



Helping people get better

MISSION STATEMENT

Our mission is straightforward: to help people get better and create a service we are all happy to recommend to others.

We aim to make sure that people with mental health problems receive swift and appropriate treatment in the best possible setting to suit their needs and wishes. This means providing high quality, safe services that knit together with each other so the right level of support is available to people with mental health difficulties – at whatever stage of their illness.

Everyone's general wellbeing is influenced by their surroundings and the way people behave towards them – so we will also do our best to improve our service users' lives through our work with other organisations.

This means working with service users and carers, their families and the wider community to help them lead purposeful lives among people who accept them – breaking down the barriers of stigma that often accompany mental health problems and lead to social isolation.

Introduction

Birmingham and Solihull Mental Health NHS Trust was established in April 2003 following the merger of the former Northern Birmingham Mental Health NHS Trust and the former South Birmingham Mental Health NHS Trust. Covering 172 square miles, serving a core population of 1.2 million and with approximately 4,000 staff we are one of the largest mental health trusts in the country. We provide core

Our vision therefore requires:

1. People with common mental health problems are managed effectively within the primary care system.
2. People with complex mental health problems are swiftly referred to and managed as appropriate by specialist mental health services in our Trust.
3. Strategic partnerships (sometimes through sub-contracting if appropriate) are established with non-statutory sector organisations, community and user-led groups to create a continuum of:
 - a) Appropriate employment, educational, social and leisure opportunities.
 - b) Appropriate housing (independent and supported).
4. Focused and co-ordinated activities are developed to help improve tolerance and understanding within neighbourhoods and communities, and to enhance access to excluded groups.

mental health and specialist services, including substance misuse, across Birmingham, Solihull and beyond. We have developed close links with partners from education, local authorities, and voluntary organisations and have a robust base of research and development opportunities working with many centres of excellence on a national and international basis.

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Chief Executive and Chair foreword

Looking back on a year that has seen many exciting developments for our Trust, we would like to begin by thanking all our staff for their hard work and dedication to delivering the best possible mental health services. People have continued to look at ways of improving our services to ensure we continue to strive to be the best mental health service in the country.

This year has seen many exciting developments, our Foundation Trust application being one of them. During the extensive public consultation on our strategic plans for the Trust, we changed our constitution following talks with service users. We were asked to create a separate service user constituency, which we did, and look forward to the support and feedback this group gives.

When we take a look around our Trust, we cannot fail to see how rapidly progress is being made as our new hospitals are built. We are due to have completed buildings on the new Vincent Drive site by June 2008. With outline planning permission being granted on the former Yardley Green hospital site there will be more building works to come in the following years as we progress our plans for the city's third medium secure unit. The medium secure unit will allow us to provide care for people closer to their families and homes - people who would previously have been placed outside the West Midlands region.

We are continuing to achieve all these exciting developments while maintaining a sound financial position at a time when the NHS, as a whole, continues to cope with an ever-challenging financial environment. Our plans for Foundation Trust status will give us more freedoms to ensure that any

surpluses we create by becoming more efficient and using our contract income effectively, can be ploughed back into our services locally by the people who know what their communities need.

During 2006 £0.5m was spent on a complete refurbishment of Meadowcroft unit. The unit, which is a 12-bedded, male inpatient site, cares for people who need intensive psychiatric care. The works have greatly improved the service user environment; the updated facilities providing new bathrooms, floors and windows and also giving a better work place for our staff.

The last year has presented many challenges to our older people's services as they continue to deliver services under the strategic framework of the Mental Health Services for Older People Strategy. The strategy's main aim is to deliver services to people in their own homes and try to reduce numbers of hospital admissions.

The Rowen's Review of an inpatient unit for older adults in Manchester has formed a useful basis on which we have formed a city-wide series of inspections on older people's services to ensure the best possible care standards are achieved. The review meetings involve our senior ward staff with senior managers from our Trust and our PCT commissioners. The results this year have seen very positive work across our older people's services that continue to strive to be the best.

'In the coming year, we are looking forward to adopting a 'Lean Systems' approach to our organisational development, which emphasises the improvement in outcomes that arise by redesigning



Peter Marquis Chair



Sue Turner Chief Executive

processes to eliminate duplication and waste. Lean Systems thinking linked to developments in new ways of working and service improvement philosophy is critical to our plans to develop our service, capacity and business processes over the coming period.'

Finally we would like to say farewell and thank you for all their hard work and dedication to Jonathan Shapiro our outgoing Chair and out two Non-Executive Directors, Rubina Mian and Anne Reid who have all been with the Trust since it was formed in 2003, and we wish them all well for the future.

Chairman

Chief Executive



Jonathan Shapiro



Rubina Mian



Anne Reid

New Facilities: Buildings taking Shape

The view from the existing Queen Elizabeth Psychiatric Hospital (QEPH) South locality towards the Bournbrook has changed dramatically as the new mental health facilities have risen out of the ground "before our very eyes".

These developments have been overseen by a Project Team assisted by a wide range of staff groups and service users as further detailed design continued through the year. Many staff and service users were able to experience at first hand the buildings taking shape through a programme of site visits facilitated by our contractor.

During the year plans have been finalised to allow the temporary relocation of Mental Health Services for Older People (MHSOP) from the QEPH into refurbished accommodation at Selly Oak Hospital and the Ashcroft Unit in Hodge Lane, Birmingham. This move will give the Service and Project Teams more time to work on their 'preferred service option', Moseley Hall Hospital.

Consort Healthcare, our development partners, have instigated a number of initiatives throughout the year by working with service users. They have also employed a Community Engagement Officer to further develop initiatives for the benefit of all parties.

This year has been about planning new buildings, next year we will be writing about introducing new services as we plan for occupation.

The representatives of nine faiths at the multi faith blessing of part of the New Hospitals Project, pictured outside the new South Directorate building.

Developing our Forensic services

In addition to our building works as part of the Birmingham New Hospitals Project, we are progressing our plans for the city's third medium secure unit. This will be located at the former Yardley Green Hospital site in Bordesley Green and outline planning permission for the project was granted in February 2007. Our Trust assumed ownership of the site at the end of May. Demolition of the old buildings is due to start in September.

Capital Investments and Projects:

As well as the new hospital and third medium secure developments, investments of more than £3.5m were made in:

- Improving the physical condition of wards and working environments for patients and staff.
- Compliance with statutory standards and legislation.
- Improving security and reducing risk.

Investments also resulted in the refurbishment of the ICU facilities at both the Reaside Clinic and Meadowcroft Units. Both these projects were developed and managed closely with staff from the respective multi-disciplinary teams who care for patients at the units.



Foundations for the future

The opportunities created by Foundation Trust (FT) status will enable us to involve our service users, carers and the community even more closely in our plans for improving the quality of care we provide.

A consultation exercise on our application for FT status ran through the summer and autumn of 2006. We held more than 40 awareness raising events across Birmingham and Solihull and over 200 local people took the chance to have their say on our future.

Their participation not only helped to shape our plans for moving to FT status, they also played a key part in our efforts to sign up people from local communities as FT members.

By the end of March 2007 we were welcoming our 2,000th FT member and making final preparations for

the inaugural elections to the Assembly of Governors. The Assembly provides an exciting opportunity for members and stakeholders to play a pivotal role in scrutinising and reviewing the Trust Board's proposed plans and developments. Governors will also have a clear role in maintaining meaningful communications with all members.

We have been asked to do some more work on our FT application and in particular to complete recruitment of the new non executive directors to our Trust Board. We will be in a position to have completed this in autumn 07 and therefore be able to



(Left to right) Trust Chair Jonathan Shapiro with Lakhvir Rellon, Gary Crellin and Karen Martin at the FT consultation launch

resubmit our application to Monitor, Independent Regulator of Foundation Trusts, at that time.

Our commitment to communicate

Effective two-way communications with all our stakeholders remains a priority for improving awareness of the services we provide, how we are developing as well as encouraging feedback and comment.

The appointment of a new communications assistant, Marcus Bernard, has enabled us to make further progress on developing communications between

Trust management and staff as well as with service users, their carers, our new Foundation Trust members, NHS and social care partners and the wider community.

Our bid for Foundation Trust status has given a fresh impetus to our communications activity, with a dedicated newsletter for FT members and the development of a group of staff FT champions. This

latter group has played a vital role in keeping their colleagues up to date with the progress of our bid as well as helping to explain what FT status means for them.

We have also relaunched our monthly Team Talk staff briefing system to improve the flow of information around the Trust, while our bi-monthly newsletter, Trust Talk, continues to highlight and celebrate good practices and achievements from across the Trust.

How we manage risk

Our Trust continues to develop approaches to risk management and here are a few of the achievements over the year 2006/07:-

1. We established an annual Trust wide general health & safety risk assessment programme in collaboration with directorates, security management and estates;
2. We are strengthening the structures and processes around learning lessons from serious untoward incidents and from the analysis of untoward incident trends;

3. We have procured a new risk management database with the purpose of ensuring an integrated approach to capturing untoward incident data and integrating this with complaints and PALS management and claims. We hope to be piloting the incident database over the coming months.
4. We have developed further risk management key performance indicators around health & safety training, attendance and untoward incident reporting.

We would encourage the continuing interest in untoward incident report training and will be

arranging further incident reporting training this coming year.

Simon Whitehorn is our newly-appointed Local Security Management Specialist (LSMS), whose role will include helping to tackle violence against NHS staff and professionals, building on our 'zero tolerance' stance.

