South West Yorkshire Partnership
NHS Foundation Trust

2 December 2022

Chair's Office
Block 7
Fieldhead
Ouchthorpe Lane
Wakefield
WF1 3SP

Email: marie.burnham@swyt.nhs.uk

Any queries in relation to this letter should be directed to Asma Sacha or Andrew Lister by email at asma.sacha@swyt.nhs.uk andrew.lister@swyt.nhs.uk

Dear Governor,

Members' Council meeting and Joint Trust Board and Members' Council to be held on 9 December 2022

The next Members' Council meeting and Joint Trust Board / Members' Council meeting will be held on Friday 9 December 2022.

The agenda for both meetings and papers for the Members' Council meeting are enclosed. Presentations for the Joint Trust Board / Members' Council meeting will be presented on the day.

The meeting for governors will start at 09.00 and finish at 11.10.
The joint meeting will start at 12.00 and finish at 14.00.

The meetings include the following sections:

- **09.00** Governors only pre-meet (to finish at 09.25)
- **09.30 Members' Council meeting**
- **11.05** *Close Members' Council meeting*
- **11.05 Private session** – Governors only
- **11.10** *Close*
- **11.50** New Governors introduction to the Board directors (new governors and directors only)
- **12.00 Joint Trust Board and Members' Council meeting**
- **12.50** *Break*

UNIVERSITY OF LEEDS
Associated teaching trust status

© Copyright Barnsley LGBT Forum 2008

With **all of us** in mind.

To protect the environment and save money this letter is printed on recycled and unbleached paper.

- **13.00 Joint Trust Board and Members' Council meeting** (continued)
- **14.00** Close

If you have any questions or issues of clarity in relation to the agenda and papers, it would be appreciated if they could be provided to Asma Sacha on asma.sacha@swyt.nhs.uk by lunchtime on **Wednesday 7 December 2022.**

This meeting will take place in the Large Conference Room, Wellbeing & Learning Centre, Fieldhead Hospital, Wakefield, WF1 3SP and you will also be able to join virtually.

Please note, if you have requested to receive a hard copy of Members' Council papers, these are on their way to you.

I hope you can join us on 9 December 2022.

Yours sincerely

Marie Burnham
Chair

NHS
South West Yorkshire Partnership
NHS Foundation Trust

Members' Council meeting
9 December 2022 at 09.30 – 11.10

Large Conference Room (Hybrid meeting), Wellbeing and Development Centre, Fieldhead Hospital, Wakefield, WF1 3SP

Item	Approx. Time	Subject Matter	Lead		Action	Minutes allotted
	9.00	*Governors only pre-meet (25 minutes followed by 5-minute break)*	*John Laville, Lead Governor*			*25*
1.	9.30	Welcome, introductions and apologies	Marie Burnham, Chair	**Verbal**	To receive	3
2.	9.33	Declarations of Interests	Marie Burnham, Chair	**Verbal**	To receive	2
3.	9.35	Minutes of the previous Members' Council meeting held on 16 August 2022	Marie Burnham, Chair	**Paper**	To approve	3
4.	9.38	Matters arising from the previous meeting held on 16 August 2022 and action log	Marie Burnham, Chair	**Paper**	To receive	5
5.	9.43	Chair's report and feedback from Trust Board (to be taken as read, submit questions in advance)	Marie Burnham, Chair	**Paper**	To receive	5
6.	9.48	Chief Executive's comments on the operating context	Mark Brooks, Chief Executive	**Verbal**	To receive	5
7.	9.53	**Members' Council Business items**				
	9.53	7.1 Governor feedback	John Laville, Lead Governor	**Paper**	To receive	15

Item	Approx. Time	Subject Matter	Lead		Action	Minutes allotted
	10.08	7.2 Assurance from Members' Council groups and Nominations Committee (to be taken as read, submit questions in advance)	Marie Burnham, Chair	**Paper**	To receive	5
	10.13	7.3 Governor appointments to groups and committees	Marie Burnham, Chair	**Paper**	To receive	2
	10.15	7.4 Associate Non-Executive Director update	Greg Moores, Chief People Officer	**Paper**	To approve	5
	10.20	7.5 Patient experience annual report	Darryl Thompson, Chief Nurse and Director of Quality and Professions	**Presentation/ Paper**	To receive	10
	10.30	7.6 Incident management annual report	Darryl Thompson, Chief Nurse and Director of Quality and Professions	**Paper**	To receive	7
	10.37	7.7 Members' Council elections (process)	Andy Lister, Head of Corporate Governance (Company Secretary)	**Paper**	To receive	3
	10.40	7.8 Review of Members' Council objectives planning	John Laville, Lead Governor	**Paper**	To receive	5
	10.45	7.9 Integrated Performance Report	Mandy Rayner, Deputy Chair, with support from Executive Directors	**Presentation**	To discuss	10
8.	10.55	**Any other business**	Marie Burnham, Chair	**Verbal**	To note	5
9.	11.00	**Closing remarks and work programme** Work programme 2022/23 (attached)	Marie Burnham, Chair	**Paper and verbal**	To receive	3

