Minor				SR4 SR7	
1 Insignificant					

REF	STRATEGIC RISK	GOAL/ ENABLER	CAUSES	CONSEQUENCES	LEAD COMMITTEE	LEAD	LINKED RISKS
SR1	Failure to create and sustain an inclusive, psychologically safe, anti-discriminatory and anti-racist organisational culture that enables equitable staff experience, effective speaking up, workforce wellbeing and high-quality care outcomes.	Building a values-led culture where people and teams feel supported, skilled and confident throughout their employment journey	• Increased FTSU contacts. • Lack of early local resolution • Staff survey results • Colleague feedback	• Deterioration in CQC Well-Led ratings and regulatory confidence • Increased patient safety risk linked to poor speaking up culture • Reduced effectiveness of PSIRF due to lack of psychological safety • Failure to meet statutory duties (Equality Act, PSED, WRES/ WDES expectations) • Reputational risk at system and community level	People Committee	Executive Director of Strategy, People and Partnerships	SR2

RISK APPETITE		INHERENT RISK SCORE	Impact	Likelihood	Risk score
Open - Innovation pursued – desire to 'break the mould' and challenge current working practices. High levels of devolved authority – management by trust rather than close control. *Target risk score range 9-10.*			5	5	20
		DATE RISK WAS ADDED	June 2024		

CURRENT RISK SCORE	RATIONALE	TARGET RISK SCORE	RATIONALE	RISK HISTORY
Impact 4 x Likelihood 3 = 12	• FTSU themes showing earlier resolution • Reduction in formal ER cases / escalation trends • PCREF and health inequalities programme traction • NHS Staff Survey trend improvements (engagement, inclusion, speaking up) • Increased Active Bystander / Cultural Humility training uptake	Impact 3 x Likelihood 3= 9	A number of workforce plans focused on improved culture would have a positive impact on the Trust's ability to attract and retain a skilful, compassionate workforce.	Jan 2025: 20 June 2025: 12
		DATE OF LAST REVIEW	16 June 2026	

CONTROLS/ MITIGATIONS	GAPS IN CONTROL
Workforce Planning and Supply • Delivery of a robust workforce plan to ensure sustainable staffing levels • Implementation of a structured international recruitment programme to support workforce supply • Development of "grow our own" workforce initiatives, including apprenticeships and internal career pathways • Completion of training needs analysis to inform workforce development priorities • Implementation of stay conversations and exit surveys to improve staff retention and understand workforce drivers Leadership and Management Capability • Delivery of first line manager training to strengthen leadership capability • Implementation of the Authentic Leadership Programme to support inclusive and compassionate leadership behaviours • Delivery of a masterclass series on policies and management practices to improve management capability and consistency • Role recommended compliance expectations linked to appraisal and performance management • Clear divisional accountability framework for culture and EDI Organisational Culture and Staff Experience • Implementation of the Values in Practice framework to embed organisational values and behaviours • Delivery of the FLOURISH staff wellbeing programme • Implementation of the No Hate Zone initiative to promote a safe and inclusive workplace • Delivery of Active Bystander training to support respectful behaviours and challenge inappropriate conduct • Implementation of the Culture of Care programme, incorporating anti-racism and inclusive culture initiatives • Monitoring of staff experience through the NHS Staff Survey • Regular pulse surveys to monitor staff experience and engagement	Workforce Attraction and Recruitment • Lack of a formalised workforce marketing and attraction strategy to support recruitment and promote the Trust as an employer of choice • Ongoing national and local workforce shortages limiting the organisation's ability to fully meet recruitment requirements Governance, Accountability and Compliance • Inconsistent adherence to organisational policies and procedures, resulting in areas of potential non-compliance • Variable levels of local accountability and oversight for implementation of organisational controls Organisational Culture and Values • Inconsistent application of the Trust's values and behaviours framework across teams and services. Staff Engagement and Insight • Low or variable participation in staff surveys, limiting the Trust's ability to gain comprehensive workforce insight Workforce Development and Training • Non-attendance or low completion rates for mandatory and developmental training, reducing assurance that staff have the required knowledge and skills

• Strengthened governance route from divisional data to People Committee Patient Safety and Learning Culture • Implementation of the Patient Safety Incident Response Framework (PSIRF) • Delivery of the Restorative Just and Learning Culture programme to support learning from incidents • Ongoing monitoring and management of complaints and concerns to identify improvement opportunities Equality and Reducing Health Inequalities • Development and implementation of divisional Reducing Inequalities plans • Delivery of programmes focused on reducing health inequalities across services • Use of Data with Dignity principles to ensure equitable and appropriate use of data • Engagement with partners through the Community Collaborative to improve population health outcomes	

ACTIONS PLANNED

Action	Lead	Due date	Update
Develop and implement infrastructure to identify and address Racism and Discrimination across the Trust.	Associate Director of Equality, Diversity, Inclusion and Organisational Development	31st March 2026	• Anti Racist behavioural framework: colleague and practitioner framework currently being rolled out. Inclusive supervision model being developed. • Comms shared in relation to current surgency in hate crime and violence against racialised communities. • QI project commenced in Acute and Urgent Care to co-produce ways in addressing racism from Service users. • Second cohort of Authentic Leader programme underway. • 521 colleagues trained as Active Bystanders across the Trust. • 159 colleagues trained in Cultural Humility and Safety to improve culturally informed Patient Care.
Take PCREF from pilot to full implementation.	Associate Director of Equality, Diversity, Inclusion and Organisational Development	31st March 2026	• Anti Racist behavioural framework -colleague and practitioner currently being rolled out. Inclusive supervision model being developed. • PCREF to be incorporated into HI plans and also key corporate frameworks i.e. PSIRF. • Embed PCREF in frontline services.

			• PCREF to become part of the Culture of Care programme.
Develop a learning and development framework which utilises feedback from ER, FTSU, Staff Survey and stakeholders to inform management training and masterclasses.	Associate Director of People, Learning and Development	30th September 2026	• Learning and Development deep dive held at People Committee strategy session, ensuring alignment with the Trust Strategy 2026-2031.

PLANNED ASSURANCES	GAPS IN ASSURANCE	POSITIVE ASSURANCE	NEGATIVE ASSURANCE
Internal audit reviews 2026-27: • Compliance with Anti-Racism Policy • Compliance with Sexual Safety Policy	Limited confidence in the quality and completeness of workforce demographic data, reducing assurance in monitoring equality and diversity outcomes. Changes and initiatives not consistently translating into improved staff experience or sustained outcomes, limiting evidence of control effectiveness.	Workforce Planning and Recruitment • Delivery of divisional workforce plans to support staffing needs. • Reduced time to recruit through NHSP and direct engagement. • Executive and system-level vacancy controls in place. • Implementation of temporary staffing reduction plans. • Values-based recruitment embedded in hiring practices. Leadership, Culture and Staff Experience • Rollout of Culture of Care programme to embed values and behaviours. • Implementation of Values in Practice feedback process and behavioural framework. • Management essential and people-related training delivered.	• Persistent diversity gaps in senior positions, limiting representative leadership. • Workforce Race Equality Standard (WRES) and Disability Equality Standard (WDES) indicators highlight ongoing inequality risks. • Gender pay gap remains, indicating unequal pay progression. • AfC pay scales and cost-of-living increases may be less competitive than comparable private sector roles, affecting recruitment and retention. • Partial assurance Appraisal Process internal audit review, indicating inconsistency in approaches to appraisals, recording of conversations and impact on progression. • Partial assurance E-Rostering/ Temporary Staffing internal audit review, highlighting need to continue to strengthen temporary staffing controls and consistent application of process.

		• Improved staff survey scores and engagement, supporting retention. • Improved retention rates through workforce initiatives and flexible working. Equality, Diversity and Inclusion • Delivery of Workforce Race and Disability Equality Standards. • EDI Improvement Plan in place to drive inclusion. • Inclusive health and wellbeing offer supporting staff needs. • Recognition as Model Employer and achievement of Race Code Quality Mark. • Compliance with Public Sector Equality Duty reporting and NHSE High Impact Actions. • Programmes to reduce health inequalities and implement Patient Carer Race Equality Framework.	

Update since last review:

16 June 2026:

- Consequences reviewed and updated
- Risk rationale reviewed and updated
- Controls reviewed and updated

REF	STRATEGIC RISK	GOAL/ ENABLER	CAUSES	CONSEQUENCES	LEAD COMMITTEE	LEAD	LINKED RISKS
SR2	Failure to develop, transform and sustain a future-ready workforce with the capacity, capability, diversity and leadership required to meet changing population needs, service transformation and long-term organisational resilience.	Building a values-led culture where people and teams feel supported, skilled and confident throughout their employment journey	• Increased demand. • Reduced pipeline locally and nationally to fill workforce gaps. • Reduced training commissions. • Hard to fill specialty posts across multiple professions on a national scale. • Poor management of people related matters. • Insufficient HWB offer.	• Reduced capacity to deliver key strategies, operational plan and high-quality services. • Increased staff pressure. • Continued reliance on temporary staffing. • Reduced ability to recruit the best people due to deterioration in reputation. • Workforce instability including in retention, burnout increase and morale decline • Increased sickness levels.	People Committee	Executive Director of Strategy, People and Partnerships	SR1

RISK APPETITE		INHERENT RISK SCORE	Impact	Likelihood	Risk score
Open - Innovation pursued – desire to 'break the mould' and challenge current working practices. High levels of devolved authority – management by trust rather than close control. *Target risk score range 9-10.*			5	5	25
		DATE RISK WAS ADDED	June 2024		

CURRENT RISK SCORE	RATIONALE	TARGET RISK SCORE	RATIONALE	RISK HISTORY
Impact 4 x Likelihood 3 = 12	Despite continuing demand and acuity pressures, workforce is in a healthier position with the vacancy factor reduced, turnover improved and pipelines have been strengthened. Challenges remain in hotspot areas which are now being addressed through a more targeted	Impact 3 x Likelihood 3 = 9	A number of workforce plans focused on recruitment, retention and improved culture would have positive impact on the Trust's ability to attract and retain a skilful, compassionate workforce.	Jan 2025: 20 June 2025: 12

	approach.	DATE OF LAST REVIEW	16 June 2026	

CONTROLS/ MITIGATIONS	GAPS IN CONTROL
Workforce Planning and Recruitment • International recruitment pipeline in place to support workforce supply. • Divisional workforce plans implemented to address local staffing needs. • Reduced time to recruit through targeted processes and NHSP/ direct engagement. • Executive and system-level vacancy controls in place to manage workforce gaps. • Robust temporary staffing processes and reduction plans operational. • Alignment with system priorities including Reconnect, Recruit, Train and Retain, Resilience and Reform. • Focused interventions in hotspot areas to address critical staffing pressures. Workforce Deployment and Staffing Assurance • Safer staffing model applied to ensure safe and effective staffing levels. • MHOST and E-Rostering compliance support workforce deployment and monitoring. Talent Management Strategy • Overarching talent management strategy to support the development and retention of key staff. Workforce Experience, Retention and Engagement • Retention plan implemented to improve workforce stability. • Implementation of stay conversations, leavers questionnaires, staff survey and pulse survey to monitor staff experience. • Training Needs Analysis conducted to inform development priorities. • Provision of flexible retirement options and health and wellbeing offers. • Embedding of values and behavioural framework across teams. • Robust people processes to support consistent HR practice and compliance.	Workforce Recruitment and Supply • Delays in recruitment processes for hard-to-fill roles, impacting timely staffing (although improving). • No formalised marketing and attraction strategy for some critical clinical roles. • High dependency on temporary staffing, increasing risk to workforce stability. • Insufficient vacancies at Band 5 nursing levels to support workforce pipeline. • No overarching talent management strategy to develop and retain key staff. Workforce Systems and Processes • E-Rostering not fully utilised, limiting staffing efficiency and oversight. • People processes not consistently adhered to, reducing assurance over HR compliance. • Inconsistent application of values and behaviours framework, affecting culture and staff experience. • No single organisation-wide vision for how ESR should be used, governed or optimised resulting in variation in workforce data and fragmented decision-making around process standards.

ACTIONS PLANNED

Action	Lead	Due date	Update

Decrease use of bank in line with growth of substantive workforce.	Head of Workforce Transformation/Executive Director of Quality and Safety	31 March 2027	Work is continuing through the Bank Gold group, and we are starting to see the impact of bank reduction strategies. Reliance on bank staff is improving as our substantive staffing levels improve and rostering practices. Reductions in time to hire is supporting bank reduction.
Monitor and support the implementation of divisional workforce plans through SOFW	Head of Workforce Transformation	31 March 2027	Plans have been developed and will be reported on a rolling basis to SOFW which will be targeted on their hotspot areas. The plan will be iterated as needed. This is linked to CRR041/2100 (Risk to workforce plan effectively)
Implementation of the agreed People Promise priorities for 25/26	Head of workforce Transformation	31 March 2026	People promise workshop and staff survey results led to focus on EDI and freedom to speak up. Turnover continues to improve. Staff engagement through Staff Survey at a high of 60%.
Collaborate with comms to create a marketing and candidate attraction plan.	Associate Director of People, Learning and Development	30 September 2026	A plan is being developed and will be reviewed through Shaping our Future Workforce. This is also linked to CRR043/2121 (risk that we may lose out on future workforce).
Develop a talent management framework and toolkit	Associate Director of EDI and OD and Head of workforce transformation	31 March 2026	Framework agreed in principle at TCSE. Currently developing a toolkit.

PLANNED ASSURANCE	GAPS IN ASSURANCE	POSITIVE ASSURANCE	NEGATIVE ASSURANCE
Internal audit action tracking reports	Limited confidence in the quality and completeness of workforce demographic data, reducing assurance in monitoring equality and diversity outcomes. Changes and initiatives not consistently translating into improved staff experience or sustained outcomes, limiting	Workforce Engagement and Experience • Increased proportion of staff recommending BSMHFT as a place to work, reflecting improved staff satisfaction. • Improved staff engagement scores, indicating stronger workforce morale and commitment. Workforce Recruitment and Retention • Reduction in the vacancy gap from 10.4% to 7.1% (24/25), demonstrating progress in staffing levels.	• Diversity gaps remain in senior leadership roles, limiting representative leadership. • Gender pay gap persists, indicating inequality in pay progression. • WRES and WDES indicator 2 results highlight disparities in likelihood of appointment from shortlisting. • Cost-of-living pressures and AfC pay scales may be less competitive than some private sector roles, impacting recruitment and retention. • Inconsistent adherence to flexible working initiatives across some areas.

	evidence of control effectiveness.	• Improved recruitment timelines, supporting faster onboarding of staff. • Increased use of social media to attract candidates to hard-to-fill roles. • Monitoring via HR KPI reports to provide oversight of workforce performance.	• Variable application of values-based recruitment principles, limiting consistency in recruitment practice.
Update since last review:			
16 June 2026: • Updated the consequences • Additional bullet points under gaps in control (Workforce systems and processes) • Additional bullet points under controls/mitigations (Talent Management strategy) Due dates updated where actions are required to continue within the new financial year.			

REF	STRATEGIC RISK	GOAL/ ENABLER	CAUSES	CONSEQUENCES	LEAD COMMITTEE	LEAD	LINKED RISKS
SR3	Failure of services to be consistently safe for service users, carers and communities.	Creating simpler, more connected, high quality and responsive services where care is safe and inclusive, with service users and carers at the centre	• Inconsistent safety and learning culture, including openness, psychological safety and the translation of learning into improvement. • Variation in the effectiveness of patient safety, learning from deaths and safeguarding arrangements. • Unwarranted variation in quality, clinical risk management, safety planning and multidisciplinary practice. • Pathway, access, capacity and system pressures affecting continuity and responsiveness of safe care.	• Service users, carers, staff and communities experience avoidable harm or are not adequately protected from risk. • Patient safety risks, safeguarding concerns and learning from deaths are not consistently identified, escalated or acted upon. • Learning is not embedded or translated into sustained improvements in care, experience and outcomes. • Regulatory, commissioner and public confidence is reduced due to variation in safety, quality and responsiveness.	Quality, Patient Experience and Safety Committee	Executive Director for Quality and Safety/ Chief Nurse	

RISK APPETITE		INHERENT RISK SCORE	Impact	Likelihood	Risk score
	Cautious: Our preference is for risk avoidance. However, if necessary, we will take decisions on quality and safety where there is a low degree of inherent risk and the possibility of improved outcomes, and appropriate controls are in place. *Target risk score range 6-8.*		4	5	20
		DATE RISK WAS ADDED	18 October 2024		

CURRENT RISK SCORE	RATIONALE	TARGET RISK SCORE	RATIONALE	RISK HISTORY
Impact 4 x Likelihood 4 = 16	Current score demonstrates the controls in place and level of assurance evidenced.	Impact 4 x Likelihood 2 = 8	Aligns with the Trust's risk appetite and reflects the threshold at which risk could be tolerated as it can't be eliminated and due to controls being embedded.	Jan 2025 16

		DATE OF LAST REVIEW	15 July 2026	Dec 2025	20
				March 2026	12
				May 2026	16

CONTROLS/ MITIGATIONS	GAPS IN CONTROLS
Learning from Incidents and Clinical Effectiveness • Processes to review and learn from deaths, Coroner's reports, and QSIS compliance. • Learning from complaints • Clinical Effectiveness programme including Clinical Audit, NICE guidance, and NCAPOP (National Clinical Audit and Patient Outcomes Programme) • Embedding of PSIRF • Patient safety education, training, and promotion of a culture of continuous learning • CYP waiting well policy – initial meeting with Head of LDA to attend, agreed alternative consultant to support Clinical Director of CYP Safety and Oversight Structures • Trust Safety Huddles and Safer Staffing Committee • Bronze/ Silver/ Gold escalation and resolution process • Clinical supervision maintained above 80% • Psychological support for staff & AVERTS training Quality Assurance and Improvement • Internal quality/ assurance processes including AMaT implementation • Development and use of RRP Dashboard, QAG and Safe Care Dashboards • QI resources and projects in place • Programme of external audits • CQC Insight data and regular joint meetings with regulators • Enhanced Therapeutic Observations of Care QI • Bands 5 – 6 training programme for new graduates May 2026onwards • Nigel's Plan (Assertive & Intensive Plan) oversight through NHSE Policies, Procedures and IT Systems • Clinical policies, procedures, guidelines, pathways, supporting documentation, and IT systems • Shared Care Platform to support safe care delivery Stakeholder Assurance and Compliance • Agreed processes for sharing information and providing assurance to MHPC, ICB, NHSE, and CQC • Oversight of MHA Action Plan from CQC inspections, now complete and reporting via CGC	• Variation in MDT standards • Full utilisation of Dialog+ to support clinical outcomes and data capture • Targeted audits on MDT standards, risk assessment, and safety planning • Data dashboard providing teams and the Trust with an Early Warning System; finalisation of Heat Map component. • Variation in compliance with mandatory training programmes (ILS, ELS, AVERTS, ETOC) • Inconsistent completion and knowledge of physical health assessments • Staff feedback indicates the WHAT Tool is time-consuming during handovers • Non-compliance with fridge temperature checks and actions in response causing medicines risk • Community Team Caseloads across ICCR, HTTs and Care for Older People • Searching policy compliance • Non-compliance with enhanced therapeutic observations and recording • Patients in bedroom seclusion • Access and waiting times • PFD and knowledge gaps relating to physical health • Experienced staff nurse vacancies HTT, PLT & CMHT • Caseload stratification and effective shared care model

• Capital prioritisation process aligned to quality and governance needs • Business case for Reaside Clinic	

ACTIONS PLANNED			
Action	Lead	Due date	Update
Ensure harm reduction and long-term support for physical health. Implement strategy, monitor work plan, audit care and safety plans	ED Q&S	September 2026	Physical health needs assessment completed, implementation plan to be completed Strategic plan to be derived from the strategy with clear deliverables, in particular to focus on the identification and management of Diabetes Assurance report monthly through CEAG on training and skills
Implement Nigel's Plan	ED Q&S	March 2027	Nigel's plan assured at NHSE & CQRM Board Story to provide assurance with plan Case stratification across community teams to take place, all SMI patients to be identified with associated risk and safety planning, caseload review tool
Safecare dashboard to be utilised for Divisional assurance and provide Ward to Board assurance and Regulatory Assurance	ED Q&S	September 2027	Safe care dashboard in place, Quality Assurance Group established with attendance through Quality Days CQRM established with Regulators, quarterly CQC engagement sessions
Assure on effective use of Dialog+ and MDT standards across all services	ED Q&S	March 2027	MDT standards launched, audits in place, deep dive Juniper Centre Physical health parameters added to dialog+
Joint implementation of AMPH review with Birmingham City Council	ED & Q&S	September 2027	AMPH review completed, joint delivery plan expected for May to be delivered through MHLC

PLANNED ASSURANCE	GAPS IN ASSURANCE	POSITIVE ASSURANCE	GAPS IN ASSURANCE
Internal audit reviews 2026/27: • Clinical audit • CQC planned and unannounced inspection reports	• Lack of an accountability framework in place for how actions from Ligature and Environmental risk assessments are	<u>Learning for improvement:</u> • Structured Judgment Reviews reviewed at local safety panels • Corporate-led learning from deaths meeting	• PFD on learning identification through internal investigations, SOP for staff support at inquest • CQC Inspection 'North' Acute Wards

• Reaside commissioned support programme and Culture of Care Programme • Door alarm implementation programme • Triple A reporting to QPES from CGC • Quarterly reporting to Trust CGC on overall MHA compliance – high level reporting • QMS update reporting to QPES • QI reporting to Trust and Local CGCs, STMB and requested for regular QPES/Board • Patient Safety Report to Trust CGC, QPES, and Board • Independent annual assessment against the 68 NHS Core Standards for EPRR • Safety Huddles review staffing on a daily basis • DIPC/IPC/Estates monthly escalation meeting. • Safer staffing assurance report for QPESC • Safety Alert process • AMHP review completed	overseen/managed at Divisional level with stratification of associated risk at trust level. • Staff training via e-learning and lack of assurance on competence • Assurance process with data on physical health checks and admission assessments to be added to dashboard	• Executive Director's Assurance Reports to QPES Committee and Board • NHS Digital Quarterly Data • Commissioner and NED quality visits • CGC Local review has been completed and actions implemented • Nigels Plan (A&I) • Physical Health Strategy • CQC inspections Urgent care Pathways and Steps to Recovery	• CQC breach regulation 12 Community Teams for Older People • Staffing levels for experienced RMNs Crisis pathway and community teams
Update since last review:			
July 2026 •			

REF	STRATEGIC RISK	GOAL/ ENABLER	CAUSES	CONSEQUENCES	LEAD COMMITTEE	LEAD	LINKED RISKS
SR4	Failure to be a service user, family and carer-led organisation	Creating simpler, more connected, high quality and responsive services where care is safe and inclusive, with service users and carers at the centre	• Limited ability to collate, share, and use incident intelligence to improve patient experience • Workforce challenges: knowledge gaps in recovery/personalised care, high turnover, and overreliance on bank/agency staff • Difficulty sharing good practice and lack of a central hub for engagement activities • Increased waiting times negatively impacting patients, families, and carers • Families and carers not consistently engaged in care planning • Limited understanding of team influence, compliance with MDT standards on patient care and pathways	• Reduction in quality care and recovery-focused provision. • Services not aligned with the needs of service users, families, and carers, leading to disengagement. • Increased regulatory scrutiny, intervention, and enforcement. • Reactive service model and rising service demand. • Insufficient resources to support health, wellbeing, and workforce development.	Quality, Patient Experience and Safety Committee	Executive Director for Quality and Safety/ Chief Nurse	

RISK APPETITE		INHERENT RISK SCORE	Impact	Likelihood	Risk score
Cautious – Our preference is for risk avoidance. However, if necessary, we will take decisions on quality and safety where there is a low degree of inherent risk and the possibility of improved outcomes, and appropriate controls are in place. *Target risk score range 6-8.*			4	4	16
		DATE RISK WAS ADDED	18th October 2024		

CURRENT RISK SCORE	RATIONALE	TARGET RISK SCORE	RATIONALE	RISK HISTORY	
Impact 4 x Likelihood 2 = 8	Current score demonstrates the controls in place and level of assurance evidenced.	Impact 4 x Likelihood 2 = 8	Aligns with the Trust's risk appetite and reflects the threshold at which risk could be tolerated as it can't be eliminated and due to controls being embedded.	Jan 2025	12
		DATE OF LAST REVIEW	15 July 2026	Dec 2025	16
				March 2026	8

				May 2026	12

CONTROLS/ MITIGATIONS	GAPS IN CONTROL
Community Engagement and Transformation • Delivery of the Community Transformation Programme • Development of a Community Engagement Framework, led by ICB QI Programmes with Experts by Experience (EbEs) and aligned to the HOPE Strategy • Participation of service users and carers via IPEAR representation, EBE recruitment panels, and Participation and Experience team members in each division • HOPE and LEAR action groups driving local engagement and service improvements • Input from Recovery for All Team, Recovery College, and EBE educator programme to support co-production and learning Governance and Oversight • QPESC, Chair, Non-Executive, and Executive Director visits providing oversight and assurance • Board and QPESC patient stories highlighting lived experience • Mustak's 15 Steps visits and ward dashboards providing service-level assurance. Patient and Carer Feedback • Implementation of carer strategy • Feedback mechanisms including Healthwatch reports, PALS, and Complaints with resolution and learning • Culture of Care patient and staff surveys reported through PEAR • PLACE reports and Nutrition and Food Group updates submitted to PEAR • Delivery and assurance of the National CQC Community MH Survey through PEAR Workforce Training and Development • Trust induction sessions for new staff • Matrons training to support clinical leadership and quality improvement	• Lack of audit compliance monitoring on MDT standards, risk assessments and safety plans • Uptake of national community MH survey to be supported through SULEG • Roll out across all in-patient services of use of 'Reaside model' of use of Patient Reported Outcome and Experience Measures • Written role descriptions and expectations for Experts by Experience • Implementation of 15 steps model for assurance visits • Divisional Service insights at QPESC • Uptake of CQC Community Services Survey

ACTIONS PLANNED

Action	Lead	Due date	Update
Implement a range of opportunities and mechanisms for Service Users and Carers to inform service improvement.	Chief AHP	31 March 2027	Patient councils underway in all divisions PREOMS to be reviewed at Board development and implemented via SULEG, evidence of actions following escalations e.g. Night Care

Implement HOPE Strategy including the findings of the review of the Recovery College	Chief AHP	30 September 2026	The Recovery College review is complete and a Management of Change paper is being constructed to align to NHS 10 Year plan and Trust strategy. HOPE strategy action groups will continue outside of refreshed recovery college process and will be governed through Service User Lead Engagement group
Work with third sector providers to enable engagement of Carers and family members in personalised care and service improvement	Chief AHP	31 March 2027	PCREF Triangle of Care pilot commencing August 2026 Trust wide Family and Carer Engagement group to commence in September Making Families Count family panels commence in September for Crisis and Urgent Care

PLANNED ASSURANCE	GAPS IN ASSURANCE	POSITIVE ASSURANCE	NEGATIVE ASSURANCE
• Monthly reports on participation and engagement presented QPES • QI Reports • Participation and Experience team provide quarterly reports to divisional teams. ICCR have requested bi-monthly reporting to support with actions related to negative comments in Community Mental Health survey • Executive oversight of the engagement activities • Participation worker visits to clinical areas reported via Participation and Experience Team monthly meetings and	• Inability to integrate and effectively use data in reporting – Inability to integrate and triangulate data from patient experience and PALS/Complainants effectively • Increase in PALS activity due to ADHD pathway and CYP additional work • Measure family involvement in risk formulation through MDT standards audit	• Friends and Family Test feedback • Healthwatch feedback • EbE Observer project • Patient councils in Secure Care, Urgent Care, CMHT and Dementia and Frailty • Timeliness of complaints responses improving	Community Mental Health survey 2025 Temporary pause of Recovery College Activities

escalated through SULEG			
Update since last review:			
July 2026: Combined Service user led and customer relations report to commence triangulation to support with data driven element of the trust strategy Making Families Count have been procured to support with family panels in Crisis and urgent Care pathways which traditionally have limited family and friends test results PCREF Triangle of Care pilot site has been awarded to BSMHFT. Work commencing this month to align clinical areas to pilot methodology			

REF	STRATEGIC RISK	GOAL/ ENABLER	CAUSES	CONSEQUENCES	LEAD COMMITTEE	LEAD	LINKED RISKS
SR5	Failure to maximise the Culture of Care standard and ensure we are a clinically informed organisation	Creating simpler, more connected, high quality and responsive services where care is safe and inclusive, with service users and carers at the centre	Inconsistent leadership behaviours and organisational culture. Limited clinical involvement in strategic decision-making. Weak governance for quality improvement and learning. Failure to listen to patients, carers and staff. Workforce pressures affecting wellbeing and engagement. Insufficient focus on equality, diversity and health inequalities. Variable implementation of the Culture of Care standard across services. Poor triangulation of quality intelligence. Limited organisational learning from incidents, complaints, claims and deaths.	• Harm to patients. • Reduced quality of care and patient experience. • Poor staff morale, wellbeing and retention. • Increased complaints and serious incidents. • Failure to reduce unwarranted variation. • Poor CQC outcomes or regulatory intervention. • Reduced public confidence. • Failure to deliver strategic ambitions for quality and improvement. • Inequalities in outcomes and experience persist or widen.	Quality, Patient Experience and Safety Committee		

RISK APPETITE	Open - Innovation supported, with demonstration of commensurate improvements in management control. Responsibility for noncritical decisions may be devolved. Plans aligned with functional standards and organisational governance. *Target risk score range 9-10.*	INHERENT RISK SCORE	Impact	Likelihood	Risk Score
			4	5	20
		DATE RISK WAS ADDED	July 2026		

CURRENT RISK SCORE	RATIONALE	TARGET RISK SCORE	RATIONALE	RISK HISTORY

Impact 4 X Likelihood 2 = 8	We are developing measures to demonstrate these outcomes in a systematic way, or focus our resources on their achievement, so there is currently no data to provide assurance of a lower risk	Impact 3 * Likelihood 3 = 9	It is a core purpose of the Trust to deliver against the culture of care standards, although there will always be competing demands	
		DATE OF LAST REVIEW	15 July 2026	

CONTROLS/ MITIGATIONS	GAPS IN CONTROL
• Quality Strategic Goals • Culture of Care Framework and implementation programme. • Patient Safety Incident Response Framework (PSIRF). • People Strategic Goals • Equality, Diversity and Inclusion Strategy. • Freedom to Speak Up arrangements. • Quality Governance Framework. • Clinical leadership embedded across services. • Quality Improvement methodology and training. • Patient and carer involvement in service improvement. • Clinical audit programme. • Mortality, incident and learning reviews. • Patient experience programme. • Staff engagement mechanisms. • Clinical supervision. • Leadership development programmes. • Learning from Lives and Deaths processes (where applicable). • Quality dashboards.	• Variable maturity of Culture of Care implementation. • Inconsistent clinical engagement in corporate decision-making. • Limited protected time for quality improvement. • Workforce shortages affecting compassionate care. • Variable use of patient insight to shape services. • Inconsistent adoption of improvement methodologies. • Data quality limitations affecting quality intelligence.

ACTIONS PLANNED

Action	Lead	Due date	Update

PLANNED ASSURANCE	GAPS IN ASSURANCE	POSITIVE ASSURANCE	NEGATIVE ASSURANCE
Internal audit reviews 2026/27: Clinical audit	•	•	
•			

REF	STRATEGIC RISK	GOAL/ ENABLER	CAUSES	CONSEQUENCES	LEAD COMMITTEE	LEAD	LINKED RISKS
SR6	Failure to provide timely access to and discharge from services	Care: Creating simpler, more connected, high quality and responsive services where care is safe and inclusive, with service users and carers at the centre	• Adult and older adult bed numbers below national average. • High Mental Health Act admissions and patient acuity increasing lengths of stay. Limited bed capacity due to high numbers of Clinically Ready for Discharge (CRFD) patients. • Delays in discharge destinations caused by social care availability and placement issues. • High bed occupancy and CMHT caseloads impacting service user engagement. • Non-compliance risks undermining quality of care and leadership.	• Service users placed out-of-area, reducing local support and increasing costs. • National targets for inappropriate OOA placements not being met, affecting patient experience. • Delays in local admissions and prolonged CRFD stays increasing length of stay. • Long waits for ADHD assessments and high DNA rates impacting timely care. • Financial and operational risks if Talking Therapies activity and follow-up within 3 days of discharge are not achieved. • Ineffective patient flow across services, increasing escalation, crisis needs, and regulatory scrutiny.	Quality, Patient Experience and Safety Committee	Executive Director of Finance/ Executive Director of Operations	

RISK APPETITE		INHERENT RISK SCORE	Impact	Likelihood	Risk score
Cautious - Willing to consider low risk actions which support delivery of priorities and objectives. Processes, and oversight / monitoring arrangements enable limited risk taking. Organisational controls maximise fraud prevention, detection and deterrence through robust controls and sanctions. *Target risk score range 6-8.*			5	5	25
		DATE RISK WAS ADDED	September 2024		

CURRENT RISK SCORE	RATIONALE	TARGET RISK SCORE	RATIONALE	RISK HISTORY	
Impact 5 x Likelihood 4 = 20	Current score demonstrates the controls in place and level of assurance evidenced.	Impact 4 x Likelihood 3 = 12	Aligns with the Trust's risk appetite and reflects the threshold at which risk could be tolerated as it can`t be eliminated and due to controls being embedded.	Jan 2025	20
		DATE OF LAST REVIEW	17 July 2026		

CONTROLS/ MITIGATIONS	GAPS IN CONTROL
• Established Shareholder, Liaison, Contractor, and Operational Management Team meetings to ensure effective communication, service delivery, and compliance with quality standards. • Trust Sustainability and Net Zero Group overseeing progress on environmental priorities. • Site-wide heat decarbonisation reviews to ensure energy efficiency and compliance. • Prioritisation of risk assessments, statutory standards, and backlog maintenance programmes to maintain infrastructure and service quality. • Delivery of the Trust Green Plan and associated action plan to meet sustainability targets. • Regular audits and horizon scanning to monitor compliance and identify potential risks. • Staff training and awareness programmes to promote compliance and appropriate behaviours. • Strengthened internal control systems and processes to mitigate operational and regulatory risk. • Daily 3-day follow-up notifications for clinical teams, with reporting via Trust and local FPPCs. • Monitoring of community waiting times via FPPC against trajectory, with detailed reports for clinical management. • Patient Flow Steering Group overseeing reduction of Out-of-Area placements and associated workstreams on demand management, Locality Model, CRFD, and length of stay. • Service-level deep dive meetings covering national indicators, waiting times, and benchmarking. • Remedial action plan for Talking Therapies to address performance gaps. • Performance Assurance Panel providing oversight of key metrics and improvement actions. • Establishment of Planning and Delivery subcommittee to receive escalations from Performance Assurance Panels and Transformation Delivery Group • Identified Non-Executive Director provides oversight for Sustainability, Net Zero Carbon, and the Green Plan.	• Physical environment risks are captured in the Estates and Facilities Risk Schedule, with mitigation actions and regular reviews. • All properties are routinely reviewed by professional Estates and Facilities Managers. • Condition surveys, statutory standards reviews, compliance assessments, and independent AE audits ensure premises meet required standards. • Operational pressures limit staff capacity to fully implement controls. • Self-assessment, accreditation, and self-certification processes require strengthening. • Governance arrangements around compliance are currently insufficient.

ACTIONS PLANNED			
Action	Lead	Due date	Update
Trustwide Sustainability/ Green Group. With representation Corporate and Clinically.	Trust/ SSL	31 March 2027	Helps to mitigate impact on carbon and environment. The Sustainability / Green Group does not impact on major factors in for example 'Failure to maintain acceptable operational governance and environmental standards I.e. death / serious injury'. The Green Plan is in direct response to the NHSE mandate and Carbon Net Zero with targets at 2030/32, 2040 and UK wide legislation at 2050.

Development of Business cases and securing of major capital to address Reaside functional suitability.	Trust/ SSL	31 March 2027	Mitigation of backlog is progressed via SSBM, Capital programmes and Maintenance regimes where Trust finances allow. Replacement of current Reaside facility to address poor functionality, Service user accommodation and environmental system life cycle impacts is a Trust led major project. This is as before a Trust not SSL action. In any event it is logical that the action will remain until either the Trust decides to stop trying to replace Reaside and / or secures the necessary funding for a major project.
Implementation of the Talking Therapies Action Plan to address performance issues.	AD for Specialties	31 Dec 2025	Recovery action plan in place with good oversight from the Divisions leadership team. Regular reporting and scrutiny and the Performance Delivery Group and service deep dives. Meeting with MH provider collaborative took place in September 2025 to further review and explore additional actions to mitigate the risks of underperformance.
Productivity Improvement Plan developed and implemented within Acute & Urgent Care.	AD for Acute & Urgent Care, and AD for Children and Young People	31 March 2026	Plan on track. Weekly patient flow meetings in place to review performance against plan. Other operational divisions called to the meeting to support flow and focus on patient who are clinically ready for discharge (CRFD). Additional weekly Gold escalation meeting stepped up in July 2025 to drive down the increasing spot purchasing bed activity. Plan achieved over the planned 6-week period. Meeting has good clinical leadership representation. New bed contract mobilised in September 2025 to further reduce use of non-contract beds and to aid patient flow.
New divisional performance and assurance panel commenced Oct 2025 to strengthen oversight and ensure deliver against standards and national requirements.	AD's for Specialities, AD for secure and offender Health, AD for Integrated Community Care and Recovery, AD for Acute and Urgent	31 March 2026	A review has taken place of Performance assurance panels as agreed to ensure the function fulfils its core objectives, this will now remain as BAU assurance structure within the trust. Consider closure as BAU

	Care and AD for Children and Young person Division		
Ensure the Trust is ready for the Well-led CQC Inspection.	Head of Health and Safety and Regulatory Compliance & AD of Corporate Governance	31 March 2026	All well-led workshops have now been delivered for all service areas, and the Board has also had a Board development day on the Well-led Quality statements. A 'deck of cards' has been pulled together with key facts and information about the Trust. Our quality visits use the quality statements as the benchmark, therefore there is ongoing assessment of performance against expected evidence. Consider closure
Ensure the Trust is compliant with its Licence and the Code of Governance.	AD of Corporate Governance & Company Secretary	31 March 2027	On track
Length of stay improvement and clinically ready for discharge action plan for all age. (Part of the Learning & Improvement Network)	AD Acute and Urgent Care/Specialties. AD CYP Division	April 2026	A Senior Responsible Officer has been allocated to the Clinically Ready for Discharge programme, with a dedicated workstream being developed in partnership with the local authority to strengthen joint ownership of discharge barriers and improvement actions. Work has also begun to align length-of-stay objectives across divisions, including Secure Care and Offender Health and Integrated Community Care and Recovery, supporting a more consistent approach to metrics, governance and escalation. Through the Care Pathway Integration Programme, work is also underway to align bed management and patient-flow arrangements for people aged 18–25 with adult services. Work is also progressing on operational escalation frameworks to provide swift support to patients in emergency departments Trust would also benefit from gaining access to P2 beds this has been escalated to ICB and collaborative for support

PLANNED ASSURANCE	GAPS IN ASSURANCE	POSITIVE ASSURANCE	NEGATIVE ASSURANCE
Internal Audit reviews Inspection reports	• Lack of prioritisation of capital investment in matters	• Physical Environment considered within Estates and Facilities Risk	• Operational pressures are limiting the implementation of environmental and estates controls.

Compliance audits Self-assessment, accreditation and self-certification reports External visit reports Peer Reviews Board Assurance Framework Report National Oversight Framework	regarding the Green agenda and Decarbonisation of Heat Supply. • Poor learning from previous regulatory inspections. • Self-assessment, accreditation and self-certification culture not strong enough to be relied upon for assurance. • Peer review not very regular. • The culture of BAF not fully developed and embedded.	Schedule with mitigation, actions and reviews. • All properties reviewed by professional Estates and Facilities Managers. • Multi-disciplinary Trust Sustainability Group including SSL, Finance, Procurement, Clinical/ Nursing Teams, etc. • Performance reported to FPPC. • Governance arrangements for monitoring the quality of care provided to patients in non-BSMHFT beds in place.	• Self-assessment, accreditation, and self-certification processes are inconsistent or weak. • Governance around compliance and oversight is insufficient to ensure standards are consistently met. • Condition surveys and audits may not fully capture emerging risks or deficiencies. • Sustainability, Net Zero, and Green Plan objectives may be delayed or partially implemented due to resource constraints. • Residual risks exist where physical environments may not meet statutory or safety standards.
Update since last review: ➢ Talking therapies moved from Red to Amber ➢ Increased oversight and work programme on LOS and CRFD ➢ CQC Well led workshops have taken place ➢ Performance assurance panel review has taken place and now BAU			

REF	STRATEGIC RISK	GOAL/ ENABLER	CAUSES	CONSEQUENCES	LEAD COMMITTEE	LEAD	LINKED RISKS
SR7	Failure to maintain a sustainable financial position	Empowering and enabling people to make positive and bold change through innovation, improvement and research	• Poor financial management by budget holders. • Inadequate financial controls. • Cost pressures are not managed effectively. • Savings plans are not implemented. • Cash releasing efficiency schemes not identified • Operational services facing increased demand and caseload growth	• Trust not meeting its financial targets limiting available funds for investment in patient pathways. • Ranking in lower segments for financial metrics in Oversight Framework. • Reliance on non-recurrent balance sheet flexibility (which is reducing) • Reduction in future capital funds in future years • Reputational damage given historical financial performance	Finance, Performance and Productivity Committee	Executive Director of Finance	

RISK APPETITE		INHERENT RISK SCORE	Impact	Likelihood	Risk score
	Open: Prepared to invest for benefit and to minimise the possibility of financial loss by managing the risks to tolerable levels. Target risk score range 9-10.		5	5	25
		DATE RISK WAS ADDED	September 2024		

CURRENT RISK SCORE	RATIONALE	TARGET RISK SCORE	RATIONALE	RISK HISTORY	
Impact: 5 x Likelihood 5= 25	Current score demonstrates the current performance, controls in place and level of assurance evidenced.	Impact 5 * Likelihood 2 = 10	Aligns with the Trust's risk appetite and reflects the threshold at which risk could be tolerated as it can't be eliminated and due to controls being embedded.	Jan 2025	20
		DATE OF LAST REVIEW	3 July 2026	August 2025	25

CONTROLS/ MITIGATIONS	GAPS IN CONTROL
• Governance controls including Standing Financial Instructions (SFIs), Scheme of Delegation (SoD), and the business case approval process, supported by Financial Management teams, with regular performance reporting to the Finance, Performance and Productivity Committee and the Board. • Development of a Performance Assurance Panel to strengthen oversight and scrutiny of areas demonstrating poor or deteriorating performance. • Ongoing review and appropriate utilisation of balance sheet flexibilities to support financial management.	• Limited escalation or further review in response to instances of poor financial performance. • Lack of accountability for overspends, or not managing financial resources • Requests for cost pressure funding are sometimes submitted outside of the agreed governance and approval processes. • Inconsistent attendance at the Planning and Delivery subcommittee.

• Implementation and monitoring of the Savings Policy to support delivery of efficiency programmes. • Oversight and review through the Planning and Delivery Subcommittee, with enhanced financial oversight through Operational Management Team meeting • Alignment with Integrated Care System (ICS) expectations and reporting requirements. • Regular oversight by NHSE through provider Review Meetings and monthly finance reviews to ensure awareness and oversight of position	• The Trust has been unable to establish a robust pipeline of recurrent, cash releasing savings schemes to support delivery of financial targets. • Recovery Action Plans are not consistently delivering the required financial impact.

ACTIONS PLANNED

Action	Lead	Due date	Update
To improve reporting and governance arrangements	Deputy Director of Finance	September 2026	Policies that impact on governance arrangements for financial management, including around pricing, training and savings will be updated. Also explore technological opportunities around workflow and real time reporting. Finance department structures to be reviewed to determine whether appropriate resources are available to support organisational priorities.
Planning for savings delivery in 27/28 to commence early – submission of draft plans	Senior Leaders	September 2026	Planning for savings delivery element completed – DDOF written to all executives requesting plans for 27/28 savings delivery to be identified and submitted by mid September (2% for operational divisions, 3% for corporate divisions). Reminder sent June 26 Awaiting submission of recurrent, cash releasing plans
Financial strategy for 26/27 identified requirement for operational divisions to break even with plans to be identified if off track	Executive Director of Operations/ Deputy Director of Operations	1 July 2026	Completed - Financial strategy, including this requirement, shared with Exec team, Planning and Delivery sub committee, FPP and with all ADs by DDOF
Transformation Delivery Group to be established to lead work on organisational transformation	Deputy Director of Operations	1 April 2026	Completed – meetings now established and meeting monthly
Controls around usage of non NHS inpatient beds, and bank spend to be maintained	Executive Director of Operations / Executive Director of Quality and Safety	1 July 2026	Re inpatient beds – weekly meetings continue with focus around CRFD and flow Re bank spend – bank gold meetings revised to wider quality and safety panels.

Financial Recovery plans for overspending divisions to be developed	Associate Directors of Operations	July 2026	In line with the Financial Strategy shared with Executive Team, FPP and senior leaders, operational divisions with overspends equivalent to NOF 4 required to produce Financial Recovery Plans – Acute and Urgent Care and Specialties first two divisions

PLANNED ASSURANCE	GAPS IN ASSURANCE	POSITIVE ASSURANCE	NEGATIVE ASSURANCE
Internal audit reviews 2026/27: • BAF and Risk Management • Cyber Assessment Framework • Key Financial Controls • Ability to deliver planned financial position dependent on sufficient controls • External Audit review • Audit Committee and FPP oversee financial framework and monthly reporting of financial position and any deviation from plans. • Divisional Performance Assurance Panels • Ongoing oversight from NHSE around delivery of financial recovery plan.	• HFMA sustainability audit has identified a number of development areas that would improve controls and performance. • Plans for future years as part of the medium-term financial plan not well developed	• Ability to deliver planned financial position dependent on sufficient controls. • Financial recovery plan focused attention on trajectory and mitigations. • Recovery plans in key areas on beds and bank spend demonstrating run rate reductions. • National Oversight Framework and improvements in segmentation	• Financial performance reviews at team level to be strengthened with Financial Management tightening controls around overspend • A high proportion of savings schemes remain non-recurrent, causing risks in the underlying position. • Transformation schemes not yet identifying savings opportunities as part of programme

Update since last review:

3 July 2026

- Actions reviewed and updated.

REF	STRATEGIC RISK	GOAL/ ENABLER	CAUSES	CONSEQUENCES	LEAD COMMITTEE	LEAD	LINKED RISKS
SR8	Inability to deliver secure, reliable and well-embedded digital infrastructure and systems	Creativity: Empowering and enabling people to make positive and bold change through innovation, improvement and research	• Legacy infrastructure and ageing technology. • Ageing estate. • Insufficient capital investment. • Increasing cyber threats. • Workforce capacity and specialist recruitment challenges. • Poor interoperability between systems. • Lack of digital capability and engagement across the workforce. • Weak programme governance or change management. • Supplier dependency and third-party failures • Inadequate business continuity arrangements.	• Patient safety incidents. • Clinical disruption and service outages. • Loss or compromise of confidential information. • Regulatory action • Financial losses and increased operating costs. • Failure to deliver productivity and transformation programmes. • Reduced staff experience and morale. • Damage to organisational reputation. • Failure to realise benefits from digital investment.	Finance, Performance and Productivity Committee	Executive Director of Finance	

RISK APPETITE		INHERENT RISK SCORE	Impact	Likelihood	Risk Score
	Open - Innovation supported, with demonstration of commensurate improvements in management control. Responsibility for noncritical decisions may be devolved. Plans aligned with functional standards and organisational governance. *Target risk score range 9-10.*				
		DATE RISK WAS ADDED	July 2026		

CURRENT RISK SCORE	RATIONALE	TARGET RISK SCORE	RATIONALE	RISK HISTORY
		Impact 3 * Likelihood 3 = 9		
		DATE OF LAST REVIEW		

CONTROLS/ MITIGATIONS	GAPS IN CONTROL

Information Governance Framework. Cyber Security Improvement Programme. Cyber Assessment Framework Multi-factor authentication and endpoint protection. Business Continuity Plans. Emergency Preparedness and Resilience Response arrangements Regular infrastructure refresh programme. Chief Clinical Information Officers established Clinical engagement and digital champions. Mandatory information governance and cyber awareness training.	Ageing infrastructure requiring replacement. Limited capital funding. Digital skills inconsistent across services. Dependence on key suppliers. Variable adoption of new digital systems. Incomplete interoperability with partner organisations. Limited resilience for critical legacy applications. Clear guidance for implementation and use of Co-Pilot across NHS services

ACTIONS PLANNED

Action	Lead	Due date	Update

PLANNED ASSURANCE	GAPS IN ASSURANCE	POSITIVE ASSURANCE	NEGATIVE ASSURANCE
Internal audit reviews 2026/27	• Benefits realisation reporting not fully embedded. • Limited independent assurance over digital transformation programmes. • Inconsistent reporting of user adoption and digital maturity. • Emerging AI governance arrangements still developing. • Limited benchmarking against peer organisations.	• Achievement of DSPT standards. • Improving system availability. • Reduction in cyber vulnerabilities. • Successful delivery of digital programme milestones. • Positive staff feedback on digital tools. • Increased digital maturity scores. • Successful business continuity testing.	Increase in cyber incidents or phishing attacks. Critical infrastructure failures. Missed digital programme milestones. Major supplier outages. Poor system availability. High numbers of unresolved critical IT incidents. Failure to achieve DSPT requirements. Internal audit findings of limited assurance. Low staff uptake of digital solutions. Increasing clinical incidents linked to digital systems.

Update since last review:

REF	STRATEGIC RISK	GOAL/ ENABLER	CAUSES	CONSEQUENCES	LEAD COMMITTEE	LEAD	LINKED RISKS
SR9	Failure to continuously learn, improve and transform mental health services to promote mentally healthy communities and reduce health inequalities.	Working with and understanding our diverse local communities so that we are responsive to their specific needs	• Limited capacity to use time effectively to drive learning and service transformation. • Challenges embedding a consistent organisational learning and safety culture. • Failure to consistently identify and embed learning from deaths processes. • Insufficient involvement and support for families and carers. • Limited staff understanding of the Recovery Model and its expectations. • Services not consistently tailored to local community needs or aligned with partner services. • Insufficient understanding and use of population, community and health inequalities data. • Limited system-wide collaboration to address inequalities across the BSOL system.	• Staff feel unable to speak up safely or with confidence. • Failure to learn from incidents and improve care. • Lack of integrated care pathways across the ICS. • Inequitable access and outcomes for diverse communities. • Ineffective relationships with key partners. • Poor continuity of care and unclear accountability between services. • Negative impact on service user access, experience and outcomes. • Poorer recovery outcomes and longer lengths of stay. • Disengagement and mistrust from some communities. • Increased local and national scrutiny. • Increased risk of incidents due to unsuitable physical environments. • Reputational damage with partners.	Quality, Patient Experience and Safety Committee	Executive Medical Director	

RISK APPETITE	Open - Innovation supported, with demonstration of commensurate improvements in management control. Responsibility for noncritical decisions may be devolved. Plans aligned with functional standards and organisational governance. *Target risk score range 9-10.*	INHERENT RISK SCORE	Impact	Likelihood	Risk Score
			4	5	20
		DATE RISK WAS ADDED	September 2024		

CURRENT RISK SCORE	RATIONALE	TARGET RISK SCORE	RATIONALE	RISK HISTORY
Impact 4 x Likelihood 3 = 12	Current score demonstrates the controls in place and level of assurance evidenced.	Impact 3 x Likelihood 3 = 9	Aligns with the Trust's risk appetite and reflects the threshold at which risk could be tolerated as it can't be eliminated and due to controls being embedded.	Jan 2025 16 April 2025 12
		DATE OF LAST REVIEW	15 April 2026	

CONTROLS/ MITIGATIONS	GAPS IN CONTROL
• Patient Safety and Learning: PSAG oversight; standardised learning groups with terms of reference and agendas; Freedom to Speak Up processes; LFE implementation. • Clinical Governance and Quality: Trust, divisional, and service-level clinical accountability and governance; clinical policies, procedures, pathways, IT systems; PSIRF implementation with group and PMO support. • Cultural and Workforce Development: Just Culture and cultural change programmes; active bystander, culture, humility, safety, and community-specific training. • Quality Improvement and Health Inequalities: Culture of Care rollout; QI projects addressing inequalities; PCREF framework; divisional and provider collaborative inequalities plans; Synergy Pledge. • Service User and Family Engagement: HOPE strategy; Experience of Care campaign; family and carer strategy and pathway; Expert by Experience involvement in recruitment, induction, recovery college, service developments, and QI projects; EbE reward/ recognition and educator programmes. • System and Collaborative Development: BSOL Provider Collaborative development plan; joint planning with BSOL Community Integrator and neighbourhood teams; system approaches to improving services.	• Limited assurance from current approach to review of quality and governance metrics at Divisional level. • Limited reporting of Divisional quality reviews to QPES and Board. • No organisational wide reporting of LFE metrics. • Family and carers pathway not consistently applied or suitable for all services. • Performance in these areas is not effectively measured. • Divisional inequalities plans not fully finalised for all areas. • Availability of sufficient capital funding for developments. • Capacity within teams to deliver transformation and service developments alongside day job. • Inability to identify milestones that reduce health inequalities and improve patient experience. • Inability to identify clear data metrics to demonstrate impact (cause and effect) in reducing health inequalities. • Increased complaints from deprived communities; a breakdown has been requested for oversight at Quality, Patient Experience and Safety Committee.

• Community and Service Transformation: Community Transformation Programme; caseload review and transition; Out of Area programme; Transforming Rehabilitation Programme; Forensic Intensive Recovery Support Team redesign; Reach Out strategy. • Commissioning and Planning: BSOL MHPC commissioning and development plans.	

ACTIONS PLANNED

Action	Lead	Due date	Update
Review and refresh of the family and carer pathway.	AD for Allied Health Professions and Recovery	30 November 2025	The use of dialogue + and Think Family principles along with family and carer recovery college sessions will support the family and carer voice. This will be reviewed at quarterly intervals through PEAR meeting and Participation reports at local CGC
Ensure Divisional Health inequality Plan milestones are established and monitored.	Associate Directors of Operations	30 June 2026	All divisions except CYP have a baseline plan with milestones being identified

PLANNED ASSURANCE	GAPS IN ASSURANCE	POSITIVE ASSURANCE	NEGATIVE ASSURANCE
• Internal audit reviews 2026/27 • Updates on PSIRF Implementation to QPES and Board. • Integrated performance dashboard. • BSOL MH performance dashboard. • Outcomes measures, including Dialog+ • BSOL MHPC Executive Steering Group. • Health Inequalities Project Board. • Community Transformation governance structures. • Out of Area Steering • Performance Panel reviews • Highlight and escalation reporting into BSOL MHPC Executive Steering Group.	• The Trust currently has no baseline to understand the organisations view on safety culture. An options appraisal on how this could be undertaken is being prepared for the Board. • Safety Summits are in early conception and may not be adopted well by Divisions/services.	• Learning from Peer Review/National Strategies shared through PSAG. • Serious Incident Reports. Increased scrutiny and oversight through SI Oversight Panel. • Executive Chief Nurse's Assurance Reports to CGC, QPES Committee and Board. • New processes have been devised to improve learning from deaths including improved oversight of Structured Judgement Reviews (SJR's) and associated learning/actions. • Participation Experience and Recovery (PEAR) Group. • Community collaboration with system partners. • Pilot work has commenced in key areas across ICCR, adults and specialties through transformation programme.	• Limited evidence that lessons from incidents, deaths, or complaints are consistently embedded into practice. • Gaps in staff understanding or engagement with the Recovery Model, QI initiatives, or health inequalities frameworks. • Inconsistent application of cultural change initiatives, including Just Culture and active bystander training. • Limited engagement of families, carers, or Experts by Experience in co-production of services and QI projects. • Fragmented data on population health, community needs, or health inequalities limiting targeted interventions.

• Each division has its own health inequalities action plans that feed to Inequalities board	• Work to be undertaken to embed human factors/just culture. • Inability to engage with all parts of the Trust.	• PREOMS data from Secure and Offender Health showing a move towards parity for Black and white groups	• Evidence of persistent inequities in access, experience, or outcomes for some communities. • Weak cross-system collaboration impacting integrated care pathways and service transformation.
Update since last review:			
10 July 2026: • Actions updated • Gaps in control reviewed and updated			

REF	STRATEGIC RISK	GOAL/ ENABLER	CAUSES	CONSEQUENCES	LEAD COMMITTEE	LEAD	LINKED RISKS
SR10	Failure to work in partnership to meet patient and service use needs.	Working with and understanding our diverse local communities so that we are responsive to their specific needs	• Service demand exceeds capacity (inpatient and community). • Limited social care and system collaboration. • Transformation not fully integrated across services. • Long waiting times and fragmented pathways. • Insufficient support and engagement for service users, families, and carers. • Lack of system-wide planning and prioritisation. • Challenging financial environment.	• Service users cared for in inappropriate or unavailable environments. • Increased out-of-area placements and associated costs. • Rising pressure on acute hospitals and A&E. • Longer waiting times, backlogs, and delayed access to care. • Negative impact on recovery, length of stay, and service user outcomes. • Fragmented pathways leading to gaps in care. • Increased risk of poor-quality care and incidents.	Quality, Patient Experience and Safety Committee	Executive Director of Operations	SR3 SR4 SR8

RISK APPETITE	Open - Receptive to taking difficult decisions to support the achievement of the Partnership or Provider Collaborative when benefits outweigh risks. Processes, oversight / monitoring and scrutiny arrangements in place to enable considered risk taking. Target risk score range 9-10.		Impact	Likelihood	Total score
		INHERENT RISK SCORE	4	5	20
		DATE RISK WAS ADDED	September 2024		

CURRENT RISK SCORE	RATIONALE	TARGET RISK SCORE	RATIONALE	RISK HISTORY

Impact 4 x Likelihood 3 = 12	Current score demonstrates the controls in place and level of assurance evidenced.	Impact 3 x Likelihood 3 = 9	Aligns with the Trust's risk appetite and reflects the threshold at which risk could be tolerated as it can't be eliminated and due to controls being embedded.	Jan 2025 16 June 2025 12
		DATE OF LAST REVIEW	17 July 2026	

CONTROLS/ MITIGATIONS	GAPS IN CONTROL
Governance and oversight: • Establishment of the Transformation Delivery Group (from 26 March 2026) to provide strategic oversight. • Implementation of the Life Course Delivery Group to ensure governance and effective programme delivery. Service Transformation and Pathway Improvement • Delivery of the Inpatient Bed Strategy and associated quality improvement programme. • Implementation of the Inpatient Flow Improvement Programme to optimise patient pathways. • Progressing Urgent Care and Community Transformation Programmes to enhance integrated service provision. • Delivery of the Solihull Children and Young People Transformation Programme. • Development of dual diagnosis pathways and adoption of a locality working model. • Operationalisation of 24/7 NMHC clinical services. Digital and Process Innovation • Execution of the Digital Transformation Programme to improve service efficiency. • Implementation of Patient-Initiated Follow-Up (PIFU) processes. • Introduction of enhanced triage and prioritisation systems for patients on waiting lists. • Management of SPOA referrals for PCNs without ARRs to ensure timely access to mental health support. Workforce, Coproduction and Engagement • Active involvement of Experts by Experience in recruitment, induction, recovery college, service development, and quality improvement initiatives. • Deployment of multi-disciplinary triage hubs in partnership with Talking Therapies to improve patient outcomes. System and Community Working • Implementation of system-wide strategies to enhance service development and transformation. • Strengthened partnership working with the Voluntary Sector.	• Insufficient inpatient bed capacity relative to national benchmarks. • Limited team capacity to deliver transformation and service development alongside routine responsibilities. • Family and carer pathway not consistently implemented or fully suited to all services. • Partnership strategy under review, incorporating gap and opportunity analysis of current pathways. • Utilisation of BSOL Mental Health Needs Assessment feedback to inform and embed practice improvements.

• Comprehensive transformation planning and implementation to ensure sustainable improvements.	

ACTIONS PLANNED			
Action	**Lead**	**Due date**	**Update**
Transformation of the Urgent Care Pathway	Associate Director of Operations- Acute and Urgent Care and AD of Children's and Young people	31 March 2028	Enhancing our urgent and emergency care pathways has been identified as one of our key transformation for 2026-31. MHED Allocation of funding has been confirmed and we are currently in conversation with MMuH to explore opportunities. MHRV Review of operational model currently underway. WMP expressed interest in working with us and WMAS. Paper to be presented to TDG in August. PLT Staffing Review Review been undertaken. Paper will form the basis of conversations with acute trust colleagues around funding and expectation of PLT services. ACP being introduced to PLT. S136 Workshop facilitated with system partners to better understand high number and low conversion rates for S136. Outputs currently being drafted. HTT Business Case is currently being revised to incorporate CYP. ACP being introduced to PLT.
Implementation of the Talking Therapies Action Plan to address performance issues.	AD for Specialties	30 June 2026	Recovery action plan in place with good oversight from the division's leadership team. Regular reporting and scrutiny and the Performance Delivery Group and service deep dives.

			Meeting with MH provider collaborative took place in September 2025 to further review and explore additional actions to mitigate the risks of underperformance. Refresh of Action Plan to take place, including future delivery model.
Implementation of pilot 24/7 service in East Birmingham.	Akilah Duffus 24/7 Programme Lead	31 May 2026	Regular monthly steering group meetings in place to monitor delivery along with assurance meeting and visits from NHSE. The service is now formally called the Neighbourhood Mental Health Centre. The service has moved to its new premises. A capital bid has been submitted to NHSE to rollout NMHC across BSOL. A draft specification has been received from the national team. The team is working to facilitate Night Hospitality. Programme lead role will require review as current post holder will be leaving the trust implementation of the east will now transfer into the wider NMHC programme delivery group which is being established to oversee the future NMHC delivery model and estates approach following capital funding being obtained
To deliver the recovery business case to support the repatriation of out-of-contract and rehabilitation OOA service users to in area in contract beds (Phase 1)	AD for ICCR	31 March 2026	On track. Implementation work in train and recruitment of the team continues as part of phase 1 Team now in place as BAU action to be closed

PLANNED ASSURANCE	GAPS IN ASSURANCE	POSITIVE ASSURANCE	NEGATIVE ASSURANCE
• Review of two-week wait performance. • Clinical governance improvement initiatives. • Recently approved financial plans. • Reports submitted to Strategy & Transformation Boards. • System trajectory monitoring for 104- and 78-week waits.	Having a strong service user/carer voice across all of our governance forums. Variations in inputs across pathways.	• BSOL MHPC Executive Steering Group. • Participation Experience and Recovery (PEAR) Group. • Highlight and escalation reporting to Strategy and Transformation Board. • BSMHFT is one of six pilot sites working with NHSE in developing a new 24/7 MH neighbourhood Community service. • Evidence that the Community transformation is working as people are getting better access.	The new Neighbourhood Mental Health Centre is still in its early stages.

• BSOL Mental Health performance dashboard. • Outcome measures, including Dialog+. • Co-produced trauma-informed, recovery-focused training implemented (NMHT). • Physical health connectors pilot programme. • Internal audit reviews 2026/27	Gaps in the CYP Pathways.		
Update since last review: ➢ Transformation section on Urgent care updated ➢ 24/7 PILOT now NMHC Neighbourhood mental health centre programme will deliver the future operation of the next 4 centres in plan			

9. Integrated Performance Report

Report to Board of Directors						
Agenda item:	9					
Date	5 August 2026					
Title	Integrated Performance Report					
Author/Presenter	Richard Sollars, Deputy Director of Finance Sam Munbodh, Clinical Governance Team Hayley Brown, Workforce Business Partner Tasnim Kiddy, Associate Director Performance & Information					
Executive Director		**Approved**	**Y**	✓	**N**	

Purpose of Report	Tick all that apply ✓		
To provide assurance	✓	**To obtain approval**	
Regulatory requirement		**To highlight an emerging risk or issue**	
To canvas opinion		**For information**	
To provide advice		**To highlight patient or staff experience**	

Summary of Report					
Alert	✓	**Advise**		**Assure**	

Executive Summary

The key issues to note for consideration by the Committees on which they need to provide assurance to the Board are as follows:

Summary points:

- **NEW: MH CEO Improvement metrics – Appendix I**

  MH CEOs have agreed with NHSE to focus on an additional 4 mental health priority actions. Please note that the staff survey actions are being managed via the People Committee. There are 3 improvement metrics for delivery outlined below. A baseline assessment has been undertaken which has been shared with service area ADs to inform service level discussion and action planning covering:

  i) Reduction in Acute only Inappropriate Out of Area Placements based on March 2026 position.
  ii) Percentage of referrals to Liaison Psychiatry from ED for people known to MH services.
  iii) All Trusts should have at least 50% of CYP referral-spells receiving a full clock stop in less than 4 weeks by March 2027.

- **New: National Oversight Framework 2026/27 (see Appendix I for detail)**

NHSE have published the framework including a total of 27 trust mental health metrics and 2 at ICB level. However, the final specification is expected to be published in August 2026 together with the first 2026/27 Q1 NOF Trust ratings. All indicators have an allocated Executive Lead and Service/Management lead responsible for oversight and improvement planning where required.

Appendix I provides an update on the Trust's current position, summary of the metric areas for improvement are outlined below. Please note there are new metrics included without performance thresholds and at this stage therefore it is not possible to determine which national performance band these metrics will fall into.

NOF Improvement metrics include – detail in Appendix I:

- Percentage of patients in crisis receiving face-to-face contact within 24 hours.
- Reducing Length of Stay for Adult and Older Adult services
- % of total open CYP MH related waits that are over 104 weeks
- Percentage of people discharged from community mental health services with a paired outcome score recorded (all ages)
- % of acute mental health admissions with no contact with community mental health services in the previous year- ICB metric.
- Sickness absence rate
- Percentage of NHS Talking Therapies patients completing a course of treatment and achieving reliable Recovery
- Temporary staffing relative cost band
- Finance metrics – see finance report for detail

Metrics where national performance banding has yet to be confirmed:

- % of clinical trials set up within 90 days
- NHS Staff survey Advocacy rate
- NHS staff standards score – not yet published
- Healthcare worker Flu vaccination rate – reporting not yet commenced
- % of inpatients making a supported quit attempt with an in-house tobacco dependence treatment service
- Data Quality Maturity index score
- Adult inappropriate out of area placement bed days as a % of all bed days.- ICB metric

- **Inappropriate and Appropriate Out of area placements**
  At the end of June 2026, the Trust did not meet the zero trajectory as there were 10 inappropriate out of area placements, 4 adults and 6 CYP due to clinical need and demand.
  Improved trend being achieved in reducing all out of area placements.

  - **Clinically Ready for Discharges** – high levels remain in both adult and older adult services. Main reasons for delays in adult acute care remain allocation of a social worker, supported accommodation and care packages, and in older adults continues to be nursing home placements and social work allocation. Jenny Watson, Deputy Director of Commissioning and Transformation MHPC has been confirmed as the CRFD SRO and has developed a CRFD action plan working with internal clinical and operational leads and Birmingham City Council leads. A separate report on this is on the July Trust FPPC agenda.

- **2026/27 Length of stay (LOS) progress against the national planning trajectories** – Both adult and older adult services are currently achieving the trajectories as at June 2026. However, when translated to NOF thresholds, performance remains in low national performance bands.

- **CYP Eating Disorders National waiting time standard – Routine 28 days (target 95%)**
  June 2026 performance reduced to 72.7% and below the 95% national standard. Impacted by Avoidant/ Restrictive Food Intake Disorder (ARFID) referrals which require more complex consultation and consideration. Team capacity is being enhanced to support.

- **Sickness absence** - Reducing trend observed with June 2026 at 6.2% above the improvement trajectory of 5.6%.

- **Bank and agency reduction** – Bank at 645 WTE in June 2026 and above the trajectory of 569.08 WTE. Agency at 15.47 WTE and below the trajectory of 29.81 WTE.

- **Appraisals** – June at 77.9% below improvement trajectory.

- **Vacancies** – June vacancy rate at 6.6% below trajectory of 10.32%.
- **Fundamental Training** at 94.3% in June, marginally below the 95% target.

Quality

- AWOL patients coming to harm decreased to 2 compared to 3 last month
- Deaths within 30 days post discharge – has decreased to 1 from 2 last month
- Episodes of rapid tranquilisation decreased to 65 from 92 last month
- Harm-free Days have remained at 85 since last month
- Incidents of moderate harm and above – increased to 24 from 19 last month
- Number of patients prone restrained for anything other than intramuscular tranquilisation- has decreased to 11 from 13 last month
- Number of Prone restraints for more than 10 minutes has reduced to 0 from 1 last month
- Safeguarding Incidents increased to 187 compared to 171 last month

Members are reminded that at the request of FPPC, there is a continued focus on selected metrics for improvement. Table 1 below provides a summary of the progress related to these metrics in line with plans and trajectories provided by the relevant service leads. Tables 2-4 includes all the other domain metrics within the IPD where there is either a deteriorating trend or a require improvement trend. CYP data has also been included in table 5.

The detailed summary of progress against improvement metrics is included in Appendix II.

Table 1: Improvement Metrics identified by FPPC at February 2023 meeting

Domain and metric	On Track	Plan in Place	Progress	Pages
Performance				
Inappropriate out of area Number of placements			Inappropriate OOA placements at 10	3, 13-14
People				
Vacancies			Sustained level in last month at 6.6% in June below trajectory	7
Sickness			Deterioration in last month June at 6.2%	7, 21-22
Appraisals			Deterioration in June (77.9%) below trajectory	7, 23-24
Sustainability				
Monthly Agency costs				

Table 2: Performance

	On Track	Plan in Place	Progress	Page
Talking Therapies - Service users moving to recovery			Reduction last month (50.8%) and above national 50% target	
Talking Therapies Reliable Recovery Rate			Sustained trend in month (48.5%) and below national target of 51%	5, 19-20
Talking Therapies Reliable improvement rate			Sustained trend in last 6 months (71.3%) above the national target of 69%	5, 17-18
Clinically Ready for Discharge: percentage of bed days			Improvement in last 2 months. June 2026 at 12.85%.	2,
Clinically Ready for Discharge: Number of delayed days			Improvement last month. June 2026 at 2005 bed days.	2, 15-16
CYP eating Disorders – Routine National Waiting Time standard			Deterioration in month to 72.7% below target of 95%	6

Table 3: people				
	On Track	**Plan in Place**	**Progress**	**Page**
Fundamental Training			Improvement in last month (94.3%) was below Trust target of 95%.	7, 25-27

Table 4: Quality				
	On Track	**Plan in Place**	**Progress- Reviewed at QPES.**	**Page**
AWOL patients coming to harm			Decreasing trend last month from 3 to 2	6, 28-29
Deaths within 30 days post discharge			Increased to 1 from 2 last month.	6, 30-31
Episodes of rapid tranquilisation			Decreasing trend over last month to 65 from 92	6, 32-33
Harm-free days			Level sustained for last 3 months June at 85	7, 42-43
Incidents of moderate harm and above			Increase in last month from 19 to 24	6, 34-35
Number of patients prone restrained for anything other than intramuscular tranquilisation			Decrease in last month from 13 to 11	7, 36-37
Number of Prone restraints for more than 10 minutes			Reduced to zero from 1 last month	7, 38-39
Safeguarding Incidents			Increase in month from 171 to 187	7, 40-41

- **Purpose (why is coming to this meeting?)**
  For assurance on progress and action planning relating to Trust performance on national, commissioner and local standards.

- **Key Issues and Risks (What are the challenges? What are the risks? Is there anything specific to highlight?)**
  CRFDs, Talking Therapies Recovery Plan targets, CYP Eating Disorders national waiting time target, reducing overall out of area placements, 2026/27 NOF metrics including Adult and Older Adult LOS, patients in crisis receiving face-to-face contact within 24 hours, CYP 104 week waits, percentage of people discharged from community mental health services with a paired outcome score recorded (all ages), % of acute mental health admissions with no contact with community mental health services in the previous year- ICB metric, sickness absence rate, Talking Therapies reliable Recovery rate and temporary staffing cost band.

Recommendation

The Committee is asked to: note the latest performance position and update on areas identified for improvement.

Enclosures

FPPC June 2026 Performance Report and Integrated Performance Dashboard
Appendix I FPPC July 2026 National Oversight Framework Update 2026/27
Appendix II FPPC July 2026 FPPC Performance Improvement Metrics
Appendix IIa FPPC July 2026 Talking Therapies Action Plan - Summary

Integrated Performance Report

Context

The Integrated Performance Dashboard and all SPC-related charts and detailed commentaries can be accessed via the Trust network via http://wh-info-live/PowerBI_report/IntegratedDashboard.html - please copy and paste this link into your browser.

Charts and commentaries for key areas of under-performance are attached as appendices.

Commentaries are provided by the KPI owners.

Based on previous FPPC feedback, it was agreed that more detailed updates will be provided on the key themes, factors affecting performance, actions and improvement trajectories relating to a number of metrics which require improvement.

Committees are asked to note that the improvement plan metrics and NOF progress are planned to be addressed via the Performance Assurance Panels (PAPs) going forwards to assess progress and delivery of recovery action plans where relevant. Feedback from PAPs is planned to be provided separately by relevant Leads.

Appendix II outlines an update on improvement plans as provided by relevant KPI Leads. Where relevant, trajectories have been updated by KPI leads for 2026/27.

Due to the level of detail within the overall IPD, at the October 2023 FPPC meeting, members asked that summarised detail on the key issues is provided. The report content below has therefore been included to address this feedback.

Trust Performance in June 2026

In summary, the key performance issues facing us as a Trust have changed little over the last few years, although there have been improvements against some of the metrics in recent months.

Clinically Ready For Discharge (CRFD) – The percentage level of occupied bed days (OBDs) lost to CRFD decreased in June 2026 to 12.9% from 13.8% in May, with overall levels remaining high. The decreases this month were seen in both adult and older adult acute inpatient services. The percentage of OBDs taken up by CRFD service users in June 2026 for Adult Acute & Urgent Care was at 16.4% of OBDs (43 patients), a reduction of 1.3% since May. In Older Adult Services, the CRFD levels decreased to 34.1% of OBDs (32 patients), a 1.9% reduction on May's position.

The main reasons for the delays in adult acute care remain delays in allocation of a social worker, supported accommodation and care packages, and in older adults continues to be waits for nursing home placements and social work allocation.

Jenny Watson, Deputy Director of Commissioning and Transformation MHPC has been confirmed as the CRFD SRO and has developed a CRFD action plan working with internal clinical and operational leads and Birmingham City Council leads. A separate report on this is on the Trust FPPC agenda for review and discussion.

Update on the 2026/27 National Oversight Framework (NOF) Metrics (Appendix I)

Following a review of the 2025/26 NOF metrics, NHSE have confirmed changes to the mental health metrics that will inform the 2026/27 assessment. NHSE have published the framework and the methodology for 2026/27, however the final specification is expected to be published in August 2026 together with the Q1 NOF Trust ratings. All indicators have an allocated Executive Lead and Service/Management lead responsible for oversight and improvement planning where required.
Available national guidance confirms 27 trust mental health metrics, plus 2 at ICB level these are outlined in Appendix I.

In addition, MH CEOs have agreed with NHSE to focus on an additional 4 mental health priority actions with related improvement metrics for delivery. These are also outlined in Appendix I. Further national guidance is expected on these areas supported by national webinars which have been put in place to support.

Appendix I contains details of all applicable metrics identifying those areas for internal improvement requiring action planning to support. Outlined below is a summary of the NOF metrics for improvement:

- Percentage of patients in crisis receiving face-to-face contact within 24 hours. *Service level action plans implemented, June performance at 65%. Forecast performance NOF band 3.*
- LOS metrics are now aligned to the national planning guidance and based on a rolling 3-month average for adults and older adults.
  Whilst both services are meeting trajectories as at end June, LOS levels remain higher than national median and are impacted by CRFD. Forecast performance – for adults - NOF band 4, low performing, Older adults – NOF band 3 – below average. Step change in actions required including CRFD reductions.
- Proportion (%) of total open CYP MH related waits that are over 104 weeks (help - intervention based clock stop and referral spells methodology) - *June local data at 27%, Forecast performance – NOF band 3. As part of the planning submission, both Solar and CYP service submitted trajectories to achieve zero 104 week waits by end March 2027. To achieve improvement in NOF rating would require this timeline being brought forward. Both services have confirmed that due to a combination of demand and capacity challenges, ability to bring this timeline forward is currently not possible but is being kept under ongoing review as part of the action planning in place. A related area of improvement is the need to record outcome measures at key contact points and this requires further detailed action planning and support.*
- Percentage of people discharged from community mental health services with a paired outcome score recorded (all ages).- *Work is currently being undertaken to be able to produce local data for this metric – but low completion of DIALOG in adult community services.*
- % of acute mental health admissions with no contact with community mental health services in the previous year- ICB metric. *BSMHFT at 12% for June placing us in band 3*
- Sickness absence rate- June at 6.2%. The latest national published data available is for March 2026 and the quarterly figure is at 5.92%. *Scoring is based on performance relative to other trusts so is not possible to indicate which threshold this metric will fall into.*

- Percentage of NHS Talking Therapies patients completing a course of treatment and achieving reliable Recovery. *Action plan in place led by the AD for Specialties, previously reported to Trust FPPC.*
- Temporary staffing relative cost band - forecast NOF band 3 – (based on Band 4 for bank and Band 1 for agency). *Action plan being led by the Executive Director of Nursing working with operational and corporate leads.*
- Finance metrics – *see finance report for detail.*

The following metrics do not have national performance thresholds and will be based on comparative Provider assessment at a national level and therefore we are unable to confirm which performance banding these will be placed in:

- % of clinical trials set up within 90 days
- NHS Staff survey Advocacy rate
- NHS staff standards score – not yet published
- Healthcare worker Flu vaccination rate – reporting not yet commenced
- % of inpatients making a supported quit attempt with an in-house tobacco dependence treatment service
- Data Quality Maturity index score
- Adult inappropriate out of area placement bed days as a % of all bed days.- ICB metric *The national data is reported at ICB level only – work being undertaken to replicate this at a local level.*

It should be noted that all the above areas of improvement are not new for the Trust and a range of work and action plans are being taken forward to improve the Trust's performance in these areas. For more detail, please refer to Appendix I.

Active Inappropriate Out of Area placements

The Trust trajectory agreed with NHSE as part of the 2026/27 national planning requirements is to maintain zero acute and PICU inappropriate placements.

From 29th September a new framework arrangement with private providers commenced, placing out of area placements in Cygnet hospitals. From 30th March 2026 these beds are now classified as 'appropriate' following review and approval of the Trust's Standard Operating Protocol (SOP) by the MH Provider Collaborative. The SOP confirms that the qualitative care criteria for these patients is equivalent to care standards provided locally.

At the end of June 2026, demand for adult and CYP beds has continued. As a result, the Trust did not meet the zero trajectory as there were 10 inappropriate out of area placements, 4 adult and 6 CYP due to clinical need and demand. The charts below outline the overall trends and position as at 5th July 2026 (the charts are not month end snapshots).

It should be noted that progress continues in reducing the number of <u>all</u> out of area placements, this having a positive impact on patient experience and the financial recovery plan.

Process improvements as part of the productivity action plan are continuing to be implemented and have helped to address underlying issues and have reduced levels of appropriate and inappropriate out of area placements.

The percentage of CRFD patients continues to impact on our ability to maintain patient flow and maintain zero inappropriate out of area placements. The percentage of occupied bed days due to CRFD in June 2026 for Adult Acute & Urgent Care was at 16.4% of OBDs.

The Acute and Urgent Care Q1 productivity plan actions are outlined in Slide 9 of Appendix II.

Fig 1. Adult Acute Inappropriate Out of area placements

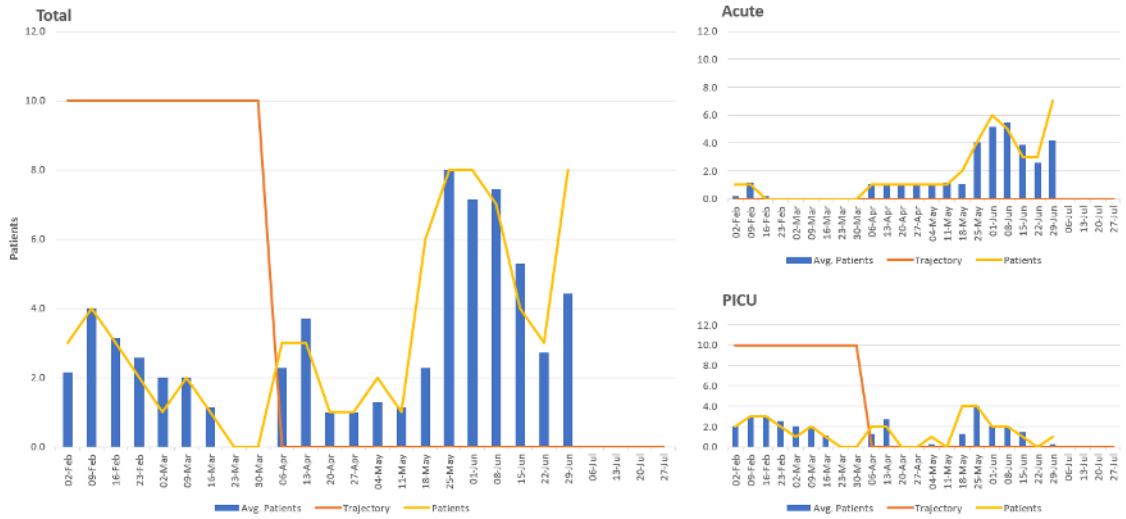
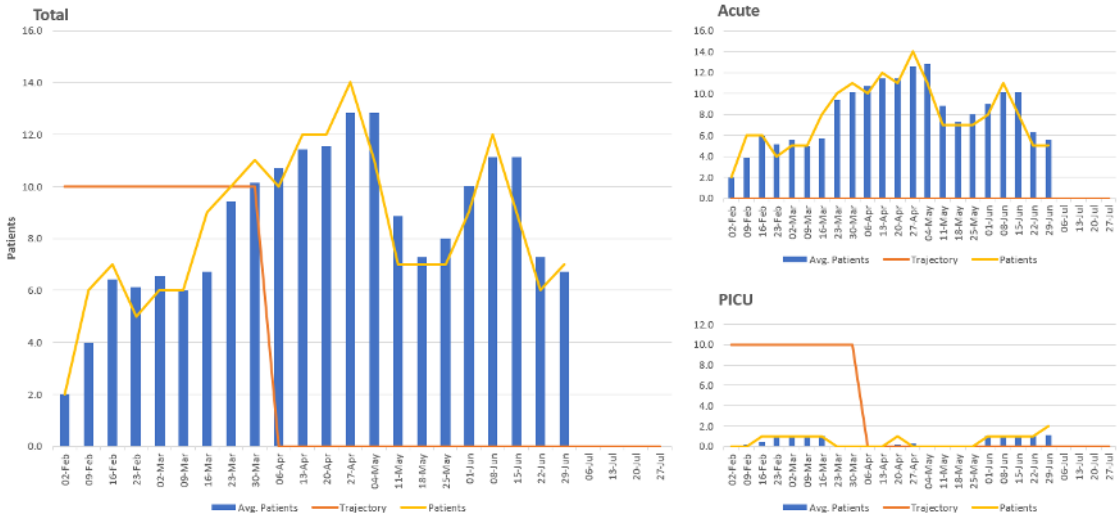


Fig 2. CYP Inappropriate Out of area placements



Reducing Length of Stay (LOS)

Trusts were required to submit improvement trajectories for 2026/27 as part of the national planning submission using previous year as a baseline for improvement. The Trust's submitted improvement trajectory is designed to deliver:

- Adults - 5% improvement (on average across the year) by the end of March 2027.
- Older Adults - 12% improvement (on average across the year) by the end of March 2027

The LOS trajectories agreed and monthly performance to date have been added to Appendix II.

Both Adult and older adult LOS have reduced in the last quarter and remain below trajectory. However, CRFDs continue to impact on the LOS position for both services.

In summary, the current position for adults shows 69.6 days as at June against the planned trajectory of 75 days. Excluding CRFDs, the position is 56.5 days remaining below trajectory. Older adults LOS was 103 days for June, below the trajectory of 145 days, however excluding CRFDs, LOS would be below trajectory at 70.5 days.

The delivery of the improvement trajectories is reliant on progressing the Trust's inpatient bed strategy plan, the acute and urgent care productivity plan and reducing CRFDs.

Talking Therapies – 2026/27 Birmingham Healthy Minds Recovery action plan

Trust FPPC were provided with a detailed update on progress with the recovery plan in place by the Associate Director for Specialties at the March 2026 FPPC meeting.

Context: The MH Provider Collaborative issued a performance notice in September 2025 relating to underperformance in activity levels and reliable recovery and reliable improvement rates. The improvement plan in place and progress being achieved on the following key areas of action is outlined in Appendix IIa. The key areas of focus include:

- Meeting 2026/27 Activity and Income Trajectory
- Addressing the under-performance for 2 + completed treatment contacts
- Increasing the number of referrals the service receives
- Improving Recovery outcomes rates
- Reducing DNA rates
- Reducing in-treatment waits
- Maintaining the national waiting times standards, 75% of service users to be seen within 6 weeks and 95% of service users seen within 18 weeks.

Current Position:

BHMs: It should be noted that the ICB activity and income trajectory for Birmingham Healthy Minds is currently below trajectory with a financial activity performance deficit of £35,510 for April – June 2026. This is a significant improvement from last month due to activity being above plan for June which has reduced the deficit by £35,434.

Reliable Improvement Rate has increased in June to 71.3% above the national target of 69%. The Reliable Recovery rate remained at 48.5% and remains below the 51% national target. An update on performance based on the service action plan is attached as appendix IIa.

CYP Talking Therapies: FPPC is asked to note that this service is commissioned via Living Well. Under current contract timelines for data submission, this means that the activity and performance data will be reported to FPPC a month in arrears.

Combined Position (May 2026): The combined position for May 2026 for the Reliable Recovery rate was 48.1%, with Living well at 47% and BHM at 48.5%. The Reliable Improvement rate and the number of service users seen within 6 and 18 weeks all remain above the national targets.

CYP Eating Disorders National waiting time standard – Routine 28 days (target 95%)

June 2026 has seen performance reduce to 72.7% below the 95% national standard, this relates to 9 of 33 service users not seen within 28 days. Compliance has been impacted by Avoidant/ Restrictive Food Intake Disorder (ARFID) referrals which require more complex consultation and consideration. Weekly meetings are in place to review current waits and identify any potential breaches and barriers including texting appointment reminders to service users to reduce DNAs. Ongoing collaborative work with BCHC for ARFID referrals to ensure patients are accessing the right service and a band 7 CBT therapist has been recruited which will increase capacity within the service to support the ARFID pathway.

ED adult waiting times routine (Local CYP division target of 95% for 18+ service users, to be seen within 4 weeks of referral) – performance at 50% in June and below the local CYP division standard of 95%, this relates to 1 of 2 service users not seen within 28 days.

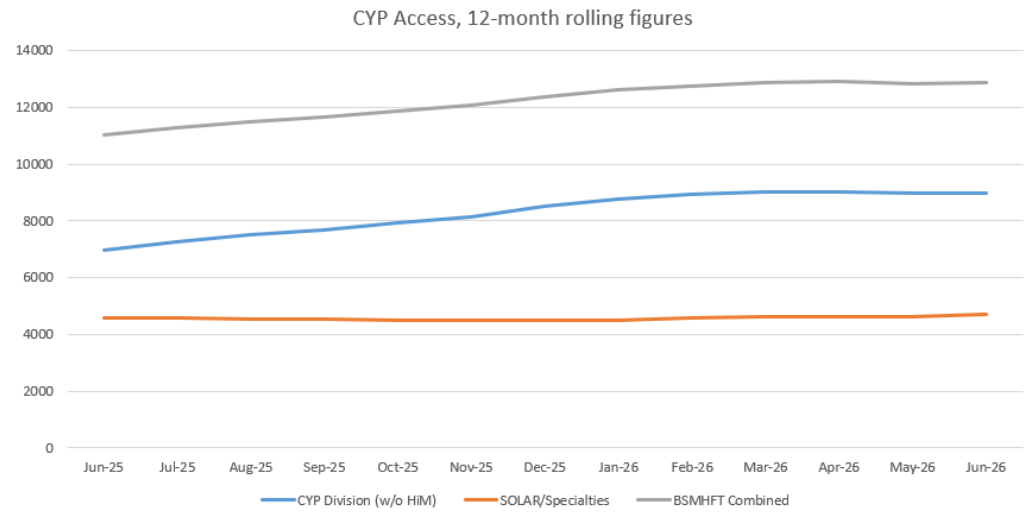
First Episode of Psychosis

June 2026 has seen performance reduce to 56%, below the 60% national target. This relates to 11 of 25 service users not starting their treatment within 2 weeks of referral.

An action plan is being developed based on issues arising from a deep dive into six months of referrals. Current actions in progress include:

- Use of agency staff has been extended to address capacity issues and is being reviewed on a monthly basis.
- One 12-month fixed term contract has been appointed to, and interviews have been arranged for a second 12-month fixed term contract
- Weekly meetings are in place to identify and review incomplete referrals.
- Work commenced with NCAP QI project was successful which will focus on the RTT. Consideration is also be made to involve the local QI team in supporting the service in their improvement work.
- Manual revalidation of internal process to be completed by EIP clinicians.
- Automated notifications are now in place to alert the service to new referrals to assist in management of those waiting.

CYP Access Rate – being maintained with a small increase in month observed.



Notes:

- Figures are based on the current scope of BSMHFT and include earlier activity delivered by BWCT
- All figures include activity for all ICBs, not just BSol
- The combined figures exclude duplicates where both organisations have seen the same young people
- CYP Division figures do not include patients seen by Health in Mind

Quality - The detailed position on the 8 new metrics will be discussed at QPES Committee. A summary of the position as at June 2026 is outlined below:

- AWOL patients coming to harm decreased to 2 compared to 3 last month
- Deaths within 30 days post discharge – has decreased to 1 from 2 last month
- Episodes of rapid tranquilisation decreased to 65 from 92 last month
- Harm-free Days have remained at 85 since last month
- Incidents of moderate harm and above – increased to 24 from 19 last month
- Number of patients prone restrained for anything other than intramuscular tranquilisation- has decreased to 11 from 13 last month
- Number of Prone restraints for more than 10 minutes has reduced to 0 from 1 last month
- Safeguarding Incidents increased to 187 compared to 171 last month

People workforce measures – The detailed position including actions being taken are outlined in Appendix II and are discussed and managed via the People Committee.

- Sickness absence: increasing trend observed with June 2026 at 6.2% above the improvement trajectory of 5.6% for June.

- Bank and Agency WTE reduction – Bank at 645 WTE in June 2026 and above the trajectory of 569.08 WTE. Agency at 15.47 WTE and below the trajectory of 29.81 WTE

- Staff vacancy levels: June vacancy rate at 6.6% below the trajectory of 10.32% for June.

- Appraisal: June position has declined to 77.9% below the trajectory for 80.4% for June.

- Mandatory Training: June position at 94.3%, marginally below the 95% target.

Sustainability – (details in finance report)

Integrated Performance Dashboard

June 2026

Birmingham and Solihull Mental Health NHS Foundation Trust

HOME | PERFORMANCE | PEOPLE | QUALITY | SUSTAINABILITY

Trust | Acute & Urgent Care | ICCR | Children & Young People | Specialties | Secure Services & Offender Health | Corporate

Hover over values to see more context

Performance

Bed Occupancy (%)	91
Clinically Ready for Discharge: Bed Days	2005
Clinically Ready for Discharge: Bed Days (%)	13
CPA 3 Day Follow Up (%)	84
CPA 7 Day Follow Up (%)	95
Eating Disorders Adult Access Standard Urgent (%)	50
Eating Disorders: Waiting Time - Routine (%)	73
Eating Disorders: Waiting Time - Urgent (%) *May 26	100
First Episode Psychosis: Waiting Time (%)	56
Out of Area: Inappropriate Placement Bed Days	210
Out of Area: Inappropriate Placements Active	10
People on CPA with a Formal Review in last 12 Months (%)	90
Referrals over 3 Months with no Contact	5334
Talking Therapies: Reliable Improvement Rate (%) *May 26	70
Talking Therapies: Moving to Recovery (%) *May 26	52
Talking Therapies: Reliable Recovery Rate (%) *May 26	48
Talking Therapies: Seen in 18 Weeks (%) *May 26	99
Talking Therapies: Seen in 6 weeks (%) *May 26	93

Last refreshed 15th July 2026

People

Bank & Agency Fill Rate (%)	94
Fundamental Training (%)	94
Staff Appraisals (%)	78
Staff Sickness (%)	6
Staff Turnover: Rolling 12m (%)	6
Staff Vacancies (%)	7

Quality

AWOL patients coming to harm	2
Deaths within 30 days post discharge	1
Episodes of rapid tranquilisation	65
Harm-free Days	85
Incidents of moderate harm and above	24
Number of patients prone restrained for anything other than intramuscular tranquilisation	11
Number of Prone restraints for more than 10 minutes	0
Safeguarding Incidents	187

Sustainability

Agency as % of Pay Spend	0
Agency Staff Spend	-£198k
Bank as % of Pay Spend	8
Capital Expenditure	£276k
Cost Improvement Programmes	£4,030k
Group Cash Balance	£64,357k
Info Governance (%)	83
Operating Surplus	£87k

Asterisk (*) in Measure name denotes the latest month where data is available is being shown

	Not meeting target
↑	Significant IMPROVEMENT
↓	Significant CONCERN
↗	Possible improvement
↘	Possible concern

Integrated Performance Dashboard

June 2026

Birmingham and Solihull Mental Health NHS Foundation Trust

HOME | PERFORMANCE | PEOPLE | QUALITY | SUSTAINABILITY

Trust | Acute & Urgent Care | ICCR | Children & Young People | Specialties | Secure Services & Offender Health | Corporate

Measure	Latest Target	Jan-26	Feb-26	Mar-26	Apr-26	May-26	Jun-26
Clinically Ready for Discharge: Bed Days		2570	2187	2121	2193	2224	2005
Clinically Ready for Discharge: Bed Days (%)		16	15	13	14	14	13
CPA 3 Day Follow Up (%)	80	82	84	88	85	90	84
CPA 7 Day Follow Up (%)	95	91	89	96	92	94	95
Eating Disorders: Waiting Time - Routine (%)	95	100	100	100	55	96	73 ↓
Eating Disorders: Waiting Time - Urgent (%) *May 26	95	100	100	100		100	100
First Episode Psychosis: Waiting Time (%)	60	100	100	100	50	78	56 ↓
Out of Area: Inappropriate Placement Bed Days	328	631	754	604	54	141	210 ↑
Out of Area: Inappropriate Placements Active	10	24	24	0	15	16	10
People on CPA with a Formal Review in last 12 Months (%)	95	93	94	93	90	90	90 ↓
Referrals over 3 Months with no Contact		4235	4272	4213	4901	5284	5334 ↓
Talking Therapies: Reliable Improvement Rate (%) *May 26	69	68	70	69	70	70	70
Talking Therapies: Moving to Recovery (%) *May 26	50	49	49	53	52	52	52
Talking Therapies: Reliable Recovery Rate (%) *May 26	51	45	47	50	49	48	48
Talking Therapies: Seen in 18 Weeks (%) *May 26	95	100	99	99	99	99	99
Talking Therapies: Seen in 6 weeks (%) *May 26	75	92	93	94	93	93	93

	Not meeting target
↑	Significant IMPROVEMENT
↓	Significant CONCERN
↗	Possible improvement
↘	Possible concern

Integrated Performance Dashboard

June 2026

Birmingham and Solihull Mental Health NHS Foundation Trust


HOME


PERFORMANCE


PEOPLE


QUALITY


SUSTAINABILITY

Trust | Acute & Urgent Care | ICCR | Children & Young People | Specialties | Secure Services & Offender Health | Corporate

Measure	Target | Trajectory	Jan-26	Feb-26	Mar-26	Apr-26	May-26	Jun-26	
Bank & Agency Fill Rate (%)		90	92	91	95	93	94	
Fundamental Training (%)		94	94	94	94	94	94	↑
Staff Appraisals (%)	90 | 80.4	76	81	81	81	80	78	
Staff Sickness (%)	4.1 | 5.6	6	6	6	6	6	6	
Staff Turnover: Rolling 12m (%)		6	5	6	6	6	6	
Staff Vacancies (%)	6 | 10.34	8	7	7	7	7	7	↑

	Not meeting target
↑	Significant IMPROVEMENT
↓	Significant CONCERN
↗	Possible improvement
↘	Possible concern

Integrated Performance Dashboard

June 2026


HOME


PERFORMANCE


PEOPLE


QUALITY


SUSTAINABILITY

Trust | Acute & Urgent Care | ICCR | Children & Young People | Specialties | Secure Services & Offender Health | Corporate

Measure	Latest Target	Jan-26	Feb-26	Mar-26	Apr-26	May-26	Jun-26
AWOL patients coming to harm		0	0	2	5	3	2
Deaths within 30 days post discharge		3	3	1	1	2	1
Episodes of rapid tranquilisation		110	79	75	60	92	65 ↑
Harm-free Days		84	85	86	85	85	85
Incidents of moderate harm and above		26	34	50	21	19	24
Number of patients prone restrained for anything other than intramuscular tranquilisation		17	10	14	7	13	11
Number of Prone restraints for more than 10 minutes		2	8	2	1	1	0
Safeguarding Incidents		155	149	155	145	171	187 ↓

Integrated Performance Dashboard

June 2026

Birmingham and Solihull Mental Health NHS Foundation Trust

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Trust | Acute & Urgent Care | ICCR | Children & Young People | Specialties | Secure Services & Offender Health | Corporate

Measure	Latest Target	Jan-26	Feb-26	Mar-26	Apr-26	May-26	Jun-26	
Agency as % of Pay Spend		1	1	0	1	1	0	↑
Agency Staff Spend		£363k	£232k	£254k	£262k	£240k	-£198k	↑
Bank as % of Pay Spend		9	9	7	8	9	8	↑
Capital Expenditure		£1,840k	£2,307k	£10,394k	£559k	£1,322k	£276k	
Cost Improvement Programmes		£3,018k	£2,778k	£6,105k	£1,790k	£2,194k	£4,030k	↑
Group Cash Balance		£98,034k	£93,166k	£67,580k	£73,265k	£74,572k	£64,357k	↓
Info Governance (%)		100	100	100	87	100	83	↓
Operating Surplus		-£1,931k	-£1,450k	-£3,648k	£3,224k	£660k	£87k	

	Not meeting target
↑	Significant IMPROVEMENT
↓	Significant CONCERN
↗	Possible improvement
↘	Possible concern

Out of Area: Inappropriate Placements Active

June 2026

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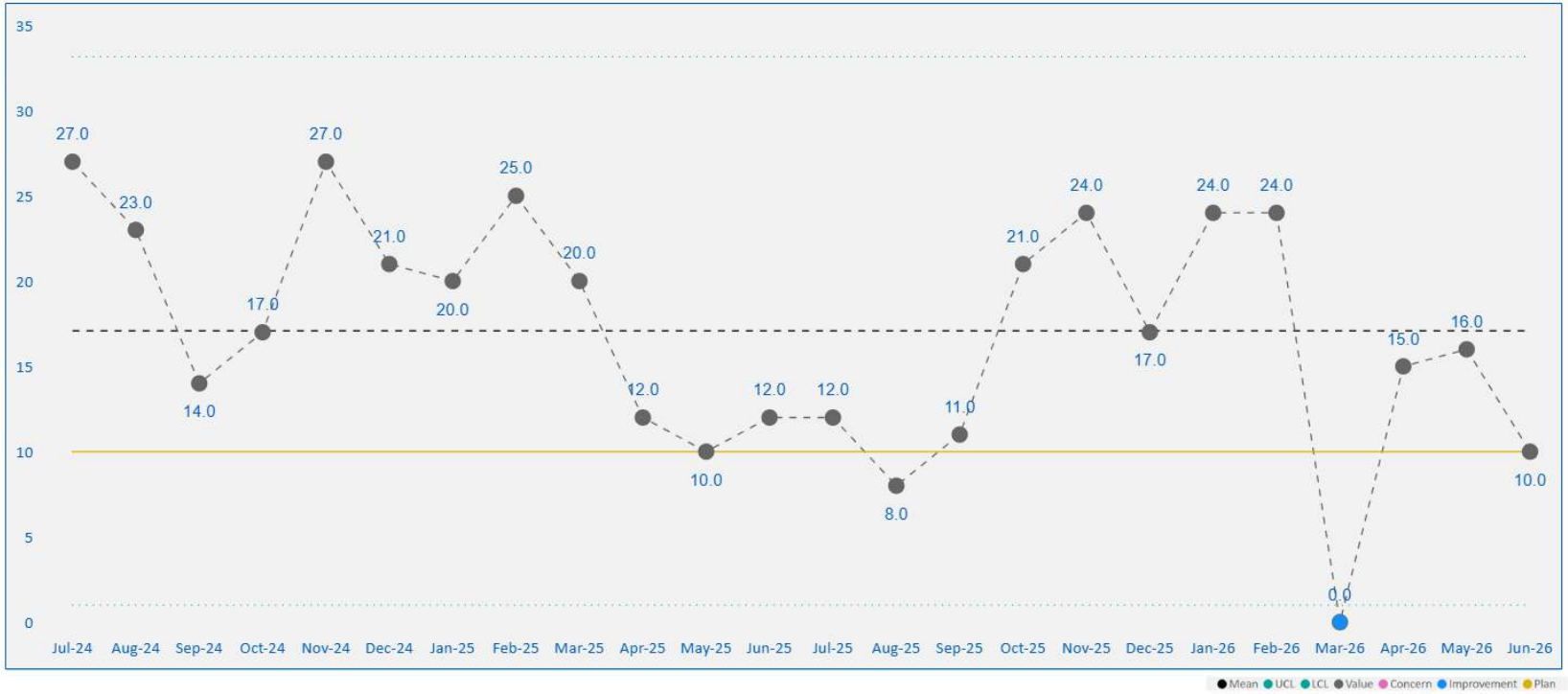

Question	Answers
A: What has happened?	The number of inappropriate out of area placements at each month end remains a metric in the 2025/26 national planning guidance. A Trust trajectory agreed with NHSE as part of the 2026/27 national planning requirements will to maintain zero acute and PICU inappropriate placements each month As part of the framework arrangement with private providers, patients are being placed in Cygnet hospitals and from 30th March these beds are now counted as appropriate following review and approval of the Trust's Standard Operating Protocol (SOP) for these beds by the Provider collaborative and NHSE as they meet the qualitative requirements of an 'appropriate' placement. There are 10 'inappropriate' out of area placements at the end of June above the trajectory of zero. 4 of these were adults and 6 were CYP. Internal reporting reflects those currently identified as 'appropriate'. However, it should be noted that national reporting via the Mental Health Services Dataset (MHSDS) managed by NHSE currently does not recognise these bespoke SOP arrangements agreed via NHSE. NHSE and Commissioners are aware of these issues and acknowledge that until this issue is resolved, there will be differences between national reporting using MHSDS as the data source and local Trust reporting.
B: Why has it happened?	NHS Benchmarking data for 2024/25 confirms that BSMHFT has a low number of inpatient beds per 100,000 weighted population indicating the need for additional capacity to meet the needs of the BSOL population. The service continues to face pressure on its inpatient capacity, with bed occupancy levels consistently at 95%, the inpatient admission and discharge ratio largely on a 1:1 basis, lengths of stay are above the national average due to high levels of acuity requiring a higher number of observations. The number of clinically ready for discharge bed days reduced from April - October 2025, after which an increase was observed with delay reasons attributed to community which is not in the Trust's immediate control. CRFD at 2005 overall in June with adults at 1089 lost bed days which equates to 16.4%, a reduction of 1.2%. Adult bed occupancy has remained at 97% and length of stay has increased to an average of 113 in June (from 105). The number of CYP Inappropriate admissions have reduced but there remains pressure on female beds The bed waiting list for service users being managed by Home Treatment Teams in the community are a further added pressure to capacity requirements. The combination of these challenges and the inter dependencies continually impact on creating sufficient flow within the acute and urgent care pathway in particular to allow repatriation of out of area placements. Demand for acute and PICU beds has remained high resulting in patients being placed in units outside BSMHFT. Staffing has also remained a challenge in terms of sickness and vacancies levels.
C: What are the implications and consequences?	Without a system wide approach and a review of patient flow across MH pathways, demand will continue to exceed available Trust capacity and risks to patients and staff potentially increasing without the reconfiguration of services needed to manage demand and manage patients in community teams that also have the staffing and skill mix levels to support. The bed waiting list identifies patients who are waiting to be admitted and are being risk managed in the community. Action plans continue to receive national and commissioner scrutiny which remain at a high level due to performance being above trajectory.
D: What are we doing about it?	A OOA reduction programme is in place with 3 key workstreams are in place to better manage demand, reduce inappropriate OOA placements and costs, improve patient experience and optimise services within the resources available. The 3 workstreams and Q1 actions include: Admission avoidance Goal: Ensure admissions are appropriate and alternatives are considered. • Deep Dive on Early Intervention Admissions: Conduct a deep dive analysis on all early intervention admissions to understand why more first episode patients are being admitted. This has now been completed and a couple of areas highlighted for follow up • Convene a discussion with Responsible Clinicians and relevant medical colleagues to review/ address the use of Section 17 leave versus Community Treatment Orders (CTOs)—particularly the impact on length of stay data, recall/admissions. Inital advice is to use leave. Inpatient Care & Reducing Length of Stay Goal : Increase timely discharges and reduce delays in discharge • Pilot Red2Green Model on 2 wards – to drive daily progress towards discharge- extend to a further 2 wards • Compare and align CRFD (Clinically Ready for Discharge) lists for learning disability and autism patients. Initial meeting has taken place and work is being undertaken to align patients Discharge Planning and Support Goal : Increase timely discharges and reduce delays in discharge and active use of data to inform reporting and decision making • Audit of estimated Discharge date to ensure accurate and timely recording to inform proactive discharge planning - Now completed and shared with the patient flow group • Review MDT discharge decision timing and work jointly with pharmacy to establish an escalation or fast-track process for same-day TTOs, particularly where discharge decisions or medication changes occur late in the day, with the aim of reducing avoidable next-day discharge delays. Agreed to develop TTO discharge pathway SOP
E: What do we expect to happen?	Monthly use of inappropriate out of area beds is expected to continue but reducing as the range of actions being taken forward get implemented and embedded and progress is made toward achieving the agreed trajectory not using any inappropriate placements.
F: How will we know when we have addressed issues?	When the numbers of inappropriate OOA placements reduce in line with the trajectory submitted in the action plan. Actions being taken forward by the workstreams begin to impact on creating capacity and flow to support repatriation of out of area placements.