As LSMS, he will investigate incidents of violence and be trained in investigation and interview techniques. He will work closely with police in seeking prosecution of individuals where appropriate and the action is supported by the clinical team.

Striving for excellence

The National Institute for Health and Clinical Excellence (NICE) is an independent organisation responsible for providing guidance on the promotion of good health plus the prevention and treatment of ill health. Our Trust's Medical Director Dr Neil Deuchar is our lead for reviewing and working towards compliance with NICE guidance.

To that end a number of improvements to patient care in accordance with NICE guidelines on best practice were made during 2006/7. These included:

- Self Harm – a partnership with colleagues in the local NHS community established an approach for providing care for self-harming patients arriving at Accident & Emergency departments.
- Nutrition – improvements to inpatient menus and development of new dietetic guidance and nutrition standards.
- Rapid Tranquilisation – our local rapid

tranquilisation guidance incorporates all NICE recommendations.

- The Trust has developed a model for treatment of Bi polar disorder which is in place in three Directorates and which complies with NICE recommendations.

We have also complied with the requirements of relevant NICE Technology appraisals which provide guidance on the use of new and existing medicines, treatments and procedures within the NHS.

Healthcare standards (Standards for Better Health)

The Standards for Better Health are the national standards for the NHS. All Trusts are required to demonstrate and confirm compliance with all 44 core standards as part of the Annual Health Check review.

Responsibilities for individual standards are led by identified sub-committees of the clinical governance committee. Each sub-committee is responsible for reviewing individual standards and providing assurance of compliance.

Last year (05/06) the Trust declared compliance with 41 standards and non-compliance with three. The Trust's declaration was reviewed by the Healthcare Commission and compliance with one standard (18) was not upheld.

For the year 2006/07 our Trust reported compliance with 40 of the standards out of a total of 44.

Significant improvements achieved this year include:

- Clinical Audit : The level of clinical audit activity has increased significantly from last year.
 - Major Incident Planning : an active Major Incident Planning group has been established that has reviewed and revised the Trust's Major Incident Plan. The plan has also been tested in terms of the Trust's readiness to manage a pandemic flu outbreak. This test involved more than 60 Trust staff and was facilitated by West Midlands Ambulance Service. The Trust has revised its Major Incident Plan to ensure it is compliant with the requirements of the NHS Emergency Planning Guidance 2005 and all associated guidance and with any subsequent or revised guidance.
 - Patient Safety Notices : Development of systematic reporting of all national 'alerts' to ensure issues of concern raised in other areas of the NHS are reviewed in this Trust.
 - Provision of patient information, in particular relating to providing users with a copy of their care plans.
 - Provision of training in relation to 'consent'
- Further improvements have been made within the year to strengthen compliance with the standards. These include:
- Review of patient menus.
 - Agreement of policies relating to whistle-blowing and volunteers.
 - Review of clinical supervision provision.
 - Integration of diversity equality schemes.
 - Development of Care Programme Approach guidance.

NATIONAL IMPROVEMENT REVIEWS

The Trust participated in two national service improvement reviews which were undertaken by the Healthcare Commission. The improvement reviews informed the score of the Trust Annual Healthcheck rating.

Substance misuse

The trust was graded a score of 'Fair' in relation to the assessment review of our substance misuse services. The review highlighted good practice in particular relating to:

- consistent care across care pathways
- good personalised care planning

The review highlighted a number of priorities for improvement in particular the need to improve guidance to staff in a number of areas including

prescribing arrangements and use of controlled drugs. The review also highlighted the need to increase staff training.

As a result of the review the new prescribing guidelines have now been developed and agreed for Substance Misuse and there have been improvements made in relation to access arrangements for services. A new training and development manager has also been appointed for the service to further develop training and support to staff.



Claire Short MP with Dr Ray Orsborn at the opening of Orsborn House, new substance misuse services base.

Community mental health teams



Dorrett Lemon (left), Manager at Main Street resource centre, with Edwina Currie who helped establish the team 20 years ago.

Our Trust was graded a score of 'Fair' in relation to the assessment review of Community Mental Health Teams. The review included an assessment of how far the Trust was undertaking clinical practice in line with national NICE guidance for Schizophrenia.

Particular issues where we performed well compared to other Trusts related to:

- The number of service users sampled who were on a depot due to issues of compliance or because of individual preference.
- The proportion of service users who were given a chance to express their views at their care review meeting.

The review highlighted a number of priorities for improvement in particular the provision of CBT (Cognitive Behavioural Therapy), provision of diversity training to staff and the use of advanced directives.

In response to the review, a form to record advanced directives has been introduced. Significant work had already commenced and was undertaken this year to improve the provision of information to patients as a result of the patient survey. This year we have significantly increased the provision of diversity training to staff.

Clinical audit

Clinical audit is the systematic review of how our clinical practice measures up against best practice and agreed standards, enabling us to identify and implement improvements.

It also results in an agreed annual programme of clinical audit, which this year shows the Trust has achieved a significant improvement in audit activity.

Those improvements include:

- Giving junior doctors more training to ensure patients receive copies of letters relating to them.
- Giving guidance to doctors and improving their awareness of the need to report to the Driver & Vehicle Licencing Authority (DVLA) details of patients receiving medication that will affect their ability to drive.
- Producing an information leaflet in relation to self-harm.

- Updating information in the handbook for junior doctors in relation to high dose prescribing.
- Changes made to ward rounds in Solihull.
- Improvements made to Small Heath In-patients.
- Demonstration of improvements in prescription card recording by Home Treatment Teams.
- Demonstrating improvements in use of the screening tool that detects service users susceptible to falling.

Listening and learning

STAFF SURVEY

The annual national staff survey provides us with detailed information as to how our staff feel about their working lives. This gives us a starting point to help improve their work life balance.

The sample size for our Trust was 785 staff, with 524 completed questionnaires. This return rate of 67 per cent was the highest among mental health and learning disability trusts.

The areas covered within the staff survey are: work- life balance, appraisal (development reviews), training, learning and development, 'your' job, management and supervision, 'your' organisation, errors, near misses and incidents, harassment, bullying and violence, infection control.

Birmingham and Solihull Mental Health NHS Trust's survey revealed that 84 per cent of its employees were aware of how to access staff support services such as counselling.

Issues concerning staff are:

- Flexible working options
- Quality of work-life balance
- Number of staff experiencing harassment, bullying or abuse from patients/relatives in the last 12 months

The results of the survey have been issued to all service directors who have been asked to address any concerns relevant to their areas.

Our Trust has maintained its Improving Working Lives Practice Plus accreditation and continues to strive to ensure the ethos of helping its staff achieve a good work-life balance is maintained.

Learning from our service users' experiences

The National Patient Survey provides feedback from service users that is valuable because it has been gained through well-developed research and we can expect it to be a very honest and reliable account. The data is published – and the Healthcare Commission will judge our Trust on it.

The good news is that overall our Trust compares well with other specialist Trusts – although we are determined to be among the very best in future years.

Respected service – 85% of our users felt that their psychiatrist definitely treated them with respect and dignity.
Listening service – 97% of our users felt that they had been able to express their views at review meetings – definitely or to some extent. (Patients Survey Results 2007).

The main themes are:

- Our Psychiatrists listen carefully, are trusted and give time to patients.
- More patients are seeing the same psychiatrist – which offers consistency.
- Other health professionals achieved similar high ratings.
- Medications are explained well but we often

forget to explain any side-effects or possible side-effects.

Professional service – 77% of our users felt that they had received Excellent, Very Good or Good care from our services over the last 12 months. (Patients Survey Results 2007).

- Encouraging a friend or relative to accompany a service user to care reviews has been given more promotion.
- Day Centres are offering better activities.

It was noted that fewer than 20 per cent of users polled were in paid work. However, this gives opportunities to explain our volunteering, learning and work and guidance pathways.

The survey also identified areas where we can improve to help the service user experience. These include:

- Appointments were changed or cancelled too often.
- Too many users did not know who their Care Coordinator was.
- Care Reviews need better planning – ensuring they happen annually and that users have the chance for a pre-meeting and to express their views.



Information stall at a recent community festival

- Diagnosis was not always explained to users – this is crucial to them understanding their illness and recovery.
- More than half of our users did not have a printed care plan in accordance with the Care Programme Approach (CPA) and our Focusline number for out-of-hours.
- More than a third of our users would have liked more information on local support groups.

The Trust is looking at these concerns and ways of improving our services.

Complaints

Despite striving to provide the best possible services, there are occasions when we do not live up to the expectations of our service users, their carers or visitors.

Some of these issues are dealt with by our PALS (Patient Advice and Liaison Service – see below) others need the attention of our complaints department.

During the period April 2006 – March 2007 we received 333 formal complaints, 305 of which were closed within the national timescales, with a response rate of 92%.

Our complaints system provides another way for the Trust to establish areas or services that could be improved or problems that need resolving, thus helping to improve patient care.

For example, in the East of Birmingham locality, all discussions with or about service users are written in the appropriate notes. This will include communication between core professionals, even hand over sessions are recorded.

PALS

Our Patient Advice and Liaison Service offers a service for users, carers and the public to gain information on our mental health services, resolution of problems and direction to more specialist agencies.

This year the team has:

- Worked to ensure a more uniform access to the service by introducing a Freephone number 0800 953 0045, complemented by the Freephone Focusline out-of-hours service. In addition, Language Line interpreters and Typetalk service for deaf users have been integrated.