Item	Approx. Time	Subject Matter	Lead		Action	Minutes allotted
10.	11.03	**Future Members' Council meetings 2022/23 and 2023/24:** ➢ Friday 24 February 2023 Future meeting dates for approval: ➢ Tuesday 9 May 2023 ➢ Wednesday 16 August 2023 ➢ Friday 29 September 2023 – Annual Members' Meeting ➢ Friday 17 November 2023 (including Joint Trust Board and Members' Council) ➢ Wednesday 14 February 2024	Marie Burnham, Chair	**Verbal**	To approve	2
	11.05	***Close of public meeting***				
11	11.05	Private Minutes of the previous Members' Council meeting held on 16 August 2022	John Laville, Lead Governor	**Paper**	To approve	5
	11.10	***Close of private meeting***				

Joint Trust Board and Members' Council meeting
12:00 – 14:00
Large Conference Room (Hybrid meeting), Wellbeing and Development Centre, Fieldhead Hospital, Wakefield, WF1 3SP

	11.50	*New Governors introduction to the Board directors (new governors and directors only)*	*Marie Burnham, Chair*			*10*
12.	12.00	**Welcome, introductions and apologies**	Marie Burnham, Chair	**Verbal item**	To receive	5
13.	12.05	**The role and importance of governors**	Marie Burnham Chair/John Laville, Lead Governor	**Presentation**	To receive	5
14.	12.10	**Update on our strategic context**	Mark Brooks, Chief Executive	**Presentation**	To receive	10
15.	12.20	**Our future plans**				
	12.20	a. Our 2022/23 plan and process for developing our 2023/24 plan (To include SWOT analysis)	Salma Yasmeen, Director of Strategy and Change	**Presentation**	To discuss	30
	12.50	*Break*				*10*
	13.00	b. Small group discussions to inform plans for 2022/23	Facilitated by Non-executive directors	**Interactive session**	To discuss	40

	13.40	c. Feedback – top 3 discussion points and why	Non-executive directors	**Verbal item**	To receive	10
16.	13.50	**Summary and next steps**	Mark Brooks, Chief Executive	**Verbal item**	To discuss	10
	14.00	*Close*				

South West Yorkshire Partnership NHS Foundation Trust

Minutes of the Members' Council meeting held at 09.30 on 16 August 2022

Meeting Held Virtually by Microsoft Teams

Present:	Mike Ford (MF)	Non-Executive Director and Senior Independent Director (Chair)
	John Laville (JL)	Public – Kirklees (Lead Governor) (from 11am)
	Bill Barkworth (BB)	Public – Barnsley (Deputy Lead Governor)
	Bob Clayden (BC)	Public – Wakefield
	Jackie Craven (JC)	Public - Wakefield
	Claire Den Burger-Green (CDBG)	Public - Kirklees
	Darren Dooler (DDo)	Public - Wakefield
	Brenda Eastwood (BE)	Appointed – Barnsley Metropolitan Borough Council
	Gary Ellis (GE)	Appointed – Mid Yorkshire Hospital NHS Trust
	Warren Gillibrand (WG)	Appointed – Huddersfield University
	Laura Habib (LH)	Staff – Nursing support
	Anthony Jackson (AJ)	Staff – Non-clinical support
	Adam Jhugroo (AJh)	Public - Calderdale
	Helen Morgan (HM)	Staff – Allied Health Professionals
	Beverley Powell (BP)	Public - Wakefield
	Phil Shire (PS)	Public – Calderdale
	Sue Spencer (SS)	Appointed – Barnsley Hospital NHS Foundation Trust
	Keith Stuart - Clarke (KSC)	Public – Barnsley
In attendance:	Mark Brooks (MBr)	Chief Executive
	Salma Yasmeen (SY)	Deputy Chief Executive and Director of Strategy and Change,
	Sue Barton (SB)	Deputy Director of Strategy and Change (item 7.1 only)
	Carol Harris (CH)	Chief Operating Officer
	Gemma Lockwood (GM)	PA to Chair and Chief Executive
	Erfana Mahmood (EM)	Non-Executive Director
	Kate Quail (KQ)	Non-Executive Director
	Adrian Snarr (ASn)	Director of Finance, Estates and Resources
	Darryl Thompson (DTh)	Chief Nurse and Director of Quality and Professions
	Julie Williams (JW)	Assistant Director of Corporate Governance, Performance and Risk
	Nicola Wright (NW)	Partner, Audit & Assurance, Deloitte
	Grace Coggill (CG)	Administration Assistance – Corporate Governance Team

DRAFT

With all of us in mind.

	Andy Lister (AL)	Head of Corporate Governance (Company Secretary) (author)
	David Ramsay	Deputy Director of Children's Services (Child and Adolescent Mental Health Services (CAMHS))
	Jessica Merrin	Clinical Lead, Eating Disorders Service (CAMHS)
	Amanda Baxter	Education Mental Health Practitioners, Mental Health Support Team in Kirklees
Apologies:	Marie Burnham (MBu)	Chair
	Dylan Degman (DDe)	Public – Wakefield
	Jackie Ferguson (JF)	Appointed – Wakefield Council
	Mandy Griffin (MG)	Non-Executive Director, Deputy Chair
	Andrea McCourt (AMc)	Appointed – Calderdale and Huddersfield Hospitals NHS Foundation Trust
	Greg Moores (GM)	Chief People Officer
	Nat McMillan (NM)	Non-Executive Director
	Kate Quail (KQ)	Non-Executive Director
	Asma Sacha (AS)	Corporate Governance Manager
	Subha Thiyagesh (ST)	Chief Medical Officer
	David Webster (DW)	Non-Executive Director
	Nik Vlissides (NV)	Staff – Psychological therapies
	Tony Wilkinson (TW)	Public – Calderdale
	Tony Wright (TWr)	Appointed – Staff Side organisations

MC/22/45 Welcome, introductions and apologies (agenda item 1)

Mike Ford (MF) Non-Executive and Senior Independent Director chaired the meeting in the absence of Marie Burnham (MBu), Chair and Mandy Griffin (MG), Deputy Chair. MF formally welcomed everyone to the meeting, apologies were noted as above. The meeting was quorate and could proceed.