Clinically Ready for Discharge: Bed Days

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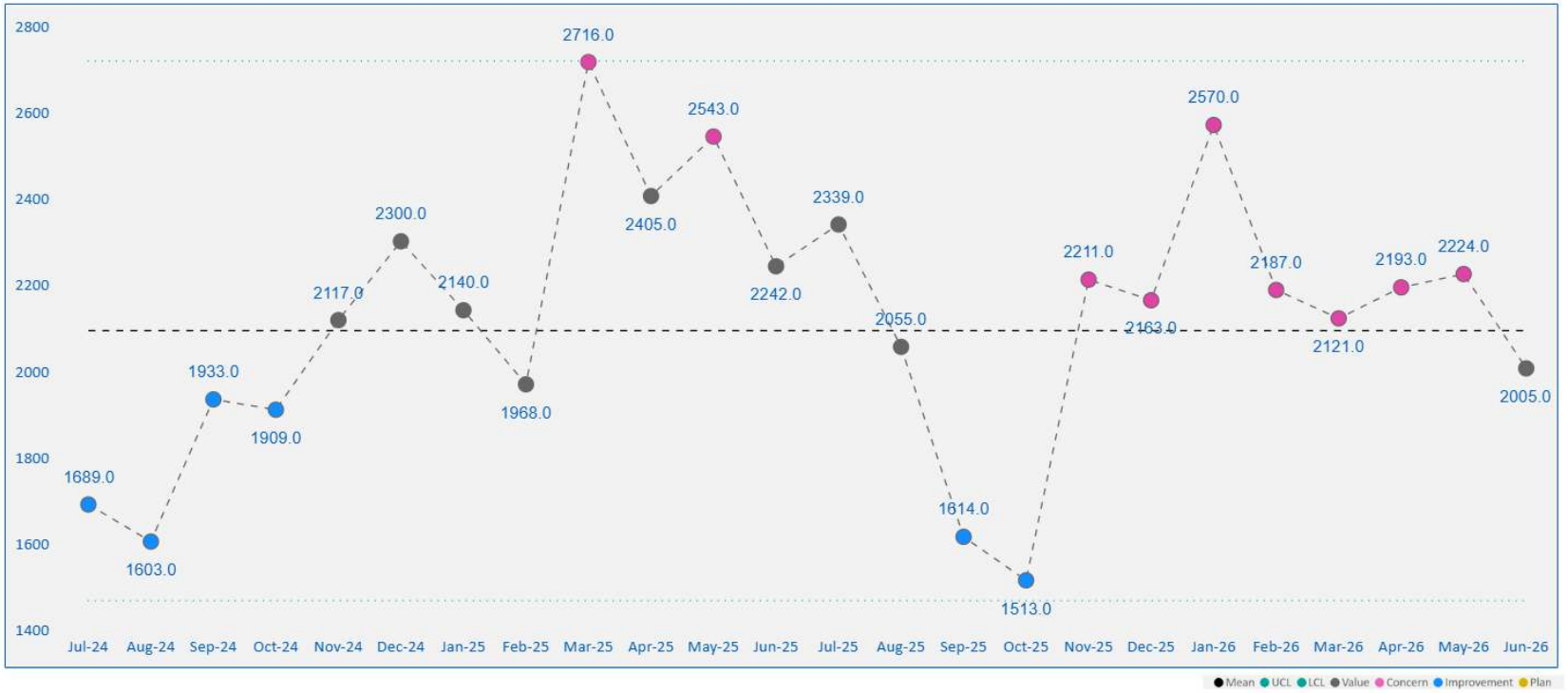

Question	Answers
A: What has happened?	The point at which someone is Clinically Ready for Discharge is reached when the multidisciplinary team (MDT) conclude that the person does not require any further assessments, interventions and/or treatments, which can only be provided in an inpatient setting. The number of CRFD bed days has been on an increasing trend since May 24 and reaching a peak in March 2025 at 2716 bed days. Between August 2025 - October there was an overall decrease, but this was reversed in November - January 2026. June has seen an increase to decrease to 2005 with Adults moved from 1174 days in May to 1089 days in June, which related to 43 patients, with a main delay reason of supported accommodation, awaiting social worker allocation and care packages and older adults moved from 699 days in May to 646 in June and related to 32 patients, who were waiting for care home placements and and social worker allocation.
B: Why has it happened?	The main reasons for the delays across both services include awaiting of a social worker and awaiting nursing home placements which requires social care input. These are system wide challenges and partnership working is taking place with local authority and ICS colleagues daily and weekly to review current barriers to discharge for each individual patient. However it is recognised that the ability of partners to aid timely discharge of service users is a continual challenge due to availability of appropriate alternatives.
C: What are the implications and consequences?	Failure to discharge patients in a timely way reduces the flow within in-patients, contributing to out of area placements and leads to an increased waiting time for beds and impacts on patient experience.
D: What are we doing about it?	Deputy Director of Commissioning and Transformation MHPC has been confirmed as the CRFD SRO and has developed a CRFD action plan working with internal clinical and operational leads and Birmingham City Council leads In addition internally reviewing patient flow and activities as part of operational and strategic management of demand and capacity as part of both community and acute and urgent care transformation work plans. A multi-agency bed management meeting is in place to support improved bed flow across inpatient services, along with production boards which provide an update on each patient's delay, identifying progress and tasks required to support discharge. There are some gaps in the current CRFD recording which the localities will be working with the discharge managers to address.
E: What do we expect to happen?	Via the partnership working, to begin to see reductions in delays due to availability of alternatives including social care support and nursing home capacity that is not in our immediate control.
F: How will we know when we have addressed issues?	Begin to see partnership and system wide solutions being implemented contributing to a reduction in these delayed discharges.

Talking Therapies: Reliable Improvement Rate (%) *May 26

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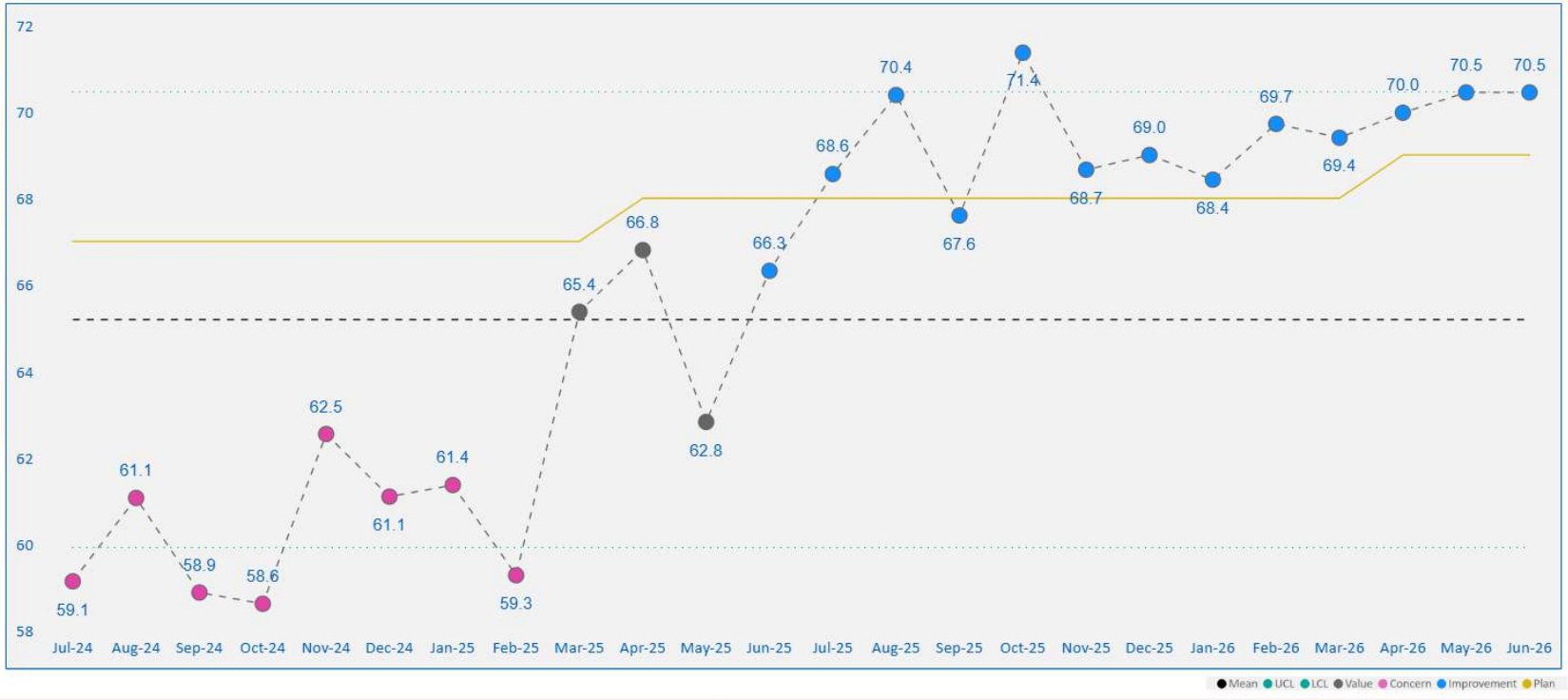

Question	Answers
A: What has happened?	This was a new national metric for 2024/25 with an increased focus on recovery and the target has increased 69% from April 2026. June 2026 at 71.28% above the 69% target for the eighth month in a row. Reliable Improvement Rate is the outcome measure to assess whether a service user who is being treated for anxiety or depression has reliably improved at the end of their treatment.
B: Why has it happened?	A course of therapy in NHS TT teams is having attended 2 or more treatment appointments, so this includes all patients who meet this criteria. A person has shown reliable improvement if their scores on the depression and/ or the relevant anxiety/ medically unexplained symptoms measure have reduced by a reliable amount, whether or not they met caseness at the start of treatment. A range of actions are in place to increase the recovery rate and recovery training took place in January for the whole service
C: What are the implications and consequences?	Service users needs are not being met and the national 69% standard is not being met. The provider Collaborative have issued a performance notice in relation to recovery rates in September 2025
D: What are we doing about it?	The provider Collaborative have issued a performance notice in September 2025 relating to the Talking Therapies current reliable recovery and reliable improvement rates. A range of further supportive measures are being put in place by the commissioners to review the recovery action plan which is in place. The service is looking closely at the data to try to minimise any data quality issues and to improve recovery rates. Also, when there is a wait for treatment, follow-up appointments are offered, which is good practice, but as these are now being recorded as assessment and treatment, if a patient drops out before they start their course of treatment (and are above caseness) they will contribute negatively to the reliable improvement rate. An Action Plan is in place to explore ways that recovery rates can be increased. This includes: learning from other services in the country, undertaking a deep dive into recovery rates between teams, identifying cohorts of service users which have lower recovery rates, using TT Inequalities report, increasing the number of treatment sessions with each service user and reducing DNA rates within the service by engaging proactively with service users, introduction of case management supervision at step 3. The plans are being monitored monthly by the ICS Lead and quarterly with the Talking Therapies system wide forum. Face to face groups including Step 3 Anxiety group and Compassion Focussed Therapy have commenced across areas in September and October 2025 to increase capacity. The DNA rate for June has increased to 11%.
E: What do we expect to happen?	The local needs of service users and challenges presented are routinely discussed and monitored within the service to support actions to aid reliable Improvement.
F: How will we know when we have addressed issues?	Maintain/exceed the 69% Reliable Improvement rate.

Talking Therapies: Reliable Recovery Rate (%) *May 26

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Question	Answers
A: What has happened?	The national target has increased from 50% to 51% from April 2026. The Reliable Recovery rate has fluctuated and is not meeting the 51% target,with June 2026 position being sustained at 48.5%, just below target. Reliable Recovery Rate is the outcome measure to assess whether a service user who is being treated for anxiety or depression is no longer at clinical caseness at the end of their treatment.
B: Why has it happened?	The target for recovery is 51% of all patients who complete a course of therapy. A course of therapy in NHS TT teams is having attended 2 or more treatment appointments, so this includes all patients who meet this criteria that met caseness at the start of treatment. Patients are considered reliably recovered if they meet both criteria for reliable improvement and for recovery. A range of actions are in place to increase the recovery rate and recovery training took place in January for the whole service
C: What are the implications and consequences?	Service users needs are not being met and the national 51% standard is not being met. The provider Collaborative have issued a performance notice in relation to recovery rates in September 2025.
D: What are we doing about it?	The provider Collaborative have issued a performance notice in September 2025 relating to the Talking Therapies current reliable recovery and reliable improvement rates. A range of further supportive measures are being put in place by the commissioners to review the recovery action plan which is in place. The service is looking closely at the data to try to minimise any data quality issues and to improve recovery rates. Also, when there is a wait for treatment, follow-up appointments are offered, which is good practice, but as these are now being recorded as assessment and treatment, if a patient drops out before they start their course of treatment (and are above caseness) they will contribute negatively to the reliable improvement rate. An Action Plan is in place to explore ways that recovery rates can be increased. This includes: learning from other services in the country, undertaking a deep dive into recovery rates between teams, identifying cohorts of service users which have lower recovery rates, using TT Inequalities report, increasing the number of treatment sessions with each service user and reducing DNA rates within the service by engaging proactively with service users, introduction of case management supervision at step 3. The plans are being monitored monthly by the ICS Lead and quarterly with the Talking Therapies system wide forum. Face to face groups including Step 3 Anxiety group and Compassion Focussed Therapy have commenced across areas in September and October 2025 to increase capacity. The DNA rate for June has increased to 11%.
E: What do we expect to happen?	The local needs of service users and challenges presented are routinely discussed and monitored within the service to support actions to aid Reliable recovery
F: How will we know when we have addressed issues?	Maintain/exceed the 51% Reliable Recovery rate.

Staff Sickness (%)

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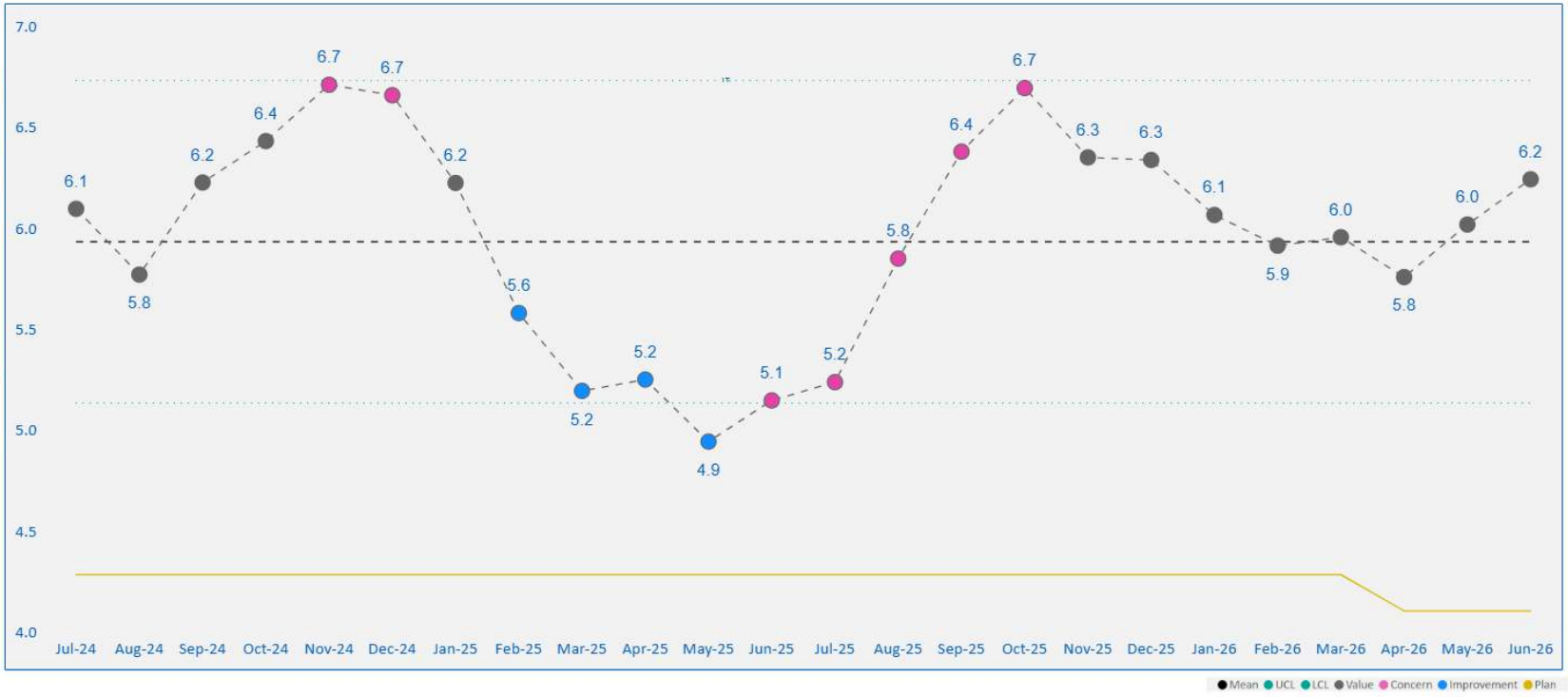

Question	Answers
A: What has happened?	Trust wide sickness absence rate for June 2026 was 6.2% against 6% in May 2026, 5.8% in April 2026 and 5.9% in March 2026. This represents an increase in the absence level and was accounted for by a 0.3% increase in long-term absence. Across the divisions, the following services had the highest absence rates: - Acute and Urgent Care 8.1% (2.9% Long-Term to 5.2% Short-Term) - Primary Care and Dementia Specialties 7.6% (0.3% increase on last month; 5.7% Long-Term to 1.9% Short-Term) - Secure Services and Offender Health 6.9% (2.3% Long-Term to 4.6% Short-Term) The return to work rate remains below target in all areas with the exception of the Exec Director - Resources and Exec Director - Nursing Localities, with a Trust-wide rate of 60.6%.
B: Why has it happened?	Historically, sickness absence has been driven by a combination of long-term mental health conditions (including stress, anxiety and depression), musculoskeletal (MSK) conditions and local workforce pressures. Recent analysis highlights significant variation between services, indicating that absence patterns are influenced not only by health conditions but also by local factors such as workforce demographics, management practices, service complexity, workload pressures and staff experience. The Trust is strengthening its data capability to better understand sickness reasons, absence frequency, trends and hotspot areas, allowing more targeted interventions and earlier support.
C: What are the implications and consequences?	Higher levels of sickness absence reduce workforce capacity, increase operational pressure on teams and can affect service resilience. Services with persistent absence hotspots are more likely to experience rota disruption, increased reliance on temporary staffing, pressure on remaining colleagues and reduced managerial capacity. Failure to intervene early can result in more long-term absences, higher costs, reduced staff wellbeing and poorer employee experience. Robust absence management is therefore a key component of workforce quality, productivity and financial sustainability.
D: What are we doing about it?	A Trust-wide sickness recovery programme is being implemented, supported by enhanced reporting, RTW compliance monitoring and targeted absence management interventions. Key actions include: • Return-to-Work meetings following every sickness episode, with improved monitoring of completion rates and timeliness. • Development of enhanced sickness dashboards and reporting to identify trends, repeat absence, long-term absence and service hotspots. • Use of trigger thresholds and management insight tools to support earlier intervention and case management. • Delivery of manager guidance, training, clinics and supporting documentation to improve confidence in managing attendance. • Review and improvement of RTW processes, including simplified documentation, digital workflow opportunities and closer ESR integration. • Strengthening wellbeing, mental health and MSK support alongside Occupational Health provision and targeted interventions where data indicates greatest need.
E: What do we expect to happen?	As reporting, RTW compliance and targeted intervention arrangements mature, we expect services with higher sickness absence to progressively move closer to Trust averages. Improved management oversight, earlier intervention, better quality data and enhanced wellbeing support should reduce repeat absence, prevent escalation into long-term sickness and improve overall attendance patterns. We also expect more consistent managerial ownership of attendance management and better employee experience throughout the absence and return-to-work process.
F: How will we know when we have addressed issues?	Success will be demonstrated through: • Sustained improvement against the Trust sickness absence KPI. • Increased RTW completion and timeliness rates. • Reduction in repeat short-term absence trigger breaches. • Reduction in long-term sickness cases and days lost. • Evidence that identified hotspot services are improving over time. • Improved quality, accuracy and granularity of absence data to support proactive intervention. • Reduced reliance on reactive absence management and greater use of targeted, evidence-based workforce interventions. • Positive indicators from staff wellbeing, attendance and workforce reporting measures.

Staff Appraisals (%)

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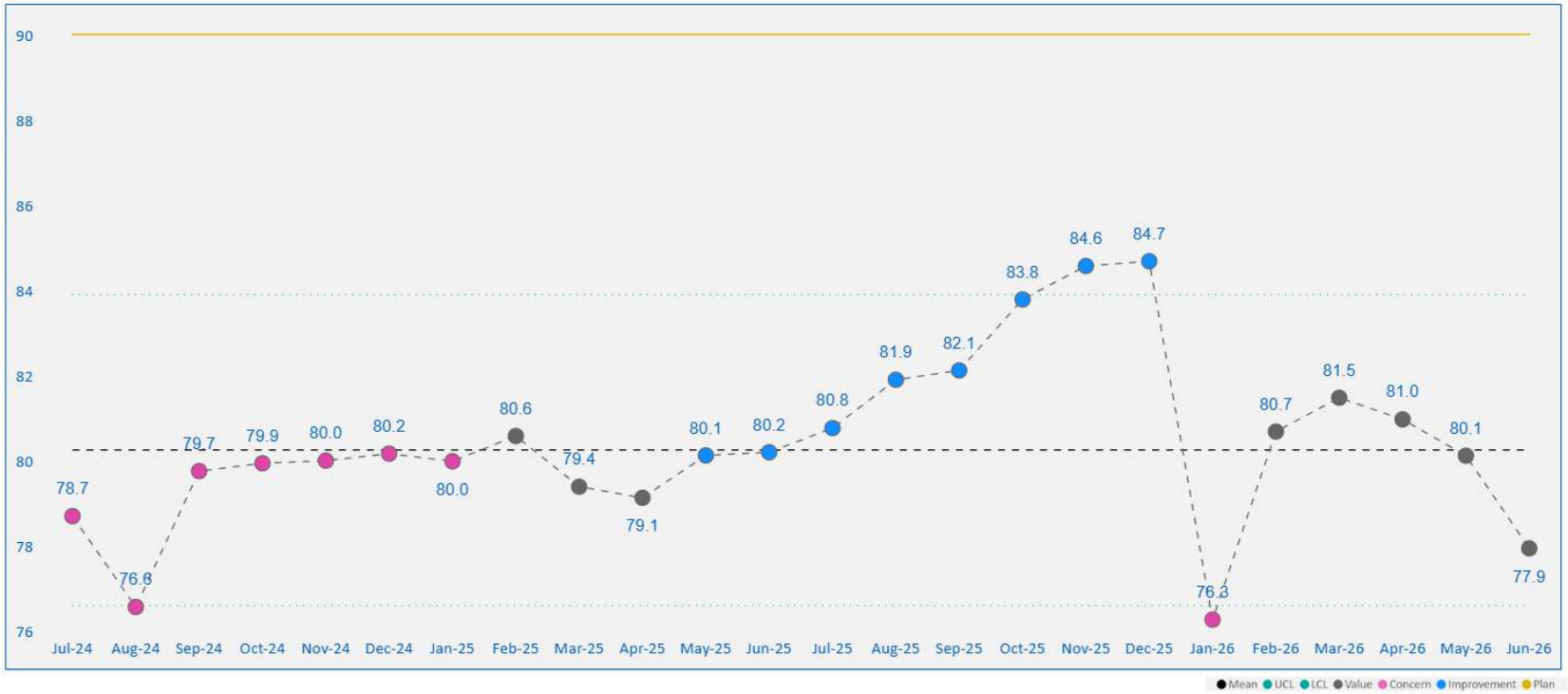

Question	Answers
A: What has happened?	June Appraisal compliance as of 78%. This is a decrease from May (80.1%). This remains below Trust target of 90 % and commissioners target of 85%.
B: Why has it happened?	The teams within the Trust are below 75% compliance are: Chief Exec 20% Cyp 68.2% Exec Dir - Medical 70.9% Exec Dir - Nursing 65.8% Exec Dir - Resources 62.5% New Care Models 53.6% Trustwide 26.1%
C: What are the implications and consequences?	
D: What are we doing about it?	Continuing current practice to raise compliance and monitoring. Additional VBA training dates scheduled and we continue with targeted to work with those teams with low compliance.
E: What do we expect to happen?	The BAU appraisal work will continue to positively support staff in achieving quality values based appraisal conversations and also improve compliance.
F: How will we know when we have addressed issues?	When we have 3 months consistently at 85% compliance. FTB areas will be treated as hot spot areas from August onwards to mitigate against fall in compliance.

Fundamental Training (%)

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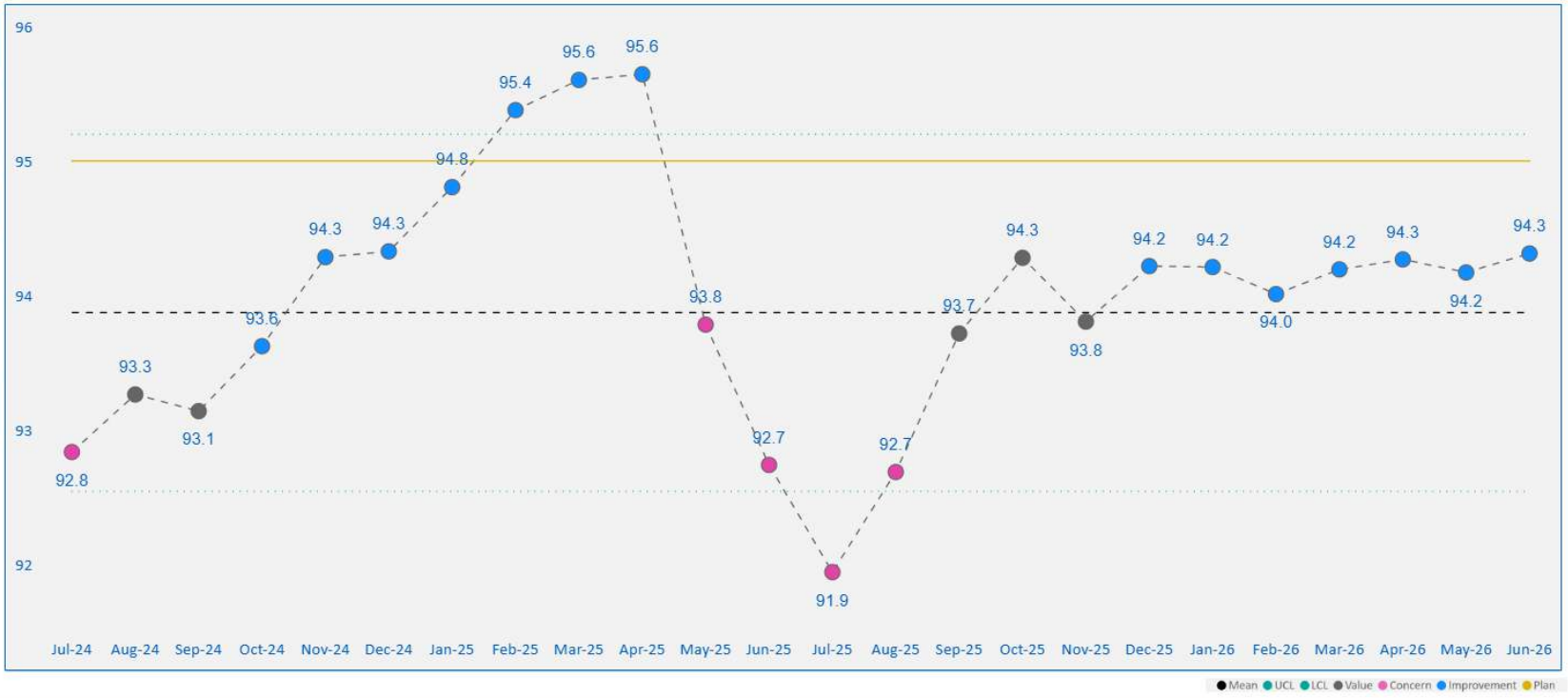

Question	Answers
A: What has happened?	Fundamental Training compliance increased slightly from 94.2% to 94.3%. While it remains below the Trust's 95% target for substantive staff, though it continues to exceed the Commissioners' target. Areas currently below 95% compliance include: Chief Executive Office-75.4% Exec Dir - Nursing- 94.9% Acute And Urgent Care Services -93.9% Cyp-87.5% ICCR-94.1% Trustwide (24/7 Team)-87.5% Temporary staffing compliance has decreased from 92.8% to 92.5% and remains well above the Trust's 75% target.
B: Why has it happened?	The expiry of grace periods for Patient Safety, Moving and Handling Level 2, and Dual Diagnosis has had a direct impact on overall compliance performance. In addition, several subjects remain within their current grace periods and are anticipated to further affect compliance once these periods conclude, most notably Oliver McGowan Tier 1 and Tier 2 in August 2026. A further contributory factor has been the TUPE transfer of FTB staff into the Trust. These staff members were not previously subject to the same mandatory training requirements, and the expiry of the associated face-to-face training grace period has now impacted reported compliance levels. The following subjects currently remain below 90% compliance and continue to be monitored through the recovery plan: CRAM:89.2% Dual Diagnosis 89.6% Resus – ELS: 75.4% Resus – ILS: 81.2% Safeguarding Adults (Version 2) – Level 3 (3 Years): 89.5% SRS Conveyance: 73.7% The Care Certificate: 87.8% Targeted actions are in place to improve compliance across these areas, with continued oversight through monthly reporting and service-level escalation where required.

Question	Answers
C: What are the implications and consequences?	Implications and Consequences - Low Fundamental Training (FT) compliance presents a significant risk to patient safety and staff wellbeing. There is a risk that staff may not possess the required knowledge, skills, and competencies to practise safely within clinical environments, which could adversely impact the quality and safety of care delivery. - Failure to meet the commissioners' compliance requirements may constitute a contractual breach, which could result in substantial financial penalties. These penalties may exceed £210,000 per subject, per month, for each month that BSMHFT remains non-compliant. - The continued expansion of FT subjects included within the Trust's traffic light reporting framework may place additional pressure on overall compliance performance. While this strengthens governance and assurance arrangements, it may have a short-term adverse impact on reported Trust-wide compliance figures. - Although Temporary Staffing Services (TSS) are not included within the overall Trust compliance metric, they remain required to complete mandatory training. It is essential that required training is provided in a timely manner to ensure TSS staff are competent to practise safely. Failure to complete the necessary training may prevent TSS staff from booking shifts, particularly on inpatient wards, which may in turn affect workforce capacity and service delivery.
D: What are we doing about it?	Mitigating Actions / What We Are Doing About It • A formal recovery plan is in place for all Fundamental Training subjects with compliance below 95%, supported by monthly improvement trajectories and ongoing performance monitoring. Progress against these trajectories is reviewed regularly to ensure targeted actions are delivering the required improvement. • A range of business-as-usual compliance management processes continue to support improvement activity, including: o direct emails to employees and line managers following Did Not Attend (DNA) instances, requesting prompt rebooking; o reminder emails issued to both employees and managers in advance of booked training sessions; o monthly DNA reports escalated to Clinical Directors and Heads of Service for local follow-up and management action; o monthly reminder communications to staff whose training has expired or is approaching expiry, prompting timely rebooking. • For all newly introduced Fundamental Training subjects, the FT team issues advance communication to all affected staff at least one month prior to launch. This ensures staff and managers have early visibility of new requirements and sufficient time to plan completion. • In addition, newly introduced training subjects are assigned a six-month grace period within the traffic light reporting framework, allowing staff a reasonable timeframe to complete the training before compliance performance is formally impacted. • The Corporate Induction model has been updated from May 2026 to include Fundamental training sessions on Day 2 of Induction which will reduce DNAs of new starters and ensure they are compliant sooner These actions are intended to support sustained improvement in compliance performance and reduce associated patient safety, workforce, and contractual risks.
E: What do we expect to happen?	Expected Position / Forecast • Based on the current recovery plans and projected trajectories, overall compliance is expected to remain below the 95% target in the short term. This is primarily due to the recent expiry of grace periods for Dual Diagnosis, Patient Safety, and Moving and Handling Level 2, together with the impact of the TUPE transfer of CYP staff, whose mandatory training requirements have now been aligned to Trust standards. • Whilst this is expected to continue to place downward pressure on compliance performance, recovery actions remain in place and are intended to support gradual improvement over the coming months. • For newly introduced Fundamental Training subjects, the use of an extended grace period is not expected to adversely affect overall Trust compliance during the grace period itself, as it provides staff with sufficient time to complete the required training before the subject becomes reportable within the Trust's compliance metrics. This approach is intended to support planned compliance achievement while maintaining safe implementation of new training requirements. A gradual improvement trajectory is anticipated following the completion of grace-period-related impacts and the embedding of recovery actions across affected services.
F: How will we know when we have addressed issues?	Resolution will be evidenced when substantive Fundamental Training compliance achieves and sustains the Trust target of 95% or above, as reported through the Insight Reporting System over consecutive reporting periods.

AWOL patients coming to harm

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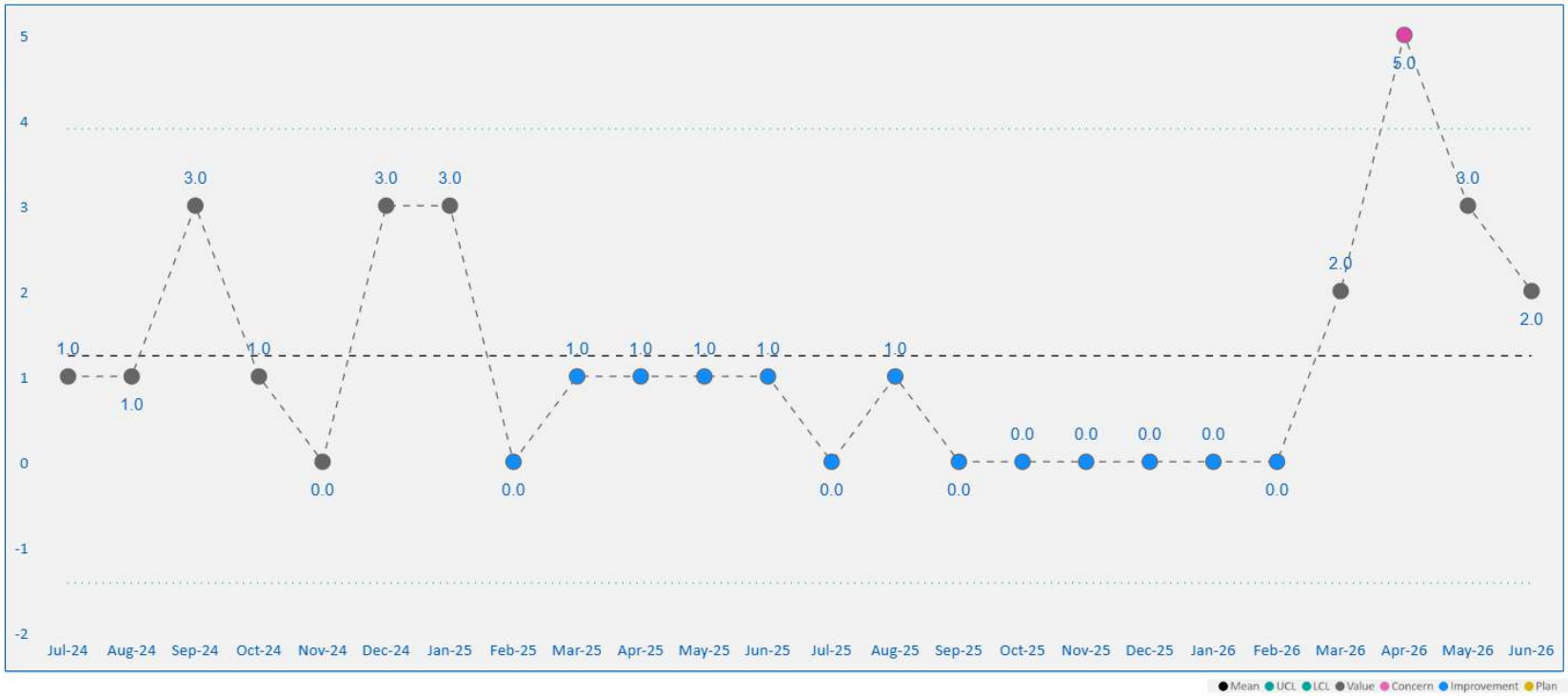

Question	Answers
A: What has happened?	Three absconsions/failure to return incidents were reported during the month across Acute Care (2) and Recovery Services (1).
B: Why has it happened?	Incidents occurred across different wards with no single emerging hot spot identified at this stage.
C: What are the implications and consequences?	All incidents are recorded as minor harm. All patients were located and returned to the ward.
D: What are we doing about it?	Incidents continue to be reviewed through divisional governance processes with themes and learning monitored.
E: What do we expect to happen?	Continued monitoring of absconsion and failure to return incidents to identify emerging themes, hot spots or repeat patterns requiring a deeper review.
F: How will we know when we have addressed issues?	Reduction in repeat absconsion/failure to return, identified hot spots or recurring themes and ongoing assurance thorugh divisional governance monitoring.

Deaths within 30 days post discharge

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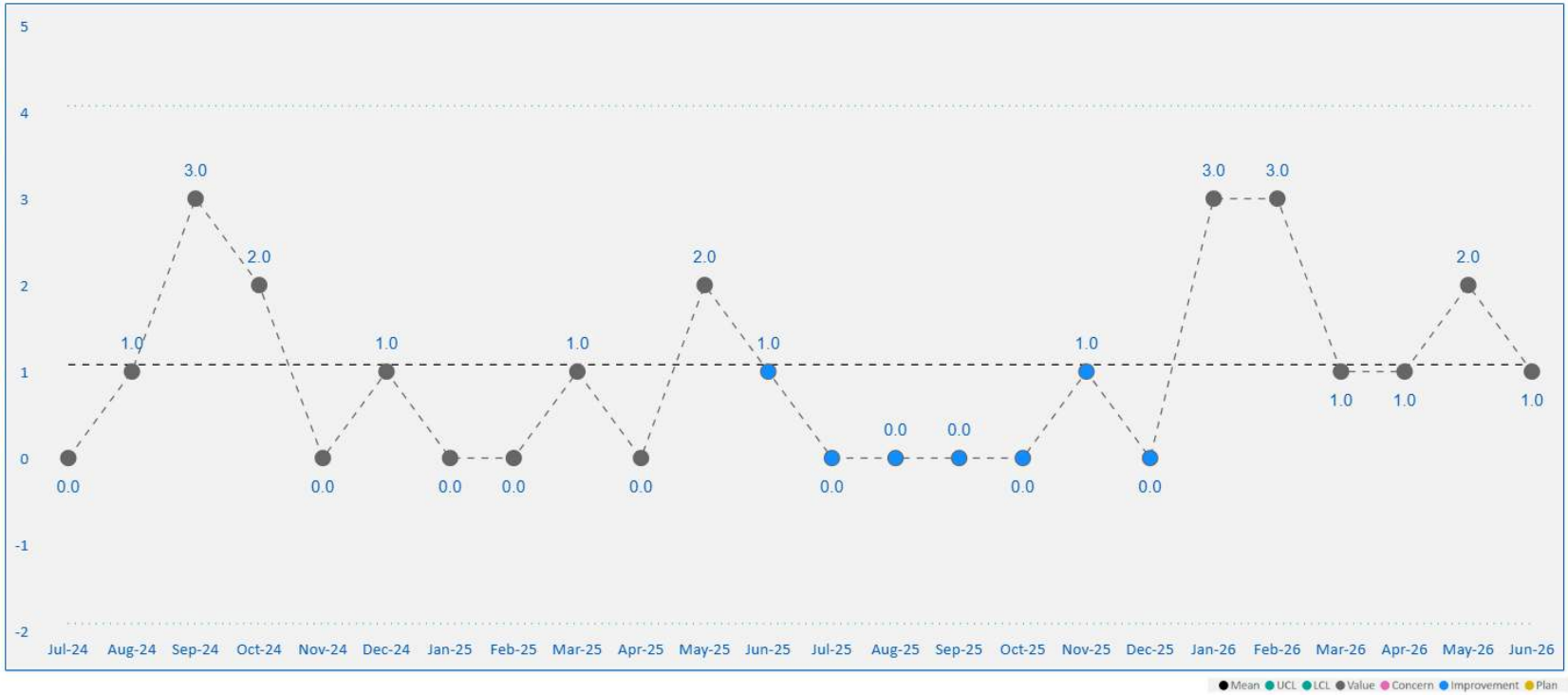

Question	Answers
A: What has happened?	Two death within 30 days of ward discharge was reported during the month, both patients were transferred directly from older people inpatient services to general hospital and later died.
B: Why has it happened?	Both patients were experiencing physical health difficulites and were admitted to acute hospitals.
C: What are the implications and consequences?	The need to maintain assurances that regarding the recognition and escalation of physical health deterioration, transfer arrangements and information sharing.
D: What are we doing about it?	Both deaths will be reviewed through the Learning from Deaths process.
E: What do we expect to happen?	Any learning will influence appropriate improvement work
F: How will we know when we have addressed issues?	

Episodes of rapid tranquilisation

Birmingham and Solihull Mental Health NHS Foundation Trust

June 2026

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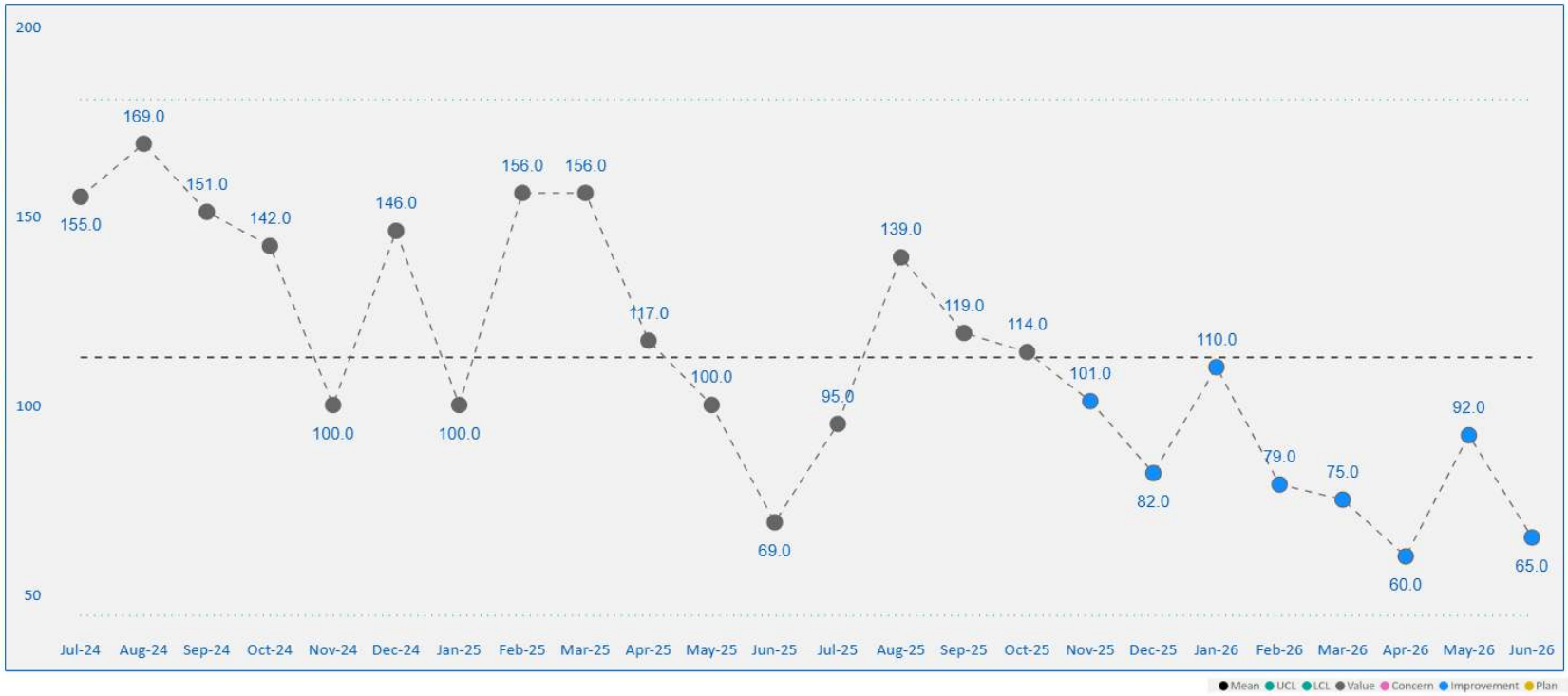

Question	Answers
A: What has happened?	This is the 3rd month showing special cause improvement with 60 episodes of RT for the month. Of these, 19 were oral and 10 were deltoid, the remaining were administered into the glute 10 of which involved prone holding. Variety of causes were recorded. Prevention of harm to self, prevention of harm to staff, administer medication and to prevent extreme/ prolonged over activity were all cited. 58 incidents were categorised at level 1 oe 2 harm. 1 incident was recorded as level 3 moderate harm. RT was administered in D&F x12, ICCR x 1, SCOH x 5, 42 instances were Acute care. the highest usage within acute was Lavender on 17 occassions and Eden PICU x 11. of the 31 instances of IM RT the deltoid could have been utilised in the majority of cases. On occassion the glute may be a preference where RT has been administered in seclusion or prior to seclusion transfer if staff are already in prone holding. This should be an exceptional emergency event.
B: Why has it happened?	
C: What are the implications and consequences?	Increased use of RT will have an impact upon service user experience. Unecessary use of prone holding is against national guidace and could impact regulatory governance feedback for th eorganisation.Failure to consider the use of 'deltoid first' will increase the use of prone to access the glute. The deltoid is a more trauma informed site and is being utilised nationally as a way to avoid prone interventions. Other ways to access the glute such as side lying and kneeling are being incorporated into AVERTS training. Looking to develop an all age PBS appropach for BSMHFT that will incorporate primary and secondary prevention to avoid the more restrictive tertiary interventions. This will involve and ensure service user voice and experience is at the centre of interventions.
D: What are we doing about it?	Looking to encourage the proactive use of medication to avoid the need for RT. Where RT is required, consider 'deltoid first'. Exploring options with the governance intelligence team to ask if deltoid was considered on the eclipse entry. Discussions around improving RT monitoring post administration. Improved training for staff regarding alternative IM sites involving clinical educators, AVERTS team and pharmacy input. Monitoring and oversight in local RRP meetings and feedback through RRPSG utilising AAA template.
E: What do we expect to happen?	A decrease in the overall use of RT with an steady increase in the uptake of deltoid as a first line consideration. Encourage the proactive planning of Rt with service user involvement in the MDT planning around medicatiopns during MDT discussions.
F: How will we know when we have addressed issues?	Incident data- both qualitative and quantitative. Feedback from service users carers and staff.

Incidents of moderate harm and above

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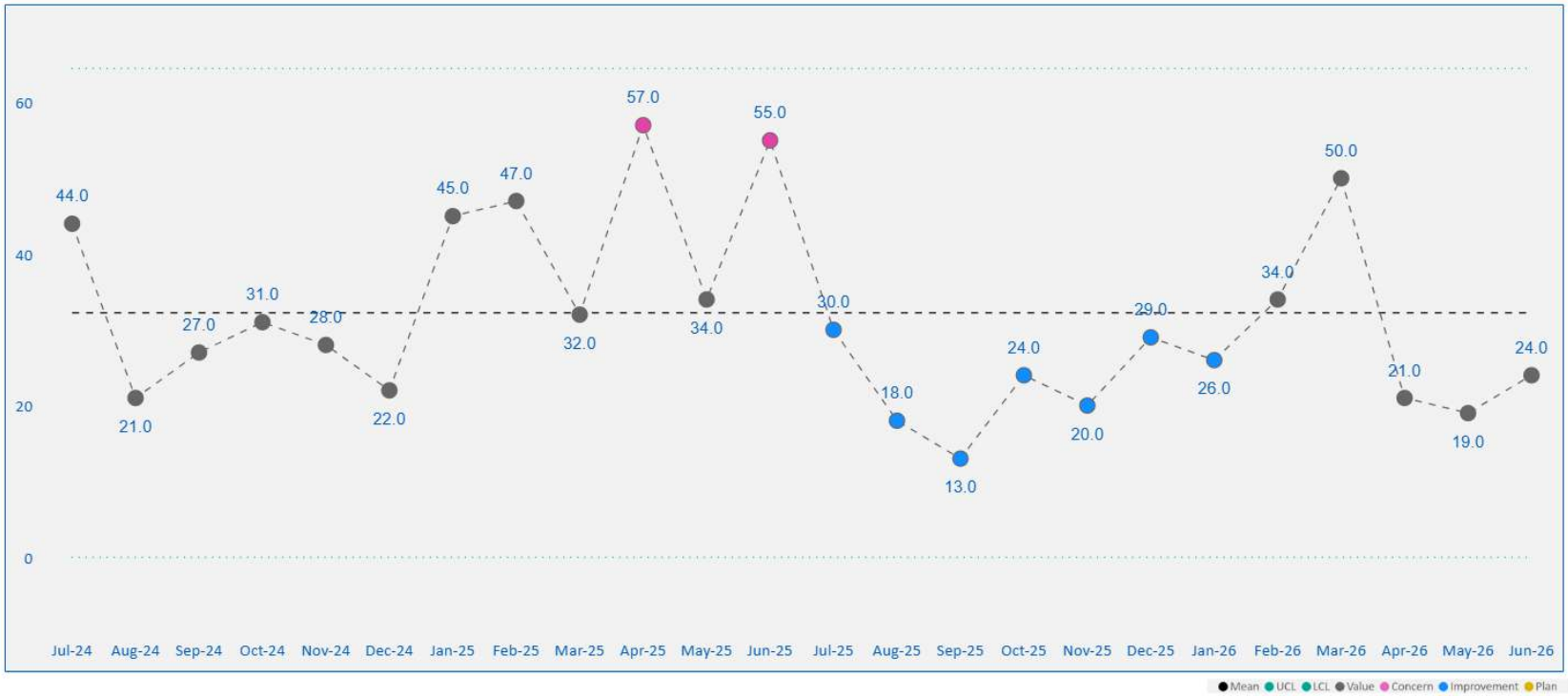

Question	Answers
A: What has happened?	28 incidents resulting in moderate harm and above were reported during the month, compared to the monthly mean of 32 and reduced from 50 in the previous reporting period. Incidents related to both staff and patients across inpatient wards.
B: Why has it happened?	The majority of incidents relate to assaults, violence and aggression occuring in the inpatient setting, where patients present may present with more distress and behavioural dysregulation.
C: What are the implications and consequences?	Incidents resulting in moderate harm and above can have a significant impact on patients and staff, including physical and psychological impact for those involved. Staff support mechanisms are available, including access to occupational health and well-b
D: What are we doing about it?	Post incident support continues for those affected, where needed a review of incidents will take place.
E: What do we expect to happen?	Sustained reduction or stabilisation in moderate harm and above incidents, with monitoring of trends, themes and learning
F: How will we know when we have addressed issues?	

Number of patients prone restrained for anything other than intramuscular t...

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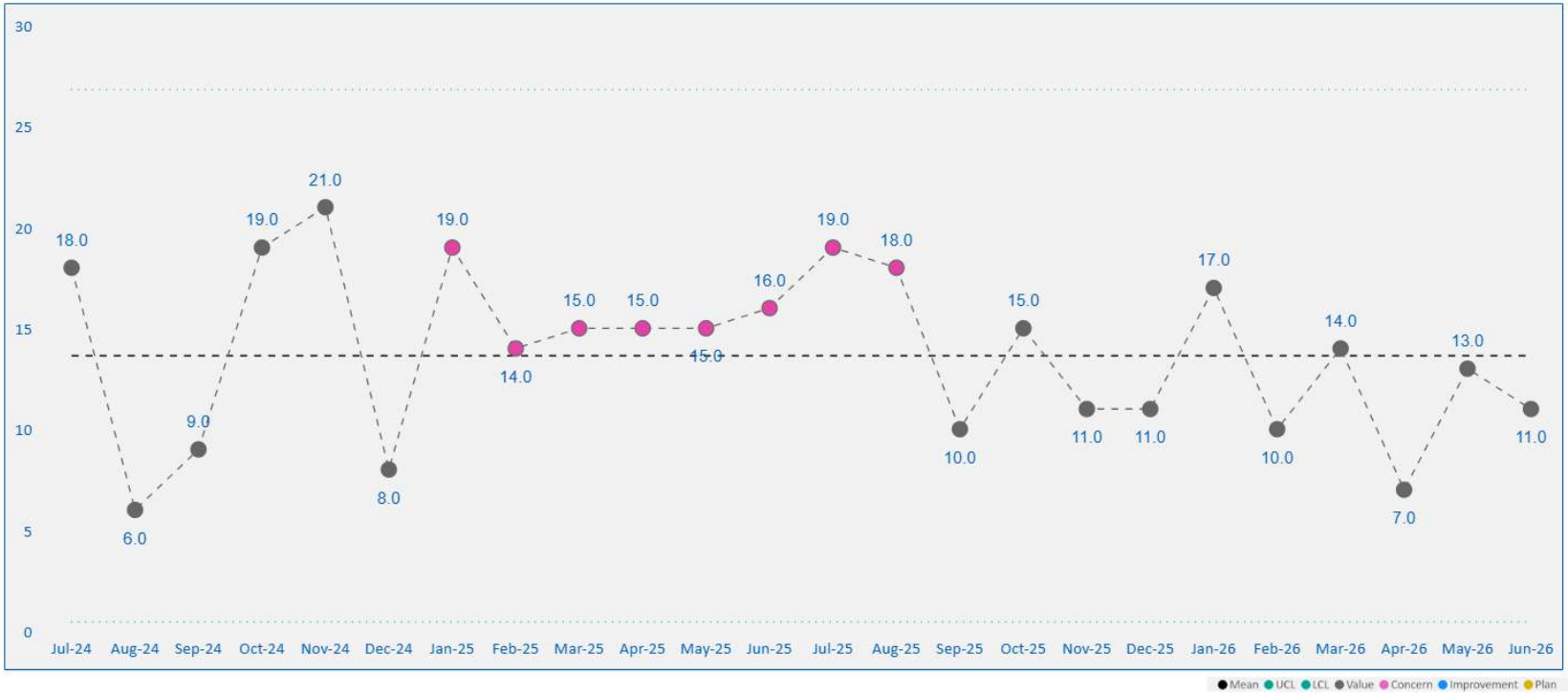

Question	Answers
A: What has happened?	SPC charts continue to show random variation with an improvement for the month of April 2026. there were 7 incidents of prone intervention, 6 were between 1-5 minutes in duration and 1 was recorded as a 25 minute prone intervention.
B: Why has it happened?	6 incidents were categorised as self-harm across different in-patient services, 1 incidents was categorised as 'Assault, Violence and harrassment' and was a joint restrictive physical intervention with West Midlands Police withion the Place of Safety whereby Trust staff assisted officers in holding onto an individual whilst handcuffs were re-applied. All incidents we categorised as level 1 or level 2 harm.
C: What are the implications and consequences?	Increased risk of staff and service user injury. Not adhering to trauma informed principles, reduced service user and staff experience. Increased staff absenteeism. Prone restraint seen as a default rather than an emergency response. The Trust needs to ensure that prone intervention is a last resort for the minimal amount of time to ensure safer and appropriate care and treatment and to meet with regulatory requirements.
D: What are we doing about it?	Averts training has been modified to highlight preventative strategies followed by core skills. Exceptional emergency responses are delivered at the end of the trainimng with prone highlighted as an emergency response. There will be deeper scrutiny around prone interventions to determine why it was necessary to use prone holding. The Trust has invested in Safety Pods as an alternative to floor restraint, we need to ensure that the culture around the use of pods is positive and that any negative language and terminology is challenged byall staff within the organisation. The safety pod should not be viewed as a Deltoid RT chair, and NG tube chair or a restraint chair. The item is designed to be integrated into existing units as a self-soothing de-escalatory appliance that can also be used for holding.
E: What do we expect to happen?	we should start to see a sustained improvement in the number of Prone restraints as the odifications to AVERTS training are rolled out and embedded within the organisation. As staff attend their training annually, there will be a 12 month lead in for all staff to have received the modified training. The changes to training are compatible with existing training with the focus around standing, seated and safety pod interventions. there should be an improvement in the number of reported prone interventions.
F: How will we know when we have addressed issues?	When we see a sustained reduction and improvement in the number of reported prone interventions. There should be a decrease in restraint related injuries and improved service user and staff experience. This can be measured through service user questionnaires, Participation and experience team feedback and staff survey results.

Number of Prone restraints for more than 10 minutes

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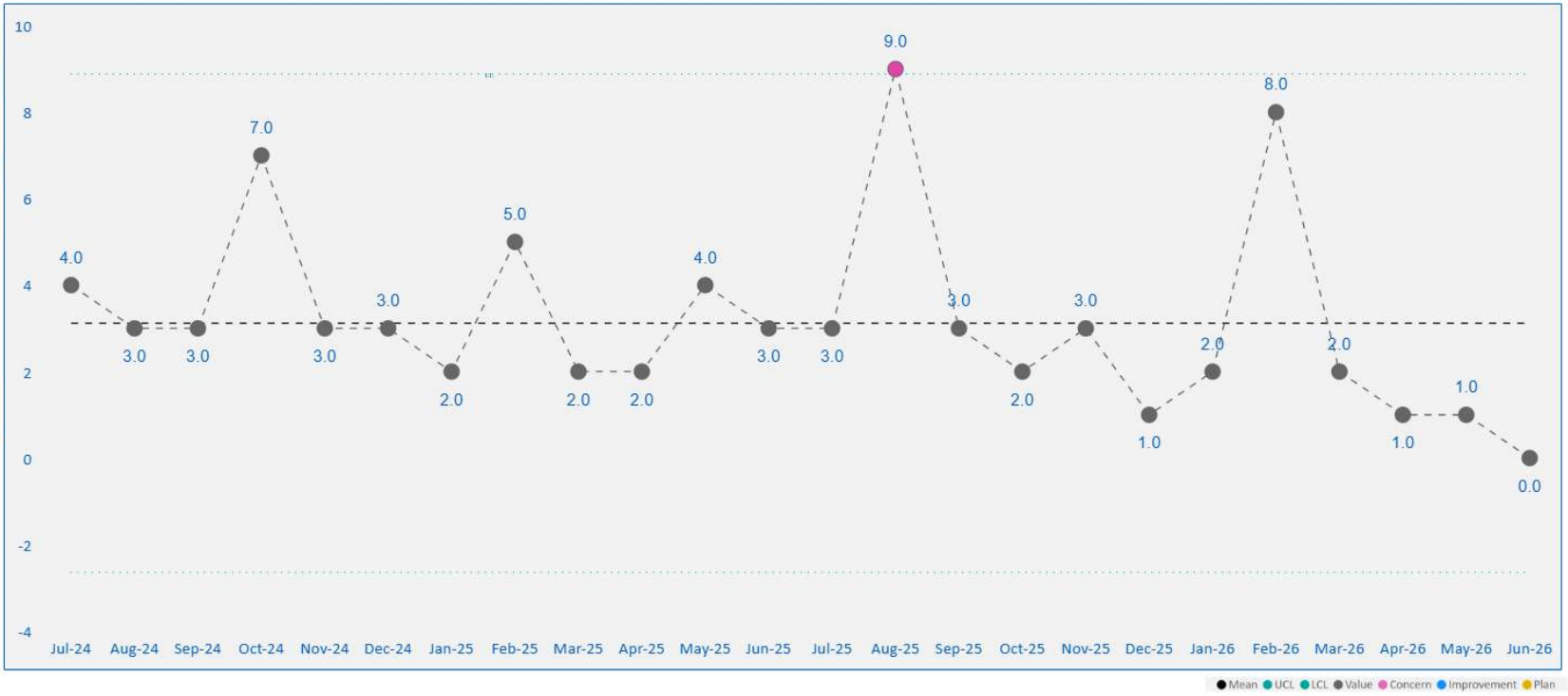

Question	Answers
A: What has happened?	Random variation in the data but an improvement on month. 1 prolonged restraint incident for the month of April, 25 mins duration. Service user in SCOH was managed by staff and had the Soft Restraint System (mechanical restraint) applied to assist with relocation to a purpose built seclusion facility and to prevent the need for further prolonged prone intervention.
B: Why has it happened?	Escalating situation where staff were attempting to prevent a service user from self harming.
C: What are the implications and consequences?	If staff hadn't intervened the service user may have been successful in their attempts to self-injure. SRS was utilised in an attempt to reduce the length of time prone holding was utilised. The situation was an exceptional emergency event where the use of prone was unavoidable and the application of MR was justified. The incident should be discussed and reviewed in local patient safety panels to see if there is any learning to be shared and disseminated and appropriate preventative strategies identifed to prevent future incidents.
D: What are we doing about it?	Changes to AVERTS training and philosophy supporting Restrictive physical interventions. Review of incidents in local RRP meetings. Escalations through RRPSG. Identified workstreams for reduction of prone interventions. Deep dive into prolonged prone interventions. Looking at Trustwide PBS strategy.
E: What do we expect to happen?	Prolonged incidents should be an exceptional emergency event that are reviewed in local patient Safety panel meetings and where approipriate subject to PSIRF review. The number of prolonged incidents should reduce over time as RRP strategies and oversight are implemented across the organisation.
F: How will we know when we have addressed issues?	Improved incident data detailing sustained improvement. Improvement in service user and staff experience. Improvements in friends and family feedback, staff survey results and restraint related injuries.

Safeguarding Incidents

June 2026

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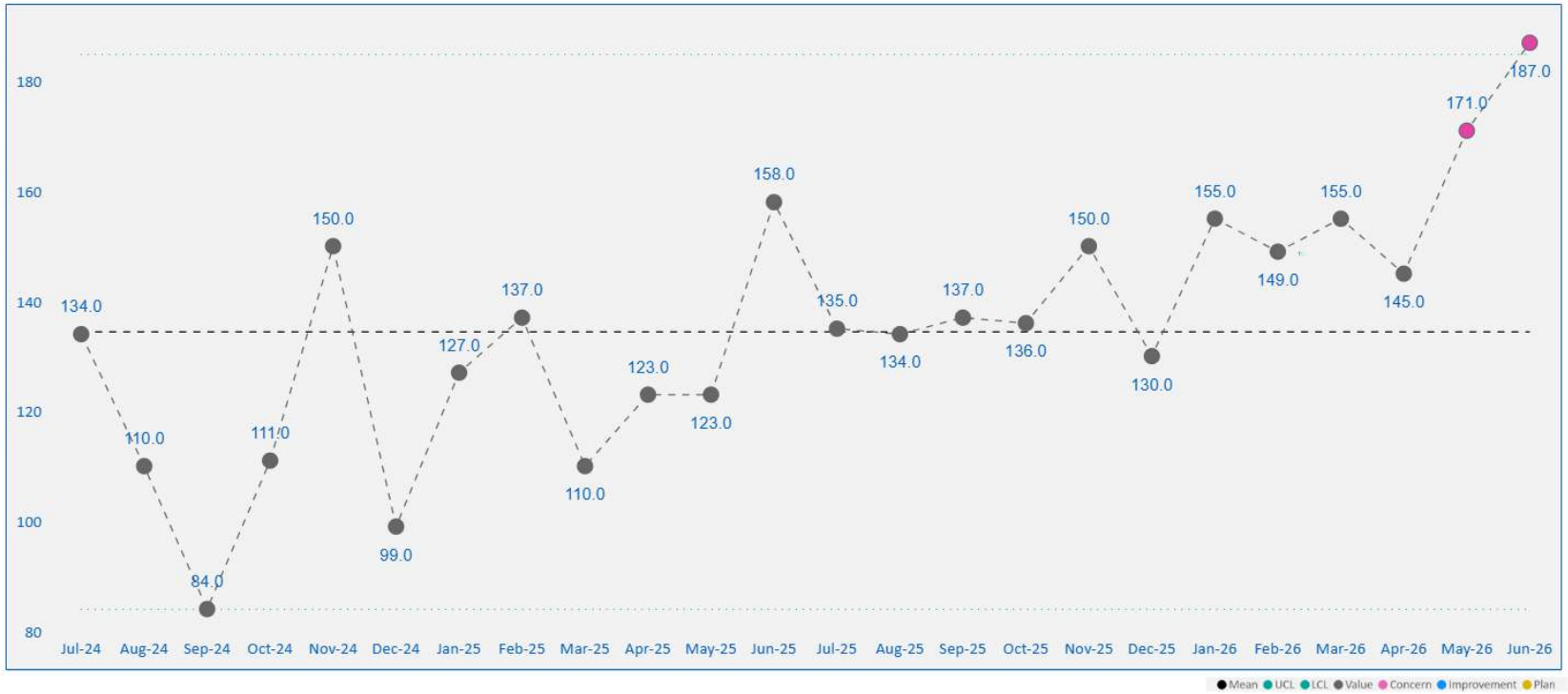

Question	Answers
A: What has happened?	Of the 187 safeguarding incidents 15% were reporting that a Child Safeguarding or Early Help referral had been made to the Local Authority; 2 % MARAC referrals for high risk domestic abuse and 15% for adult safeguarding Local Authority referrals. A sco
B: Why has it happened?	The incidents cover a wide range of safeguarding concerns and no one overarching theme was identified.
C: What are the implications and consequences?	Depending on the outcome of the rapid review, mentioned above, there may be multi-agency learning to take forward.
D: What are we doing about it?	
E: What do we expect to happen?	
F: How will we know when we have addressed issues?	

Harm-free Days

June 2026

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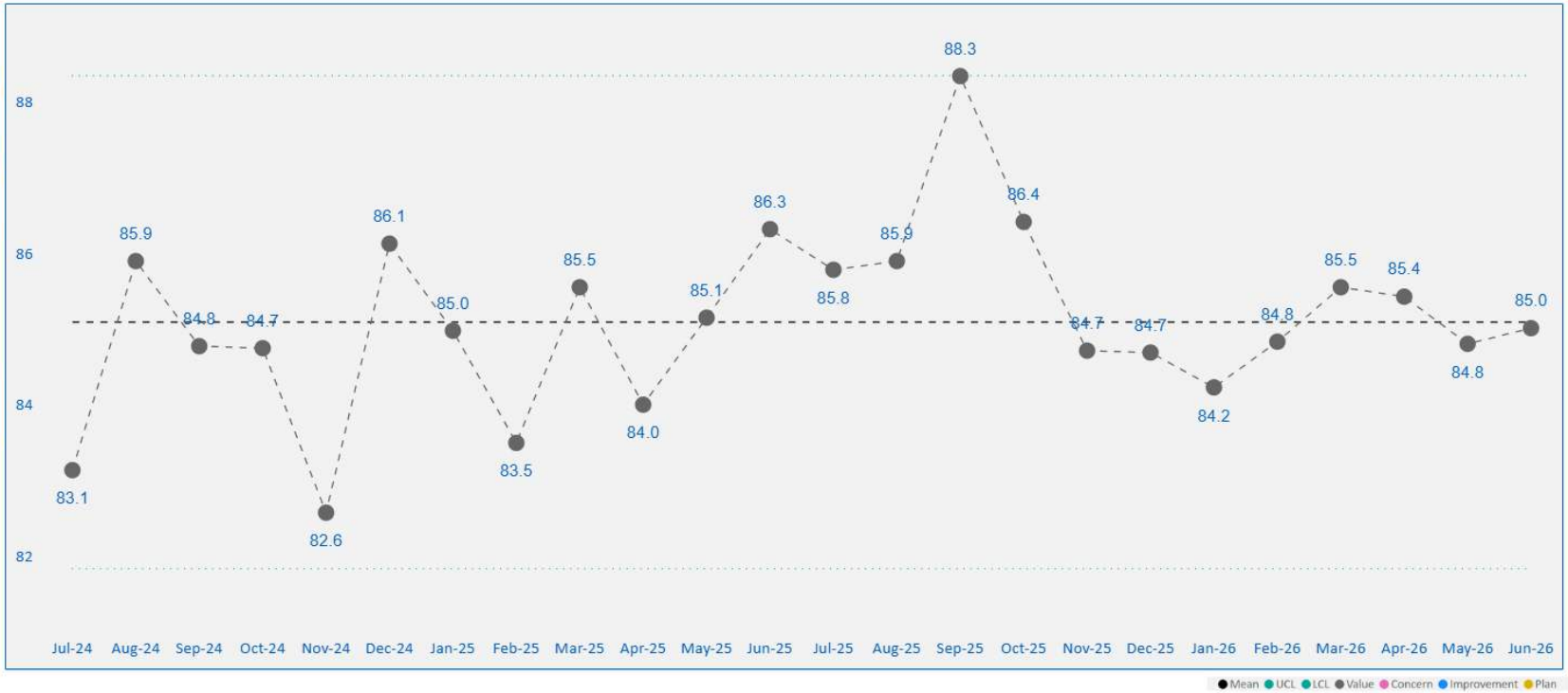

Question	Answers
A: What has happened?	We will continue to see staff using the eclipse system to report incidents that are happening in our inpatinet environments, this can vary from workforce, patient safety to environmental issues. Thre were 85 harm free days in June the same as the previou
B: Why has it happened?	We want a culture where staff feel safe to raise concerns and report incidents.
C: What are the implications and consequences?	A implication would be if didnt see incidents being reported and escalated we wouldnt know what is happening in our environments, it is is important that staff continue to report
D: What are we doing about it?	Harm free days will be discussed at the Quality Assurance Days on the staffing table. Currently we only monitor harm free days across inpatient wards.
E: What do we expect to happen?	We want staff to continue to use the eclipse system as a reporting mechanism
F: How will we know when we have addressed issues?	We need to see a continued use of this creating open and transparent cultures, we will will be assured by reports that are investigated through the relevant teams in the trust.

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Appendix I FPPC 23rd July 2026

NHSE 2026/27 National Oversight Framework

2026/27 Draft NOF – Latest update

- NHSE published the final draft version of the 2026/27 NOF on 11th June 2026 – and is still subject to revision. The final version will be published in August 2026 alongside Q1 data.
- Main changes for 2026/27:
  - Revised list of metrics
  - Change to the scoring methodology.
- Domain areas and 27 mental health metrics are outlined in Slides 4 - 6.
- There are 24 scoring mental health metrics at Provider level. Of these:

- 10 were in place in 2025/26, however the assessment methodology has changed for some of these, now aligning to the national operational planning submission.
- 8 new metrics where performance thresholds have been published.
- 6 metrics which rely on nationally calculated comparative Provider Trust performance which cannot be replicated locally.

- There are in addition:

- 2 ICB scoring metrics (which will require Provider contribution and measurement locally).
- 3 *contextual* non scoring metrics at a MH provider level.

- Work has been undertaken to review the latest guidance, the technical specification outlining metric definitions and scoring methodology to provide the assessment below.

Actions, Next steps

- Monthly performance updates to be provided to Trust FPPC, focusing on areas of underperformance and recovery action planning.
- Monthly updates are also being provided to NHSE and to the ICB.

Following actions taken:

- All indicators have an allocated Executive Lead and Service/Management lead responsible for oversight and improvement planning where required. Support also provided by the Performance and Information Team to all areas regarding guidance requirements, definitions and application.
- Areas of improvement have been identified with action plan requested for new metric areas.
- For existing improvement metrics (those in place in 2025/26) action plans remain an area for continued oversight on progress and recovery.
- Local reporting developed or in development for some area, noting final national guidance to be published in August 2026.

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Performance report as at end June 2026 on NOF metrics where currently possible is outlined below.

Following metric reporting in development: Paired Outcome measures

2026/27 NOF metrics – Summary

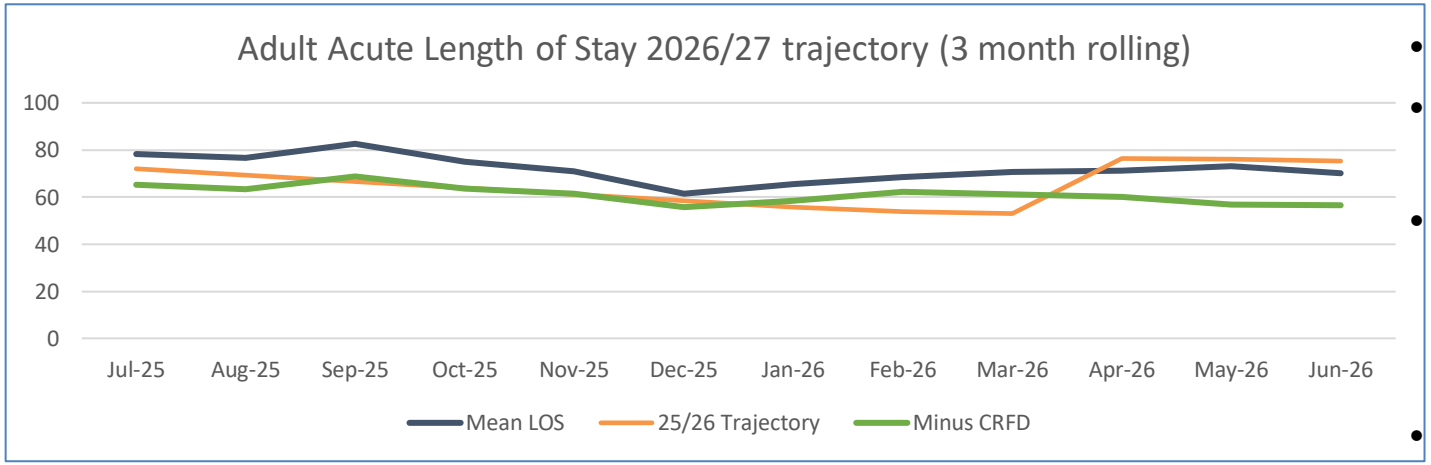
Improvement metrics to date include – detail in Appendix I:

- Percentage of patients in crisis receiving face-to-face contact within 24 hours.
- Reducing Length of Stay for Adult and Older Adult services
- % of total open CYP MH related waits that are over 104 weeks
- Percentage of people discharged from community mental health services with a paired outcome score recorded (all ages)
- % of acute mental health admissions with no contact with community mental health services in the previous year- ICB metric.
- % of people accessing mental health services with at least 2 contacts and a paired outcome score (all ages)
- Sickness absence rate
- Percentage of NHS Talking Therapies patients completing a course of treatment and achieving reliable Recovery
- Temporary staffing relative cost band
- Finance metrics – see finance report for detail

Metrics where national thresholds have yet to be confirmed:

- Percentage of % of clinical trials set up within 90 days
- NHS Staff survey Advocacy rate
- NHS staff standards score – not yet published
- Healthcare worker Flu vaccination rate – reporting not yet commenced
- % of inpatients making a supported quit attempt with an in-house tobacco dependence treatment service
- Data Quality Maturity index score
- Adult inappropriate out of area placement bed days as a % of all bed days.- ICB metric

Mean length of stay for adult acute and PICU discharges – based on Planning submission trajectory



Performance band	1	2	3	4
Length of Stay thresholds	0-40	41-49	50-70	71+

Methodology:

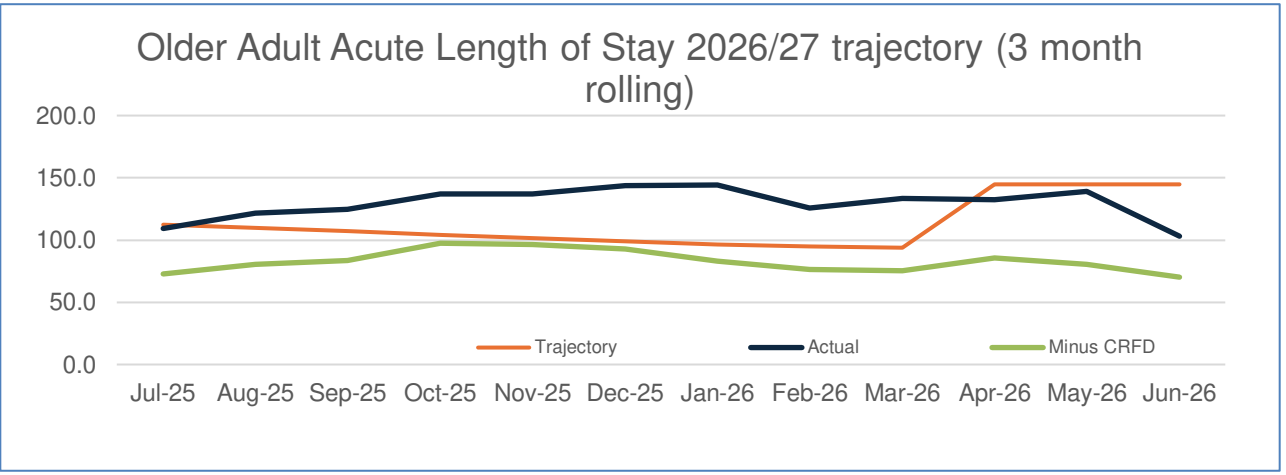
- Patients discharged from an acute or PICU bed
- Entire BSMHFT inpatient spell
- Transfers between bed types continue a spell (eg if a patient transfers from a rehab bed to an acute bed then the rehab length of stay is included).
- Includes leave
- Rolling 3 month view

- As at June 2026, 3-month rolling average for LOS is at 70.6 days, below trajectory.
- Places Trust in NOF Band 3/4.
- CRFD impact on LOS remains a continuing challenge - see chart.
- Regular tracking of progress of actions being managed by the weekly Patient Flow LOS Steering Group chaired by the AD for Acute & Urgent Care.
- Includes ward level deep dives on individual patient LOS to enable escalation of actions where appropriate.
- Granular level patient data provided to support operational and clinical oversight.
- **Q1 Forecast: Band 4**
- Trust will remain in band 4 without a step change including reductions in CRFD levels.

Mean length of stay for Adult Acute and PICU

- Length of stay continues to be significantly impacted by the number of CRFD patients awaiting placement and support arrangements. Actions already underway include:
- Daily patient flow oversight through operational escalation processes.
- Enhanced focus on patients with extended lengths of stay through patient flow meetings.
- Strengthened partnership working with Local Authorities and community providers to reduce discharge delays.
- More recently, Jenny Watson, Deputy Director of Commissioning and Transformation MHPC has been confirmed as the CRFD SRO and is developing a targeted action plan based on reasons for delay with BCC – on July Trust FPPC agenda.
- Continued implementation of the Productivity and Patient Flow Improvement Programme.
- Executive oversight of CRFD cohorts and escalation of systemic barriers where required.
- The expectation is that these actions will support a gradual reduction in adult length of stay over the course of 2026/27, although performance remains highly dependent on system capacity and social care availability.

Mean length of stay for older adult acute discharges – based on Planning submission trajectory



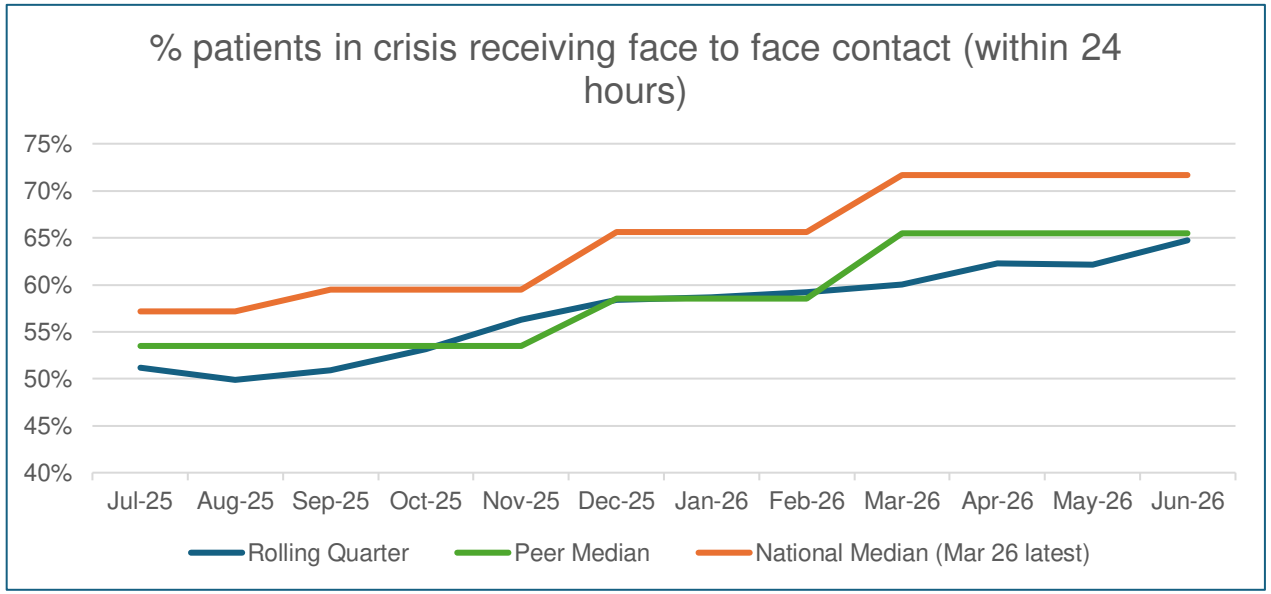
Performance band	1	2	3	4
Length of Stay thresholds	0-73	74-93	94-125	126+

Methodology:

- Patients discharged from an older adult acute bed
- Entire BSMHFT inpatient spell
- Transfers between bed types continue a spell (eg if a patient transfers from a rehab bed to an acute bed then the rehab length of stay is included).
- Includes leave
- Rolling 3 month view

- As at June 2026, 3-month rolling average for older adult LOS is at 103.3 days, below trajectory.
- Places Trust performance in NOF Band 3 for the quarter.
- LOS significantly impacted by CRFDs - see chart, the majority of the CRFD patients are waiting for a bed within a care home. Without the impact of CRFDs, performance would improve to Band 1.
- A regular list of the CRFD patients is being shared with the Local Authority to support discharge discussions.
- Granular level patient data provided to support operational and clinical oversight.
- Transformation improvement plan developed aimed at improving patient flow and earlier discharge for dementia and frailty patients linking into the CRFD action plan. Other future milestones for 2026/27 include increasing P2 (step down) beds and community resources i.e. day hospital access and implementing a ‘red to green’ approach for CRFD patients.
- Trust will remain in band 3 without a step change including reductions in CRFD levels.

Patients in crisis receiving face to face contact in 24 hours



Performance band	1	2	3	4
Thresholds	80%	71-79%	45-70%	<44%

Methodology:

- Denominator based on crisis referrals received by Crisis Resolution / Home Treatment services
- Numerator based on patients with an attended face to face contacts within 24 hours of the referral being received.

- **Rolling 3 month view**

- Internal local Trust data shows continued improvement, the rolling 3-month average performance is at 65% as at end June, placing the Trust in national Band 3 threshold. Q1 forecast – Band 3.
- Each service contributing to this measure has confirmed an improvement trajectory for 2026/27 as follows:
  - CYP CRHTT to reach 80% by end of September and sustain thereafter = Band 1 performance.
  - Adult HTT to reach 72% by end September, 79% by Dec 2026 and sustain thereafter = Band 2 performance.
- The Combined effect will be to move the trust to 74% by September 26, and 79% by December 26 onwards.
- Local granular level data reports available to teams and clinicians to enable proactive action.
- Data quality work continues to be a focus.
- Summary of action plans outlined on slides 15 and 16.

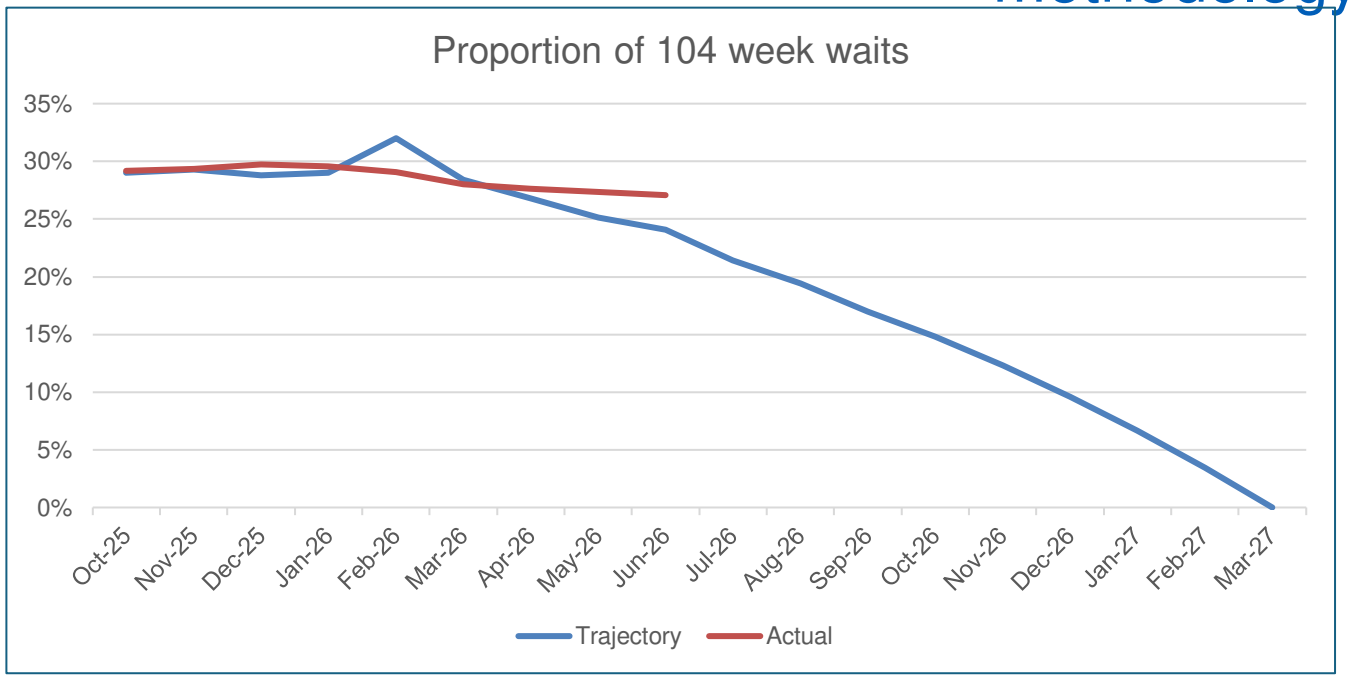
Crisis Care 24 hour metric – Summary of CYP action plan

- **Shift Coordinators:** Record the time of referral on the crisis board and include it in the allocation sent to the crisis nurse, to maintain visibility of the 24-hour timeframe.
- **Duty/Shift Coordinator:** Add a RIO entry documenting the time the referral was received.
- **Crisis Nurse:** Ensure the diary outcome reflects the actual time of the assessment, not the time the entry is recorded. Add detail eg re Cancellations/Patient Declines to explain why appointment did not take place.
- Updating referrals to capture correct date/time + priority to ensure breaches are true breaches.
- Validating where contact took place but no appointment in diary.
- Ensuring PLT referrals are treated as trusted.
- Weekly review of breaches at the new UC leadership meeting and Operational validation.
- Validation and update for any error in the NOF to be completed in timely way – aligning to reporting.
- Reasons for breach to be tracked in detail and common themes to be circulated & eg identify training needs.
- True breaches to be captured and discussed by clinical leads.
- Bank staff unable to get access to caseload in a timely manner – Being explored via ICT.
- Noted that CAMHS under business continuity, caseload double and triple figures – expectation to reach 24hr NOF difficult due to demand of caseload
- CAMHS Screening in hours may change crisis referral to non urgent.

Crisis Care 24 hour metric – Summary of Adult HTT action plan

- Weekly performance monitoring through HTT operational meetings.
- Review of pathways and demand profiles at Urgent care Pathways Group - use of Urgent Care Dashboard.
- Referral categories aligned to service function: Emergency, Very Urgent, Urgent and Planned Support
- Standardised clinical triage using the UK Mental Health Triage Scale and HTT triage tool.
- SPOA referral form updates and targeted communication with GPs/referrers
- Daily operational grip through Rio live 24-hour clock reporting and team manager action/assurance.
- Identification and sharing of best practice across localities.
- Improvement trajectories have been approved by the Executive Director of Operations.
- Continued oversight and learning working with performance colleagues to ensure action planning on track, trajectories remain realistic and deliverable throughout 2026/27.

Proportion % of total open CYP MH related waits that are over 104 weeks (help -intervention based clock stop and referral spells methodology)



Performance band	1	2	3	4
Thresholds	0-5%	6-11%	12-29%	30%+

Methodology

- Percentage of open CYP mental health waiting time periods for patients that had waited over 104 weeks from waiting period start date.
- Excluding waiting times only for neurodevelopmental conditions, autism, or gender discomfort issues.
- Monthly view
- Applies to CYP and Solar services
- Based on proportion waiting (planning guidance based on reduction in numbers

- 2025/26 baseline position of 1085 service users.
- As at June, 885 patients waiting over 104 weeks (CYP at 655 and Solar at 230), representing 27% of all waits placing the Trust in band 3.
- Q1 forecast – Band 3
- Regular patient level reports are shared with services to support operational planning and oversight.
- CYP division have regular meetings with managers to review the lists outstanding and to highlight any issues preventing improvement.
- National reporting on this metric will be affected by non inclusion of data prior to the CYP transfer in July 2025 due to the break in MHSDS submissions. The impact will reduce over time.

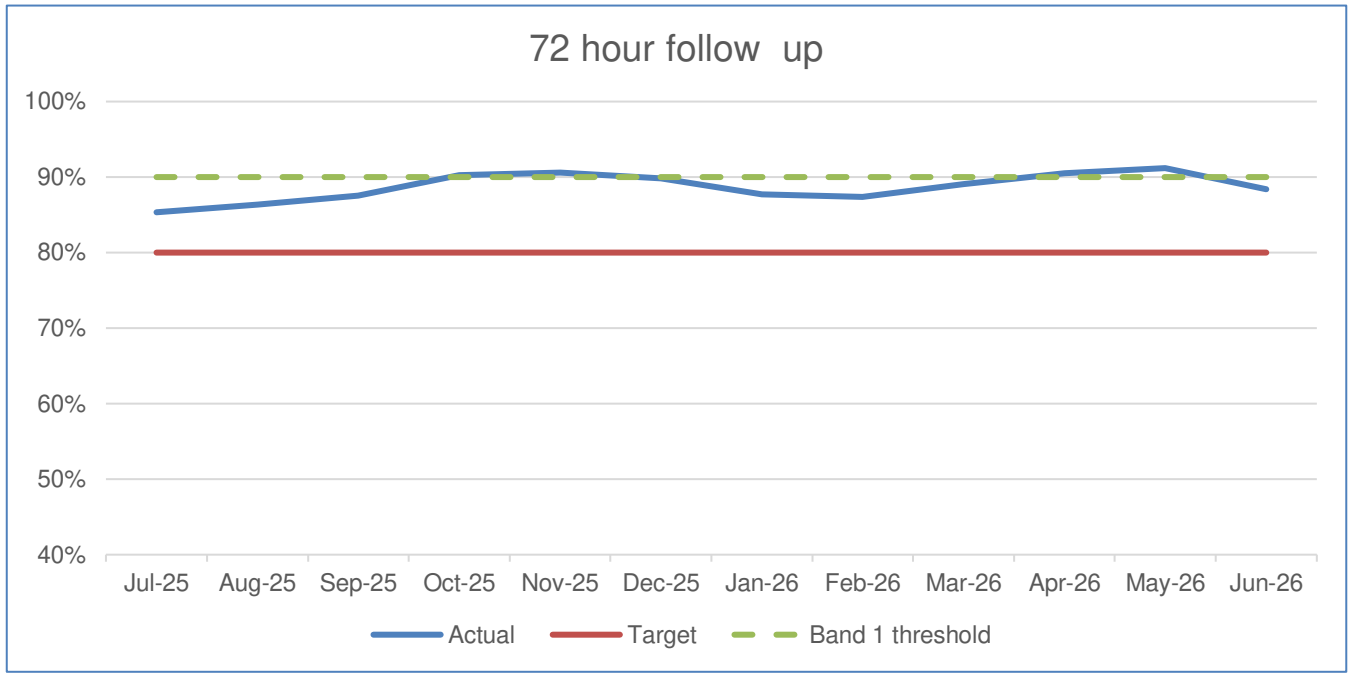
Proportion of total open CYP MH related waits that are over 104 weeks- Solar

- 2025/26 Planning submission - to get to zero over 104 weeks by end March 2027. Reducing long waits is part of the service's overall priority to reduce and manage waiting times.
- Weekly recovery action plan meeting in place - discuss and review demand and capacity focusing on maximising the management of referral and treatment appointments within available capacity, includes colleagues from the clinical team, BI, EBE ICCR lead & PMO.
- Challenge and mitigation – Staff capacity to reduce in the next 3-6 months arising from a number of staff leaving at the same time. Recruitment planning underway to minimise the impact and reduce delays for new starters joining the service. In the interim, vacancy funding will be utilised to support bank work to minimise delays in overall service provision, however bank cannot be heavily relied upon in case of limited uptake. The service is engaging with VCFSE's within Solihull who are able to provide an alternative offer but still meet the needs of expected quality levels of treatment.
- Given these challenges and impending risks to capacity, the service is not in a position to bring forward the timeline to achieve zero over 104 week waits. Delivery by March 2027 will be challenging given the demand/capacity challenges outlined.
- Data validation - as part of recovery action plan discussions, a data validation exercise completed in July identifying that further work is required with clinical staff to ensure that contacts/activities carried out are appropriately recorded on RIO (the Trust's Patient Administration System). Based on June data, circa 90 contacts that were undertaken were not recorded on RIO. June position is therefore showing a higher number of service users waiting over 104 weeks than is actually the case. A retrospective exercise to appropriately record these contacts for the month of June being undertaken and learning from this to inform practise plan going forwards to embed recording requirements/ process as a matter of routine.