- Developed a core range of 100 patient information leaflets that specifically offer a way to address the most common requests for information received by PALS.
- Continued to develop patient satisfaction questionnaires, including ten Dignity in Care pledges and Feedback Boxes.
- Trained more Linkworkers (staff with PALS competencies).
- Introduced PALS Surgeries across inpatient settings to further improve access for all our users.

PALS trained 76 linkworkers this year – 21 were brand new linkworkers. They plan to train further linkworkers next year and new volunteer linkworkers.

PALS helped 752 clients – this includes users, carers and public. This includes complex casework which can mean supporting a client throughout the year.

User voice

The Trust's user involvement project has helped ensure our service users have opportunities to have a say, get involved and offer valuable feedback on our services. Developments this year have included:

- Workers based in every Trust directorate
- More User Forums
- Increased opportunities to help with recruitment, training and committees
- Expanded mailings and a new newsletter
- More social events
- Improved links to complaints, PALS and Focusline
- Involving more users in events and festivals through Mental Health Promotion Champions Scheme

There are 14 User Voice workers – ensuring we seek and act upon the views of our service users, on a daily basis, throughout our Trust.



The User Voice Team. User Voice promotes user participation in the development of Birmingham and Solihull mental health services.

Furthermore, User Voice is looking forward to introducing the new core information range, increasing volunteer roles and having their new logo everywhere in 2008.

Board challenge



Runners up in the Clinical Innovations and Improvements in Practice Category (from left to right) Julie Skitt, Julie McCabe, Gemma Lowy with Neil Deuchar, Trust Medical Director.

2006 saw the launch of a new initiative called the Board Challenge. The scheme provides an opportunity to celebrate and support good practice and to learn from the innovative approaches taken to improving services within the Trust. Challenges are set by the executive directors and prizes awarded to the winners of each challenge. There was also an overall prize awarded by Sue Turner, Chief Executive.

That accolade and a £5,000 grant went to the Highcroft Music Workshop for their 'Rappin Out the Voices (Sermons from the Croft 2)' CD, which was produced by service users.

Three Trust staff were involved in the project – Chris Papadopoulos, Denver Jackson and Carol Barnett – as well as service users.

Chris explained: "The Highcroft Music workshop supports participants in the development of their musical aspirations as a way of coping with their mental health problems.

Long service awards

Our Trust held its third annual Long Service Award ceremony on the 2nd March 2007, celebrating and rewarding staff who have achieved 25 or 40 years NHS service.

45 staff from across the Trust celebrated 25 years or more of service and two members of staff celebrated over 40 years.

This was a wonderful opportunity to recognise the contributions of staff and for friends and colleagues to reflect on their work within the Trust and the wider NHS.



Carol Rees one of two members of staff who received their awards for 40 years of service to the NHS with Trust Chair, Jonathan Shapiro.

Performance management

The year has seen significant improvement by all Service and Corporate Directorates against the target indicators by which performance is managed and against which the Trust is assessed by bodies such as the Healthcare Commission. These include:

- New and existing Healthcare Commission targets.

- Local Delivery Plan Targets agreed with PCTs.
- Overall Trust internal indicators.

It is anticipated these measures will result in an improvement in the Healthcare Commission's 'fair' assessment awarded for the previous year and we are aiming for a 'good' rating.

In practice many areas of improvement have been identified and delivered by our staff working on the wards, in the community teams and through positive engagement with Directorates and services. It is our Trusts continued aim to drive to improve performance and services provided to our service users and carers.

Birmingham and Solihull Mental Health NHS Trust equality statement

Birmingham and Solihull Mental Health NHS Trust is committed to promoting equality of opportunity for everyone both in the provision of services and employment of staff.

Our Trust seeks to provide services and employment in an environment free from discrimination, which benefits from diversity, participation and involvement of staff and users. The trust is strongly opposed to all forms of unlawful, unfair or unjust discriminatory practice.

Recognising that inequalities exist within our society, we are committed to looking at ways to remedy this.

Our Trust will not discriminate directly or indirectly through applying conditions or requirements that cannot be shown to be justified. It is our policy to treat all job applicants and employees in the same way, regardless of race, gender, nationality or national origin, marital status, disability, sexual orientation, age, Trade Union membership and political or religious belief. Furthermore we will

monitor the composition of the workforce and introduce positive action if it appears this policy is not fully applied.

We have maintained the Employment Services Disability 'Two Ticks' symbol, which recognises our ongoing commitment to recruit and retain staff with disabilities.

Ethnic Profile of Birmingham and Solihull Mental Health Trust – as at 31 March 2007

	Ethnicity	%
White	British	54.03
	Irish	4.80
	Other White	2.30
Mixed	White and Black Caribbean	0.71
	White and Black African	0.30
	White and Asian	0.25
	Other Mixed	0.28
Asian or Asian British	Indian	4.29
	Pakistani	1.69
	Bangladeshi	0.30
	Other Asian	1.11
Black or Black British	Black Caribbean	8.54
	Black African	5.43
	Other Black	0.83
Chinese or Other Ethnic Group	Chinese	0.25
	Other Ethnic Group	0.86
	Not Stated	14.02

Gender profile of Birmingham and Solihull Mental Health Trust – as at 31 March 2007

Gender Profile	
% Female	% Male
68.54	31.46

OPERATING AND FINANCIAL REVIEW 2006/07

This section gives a “business-like” assessment of the Trust’s performance in 2006/07. It follows good practice guidelines published by the Department of Health following requirements of the Companies Act 1985 and the Accounting Standards Board’s Reporting Standard 1.

1. THE BUSINESS OF THE TRUST

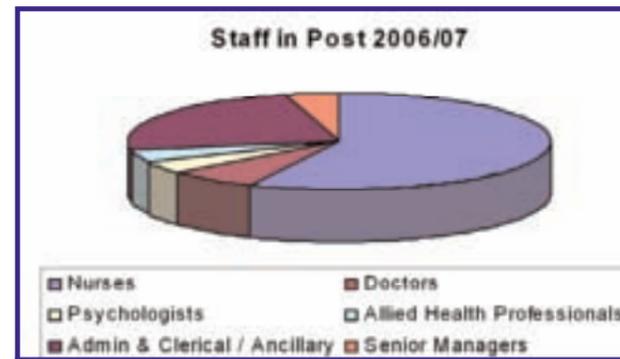
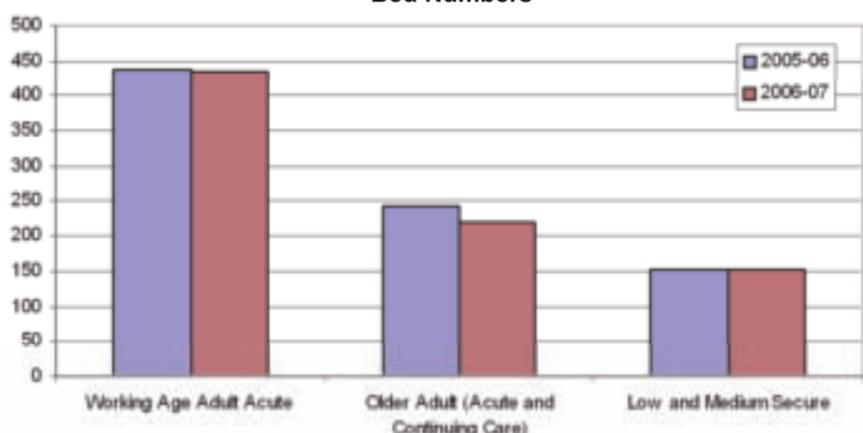
BSMHT is a specialist provider of services to people suffering from mental ill health. It undertakes this role mainly for the 1.2 million people in the Birmingham and Solihull conurbations – but also provides more specialist services to a wider population extending into the West Midlands and beyond.

a. KEY FACTS

- o Budget – £211 million. This means we spend £578,000 every day on caring for people with mental health problems.
- o Efficiency – We have a Reference Cost Index of 97 against a national average of 100. This means we are 3% more cost effective than the average mental health trust.
- o Staff - We employ around 4,000 people, including staff in secondment from our local authority partners making us a major employer in Birmingham and Solihull.
- o Sites – We operate from over 100 sites around Birmingham and Solihull including hospitals, secure accommodation, community based facilities and daycare services. We are committed to improving the quality of our buildings and patient environment and spent over £6m on our capital programme in 2006/07. We will open three brand new inpatient facilities next year as part of the Birmingham New Hospitals Project.
- o Community Services – our strategy is to provide as many services as possible outside of hospital. We currently manage these through some 59 different teams across Birmingham and Solihull.
- o Activity – Each year we have contact with some 50,000 adults with a range of mental health issues. On a typical week day we see 1,500 different people in a variety of settings across Birmingham and Solihull. The graph opposite shows the Trust activity in both 2006/07 and 2005/06, split by treatment type and service area.