MF welcomed new appointed governors, Warren Gillibrand (WG) from Huddersfield University and Sue Spencer (SS) from Barnsley Hospital NHS Foundation Trust. MF also welcomed Jackie Ferguson (JF), newly appointed governor for Wakefield Council who has sent her apologies for this meeting.

MF welcomed Adrian Snarr (ASn), the newly appointed Director of Finance, Estates and Resources and Nicola Wright (NW) from Deloitte who is presenting item 6.1.

MF informed the Members' Council that Jo Gander (JG), public governor for the rest of Yorkshire, Humber and neighbouring counties has handed in her resignation, having been successfully appointed as a Non-Executive Director for Doncaster and Bassetlaw Teaching Hospital.

It was noted the Trust constitution states that if a governor takes up a director role within the NHS, they must tend their resignation immediately.

MF reported the meeting is being recorded to support minute taking. The recording will be deleted once the minutes have been approved (it was noted that attendees of the meeting should not record the meeting unless they had been granted authority by the Trust prior to the meeting taking place). Attendees are requested to remain on mute, unless speaking.

It was RESOLVED to RECEIVE the welcome, introductions and apologies as described above.

DRAFT

MC22/46 Declarations of Interests (agenda item 2)

Andy Lister (AL) informed the Members' Council that the three newly appointed governors, Jackie Ferguson (JF), Warren Gillibrand (WG) and Sue Spencer (SS) have submitted their declarations of interest and none of them have anything to declare.

It was RESOLVED to NOTE the individual declarations from governors.

MC22/47 Minutes of the previous Members' Council meeting held on 10 May 2022 (agenda item 3)

Darryl Thompson (DT) noted a misquote to the acronym SIM which had been recorded as "serenity investigation measuring" but should be "serenity integrated mentoring".

Bob Clayden (BC) noted that for item MC/22/28 both Phil Shire and Adam Jhugroo on page 10 of the minutes, were noted as public governors for Wakefield when they were public governors for Calderdale.

Action: Andy Lister

It was RESOLVED to AGREE the minutes of the Members' Council meeting held on 10 May 2022 as a true and accurate record with the noted amendments.

MC/22/48 Matters arising from the previous meeting held on 10 May 2022 and action log (agenda item 4)

MF raised **MC/22/36** and noted Greg Moores (GM) and Laura Habib (LH) are still to meet. LH confirmed she had met with GM, and it was agreed the action should be closed for the next meeting following LH providing AL with an update.

In reference to action **MC/22/36**, related to SIM, it was agreed that action resolutions in the log should be more detailed so that Members' Council can see what action has taken place.

Action: Andy Lister

Adam Jhugroo (AJh) stated it would be useful to know what the SIM outcome was and whether the Trust is using a similar model.

DT reported the Trust does not have a SIM model where multi-agency services are provided without a person's consent, and even when the Trust were providing care under a SIM heading, this differed from the national SIM model, in that consent was still integral to our approach.

MC/22/41 - in relation to workforce, to remain open.

MC/22/14 - is to remain open and be updated at the next meeting.

MC/22/21 - AL confirmed that a full consultation would take place with the Members' Council regarding the future dates/days for Members' Council meetings and the process for blended meetings. This would be managed through the Members. Council Co-ordination Group.

It was RESOLVED to NOTE the Action log of the Members' Council.

MC/22/49 Chair's report and feedback from Trust Board (agenda item 5)

MF noted in the meeting that the paper was to be taken as read to allow more time for discussion items and asked for any questions.

Phil Shire (PS) noted from the update in relation to the Trust Strategic Board meeting a SWOT (strengths, weaknesses, opportunities and threats) analysis had been carried out. PS reported it would be of interest of governors to see the SWOT analysis.

DRAFT

Mark Brooks (MBr) stated the joint Members' Council and Trust Board meeting is to take place in November 2022 and it would be a good opportunity to share the SWOT analysis at the start of the meeting with governors prior to strategic discussions taking place.

Action: Corporate governance team

MC/22/50 Annual items (agenda item 6)

MC/22/50a Report to the Governors on the Trust ISO 260 audit of accounts 2021/22 (agenda item 6.1)

Nicola Wright (NW) introduced herself as an audit partner from Deloitte. She informed that today's presentation follows the same format of previous years, a brief update about the responsibilities and scope of the external audit and then a report on findings and information already shared with the Trust's Audit Committee. The full outcome of the audit will not be published until the Value for Money section has been completed later in the year.