Proportion of total open CYP MH related waits that are over 104 weeks – CYP Division

- 2025/26 Planning submission - to get to zero over 104 weeks by end March 2027. Reducing long waits is part of the service's overall priority to reduce and manage waiting times.
- Without improvement in recording of outcome measures, the planning trajectory will be challenging to deliver by end March 2027 and maintain thereafter.
- Current performance escalated by CYP AD as a priority area for action in PAP discussion due to challenges with capturing paired outcome measures. Proposal to establish AD's and AMD's (CYP and ICCR) to come together with Executive Director of Operations and Medical Director with joint working established at pace to identify key actions aligned to working within the leadership accountably framework.
- Service level data validation is continuing as part of recovery action plan discussions.

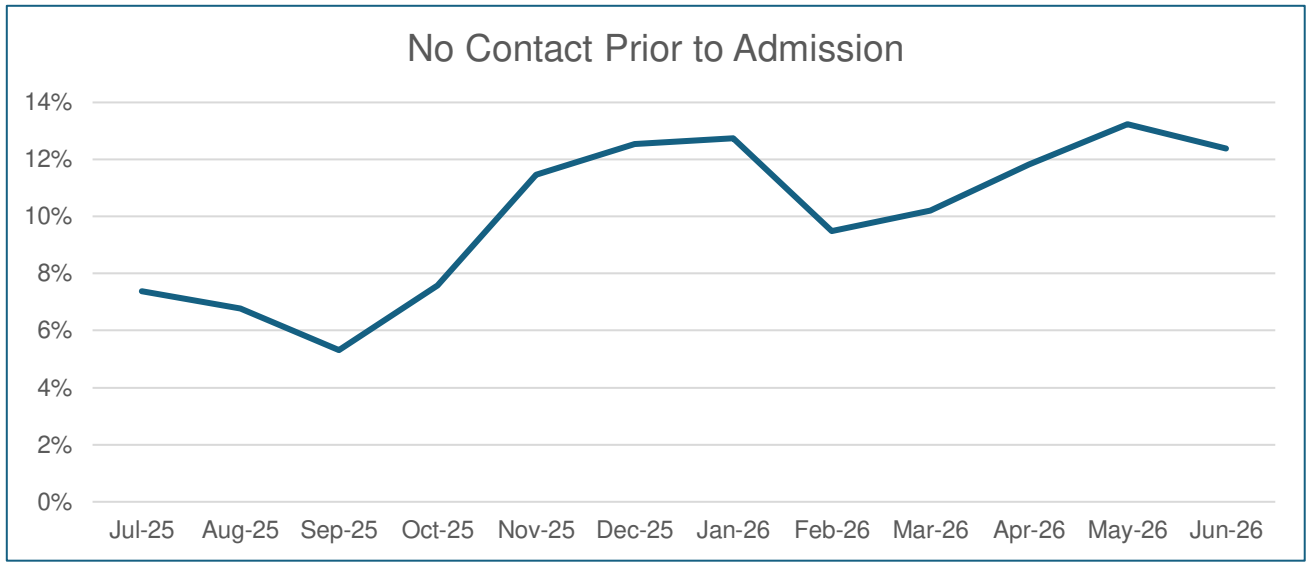
Proportion of adult acute discharges followed up within 72 hours



Performance band	1	2	3	4
Thresholds	80+%	71-79%	63-71%	0-62%

- Compliance remains consistently in the 80-89% bracket – Band 1 level.
- June 2026 at 88.4% (3-month rolling)
- Forecast performance for Q1 is band 1.
- Daily automated reminders are sent to services to highlight patients who have been discharged to support proactive planning of diaries to see patients.
- The Information Team routinely supports operational teams with addressing data quality and recording issues in RIO. Incorrect recording adversely impacts on percentage compliance figures.
- Supporting guidance on completing the recording of 3 day follow up on RIO has been produced and shared with teams and is also accessible via the Intranet.

% of acute mental health admissions with no contact with community mental health services in the previous year- ICB metric



Performance band	1	2	3	4
Thresholds	≤5%	6-10%	11-15%	16%

Methodology:
- Denominator based on admissions to adult acute, PICU or older adult beds
- Numerator based on patients who did not have an appointment with BSMHFT in the 12 months prior to admission
- Rolling 3 month view
- ICB Scoring metric

- BSMHFT at 12% for June 2026 placing us in band 3.
- Acute and Urgent care have undertaken an initial review which suggests this reflects broader pathway and access issues across urgent care pathways. Further detailed analysis is required of the baseline position to understand the cohorts contributing to this measure and identify opportunities to increase earlier engagement with community mental health services prior to crisis presentation.

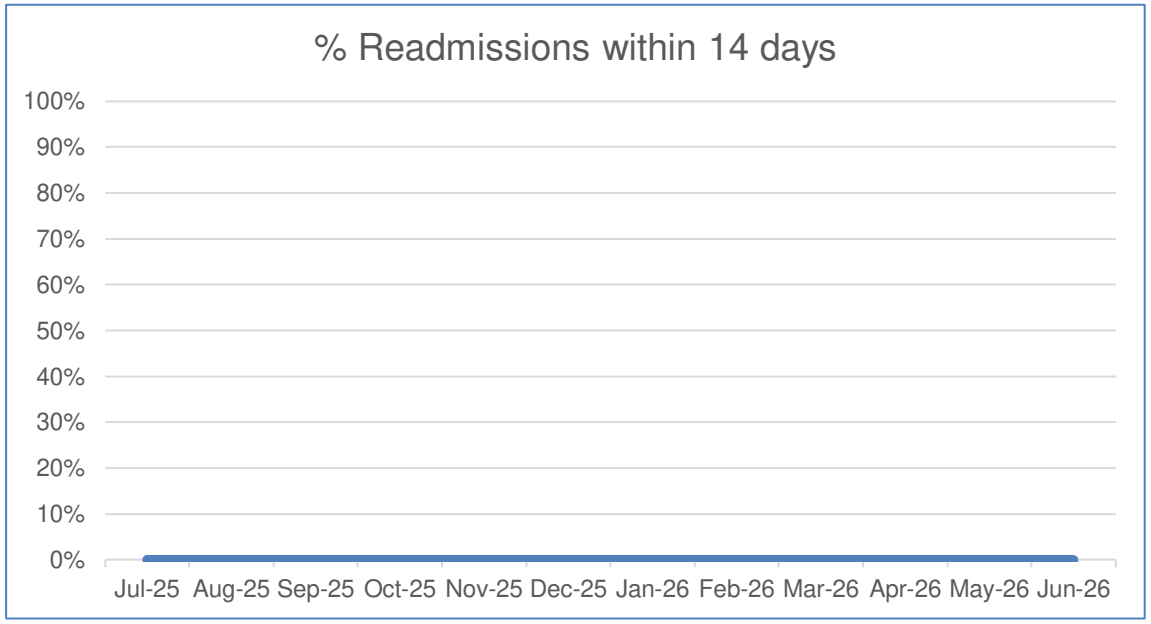
Proposed Plan work in place to confirm:

Establish a cross divisional working group to agree potential areas of focus include:

- Strengthening links between community and urgent care services.
- Earlier identification of deterioration and relapse indicators.
- Improved follow-up arrangements following urgent care contacts.

Birmingham and Solihull Mental Health NHS Foundation Trust

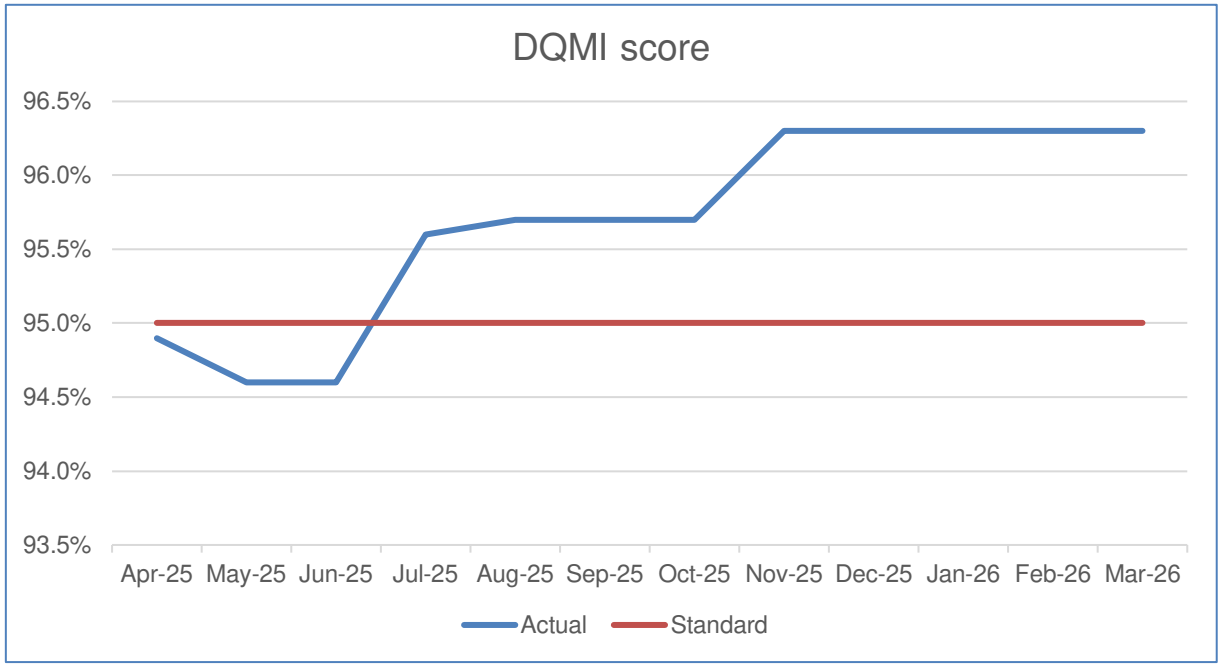
National Oversight Framework: Proportion of discharges with rapid readmission (within 14 days) to adult acute beds



Last readmissions were in February 2025 based on BSMHFT data.
0% maintained to date.
Band 1 forecast.

Performance band	1	2	3	4
Thresholds	0-5%	6-10%	11-17%	18%+

Data Quality Maturity Index (DQMI)

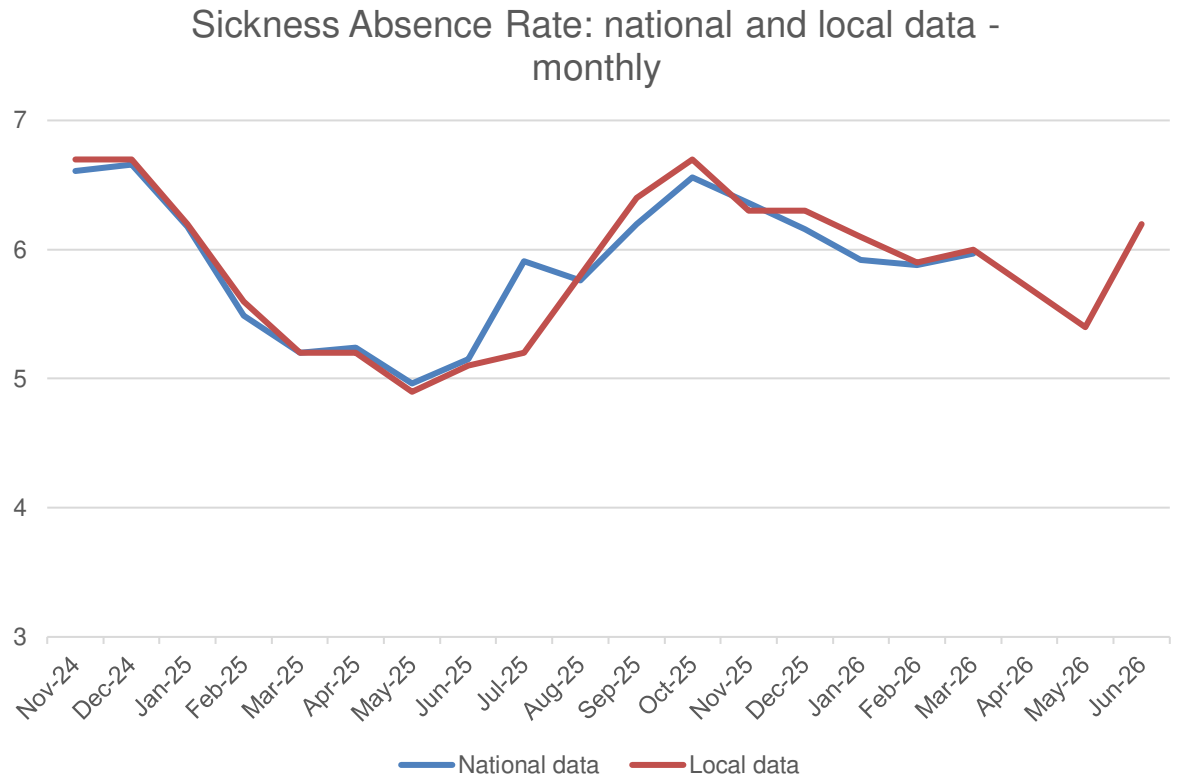


Methodology:

- Published monthly in arrears – latest available data is March 2026
- Metric covers a defined number of data items in the MHSDS and Talking Therapies data sets
- Provides the average of the percentage of valid and complete fields in each data set
- July 2025 onwards includes CYP data
- **National standard is 95% for MHSDS - consistently achieved by the Trust.**
- March 2026 national data for BSMHFT at 96.3%
- NOF Scoring methodology – Organisations ranked 1-4 based on % validity based on quarter end.
- Unable to replicate national methodology.
- Trust performance will depend on relative performance of other trusts so unable to forecast band.

Sickness Absence rate- Monthly view

Birmingham and Solihull Mental Health NHS Foundation Trust



Methodology:

- National data published monthly in arrears – latest available data is March 2026
- Numerator: FTE number of days sick (including non-working days) in the period
- Denominator: FTE number of days available in the period
- Exclusions: Exclude type of Contract: Bank, Honorary, Widow/Widower

- NOF Scoring methodology – Organisations ranked evenly between 1-4 based on 3 month rolling average rate of sickness absence.

Sickness Absence rate – NOF data source is ESR published monthly on NHSE Digital website.
The NOF indicator is based on quarterly figures.

Q4 2025/26 latest available national data published Oct-Dec 2025
Trust value: 6.36%
National Average: 5.88%

The latest monthly national data available for the Trust is for March 2026 at 5.97% with the quarterly figure at 5.92%. This would be an improvement from October – December 2025 which was at 6.36%.

Trust - June monthly figure at 6.2%.

Unable to replicate national assessment regarding performance banding.

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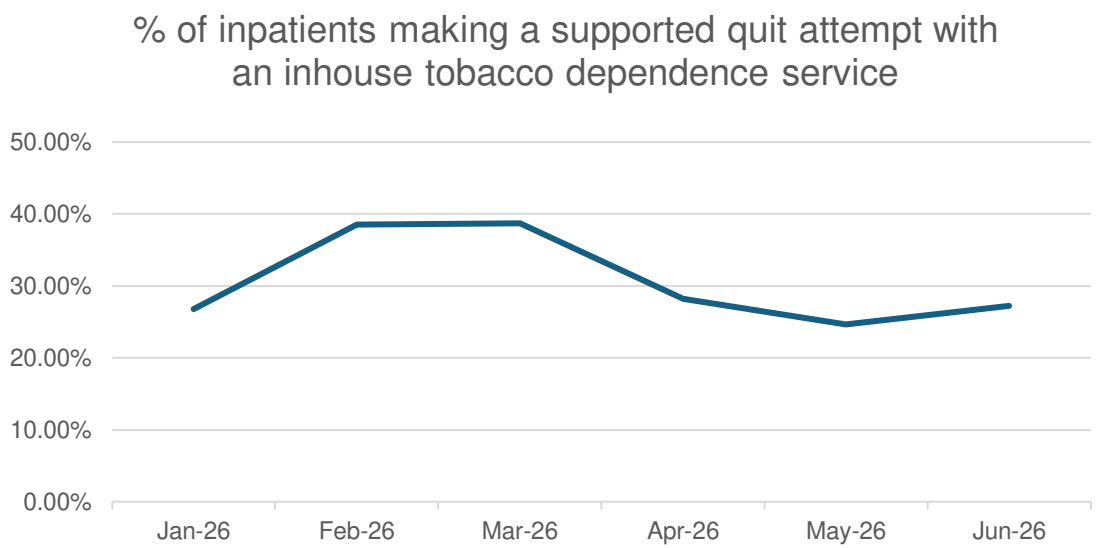
Percentage of inpatients referred to and seen by an in-house tobacco treatment services who make a supported attempt to stop smoking

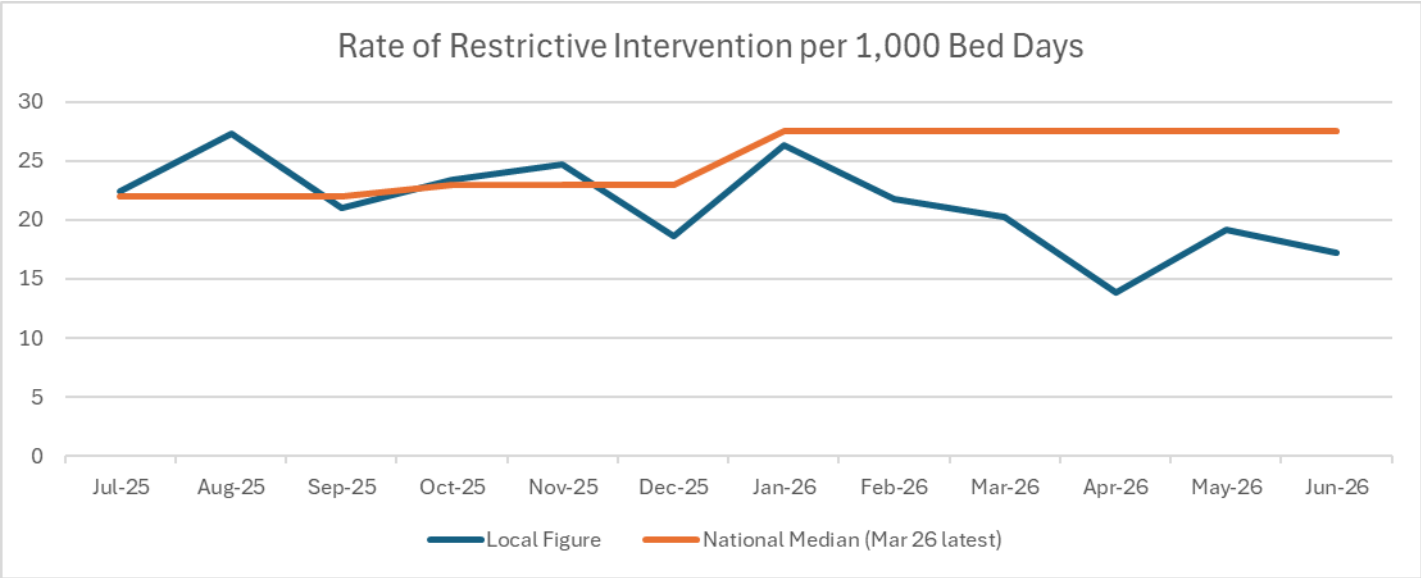


Performance band	1	2	3	4
Thresholds	Remainder standardised from 1.00 – 3.00 on a continuous scale based on %			0%

- National data published monthly in arrears
- Single month view
- Numerator: Number of smokers identified on admission to hospital, who are referred to an in-house tobacco dependence treatment service and seen by that service who are *provided with a care plan to support a quit attempt*
- Denominator: Number of smokers identified on admission to hospital, who are referred to an in-house tobacco dependence treatment service and seen by that service.
- Calculation: Numerator as a percentage of denominator

- Trust local monthly data - June 2026 data at 27.27% Latest national 12-month rolling data available as at February 26 at 30.52%
- An in-house tobacco treatment service is in place receiving referrals from inpatients since June 2023.
- Oversight via the Trust's Physical Health Committee.
- The Trust is also part of the Tobacco Control alliance regional meetings.
- Capacity challenge – Current caseload is being managed by 1 WTE lead, recruitment planned for additional posts, 1.6 WTE. This will enable additional support to increase number of service users seen and supported going forwards.

Use of Restriction Intervention per 1,000 bed days non scoring metric



Methodology:

- Denominator based on occupied bed days across all inpatient wards
- All restrictive interventions included in the numerator
- Contextual metric only
- Single month view

- June 2026 at 17 incidents per 1,000 bed days a reduction of 2 since May 26

Rtae remains below national median.

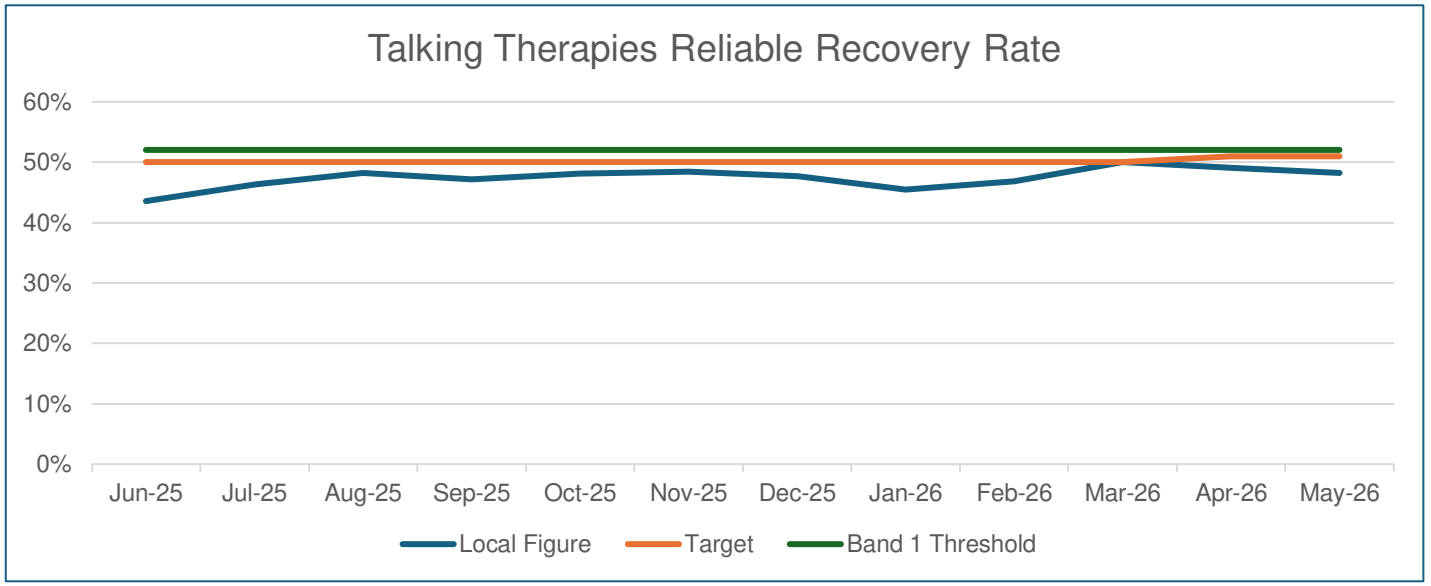
Improvement work continues through the Restrictive Practice Reduction Group and includes:

- Review of incident reporting fields to strengthen data quality and reporting accuracy.
- Continued staff training on use of the deltoid site for intramuscular administration, where clinically appropriate, to reduce prone restraint.
- Oversight of divisional restrictive practice reduction plans across all service areas.
- Incidents are reviewed through local governance arrangements, safety panels and operational safety huddles.

Learning identified continues to inform improvement work relating to:

- Recognition and escalation of risk
- Consistency in operational response
- Communication across the team
- Reduction in restrictive interventions.

Percentage of NHS talking therapies patients completing a course of treatment and achieving Reliable Recovery- ICB and Trust metric

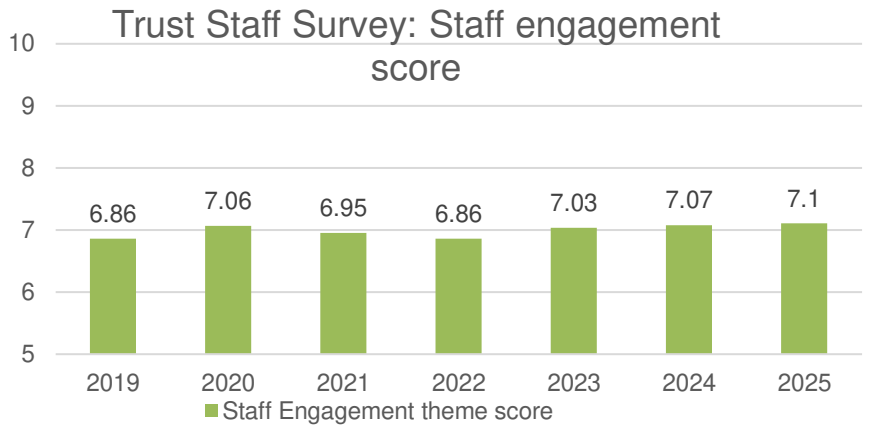


- Since January 2026 Trust performance has been on an improving trend which with June 2026 performance being sustained at 48.5% remaining below the national standard of 51% and places the Trust in Band 3 NOF performance.
- CYP – Talking Therapies service provided by Living Well. Data is a month in arrears. May position 47%.
- BHMs recovery action plan in place, previously reported at FPPC.

Performance Band	1	2	3	4
Thresholds	>52%	50-51%	47-49%	Below 46%

National Methodology:
Numerator: Of the denominator, referrals that have showed reliable recovery (service user moved to recovery and shown reliable improvement).
Denominator: Count of referrals finishing a course of treatment minus those finishing a course of treatment who were not at 'caseness' at initial assessment.
NOF – 3 month rolling average. Chart is single month view only.

National Oversight Framework:
Annual NHS Staff Survey measures – Year on Year BSMHFT Trends



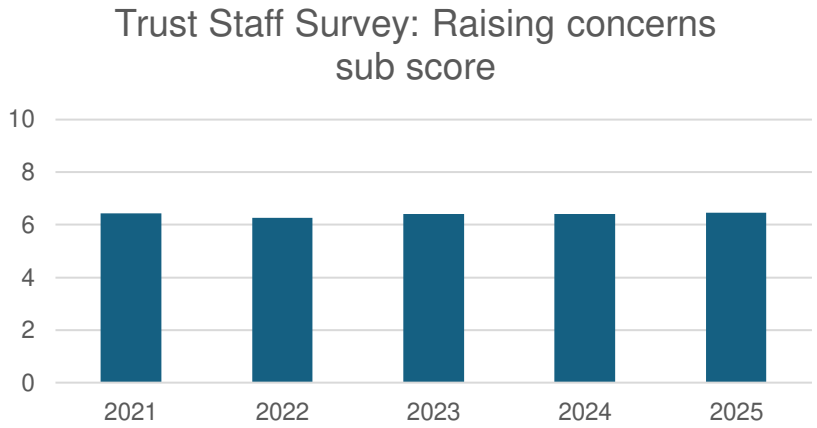
Staff Survey Engagement Score

NOF score – above average – This is based on the Q4 assessment for 2025/26- which will be rolled into Q1 for 2026/27

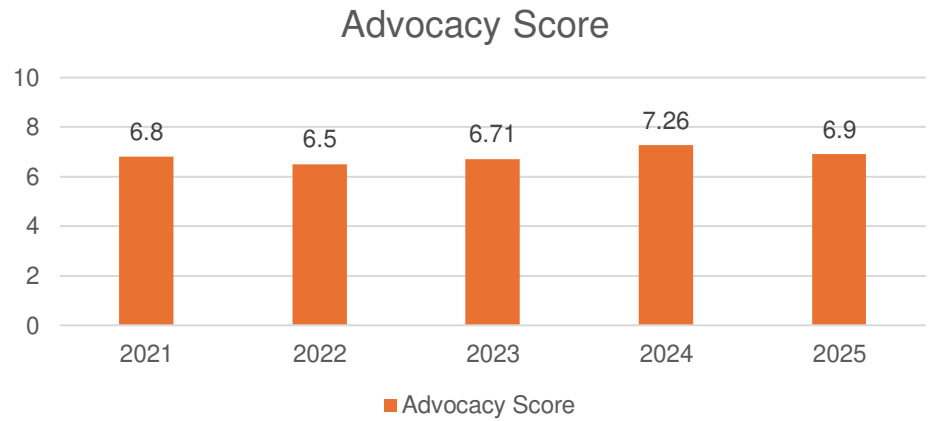
Notes:
- Based on the annual staff surveys.
- Latest data available: 2025 survey

- Year on year, there is no material change in the 3 scoring measures

- New staff survey metric added for 2026/27 – **NHS Staff standards Score** national data has not yet been published for this metric



Staff Survey Raising Concerns
NOF score – below average.
This is based on the Q4 assessment for 2025/26- which will be rolled into Q1 for 2026/27



New metric for 2026/27

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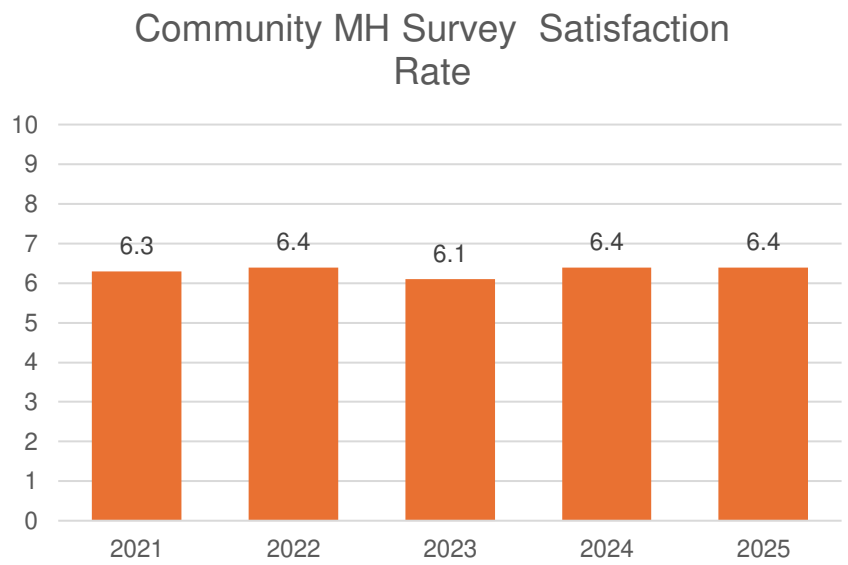
National Oversight Framework: Annual NOF measures – BSMHFT position including Year on Year Trends

Birmingham and Solihull Mental Health NHS Foundation Trust

CQC Community Mental Heath Survey Satisfaction rate

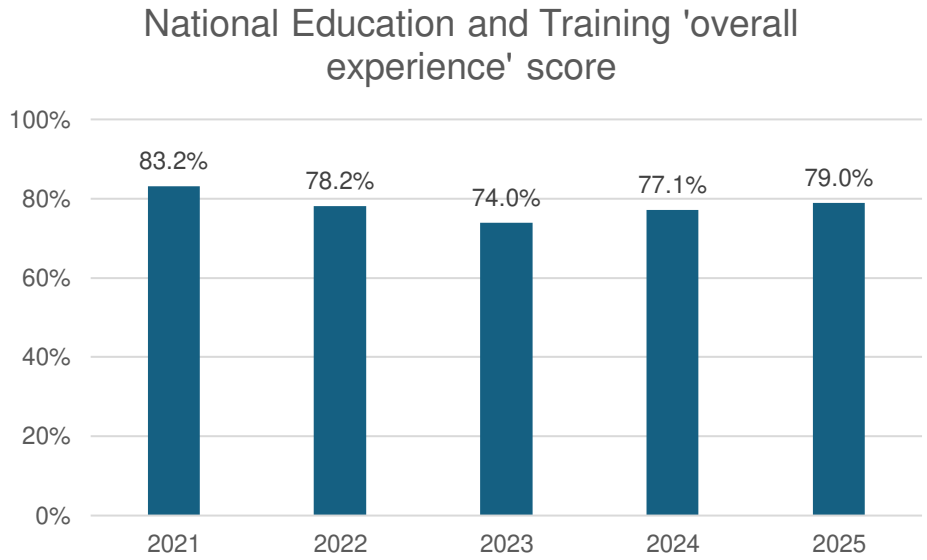


CQC Community Mental Health Score – Better than expected or as expected– This is based on the Q4 assessment for 2025/26- which will be rolled into Q1 for 2026/27

National Education and Training 'overall experience' score

BSMHFT position 2025/26 Quartile 3 (Mid-High) non - Scoring)

2026/27 – now scoring metric

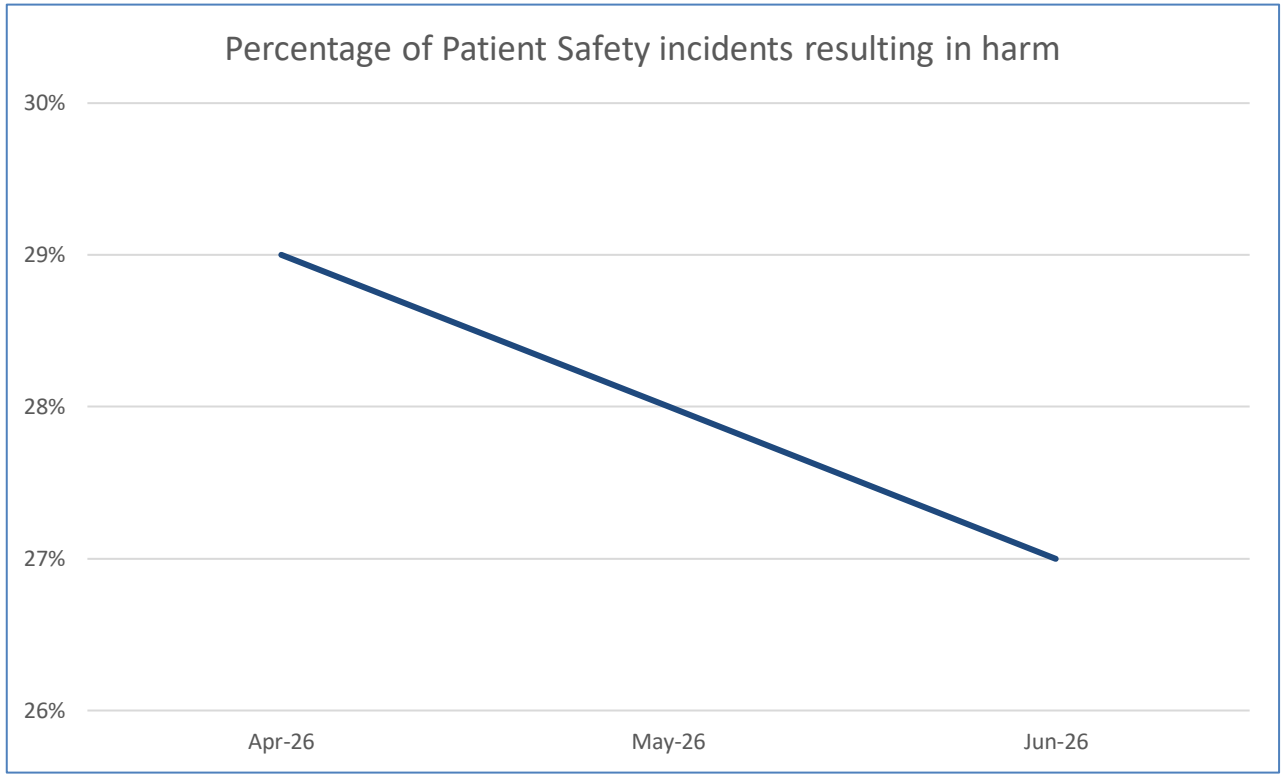


Annual surveys. Latest available 2025

National Education Training Survey

- The 2025 NETS survey, with 180 learners participating, indicates improvements in educational experience, induction, and supervision within the Trust, with positive overall educational experience increasing and 79% recommending their placement.
- BSMHFT remains at or slightly below national averages compared to other mental health trusts. The survey highlights ongoing challenges such as bullying, discrimination, and negative behaviours from service users, which are reflected in other staff experience data and are being addressed through improvement programmes.
- There are profession-specific variations with work being done to strengthen the local induction processes for nursing and efforts to increase AHP engagement. Despite a drop in response rates, AHPs are showing improvements in most categories except bullying and sexual safety.

Safety incidents causing harm (%) – Contextual



Methodology:

- Numerator: Total number of patient safety incidents with harm level recorded as low, moderate, severe or fatal
- Denominator: Total number of patient safety incidents
- Contextual metric – non scoring

- Note: national data not yet published but is expected to be in due course and will identify comparative/benchmarking position with other MH Providers.

Percentage of clinical trials set up within 90 days

- The 90 day performance metric is divided into two components: 60 calendar days for the governance review and study set up activities, and 30 calendar days from sponsor green light to recruitment of the first participant. Performance against each element of the metric is reported separately below to provide a clearer assessment of study set up and recruitment timelines.

60 calendar day target - governance review and study set up activities (issuing local Capacity & Capability Approval C&C)

Study Name	IRAS ID	Study Design	Date Site Selected	Date Site Confirmed	Number of Days	Supporting Notes
DEVISE-HD	1010717	Interventional	23/02/2026	21/04/2026	57	Local C&C approval confirmed on receipt of Fully Executed Site Agreement from the Sponsor.
#StaffedWards Phase 2: Staffing characteristics and patient safety	361760	Observational	22/04/2026	23/04/2026	1	Local C&C confirmed on receipt of the Schedule of Events Cost Attribution Tool (SoECAT).

30 calendar day target - from sponsor green light to recruitment of the first participant.

Study Name	IRAS ID	Study Design	Date Site Ready to Start	Date First Patient First Visit	Number of Days	Supporting Notes
The Impact of NHS Talking Therapist Employment Advisors (Support2Work)	358242	Observational	06/03/2026	28/04/2026	53	Recruitment led by Employment Advisors in Talking Therapies.

This study demonstrates a model of research delivery in which participant recruitment is undertaken by local clinical service teams rather than the R&D delivery team. As a result, no R&D employed Clinical Research Practitioner (CRP) is assigned to the study. The case emphasises the need for R&D oversight of studies that fall outside the direct management of the delivery team, together with strengthened communication pathways with service-based staff who are responsible for recruitment activity and therefore significantly contributing to the national recruitment performance targets. Systems have been put in place to monitor this.

Finance domain assessment

Birmingham and Solihull Mental Health NHS Foundation Trust

National Oversight Framework 2026/27	YTD Actual £'000			Forecast £'000			Commentary
	M1	M2	Q1	Q2	Q3	Q4	
NOF - Finance							
NOF variance YTD to plan score	4	4	3	3	2	1	Scoring methodology: based on variation to plan as % of YTD income. Month 1 and 2 variance was beyond 1% adverse = score of 4. Month 3 improvement to a score of 3 (between 0.5% and 1% adverse). Current forecast is steady improvement in financial position to achieve plan by year end and a score of 1. Significant improvement required on savings delivery, non-trust beds expenditure, bank and medication spend. Financial recovery action plans are being developed to support this.
NOF plan surplus/deficit score	1	1	1	1	1	1	Scoring methodology: Break even plan = score of 1. The plan set for 2026/27 is break even, therefore, this metric will remain at 1 all year.
NOF combined finance score	3	3	2	2	1	1	Scoring methodology: YTD variance to plan and plan score plotted on 16 box grid to determine combined finance score.
NOF - Productivity							
Relative difference in costs score	1	1	1	1	1	1	Scoring methodology: National Cost Collection score of 100% or less = score of 1. The latest published National Cost collection score (2024/25) is 95%. The indicative 2025/26 score is 97.5%. Hence it is assumed this metric will remain at 1 all year.
NOF Finance & productivity domain score	2	2	2	2	1	1	Currently assumed to be average of combined finance score and relative difference in costs score as per 2025/26 methodology. Awaiting confirmation of 2026/27 methodology.

Implied productivity growth is an additional metric for 2026/27. This is non-scoring and work is underway to understand and assess this metric.

Temporary staffing cost relative band

Birmingham and Solihull Mental Health NHS Foundation Trust

National Oversight Framework 2026/27	YTD Actual £'000			Forecast £'000			Commentary
	M1	M2	Q1	Q2	Q3	Q4	
NOF - People							
Bank score	4	4	4	4	3	1	YTD bank expenditure is £1.8m adverse to plan and bank spend as a % of total pay is 8.2% compared to the plan of 6.2%. Scoring methodology: overall bank spending as % of total pay is above average and spend is off track to meet target = 4. Awaiting clarification from NHSE but current assumption is that the average equates to NHSE ceiling. Key Actions: The Bank Reduction Gold project is ongoing, led by the Chief Nurse - monthly monitoring with service areas. Implentation of auto roster, streamlining recruitment processes including converting bank to substantive, graduate recruitment from Sep into vacant posts, sickness reduction and health & wellbeing action plan, focus on reducing length of HR processes.
Agency score	1	1	1	1	1	1	YTD agency expenditure is £0.3m less than the NHSE ceiling and agency spend as a % of total pay is 0.6% compared to the plan of 0.9%. Scoring methodology: overall agency spending as % of total pay is below average and spend is on track to meet target = 1. We are awaiting clarification from NHSE but current assumption is that the average equates to NHSE ceiling. It is forecast that the agency underspend will continue for the remainder of the year, with a score of 1.
Temporary staffing cost relative band	3	3	3	3	2	1	Scoring methodology: bank and agency score plotted on 16 box grid to determine temporary staffing cost relative band score.

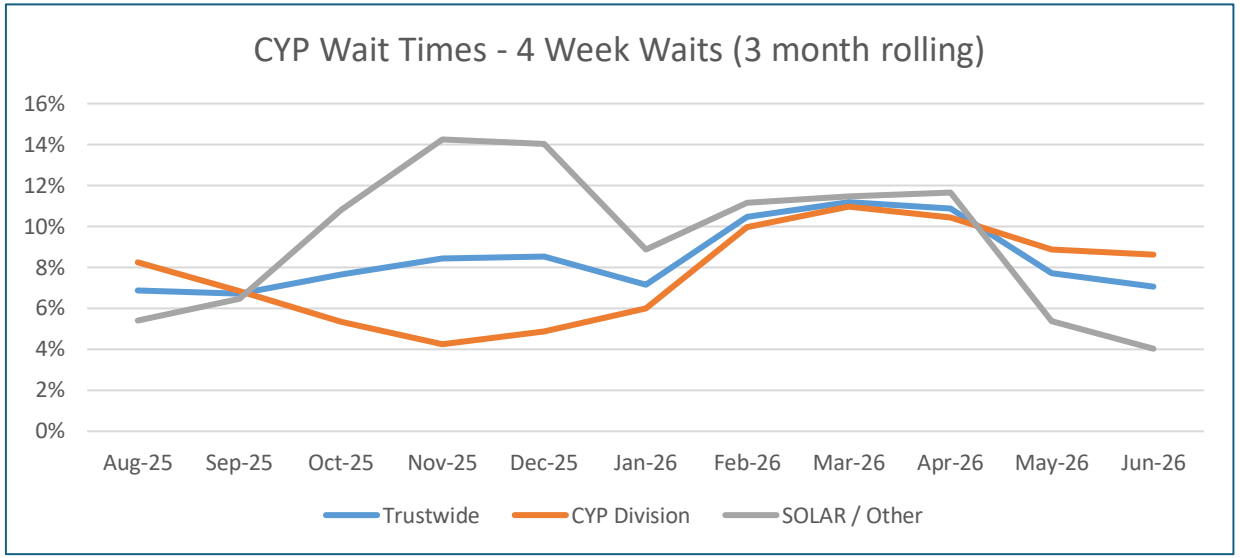
Temporary staffing					
		Agency			
		1	2	3	4
Bank	1	1	1	2	3
	2	1	2	2	3
	3	2	2	3	4
	4	3	3	4	4

Additional CEO Improvement metrics – Priority actions

- Slides below outline current Trust performance.
- CYP waits – 50% seen within 4 weeks by end March 2027: This ambition will not be met without transformative action regarding demand management, commissioned capacity and recording of outcome measures. Current baseline indicates that 7% are seen with 4 weeks.
- Referrals to Liaison Psychiatry for People Known to Services – Current baseline indicates 71% of service users being known to services. Further detailed work across pathways is proposed including further data analysis to support looking at population cohort, geography area, age group, gender, ethnicity to inform the development of a targeted action plan.
- Reduction in Acute Inappropriate Out of Area Placements - The BSMHFT target is **1** inappropriate acute patient by March 27. The Trust target is to have zero inappropriate out of area placements by March 2027. Established action plan supported by daily and weekly meetings in place.

Mental Health Priority Actions:

(3-month rolling) % of CYP MH related waits completed within 4 weeks (help/intervention-based clock stop and referral spells ** methodology)



Methodology:

- Target is 50% within 4 weeks by March 2027.
- Denominator is CYP referral spells with a full clock stop in the reporting period.
- Numerator is CYP referral spells where the clock stop was within 28 days of the spell start.
- June 2026 Trust position at 7%

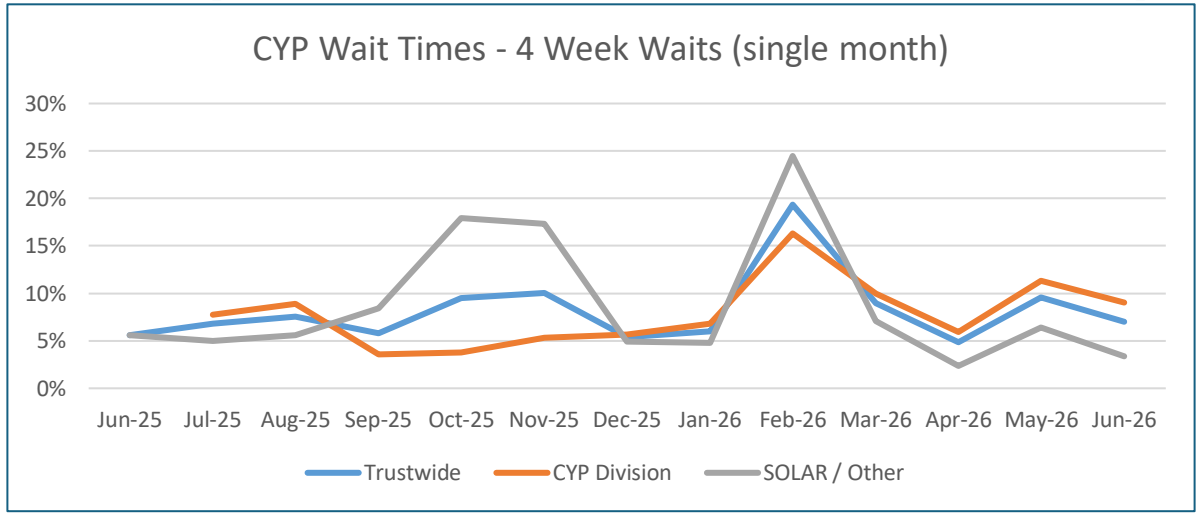
** Referral spells are continuous care spells, potentially across several teams, starting on receipt of an external referral with a mental health element within the spell.

Key issue is recording of outcome measures at initial / early contacts to stop the clock according to national definitions

Trustwide	Jul-25	Aug-25	Sep-25	Oct-25	Nov-25	Dec-25	Jan-26	Feb-26	Mar-26	Apr-26	May-26	Jun-26
Within 4 Weeks	27	42	51	57	65	61	54	81	95	91	64	62
Clock Stops	547	619	763	747	771	718	756	777	852	839	831	880
Performance	5%	7%	7%	8%	8%	8%	7%	10%	11%	11%	8%	7%
CYP Division												
Within 4 Weeks	14	26	31	23	19	21	27	47	58	58	49	50
Clock Stops	180	315	454	432	448	433	451	472	529	556	552	581
Performance	8%	8%	7%	5%	4%	5%	6%	10%	11%	10%	9%	9%
SOLAR/Other												
Within 4 Weeks	13	16	20	34	46	40	27	34	37	33	15	12
Clock Stops	367	304	309	315	323	285	305	305	323	283	279	299
Performance	4%	5%	6%	11%	14%	14%	9%	11%	11%	12%	5%	4%

Mental Health Priority Actions:

(Single month) % of CYP MH related waits completed within 4 weeks (help/intervention-based clock stop and referral spells methodology)



Methodology:

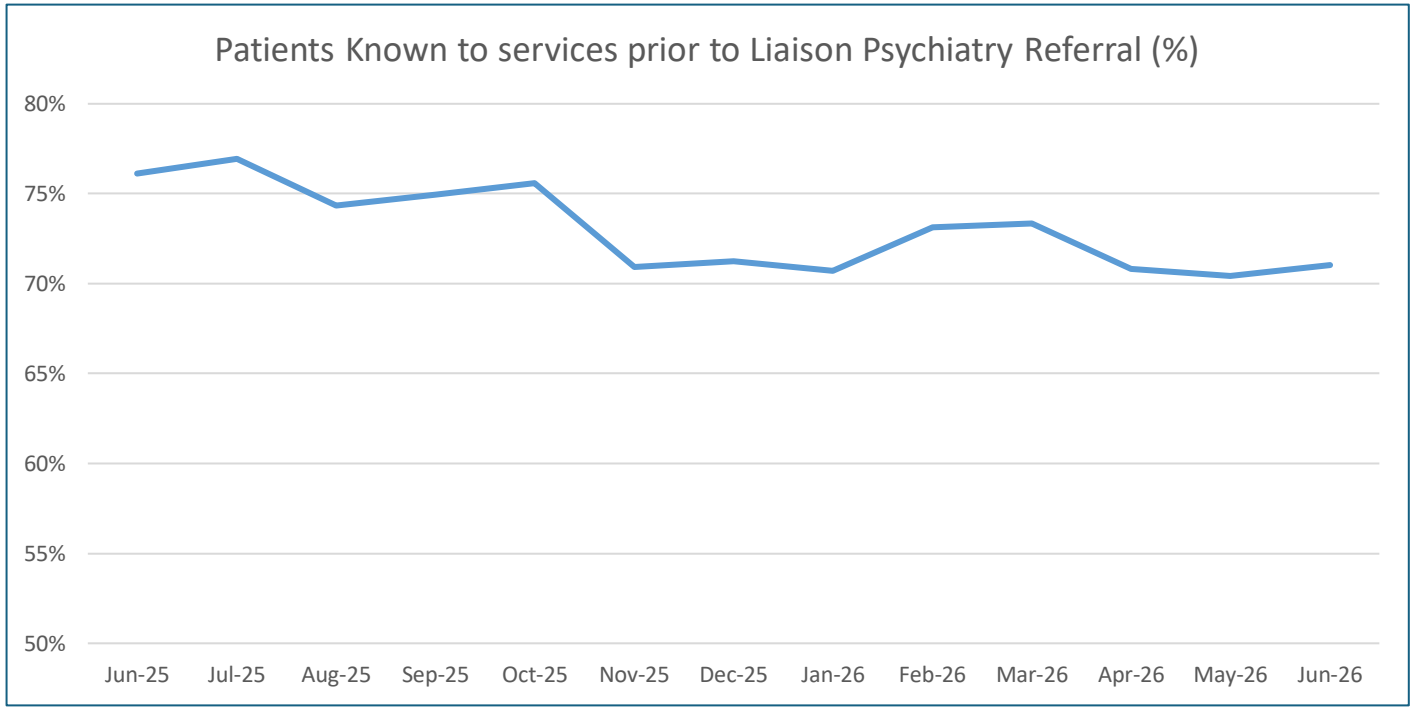
- Target is 50% by March 2027.
- Denominator is CYP referral spells with a full clock stop in the reporting period.
- Numerator is CYP referral spells where the clock stop was within 28 days of the spell start.

** Referral spells are continuous care spells, potentially across several teams, starting on receipt of an external referral with a mental health element within the spell.

Trustwide	Jul-25	Aug-25	Sep-25	Oct-25	Nov-25	Dec-25	Jan-26	Feb-26	Mar-26	Apr-26	May-26	Jun-26
Within 4 Weeks	19	17	15	25	25	11	18	52	25	14	25	23
Clock Stops	280	225	258	264	249	205	302	270	280	289	262	329
Performance	7%	8%	6%	9%	10%	5%	6%	19%	9%	5%	10%	7%
CYP Division												
Within 4 Weeks	14	12	5	6	8	7	12	28	18	12	19	19
Clock Stops	180	135	139	158	151	124	176	172	181	203	168	210
Performance	8%	9%	4%	4%	5%	6%	7%	16%	10%	6%	11%	9%
SOLAR/Other												
Within 4 Weeks	5	5	10	19	17	4	6	24	7	2	6	4
Clock Stops	100	90	119	106	98	81	126	98	99	86	94	119
Performance	5%	6%	8%	18%	17%	5%	5%	24%	7%	2%	6%	3%

Birmingham and Solihull Mental Health NHS Foundation Trust

Mental Health Priority Actions: Referrals to Liaison Psychiatry for People Known to Services



Methodology:

- Denominator is Liaison Psychiatry Referrals made from A&E.
- Numerator is referrals with an attended contact in the year prior to referral.
- Previous Liaison Psychiatry contacts are ignored when calculating the numerator
- No target has been set, and methodology is not fully defined.
- June 2026 at 71% an increase of 1% since May.

Month	Jun-25	Jul-25	Aug-25	Sep-25	Oct-25	Nov-25	Dec-25	Jan-26	Feb-26	Mar-26	Apr-26	May-26	Jun-26
Known to Services	1106	1197	1003	1016	1022	948	964	936	934	1057	947	1010	1093
Referrals	1453	1556	1349	1356	1352	1337	1353	1324	1277	1441	1337	1434	1539
Performance	76%	77%	74%	75%	76%	71%	71%	71%	73%	73%	71%	70%	71%

Mental Health Priority Actions:
Reduction in Acute Inappropriate Out of Area Placements

Birmingham and Solihull Mental Health NHS Foundation Trust

Methodology:

- Ambition to reduce Inappropriate Acute Out of Area placements by 95% by the end of March 27, as measured at month end. The figure at the end of March 26 will be used as the baseline position.
- The national baseline is **185** patients.
- The BSMHFT baseline is **15** patients.
- The BSMHFT target is **1** inappropriate acute patient by March 27.
- This target complements the Medium Term Planning trajectory for the Trust of zero inappropriate placements throughout 2026/27.
- This includes patients aged 18-25 under the care of CYP Division

n.b. PICU placements are excluded from this measure

- The BSMHFT baseline includes patients placed in hospital sites named as 'appropriate' under the current Standard Operating Procedure. This is due to the way MHSDS data submissions were specified at the time.
- Submission guidance for the MHSDS has been clarified, allowing for locally agreed hospital sites to be identified as 'appropriate' in national submissions. We are in conversation with our framework provider hospitals to ensure they are submitting data following the revised guidance, as national figures will be calculated from the MHSDS returns of receiving providers.

Birmingham and Solihull Mental Health NHS Foundation Trust

Appendix II - FPPC 23rd July 2026

2026/27 Performance metrics Improvement Trajectory updates

Birmingham and Solihull Mental Health NHS Foundation Trust

During 2023/24 the following metrics were identified by FPPC for improvement.
These metrics remain areas for improvement.

Action plan updates and trajectories for improvement in 2026/27 have been provided by the relevant KPI owners. Please see below.

NHSE - Length of Stay Reduction Plans – Adults & Older Adults

The 2026/27 planning guidance sets out the objective of reducing length of stay for patients in adult and older adult inpatient services. Trusts were required to submit 3 year improvement trajectories commencing 2026/27 using previous years as a baseline for improvement. The same methodology is planned to be used in the NOF assessment for 2026/27 on these measures.

The Trust's submitted improvement trajectory is designed to deliver:

Adults

- 5% improvement (on average across the year) by the end of March 2027.

Older Adults

- 12% improvement (on average across the year) by the end of March 2027.

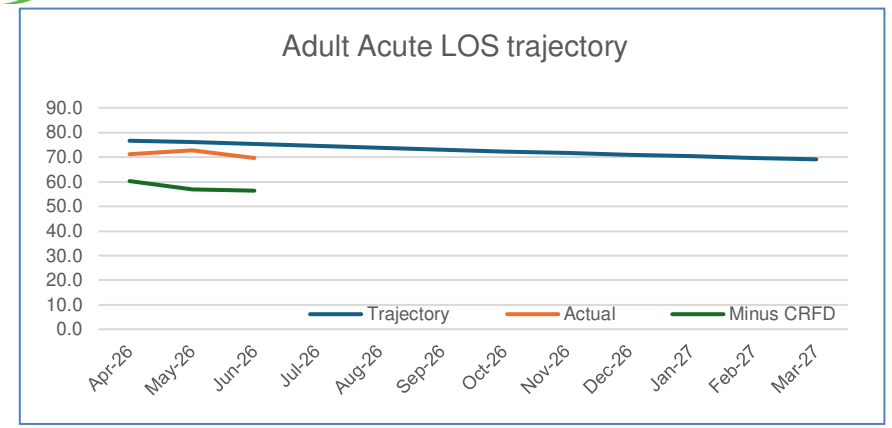
NHSE methodology – Factors to note:

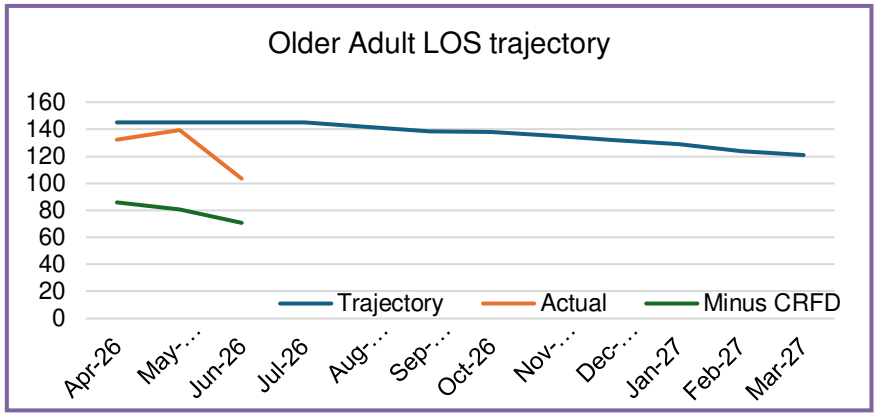
- As the methodology is based on discharge, discharging service users with long lengths of stay will have a negative impact on performance against trajectory.
- Achieving significant length of stay reductions on this methodology will require more discharges of people with longer lengths of stay during the early part of the year, which will mean we initially see raised average lengths of stay.
- Performance is assessed on average of twelve 3-month rolling periods eg, June position includes average of April, May and June data.

The slide below outlines the improvement trajectories agreed and tracks monthly performance against these.

The delivery of the improvement trajectories are reliant on progressing the Trust's Productivity plan for adult services, the inpatient bed strategy action plan and reductions in CRFDs. FPPC have been provided with a separate operationally led report outlining the action plans in place with LOS reduction being a key outcome.

NHSE 2026/27 Length of Stay Reduction Trajectories



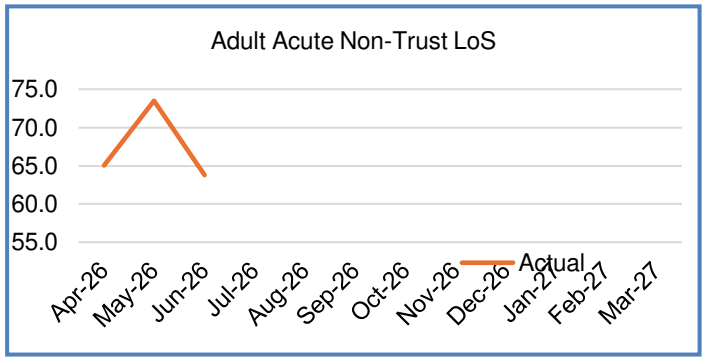


The Trust's 3-month rolling length of stay against the 2026/27 Planning submission trajectories show that both service areas are currently below trajectory. Factoring in the impact of CRFD indicates that Trust performance would see a greater improvement and reduction in LOS across both services.

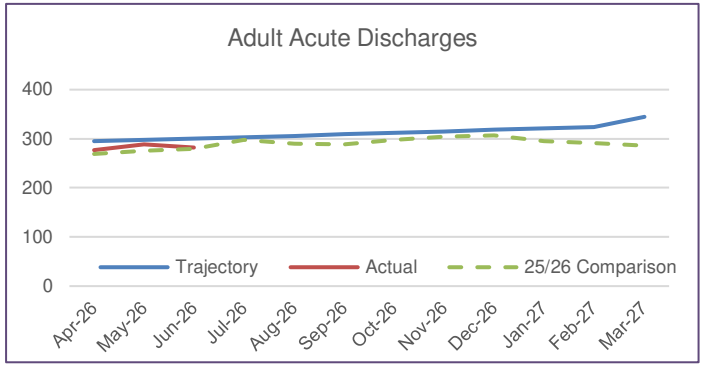
NHSE Methodology: Based on:
- Discharged patients
- Rolling 3 month view
- Entire inpatient spell
- Adult, older adult, CYP and BSMHFT non-Trust spells are separate
- Includes leave

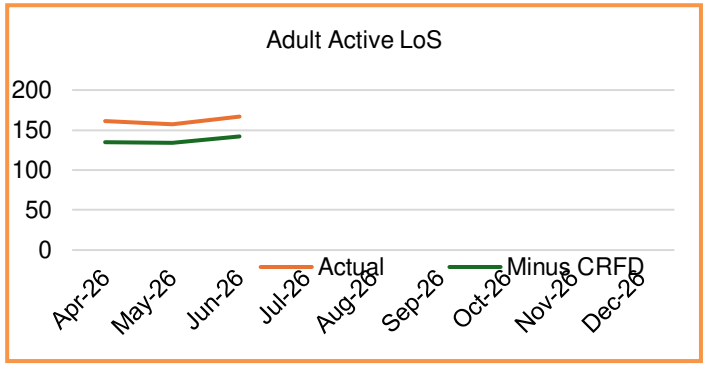
Note: discharge of long stay patients will impact negatively on the agreed trajectories in the short to medium term and once LOS improvements are achieved routinely with a reduction in longer lengths of stay, this impact will reduce over time.

Adults/ Older Adult LOS – additional views

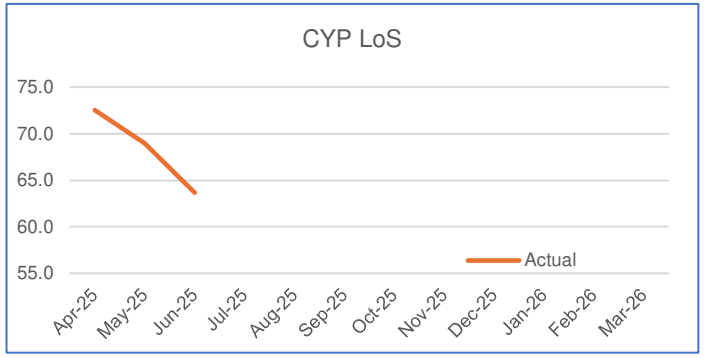


length of Stay- 3 month rolling based on discharge

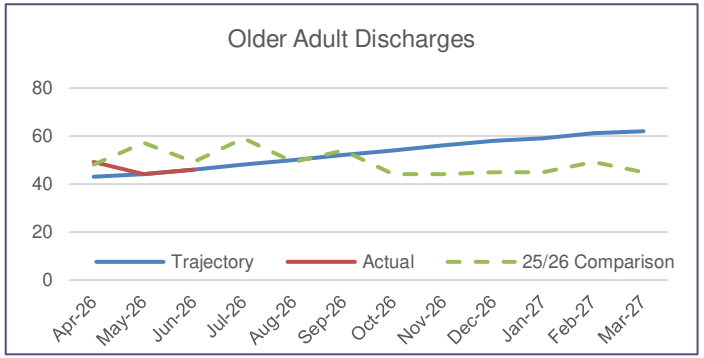


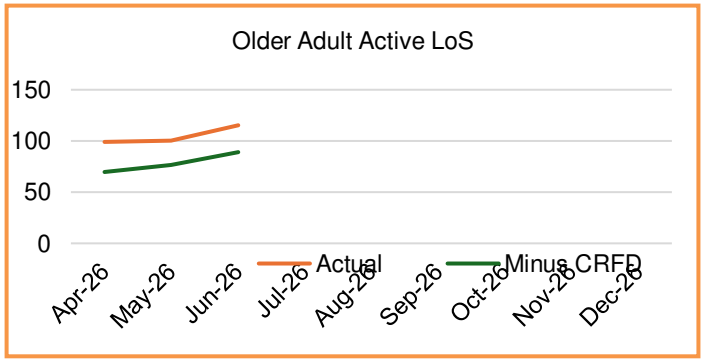


Current length of Stay- month end figures



length of Stay- 3 month rolling based on discharge



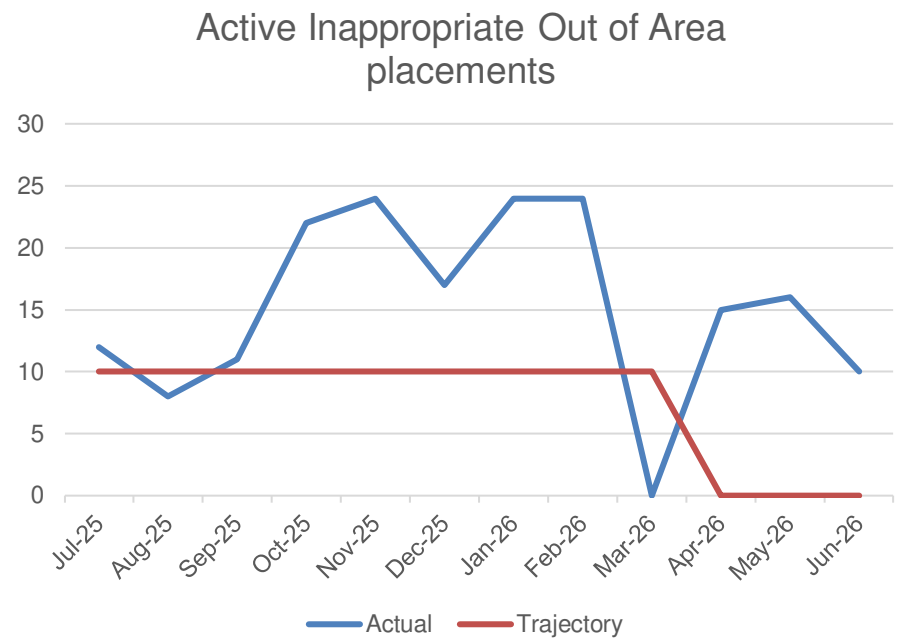


Current length of Stay- month end figures

CYP LOS data is based on private beds only.

'Active' Current LOS based on entire inpatient spell, including leave, at each month end.

Active Inappropriate Out of Area Placements



The Trust trajectory agreed with NHSE as part of the 2026/27 national planning requirements is to maintain zero acute and PICU inappropriate placements.

NOTE: Since 29th September a new contract with private provider Cygnet hospitals has been agreed for out of area placements. A Standard Operating Protocol (SOP) has been finalised and agreed on the 30th March 2026 by West Midlands MHPC to support the classification of these placements as being 'appropriate'.

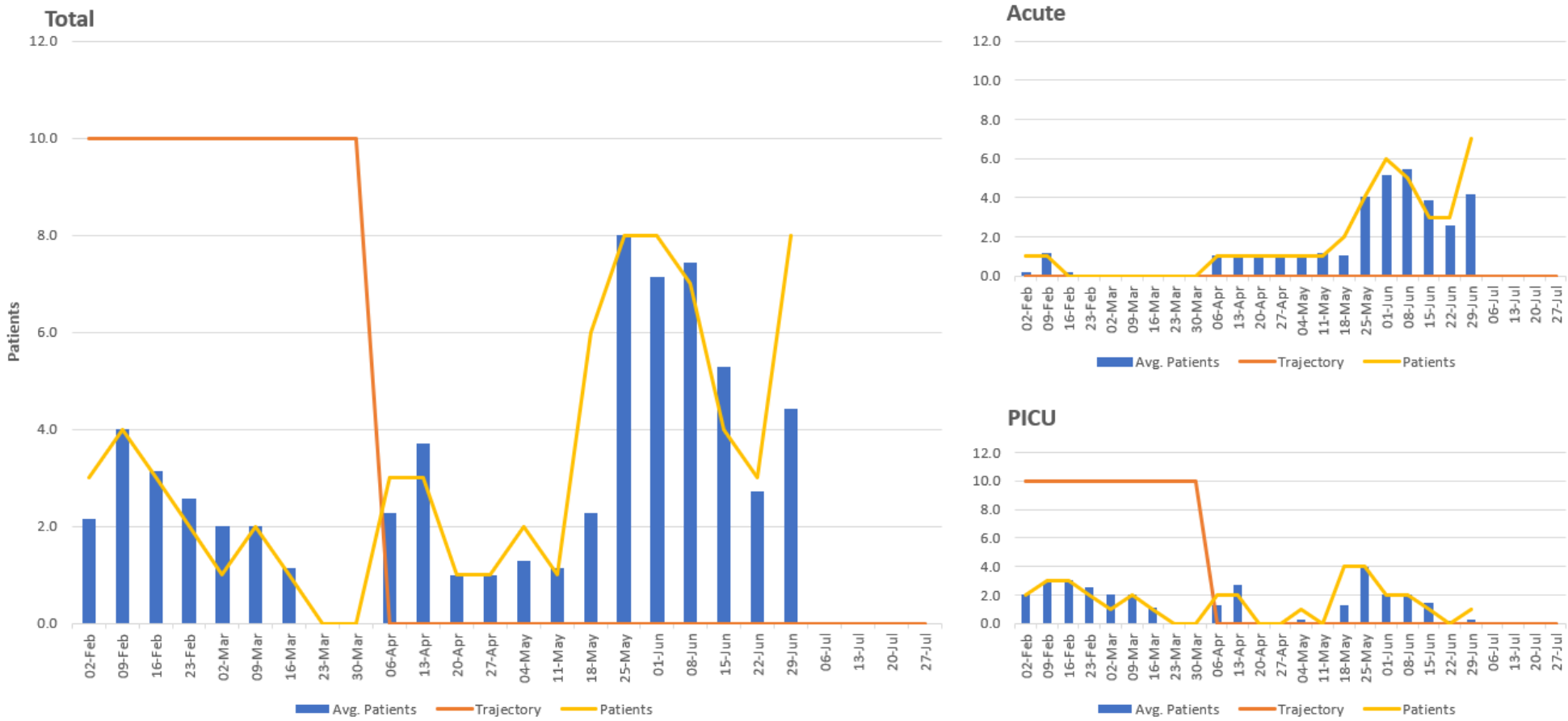
June 2026 position

At the end of June there were 10 'inappropriate' out of area placements above the NHSE agreed target of 0. Adults – 4 acute, CYP 6 acute. Plans are in place to discharge or repatriate a number of the 'inappropriate placements'

The Trust's productivity action plan continues to focus on reducing all out of area placements with workstreams focusing on demand management, reducing CRFD patients, optimising services within available resources and positively impacting on patient experience as an outcome.

Slide 7 and 8 below highlight the weekly progress being achieved, being monitored via the Patient Flow Steering Group.
Clinically Ready for Discharge (CRFD) patients not within Trust control, particularly social care and housing remain a challenge, and overall although CRFDs have decreased to 12.85% (from 13.8%), this remains a key impact on reducing overall flow within adult acute beds.

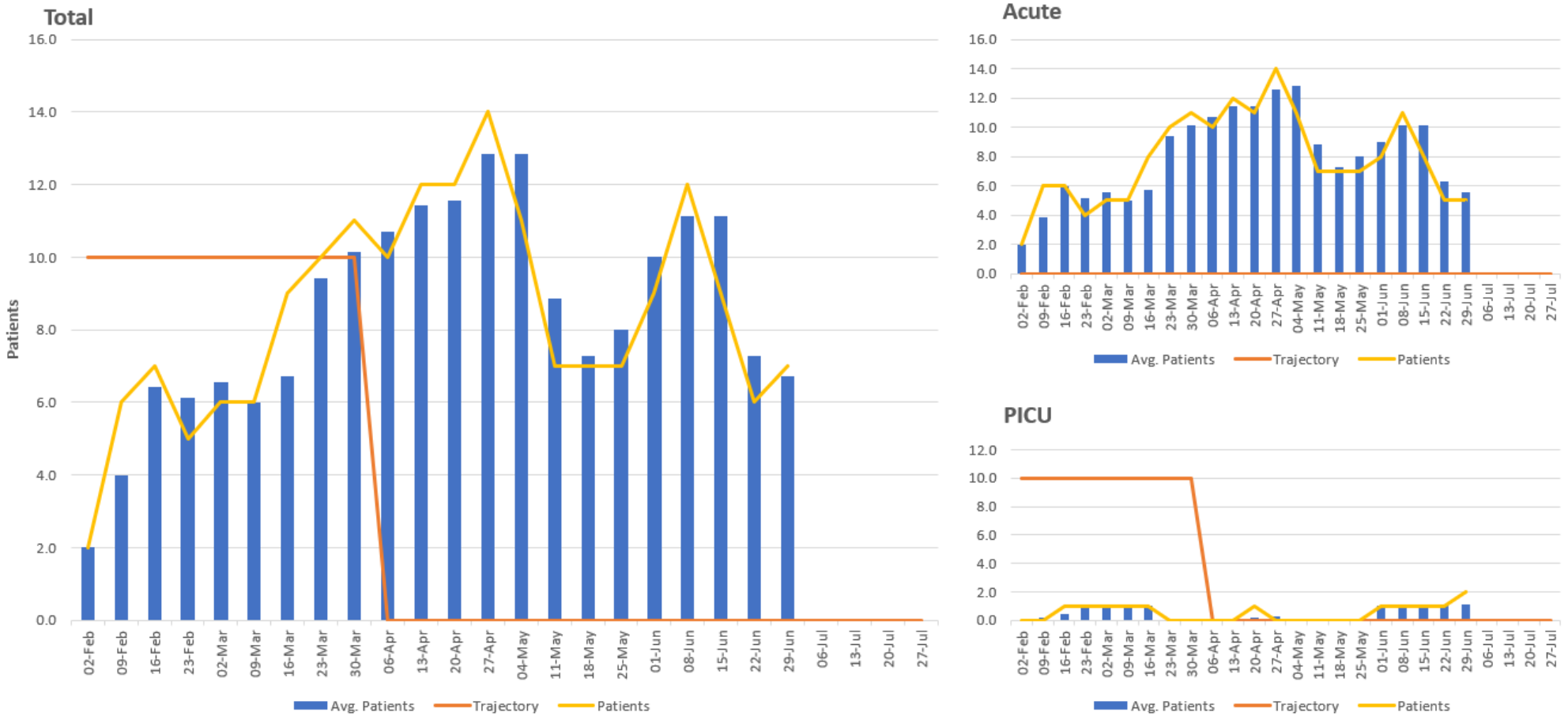
Inappropriate Out of Area Placements - Adults



Admissions to Cygnet hospitals are now being classified as ‘appropriate’ in line with the SOP which has been approved by the Mental Health Provider Collaborative.

Slides 9 below outlines a summary of key actions from the Adult Acute & Urgent Care productivity plan for Q1 2026/27.

Inappropriate Out of Area Placements - CYP



CYP had a sudden increase in admissions in June which resulted in people being placed out of area especially for female beds. A number were discharged/ repatriated but demand remains high for acute beds.

Q1 2026/27 Adult Acute Productivity Plan Update

Admission avoidance

Goal: Ensure admissions are appropriate and alternatives are considered.

- Deep Dive on Early Intervention Admissions: Conduct a deep dive analysis on all early intervention admissions to understand why more first episode patients are being admitted.
- Convene a discussion with Responsible Clinicians and relevant medical colleagues to review/ address the use of Section 17 leave versus Community Treatment Orders (CTOs)—particularly the impact on length of stay data, recall/admissions.

Inpatient Care & Reducing Length of Stay

Goal : Increase timely discharges and reduce delays in discharge

- Pilot Red2Green Model on 2 wards – to drive daily progress towards discharge- extend to a further 2 wards
- Compare and align CRFD (Clinically Ready for Discharge) lists for learning disability and autism patients.

Discharge Planning and Support

Goal : Increase timely discharges and reduce delays in discharge and active use of data to inform reporting and decision making

- Audit of estimated Discharge date to ensure accurate and timely recording to inform proactive discharge planning
- Review MDT discharge decision timing and work jointly with pharmacy to establish an escalation or fast-track process for same-day TTOs, particularly where discharge decisions or medication changes occur late in the day, with the aim of reducing avoidable next-day discharge delays.

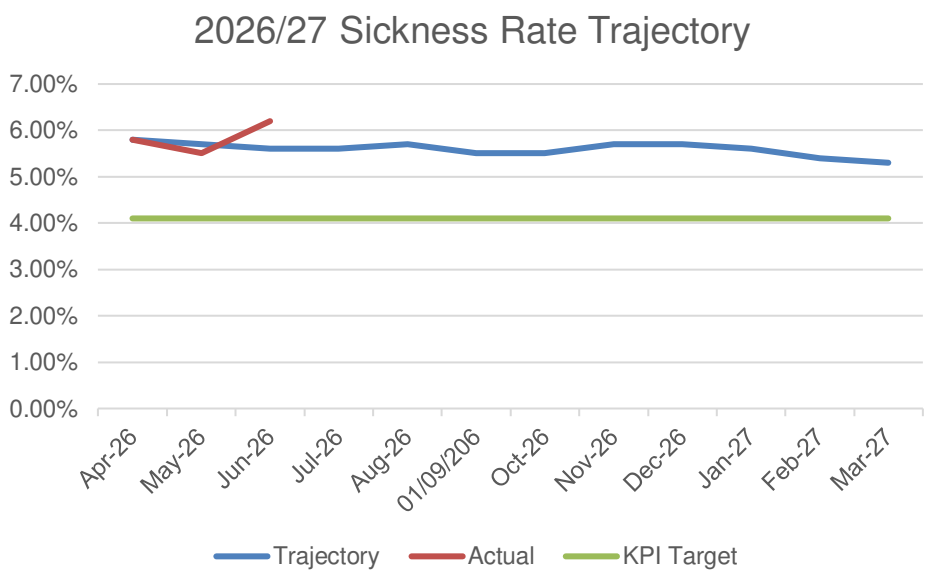
Birmingham and Solihull Mental Health NHS Foundation Trust

Workforce trajectories – 2026/27 update.

The trajectories for improvement have been signed off via the People Committee.

Sickness Absence

Updated 2026/27 Sickness trajectory in line with the workforce plan



Note - Trajectory agreed by the People Committee and commentary provided by People team leads

The 2026/27 Trust trajectory is to reduce sickness levels by 0.5% reaching 5.3% by March 2027.

June 2026 at 6.2% an increase from 5.5% last month and above the trajectory of 5.6% for June 2026.

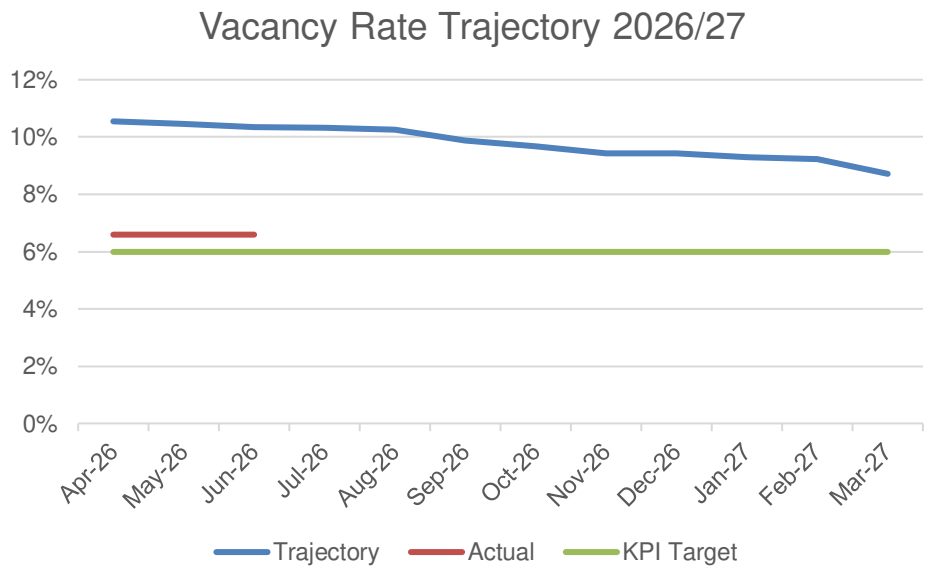
Action Plan:

A Trust-wide sickness recovery programme is being implemented, supported by enhanced reporting, RTW compliance monitoring and targeted absence management interventions. Key actions include:

- Return-to-Work meetings following every sickness episode, with improved monitoring of completion rates and timeliness.
- Development of enhanced sickness dashboards and reporting to identify trends, repeat absence, long-term absence and service hotspots.
- Use of trigger thresholds and management insight tools to support earlier intervention and case management.
- Delivery of manager guidance, training, clinics and supporting documentation to improve confidence in managing attendance.
- Review and improvement of RTW processes, including simplified documentation, digital workflow opportunities and closer ESR integration.
- Strengthening wellbeing, mental health and MSK support alongside Occupational Health provision and targeted interventions where data indicates greatest need.

Vacancies

Updated 2026/27 vacancy trajectory in line with the workforce plan



The target to reduce the vacancy rate for 2026/27, based on a reduction of 1.8% to reach 8.71% by March 2027. The KPI target is 6%.
June 2026 at 6.6% and below the June trajectory of 10.32%

The Directorates Projects team and Recruitment team have been working together to improve the trust's overall time to hire (measuring from vacancy approved until all recruitment checks complete). This timeframe to completion has dropped significantly from approaching 100 working days at the start of the 2025/26 financial year to 54.7 working days currently, enabling vacancies to be filled more quickly and creating safer staffing levels.

As a result, the target has been reduced going forwards to between 40-50 working days. Within the current 57.3 working days taken to complete the overall time to hire, time taken to complete shortlisting (in working days) has reduced from 12 to 7.1 and the time to complete Occupational Health checks has reduced from 23.5 to 14.9 working days – these have been the 2 areas of the teams' focus since November 2025 to date.

Note – 2026/27 trajectory approved by People Committee and commentary provided by People team

Vacancies – Action Plan cont:

Following on from presenting to Nursing Students at the University of Birmingham and hosting stands at the Birmingham City University Nursing Careers event, students in placements with us, in their final year who had offers made to them following successful interviews - pending completion of their studies and them acquiring of their PIN's - are being slotted into our vacancies successfully. Furthermore, following a considerable centralised recruitment event for band 5 nurses across the year (no international recruitment in 2026/27), multiple offers have been made, again with them being manoeuvred into our vacancies successfully.

The trust, in conjunction with universities, education facilities, and with the assistance of ICB members, is rolling out actions from its working group meetings for the Careers Event Process for the Psychological Professions.

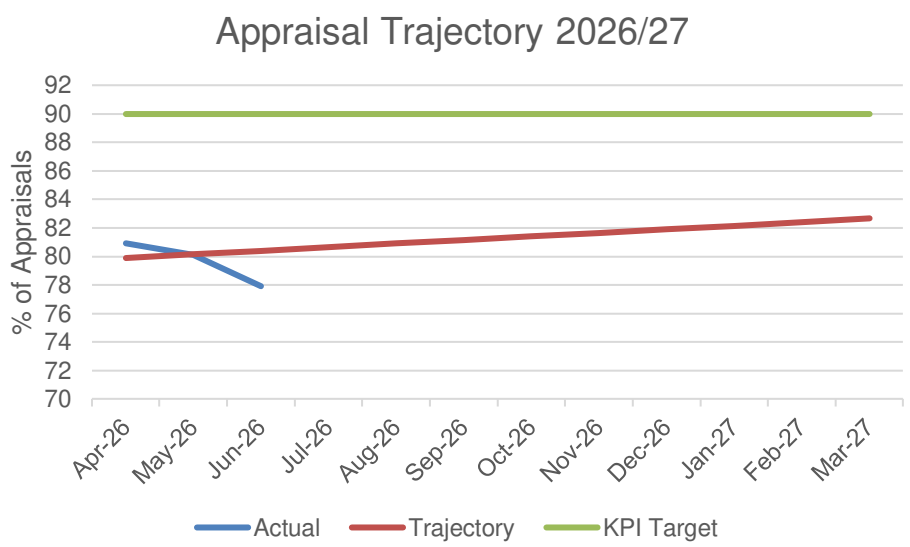
The ICB and NHSE have introduced instruction on vacancy levels and agency reduction - A by-product of the weekly vacancy control panel is to ensure correct processes and procedures are being used to ensure like for like permanent / fixed term vacancies being requested and put in place.

Working in conjunction with BSMHFT's projects and transformation department, flexible working initiatives are continuing to be rolled out throughout the recruitment process.

A Recruitment Initiatives and Strategy meeting will be held at the end of July to ensure the department is maximising every opportunity to continuously improve processes and initiatives such as trac procedures, interview techniques training, flexible working, attraction strategy, social media, DBS expediency and proactiveness with vacancy filling.

Appraisals

Updated 2026/27 Appraisal trajectory



The 2026/27 trajectory is to increase appraisal performance as a minimum by 2.75% moving from 79.9% in April 2026 to 82.65% by March 2027.

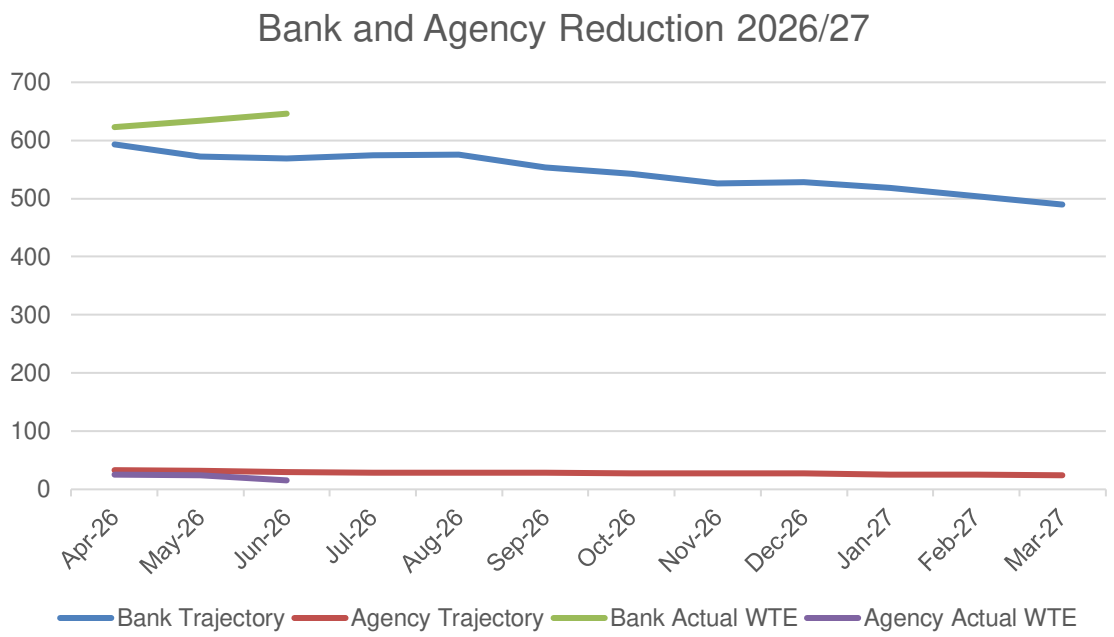
June 2026 at 77.9% and below the trajectory for June of 80.4%.

<u>Summary of actions planned to support improvement:</u>

- Continuing current practice to raise compliance and Monitoring.
- Additional VBA training dates scheduled.
- we continue with targeted to work with those teams with low compliance.

Note - Trajectory agreed by people team Leads and TBC by the People committee . commentary provided by People team leads

Bank and Agency Reduction



The focus for 2026/27 remains on reducing the bank and agency staff levels within the Trust. The target is to reduce the use of bank workers by 103 WTE, moving from 592.99 to 489.66 and 8.5 WTE in agency workers moving from 24.81 to 24.46 by March 2027.
The March 2026 outturn was 781.9 WTE bank workers and 46.3 WTE agency workers.

June figures:
Bank at 645 WTE in June 2026 and above the trajectory of 569.08 WTE.
Agency at 15.47 WTE and below the trajectory of 29.81 WTE.

Note - Trajectory agreed by the People Committee and Commentary provided by People team leads

Birmingham and Solihull Mental Health NHS Foundation Trust

Sustainability

Monthly Agency costs

- A detailed agency reduction programme mentioned above is in progress working in conjunction with ICB / NHSE policies and restrictions and the Midlands and Lancashire CSU. Two areas of renewed focus are the expediating of the TSS bank workers to substantive process and the finishing of agency block bookings. Currently all HCA agency requests require Executive approval. The NHSE Midlands above cap improvement workgroup requirements ensured that all agency standard nursing bookings were fully compliant with cap rates as at the end of January 2025.
- The TSS function has gone live with NHS Professionals – who have considerably less charge rates than agency – and are transferring over high cost and long-term block bookings, which can be recorded as bank spend, rather than agency. A deadline of the end of March 2025 was given to areas to transfer over their non-medical agency block bookings and regulars to NHSP otherwise they would not be able to use them in their areas. This has also stimulated the areas to organise and put out any vacancies (either perm or fixed term) that were outstanding, plus encourage the updating of their rota's long-term, which is of course the preferred option than simply transferring agency block booking's over to NHSP.
- Direct Engagement for Medical Agency is also live, with the aim of meeting potential ICB and NHSE requirements. Direct Engagement has a significant effect on fill rates and also have significant, tangible cost saving implications.
- In June 23 bank workers started with the trust, helping to alleviate the need for agency.

Birmingham and Solihull Mental Health NHS Foundation Trust

- BHM are under achieving its KPIs relating to activity and outcomes.
- Financial risks remain due to underperformance against KPI's. Placed on risk register as likely occurrence.
- Reputational risk due to non-achievement of reliable recovery target

BIRMINGHAM HEALTHY MINDS

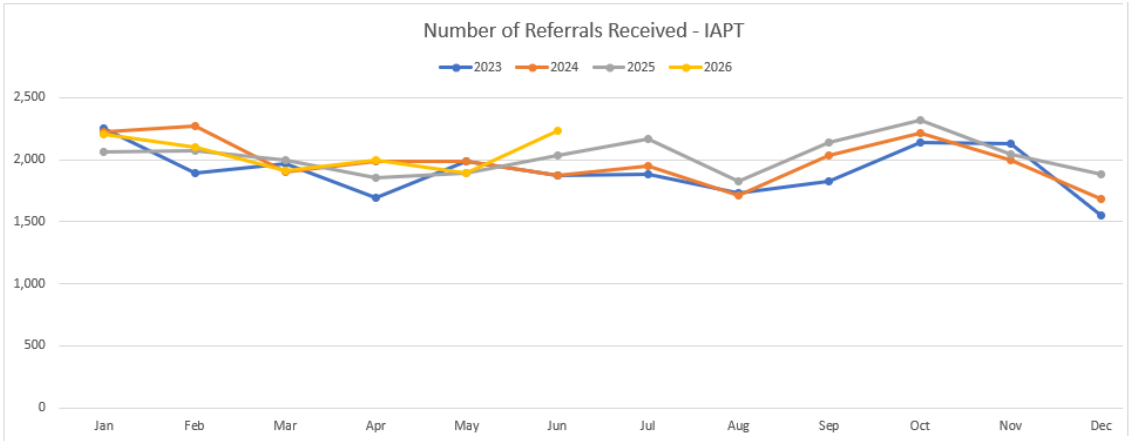
KPI's	Apr-26	May 26	June 26
Completed Treatment	737	746	846
Completed Treatment Trajectory	800	790	790
Reliable Recovery Rate	48.5%	48.5%	48.5%
Reliable Recovery Rate shortfall to meet 50% (51% from April 2026)	19 (patients)	18 (patients)	21 (patients)
Reliable Improvement Rate	69.50%	70.9%	71.4%
Reliable Improvement Rate shortfall to meet 68% (69% from April 2026)	0	0	0

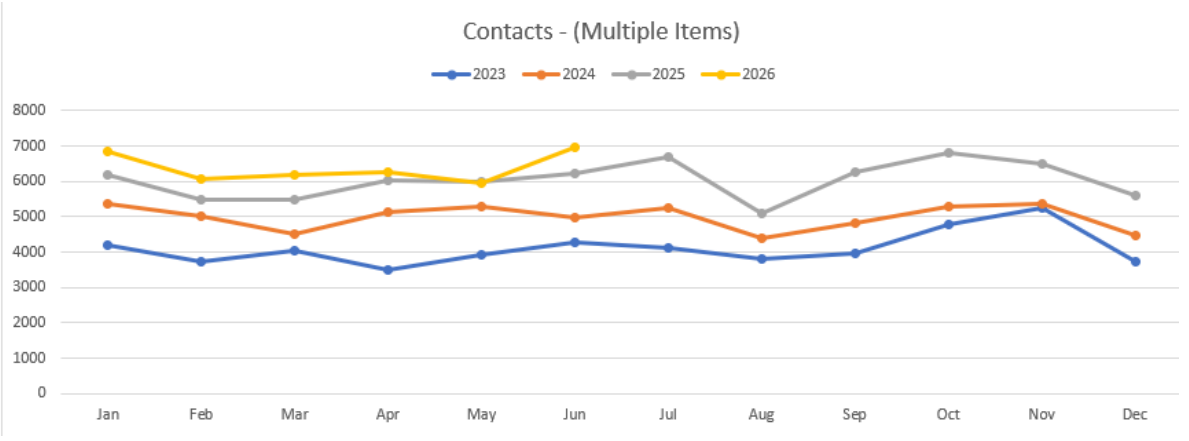
People referred to Talking Therapies in 6 and 18 weeks
6 – weeks –97% in June 2026
18 weeks – 100% in June 2026 - Both above trajectory and national target

Access Target
June internal data shows YTD 24.85% of 2026/27 target

KEISHA DELL, ASSOCIATE DIRECTOR OF OPERATIONS

NHS TALKING THERAPIES – REFERRALS AND CONTACTS





RISK AND CHALLENGES	KEY ACTIONS	LEVELS OF IMPROVEMENT
• Digital front door proposal approved awaiting clarification around funding • Team managers are managing significantly large teams • Commissioner modelling inconsistent with national • tool which states that we are significantly understaffed. • 3 PWP's going through employment checks • High level of neurodivergent and long -term health issues within the team • Single Therapy Session discharges – 44.6% in April 2026- and 42% in May. June at 39.7% • Financial risk remain on the risk register	• ICB funding available for 1 8a post and funding has been identified for 2 further Locality Clinical Lead. Dealy in clinical lead recruitment following job matching review • Business case being developed to secure further funding • Awaiting clarification and discussions re: alignment of teams to localities • Address performance issues by working closely with HR and Organisational Development team • Recruitment to all vacancies • Recruitment of HI and LI trainees for autumn 2026 cohort • Review of team managers job description	• Reduced activity level agreed with ICB for 2026/27 • Referrals averaged 2,025 in 2025. June 2026 at 2,232 above last years average • Contacts averaged 6,028 in 2025. June 2026 at 6,949 above 2025 average • June activity level exceeded plan and has reduced the financial shortfall • Improving Access for Black Men 18-month project - successful bid and funding • Health Inequalities dashboard which BHM senior team worked with informatics to develop. • Power BI data tool developed to better display performance data – both manager and clinicians have access. • Temporary part time practitioner for 12-week period to focus on quality and risk until clinical lead posts progressed

DNA RATES
April – April 2026

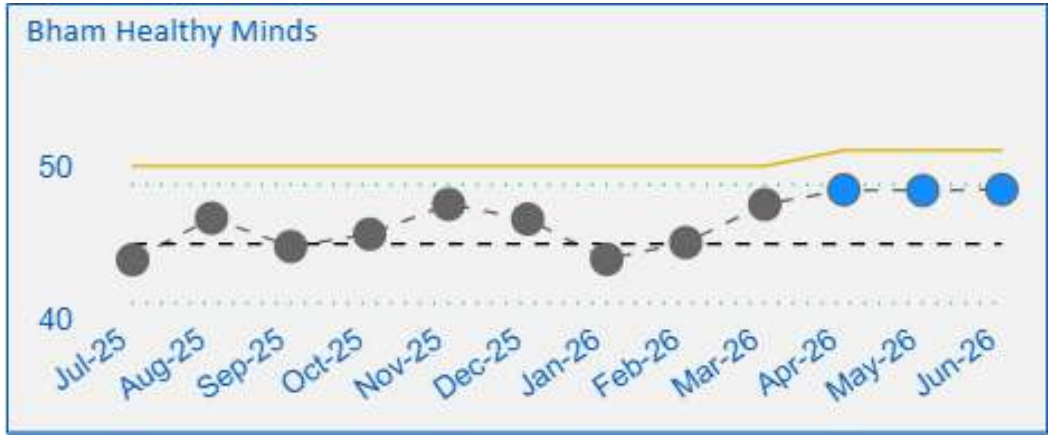
DNA rate by step

Step\	Jun 25	Jul 25	Aug 25	Sept 25	Oct 25	Nov 25	Dec 25	Jan 26	Feb 26	Mar 26	Apr 26	May 26	Jun 26
1	17%	16%	16%	14%	15%	13%	14%	14%	15%	14%	14%	13%	16%
2	15%	15%	12%	18%	13%	15%	14%	17%	12%	11%	12%	12%	14%
3	10%	8%	7%	9%	8%	8%	7%	11%	6%	6%	6%	6%	7%
Overall	**13%**	**12%**	**11%**	**13%**	**11%**	**11%**	**10%**	**11%**	**10%**	**10%**	**10%**	**10%**	**11%**

RISK AND CHALLENGES	KEY ACTIONS	LEVELS OF IMPROVEMENT
• Ability to achieve a 10% DNA rate – DNA rates for June at 11% • Patient cancellations reduced by 1% in June to 13% • Trust cancellations at 4% a 1% increase from May	• Sharing DNA data as a standing agenda item within team meeting. • The use of Automated Booking System (ABS). • The use of automated text message service. • Providing link for Telephone Triage "choose and book". • DNA/cancellation policy reviewed. • Ensuring new starters have the policy as part of local induction. • Contract of expectations for therapy. Documenting this conversation on IAPTus. • Clinical contact hours – reviewing staff with a high DNA rate. • Clinicians to over book appointments where high DNA rates have been identified. • Discussion in regular management supervision about MTR rate, and DNA rate. • Use of Power BI to monitor clinicians' individual DNA rate.	• Step 3 DNA rates remain consistently low.