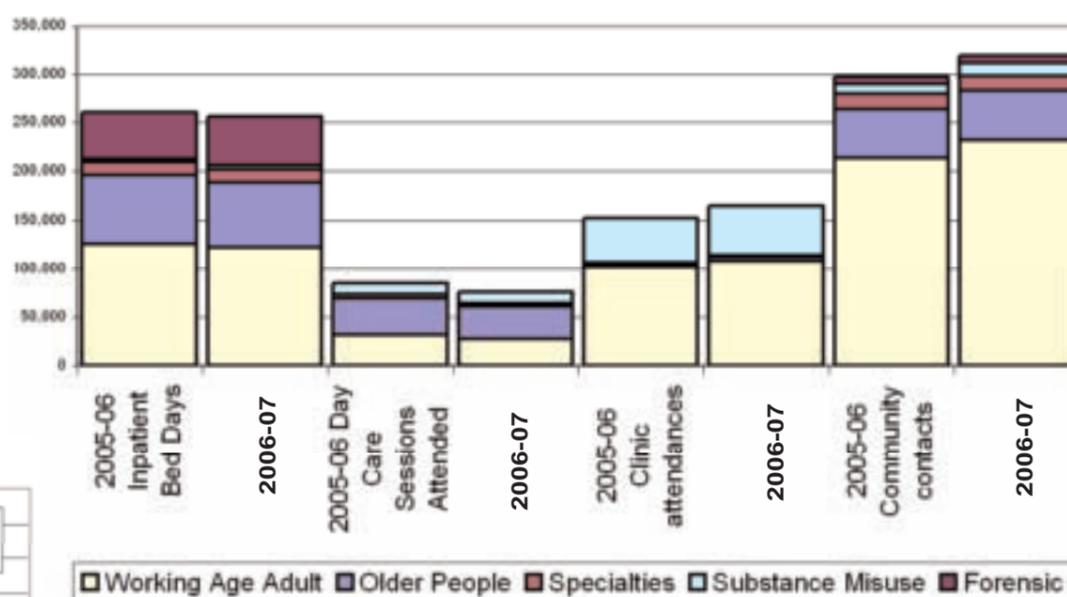
On an average day in 2006-07 there were:-
Over 700 inpatient beds occupied
Over 200 Day Care sessions attended
Over 450 Clinic attendances
Over 875 Community contacts

Bed Numbers



Staff Group	Headcount
Ancillary	234
Maintenance	17
Admin & Clerical	607
Medical	264
Qualified Nurses	1,422
Nursing Assistants	691
AHPs	119
AHP Assistants	75
Scientists	241
Technicians	28
Senior Managers	195
Drug Workers	65
Total	3,958

Activity 2005-06 and 2006-7



- o Beds – We manage 822 beds, catering for working age and older adults as well as running 2 medium secure facilities.

b. THE SERVICES WE PROVIDE

Our services are organised into nine clinical directorates, focusing on a particular locality or the needs of a particular group of service users.

- o Adults – within general adult mental health services we have a number of teams providing local services in a variety of inpatient and community based settings. Our adult services are in Eastern Birmingham, Heart of Birmingham, North Birmingham, Solihull and South Birmingham.
- o Older adults – Older People’s Services provide both shorter stay and continuing care mental health services to people aged 65 and over who are experiencing either functional or organic mental health problems. We also provide a working age dementia service.
- o Substance misuse services – Substance Misuse Services provide a range of services that aim to prevent and treat substance misuse and improve community safety. Most of these are based within the local community.
- o Forensics – Our Forensic Services provide assessment, treatment and rehabilitation to people with severe mental health problems who have committed a criminal offence or who have shown seriously aggressive or threatening behaviour.
- o Specialties – Our Specialty Services provide specialist care for people with highly specific mental health problems, both to local people and those living outside the Birmingham and Solihull area. These include:-
 - o Deaf services
 - o Eating disorder services including a specialist 16/17 year old team
 - o Brain Injury Services
 - o Psychotherapy services
 - o Mother and Baby services
 - o A therapeutic community service for people with personality disorders

c. WHAT WE HAVE ACHIEVED SO FAR ?

Through working closely in partnership with other local NHS organisations, we have continued to improve our services year on year despite inheriting a challenging financial position. In the last four years we have:

- o Achieved financial balance every year.
- o Ensured that crisis and home treatment services are now available 24/7 across the whole of Birmingham and Solihull.
- o Opened a new specialist forensic unit for women and young people at Ardenleigh.
- o Developed the Meriden family programme to support families and service users.
- o Taken on the provision of mental health services in HMP Birmingham, Winson Green, in partnership with Heart of Birmingham teaching Primary Care Trust.
- o Encouraged service users and carers to get more involved in the organisation, through the development and expansion of User Voice.
- o Achieved the final go-ahead to open new hospital facilities across the city from next year, to replace the outdated facilities at QEPH.
- o Expanded the new Drug Intervention Programme within the criminal justice network.
- o Integrated health and social care services in Birmingham and Solihull with over 300 social care staff joining the Trust.
- o Developed new Gateway and Primary Care Graduate Worker roles in partnership with our PCTs.
- o Developed separate services for 16/17 year olds.

d. KEY PERFORMANCE INDICATORS

Our Trust uses performance indicators to monitor and manage its performance in various areas. These measures are driven partly by national, Healthcare Commission, and local PCT targets, but also by the Trust's commitment to providing a high-quality service to its users.

Our Trust receives an annual performance assessment from the Healthcare Commission. This considers both the clinical quality of the Trust's services and how well the Trust uses its resources. Based on actions put in place during 2006/07, BSMHT expects to also receive a 'Good' score for its 'Use of Resources' assessment which would represent an improvement on the 'Fair' rating given for 2005/06. These ratings are expected to be confirmed during October 2007. They are made up as follows;

Use of Resources

This rating considers 5 different aspects of how the Trust manages its resources:-

- o Financial Standing – How stable are the Trust's finances?
- o Financial Reporting – How robust does the Trust report its financial position?
- o Financial Management – How well has the Trust embedded the principles of sound financial management?
- o Internal Control – How well does the Trust manage its key risks?
- o Value For Money – How well can the Trust demonstrate that it is achieving value for money?

Our monthly performance indicator reports provide the Trust Board and the individual Directorates with a tool that can highlight problem areas and monitor the outcomes of management action. Many of the measures are supplemented by detailed daily online reports that provide individual teams with up-to-date data to monitor their own work. These reports, which are accessible through an in-house web-based reporting system, are based on live data held in the Trust's Patient Administration System, ePEX. The same data is the basis for the majority of the monthly performance indicator documents.

A sample of key performance indicators are highlighted in the next 2 pages.

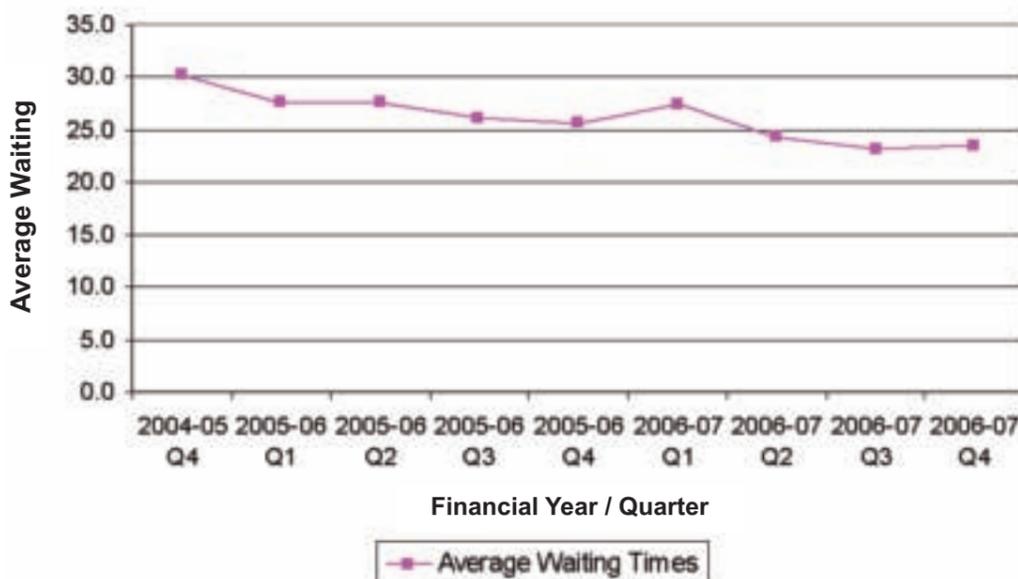
- o Waiting Times for first Outpatient appointment

This is driven by the national targets and local commissioner requirements. We monitor the waiting times in three ways: a monthly performance indicators report, weekly monitoring of all waits, and live reporting on the Trust's web-based reporting system. This extends to all waiting, rather than just the GP referrals, because our

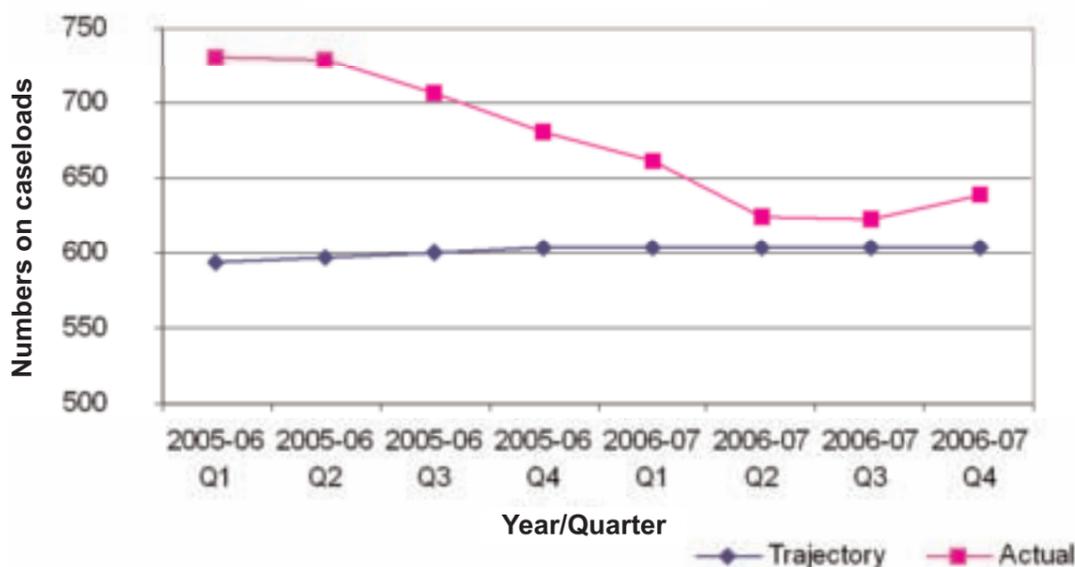
Trust believes that it is vital that all patients should receive the same level of care irrespective of their referral source.

