



Birmingham and Solihull Mental Health NHS Foundation Trust  
Unit B1, Trust Headquarters  
50 Summerhill Road,  
Birmingham  
B1 3RB

XXXXRedactedXXXX  
Inspection Manager  
Hospitals; Mental Health  
(Central West) Central Region  
XXXXRedactedXXXX

**Date 4 February 2021**

Your reference: RGP1-10053519614  
Account number: RXT

Dear XXXXRedactedXXXX

**Re: Care Quality Commission  
Health and Social Care Act 2008  
Notice of decision to impose conditions on your registration as a service provider in  
respect of regulated activities  
Reporting schedule**

I do hope that you are well. I am pleased to attach for you documents in accordance with the following conditions applied to our registration:

Condition 3 - Commencing from 5 February 2021 the registered provider must report to the Commission on a monthly basis setting out progress being made in respect of and including mitigating measures being put in place until all ligature risks are addressed.

Condition 4 - By 29 January 2020 the Registered provider must implement an effective system to improve risk assessments and care planning. The Registered Provider must report to the Commission on the steps it has taken in connection with this by 5 February 2021.

The documents demonstrate our progress in implementing the plans that we submitted to you in December and early January.

There is one aspect of escalation to draw to your attention, this relates to Larimar Ward. We had planned to conduct the survey for the door alarm installation programme on this site by the end of January. Due to a Covid Outbreak and a staff bubble forming, this has compromised our ability to conduct the full survey. We can however provide you with

Chair: Danielle Oum | Chief Executive: Roisín Fallon-Williams

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assurance that this will not affect the overall planned programme and timings of works on this ward and we will be completing the full survey just as soon as it is safe to do so. Please also note that variations on condition were not applied to Larimar but we are taking the same actions in relation to this ward.

In connection with Condition 4, we have also included a report detailing the system to improve risk assessments and care planning.

I look forward to discussing these with you further at our monthly relationship meeting, however should you have any immediate queries or require any additional information then please do not hesitate to contact me or XXXXRedacted XXXX ,Head of Health, Safety and Regulatory Compliance.

Yours sincerely

A handwritten signature in cursive script that reads "Dawn Clift". The signature is written in black ink and features a long, sweeping underline that extends to the right and then curves back under the name.

Dawn Clift  
Associate Director of Governance