NHS TALKING THERAPIES RECOVERY RATES

Reliable Recovery rate [Target 51%] 48.5%



Reliable Improvement rate [Target 69%] 71.3%

RISK AND CHALLENGES	KEY ACTIONS	LEVELS OF IMPROVEMENT
• The target for Reliable Recovery Rate has increased to 51% for 2026/27 • Further recovery training for the whole service took place in Jan 2026. • Case management supervision to be introduced at Step 3. • 55% of our referrals are from deprived areas in Birmingham (Decile 1 and Decile 2) • Significant increase in trauma representations	• Review impact of employment advisers • Address working relationship with 24/7 • Consider which VCSFE partners we can work more closely with • Enhance older adult clinics • Review outstanding training needs for the whole service • Review the presenting complaints for all patients • Review which service can accommodate patients with significant trauma needs • Recovery guide developed and distributed to staff along with a 1-page reference summary.	• The service has consistently met the target for reliable improvement

NHS TALKING THERAPIES IN TREATMENT PATHWAY WAITS – April 2026

Talking Therapies In-treatment Pathway Waits

BSOL ICB

% of referrals with In-Treatment Waits of over 90 days

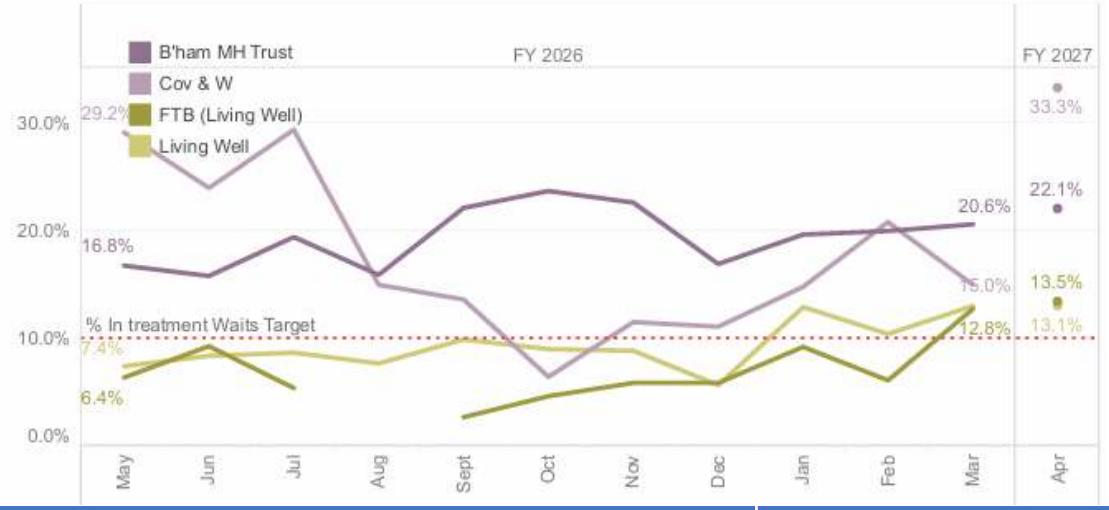
BSOL ICB	% In Treatment Waits over 90 days	13.3%	13.3%	15.3%	11.9%	15.2%	15.1%	14.9%	11.3%	16.0%	14.4%	16.9%	18.3%
BSOL ICB	1st to 2nd Treatment 90+ Days	225	230	255	160	260	275	270	150	315	235	290	345
	Second Treatment Contacts	1,695	1,730	1,670	1,340	1,710	1,825	1,815	1,330	1,965	1,635	1,715	1,885

National Standard: Less than 10% of referrals wait 90 days or more between first and second treatment

Measure Description: Proportion of people who wait +90 days first to second appointments. There should be no in-treatment pathway waits.

Methodology: [metric ID 047 count first to second treatment over 90 days] / [metric ID 184 count second treatment]. Both metrics count referrals in the month that the second contact is reached.

Source: NHS Digital, IAPT Monthly



RISK AND CHALLENGES	KEY ACTIONS	LEVELS OF IMPROVEMENT
• Internal data continues to show increase moving from 26% in May to 28% in June 2026	• Offer groups while clients are waiting a specific intervention • Offer self-help guides/material whiles waiting a specific intervention • Offer CBT to clients while waiting a specific intervention • Timely review of effectiveness of group/intervention • Utilising Employment Advisors as required	• In treatment wait times have deteriorated in the last 12 months • Deep dive to be completed to understand and address issues.

10. Quality, Patient Experience and Safety Committee Report

Committee Escalation and Assurance Report

Name of Committee	**Quality, Patient Experience and Safety Committee**
Report presented at	**Board of Directors**
Date of meeting	**5 August 2026**
Date(s) of Committee Meeting(s) reported	**22 July 2026**
Quoracy	**Membership quorate: Y**
Agenda	The Committee considered an agenda which included the following items: • Board Assurance Framework Risks • Integrated Quality Report • Clinical Governance Committee Assurance Report • Infection Prevention and Control Annual Report 2025/26 • Health and Safety Annual Report • Reducing Restrictive Practice Report • Patient Voice Report • Freedom To Speak Up Guardian Report • Nigel's Plan Assurance Report, inc Learning from Nottingham Inquiry and Ockenden Report • Health Inequalities and PCREF Project Board • Clinical Effectiveness Advisory Group Assurance Report
Alert:	• Workforce, medical cover and capacity pressures continue across a number of services, particularly within Children and Young People's Services (CYP), Learning Disabilities CAMHS, liaison psychiatry and specialist services. • Ongoing concerns were noted regarding delayed discharges, increasing incident reporting, sexual safety incidents, staff injuries arising from violence and aggression, accommodation constraints, and rising demand within community mental health services. • Infection Prevention and Control risks requiring ongoing attention include the absence of microbiology support, lack of a decontamination officer, low FFP3 compliance, occupational health contract concerns and limitations in infection surveillance systems. • Variability remains in community mental health pathways, follow-up arrangements, care planning and outcome measure implementation, alongside increasing caseload pressures and service fragmentation. • The Committee noted ongoing concerns regarding the performance of the Trust's Occupational Health provider, Optima, which have the potential to impact workforce wellbeing, infection prevention and operational resilience. Areas of concern include delays in immunisation support and blood testing during outbreaks, inaccuracies in occupational health advice, limitations in accessing staff immunisation records, and insufficient support for vaccination programmes. Members were advised that these issues had contributed to operational challenges during infection outbreaks and may present risks to timely workforce deployment and infection control management. Assurance was provided that concerns have been formally

	escalated through contract management arrangements; however, continued oversight is required to ensure improvements are delivered and risks are appropriately mitigated ahead of contract expiry in March 2027.
Assure:	• The Committee received assurance that the revised Board Assurance Framework is being strengthened and aligned to the Trust Strategy, with improved focus on strategic risks, controls and assurances. • Assurance was provided regarding progress against patient safety priorities, implementation of PSIRF, quality improvement initiatives, Learning from Deaths, Culture of Care, Nigel's Plan and divisional improvement programmes. • Significant improvements were reported in infection prevention and control arrangements, regulatory compliance, health and safety governance, complaint responsiveness, patient experience activity and quality assurance processes. • Members were assured that improvement plans are in place to address community mental health pressures, pathway integration, caseload management, workforce challenges and CYP service issues. • Positive progress was noted in relation to patient and carer engagement, co-production, Freedom to Speak Up activity, health inequalities initiatives, PCREF implementation and reducing restrictive practice.
Advise:	• The Committee advised that emerging risks relating to community mental health services, access, pathway fragmentation, patient safety and CYP services should be explicitly reflected within the Board Assurance Framework. • Members emphasised the importance of strengthening organisational learning through thematic reviews of national inquiries and ensuring a coordinated Trust-wide response to recurring themes. • Continued focus was recommended on workforce sustainability, integration between services, interoperability of data systems, support for staff wellbeing, and collaboration with system partners to improve outcomes and reduce inequalities. • The Committee encouraged further use of Experts by Experience and carers in service redesign and policy development to ensure proposed changes are communicated effectively and co-produced wherever possible.
Reducing Health Inequalities impact:	Members recognised that health inequalities continue to impact access to services, patient experience and outcomes. While positive progress is being made through a range of improvement initiatives and partnership approaches, further work is required to strengthen the use of data and targeted interventions, and to work collaboratively with system partners to reduce inequalities and improve outcomes for local communities.
Board Assurance Framework	The Committee received assurance that the refreshed Board Assurance Framework is more closely aligned to the Trust Strategy, with a clearer focus on strategic risks, controls and assurances. Members welcomed the improved structure and agreed that emerging risks relating to community services, access, patient safety and CYP services should be reflected within the BAF as part of its ongoing refinement ahead of Board.
	New risks identified: no new risks were identified.

Report compiled by:	Nick Moor, Non-Executive Director	Minutes available from: Kat Cleverley, Company Secretary

Committee Escalation and Assurance Report

Name of Committee	**Quality, Patient Experience and Safety Committee**
Report presented at	**Board of Directors**
Date of meeting	**5 August 2026**
Date(s) of Committee Meeting(s) reported	**17 June 2026**
Quoracy	**Membership quorate: Y**
Agenda	The Committee considered an agenda which included the following items: • Board Assurance Framework Risks • Patient Safety Report • Safe Care Today Dashboard • Regulatory Compliance Report • Clinical Governance Committee Assurance Report • Service User Led Report and Customer Relations Report • Nigel's Plan Assurance Report • Health Inequalities and PCREF Project Board Report • Reducing Restrictive Practice Report • Prison Transfers Report • Clinical Effectiveness Advisory Group Assurance Report
Alert:	• There was sustained system pressure across community pathways, with CMHT demand, persistent suicide levels in the community, and evidence that flow was constrained across the whole pathway (community, inpatient and secure services). • Access and waiting time challenges remained a significant concern, particularly within ADHD and CMHT pathways. This was contributing to complaints, delayed care and potential deterioration in patient outcomes. • Health inequalities risks were highlighted, with a high proportion of complaints arising from deprived communities (c78%) and over-representation of some demographic groups, indicating inequitable experience and outcomes. • Children's services risk profile remained elevated, including concerns regarding the referral management centre model (non-clinical workforce) and ongoing safeguarding risks relating to unregulated placements. • Operational compliance risks persisted, including gaps in IPC and safeguarding training (medical staff), delays in therapeutic observations, and localised audit compliance issues.
Assure:	• The Committee received assurance that overall patient safety performance remained stable, with SPC variation within expected limits, no significant harm identified from AWOL incidents, and stable incident reporting and duty of candour compliance. • Safety improvements were highlighted, including reductions in restrictive practice and staff assaults, alongside continued themed reviews to support organisational learning.

	• Governance and oversight arrangements were strengthening, with improved audit frameworks, regular reporting through the governance structure, and increasing maturity in divisional data and assurance. • The Trust's regulatory and quality position remained positive, including a "Good" CQC outcome for Older Adults CMHT and ongoing improvement in health and safety governance. • Service user experience remained strong, with consistent feedback highlighting compassion, empathy and professionalism of staff, alongside good engagement in participation and co-production activity. • Progress continued against Culture of Care and equality priorities, including PCREF development, staff safety strategy and strengthening of anti-racist practice, supported by national recognition and pilot participation.
Advise:	• The Committee was advised on the continued focus on transforming community services, including accelerating neighbourhood models and strengthening caseload management, recognising this as fundamental to relieving system-wide pressure. • There was recognised strengthening of "waiting well" approaches, with a need for a consistent Trust-wide model, increased use of voluntary/community sector support, and improved engagement with families and carers during waiting periods. • Greater emphasis was required on longer-term trend analysis and data utilisation, reducing focus on short-term variation and enabling targeted deep dives where sustained concerns were identified. • The Committee highlighted the importance of strengthening system partnerships, including local authority, public health and voluntary sector engagement, to better address demand driven by social determinants.
Reducing Health Inequalities impact:	The Committee recognised that health inequalities remained a significant and cross-cutting risk, evidenced by a high proportion of complaints originating from the most deprived communities and over-representation of specific demographic groups. These inequalities were closely linked to access challenges, long waiting times and wider social determinants impacting mental health demand. While positive steps were being taken—particularly through the Culture of Care programme, PCREF development, and emerging locality and community partnership models—further work was required to strengthen the use of data, improve targeted interventions, and enhance collaboration with public health, local authority and voluntary sector partners to address inequitable access, experience and outcomes.
Board Assurance Framework	The Committee considered the six risks: • Failure to provide safe, effective and responsive care to meet patient needs for treatment and recovery. • Failure to listen to and utilise data and feedback from patients, carers and staff to improve the quality and responsiveness of services. • Failure to maintain acceptable governance and national standards. • Failure to deliver optimal outcomes with available resources. • Failure to continuously learn, improve and transform mental health services to promote mentally healthy communities and reduce health inequalities. • Failure to provide timely access and work in partnership to deliver the right pathways and services at the right time to meet patient and service use needs.

	The Committee discussed the ongoing realignment of the BAF risks to the new Trust strategy.	
	New risks identified: no new risks were identified.	
Report compiled by:	Nick Moor, Non-Executive Director	**Minutes available from:** **Kat Cleverley, Company Secretary**

11. Quality and Safety Report

Report to Public Board of Directors							
Agenda item:	**11**						
Date	5 August 2026						
Title	Quality and Safety Report						
Author/Presenter	Lisa Stalley-Green, Executive Chief Nurse						
Executive Director	Lisa Stalley-Green, Executive Chief Nurse	**Approved**	**Y**	✓	**N**		

Purpose of Report	Tick all that apply ✓		
To provide assurance	✓	**To obtain approval**	
Regulatory requirement		**To highlight an emerging risk or issue**	
To canvas opinion		**For information**	✓
To provide advice		**To highlight patient or staff experience**	✓

Summary of Report					
Alert		**Advise**		**Assure**	✓

Executive Summary

The Quality Report has been developed to provide the Board of Directors with more detailed information and assurance on the progress being made to improve the quality of services for our patients, service users and their Carers. The report has been aligned with the Trust Strategy and updated Board Assurance Framework.

SR3 – Failure of services to be consistently safe for service users, carers and communities

Safeguarding

The Trust Safeguarding Team continues to identify a significant volume of domestic abuse concerns across both adult and Children and Young People (CYP) services. These concerns are consistently raised through multiple pathways, including the safeguarding advice line, safeguarding supervision, and Eclipse reporting.

The sustained prevalence of domestic abuse concerns over several years highlights the ongoing impact of domestic abuse on individuals accessing mental health services. Importantly, the continued increase in identified concerns is also indicative of improved practitioner awareness, confidence, and professional curiosity in recognising and responding to domestic abuse.

The Trust Safeguarding Team is increasingly seeing evidence of strengthened clinical responses to domestic abuse disclosures across services. Positive practice is being demonstrated through improved recognition of the wider impact of domestic abuse, with teams considering the needs of children within affected families and making appropriate safeguarding referrals where concerns are identified. Clinical teams are also showing greater persistence and professional curiosity in engaging service users following notifications of high-risk domestic abuse, helping to ensure that opportunities for support and risk assessment are maximised.

A notable example of effective multi-agency working has been demonstrated by the East Core Community Team within the CYP Division. The team has been supporting a young woman who disclosed concerns relating to a potential forced marriage, a highly complex form of domestic abuse that often requires a coordinated multi-agency response. The team has worked proactively in partnership with Adult

Social Care and sought specialist guidance from the Forced Marriage Unit, ensuring that risk management and safeguarding interventions are informed by national expertise and best practice. This case reflects the increasing confidence of practitioners in responding to complex safeguarding issues and highlights the value of collaborative working in protecting individuals at risk of harm.

The Trust safeguarding Team are embarking on an exciting piece of work with a local community theatre group (Women in Theatre) who are devising a film to be shown in Level 3 Adult safeguarding training. The film will depict a mother who is talking about her relationship with her adult son. Course participants will be given the opportunity to work with colleagues to identify areas of concern, the character will disclose aspects of her sons controlling and abusive behaviour. We will ensure that key aspects or 'themes' common in coercively controlling relationships are represented and we will focus on the need for practitioners working at this level are confident to recognise them and to respond to them in a safe way aligned with Trust policies and procedures.

We are keen to ensure that the character depicted is authentic and representative of the community she represents, so the theatre company we are working with will engage with experts by experience as well as partner agencies with expertise in this area of practice. The issues that we are including have been taken from statutory review processes following domestic abuse related deaths as well as academic research focussing on the experiences of victims and survivors of domestic abuse from global majority populations. We have also liaised with BSMHFT's EDI Team to ensure that we minimise any adverse impact of the resource and will do so, in part, by applying the EDI risk assessment framework.

Patient Safety

Prevention of Future Deaths

The Trust was issued with one Preventing Future Deaths notice related to improving the Wi-Fi signal on some inpatient wards following concerns that enhanced observations of care were not being uploaded from tablet devices and improvement in physical health monitoring care plans. A response was sent to the Coroner on June 9th outlining actions taken around a Wi-Fi survey and the planned installation of additional boosters and the expectation for improvement with care plans through the use of Dialog+. The Trust has a physical health improvement strategy which will continue to be rolled out alongside a supporting education and training offer for staff in September. A review of the roles and responsibilities of the Ward Manager is being co-produced through Ward Manager Development days to ensure Ward Managers are attending Multi-Disciplinary Ward Round Meetings to ensure service user plans are understood and followed by staff.

Regional Homicide Data

A regional analysis of mental health homicide incidents across the Midlands has recently been shared by the Midlands Independent Investigation Team. The review examined incidents occurring between 2015 and 2024 and compared population-adjusted incidence rates across Midlands' systems. The analysis found no clear regional outliers, with Birmingham and Solihull's position appearing broadly consistent with comparable systems across the region.

The review also found that rates have remained relatively stable over time and that patterns relating to perpetrator age, victim relationships and methods used were broadly consistent with national evidence. Whilst some variation was observed between areas, the authors concluded that further analysis is required to better understand whether these differences are meaningful and to explore the influence of factors such as deprivation. The report identified two particularly high-risk groups in Birmingham and Solihull given a high rate of homicide of female Carers (Matricide) and young people involved in knife crime. The Trust had already developed training and development for practice in identifying and reporting domestic abuse and abuse from adult child to parent/carer. The Trust works as part of a wider partnership in addressing knife crime and recognises the opportunity we have through our Children and Young People Services to address this risk. The findings provide useful regional context and assurance and will continue to inform local learning, prevention activity and partnership working across the Trust.

Learning from National Inquiries – Thematic Review

There are a number of significant National Inquiries either taking place or concluding which offer learning directly or transferrable learning for us as a Trust:

- The Nottingham Inquiry following the homicide of three people by a mental health service user
- The Ockenden review into Shrewsbury and Telford Hospital NHS Trust was published in March 2022
- The Ockenden Review into Maternity Services in Nottingham following the deaths and harm to Mothers and Babies
- The Ockenden Review into Maternity Services in Leeds following concerns
- Baroness Amos Independent Review of Maternity & Neonatal Services in England which reviewed the Ockenden findings and identified systemic fragmentation and structural racism
- The Southport Inquiry has published a Phase 1 report, following the homicide of three young girls at a dancing event and trying to kill ten others by a young man who had planned to commit a mass murder and had been found to access radicalising information
- The Lampard Inquiry into mental health inpatient deaths in Essex is a statutory inquiry covering deaths between 2000 and 2023

Across these cases, the common learning is not simply “individual clinical mistakes”. The strongest read-across is that serious harm becomes more likely when risk is visible to parts of the system but no one owns the whole picture. In Southport Inquiry, the published key findings explicitly identify absence of risk ownership, failures in information sharing, misunderstanding of autism, lack of oversight of online activity, and parental failures as fundamental problems. The Nottingham Inquiry has been explicitly established to look beyond single agency reports and examine the full timeline, the knowledge and actions of each agency, and the interaction between agencies. For a mental health trust, this is the core message: risk cannot safely sit in fragments across services, agencies, electronic systems, meetings, families, and professional groups without a named owner and live escalation route.

The second shared theme is that families, carers, patients and staff repeatedly appear to have raised concerns before the system responded with sufficient curiosity or grip. The Nottingham Inquiry states that it will look at concerns raised by Valdo Calocane’s mother and how those concerns were treated. The Ockenden review was established following concerns about maternity care and reviews family cases relating to newborn, infant and maternal harm. The Lampard Inquiry was established to understand deaths of mental health inpatients in Essex and identify learning to improve inpatient mental health care. In Board terms, this points to a need to evidence that the organisation does not just “offer routes to speak up”, but can show how concerns are triangulated, acted on, fed back, and escalated where patterns emerge.

The third repeated learning is that culture, governance and Board assurance are central patient-safety controls, not background issues. The Lampard Inquiry terms of reference include culture and governance at trusts, actions and behaviours of staff, quality of investigations and responses, and interactions with commissioners, coroners, professional regulators and the Care Quality Commission. The NHS England enforcement notice for St Andrew’s Healthcare states that NHS England had concerns about patient safety and inadequate assurance that improvement was happening at the required rate; NHS commissioners were told to identify alternative placements for patients at the Northampton site. The Charity Commission statutory inquiry into St Andrew’s Healthcare is specifically examining trustee duties, governance processes, safeguarding, care provision, financial oversight, future viability/status and reputational harm. The read-across is that Boards need to be able to demonstrate active grip, not passive receipt of reports.

The fourth shared theme is poor learning systems after incidents. The Ockenden review states that it independently assessed the quality of investigations relating to newborn, infant and maternal harm and set out system-wide learning and immediate and essential actions to improve maternity care. The

Lampard Inquiry terms of reference include the quality of investigations and responses by and on behalf of trusts. In our own Trust search the Trust Health & Safety Committee summary includes work on adding staff assaults to the risk register, improving support for assaulted staff, tracking violence and aggression data, and using risk registers and reporting to strengthen oversight. This suggests a useful local read-across to strengthen the line between incident, learning, risk register, action plan, assurance, and Board visibility.

The main shared learning themes:

Theme	What the national cases are pointing to	Practical "so what?" for BSMHFT Board assurance
1. Named ownership of risk	Southport Inquiry explicitly highlights absence of risk ownership and no agency or multi-agency structure accepting responsibility for managing grave risk.	For highest-risk patients/service users, assurance should show who owns the integrated risk picture, who can escalate, and how risk remains visible across teams and partner agencies.
2. Information sharing and triangulation	Southport Inquiry identifies critical failures in information sharing, with information lost, diluted or poorly managed across agencies. The Nottingham Inquiry is specifically examining interaction between agencies and the whole timeline of knowledge/actions.	Consider a "known concern / known risk / known vulnerability" triangulation process across incidents, complaints, safeguarding, Freedom to Speak Up, family concerns, police or local authority interfaces, and clinical risk systems.
3. Listening to families, carers, patients and staff	The Nottingham Inquiry will consider concerns raised by family and how they were treated. The Ockenden review reviewed family cases and set out system-wide learning.	Board assurance should test whether family/carer concerns are coded, themed, escalated and fed back — not just responded to transactionally.
4. Culture of candour and psychological safety	The Lampard Inquiry scope explicitly includes staff actions, behaviours, culture and governance. Internally, includes local material on the national Speak Up policy, "a voice that counts", and concerns about environments where staff feel comfortable raising concerns.	Link Freedom to Speak Up, staff survey, safety culture, incident themes and patient harm data into one assurance narrative.
5. Quality of investigations and learning	The Ockenden review focused on investigations into harm and system-wide learning. The Lampard Inquiry includes the quality of investigations and responses by trusts.	Test whether investigations identify systemic causes, whether actions are strong enough, and whether repeated themes are escalated into strategic risk.
6. Board and governance grip	St Andrew's Healthcare is subject to Charity Commission statutory inquiry scrutiny around governance, safeguarding, care provision and financial oversight. NHS England's letter on St Andrew's Healthcare states commissioners should identify alternative placements because assurance on patient safety improvement was not adequate.	Use a Board-level "Could this happen here?" product showing evidence of grip, not just compliance.
7. Safe care in closed or restrictive settings	The Lampard Inquiry is investigating mental health inpatient deaths in Essex. NHS England action on St Andrew's Healthcare relates to inpatient services at the	Prioritise acute, secure, rehabilitation, learning disability and autism, and other restrictive

	Northampton site and patient safety concerns.	settings for triangulated assurance.
8. Neurodiversity, autism and diagnostic overshadowing	Southport Inquiry identifies misunderstanding of autism and attribution of conduct to autism spectrum disorder as a factor leading to inaction.	Review whether risk formulations avoid diagnostic overshadowing and distinguish support needs from risk behaviours.
9. Interfaces with police, local authorities, CQC, coroners and commissioners	Lampard Inquiry terms include interaction between trusts and public bodies including commissioners, coroners, professional regulators and CQC. e Nottingham Inquiry is examining health and police interactions before the attacks.	Map where joint protocols, escalation thresholds, and shared information arrangements are strong or vulnerable.
10. Evidence preservation and transparency	Tees, Esk and Wear Valleys NHS Foundation Trust states it will support the inquiry with transparency, openness and humility. The Charity Commission statutory inquiry into St Andrew's Healthcare will examine cooperation with regulators including CQC and NHS England.	Ensure a clear evidence-retention and disclosure approach for serious incidents, inquests, complaints, safeguarding, and external reviews.

Suggested Trust approach:

1. Create a single national inquiries learning grid
   Use columns for inquiry/source, theme, recommendation or emerging issue, relevance to BSMHFT, current assurance, evidence gap, lead, action, timescale and RAG rating.
2. Run a "Could this happen here?" review through existing governance
   Rather than creating a standalone exercise, route the read-across through Quality and Safety, Clinical Governance, Patient Safety, Safeguarding, Freedom to Speak Up, Health and Safety, and Operational Management routes. Internal meeting outputs already show relevant live work on staff safety, assaults, risk registers, clinical effectiveness, audit capacity, and governance escalation.
3. Prioritise five assurance questions for Board
   - Who owns the whole risk picture for complex, high-risk cases?
   - How are family/carer/staff concerns triangulated with clinical and incident data?
   - How do we know investigations lead to embedded change?
   - How do we assure closed/restrictive settings are safe, therapeutic and culturally healthy?
   - Where are our weakest interfaces with police, local authority, commissioners, coroners, CQC and regulators?
4. Link this to existing Trust priorities
   The internal results show relevant local work on Freedom to Speak Up, "a voice that counts", patient safety concerns, safety huddles, staff assault reporting, risk register updates, and clinical governance capacity. That means this can be framed as strengthening existing assurance, not creating a parallel process.

The shared learning from these national inquiries and regulatory interventions is that serious harm is rarely the result of one isolated omission. The common pattern is fragmented knowledge, unclear risk ownership, weak triangulation of concerns, variable listening to families and staff, poor learning from incidents, and governance that receives information without always demonstrating sufficient grip. The immediate opportunity for our Trust is to develop a single read-across framework that tests whether these issues could occur locally, identifies existing assurance, and highlights gaps requiring executive and Board oversight. This should be aligned with current work on patient safety, Freedom to Speak Up, safeguarding, inpatient safety, restrictive practice, incident learning, staff safety, and multi-agency risk management.

Nigel's Plan Update

The Trust has had a specific plan on improving assertive and intensive care in place since the deaths of three people in Nottingham which resulted in an inquiry into the safety of mental health services. The plan was updated in February this year and now includes learning from the Regional Homicides and Near Misses Review, the ongoing Nottingham Inquiry both of which have been discussed at our Quality Committee and our own sad case where a member of the public Nigel was killed by a person waiting to access services at BSMHFT. Having met with close family we learned more about the impact of this very serious incident on families and loved ones, something that extends beyond the criminal justice processes and so we call our improvement work Nigel's Plan.

The updated plan recognises that complex and high-risk patients in the community often have multiple comorbidities, some do not have a consistent home address, family or community links and they may be in custodial and urgent care pathways. The Trust self-assessment submitted to NHSE in April 2026 identifies that we have variation across services in cohort identification, caseload size and complexity, diagnostic recording, Multi-disciplinary Team functioning, and system interfaces, particularly around Approved Mental Health Practitioner capacity and secure bed flow. We recognised that though we have maintained a very experienced and capable Assertive Outreach Service, complex patients who may pose a risk to others are cared for across multiple services.

These issues create ongoing risk to timely access, continuity of care, and assertive management of high-risk cohorts. We have learned through the Regional Homicides analysis that domestic violence, particularly towards mothers and female carers is a significant risk in our community as is carrying and perpetrating knife crime. As a big City with a young population, gang membership and a global majority demographic the wider work of the Trust on Safeguarding, Patient & Carer Race Equality Framework and anti-racist practice is also important in taking a system-wide partnership approach to managing and reducing risk of harm to others.

Targeted mitigation actions are underway, including caseload reviews using agreed tools, strengthened diagnostic and multidisciplinary team standards, refreshed Standards Operating Procedures (notably for Community Mental Health Team to Home Treatment Team interfaces and Home Treatment Team assertive care), and enhanced audit and feedback cycles. System-level risks are being addressed through escalation with partners, and the Trust is working closely with local providers to commission appropriate access to additional inpatient care and expedite discharges for patients who are clinically ready.

The Trust has received and is strengthening assurance in key areas. Community Mental Health Team Caseloads and waiting lists are reviewed monthly through Divisional program boards, a comprehensive audit program is in place, leadership capacity has been bolstered through targeted recruitment, and all Divisions are consistently feeding into a consolidated assurance framework. Good progress has also been made in system engagement and delivery, including completion of a robust NHSE self-assessment submission, positive Divisional engagement through Quality Days, and launch of a forensic step-down pilot.

The plan demonstrates improvement in continuity of care, extension of this to all services as a Trust pathway develops to be delivered in the new Neighborhood Teams.

What has changed in practice at Birmingham and Solihull Mental Health Trust

- This is a Trust wide issue for service provision, not singly a community team risk mitigated by maintaining an Assertive Outreach Team.
- Clear governance, escalation and audit is in place with timely mechanisms for sharing learning and working for patients across service lines.
- There is now an approach to interfaces between services and use of Pan Trust Safety Huddle, a reduction in the requirement to refer to other services in the Trust and the development of a Locality model containing geographically defined Neighbourhood Teams.

- The 24/7 pilot developing the East Brimingham Neighbourhood Centre providing walk in access, care and beds.
- Joint review of Approved Mental Health Practitioner availability and improvement plan with Birmingham City Council.
- No patients are discharged following a non-attendance at an appointment or treatment clinic and clear protocols are in place for follow up and tracing.
- Medications compliance is monitored for all long-term medications including Depot.
- Transitions between services are now checked to ensure patients attend their next appointment, and all appointments having clarity on whether they are Medical, Nursing or other.
- Implementation of Dialog+ for assessment, safety planning, care and effective communication.
- Forensic advice and support provided to staff and service users in the community by the Forensic Intensive Recovery Support Team.
- Live Tracker for patients through Neighbourhood Team Dashboard.
- Publication of Multi-disciplinary Team Standards with review and quality assurance planned.
- Think Family safeguarding priority extended to include all services and a policy of no discharge without family contact and discussion.
- Alert system from Psychiatric Liaison Teams to Community Teams and case holder where service users known to the Trust attend Emergency Departments.
- Red Route and Right Care Right Person working arrangements in place with West Midlands Police, Probation and local Prisons.
- Family Liaison Officer in post with increased engagement with families following serious incidents and /or complaints.
- Caseload reviews and identification of circa two thousand service users in the complex cohort across the Trust, mostly in Assertive Outreach teams and Community Mental Health Teams.

The Trust has learned and reviewed care across all services and pathways and is using the learning to provide more integrated community facing services that improve access, treatment, safety and recovery for service users, their families, partners in care and our communities as outlined in the new Trust Strategy.

There remains variation across the Trust, the majority of service users are now identified under Assertive Outreach and Community Teams but there is still a risk that a service user may have moved into a specialist service, forensic, older people's care or be in children's services, so the plan currently is focusing on addressing the identification, case management and audit processes across those services.

The Trust is increasingly leveraging strategic and community partners, including those in the voluntary sector, a key risk remains with housing provision and discharges from police custody, both of which will have a strengthened focus.

The Trust position on recruitment has improved significantly over the last couple of years and there are now few vacancies at entry level for nurses, but there are gaps in levels of more experienced nurses in Home Treatment Teams and Psychiatric Laison, a training and development program is now in place for post registrant nurses who have completed their Trust preceptorship, but this will take some time to mitigate the experience gap and requirement for additional staffing use.

SR4 – Failure to be a service users, family and carer-led organisation

Customer Relations

A continual review of teamwork and caseload is ongoing due to high demand on the complaints and PALS service.
Integrated Community Care & Recovery complaint management continues to be impacted by operational pressures; to improve responsiveness the Customer Relations Team and ICCR have confirmed a new case-management process.

Performance has improved across crucial measures, with a 13% increase in PALS case closures and 56% increase in formal complaint closures in comparison with the previous month.

The complaint profile demonstrates clear socioeconomic inequalities. Approximately 78% of complainants live in the most deprived neighbourhoods. Complaint volumes are concentrated in areas such as Erdington, Stockland Green, Perry Common, Moseley and Billesley. There is an over -representation of people aged 25–44 years and over-representation of people from Black ethnic groups, particularly within formal complaints.
Complaint patterns mirror wider health inequalities and may help identify communities experiencing barriers to access, engagement or service responsiveness.
It is positive that we do appear to be hearing from the people most impacted.

Learning from complaints, priorities for improvement:

1. Improve access pathways across community mental health and ADHD services.
2. Reduce waiting times and treatment delays, particularly where complaints relate to appointments, referrals and prescribing.
3. Strengthen communication and patient engagement, focusing on expectations management and explanation of clinical decisions.
4. Target improvement activity within community services, which account for most complaints.
5. Use complaint intelligence to address health inequalities, particularly in deprived communities and among over-represented demographic groups.
6. Monitor rising complaint volumes closely, given Q4 represents the highest quarterly level recorded and may indicate sustained pressure entering 2026/27.

Recovery College Refresh

The refreshed model for the Trust Recovery College presents a significant opportunity to reduce health inequalities by delivering inclusive, accessible and co-produced learning that empowers people to better manage their mental health and wellbeing. The pause in delivery has enabled a fundamental redesign of the model to ensure it is built around the needs of underserved communities, strengthens links with Neighbourhood Mental Health Teams and community partners, and actively addresses barriers to access, rather than simply reinstating the previous service. A formal Management of Change process will now commence to transfer the Recovery College into the Integrated Community Care and Recovery Division.

The refreshed model will place an enhanced focus on supporting families and carers alongside service users. Work is progressing in partnership with the Voluntary, Community, Faith and Social Enterprise sector, informed by national guidance from IMROC (registered charity led by lived experience) on the transition from Recovery Colleges to Community Learning Collaboratives. This approach demonstrates the Trust's commitment to the NHS 10-Year Health Plan, supporting the strategic shift from hospital to community care and from treatment to prevention, while ensuring the model remains clinically informed, data-driven and aligned with the Trust's strategic objectives.

SR6 – Failure to provide timely access to and discharge from services

Community Caseload Reviews

Strong early progress has been made with initiating the Consultant Caseload Demand and Capacity management programme, with a well-attended multidisciplinary engagement workshop completed in May involving Consultants, clinical service managers, senior leadership team and advance nurse practitioners. The group identified key challenges relating to consultant caseloads and generated a range of potential short, medium and long-term solutions.

A dedicated Task and Finish Group has been established and is meeting weekly, with an identified Chair and Co-Chair, to review feasibility, prioritise short-term actions and develop agreed criteria for the patients Consultants should routinely see within consultant clinics. Engagement with consultants has remained strong, supported by ongoing communications and a presentation to the Community Mental Health Team Consultants Forum and the Medical Advisory Committee.

Over the coming period, the focus will be on agreeing patient criteria, prioritising a set of high-impact actions for delivery within twelve weeks, establishing the key workstreams that will shape the programme, and preparing for Workshop Two on Consultant Caseload Demand and Capacity in September.

SR8 – Failure to continuously learn, improve and transform mental health services to promote mentally healthy communities and reduce health inequalities

Culture of Care

We have implemented of the Culture of Care Excellence Framework across services to support continuous improvement and provide a structured approach to assessing how well our services deliver compassionate, person-centred care.

As part of the accreditation process, teams are completing self-assessments against the Culture of Care standards, identifying areas of strength and opportunities for further development. Early engagement has been very positive, with a high level of enthusiasm from ward teams and supporting departments, who have welcomed the opportunity to showcase good practice and reflect on how care can be continually improved.

To ensure a genuinely co-produced approach, we are also inviting service users to complete their own assessment and scoring alongside the team self-assessments. This will provide valuable insight into the lived experience of care and help ensure accreditation outcomes reflect both staff and service user perspectives.

A Culture of Care Celebration Event is being planned for September, where participating teams will be recognised for their commitment and achievements. The event will provide an opportunity to celebrate good practice, share learning across services, acknowledge the dedication of staff, and formally present accreditation certificates to participating wards and teams.

Recent good practice was highlighted at a Board development session and included:

‘Night Care’ across Secure Services
Eden Picu Secret Garden and ‘Pink activity worker’
‘Out for an Hour’ therapeutic interaction across Acute Wards

SR9 – Failure to work in partnership to meet patient and service user needs

Use of Dialog+

The implementation of Dialog+ has continued to make good progress across the Trust and has established a strong foundation for delivering more personalised, collaborative care planning. The programme has been delivered through a clinically led, multidisciplinary approach with significant involvement from Experts by Experience, ensuring that implementation reflects what matters most to service users and carers.
Key achievements include:

- Successful implementation of Dialog+ across inpatient and community services, supported by structured training, implementation resources and ongoing clinical engagement.

- Development of a comprehensive audit and assurance framework enabling teams to monitor the quality of care planning rather than simply measuring completion.
- Establishment of ward and team-level reporting, allowing local teams to identify strengths, areas for improvement and emerging themes.
- Integration of Dialog+ into wider quality governance arrangements, providing assurance through divisional and corporate reporting.
- Positive engagement from clinical teams, with increasing evidence of care plans demonstrating collaborative goal setting, shared decision-making and personalised actions.
- Adaptation of the approach for services where standard Dialog+ scoring may not always be appropriate, particularly within Older Adult Services, ensuring flexibility whilst maintaining the principles of personalised care.
- Continued co-production with Experts by Experience to refine implementation, training and quality standards.

Importantly, implementation has remained focused on improving the quality of clinical conversations rather than introducing another documentation exercise. The emphasis has been on supporting clinicians to have more meaningful, recovery-focused discussions that result in care plans which reflect the individual's priorities, strengths and agreed actions.

The programme is well aligned with national direction, including:

- NHS England's Personalised Care Framework (Modern CPA (Care Programme Approach)).
- The move towards personalised, strengths-based and collaborative care planning.
- NHS England's expectations regarding shared decision-making and personalised care.
- Care Quality Commission Quality Statements, particularly those relating to person-centred care, involving people in decisions and effective governance.

Dialog+ provides an important foundation for the Trust's wider transformation of care planning and supports delivery of our strategic objectives around quality, safety and patient experience.

Whilst implementation has been successful, the next phase represents a broader transformation from introducing a digital care planning tool to embedding a comprehensive personalised care model across the Trust.
The programme will therefore focus on:

- Embedding Dialog+ as routine clinical practice across all services.
- Further strengthening the quality of collaborative care planning through audit, feedback and quality improvement.
- Integrating Dialog+ with the Trust's developing Safety Assessment, Formulation and Safety Planning approach to ensure care planning and safety planning are considered together rather than as separate processes.
- Aligning documentation and policy with the emerging Personalised Care Framework (Modern CPA).
- Developing outcome measures that demonstrate the impact of Dialog+ on patient experience, engagement and clinical outcomes, including use of patient-reported outcome measures where appropriate.
- Continuing to refine approaches for specialist services, including Older Adult Services, forensic services and other clinical areas requiring adaptation.
- Using assurance data to identify unwarranted variation, share good practice and support continuous improvement across teams.

The Trust has now moved beyond the initial implementation phase and is entering a period of embedding and optimisation. Governance arrangements are in place to monitor implementation, quality and outcomes, with regular reporting through the Trust's clinical governance structures.
The Board can therefore be assured that Dialog+ is supporting delivery of a more personalised, collaborative model of care that aligns with national policy and provides a platform for the Trust's wider programme of care planning transformation. Over the coming year, the focus will shift from

implementation to demonstrating measurable improvements in patient experience, quality of care, clinical outcomes and organisational learning.

Regulatory Compliance

The Older Adult CMHT CQC inspection report was published in June, and the service received a rating of 'Good' overall. To date we have not yet had the draft inspection reports for Steps to Recovery or Urgent Care but have been advised this should happen in the coming weeks.

We have identified all services that have been inspected in the last five years and mapped the ratings for each of the five domains following those inspections. To support the ongoing improvement of quality and safety workstreams, any areas rated as 'Requires Improvement' has been shared with Heads of Nursing and AHPs (allied health professionals) as part of the monthly Quality Assurance Group days. Reporting on a recovery plan is expected monthly as part of their overall report.

Recommendation
The Board is asked to: receive assurance from this report.
Enclosures
None

12. Infection Prevention and Control Annual Report 2025/26

Report to Board of Directors							
Agenda item:	**12**						
Date	5 August 2026						
Title	Infection Prevention and Control Annual Report 2025/26						
Author/Presenter	Zalika Geohaghon, Lead Nurse Consultant for IPC						
Executive Director	Lisa Stalley-Green, Executive Director of Nursing & Quality, DIPC (Chief Nurse)	**Approved**	**Y**	✓	**N**		

Purpose of Report		Tick all that apply ✓	
To provide assurance		**To obtain approval**	
Regulatory requirement		**To highlight an emerging risk or issue**	
To canvas opinion		**For information**	
To provide advice		**To highlight patient or staff experience**	

Summary of Report					
Alert		**Advise**		**Assure**	✓

Purpose

The purpose of this report is to give an overview of the infection prevention and control (IPC) work carried out across BSMHFT during the last financial year. It brings together the key achievements, challenges, trends, and learning from a range of IPC activities, including outbreak management, responses to national alerts and guidance, food safety, water management, cleaning standards, capital projects, and progress against the annual work programme.

The report aims to provide assurance to stakeholders, including managers, staff, external partners, and regulatory bodies, that the organisation remains committed to reducing the risk of infection and maintaining safe, high-quality environments for patients, service users, staff, and visitors. It also highlights areas where improvements can be made and sets out priorities for future work to help strengthen IPC practices and support the ongoing safety and wellbeing of everyone receiving care within the organisation.

Introduction

The Annual Infection Prevention and Control (IPC) Report for 2025/26 provides an overview of the work carried out by the IPC team over the past year, highlighting key achievements, learning, and areas for continued development. With the team fully staffed throughout the year, we have been able to strengthen our approach to infection prevention through effective surveillance, early intervention, and close collaboration with teams across the organisation. We have also been able to strengthen our governance processes by developing a weekly work plan, we were able to review and consolidate the team's surveillance and audit process with producing standard operational procedures. Furthermore, the team were able to attend directorates local clinical governance committees.

As a result of this work, we have seen a reduction in outbreaks and improved compliance in IPC audits, supporting our ongoing aim of reducing healthcare-associated infections and maintaining safe environments for patients, service users, staff, and visitors.

This report also gives us the opportunity to reflect on the progress made over the last year, recognise where improvements are still needed, and plan for the future. By building on the work already achieved, we remain committed to continuously improving infection prevention and control practices across the organisation.

Key Issues and Risks

Alerts

- No current contracts in place for microbiology support. Lack of support likely impact specialist microbiologist advice and out of hours cover for infection control.
- The current Occupational Health provider is a non-prescribing service for post-exposure prophylaxis (PEP) following inoculation injuries and, unlike the previous provider, does not offer a 24/7 support helpline for staff requiring urgent advice. Concerns have also been raised regarding inconsistencies in the infection prevention and control advice provided to staff by occupational health, delays in confirming staff immunisation status, and the level of Occupational Health support available during the flu vaccination campaign.
- No decontamination officer in the Trust - Trust not compliant with Health and Social care Act 2008
- No air safety group in the Trust
- Low FFP3 face fitting coverage (program now being put in place)
- No Personal Protective Equipment (PPE) in place to manage a high consequence infectious disease (HCID) – escalated to the emergency preparedness lead.

Assurance

- The trust has seen reduction by 76.3% in outbreaks in 2025/26.
- Yearly cleaning scores remained over 95%
- The IPC team have strengthened their governance processes.
- Policies and Procedures overseen by the IPC team are being regularly reviewed.
- Coproduction work with services users has commenced with the new appointed associate IPC practitioner.

Recommendation

Advise

- Prevalent Conditions and Microorganisms: Support recommendation for the Trust to acquire IPC systems such as ICNet to ensure IPC can monitor microbiology results and follow up on support given as well as being able to audit IPC work.
- Specialised Expertise and Resources: support the recruitment of a decontamination officer for the Trust to ensure compliance with the Health and Social Care act2008: Code of Practice on the prevention and control of infections and related guidance.
- Air Safety Group: Support the creation of an Air Safety Group in the Trust
- Recommission a new contract for microbiology support to ensure there is full access from a microbiologist.
- Review the current occupational health contract for staff support for infection control.

By implementing these recommendations, the Trust can strengthen its infection prevention and control measures, enhance patient safety, and minimize the risk of healthcare-associated infections. These actions should be undertaken collaboratively and with a commitment to continuous improvement in IPC practices.

Enclosures

IPC Annual Report 2025/26

Birmingham and Solihull Mental Health NHS Foundation Trust

Infection Prevention and Control

Annual Report 2025/26

CONTENTS

EXECUTIVE SUMMARY

This report summarises infection prevention and control performance for the reporting period. Overall infection rates remained low and compliance with key infection prevention practices remained above Trust targets.

Seasonal respiratory outbreaks were managed effectively, and no Trust-apportioned MRSA bacteremia cases were reported.

The 2025/26 annual report outlines the Trust's continued commitment to minimising the risks of Healthcare Associated Infection (HCAI) on our services and to promote best practice in infection prevention and control.

It details the activities undertaken by the Infection Prevention Partnership Committee (IPPC) and the Infection Prevention and Control team (IPCt) to lessen the risk of avoidable harm to service users and promote safe working practices for Trust staff.

It demonstrates collaborative work to ensure that national initiatives are incorporated into trust policies, procedures, and guidance to inform best practice and to improve health outcomes for our service users and the wider community.

The Trust has continued to monitor compliance with regulatory requirements and is assured through the IPPC that services are safely and effectively managed through receipt of quarterly reports on audit, training, and surveillance of incidents and outbreaks of infection.

The report follows the format of the Health and Social Care Act (2008) Code of Practice of the prevention and control of infections and related Guidance (Department of Health 2015) to demonstrate our compliance with the criteria and recommendations for 2025-2026 work plan to strengthen assurance

DIRECTOR OF INFECTION PREVENTION & CONTROL STATEMENT

As Director of Infection Prevention and Control, I am satisfied that appropriate systems are in place to minimise the risk of infection across Trust services.

This report summarises the activities, performance, and outcomes of the Infection Prevention and Control (IPC) service for the period April 2025 to March 2026.

The Trust remains committed to maintaining high standards of infection prevention and control across inpatient, community, and specialist mental health services. Throughout the reporting period, the Infection Prevention and Control Team continued to support clinical services through surveillance, audit, training, and quality improvement initiatives.

Key achievements during the year included maintaining low rates of healthcare-associated infections, strengthening outbreak management processes, improving compliance with hand hygiene and environmental cleaning standards, and enhancing infection prevention training delivery across clinical and non-clinical staff groups.

The Trust reported no Trust-apportioned MRSA bacteraemia during the reporting period. There was one case of Clostridioides difficile infection and one case of MSSA bacteraemia identified among patients receiving care within Trust services. Each case was reviewed through a structured post-infection review process.

IPC audit compliance remained high across key indicators, including hand hygiene 98.29% and environmental cleanliness 97.26%. Staff compliance with mandatory infection prevention and control training reached 92.4%.

The Trust managed 9 respiratory outbreaks across inpatient wards during the winter period. These were primarily associated with seasonal respiratory viruses. All outbreaks were managed promptly with appropriate infection control measures.

Priorities for the coming year include strengthening antimicrobial stewardship, improving vaccination uptake among staff and patients, expanding surveillance across community services, and continuing to reduce the risk of healthcare-associated infections across all Trust settings.

1. Introduction

The Trust provides a wide range of inpatient, community, and specialist mental health services, supporting people with diverse and often complex mental health needs. Care is delivered across a variety of settings, including hospital wards, outpatient services, and community-based teams, with a continued focus on providing compassionate, safe, and person-centred care.

Preventing and controlling infection remains an important part of ensuring the safety and wellbeing of our patients, staff, carers, and visitors. The Trust is committed to maintaining high standards of infection prevention and control across all services and to promoting a culture where patient safety and quality of care are at the centre of everything we do.

This report provides assurance that the Trust continues to meet the requirements of the Health and Social Care Act 2008 Code of Practice for the prevention and control of infections and related guidance. It outlines the arrangements in place to support compliance, including clear governance processes, staff training, monitoring and audit programmes, environmental cleanliness, and the management of infection risks across all service areas.

Throughout the reporting period, the Trust has continued to strengthen its approach to infection prevention and control through ongoing improvement work, learning from incidents and inspections, and working closely with clinical teams and partner organisations. These efforts help to ensure that services remain safe, effective, and responsive to the needs of the communities we serve.

2. Governance and Accountability

Infection prevention governance is provided through the Infection Prevention and Control Committee, chaired by the Director of Infection Prevention and Control. The committee reports to the Clinical Governance Committee and Trust Board.

The Trust maintains a robust governance framework to support infection prevention and control.

Director of Infection Prevention & Control (DIPC)

The Director of Infection Prevention and Control provide executive leadership for infection prevention and reports directly to the Chief Executive and the Trust Board.

Responsibilities include:

- Oversight of infection prevention strategy
- Ensuring compliance with national standards
- Providing regular reports to the Trust Board
- Supporting outbreak management

Committees

IPC governance is supported through the following committees:

Committee	**Function**
Infection Prevention Partnership Committee	Oversight of IPC strategy, surveillance, audit monitoring, and antimicrobial prescribing.
Local/ Strategic Clinical Governance Committee	Oversight, monitoring & Assurance of IPC compliance,
Water Safety Group	Oversight of water safety management

The Infection Prevention and Control Committee met four times during the reporting period, with representation from clinical services, pharmacy, estates, facilities, and senior management, Occupational Health and the Integrated Care Board IPC colleagues.

3. Infection Prevention & Control Team

The Infection Prevention and Control Team (IPCT) provides specialist advice and support across the Trust.

Role	WTE
Lead Infection Prevention Control Nurse	1.0
Deputy Lead Nurse	1.0
Infection Prevention & Control Nurses	2.0
Associate Infection Prevention & Control Practitioner	1.0
Administrative Support	1.0

The team provides:

- Infection surveillance
- Outbreak management
- Policy development
- Education and training
- Audit programmes
- Advice to clinical services

2025/26 seen the new role of an Associate infection Prevention & Control Practitioner introduced into the team. The Infection Prevention & Control Associate Practitioner supported teams across the Trust to promote safe and effective infection prevention practices through audits, staff support, education, and quality improvement work. The role also involved working closely with service users and carers to ensure infection prevention approaches remained person-centered, inclusive, and appropriate within mental health settings. By building positive relationships with clinical teams and people with lived experience, the role helped encourage greater awareness, engagement, and shared responsibility for maintaining safe care environments across the Trust.

The IPCT also works closely with local acute hospitals, UK Health Security Agency, and local authority public health teams.

4.Compliance with The Health Act 2008 Code of Practice on the prevention and control of infections and related guidance

The table below sets out the actions taken by the Trust to evidence compliance with the code of practice and actions for 2024-2025 work plans to be monitored by IPPC

Compliance Criterion	What the Registered provider will need to demonstrate	Evidence of Trust compliance	Recommendation/action for 2026-2027 work plan
1	Systems to manage and monitor the prevention and control of infection. These systems use risk assessments and consider the susceptibility of service users and any risks that their environment and other users may pose to them.	• Director for Infection Prevention and Control • Infection Prevention Partnership Committee (IPPC). • Annual Programme of Work. • Annual Audit Programme • Annual Report to Trust Board. • Quarterly report to Clinical Governance Committee. • Risk Register review ongoing and presented quarterly at IPPC. • Monthly environmental and hand hygiene audits are undertaken by the clinical teams and submitted monthly to the IPC team via AMaT. A monthly report is produced, and areas of concerns are discussed with matrons and heads of Nursing for actioning. • IPC champions programme which includes three study days/year delivered by the IPC team.	1. Consider acquiring an electronic system for management and record keeping purposes for IPC (e.g., ICNet®), including recording and management of outbreaks – Single point of access for IPC information. 2. The IPC team to attend the new monthly quality assurance group meetings with heads of nursing to escalate IPC concerns.

		• Policies, procedures, SOP's development and review programme • Water Safety Group (WSG) (monthly and when needed) and Water strategic meeting quarterly. • Trust Infection Prevention and Control Team. • Access to expert advice by a Consultant Microbiologist. • Access to microbiological testing	
2	Provide and maintain a clean and appropriate environment in managed premises that facilitate the prevention and control of infections.	• Quarterly reports on cleanliness standards to IPPC • Joint IPC and facilities efficacy audits • Annual PLACE inspections (by estates and facilities) – Reported through IPPC • Monitoring of contractors cleaning performance though reporting to the IPPC by contractors and indirectly through IPC environmental audits. • Cleaning Policy • Decontamination Policy. • Quarterly Dental Suite audits • Waste Management Policy • Food Safety Expert has been recruited by the Trust • Water Safety Group • Control of Legionella Policy • IPC input to the built environment new build and refurbishment projects.	3. Cleaning Quarterly Group meeting to be reinstated. 4. Recruit decontamination officer for the Trust. 5. Create ventilation safety group. 6. IPC to be added to the due diligence process for new builds/ refurbishments.

3	Ensure appropriate antimicrobial use to optimise patient outcomes and reduce the risk of adverse events and antimicrobial resistance.	• Electronic prescribing. • Bi-annual Antimicrobial Audit Report to be presented at IPPC. • Trust antimicrobial guidance document. • Access to microbiological advice.	7. Further promotion of antibiotic awareness/ stewardship through training sessions with clinical staff; audit of cases where antibiotics are indicated, scrutiny of prescribing practice (Chief Pharmacist); 8. Include SEPSIS awareness training for IPC champions; 9. Ensure Trust Pharmacist antimicrobial audit report is presented 6 monthly to IPPC.
4	Provide suitable, accurate information on infections to service users, their visitors and any person concerned with providing further support or nursing/ medical care in a timely fashion.	• IPC notice boards (IPC support bundle in place to support this) • Hand washing notices. • BBV (Blood borne Virus) Screening secure care • Internal/ external IPC pages with information on infections available for staff, service users & visitors.	10. Provide a yearly IPC calendar of events and hot topics related to infections. Display on IPC board, internal & external trust pages. 11. Review internal and external web pages and discuss with Comms processes to ensure the pages are accurate and timely updated. 12. IPC associate practitioner to co-produce infection prevention & control information for service users & visitors.

5	Ensure prompt identification of people who have or are at risk of developing infection so that they receive timely and appropriate treatment to reduce the risk of transmitting the infection to other people	• Electronic notification forms to the IPC team from RiO patient record. • Electronic pathology reports via email from the lab. • Expert infection Control advice from the Trust IPCN's and contracted service of a Consultant Microbiologist. • A manual surveillance system is in place and operated by the IPC team (Excel spread sheet) for reported microorganisms/ infections. • Access to specialist TB service at Birmingham Chest Clinic. • BBV screening • Sepsis awareness of risk associated conditions such as pneumonia, urinary tract, and wound infections. • Training/ educational sessions provided for staff on infections • IPC nurse daily duty Rota to support clinical teams.	13. Ensure that the information provided to the IPC champions is cascaded to their teams – Discuss processes to make this feasible. 14. Consider acquiring ICNet or similar system to monitor infections across the Trust and enable traceable advice and monitoring of actions. 15. Consider acquiring ticket system to monitor and record information/advice given to areas when IPC is contacted to ensure traceability and quality evaluation of the advice provided and also allow a smarter allocation of resources.
6	Systems to ensure that all care workers (including contractors and volunteers) are aware of and discharge their responsibilities in the process of preventing and controlling infections.	• IPC fundamental care e-learning for all staff on induction and updates commensurate to their role. • Link worker training/study day x3 per annum. • Infection Control responsibilities included in job descriptions. • Infection control training of contractors included in estates and facilities	• Discuss update of local risk assessments to ensure staff are aware of national guidance and enable to make informed risk assessments in the workplace (with support from Health and safety). • Ensure FFP3 mask fitting program is continued within the directorates and compliance is improved to ensure adequate coverage is achieved.

		report to IPPC (report in appendix). • Core Hand Hygiene Trainers Training delivered by IPC team alongside IPC champions training and ad hoc as needed.	• Consider expanding link workers program to create weekly protected time for IPC and agree a support structure for IPC team reference member to support the link worker.
7	Provide or secure adequate isolation facilities.	• Ensuite bedrooms to most inpatient services. Dedicated toilet facilities made available in non-ensuite areas. • Management of Isolation Procedure in place and reviewed.	16. IT development of a solution to capture and monitor isolation information/checklists (within the integrated solution proposed in point 1) – Explore AMaT solution
8	Secure adequate access to laboratory support as appropriate.	• Pathology services provided by Sandwell & West Birmingham Hospitals NHS Trust. IPC and out-of-hour microbiology support provided by PHE lab.	17. Review contract for microbiology support with the PHE lab.
9	Have and adhere to policies designed for the individual's care and provider organisations that will help to prevent and control infections.	• Procedures and policies aligned to the Trust Overarching Infection Prevention and Control Policy. • Annual plan of policy/procedure review in line with the National IPC Manual for England (NIPCME), other national/regional standards and guidance and monitored through IPPC.	18. Policies/Procedures are reviewed according to annual plan of work.

10	Providers have a system in place to manage the occupational health needs and obligations of staff in relation to infection	• Occupational Health provides vaccination at employment screening. • Flu Vaccination plan for employees driven by the Trust and supported by Occupational Health. • Liaison with Birmingham Chest Clinic in response to staff exposure to TB. • Occupational Health activity reported to IPPC quarterly.	19. Occupational Health to provide input to Seasonal Flu Planning. 20. Occupational Health to support staff in vaccination as well as sharp injuries and any further support regarding infectious diseases. 21. Ensure the accuracy of the records regarding new starters and all other members of staff is monitored and information can be rapidly accessed in case of need (e.g. measles case).

5.Compliance with Key Performance Indicators

Standard	Progress
Compliance with national mandatory surveillance for bloodstream infection MSSA and E.coli.	E. Coli Bacteraemia (0) – NIL Clostrifium diffcille (0) - NIL MSSA (1) Case unavoidable.
Zero tolerance of MRSA bloodstream infection, minimise rates of Clostridium difficile (C. diff)	Nil to report
Completion of Root Cause Analysis (RCA)/Post Infection Review (PIR) and other significant HCAI's within set time scales.	Clinical reviews were undertaken in line with trust risk management policy – PSIRF to be deployed with Governance support
Compliance with Hand Hygiene Audit. 95% threshold	The Trust has met its overall compliance of 95% when excluding non-submissions, If included the non-submissions (scored 0%), the average annual score for community settings lowers to 84.08% due to an average uncertainty of 13.46%
Compliance with Antibiotic Audit. 80% Threshold	Biannual reports on usage and recommendations/actions presented to IPPC by Chief Pharmacist. There have been gaps on this in the first quarter of the year where pharmacy did not attend and did not present the report to IPPC.
Compliance with national cleaning standards/British Standards 90% threshold.	The Trust has consistently met its overall compliance of 90% or above.

6.INFECTION SURVEILLANCE

Surveillance systems remain in place across the Trust to monitor healthcare-associated infections (HCAIs), including MRSA, MSSA, *Clostridioides difficile*, and Gram-negative bacteraemia. Monitoring these infections continues to be an important part of the Trust's Infection Prevention and Control (IPC) programme, helping to identify trends, support early intervention, and ensure that learning is captured to improve patient care and safety.

During the reporting period, the IPC Team received 266 notifications relating to alert organisms and provided advice and support in the management of both suspected and confirmed infectious cases. Each case, including those linked to outbreaks, was reviewed to identify any learning opportunities and to ensure that appropriate actions were taken where required. The IPC Team worked closely with clinical areas across the Trust, offering specialist guidance, undertaking reviews when IPC input was needed, and signposting staff to relevant Trust policies and best practice guidance to support safe and effective care.

MRSA Bacteraemia

No Trust-apportioned cases of MRSA bacteraemia were reported during the year, reflecting the continued focus on effective infection prevention and control measures across the organisation.

MSSA Bacteraemia

One case of MSSA bacteraemia was identified during the reporting period. A post-infection review was completed and concluded that the infection was unavoidable, with appropriate care and infection prevention measures having been followed throughout the patient's treatment.

Clostridioides difficile Infection

No cases of *Clostridioides difficile* infection were reported during the year, demonstrating the Trust's continued commitment to maintaining high standards of infection prevention, environmental cleanliness, and antimicrobial stewardship.

6.1 Summary of Infection Data

Microorganism/Condition 2025/26	Q1	Q2	Q3	Q4
Escherichia coli (2x ESBL)	11	14	11	6
D&V	19	22	12	19
Staphylococcus aureus (not bacteraemia)	5	5	1	6
Citrobacter koseri	1	2	0	0
Hep C	1	2	0	0
Candida parapsilosis	1	2	0	1
Enterococcus Faecalis	1	0	3	3
Klebsiella pneumoniae	2	7	4	0
Pseudomonas aeruginosa	2	0	1	0
Scabies/Lice	2	3	3	4
Proteus Mirabilis	1	3	1	1

Enterobacter Cloacae	1	0	0	1
Enterobacter hormaechei (ESBL)	1	2	1	0
Syphillis	1	1	1	0
Covid -19	9	5	3	0
HIV	1	2	2	0
Flu	0	0	20	3
Acinetobactor B	0	1	0	0
MRSA (Not blood stream infection)	0	2	2	0
Streptococcus Dysgalactiae	0	0	1	0
RSV	0	0	0	9
Respiratory type illness (other)	0	5	0	5
Ringworm	0	0	0	3
C.Diff	0	0	0	0
Streptococcus agalactiae	0	0	0	1
candida not auris	0	0	0	1
Total	**59**	**78**	**66**	**63**

The infection surveillance data for 2025/26 showed that D&V (diarrhoea and vomiting) remained the most commonly reported condition throughout the year, with 72 cases recorded across all four quarters. *Escherichia coli* infections, including two ESBL-producing strains, were also frequently identified, with a total of 42 cases reported consistently across the year.

Seasonal respiratory infections continued to have an impact, with Influenza cases increasing significantly during Q3 and accounting for 23 cases overall, while Covid-19 cases were mainly seen during the first half of the year, with 17 cases reported in total. *Staphylococcus aureus* (non-bacteraemia) remained relatively stable throughout the year with 17 reported cases.

Other commonly identified organisms included *Klebsiella pneumoniae* (13 cases), Scabies/Lice (12 cases), and other respiratory-type illnesses (10 cases), while RSV emerged during Q4 with 9 reported cases. Whilst Quarter 2 received the highest number of notifications relating to alert organisms, there were no outbreaks of infection reported across the Trust during this period.

Overall, the data highlights that gastrointestinal and respiratory infections continued to be the main causes of infection activity during 2025/26, with clear seasonal increases seen in viral respiratory illnesses such as Flu and RSV.

7. OUTBREAKS AND INCIDENTS

Outbreak Management

Outbreaks are managed using established procedures including isolation, touch base precautions, enhanced cleaning, increased environmental/ hand hygiene auditing and ventilation checks, staff exclusion when symptomatic, and close monitoring by the Infection Prevention and Control Team.

During the reporting period, **9 outbreaks** were declared across inpatient wards.

Type of Outbreak	**Number**
Respiratory Syncytial Virus (RSV)	1
Influenza	1
COVID-19	5
Diarrhoea & Vomiting	2

Respiratory outbreaks were primarily associated with seasonal viruses including Covid-19, Diarrhoea/ Vomiting, influenza and RSV.

Control measures included:

- Patient isolation
- enhanced environmental cleaning
- restriction of admissions where required
- staff testing and exclusion when symptomatic

Outbreak durations ranged from **5 to10 days**, with no serious patient harm reported.

The was a significant reduction in infection outbreaks from 38 in 2024/25 to 9 in 2025/26, representing a **76.3%** decrease, demonstrates the positive impact of the improvements made within the Infection Prevention and Control (IPC) service.

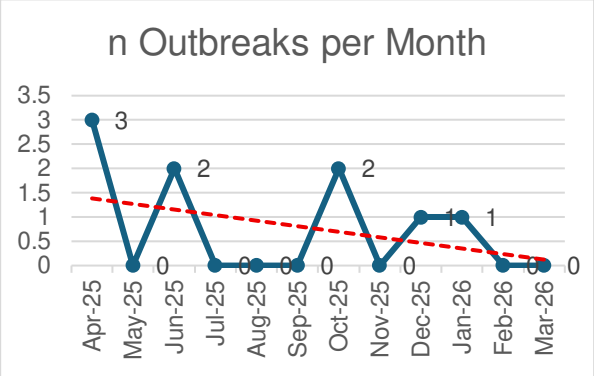
In contrast to the staffing reductions experienced during 2024/25, the IPC team from quarter two 2025/26 operated with a full complement of staff, which has strengthened the team's ability to effectively monitor infection surveillance, identify risks promptly, and provide timely support and guidance to clinical teams.

The increased visibility of IPC staff within clinical areas has also enhanced engagement with frontline teams, enabling more proactive support, earlier identification of concerns, and improved adherence to infection prevention practices. In addition, the increased staffing capacity has enabled the delivery of regular education and training sessions for staff, helping to reinforce best practice in infection prevention and improve compliance across services.

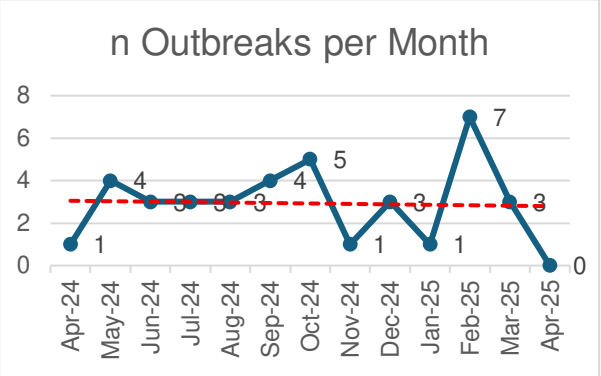
Collectively, these measures have contributed to improved infection control outcomes and a substantial reduction in outbreaks across the organisation.

The diagram below shows a breakdown in outbreaks of infections by month, with comparisons of 2024/25 and 2025/26 data.

Outbreaks in 2025/26



Outbreaks in the previous year 2024/25



8.INFECTIOUS REPORTED INCIDENTS

Infectious Incident	Apr-25	May-25	Jun-25	Jul-25	Aug-25	Sep-25	Oct-25	Nov-25	Dec-25	Jan-26	Feb-26	Mar-26	Total
Blood Stream Infection (E-Coli, MMSA, MRSA...)	0	0	0	0	0	0	1	0	0	0	0	0	1
Clinical Waste Management	1	1	2	2	6	1	1	1	2	1	1	1	20
MRSA Management	0	0	0	0	0	0	0	1	1	0	0	1	3
Possible Transmission Risk	4	4	4	2	0	1	3	1	2	3	6	2	32
Tests - Failure / Delay To Undertake	0	0	0	0	1	0	0	0	0	0	2	3	6
Ward Closure Due To Infection Outbreak	1	0	1	0	0	0	0	0	0	0	1	0	3
Total	6	5	7	4	7	2	5	3	5	4	10	7	65

Food Safety	Apr-25	May-25	Jun-25	Jul-25	Aug-25	Sep-25	Oct-25	Nov-25	Dec-25	Jan-26	Feb-26	Mar-26	Total
Foreign Body Identified In Food	1	0	0	0	1	0	0	1	1	0	0	0	4
Inappropriate Storage Of Food	0	1	0	0	1	0	1	0	0	0	0	0	3
Other Catering Issues	3	10	4	4	4	5	4	2	4	6	2	3	51
Other Food Safety Issue	1	0	1	2	2	1	0	1	1	0	0	0	9
Out Of Date Food	0	0	0	0	0	0	1	1	0	0	0	2	4
Total	5	11	5	6	8	6	6	5	6	6	2	5	71

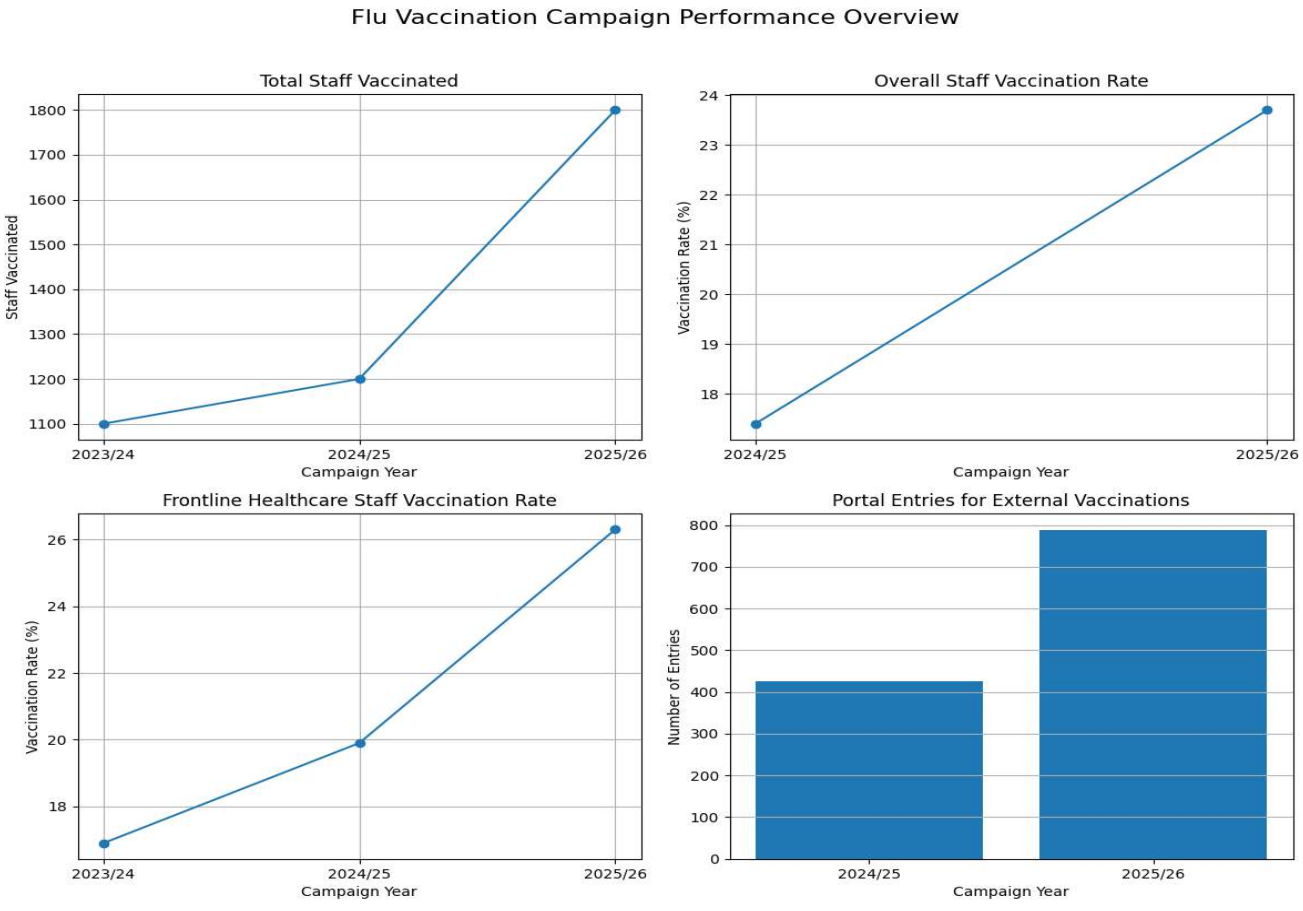
During the year, the Trust recorded 65 infectious incident reports and 71 food safety incidents across services. Most infection-related incidents were linked to possible transmission risks and clinical waste management, reflecting the day-to-day challenges of maintaining safe environments across a wide range of inpatient and community settings. Encouragingly, there were very few serious infection-related incidents reported, with only one bloodstream infection identified during the reporting period and a small number of ward closures linked to infection outbreaks. However, it was identified that staff were not completing an incident form for all ward closures. Out of 9 outbreaks in 2025/26 only 3 wards closures were reported as an incident.

Food safety incidents were mainly associated with general catering issues, which made up the majority of reports during the year. Other incidents, such as foreign bodies found in food, out-of-date food, and inappropriate food storage, remained low in number overall. Reporting levels varied throughout the year, with some increases seen during busier periods, particularly in May and August.

The Trust continues to encourage a positive reporting culture, recognising that incident reporting plays an important role in identifying risks, learning lessons, and improving practice. Trends identified through incident data are reviewed regularly to support targeted actions, staff awareness, and ongoing improvements in both infection prevention and food safety standards across the organisation.

9. FLU CAMPAIGN

Performance Update Just over 1,800 staff members have received a flu vaccination this winter period, nearly 600 more than last year and over 700 more than two years ago. While total figures have been boosted by CYP division joining us this year, the overall percentage of staff vaccinated has still increased significantly, from 17.4% last year to 23.7% this year. We have also seen a big increase in colleagues using the staff portal to record vaccinations received outside of the Trust, with portal entries increasing from 426 last year to 788 this year. This provides us with valuable knowledge of vaccinations we wouldn't otherwise have been aware of. For frontline healthcare staff, 1,326 staff have received a vaccination (26.3%) this campaign. This continues the upward trend over recent years (19.9% last year and 16.9% the year before). It also surpasses the stretch target set for the Trust by NHS England. Summary: o Campaign commenced August 2025 with Optima. Fortnightly meetings ensued with Divisions and other representatives as listed above. Directive issued from Chief Nurse to mandate mask-wearing in all areas, both clinical and non-clinical at the height of the influenza season which had a positive uptake of vaccination. Penultimate meeting 04 February 2026 with final meeting planned for 18 February 2026. Final meeting scheduled to be 18 February for reviewing of the campaign and reflection, key learning points and identification of opportunities for improvement; items for consideration & discussion to be: 1) Optima clinics – uptake and cost 2) Vaccinators including deployment closer to teams 3) A multi-professional approach to the campaign 4) Incentives 5) Mask-wearing and impact 6) Vaccination wastage Clinical Governance Committee has been appraised of the learning identified which will inform the 2026/2027 Campaign .



10. AUDIT AND COMPLIANCE

Regular infection prevention and control audits continue to play an important role in supporting patient safety, maintaining high standards of care, and ensuring compliance with Trust policies and national guidance. A programme of routine audits is undertaken across clinical areas by ward and department teams, including monthly hand hygiene audits and IPC environmental audits. These audits support local ownership of infection prevention practices and provide assurance that standards relating to cleanliness, hand hygiene compliance, and the clinical environment are being consistently maintained.

In addition to locally completed audits, the IPC Team undertakes a programme of quality assurance audits across the organisation. These audits are measured using a Red, Amber, Green (RAG) rating system, enabling areas of good practice and areas requiring improvement to be clearly identified and monitored. Audit findings are reviewed and displayed on the IPC dashboard, providing visibility of compliance levels across the Trust and supporting ongoing performance monitoring.

Where areas of non-compliance or improvement are identified, action plans are developed collaboratively with clinical teams to support sustainable improvement. The audit process also provides opportunities to share learning, highlight examples of good practice, and reinforce the importance of maintaining effective infection prevention and control standards across all services.

Key Audit Results for 2025/26

Audit	Compliance
Hand hygiene	98.29%
Environmental cleanliness	97.11
Mattresses	83.0%
Sharps	94.3%

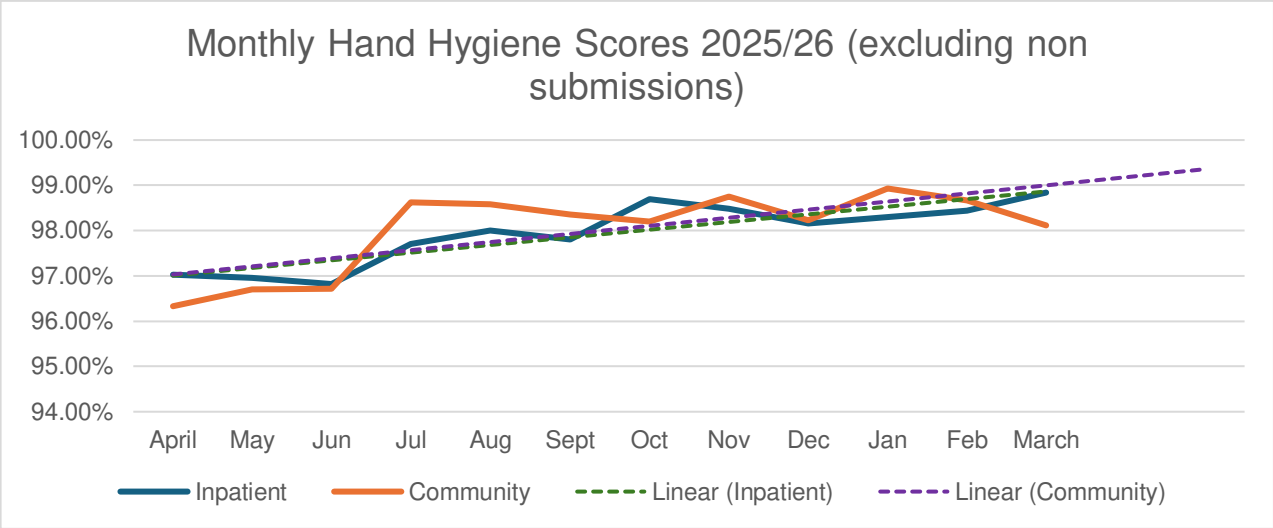
10.1 Clinical Teams led audits

Hand hygiene compliance across both inpatient and community services remained consistently high throughout 2025/26 for the areas that submitted an audit, demonstrating continued staff commitment to infection prevention and control practices.

In inpatient services, compliance rates remained above 96% each month, improving from 97.03% in April to 98.84% in March, with consistently strong performance maintained throughout the year.

Community services also demonstrated sustained high compliance, increasing from 96.33% in April to a peak of 98.93% in January, and maintaining rates above 98% for the majority of the year. These audits are led and completed monthly by clinical areas using

the AMaT system, with compliance monitored monthly by the Infection Prevention and Control team. The consistently high compliance rates across all services reflect continued adherence to hand hygiene standards and contribute to reducing the risk of healthcare-associated infections and improving patient safety.

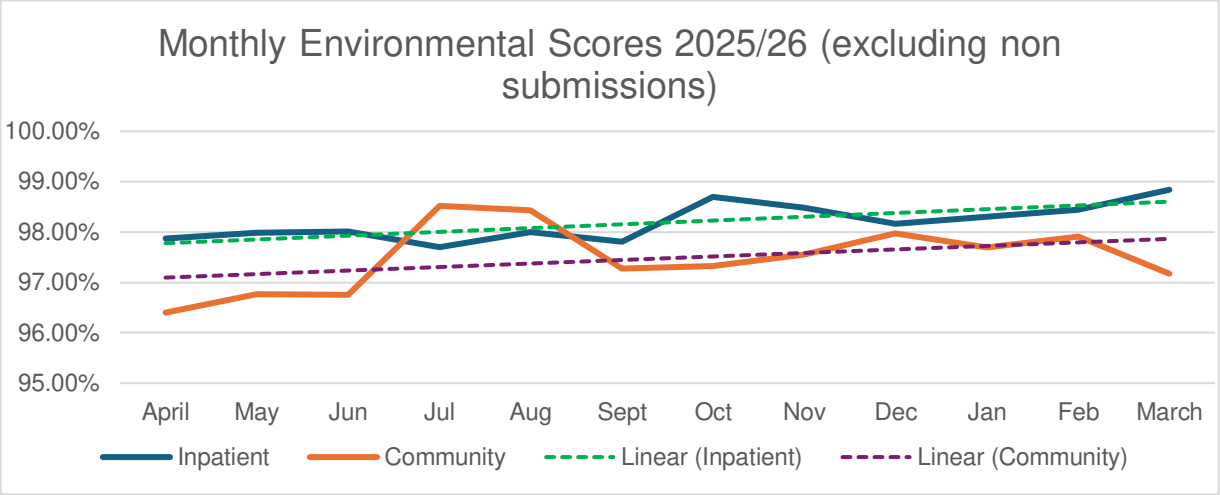


Infection control environmental audits, completed monthly by clinical areas, demonstrated consistently high compliance across both inpatient and community services throughout 2025/26. These scores reflect the results from areas that submitted audits during the reporting period.

In inpatient areas, performance remained stable and consistently high, ranging from 97.70% to 98.84%, with an overall upward trend in the latter part of the year and a peak in March at 98.84%.

Community services also maintained strong compliance levels, with results ranging from 96.40% to 98.52%. Although there was some month-to-month variation, performance generally remained close to or above 97%, with notable improvements during the mid-year months.

Overall, both inpatient and community services sustained high standards of environmental cleanliness and infection prevention practice, reflecting consistent compliance with required audit standards and supporting the ongoing reduction of infection risk across services.



Data including non-submission

Infection control environmental audit compliance, including all clinical areas regardless of audit submission status, demonstrated variable performance across 2025/26 and highlighted the impact of non-submissions on overall compliance scores.

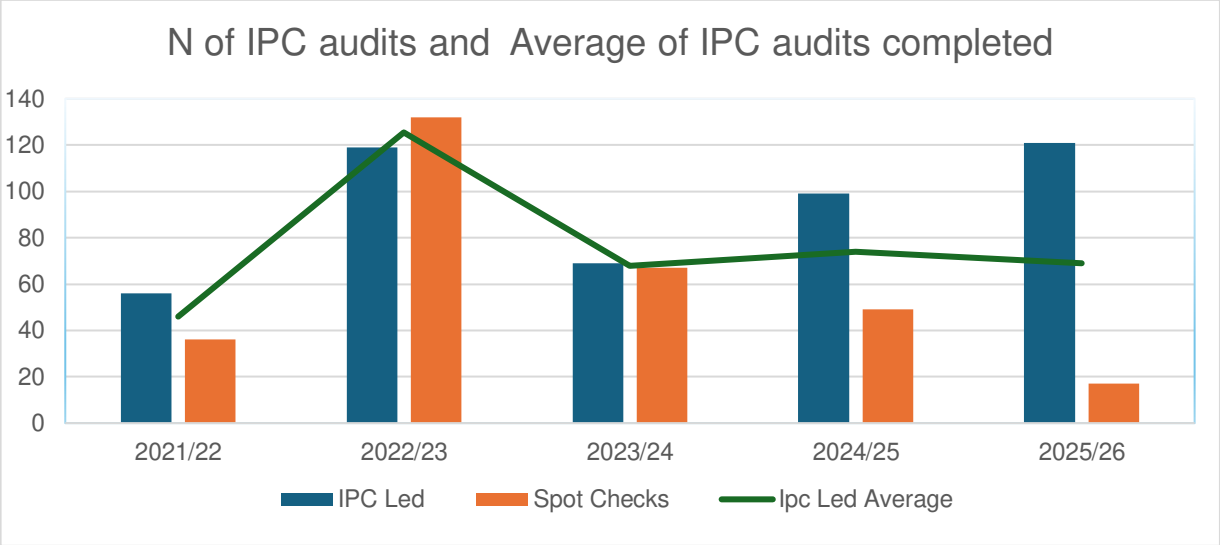
In inpatient services, compliance remained consistently stronger than community services throughout the year, with scores ranging from 88.64% to 98.84%, achieving the highest performance in January and March 2026.

Community compliance scores were lower overall, ranging from 79.99% to 90.71%, with reduced performance particularly evident during Q3 and Q4.

Overall organisational compliance fluctuated between 86.21% and 93.21% across the reporting period. The inclusion of non-submitting areas within the data provides a more accurate reflection of overall compliance and demonstrates the importance of timely audit completion by all clinical areas.

Despite some variability, the results continue to support ongoing monitoring of environmental standards and identify areas requiring additional focus to ensure consistent compliance with infection prevention and control requirements across all services.

10.2 IPC team led audits

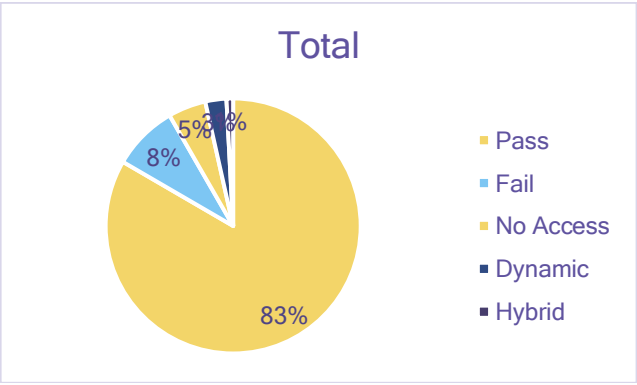


The number of Infection Prevention and Control (IPC) audits completed across services has demonstrated variation over the past five years, with a notable increase in IPC-led audits during 2025/26. IPC-led audits increased from 98 in 2024/25 to 121 in 2025/26, representing the highest level of IPC-led audit activity recorded within the reporting period. In contrast, spot checks reduced significantly from 49 in 2024/25 to 17 in 2025/26. This reduction is reflective of the significant decrease in infection outbreaks during 2025/26, resulting in less requirement for reactive spot-check activity.

The average IPC audit scores remained consistently positive throughout the reporting years, with 2025/26 maintaining strong levels of compliance despite increased audit activity. Overall, these results demonstrate strengthened oversight of infection prevention standards across clinical areas and continued monitoring to support quality improvement and compliance with infection prevention and control requirements.

External Inspections and Audits

The mattress annual audit was conducted in September.



Field1	Count of Field1
Pass	592
Fail	59
No Access	34
Dynamic	19
Hybrid	6
Grand Total	**710**

Findings from the mattresses audit 2025

The auditors located 711 mattresses across the trust over the 3 days (683 checked) including Safety 7, Dynamic, Statics and Hybrid Mattresses. This included a variety of different manufacturers used within the trust also (DHG, Invacare, Reposa, Renray, Pineapple and Knightsbridge) Dynamic Mattresses were not checked as part of this audit, just noted of their location and Hybrids were visually checked but not included within the data.
Several of the mattresses across the trust were too long for the bed bases that they are on. This does not impact the effectiveness of the mattress however not ideal for the SU.
3 of the 683 mattresses checked across the estate have mattresses that have zips to separate top cover and bottom cover. All mattresses within the mental health trust are to be sealed so all zipped mattresses will require replacing. These were the same as in 2024 audit. This shows areas providing action plans stating mattresses have been replaced are not carrying out the action.

Sharps Trust audit

The annual trust sharps audit was carried out in October 2025, with a total of 184 sharps containers being audited across trust sites. The total trust average score was 94.3% for compliance this is a decrease from the 2024 sharps audit. Non-compliance with the use of sharps containers data is continued to be captured in the monthly environmental audits/IPC audits, in order to address noncompliance.

BSMHFT

COMPLIANCE SUMMARY OCTOBER 25

184	Sharps containers sighted during the audit	
1	Sharps containers with protruding sharps (these were not necessarily over filled but had long objects protruding from them)	0.54%
4	Sharps containers not assembled properly (these were immediately assembled properly and staff were informed that sharps containers which were not assembled could lead to the lids coming off if dropped or during transport)	2.17%
3	Sharps containers with mismatched lid and label (Staff were advised to check the lid and label to make sure they matched)	1.63%
2	Sharps containers overfilled (Staff were advised to not fill above the fill line)	1.09%
0	Sharps container on the floor or at an unsuitable height (Staff were advised to have them bracketed if possible or remove from public area)	0.00%
19	Sharps containers not labelled correctly (Staff showed how to complete the labels)	10.33%
37	Sharps containers with inappropriate contents inside (Staff were advised not to put packaging or non sharps in sharps containers)	20.11%
16	Sharps containers with the temporary closure not in place in between use (Staff were advised to always use the temporary closure in between uses or being moved)	8.70%

11. EDUCATION AND TRAINING

Education and training continue to play an important role in supporting good infection prevention and control practices across the Trust. Providing staff with the knowledge and confidence to follow safe working practices helps to reduce the risk of healthcare-associated infections and ensures that high standards of patient care are maintained. IPC training is delivered through a combination of online e-learning, face-to-face sessions, and virtual training via Microsoft Teams, allowing staff to access training in a way that is flexible, accessible, and relevant to their role. During the reporting period, compliance with mandatory IPC training improved, demonstrating the ongoing commitment from staff and managers to maintaining safe practice and keeping infection prevention at the forefront of patient care. Training sessions also provide valuable opportunities to reinforce key IPC messages, share learning from audits and incidents, and encourage a culture of continuous improvement across the organization.

11.1 Training delivered

Q1	Q2	Q3	Q4
• Core Hand Hygiene Training on 02/04/2025, 07/05/2025, 04/06/2025 - via MS Teams • IPC Champions Study Day on 10/06/2025 – face to face at the Uffculme Centre.	• Core Hand Hygiene Training on 02/07/25, 06/08/25, 03/09/25 - via MS Teams.	• Core Hand Hygiene Training on 08/10/25, 05/11/25, 26/11/25, 03/12/25 - via MS Teams • IPC Champions Study Day on 13/11/25 – face to face at the Uffculme Centre.	• Core Hand Hygiene Training on 07/01/26, 04/02/26, 04/03/26 - via MS Teams • IPC Champions Study Day on 12/02/26 – face to face at the Uffculme Centre.

Core Hand Hygiene	
Date	No of staff
02/04/25	2
07/05/25	2
04/06/25	5
02/07/25	No data
06/08/25	5
03/09/25	8
08/10/25	5
05/11/25	5
26/11/25	8
03/12/25	9
07/01/26	12
04/02/26	6
04/03/26	4

11.2 Training Compliance

Staff Group	Compliance
Non-Clinical staff level 1	98%
Clinical staff level 2	93.1%
Overall, Trust compliance	94.2%

Training compliance across the Trust remained strong during the reporting period, demonstrating staff commitment to maintaining safe, high-quality care and effective infection prevention practices. Compliance for non-clinical staff completing Level 1 training reached 98%, while clinical staff achieved 93.1% compliance for Level 2 training. Overall, Trust-wide compliance was 94.2%.

These figures reflect the continued efforts of teams across the organisation to ensure staff have the knowledge and confidence to manage infection risks safely within their roles. The Trust continues to promote a positive learning culture by supporting staff to complete mandatory training, monitoring compliance regularly, and working with services to maintain high standards of practice across all care settings.

The IPC team also supported a Link Practitioner Programme, with 32 staff members acting as infection prevention champions within clinical teams.

Hand hygiene training with service users

In quarter 4, 15 wards across multiple service areas within the trust were visited to engage service users and gather feedback on hand hygiene awareness and confidence. Demonstrations were done using a glow gel and torch. Overall, service users demonstrated a strong understanding of the importance of hand hygiene, with most reporting confidence in reminding staff when needed and expressing satisfaction with current practice. Engagement was not possible in a small number of wards (2) due to pre-planned activities.

Key feedback themes included:

- Requests for clearer, more patient-friendly hand hygiene posters
- Improved access to hand hygiene facilities (e.g. additional sanitiser and soap provision)
- Increased visibility of environmental cues such as communal posters and touch-point cleaning
- Concerns regarding staff practices (e.g. acrylic nails, watches etc)
- Comments on cleanliness of shared environments, including communal facilities
- Some concerns were escalated appropriately to ward teams at the time of visit, with contextual explanations provided to the service users where changes were not feasible for safety reasons.

- Some areas were revisited for service users to provide feedback on the poster developed.

In response:

- Two co-designed hand hygiene posters were developed with service users input
- Service users' knowledge on good hand hygiene practices.

11.3 Training attended:

The IPC team continue to be an expert service in the Trust and have kept updated in their professional development as follows:

Q1	Q2	Q3	Q4
	• 02/07/2025 – IPC Journal Club in partnership with Infection Prevention Society: Making infection prevention live for frontline healthcare workers (Webinar). • 03/09/2025 – IPC Journal Club in partnership with Infection Prevention Society: Optimizing prevention and treatment of gastrointestinal and urinary tract infections (Webinar).	• 22/10/15 - West Midlands Quarterly Surveillance Report & Hot Topic: Candiozyma auris (Webinar) • 11th/11/25 – 13/11/25 - High Consequences Infectious Disease Training.	• Risk register training BSMHFT 29/01/202 • Senior managers training BSMHFT/ Health & Safety team 04/02/2026 • First line manager's programme: Health and Safety BSMHFT/ Health & Safety team 11/02/2026 • Management and Essential Skills training Module 1: Cultivating Self-Awareness for Effective Management. Aligning with BSMHFT Values 17/02/2026

	• 10/09/2025 – IPC Journal Clun in partnership with Infection Prevention Society: 20 years of Candida BSI: mortality, recurrence, and resistance (Webinar). • 24/09/2025 – NHS England: Clinical advice and response to supply issues affecting anti-tuberculosis medicines (Webinar).		• Midlands IPC Water Safety Series – UHB NHSE/UHB 04/03/202 • Investigative Interviewing Health Services Safety Investigations Body 05/03/2026 • Midlands IPC Water Safety Series – CRH NHSE/CRH 11/03/2026 • Management Essential Skills Training Module 2: Managing Relationships and Conversations at BSMHFT 24/03/2026. • Midlands IPC Water Safety Series – NUH NHSE/NUH 24/03/2026 • Measles Webinar – the IPC response for NHS Trusts UKHSA /NHSE 25/03/2026 • An Introduction to after action Review Health Services Safety Investigations Body 27/03/2026 • Prevent, Protect, Provide – Trojan Horse in Plain Sight: the Nasal Microbiome and HCAIs Lexington Communications 31/03/2026

			• HCID Trainer's Update Meeting HCID Network 31/03/2026

12.CLEANING STANDARDS

The Estates and Facilities report on details of activities undertaken to promote and maintain standards required to meet the Code of Practice and other regulatory standards.

Of note were the consistently high cleaning scores reported to IPPC. Cleaning scores can be seen on estates report attached.

13.CAPITAL DEVELOPMENTS

The IPC team has worked with Estates and clinical staff to ensure that standards to meet the requirements of the document Health Building Note 00-09: Infection control in the built environment have been incorporated into refurbishments and works undertaken. However, throughout the reporting period the IPC team have raised concerns where IPC team were not included at the initial stages in the due diligence process for new/ refurbishing of buildings.

14.ANNUAL PROGRAMME OF WORK

The Annual Programme of Work and the IPC key priorities for 2026/27 document will be attached to this report.

After analysing the past year's activity, the IPC team advises on the following:

- All policies, guidelines, and SOP's to be reviewed and have included auditing criteria/ KPI.
- IPC audits planning to include monitor implementation/adherence to IPC policies (according to policies KPI).
- Full review of compliance with the Health and Social Care Act 2008: code of practice on the prevention and control of infections (commonly known as the "Hygiene code") to be continued and discuss plan of action to overcome any identified gaps with the DIPC.

Appendix 1

ESTATES & FACILITIES INFECTION PREVENTION & CONTROL ANNUAL REPORT 2025-26

DOMESTIC & HOUSEKEEPING MANAGEMENT

Estates & Facilities

All domestic services continue to be provided by SSL with the North PFI sites services being provided by a third-party outsourced provision. This means that all Estates and Facilities domestic service provision across the Trust is outsourced for 2025/2026 reporting period.

NHS England –National Standards for Healthcare Cleanliness

NHS England National Standards for Healthcare Cleanliness were implemented in April 2022. The Trusts Cleaning Policy was updated and ratified to align with the National Standards. The Trust Cleaning Policy was ratified in

SSL Domestic and Housekeeping Operational Manual

SSL Domestic and Housekeeping Operational Manual contains Domestic and Housekeeping COSSH safety data documentation (in line with the Trust COSHH Policy), task-based risk assessments and method statements, task-based standard operating procedures, cleaning method statements, Trust Infection Prevention & Control policies and procedures, and operating instructions for departmental electrical equipment.

SSL Facilities Rapid Response Team

During 2025/2026 SSL Facilities Rapid Response Team continued to undertake a programme of deep cleaning across the Trust.

CLEANLINESS

Cleanliness Audit & Inspection Programme

During 2025/26 the programme of cleanliness inspections and audits was undertaken. Cleanliness scores and reports were provided to the Trust Infection Prevention & Control Team each month and the Trust Infection Prevention Partnership Committee each quarter.

The programme comprises 2 levels with additional spot checks.

Level 1 Monitoring by Domestic Supervisors and Amey (3rd Party Contractor)
Level 2 Trust-wide Management Audits

Cleanliness scores were reported against the thresholds in the National Standards for Healthcare Cleanliness, Dementia wards – 95%, Inpatient building's - 85% and Outpatient and Offices 85%.

During 2025/26 the cleanliness scores throughout the Trust (BSMHFT, SSL and Amey Community Limited) can be seen below and were consistently above the thresholds set in the National Standards for Healthcare Cleanliness.

All special cleaning activity (including Isolation Cleaning, Post-Infection Cleaning and scheduled Deep Cleaning) was undertaken in compliance with the Trust Infection Prevention & Control Policy and was reported monthly to the Infection Prevention & Control Team and to the Infection Prevention Partnership Committee each quarter. The Trust's Deep Cleaning Programme is an integral element of the Trust Cleaning Policy and responds to the National Standards for Healthcare Cleanliness.

Key Cleaning Performance Data for 2025/26

Technical Audits

	Quarter 1	Quarter 2	Quarter 3	Quarter 4
	1 April – 30 June 2025	1 July – 30 Sept 2025	1 Oct – 31 Dec 2025	1 Jan – 31 Mar 2026
	Trust Cleanliness Targets & Scores			
	Trust Overall Cleanliness Target = 95% Dementia Units, 90% inpatient Units, 85% Outpatient Units			
Trust Average	97.33%	97.37%	97.25%	97.08%
North PFI	94.45%	94.36 %	94.97%	95.52%
BNHP	97.68%	97.95%	97.80%	97.59%
Community	99.02%	99.14 %	98.70%	98.43%
Secure	98.17%	98.01%	97.51%	96.76%

Management Audits

	Quarter 1	Quarter 2	Quarter 3	Quarter 4
	1 April – 30 June 2025	1 July – 30 Sept 2025	1 Oct – 31 Dec 2025	1 Jan – 31 Mar 2026
	Trust Cleanliness Targets & Scores			
	Trust Overall Cleanliness Target = 95% Dementia Units, 90% inpatient Units, 85% Outpatient Units			
Trust Average	94.59%	93.17%	94.23%	96.61%
North PFI	94.59%	93.17%	94.23%	95.13%
BNHP	No Data	No Data	No Data	No Data
Community	No Data	No Data	No Data	No Data
Secure	No Data	No Data	No Data	98.09%

PLACE (Patient Led Assessments of the Care Environment)

The 2025 PLACE assessment programme took place during September – November 2025. The results have been published and scores are;

BSMHFT's PLACE Scores - Nationally

Cleanliness		Combined Food		Organisational Food		Ward Food		Privacy, dignity & Wellbeing		Condition, Appearance & Maintenance		Dementia		Disability	
BSMHFT	National Average	BSMHFT	National Average	BSMHFT	National Average	BSMHFT	National Average	BSMHFT	National Average	BSMHFT	National Average	BSMHFT	National Average	BSMHFT	National Average
99.50%	98.55%	91.97%	92.13%	85.93%	92.79%	97.40%	92.30%	94.94%	89.37%	98.14%	97.00%	91.05%	85.68%	86.11%	87.12%

BSMHFT's PLACE Scores - Mental Health and Learning Disabilities

Cleanliness		Combined Food		Organisational Food		Ward Food		Privacy, dignity & Wellbeing		Condition, Appearance & Maintenance		Dementia		Disability	
BSMHFT	MH & LD Average	BSMHFT	National Average	BSMHFT	MH & LD Average	BSMHFT	MH & LD Average	BSMHFT	MH & LD Average	BSMHFT	MH & LD Average	BSMHFT	MH & LD Average	BSMHFT	MH & LD Average
99.50%	98.82%	91.97%	93.15%	85.93%	90.60%	97.40%	95.34%	94.94%	96.36%	98.14%	97.37%	91.05%	93.29%	86.11%	91.97%

BSMHFT's overall PLACE scores exceeded the National Average scores in 5 out of 8 domains (Cleanliness, Ward Food, Privacy, Dignity & Wellbeing, Condition, Appearance and Maintenance and Dementia).