Average waiting times have fallen from over 30 days at the start of 2005/06 (March 2005, last quarter of 2004/05) to under 24 days in the last quarter of 2006/07.

Average Waiting Times for 1st Outpatient Appointment (days)



Assertive Outreach Teams Caseloads at each quarter end



- o Assertive Outreach Caseloads

Our Trust recognises the importance of providing community care for people with the most complex mental health problems and can help reduce hospital admissions.

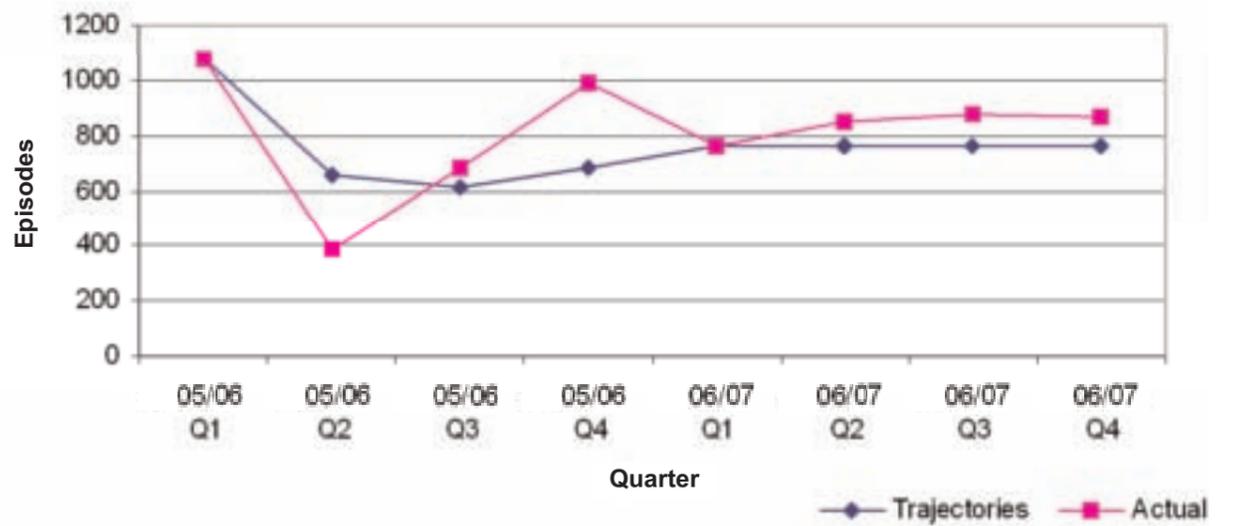
This graph shows target and actual workloads for the Trust's 8 Assertive Outreach Teams at quarterly intervals, and indicates that the Trust remains above target. It should be noted that caseloads are regularly reviewed to ensure they are clinically appropriate, which explains the movement in the trend since 2005/06, where clients were transferred to more appropriate community teams.

o Home Treatment Team episodes

Home Treatment teams manage the community care for those service users experiencing acute short term mental health problems, with the aim of supporting the service user to stay at home wherever possible. This target measures the workload of the Trust's 10 teams.

This graph opposite shows target and actual workloads for the Home Treatment Teams each quarter. It can be seen that performance continues to exceed target.

Home Treatment Team Episodes — Actual v Trajectory

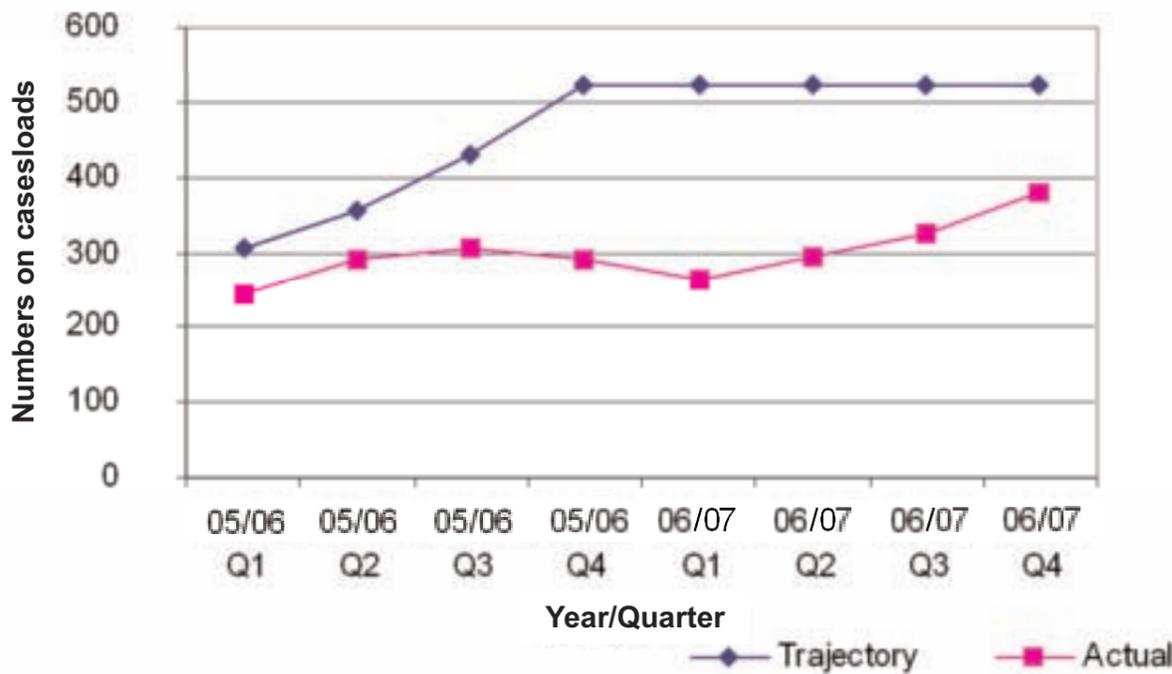


o Early Intervention Trajectories

Our Trust's Early Intervention Teams are some of the most newly established services, aiming to detect much earlier people showing symptoms of psychosis.

The graph opposite shows the target and actual workloads for the Early Intervention Services. The phased introduction of new teams during 2006/07 has led to a gradual progression towards the target. One team covering the Solihull area was still not fully established by the year end, although plans are now in place to ensure full coverage. Early indications are that performance continues to move towards meeting this challenging national target by the year end.

Early Intervention Service caseloads at end of quarter



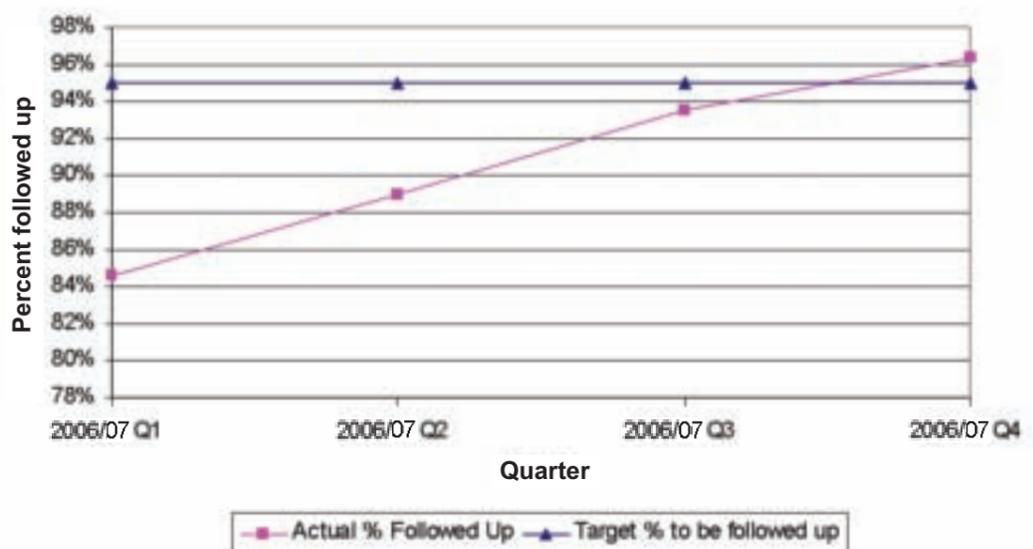
o 7 Day Follow UP

Our Trust has a target of ensuring that all patients are followed up by a clinician within 7 days of being discharged from hospital, evidence has shown that this is the time that some patients feel most vulnerable and are more at risk of committing suicide.