NW explained the scope of the audit is around the annual accounts and the annual report. The audit looks at areas of risk, once identified, sample testing takes place to gather evidence. This sits within the financial statements.

There are also sections of the annual report which require audit as well, including a remuneration report, and then a wider audit around Value for Money for the entire Trust. The annual report and annual governance statement are also read in full to check they are a fair assessment of the year.

An opinion will then be provided, as to whether the accounts are accurate, and any issues reported for Value for Money and any ongoing concern.

When the Department for Health and Social Care produces its consolidated report, Deloitte provide an opinion to them, to confirm the information submitted by the Trust is the same information, subject of the audit.

Those accounts are then submitted by the National Audit Office and Deloitte provide an opinion to them that the consolidation schedules prepared, match the opinion of Deloitte throughout their audit of the Trust.

All work, except for Value for Money, has been completed on time. The accounts and consistency opinion are unmodified, this outcome is positive and is what is sought to be achieved. The Value for Money work is ongoing and will be completed in due course.

The Audit plan produced two significant risks for testing. One around the validity of accruals, this was due to additional funding during Covid-19 which has been a national concern, and a mandated risk, about the management override of controls. There were no issues identified in relation to management override of controls.

The draft accounts and annual report were presented ahead of schedule which was helpful. Some adjustments to financial statements were recommended which the Trust has decided not to change, and this has been reported to the Audit Committee. Following extrapolation, the monies were identified to be minimal.

There are some recommendations in relation to the annual report about its length and repetition within the document. Accounting policies were reviewed and nothing of concern was identified.

There were four control findings arising from the audit work concerning the production of the Annual Report, documentation around International Financial Reporting Standards (IFRS) 16, identification of lease dilapidations and the production of management papers. The Value for Money work will be completed and reported into the Audit Committee later in the year.

DRAFT

MF reported the Audit Committee were happy with the outcome of the audit and asked for any questions. MF noted the positive relationship between Deloitte and the Trust.

NW noted the conversations with the Trust were transparent and the relationship has been very positive, and conversations have been constructively managed.

It was RESOLVED to RECEIVE the Report to the Governors on the Trust ISO 260 audit of accounts 2021/22

MC/22/51b Quality account and external assurance 2021/22 (agenda item 6.2)

Darryl Thompson (DT) reported this is the Annual Quality Account submission. DT explained the quality account refers to parts 1 and 2 of the report and the quality report refers to parts 1, 2 and 3. This is a technicality in relation to submission.

DT reported the document has been reviewed in depth at the Executive Management Team (EMT) meeting and the Clinical Governance Clinical Safety Committee (CGCS) to ensure this an accurate reflection of the year. Feedback from external stakeholders about their experience of the Trust has also been received.

The document was shared with Members' Council Quality Group prior to publication. DT explained some deviance from normal process as a result of Covid-19.

BC commented there are several acronyms within the document that make it hard to understand. A discussion followed and it was agreed this should be improved for next year's publication. DT also offered to add a glossary on the Trust's website to assist with acronyms within the document.

Action: Darryl Thompson

PS referenced tables on pages 5-12 for the Quality priorities for 21-22 and reported he could not establish from the table what improvements have taken place and commented that this may be referenced within the body of the report but any achievements that have taken place are not easy to find. PS suggested the Trust could produce something that is more useful and succinct rather than take up so much resource to produce such a large document.

Mark Brooks (MBr) noted the stipulated reporting requirements for the Quality Account did not make it an easy document to follow and agreed with PS's comments. A high-level summary version should be considered with the assistance of the Members' Council Quality Group for future years.

Action: Darryl Thompson

DT reported NHS Trusts are no longer required to produce the Quality Account as part of the auditable accounts. It may be that the Trusts are no longer required to produce the document going forward, but this is still to be established. DT added with the three new quality priorities there are new metrics being developed to enable better communication of the outcomes.

Claire Den Burger Green (CDBG) concurred a glossary would be a good idea at the beginning of the document as there are numerous acronyms within the document.

Action: Darryl Thompson

It was RESOLVED to RECEIVE the update on the Quality Account and external assurance 2021/22.

DRAFT

MC/22/51c Governor Feedback (item 6.3)

Bill Barkworth (BB) presented the item and explained that the feedback came from the quarterly governor only meetings held in June 2022 prior to the Members' Council Co-ordination Group meeting.

BB reported there is some detailed feedback within the document that BB needs to discuss with John Laville (JL). Attendance at Trust Board Committee meetings have been discussed and a number of views offered.

Governors are keen to get back to face to face meetings.

AL noted while Members' Council meetings will be virtual for the rest of 2022, there is a concerted effort to try and make this year's Annual Members Meeting a face-to-face meeting.

Governors feel they are losing touch with the Integrated Care System. BB has spoken to the Lead Governor of Barnsley Hospital NHS Foundation Trust, who had similar views and was considering a meeting, involving Lead Governors, to address this.

BB acknowledged the pressure Trust staff and staff governors are under.

CDBG reported she was working alongside JL and the Trust in Kirklees to try and improve initial appointment letters with the view of an overall improvement of all patient correspondent letters in the Trust. As part of this work, consultation with carers has been raised and CDBG has set up connections with "triangle of care" which is about consulting all in relation to service user's care.