Where we are reviewed against Mental Health & Learning Disabilities we are above the National Average with, cleanliness, ward food and condition, appearance and maintenance.

Cleaning Quality Operational Group

The Cleaning Quality Operational Group has not been held since 06th March 2024. This forum plays a vital role in sharing best practices and addressing issues or updates relating to processes and policies. Meetings to be set up

Cleaning Policy

The aim of the Trust Cleaning Policy is to demonstrate compliance with the assessment criteria detailed in "The Health and Social Care Act 2008 Code of Practice on the prevention and control of infections and related guidance (DOH, July 2015) on the standards of cleanliness that facilitate the prevention and control of infections and improve the quality of health service provision by ensuring that all cleaning related risks are identified and managed.

The policy requires delivery of consistent and compliant cleaning practices and cleanliness standards Trust-wide (whether delivered through SSL or PFI providers).

Compliance with the policy is monitored through the following.

- Estates & Facilities Cleanliness Audit & Inspection Programme
- Cleaning Quality Operational Group
- Estates & Facilities monthly reports to the Infection Prevention & Control Team and quarterly reports to the Infection Prevention Partnership Committee.

Computerised Cleanliness Monitoring System

SSL Estates & Facilities Department and PFI teams operate a computerised cleanliness monitoring system "FM First" (based on the National Standards for Healthcare Cleanliness). The system generates cleaning scores and real time reports. This system works in line with the Cleaning Standards.

WASTE MANAGEMENT

Waste Contracts

The contract with Veolia for Domestic waste commenced 1st April 2020 and the Clinical Waste contract with Tradebe commenced 01 July 2020. These contracts for Domestic and Clinical Waste have been extended and have continued to deliver an effective and compliant service during 2025/26 whilst at the same time keeping costs to a minimum.
BSOL Procurement Collaborative recognised that BSMHFT is now out of contract. This is agreed as their 'system' plan being to complete tendering all such waste services in 26/27 for 27/28 in an attempt to gain best environmental and financial value across the ICS.

Waste support and compliance visits

SSL have been supporting the Trust in visiting all Trust sites to help promote correct segregation of clinical waste, reduce risks and to try to encourage clinical / nursing teams to adopt the offensive waste streams at sites. This is proving challenging with some sites / teams reluctant to change. IPC as policy leads are asked to consider re-enforcing the need to segregate waste as per policy / HTM07-01.
In addition, the same visits have also tried to ensure that the need for sites to meet the recent 'simpler recycling' regulations is being actioned. This includes the introduction of Dry Mixed Recycling (mixed recycling) at all Trust Group sites as well as rolling out food waste recycling to every site. It is anticipated that the process will be completed during Q1 / Q2 2026/27

Duty of Care Audits

Duty of Care Audits by external experts of the Trust's various waste contractors continue to be carried out as they are deemed necessary to ensure that the Trust's waste is managed effectively and compliantly from point of consignment to final disposal. In addition, SSL has checked with the clinical waste contractor Tradebe to ensure all pre-acceptance audits are current. Where issues have been identified the findings have been shared accordingly. In addition, Duty of Care visits to the Trusts Clinical and Confidential waste contractors have been undertaken during 2025/26 to test the safe and compliant management of the Trusts waste. These visits being jointly undertaken with Amey and Trust Information Governance representative (for Confidential waste)

Waste Management Policy

The Trust's Waste Management Policy was ratified in February 2025. This Policy places a clear responsibility on the producer of the waste (the ward / the team / the individual) to manage that waste compliantly and furthermore places a control responsibility on team / ward managers and equivalent who are custodians of healthcare within their sphere of influence to ensure that their staff manage waste safely and compliantly. In line with NHS Waste Strategy the Policy communicates a responsibility on BSMHFT Clinical and Nursing to decrease waste incorrectly classified as being hazardous (orange bagged) and instead treat as Offensive non-hazardous (yellow and black strip bags). At this time no significant change is apparent. SSL can support re external contract provision, but it is the Trust staff that dispose of the waste that need to make this change. SSL are also attempting to visit each site annually to help provide support / direction re waste management – This generally being via invite.

NHS E Waste Management Strategy 24/25

Infection Control Committee need to consider its Clinical waste disposal as per the NHS E Waste Strategy. This determines that NHS Trusts should aim for 20% of its waste treated by incineration, 20% by alternative treatment and 60% managed as non-infectious (offensive) healthcare waste. At the current time BSMHFT 'orange' bags the majority of its clinical waste as being infectious healthcare waste – whereas much of the this (where there are no BBV for example) including that of even PPE should be classified as non-infectious offensive waste.

Waste Management Training

SSL's Estates and Facilities Department has supported clinical / healthcare colleagues by offering refresher training at their request and has also attended the Infection Prevention Champions day to promote compliant waste management and continuous improvements at sites again with a focus on correct segregation and the need to move where applicable to diverting waste currently incorrectly disposed of as hazardous orange bagged into the non-hazardous offensive waste streams.

LAUNDRY & LINEN MANAGEMENT

Laundry & Linen Contract

In January 2025 we moved across to a new laundry supplier, Oxwash. Oxwash was bought out by Elis, and we moved back to Elis in March 2026. SSL and Amey continue to monitor quality.

Duty of Care Audits

A Duty of Care (DOC) Audit was undertaken for Oxwash and is due to take place for Elis in May/June 2026.

PEST CONTROL

The Pest Control Policy was ratified on 01/07/2025.

Appendix 2

Summerhill Services

Annual Water Management Report 25/26

April 26

Authorising Engineer:

LRA services have been appointed as our Authorising Engineers for the upcoming financial year, Antony Paskin will remain as our AE.

M: 07917 641154
E: antony@lraservices.co.uk
Address: LRA Services Ltd, 37 High Street, Princes Risborough. HP27 0AE

Water Safety Plan

The WSP has been developed in order to comply with the requirements of HTM 04-01: Safe Water in Healthcare Premises.

The purpose of the WSP is to assist with understanding and mitigating risks associated with waterborne hazards in distribution and supply systems, together with associated equipment. The WSP also provides a risk management approach to the safety of domestic hot and cold water and establishes good practice in local water usage, distribution and supply systems. The WSP will also identify potential water-related hazards, consider practical aspects and detail appropriate control measures.

A full re write of the WSP has been completed which has now been fully ratified by the SWSG – latest version below:

WSP Part 4.3 - Permits and Processes

WSP Part 4.2.2.1 - Positive Water Sampl

WSP Part 4.2.2 - Exemplar Forms.docx

WSP Part 4.2.1.4 - SOP - Support Practic

WSP Part 4.2.1.3 - SOP - Portable Hand \

WSP Part 4.2.1.2 - SOP - Void Residentia

WSP Part 4.2.1.1 - SOP - Validation and

WSP Part 4.1.4 Control Measures - Sa

WSP Part 4.1.3 Control Measures - O

WSP Part 4.1.2 Control Measures - H

WSP Part 4.1.1 Risk Assessment Remedial

WSP Part 3.1 Risk Assessments & Schen

WSP Part 2.1 Design Control.docx

WSP Part 1.1 Governance Policy.do

WSP Part 5.1 Support Schemes.docx

Legionellosis Management and control Policy

Legionellosis Management and control Policy has been fully reviewed and updated to align with the ratified WSP, this was presented to PDMG on Wednesday 11th November 2024 and was approved and has been fully ratified as below:

Annex Q - Legionellosis manage

Training (Estates):

A detailed list of training requirements has been compiled (see below) – dates currently being booked in April / May 2026

Water Safety Training Requirements 2025.xl

Appraisals:

Appraisals and Certificate of Appointments issues as below by AE:

Lee Gough:

BSMAE38952C22_RP _Certificate of Appoin

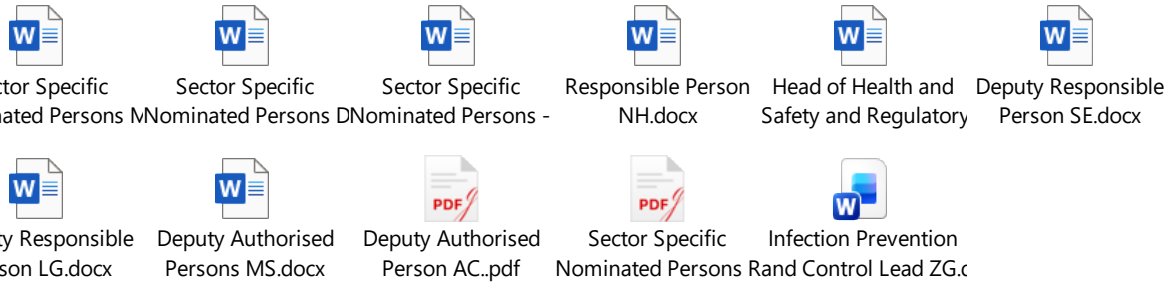
Simon Epstein:

Further appraisals to be scheduled for RP / AP's who have not yet had one completed.

Formal Appointments:

As per the waster safety plan and legionellosis management and control policy formal appointments need to be made for those managing / attending water safety group meetings.

Al appointment letters have been issues to the relevant individuals with the below acceptance letters received:



NOTE! We still awaiting acceptance letters from the consultant microbiologist and Designated person (DIPC).

Risk Assessments:

Retained Estate:

See below:

Ref	Property	Postal Address	Date of Last Survey	Next Due
1	Adams Hill	190 Adams Hill, Bartley Green, B32 3PJ	29/06/2023	29/06/2026
2	Ardenleigh		28/10/2024	28/10/2026
3	Dan Mooney House	1 Woodside Crescent, Downing Close, Knowle, Solihull, B93 0QA	26/06/2023	26/062026
4	David Bromley House	2-4 Woodside Crescent, Downing Close, Knowle, Solihull, B93 0QA	26/06/2023	26/062026
5	Grove Avenue	32 Grove Avenue, Moseley, Birmingham, B13 9RY	27/06/2023	27/062026
6	Hertford House	29 Old Warwick Road, Olton, Solihull, B92 7JQ	26/06/2023	Commissioned
7	Hillis Lodge	Hollymoor Way, Northfield, B31 5HE	29/06/2023	29/06/2026
8	Juniper Centre	Moseley Hall Hospital site, Alcester Road, Moseley, B13 8JL	28/06/2023	28/06/2026
9	Longbridge Health & Community Centre	10 Park Way, Birmingham Great Park, Rubery, B45 9PL	29/06/2023	29/06/2026
10	Lyndon Resource Centre	Hobs Meadow, Solihull, B92 8PW	29/06/2023	29/06/2026
11	Maple Leaf Centre	2 Maple Leaf Drive, Marston Green B37 7JB	29/06/2023	29/06/2026
12	Newington Resource Centre	Newington Road, Hamar Way, Marston Green, B37 7RW	18/07/2023	18/07/2026
13	Orsborn House	55 Terrace Road, Handsworth, Birmingham, B19 1BP	28/06/2023	28/06/2026
14	Reaside Clinic & Community Building	Birmingham Great Park, Bristol Road South, Rubery, B45 9BE	04/11/2024	04/11/2026
15	Shenley Fields	15 Shenley Fields Drive, Northfield, B31 1XH	29/06/2023	29/06/2026
16	Tamarind Centre		14/01/2025	14/01/2027
17	Uffculme Centre inc (Main Building, Tall Trees / Estates, Staff Support, Gate House	52 Queensbridge Road, Moseley, B13 8QY	27/06/2023	27/062025
18	Uffculme site (Tall Trees)	52 Queensbridge Road, Moseley, B13 8QY	27/06/2023	27/062025
19	Warstock Lane	Warstock Lane, Billesley, B14 4AP	28/06/2023	28/062025
21	Warehouse 1			08/08/2025
22	SSL Hub			08/08/2025

A risk assessment has been completed for the new Freehold CYP site Oaklands Clinic and we are reviewing the actions.

North PFI:

All WRA's have been completed and remedial works are in progress, with capital funding being made available for FY 26/27.

South PFI:

WRA's have taken place recently for all three buildings. The feedback from which was received in early December with remedial works planned for completion.

Authorising Engineer Audits:

Audits have recently been carried out by water AE across the following areas – audits being finalised before distribution.

South PFI – Awaiting confirmed date for March / April 2026.
Community Sites – Audit completed in April 26 awaiting publication of draft report.
Secure Sites – Audit completed in May 26 awaiting publication of draft report.
North PFI – Audit completed in April 26 awaiting publication of draft report.

Water Sampling Results and General Overview

Combined Sampling results are now collated into a single spreadsheet including actions taken (see below):

Combined Results.xlsx

Secure / Community Sites (positive results throughout the year)

Reaside:

Routine monthly sampling on 06/02/2025 detected a low legionella count on kitchen tap as below:

- 22/10/2025 - Dental Large Spout Chair Cold Pre – 5200 CFU Count

Actions: regular flushing instigated along with local disinfection and cleaning of outlet with resampling, the next sample results were all clear, the dental chair has also been disconnected from the mains.

North PFI:

Over the past year we have seen a significant improvement to the sampling results across the North PFI sites with Eden unit securing ND's across all outlets which has led to the water treatment system being turned off, Forward House now achieving ND's across all sampled outlets.

The only positive results across the North PFI have been:

Small Heath Sample Results:
Positive on WHB in Female Visitor WC: 1st sample carried out 04/09/2025 (400CFU's) – we have had multiple positives throughout the year on this outlet – latest samples are all clear.
Positive sample result on kitchen first floor (F46) – samples taken 11/02/2026 (40 CFU) – latest results are all clear.

Endeavour House (bedroom 12):

Asset Barcode	Room Description	Type	Water	Type	Lab Ref (Report & Lab Sample No.)	Temp Celsius	Leg Spp	Leg SG 1	Leg SG 2-15

154830	Bedroom 12	WHB	Hot	Post	*PS-EK5K / 25812919*	*40.20*		*80*	

NOTE! Latest results are all clear.

South PFI

The South PFI sites have continued to show clear results over the past quarter, below are the quarterly reports / sampling results formulated / taken by Equans.

Quarterly Sampling Results / reports below:

South PFI Samping Results (Jun to Aug 25

Bar Ole Zin Water Samples - Sep - Nov 2

Bar Ole Zin Samples - Dec 25 to Feb 26.xlsx

Capital projects:

A capital water management group has been established which meets bi monthly to discuss all capital projects, agenda below:

120126 CWM Agenda.docx

The below is a list of the major capital schemes which impacted water supplies across BSMHFT.

Location:	Description of works:
Main House	Renovation / refurbishment of building for FIRST team
Reaside	Various Bathroom / Shower room / toilet works
Ardenleigh	Ensuite upgrade works
Forward House	Conversion of tank fed to direct fed system
Highcroft	New Hospital project
24/7 pilot scheme	New site
Various acute / urgent care sites	Conversion of assisted bathrooms
Mary Seacole	Anti ligature WC's and Trovex Panels.

Newbridge	Anti ligature WC's and Trovex Panels.
Barberry	Anti ligature WC's
Hillis Lodge	WC upgrades
Warstock Lane	Toilet upgrades

LEE GOUGH

Head Of Facilities Management

Appendix 3

Food Safety Annual Report 2025-2026

Staff

In November 2025, Bethany Bannigan joined SSL as the new Food and Hygiene Quality Assurance Lead, working under Gemma Harvey, the Senior Food Safety and Quality Assurance Manager. Beth joined us from Birmingham City Council's Environmental Health Department where she was an operations manager where she managed the food safety service. As a qualified EHO she has worked in the enforcement of food safety and health and safety legislation for 11 years. With both the new post and this post being filled, 2026/27 should see even more activity with regards to food safety, and indeed, food generally.

Registration with Birmingham City Council and Solihull MBC

Not all sites were registered with the corresponding Local Food Authority. As of September 1st 2025, all sites were appropriately registered, any address or other anomalies were rectified.

Food Safety Audit Tool

A new food safety audit tool has been developed with FM First to create an audit that is better reflects the type of inspection and resulting score that the Enforcement Officers will use during their statutory inspections. It has been tested and will be live to use for the 2026-2027 year.

Primary Authority Partnership with Birmingham City Council

SSL have entered into a Primary Authority Partnership with Birmingham City Council in order to create a closer working relationship between the two organisations. Regular meetings are held and documents and policies are reviewed.

Food Hygiene Inspections

Dan Mooney House: 25/11/2025: rating 5

David Bromley House: 25/11/2025: rating 5

Tamarind: 17/03/2026: rating 4

Reaside: 24/03/2026: rating 4.

The Food Standards Agency considers a rating of 3 or above as broadly compliant. Any inspection that resulted in less than a rating of 5 have corrected any identified issues and are scheduled for a re-score visit. Re-score visits should be undertaken by 24/05/2026. The new scores will be reported in 2026/27 Q1 report to IPPC.

Allergen Management

The updated food safety policy strengthens the procedures relating to allergen management. There
are Standard Operating Procedures to be followed in the event that one of our in patients has a food allergy. Whilst there is still work to be done with regards to allergen management, the progress made in this year is substantial and provides an excellent foundation for the work that is to come in 2026/27. The forms are on the BSMHFT Connect page, under the Food and Drink Tile. The completion of the Food Allergy Form on RiO is monitored and reported to QAG on a quarterly basis. Compliance is growing and as of April 2025 was approximately 85%.

HACCP Review

The HACCP review is ongoing and should be completed early in 2026/7. New monitoring forms will be developed to be used with the new system.

Food Safety Policy Update

The Food Safety Policy underwent significant changes and was ratified in February 2026. It was bought to the Q3 IPPC for assurance.

Synbiotix Roll-out

The Synbiotix (electronic meal ordering system) roll out continues and all sites due to use the system will be live in early 2026/7. Synbiotix and RiO are also now integrated and in 2026/27 the ‘allergen filter’ should be available, ensuring patients with a food allergy are only able to order food that is safe and suitable for their needs.

Food Safety Training Updates

Gemma Harvey has worked with the L&D team in an initial review of the statutory training module in food hygiene. Work to fully upgrade the module to include allergen management will continue into 2026/7. In the meantime, clinical and SSL staff have been completing the free online FSA food allergy training module.

SSL underwent an accreditation process for their training materials and trainers to allow bespoke and Trust specific training courses to be developed and delivered. The first course will be ready for deliver in early 2026/27.

Birmingham and Solihull Mental Health
NHS Foundation Trust

Uffculme Centre

Main switchboard: 0121 301 0000
Website: www.bsmhft.nhs.uk

13. Research and Development Annual Report 2025/26

NHS
Birmingham and Solihull Mental Health
NHS Foundation Trust

Report to Board of Directors

Agenda item:	13					
Date	5 August 2026					
Title	**Research and Development Annual Report Summary 2025/26**					
Author/Presenter	Emma Patterson, Head of R&D and Prof Alex Copello, Associate Director for Research and Development					
Executive Director	Dr Fabida Aria, Executive Medical Director	**Approved**	**Y**	✓	**N**	

Purpose of Report	Tick all that apply ✓		
To provide assurance		**To obtain approval**	
Regulatory requirement		**To highlight an emerging risk or issue**	
To canvas opinion		**For information**	✓
To provide advice		**To highlight patient or staff experience**	

Summary of Report

Alert		**Advise**	✓	**Assure**	

Purpose and Introduction: This report serves to provide an overview of the work undertaken by the Research and Development Department on behalf of Birmingham and Solihull Mental Health NHS Foundation Trust in 2025/2026 together with future plans for 2026/7.
A full copy of the annual report is available on the portal.
Key Issues and Risks: None to report.

Recommendation

The Committee/Board is asked to: Review for information

Enclosures

Research and Development Annual Report 2025/26

Executive Summary:

Research and Development activity during 2025/26 has strengthened Birmingham and Solihull Mental Health NHS Foundation Trust's position as a research-active organisation, delivering benefits for

service users, carers, staff, clinical services and system partners. The year has been characterised by growth in research income, improved governance infrastructure, increased commercial research activity, expansion of clinical research capacity, stronger academic and regional partnerships, and a clearer focus on demonstrating the real-world impact of research on care, outcomes and service improvement.

Although the work described in this report predates the Trust Strategy 2026–31, it provides a strong foundation for delivery of the new strategic priorities. Through research-led innovation, service evaluation, commercial and translational research, lived experience involvement, workforce development and evidence mobilisation, R&D is already supporting the Trust's direction of travel: improving care, reducing inequalities, strengthening clinical pathways, building staff capability and translating evidence into better outcomes for service users, carers, staff and communities.

The department delivered a breakeven financial position on a total budget of £2.1m, comprising £1.5m of research income and £0.6m of central Trust investment in core infrastructure. Research income increased by £0.9m during the year, representing a significant improvement and reflecting stronger income generation, improved cost recovery and more robust financial oversight through EDGE. Monthly reconciliation, project-level cost centre management and strengthened invoicing processes have improved transparency, supported delivery of savings requirements, and created a stronger platform for sustainable income generation from commercial, non-commercial and grant-funded research.

Research governance activity increased significantly, driven by 29 new study approvals and the transfer of 33 existing Children and Young People studies into BSMHFT following the Forward Thinking Birmingham transition. Despite this additional operational complexity, the governance team maintained responsive approval timelines, supported 53 HR research arrangements and processed 44 study modifications. NIHR data quality remained high at 98%, and the Trust is currently recorded as 100% compliant against the 2026/27 150-day study set-up requirements, providing assurance on readiness for national performance expectations and future funding-linked metrics.

The Trust maintained a strong research delivery platform, recruiting 362 participants to NIHR Portfolio studies during 2025/26. Commercial recruitment increased substantially from 4 to 54 participants, now representing 17% of total recruitment and reflecting progress towards a higher-value, more complex and commercially balanced portfolio. Weighted recruitment[1] performance improved, demonstrating a shift towards interventional and higher-impact studies. Continued focus is required on recruitment to time and target, widening portfolio breadth across specialties and improving participant experience feedback, all of which are reflected in the 2026/27 goals.

Research capacity has expanded substantially across the Trust, strengthening the workforce infrastructure needed to deliver a broader and more complex research portfolio. The Trust now has 34 active Principal Investigators and 5 Associate Principal Investigators, compared with 21 PIs and no Associate PIs in 2019, demonstrating significant growth in local research leadership. The transfer of Children and Young People services has added four new PIs from Forward Thinking Birmingham, alongside further growth across clinical, psychology, nursing, operational and senior management roles. Research nursing capacity has also strengthened through workforce development, student engagement, internships, preceptorship activity and specialist skills training, creating clearer routes

[1] Weighted recruitment adjusts recruitment figures to reflect the intensity and complexity of study delivery.

into research careers and increasing capability to deliver complex studies and innovative treatments. The Psychological Professions Research Mentoring Scheme has established 15 mentors and is supporting early project development, while the LEAR (Lived Experience Action Research) Group continues to strengthen expert by experience involvement through monthly engagement, training and research design input. Collectively, these developments demonstrate that research is becoming more embedded within routine clinical practice, professional development and service improvement across the Trust.

Strategic partnerships and nationally significant programmes have continued to strengthen the Trust's research profile. Through the NIHR Mental Health Translational Research Collaboration Mental Health Mission (Mental Health Mission), Oxford Biomedical Research Centre, Birmingham Health Partners and the Central and North West Midlands Commercial Research Delivery Centre, BSMHFT is contributing to regional and national infrastructure for translational and commercial mental health research. The research funded CALM service (Centre of Advanced Learning for Mood Disorder Management), including ketamine, Transcranial Magnetic Stimulation and the Depression Research and Advice Clinic, has created new routes for service users with treatment resistant depression (TRD) to access innovative care, while DECODE (Depression Exploration for Characterizing Outcomes and Developing trEatments) has created a digital platform and research-ready cohort to support more personalised identification, monitoring and treatment for patients with TRD. The Mental Health Mission regional delivery team is also supporting studies across multiple Midland's partner sites, extending the Trust's contribution to research capacity beyond Birmingham and Solihull.

The table below summarises the breadth of clinical, service, workforce and policy impacts generated through key areas of research activity across the Trust.

Addictions research has delivered significant local, national and international impact across treatment, overdose prevention, recovery policy and lived experience leadership. Locally, EXPO widened access to evidence-based treatment for opioid addiction, while NalPORS strengthened the evidence base for take-home naloxone. Three NIHR-funded recovery programmes will create further research opportunities through local addictions services. The work has also strengthened lived experience recovery leadership through the Recovery Connectors Group and the College of Lived Experience Recovery Organisations. Nationally and internationally, findings have informed Government and OHID prescribing guidance, shaped recovery policy and NIHR-funded recovery research, and extended influence through UN representation, contribution to Ireland's National Drugs Strategy and major external recognition.
Art psychotherapy research has strengthened BSMHFT's clinical academic capacity, arts therapies research culture and national profile. Dr Jed Jerwood's NIHR Senior Clinical Practitioner Research Award, the first awarded to an art psychotherapist by NIHR, has created a visible clinical academic route for art psychotherapy and wider AHPs. Locally, his mentoring of nurses, AHPs and art psychotherapists is supporting NIHR internship, pre-doctoral and doctoral development, while his work in mental ill health, palliative care and participatory arts-based methods strengthens research relevance in complex care settings. National roles, funded research and international invitations further raise BSMHFT's influence in arts-based mental health research.
Bipolar disorder research has strengthened local access to evidence-based psychological support, digital self-management and improved care pathways. The work has expanded support for people with bipolar disorder, embedded outcome monitoring and research into routine care, and demonstrated feasibility, acceptability and early efficacy. Service evaluation activity is improving equity, family work, CBT and screening pathways for possible bipolar disorder or psychosis,

supporting earlier identification, more appropriate intervention and future NIHR funding development.
Mood disorders research has delivered significant local impact by improving access to psychological support, innovative treatments, specialist assessment and research-enabled care for people with bipolar disorder, ADHD and treatment resistant depression. CALM has created new local routes to ketamine, TMS and the Depression Research and Advice Clinic, improving speed of assessment, clinical decision-making and access to novel treatments for people with complex depression. DECODE will further strengthen local care by creating a digital platform and research-ready cohort to support earlier recognition, symptom monitoring, self-management, personalised treatment and access to future trials. Together, this programme is embedding research into clinical pathways, strengthening links across primary, secondary and specialist care, supporting early patient benefit, expanding commercial and translational research, and building regional mood disorders research capacity.
Epilepsy and sleep research has strengthened BSMHFT's neuropsychiatry capability, supporting safer prescribing, better monitoring and more personalised care for people with complex epilepsy, sleep disorders and intellectual disability. The work contributes to national evidence on antiseizure medicines, biomarkers, medication safety and encephalitis guidance, while creating future local capacity for epilepsy, sleep and neuromodulation research through NIHR-funded TMS infrastructure.
Huntington's disease research has embedded research as a routine part of specialist HD care, giving local patients and families access to observational studies, early-phase trials and future disease-modifying treatment opportunities. BSMHFT is an exemplar ENROLL site and the highest UK recruiting site for HD CLARITY, supporting closer monitoring, evidence-based conversations and meaningful participation for people with an incurable inherited condition. The programme also builds specialist academic capacity through PhD and MSc supervision and strengthens NHS readiness for equitable access to future HD treatments.
Social cognition research is strengthening local neuropsychiatry practice by recruiting from the Trust's Huntington's disease service to develop a quality-of-life measure that better captures the impact of social cognition on people with HD. This work will support future assessment and intervention design, while Dr Clare Eddy's ethics leadership, R&D training and support for non-medical researchers are building research capability across BSMHFT. International consensus work, EHDN leadership and top global scholar recognition further raise the Trust's profile in neuropsychiatry and movement disorders research.
Nurse-led research has expanded significantly, demonstrating growth in high-quality funded nursing research with direct impact on workforce support, patient safety and inpatient care. Dr Analisa Smythe's work with internationally educated nurses is strengthening local workforce inclusion, retention and organisational learning by evidencing the importance of culturally responsive support, anti-racism, career development and inclusive team cultures. Separately, Dr Nutmeg Hallet's DRIVE-MH programme is improving responses after restrictive interventions by reframing restraint, seclusion and rapid tranquilisation as opportunities for repair, learning and harm reduction. Locally, DRIVE-MH findings are being translated into a BSMHFT quality improvement project, while nationally the work is influencing Restraint Reduction Network guidance and raising the profile of mental health nursing research.
Perinatal mental health research is improving local understanding of need, access and support for women, birthing parents, fathers, families and infants. The programme strengthens evidence on perinatal loss, family support, severe mental illness, postnatal depression beyond 12 months, inequalities and neurodivergence, helping services recognise needs earlier and tailor support more effectively. PRE-EMPT aligns with prevention and inequalities priorities for Black, Asian and more deprived communities, while emerging neurodivergence research will inform future assessment and support for parents and infants using perinatal services.
Schools and community applied research is supporting prevention, early identification and local planning for children and young people's mental health. Through the Breathe Education project,

schools and Birmingham City Council have access to population-level wellbeing data and resources to understand need, target support and strengthen local decision-making. The work also influences national debate through collaborations on population mental health, smartphone use and anti-bullying, while completed and ongoing doctoral projects are building future evidence on screening, social connectedness, school transition and young people from minoritised ethnic groups.

These examples demonstrate the Trust-wide value of research: translating evidence into practice, informing policy and guidance, improving pathways, supporting staff development and strengthening the Trust's regional and national profile. They also reinforce the importance of sustained investment in research infrastructure, partnerships and workforce capability to maximise benefits for service users, carers, staff and services.

Research outputs demonstrate a mature and competitive research environment. During the year, Trust research leads submitted 19 grant applications, with 9 successful awards securing £10.03m over the lifetime of the grants. Four awards, totalling £3.11m, will be led and hosted by BSMHFT, with further collaborative awards supporting local delivery. The Trust also reported 99 publications across a broad portfolio of clinical, translational, methodological and applied research. Service evaluation activity remained strong, with 46 applications reviewed and approved during 2025/26, supporting local improvement in areas including clinical supervision, complex emotional needs, trauma-informed room searches, secure care risk assessment, case-busting, personality disorder pathways, FCAMHS referral processes and looked-after children's pathways. Knowledge and Library Service activity also strengthened evidence use across the Trust, with increased OpenAthens access, 300 new e-books, 94 evidence searches, 325 externally sourced articles and 44 inductions supporting clinical practice, education, research development, grant applications and service improvement.

The Board can take assurance that R&D activity is directly supporting current Trust priorities and provides a strong platform for delivery of the new Trust Strategy 2026–31, through improved access to evidence-based and innovative care, stronger workforce capability, external investment, service improvement and wider research participation. Priorities for 2026/27 are to maintain financial sustainability, consolidate governance and finance processes following the Children and Young People portfolio transfer, improve recruitment to time and target, broaden research access across specialties, strengthen participant experience feedback, embed a structured impact framework, and continue scaling research-led innovation into mainstream service delivery. The 2026/27 programme will also focus on delivering new Mental Health Mission funded objectives, including DECODE recruitment, establishing and evaluating Complex Schizophrenia, Immunometabolic LiveWell and At Risk Mental State Clinics, supporting EPICare roll-out across CYP and Early Intervention in Psychosis teams. These goals will widen access to innovative and specialist interventions, support earlier recognition and prevention, strengthen physical health and cardiometabolic support for people with severe mental illness, improve clinical assessment and decision-making, and build evidence for wider scale-up. The programme will also strengthen service evaluation follow-through, expand research and nursing champion routes, introduce Research HCA and administrative capacity, and use KLS outreach, evidence access and Library Champions to support a more research-engaged and evidence-informed workforce.

Departmental Goals 2026/27: R&D

This section summarises the department's key goals for 2026/27 and identifies the lead role responsible for delivery. Together, these objectives form the R&D business plan for the year and will be overseen through the R&D Committee.

Research Governance:	
Review and implement Clinical Trials Dashboards in line with BHP requirements	Research Governance Manager
Archiving Essential Documentation – Research Studies	Research Governance Manager
Auditing – Research Studies	Research Governance Manager
Update the 'Issuing of Honorary Research Contracts and Letters of Access for Research within BSMHFT'	Research Governance Manager
Refreshing all Pharmacy SOPs	Clinical Trials Pharmacist
Introduce Florence to improve site file management and study delivery	Implementation & Performance Manager
Revisiting the 'consent to contact' process to improve recruitment to trials and to reduce clinical burden	Implementation & Performance Manager
Finance and Resources:	
R&D and Finance joint SOP	Research Governance Manager/Head of R&D
Pharmacy to use EDGE to invoice for all activity (set up fees, per activity payments)	Clinical Trials Pharmacist
Consolidate financial management and reporting to adequately support R&D to include CYP	Finance Manager
Implementing the NIHR income distribution model	Head of R&D/Finance Manager
Develop a spend plan for surplus/deferred income	Head of R&D/Finance Manager
NIHR Objectives:	
Maintain strong study set-up performance; remain compliant with national 150-day set-up requirement – 90 days for approvals (60 days at Trust level) and 30 days for recruitment.	Implementation & Performance Manager
Provide monthly reporting to Trust Board as part of NOF	Head of R&D
Strategy to engage all research teams in PRES	Implementation & Performance Manager
Mental Health Mission (MHM) Funded Objectives:	

CALM service (Ketamine and TMS) — Complete the pilot targets of 20 ketamine patients and 30 TMS patients, evaluate and begin the process of scaling CALM into a mainstream Trust service.	Senior Operations and Programme Manager/Head of R&D
DRAC (Depression Research and Advice Clinic) — Deliver 20 assessments per month and recruit participants to the DECODE platform. Impact of clinic in supporting commercially funded research to be assessed.	Senior Operations and Programme Manager
DECODE study — Commence active recruitment and support a scaled rollout with partners and collaborators.	Senior Operations and Programme Manager
New Complex Schizophrenia Clinic – establishment of a specialist consultative service providing assessment and evidence-based treatment advice for people with treatment-resistant schizophrenia and complex psychosis. Clinic established, operational, and undergoing evaluation.	Senior Operations and Programme Manager
New Immunometabolic (LiveWell) Clinic is a developing research-led pathway to address physical health inequalities and cardiometabolic risk among people with severe mental illness, particularly those supported by Early Intervention in Psychosis services. The model embeds evidence-based lifestyle and metabolic support within routine care, using multidisciplinary assessment, early risk identification and co-designed interventions to improve physical health outcomes and inform future commissioning — Clinic established, operational, and undergoing evaluation.	Senior Operations and Programme Manager
New At Risk Mental State (ARMS) Clinic — early intervention pathway for young people at heightened risk of psychosis, providing timely, evidence-based support before symptoms escalate. The model translates research into routine care through multidisciplinary assessment, clear referral pathways and integration with community, acute and early intervention services. Clinic protocols, SOPs and guidelines; establish the clinic and ensure it is operational	Senior Operations and Programme Manager
Support roll-out of the EPICare platform across CYP and Early Intervention in Psychosis teams. EPICare is a national digital platform that uses routinely collected NHS Early Intervention in Psychosis data to generate real-time insights on treatment, recovery and outcomes. R&D will support approvals for data collection and national analysis to assess the platform's impact and benefits.	Senior Operations and Programme Manager
Mental Health Mission: Capacity Building	
Provide Midlands wide support to NHS Mental Health Trusts to increase delivery of the MHM portfolio	Senior Operations and Programme Manager
Support the MHM Principal Investigator funded training opportunity for clinicians	Implementation & Performance Manager
Increasing Trust Research Capacity	
Akrivia: CRIS – following on from testing of the platform, assess roll out for use with Clinical Audit, QI and to support research delivery.	Head of R&D

Locally developed PI training	Implementation & Performance Manager
R&D Capacity Building Programme to increase capacity for future researchers/grant applications.	Head of R&D
Implement Research Champion programme	Implementation & Performance Manager
Implement Nursing Research Champion Programme	Implementation & Performance Manager
Introduce Research HCA and R&D admin posts to increase capacity and provide more entry level posts to R&D	Implementation & Performance Manager
Work with the CDRC to increase Commercial activity	Head of R&D/Implementation & Performance Manager
Support the Psychological Therapies Mentoring Programme to increase Research Capacity – support impact evaluation	Head of R&D/Implementation & Performance Manager
Support grant development and strengthen university and regional collaborations.	Associate Director/Head of R&D
Strategy Development;	
Co-produce a refreshed Research Strategy and explore key areas of research aligned to the Trust's strategic priorities and areas of importance to the LEAR group	Head of R&D/Implementation & Performance Manager
Teaching Trust Status:	
Revisit Teaching Trust status once CYP fully embedded. Explore opportunities to develop a robust prospectus/explore appetite to change Trust name to Teaching Trust	Associate Director/Head of R&D
Lived Experience Action Research (LEAR) Group	
Update the evaluation documentation used by the LEAR group to monitor their impact on research grant proposals	Implementation & Performance Manager
Work with the Trust Recovery for All team to develop appropriate transition pathways for LEAR members to use their skills and experience in opportunities beyond LEAR	Implementation & Performance Manager
Develop a business case to obtain funding to make the LEAR group sustainable in the long term	Implementation & Performance Manager
Service Evaluations:	

AMAT – localised use of AMAT tool to manage service evaluation approvals and collate impacts	Research Governance Manager
Establish processes to ensure service evaluation findings inform practice, pathways and commissioning.	Head of R&D/Implementation & Performance Manager
R&D Profile and Communications:	
Seminar Series	Implementation & Performance Manager
Impacts of Research and Service Evaluations in R&D Communications plan	Implementation & Performance Manager
Collaborative work with the Community and Engagement teams (Trust, CDRC and BHP)	Implementation & Performance Manager
Knowledge and Library Service	
Undertake an e-resource audit; support wider evidence use across the Trust.	Knowledge and Library Services Manager
Increase outreach and advocacy through Library Champions	Knowledge and Library Services Manager
Refresh the training offer	Knowledge and Library Services Manager

Birmingham and Solihull Mental Health NHS Foundation Trust

ANNUAL REPORT

2025/26

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1 Introduction:

Research is central to delivering better care, improving outcomes and building a learning organisation. During 2025/26, Research and Development activity across Birmingham and Solihull Mental Health NHS Foundation Trust has continued to strengthen services, support innovation, develop staff, and create opportunities for service users, carers and communities to take part in studies that can shape future mental health care.

This Annual Report brings together the evidence of that contribution. It highlights progress in finance, governance, NIHR Portfolio delivery, commercial and non-portfolio research, service evaluation, lived experience involvement, workforce development, publications and grant income. Most importantly, it shows how research is making a difference: influencing practice, strengthening pathways, improving experience, supporting staff development, attracting investment and raising the Trust's profile through regional, national and international collaboration.

2 Executive Summary:

Research and Development activity during 2025/26 has strengthened Birmingham and Solihull Mental Health NHS Foundation Trust's position as a research-active organisation, delivering benefits for service users, carers, staff, clinical services and system partners. The year has been characterised by growth in research income, improved governance infrastructure, increased commercial research activity, expansion of clinical research capacity, stronger academic and regional partnerships, and a clearer focus on demonstrating the real-world impact of research on care, outcomes and service improvement.

Although the work described in this report predates the Trust Strategy 2026–31, it provides a strong foundation for delivery of the new strategic priorities. Through research-led innovation, service evaluation, commercial and translational research, lived experience involvement, workforce development and evidence mobilisation, R&D is already supporting the Trust's direction of travel: improving care, reducing inequalities, strengthening clinical pathways, building staff capability and translating evidence into better outcomes for service users, carers, staff and communities.

The department delivered a breakeven financial position on a total budget of £2.1m, comprising £1.5m of research income and £0.6m of central Trust investment in core infrastructure. Research income increased by £0.9m during the year, representing a significant improvement and reflecting stronger income generation, improved cost recovery and more robust financial oversight through EDGE. Monthly reconciliation, project-level cost centre management and strengthened invoicing processes have improved transparency, supported delivery of savings requirements, and created a stronger platform for sustainable income generation from commercial, non-commercial and grant-funded research.

Research governance activity increased significantly, driven by 29 new study approvals and the transfer of 33 existing Children and Young People studies into BSMHFT following the Forward Thinking Birmingham transition. Despite this additional operational complexity, the governance team maintained responsive approval timelines, supported 53 HR research arrangements and processed 44 study modifications. NIHR data quality remained high at 98%, and the Trust is currently recorded as 100% compliant against the 2026/27 150-day study set-up requirements, providing assurance on readiness for national performance expectations and future funding-linked metrics.

The Trust maintained a strong research delivery platform, recruiting 362 participants to NIHR Portfolio studies during 2025/26. Commercial recruitment increased substantially from 4 to 54 participants, now representing 17% of total recruitment and reflecting progress towards a higher-value, more complex and commercially balanced portfolio. Weighted recruitment[1] performance improved, demonstrating a shift towards interventional and higher-impact studies. Continued focus is required on recruitment to time and target, widening portfolio breadth across specialties and improving participant experience feedback, all of which are reflected in the 2026/27 goals.

Research capacity has expanded substantially across the Trust, strengthening the workforce infrastructure needed to deliver a broader and more complex research portfolio. The Trust now has 34 active Principal Investigators and 5 Associate Principal Investigators, compared with 21 PIs and no Associate PIs in 2019, demonstrating significant growth in local research leadership. The transfer of Children and Young People services has added four new PIs from Forward Thinking Birmingham, alongside further growth across clinical, psychology, nursing, operational and senior management roles. Research nursing capacity has also strengthened through workforce development, student engagement, internships, preceptorship activity and specialist skills training, creating clearer routes into research careers and increasing capability to deliver complex studies and innovative treatments. The Psychological Professions Research Mentoring Scheme has established 15 mentors and is supporting early project development, while the LEAR (Lived Experience Action Research) Group continues to strengthen expert by experience involvement through monthly engagement, training and research design input. Collectively, these developments demonstrate that research is becoming more embedded within routine clinical practice, professional development and service improvement across the Trust.

Strategic partnerships and nationally significant programmes have continued to strengthen the Trust's research profile. Through the NIHR Mental Health Translational Research Collaboration Mental Health Mission (Mental Health Mission), Oxford Biomedical Research Centre, Birmingham Health Partners and the Central and North West Midlands Commercial Research Delivery Centre, BSMHFT is contributing to regional and national infrastructure for translational and commercial mental health research. The research funded CALM service (Centre of Advanced Learning for Mood Disorder Management), including ketamine, Transcranial Magnetic Stimulation and the Depression Research and Advice Clinic, has created new routes for service users with treatment resistant depression (TRD) to access innovative care, while DECODE (Depression Exploration for Characterizing Outcomes and Developing trEatments) has created a digital platform and research-ready cohort to support more personalised identification, monitoring and treatment for patients with TRD. The Mental Health Mission regional delivery team is also supporting studies across multiple Midland's partner sites, extending the Trust's contribution to research capacity beyond Birmingham and Solihull.

The table below summarises the breadth of clinical, service, workforce and policy impacts generated through key areas of research activity across the Trust.

Addictions research has delivered significant local, national and international impact across treatment, overdose prevention, recovery policy and lived experience leadership. Locally, EXPO widened access to evidence-based treatment for opioid addiction, while NalPORS strengthened the evidence base for take-home naloxone. Three NIHR-funded recovery programmes will create

[1] Weighted recruitment adjusts recruitment figures to reflect the intensity and complexity of study delivery.

further research opportunities through local addictions services. The work has also strengthened lived experience recovery leadership through the Recovery Connectors Group and the College of Lived Experience Recovery Organisations. Nationally and internationally, findings have informed Government and OHID prescribing guidance, shaped recovery policy and NIHR-funded recovery research, and extended influence through UN representation, contribution to Ireland's National Drugs Strategy and major external recognition.
Art psychotherapy research has strengthened BSMHFT's clinical academic capacity, arts therapies research culture and national profile. Dr Jed Jerwood's NIHR Senior Clinical Practitioner Research Award, the first awarded to an art psychotherapist by NIHR, has created a visible clinical academic route for art psychotherapy and wider AHPs. Locally, his mentoring of nurses, AHPs and art psychotherapists is supporting NIHR internship, pre-doctoral and doctoral development, while his work in mental ill health, palliative care and participatory arts-based methods strengthens research relevance in complex care settings. National roles, funded research and international invitations further raise BSMHFT's influence in arts-based mental health research.
Bipolar disorder research has strengthened local access to evidence-based psychological support, digital self-management and improved care pathways. The work has expanded support for people with bipolar disorder, embedded outcome monitoring and research into routine care, and demonstrated feasibility, acceptability and early efficacy. Service evaluation activity is improving equity, family work, CBT and screening pathways for possible bipolar disorder or psychosis, supporting earlier identification, more appropriate intervention and future NIHR funding development.
Mood disorders research has delivered significant local impact by improving access to psychological support, innovative treatments, specialist assessment and research-enabled care for people with bipolar disorder, ADHD and treatment resistant depression. CALM has created new local routes to ketamine, TMS and the Depression Research and Advice Clinic, improving speed of assessment, clinical decision-making and access to novel treatments for people with complex depression. DECODE will further strengthen local care by creating a digital platform and research-ready cohort to support earlier recognition, symptom monitoring, self-management, personalised treatment and access to future trials. Together, this programme is embedding research into clinical pathways, strengthening links across primary, secondary and specialist care, supporting early patient benefit, expanding commercial and translational research, and building regional mood disorders research capacity.
Epilepsy and sleep research has strengthened BSMHFT's neuropsychiatry capability, supporting safer prescribing, better monitoring and more personalised care for people with complex epilepsy, sleep disorders and intellectual disability. The work contributes to national evidence on antiseizure medicines, biomarkers, medication safety and encephalitis guidance, while creating future local capacity for epilepsy, sleep and neuromodulation research through NIHR-funded TMS infrastructure.
Huntington's disease research has embedded research as a routine part of specialist HD care, giving local patients and families access to observational studies, early-phase trials and future disease-modifying treatment opportunities. BSMHFT is an exemplar ENROLL site and the highest UK recruiting site for HD CLARITY, supporting closer monitoring, evidence-based conversations and meaningful participation for people with an incurable inherited condition. The programme also builds specialist academic capacity through PhD and MSc supervision and strengthens NHS readiness for equitable access to future HD treatments.
Social cognition research is strengthening local neuropsychiatry practice by recruiting from the Trust's Huntington's disease service to develop a quality-of-life measure that better captures the impact of social cognition on people with HD. This work will support future assessment and intervention design, while Dr Clare Eddy's ethics leadership, R&D training and support for non-medical researchers are building research capability across BSMHFT. International consensus work,

EHDN leadership and top global scholar recognition further raise the Trust's profile in neuropsychiatry and movement disorders research.
Nurse-led research has expanded significantly, demonstrating growth in high-quality funded nursing research with direct impact on workforce support, patient safety and inpatient care. Dr Analisa Smythe's work with internationally educated nurses is strengthening local workforce inclusion, retention and organisational learning by evidencing the importance of culturally responsive support, anti-racism, career development and inclusive team cultures. Separately, Dr Nutmeg Hallet's DRIVE-MH programme is improving responses after restrictive interventions by reframing restraint, seclusion and rapid tranquilisation as opportunities for repair, learning and harm reduction. Locally, DRIVE-MH findings are being translated into a BSMHFT quality improvement project, while nationally the work is influencing Restraint Reduction Network guidance and raising the profile of mental health nursing research.
Perinatal mental health research is improving local understanding of need, access and support for women, birthing parents, fathers, families and infants. The programme strengthens evidence on perinatal loss, family support, severe mental illness, postnatal depression beyond 12 months, inequalities and neurodivergence, helping services recognise needs earlier and tailor support more effectively. PRE-EMPT aligns with prevention and inequalities priorities for Black, Asian and more deprived communities, while emerging neurodivergence research will inform future assessment and support for parents and infants using perinatal services.
Schools and community applied research is supporting prevention, early identification and local planning for children and young people's mental health. Through the Breathe Education project, schools and Birmingham City Council have access to population-level wellbeing data and resources to understand need, target support and strengthen local decision-making. The work also influences national debate through collaborations on population mental health, smartphone use and anti-bullying, while completed and ongoing doctoral projects are building future evidence on screening, social connectedness, school transition and young people from minoritised ethnic groups.

These examples demonstrate the Trust-wide value of research: translating evidence into practice, informing policy and guidance, improving pathways, supporting staff development and strengthening the Trust's regional and national profile. They also reinforce the importance of sustained investment in research infrastructure, partnerships and workforce capability to maximise benefits for service users, carers, staff and services.

Research outputs demonstrate a mature and competitive research environment. During the year, Trust research leads submitted 19 grant applications, with 9 successful awards securing £10.03m over the lifetime of the grants. Four awards, totalling £3.11m, will be led and hosted by BSMHFT, with further collaborative awards supporting local delivery. The Trust also reported 99 publications across a broad portfolio of clinical, translational, methodological and applied research. Service evaluation activity remained strong, with 46 applications reviewed and approved during 2025/26, supporting local improvement in areas including clinical supervision, complex emotional needs, trauma-informed room searches, secure care risk assessment, case-busting, personality disorder pathways, FCAMHS referral processes and looked-after children's pathways. Knowledge and Library Service activity also strengthened evidence use across the Trust, with increased OpenAthens access, 300 new e-books, 94 evidence searches, 325 externally sourced articles and 44 inductions supporting clinical practice, education, research development, grant applications and service improvement.

The Board can take assurance that R&D activity is directly supporting current Trust priorities and provides a strong platform for delivery of the new Trust Strategy 2026–31, through improved access to evidence-based and innovative care, stronger workforce capability, external investment, service

improvement and wider research participation. Priorities for 2026/27 are to maintain financial sustainability, consolidate governance and finance processes following the Children and Young People portfolio transfer, improve recruitment to time and target, broaden research access across specialties, strengthen participant experience feedback, embed a structured impact framework, and continue scaling research-led innovation into mainstream service delivery. The 2026/27 programme will also focus on delivering new Mental Health Mission funded objectives, including DECODE recruitment, establishing and evaluating Complex Schizophrenia, Immunometabolic LiveWell and At Risk Mental State Clinics, supporting EPICare roll-out across CYP and Early Intervention in Psychosis teams. These goals will widen access to innovative and specialist interventions, support earlier recognition and prevention, strengthen physical health and cardiometabolic support for people with severe mental illness, improve clinical assessment and decision-making, and build evidence for wider scale-up. The programme will also strengthen service evaluation follow-through, expand research and nursing champion routes, introduce Research HCA and administrative capacity, and use KLS outreach, evidence access and Library Champions to support a more research-engaged and evidence-informed workforce.

3 Finance and Resources:

The Research and Development department is funded through a combination of external research income and central Trust investment. External income is generated through commercial, charitable and non-commercial research, with the National Institute for Health and Care Research and its partners representing the largest funding source. Central Trust funding supports the core management and infrastructure required to deliver a safe, compliant and sustainable research portfolio. This section summarises the department's financial position, use of resources, workforce infrastructure and forward financial planning.

3.1 Financial Position 2025/26

In 2025/26, the R&D department recorded total income of £1.5m, representing an increase of £0.6m compared with the previous year. This included £0.3m of income transferred from Forward Thinking Birmingham following the transition of Children and Young People research activity. The largest income source was the Mental Health Mission, with MHM 1.0 and 2.0 contributing a combined £0.65m. Research Delivery Network income contributed £0.3m, with the remaining £0.55m generated through commercial and non-commercial project grants. In addition, the Trust allocated £0.6m in central core funding to support R&D infrastructure staff. Total pay and non-pay expenditure was £2.1m, resulting in a breakeven position for the year.

Deferred income has been carried forward at the end of the 2025/26 financial year, primarily relating to ongoing trials where income has been received in advance of expenditure. This ensures that income is recognised in line with study activity. Where surplus income remains, or where funding relates to trials that have now concluded, these funds will be reinvested to strengthen future capacity within the R&D team. During 2026/27, regular finance review meetings will be used to develop a clear spend plan for any available surplus, with a focus on building capacity across the R&D division.

The R&D department has identified and released sufficient savings to meet the required 3% savings target for both 2025/26 and 2026/27. From 2026/27 onwards, the organisation is expected to deliver a further 3% saving. The department's planned approach is to meet this requirement through increased income generation, including consistent application of appropriate margins and overhead recovery within grant costing. This will support financial sustainability while maintaining capacity to deliver research activity.

The R&D and Finance teams have continued to embed monthly reconciliation through EDGE, improving invoicing, financial oversight and monitoring of study income, expenditure and performance. Mental Health Mission funding has also supported the appointment of a Clinical Trials Pharmacist to strengthen clinical trial set-up and delivery. The pharmacist will work with the R&D team to ensure pharmacy-related costs are invoiced through EDGE and, where appropriate, built into grant applications to support full cost recovery. Each research project is now managed at cost centre level, providing greater transparency, more accurate forecasting and clearer reporting to study leads and external stakeholders.

Following the transfer of the Children and Young People division in July 2025, the R&D finance function has continued to report separately on projects transferring from Forward Thinking Birmingham, alongside the existing BSMHFT portfolio. Work has been undertaken to review processes, align practice and support consistent cost recovery across both portfolios. The longer-term intention is to move towards a consolidated R&D financial position, although the timing and approach for this remain under development.

4 Research Governance and Study Support Service

The Research Governance and Study Support Service plays a central role in enabling safe, compliant and timely research across the Trust. During 2025/26, the team supported the full study lifecycle from feasibility and set-up through to amendments, HR arrangements, financial oversight and study closure, ensuring that research activity met regulatory, ethical and organisational requirements while remaining deliverable within clinical services.

This work has helped researchers and clinical teams open studies efficiently, maintain audit-ready records and navigate the increasingly complex requirements of commercial, non-commercial, portfolio and academic research. By strengthening local capability assessment, costing, approvals and study records, the team has supported access to research opportunities for service users and staff while protecting quality, safety and governance standards.

Capacity within the service has increased with the appointment of a second Research Governance Facilitator from the beginning of 2026. This additional capacity, funded via a successful bid to the Research Delivery Network, has strengthened responsiveness, improved resilience and supported the team to manage increased activity following the transfer of Children and Young People research from Forward Thinking Birmingham.

4.1 Research studies approved: A year in review

The year was marked by a significant increase in governance activity, driven by both new study approvals and the transfer of the Children and Young People research portfolio into BSMHFT. This transition brought 33 existing pieces of research activity into the Trust and required detailed governance, contractual, financial, HR and systems work to ensure continuity of safe and compliant study delivery.

The transfer required study documentation, contracts, finances, HR arrangements and EDGE records to be reviewed, updated and aligned to BSMHFT systems. Although this created a substantial operational workload, it enabled research continuity for children and young people's services and ensured that transferred studies could continue within appropriate Trust governance arrangements.

Alongside this transfer work, the team reviewed and formally approved 29 new studies during the year, excluding studies already running at Forward Thinking Birmingham. These included academic,

non-portfolio, commercial NIHR portfolio and non-commercial NIHR portfolio studies, demonstrating the breadth of research being supported across the organisation.

The approved portfolio reflected strong collaboration with universities, commercial sponsors and clinical services. Studies were supported across a wide range of areas including bipolar disorder, early intervention, community mental health, deaf mental health, eating disorders, learning disability and autism, secure care, neuropsychiatry, older adult services, perinatal care, CAMHS, psychiatric intensive care and Trust-wide services.

Importantly, all approved studies aligned with one or more Trust strategic priorities, with the majority supporting Clinical Services and Quality. Several studies also aligned with the People and Sustainability agendas, addressed socio-economic factors, or focused on populations with protected characteristics. This demonstrates the contribution of research governance to a portfolio that is clinically relevant, inclusive and aligned with organisational priorities.

4.2 Research studies approved - set up times:

The team maintained responsive approval timelines despite increased demand. Across the 29 studies approved during the year, the average review period from receipt of a complete Local Information Pack to formal approval was 13 calendar days, supporting timely access to research opportunities while maintaining robust governance oversight.
Commercial portfolio studies were reviewed in an average of 18 calendar days and non-commercial portfolio studies in an average of 26 calendar days, reflecting the additional contractual, financial and operational complexity often associated with these studies. These timelines demonstrate the team's ability to balance pace with appropriate due diligence, helping the Trust remain responsive to sponsors, investigators and national research delivery expectations.

4.3 Post-approval – processing of Modifications and HR arrangements:

Post-approval support remained a major area of activity. The team processed 53 HR arrangements, comprising 10 Honorary Research Contracts and 43 Letters of Access, ensuring researchers were appropriately authorised to work within the Trust and that research activity could proceed safely and compliantly.

The team also processed 44 study modifications submitted through the Health Research Authority and/or Research Ethics Committee, including 19 substantial and 25 minor modifications. Timely review of these changes supported ongoing compliance, minimised disruption to active studies and enabled research teams to adapt safely to changes in protocol, staffing, delivery arrangements and participant-facing materials.

4.4 National updates – 150 days set up time

National expectations around study set-up continued to sharpen during the year, with the 150-day pathway placing greater emphasis on rapid progression from clinical trial application to recruitment of the first participant. For sites, the key requirement is completion of local set-up and first recruitment within 90 days of receiving the Local Document Pack or site selection amendment.

This has direct operational and financial implications, with the site-level pathway requiring governance approval within 60 days and first participant recruitment within a further 30 days. From April 2026, 30% of Research Delivery Network delivery funding in England will be linked to achievement of the 90-day target, making accurate tracking, timely approvals and close collaboration between governance and delivery teams increasingly important.

The Trust's use of EDGE to maintain accurate study records and support Research Delivery Network reporting is therefore essential. For 2026/27, BSMHFT is currently recorded as 100% compliant, providing a strong platform for future performance against national study set-up requirements. The department will be reporting performance against this metric to the Trust Board as part of the National Oversight Framework (NOF).

4.5 Governance, assurance and compliance

The Trust sponsored one study during the year, and no potential breaches were identified in relation to overdue opening, missing sample size or low recruitment. Data quality remained strong at 98%, with one outstanding error requiring correction.

4.6 National updates – New Clinical Trials Regulations

The Medicines for Human Use (Clinical Trials) (Amendment) Regulations 2025 came fully into force on 28 April 2026 and represent the most significant reform of the UK clinical trials framework in more than two decades. The changes are intended to reduce duplication, accelerate approvals, improve transparency and strengthen participant safety.

Key changes include combined MHRA and Research Ethics Committee approval, faster routes for low-risk trials and modifications, updated terminology, enhanced registration and reporting requirements, strengthened pharmacovigilance and more flexible consent and investigator arrangements. Together, these reforms support faster, safer and more accessible clinical trial delivery.

The R&D Department has responded by encouraging researchers to update Good Clinical Practice training and by reviewing departmental policies and Standard Operating Procedures. This will ensure that BSMHFT remains aligned with national requirements and is well positioned to support efficient, high-quality clinical trial delivery under the new regulatory framework.

5 Participant Recruitment to the National Institute for Health and Care Research Portfolio and Research Delivery Network objectives:

The Trust maintained a strong research delivery platform during 2025/26, with recruitment increasing from 347 participants in 2024/25 to 362 participants in 2025/26. Although overall recruitment volume remained broadly consistent, performance improved under the NIHR weighted recruitment model, indicating a shift towards more complex and higher-value research activity, particularly interventional and commercial studies. The year also demonstrated continued strength in study set-up performance, data quality and sponsor compliance, while highlighting areas requiring focused improvement, including recruitment to time and target, portfolio breadth across specialties, participant experience feedback and sustained growth in commercial and high-impact research. The table below summarises recruitment during 2025/26, including each study's in-year recruitment, cumulative recruitment, site target and percentage of target achieved.

Study	Opened	Closed	Total for this year	Rec to date	Total site target	% total target reached
ACORN II: RCT for antenatal anxiety	18/12/2024	31/10/2026	**86**	91	98	93
ADEPP	27/07/2021	30/09/2025	**10**	100	100	100

ASCEnD	21/08/2024	31/08/2027	**4**	5	14	36
BDD vignette study	24/06/2025	11/08/2025	**4**	4	2	200
Bipolar At Risk Trial II (BART II)	27/07/2023	31/07/2025	**6**	45	36	125
The effectiveness of lithium plus quetiapine COMBination versus lithIum versus quetiapiNe monothErapy in the maintenance treatment of bipolar disordeR: the COMBINER trial.	09/12/2025	31/07/2027	**1**	1	39	3
CHIPstudy: The child and youth peer support study v01	23/10/2025	31/08/2028	**1**	1	180	1
CRiB2	20/04/2023	30/06/2025	**5**	53	60	88
Culturally Appropriate Advocacy Evaluation: Mental Health Act Reform	18/12/2024	31/07/2025	**5**	38	31	123
DIGG-HD	15/01/2025	01/10/2026	**5**	7	10	70
Early Intervention Mission	24/06/2025	31/01/2028	**2**	2	200	1
Enroll-HD	10/02/2014	01/08/2063	**14**	264	120	220
Ethnic variations in accessing treatment for Eating Disorders (EVATE)	05/04/2024	31/10/2025	**5**	5	5	100
GlobalMinds	29/07/2025	28/02/2028	**44**	44	480	9
GOTHIC2	18/12/2024	31/08/2027	**10**	10	29	34
HDClarity	02/05/2017	30/04/2027	**4**	47	20	235
NIHR SMILE BioResource	11/12/2025	31/01/2038	**1**	1	100	1
PPiP2	06/12/2016	31/03/2027	**6**	100	60	167
SNAPPER	11/04/2022	31/05/2026	**21**	53	24	221
Social cognition and quality of life in Huntington's disease	30/09/2022	31/12/2026	**42**	108	120	90
The PIMS Trial	01/07/2022	31/08/2026	**12**	47	45	104
An evaluation of Care (EduCatIon) and treatment reviews for people with Learning dIsabilities and Autistic people (CECiLiA)	18/08/2025	28/02/2026	**8**	8	1	800
VISION-QUEST	19/06/2024	31/03/2026	**14**	27	20	135
WE45491 - HD Gene Expansion Carriers	15/05/2025	16/09/2028	**11**	11	15	74
NCISH	01/06/2007		**41**	624	N/A	N/A
TOTAL RECRUITMENT FOR 2025/26			**362**			

5.1 Commercial and non-commercial research

Commercial recruitment increased significantly during the year, rising from 4 participants in 2024/25 to 54 in 2025/26. Commercial studies now account for 17% of total recruitment, compared with 1.1% in the previous year. This represents a positive shift towards higher-value research aligned with NIHR Research Delivery Network priorities. Non-commercial recruitment remained broadly stable,

increasing from 347 participants in 2024/25 to 362 in 2025/26; however, continued oversight is required for studies at risk of missing recruitment to time and target.

5.2 Study performance against the 150 days

As outlined in section 4.4, the national 150-day set-up target introduces a stronger focus on moving studies quickly from approval to first recruitment. To assess local readiness, the delivery team reviewed this measure retrospectively across the portfolio. This showed that 33% of studies recruited their first participant within 30 days of approval. Although not all studies will be formally assessed against this target, applying the measure across the portfolio has helped identify where processes need to be strengthened, particularly in the transition from study opening to active recruitment.

5.3 Recruitment to time and target

Recruitment to time and target remains a key delivery challenge. For non-commercial studies, 10 studies were on track, representing 29% of the portfolio, while 25 studies, or 71%, were likely to miss target. Fourteen open studies had not yet recruited. A focused improvement plan will be required in 2026/27, with targeted support for off-track studies, strengthened escalation routes and closer monitoring of studies with zero recruitment.

5.4 Participant experience and portfolio development

Participant Research Experience Survey (PRES) response rates remained low, with one response received during the year. This limits assurance on participant experience and reduces the evidence available to demonstrate the service user and carer impact of research participation. Improving response rates will therefore be a priority in 2026/27, including embedding survey promotion into study close-out, participant follow-up and research team workflows. The portfolio also requires continued development across Trust specialties to ensure that research opportunities are available to a broader range of services, staff, service users and carers.

5.5 NIHR Portfolio Delivery 2026/27: Risks and mitigations

Risk	Potential impact	Mitigation
Reduced overall recruitment volume	Lower visibility of Trust research participation and potential impact on future funding assumptions.	Prioritise recruitment recovery plans for open studies and support services with active studies to identify eligible participants.
Non-commercial studies missing time and target	Reduced delivery confidence and risk to sponsor relationships.	Introduce focused monitoring of off-track studies, escalation routes, and targeted support for studies with zero recruitment.
Narrow portfolio breadth	Limited research access across specialties and reduced opportunity for service users and staff to participate.	Develop specialty-level engagement plans and identify new research opportunities in underrepresented areas.
Low PRES response rate	Limited assurance on participant experience and reduced evidence of service user feedback.	Embed PRES promotion into study close-out, participant follow-up and research team workflows.

Overall, the Trust can take assurance from strong study set-up performance, improved weighted recruitment, increased commercial activity, high data quality and sponsor compliance. Priorities for 2026/27 are to strengthen recruitment delivery, broaden portfolio access across specialties, improve participant experience feedback and maintain alignment with NIHR Research Delivery Network and National Oversight Framework expectations.

6 Non-NIHR Portfolio Research Activity:

Non-NIHR Portfolio research supports clinical enquiry, service improvement, workforce development and academic progression in areas that may not be eligible for NIHR Portfolio adoption. Although delivered within existing capacity and without NIHR delivery funding, these studies enable staff and students to explore questions relevant to local services, patient experience and future care pathways. This activity builds research skills and academic partnerships, while creating a pipeline for future funded research, service evaluation and quality improvement. The current portfolio is predominantly academic, with most studies undertaken at master's level. A full list of the 11 ongoing non-portfolio studies is provided in the table below. There are a further 9 projects in the feasibility/setup phase.

Project Short title	Study information	Principal Investigator	Recruitment end date:	Project Type:
How are Patients' Sexual Needs Managed in UK Medium Secure Hospitals?	Exploratory qualitative study of how sexual needs are managed in UK NHS medium secure hospitals.	Dr Victoria Wilkes	14/07/2025	Academic/student
Dementia care in inpatient forensic services	Qualitative study exploring experiences and needs of people living with dementia in forensic hospitals and staff supporting them.	Dr Abdullah Mia	31/05/2025	Academic/student
Navigating Living And Working Well	Study to improve understanding of internationally educated nurses' concrete and social needs and how best to support integration within clinical teams.	Ms Analisa Smythe	30/09/2025	Academic/student
Personality Disorder Treatment in OOA Hospitals: An IPA Study	Interview study exploring experiences of people treated out of area for personality disorder diagnosis.	Mr Jack Farr	03/10/2026	Academic/student
FIRM-C	Study comparing clinical levels of dissociation and psychosis using cognition and neural activity.	Dr Edward Day	24/09/2027	Academic/student
Exploring the Use of Combined Risk Assessments amongst AMHPs	Study exploring racial cognitive biases and combined risk assessments among AMHPs working in mental health services.	Not specified	30/04/2026	Academic/student
Experiences of health care professionals in perinatal services	Qualitative study exploring experiences of initiating and managing conversations about risk of harm in perinatal services.	Sarah Bicknell	08/06/2027	Academic/student
Relationship resilience self-compassion burnout	Study examining resilience, self-compassion, burnout and compassion fatigue in staff working in PICUs.	Dr Gary Roberts	20/03/2026	Academic/student
Application of FORM NHS Psychiatry	Quantitative staff survey exploring high reliability organisation features in NHS psychiatry.	Mr Thomas Kearney	04/07/2026	Academic/student
Working in Counter Terrorism from a trauma informed perspective	Study exploring trauma-informed support for people at risk of extremist offending and staff working in counter terrorism settings.	Dr Lisa Hewitt	01/07/2026	Academic/student

Neurodiversity in the perinatal period	Study exploring how neurodiversity affects the experiences of birthing people with perinatal mental health problems.	Jelena Jankovic	01/06/2028	Academic/student

7 Developing Research Capacity:

This section summarises the partnerships, initiatives and infrastructure supporting the Trust's capacity to deliver, develop and embed high-quality research. It highlights activity that is strengthening workforce capability, broadening access to research opportunities, supporting clinical academic development and increasing the Trust's contribution to regional and national research priorities.

7.1 Birmingham Health Partners (BHP):

Birmingham Health Partners is an NHS–university alliance that supports high-impact research, innovation and improved population health. Through this partnership, BSMHFT can access targeted funding, fellowships, an Evaluation Service, and research platforms including REDCap and Florence.

BSMHFT has used REDCap through BHP to support electronic data capture for evaluation of the neuromodulation service. Florence, a platform for managing clinical trials and research processes, will be introduced during 2026/27. BHP is also supporting development of an accessible clinical trials dashboard to improve oversight of approvals and support reduced study set-up times, including performance against the 150-day target.

7.2 Central and North West Midlands Awarded Prestigious NIHR Commercial Research Delivery Centre (CDRC):

The Central and North West Midlands (C&NWM) Commercial Research Delivery Centre (CDRC) is an NIHR-funded initiative established in late 2024 (operational from April 2025) to increase the speed, scale and accessibility of commercial clinical research across the region.

Hosted by Birmingham Women's and Children's NHS FT and delivered through a partnership of over 25 organisations across acute, community and primary care, the CDRC has, within the last financial year, focused on system mobilisation and early delivery. This has included establishing a regional hub-and-network model, developing delivery site infrastructure across two ICS footprints, and creating a single point of access for industry partners to streamline study set-up and enable more efficient matching of studies to sites.

The Centre has also initiated engagement with commercial sponsors (pharmaceutical, biotechnology and device companies) to build a pipeline of studies, alongside early work to expand access to trials beyond acute settings into community and primary care, supporting NIHR priorities around inclusion and decentralised research delivery. Efforts have included collaboration with patient groups and community partners to improve access for underserved populations and address regional health inequalities.

BSMHFT is a delivery Hub within the CDRC network and provides representation for Mental Health on the Executive Leadership Group, ensuring that mental health research is embedded within the

regional commercial research portfolio and that opportunities for commercial trial delivery in mental health are maximised.

7.3 Oxford Biomedical Research Centre (BRC):

In 2022, BSMHFT, in partnership with the Institute for Mental Health (IMH), became a member of the NIHR Biomedical Research Centre (BRC), with this formalised contractually in 2023. The Trust contributes to the Depression Therapeutics theme, led locally by Professor Steven Marwaha, which focuses on using neurocognitive models to develop improved treatments for depression.
Delivery to date has centred on establishing a research-ready clinic, including standardised data collection aligned to the national Difficult to Treat Depression (DTD) dataset. The clinic continues to operate, supporting referrals into neuromodulation services (including ketamine and planned Transcranial Magnetic Stimulation) and facilitating participation in clinical trials.

2026/27 will be the final year of current BRC funding. The Trust is also actively involved in new BRC funding applications with Oxford Health and University Hospitals Birmingham, building on this programme of work and aligning with priorities within the Mental Health Mission.

7.4 Increasing our Local Investigator Pool: Principal Investigators (PIs)

Principal Investigator capacity remains a key enabler of research delivery. The Trust now has 34 active Principal Investigators and 5 Associate Principal Investigators, with the largest base within mental health services. The addition of the Children and Young People directorate has introduced four new PIs, alongside a further four from other directorates. New PI roles include a Matron, a senior management team member, two Clinical Psychologists, three psychiatrists and a Service Manager, demonstrating wider engagement with research across clinical, operational and professional groups.

7.5 Increasing Clinical Skills and Research Nurse Capacity:

During 2025/26, the R&D team strengthened research nursing and clinical research capacity across the Trust, creating clearer routes into research careers and expanding the workforce able to deliver complex studies and innovative treatments. This work has increased the visibility of research as part of clinical practice, supported staff development, and helped build a sustainable pipeline of future research nurses and clinical academics.

A key achievement was embedding research awareness into the Trust's preceptorship programme for nursing associates, newly qualified nurses and Allied Health Professionals. Developed with the Education Team, the session introduced staff to research regulation, clinical research roles, NIHR development routes and current studies open in the Trust. Sixty-three staff attended and completed feedback, with positive responses helping to refine the offer. The programme has supported early engagement with research, increased follow-up enquiries from staff, and contributed directly to recruitment of a new research nurse into the department.

The Trust has also created new entry points for students and early career professionals through a student research taster day, delivered with the Education Team and local universities, and through continued participation in the MPFT-led regional research internship programme. More than 50 students expressed interest in observing research activity across services including addictions, older adults and dementia, and perinatal care. Alongside regional internship opportunities across "Stepping into Research", "Growing into Research" and "Delivery in Research" pathways, this work is helping to raise awareness of research careers and strengthen the future workforce pipeline.

Clinical research capacity has increased through expansion of the delivery team and the development of new service-based research infrastructure. Since 2024, the Lead Research Nurse role has overseen delivery of open clinical trials, supported closure of Huntington's disease portfolio studies, and contributed to the set-up and activation of new studies across Huntington's disease, mood disorders and epilepsy. This has strengthened operational oversight, improved study readiness and increased the Trust's ability to deliver research in specialist clinical areas.

The launch and expansion of the ketamine and Transcranial Magnetic Stimulation clinics have created further opportunities for research nurses to deliver complex interventions safely, develop specialist clinical skills and support access to innovative treatment options for service users. The ketamine clinic now operates twice weekly at full capacity, while the TMS clinic operates Monday to Friday. Together, these services are building a research-active clinical workforce while widening access to novel treatments for people with difficult-to-treat mental health conditions.

Workforce development has been central to this programme. Research nurses and wider team members have developed competencies in venepuncture, Immediate Life Support, intravenous medication administration, clinical supervision, Good Clinical Practice and safe delivery of complex clinical trials. Training sourced through partnership with the University of Birmingham has also been shared with wider services, extending clinical research capability beyond the immediate R&D team.

The programme has also supported research nursing leadership. Ongoing mentorship, clinical supervision and structured training have enabled new staff to build confidence and competence in research delivery, while Mental Health Mission funding for the Lead Research Nurse to undertake an MSc in NIHR Leading Clinical Research will further strengthen clinical academic leadership within the Trust.

Overall, this work has increased the visibility of research nursing, expanded the Trust's clinical research workforce, strengthened regional collaboration and improved capacity to deliver studies and innovative treatments safely. Next steps include continuing to host regional interns, reviewing the student taster day model, developing a research champions programme initially focused on newly qualified nurses and creating Research HCA (Health Care Assistant) posts and training opportunities.

7.6 Increasing the research capacity of Clinical Psychologists: Psychological Professions Research Mentoring Scheme

Since launching in January 2026, the BSMHFT Psychological Professions Research Mentoring Scheme has continued to build momentum as a practical way of strengthening research culture, increasing research activity and aligning trainee and psychological professions research with service need. The scheme has been promoted through email communications, Connect, R&D events and briefings, helping to raise awareness and support engagement across the Trust.

Fifteen psychological professionals are now participating as mentors, and a Community of Practice has been established to support quality, shared learning and peer support. Interest has been encouraging, with 21 staff having attended the webinar to date and a further 5 booked. Eight mentoring matches have been made, supporting seven new projects and one publication, with seven mentees having already attended their first session. Work is also progressing on standardised forms, guidance and toolkits, alongside plans for an ideas bank to help identify suitable areas for research and service evaluation activity.

The main issues at this stage relate to sustainability, engagement and capacity as the scheme grows, particularly the practical support needed to help mentees develop proposals and progress activity between sessions. Longer-term delivery will require ongoing coordination, visibility and resource, and there is also a risk that demand could exceed mentor capacity if interest continues to increase. The next phase of work will focus on refining the supporting resources, strengthening engagement beyond webinar attendance, and continuing quarterly webinars and targeted communications to maintain momentum.

7.7 Supporting Region Wide Research Delivery Capacity:

The Mental Health Mission is strengthening regional research delivery capacity through a sustainable hub-and-spoke model for mental health research across the Midlands. This model is designed to build a network of trained and active NHS partner sites, support delivery in underused or inactive settings, and widen access to early phase, experimental medicine and novel intervention studies in early psychosis and treatment resistant depression.

Following the transfer of Forward Thinking Birmingham services into BSMHFT, the Trust assumed responsibility for this element of the Mental Health Mission objective and has moved from partial implementation to active regional delivery. The workforce has been reviewed and refreshed, strengthening the capacity, coordination and focus required to deliver the intended model. BSMHFT is now providing dedicated research delivery support beyond Birmingham and Solihull, including partner Trusts in Derby, the Black Country, Coventry and Northampton. This has created a more stable and responsive delivery infrastructure for mental health research across the Midlands and supports a sustainable pipeline of trained sites able to contribute to Mental Health Mission objectives.

7.8 Lived Experience Active Research (LEAR) Group:

Established in 2019, the Lived Experience Active Research (LEAR) Group remains a significant asset to the R&D Department and BSMHFT. The group has around fifteen members, including people who have used BSMHFT services and family carers, all with a specific interest in research. Members bring wide-ranging experience and insight into mental health conditions and services, and the group has continued to welcome new members during the year. Chaired by Rekha Lodhia, with Maureen Johnson as Vice Chair, and supported by the Trust's Lead for Recovery, Service User, Carer and Family Experience and the R&D team, the group meets monthly. Interest in involving LEAR at the research development stage has continued to grow, reflecting a more collaborative and meaningful approach to service user and carer involvement. This demonstrates the strength of the group's contribution and the value of its input to research across the Trust.

During 2025/26, the group:

- Created member profiles to highlight the group's skills and experience and support further collaboration with researchers
- Continued to build members' research skills through a programme of tailored research methods training
- Hosted a stall at the Research and Development showcase event
- Welcomed four new members
- Supported internal and external researchers to refine their projects
- Contributed to the development of the new Trust Strategy

7.9 R&D Profile and Communications:

During 2025/26, the R&D team continued to raise the profile of research across the Trust through induction, MDTs, local governance meetings, community engagement events and wider Trust forums. This activity promoted open studies, increased staff and service user awareness, and reinforced research as part of routine clinical practice and professional development. Monthly R&D newsletters, Connect, colleague briefings and the R&D mailing list were used to share opportunities, highlight findings, recognise clinical teams supporting delivery and maintain visibility across the organisation. Newsletter membership increased to 493 recipients. The team also delivered the bi-annual R&D Showcase.

7.9.1 R&D Showcase 2026:

The R&D Showcase 2026 brought together 95 Trust staff, experts by experience and external partners at the MAC (Midlands Arts Centre) to celebrate research across the Trust. The event highlighted how research is improving care, supporting service development and creating opportunities for collaboration across clinical, academic and lived experience communities.

A hybrid of presentations and video shorts, the day showcased the breadth of Trust research, including forensic mental health, Huntington's disease, psychosis, debriefing, psychological services, early intervention, mood disorders and innovative treatments such as Ketamine and Transcranial Magnetic Stimulation. Feedback was highly positive, with attendees describing the day as inspiring, enlightening and well organised, and valuing the opportunity to learn, connect and see the real-life impact of research on patients' lives.

The Showcase strengthened visibility of R&D activity, reinforced the Trust's research-active culture and encouraged wider participation in future research, supporting better care, workforce development and stronger partnerships.

8 Research: Impacts, accolades and recognition

Research is a core enabler of better care, stronger services and a sustainable workforce. Evidence from NIHR and the Royal College of Physicians shows that research-active NHS trusts are associated with better outcomes, improved quality of care, stronger staff engagement and enhanced workforce retention. Research also supports innovation, attracts investment, strengthens partnerships and helps translate evidence into improved clinical practice. This section highlights how research at BSMHFT is delivering local, regional, national and international impact through changes in practice, contributions to guidance, service innovation, workforce development and improved experience for service users, carers and staff.

Publications relevant to this section are in Appendix 1 and grants are listed in section 9.1.

8.1 Addictions: Improving Treatment and Recovery Outcomes for Drug addictions - Dr Ed Day

For Dr Ed Day, this year has seen continued national and international impact across addiction research, policy and service development. Work has advanced evidence-based pharmacological treatment, strengthened recovery support services, and translated research into policy and practice through major clinical studies, high-impact publications, Government guidance, national recovery infrastructure, and prestigious awards and appointments.

A major highlight has been leadership of the EXPO trial, the first UK multi-centre randomised controlled trial of depot buprenorphine for opioid use disorder. The study, delivered with Solihull Integrated Addiction Service and Recovery Near You in Wolverhampton as research sites, has generated publications in *eClinicalMedicine*, *Addiction* and *BMJ Open*, with findings also cited in Government and Office for Health Improvement and Disparities guidance on methadone and buprenorphine prescribing, demonstrating direct policy impact.
Further work in overdose prevention through the European NalPORS study has provided important new evidence on take-home naloxone as a life-saving intervention. The six-site study recruited 1,405 participants, including people who use opioids, family members, carers and staff, with its main paper now in press in *Addiction*.

Recovery research and policy have also been a major focus. Appointment as the first UK Government National Recovery Champion provided a platform to shape national thinking on treatment and recovery, including a central advisory role in Dame Carol Black's independent review of drug treatment services. This work also helped define Recovery Support Services in the UK and informed Government guidance published in 2023 and updated in 2025, supported by a monograph in *Addiction*.
In partnership with the Office for Health Improvement and Disparities, this work contributed to the commissioning of three NIHR-funded programmes on lived experience recovery organisations, recovery check-ups and mutual aid, of which Ed is Co or Joint Lead securing £8.1 million in total and creating research opportunities to be delivered in local addictions services (Solihull Integrated Addiction Service and Recovery Near You). They are;

- A multi-centre, phase 3, randomised controlled trial of the effectiveness and cost-effectiveness of Recovery Check-In aftercare intervention for people completing community treatment for alcohol and drug dependence. The SUbstance dependence ProsPective Outcome Recovery Trial (SUPPORT) NIHR Health Technology Assessment £3,628,859.35.
- A cluster randomized controlled trial of the clinical and cost effectiveness of Facilitated Access to Mutual Aid for adults with problem alcohol and drug use (FAMA) NIHR Health Technology Assessment (£2,973,492.52).
- Mapping and realist evaluation of Lived Experience Recovery Organisations as part of the drug and alcohol treatment and recovery System in England (LEROS) NIHR Public Health Research (£1,517,195.94)

It has also supported the development of lived experience leadership nationally through the Recovery Connectors Group and the College of Lived Experience Recovery Organisations, which now has 50 members and secured a Department of Health and Social Care and OHID contract in 2024 to develop mentoring and training for lived experience leaders.
Internationally, this work has continued to influence policy and practice through membership of the UK Government delegation to the United Nations Commission on Narcotic Drugs in 2024, 2025 and 2026, presentations of the UK addiction recovery strategy at plenary sessions, keynote talks in England, Belgium and Canada, and contribution to the development of Ireland's new National Drugs Strategy for 2026–2029. These achievements were recognised through the Rose Sidgwick Award for External Engagement and Impact at the University of Birmingham's 125th Anniversary Founders Awards.

8.2 Art Psychotherapy: Dr Jed Jerwood

Awarded an NIHR Senior Clinical Practitioner Research Award in 2024, Dr Jed Jerwood was the first art psychotherapist to receive this funding from NIHR. The award, which supports 50% of salary costs over three years, has enabled continued development of work focused on mental ill health, end of life care, and arts-based and participatory research methods. Alongside this, Jed is mentoring several

nurses and allied health professionals, including art psychotherapists, to apply for NIHR internships and pre-doctoral and doctoral awards, and is part of a PhD supervisory team commencing next year.

His wider profile continues to grow through a number of invited roles, including as Art Therapy Representative on the AHP Priority Setting Partnership with the James Lind Alliance, Honorary Associate Professor of Research at The Mary Stevens Hospice, and Art Therapy Representative for the NHSE AHP PBER Commission for Art, Drama and Music Therapy. He has also secured additional funded research through the project *On Mute: Exploring the experiences of people with Head and Neck Cancer*, hosted by University Hospitals Birmingham NHS Foundation Trust, and has received international recognition through invited keynote and teaching contributions in Taiwan, alongside an invitation to guest edit a special collection on arts-based methods for *Palliative Care and Social Practice*.

8.3 Mood Disorders: Bipolar Disorder - Dr Lizzie Newton

Bipolar disorder affects an estimated 1.3 million people in the UK and is associated with significant personal, family, service and societal impact, including increased risk of suicide. People with bipolar disorder represent a major group within secondary mental health services. NICE guidance recommends a combination of medication and psychological intervention; however, access to psychological therapies remains limited nationally, and many people report receiving insufficient information to support self-management. BSMHFT has developed a strong local response through *Mood on Track*, a psychological therapies programme for people with bipolar disorder, including a locally developed digital offer that is now being made available, with training, to other mental health providers across the UK.

Dr Lizzie Newton leads the Trust's Psychology Bipolar Service and is working with the R&D Department to strengthen clinical research in this area. During 2025/26, she secured funding to support development of a future programme development grant, planned for submission in 2027. The Bipolar Service is research-active and has embedded routine outcome measures, feedback and clinical data collection into everyday practice. This infrastructure supported completion of a feasibility and acceptability study of digital *Mood on Track*, which demonstrated that the approach is feasible, acceptable and shows early signals of efficacy. The findings were published in 2025. A second area of work is the evaluation of a Compassion Focused Therapy (CFT) group programme for people with bipolar disorder. Developed with Professor Paul Gilbert, founder of CFT and formerly employed by BSMHFT, the initial proof-of-principle study has been completed and published. A first-stage NIHR Research for Patient Benefit application on the feasibility and acceptability of CFT for bipolar disorder was submitted, with co-applicants from BSMHFT, the Compassionate Mind Foundation, public and service user partners, Aston University and the University of Exeter. Although the bid was unsuccessful, the first work package is now being taken forward within BSMHFT, maintaining momentum and supporting future funding development.

Service evaluation activity during the year has focused on improving access, equity and clinical pathways for people with bipolar disorder. This has included work to understand and address health inequalities in the delivery of *Mood on Track*, evaluation of family work and CBT as part of an enhanced *Mood on Track* offer, and collaboration with the University of Birmingham to implement and evaluate a new screening tool for possible bipolar disorder or psychosis presentations within neighbourhood mental health teams. This work is assessing acceptability and feasibility in routine practice, as well as potential impact on onward care pathways, time to diagnosis and access to intervention. A paper is being prepared for publication, and a second iteration of the evaluation is due to begin.

8.4 Mood Disorders: Bipolar Disorder, Attention-Deficit/Hyperactivity Disorder (ADHD) and Treatment Resistant Depression (TRD) - Professor Steven Marwaha

Professor Steven Marwaha is Professor of Psychiatry at the Institute for Mental Health, University of Birmingham, and an Honorary Consultant Psychiatrist at BSMHFT. As Co-Director of the NIHR Mental Health Translational Research Collaboration Mental Health Mission in Birmingham, he provides national leadership in translating mental health research into clinical practice.

His work continues to advance understanding and treatment of Treatment Resistant Depression (TRD), ADHD and bipolar disorder, supported by major NIHR and external funding and delivered through a growing multidisciplinary research team.

His national and international influence includes input to British Association for Psychopharmacology guidelines on depression and neurostimulation, co-chairing new ADHD prescribing guidance, and contributing to national consensus work with Bipolar UK and the Bipolar Collaborative on care pathways for people with bipolar disorder.

This activity is shaping clinical standards, strengthening evidence-based prescribing and improving future care pathways across mood disorders. Professor Marwaha also supports the next generation of clinical academics through PhD supervision and grant development, building regional research capacity and capability.

A summary of the specific clinics/developments achieved in year are provided below:

8.4.1 The CALM (Centre of Advanced Learning for Mood Disorder Management) service

The Centre of Advanced Learning for Mood Disorder Management (CALM) represents a significant development in evidence-based management of Treatment Resistant Depression (TRD) within BSMHFT. Developed with the University of Birmingham and supported through the NIHR Mental Health Midlands Translational Research Centre, CALM brings together clinical innovation and translational research through ketamine, transcranial magnetic stimulation (TMS) and the Depression Research and Advice Clinic (DRAC).

8.4.1.1 Ketamine clinic

The ketamine clinic delivers oral and intravenous ketamine under strict clinical guidelines and standard operating procedures, ensuring safe, ethical and high-quality care through a multidisciplinary research team.

Interest from patients and referrers is increasing. Fourteen patients have been screened, nine have received treatment and four remain on the waiting list. Early feedback indicates reductions in depressive symptoms, improved daily functioning and positive patient and carer experience.

8.4.1.2 Transcranial Magnetic Stimulation (TMS) clinic

Launched in December 2025, the TMS clinic has shown strong early uptake and is on track to meet its target of treating 30 patients. Fifteen patients have been screened, fourteen have completed treatment and four are on the waiting list.

Early findings show progressive reductions in depressive symptoms, partial maintenance of benefit at follow-up and improvements in daily functioning.

8.4.1.3 Depression Research and Advice Clinic (DRAC)

Introduced in January 2026, DRAC supports people with long-term depression in primary care who do not meet secondary care criteria, providing specialist assessment, structured treatment recommendations and access to mood disorder research and innovative trials.

The clinic has improved speed of access and clinical decision-making, with patients typically seen within 7–10 days of referral and GPs receiving follow-up communication within two weeks. This supports earlier identification and treatment planning for TRD, while strengthening links between primary care, specialist services and research.

CALM has increased service capacity, supported staff training and created opportunities for clinicians to take on Principal Investigator and Associate Principal Investigator roles. It has also expanded commercial research activity, strengthened relationships with the Birmingham and Solihull ICB, improved referral pathways and generated new roles across BSMHFT and the University of Birmingham.

Emerging evidence suggests wider system benefit, including increased revenue generation, reduced inpatient admissions for patients treated through ketamine and TMS pathways, and potential to reduce pressure on acute and community mental health services as CALM moves towards becoming a mainstream Trust offer.

8.4.2 Depression Exploration for Characterizing Outcomes and Developing trEatments: DECODE

DECODE is a BSMHFT-led NIHR-funded Mental Health Mission programme designed to improve the recognition, monitoring and treatment of people with Treatment Resistant Depression (TRD) and Difficult to Treat Depression (DTD), who represent an estimated 30–50% of people with depression and are often not identified early or offered the right support. Developed with service users and clinical stakeholders, the programme has focused on building and refining a digital platform powered by Monsenso, an innovative Danish digital health company. The platform combines a clinician and researcher interface with a participant app for symptom monitoring, questionnaires, diary functions, psychoeducation and optional biological and mobile phone data collection.

The platform has both clinical and research value: it will create a research-ready cohort for future studies and trials while helping participants understand symptoms over time, support conversations with clinicians and access information to improve self-management and care. Piloting has strengthened usability, operational readiness and data quality, while a dual recruitment model using clinical referral routes and community-based approaches, including digital promotion and QR codes, supports broad and inclusive participation. With REC and HRA approvals in place, DECODE is moving into active recruitment and scaled rollout with partners and collaborators, aiming to recruit 500 participants across the Midlands over 18 months. Its potential impact includes earlier and more personalised intervention, improved

access to innovative treatments and trials, and a standardised dataset aligned with the National Mood Disorders Network that could contribute to a future national resource.

8.5 Neuro: Epilepsy and Sleep - Dr Manny Bagary

Dr Manny Bagary's work in epilepsy and sleep strengthens the Trust's neuropsychiatry research portfolio and contributes to improved care for people with complex epilepsy, drug-resistant epilepsy, sleep disorders and related neuropsychiatric conditions. His research focuses on areas of high clinical need, including safer and more personalised treatment for people with intellectual disability, who experience some of the highest mortality rates associated with epilepsy.

Through national epilepsy collaborations, Dr Bagary is contributing to evidence on novel antiseizure medicines, biomarkers, and medication safety and effectiveness in people with intellectual disability. This work has the potential to support safer prescribing, better monitoring and more tailored care for people with complex neurological and mental health needs.

His contribution also extends to research at the interface of physical and mental health, including the Wellcome-funded ENERGISE bipolar study of ketogenic diet, and to national guideline development through the Royal College of Psychiatrists encephalitis working group. This strengthens the Trust's role in emerging areas of neuropsychiatry and supports earlier recognition of conditions such as autoimmune encephalitis in mental health settings.

The successful NIHR capital funding application for Transcranial Magnetic Stimulation has created further opportunities to develop epilepsy and sleep research, expand neuromodulation expertise beyond mood disorders, and build future study capacity. Although undertaken within supporting professional activity time, Dr Bagary's work is generating impact across clinical practice, national guidance and future research development, strengthening BSMHFT's profile in epilepsy, sleep and neuropsychiatry.

8.6 Neuro: Huntington's Disease (HD) - Professor Hugh Rickards

Led by Professor Hugh Rickards, the Trust's Huntington's disease (HD) service continues to make a significant national and international contribution to clinical research in this complex, progressive and inherited condition. The service remains at the forefront of research into disease-modifying and symptomatic treatments, and is an active site for almost all available clinical trials in HD.
Professor Rickards is an active member of the international HD Clinical Trials Taskforce, which reviews trial protocols at development stage and provides expert feedback to biotechnology and pharmaceutical companies on trial methodology. This role strengthens the Trust's visibility and increases opportunities to host new studies, including early-phase and "first in human" trials. The service is currently in active set-up for four new clinical trials, including two disease-modifying treatments and two symptomatic treatments, offering local people with HD access to cutting-edge research opportunities.

The Trust also continues to contribute to major international observational research. Professor Rickards is an active member of the ENROLL Scientific Operating Committee, a global group supporting observational studies linked to the ENROLL case registry, which includes around 25,000 participants worldwide. BSMHFT is an exemplar site for ENROLL and the highest recruiting UK site for HD CLARITY. The service has also begun collecting data for studies of blood RNA and semen DNA, contributing to wider understanding of the biology and progression of HD.

A key impact of this research activity is that research is now embedded as a routine part of clinical care. All patients are offered the opportunity to discuss research participation during clinic appointments, ensuring that access to studies is part of standard care rather than an additional or separate activity. For people living with an incurable, progressive and inherited disease, research can provide hope, purpose and a sense of contribution to future generations, while also supporting closer monitoring and more informed conversations about care.

This research-active clinical model also supports workforce and academic development. Professor Rickards is supervising two PhD students, one undertaking an ethnographic study of couple interactions in HD and another examining the prevalence of pain in HD. He also supports 10 MSc students, including work on a systematic review of qualitative studies in Juvenile HD, helping to build future research capacity in this specialist area.

Professor Rickards is also a founding member of the global HEATED group, Huntington's Equal Access to Effective Drugs, which aims to identify and address barriers to access for effective HD treatments. The group has already published two papers and will hold its first seminar in Poland in October 2026. Alongside the University of Lancaster, a grant application has been submitted to NIHR to review evidence on disease staging, health economics and quality of life in HD. The group has also secured a €15,000 grant from the European Huntington's Disease Network to assess readiness gaps relating to the licensing and availability of new HD drugs. This work has direct relevance for local patients and families, particularly where future access to disease-modifying therapies may depend on NHS funding and system readiness.

8.7 Neuro: Social cognition in Neuropsychiatry - Dr Clare Eddy

Dr Clare Eddy, Senior Research Fellow in the R&D Department, leads the Trust's research into social cognition in neuropsychiatry, with particular expertise in movement disorders. She is currently delivering her awarded grant, *Social cognition and quality of life in Huntington's disease*, recruiting participants from the Trust's Huntington's disease service. This work aims to develop a measure of the impact of social cognition on quality of life, with the resulting data forming the basis of a future larger grant application to develop and trial a new assessment measure.
Clare's work continues to receive significant national and international recognition. Since 2024, she has been listed by Scholar GPS within the top 1% of research scholars worldwide, including the top 1% for behavioural neurology and the top 0.5% for neuropsychiatry and Tourette syndrome. This profile has led to invitations to contribute to major international consensus and policy-shaping initiatives, including the *Positive Mental Health Delphi Consensus Statement*, published in *Nature Mental Health*, and expert consensus work on social cognition measures for clinical research, published in *Schizophrenia Research: Cognition*. These contributions support the development of shared definitions, measurement approaches and clinical research standards that will influence future intervention design, policy and practice.

Her leadership in Huntington's disease research has also strengthened the Trust's international profile. Clare has been invited to co-chair the social cognition section of the European Huntington's Disease Network 2026 conference, where she will present data from her funded project, and she has successfully co-established a new EHDN-funded international Social Cognition Working Group. As Co-Chair, she will help guide future research, translation and policy relevant to health and social care for people with Huntington's disease. Alongside this, her recent landmark systematic review on magical

thinking synthesised evidence from around 200 studies and sets out important implications for mental health research and practice.

In addition to her research outputs and international leadership, Clare continues to contribute to research governance and capacity building across the Trust and wider system. As Vice Chair of the Black Country Research Ethics Committee, she supports high-quality ethical review through the Health Research Authority, while her regular training and guidance for the R&D team and wider non-medical research community helps strengthen research capability, confidence and good practice across professional groups.

8.8 Nurse-led research: meeting the needs of international nurses – Dr Analisa Smythe

Dr Analisa Smythe's nurse-led research programme has continued to focus on the wellbeing, support and professional development of internationally educated nurses, with direct relevance to workforce retention, inclusion and patient safety. This work has strengthened understanding of the experiences of nurses who have trained outside their country of employment and has contributed to a growing evidence base on the types of support that enable internationally educated nurses to thrive within NHS services.

During the year, outputs included publications on professional development workshops for internationally educated nurses from African countries, an integrative literature review exploring support interventions for nurses trained outside their country of employment, and a reflective evidence-based nursing article on racism, hope and the future of nursing following the summer riots. Together, these outputs highlight the importance of culturally responsive support, career development opportunities and inclusive organisational cultures in sustaining an international nursing workforce.

The programme is also influencing future research and policy development. A rapid policy review on strategies for internationally educated nurses' recruitment into the NHS remains under review, while a submitted NIHR Research for Patient Benefit application, *Confidence and Culture: NHS Nurses' Use of Incident Reporting to Support Patient Safety and Learning*, seeks to build on this work by examining how confidence, culture and reporting practice affect patient safety learning. This activity demonstrates the contribution of nurse-led research to improving staff experience, strengthening workforce support and informing safer, more inclusive services.

8.9 Nursing-led research to reduce harm after restrictive interventions in mental health inpatient care – Dr Nutmeg Hallet

This nursing-led programme of research focuses on how adult mental health inpatient services respond after restrictive interventions, including restraint, seclusion and rapid tranquilisation. These are high-harm events with significant consequences for patient safety, staff wellbeing and therapeutic relationships, yet post-incident responses remain inconsistently defined and variable across services. The work is establishing what an effective post-incident response involves, for whom and under what conditions, reframing the aftermath of restrictive intervention as an opportunity for repair, learning and reduction of future harm rather than a procedural requirement.

The NIHR Research for Patient Benefit programme funded DRIVE-MH and was hosted by BSMHFT, and the study is already influencing national practice. Its findings are informing the first Restraint

Reduction Network national guidance on post-incident responses in adult mental health settings, extending an evidence base that had previously focused primarily on child and adolescent services. The work has been disseminated through major professional and academic forums, including the European Congress on Violence in Clinical Psychiatry 2024, the European Conference on Mental Health 2025 and the Restraint Reduction Network Conference 2025. Its profile has also contributed to wider professional recognition; during the project, Dr Hallett received the Mental Health Nurse Academics UK annual lecture award, with the NIHR-funded work cited as a significant factor in that recognition.

The programme is also being translated directly into local practice. Rachel Dickinson is leading a quality improvement project based on the DRIVE-MH findings, supporting implementation within BSMHFT and strengthening the link between research evidence, clinical practice and service improvement.

The underpinning evidence base includes a Freedom of Information review of post-incident response policies across English mental health trusts, published in the Journal of Psychiatric and Mental Health Nursing (Dickinson et al. 2026). A second paper reporting the full synthesis has been submitted to the International Journal of Nursing Studies and is currently under revision. Further dissemination is planned through accessible summaries co-produced with the Restraint Reduction Network, an online stakeholder event planned for October, a co-written article for Asylum, and lay summaries for patient and staff contributors.