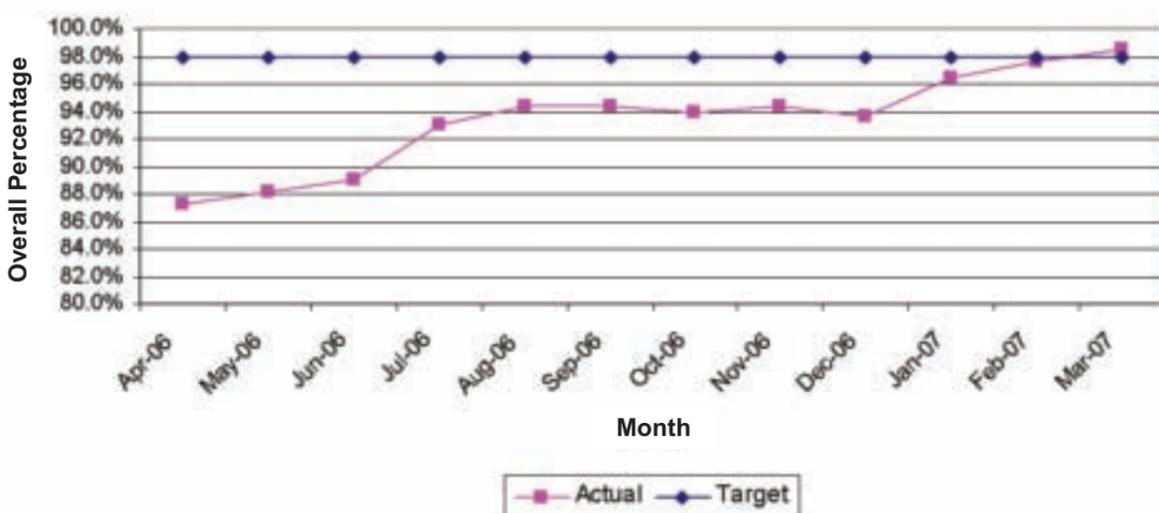
The graph opposite shows the proportion of patients that were discharged from hospital care and followed up within 7 days.

Performance in this area was not monitored during 2005/06 but during 2006/07 the Trust was able to gradually improve its performance reaching its internal target of 95% in quarter 4.

Percent of people followed up within 7 days after discharge – 2006/07



CPA Percentage of Users on Enhanced Care with e-Care Plans – 2006/07



o Percentage of users on enhanced CPA with an electronic care plan within the last 12 months

One of our key targets is the percentage of users on enhanced care with an electronic care plan. It can be seen that we have achieved a steady improvement over 2006/07 and have now met the 98% target. (see graph opposite).

2. THE FINANCIAL POSITION OF THE TRUST

The Financial Summary which starts below shows the detailed financial statements of the Trust's financial performance in 2006/07.

As a result of continued 'good housekeeping' and increased productivity, it can be seen that BSMHT managed to report a surplus of £1.764m in 2006/07.

	2006/07	2005/06	Increase
	£000	£000	%
Income	211,234	175,061	21
Expenditure	209,470	175,061	20
surplus/(deficit)	1764	0	

The summary balance sheet shows BSMHT's net worth.

At the end of 2006/07 the "value" of BSMHT in terms of land, buildings, equipment and monies owed and owing is just under £145m. This is approximately 14% higher than the year before – represented by a rise in the value of fixed assets, extra capital investment and the impact of delivering an income and expenditure surplus.

	2006/07 £000	2005/06 £000	Change %
Fixed Assets	122,138	128,794	-5.2
Current Assets	30,931	11,068	179.5
Current Liabilities	-7,523	-11,802	-36.3
Provisions	-657	-1,037	-36.6
Total Net Assets	144,889	127,023	14.1

3. PROSPECTS FOR THE FUTURE

Our Trust is looking to fully use the freedoms afforded by Foundation Trust status, including the flexibility to plan for major service developments without having to operate within strict annual allocation limits. Major service developments included within the Trust's Integrated Business Plan are as follows;

- **Birmingham New Hospitals Project** – New acute inpatient buildings financed through the Private Finance Initiative at the Queen Elizabeth site Edgbaston and Showell Green Lane, Sparkhill. These facilities are planned to be opened in June 2008. The final building for Older Adults at Moseley Hall Hospital is expected to be completed during 2011.
- **Medium Secure Services** – We plan to open a 90 bedded medium secure unit for men on the Yardley Green NHS site in Eastern Birmingham. The land has been secured and subject to business case approval, we plan to have services operational by 2011.
- **Women's PICU** – To address national policy drivers for separate psychiatric intensive care for women, we plan to open a new 10 bedded unit on the Highcroft site early in 2008.

4. PRINCIPAL RISKS AND UNCERTAINTIES

Our Trust receives over 75% of its income from the Birmingham and Solihull PCTs. The key risk to our Trust's sustained future financial viability is the financial position and commissioning strategy of these PCTs. We continue to work in strategic partnership with these organisations in redesigning services to achieve best value for money, as well as assisting in the relocation of service users from out of area hospitals back into local services. Our Trust has agreed 3 year contracts for the ongoing provision of mental health services, which helps to mitigate the risks for both parties.

TRUST FINANCIAL SUMMARY

You will find on pages 10 to 15 a summary of accounts of our Trust for the financial year 2006/07. They are similar to the accounts of private companies and can appear complex. If we look at the principal factors of the financial performance of our Trust it is measured against four targets:

- To ensure expenditure is contained within income. We achieved a surplus of £1.764m which equates to less than 1% of total budget.
- To achieve a capital cost absorption rate of 3.5%. This measure ensures the Trust is paying the correct amount of dividend to the Department of Health based on our average relevant net assets. Our Trust achieved 3.3%, which is within the tolerance range set of +/- 0.5%.
- To achieve an external financing limit agreed with the Department of Health. This governs the level of borrowing and capital expenditure and is effectively a cash limit. The target for our Trust was £6.305m, which it achieved.
- To achieve a capital resource limit agreed with the Department of Health. This governs the amount of capital expenditure the Trust has to spend. The target for our Trust was £6.479m, which it achieved.

Further summary analysis can be found in the accompanying notes to the financial statements. A full set of accounts including a statement on internal control is available, free of charge, from Mr C Walker, Deputy Director of Finance, BSMHT Trust Headquarters, Finance Department, Unit 1, 50 Summer Hill Road, Birmingham, B1 3RB.

Our Trust also has a connected charity, Birmingham and Solihull Mental Health NHS Trust General Charity. A separate annual report and a full set of accounts for the charity are also available on request.

Historic Financial Performance	2003/2004 £000s	2004/2005 £000s	2005/2006 £000s	2006/2007 £000s
Income	147,656	165,369	175,061	211,234
Expenditure	(144,822)	(162,304)	(171,145)	(205,543)
Operating Surplus	2,834	3,065	3,916	5,691
Interest/Net Dividends Payable	(2,834)	(3,065)	(3,916)	(3,927)
Surplus for the Year	0	0	0	1,764
Capital Cost Absorption Duty	3.7%	3.2%	3.4%	3.3%

Our Trust's external auditors are the Audit Commission. During 2006/07, the auditors performed both statutory and further assurance audits. The statutory audit, which includes the audit of the Trust's statutory accounts and further assurance audits, which governance and performance management audits, cost the Trust £133,000 (£165,000, 2005/06). The audit work programme for the year is overseen by the Audit Committee, a statutory sub committee of the Board. The Audit Committee was chaired by Patricia Brookfield and its membership included, David Boden, Rubina Mian and Anne Reid (all Non-Executive Directors). This is supported by external and internal Audit representatives and our Finance Director.

Independent Auditors' Statement to the Directors of the Board of Birmingham and Solihull Mental Health NHS Trust

I have examined the summary financial statements that comprise an Income and Expenditure Account, a Statement of Total Recognised Gains and Losses, a Balance Sheet, Cash Flow Statement, Better Payment Practice Code Measure of Compliance, Salary and Allowances of Senior Managers, Management Costs and the Pension Entitlements of Senior Managers set out on pages 11 to 15.

This report is made solely to the Board of Birmingham and Solihull Mental Health NHS Trust in accordance with Part II of the Audit Commission Act 1998 and for no other purpose, as set out in paragraph 36 of the Statement of Responsibilities of Auditors and of Audited Bodies prepared by the Audit Commission.

Respective responsibilities of directors and auditors

The directors are responsible for preparing the Annual Report.

My responsibility is to report to you my opinion on the consistency of the summary financial statements within the Annual Report with the statutory financial statements.

I also read the other information contained in the Annual Report and consider the implications for my report if I become aware of any misstatements or material inconsistencies with the summary financial statement.

Basis of opinion

I conducted my work in accordance with Bulletin 1999/6 'The auditors' statement on the summary financial statement' issued by the Auditing Practices Board. My report on the statutory financial statements describes the basis of our audit opinion on those financial statements.

Opinion

In my opinion the summary financial statements are consistent with the statutory financial statements of the Trust for the year ended 31 March 2007. I have not considered the effects of any events between the date on which I signed my report on the statutory financial statements (22/06/2007) and the date of this statement.