Beverley Powell (BP) agreed that governors should be kept updated about progression of the Integrated Care Systems, and it is important that governors across the system work together.

Adam Jhugroo (AJh) noted the long waiting times and queried the achievement of the 18 weeks to assessment target and follow up consultations were being achieved. AJh further reported in his experience as a primary care worker, in reference to CDBG's work on initial appointment letters, that when a service user is on a waiting list, they do not receive any correspondence about the length of time or how long they could potentially be waiting.

Carol Harris (CH) clarified the Trust reports an 18 week wait to treatment, not to assessment. Where there is a target for referral to assessment, the Trust would report on that and then a report further on the referral to treatment time. The data on wait times is then fed through to the Executive Management Team and Trust Board. CH said she was happy to review any specific cases.

Action: Adam Jhugroo and Carol Harris

CDBG reported she has noted AJh's comments and will include this in the work she is progressing with the Trust.

Keith Stuart-Clarke (KSC) suggested the use of a text reminder service to update service users regarding the waiting time.

Laura Habib (LA) reported there is work ongoing around learning and development in nursing support roles to improve the training and development of non-registered staff and address how valued they feel across the organisation. Role descriptions are also being reviewed to make sure they are equitable across the Trust.

DT reported there are conversations taking place between the Nursing and Quality Directorate and the People Directorate to look at the equity of roles across the Trust and LH will be included in these conversations.

DRAFT

MC/22/51d Governor appointment to Members' Council groups and committees (item 6.4)

MF reported there are currently no vacancies on the Nominations Committee. Laura Habib has been appointed to the Members' Council Co-ordination Group and CDBG to the Members' Council Quality Group. JG had been appointed to both groups but has now resigned and the vacancies have returned.

It was RESOLVED to RECEIVE the update on appointment to Members' Council groups and committees

MC/22/51e Assurance from Members' Council groups and Nominations committee (item 6.5)

MF noted in the Nominations Committee, it reports that MF's term ends in August 2022, when this should be noted as August 2023. AL agreed this would be corrected.

Action: Andy Lister

It was RESOLVED to RECEIVE the Assurance from Members' Council groups and Nominations committee.

MC/22/52 Members Council Business Items (agenda item 7)

MC/22/52a Social Responsibility and Sustainability strategy (item 7.1)

Sue Barton (SB) introduced herself to the Member's Council as the Deputy Director of Strategy and Change. SB stated governors had received a full copy of the strategy in the body of the papers and gave a presentation on the key points of the strategy to explain the process used to develop and co-produce the draft strategy. She shared the next steps with the Members' Council to seek views and input.

The Social Responsibility and Sustainability Strategy aims to maximise the benefits the Trust can deliver to local people, communities and places, especially those facing challenge and disadvantage.

Using existing policies and approaches already in place including the Trust Green Plan; Equality and Inclusion Action Plan; Equality and Involvement; to deliver social, economic and environmental benefits and reduce health inequalities.

There are many ways to become sustainable, as an organisation, a staff member, a governor, a service user or a visitor by:

- reducing waste,
- preventing pollution,
- adopting clean energy,
- conserving water,
- accessing services and support digitally, where appropriate,
- greening the planet by planting trees,
- using sustainable materials,
- making products sustainable,
- and by adopting sustainable business travel policies.

SB outlined the purpose of the strategy and Trust approach, the process of self-assessment and the self-assessment framework before outlining the key points of the strategy are to build on the Trust's core and current activities and role as an 'anchor organisation' to strengthen positive impact from:

- Partnerships

DRAFT

- Our role as an employer
- Procurement
- Management of environmental impact and assets
- Engagement with less advantaged and diverse communities

SB then went on to report on next steps of the strategy:

- New Sustainability Change Manager role commences from September 2022
- Further engage with service users, staff and local communities to deliver the headline initiatives and populate a more detailed plan
- Further develop local partnerships
- Discuss and agree how to measure and report progress including Key Performance Indicators and targets
- Introduce training on sustainability
- Use the integrated change framework and #allofusimprove tools and approach

BC queried the use of 2011 census data for the strategy and noted the reference to social prescribing and raised concerns as to whether social prescribing would be under increasing pressure in the future. SB reported she would provide BC with more detail in relation to social prescribing outside of the meeting.

BC felt the self-assessment reflected the Trust was aiming to be average in relation to environments and assets and there is no reference to public transport. BC then queried what was the rate of mileage for cycling. The cycling mileage rate to be identified and communicated to BC.

Action: Sue Barton

SB reported an action is in place to review the Equality Impact Assessment (EIA) in line with the 2021 census data, and this was a timing issue during the production of the strategy.

SB reported she would provide BC with more detail in relation to social prescribing outside of the meeting.

Action: Sue Barton

SB reported in reference to the self-assessment there had been a view to balance ambition against what can realistically be achieved.

SB reported public transport use is part of the green plan as is the promotion of cycling to work. The cycling mileage rate would need to be identified and communicated to BC.

Action: Sue Barton

CDBG raised the future of Members' Council meetings and the environmental impact of travelling to meetings. CDBG asked if there are any practical solutions being considered and noted that carers and service users have been engaged in this process.

SB reported electric bicycles are being considered on a small scale for community use and the use of heat from mining water is something that is being considered across the wider system.