8.10 Perinatal Mental Health - Dr Jelena Jankovic and Dr Sam Day

Dr Jelena Jankovic, Dr Sam Day and colleagues in the Perinatal Mental Health team continue to support and deliver research that strengthens understanding of perinatal mental health needs and improves access to care. During the year, outputs from this area have contributed to the evidence base on perinatal loss, family support for Black and South Asian women experiencing perinatal mental illness, moderate and severe mental illness beyond the first postpartum year, postnatal depression beyond 12 months, and the relationship between pregnancy and psychiatric illness. Rather than representing isolated publications, these outputs reflect a coherent programme of work focused on improving recognition, access, equity and support for women, birthing parents, fathers, families and infants during the perinatal period.

A key area of interest is prevention and early intervention across the perinatal pathway. Dr Jankovic is a co-applicant on the NIHR Programme Grant *PREventing PretErM Birth in nulliParous women Through cervical length screening* (PRE-EMPT), which commenced in January 2025. This large-scale multidisciplinary programme aims to reduce preterm birth, which can result in death or long-term disability and disproportionately affects first-time mothers and women from Black, Asian and more deprived communities. The work aligns strongly with wider Trust priorities around reducing inequalities, improving outcomes and supporting research that can influence future clinical pathways.

The team is also supporting emerging work on neurodivergence in the perinatal period through a University of Birmingham PhD project led by Jen Hamilton. This research explores how perinatal mental health difficulties are shaped by experiences related to neurodiversity among mothers and birthing parents, and how sensory profiles in parents and infants develop and relate to mental health. This is an important and developing area of interest, with potential to improve understanding, assessment and support for neurodivergent parents and families using perinatal services.

8.11 Schools and Community Applied Research: Dr Paul Patterson and Dr Colin Palmer

During 2025/26, work focused on delivering applied mental health and wellbeing research in schools and community settings, with a particular emphasis on prevention, early identification and the use of digital approaches to support local decision-making. Through Breathe Education, annual pupil wellbeing data and linked school-level resources continued to support schools to understand need, plan tailored responses and strengthen their approach to mental health and wellbeing. This work has provided a practical infrastructure for collaboration across education, public health, NHS and academic partners, while also generating a valuable evidence base for further research, evaluation and service development.

The work delivered during the year has contributed to both local improvement and wider policy influence. Locally, Breathe Education has continued to provide key population-level mental wellbeing data for schools and for Birmingham City Council public health and education teams, supporting more informed planning and intervention. The approach has also strengthened opportunities for research-informed practice within local services, including work relevant to school mental health support. Nationally, involvement in major collaborative programmes such as the UKRI Population Mental Health Consortium, SmartSchools and the Kiva Together trial has helped shape debate and evidence in areas including population mental health, smartphone use and wellbeing, and effective anti-bullying interventions in schools. These programmes have informed policy and strategic discussions and increased the visibility of applied mental health research with direct relevance to children and young people.

This work has also supported research capacity building and the development of future evidence. During the year, one PhD was completed on the acceptability of universal mental health screening in schools, with four further doctoral projects continuing across partner universities and another about to commence. These projects are extending the evidence base in areas such as adolescent wellbeing, social connectedness, school transition, and the experiences of young people from minoritised ethnic groups. Taken together, the year's work demonstrates a strong applied research contribution that is improving local understanding and practice, influencing wider policy conversations, and creating a platform for future research and service improvement.

Future work will build on this year's partnerships, datasets and research activity to strengthen the evidence base for prevention and early intervention, support further service improvement, and continue to inform local and national policy and practice in children and young people's mental health.

8.12 The impact of participation in the NIHR Portfolio of research on staff, service users and/or carers:

Capturing and sharing the impact of the research we support is essential to demonstrating the value of research to service users, carers, staff, clinical teams, funders and system partners. Research impact is not limited to publications or recruitment figures; it is seen in changes to clinical practice, improved service pathways, strengthened patient experience, better use of evidence in decision-making, and contributions to local and national policy. While the department already disseminates known local impacts and high-profile examples across the Trust, many studies generate benefits that are not routinely fed back to us, particularly where findings emerge after study closure or through wider implementation elsewhere. Addressing this gap is now a priority. In 2026/27, the R&D

Department will develop a structured impact framework across both portfolio and non-portfolio studies, ensuring that outcomes are systematically captured, followed up and shared. This will include clinical and service impacts, policy influence, patient and carer experience, workforce benefits, publications and wider dissemination. By doing this, we will be better able to evidence the full return on research activity, strengthen organisational learning, maintain stakeholder confidence, and support future research investment and delivery. For studies managed and delivered by the Trust's Research Delivery Team, we have collected evidence of the impacts across BSMHFT reported by service users, carers and staff. Appendix 2 provides a comprehensive table of projects alongside reported and emerging impacts.

ASCEnD: Aripiprazole/sertraline combination: clinical and cost-effectiveness in comparison with quetiapine for the treatment of bipolar depression. An open label randomised controlled trial.
Across participating CMHTs, ASCEnD has strengthened staff confidence and engagement in research by providing structured training, Q&A sessions and exposure to an alternative medication approach for bipolar depression. As a bipolar depression study exploring an alternative medication combination, it has supported regular clinical contact, wellbeing checks and medication reviews, while improving communication between research and clinical teams and strengthening multidisciplinary oversight of participant wellbeing, medication changes and emerging clinical needs. For service users, participation has provided additional clinical contact, regular wellbeing check-ins and closer monitoring alongside usual care. Monthly medication reviews have improved oversight of treatment response and side effects, enabling issues to be identified and shared promptly. Participants have valued the combined support of research and care teams, with feedback indicating improved wellbeing, functioning and confidence to remain engaged in daily life and work. Structured assessments, including SCID-5, have enabled more detailed discussion of bipolar symptoms and comorbidities, supporting more informed treatment planning. Overall, ASCEnD has improved the quality of contact and monitoring for participating service users while embedding research more visibly within routine CMHT practice.
BARTII: Cognitive behavioural therapy in comparison to treatment as usual in young adults at high risk of developing bipolar disorder (Bipolar At Risk): A randomised controlled trial to investigate the efficacy of a treatment approach targeted at key appraisal change: Bipolar At Risk Trial II
Across participating Trust sites, including Forward Thinking Birmingham Core Community Teams, the Referral Management Centre, FTB ADHD and PAUSE Digbeth, BARTII has strengthened staff confidence in identifying and supporting young people at risk of developing bipolar disorder. As a study testing cognitive behavioural therapy alongside treatment as usual for young adults at high risk of developing bipolar disorder, it has provided study-specific training, structured assessments and regular contact with the research team, supporting earlier recognition of risk, improving communication between clinical and research teams, and helping embed research into routine service delivery. For service users, participation has provided additional contact, regular wellbeing check-ins and structured opportunities to discuss symptoms, risk and support needs alongside usual care. This has improved continuity, reassurance and monitoring, while helping teams identify emerging needs that may inform care planning. Overall, the trial has increased research engagement across Trust services and improved the quality of support available to participating young people.

GOTHIC2: A multi-centre randomised placebo-controlled trial of glycopyrrolate and hyoscine hydrobromide for the treatment of clozapine-induced hypersalivation

Across participating Trust sites, GOTHIC2 has strengthened staff confidence and consistency in supporting people prescribed clozapine who experience hypersalivation. As a clozapine-related study addressing clozapine-induced hypersalivation, it has provided training in PSP (Personal and Social Performance scale) and PANSS Scale (Positive and Negative Syndrome Scale), weekly trial manager drop-ins and regular contact with the research team, supporting staff learning, improving assessment practice and helping embed research within routine clinical care.

For service users, participation has provided regular researcher contact, reduced isolation and creating space to discuss the impact of clozapine-induced hypersalivation alongside wider wellbeing needs. This contact has built strong rapport, provided reassurance and enabled timely escalation of emerging symptoms or safeguarding concerns, strengthening confidence in the safety and professionalism of research delivery.

At service level, GOTHIC2 has raised the visibility of research across clinic sites and normalised research as part of care. It has also contributed to evidence in an area where treatment options remain limited, with potential benefits for the wider population of clozapine users.

BSMHFT Huntington's Disease (HD) Portfolio:

As the leading centre for Huntington's disease research in the Midlands, BSMHFT currently has nine studies open to recruitment. For people living with this inherited, progressive neurodegenerative condition, research offers more than scientific progress; participants and families describe it as a source of hope, understanding and purpose, helping them feel heard, supported and able to contribute to future advances in care.

Participants described research as a way of turning "something pretty awful" into something positive, with one person describing it as "the ONLY thing which gives hope". Research appointments also provide trusted evidence-based information, support monitoring of progression, and help identify when additional support may be needed. The compassion and expertise of research teams were valued by patients and families, who reported feeling cared for, respected and able to take part in a way that felt manageable.

A strong theme was the wish to contribute to something bigger than individual experience. Participants recognised that, for a rare disease such as Huntington's, shared data and international collaboration are essential, creating "much greater impact". Overall, this feedback shows that Huntington's disease research delivers practical and emotional benefit now while building the evidence needed to improve outcomes for future generations.

For clinicians, these studies strengthen understanding of Huntington's disease progression, biology and patient needs across the disease course. They support earlier identification of issues, improve evidence for care planning and symptom management, and help develop practical tools for future routine assessment. Participation also builds staff expertise, increases readiness for future trials, and supports more targeted, evidence-based care for people affected by HD.

9 Research Outputs

This section summarises key research outputs during 2025/26, including grant awards, publications and additional local impacts not already highlighted in earlier sections. Together, these outputs demonstrate the strength, breadth and growing competitiveness of the Trust's research portfolio.

9.1 Grant awards:

During 2025/26, Trust research leads submitted 19 grant applications as lead applicants or co-applicants. Nine were successful, securing awards with a combined value of £10,026,964 over the lifetime of the grants. These awards will support research across treatment resistant depression, culturally informed mental health support, inpatient safety, bipolar disorder, homelessness, psychosis, public mental health and research capacity building.

9.2 Trust-led and hosted awards

Four successful awards, totalling £3,106,172, will be led and hosted by BSMHFT:

- Isabel Munoz-Morales — **NIHR Research for Patient Benefit:** *Aligning Rhythms and Improving Sleep Effectiveness for Treatment Resistant Depression* (ARISE-D), £159,577.
- Prof Rebecca Sherif — **NIHR Programme Grant for Applied Research:** *Optimising Cultural Experiences for Mental Health in Underrepresented Young People Online* (ORIGIN), £2,611,839.
- Nutmeg Hallet — **NIHR Programme Development Grant:** *How Inpatient Mental Health Services Identify and Address Patient-Defined Iatrogenic Harm* (Safer by Design), £254,756.
- Dr Analisa Smythe — **NIHR Clinical Future Leaders Award**, £80,000.

With the exception of the NIHR Clinical Future Leaders award, these grants will attract Research Capability Funding (RCF). This provides an important mechanism for supporting researchers between awards, developing future applications and strengthening research capacity within the Trust.

9.3 Collaborative awards involving BSMHFT co-applicants

BSMHFT staff were also named as co-applicants on awards led and managed by partner organisations, totalling £6,920,792. Funding will flow to the Trust to support delivery of these studies locally:

- Paul Patterson — **NIHR Public Health Research:** *Preventing Mental Health Issues in Ethnically Diverse Youth: A Feasibility Pilot Study* (PRIMA), £772,000.
- Professor Steven Marwaha and Professor Matthew Broome — **Wellcome Discretionary Award:** *Randomised Controlled Trial of a Ketogenic Diet for Bipolar Depression* (ENERGISE-BD), £3,000,000.
- Sarah Schad — **NIHR Health and Social Care Delivery Research Programme:** *Strength-Based, Low-Caseload Approach to Integrated Care for People Experiencing Homelessness with Multiple Complex Needs Living in Temporary Shelters* (REACH Trial), £2,894,844.16.
- Katherine Allen — **NIHR Research for Patient Benefit:** *A Posttraumatic Growth Intervention for Psychosis within Recovery Colleges* (POGREC), £199,947.95.
- Raksana Begum — **West Midlands Research Delivery Network:** *Strategic Development of Research Capability and Capacity*, £54,000.

9.4 Awards transferred from Forward Thinking Birmingham

Following the transfer of Forward Thinking Birmingham research activity, the following awards also moved into the Trust portfolio:

- Ben Perry (Lead) — **NIHR Fellowship**, £1.9 million.
- Paul Patterson (Co-applicant) — **NIHR Three Schools:** *Preventing the Emergence and Escalation of Mental Health Difficulties in Young People of Diverse Cultural Backgrounds* (PROMISE), £250,000.

NB. Neither of these awards will attract RCF.

9.2 Publications:

The Trust reported 99 publications during the financial year, reflecting a substantial and diverse research portfolio across clinical, translational and methodological fields. Outputs were published in high-impact international journals and demonstrate strong collaboration, including participation in major research consortia. The portfolio spans trials, evidence synthesis, advanced analytics and qualitative research, reflecting a mature and competitive research environment aligned with Trust and NHS priorities.

These outputs evidence research quality, impact and competitiveness, strengthen the Trust's national and international profile, support future funding success and demonstrate how research activity contributes to improvements in care, service delivery and outcomes. A full list of in-year publications can be found in Appendix 1.

10 Service Evaluations

The R&D department ensures that service evaluation projects undertaken within the Trust are registered and supported with appropriate information governance and research governance oversight. Between April 2025 and March 2026, 46 service evaluation applications were reviewed and approved. Of these, 19 have closed and 27 remain ongoing. A full list of approved service evaluations is included in Appendix 3.
The table below summarises selected outputs, recommendations and impacts from service evaluation activity where changes have been implemented or are in progress.

Aims:	Findings/recommendations:	Impacts/changes made:
SE0429 - Evaluating clinical supervision access for staff in ICCR working with clients with a diagnosis of a personality disorder		
This evaluation examined whether ICCR clinical supervision for staff working with clients with personality disorder meets policy and best-practice standards, including for staff across the wider directorate who do not attend supervision groups, and identified organisational barriers and enablers.	• Managers should ensure access to suitable supervision, promote engagement, and protect time to attend. • The service should clarify the purpose of clinical supervision and distinguish it from line management, supported by managers and senior leaders. • Psychological professionals should review which group elements support learning and help standards to be met.	A new face-to-face pilot has been developed in response to the evaluation to better meet team needs. Impact is currently being evaluated, and a further proposal has been submitted.
SE0439 - Complex Emotional Needs in Community Enablement and Recovery Team (CERT) service users: A scoping exercise on demand and need		
The evaluation involved a two-stage identification process. The first stage relied on professionals' judgement guided by parameters adapted from Lord et al (2022). These parameters aim to capture indicators of CEN. The second stage involved a more detailed review of electronic health records to gather data on life experiences, engagement, physical and mental health concerns. All data collected was	1. Review psychological assessment, formulation and intervention to ensure alignment with trauma-informed and CEN best practice. 2. Embed trauma-informed and CEN approaches more consistently across wider CERT practice. 3. Support wider team identification of CEN, for example through a screening process.	A repeat evaluation was completed, and CERT psychology is continuing to embed assessment of complex emotional needs and trauma into practice. Dissemination of findings has increased awareness among CERT and Dementia and Frailty staff, with further direct practice impact still

anonymised and cross-validated against recorded information. This evaluation demonstrates a significant prevalence of CEN amongst older adults in the CERT service, emphasising the complexity of their needs and the importance of integrated, trauma-informed care approaches. The findings highlight the important of early identification and tailored support to improve care and outcomes for this population.	4. Explore trauma-informed care training in response to the high prevalence of trauma identified.	developing. No further repeat evaluation is currently planned.
SE0445 - Service user experience of room search policy at Ardenleigh Secure Forensic Hospital with its adherence to Trauma informed practice		
This evaluation explored service user experiences of room searches at Ardenleigh and whether practice aligned with trauma-informed care principles. Using interviews and questionnaires with nine service users, it identified strengths in safety and collaboration, but also areas for improvement in choice, communication, control and timing.	Recommendations included: • Care-planned room searches - Co-produce care plans reflecting preferences on staff and timing. • Respect staff preferences - Where possible, accommodate preferences for familiar or female staff, especially where linked to trauma or culture. • Consider timing - Avoid searches close to Section 17 leave. • Handle belongings respectfully - Return items to their original place. • Post-search feedback - Explain clearly when items are removed and why. • Clear policy communication - Keep service users informed of restricted-item policy changes. • Improve TIC awareness - Help service users understand trauma-informed care	Several recommendations have been implemented, including personalised room-search care plans, an updated property policy, clearer communication about restricted items, and additional staff training. These changes have improved staff awareness and practice, strengthened communication with service users, and improved recognition of trauma and cultural needs in room-search processes. No re-evaluation is currently planned.

	so they can identify and express their needs.	
SE0462 - Assessing Offender Behaviour and Engagement with Risk Reduction Interventions Within the Psychology Department of Reaside Clinic and Hillis Lodge (Secure Care)		
This evaluation reviewed offending behaviour, risk assessment practice and engagement with risk reduction interventions across Reaside Clinic and Hillis Lodge. It aimed to assess completion and validity of risk assessments, the prevalence of index offences, and patterns of engagement with risk reduction work.	Findings showed complex offending histories and the need for tailored, offence-specific interventions rather than a single standard approach. A future evaluation should assess whether tailored pathways remain up to date and are being used consistently. Although risk assessment completion was generally high, too many assessments were out of date, creating risks for care planning, progression and risk management. Routine audit, supervision and a further review of HCR-20 completion, authorship and quality were recommended.	Work to develop tailored interventions is ongoing, and a follow-up audit of HCR-20 and SAPROF completion and quality has been completed. The findings are being written up and will inform Trust training, line management discussions and wider team learning to support KPI compliance. Re-evaluation is planned every two years.
SE0465 - F.I.R.S.T Casebusting Evaluation		
This evaluation explored staff experience of case-busting sessions in FIRST, their usefulness, and barriers to attendance, building on the 2024 evaluation. It assessed staff views on case-busting overall, the value of service-user versus topic-based sessions, and factors affecting attendance.	Both service-user-specific and topic-based case-busting were valued, so the current mix should continue. Attendance should be encouraged across the MDT, with visible support from senior leaders. Pre-planned and advertised topics may improve attendance. Sessions may benefit from clearer structure, including summaries, solutions or follow-up feedback.	Four of the five suggested changes have been implemented, with the fifth being considered through an alternative offer. Attendance continues to fluctuate but remains relatively strong, and the space is still well used. Further evaluation may be considered once delivery arrangements become more stable.

	Alternative formats, venues or wellbeing elements could also be explored.	
SE0472 - Measuring the cost-effectiveness of the Enhanced Team for Personality Disorders Service		
This evaluation examined the cost-effectiveness of the Enhanced Team for Personality Disorders by comparing service use and associated costs before and during team input. It aimed to quantify service use, compare contact patterns over time, estimate costs, incorporate wider outcome data where possible, and identify indicators to inform future practice and commissioning.	1. **Tackle stigma through training and supervision:** Continue and strengthen these activities to support least restrictive, community-based care. 2. **Raise service visibility:** Increase awareness across the wider system to support timely referrals and reduce reliance on out-of-area placements. 3. **Improve data collection and evaluation:** Clarify criteria, strengthen datasets, and seek approval to include client feedback. 4. **Explore cost-effectiveness further:** Include cost analyses alongside service use data to support commissioning decisions. 5. **Strengthen discharge planning and communication:** Continue joint work with CMHTs and acute teams to improve continuity and reduce readmissions.	The service has begun implementing the recommendations through training, supervision, consultation, brief case reviews and joint working. This has improved links with wider services, supported more consistent least restrictive care, and strengthened practice-based evidence on service value, pathway gaps and system pressures. Further work will focus on data quality, referral criteria and future evaluation, including client feedback and cost-effectiveness.
SE0479 - Evaluation of Unsuitable Referrals to the West Midlands Community FCAMHS Service		
This evaluation reviewed referrals to West Midlands Community FCAMHS that were judged unsuitable for the service.	• Reasons for non-acceptance should be clearly documented in Rio. • The MDT chair should confirm the agreed rationale to admin, using consistent	Clearer documentation of non-acceptance decisions has been embedded in Rio, with MDT-agreed rationales now routinely recorded and written feedback provided to referrers.

It aimed to identify all non-accepted referrals over a year, explore common reasons for non-acceptance, assess documentation quality, inform service criteria, develop recommendations, and support re-audit.	categories such as no mental health need, low risk, incomplete assessment, existing support, or insufficient information. • Referrers should receive clear written feedback explaining the decision. The service should repeat the audit in a year and consider wider process improvements, including better handling of incomplete referrals, more standardised letters, and better recording of liaison advice.	This has improved auditability, strengthened retrospective case review, and enhanced communication with referrers through clearer decisions and more consistent advice to support young people in the community. A repeat evaluation is planned after one year, alongside further work to improve referral quality, standardise enhanced letters, and better record liaison feedback.
SE0497 - An Evaluation of the Looked-After Children's Team LATCH Referral Pathway and Triage within the Solar CAMHS Service		
This evaluation assessed the referral and triage pathway for looked-after children in Solar CAMHS against local and national guidance, statutory requirements, and expectations for timely access, prioritisation and continuity. It also examined organisational factors affecting the service's ability to meet these standards.	Recommendations were to: **1. Establish a dedicated referral pathway for looked-after children** to improve visibility, prioritisation and timely access. **2. Improve recording of looked-after status at referral** by making it a mandatory field and strengthening administrative checks. **3. Introduce a prioritisation framework** using factors such as safeguarding risk, placement instability and ACEs. **4. Monitor waiting list position after placement moves** to support continuity of care. **5. Embed changes within a quality improvement cycle** to support ongoing review, pathway adherence and service development.	All recommendations are being progressed, including improved data recording in Rio and clearer guidance for clinicians on prioritisation and referral screening. This has increased data capture and created a clearer pathway for decision-making, although some actions remain in development, particularly around continuity following placement moves. It is too early to assess full impact, but changes will continue to be monitored and future re-evaluation will be considered.

11 Knowledge and Library Service Annual Report Summary 2025/26:

The Knowledge and Library Service (KLS) is a separate department from Research and Development but is overseen by the Head of R&D and accountable to the Executive Medical Director. KLS activity is reported through the R&D Committee and forms part of reporting to the Trust Board. This section summarises KLS activity during 2025/26, including work to optimise the use of evidence and knowledge across BSMHFT in support of policy, practice and value for money. Key developments included launch of the MIDER evidence repository with 20 local NHS trusts, strengthened work with higher education partners to support students on placement, and collaboration with internal partners to ensure the Trust's e-resource offer meets the needs of a diverse and distributed workforce.

The service saw continued demand for digital access to evidence. Active OpenAthens accounts increased by 18.5%, from 888 to 1,052, while OpenAthens sessions rose by 18.9%, from 4,802 to 5,710. The service also purchased 300 new e-books and recorded 231 e-book downloads, reflecting user preference for online information and supporting access to evidence at the point of need. Collection development remained responsive and user-led, with £10,483 invested in print books, 226 new print books purchased across Barberry and Uffculme Libraries, and £16,773 spent on online journals. The libraries supported ongoing access to published evidence through 3,091 book loans and renewals, 325 externally sourced articles for Trust users and 94 evidence searches, helping staff apply current evidence to service improvement, education, clinical practice and R&D activity. This included supporting research teams and clinical academics to access high-quality literature, undertake scoping and evidence searches, and strengthen the evidence base for funding applications, study development, dissemination and implementation.

The impact of the service was reflected in feedback from users, who valued the accessibility, relevance and timeliness of library support. Evidence provided by the service helped inform work on inequalities, while tailored bulletins enabled staff to access useful information quickly and efficiently. Despite the absence of a Training Librarian during the year, the service delivered 44 library inductions and continued to support staff and learners across the Trust.

Looking ahead, the service will undertake an e-resource audit to ensure equitable access to high-quality information on demand, refresh its training offer with a focus on individuals and small groups, and increase outreach and advocacy through Library Champions and other initiatives. These priorities will support wider use of evidence across the organisation and help ensure staff, students and services can access the knowledge they need to improve care.

12 Departmental Goals 2026/27

This section provides the goals for 2026/27 for both the R&D Department and Knowledge and Library Services. Performance against 2025/26 goals can be found in Appendix 4.

12.1 Research & Development

This section summarises the department's key goals for 2026/27 and identifies the lead role responsible for delivery. Together, these objectives form the R&D business plan for the year and will be overseen through the R&D Committee.

Research Governance:	
Review and implement Clinical Trials Dashboards in line with BHP requirements	Research Governance Manager
Archiving Essential Documentation – Research Studies	Research Governance Manager
Auditing – Research Studies	Research Governance Manager
Update the 'Issuing of Honorary Research Contracts and Letters of Access for Research within BSMHFT'	Research Governance Manager
Refreshing all Pharmacy SOPs	Clinical Trials Pharmacist
Introduce Florence to improve site file management and study delivery	Implementation & Performance Manager
Revisiting the 'consent to contact' process to improve recruitment to trials and to reduce clinical burden	Implementation & Performance Manager
Finance and Resources:	
R&D and Finance joint SOP	Research Governance Manager/Head of R&D
Pharmacy to use EDGE to invoice for all activity (set up fees, per activity payments)	Clinical Trials Pharmacist
Consolidate financial management and reporting to adequately support R&D to include CYP	Finance Manager
Implementing the NIHR income distribution model	Head of R&D/Finance Manager
Develop a spend plan for surplus/deferred income	Head of R&D/Finance Manager
NIHR Objectives:	

Maintain strong study set-up performance; remain compliant with national 150-day set-up requirement – 90 days for approvals (60 days at Trust level) and 30 days for recruitment.	Implementation & Performance Manager
Provide monthly reporting to Trust Board as part of NOF	Head of R&D
Strategy to engage all research teams in PRES	Implementation & Performance Manager
Mental Health Mission (MHM) Funded Objectives:	
CALM service (Ketamine and TMS) — Complete the pilot targets of 20 ketamine patients and 30 TMS patients, evaluate and begin the process of scaling CALM into a mainstream Trust service.	Senior Operations and Programme Manager/Head of R&D
DRAC (Depression Research and Advice Clinic) — Deliver 20 assessments per month and recruit participants to the DECODE platform. Impact of clinic in supporting commercially funded research to be assessed.	Senior Operations and Programme Manager
DECODE study — Commence active recruitment and support a scaled rollout with partners and collaborators.	Senior Operations and Programme Manager
New Complex Schizophrenia Clinic – establishment of a specialist consultative service providing assessment and evidence-based treatment advice for people with treatment-resistant schizophrenia and complex psychosis. Clinic established, operational, and undergoing evaluation.	Senior Operations and Programme Manager
New Immunometabolic (LiveWell) Clinic is a developing research-led pathway to address physical health inequalities and cardiometabolic risk among people with severe mental illness, particularly those supported by Early Intervention in Psychosis services. The model embeds evidence-based lifestyle and metabolic support within routine care, using multidisciplinary assessment, early risk identification and co-designed interventions to improve physical health outcomes and inform future commissioning — Clinic established, operational, and undergoing evaluation.	Senior Operations and Programme Manager
New At Risk Mental State (ARMS) Clinic — early intervention pathway for young people at heightened risk of psychosis, providing timely, evidence-based support before symptoms escalate. The model translates research into routine care through multidisciplinary assessment, clear referral pathways and integration with community, acute and early intervention services. Clinic protocols, SOPs and guidelines; establish the clinic and ensure it is operational	Senior Operations and Programme Manager
Support roll-out of the EPICare platform across CYP and Early Intervention in Psychosis teams. EPICare is a national digital platform that uses routinely collected NHS Early Intervention in Psychosis data to generate real-time insights on treatment, recovery and outcomes. R&D will support approvals for data collection and national analysis to assess the platform's impact and benefits.	Senior Operations and Programme Manager
Mental Health Mission: Capacity Building	

Provide Midlands wide support to NHS Mental Health Trusts to increase delivery of the MHM portfolio	Senior Operations and Programme Manager
Support the MHM Principal Investigator funded training opportunity for clinicians	Implementation & Performance Manager
Increasing Trust Research Capacity	
Akrivia: CRIS – following on from testing of the platform, assess roll out for use with Clinical Audit, QI and to support research delivery.	Head of R&D
Locally developed PI training	Implementation & Performance Manager
R&D Capacity Building Programme to increase capacity for future researchers/grant applications.	Head of R&D
Implement Research Champion programme	Implementation & Performance Manager
Implement Nursing Research Champion Programme	Implementation & Performance Manager
Introduce Research HCA and R&D admin posts to increase capacity and provide more entry level posts to R&D	Implementation & Performance Manager
Work with the CDRC to increase Commercial activity	Head of R&D/Implementation & Performance Manager
Support the Psychological Therapies Mentoring Programme to increase Research Capacity – support impact evaluation	Head of R&D/Implementation & Performance Manager
Support grant development and strengthen university and regional collaborations.	Associate Director/Head of R&D
Strategy Development;	
Co-produce a refreshed Research Strategy and explore key areas of research aligned to the Trust's strategic priorities and areas of importance to the LEAR group	Head of R&D/Implementation & Performance Manager
Teaching Trust Status:	
Revisit Teaching Trust status once CYP fully embedded. Explore opportunities to develop a robust prospectus/explore appetite to change Trust name to Teaching Trust	Associate Director/Head of R&D
Lived Experience Action Research (LEAR) Group	
Update the evaluation documentation used by the LEAR group to monitor their impact on research grant proposals	Implementation & Performance Manager

Work with the Trust Recovery for All team to develop appropriate transition pathways for LEAR members to use their skills and experience in opportunities beyond LEAR	Implementation & Performance Manager
Develop a business case to obtain funding to make the LEAR group sustainable in the long term	Implementation & Performance Manager
Service Evaluations:	
AMAT – localised use of AMAT tool to manage service evaluation approvals and collate impacts	Research Governance Manager
Establish processes to ensure service evaluation findings inform practice, pathways and commissioning.	Head of R&D/Implementation & Performance Manager
R&D Profile and Communications:	
Seminar Series	Implementation & Performance Manager
Impacts of Research and Service Evaluations in R&D Communications plan	Implementation & Performance Manager
Collaborative work with the Community and Engagement teams (Trust, CDRC and BHP)	Implementation & Performance Manager

12.2 Knowledge and Library Services

This section summarises the Knowledge and Library Services department's key goals for 2026/27. These objectives form the business plan for the year and will be overseen through the R&D Committee.

Knowledge and Library Service	
Undertake an e-resource audit; support wider evidence use across the Trust.	Knowledge and Library Services Manager
Increase outreach and advocacy through Library Champions	Knowledge and Library Services Manager
Refresh the training offer	Knowledge and Library Services Manager

13 Appendices

List of Appendices:

1. Appendix 1 – BSMHFT Staff Publications April 2025 to March 2026
2. Appendix 2 – NIHR Portfolio research impacts
3. Appendix 3 – Approved service evaluations
4. Appendix 4 – Performance against 2025/26 departmental goals

Appendix 1. BSMHFT Staff Publications April 2025 to March 2026

1. Addington J, Liu L, Chu M et al. Baseline Clinical Characterization in AMP Schizophrenia Program. Schizophr Bull Open. 2025.
2. Addington J, Shalev A, Liu L et al. Sample Ascertainment and Recruitment Sources in AMP Schizophrenia Program. Schizophr Bull Open. 2025.
3. Al-Huseini S, Qutishat M, Almaqbali M, Albalushi M, Almashrafi M, Alrisi K, et al. Predictors and implications of medication non-adherence among psychiatric patients in Oman: A cross-sectional study. Qatar Med J 2025 Nov 3;2025(4):98. doi: 10.5339/qmj.2025.98
4. Al-Huseini S, Qutishat M, Khan O, Ahmed I. A systematic review of clozapine in the Arab world: Patterns of use, barriers and facilitators in clinical practice. Asian J Psychiatr 2025 Oct;112:104698. doi: 10.1016/j.ajp.2025.104698
5. Allard J, Henley W, McLean B, Watkins L, Parrett M, Rajakulendran S, Maguire M, Ellawela S, Tittensor P, Bransgrove J, Sen A, Mohanraj R, Bagary M, Ram S, Pashley S, Shankar R. Levetiracetam in epilepsy and autism spectrum disorder: analysis of safety, tolerability, and efficacy.Epilepsy Behav. 2025 Nov;172:110678. doi: 10.1016/j.yebeh.2025.110678. Epub 2025 Aug 28.PMID: 40882497
6. Andersen K, Szejko N, Müller-Vahl KR, Cavanna AE, Hedderly T, Greenberg E, et al. What Do We Currently Know About Functional Tic-Like Behaviors: A Topical Review. Pediatr Neurol 2026 May;178:118–124. doi: https://doi.org/10.1016/j.pediatrneurol.2026.02.007
7. Badenoch JB, Rickards H, McCutcheon RA, Nair A. Psychosis in Huntington's disease: a review and comparison with schizophrenia. Schizophr Res 2025 Oct;284:175–185. doi: 10.1016/j.schres.2025.07.012
8. Bandawar M, Taylor MJ, Morales-Muñoz I, Marwaha S, Upthegrove R. Affective Instability and Regular Cannabis Use During Adolescence and Subsequent Risk for Psychosis in Early Adulthood: A Longitudinal Birth Cohort Study. Schizophr Bull Open 2026 Mar 18;7(1):sgag008. doi:10.1093/schizbullopen/sgag008
9. Bicknell S, Jovanović N, Janković J, Packer K, Conneely M, Bains K, et al. Family members' experiences of supporting black and South Asian women with perinatal mental illness: a qualitative study in the UK. BMC Psychol 2025 Apr 10;13(1):363–6. doi: 10.1186/s40359-025-02656-6
10. Bilgrami ZR, Castro E, Agurto C et al. Predicting psychosis via language, speech and facial expression. Schizophrenia (Heidelb). 2025.
11. Bowness B, Begum S, Bicknell S, Samuels L, Shah S, Hess S, et al. Nurturing Creativity whilst Caring: Participatory Action Research with family carers and a Recovery College. Front Psychiatry 2025 Aug 15;16:1607560. doi: 10.3389/fpsyt.2025.1607560
12. Cavanna AE, Caimi V, Capriolo E, Arienti G, Riva A, Nacinovich R, et al. Neurodevelopmental disorder and juvenile-onset tics associated with microdeletion of

the SRRM2 gene. Neurol Sci 2025 Oct;46(10):5447–5449. doi: 10.1007/s10072-025-08318-0

13. Cavanna AE, Caimi V, Capriolo E, Marinoni M, Arienti G, Riva A, et al. Neurodevelopmental Tics with Co-Morbid Functional Tic-like Behaviors: Diagnostic Challenges of a Complex Tourette Syndrome Phenotype. Brain Sci 2025 Apr 23;15(5):435. doi: 10.3390/brainsci15050435.

14. Cavanna AE, Capriolo E, Caimi V, Arienti G, Riva A, Nacinovich R, et al. Aripiprazole-induced reversible myopia in a patient with tourette syndrome. Neurol Sci 2025 Nov;46(11):6027–6030. doi: 10.1007/s10072-025-08496-x

15. Cavanna AE. When is pharmacotherapy necessary for Tourette syndrome? The risks vs reward. Expert Opin Pharmacother 2026 Jan;27(1):21–25. doi: 10.1080/14656566.2026.2629472

16. Charles R, De Falco E, Galizia E, Martin-Lopez D, Meiklejohn K, Allen D, Staniaszek LE, Price C, Georgiou S, Bagary M, Khalsa S, Lawthom C, Shankar R, Terry J, Woldman W. Prioritising Follow-Up for People with Suspected Epilepsy Using a Digital EEG Biomarker. medRxiv [Preprint]. 2025 Jul 1:2025.06.30.25330550. doi: 10.1101/2025.06.30.25330550. Update in: Epilepsy Behav. 2026 Feb 16;177:110925. doi: 10.1016/j.yebeh.2026.110925.PMID: 40630599

17. Considine CM, Eddy CM, Frank SA, Kostyk SK, Oosterloo M, Killoran A, et al. Improving the Clinical Diagnostic Criteria for Genetically Confirmed Adult-Onset Huntington Disease: Considering Nonmotor Presentations. Neurol Clin Pract 2025 Apr;15(2):e200427. doi: 10.1212/CPJ.0000000000200427

18. Cowan HR, Pratt D, Shah JL et al. Premorbid adjustment and psychosis risk. Schizophr Bull. 2025.

19. Dastorani M, Shahini N, Livani A, Saghaeian Jazi M, Asadi J. Elevated oxytocin levels and oxytocin receptor gene expression in female-to-male transgender individuals. Sci Rep 2025 Nov 28;15(1):42729–w. doi: 10.1038/s41598-025-26845-w

20. Davies S, Rafi D, Rifkin-Zybutz R, Heyland S, Jadhakhan F. Prevalence and impact of comorbid PTSD, c-PTSD and EUPD on symptom severity in functional neurological disorder: protocol for a systematic review and meta-analysis. BMJ Open 2025 Oct 16;15(10):e101122–101122. doi: 10.1136/bmjopen-2025-101122

21. Day E & Trainor L. Recovery from addiction on a university campus: A UK perspective. Alcoholism Treatment Quarterly. https://doi.org/10.1080/07347324.2024.2364694

22. Day E, Manitsa I, Farley A, Kelly JF. The UK National Recovery Survey: nationally representative survey of people overcoming a drug or alcohol problem. BJPsych Open 2024. 10 (2), e67. https://doi.org/10.1192/bjo.2023.654

23. Day E, Manitsa I, Trainor L, Farley A. Participant experiences of a Collegiate Recovery Program on a UK university campus. Alcoholism Treatment Quarterly 2025 https://doi.org/10.1080/07347324.2025.2589143

24. Day E, Pechey LC, Roscoe S & Kelly J. Recovery Support Services as Part of the Continuum of Care for
Alcohol or Drug Use Disorders [Monograph]. Addiction 2025. 120 (8), 1497-1520 https://doi.org/10.1111/add.16751

25. Day E, Roscoe S, Pechey L, Kelly J. To determine whether the whole recovery-oriented system of care is greater than the sum of its parts, we must start by describing the parts. Addiction 2025 120 (8), 1529 https://doi.org/10.1111/add.70102

26. Dickinson R, Hallett N, Booth A, Clowes M, Kendal S, Quinn A, et al. Post-Incident Responses (Debriefing) in Mental Health Services in England: A Policy Review. J Psychiatr Ment Health Nurs 2026 Jun;33(3):423–433. doi: 10.1111/jpm.70097

27. Durdurak BB, Morales-Muñoz I, de Cates AN, Wiseman C, Broome MR, Marwaha S. Underlying biological mechanisms of emotion dysregulation in bipolar disorder. Front Psychiatry. 2025 May 9;16:1552992.

28. Essat M, Simpson EL, Wong R, Ren K, Kwon S-H, Stevenson MD, Day E and Stacey S. SA37 Effectiveness of Psychosocial Interventions for Adults With Substance Use Disorder and Co-Occurring Mental Health Disorder: An Umbrella Review. Value in Health 28(12): S651. https://doi.org/10.1016/j.jval.2025.09.2979

29. Fisher A. The girl at the end of the world- a reflection on humanitarian and care work in Barranquitas, Venezuela. J Huntingtons Dis 2026 Jan 16:18796397261416568. doi: 10.1177/18796397261416568

30. Galbraith N, Boyda D, McFeeters D, Chadwick D, Nicholls W, Stevens-Gill D, et al. The Role of Stress, Social Norms and Attitudes in Help-Seeking for Nurses. J Nurs Manag 2025 Sep 18;2025:8897678. doi: 10.1155/jonm/8897678

31. Gill K, Hett D, Carlish M, Amos R, Khatibi A, Morales-Muñoz I, et al. Examining the needs, outcomes and current treatment pathways of 2461 people with treatment-resistant depression: mixed-methods study. Br J Psychiatry 2026 Feb;228(2):108–115. doi: 10.1192/bjp.2024.275

32. Gill K, de Cates AN, Morales-Muñoz I, Marwaha S. Authors response to nitrous oxide and mood: metabolic mechanisms (E. H. Reynolds). EBioMedicine 2026 Mar;125:106166. doi: 10.1016/j.ebiom.2026.106166

33. Gill K, de Cates AN, Wiseman C, Murphy SE, Williams E, Harmer CJ, et al. Nitrous oxide for the treatment of depression: a systematic review and meta-analysis. EBioMedicine 2025 Dec;122:106023. doi: https://doi.org/10.1016/j.ebiom.2025.106023

34. Goodyear VA, Randhawa A, Adab P, Al-Janabi H, Fenton S, Michail M, et al. How school phone policies influence adolescent phone use and wellbeing (SMART Schools): a qualitative comparative case study. Soc Sci Med 2026 Jun;398:119094. doi: 10.1016/j.socscimed.2026.119094

35. Harrison R, Law GU, Day S. 'You've gotta be a man and be strong': Pakistani fathers' experiences of perinatal loss. Journal of Reproductive and Infant Psychology 2025.

36. Hellyer E, Nash K, Jones E, Sitch A, Jankovic J, Berrisford G, et al. Postnatal Depression Beyond 12 Months: A Systematic Review and Meta-Analysis. Int J Ment Health Nurs 2025 Apr;34(2):e70018. doi: 10.1111/inm.70018

37. Hewson H, Galbraith N, Jones C, Heath G. A longitudinal study of sensory and quasi-sensory experiences following bereavement using interpretative phenomenological analysis. Death Stud 2025 Aug 25:1–12. doi: 10.1080/07481187.2025.2547237

38. Husain L, Kitchens K, Raja S, Memon M. Bridging Implementation Gaps in Digital Health: A Translational Research Imperative for Equitable Healthcare Innovation. Clin Transl Sci 2025 Oct;18(10):e70375. doi: 10.1111/cts.70375

39. Jerwood J, Allen G, Peters V, Reeves S, Vallance J, Offley S. Doing things differently. In: Art therapy with people with learning disabilities. Routledge; 2025.

40. Jerwood J, Allen G. The development of C-CARE: an arts-based, co-produced research methodology for understanding and addressing inequalities in healthcare. Int J Qual Methods. 2025.

41. Jerwood J. Reflections on working in health inequity in palliative care: learning from the No Barriers Here project five years on. Prog Palliat Care. 2025.

42. Jerwood JS, Allen G. Just ask me – understanding the experiences of LGBTQ+ people from diverse ethnic backgrounds on palliative and end of life care. Stourbridge: The Mary Stevens Hospice; 2026 Apr.

43. Jerwood JS, Tomkinson P. Improving equality of access to psychological therapy through art therapy: a contemporary pilot project in an NHS service. 2026.

44. Jones E, Casey A, MacArthur C, Coleman T, Jankovic J, Taylor B. Healthcare professionals' experiences of supporting pregnant women with mental illness with their smoking behaviours: A qualitative study. Nicotine Tob Res 2026 Feb 19. doi: https://doi.org/10.1093/ntr/ntag037

45. Jones E, Quinn L, Tanner J, Jankovic J, Berrisford G, MacArthur C, et al. Prevalence and incidence of moderate and severe mental illness in the second postpartum year in England (1995-2020): a national retrospective cohort study using primary care data. Lancet Reg Health Eur 2025 May 9;53:101312. doi: 10.1016/j.lanepe.2025.101312

46. Jovanović N, Conneely M, Bicknell S, Janković J. Accessibility and acceptability of perinatal mental health services for women from ethnic minority groups: a synopsis of the PAAM study. Health Soc Care Deliv Res 2025 Oct;13(36):1–22. doi: 10.3310/TDAS1298

47. Jovanović N, Lep Ž, Berrisford G, Dirik A, Barber J, Kelani B, et al. Understanding patient pathways to Mother and Baby Units: a longitudinal retrospective service evaluation in the UK. Health Soc Care Deliv Res 2025 Jul;13(36):1–17. doi: 10.3310/GDVS2427

48. Jovanović N, Packer KC, Conneely M, Bicknell S, Copello A, McCabe R, et al. Barriers to accessing perinatal mental health services and suggestions for improvement: qualitative study of women of Black and south Asian backgrounds. BJPsych Bull 2025 Oct;49(5):299–306. doi: 10.1192/bjb.2024.82

49. Khalid SA, Khaliq T, Rehman YN, Anwar Z, Mirani W. Comparative Performance of Artificial Intelligence and Radiologists in Detecting Lung Nodules and Breast Lesions on CT and MRI: A Systematic Review. Cureus 2025 Nov 2;17(11):e95943. doi: 10.7759/cureus.95943

50. Khan N, Tiwari S, van Mook W, Dave S, Ha S, Sagisi J, et al. Student Perspectives on Professionalism: Time to Reform Curriculum for Better Patient Experience. J Patient Exp 2025 Dec 22;12:23743735251401814. doi: 10.1177/23743735251401814

51. Khuntia A, Popovic D, Sarisik E et al. BMIgap tool. Nat Ment Health. 2025.

52. Koutsouleris N, Vetter C, Buciuman M et al. Biosignatures of cognitive basic symptoms. Brain. 2026.

53. Krynicki CR, Jones CA, Hacker DA. A meta-analytic review examining the validity of executive functioning tests to predict functional outcomes in individuals with a traumatic brain injury. Appl Neuropsychol Adult 2025;32(4):1205–1222. doi: 10.1080/23279095.2023.2225666

54. Laing and Smythe (2026) Workshops to support the professional development of internationally educated nurses from African countries. British Journal of Nursing. British Journal of Nursing, 2026, Vol 35, No 9. https://doi.org/10.12968/bjon.2025.021

55. Lowrie R, Paudyal V, McPherson A, Heath H, Moir J, Allen N, et al. Pharmacy Homeless Outreach Engagement Non-medical Independent Prescribing Rx (PHOENIx) Community Pharmacy-Based Pilot Randomized Controlled Trial. J Urban Health 2025 Jun;102(3):540–563. doi: 10.1007/s11524-025-00981-0

56. Lowry N, McKechnie A, Day E, Gilvarry E, Cowden F, Evans R, et al. Extended-release buprenorphine treatment for opioid use disorder: A mixed-methods study of response and experience. Addiction 2025 Oct;120(10):2055–2066. doi: 10.1111/add.70106

57. Madan J, De Valliere N, Yap MB, Birchwood M, Bouliotis G, Cardamone-Breen M, Khan K, Melvin G, Michelet F, Olivier P, Patterson P, Stavros P, Raynes K, Stewart-Brown S, Williams R & Thompson A. Ensuring participant safety in research studies evaluating digital mental health interventions delivered remotely-insights from the PIPA trial of an online parenting intervention to prevent affective disorders in high-risk adolescents. BMC Medical Research Methodology. 2026 Feb 3.

58. Manzoor H. A Neuroimaging Audit of Patients Referred to an Old-Age Community Mental Health Team From Memory Assessment Service: Compliance With the Royal College of Radiologists Guidance. Cureus 2025 Nov 12;17(11):e96682. doi: 10.7759/cureus.96682

59. Mathalon DH, Nicholas S, Roach BJ et al. The electroencephalography protocol for the Accelerating Medicines Partnership® Schizophrenia Program. Schizophrenia (Heidelb). 2025 Jun 6;11(1):85.

60. McCutcheon RA, McGuire P, Upthegrove R, Pillinger T. Treatment resistance in first-episode psychosis. World Psychiatry. 2026.

61. McPherson A, Paudyal V, Lowrie R, Heath H, Moir J, Allen N, et al. Baseline characteristics of people experiencing homelessness in the PHOENIx community pharmacy multicentre

pilot randomised controlled trial. Int J Equity Health 2025 Oct 23;24(1):289–8. doi: 10.1186/s12939-025-02627-8

62. Merritt K, Palmer ER, Laguna PL, Sethi A, Rogers JC, Evans CJ, et al. Inflammatory markers (IL-6 and CRP) in childhood and their association with brain structure and psychotic experiences in adulthood. Brain Behav Immun 2026 Mar;133:106247. doi: 10.1016/j.bbi.2025.106247

63. Mezzina R, Saraceno B, Sashidharan S. Franco Basaglia (1924-1980): the reformer of the Italian psychiatric system: commentary, Mezzina et al. Br J Psychiatry 2025 Aug;227(2):582–583. doi: 10.1192/bjp.2025.74

64. Mohammed Najeeb AA, Qutishat M, Ikhlaq R, Ahmed I, Al-Huseini S. Evaluating the Effects of Electroconvulsive Therapy on Cognitive Functions in Patients With Severe Mental Health Conditions: A Prospective Study. J ECT 2025 Aug 25. doi: https://doi.org/10.1097/yct.0000000000001185

65. Mostafa A, Tiu S, Khan F, Baig NA. The Efficacy of Anti-amyloid Monoclonal Antibodies in Early Alzheimer's Dementia: A Systematic Review. Ann Indian Acad Neurol 2025 May 1;28(3):333–343 doi: 10.4103/aian.aian_547_24

66. Murden R, Allan SM, Hodgekins J, Oduola S. A comparison of pathways to care in at-risk mental states and first episode psychosis: a mental health electronic clinical records analysis in the East of England, UK. Soc Psychiatry Psychiatr Epidemiol 2025 Aug;60(8):1919–1931. doi: 10.1007/s00127-025-02833-3

67. Murphy R, Downes S, Murphy M, Derevensky J, Gavriel-Fried B, Sharman S, et al. Teacher Attitudes Towards and Awareness of Adolescent Gambling Behaviour in the Republic of Ireland. J Gambl Stud 2026 Mar;42(1):279–304. doi: 10.1007/s10899-025-10434-7

68. Müller-Vahl KR, Szejko N, Hartmann A, Debes NM, Hedderly T, Parnes M, et al. Call for action: misinformation about Tourette syndrome from major media network. Eur Child Adolesc Psychiatry 2026 Jan 20. doi: 10.1007/s00787-025-02939-8

69. Naqvi AA, Umair Khan M, Nguyen H, Karim L, Said A, Nnadi A. Exploring Pharmacists' Perceptions of Their Current Role in Mental Health Trusts in England: A Qualitative Study. Healthcare (Basel) 2025 Oct 16;13(20):2602. doi: 10.3390/healthcare13202602.

70. Newton E, Copello A, Rolfe A, Edwards K, Moonakova S, Kaufman A, et al. An opportunistic qualitative evaluation of the acceptability and feasibility of remote cognitive behavioral group intervention for bipolar disorder. Front Psychol 2025 Nov 7;16:1418994. doi: 10.3389/fpsyg.2025.1418994

71. Newton E, Matharu G, Jones CA, Kaufman A, Yagnik R, McDonald S, et al. The feasibility and acceptability of mood on track: an online psychological intervention for bipolar disorder. Int J Bipolar Disord 2025 Jun 9;13(1):22–8. doi: 10.1186/s40345-025-00385-8

72. Ogunsina O, Adaramola OO, Adeyemi AO, Afolabi SA. Forensic psychiatry and mental health services within the Nigerian criminal justice system. Discov Ment Health 2026 Feb 20;6(1):49. doi: 10.1007/s44192–6. doi: 10.1007/s44192-026-00396-6

73. Palmer ER, Taylor MJ, Hotham JE, Salam D, Alshawaf G, Rogers JC, et al. Systematic Review and Meta-Analysis of Randomized Clinical Trials of Anti-Inflammatory Agents in

Early-Stage Psychotic Disorders. Schizophr Bull 2025 Oct 28. doi: 10.1093/schbul/sbaf173

74. Parker S, Pearson L, Carney R et al. Cognitive behavioural therapy in high-risk bipolar disorder (BART II). BMC Psychiatry. 2025 Jul 1;25(1):649.

75. Perry BI, Osimo EF, Si S, Hitchins KVB, Lewis C, Laws B, et al. Cardiometabolic prediction models for young people with psychosis spectrum disorders in the UK (PsyMetRiC 2.0): a retrospective, multicohort clinical prediction model study. Lancet Psychiatry 2026 Apr;13(4):291–303. doi: https://doi.org/10.1016/S2215-0366(25)00398-0

76. Perry SJ, Goodyear VA, Pallan M, Adab P, Fenton S, Michail M, et al. Health economics analysis of restrictive school smartphone policies in secondary schools in England (SMART Schools). BMJ Ment Health 2026 Feb 10;29(1):e301892. doi: 10.1136/bmjment–301892

77. Popovic D, Weyer C, Dwyer DB et al. Multivariate Brain-Blood Signatures. JAMA Psychiatry. 2026.

78. Prabhu SG, Mallikarjun PK, Palmer A, Nag R, Khadeparkar P, Arelingaiah M, et al. Mental health literacy in secondary school teachers and interventions to improve it- a systematic review and narrative synthesis. J Ment Health 2025 Aug;34(4):476–495. doi: 10.1080/09638237.2024.2426994

79. Qureshi S, Qutishat M, Al-Huseini A, Ikhlaq R, Ahmed I, Al-Huseini S. Metabolic dysregulation in psychotic mania: longitudinal cardiometabolic changes with exploratory analyses of serum uric acid. Metab Brain Dis 2026 Mar 4;41(1):46. doi:10.1007/s11011-025-01779-4

80. Ratheesh A, Chen Y, Hammond D, Aitken Z, Shah J, Iorfino F, et al. Progression of Transdiagnostic Stages From Childhood to Young Adulthood. JAMA Psychiatry 2025 Nov 1;82(11):1113–1122. doi: 10.1001/jamapsychiatry.2025.2648

81. Richter M, Emden D, Leenings R et al. Generalizability of clinical prediction models. Mol Psychiatry. 2025.

82. Ritunnano R, Littlemore J, Nelson B, Humpston CS, Broome MR. Delusion as embodied emotion: a qualitatively driven, multimethod study of first-episode psychosis in the UK. Lancet Psychiatry 2026 Feb;13(2):125–139. doi: http://doi.org/10.1016/s2215-0366(25)00341-4

83. Riva A, Arienti G, Panarella C, Brasola E, Di Guardo S, Zuin G, et al. Interoception in Female Adolescents with Inflammatory Bowel Diseases Versus Restrictive Eating Disorders. Nutrients 2026 Jan 13;18(2):251. doi:10.3390/nu18020251

84. Riva A, Arienti G, Zuin G, Spini L, Panceri R, Biondi A, et al. Psychological symptoms and alexithymia in adolescents with inflammatory bowel diseases: a case-control study. Eur J Gastroenterol Hepatol 2025 Aug 1;37(8):917–921. doi: 10.1097/MEG.0000000000002999

85. Riva A, Arienti G, Zuin G, Spini L, Sansotta N, Cavanna AE, et al. "Inside the Gut-Brain Axis": Psychological Profiles of Adolescents with Inflammatory Bowel Diseases and with

Restrictive Eating Disorders. Nutrients 2025 May 17;17(10):1706. doi: 10.3390/nu17101706. doi: 10.3390/nu17101706

86. Riva A, Panarella C, Arienti G, Di Guardo S, Brasola E, Nacinovich R, et al. Interoception, Self-Injury and Suicidal Ideation in Female Adolescents With Restrictive Eating Disorders and Co-Morbid Borderline Personality Disorder. Clin Psychol Psychother 2025;32(4):e70134. doi: 10.1002/cpp.70134

87. Scobie H, MacKinnon S, Wood K, Albanese A, Cunningham Y, Williamson A, et al. Patient participant, healthcare professional, and stakeholder perspectives on the Pharmacy Homeless Outreach Engagement Non-medical Independent prescribing Rx (PHOENIx) community pharmacy pilot randomised controlled trial. PLoS One 2025 Jun 27;20(6):e0324654. doi: 10.1371/journal.pone.0324654

88. Simpson E, Essat M, Wong R, Stacey S and Day E. Effectiveness of psychosocial interventions for adults with substance use disorder that have a co-occurring common mental health disorder: an umbrella review. Drug and Alcohol Review 2025 https://doi.org/10.1111/dar.70066

89. Smythe A, Laing D. An Integrative Literature Review Exploring Support Interventions for Nurses Who Have Trained Outside of Their Country of Employment. J Transcult Nurs 2026 May;37(3):496–513. doi: 10.1177/10436596251397361

90. Stanage F, Oto M, Miorelli A, Bagary M, Tamilson B, Agrawal N. Neuropsychiatric involvement in epilepsy surgery pathways in the UK. Epilepsy Behav 2025 Nov;172:110726. doi: 10.1016/j.yebeh.2025.110726

91. Stanford L, Welham A, Banks S, Surtees A. Internal Consistency of Self-report Anxiety Measures for Autistic Adults Without Intellectual Disabilities: A Systematic Review and Meta-analysis. J Autism Dev Disord 2026 Mar 19. doi:10.1007/s10803-026-07228-0

92. Tassia Oswald, Barker, D Barrett, Ruth Blackburn, Erica Breuer, Natasha Gray MacIntyre Chilman, Natasha Cutler, Helen Daly, N Doherty, A Doumany, Johnny Downs, Alexandru Dregan, Rina Dutta, Jacqui Dyer, Laura Fischer, Stephani Hatch, S Hernandez, Matthew Hotopf, A Jeffery, A JohnJ Kirkbride, L Knifton, C Koksal, G Leavey, N Oparah, I Ouro-Gnao, L Marzano, P Patterson, Rebecca Rhead, Peter Schofield, Kalwant Sidhu, S Steeg, Sharon Stevelink, M Sutton, R Webb, J Woodman, Jayati Das-Munshi (2026). Towards a new model of population mental health research and policy translation in the UK: Establishing a National Consortium. International Journal Of Mental Health Systems. (IJMHS, 2026)

93. Upthegrove R, Corsi-Zuelli F, Couch ACM et al. Inflammation in neuropsychiatric disorders. JAMA Psychiatry. 2025.

94. VA, Randhawa A, Adab P, Al-Janabi H, Fenton S, Jones K, et al. School phone policies and their association with mental wellbeing, phone use, and social media use (SMART Schools): a cross-sectional observational study. Lancet Reg Health Eur 2025 Feb 4;51:101211. doi: https://doi.org/10.1016/j.lanepe.2025.101211

95. Weyer C, Sarisik E, Perdomo ST et al. Neurobiological signatures of trauma and depressivity. Biol Psychiatry. 2026.

96. Wigman JTW, Ching AE, Chung Y et al. Digital health technologies in the accelerating medicines Partnership® Schizophrenia Program. Schizophrenia (Heidelb). 2025 Jun 3;11(1):83.

97. Williams-Ridgway A, McNeil S, Leung N, Hamilton D, Bilkhu S, Winston AP, et al. Healthcare professionals' perspectives on minoritised ethnic young people's access to eating disorder services in the West Midlands, United Kingdom: a qualitative study. J Eat Disord 2026 Feb 18;14(1):70. doi: 10.1186/s40337-026-01546-5

98. Wischik CM, Stefanacci R, Bentham P, Gauthier S, Zetterberg H, Wilcock GK, et al. Clinical, imaging and blood biomarker outcomes in a Phase 3 clinical trial of tau aggregation inhibitor hydromethylthionine mesylate in mild cognitive impairment and mild to moderate dementia due to Alzheimer's disease. J Prev Alzheimers Dis 2026 Mar;13(3):100480. doi: 10.1016/j.tjpad.2026.100480

99. van Amelsvoort T, Boonstra A, Lekadir K et al. YOUTHreach strategy. Eur Child Adolesc Psychiatry. 2026.

Appendix 2 – NIHR Portfolio research impacts

Study title	Impact summary:
Dimensions SAGE: A Randomized, Placebo-Controlled, Double-Blind Study to Evaluate the Effect of SAGE-718 on Cognitive Function in Participants with Huntington's Disease.	A double-blind placebo-controlled Huntington's disease study evaluating whether SAGE-718 can improve cognitive function. The study strengthens links with the HD specialist service and supports continuity of care through closer participant review. Staff gain experience delivering investigational treatment research, while service users access specialist monitoring and contribute to evidence that may improve future cognitive treatments for Huntington's disease.
Culturally Appropriate Advocacy (CAA): Culturally appropriate advocacy, improving access, experience and outcomes for racialised people in mental health services	A study reviewing culturally appropriate advocacy for inpatients, with a focus on improving access, experience and outcomes for racialised people using mental health services. The work helps inpatient services understand how advocacy can better meet individual needs and promote inclusion. Staff and researchers benefit from qualitative interviewing and learning from service-user experience, while service users are supported to share what meaningful, culturally responsive advocacy looks like in practice.
VISION-QUEST: study of visual hallucinations / beliefs about visions in people with psychosis	A study exploring visual hallucinations and beliefs about visions in people with psychosis across community and inpatient services. It strengthens connections between research and clinical teams and supports development of tools to improve staff conversations with people experiencing hallucinations. Service users who are often underrepresented in research are able to take part, and some participants have found the process helpful for reflecting on their experiences.
Ascend: Aripiprazole/sertraline combination: clinical and cost effectiveness in comparison with quetiapine for the treatment of bipolar depression. An open label randomised controlled trial.	A bipolar depression trial comparing an aripiprazole and sertraline combination with quetiapine to inform clinical and cost-effective treatment options. The study supports CMHTs through staff training, monthly Q&A sessions and closer links between research and clinical teams. Participants receive regular wellbeing checks, medication reviews and increased professional contact, with feedback showing that some have valued improved functioning, support with symptoms and the opportunity to discuss their experiences using structured assessment tools.
Enroll-HD: A Prospective Registry Study in a Global Huntington's Disease Cohort	A global observational Huntington's disease registry tracking disease progression over time through clinical assessments and biological samples. The study supports the HD and genetics services by creating a shared dataset that improves understanding of disease trajectory and helps identify participants for future trials. Staff develop specialist skills through motor, PBA, plasma and RNA training and international research engagement, while service users and families value regular specialist contact, earlier identification of issues and the opportunity to contribute to the wider HD community.
HDClarity: a multi-site cerebrospinal fluid collection initiative to facilitate therapeutic development for Huntington's	A multi-site Huntington's disease study collecting cerebrospinal fluid and blood samples to support therapeutic development. The study helps services build evidence on disease biology and future treatment targets, while staff gain experience supporting complex sample collection. Service users benefit from closer

	contact with HD specialists, early identification of issues and the opportunity to contribute biological samples that may accelerate future treatment development.
Late Stage Assessment Study (HD): Later Stage HD Assessments: development/evaluation of tools for later stages of Huntington's disease	A later-stage Huntington's disease study developing and evaluating assessment tools to capture physical, cognitive and functional needs. The study supports the HD MDT by improving understanding of advanced-stage care requirements and informing long-term, residential and palliative care approaches. Staff gain training in structured HD assessment tools, while service users and family members value having time to discuss worries, remain involved in research and contribute to better support for carers and quality of life.
DIGG HD: Discovering Intergenerational Genes in Huntington's Disease Study	A Huntington's disease genetics study collecting blood and semen samples to improve understanding of intergenerational gene inheritance. The study supports HD services by informing future genetic counselling and reproductive planning discussions. Staff develop practical learning around acceptable biological sample collection, while participants contribute to research that may improve understanding of inheritance patterns and future family-planning support.
EPI Study (Gene study): Frequency of Selected Single Nucleotide Polymorphisms in Phase with the Mutant and Wild-Type HTT Alleles in Huntington Disease Gene Expansion Carriers	A gene study collecting blood samples and demographic information from Huntington's disease gene expansion carriers to identify selected SNPs. The study supports services by creating data that may help identify people eligible for future targeted interventional trials. Staff gain experience in genetic research delivery, while participants may benefit from future trial opportunities and contribute to development of more targeted HD treatments.
HD Eat: A Pilot Study of an Online Version of the Huntington's Disease Eating Attitudes Test (HD-EAT) in a Genotype Positive Huntington's Disease Population	A pilot study testing an online version of the HD-EAT tool to assess eating behaviours and weight loss in people with Huntington's disease. The study may support services by providing a future assessment tool for routine clinical review and earlier identification of factors contributing to weight loss. Staff gain insight into nutrition-related assessment in HD, while service users contribute to research that could improve monitoring and support for eating difficulties.
HEALTHE-RND: European eHealth care model for rare neurodegenerative diseases	A European eHealth study developing a digital platform for people with Huntington's disease and their companions. The study supports services by exploring digital care models that may improve access, self-management and quality of life. Staff gain insight into future eHealth approaches, while service users and companions contribute directly to the development of a platform that could benefit themselves and others affected by rare neurodegenerative diseases.
iMarkHD: Investigating biomarkers for disease and symptom progression in Huntington's disease	An imaging study using MRI and PET scans to investigate biomarkers linked to Huntington's disease onset and progression. The study supports services by improving understanding of disease mechanisms that may inform future therapeutic development. Staff gain experience facilitating advanced imaging research, while service users access

	opportunities to participate in cutting-edge studies and contribute to knowledge that may shape future HD treatments.
HD Quality of Life Study : Social Cognition and Quality of Life in Huntington's Disease	A Huntington's disease quality of life study exploring how social cognition and behavioural difficulties affect daily functioning. The study may support services by informing future routine assessments and earlier identification of social and behavioural needs. Staff can use learning to improve recognition and management of these difficulties, while service users and close others value being heard and contributing to research that reflects the wider impact of HD on families and relationships.
STARs: A double-blind, randomised, placebo-controlled outpatient study assessing the safety and effectiveness of Staccato alprazolam for prolonged seizures in participants aged 12 and over	An epilepsy study assessing Staccato alprazolam, an investigational inhaled drug-device product for stereotypical prolonged seizures. The study supports clinical services by building experience with a potential rapid rescue treatment and generating evidence for future seizure management pathways. Staff gain experience delivering a novel drug-device intervention, while service users and families may benefit from faster treatment options that could reduce escalation, emergency intervention and disruption if shown to be safe and effective.
Acorns: A multi-site randomised COntrolled trial to evaluate the impact of a group tReatment for aNtenatal anxiety	A randomised trial of online group-based talking therapy tailored to anxiety during pregnancy, including partner involvement. The study supports antenatal services by testing a scalable psychological intervention and signposting participants to local support. Staff gain experience linking research with maternity pathways, while service users value therapy tailored to pregnancy, additional support during pregnancy and the opportunity for partners to be included.
Recollect2 (Recovery Colleges Characterisation and Testing 2(: Exploring the impact of Recovery Colleges on Student Outcomes and factors which affect these (Studies 1-3)	A Recovery College study exploring student outcomes, goals, confidence and recovery over time. The study supports Recovery College services by raising awareness of sessions and helping understand factors that influence recovery-focused outcomes. Staff gain feedback on the value of non-clinical recovery support, while service users value meeting others with similar experiences, trying something beyond standard appointments and reflecting on personal growth and confidence.
SNAPPER: The clinical and cost-effectiveness of Stimulant compared with Non-stimulant medication for adults with Attention-deficit / hyperactivity disorder and a history of Psychosis or biPolar disordER	An ADHD study comparing stimulant and non-stimulant medication for adults with ADHD and a history of psychosis or bipolar disorder. The study supports ADHD services by enabling earlier contact with people on waiting lists and strengthening monitoring of symptoms, safety and treatment response. Staff gain experience managing complex diagnostic overlap, while eligible service users may access treatment options that take account of both ADHD and bipolar or psychosis history.
COMBINER: A study to understand which maintenance treatment for bipolar disorder is better — lithium and quetiapine together, lithium alone, or quetiapine alone	A bipolar disorder study comparing lithium and quetiapine, alone or in combination, to identify the most effective long-term maintenance treatment. The study supports specialist mood, CMHT and primary care pathways by addressing the evidence-practice gap and promoting collaborative research delivery. Staff gain experience in structured assessments, CTIMP/GCP processes and regular safety monitoring, while participants benefit from closer follow-up, physical health checks, medication

	reviews and the opportunity to shape future relapse prevention and treatment decisions.
EIS Mission Cohort study: Early Intervention in Psychosis Mental Health Mission Cohort	A UK-wide cohort study for people who have received support from Early Intervention in Psychosis services, linking clinical, biological and social information to improve understanding of psychosis. The study strengthens links between research and EIS teams and supports staff development through CGI, PANSS and REDCap training. Service users gain access to research through familiar clinical pathways and contribute to evidence that may support earlier identification of needs, personalised treatment planning and improved recovery trajectories.
COPICS: Experience-based Investigation and Co-design of Psychosis Centred Integrated Care Services for Ethnically Diverse People with Multimorbidity	A photovoice and co-design study exploring psychosis-centred integrated care for ethnically diverse people with multimorbidity. The study supports services by using creative methods to surface lived experience and inform service understanding, particularly across EIS and clozapine pathways. Staff, service users and carers gain opportunities to work together through workshops, while participants value using images and storytelling to share experiences and highlight the impact of repeatedly retelling their story.
IBPI: Integrated Bipolar Parenting Intervention	A perinatal bipolar disorder study focused on parenting with bipolar disorder and developing support informed by lived experience. The study supports perinatal services by increasing understanding of the parenting challenges associated with bipolar disorder and promoting destigmatisation. Staff gain training in measures such as SCID, while participants value a resource specific to parenting with bipolar disorder and the opportunity to hear and share experiences with others.
QUEST: Quetiapine Effectiveness Study in Borderline Personality Disorder	A trial investigating quetiapine for borderline personality disorder to strengthen the evidence base for treatment, functioning, quality of life and safety outcomes. The study supports personality disorder, community and mood services by addressing a gap in treatment guidance and building relationships between clinical care and research teams. Staff gain experience with study-specific tools such as the Zanarini rating scale and trial delivery processes, while participants receive regular research contact, contribute to future treatment recommendations and may value supporting improvements in care for people with borderline personality disorder.
BARTII: Cognitive behavioural therapy in comparison to treatment as usual in young adults at high risk of developing bipolar disorder (Bipolar At Risk): A randomised controlled trial to investigate the efficacy of a treatment approach targeted at key appraisal change: Bipolar At Risk Trial II	A randomised trial of CBT-BAR for young adults at high risk of developing bipolar disorder, comparing therapy with treatment as usual. The study supports early intervention and youth-facing services by testing a targeted approach that could inform future NICE guidance and improve early support for mood instability. Staff gain experience in referral engagement, safeguarding, SCID-5 assessment and CBT-BAR delivery, while participants value contact with the research team, structured assessment, crisis signposting and the chance to contribute to better support for young people at risk of bipolar disorder.

CECiLiA: Evaluation of Care (EduCatIon) and treatment reviews	A study gathering feedback from staff, service users, families and carers on care and treatment reviews within learning disability and autism services. The study supports the Birmingham and Solihull Mental Health Learning Disabilities and Autism Provider Collaborative by identifying how reviews are experienced and where improvements may be needed. Staff gain direct insight from people involved in reviews, while service users, families and carers are supported to share their experiences first-hand, including through interview support where required.
GOTHIC2: A multi-centre randomised placebo-controlled trial of glycopyrrolate and hyoscine hydrobromide for the treatment of clozapine-induced hypersalivation	A multi-centre trial of glycopyrrolate and hyoscine hydrobromide for clozapine-induced hypersalivation, addressing an important side effect that can affect adherence, dignity and quality of life. The study supports CMHTs, clozapine clinics, pharmacy and rehabilitation services by strengthening evidence for treatment choices and increasing the visibility of research in routine care settings. Staff gain training in PSP and PANSS scales, safeguarding escalation and trial delivery, while service users benefit from frequent researcher contact, symptom monitoring, opportunities for timely support and the chance to contribute to better treatment options for people taking clozapine.
CHIP: Improving mental health peer support for children and young people: A mixed methods realist modelling study	A mixed-methods study exploring how peer support for children and young people can generate recovery-oriented outcomes such as hope and empowerment, alongside clinical outcomes such as symptom improvement. The study supports eating disorder and early intervention services by informing how peer support can be designed and delivered across different mental health contexts. Staff benefit from training and resource development, while children and young people may benefit from improved peer support models that are better tailored to their needs and recovery goals.
SMILE: A Double-Blind, Randomized, Placebo-Controlled, Multicenter, Outpatient, Parallel-Group Study to Assess the Efficacy and Safety of Staccato Alprazolam in Study Participants 12 Years of Age and Older With Stereotypical Prolonged Seizures.	A serious mental illness study supporting future research into how biological and environmental factors influence presentations of severe mental illness. The study supports early intervention and clozapine clinic pathways by contributing to a research base that may improve understanding, stratification and future treatment development. Staff gain experience identifying and supporting participants across complex services, while service users value contributing to research that may help future patients and many are open to being contacted for future studies.
Global Minds: Developing an internationally-diverse, linked genomic and longitudinal phenotypic research dataset to accelerate precision psychiatry for patients with serious mental illness.	A study developing an internationally diverse linked genomic and longitudinal phenotypic dataset to accelerate precision psychiatry for people with serious mental illness, dementia or cognitive impairment. The study supports services by creating a researchable database that may improve understanding of illness trajectories and inform more personalised assessment, stratification and treatment. Staff build capability through study-specific training, MoCA certification and phlebotomy skill development, while participants value contributing to research that could benefit future patients and support more targeted care.

Appendix 3 – Approved service evaluations

Ref	Title	Status
SE0455	**Evaluation of the Acute Pathway group provision implemented at Ardenleigh Women's Secure Blended Service'**	Completed
SE0459	**MKD Project**	Approved and In Progress
SE0463	**Moving from paediatric to adult services on a ketogenic diet: a transition process questionnaire**	Approved and In Progress
SE0464	**Evaluating the impact of a citywide perinatal compassion and wellbeing group**	Approved and In Progress
SE0465	**F.I.R.S.T Casebusting Evaluation**	Completed
SE0466	**Evaluation of Spiritual Care in in-patient Rehabilitation**	Approved and In Progress
SE0467	**Is the 'Recovery from Depression Group' an effective intervention? An evaluation to help determine the future of treating depression symptoms within our secondary care services.**	Approved and In Progress
SE0469	**Evaluating the effectiveness and feasibility of Group Tree of Life Narrative Therapy adapted to an Inpatient Older Adult Population**	Completed
SE0470	**Evaluating changes in Nursing staff attitudes in response to trauma-informed care training at Reaside Clinic**	Completed
SE0471	**Autism assessment pilot Service Evaluation**	Approved and In Progress
SE0472	**Measuring the cost-effectiveness of the Enhanced Team for Personality Disorders Service**	Completed
SE0473	**KPI's for Liaison psychiatry at QE hospital**	Completed
SE0474	**HMP Birmingham Psychology Service Evaluation**	Completed
SE0475	**A service evaluation to explore how the Tamarind Centre is currently meeting the needs and standards of Carer Involvement, considering the organisational barriers and facilitators which may impact this.**	Approved and In Progress
SE0477	**An evaluation of the new perinatal psychology consultation model**	Approved and In Progress
SE0478	**Evaluating engagement with and usefulness of a yoga therapy intervention**	Approved and In Progress
SE0479	**Evaluation of Unsuitable Referrals to the West Midlands Community FCAMHS Service**	Completed
SE0481	**Kings Norton Hospital Re-admission Rates**	Approved and In Progress
SE0482	**Evaluating the quality of staying well plans across the trust for those with diagnoses of bipolar and psychosis.**	Completed

SE0483	**Evaluating the completion of the OASys risk assessment**	Completed
SE0484	**Supporting Service Users with Learning Disabilities in Community Mental Health Teams**	Completed
SE0485	**Barriers and facilitators affecting referrals for Cognitive Behaviour Therapy for adults with psychosis at Northcroft Community Mental Health Team.**	Approved and In Progress
SE0486	**Treatment of Avoidant Restrictive Food Intake Disorder (ARFID): A case series exploring the use of cyproheptadine in children and young people.'**	Approved and In Progress
SE0487	**Structured Clinical Management Group Evaluation 2024-25**	Approved and In Progress
SE0488	**Three Month Evaluation of a Hybrid Level 2 Patient Handling Programme Integrating the AEER© Risk Cycle and KMB© Knowledge Mobilisation Framework across BSMHFT**	Completed
SE0489	**Compassion Focussed Group Therapy**	Approved and In Progress
SE0490	**What are the organisational barriers and facilitators affecting adaptions to the physical environment in which autistic children and young people are supported in at the Solihull children's and adolescent's mental health service (Solar)?**	Completed
SE0491	**Complex Emotional Needs in Community Enablement and Recovery Team (CERT) service users: A Follow-Up Service Evaluation**	Approved and In Progress
SE0492	**An evaluation of the effectiveness of St Andrew's Forensic Intensive Recovery Support (FIRST) provision.**	Approved and In Progress
SE0493	**Evaluation of the Services within the Physical Health Support Team**	Completed
SE0494	**Exploring the impact of post-incident trauma support interventions on staff wellbeing at Ardenleigh Forensic Secure Women's Service.**	Approved and In Progress
SE0495	**A pilot of the implementation of anticipatory management plans (AMP) with High Intensity Users (HIU) of Psychiatric liaison Teams (PLT)**	Approved and In Progress
SE0497	**An Evaluation of the Looked-After Children's Team LATCH Referral Pathway and Triage within the Solar CAMHS Service**	Completed
SE0498	**Recovery College Full Service Evaluation**	Approved and In Progress
SE0500	**BSMHFT Mental Health Treatment Requirement (MHTR) Service Evaluation April 2024-April 2026**	Approved and In Progress
SE0501	**STEM Cell Psychology Evaluation**	Approved and In Progress
SE0502	**Enhanced Team for Personality Disorders training evaluation 2025**	Completed
SE0503	**Enhanced Team for Personality Disorders Consultation evaluation**	Completed

SE0504	**Enhanced Team for Personality Disorders training evaluation 2025 (non-clinical Staff)**	Completed
SE0506	**What is the efficacy of the Therapies Pathway in improving service user's quality of life and their goal based outcomes**	Approved and In Progress
SE0507	**Service User and staff experience of engaging with enrichment sessions at PROSPER IIRMS**	Approved and In Progress
SE0508	**How do experts by experience perceive their role in delivering PREOMs to other service users within a Men's medium secure service?**	Approved and In Progress
SE0509	**ENHANCED TEAM FOR PERSONALITY DISORDERS EVALUATION OF PSYCHOLOGICALLY INFORMED CONSULTATION 2026**	Approved and In Progress
SE0510	**Service Evaluation of the Forensic Intensive Recovery Support Team (FIRST) Psychological Therapies Provision**	Approved and In Progress
SE0512	**Evaluating the Effectiveness and Feasibility of A 'Stressbusters' Group designed for Older Adults in an Inpatient Setting**	Completed
SE0513	**Primary Care Dementia Service**	Approved and In Progress

Appendix 4 – Performance against 2025/26 goals

Finance and Resources:		
R&D and Finance joint SOP	**In progress**	Partially complete – Finance SOP drafted.
Pharmacy to use EDGE	**In progress**	Pharmacy is aware of this process, and R&D raise and invoice for one off payments (i.e. Pharmacy study set up fee). Per activity payments will need the involvement of Pharmacy staff directly – will be trained in line with study need.
Implementing the NIHR income distribution model	**In progress**	Partially complete – Finance SOP drafted.
Embed FTB Research team into department – reporting structure, financial management	**Completed**	
Increase income to cover overheads, margins and non-pay	**Completed**	
New departmental appointments:		
Delivery Team Manager (B7) – (externally funded)	**Completed**	
Mood Disorders Delivery Team Manager (B7) – (0.5 WTE externally funded)	**Revoked**	Postholder within the absorbed FTB infrastructure has taken on this role. The external funding has been redirected into delivery infrastructure across the wider portfolio.
TRIDENT Trial Manager – (externally funded)	**Completed**	
COMBINER Trial EBE Post (Band tbc) – (externally funded)	**Revoked**	Post holder to be appointed by UoB
Support appointment of Trials Pharmacist (externally funded)	**Completed**	
Review staffing requirements/funding to deliver 5 new addictions grants across Solihull and Wolverhampton	**Completed**	Projects due to start at the end of March 2027 – staffing profiles/discussions are underway

Research Governance:		
Update the 'Issuing of Honorary Research Contracts and Letters of Access for Research within BSMHFT'	**In progress**	Partially complete – SOP has been reviewed and amended but the national HR Good Practice Research Pack is being updated shortly and we will need to take this into account.
Training the existing Service Evaluation lead to support research governance and approvals.	**Completed**	
Archiving Essential Documentation – Research Studies	**Deferred**	
Standard Operating Procedures (SOPs) to be developed:		
Auditing – Research Studies	**Deferred**	
Undertake audit to ascertain legitimate delays in study set up	**Completed**	
NIHR Objectives:		
Implement Research Champion programme	**Deferred**	
Strategy to engage all research teams in PRES	**In progress**	A revised strategy, based on the process followed at FTB was introduced but this had no impact.
Service Evaluations:		
AMAT- localised use of AMAT tool to manage SE approvals and collate impacts	**Deferred**	Additional governance staff now in post to support this piece of work.
Birmingham Health Partners:		
Review and implement Clinical Trials Dashboards	**Deferred**	Awaiting support from Project manager of our local CRDC to be in post.
Implement EDGE Clinical Trials management tool	**Revoked**	This will be covered by the BHP dashboard,
Oxford BRC:		
Use of DECODE to collect national dataset.	**In progress**	The DECODE platform has been built and tested. Governance approvals are

		now being sought to allow the DECODE platform project to begin. Anticipate to start recruiting to the project and collecting against the national dataset from Mid July 2026'
Central and North West Midlands Awarded Prestigious NIHR Commercial Research Delivery Centre (CDRC):		
Ensure MH represented at Partnership group and implement policies/processes as required	**Completed**	
UK-CRIS:		
IG arrangements with FTB due to shared Rio/explore FTB usage	**Revoked**	No required due to FTB transer
Increasing our local investigator pool:		
Locally developed PI training	**In progress**	
Increasing Clinical Research Nurse Capacity		
Research Nurse Mentoring/Shadowing opportunities	**Completed**	
Student Nurse Research Taster Days	**Completed**	
Delivery the West Midlands Wide NIHR WM Internship Programme	**Completed**	
Increasing the research capacity of Clinical Psychologists		
Work with the Psychological Professions to increase research capacity	**Completed**	Mentoring programme developed and in progress
Application for University/Teaching Trust Status:		
R&D Committee Sub-Committee/working group established	**Deferred**	
LEAR (Lived Experience Action Research) Group:		
Develop a business case to obtain funding to make the group sustainable in the long term	**In progress**	Work has commenced; however, this has been deferred to ensure alignment with the new Trust Strategy.
Create member 'profiles' to raise awareness of the skills and experiences in the group	**Completed**	
Continue to develop members research skills with a program of tailored training in research methods	**Completed**	

To co-produce a revamped Research Strategy and to explore key areas of research that align to the Trust's strategic priorities as well as areas of those that are of importance and interest to the group.	**In progress**	
To update the evaluation documentation used by the LEAR group to monitor their impact on research grant proposals	**In progress**	
Working with the trust recovery for all team to develop appropriate transition pathways for members to use their skills and experiences in opportunities beyond LEAR.	**Deferred**	
R&D Profile and Communications:		
Engage the new CYP directorate in R&D; ensuring staff know who to contact for approvals/support and delivery	**Completed**	
R&D Showcase 2026	**Completed**	
Seminar Series	**Deferred**	
Impacts of Research and Service Evaluations in R&D Communications plan	**Deferred**	
Develop Research Champion Programme	**Deferred**	
Mental Health Mission:		
Difficult to Tread Depression Platform build platform begin regulatory approvals, data collection and testing	**Completed**	
TMS research service running and being evaluated (research grade)	**Completed**	
Continue the evaluation of the Ketamine Clinic – support clinical nurse Manager (south) to develop business case for a Ketamine Service	**In progress**	Evaluation continues; the service has been running since Jan 2025
Establish the Depression Research Clinic for Primary Care referrals	**In progress**	Case referrals began in April 2026
Designated facilities for Children and Young People's research	**In progress**	Existing space is being maximised; working with Trust estates team to identify additional space
Implementation and Launch of EPICARE	**In progress**	EPICARE remains available to all CYP staff who transitioned from FTB. EPICARE is being rebuilt on BSMHFT infrastructure September 2026 and will be launched Trust wide thereafter.
Rebranding the centralised MHM Research Delivery Team	**Completed**	

Impacts on national/local guidance, changes to local practice and key achievements:		
Ongoing collection of impacts of research	**Completed**	Collated and reported as part of the annual report.
Impact of NIHR Portfolio Participation on staff, service users and/or carers:		
Ongoing collection of impacts of research	**Completed**	Collated and reported as part of the annual report.

14. People Committee Report

Committee Escalation and Assurance Report

Name of Committee	**People Committee**
Report presented at	**Board of Directors**
Date of meeting	**5 August 2026**
Date(s) of Committee Meeting(s) reported	**21 July 2026**
Quoracy	**Membership quorate: Y**
Agenda	The Committee considered the following items: • Staff Story • Board Assurance Framework Risks • Corporate Risk Register • People Dashboard Overview • Freedom to Speak Up Guardian Quarterly Report • Workforce Plan Progress Report • Shaping our Future Workforce Committee Assurance Report • Transforming our Culture and Staff Experience Group Assurance Report • Equality and Diversity: WRES and WDES Annual Report • DAWN Network Report • Multi-Professional, Education and Training Group Assurance Report • Safer Staffing Report • Ockenden Review Implications
Alert:	• The Committee reviewed the annual WRES and WDES reports and noted that 'workforce inequalities' remained a significant concern with disparities widening amongst our staffing and impacting BAF risks SR1 and SR2, particularly in areas of recruitment outcomes, disciplinary processes and formal capability. Whilst there was a range of interventions in place to address these issues, the Committee emphasised that sustained focus was required to assess the real impact of these improvements and ensure application was being embedded consistently through management practice and transforming organisational culture. • Bank staffing continued to present a significant workforce planning risk. Whilst agency expenditure had reduced significantly through targeted interventions, bank usage remained above planned levels and was impacting delivery of workforce and financial plans. The Committee discussed the need to address the underlying drivers of bank utilisation, including absence, observations, rostering and workforce deployment. • A recurring theme across People Committee discussions was the impact of discrimination, staff abuse, reasonable adjustments, staff safety and management capability. The Committee highlighted the importance of strengthening the triangulation of intelligence from equality reporting, Freedom to Speak Up, workforce data and risk management processes to ensure emerging concerns were identified and mitigated at an earlier stage.

Assure:	• The Committee received positive assurance regarding workforce improvements, including continued reductions in agency expenditure, successful recruitment activity with over 80 Band 5 nursing offers made, improvements in safer staffing metrics, strong mandatory training compliance and sustained progress in reducing vacancies. These actions were supporting workforce sustainability and reducing reliance on temporary staffing. • Assurance was provided regarding the ongoing development of the Freedom to Speak Up (FTSU) service. Following an internal request from the Trust for wider NHS support and input, a comprehensive action plan was being developed to revisit the purpose of FTSU Guardians in raising patient safety concerns and to strengthen organisational learning, reporting, communications, and support arrangements for staff raising concerns. • The Committee received assurance that staff networks, equality programmes and targeted workforce initiatives continue to support improvement programmes. These would continue to be monitored and assessed in the impact of changing the organisational culture and inclusion progress.
Advise:	The Committee was advised that implementation of the newly published NHS Leadership and Management Framework would be incorporated into the Trust's people agenda, leadership offer and Board Assurance Framework. A gap analysis would be undertaken to assess current arrangements against national expectations and identify any further development requirements. Management capability had emerged as a consistent factor underpinning a number of workforce challenges. The Committee advised continued organisational focus on strengthening leadership and management. The Leadership and Management Framework would support the strategic benchmarking and enablement of strategic workforce improvement. The Committee endorsed work to review its dashboard, reporting arrangements and assurance framework to ensure greater alignment with the refreshed Trust Strategy and Board Assurance Framework. Future reporting would place greater emphasis on risk, triangulation and organisational impact rather than solely performance metrics.
Reducing Health Inequalities impact:	The Committee reflected on the relationship between workforce inequalities, staff experience and the quality and safety of care delivered to service users. The Committee heard how targeted work on anti-discriminatory practice, racial abuse, reasonable adjustments and staff voice was supporting the Trust's wider health inequalities agenda by improving workforce wellbeing, inclusion and retention. The Committee also considered the implications of the Ockenden Review, noting the key concerns from the report included bullying, poor leadership, staff not feeling listened to, high turnover and over reliance on temporary staffing. The Committee noted the importance of moving beyond individual workforce metrics to strengthening the triangulation of our intelligence to inform earlier identification of areas where workforce pressures, discrimination, poor staff experience or inequitable practices may adversely affect patient outcomes, impacting our ability to ensure reducing health inequalities remains integral to both workforce and service improvement activity.

Board Assurance Framework	The Committee reviewed the risks, which had been reframed to align to the new Strategy: • Failure to create and sustain an inclusive, psychologically safe, anti-discriminatory and anti-racist organisational culture that enables equitable staff experience, effective speaking up, workforce wellbeing and high-quality care outcomes. • Failure to develop, transform and sustain a future-ready workforce with the capacity, capability, diversity and leadership required to meet changing population needs, service transformation and long-term organisational resilience. The Committee reflected on the refreshed risks and the alignment to the new Trust Strategy, noting ongoing work to strengthen controls, mitigations and oversight arrangements. The Committee would continue to monitor strategic workforce risks, including alignment to national requirements.	
	New risks identified: No additional risks were identified.	
Report compiled by:	Sue Bedward, Non-Executive Director	**Minutes available from:** Kat Cleverley, Company Secretary

Committee Escalation and Assurance Report

Name of Committee	**People Committee**
Report presented at	**Board of Directors**
Date of meeting	**5 August 2026**
Date(s) of Committee Meeting(s) reported	**16 June 2026**
Quoracy	**Membership quorate: Y**
Agenda	The Committee held a strategy session on Employee Relations, and the Board Assurance Framework.
Alert:	• Formal employee relations casework remained at a higher and more complex baseline, with notable pressure in grievance and dignity at work cases, along with continued equality disproportionality. • While performance was improving, long-running and historic cases remained, with evidence of process delay. The underlying drivers of disproportionality are not yet fully understood, requiring further analysis.
Assure:	• The Committee was assured that governance, oversight and data visibility had strengthened, with clearer monitoring of live case risks and more robust decision-making processes in place. • Timeliness had improved, with average case length reducing from 202 to 187 days. This had been achieved despite increased demand and complexity. • Targeted interventions were delivering impact in parts of the Trust, supported by improved quality of data and triangulation across HR, OD and EDI, and some positive movement in staff experience indicators.
Advise:	The Committee was advised that continued focus was required on reducing long-standing cases and eliminating avoidable delays, alongside strengthening oversight of high-risk areas. Sustained progress would depend on improving manager capability, particularly in enabling early, informal resolution and consistent application of policy, supported by clearer guidance and reduced ambiguity.
Reducing Health Inequalities impact:	The Committee considered workforce inequalities as a key theme within employee relations, noting that global majority and disabled colleagues remained disproportionately represented in formal processes, despite some improvement in wider staff experience indicators. This was recognised as a material concern and likely a symptom of wider cultural and systemic factors, rather than process issues alone. There was consensus that further work was required to triangulate HR, OD, EDI and organisational data to better understand root causes and target action, alongside continued focus on early intervention, inclusive decision-making and embedding anti-racist practice to reduce inequities in staff experience.
Board Assurance Framework	The Committee reviewed the risks, which had been reframed to align to the new Strategy: • Failure to create and sustain an inclusive, psychologically safe, anti-discriminatory and anti-racist organisational culture that enables equitable

	staff experience, effective speaking up, workforce wellbeing and high-quality care outcomes. • Failure to develop, transform and sustain a future-ready workforce with the capacity, capability, diversity and leadership required to meet changing population needs, service transformation and long-term organisational resilience. The Committee reflected on the strategic priorities and how the BAF would be realigned to the delivery of the strategy in relation to Culture and People.	
	New risks identified: No additional risks were identified.	
Report compiled by:	Sue Bedward, Non-Executive Director	**Minutes available from:** Kat Cleverley, Company Secretary

15. Guardian of Safe Working Hours Report

- Annual Report 2025/26
- Q4 Report 2025/26
- Q1 Report 2026/27

Report to Board of Directors

Agenda item:	15a					
Date	5 August 2026					
Title	Guardian of Safe Working Hours Annual Report 2025/26					
Author/Presenter	Hari Shanmugaratnam, Guardian of Safe Working Hours					
Executive Director	Fabida Aria, Executive Medical Director	**Approved**	**Y**	✓	**N**	

Purpose of Report	Tick all that apply ✓		
To provide assurance		**To obtain approval**	
Regulatory requirement		**To highlight an emerging risk or issue**	
To canvas opinion		**For information**	✓
To provide advice		**To highlight patient or staff experience**	

Summary of Report

Alert		**Advise**		**Assure**	✓

- Annual reports to the Trust Board are mandated by the Terms and Conditions of the Junior Doctor Contract. Safer Staffing and issues related to rotas and training are under the remit of Medical Workforce and Education.

- The number of vacant shifts was 1542. It is difficult to make direct comparisons due to the merger with FTB but the merger does not fully explain the increase which has been seen this year. In previous years it was 1101 in 2024-2025, and it was 1583 in 2023-2024.

- Vacancies were fairly evenly distributed across most rotas, with the highest number of gaps on the ST South and Solihull rota and rota 5 which both had on average 3.9 vacancies a week and the lowest was the ST Forensic rota which had on average 1.3 vacancies a week. Please note that the CAMHS rota vacancies for the year are artificially low as they weren't part of our trust during Q1.

Recommendation

The Board is requested to note this report. This report is for assurance to the Board that there is oversight of junior doctor vacancies and rota gaps within the Trust, and that appropriate actions are being taken to encourage recruitment and cover vacant shifts, ensuring patient safety.

Enclosures

N/A

ANNUAL REPORT ON ROTA GAPS AND VACANCIES: DOCTORS AND DENTISTS IN TRAINING (2025-26)

High level data (from August 2023 onwards)

Number of doctors / dentists in training (total): 461 training posts available

Number of doctors / dentists in training on 2016 TCS (total): 400

Annual vacancy rate among this staff group: 13.2%

Annual data summary

Rotation	Grade	Total posts available	Total posts filled by trainees	Total vacant posts filled by locums	Vacant posts not filled	Total LTFT
Apr-25	FY1	15	14	N/A	1	0
	FY2	15	14	1	0	1
	GPVTS	22	20	2	0	5
Aug-25	FY1	16	16	N/A	0	0
	FY2	17	17	0	0	1
	GPVTS	22	15	5	2	2
Dec-25	FY1	16	15	N/A	1	0
	FY2	17	15	1	1	1
	GPVTS	22	19	2	1	6

Rotation	Grade	Total available posts	Total posts filled by trainees	Total vacant posts filled by locums	Vacant posts not filled	Total LTFT
Aug-25	CT1	24	18	1	5	5
	CT2	22	19	2	1	6
	CT3	21	18	3	0	3
Feb-26	CT1	24	24	0	0	7
	CT2	22	20	2	0	5
	CT3	22	14	8	0	0

Higher Training

Rotation	Grade	Total available posts	Total posts filled by trainees	Total vacant posts filled by locums	Vacant posts not filled	Total LTFT
Feb-25 To Aug 25	ST GA	26	25	1	0	9
	ST OA	7	5	0	2	1
	ST Forensic	13	12	0	1	3
	Psychotherapy	3	3	0	0	0
Jul 25 To Aug 25	CAMHS ST	6	4	2	0	2
Aug-25 to Feb 26	ST GA	26	24	0	0	8
	ST OA	7	5	0	0	1
	ST Forensic	13	11	0	0	1
	Psychotherapy	3	3	0	0	1
	CAMHS ST	6	4	2	0	2
Feb-26 to Aug 26	ST GA	26	23	0	23	6
	ST OA	7	5	0	2	1
	ST Forensic	13	11	0	2	1
	Psychotherapy	4	4	0	0	3
	CAMHS ST	6	3	1	2	0

Rota gap summary

Rota	Quarter 1	Quarter 2	Quarter 3	Quarter 4	Average no. of vacant shifts (per week)	Number of shifts uncovered (over the year)
1	27	29	41	36	2.6	0
2	54	37	24	28	2.8	0
3	26	33	26	49	2.6	0
4	23	37	36	33	2.5	2
5	68	40	32	65	3.9	0
6	55	53	33	31	3.3	0
CAMHS CT	0	8	21	19	0.9	1

ST North and East	42	46	38	41	3.2	0
ST South and Solihull	62	55	44	40	3.9	0
ST Forensic	14	23	19	10	1.3	0
CAMHS ST	0	47	34	48	2.5	0
FTB (CYP) ST/ SAS	0	13	0	2	0.3	0
TOTAL	**371**	**421**	**348**	**402**	**29.8 (21.1 in 2024-2025, 30.4 in 2023-24)**	**3**

Reason for rota gap	Quarter 1	Quarter 2	Quarter 3	Quarter 4	Average no. of vacant shifts (per week)
Vacancy	128	194	145	186	12.5
Sickness	82	86	75	95	6.5
COVID-19	0	0	0	0	0.0
Maternity/Paternity Leave/parental leave	4	0	0	9	0.3
Off Rota	110	84	87	92	7.2
Compassionate/ Emergency/ Bereavement Leave	11	1	4	11	0.5
Training/Exam/ study leave	3	7	6	0	0.3
Acting up Consultant	11	24	20	1	1.1
New Intake	17	20	8	6	1.0
Not contactable	0	0	0	1	0.0
Pre-booked leave agreed	5	0	0	2	0.1
Not filled	0	0	0	0	0.0
Not available	0	0	0	0	0.0
Unpaid leave	0	2	2	0	0.1
Coroners court preparations	0	2	1	0	0.1

Issues arising

The number of vacant shifts was 1542. It is difficult to make direct comparisons due to the merger with FTB but the merger does not fully explain the increase which has been seen this year. In previous years it was 1101 in 2024-2025 was 1583 in 2023-2024.

The three biggest causes of vacant shifts were staff vacancy which was on average 12.5 shifts a week (had been 8.8 in 2024-2025), Off Rota which was on average 7.2 shifts a week (had been 3.8 in 2024-2025) and sickness which was on average 6.5 shifts a week (had been 4.5 in 2024-2025)

Vacant shifts were fairly evenly distributed across most rotas, with the highest number of gaps on the ST South and Solihull rota and rota 5 which both had on average 3.9 vacancies a week and the lowest was the ST Forensic rota which had on average 1.3

vacancies a week. Please note that the CAMHS rota vacancies for the year are artificially low as they weren't part of our trust during Q1.

High vacancy rates are multi-factorial in cause. Training post recruitment is via a national rather than local process.

Summary

The number of vacant shifts was 1542. It is difficult to make direct comparisons due to the merger with FTB but the merger does not fully explain the increase which has been seen this year. In previous years it was 1101 in 2024-2025 was 1583 in 2023-2024.

There have been significant increases in the number of shifts which are vacant due to staff vacancies, sickness and doctors being off rota. It is impossible to know whether this is a one off or a start of a trend, but if it is a trend, it may start to effect rota stability. Senior medical leadership in the trust are aware that "off rota" requests to be excused from out of hours work/requests for adjustments has increased and this is being closely monitored. If they were to continue/grow, it would impinge on our ability to provide out of hours medical rotas.

It is important to note that 81 out of the 400 (20.0%) doctors in training employed in 2025-2026 were LTFT. It was 16.2% in 2024-2025 and was 13.1% of doctors in training in 2023-2024. As workforce patterns continue to change, it may have increasing effects on vacant shift rates.

Thanks

I would like to specially thank Angela West (Senior people partner in medical workforce) who has driven forward the change in process which has occurred since the nationwide changes in the exception reporting system. Angela is now processing all exception reports for all resident doctors. Since Angela took this over, there has been a significant improvement in the time it takes for a decision to be reached following exception reports being submitted.

I would also like to thank Faye Garrett (rotation coordinator with PGME team) and Irene Lawton (medical resources) who collate a large amount of the data which is in both the GOSW quarterly reports and annual reports. Without their hard work, these reports would not be possible.