Auditor: Mark Stocks
Address: No 1, Friarsgate, 1011 Stratford Road, Solihull, West Midlands, B90 4EB
Date: 1st August 2007

INCOME AND EXPENDITURE ACCOUNT FOR THE YEAR

	2006/2007 £000	2005/2006 £000
Income from activities	187,600	157,359
Other operating income	23,634	17,702
Operating expenses	(205,543)	(171,145)
OPERATING SURPLUS (DEFICIT)	5,691	3,916
Cost of fundamental reorganisation/ restructuring	0	0
Profit (loss) on disposal of fixed assets	0	0
SURPLUS BEFORE INTEREST	5,691	3,916
Interest receivable	453	397
Interest payable	0	0
Other finance costs - change in discount rate on provisions	0	(128)
SURPLUS FOR THE FINANCIAL YEAR	6,144	4,185
Public Dividend Capital dividends payable	(4,380)	(4,185)
RETAINED SURPLUS (DEFICIT) FOR THE YEAR	1,764	0

STATEMENT OF TOTAL RECOGNISED GAINS AND LOSSES FOR THE YEAR

	2006/2007 £000	2005/2006 £000
Surplus for the financial year before dividend payments	6,144	4,185
Fixed asset impairment losses	(1,004)	0
Unrealised surplus on fixed asset revaluations/indexation	10,793	4,370
Increases in the donated asset and government grant reserve due to receipt of donated and government grant financed assets	78	0
Reductions in the donated asset and government grant reserve due to the depreciation, impairment and disposal of donated and government grant financed assets	0	0
Additions/(reductions) in "other reserves"	0	0
Total recognised gains and losses for the financial year	16,011	8,555
Prior period adjustment	0	0
Total gains and losses recognised in the financial year	16,011	8,555

BALANCE SHEET AS AT 31 March 2007

	2006/2007 £000	2005/2006 £000
FIXED ASSETS		
Intangible assets	4	12
Tangible assets	122,134	128,782
	<u>122,138</u>	<u>128,794</u>
CURRENT ASSETS		
Stocks and work in progress	443	408
Debtors	30,356	10,528
Investments	0	0
Cash at bank and in hand	132	132
	<u>30,931</u>	<u>11,068</u>
CREDITORS : Amounts falling due within one year	<u>(7,523)</u>	<u>(11,802)</u>
NET CURRENT ASSETS (LIABILITIES)	<u>23,408</u>	<u>(734)</u>
TOTAL ASSETS LESS CURRENT LIABILITIES	<u>145,546</u>	<u>128,060</u>
PROVISIONS FOR LIABILITIES AND CHARGES	<u>(657)</u>	<u>(1,037)</u>
TOTAL ASSETS EMPLOYED	<u>144,889</u>	<u>127,023</u>
FINANCED BY:		
CAPITAL AND RESERVES		
Public dividend capital	103,362	97,057
Revaluation reserve	36,433	27,048
Donated Asset reserve	2,759	2,572
Government grant reserve	152	148
Income and expenditure reserve	2,183	198
TOTAL CAPITAL AND RESERVES	<u>144,889</u>	<u>127,023</u>

Buildings, land and equipment we own

Money that is owed to us

Money that we owe

Items that we are expecting to pay

2006-07 Annual Accounts of Birmingham & Solihull Mental Health NHS Trust

STATEMENT OF DIRECTORS' RESPONSIBILITIES IN RESPECT OF THE ACCOUNTS

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

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

The directors are responsible for keeping proper accounting records which disclose with reasonable accuracy at any time the financial position of the trust and to enable them to ensure that the accounts comply with requirements outlined in the above mentioned direction of the Secretary of State. They are also responsible for safeguarding the assets of the trust and hence for taking reasonable steps for the prevention and detection of fraud and other irregularities.

The directors confirm to the best of their knowledge and belief they have complied with the above requirements in preparing the accounts.

By order of the Board

15/6/07 Date: *Sue Turner* Chief Executive

pp for and on behalf of Sue Turner Chief Executive

15/6/07 Date: *[Signature]* Finance Director

2006-07 Annual Accounts of Birmingham & Solihull Mental Health NHS Trust

STATEMENT OF THE CHIEF EXECUTIVE'S RESPONSIBILITIES AS THE ACCOUNTABLE OFFICER OF THE TRUST

The Secretary of State has directed that the Chief Executive should be the Accountable Officer to the Trust. The relevant responsibilities of Accountable Officers, including their responsibility for the propriety and regularity of the public finances for which they are answerable, and for the keeping of proper records, are set out in the Accountable Officers' Memorandum issued by the Department of Health.

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

15/6/07 Date: *Sue Turner* Chief Executive

pp for and on behalf of Sue Turner Chief Executive

CASH FLOW STATEMENT FOR THE YEAR ENDED 31 March 2007

	2006/2007 £000	2005/2006 £000
OPERATING ACTIVITIES		
Net cash inflow/(outflow) from operating activities	4,023	7,169
RETURNS ON INVESTMENTS AND SERVICING OF FINANCE:		
Interest received	444	396
Interest paid	0	0
Interest element of finance leases	0	0
Net cash inflow/(outflow) from returns on investments and servicing of finance	<u>444</u>	<u>396</u>
CAPITAL EXPENDITURE		
Payments to acquire tangible fixed assets	(6,713)	(3,591)
Receipts from sale of tangible fixed assets	321	2,174
(Payments to acquire)/receipts from sale of intangible assets	0	0
Net cash inflow/(outflow) from capital expenditure	<u>(6,392)</u>	<u>(1,417)</u>
DIVIDENDS PAID	(4,380)	(4,185)
Net cash inflow/(outflow) before management of liquid resources and financing	<u>(6,305)</u>	<u>1,963</u>
MANAGEMENT OF LIQUID RESOURCES		
Purchase of investments	0	0
Sale of investments	0	0
Net cash inflow/(outflow) from management of liquid resources	0	0
Net cash inflow/(outflow) before financing	<u>(6,305)</u>	<u>1,963</u>
FINANCING		
Public dividend capital received	6,305	0
Public dividend capital repaid (not previously accrued)	0	(1,963)
Public dividend capital repaid (accrued in prior period)	0	0
Loans received	0	0
Loans repaid	0	0
Other capital receipts	0	0
Capital element of finance lease rental payments	0	0
Cash transferred from/to other NHS bodies	0	0
Net cash inflow/(outflow) from financing	<u>6,305</u>	<u>(1,963)</u>
Increase (decrease) in cash	<u>0</u>	<u>0</u>

Cash received but not spent on operating expenditure

Expenditure on upgrading and developing our buildings and equipment

The difference between the cash we earned and the cash we spent on capital assets

Our government borrowing to cover this difference

BETTER PAYMENT PRACTICE CODE - MEASURE OF COMPLIANCE

The Department of Health requires that Trusts pay their non-NHS creditors in accordance with the CBI Prompt Payment Code and Government accounting rules. The target is to pay non-NHS creditors within 30 days of receipt of goods or a valid invoice (whichever is the later) unless other terms have been agreed with the supplier.

	2006/2007		2005/2006	
	Number	£000	Number	£000
Total bills paid in the year	37,324	42,107	43,086	35,649
Total bills paid within target	34,443	40,485	39,378	34,296
Percentage of bills paid within target	92.28%	96.15%	91.39%	96.20%

SALARY AND ALLOWANCES OF SENIOR MANAGERS

Name and Title	2006-07			2005-06		
	Salary	Other Remuneration	Benefits in kind	Salary	Other Remuneration	Benefits in kind
	(bands of £5000)	(bands of £5000)	(Rounded to the nearest £100)	(bands of £5000)	(bands of £5000)	(Rounded to the nearest £100)
	£000	£000	£	£000	£000	£
Dr J Shapiro (Chairman)	20 – 25	0	0	20 – 25	0	0
Ms A Reid (Non-Executive Director)	5 – 10	0	0	5 – 10	0	0
Mr A Nicholls* (Non-Executive Director)	0 – 5	0	0	5 – 10	0	0
Mr WS Baldwin (Non-Executive Director)	5 – 10	0	0	5 – 10	0	0
Mr A Sealey* (Non-Executive Director)	0 – 5	0	0	5 – 10	0	0
Dr R Mian (Non-Executive Director)	5 – 10	0	0	5 – 10	0	0
Mrs P Brookfield (Non-Executive Director)	5 – 10	0	0	5 – 10	0	0
Mr D Boden* (Non-Executive Director)	0 – 5	0	0	n/a	n/a	n/a
Mr J Aldred* (Non-Executive Director)	0 – 5	0	0	n/a	n/a	n/a
Prof P Marquis (Non-Executive Director)	5 – 10	0	0	5 – 10	0	0
Ms S Turner (Chief Executive)	135 – 140	0	0	125 – 130	0	0
Dr N Deuchar (Medical Director)	125 – 130	25 – 30	0	80 – 85	15 – 20	0
Mr C Tidman** (Finance Director)	40 – 45	0	0	n/a	n/a	n/a
Ms G Markham (Director of Strategic Development)	90 – 95	0	0	85 – 90	0	0
Ms N Carder (Director of Operations)	90 – 95	0	0	85 – 90	0	0
Mrs K Martin (Director of Organisational & Workforce Development and Deputy Chief Executive)	100 – 105	0	0	85 – 90	0	0
Ms R Alstead (Director of Nursing)	90 – 95	0	0	85 – 90	0	0
Mr A Kenny (Director of Commercial Services & Asset Management)	90 – 95	0	0	90 – 95	0	0

* These Non-Executives were employed for only part of 2006-07 ** The Director of Finance joined in October 2006, previously this post was filled on a consultancy basis.