BP noted the inclusion of the local communities in this work and asked in terms of workforce and the race equality standards and how this strategy aligns with the retention of staff.

MBr noted BP's comments and reported the Trust is putting a lot of effort into recruitment. The Trust needs to understand what works well internally and in other organisations and to work with partners to improve. The Trust have recruited 15-20 international staff in the last 12-18 months and the feedback on the pastoral care that has been provided has been very positively received. To retain staff, the Trust must strive to be as good an employer as can be.

PS queried the timelines on some of the actions in the strategy and asked if they are achievable.

DRAFT

SB agreed the timelines are stretching but it is an urgent agenda. Some aspects are already in place such as the Green Plan. The Trust are very committed to this agenda.

MBr reported the Trust has agreed to upgrade the Bretton Centre. There was a challenge from the Board to look at how to make the project as sustainable as possible, and it has been agreed at Trust Board last month to spend £1m more than originally planned to make the building work more sustainable. As part of the design of any of our estates works and capital projects sustainability will be at the forefront of any decisions made.

BB asked for governors to be involved in consultation around this work/strategy going forward. It was agreed for governors to email the corporate governance team to express an interest.

Action: Members' Council

John Laville (JL) said he strongly supports the strategy and the ambition and asked what actual difference staff will see because of this strategy. SB reported there will be far more consultations going forward and engagement with staff. JL suggested it was maybe too early to answer this question, but it is a question that should be considered as the strategy progresses.

DT reported he had spent the day with the tissue viability team last week and questions are already being asked about packaging for items used by the team and the ways to recycle the products used.

LH suggested it would be useful to record changes that have taken place where staff have ordered different products as a result of their environmental impact or recyclability to be able to show the real changes that are taking place.

Anthony Jackson (AJ) asked about value-based procurement and the quantity of items purchased and whether they can be used before any expiry date. AJ raised the query whether procurement will increase the range of suppliers who can perhaps provide smaller quantities in order to reduce waste.

SM reported this would be considered and the carbon impact of purchases has to be considered and new ideas are coming to the fore all the time. The head of procurement is fully on board with the strategy.

It was RESOLVED to RECEIVE the update on the Social Responsibility and Sustainability strategy.

MC/22/52a Child Adolescent Mental Health Services (CAMHS) including "a day in the life" of Jessica Merrin, Clinical Lead, Wakefield CAMHS, Eating Disorder Team (item 7.2)
David Ramsay (DR) introduced himself as the Deputy Director of Children's Services and introduced Jessica Merrin (JM) and Amanda Baxter (AB) who is part of the mental health support team in Kirklees Children and Adolescent Mental Health Services (CAMHS).

DR presented an overview of CAMHS:

CAMHS service are provided into the following areas:

- Barnsley, Calderdale, Kirklees and Wakefield
- Wetherby young offenders' institution and Adel Beck secure children's home

There is an integrated and robust governance structure (Director of Services, Care Group meeting, Children's Services Clinical Governance meeting)

Service Demand:

- A 30%+ annual increase nationally

- Since 2019 referrals up 81% in Barnsley, 56% Calderdale, 87% Kirklees and 64% in Wakefield

Service Responsiveness:
CAMHS waiting times from referral to treatment have been largely maintained. Waiting times in Wakefield represent a specific concern but are improving - down from 357 February 2022 to 279 in June 2022.

Neuro-developmental pathway waiting times:
These are diagnostic assessments that determine if children have autism or attention deficit and hyperactivity disorder (ADHD). The number of children asking for assessment in both Calderdale and Kirklees has escalated considerably in these areas. There has been a significant amount of investment in these areas, and this has now started to take effect with a plateau in referrals.

Service Priorities for 22-23:
- Improve health: outcome measures, transition, targeted support for deprived communities
- Improve care: access to specialist beds, crisis alternatives, reduce waits
- Improve resource use: embed new ways of working
- Great place to work: recruitment and retention, wellbeing focus

BP queried access to services and waiting times data in reference to disability and also the ethnic breakdown and other protected characteristics of our patients to try and understand disparities and inequalities.

MBr reported the Trust is carrying out work on referrals and waiting lists to have access to all the information BP has suggested for all of the services and the Trust expect to have made good progress by November 2022. This will really help to understand how to improve the service provision as well as better understanding any possible equality issues. MBr noted this might be a helpful topic for a future meeting.

Action: Members' Council Co-ordination Group

JM introduced herself as the Clinical Lead in the eating disorder team in Wakefield CAMHS. It is a small team of ten who work alongside the CAMHS team. They are governed by access and waiting time standards which have various timescales.

There have been 129 referrals in the last year with 67% of which have been accepted to assessment.

The team are now reaching into early intervention and development work to deal with issues earlier on before their symptoms escalate.

JM reported no two days are the same and so the team are flexible to their service users and families and work seven days a week. Assessments are conducted by a multi-disciplinary team, where service users will leave with a plan of what will take place, even if a diagnosis cannot be given at that moment in time. She explained they are trying the balance the team workload as there are differing levels of need depending on the client.

Training is taking place to build the team and team working after the pandemic. The team are also training external teams to build their profile. The teamwork with paediatric colleagues to link physical and mental health.

The team offer National Institute for Health and Care Excellence (NICE) concordant first line treatments and are also working on a home-based treatment pathway to try and avoid hospital admissions.