Appendix 1: Locum Bookings By Rota

Locum bookings APR 2025 by ROTA				
Rota	Number of shifts requested	Number of shifts worked	Number of hours requested	Number of hours worked*
Rota 1	12	12	129.00	129.00
Rota 2	17	17	168.50	168.50
Rota 3	11	11	132.00	132.00
Rota 4	18	18	186.50	186.50
Rota 5	21	21	223.50	223.50
Rota 6	16	16	133.50	133.50
ST4-6 North & East	7	7	71.00	71.00
ST4-6 Rea/Tam	2	2	28.50	28.50
ST4-6 South & Solihull	23	23	225.50	225.50
Total	127	127	1298.00	1298.00

Locum bookings MAY 2025 by ROTA				
Rota	Number of shifts requested	Number of shifts worked	Number of hours requested	Number of hours worked*
Rota 1	4	4	48.00	48.00
Rota 2	10	10	98.00	98.00
Rota 3	3	3	29.50	29.50
Rota 4	3	3	28.50	28.50
Rota 5	22	22	214.00	214.00
Rota 6	21	21	172.00	172.00
ST4-6 North & East	20	20	181.50	181.50
ST4-6 Rea/Tam	6	6	120.00	120.00
ST4-6 South & Solihull	24	24	240.00	240.00
Total	113	113	1131.50	1131.50

Locum bookings JUNE 2025 by ROTA				
Rota	Number of shifts requested	Number of shifts worked	Number of hours requested	Number of hours worked*
Rota 1	11	11	111.50	111.50
Rota 2	27	27	258.00	258.00
Rota 3	12	12	122.00	122.00
Rota 4	2	2	17.00	17.00
Rota 5	25	25	222.50	222.50
Rota 6	18	18	179.50	179.50
ST4-6 North & East	15	15	175.00	175.00
ST4-6 Rea/Tam	6	6	120.00	120.00
ST4-6 South & Solihull	15	15	182.50	182.50
Total	131	131	1388.00	1388.00

Locum bookings JULY 2025 by ROTA

Rota	Number of shifts requested	Number of shifts worked	Number of hours requested	Number of hours worked*
Rota 1	10	10	114	114
Rota 2	15	15	159	159
Rota 3	5	5	60	60
Rota 4	18	18	180.25	180.25
Rota 5	15	15	158.50	158.50
Rota 6	26	26	229.50	229.50
CAMHS CT	2	2	48	48
ST4-6 North & East	15	15	122	122
ST4-6 Rea/Tam	9	9	152	152
ST4-6 South & Solihull	24	24	238	238
CAMHS ST	13	13	224	224
FTB (CYP) ST	10	10	168	168
Total	162	162	1853.25	1853.25

Locum bookings AUGUST 2025 by ROTA				
Rota	Number of shifts requested	Number of shifts worked	Number of hours requested	Number of hours worked*
Rota 1	10	10	98.50	98.50
Rota 2	12	12	122	122
Rota 3	15	15	157.50	157.50
Rota 4	7	5	63.50	46.50
Rota 5	17	17	167	167
Rota 6	19	19	186.50	186.50
CAMHS CT	4	4	80	80
ST4-6 North & East	25	25	244	244
ST4-6 Rea/Tam	5	5	88	88
ST4-6 South & Solihull	16	16	172	172
CAMHS ST	18	18	336	336
FTB (CYP) ST	3	3	56	56
Total	151	149	1771.00	1754.00

Locum bookings SEPTEMBER 2025 by ROTA				
Rota	Number of shifts requested	Number of shifts worked	Number of hours requested	Number of hours worked*
Rota 1	9	9	94.50	94.50
Rota 2	10	10	91	91
Rota 3	13	13	112	112
Rota 4	12	12	136.50	136.50
Rota 5	8	8	76.50	76.50
Rota 6	8	8	88.50	88.50
CAMHS CT	2	2	32	32

ST4-6 North & East	6	6	65.50	65.50
ST4-6 Rea/Tam	9	9	160	160
ST4-6 South & Solihull	15	15	143.50	143.50
CAMHS ST	16	16	296	296
Total	108	108	1296.00	1296.00

Locum bookings OCTOBER 2025 by ROTA				
Rota	Number of shifts requested	Number of shifts worked	Number of hours requested	Number of hours worked*
Rota 1	9	9	78.50	78.50
Rota 2	9	9	87.50	87.50
Rota 3	13	13	127.00	127.00
Rota 4	11	11	110.00	110.00
Rota 5	2	2	9.00	9.00
Rota 6	8	8	73.50	73.50
CAMHS CT	5	5	74.50	74.50
ST4-6 North & East	18	18	174.00	174.00
ST4-6 Rea/Tam	9	9	168.00	168.00
ST4-6 South & Solihull	23	23	228.50	228.50
CAMHS ST	11	11	192.00	192.00
FTB (CYP) ST	0	0	0	0
Total	118	118	1322.50	1322.50

Locum bookings NOVEMBER 2025 by ROTA				
Rota	Number of shifts requested	Number of shifts worked	Number of hours requested	Number of hours worked*
Rota 1	19	19	200.00	200.00
Rota 2	2	2	24.00	24.00
Rota 3	7	7	84.50	84.50
Rota 4	8	8	52.00	52.00
Rota 5	13	13	130.00	130.00
Rota 6	10	10	84.00	84.00
CAMHS CT	13	13	224.00	224.00
ST4-6 North & East	7	7	70.50	70.50
ST4-6 Rea/Tam	6	6	112.00	112.00
ST4-6 South & Solihull	7	7	71.00	71.00
CAMHS ST	9	9	176.00	176.00
FTB (CYP) ST	0	0	0	0
Total	101	101	1228.00	1228.00

Locum bookings DECEMBER 2025 by ROTA

Rota	Number of shifts requested	Number of shifts worked	Number of hours requested	Number of hours worked*
Rota 1	13	13	142.50	142.50
Rota 2	13	13	135.00	135.00
Rota 3	6	6	35.00	35.00
Rota 4	17	17	160.00	160.00
Rota 5	17	17	152.50	152.50
Rota 6	15	15	135.00	135.00
CAMHS CT	3	3	64.00	64.00
ST4-6 North & East	13	13	143.00	143.00
ST4-6 Rea/Tam	4	4	80.00	80.00
ST4-6 South & Solihull	14	14	140.00	140.00
CAMHS ST	14	14	264.00	264.00
CYP SAS	2	2	48.00	48.00
Total	131	131	1499.00	1499.00

Locum bookings JANUARY 2026 by ROTA				
Rota	Number of shifts requested	Number of shifts worked	Number of hours requested	Number of hours worked*
Rota 1	22	22	228.00	228.00
Rota 2	17	17	174.50	174.50
Rota 3	14	14	161.50	161.50
Rota 4	14	14	123.00	123.00
Rota 5	22	22	236.00	236.00
Rota 6	11	11	88.00	88.00
CAMHS CT	8	8	124.00	124.00
ST4-6 North & East	14	14	139.00	139.00
ST4-6 Rea/Tam	5	5	96.00	96.00
ST4-6 South & Solihull	8	8	59.00	59.00
CAMHS ST	17	17	304.00	304.00
FTB (CYP) ST	2	2	25.00	25.00
Total	154	154	1758.00	1758.00

Locum bookings FEBRUARY 2026 by ROTA				
Rota	Number of shifts requested	Number of shifts worked	Number of hours requested	Number of hours worked*
Rota 1	5	5	38.00	38.00
Rota 2	10	10	98.50	98.50
Rota 3	16	16	140.50	140.50
Rota 4	10	10	97.50	97.50
Rota 5	26	26	283.50	283.50
Rota 6	8	8	74.50	74.50
CAMHS CT	5	4	72.00	68.00
ST4-6 North & East	9	9	109.50	109.50

ST4-6 Rea/Tam	3	3	56.00	56.00
ST4-6 South & Solihull	19	19	185.00	185.00
CAMHS ST	13	13	240.00	240.00
FTB (CYP) ST	0	0	0	0
Total	124	123	1395.00	1391.00

Locum bookings MARCH 2026 by ROTA				
Rota	Number of shifts requested	Number of shifts worked	Number of hours requested	Number of hours worked*
Rota 1	9	9	86.50	86.50
Rota 2	1	1	12.50	12.50
Rota 3	19	19	191.50	191.50
Rota 4	9	9	86.00	86.00
Rota 5	17	17	168.00	168.00
Rota 6	12	12	114.50	114.50
CAMHS CT	6	6	80.00	80.00
ST4-6 North & East	18	18	149.50	149.50
ST4-6 Rea/Tam	2	2	32.00	32.00
ST4-6 South & Solihull	13	13	119.50	119.50
CAMHS ST	18	18	336.00	336.00
FTB (CYP) ST	0	0	0	0
Total	124	124	1376.00	1376.00

Appendix 2: Locum bookings by grade

Locum bookings APRIL 2025 by grade				
Specialty	Number of shifts requested	Number of shifts worked	Number of hours requested	Number of hours worked
CT1-3	95	95	973.00	973.00
ST4-6	32	32	325.00	325.00
Total	127	127	1298.00	1298.00

Locum bookings MAY 2025 by grade				
Specialty	Number of shifts requested	Number of shifts worked	Number of hours requested	Number of hours worked
CT1-3	63	63	590.00	590.00
ST4-6	50	50	541.50	541.50
Total	113	113	1131.50	1131.50
Locum bookings JUNE 2025 by grade				
Specialty	Number of shifts requested	Number of shifts worked	Number of hours requested	Number of hours worked
CT1-3	95	95	910.50	910.50
ST4-6	36	36	477.50	477.5
Total	131	131	1388.00	1388.00

Locum bookings JULY 2025 by grade				
Specialty	Number of shifts requested	Number of shifts worked	Number of hours requested	Number of hours worked
CT1-3	91	91	949.25	949.25
ST4-6	71	71	904.00	904.00
Total	162	162	1853.25	1853.25

Locum bookings August 2025 by grade				
Specialty	Number of shifts requested	Number of shifts worked	Number of hours requested	Number of hours worked
CT1-3	84	82	875	858
ST4-6	67	67	896	896
Total	151	149	1771.00	1754.00
Locum bookings September 2025 by grade				
Specialty	Number of shifts requested	Number of shifts worked	Number of hours requested	Number of hours worked
CT1-3	62	62	631	631
ST4-6	46	46	665	665
Total	108	108	1296.00	1296.00

Locum bookings OCTOBER 2025 by grade				
Specialty	Number of shifts requested	Number of shifts worked	Number of hours requested	Number of hours worked
CT1-3	57	57	560.00	560.00
ST4-6	61	61	762.50	762.50
Total	118	118	1322.50	1322.50

Locum bookings NOVEMBER 2025 by grade				
Specialty	Number of shifts requested	Number of shifts worked	Number of hours requested	Number of hours worked
CT1-3	72	72	798.50	798.50
ST4-6	29	29	429.50	429.50
Total	101	101	1228.00	1228.00
Locum bookings DECEMBER 2025 by grade				
Specialty	Number of shifts requested	Number of shifts worked	Number of hours requested	Number of hours worked
CT1-3	84	84	824.00	824.00
ST4-6	47	47	675.00	675.00
Total	131	131	1499.00	1499.00

Locum bookings JANUARY 2026 by grade				
Specialty	Number of shifts requested	Number of shifts worked	Number of hours requested	Number of hours worked
CT1-3	108	108	1135.00	1135.00
ST4-6	46	46	623.00	623.00
Total	154	154	1758.00	1758.00

Locum bookings FEBRUARY 2026 by grade				
Specialty	Number of shifts requested	Number of shifts worked	Number of hours requested	Number of hours worked
CT1-3	80	79	804.50	800.50
ST4-6	44	44	590.50	590.50
Total	124	123	1395.00	1391.00

Locum bookings MARCH 2026 by grade				
Specialty	Number of shifts requested	Number of shifts worked	Number of hours requested	Number of hours worked
CT1-3	73	73	739.00	739.00
ST4-6	51	51	637.00	637.00
Total	124	124	1376.00	1376.00

Appendix 3: Locum Bookings by Reason

Locum bookings APRIL 2025 by reason**				
Specialty	Number of shifts requested	Number of shifts worked	Number of hours requested	Number of hours worked
New Intake	17	17	151.50	151.50
Vacancy	41	41	416.50	416.50
Sickness	39	39	399.50	399.50
Off Rota	21	21	222.50	222.50
Study Leave	3	3	36.00	36.00
Emergency Leave / Bereavement	1	1	12.00	12.00
Maternity / Paternity / Paternal Leave	0	0	0	0
Prebooked Leave based on Rotas from Aug 24 to Feb 25	5	5	60.00	60.00
Acting Up Consultant	0	0	0	0
Total	127	127	1298.00	1298.00

Locum bookings MAY 2025 by reason**				
Specialty	Number of shifts requested	Number of shifts worked	Number of hours requested	Number of hours worked
Vacancy	47	47	503.00	503.00

Sickness	23	23	210.00	210.00
COVID	0	0	0	0
Off Rota	27	27	291.50	291.50
Comp Leave / Bereavement	5	5	46.50	46.50
Parental Leave	4	4	18.00	18.00
Emergency Leave	1	1	12.50	12.50
Acting Up Consultant	6	6	50.00	50.00
Total	113	113	1131.50	1131.50

Locum bookings JUNE 2025 by reason**				
Specialty	Number of shifts requested	Number of shifts worked	Number of hours requested	Number of hours worked
Vacancy	40	40	460.00	460.00
Sickness	20	20	198.00	198.00
Off Rota	62	62	621.50	621.50
Emergency Leave / Bereavement	4	4	48.00	48.00
Acting up Consultant	5	5	60.50	60.50
Total	131	131	1388.00	1388.00

Locum bookings JULY 2025 by reason**				
Specialty	Number of shifts requested	Number of shifts worked	Number of hours requested	Number of hours worked
New Intake	0	0	0	0
Vacancy	68	68	805.00	805.00
Sickness	48	48	529.25	529.25
Off Rota	40	40	441.50	441.50
Study Leave	0	0	0	0
Emergency Leave / Bereavement	0	0	0	0
Maternity / Paternity / Paternal Leave	0	0	0	0
Prebooked Leave based on Rotas from Aug 24 to Feb 25	0	0	0	0
Acting Up Consultant	6	6	77.50	77.50
Total	162	162	1853.25	1853.25

Locum bookings AUGUST 2025 by reason**				
Specialty	Number of shifts requested	Number of shifts worked	Number of hours requested	Number of hours worked
NEW INTAKE	20	19	165	160.50
Vacancy	84	83	1067	1054.50
Sickness	20	20	233	233

COVID	0	0	0	0
Off Rota	18	18	185	185
Comp Leave / Bereavement	0	0	0	0
Parental Leave	0	0	0	0
Emergency Leave	1	1	4.50	4.50
Acting Up Consultant	7	7	92.50	92.50
Total	151	149	1771.00	1754.00

Locum bookings SEPTEMBER 2025 by reason**				
Specialty	Number of shifts requested	Number of shifts worked	Number of hours requested	Number of hours worked
Vacancy	42	42	516.50	516.50
Sickness	18	18	203	203
UNPAID LEAVE	2	2	24	24
Off Rota	26	26	271	271
Coroners Court Preparations	2	2	24	24
Exam / Study Leave	7	7	84	84
Emergency Leave / Bereavement	0	0	0	0
Actg up Consultant	11	11	173.50	173.50
Total	108	108	1296.00	1296.00

Locum bookings OCTOBER 2025 by reason**				
Specialty	Number of shifts requested	Number of shifts worked	Number of hours requested	Number of hours worked
Vacancy	36	36	432.50	432.50
Sickness	22	22	217.00	217.00
Off Rota	40	40	433.00	433.00
Study Leave	2	2	9.00	9.00
Unpaid Leave	2	2	24.00	24.00
Emergency Leave	2	2	25.00	25.00
Maternity / Paternity / Paternal Leave	0	0	0	0
Acting Up Consultant	14	14	182.00	182.00
Total	118	118	1322.50	1322.50

Locum bookings NOVEMBER 2025 by reason**				
Specialty	Number of shifts requested	Number of shifts worked	Number of hours requested	Number of hours worked
Vacancy	53	53	658.50	658.50
Sickness	25	25	289.00	289.00

COVID	0	0	0	0
Off Rota	13	13	139.00	139.00
Comp Leave /Bereavement	0	0	0	0
Study Leave	4	4	48.00	48.00
Parental Leave	0	0	0	0
Emergency Leave	2	2	25.00	25.00
Acting Up Consultant	4	4	68.50	68.50
Total	101	101	1228.00	1228.00

Locum bookings DECEMBER 2025 by reason**				
Specialty	Number of shifts requested	Number of shifts worked	Number of hours requested	Number of hours worked
New intake	8	8	36.00	36.00
Vacancy	56	56	702.00	702.00
Sickness	28	28	320.50	320.50
Off Rota	34	34	372.50	372.50
Coroners Court Preparations	1	1	12.00	12.00
Special Leave	2	2	24.00	24.00
Actg up Consultant	2	2	32.00	32.00
Total	131	131	1499.00	1499.00

Locum bookings JANUARY 2026 by reason**				
Specialty	Number of shifts requested	Number of shifts worked	Number of hours requested	Number of hours worked
Vacancy	66	66	778.50	778.50
Sickness	50	50	535.00	535.00
Off Rota	32	32	391.00	391.00
NEW INTAKE	2	2	24.00	24.00
Not Contactable	1	1	16.00	16.00
Pre-Booked AL	2	2	24.00	24.00
Compassionate / Emergency Leave	3	3	13.50	13.50
Acting Up Consultant	0	0	0	0
Total	154	154	1758.00	1758.00

Locum bookings FEBRUARY 2026 by reason**				
Specialty	Number of shifts requested	Number of shifts worked	Number of hours requested	Number of hours worked
Vacancy	57	57	648.50	648.50

Sickness	20	19	258.50	254.50
NEW INTAKE	4	4	26.00	26.00
Off Rota	30	30	313.00	313.00
Comp Leave	4	4	48.00	48.00
Study Leave	0	0	0	0
Maternity / Parental Leave	3	3	36.50	36.50
Emergency Leave	4	4	48.00	48.00
Acting Up Consultant	1	1	12.00	12.00
Total	124	123	1395.00	1391.00

Locum bookings MARCH 2026 by reason**				
Specialty	Number of shifts requested	Number of shifts worked	Number of hours requested	Number of hours worked
NEW INTAKE	0	0	0	0
Vacancy	63	63	743.00	743.00
Sickness	25	25	257.00	257.00
Off Rota	30	30	326.50	326.50
Maternity / Parental Leave	6	6	49.50	49.50
Special Leave	0	0	0	0
Acting up Consultant	0	0	0	0
Total	124	124	1376.00	1376.00

Report to Board of Directors

Agenda item:	15b					
Date	5 August 2026					
Title	Guardian of Safe Working Hours Report Q1 2026/27					
Author/Presenter	Hari Shanmugaratnam, Guardian of Safe Working					
Executive Director	Fabida Aria, Executive Medical Director	**Approved**	**Y**	✓	**N**	

Purpose of Report	Tick all that apply ✓		
To provide assurance		**To obtain approval**	
Regulatory requirement	✓	**To highlight an emerging risk or issue**	✓
To canvas opinion		**For information**	✓
To provide advice		**To highlight patient or staff experience**	

Summary of Report

Alert	✓	**Advise**		**Assure**	

Quarterly reports to the Board of Directors are mandated by the Terms and Conditions of the Junior Doctor Contract. Safer Staffing and issues related to rotas and training are under the remit of Medical Workforce and Education.

- No immediate safety concerns were raised during this quarter.
- Exception reporting rates have remained relatively stable this quarter. 3 unique exception reports were raised during this quarter, of which 33% related to overtime working, 33% due to being unable to take breaks and 33% due to a breach of the rest pattern.
- There are 2 open exception reports which will result in fines levied against the Trust for breaches in safe working hours. Due to an error in the IT system, these fines have not been actioned yet.
- The number of outstanding reports carried forward is 2

The number of vacant shifts continues to be high. 424 locum shifts requested in Q1 (in 2025-2026, Q1 had 371, Q2 had 421, Q3 had 348, Q4 had 402). 35% of the gaps were due to post vacancies and 27% due to staff being off rota. 424/424 on call locum vacancies during this period were filled.

Recommendation

The report is for assurance to the Board of Directors that there is oversight of safe working hours for junior doctors in the Trust and that appropriate actions are being taken in response to concerns raised.

Enclosures

N/A

QUARTERLY REPORT ON SAFE WORKING HOURS: DOCTORS AND DENTISTS IN TRAINING

April– June 2026

High level data
Number of doctors / dentists in training (total): 155

Number of doctors / dentists in training on 2016 TCS (total): 155

Amount of time available in job plan for guardian to do the role: 1 PA per week

Admin support provided to the guardian (if any): No specific admin support provided.

a) Exception reports

Exception reports by grade				
Specialty	No. exceptions carried over from last report	No. exceptions raised	No. exceptions closed	No. exceptions outstanding
F1	0	0	0	0
F2	0	0	0	0
CT1-3	0	1	0	1
ST 3-6	0	2	1	1
GPVTS	0	0	0	0
Total	0	3	1	0

Exception reports by rota				
Specialty	No. exceptions carried over from last report	No. exceptions raised	No. exceptions closed	No. exceptions outstanding
FY2 – CT3 (Rotas 1-6)	0	1	0	1
ST North	0	0	0	0
ST South	0	0	0	0
ST Forensic	0	2	1	1
Total	0	3	1	0

b) Type of exceptions in the quarter:

There were no immediate safety concerns raised. 3 exception reports were raised in total.

3 unique exception reports were raised during this quarter, of which 33% related to overtime working, 33% due to being unable to take breaks and 33% due to a breach

of the rest pattern.

c) Work Schedule Reviews

Status;

Work Schedule reviews by grade	
F1	0
F2	0
CT1-3	0
ST3-6	0
GPVTS	0
Total	0

d) Locum bookings and vacancies

Locum bookings APRIL 2026 by ROTA				
Rota	Number of shifts requested	Number of shifts worked	Number of hours requested	Number of hours worked*
Rota 1	26	26	254.50	254.50
Rota 2	14	14	131.50	131.50
Rota 3	21	21	217.00	217.00
Rota 4	14	14	131.50	131.50
Rota 5	17	17	130.00	130.00
Rota 6	23	23	233.00	233.00
CAMHS CT	7	7	128.00	128.00
ST4-6 North & East	22	22	210.50	210.50
ST4-6 Rea/Tam	6	6	112.00	112.00
ST4-6 South & Solihull	26	26	278.50	278.50
CAMHS ST	17	17	320.00	320.00
FTB (CYP) ST	2	2	25.00	25.00
Total	**195**	**195**	**2171.50**	**2171.50**

Locum bookings for MAY 2026 by ROTA				
Rota	Number of shifts requested	Number of shifts worked	Number of hours requested	Number of hours worked*
Rota 1	11	11	119.00	119.00
Rota 2	12	12	146.00	146.00
Rota 3	8	8	96.50	96.50
Rota 4	9	9	100.50	100.50
Rota 5	20	20	196.50	196.50
Rota 6	7	7	70.00	70.00
CAMHS CT	2	2	48.00	40.00
ST4-6 North & East	15	15	169.50	169.50
ST4-6 Rea/Tam	0	0	0	0
ST4-6 South & Solihull	18	18	204.50	204.50
CAMHS ST	16	16	304.00	304.00
FTB (CYP) ST	2	2	25.00	25.00
Total	**120**	**120**	**1479.50**	**1471.50**

Locum bookings JUNE 2026 by ROTA				
Rota	Number of shifts requested	Number of shifts worked	Number of hours requested	Number of hours worked*
Rota 1	18	18	188.00	188.00
Rota 2	4	4	33.00	33.00
Rota 3	14	14	115.50	115.50
Rota 4	7	7	77.00	77.00
Rota 5	8	8	81.00	81.00
Rota 6	7	7	62.00	62.00
CAMHS CT	0	0	0	0
ST4-6 North & East	18	18	165.50	165.50
ST4-6 Rea/Tam	0	0	0	0
ST4-6 South & Solihull	18	18	179.50	179.50
CAMHS ST	15	15	280.00	280.00
FTB (CYP) ST	0	0	0	0
Total	109	109	1181.50	1181.50

Locum bookings APRIL 2026 by grade				
Specialty	Number of shifts requested	Number of shifts worked	Number of hours requested	Number of hours worked
CT1-3	122	122	1225.50	1225.50
ST4-6	73	73	946.00	946.00
Total	**195**	**195**	**2171.50**	**2171.50**

Locum bookings MAY 2026 by grade				
Specialty	Number of shifts requested	Number of shifts worked	Number of hours requested	Number of hours worked
CT1-3	69	69	**776.50**	**768.50**
ST4-6	51	51	703.00	703.00
Total	**120**	**120**	**1479.50**	**1471.50**
Locum bookings JUNE 2026 by grade				
Specialty	Number of shifts requested	Number of shifts worked	Number of hours requested	Number of hours worked
CT1-3	58	58	556.50	556.50
ST4-6	51	51	625.00	625.00
Total	109	109	1181.50	1181.50

Locum bookings APRIL 2026 by reason**				
Specialty	Number of shifts requested	Number of shifts worked	Number of hours requested	Number of hours worked
Vacancy	49	49	585.50	585.50
Sickness	21	21	256.50	256.50
Off Rota	45	45	506.00	506.00
NEW INTAKE	18	18	158.00	158.00
Exam Leave	3	3	36.00	36.00

STRIKE – Back up Rota Used	56	56	573.50	573.50
UNPAID LEAVE	3	3	56.00	56.00
Compassionate / Emergency Leave				
Acting Up Consultant				
Total	**195**	**195**	**2171.50**	**2171.50**

Locum bookings MAY 2026 by reason**				
Specialty	Number of shifts requested	Number of shifts worked	Number of hours requested	Number of hours worked
Vacancy	54	54	668.00	668.00
Sickness	19	19	445.00	445.00
NEW INTAKE				
Off Rota	41	41	**523.00**	**515.00**
Comp Leave				
Study Leave	1	1	12.00	12.00
Maternity / Parental Leave				
Emergency Leave	5	5	60	60
Acting Up Consultant				
Total	**120**	**120**	**1479.50**	**1471.50**

Locum bookings JUNE 2026 by reason**				
Specialty	Number of shifts requested	Number of shifts worked	Number of hours requested	Number of hours worked
Study Leave	1	1	4.50	4.50
Vacancy	46	46	518.00	518.00
Sickness	26	26	254.00	254.00
Off Rota	31	31	352.50	352.50
Maternity / Parental Leave	3	3	36.00	36.00
Carers or Emergency	2	2	16.50	16.50
Acting up Consultant				
Total	109	109	1181.50	1181.50

Fines levied

Zero fines have been levied in Q1. However, there are 2 open exception reports that will result in fines. Ideas for disbursement of previously accrued fines will be discussed and agreed at the Junior Doctor Forum.

Issues arising

The overall number of exception reports has remined relatively stable, with 3 unique reports submitted during the quarter. Similar to the previous quarters for the year 2025-2026.

The number of vacant shifts continues to be high. 424 locum shifts requested in Q1 (in 2025-2026, Q1 had 371, Q2 had 421, Q3 had 348, Q4 had 402). 35% of the gaps were due to post vacancies and 27% due to staff being off rota. 424/424 on call locum vacancies during this period were filled.

Actions taken to resolve issues
See above.

Summary

No immediate safety concerns were raised during this quarter. Exception reporting rates have remained stable. 3 unique exception reports were raised during this quarter, of which 33% related to overtime working, 33% due to being unable to take breaks and 33% due to a breach of the rest pattern.

The number of exception reports being raised is likely to represent the exception report system being under utilised by resident doctors.

Zero fines levied against the Trust for breaches in safe working hours.

The number of vacant shifts continues to be high. 424 locum shifts requested in Q1 (in 2025-2026, Q1 had 371, Q2 had 421, Q3 had 348, Q4 had 402). 35% of the gaps were due to post vacancies and 27% due to staff being off rota. 424/424 on call locum vacancies during this period were filled.

Questions for consideration:
Ongoing support from senior leaders in encouraging raising concerns through use of exception reporting system is appreciated.

Report to Board of Directors

Agenda item:	15c					
Date	5 August 2026					
Title	Guardian of Safe Working Hours Report Q4 2025/26					
Author/Presenter	Hari Shanmugaratnam, Guardian of Safe Working					
Executive Director	Fabida Aria, Executive Medical Director	**Approved**	**Y**	✓	**N**	

Purpose of Report	Tick all that apply ✓		
To provide assurance		**To obtain approval**	
Regulatory requirement	✓	**To highlight an emerging risk or issue**	✓
To canvas opinion		**For information**	✓
To provide advice		**To highlight patient or staff experience**	

Summary of Report

Alert	✓	**Advise**		**Assure**	

Quarterly reports to the Board of Directors are mandated by the Terms and Conditions of the Junior Doctor Contract. Safer Staffing and issues related to rotas and training are under the remit of Medical Workforce and Education.

- No immediate safety concerns were raised during this quarter.
- Exception reporting rates have remained relatively stable this quarter. 7 unique exception reports were raised during this quarter, of which 100% related to overtime working.
- Zero fines were levied against the Trust for breaches in safe working hours.
- The number of outstanding reports carried forward has decreased to 0
- The number of vacant shifts continues to be high. 402 locum shifts requested in Q4 (in 2024-2025, Q1 had 370, Q2 had 260, Q3 had 191, Q4 had 280). 46% of the gaps were due to post vacancies. 401/402 on call locum vacancies during this period were filled.

Recommendation

The report is for assurance to the Board of Directors that there is oversight of safe working hours for junior doctors in the Trust and that appropriate actions are being taken in response to concerns raised.

Enclosures

N/A

QUARTERLY REPORT ON SAFE WORKING HOURS: DOCTORS AND DENTISTS IN TRAINING

January– March 2026

High level data
Number of doctors / dentists in training (total): 151 in January, 150 in February and March

Number of doctors / dentists in training on 2016 TCS (total): 151 in January, 150 in February and March

Amount of time available in job plan for guardian to do the role: 1 PA per week

Admin support provided to the guardian (if any): No specific admin support provided.

a) Exception reports

Exception reports by grade				
Specialty	No. exceptions carried over from last report	No. exceptions raised	No. exceptions closed	No. exceptions outstanding
F1	0	4	4	0
F2	0	1	1	0
CT1-3	3	2	5	0
ST 3-6	0	0	0	0
GPVTS	0	0	0	0
Total	3	7	10	0

Exception reports by rota				
Specialty	No. exceptions carried over from last report	No. exceptions raised	No. exceptions closed	No. exceptions outstanding
FY2 – CT3 (Rotas 1-6)	3	3	6	0
ST North	0	0	0	0
ST South	0	0	0	0
ST Forensic	0	0	0	0
Total	3	3	6	0

b) Type of exceptions in the quarter:

There were no immediate safety concerns raised. 7 exception reports were raised in total.

Of the 7 exception reports; 7 related to working overtime.

c) Work Schedule Reviews

Status;

Work Schedule reviews by grade	
F1	0
F2	0
CT1-3	0
ST3-6	0
GPVTS	0
Total	0

d) Locum bookings and vacancies

Locum bookings JANUARY 2026 by ROTA				
Rota	**Number of shifts requested**	**Number of shifts worked**	**Number of hours requested**	**Number of hours worked***
Rota 1	**22**	**22**	**228.00**	**228.00**
Rota 2	**17**	**17**	**174.50**	**174.50**
Rota 3	**14**	**14**	**161.50**	**161.50**
Rota 4	**14**	**14**	**123.00**	**123.00**
Rota 5	**22**	**22**	**236.00**	**236.00**
Rota 6	**11**	**11**	**88.00**	**88.00**
CAMHS CT	**8**	**8**	**124.00**	**124.00**
ST4-6 North & East	**14**	**14**	**139.00**	**139.00**
ST4-6 Rea/Tam	**5**	**5**	**96.00**	**96.00**
ST4-6 South & Solihull	**8**	**8**	**59.00**	**59.00**
CAMHS ST	**17**	**17**	**304.00**	**304.00**
FTB (CYP) ST	**2**	**2**	**25.00**	**25.00**
Total	**154**	**154**	**1758.00**	**1758.00**

Locum bookings FEBRUARY 2026 by ROTA				
Rota	**Number of shifts requested**	**Number of shifts worked**	**Number of hours requested**	**Number of hours worked***
Rota 1	**5**	**5**	**38.00**	**38.00**
Rota 2	**10**	**10**	**98.50**	**98.50**
Rota 3	**16**	**16**	**140.50**	**140.50**
Rota 4	**10**	**10**	**97.50**	**97.50**
Rota 5	**26**	**26**	**283.50**	**283.50**
Rota 6	**8**	**8**	**74.50**	**74.50**
CAMHS CT	**5**	**4**	**72.00**	**68.00**
ST4-6 North & East	**9**	**9**	**109.50**	**109.50**
ST4-6 Rea/Tam	**3**	**3**	**56.00**	**56.00**
ST4-6 South & Solihull	**19**	**19**	**185.00**	**185.00**
CAMHS ST	**13**	**13**	**240.00**	**240.00**

FTB (CYP) ST	0	0	0	0
Total	124	123	1395.00	1391.00

Locum bookings MARCH 2026 by ROTA				
Rota	Number of shifts requested	Number of shifts worked	Number of hours requested	Number of hours worked*
Rota 1	9	9	86.50	86.50
Rota 2	1	1	12.50	12.50
Rota 3	19	19	191.50	191.50
Rota 4	9	9	86.00	86.00
Rota 5	17	17	168.00	168.00
Rota 6	12	12	114.50	114.50
CAMHS CT	6	6	80.00	80.00
ST4-6 North & East	18	18	149.50	149.50
ST4-6 Rea/Tam	2	2	32.00	32.00
ST4-6 South & Solihull	13	13	119.50	119.50
CAMHS ST	18	18	336.00	336.00
FTB (CYP) ST	0	0	0	0
Total	124	124	1376.00	1376.00

Locum bookings JANUARY 2026 by grade				
Specialty	Number of shifts requested	Number of shifts worked	Number of hours requested	Number of hours worked
CT1-3	108	108	1135.00	1135.00
ST4-6	46	46	623.00	623.00
Total	154	154	1758.00	1758.00

Locum bookings FEBRUARY 2026 by grade				
Specialty	Number of shifts requested	Number of shifts worked	Number of hours requested	Number of hours worked
CT1-3	80	79	804.50	800.50
ST4-6	44	44	590.50	590.50
Total	124	123	1395.00	1391.00

Locum bookings MARCH 2026 by grade				
Specialty	Number of shifts requested	Number of shifts worked	Number of hours requested	Number of hours worked
CT1-3	73	73	739.00	739.00
ST4-6	51	51	637.00	637.00
Total	124	124	1376.00	1376.00

Locum bookings JANUARY 2026 by reason**

Specialty	Number of shifts requested	Number of shifts worked	Number of hours requested	Number of hours worked
Vacancy	66	66	778.50	778.50
Sickness	50	50	535.00	535.00
Off Rota	32	32	391.00	391.00
NEW INTAKE	2	2	24.00	24.00
Not Contactable	1	1	16.00	16.00
Pre-Booked AL	2	2	24.00	24.00
Compassionate / Emergency Leave	3	3	13.50	13.50
Acting Up Consultant	0	0	0	0
Total	154	154	1758.00	1758.00

Locum bookings FEBRUARY 2026 by reason**				
Specialty	Number of shifts requested	Number of shifts worked	Number of hours requested	Number of hours worked
Vacancy	57	57	648.50	648.50
Sickness	20	19	258.50	254.50
NEW INTAKE	4	4	26.00	26.00
Off Rota	30	30	313.00	313.00
Comp Leave	4	4	48.00	48.00
Study Leave	0	0	0	0
Maternity / Parental Leave	3	3	36.50	36.50
Emergency Leave	4	4	48.00	48.00
Acting Up Consultant	1	1	12.00	12.00
Total	124	123	1395.00	1391.00

Locum bookings MARCH 2026 by reason**				
Specialty	Number of shifts requested	Number of shifts worked	Number of hours requested	Number of hours worked
NEW INTAKE	0	0	0	0
Vacancy	63	63	743.00	743.00
Sickness	25	25	257.00	257.00
Off Rota	30	30	326.50	326.50
Maternity / Parental Leave	6	6	49.50	49.50
Special Leave	0	0	0	0
Acting up Consultant	0	0	0	0
Total	124	124	1376.00	1376.00

Fines levied

Zero fines have been levied in Q4. Ideas for disbursement of previously accrued fines will be discussed and agreed at the Junior Doctor Forum.

Issues arising

The overall number of exception reports has remined relatively stable, with 7 unique reports submitted during the quarter. Similar to the previous quarters for the year 2024-2025, the majority of exception reports related to overtime (working beyond scheduled hours) rather breaches of core rest requirements overnight.

The number of vacant shifts continues to be high. 402 locum shifts requested in Q4 (in 2024-2025, Q1 had 370, Q2 had 260, Q3 had 191, Q4 had 280). 46% of the gaps were due to post vacancies. 401/402 on call locum vacancies during this period were filled.

The nationwide exception reporting reform deadline for all trusts to be concordant with the new processes was 4th February 2026. Key points of the reform include:

- All educational exception reports will go to the directors of medical education (DME) for approval.
- All other exception reports to go to HR or medical workforce HR for approval.
- The guardian of safe working hours will retain oversight of all exception reports, these will be reviewed to identify exception reporting patterns to ensure reports are accurate, valid and adhere to the purpose of exception reporting.
- Additional fines: fines will be introduced to ensure that doctors have timely access to systems and are not prevented from exception reporting. Employers will face additional fines to ensure that doctors are not adversely affected by the unnecessary sharing of exception reporting information.
- A requirement for the guardian of safe working hours to oversee quarterly surveys of breach of 'access and completion', 'information breach' and actual or threatened detriment.
- Additional board reporting requirements which will be to a standardised national template.

There are ongoing concerns arising from the fact that we are continuing to provide a CAMHS CT rota for Parkview clinic even though we will not be running this facility and therefore have limited powers to enact change if there are concerns from resident doctors.

Actions taken to resolve issues
See above.

Summary

No immediate safety concerns were raised during this quarter. Exception reporting rates have remained stable. 7 unique exception reports were raised during this quarter, of which 100% related to overtime working.

The number of exception reports being raised is likely to represent the exception report system being under utilised by resident doctors.

Zero fines levied against the Trust for breaches in safe working hours.

The number of vacant shifts continues to be high. 402 locum shifts requested in Q4 (in 2024-2025, Q1 had 370, Q2 had 260, Q3 had 191, Q4 had 280). 46% of the gaps were due to post vacancies. 401/402 on call locum vacancies during this period were filled.

Questions for consideration:
Ongoing support from senior leaders in encouraging raising concerns through use of exception reporting system is appreciated.

16. WRES/WDES Annual Report 2025/26

Report to Board of Directors						
Agenda item:	**16**					
Date	5 August 2026					
Title	WRES/WDES Annual Report 2025/26					
Author/Presenter	Lynn Phung, Senior Equality, Diversity and Inclusion Lead Jas Kaur, Associate Director of Equality, Diversity, Inclusion and Organisational Development					
Executive Director	Patrick Nyarumbu, Director for Strategy, People and Partnerships	**Approved**	**Y**	**ü**	**N**	

Purpose of Report	Tick all that apply **ü**		
To provide assurance	**ü**	**To obtain approval**	
Regulatory requirement		**To highlight an emerging risk or issue**	
To canvas opinion		**For information**	
To provide advice		**To highlight patient or staff experience**	

Summary of Report					
Alert		**Advise**		**Assure**	**ü**

This report provides an annual update to Trust Board on the Trust's performance against the Workforce Race Equality Standard (WRES) and the Workforce Disability Equality Standard (WDES).

It presents data from ESR (as of 31 March 2026) and the 2025 NHS Staff Survey, alongside reflections on lived experiences and progress in embedding a fair, inclusive, and equitable workforce culture across Birmingham and Solihull Mental Health NHS Foundation Trust (BSMHFT).

Please note: This year's analysis of data include the CYP Division for the first time, which may impact year-on-year comparability

Improved measures from 2025 (WRES)

- **Staff Representation**: Our global majority ethnic workforce representation is 46.7%. In 2026 we showed a small increase on the 44%. reported in 2025 **(+ive).**
- **Professional Development:** White colleagues are 0.94 likely to undertake non-mandatory training and development opportunities compared to Global Majority colleagues. 1.04 last year **(+ive)**.
- **Bullying and Harassment:** 21.6% (22.8% last year) Global Majority colleagues compared to 19.9% (21.7% last year) white colleagues experienced harassment, bullying or abuse from staff in last 12 months **(+ive)**
- **Board Membership:** 50% white colleagues, 50% Global Majority colleagues

Decline measure from 2025 (WRES)

- **Shortlisting:** White colleagues are 1.48 times more likely to be appointed from shortlisting. In 2026 we have increased the gap on the 0.70 reported in 2025. **(-ive)**
- **Career Progression:** 50.8% (51.0% last year) Global Majority colleagues believe that our Trust provides equal opportunities for career progression as opposed to 55.5% (57.7%) white colleagues **(-ive)**
- **Disciplinary Investigation:** Global Majority colleagues are 1.93 times more likely to enter formal disciplinary process than white colleagues. In 2025 it was reported at 0.82 **(-ive)**
- **Experiencing Discrimination:** 12.4% (last year 13.1%) Global Majority colleagues experienced discrimination at work from other colleagues as opposed to 8.4% (last year 8.8%) white colleagues **(-ive) gap remains**

Improved measures from 2025 (WDES)

- Colleagues with long-term condition or illness are - The likelihood of non-disabled colleagues being appointed from shortlist compared to colleagues with disabilities is 0.97 compared to 0.92 in 2025 **(+ive)**
- Colleagues with long-term condition or illness are more likely to experience harassment, bullying and abuse from patients or relatives – this has numerically decreased to 34.7% since last year 35.9% **(+ive).**
- Colleagues with long-term condition or illness are more likely to experience harassment, bullying and abuse from other colleagues – this has numerically decreased to 21.5% since last year 23.1% **(+ive).**
- Colleagues have shown an increase in reporting bullying and harassment if they experience it 66.0% to last year 63.6% **(+ive).**
- All colleagues have increased reporting the satisfaction with the extent to which their organisation values their work, bigger increase amongst colleagues with LTC or illness. 44.4% compared to last year 43.1% **(+ive).**
- More colleagues with long-term condition or illness reported that they have felt pressure from their manager to come to work, despite not feeling well enough to perform their duties since last year. 17.0% compared to 18.4% last year. **(+ive)**
- There has been an increase to 81.0% from 80.6% from **(+ive)** of colleagues with long-term condition or illness saying that their employer has made adequate adjustment(s) to enable them to carry out their work.

Decline measure from 2025 (WDES)

- Colleagues with disabilities are 5.74 times likely to enter the capability process then those without. (Last year 3.28) **(-ive)**

Recommendation
The Committee is asked to: Note the contents of this report

BSMHFT
Workforce Race Equality Standard (WRES)/Workforce Disability Equality Standard (WDES) Report 2026

Authors: Jas Kaur, Associate Director of EDI, and OD and Lynn Phung, Senior EDI Lead

Recipient: BSMHFT reported their WRES/WDES data to gov.uk on 30th May 2026
Data is pulled from ESR on the 31st March 2026 and Staff Survey 2025

1. Introduction

This report provides an annual update to Trust Board on the Trust's performance against the Workforce Race Equality Standard (WRES) and the Workforce Disability Equality Standard (WDES). It presents data from ESR (as of 31 March 2026) and the 2025 NHS Staff Survey, alongside reflections on lived experiences and progress in embedding a fair, inclusive, and equitable workforce culture across Birmingham and Solihull Mental Health NHS Foundation Trust (BSMHFT).

The Workforce Race Equality Standard (WRES), introduced in 2016, aims to improve the workplace and career experiences of staff from ethnically diverse backgrounds across the NHS. It comprises nine specific indicators that enable NHS organisations to compare the experiences of ethnically diverse staff with those of white staff, helping to identify disparities and drive meaningful change.

- Indicator 1: Overall Representation
- Indicator 2: likelihood of appointment from shortlisting
- Indicator 3: likelihood of entering formal disciplinary proceedings
- Indicator 4: likelihood of undertaking non-mandatory training
- Indicator 5: harassment, bullying or abuse from patients, relatives or the public in last 12 months
- Indicator 6: harassment, bullying or abuse from staff in last 12 months
- Indicator 7: belief that the trust provides equal opportunities for career progression or promotion
- Indicator 8: discrimination from a manager/team leader or other colleagues in last 12 months
- Indicator 9: Global Majority representation on the board minus Global Majority representation in the workforce

The Workforce Disability Equality Standard (WDES) was launched in 2019 and aims to improve the workplace and career experiences of staff with disabilities in the NHS. The Workforce Disability Equality Standard is a set of ten specific measures (Metrics) that will enable the Trust to compare the experiences of staff with disabilities and staff without. This information will then be used to develop action plans, allowing the organisation to demonstrate progress against the indicators of disability equality.

- Metric 1 - Percentage of staff in AfC pay bands or medical and dental subgroups and very senior managers (including Executive Board members) compared with the percentage of staff in the overall workforce
- Metric 2 - Relative likelihood of non-disabled colleagues being appointed from shortlist compared to colleagues with disabilities
- Metric 3 - Relative likelihood of Disabled staff compared to non-disabled staff entering the formal capability process, as measured by entry into the formal capability procedure.
- Metric 4 - Percentage of Disabled staff compared to non-disabled staff experiencing harassment, bullying or abuse from Patients/service users, their relatives or other members of the public, Managers and Colleagues
- Metric 4b - Percentage of Disabled staff compared to non-disabled staff saying that the last time they experienced harassment, bullying or abuse at work, they or a colleague reported it
- Metric 5 - Percentage of Disabled staff compared to non-disabled staff believing that the Trust provides equal opportunities for career progression or promotion

- Metric 6 - Percentage of Disabled staff compared to non-disabled staff saying that they have felt pressure from their manager to come to work, despite not feeling well enough to perform their duties.
- Metric 7 - Percentage of Disabled staff compared to non-disabled staff saying that they are satisfied with the extent to which their organisation values their work
- Metric 8 - Percentage of Disabled staff saying that their employer has made adequate adjustment(s) to enable them to carry out their work.
- Metric 9 - The staff engagement score for Disabled staff, compared to non-disabled staff and the overall engagement score for the organisation**.**

Tackling inequalities in the workplace is not only a compliance requirement, but an essential component of our Trust's vision to provide safe, compassionate, and person-centred care. Creating an anti-racist and disability-confident organisation is fundamental to ensuring staff feel valued, respected, and able to thrive, and that service users benefit from a diverse and representative workforce.

2. Race Equality: WRES 2026 Overview

Key Highlights

Improved measures from 2025

- **Staff Representation**: Our global majority ethnic workforce representation is 46.7%. In 2026 we showed a small increase on the 44%. reported in 2025 **(+ive).**
- **Professional Development:** White colleagues are 0.94 likely to undertake non-mandatory training and development opportunities compared to Global Majority colleagues. 1.04 last year **(+ive)**.
- **Bullying and Harassment:** 21.6% (22.8% last year) Global Majority colleagues compared to 19.9% (21.7% last year) white colleagues experienced harassment, bullying or abuse from staff in last 12 months **(+ive)**
- **Board Membership:** 50% white colleagues, 50% Global Majority colleagues

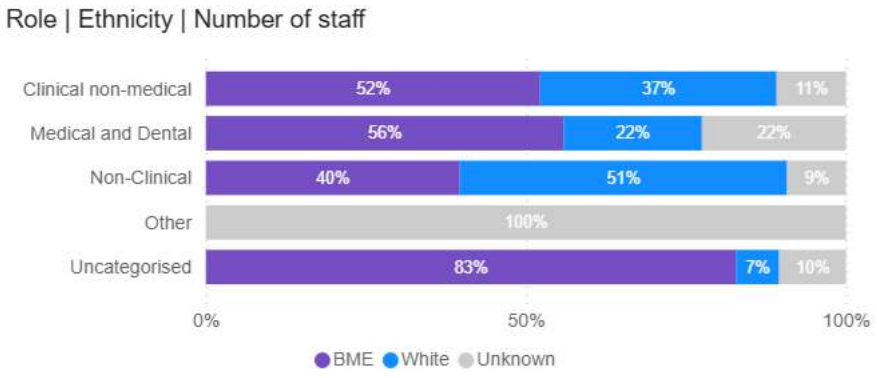
Decline measure from 2025

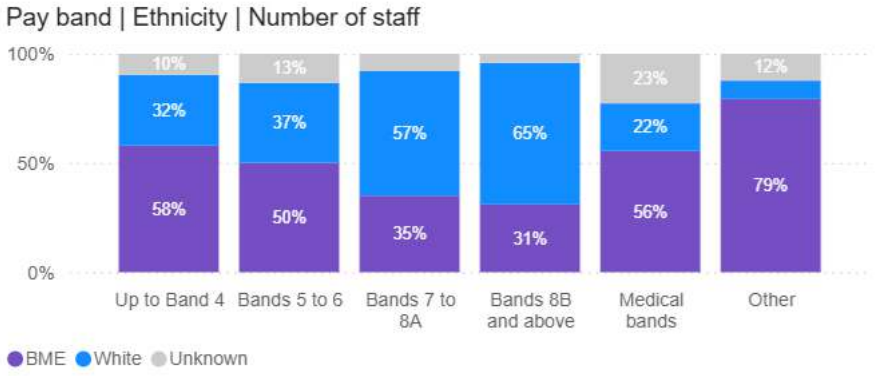
- **Shortlisting:** White colleagues are 1.48 times more likely to be appointed from shortlisting. In 2026 we have increased the gap on the 0.70 reported in 2025. **(-ive)**
- **Career Progression:** 50.8% (51.0% last year) Global Majority colleagues believe that our Trust provides equal opportunities for career progression as opposed to 55.5% (57.7%) white colleagues **(-ive)**
- **Disciplinary Investigation:** Global Majority colleagues are 1.93 times more likely to enter formal disciplinary process than white colleagues. In 2025 it was reported at 0.82 **(-ive)**

- **Experiencing Discrimination:** 12.4% (last year 13.1%) Global Majority colleagues experienced discrimination at work from other colleagues as opposed to 8.4% (last year 8.8%) white colleagues **(-ive) gap remains**

In 2026, 46.7% of BSMHFT's workforce identified as being from a Global Majority ethnic background, this is a positive increase from 44% in 2025 and reflects a continued effort to build a workforce more reflective of our local population. However, representation at senior levels remains at (30%) below the NHS Model Employer target of 40% at Band 8a and above. Targeted interventions remain necessary to shift leadership diversity in a sustainable and systemic way.

Indicator 1: Overall Representation





Indicator number and description	2019	2020	2021	2022	2023	2024	2025	2026
Global Majority representation in the workforce overall			37%	37.6%	39.1%	41.5%	44%	46.7%

Clinical / Non Clinical Staff Representation Band 8a +

2023	**2024**	**2025**	**2026**
24%	**28%**	**30%**	**30%**

Indicator 2: likelihood of appointment from shortlisting

The recruitment pipeline shows a concerning deterioration in equity. White applicants are now 1.48 times more likely to be appointed from shortlisting than their Global Majority peers, representing a significant reversal from the previous year's disparity of 0.7. This widening gap indicates that inequities in decision-making remain embedded within the process and may be intensifying. If unaddressed, this risks undermining fairness, damaging organisational trust, and limiting workforce diversity, ultimately impacting the quality of decision-making, staff experience, and the organisation's ability to deliver equitable outcomes for the communities it serves.

		Global Majority	White	Unknown
Number of shortlisted applicants	Headcount	4478	1788	412
Number appointed from shortlisting	Headcount	794	470	277
Likelihood of shortlisting/appointed	Auto-Calculated	0.177311	0.262864	0.672330
Relative likelihood of White candidates being appointed from shortlisting compared to BME candidates	Auto-Calculated	1.482497		

Indicator number and description	**2019**	**2020**	**2021**	**2022**	**2023**	**2024**	**2025**	**2026**	
likelihood ratio White / Global Majority	1.57	1.44	2.02	1.52	1.30	1.70	0.70	1.48	Negative from previous year

Indicator 3: likelihood of entering formal disciplinary proceedings

Disparities in disciplinary action have increased. Global Majority staff are now 1.93 times more likely to enter a formal disciplinary process than their White peers, compared to 0.82 in the previous year. This deterioration indicates a growing inequity in the application of employee relations processes. If not addressed, it risks undermining staff confidence in fairness, damaging psychological safety, increasing disengagement and attrition among Global Majority staff.

		Global Majority	White	Unknown
Number of staff entering the formal disciplinary process in the financial year	Headcount	53	25	5
Likelihood of staff entering the formal disciplinary process	Auto-Calculated	0.019917	0.010314	0.008170
Relative likelihood of BME staff entering the formal disciplinary process compared to White staff	Auto-Calculated	1.931184		

Indicator number and description	**2019**	**2020**	**2021**	**2022**	**2023**	**2024**	**2025**	**2026**	
likelihood ratio Global Majority / White	2.83	2.70	2.26	1.33	2.02	1.86	0.82	1.93	**Negative from previous year**

Indicator 4: likelihood of undertaking non-mandatory training

Professional development opportunities show a modest improvement. White colleagues were 0.94 times more likely to access non-mandatory training, compared with 1.04 in 2025. This suggests a narrowing gap in access; however, further work is needed to ensure transparency, targeted outreach, and proactive encouragement for all staff groups.

		Global Majority	White	Unknown
Number of staff accessing non-mandatory training and CPD in the financial year	Headcount	1485	1273	366
Likelihood of staff accessing non-mandatory training and CPD	Auto-Calculated	0.558061	0.525165	0.598039

Relative likelihood of White staff accessing non-mandatory training and CPD compared to BME staff	Auto-Calculated	0.941053		

Indicator number and description	2019	2020	2021	2022	2023	2024	2025	2026	
likelihood ratio White / Global Majority	1.01	1.30	1.62	1.25	0.77	0.89	1.04	0.94	**Negative from previous year**

Indicator 5: harassment, bullying or abuse from patients, relatives or the public in last 12 months

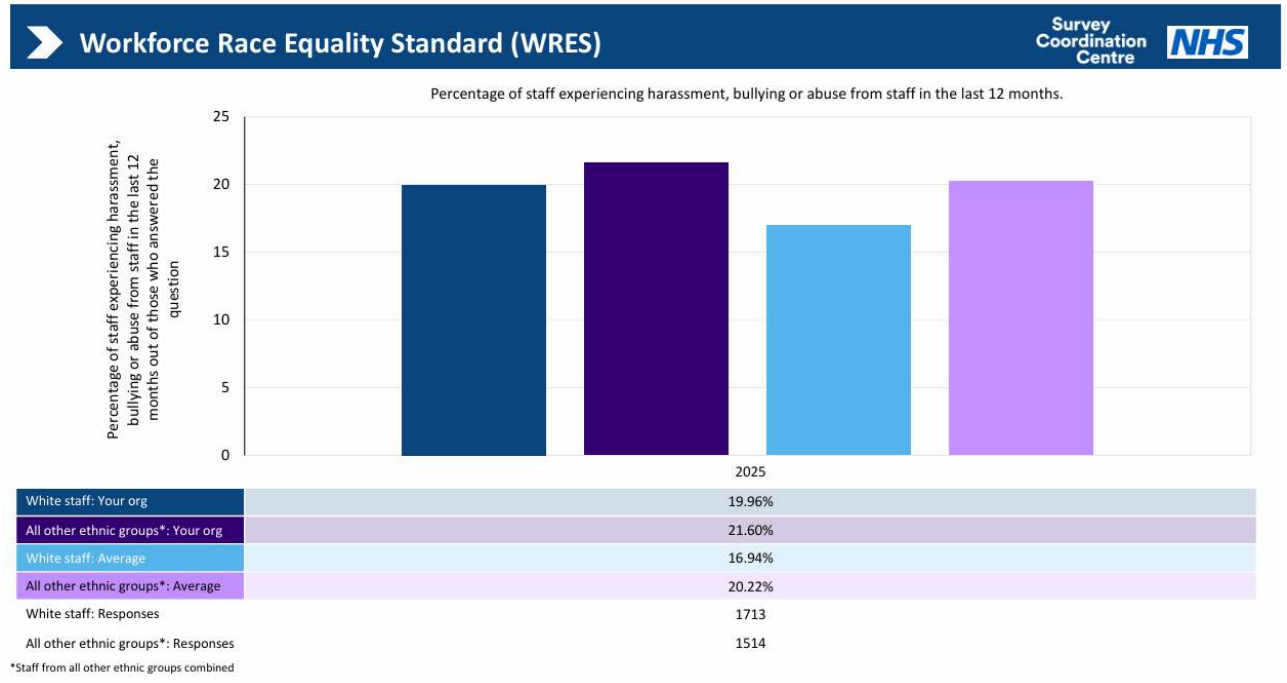
Incidents of harassment from patients or the public have increased to 8.6%, compared with 6% in 2025, with differences in experience noted between ethnic groups. Staff feedback highlights frustration about a perceived lack of response or consequences for service-user-perpetrated racism, alongside calls for clearer protocols and more visible support for affected staff

Indicator number and description	2019	2020	2021	2022	2023	2024	2025	2026	

Global Majority	38.2%	42.3%	36.7%	37%	39.3%	35.0%	34.8%	37.6%	**Negative from previous year**
White	32.5%	36.5%	31.1%	33.6%	34%	29.0%	29.0%	27.3%	**Positive from previous year**

Indicator 6: harassment, bullying or abuse from staff in last 12 months

Over the past 12 months, 21.6% of Global Majority colleagues reported experiencing harassment, bullying, or abuse from staff, a slight decrease from 22.8% the previous year. Similarly, 19.9% of white colleagues reported such experiences, down from 21.7% last year. These figures suggest a modest improvement in the workplace environment, indicating a positive trend in efforts to reduce inappropriate behaviour across all groups

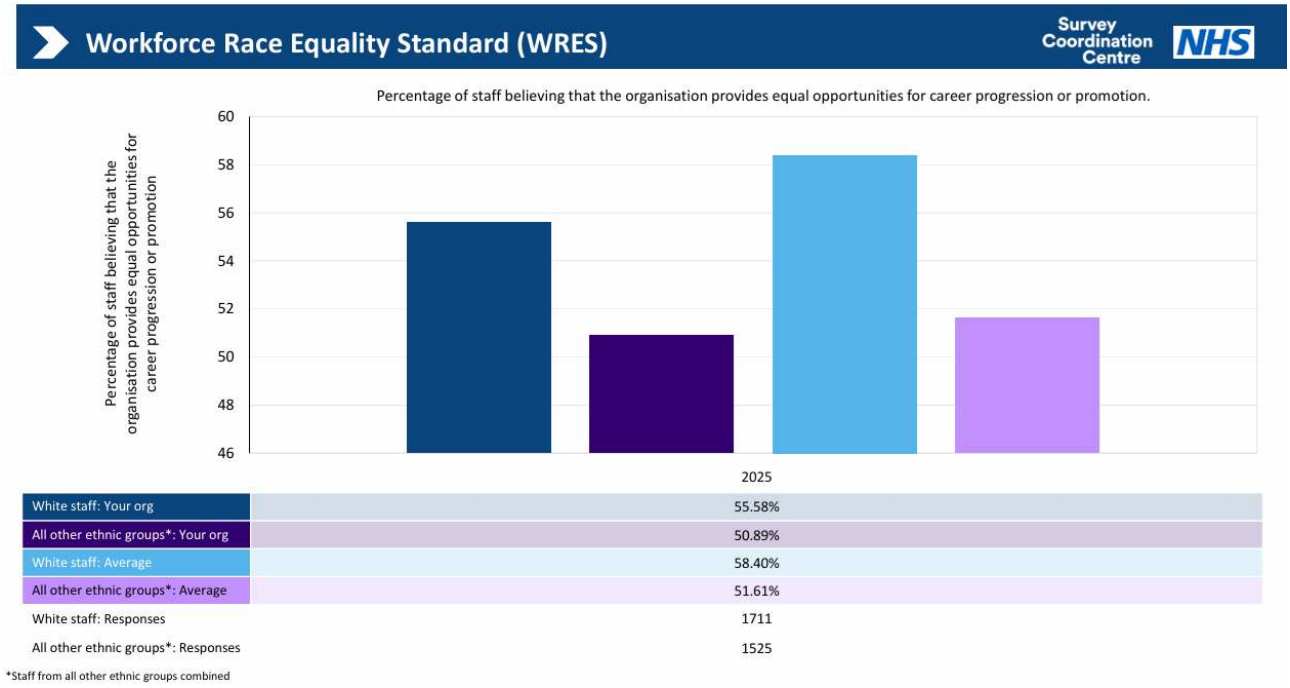


Indicator number and description	2019	2020	2021	2022	2023	2024	2025	2026	
Global Majority	32.8%	34.3%	32.4%	25.5%	27.1%	23.3%	22.8%	21.6%	**Positive from previous year**
White	28.6%	30.5%	25.9%	24.6%	21.8%	22.0%	21.7%	19.9%	**Positive from**

									previous year

Indicator 7: belief that the trust provides equal opportunities for career progression or promotion

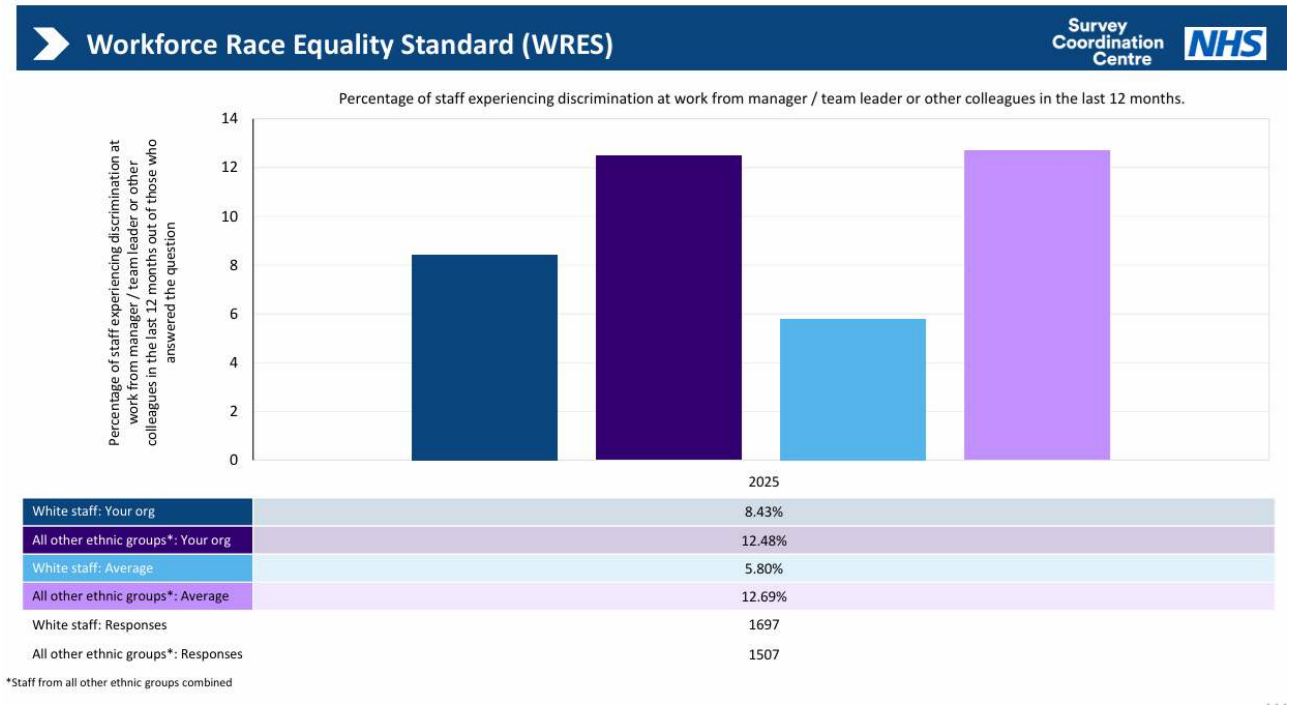
Despite these gains, inequalities remain in perceptions of access to career progression. 51% of Global Majority colleagues (unchanged from last year) reported feeling they have equal opportunities for promotion, compared with 55.5% of white colleagues. The widening perception gap is concerning and suggests that cultural and structural barriers to progression persist, even as formal processes become more equitable.



Indicator number and description	2019	2020	2021	2022	2023	2024	2025	2026	
	Indicator 7: belief that the trust provides equal opportunities for career progression or promotion								
Global Majority	60.4%	60.6%	37.5%	41.2%	43%	52%	51%	51%	**Remain the same from previous year**
White	78.5%	81%	55.3%	53.7%	54.5%	56.4%	57.7%	55.5%	**Negative from previous year**

Indicator 8: discrimination from a manager/team leader or other colleagues in last 12 months

Staff experiences of discrimination and harassment remain an area of concern; however, there are signs of improvement. In the latest data, 12.4% of Global Majority staff reported experiencing discrimination from colleagues, compared with 8.4% of white colleagues. While disparities persist, both figures represent a decrease from the previous year, indicating positive progress, however a gap remains. Continued focus is needed to sustain this improvement and further reduce inequalities in experience.



Indicator number and description	2019	2020	2021	2022	2023	2024	2025	2026	
Global Majority	17.0%	18.6%	18.9%	16.4%	17.1%	12.2%	13.1%	12.4%	**Positive from previous year**
White	9.4%	10.0%	8.8%	10.5%	11.5%	8.8%	8.8%	8.4%	**Positive from previous year**

Indicator 9: Global Majority representation on the board minus Global Majority representation in the workforce

Board representation stands at 47% Global Majority and 53% white. While this marks good progress compared to many NHS Trusts, we recognise the need for ongoing support, mentoring, and accountability in sustaining and deepening this representation.

Indicator number and description	2019	2020	2021	2022	2023	2024	2025	2026	
Overall	-19.7%	-4.2%	-7.9%	0.9%	7.1%	1%	3%	3%	**Remain the same from previous year**
Voting Numbers	0.0%	30.8%	28.6%	38.5%	46.2%	42.8%	46.6%	50%	**Positive from previous year**
Executive Numbers	25%	0.0%	0.0%	28.6%	33.3%	25.0%	37.5%	37.5%	**Remain the same from previous year**

3. Disability Equality: WDES 2025 Overview

Key Highlights

Improved measures from 2025

- Colleagues with long-term condition or illness are - The likelihood of non-disabled colleagues being appointed from shortlist compared to colleagues with disabilities is 0.97 compared to 0.92 in 2025 **(+ive)**
- Colleagues with long-term condition or illness are more likely to experience harassment, bullying and abuse from patients or relatives – this has numerically decreased to 34.7% since last year 35.9% **(+ive).**
- Colleagues with long-term condition or illness are more likely to experience harassment, bullying and abuse from other colleagues – this has numerically decreased to 21.5% since last year 23.1% **(+ive).**
- Colleagues have shown an increase in reporting bullying and harassment if they experience it 66.0% to last year 63.6% **(+ive).**
- All colleagues have increased reporting the satisfaction with the extent to which their organisation values their work, bigger increase amongst colleagues with LTC or illness. 44.4% compared to last year 43.1% **(+ive).**

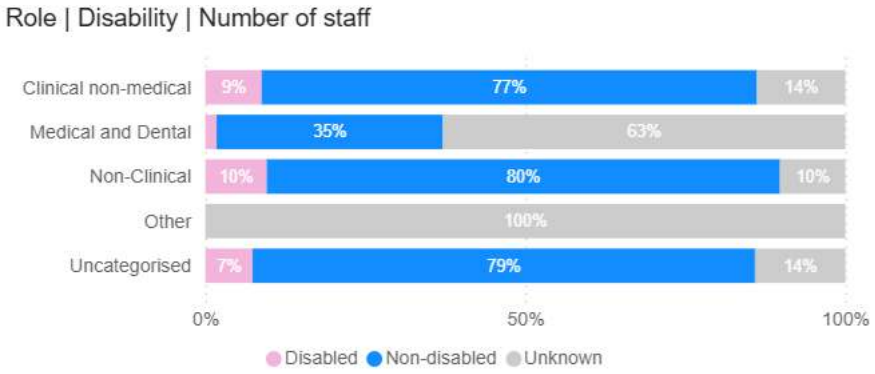
- More colleagues with long-term condition or illness reported that they have felt pressure from their manager to come to work, despite not feeling well enough to perform their duties since last year. 17.0% compared to 18.4% last year. **(+ive)**
- There has been an increase to 81.0% from 80.6% from **(+ive)** of colleagues with long-term condition or illness saying that their employer has made adequate adjustment(s) to enable them to carry out their work.

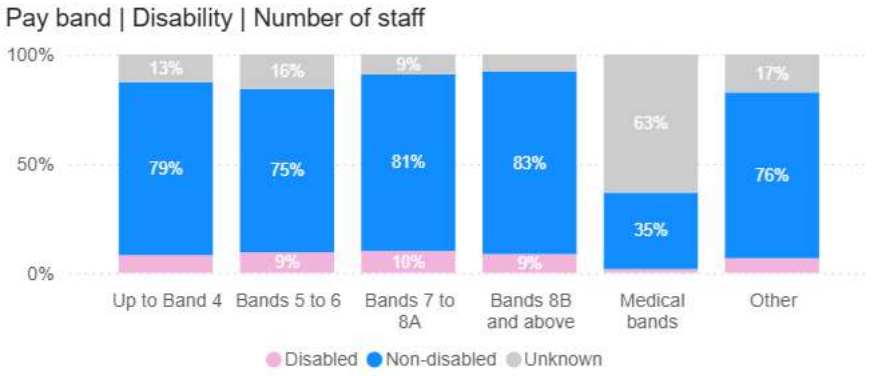
Decline measure from 2025

- Colleagues with disabilities are 5.74 times likely to enter the capability process then those without. (Last year 3.28) **(-ive)**

Metric 1 - Percentage of staff in AfC pay bands or medical and dental subgroups and very senior managers (including Executive Board members) compared with the percentage of staff in the overall workforce

In 2026, 8.92% of the Trust's workforce declared a long-term condition or disability, up from 8.02% the previous year.





Indicator number and description	2019	2020	2021	2022	2023	2024	2025	2026	Increase from previous year
Disabled	173	184	211	234	264	348	399	508	109

Non Disabled	3399	3334	3468	3485	3473	3703	3935	4376	
Unknown	380	428	467	491	575	600	645	813	

Metric 2 - Relative likelihood of non-disabled colleagues being appointed from shortlist compared to colleagues with disabilities

Recruitment outcomes have improved, with the likelihood of non-disabled candidates being appointed from shortlist decreasing to 0.97 compared to 0.92 previously. This indicates progress toward a more equitable selection process, with outcomes now closer to parity between disabled and non-disabled candidate

Relative likelihood of non-Disabled candidates compared to Disabled candidates being appointed from shortlisting across all posts. Note: This refers to both external and internal posts.			Disabled	Non Disabled	Unknown
	Number of shortlisted applicants	Headcount	5639	638	401
	Number appointed from shortlisting	Headcount	1132	131	278
	Likelihood of shortlisting/appointed	Auto-Calculated	0.205329	0.200745	0.693267
	Relative likelihood of non-disabled candidates being appointed from shortlisting compared to Disabled candidates	Auto-Calculated	0.977673		

Indicator number and description	2019	2020	2021	2022	2023	2024	2025	2026	
	1.44	1.23	0.67	1.31	0.84	1.28	0.92	0.97	**Positive from previous year**

Metric 3 - Relative likelihood of Disabled staff compared to non-disabled staff entering the formal capability process, as measured by entry into the formal capability procedure.

The disparity in capability processes has increased, with disabled staff now 5.74 times more likely to enter formal capability procedures than their non-disabled counterparts, compared to 3.28 previously. This widening gap remains a significant area of concern and

indicates the need for strengthened training, earlier intervention, and consistent application of reasonable adjustment reviews.

Relative likelihood of Disabled staff compared to non-disabled staff entering the formal capability process, as measured by entry into the formal capability procedure. **Note:** **This Metric will be based on data from a two-year rolling average of the current year and the previous year (April 2022 to March 2023 and April 2023 to March 2025).**			Disabled	Non - Disabled	Unknown
	Average number of staff entering the formal capability process over the last 2 years for any reason. (i.e. Total divided by 2.)	Headcount	3	3	1.5
	Of these, how many were on the grounds of ill-health?	Headcount	1	0	0
	Likelihood of staff entering the formal capability process	Auto-Calculated	0.003937	0.000686	0.001845
	Relative likelihood of Disabled staff entering the formal capability process compared to Non-Disabled staff	Auto-Calculated	5.742728		

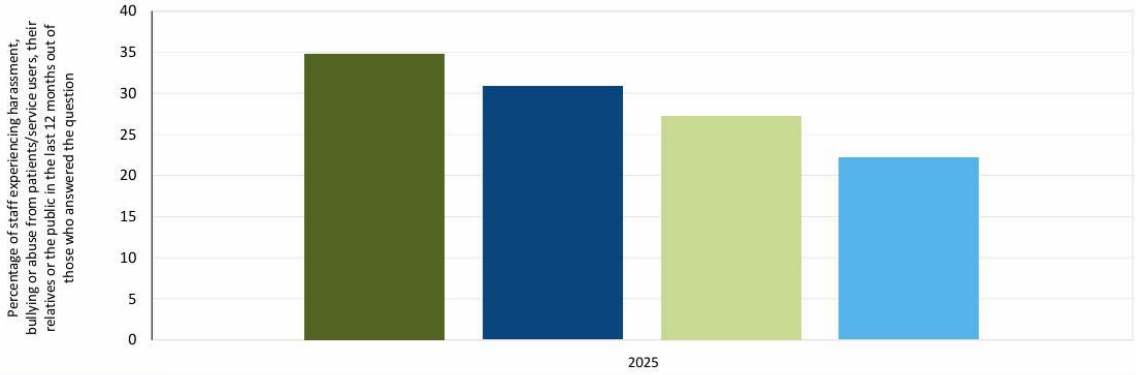
Indicator number and description	2019	2020	2021	2022	2023	2024	2025	2026	
	2.06	2.83	5.48	0	0	5.33	3.28	5.74	**Negative from previous year**

Metric 4 - Percentage of Disabled staff compared to non-disabled staff experiencing harassment, bullying or abuse from

- **Patients/service users, their relatives or other members of the public**
- **Managers**
- **Colleagues**

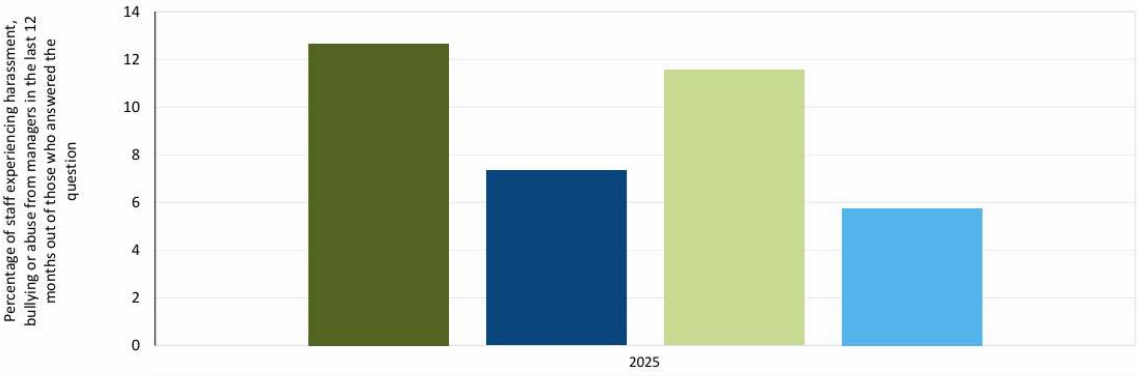
Bullying and harassment remain all too common in the lived experience of disabled staff. Reports of harassment from patients and the public have reduced marginally to 34.7%, while reports of bullying from colleagues decreased to 21.5%. Although these shifts are in the right direction, the overall rates remain high, and feedback continues to highlight a lack of confidence in informal resolution processes.

Percentage of staff experiencing harassment, bullying or abuse from patients/service users, their relatives or the public in the last 12 months.



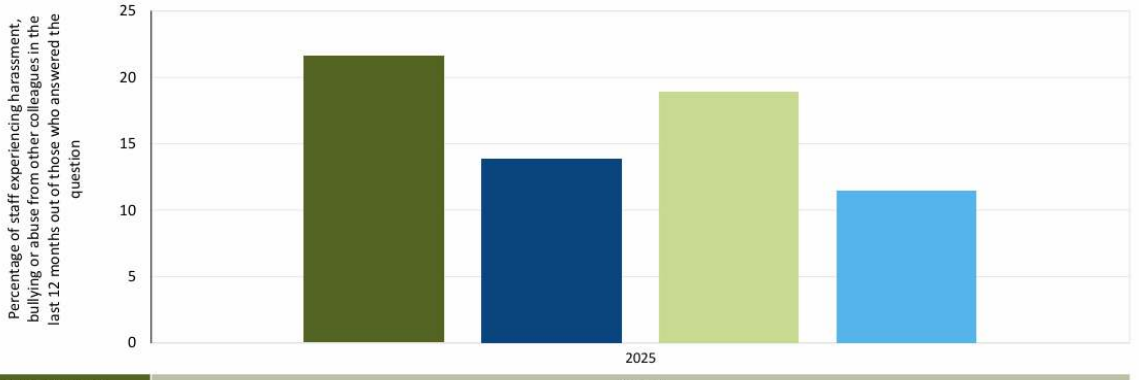
Staff with a LTC or illness: Your org	34.79%
Staff without a LTC or illness: Your org	30.80%
Staff with a LTC or illness: Average	27.24%
Staff without a LTC or illness: Average	22.13%
Staff with a LTC or illness: Responses	1052
Staff without a LTC or illness: Responses	2195

Percentage of staff experiencing harassment, bullying or abuse from managers in the last 12 months.



Staff with a LTC or illness: Your org	12.64%
Staff without a LTC or illness: Your org	7.34%
Staff with a LTC or illness: Average	11.55%
Staff without a LTC or illness: Average	5.74%
Staff with a LTC or illness: Responses	1044
Staff without a LTC or illness: Responses	2181

Percentage of staff experiencing harassment, bullying or abuse from other colleagues in the last 12 months.

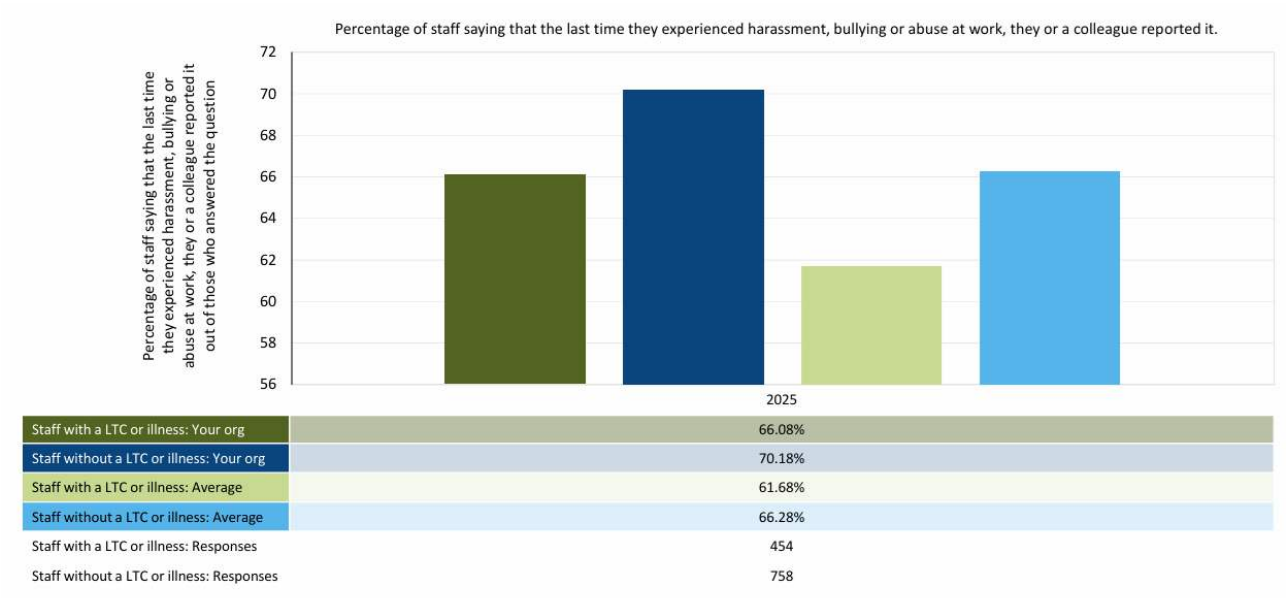


Staff with a LTC or illness: Your org	21.57%
Staff without a LTC or illness: Your org	13.83%
Staff with a LTC or illness: Average	18.87%
Staff without a LTC or illness: Average	11.45%
Staff with a LTC or illness: Responses	1043
Staff without a LTC or illness: Responses	2176

Indicator number and description	2019	2020	2021	2022	2023	2024	2025	2026	
Patients/service users, their relatives or other members of the public	40.6%	45.8%	40.6%	41.5%	43%	36.1%	35.9%	34.7%	**Positive from previous year**
Managers	22.4%	23.6%	17.8%	17.0%	14.1%	17.0%	14.2%	12.6%	**Positive from previous year**
Other colleagues	34.3%	31.7%	27.5%	28.1%	25.9	24.1%	23.1%	21.5%	**Positive from previous year**

Metric 4b - Percentage of Disabled staff compared to non-disabled staff saying that the last time they experienced harassment, bullying or abuse at work, they or a colleague reported it

On a more positive note, more disabled colleagues are reporting these incidents, 66.0% in 2026 compared to 63.6% in 2025. This indicates growing trust in formal pathways, but also the emotional burden of persistent issues.

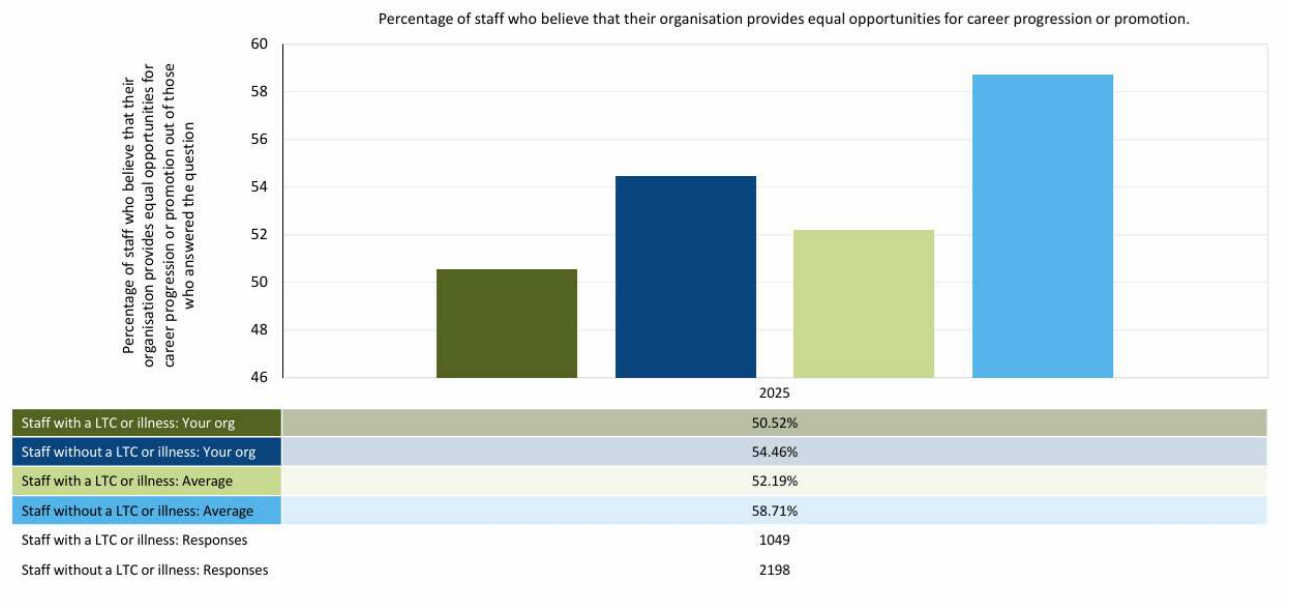


Indicator number and description	2019	2020	2021	2022	2023	2024	2025	2026	

	56.6%	60.1%	61.7%	62.3%	65.1%	59.1%	63.6%	66.0%	**Positive from previous year**

Metric 5 - Percentage of Disabled staff compared to non-disabled staff believing that the Trust provides equal opportunities for career progression or promotion

Over recent years, perceptions among disabled staff regarding equal opportunities for career progression or promotion have remained broadly stable, with 50.5% reporting positive views compared to 50.8% previously. While this indicates little change, it highlights the ongoing need for sustained focus on equality, inclusive career development, and transparent progression pathways to build confidence and improve experiences over time.

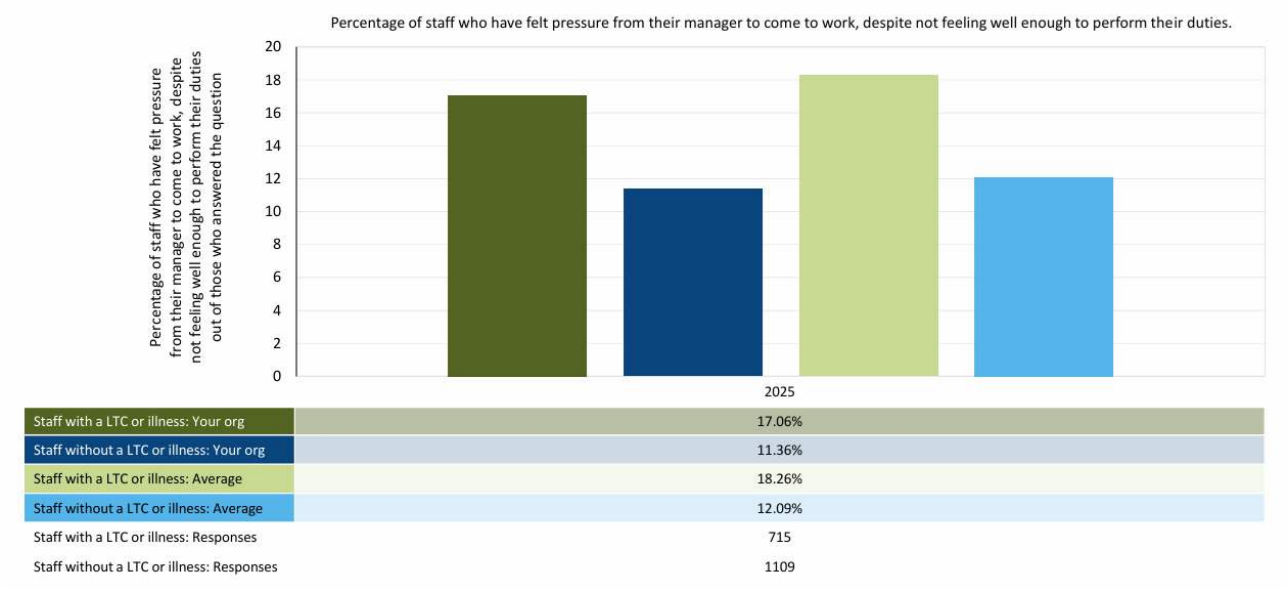


Indicator number and description	2019	2020	2021	2022	2023	2024	2025	2026	
	46.0%	45.5%	47.8%	45.4%	47.1%	50.2%	50.8%	50.5%	**Negative from previous year**

Metric 6 - Percentage of Disabled staff compared to non-disabled staff saying that they have felt pressure from their manager to come to work, despite not feeling well enough to perform their duties.

There has been a small reduction in the proportion of staff reporting pressure from their manager to attend work while unwell, decreasing from 18.4% to 17.0%. While this

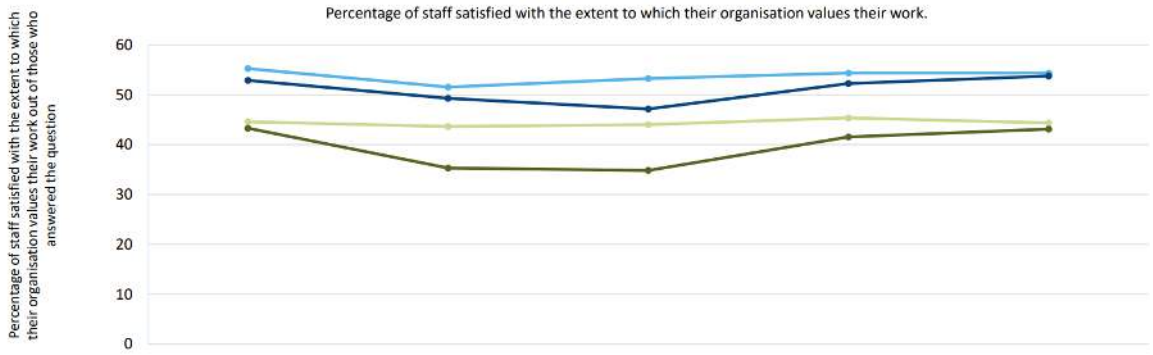
represents a modest improvement, the continued presence of reported pressure indicates that further work is needed to promote consistently supportive management practices. Sustained focus on wellbeing, reasonable adjustments, and flexible attendance approaches will be important in embedding a more compassionate workplace culture.



Indicator number and description	2019	2020	2021	2022	2023	2024	2025	2026	
	23.9%	26.6%	23.1%	22.7%	19.9%	21%	18.4%	17.0%	**Positive from previous year**

Metric 7 - Percentage of Disabled staff compared to non-disabled staff saying that they are satisfied with the extent to which their organisation values their work

The percentage of disabled staff who feel satisfied with the extent to which their organisation values their work has increased from 43.1% to 44.4%. This positive shift indicates a growing recognition of the contributions made by disabled employees and suggests that efforts to foster a more inclusive and appreciative workplace are beginning to resonate. While there is still room for improvement, this upward trend is an encouraging sign that the organisation is moving in the right direction in creating a culture where all staff feel valued and respected

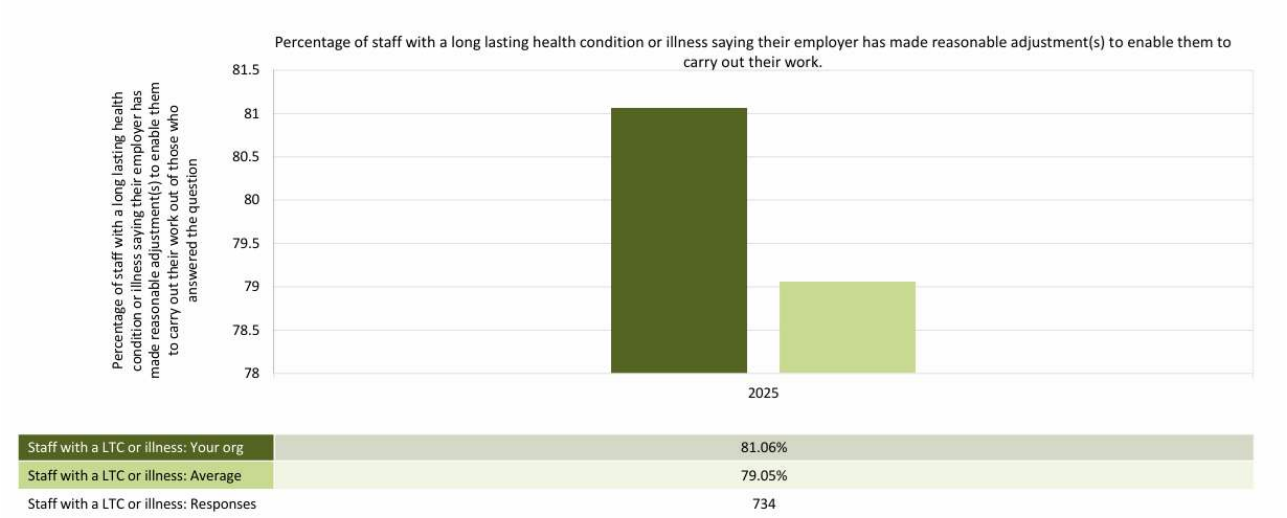


	2020	2021	2022	2023	2024
Staff with a LTC or illness: Your org	43.28%	35.30%	34.81%	41.55%	43.11%
Staff without a LTC or illness: Your org	52.88%	49.28%	47.14%	52.25%	53.75%
Staff with a LTC or illness: Average	44.56%	43.63%	44.02%	45.36%	44.33%
Staff without a LTC or illness: Average	55.25%	51.54%	53.25%	54.35%	54.37%
Staff with a LTC or illness: Responses	469	592	609	722	784
Staff without a LTC or illness: Responses	1286	1532	1593	1598	1799

Indicator number and description	2019	2020	2021	2022	2023	2024	2025	2026	
	37.2%	37.4%	43.3%	35.3%	34.8%	41.6%	43.1%	44.4%	**Positive from previous year**

Metric 8 - Percentage of Disabled staff saying that their employer has made adequate adjustment(s) to enable them to carry out their work.

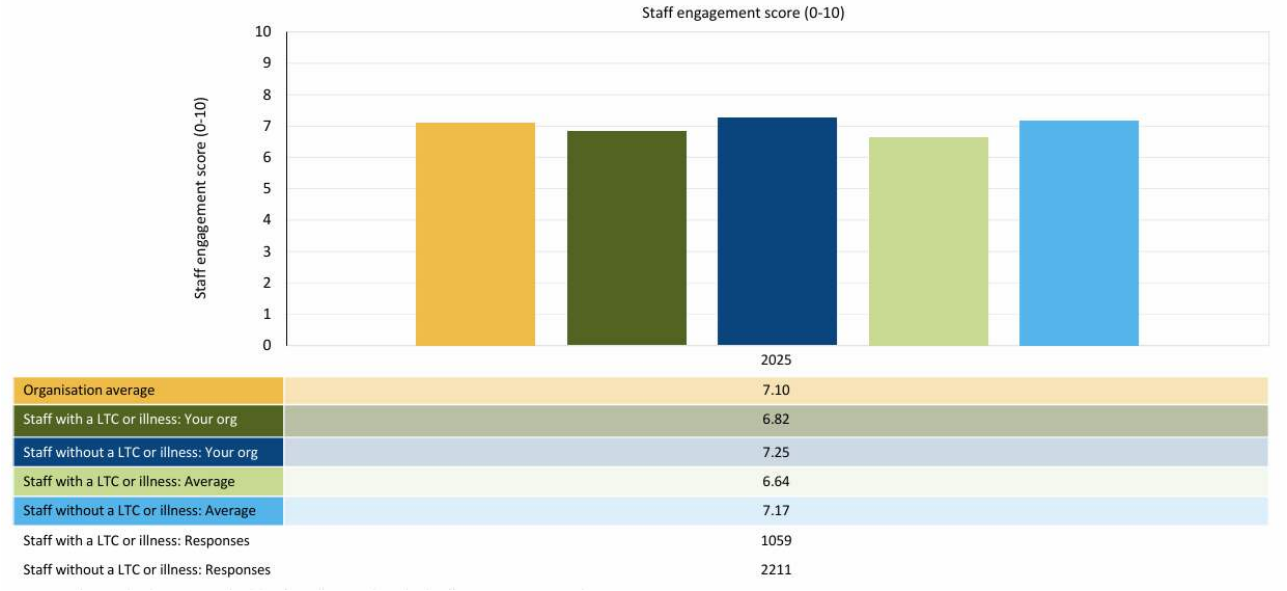
Access to reasonable adjustments has improved, with 81.0% of disabled staff confirming that the Trust has made adequate workplace adjustments, up from 80.6%. However Qualitative staff feedback points to inconsistency in how adjustments are implemented and frustrations with line management responses. Some colleagues report having to escalate requests to senior leadership to be taken seriously. Others highlight gaps in accessibility tools, such as software for colleagues with dyslexia, and a broader cultural hesitation to disclose disability due to stigma or disbelief.



Indicator number and description	2019	2020	2021	2022	2023	2024	2025	2026	
	70.5%	71.2%	82.7%	71.5%	74.4%	76.9%	80.6%	81.06%	**Positive from previous year**

Metric 9 - The staff engagement score for Disabled staff, compared to non-disabled staff and the overall engagement score for the organisation.

The staff engagement score for disabled staff has shown a modest yet meaningful increase, rising from 6.7 to 6.8. This improvement, while slight, reflects a positive trend in how engaged and connected disabled employees feel within the organisation. It also aligns with the overall engagement score for the Trust, suggesting that steps taken to create a more inclusive and supportive workplace are having a tangible impact.



Indicator number and description	2019	2020	2021	2022	2023	2024	2025	2026	
	6.8	6.9	7.1	6.9	6.9	6.6	6.7	6.8	**Positive from previous year**

4. <u>Organisational Response and Activity</u>

Throughout 2025–2026, Birmingham and Solihull Mental Health NHS Foundation Trust (BSMHFT) has continued to strengthen its commitment to equity, diversity and inclusion (EDI), with a clear focus on addressing structural inequalities and creating a more inclusive and psychologically safe working environment for all staff.

Supported by the Trust's EDI Leads, bespoke workforce and health inequalities plans have been developed and implemented across each Division. These plans are tailored to local need and informed by data, enabling Divisions to identify and address disparities in staff experience, progression and outcomes, while embedding equity considerations into everyday operational and clinical decision-making.

Progress has also been supported through the introduction of Equity Panel Members and Inclusion Advisors. These roles provide peer-to-peer challenge and support, helping to ensure inclusive practice is consistently applied across recruitment, career progression and workplace culture.

At an organisational level, BSMHFT has demonstrated leadership and accountability through the launch of its Anti-Racist Framework, the adoption of an Anti-Racist Policy, and the introduction of anti-racist supervision. This has been reinforced by Trust-wide training on cultural competence, cultural humility and Active Bystander approaches, equipping staff with the skills and confidence to challenge inappropriate behaviour and promote inclusion.

Alongside this, a dedicated quality improvement project is underway to improve staff experience following incidents of racism or discrimination from service users or external visitors. This work aims to ensure staff feel heard, supported and psychologically safe, and that responses are timely and consistent.

Together, these actions represent a coordinated, Trust-wide approach to EDI, moving beyond policy to sustained cultural change and a more equitable and respectful working environment.

This work is closely aligned with the Trust's ambition to reduce health inequalities. A diverse and inclusive workforce is better placed to understand and respond to the needs of the communities BSMHFT serves. When staff feel valued, supported and treated fairly, they are more engaged, more likely to remain in post, and better able to deliver high-quality care.

The EDI Improvement Plan supports this by addressing inequalities in recruitment, career progression, disciplinary processes and overall staff experience, while strengthening leadership accountability for inclusion. This aligns closely with the Core20PLUS5 approach, which expects leaders to demonstrate how disparities are identified and reduced for both staff and service users.

This approach is informed by triangulated intelligence from population and service data, patient and carer feedback, and workforce metrics including representation, progression, pay gaps, staff survey results and staff network insights. Integrating these sources enables the Trust to identify where workforce inequalities intersect with patient and population disparities and to prioritise interventions with the greatest impact.

Reducing health inequalities requires understanding who is being left behind and why both within the workforce and in service delivery. BSMHFT recognises that equity for service users cannot be fully achieved without first addressing inequality internally.

5. Challenges and Risks

- **Staff experiencing Racism from Service Users**

Not tackling racism from service users towards staff risks harming staff wellbeing and safety, increasing turnover and sickness absence, normalising unacceptable behaviour, and undermining staff morale and quality of care. It can exacerbate existing workforce inequalities, create legal and governance risks under the Equality Act, damage the Trust's reputation, and allow incidents to escalate, increasing the risk of harm to both staff and service users.

- **Recruitment and Shortlisting**

White colleagues are **1.48 times more likely** to be appointed from shortlisting than Global Majority colleagues. This represents a deterioration from **0.70 in 2025**, indicating widening inequity in recruitment outcomes.

Risk: Reduced workforce diversity, potential bias in selection processes, and non-compliance with WRES expectations.

- **Career Progression**

Only **50.8%** of Global Majority colleagues believe the Trust provides equal opportunities for career progression, compared to **55.5%** of white colleagues. Confidence has declined since 2025 for all groups, with a persistent gap.

Risk: Reduced engagement and retention of Global Majority colleagues, loss of talent, and weakened leadership pipeline diversity.