MANAGEMENT COSTS

	2006/2007		2005/2006	
	£000	Percentage of Income	£000	Percentage of Income
Management costs	9,821	4.65%	8,413	4.81%
Income	211,234		175,061	

PENSION ENTITLEMENTS OF SENIOR MANAGERS

Name and Title	Real increase in pension at age 60	Lump sum at aged 60 related to real increase in pension	Total accrued pension at age 60 at 31 March 2007	Lump sum at age 60 related to accrued pension at 31 March 2007	Cash Equivalent Transfer Value at 31 March 2007	Cash Equivalent Transfer Value at 31 March 2006	Real Increase in Cash Equivalent Transfer Value	Employers Contribution to Stakeholder Pension
	(bands of £2500)	(bands of £2500)	(bands of £5000)	(bands of £5000)				To nearest £100
	£000	£000	£000	£000	£000	£000	£000	£
Dr J Shapiro (Chairman)	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
Ms A Reid (Non-Executive Director)	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
Mr A Nicholls (Non-Executive Director)	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
Mr WS Baldwin (Non-Executive Director)	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
Mr A Sealey (Non-Executive Director)	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
Dr R Mian (Non-Executive Director)	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
Mrs P Brookfield (Non-Executive Director)	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
Prof P Marquis (Non-Executive Director)	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
Mr D Boden (Non-Executive Director)	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
Mr J Aldred (Non-Executive Director)	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
Ms S Turner (Chief Executive)	2.5 – 5	7.5 – 10	40 – 45	120 – 125	580	500	67	0
Dr N Deuchar (Medical Director)	2.5 – 5	12.5 – 15	20 – 25	60 – 65	292	216	71	0
Mr C Tidman (Finance Director)	0 – 2.5	2.5 – 5	15 – 20	50 – 55	177	160	13	0
Ms G Markham (Director of Strategic Development)	0 – 2.5	2.5 – 5	0 – 5	10 – 15	65	41	23	0
Ms N Carder (Director of Operations)	0 – 2.5	2.5 – 5	0 – 5	10 – 15	53	33	19	0
Mrs K Martin (Director of Organisational & Workforce Development and Deputy Chief Executive)	0 – 2.5	5 – 7.5	25 – 30	80 – 85	361	317	35	0
Ms R Alstead (Director of Nursing)	0 – 2.5	5 – 7.5	35 – 40	105 – 110	512	448	53	0
Mr A Kenny (Director of Commercial Services & Asset Management)	0 – 2.5	2.5 – 5	0 – 5	5 – 10	40	22	18	0

Trust Board and Management

All members of the Trust Board subscribe to the Code of Conduct for NHS Boards. Our directors, managers and staff are required to adopt high standards of corporate and personal conduct in respect of others of hospitality, declaration of interests and prevention of fraud and corruption. Policies relating to these matters are available from the Trust Secretary.

Our Chief Executive (appointed 1st April 2003) and Executive Directors were appointed via vigorous nationwide recruitment processes in line with national and local guidance. All Executive Directors are appointed on a permanent basis to posts that are subject to six months' notice.

Trust Board Sub-Committees

Our Trust Board has a number of statutory sub-committees that are chaired by Non-Executive Directors, as follows:

- Remuneration Sub-Committee – Jonathan Shapiro
- Audit Sub-Committee – Patricia Brookfield
- Complaints Sub-Committee – Anne Reid (until 31/03/07)
- Clinical Governance Sub-Committee – Peter Marquis
- Mental Health Act Lay Managers – Patricia Brookfield
- Charitable Funds Sub-Committee – Anne Reid (until 31/03/07)
- Finance Committee – Stan Baldwin

All of the Trust's Directors, as listed over page, declare that as far as they are aware, there is no relevant audit information of which the NHS body's auditors are unaware. They have taken all the steps that they ought to have taken as a director in order to make themselves aware of any relevant audit information and to establish that the NHS body's auditors are aware of that information.

Non-Executive Directors

Dr Jonathan Shapiro
Chairman

Senior Fellow, Health Services Management Centre,
University of Birmingham.

Director, Policy Development Partnership (PDP)
Consultancy

Dr Rubina Mian

Non-Executive Director (finished 31/03/07)

Director of Oxford Stress Diagnostics

Director of Oxford Medistress

Anne Reid

Non-Executive Director (finished 31/03/07)

Independent Consultant Practice in Organisation &
Management Development

Associate Consultant of the British Association of
Medical Managers

Professor Peter Marquis

Non-Executive Director

Dean of Life and Health Sciences, University of
Birmingham

Chairman, CPD HQ Limited

Governor, Royal Orthopaedic Hospital Foundation
Trust

Stan Baldwin

Non-Executive Director

Self – employed consultant

Patricia Brookfield

Non-Executive Director

No interests to declare

Bishop Joe Aldred

Non-Executive Director (commenced 12/10/06)

Council of Black-led Churches

David Boden

Non-Executive Director (commenced 12/10/06)

Chief Executive – W Boden & Co Ltd

Justice of Peace, Sutton Coldfield Bench

Adult & Youth Courts

Executive Directors

Sue Turner

Chief Executive

No interests to declare

Karen Martin, Deputy Chief Executive

Director of Workforce and Organisational

Development

No interests to declare

Dr Neil Deuchar

Medical Director

Board member, Centre for Health & Healing,

St Martin's Church, Birmingham Bull Ring

Partner Midlands Psychiatric Partnership

Ros Alstead

Director of Nursing

Vice Chair of the Mental Health Directors & Nurse

Leads Forum

Nette Carder

Director of Operations

Director of Apricot Blue Ltd (up to Nov 06)

Non-Executive Director Focus Futures (from Nov 06)

Glynis Markham

Director of Strategic Management

No interests to declare

Chris Tidman

Director of Finance & Resources (commenced

16 October 2006)

No interests to declare

Non-Voting Directors

Alan Kenny

Director of Commercial Services and Asset
Management

No interests to declare

Lakhvir Rellon

Director of Diversity

Director Women and Theatre

Trustee Care International Foundation

Service Directorates and main Trust sites

Forensic Services (tel: 0121 678 3000)

Service Director - Bernadette Byrne

Clinical Director - Dr Jeremy Kenney Herbert

Reaside Clinic

Hillis Lodge

Ardenleigh

Mental Health Services for Older People

(tel: 0121 301 5835)

Service Director - Brian Toner

Acting Clinical Director - Ros Alstead

Ashcroft House

Calum Lodge

Little Bromwich Centre

Reservoir Court

Marsh Lane Centre

Queen Elizabeth Psychiatric Hospital

Maple Leaf Drive Unit

John Black Day Centre

Solihull Hospital (Ward 10)

Hollyhill

Heart of Birmingham Directorate (tel: 0121 685 6972)

Service Director - Ken Jackson

Clinical Director - Dr Peter Lewis

Mary Seacole

Harry Watton House

Small Heath Centre

Morcom House

Ladywood Centre

Main Street Resource Centre

Stratford Road Day Centre

Soho House

Magnolia House

Scarborough House

Solihull Directorate (tel: 0121 678 4782)

Service Director - Marie Tolster

Clinical Director - Dr Prakash Naik

Newington Resource Centre

Lyndon Clinic

Dan Mooney House

David Bromley House

Hertford House

Solihull Hospital

Specialty Services (tel: 0121 678 2531)

Service Director - Pat Hemmings

Clinical Director - Dr Jan Birtle

Queen Elizabeth Psychiatric Hospital

Main House

Devon House

Denmark House

Bridger House

Denis Shilston House

East Directorate (tel: 0121 685 7398)

Service Director - Diana Morgan

Clinical Director - Dr Vidya Sagar

Newbridge House

Riverside

Northcroft

Highcroft site

Underwood Centre

Old Fire Station

Morcom House

South Directorate (tel: 0121 678 2066)

Service Director - Kate Phipps

Clinical Director - Dr Mohan George

Queen Elizabeth Psychiatric Centre

Ten Acres Centre

Spring Road

Warstock Lane Health Centre

Yewcroft Centre

Longbridge Health Centre

Shenley Fields Resource Centre

Radcliffe House

Greenbank

Grove Road, Rehabilitation and Recovery

Ross House

Grove Avenue

Substance Misuse Services (tel: 0121 685 7777)

Service Director - Paul Stewart

Clinical Director - Dr Alex Copello

Addictive Behaviours Centre

ABC Inpatients, Church Road

The Bridge

Mary Street Centre

Slade Road Centre

Barker Street Centre

Azaadi Centre

Wheeler Street Centre

Matthews Centre

Norman Imlah Day Centre

North DIP Team at Bridge House Annexe

HoB DIP Team at Summerhill Terrace

East DIP Team at Cartland House

South DIP Team at Imperial Court

The Prison Mental Health Service and Prison Detox
Service based at HMP Birmingham.

COMPASS team at Frantz Fannon Centre.

North Directorate (tel: 0121 685 7834)

Service Director - Dave Newnham

Clinical Director - Dr Robert Wall

Patrick House

Bridge House

Phoenix Day Centre

Highcroft site inpatient units

Northcroft

Foundations for the future

Help us to carry forward mental health services in Birmingham and Solihull by joining our Foundation Trust today.
Around 3,000 members of the public have already joined as members.

Contact the FT project office for more information on 0121 301 1229 or email ft.membership@bsmht.nhs.uk