The adult provider is based in Leeds and called CONNECT and work with families who are going through transition and to include families and carers in these processes.

DRAFT

In the last 12 months, the team have developed a paediatric pathway to link mental and physical health care with Mid Yorkshire Hospital NHS Trust.

JM noted it can be difficult to compare teams across the Trust, but the team are sharing knowledge and resources through the areas the Trust serves.

Communication is a key priority and how the team effectively communicate with young people on platforms that they use and are familiar with.

Some recent data shows that the team are having a positive impact on CAMHS admissions, JM reported that she felt this was as a result of the home-based treatment offer that is being developed. Young people are recovering and the team rarely have repeat referrals which is positive.

AB introduced herself as one of the Education Mental Health Practitioners within the Mental Health Support team in Kirklees and the team provides low level intervention and cognitive behavioural therapy with young people within schools.

Staff have trained at Manchester or Sheffield universities and are in partnership with 105 schools. The team receive referrals from schools, Single Point of Access (SPA) teams, parent community workers and from CAMHS.

Education Mental Health Practitioners (EMHP) work within schools and conduct assessments at school. They use the children's depression and anxiety scale to establish the level of need. The team discuss risk and develop safety plans with parents and schools. Staff travel between schools to conduct their work and liaise with safeguarding leads and parents in schools. They teach children how to manage issues such as anxiety through things such as breathing techniques and can signpost parents when the need arises.

EMHP's conduct assemblies and teach children about the effects that things such as anxiety may have on them.

JL thanked everyone for their presentation and reported it had been very insightful. JL noted the structural differences in different areas of the Trust and asked the change they as practitioners would like to see. DR reported the EMHP's from the mental health support teams have the potential to change the landscape for CAMHS. JL queried if this would be a possibility as part of the system working. MBr reported there is a definite opportunity for joint working to mature with different services and commissioning.

DR reported the system is supporting the need for access to specialist beds and mitigate some of the associated risks.

Darren Dooler (DDo) raised the concern of CAMHS waiting times in Wakefield and noted there is a reduction in waiting times but queried what has resulted in the decrease and why is there such a big waiting list in the first instance.

DR reported CAMHS waiting lists decline over summer as a trend, but Wakefield have been one of the last places to get mental health support teams and this may take time to embed.

CDBG noted the rise in referral rates and queried if this includes re-referrals. DR reported this was possible.

CDBG queried if there is any aftercare in place for neuro-developmental pathway following diagnosis or non-diagnosis. DR reported additional mental health problems can be dealt with while waiting for a diagnostic assessment but there is no requirement for people to have a diagnosis to seek help from educational support and other sectors.

DRAFT

CDBG noted she had received some negative feedback directly about comments from staff and queried what training is in place to ensure the first experience of their service is positive. CH asked CDBG to pass any instances of this behaviour to her and her team so they can be dealt with, the examples CDBG gave were not in line with Trust values. DR concurred with CH and reported he will look at the staff training package for those working in this service line and would deal with any instances of unacceptable behaviour.

CDBG clarified she had encouraged those affected to make complaints to the Trust and was reporting these instances as anonymous examples as part of her role as a governor.

CH reported the Trust is working towards being a trauma informed organisation which will also help with staff and service user relationships.

MF noted there had been significant discussion around this item and that sufficient time should be given in future meetings to allow these discussions to take place.

It was RESOLVED to RECEIVE the paper and presentation on Child and Adolescent Mental Health Services (CAMHS)

MC/22/53 Members Council Business Items (presentations) (agenda item 8)

MC/22/53a Integrated Performance Report (agenda item 8.1)

MF introduced the item and summarised the following points:

- There was one child aged under 18 placed in an adult bed during June, there are robust governance arrangements in place to safeguard young people. The Care Quality Commission (CQC) are notified, and discussions take place in relation to the detail of the admission.
- The Trusts Operational Management Group (OMG) has recently signed off a new standard operating procedure in relation to children admitted to adult wards and has now been put into operation.
- Out of Area (OOA) beds are still being utilised and there is a plan in place to reduce these placements and the inpatient improvement plan is looking to improve workforce challenges.
- Compliments received are high and this is positive metric.
- Safer staffing fill rates continue to increase despite ongoing pressures.
- Areas with vacancies continue to part of our recruitment campaign.
- Patient safety incidents – we default to reporting as an incident prior to full investigation. There are no “never” events have been recorded in the last quarter. While numbers continue to fluctuate, they are within Trust thresholds.
- Information Governance breaches have increased in the last quarter, none of these are serious incidents requiring investigation.
- Staff sickness is relatively stable.
- Staff turnover continues to be higher than we would like. 15.8% relates to total workforce turnover and 12.8% refers to the registered (qualified) workforce.

(BC left the meeting)

- National metrics – 6-week diagnostics relates to paediatric audiology, we had 10 cases outside the six weeks from a total of 120. Of the ten, 8 were six week waits, 1 a seven week wait and one an eight week wait. This number is below threshold.
- Other national metrics are within target against thresholds
- Staffing – there has been an increase in full time equivalent staff in quarter one
- Finance – they are currently in line with forecast. MBr reported the excess surplus is due to the number of vacancies the Trust has. The Trust’s preference would be a lower surplus and more staff. MBr reported there is likely to be less non-recurrent funding in future years than there has been during the pandemic

It was RESOLVED to RECEIVE the integrated performance report.