- **Disciplinary Processes**

Global Majority colleagues are **1.93 times more likely** to enter formal disciplinary processes than white colleagues, a significant deterioration from **0.82 in 2025**.

Risk: Disproportionate outcomes, reduced trust in organisational processes, and increased legal and reputational risk.

- **Experiences of Discrimination**

12.4% of Global Majority colleagues reported experiencing discrimination from other colleagues, compared to **8.4%** of white colleagues. While marginal improvement is noted year-on-year, the disparity remains.

Risk: Psychological harm, reduced staff engagement, and negative impact on culture and care quality.

- **Capability Processes and Disability**

Colleagues with disabilities are **5.74 times more likely** to enter capability processes than those without disabilities, worsening from **3.28 in 2025**.

Risk: Potential failure to provide reasonable adjustments, discrimination risk, and non-compliance with WDES and legal obligations.

6. Mitigation

To address the risks as identified above, the Trust will take a multifaceted approach.

Staff experiencing Racism from Service Users

- Clear expectations of zero tolerance to racism, early engagement with service users to address underlying causes
- Consistent staff support and reporting, use of restorative approaches, and ongoing monitoring of incidents to inform action and provide assurance

Recruitment and Shortlisting

- Strengthened inclusive recruitment controls, including structured scoring and diverse panels.
- Enhanced scrutiny of recruitment outcomes via Divisional dashboards and escalation routes.
- Mandatory bias-aware recruitment training linked to managerial accountability.
- Use of Equity Panel Members to provide challenge and assurance.

Career Progression

- Targeted development and talent programmes for under-represented groups.
- Improved transparency in access to acting-up roles, secondments and leadership programmes.
- Divisional accountability for progression metrics by protected characteristic.
- Co-design of progression pathways with staff networks and Inclusion Advisors.

Disciplinary Processes

- Reinforcement of early resolution and informal management approaches.

- EDI review points within disciplinary oversight to challenge potential bias.
- Anti-racist supervision and decision-making support for managers.
- Monthly monitoring of disciplinary entry rates with senior escalation.

Experiences of Discrimination

- Continued roll-out of Active Bystander training and behavioural expectations.
- Strengthened reporting, response and feedback mechanisms.
- Use of Staff Survey, FTSU and staff network insight to identify hotspots.
- Leadership accountability for local culture through routine review of metrics.

Capability Processes and Disability

- Assurance that reasonable adjustments and occupational health advice are fully explored prior to capability action.
- Targeted manager training on disability inclusion and supportive performance management.
- EDI oversight of capability cases involving disabled colleagues.
- Trust and Divisional-level monitoring with clear escalation.

Progress will be monitored through WRES and WDES metrics, Staff Survey results, Divisional reporting and qualitative insight, with regular updates provided to the People Committee and Board.

7. Next Steps and Action Plan

In line with its commitment to advancing equity, diversity, and inclusion, the Trust has set out a series of strategic priorities for 2026.

Short-Term Actions (0–6 months) Purpose: Stabilise risk, strengthen controls, and improve immediate assurance

Staff experiencing Racism from Service Users

- Utilise existing in-house services, including Occupational Therapy and ward-based teams, to proactively engage with service users.
- Focus on gathering feedback, understanding perspectives, and amplifying the service user voice to identify underlying causes and inform immediate responses to incidents of racism.
- Clear expectations around respectful behaviour will be reinforced, alongside consistent staff support and incident reporting

Recruitment & Shortlisting

- Introduce immediate Divisional scrutiny of shortlisting and appointment outcomes by protected characteristic, with clear escalation where disproportionality is identified.
- Mandate structured, competency-based scoring and consistent panel composition for all recruitment activity, supported by refreshed inclusive recruitment guidance.

- Equity Panel Members to provide challenge and assurance at key recruitment decision points.

Career Progression

- Publish and re-communicate clear guidance on access to acting-up roles, secondments and development opportunities to ensure transparency and fairness.
- Use Staff Survey and workforce data to identify Divisions with the lowest confidence in career progression and prioritise targeted support.
- Engage staff networks and Inclusion Advisors to capture qualitative insight on barriers to progression.
- Promote Inclusive Coaching Programme

Disciplinary Processes

- Reinforce expectations around early resolution and informal management through immediate manager briefings and guidance.
- Begin monthly monitoring of disciplinary entry rates by protected characteristic, with senior leadership escalation where required.

Experiences of Discrimination

- Re-communicate reporting routes and expected standards of behaviour Trust-wide.
- Strengthen reporting and response pathways to ensure staff receive timely feedback, support and follow-up.
- Use Staff Survey, FTSU and staff network insight to identify cultural “hotspots” requiring immediate leadership intervention.

Capability Processes and Disability

- Require confirmation that reasonable adjustments and occupational health advice have been fully considered before capability action is initiated.
- Introduce EDI oversight and senior review of all capability cases involving disabled colleagues.
- Provide immediate guidance to managers on supportive performance management and inclusive practice.

Medium-Term Goals (6–18 months) – Purpose: Embed consistency, improve capability, and deliver measurable improvement

Staff experiencing Racism from Service Users

- Co-produce targeted interventions with service users and staff, informed by feedback gathered, to address racist behaviours and promote mutual respect.
- Include culturally informed education, restorative approaches (e.g. facilitated conversations), and structured ward-based activities that promote inclusion and understanding.

- Strengthen staff confidence through training and guidance on responding to racism from service users, ensuring consistency in approach across teams.

Recruitment & Shortlisting

- Implement routine Divisional and Trust-level reporting of recruitment outcomes by protected characteristic, with clear ownership and accountability.
- Refresh and mandate bias-aware and inclusive recruitment training for all recruiting managers.
- Review and refine recruitment processes where disproportionality persists, informed by trend analysis and qualitative insight.

Career Progression

- Implement targeted talent management and development programmes for under-represented groups.
- Strengthen mentoring, sponsorship and leadership development pathways linked to measurable progression outcomes.
- Embed progression metrics into Divisional performance reviews to improve transparency and consistency in promotion and development pathways.

Disciplinary Processes

- Review disciplinary policies, thresholds and decision-making practice to ensure consistency and proportionality across Divisions.
- Embed anti-racist supervision and fair decision-making support into people management practice.
- Monitor disciplinary trends over time to evidence reduction in disproportionate outcomes.

Experiences of Discrimination

- Expand Active Bystander training and embed behavioural expectations through visible leadership practice.
- Strengthen use of Freedom to Speak Up, Staff Survey and staff network insight to inform targeted action.
- Hold leaders accountable for local culture through regular review of discrimination metrics and outcomes.

Capability Processes and Disability

- Deliver structured manager training on disability inclusion, reasonable adjustments and supportive performance management.
- Embed occupational health input earlier within performance management pathways.
- Introduce EDI oversight as standard practice for all capability processes and review outcomes to ensure fairness and consistency across Divisions.

Long Term Goals (18+ months)

Purpose: Achieve sustained cultural change, reduce structural inequalities, and evidence long-term impact

Staff experiencing Racism from Service Users

- Embed a sustainable, organisation-wide approach to preventing and responding to racism from service users, aligned with the Trust's anti-racism framework.
- Include ongoing co-production, continuous monitoring of incidents and outcomes, and integrating expectations of respectful behaviour into care planning and service delivery models.
- The aim is to foster a culture where staff feel safe, supported, and empowered, and where inclusive, anti-racist practice is consistently upheld.

Recruitment & Shortlisting

- Embed equity and inclusion metrics into workforce planning, recruitment governance and leadership performance objectives.
- Demonstrate sustained improvement in recruitment and appointment outcomes through WRES trend analysis.
- Embed inclusive recruitment practice as standard business through assurance mechanisms, audit and continuous improvement.
- Strengthen early-career, apprenticeship and leadership pipeline routes to improve long-term workforce diversity.

Career Progression

- Achieve measurable improvement in staff confidence around fairness of career progression, evidenced through Staff Survey results.
- Establish a diverse and representative leadership pipeline across all Divisions and senior roles.
- Embed equitable talent management and succession planning as core organisational practice.

Disciplinary Processes

- Evidence sustained reduction in disproportionate entry into formal disciplinary processes across protected characteristics.
- Embed learning from disciplinary data into leadership development, people policies and organisational learning.
- Demonstrate consistent, fair and proportionate application of disciplinary processes through audit and assurance.

Experiences of Discrimination

- Demonstrate year-on-year reduction in reported experiences of discrimination and increased confidence in organisational response.
- Embed a psychologically safe culture where staff feel confident to challenge inappropriate behaviour and raise concerns.
- Use long-term trend data and qualitative insight to evidence sustained cultural improvement across the Trust.

Capability Processes and Disability

- Achieve parity in capability entry rates between disabled and non-disabled colleagues.
- Embed inclusive performance management and reasonable adjustment practice as standard across all Divisions.
- Evidence improved disability inclusion through WDES outcomes, staff feedback and assurance reviews.

These actions are designed to drive meaningful change and ensure that all staff, regardless of disability or health condition, can thrive in a safe, inclusive, and supportive environment. As part of our commitment to continuous improvement, our progress will be regularly reviewed and transparently reported.

Our ambition for the next 5 years

Over the next five years, Birmingham and Solihull Mental Health NHS Foundation Trust will become an organisation where equity is embedded, disparities are actively reduced, and inclusion is experienced consistently by all staff.

Our ambition is to move from managing inequality to preventing it, ensuring that staff experience, opportunity and outcomes are no longer predicted by race, disability or other protected characteristics.

BSMHFT will:

- Eliminate disproportionate outcomes across recruitment, career progression, disciplinary and capability processes, evidenced through sustained improvement in WRES and WDES indicators.
- Create a psychologically safe and inclusive culture where discrimination is actively challenged, staff feel confident to speak up, and inappropriate behaviour is addressed consistently and compassionately.
- Embed fair, transparent and accountable people practices so that inclusion is not dependent on individual managers, but is a consistent organisational standard.
- Develop a diverse and representative leadership pipeline, ensuring that leadership at all levels reflects the workforce and communities we serve.
- Be recognised for inclusive leadership and workforce equity, demonstrating strong assurance to regulators, partners and staff.

Crucially, this ambition is inseparable from our commitment to reducing health inequalities. We recognise that we cannot deliver equitable, high-quality mental health care without first addressing inequality within our own workforce. A supported, diverse and engaged workforce is fundamental to improving access, experience and outcomes for the populations we serve.

Over the next five years, our focus will shift from short-term corrective action to long-term cultural change, supported by strong governance, visible leadership accountability and continuous learning. Equity will be embedded into decision-making, workforce planning and performance management, ensuring that progress is sustained beyond individual initiatives.

This ambition reflects BSMHFT's commitment to being not only a good employer, but a fair, inclusive and accountable organisation, where everyone has the opportunity to thrive

8. Assurance

The Trust maintains a clear and sustained commitment to meeting and where possible exceeding the requirements of the Workforce Race Equality Standard (WRES) and Workforce Disability Equality Standard (WDES). Strong governance arrangements are in place to provide assurance over the collection, analysis and reporting of race- and disability-related workforce data, ensuring accuracy, transparency and appropriate confidentiality.

Oversight of WRES and WDES performance is embedded within the Trust's Equality, Diversity and Inclusion (EDI) governance framework. Metrics are subject to regular monitoring and scrutiny by senior leaders and the People Committee, enabling the Board to maintain clear sight of areas of risk, deterioration and improvement. Where disparities are identified, this intelligence directly informs targeted, evidence-based interventions and time-phased action plans.

Assurance is further strengthened through triangulation of quantitative data with qualitative insight from staff engagement mechanisms, including the Staff Survey, Freedom to Speak Up and staff networks. This approach enables the Trust to test whether policy intent is translating into lived experience and to respond where assurance gaps remain.

While data demonstrates areas of progress in representation, staff experience and development, the Trust is clear that assurance requires not only improvement but sustained and consistent impact. Strategic priorities including targeted development programmes, inclusive leadership capability, strengthened people processes and enhanced data transparency are therefore explicitly aligned to closing known gaps and reducing disproportionate outcomes.

Delivery of this strategy will continue to be informed by robust, triangulated workforce and service data aligned to national NHS frameworks, including WRES, WDES, PCREF, the NHS People Plan, the NHS Long Term Workforce Plan and the NHS EDI Improvement Plan. These frameworks provide clear metrics, reporting structures and accountability mechanisms, enabling consistent Board oversight and assurance that progress is measurable and sustained.

Integrating WRES and WDES insight supports an intersectional approach, ensuring the Trust addresses structural inequalities rather than isolated indicators. This strengthens inclusive leadership, embeds fair and transparent people practices, and supports a diverse

workforce to thrive. In turn, this provides assurance that workforce equity is actively contributing to the Trust's wider ambition to reduce health inequalities and improve outcomes for the communities we serve.

NHS
Birmingham and Solihull Mental Health NHS Foundation Trust

WRES/WDES Data 2026

Birmingham and Solihull Mental Health NHS Foundation Trust

Workforce Race Equality Standard WRES Data 2026

Data is pulled from ESR on the 31st March 2026 and Staff Survey 2025

This year's analysis of data include the CYP Division for the first time, which may impact year-on-year comparability

Workforce Race Equality Standard 2026

Data is pulled from ESR on the 31st March 2026 and Staff Survey 2025

Birmingham and Solihull Mental Health NHS Foundation Trust

Staff representation

Our global majority ethnic workforce representation is **46.7%**

In 2026 we showed a small increase on the **44%**. reported in 2025 **(+ive)**.

A Model Employer: Increasing Global Majority representation at senior levels across the NHS.
A stretching, and yet achievable aspiration for the NHS would be to have more Global Majority representation across the workforce pipeline.

Currently the target we are trying to achieve is 40% Global Majority staff in Band 8a roles and above.

Clinical / Non Clinical Staff Representation Band 8a +

2023	2024	2025	2026
24%	28%	30%	30%

Workforce Race Equality Standard 2026

Data is pulled from ESR on the 31st March 2026 and Staff Survey 2025

Birmingham and Solihull Mental Health NHS Foundation Trust

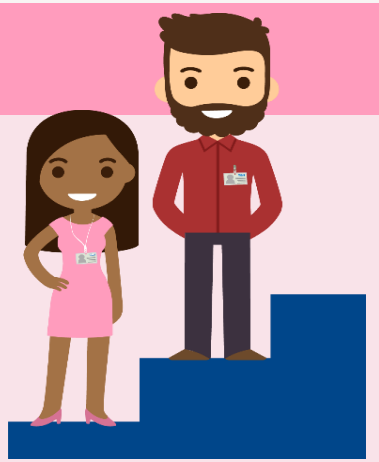
Shortlisting

White colleagues are **1.48** times more likely to be appointed from shortlisting.

In 2026 we have increased the gap on the **0.70** reported in 2025. **(-ive)**

Career progression

50.8% (51.0% last year) Global Majority colleagues believe that our Trust provides equal opportunities for career progression as opposed to **55.5% (57.7%)** white colleagues **(-ive)**



Workforce Race Equality Standard 2026

Data is pulled from ESR on the 31st March 2026 and Staff Survey 2025

NHS
Birmingham and Solihull Mental Health
NHS Foundation Trust

Professional development

White colleagues are **0.94 likely to undertake non-mandatory training and** development opportunities compared to Global Majority colleagues. **1.04** last year **(+ive)**.

Disciplinary investigation

Global Majority colleagues are **1.93** times more likely to enter formal disciplinary process than white colleagues.

In 2025 it was reported at **0.82 (-ive)**

Experiencing discrimination

12.4% (last year 13.1%) Global Majority colleagues experienced discrimination at work from other colleagues as opposed to **8.4%** (last year **8.8%)** white colleagues **(-ive) gap remains**

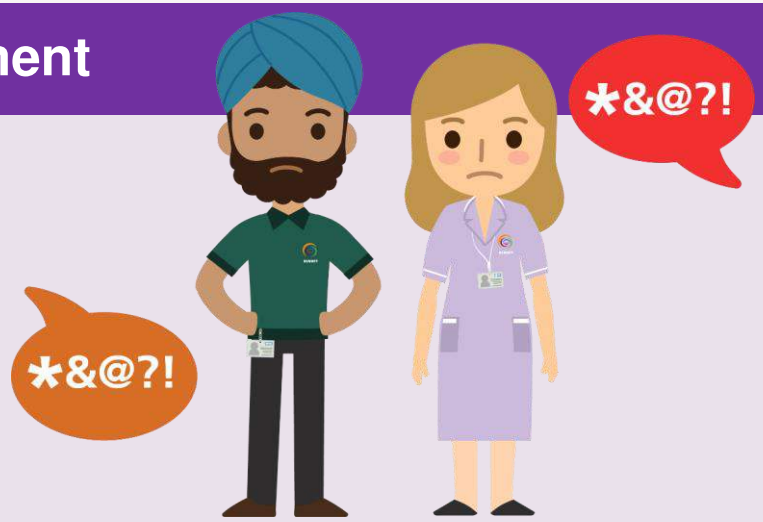
compassionate inclusive committed

Workforce Race Equality Standard 2026

Data is pulled from ESR on the 31st March 2026 and Staff Survey 2025

Birmingham and Solihull Mental Health NHS Foundation Trust

Bullying and harassment



The gap between global majority and white colleagues experiencing harassment, bullying or abuse from patients, relatives or the public is increased to **8.5%** compared to previous year **6% (-ive).**

21.6% (22.8% last year) Global Majority colleagues compared to **19.9% (21.7% last year)** white colleagues experienced harassment, bullying or abuse from staff in last 12 **(+ive)**

Board membership

50% white colleagues

50% Global Majority colleagues

Birmingham and Solihull Mental Health NHS Foundation Trust

Workforce Disability Equality Standard WDES Data 2026

Data is pulled from ESR on the 31st March 2026 and Staff Survey 2025

This year's analysis of data include the CYP Division for the first time, which may impact year-on-year comparability

Workforce Disability Equality Standard 2026

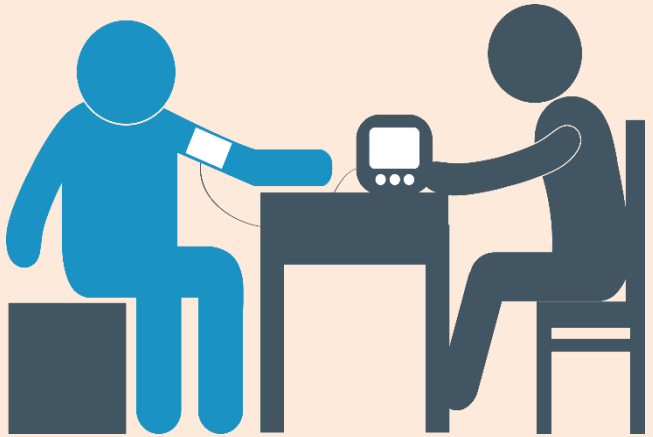
Data is pulled from ESR on the 31st March 2026 and Staff Survey 2025

Birmingham and Solihull Mental Health NHS Foundation Trust

8.92% colleagues across our Trust report having a long-term condition or illness. Compared to the **8.02%** reported in 2025

Colleagues with long-term condition or illness are...

The likelihood of non-disabled colleagues being appointed from shortlist compared to colleagues with disabilities is **0.97** compared to **0.92** in 2025 **(+ive)**



Colleagues with disabilities are **5.74** times likely to enter the capability process then those without. **(Last year 3.28) (-ive)**

Workforce Disability Equality Standard 2026

Data is pulled from ESR on the 31st March 2026 and Staff Survey 2025

Birmingham and Solihull Mental Health NHS Foundation Trust

Colleagues with long-term condition or illness are...

...more likely to experience harassment, bullying and abuse

from patients or relatives – this has numerically decreased to **34.7%** since last year **35.9% (+ive)**.

from other colleagues – this has numerically decreased to **21.5%** since last year **23.1% (+ive)**.

Colleagues have shown an increase in reporting bullying and harassment if they experience it **66.0%** to last year **63.6% (+ive)**.

compassionate inclusive committed

Workforce Disability Equality Standard 2026

Data is pulled from ESR on the 31st March 2026 and Staff Survey 2025

Birmingham and Solihull Mental Health NHS Foundation Trust

Colleagues with a Disability remain less likely to agree that the Trust acts fairly on career progression. with **50.5%** reporting positive views compared to **50.8%** previously **(-ive)**.

All colleagues have increased reporting the satisfaction with the extent to which their organisation values their work, bigger increase amongst colleagues with LTC or illness. **44.4%** compared to last year **43.1% (+ive)**.

Workforce Disability Equality Standard 2026

Data is pulled from ESR on the 31st March 2026 and Staff Survey 2025

Birmingham and Solihull Mental Health NHS Foundation Trust

More colleagues with long-term condition or illness reported that they have felt pressure from their manager to come to work, despite not feeling well enough to perform their duties since last year. **17.0%** compared to **18.4%** last year. **(+ive)**

There has been an increase to **81.0%** from **80.6%** from **(+ive)** of colleagues with long-term condition or illness saying that their employer has made adequate adjustment(s) to enable them to carry out their work.

Workforce Disability Equality Standard 2026

Data is pulled from ESR on the 31st March 2026 and Staff Survey 2025

Birmingham and Solihull Mental Health NHS Foundation Trust

Increase from **6.7** to **6.8** in terms of engagement for disabled staff, compared to non-disabled staff for the organisation. **(+ive)**

Our Trust enables the voices of colleagues with LTC or illness via the Disability and Well Being Staff Network.

0 member on our Board of colleagues have declared a long-term condition or illness

compassionate inclusive committed

To date:

- BSMHFT has strengthened its EDI commitment, focusing on reducing inequalities and improving psychological safety.
- Divisions have implemented data-driven, tailored workforce and health inequalities plans.
- Equity Panel Members and Inclusion Advisors support inclusive recruitment, progression and culture.
- Anti-racist framework, policy, supervision and Trust-wide training have been introduced.
- A quality improvement project is improving staff support after discrimination incidents.
- Work aligns with reducing health inequalities and improving staff experience and care quality.
- The EDI Plan targets disparities in recruitment, progression, discipline and leadership accountability.
- Data from workforce, service user feedback and service use informs targeted action.
- The Trust recognises internal equity is essential to achieving equitable service user care.

Updates will be provided via the EDI Quarterly update through TCSE's

Risks

- **Recruitment:** Widening appointment gap for Global Majority staff → reduced diversity and WRES risk.
- **Career progression:** Lower confidence among Global Majority staff → reduced retention and leadership diversity.
- **Disciplinary processes:** Higher disciplinary rates for Global Majority staff → trust, legal and reputational risk.
- **Discrimination:** Higher reported discrimination for Global Majority staff → psychological harm and cultural impact.
- **Disability & capability:** Much higher capability rates for disabled staff → adjustment, WDES and legal risk.
- **Tackling racism from service users towards staff**: risks harming staff wellbeing and safety, increasing turnover and sickness absence, normalising unacceptable behaviour, and undermining staff morale and quality of care

Mitigation

- **Recruitment:** Strengthen inclusive controls, scrutinise outcomes, mandate bias-aware training, and use Equity Panel Members.
- **Career progression:** Target development for under-represented groups, improve transparency, and hold Divisions accountable.
- **Disciplinary processes:** Reinforce early resolution, add EDI oversight, support managers, and monitor monthly with escalation.
- **Discrimination:** Expand Active Bystander training, strengthen reporting and responses, and address cultural hotspots.
- **Disability & capability:** Ensure adjustments are made, train managers, apply EDI oversight, and monitor with escalation.
- **Tackling racism from service users towards staff:** Clear expectations of zero tolerance to racism, early engagement with service users to address underlying causes, consistent staff support and reporting, use of restorative approaches, and ongoing monitoring of incidents to inform action and provide assurance
- **Monitoring:** Progress tracked through WRES/WDES metrics, Staff Survey data, Divisional reporting and qualitative insight, with updates

Next Steps 2026:

- **Recruitment:** Scrutinise outcomes by protected characteristic, standardise panels and scoring, and use Equity Panel Members for assurance.
- **Career progression:** Re-communicate access to opportunities, target Divisions with low confidence, and promote inclusive coaching.
- **Disciplinary processes:** Reinforce early resolution and monitor entry rates by protected characteristic.
- **Discrimination:** Re-communicate reporting routes, strengthen responses, and address cultural hotspots.
- **Disability & capability:** Ensure reasonable adjustments, introduce EDI oversight, and support managers with inclusive guidance

Birmingham and Solihull Mental Health NHS Foundation Trust

Thank you

17. Finance, Performance and Productivity Committee Report

Committee Escalation and Assurance Report

Name of Committee	**Finance, Performance and Productivity Committee**
Report presented at	**Board of Directors**
Date of meeting	**5 August 2026**
Date(s) of Committee Meeting(s) reported	**23 July 2026**
Quoracy	**Membership quorate: Y**
Agenda	The Committee considered an agenda which included the following items: • Board Assurance Framework • Integrated Performance Report • Information Governance Annual Report 2025/26 • Finance Report • Bank Use Report • Clinically Ready for Discharge Delivery Plan • Capital Review Group Assurance Report • Planning and Delivery Subcommittee Assurance Report
Alert:	• The Committee noted the reported consolidated Group position at a deficit of £1.9m, driven by shortfall on savings delivery, overspend on bank, non-trust beds, and medication. • Ongoing financial pressures remained significant, particularly in relation to non-contracted beds, clinically ready for discharge (CRFD), bank spend, drugs expenditure and wider non-pay costs. Adult non-contracted bed usage remains above planned levels, with demand pressures continuing across the system. • Concern was raised regarding increasing medicines expenditure and requested a future deep dive to better understand underlying drivers and risks, to be considered by both Finance, Performance and Productivity and Quality, Patient Experience and Safety committees. • Performance concerns were raised regarding Children and Young People (CYP) services, including prolonged waiting times, workforce capacity, demand pressures and the Trust's ability to achieve national access expectations. • Concern was raised regarding community service caseloads, performance and safety indicators, including the recording of outcome measures. • The Committee noted that achievement of CRFD ambitions alone would not be sufficient to eliminate the Trust's financial challenge, and that additional transformational and productivity improvements were required.
Assure:	• Assurance was received regarding information governance arrangements. The Trust achieved a "Standards Met" position against the Cyber Assessment Framework requirements and continued to demonstrate strong performance in Freedom of Information and Subject Access Request compliance. Internal and external audit findings were positive, with only minor actions identified.

	• The Committee received assurance regarding the robustness of programmes to reduce bank expenditure and improve clinically ready for discharge performance. Detailed delivery plans, strengthened governance arrangements, transformation support, enhanced oversight and collaborative working with local authority colleagues were in place, with clear improvement trajectories and monitoring arrangements established.	
Advise:	• The Committee advised that future reporting on transformation should explicitly address assurance questions previously raised by the Chair and include clearer reporting on delivery progress, risks and outcomes, alongside governance assurance. • The Committee requested continued monitoring and reporting of CYP access, workforce capacity and community service pressures, together with assurance regarding safeguarding incident trends.	
Reducing Health Inequalities impact:	In considering performance, transformation and discharge pathways, the Committee reflected on the impact that delays in access, prolonged waits for CYP services, challenges in community capacity and barriers to timely discharge can have on vulnerable populations. The Committee emphasised the importance of prevention, equitable access to services and community-based models of care in reducing health inequalities and improving outcomes across the populations served by the Trust.	
Board Assurance Framework	The Committee considered two realigned risks: • Failure to maintain a sustainable financial position. • Inability to deliver secure, reliable and well-embedded digital infrastructure and systems The Committee discussed further refinement that would be undertaken ahead of the Board strategy session in September. The Committee recommended further development of the new AI and digital strategic risk to better reflect both cyber security and innovation opportunities, alongside consideration of the organisation's risk appetite. The Committee was supportive of the direction of travel and the alignment of risks to the new Trust strategy.	
	New risks identified: no new risks were identified.	
Report compiled by:	Bal Claire, Non-Executive Director	**Minutes available from:** **Kat Cleverley, Company Secretary**

Committee Escalation and Assurance Report

Name of Committee	**Finance, Performance and Productivity Committee**
Report presented at	**Board of Directors**
Date of meeting	**5 August 2026**
Date(s) of Committee Meeting(s) reported	**18 June 2026**
Quoracy	**Membership quorate: Y**
Agenda	The Committee considered an agenda which included the following items: • Board Assurance Framework • Integrated Performance Report • Finance Report • Transformation • Capital Review Group Assurance Report • Planning and Delivery Subcommittee Assurance Report
Alert:	• The Committee noted the reported M2 consolidated Group position at a deficit of £1.7m. The Trust was behind its finance trajectory, and the Committee noted that further work was required to understand and mitigate emerging risks, including bed-related pressures and drug costs. • Sustained high bed occupancy remained a concern, with occupancy levels running at c90% and some areas experiencing very high pressures. The Committee also noted additional bed pressures within secure and offender health, including increased prison transfers and the potential impact of forthcoming Mental Health Act amendments. • Bank spend continued to present a challenge, particularly where increased substantive establishment has not yet resulted in a consistent and sustainable reduction in bank usage. • The Committee highlighted the need for clear ownership, accountability and capacity to deliver the Trust's transformation ambitions, recognising the significant operational workload alongside the scale of transformation expected over the coming years. • To avoid any ambiguity, the Committee clarified and reaffirmed its assurance expectation of the Trust's transformation programme.
Assure:	• Governance arrangements for transformation had been strengthened through the establishment of a Transformation Delivery Group, which would have oversight of the four transformation pillars and alignment with the Trust strategy. The Committee was advised that SROs had been identified across all areas, with work underway to ensure assurance and monitoring was enabled through a common system. • Non-Executive Directors had been invited to attend relevant meetings as part of site visits to gain additional assurance on delivery and ownership. • The Committee would also schedule specific updates to be received from the SRO's (on top of TDG updates), as the Trust progressed on its transformation journey.

Advise:	• The Trust's NHS Oversight Framework Q4 position placed the organisation in segment 3, with improvement driven by the financial position against plan. The Committee noted that the 2026/27 NOF metrics had been published, including 24 mental health metrics aligned to planning submission criteria and four agreed mental health priority actions. • A Clinically Ready for Discharge plan and a bank spend report were expected to come to the July meeting, providing further assurance on delivery, grip and mitigation in these key areas. • The Committee held a comprehensive session on transformation approaches, with a specific verbal report on the acute and urgent care transformation work; this included admission avoidance, flow, CRFD and crisis alternatives, with engagement across system partners and a focus on reducing out-of-area bed use. • The Committee advised that the transformation programme should continue to mature its description of "what good looks like", including clearer delivery plans, financial milestones and earlier clarity on the future operational model ahead of implementation in April 2027. • The Trust would bid to become lead provider for CAMHS Tier 4.	
Reducing Health Inequalities impact:	The Committee noted health inequalities considerations through discussion of access, flow and transformation priorities, including reducing inappropriate out-of-area placements, easing pressure in emergency departments, improving CYP waiting times and addressing barriers relating to social care and accommodation. These areas will need to remain visible within transformation delivery and assurance, particularly where access, pathway delays or service pressures may have a differential impact on children and young people, people requiring urgent and acute care, and those affected by wider system constraints.	
Board Assurance Framework	The Committee considered the three risks: • Failure to maintain a long-term, sustainable financial position • Failure to maintain acceptable governance and national standards • Failure to deliver optimal outcomes with available resources The Committee discussed the alignment to the new Strategy, with suggested revisions around transformation, digital/AI and system dependency. The Committee acknowledged the ongoing work to reframe the strategic risks.	
	New risks identified: no new risks were identified.	
Report compiled by:	Bal Claire, Non-Executive Director	**Minutes available from:** **Kat Cleverley, Company Secretary**

18. Finance Report

Report to Board of Directors						
Agenda item:	**18**					
Date	5 August 2026					
Title	Month 3 2026/27 Finance Report					
Author/Presenter	Emma Ellis, Head of Finance & Contracts / Richard Sollars, Deputy Director of Finance					
Executive Director	David Tomlinson, Executive Director of Finance	**Approved**	**Y**	✓	**N**	

Purpose of Report	Tick all that apply ✓		
To provide assurance	✓	**To obtain approval**	
Regulatory requirement		**To highlight an emerging risk or issue**	✓
To canvas opinion		**For information**	✓
To provide advice		**To highlight patient or staff experience**	

Summary of Report					
Alert	✓	**Advise**		**Assure**	

Purpose

To provide an overview of the month 3 2026/27 year to date Group financial position.

Introduction

The quarter 1 2026/27 consolidated Group position is a deficit of £1.9m. This is £1.9m adverse to the year to date break-even plan. Shortfall on savings delivery, overspend on bank, non-trust beds, and medication is partly offset by substantive pay underspend and release of balance sheet flexibility.

The position has seen a benefit of £0.9m in month 3 in relation to the CYP income shortfall (related to CYP service transfer). As indicated at month 2, a year to date income accrual has been made in month 3 to reflect that the shortfall will be income backed. On 10.7.26, the ICB confirmed £3.5m recurrent funding. The month 3 position also includes a £0.4m financial impact from the Neighbourhood Mental Health Centre in the East.

Key Issues and Risks

Alert: The Committee is asked to note and discuss the following key financial alerts:

- **Bank overspend** - £1.8m overspend year to date, forecast risk of circa £7m. The 2026/27 bank budget has been set in line with the NHSE limit of £23.4m. Year to date bank expenditure is £7.6m. The Bank Reduction Gold project is ongoing, led by the Chief Nurse.

- **Non-Trust beds overspend** – £1.8m overspend year to date, forecast risk of circa £7m. Driven by increasing activity in both adult and CYP non-Trust beds and £1.2m year to date shortfall on length of stay/CRFD stretch savings target.

- **Savings shortfall** – The 2026/27 Group savings plan is £40.3m. As at month 3, £8m savings have been achieved (£6m recurrent). This is a shortfall of £2m against plan. £1.2m shortfall relates to non-Trust beds stretch savings target as described above, with a further £0.8m relating to trustwide schemes, namely transformation. In month 3, the year to date target relating to the CYP income shortfall has been delivered - the ICB have confirmed recurrent funding of £3.5m.

- **Medication overspend -** £1m overspend year to date, forecast risk of £4m. The majority of overspend is in the ICCR service area – currently under review.

- **Neighbourhood Mental Health Centre** - The year to date position includes £0.4m financial impact of the Neighbourhood Mental Health Centre in the East locality. Year to date spend is being reviewed to confirm whether any prepayment treatment is required.

Assure:

- **Agency** – The 2026/27 agency budget has been set in line with the NHSE limit of £3.4m. Year to date expenditure is £0.3m less than the NHSE limit. This is driven by a 90% reduction in CYP agency expenditure from the date of service transfer in July 2025 to June 2026.

Advise:

- **National Oversight Framework (NOF)** –The month 3 year to date 2026/27 NOF combined finance score is assessed as 2 which is an improvement from a score of 3 in month 2.

Capital position:

The quarter 1 Group capital expenditure is £1.1m, this is £4m less than original plan, mainly relating to Highcroft new build.

Cash position:

The Group cash position at the end of month 3 is £64m.

Recommendation

The Board is asked to review the month 3 year to date financial position and discuss the key alerts noted.

Enclosures

Month 3 2026/27 finance report

NHS
Birmingham and Solihull Mental Health NHS Foundation Trust

Finance Report

Financial Performance: 1st April 2026 to 30th June 2026

Q1 Group financial position: £1.9m deficit

Group Summary	Annual Budget	1.16% indicative CUF uplift	Revised Plan	YTD Position		
				Budget	Actual	Variance
	£'000	£'000	£'000	£'000	£'000	£'000
Income						
Patient Care Activities	720,197	8,048	728,246	181,684	184,029	2,345
Other Income	36,377		36,377	9,094	9,262	168
Total Income	**756,574**	**8,048**	**764,622**	**190,778**	**193,290**	**2,513**
Expenditure						
Pay	(372,161)	(5,133)	(377,293)	(94,323)	(92,964)	1,358
Other Non Pay Expenditure	(343,704)	(2,916)	(346,620)	(86,262)	(90,884)	(4,622)
Drugs	(7,776)		(7,776)	(1,944)	(2,929)	(985)
Clinical Supplies	(857)		(857)	(215)	(188)	27
PFI	(14,550)		(14,550)	(3,638)	(3,724)	(86)
EBITDA	**17,525**	**(0)**	**17,525**	**4,396**	**2,601**	**(1,795)**
Capital Financing						
Depreciation	(9,505)		(9,505)	(2,376)	(2,595)	(219)
PDC Dividend	(500)		(500)	(125)	(125)	-
Finance Lease	(7,263)		(7,263)	(4,054)	(4,196)	(142)
Loan Interest Payable	(1,275)		(1,275)	(319)	(207)	112
Loan Interest Receivable	3,063		3,063	766	932	166
Surplus / (Deficit) before taxation	**2,046**	**(0)**	**2,046**	**(1,713)**	**(3,590)**	**(1,878)**
Taxation	(380)		(380)	(95)	(95)	(0)
Surplus / (Deficit)	**1,666**	**(0)**	**1,666**	**(1,808)**	**(3,685)**	**(1,878)**
Adjusted Financial Performance:						
Remove capital donations/grants/peppercorn lease I&E impact	78		78	19	19	-
Adjust PFI revenue costs to UK GAAP basis	(1,743)		(1,743)	1,795	1,795	-
Adjusted financial performance Surplus / (Deficit)	**0**	**(0)**	**0**	**7**	**(1,870)**	**(1,878)**

The Group position is driven by a £1.9m deficit for the Provider, £154k surplus for Summerhill Services Limited (SSL), break even position for the Mental Health Provider Collaborative (MHPC) and a surplus of £63k for the Reach Out Provider Collaborative in line with agreed contribution to Trust overheads.

Quarter 1 2026/27 Group Financial Position

The quarter 1 2026/27 consolidated Group position is a deficit of £1.9m. This is after adjusting for the year to date revenue impact of the PFI liability remeasurement under IFRS 16 to UK GAAP basis.

The month 3 position is £1.9m adverse to the break-even plan year to date. Shortfall on savings delivery, overspend on bank, non-trust beds, and medication is partly offset by substantive pay underspend and release of balance sheet flexibility.

The position has seen a benefit of £0.9m in month 3 in relation to the CYP income shortfall (related to CYP service transfer). As indicated at month 2, a year to date income accrual has been made in month 3 to reflect that the shortfall will be income backed. Confirmation received from the ICB on 10.7.26 that £3.5m will be funded recurrently.

The month 3 position also includes a £0.4m financial impact from the Neighbourhood Mental Health Centre in the East. Year to date spend is being reviewed to confirm whether any prepayment treatment is required.

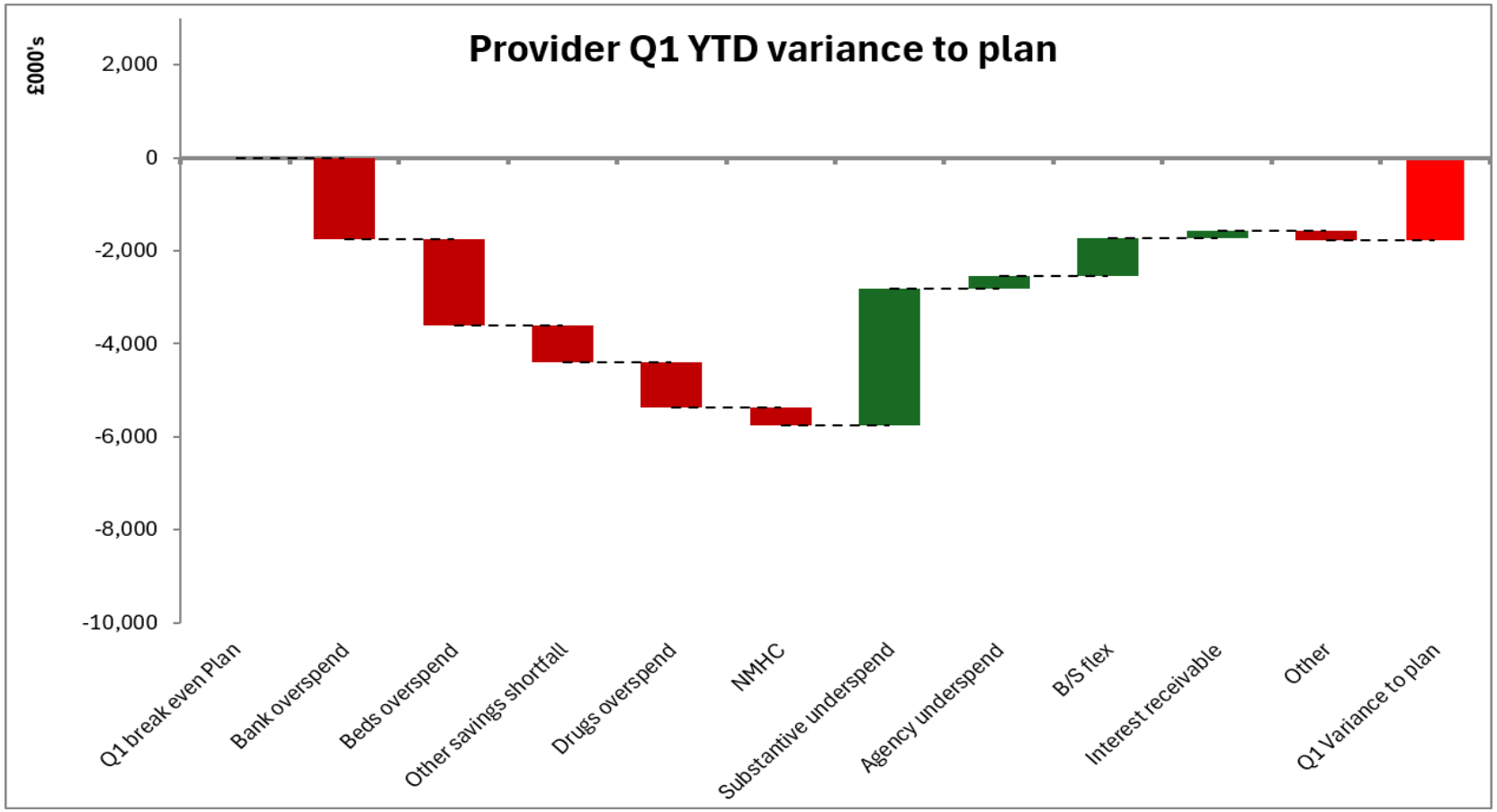
National Oversight Framework 2026/27	YTD Actual £'000		
	M1	M2	M3
NOF - Finance			
NOF variance YTD to plan score	4	4	3
NOF plan surplus/deficit score	1	1	1
NOF combined finance score	3	3	2

Group position - Segmental summary YTD Actual

Group Summary	Trust	SSL	Reach Out	BSOL PC	Consolidation	Group
	Actual	Actual	Actual	Actual	Actual	Actual
	£'000	£'000	£'000	£'000	£'000	£'000
Income						
Patient Care Activities	115,807	-	45,609	123,353	(100,740)	184,029
Other Income	9,175	7,769	-	(18)	(7,664)	9,262
Total Income	**124,981**	**7,769**	**45,609**	**123,335**	**(108,404)**	**193,290**
Expenditure						
Pay	(87,916)	(3,473)	(639)	(1,011)	75	(92,964)
Other Non Pay Expenditure	(28,563)	(1,934)	(45,037)	(122,628)	107,277	(90,884)
Drugs	(3,046)	(843)	-	-	960	(2,929)
Clinical Supplies	(188)	-	-	-	-	(188)
PFI	(3,724)	-	-	-	-	(3,724)
EBITDA	**1,545**	**1,519**	**(67)**	**(304)**	**(91)**	**2,601**
Capital Financing						
Depreciation	(1,759)	(673)	-	-	(163)	(2,595)
PDC Dividend	(125)	-	-	-	-	(125)
Finance Lease	(4,194)	(85)	-	-	82	(4,196)
Loan Interest Payable	(207)	(528)	-	-	528	(207)
Loan Interest Receivable	1,011	16	129	304	(528)	932
Surplus / (Deficit) before Taxation	**(3,730)**	**249**	**63**	**0**	**(172)**	**(3,590)**
Taxation	-	(95)	-	-	-	(95)
Surplus / (Deficit)	**(3,730)**	**154**	**63**	**0**	**(172)**	**(3,685)**
Adjusted Financial Performance:						
Remove capital donations/grants/peppercorn lease I&E impact	19	-	-	-	-	19
Adjust PFI revenue costs to UK GAAP basis	1,795					1,795
Adjusted financial performance Surplus / (Deficit)	**(1,915)**	**154**	**63**	**0**	**(172)**	**(1,870)**

Quarter 1 Provider variance to plan

ALERT: YTD £1.9m variance to plan



2026/27 National Oversight Framework (NOF) - Finance domain assessment

Birmingham and Solihull Mental Health NHS Foundation Trust

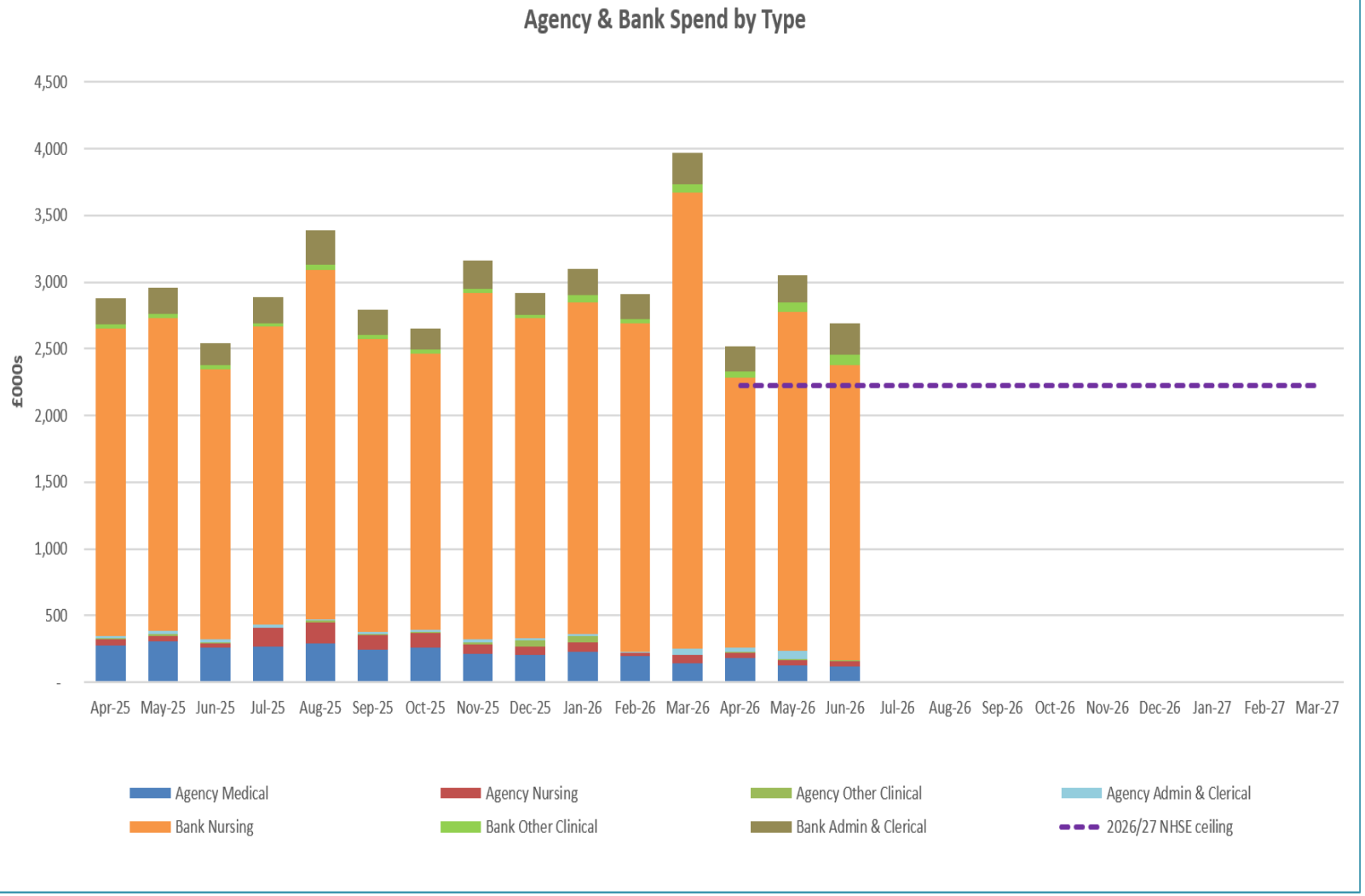
National Oversight Framework 2026/27	YTD Actual £'000			Forecast £'000			Commentary
	M1	M2	Q1	Q2	Q3	Q4	
NOF - Finance							
NOF variance YTD to plan score	4	4	3	3	2	1	Scoring methodology: based on variation to plan as % of YTD income. Month 1 and 2 variance was beyond 1% adverse = score of 4. Month 3 improvement to a score of 3 (between 0.5% and 1% adverse). Current forecast is steady improvement in financial position to achieve plan by year end and a score of 1. Significant improvement required on savings delivery, non-trust beds expenditure, bank and medication spend. Financial recovery action plans are being developed to support this.
NOF plan surplus/deficit score	1	1	1	1	1	1	Scoring methodology: Break even plan = score of 1. The plan set for 2026/27 is break even, therefore, this metric will remain at 1 all year.
NOF combined finance score	3	3	2	2	1	1	Scoring methodology: YTD variance to plan and plan score plotted on 16 box grid to determine combined finance score.
NOF - Productivity							
Relative difference in costs score	1	1	1	1	1	1	Scoring methodology: National Cost Collection score of 100% or less = score of 1. The latest published National Cost collection score (2024/25) is 95%. The indicative 2025/26 score is 97.5%. Hence it is assumed this metric will remain at 1 all year.
NOF Finance & productivity domain score	2	2	2	2	1	1	Currently assumed to be average of combined finance score and relative difference in costs score as per 2025/26 methodology. Awaiting confirmation of 2026/27 methodology.

See Appendix 2 for 2026/27 finance NOF metrics - methodology summary.

Implied productivity growth is an additional metric for 2026/27. This is non-scoring and work is underway to understand and assess this metric.

Temporary staffing expenditure

ALERT: YTD overspend £1.5m

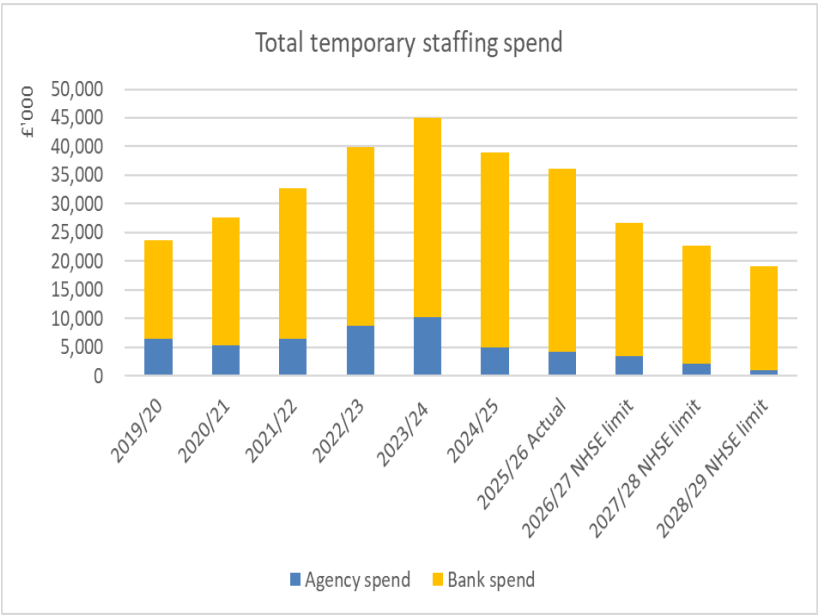


The 2026/27 temporary staffing budget has been set in line with the NHSE limit of £27m (£23.4m bank and £3.4m agency).

Temporary staffing spend is £8.2m year to date, this is £1.5m above the NHSE limit (driven by bank).

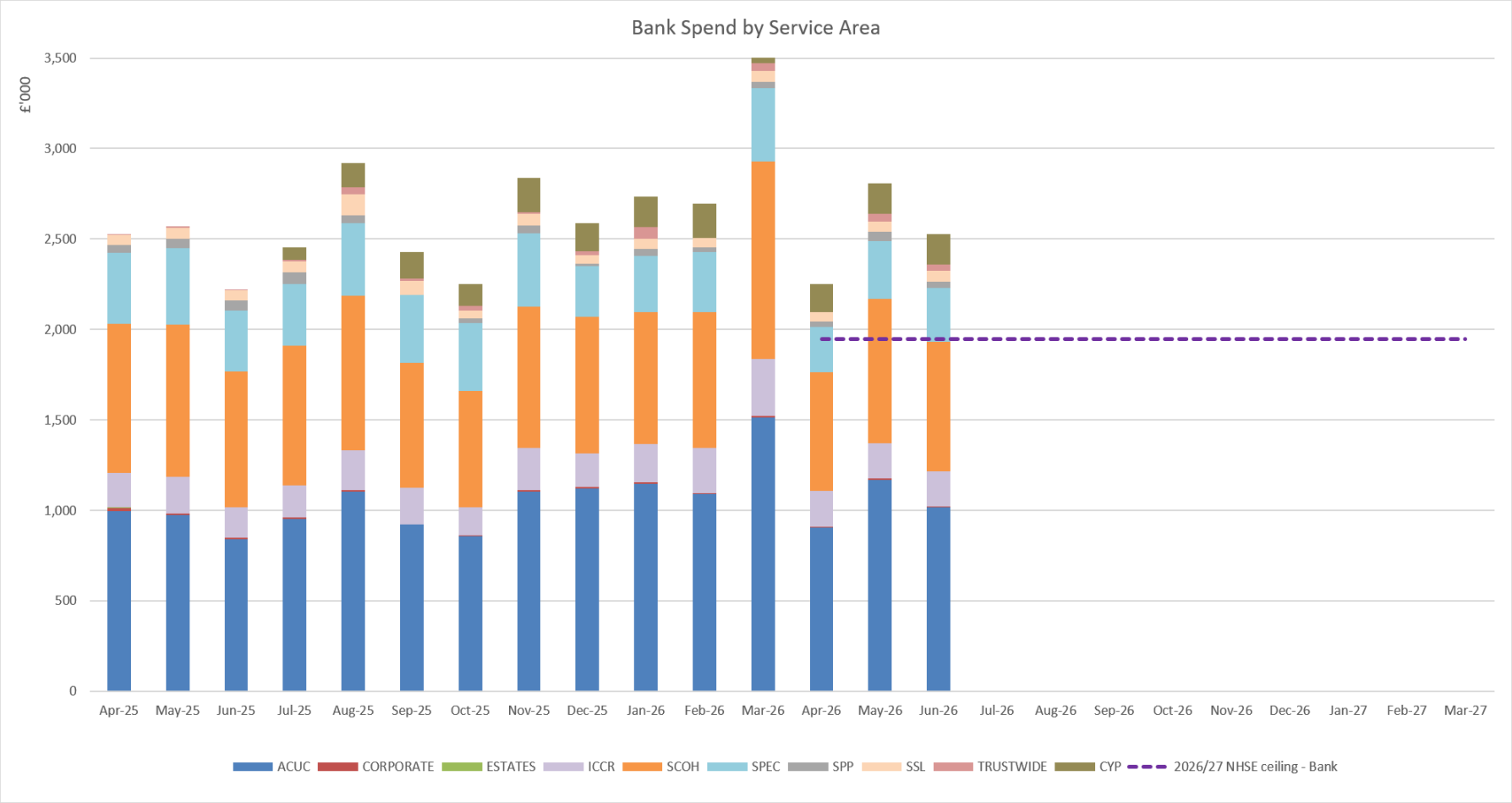
Bank expenditure £7.6m (93%) – the majority of bank expenditure relates to nursing bank shifts - £6.8m

Agency expenditure £0.6m (7%) – the majority of agency expenditure relates to medical agency - £0.4m.



Bank expenditure

ALERT: Q1 overspend £1.8m, forecast risk £7m

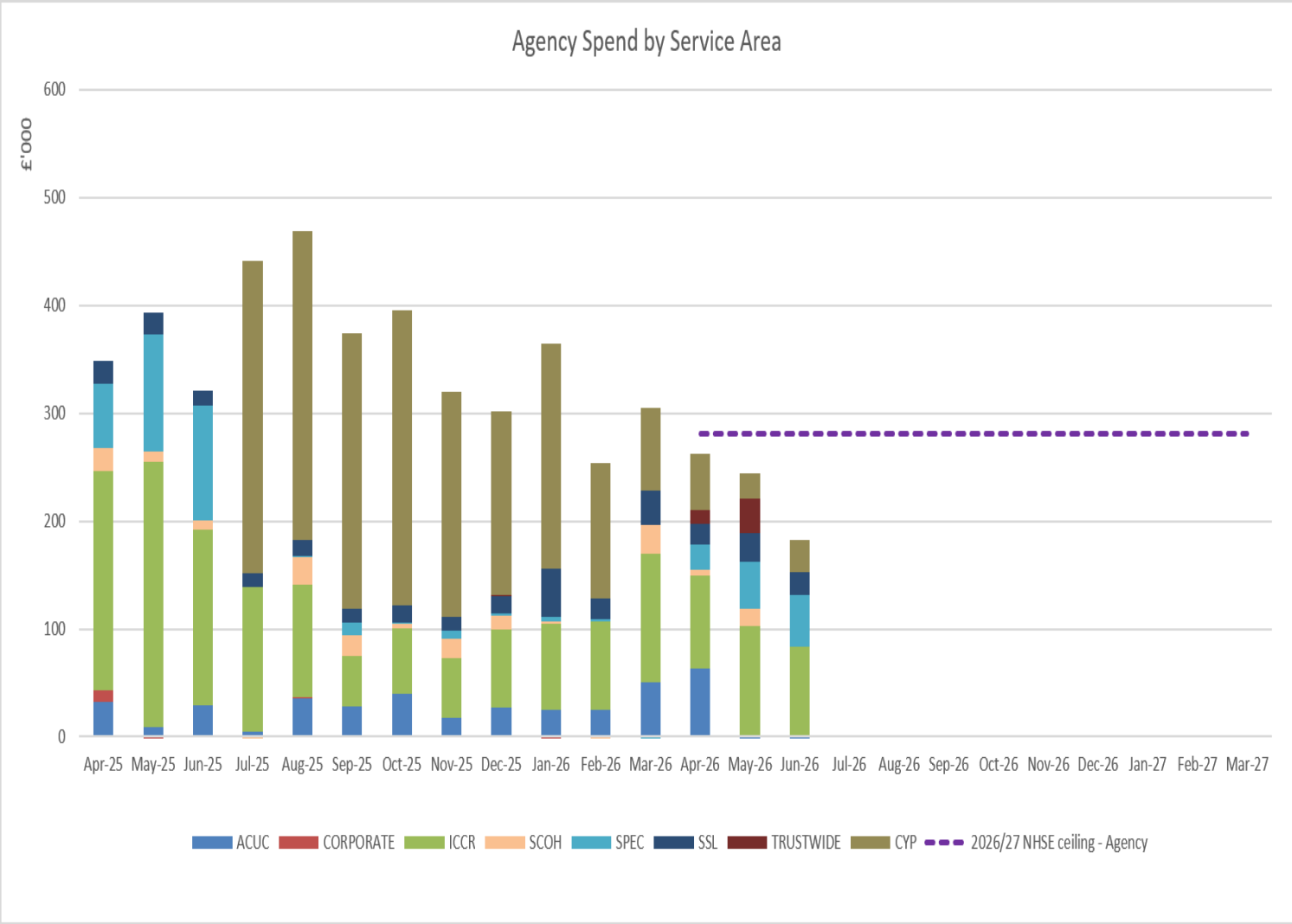


Bank expenditure

- The 2026/27 bank budget has been set in line with the NHSE limit of £23.4m which equates to £1.95m per month.
- Quarter 1 bank expenditure is £7.6m, which is £1.8m adverse to the NHSE ceiling.
- June expenditure has reduced by £0.3m compared to May and the quarter 1 average is £2.5m. This is just below the 2025/26 monthly average. If spend were to continue at this level for the remainder of the year, there is a forecast risk of circa £7m.
- The Bank Reduction Gold project is ongoing, led by the Chief Nurse. An updated project plan has been agreed for the next 12 months. Chief Nurse review of bank spend by service area is undertaken during monthly in-person nursing quality day meetings. There is also a piece of work ongoing to establish real time bank reporting.

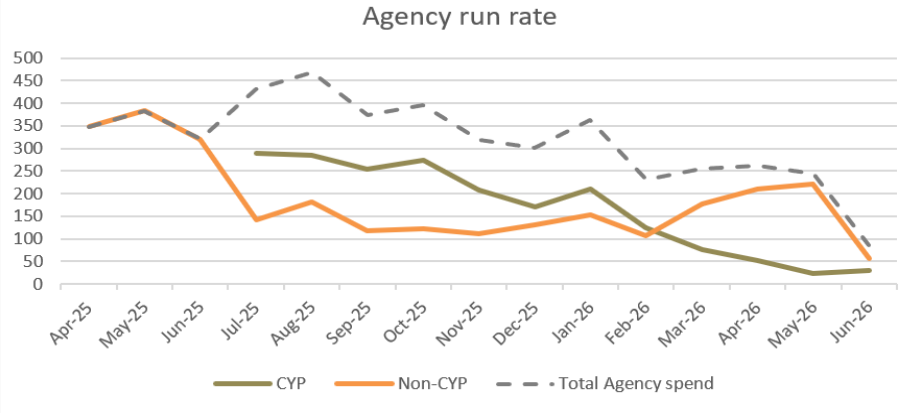
Agency expenditure

Assure: Q1 underspend £0.3m



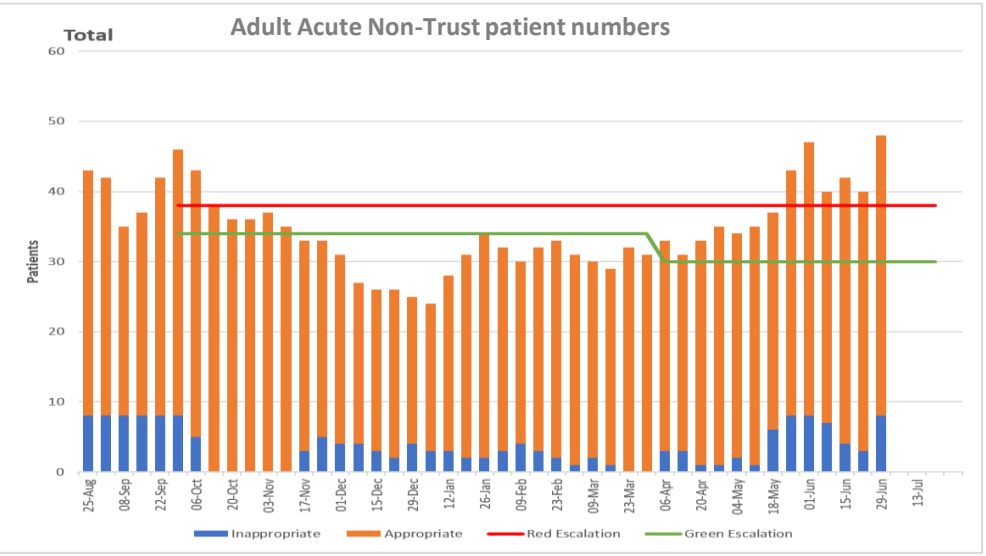
Agency expenditure

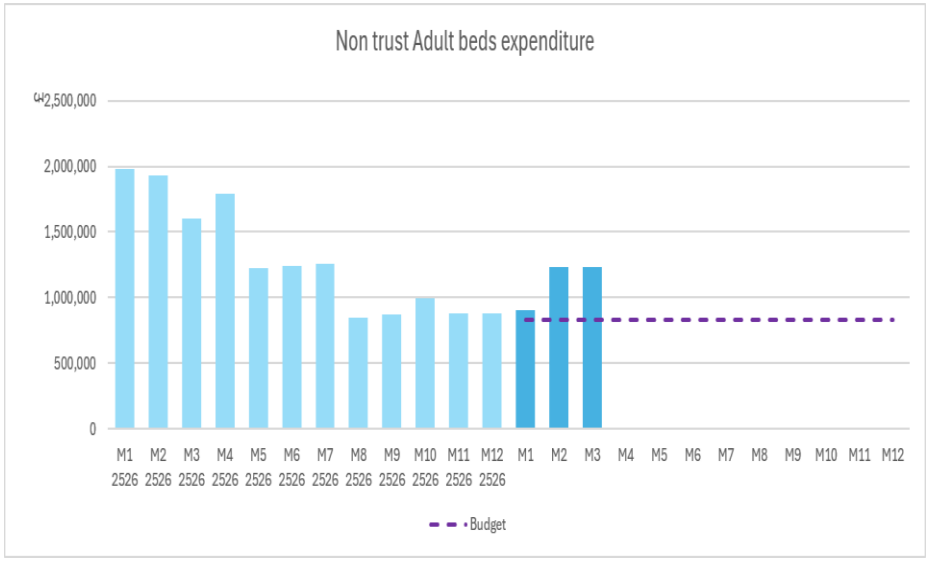
- The 2026/27 agency budget has been set in line with the NHSE limit of £3.4m which equates to £281k per month.
- Quarter 1 agency expenditure is £0.6m which is £0.3m less than plan. (CYP £0.4m favourable, non-CYP £0.1m adverse).
- Agency spend in June is the lowest of the previous 12 months, predominantly due to a continuation of the work to reduce CYP agency expenditure since the service transferred to BSMHFT on 1 July 2025. At that time, CYP agency expenditure was £289k, this has reduced by 90% to £30k in June 2026.
- Non-CYP expenditure has shown an increasing trend in the previous 3 months. £0.2m reduction in June, with £0.1m relating to one off benefit due to year to date coding adjustment.

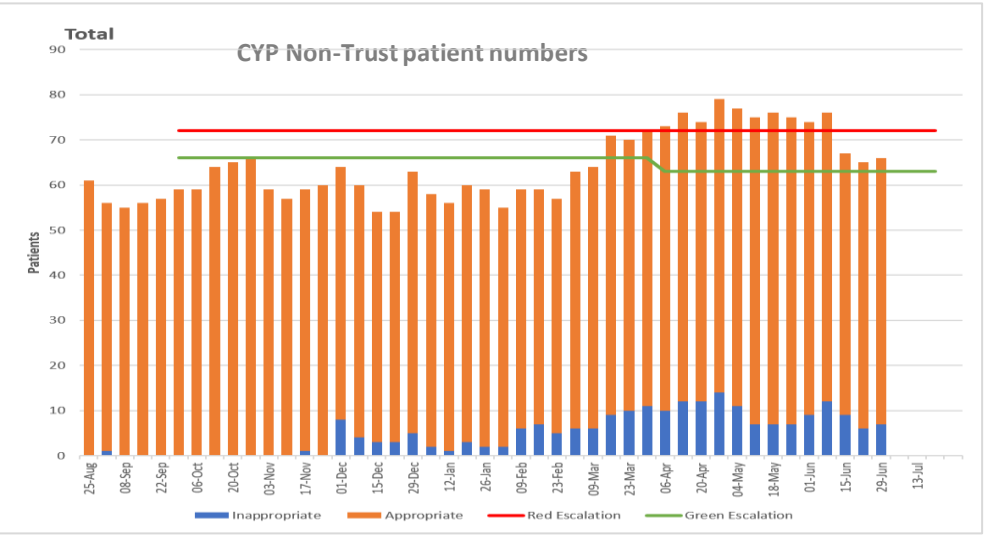


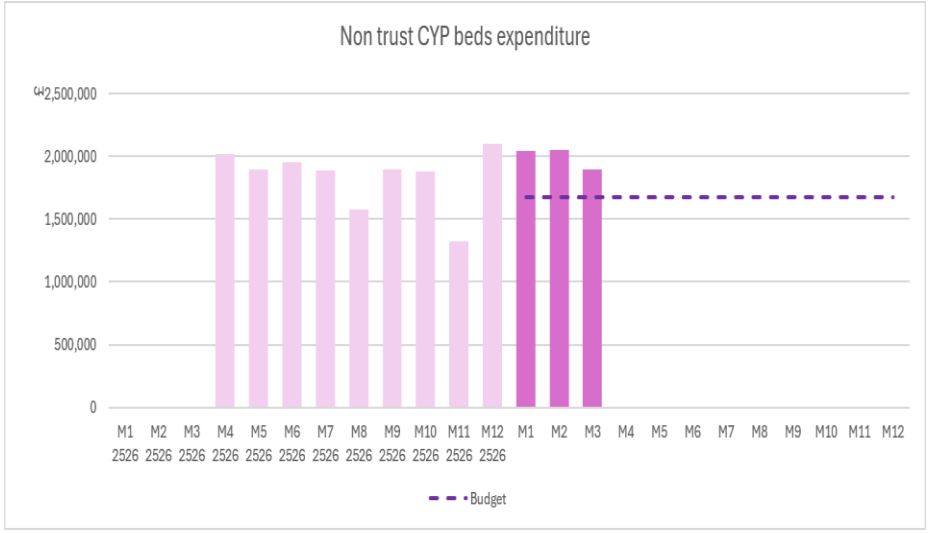
Non-Trust Inpatient Beds – increased activity

ALERT: YTD overspend £1.8m, forecast risk circa £7m









Adult non-Trust beds

- The 2026/27 non-Trust Adult bed budget is currently £10m (including £1.5m share of additional £4.8m stretch savings target).
- The year to date expenditure of £3.4m is £0.9m adverse to plan (including £0.4m savings shortfall). June expenditure is consistent with the increased spend seen in May. This is £0.3m above the monthly average of the previous 6 months.

Children and Young People's (CYP) non-Trust beds

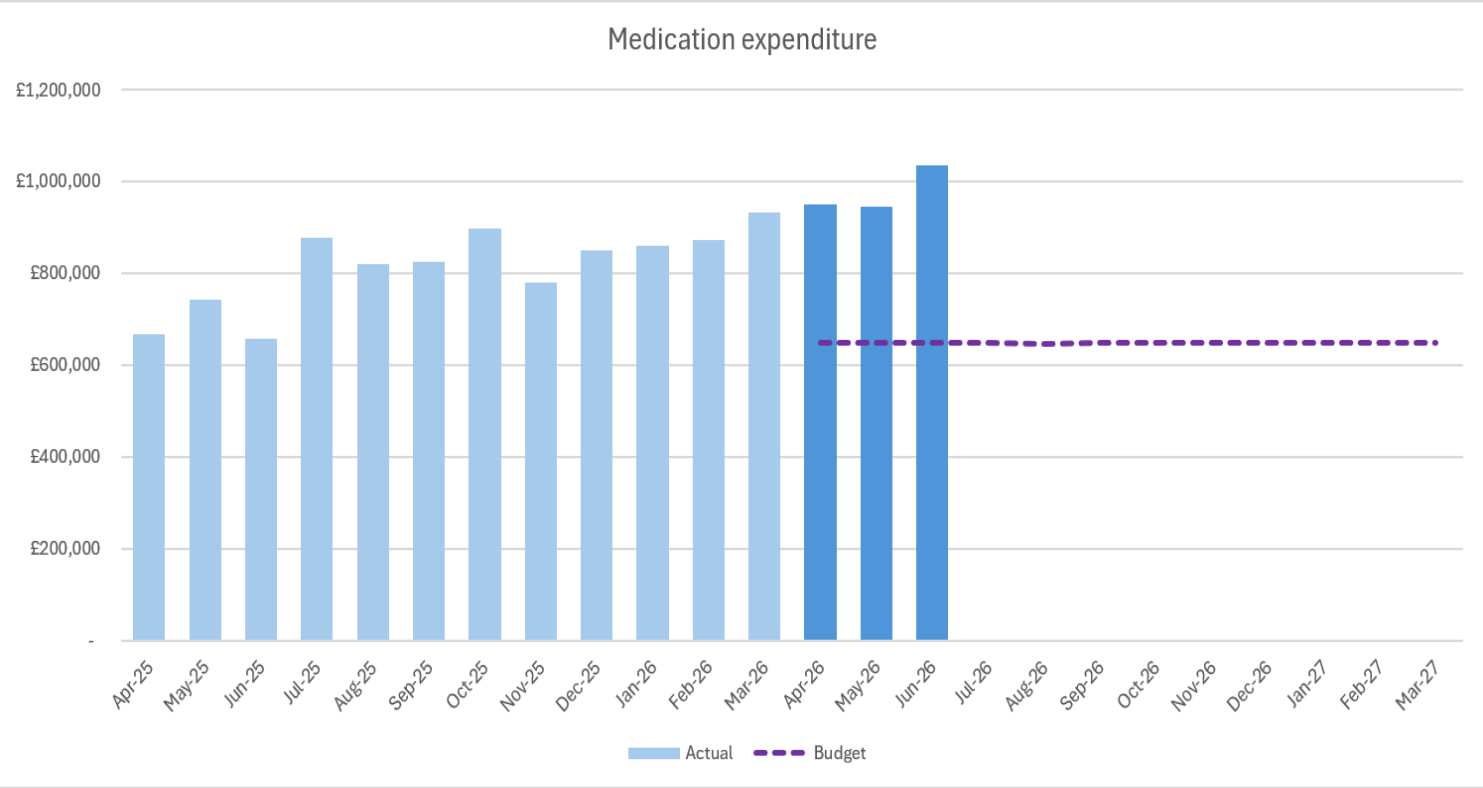
- The 2026/27 non-Trust CYP bed budget is currently £20.1m. (including £3.3m share of additional £4.8m stretch savings target).
- The year to date expenditure of £6m is £1m adverse to plan (including £0.8m savings shortfall). The quarter 1 average expenditure is £0.2m above the monthly average of 2025/26.

Total Non-Trust Inpatient beds position

- £1.8m adverse to plan for quarter 1 (including £1.2m beds stretch savings target shortfall).
- Forecast risk of circa £7m on non-Trust beds.

Medication expenditure

ALERT: YTD overspend £1m, forecast risk £4m



Area	Annual Plan	YTD Plan	YTD Actual	YTD Variance
	£'000	£'000	£'000	£'000
ICCR	4,036	1,009	1,693	(684)
SPEC	852	213	335	(122)
CYP	1,686	421	485	(63)
ACUC	630	157	210	(52)
Other	573	143	207	(64)
Total	**7,776**	**1,944**	**2,929**	**(985)**

Expense Code Description	Annual Plan	YTD Plan	YTD Actual	YTD Variance
	£'000	£'000	£'000	£'000
Drugs Aripiprazole	288	72	411	(339)
Drugs Respiredone	1,755	439	660	(222)
FP10'S	1,892	473	619	(146)
Drugs Central Nervous System	599	150	242	(93)
Drugs Clozapine	386	97	177	(80)
Other	2,857	714	819	(105)
Total	**7,776**	**1,944**	**2,929**	**(985)**

Medication expenditure

- The 2026/27 medication budget is £7.8m which equates to £650k per month.
- Year to date expenditure of £1.9m is £1m adverse to plan. If spend were to continue at the quarter 1 average for the full year, medication expenditure would be £4m overspent.
- Expenditure has increased by £0.1m in June compared to the first two months of the year and is £0.2m above the July to March 2025/26 average monthly spend
- 69% of the overspend is in the ICCR service area, work is underway to review and identify opportunities for spend reduction.

Efficiencies

ALERT: YTD £2m savings shortfall

Row Labels	Original Plan £'000	Current Target £'000	YTD Target £'000	YTD Actual £'000	YTD Variance £'000
ACUC	5,365	6,913	1,726	1,341	(385)
ICCR	3,353	3,353	839	839	0
SCOH	2,216	2,216	556	554	(2)
SPEC	1,380	1,380	349	173	(176)
SPP	156	156	40	39	(1)
CYP	3,208	6,468	1,621	657	(964)
CORP	2,343	2,343	587	844	257
Trustwide	17,106	12,298	3,075	2,278	(797)
PC'S	5,203	5,203	1,289	1,289	-
Grand Total	**40,330**	**40,330**	**10,082**	**8,014**	**(2,068)**

Row Labels	Original Plan £'000	Current Target £'000	YTD Target £'000	YTD Actual £'000	YTD Variance £'000
Recurrent	29,510	29,510	7,376	6,254	(1,122)
Non-Recurrent	10,820	10,820	2,706	1,760	(946)
Grand Total	**40,330**	**40,330**	**10,082**	**8,014**	**(2,068)**

Efficiency status	Original plan £'000	Forecast £'000
Fully developed	18,675	30,261
Plans in Progress	3,714	6,978
Opportunity	13,133	3,091
Unidentified	4,808	-
Total	**40,330**	**40,330**

- The 2026/27 Group savings plan is £40.3m (£29.5m recurrent and £10.8m non- recurrent).
- £8m savings have been achieved for quarter 1 (80% of year to date plan), with £6.3m being recurrent.
- The year to date delivery is a shortfall of £2.1m against plan. The key drivers are:
  - £1.2m inpatient beds. This relates to stretch target, with focus on length of stay and clinically ready for discharge, agreed in April 2026. This £4.8m annual target has been allocated from trustwide to ACUC (£3.2m) and CYP (£1.5m) in month 3.
  - £0.5m transformation.
  - £0.3m re operational budgeted admin posts.

In the prior two months, slippage has been reported against the CYP income shortfall target. The ICB have now confirmed recurrent funding of £3.5m. Year to date income has been accrued in month 3, removing this adverse variance.

Consolidated Statement of Financial Position (Balance Sheet)

Statement of Financial Position - Consolidated	EOY - 'Audited' 31-Mar-26 £m's	NHSI Plan YTD 30-Jun-26 £m's	Actual YTD 30-Jun-26 £m's	NHSI Plan Forecast 31-Mar-27 £m's
Non-Current Assets				
Property, plant and equipment	228.8	241.3	236.3	252.5
Prepayments PFI	1.0	2.3	1.8	2.3
Finance Lease Receivable	0.0	-	-	-
Finance Lease Assets	-	-	(0.0)	-
Deferred Tax Asset	-	-	-	-
Total Non-Current Assets	229.8	243.6	238.2	254.8
Current assets				
Inventories	0.7	0.9	0.7	0.9
Trade and Other Receivables	34.9	27.7	31.3	27.7
Finance Lease Receivable	-	-	-	-
Cash and Cash Equivalents	67.6	81.2	64.4	72.8
Total Curent Assets	103.2	109.9	96.4	101.4
Current liabilities				
Trade and other payables	(70.0)	(76.9)	(64.9)	(76.9)
Tax payable	(9.3)	(8.9)	(9.9)	(8.9)
Loan and Borrowings	(2.5)	(2.5)	(2.3)	(2.5)
Finance Lease, current	(1.3)	(1.3)	(1.3)	(1.3)
Provisions	(0.8)	(0.9)	(0.8)	(0.9)
Deferred income	(35.1)	(46.1)	(35.3)	(46.1)
Total Current Liabilities	(119.0)	(136.6)	(114.5)	(136.5)
Non-current liabilities				
Deferred Tax Liability	0.3	0.2	0.3	0.2
Loan and Borrowings	(18.6)	(16.8)	(17.5)	(16.4)
PFI lease	(78.9)	(80.5)	(81.3)	(79.4)
Finance Lease, non current	(5.3)	(5.4)	(13.9)	(5.1)
Provisions	(2.3)	(2.3)	(1.8)	(2.3)
Total non-current liabilities	(104.9)	(104.7)	(114.2)	(103.0)
Total assets employed	109.2	112.2	105.8	116.7
Financed by (taxpayers' equity)				
Public Dividend Capital	122.7	125.9	122.7	128.5
Revaluation reserve	46.7	49.1	46.9	49.1
Income and expenditure reserve	(60.2)	(62.8)	(63.8)	(60.9)
Total taxpayers' equity	109.2	112.2	105.8	116.7

SOFP Highlights

The Group cash position at the end of June 2026 is £64.4m.

For further detail on the current month cash position and movement of trade receivables and trade payables see pages 13 to 14.

Current Assets & Current Liabilities

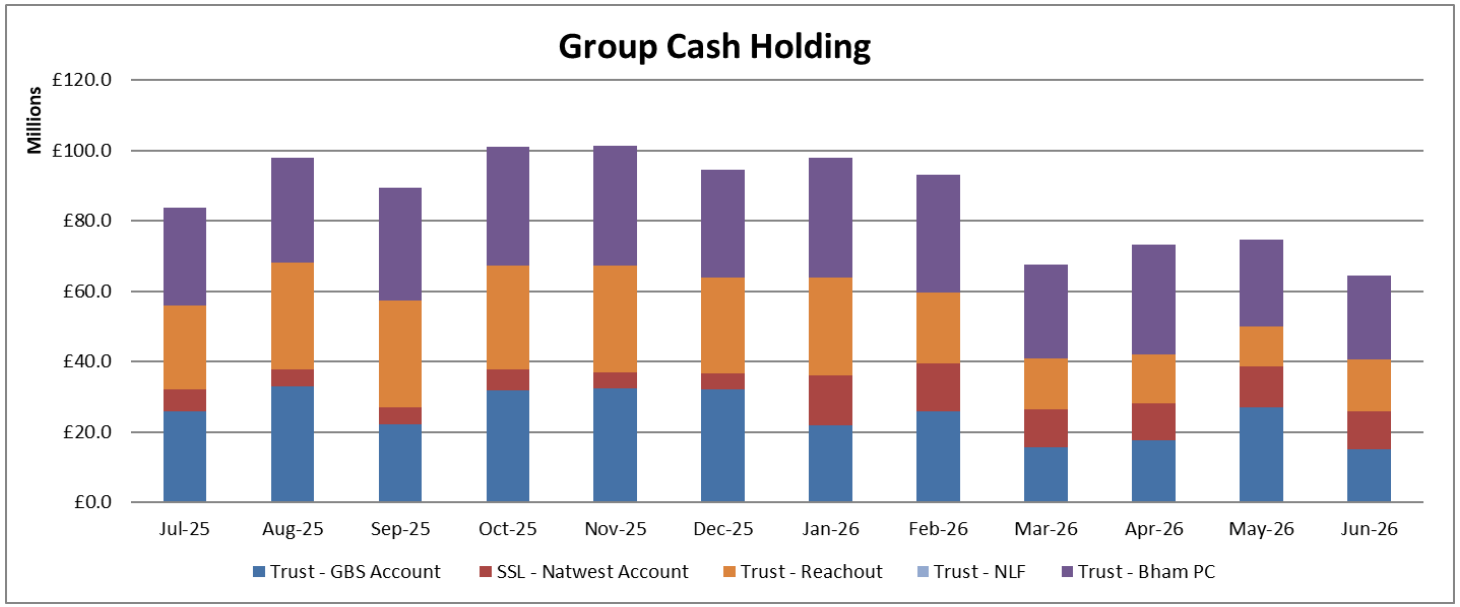
Ratios

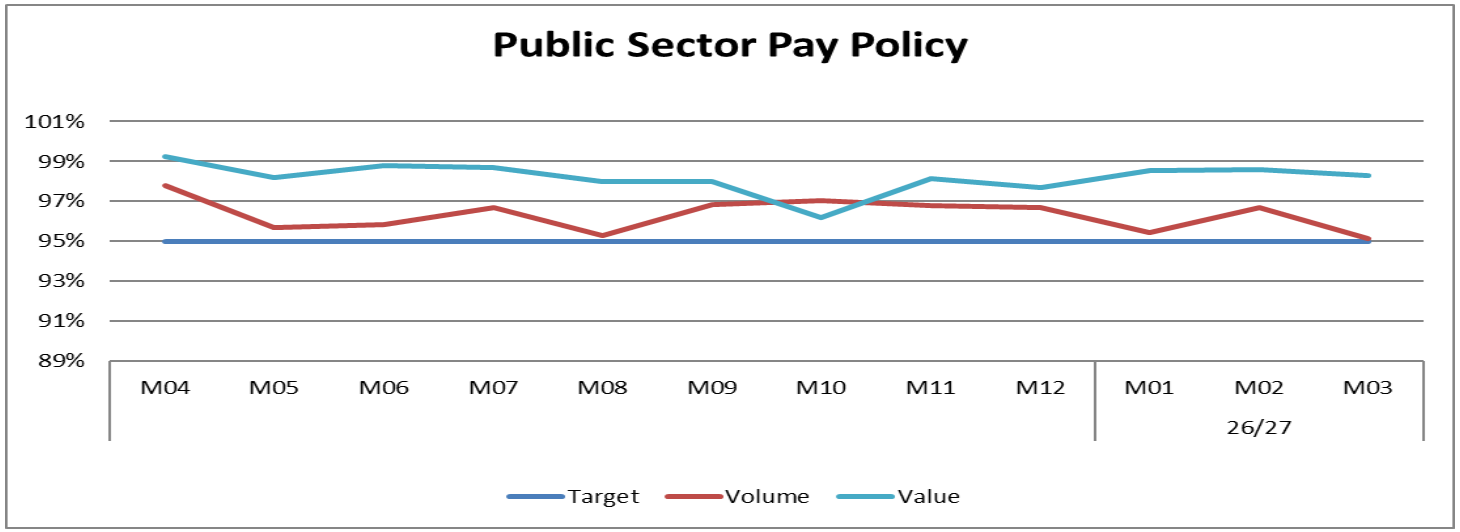
Liquidity measures the ability of the organisation to meet its short-term financial obligations.

Current Ratio :	**£m's**
Current Assets	96.4
Current Liabilities	-114.5
Ratio	0.8

Current Assets to Current Liabilities cover is 0.8:1 this shows the number of times short-term liabilities are covered.

Cash & Public Sector Pay Policy





Cash

The Group cash position at the end of June 2026 is £64.4m. This comprises of Trust £15.2m, SSL £10.6m, Reach Out Provider Collaborative £14.9m and Mental Health Provider Collaborative £23.7m.

At this present time, the National Loan Fund (NLF) is not offering more favourable interest rates for large deposits in comparison to Government Banking Service (GBS) hence we have not placed any short-term/long-term deposits.

Better Payments

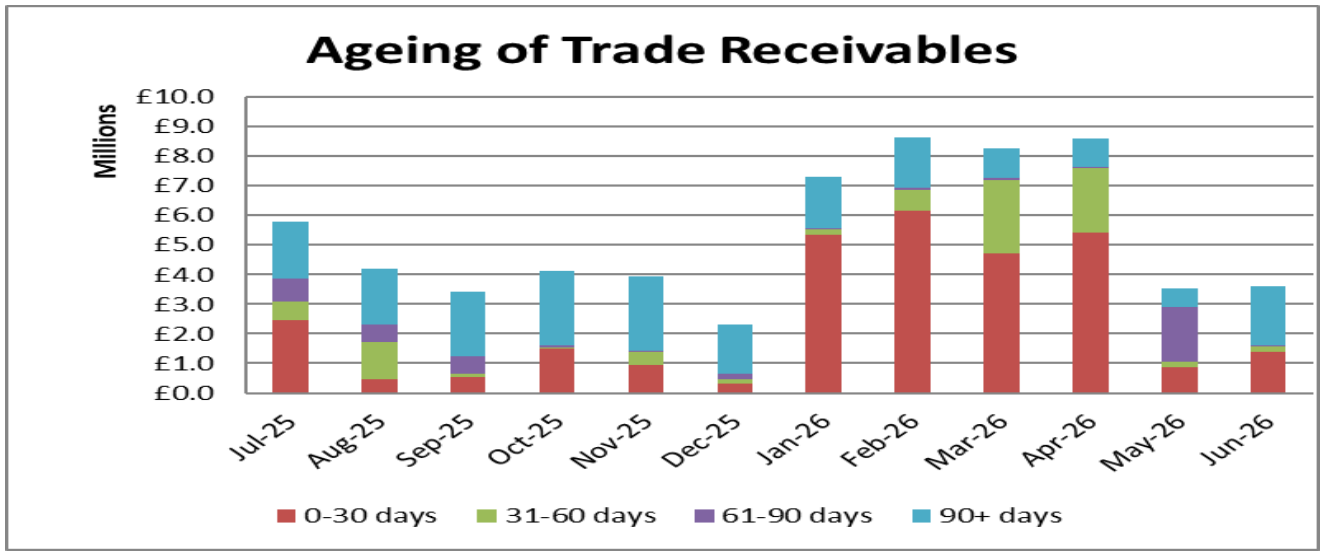
The Trust adopts a Better Payment Practice Code in respect of invoices received from NHS and non-NHS suppliers.

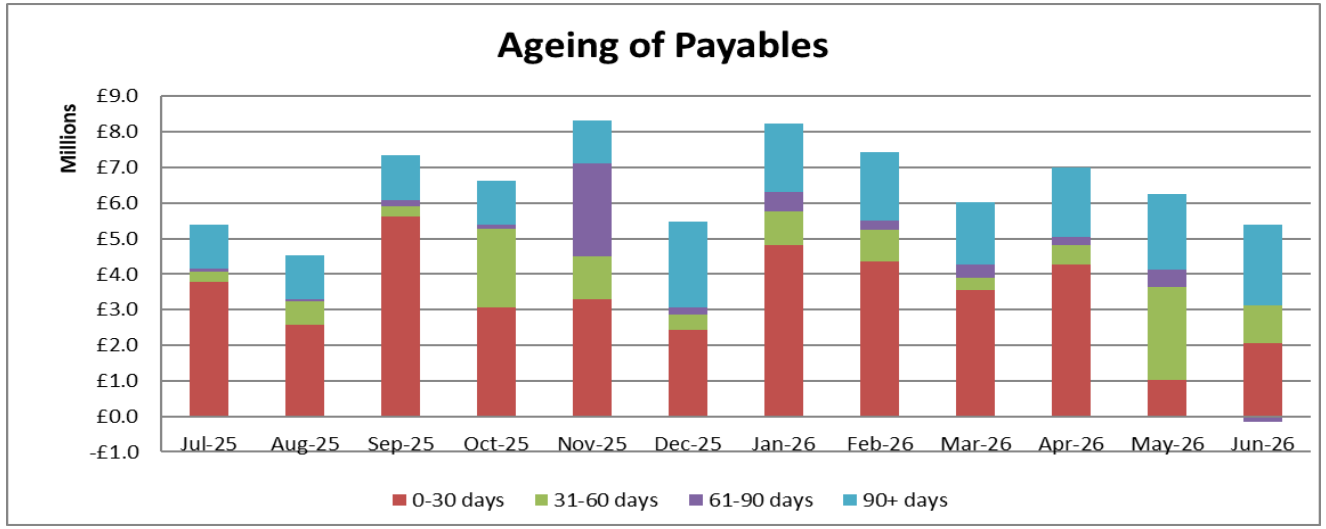
Performance against target is 97% for the month, based on an average of the four reported measures. Payment against value remains particularly high.

Better Payment Practice Code :

	Volume		Value	
NHS Creditors within 30 Days	98%	✓	100%	✓
Non - NHS Creditors within 30 Days	95%	✓	98%	✓

Provider Receivables and Payables





With a focus in the NHS currently around intra-NHS debts BSMHFT have been working with NHS colleagues to ensure as far as possible any issues are rectified. Where required, escalations to Deputy Director of Finance or Executive Director of Finance have been pursued between organisations.

Trade Receivables :

- **0-30 days-** Overall Balance £1.4m - increase in balance. Balance consists of monthly/daily ad hoc invoices waiting to be advised if approved or in query. Some balances are awaiting approval/payment or have been settled in July 2026.

- **31-60 days-** Overall Balance £175k – slight decrease in balance. Several debts are awaiting approval/payment or have been settled in July 2026. Remaining balance mainly staff overpayments (on payment plans).

- **61-90 days-** Overall Balance £22k- significant decrease in balance. Several debts are awaiting approval/payment or have been settled in June 2026. Remaining balance mainly staff overpayments (on payment plans).

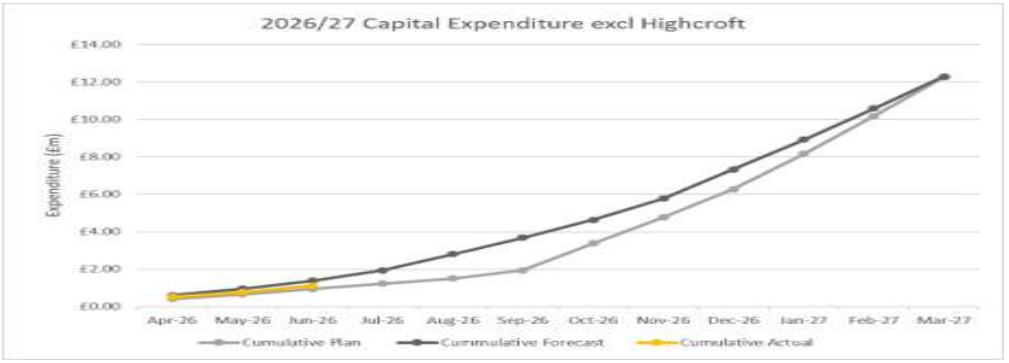
- **Over 90+ days-** Overall Balance £2m– significant increase in balance. *Awaiting authorisation:* UHB - £722k, UofB - £593k, Mecury Pharma - £200k, ATW - £16k, Parexel Inc Ltd - £16k, SDSmy HC - £19k. Remaining balance mainly staff overpayments (on payment plans).

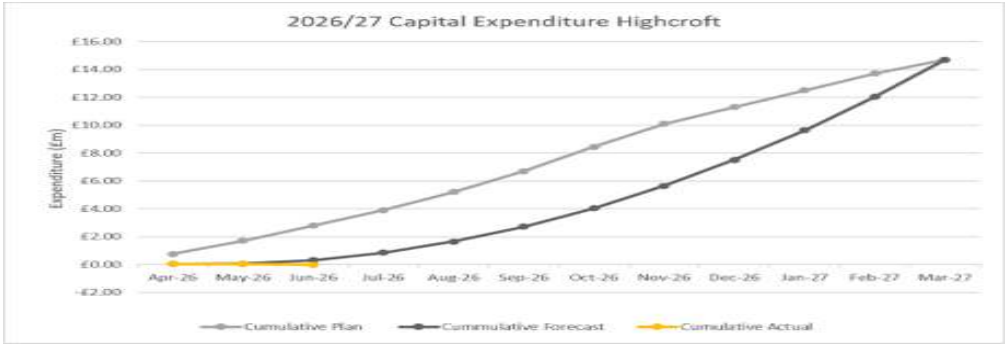
Trade Payables-Over 90 days:
NHS Suppliers £423k: UHB £215k, CNWL £55k in query, Nottinghamshire £52k, other small balances in query.

Non-NHS Suppliers (57+) £1.9m mainly bed/out of area fees invoices in query/awaiting approval, most accounts are awaiting credit notes or adjustments due to disputes/other. Some payments/queries settled in July 2026.

2026/27 Capital Expenditure

Capital schemes	Annual Plan	Annual Forecast	Adjustments	New annual forecast	YTD Forecast (phasing adjusted to reflect cashflow)	YTD Actual	YTD Variance to Forecast
	£'m						£'m
Approved Schemes:							
Ardenleigh - Extension and Refurbishment of Production Kitchen	0.5	0.5		0.5	0.0	0.0	0.0
Children & Young People - Works to properties	0.5	0.5		0.5	0.0	0.0	0.0
Trustwide Decarbonisation Works	0.5	0.5		0.5	0.1	0.0	0.0
SSBM Works	2.0	2.0		2.0	0.2	0.2	0.0
Medical Devices	0.1	0.1	0.2	0.2	0.2	0.2	0.0
Lease Vehicles	0.6	0.6	0.2	0.8	0.2	0.2	0.0
Recognition of IFRS 16 Leases	0.1	0.1		0.1	0.0	0.2	(0.2)
ICT	0.1	0.1	0.2	0.3	0.0	0.0	(0.0)
Minor Works	1.8	1.8	(0.6)	1.2	0.3	0.3	(0.0)
2025/26 Estates Safety	0.6	0.6		0.6	0.0	0.0	0.0
24/7	4.6	4.6		4.6	0.0	0.0	0.0
MH Emergency Department	1.0	1.0		1.0	0.0	0.0	0.0
Digital Transformation to support MH ED	0.0	0.0		0.0	0.0	0.0	0.0
Total	12.3	12.3	0.0	12.3	0.9	1.1	(0.2)
Highcroft New Build	14.7	14.7		14.7	0.0	(0.0)	0.1
Total	26.9	26.9	0.0	26.9	1.0	1.1	(0.1)





Current Capital plan for 2026/27

The total planned capital for 2026/27 is £26.9m:

BAU Capital	£6.1m
Highcroft New Build	£14.7m
CIR Estates Risk	£0.6m
24/7 Neighbourhood MH Centre	£4.6m
MH ED/Crisis Assessment Centre	£1.0m
Digital Transformation to support MH ED	£0.02m

Group Capital Expenditure

- Total capital expenditure for quarter 1 is £1.1m, this is £4m behind original plan (mainly due to Highcroft new build) and £0.1m ahead of the revised forecast.
- An additional £0.03m of ICT spend was approved at CRG on 16.6.26.
- Decarbonisation grant funding of £3.2m approved. Estates working on phasing between this year and next year
- Currently working through the implications of updated lease car programme
- Highcroft land transfer currently with Mills & Reeve

19. Audit Committee Report

20. Trust Seal Report

Report to Board of Directors							
Agenda item:	**20**						
Date	5 August 2026						
Title	Trust Seal Report						
Author/Presenter	Kat Cleverley, Company Secretary Safia Khan, Head of Legal Services						
Executive Director	Dave Tomlinson, Executive Director of Finance	**Approved**	**Y**	✓	**N**		

Purpose of Report	Tick all that apply ✓		
To provide assurance		**To obtain approval**	✓
Regulatory requirement		**To highlight an emerging risk or issue**	
To canvas opinion		**For information**	✓
To provide advice		**To highlight patient or staff experience**	

Summary of Report					
Alert		**Advise**		**Assure**	✓

There is a constitutional requirement to report all uses of the Trust Seal to the Board of Directors.

The Seal has been used on the following:

Trust Seal Number 1/2526
The Trust Seal was used on 12th December 2025 and affixed to a Lease Agreement between the Trust and the Trustees of Dar Ul Uloom Islamia Rizwia (Bralawai) in relation to 109 Golden Hillock Road Birmingham

Trust Seal Number 2/2526 and 3/2526
The Trust Seal was used on 22nd December 2025 an agreement on the reassignment of a license from Birmingham Women's and Children's to the Trust relating to Washwood Heath Health and Wellbeing Centre 4 Clodeshall Road Birmingham B8 3SN

Trust Seal Number 4/2526 and 5/2526
The Trust Seal was used on 22nd December 2025 an agreement on the reassignment of a license from Birmingham Women's and Children's to the Trust relating to the Finch Road Primary Care Centre, Finch Road Lozells Birmingham

Trust Seal Number 6/2526 and 7/2526
The Trust Seal was used on 22nd December 2025 on a TR1 Land Registry Form in relation to the reassignment of a license from Birmingham Women's and Children's to the Trust relating to Washwood Heath Health and Wellbeing Centre 4 Clodeshall Road Birmingham B8 3SN

Trust Seal Number 8/2526 and 9/2526
The Trust Seal was used on 22nd December 2025 on a TR1 Land Registry Form in relation to the reassignment of a license from Birmingham Womens and Childrens to the Trust relating to
to the Finch Road Primary Care Centre, Finch Road Lozells Birmingham

Trust Seal Number 10/2526

The Trust Seal was used on a warranty agreement between the Trust and Quantem Services Ltd in relation to the refurbishment of the existing building at 109 Golden Hillock Road Small Heath Birmingham B10 ODP.

Trust Seal Number 11/2526

The Trust Seal was used on a contractor collateral warranty between the Trust and HB Birmingham (construction Limited) in relation to the development of Building 1 at building at 109 Golden Hillock Road Small Heath Birmingham B10 ODP.

Recommendation

The Board is asked to approve use of the Trust Seal.

Enclosures

N/A

21. Living the Trust Values

22. Board Assurance Framework reflections

23. Any other business

24. Questions from Governors and members of the public