DRAFT

MC/22/54 Any other Business (agenda item 9)

- MF raised the possibility of national industrial action and reported the situation is being closely monitored by the Trust.

- MF also noted that the cyber-attack on the NHS has not impacted on our Trust.

- KSC reported he had spoken to a member of staff who works on the stroke unit at Barnsley hospital. The member of staff had commented that they had recently been visited by the Chair and Chief Executive and this had never happened before. She had commented that the Trust is a great place to work and she felt very happy with the visit. KSC had also heard other staff members say the Trust is a great place and felt these positive comments should be fed back.

- BP noted that health inequalities should be part of everything the Trust does, and it was agreed that an update should be received on progress on health inequalities data in the Members' Council meeting in November 2022 with a possible fuller discussion in relation to health inequalities taking place in the February 2023 meeting.

  Action: Members' Council Co-ordination Group

- Following the input in relation to CAMHS earlier in the meeting and given the national profile of the issues within the CAMHS team, CDBG asked for a progression update to be received either through the Members' Council Quality Group or the Members' Council meeting.

  Action: Members' Council Quality Group / Members' Council Co-ordination Group

It was RESOLVED to NOTE any other business.

MC/22/55 Closing remarks, work programme (agenda item 10)

AL confirmed that any items that have been deferred will be taken in future meetings.

MC/22/56 Date of next Members' Council meeting (agenda item 11)

~~15 November 2022~~

9 December 2022 (including the annual Joint Trust Board and Member's Council meeting)

14 February 2023

It was RESOLVED to RECEIVE the work programme for 2022/23

(All executive and Non-Executive Directors left the meeting.)

(PS and HM left the meeting.)

MC/22/57 Private Item – Governors only – Chairs Appraisal (agenda item 12)

For confidentiality purposes, the minutes relating to this item have been recorded separately.

It was RESOLVED to RECEIVE the Chair's appraisal.

MF closed the private session of the meeting.

Signed: **Date:**

DRAFT

Members' Council 16 August 2022 – Action log – Item 4

= completed actions

Actions from 16 August 2022

Minute ref	Action	Lead	Timescale	Progress
MC22/47	Bob Clayden (BC) noted that for item MC/22/28 both Phil Shire and Adam Jhugroo on page 10 of the minutes, were noted as public governors for Wakefield when they were public governors for Calderdale.	**Andy Lister**	**August 2022**	Complete. The minutes have been amended.
MC/22/48 MC/22/36	In reference to action MC/22/36, related to SIM, it was agreed that action resolutions in the log should be more detailed so that Members' Council can see what action has taken place.	**Andy Lister**	**August 2022**	Actions updates now include detail of the action resolution.
MC/22/49	Mark Brooks (MBr) stated the joint Members' Council and Trust Board meeting is to take place in November 2022 and it would be a good opportunity to share the SWOT analysis at the start of the meeting with governors prior to strategic discussions taking place.	**Corporate Governance team**	**November 2022**	Circulated to governors with MC papers prior to the meeting.
MC/22/51b	BC commented there are several acronyms within the document that make it hard to understand. A discussion followed and it was agreed this should be improved for next year's publication. DT also offered to add a glossary on the Trust's website to assist with acronyms within the document.	**Darryl Thompson**		Complete. A glossary is available in the Quality Account in Annex 1. This is referenced on page 2 of the account in the contents page and can be found on page 79. Quality Account Report 2014/15 2012013 (southwestyorkshire.nhs.uk)
MC/22/51b	Mark Brooks (MBr) noted the stipulated reporting requirements for the Quality Account did not make it an easy document to follow and agreed with PS's comments. A high-level summary version should be considered with the assistance of the Members' Council Quality Group for future years.	**Darryl Thompson**		In progress. Included in the planning for the 2022/23 Quality Account.

With all of us in mind.

Minute ref	Action	Lead	Timescale	Progress
MC/22/51b	Claire Den Burger Green (CDBG) concurred a glossary would be a good idea at the beginning of the document as there are numerous acronyms within the document.	**Darryl Thompson**	**October 2022**	Complete. A glossary is available in the Quality Account in Annex 1. This is referenced on page 2 of the account in the contents page and can be found on page 79. Quality Account Report 2014/15 2012013 (southwestyorkshire.nhs.uk)
MC/22/51c	Carol Harris (CH) clarified the Trust reports an 18 week wait to treatment, not to assessment. Where there is a target for referral to assessment, the Trust would report on that and then a report further on the referral to treatment time. The data on wait times is then fed through to the Executive Management Team and Trust Board. CH said she was happy to review any specific cases.	**Adam Jhugroo / Carol Harris**		Adam Jhugroo, Governor to provide CH with further details. In progress
MC/22/51e	MF noted in the Nominations Committee, it reports that MF's term ends in August 2022, when this should be noted as August 2023. AL agreed this would be corrected.	**Andy Lister**	**October 2022**	Complete. The minutes for the Nominations Committee meeting have been amended.
MC/22/52a	BC felt the self-assessment reflected the Trust was aiming to be average in relation to environments and assets and there is no reference to public transport. BC then queried what was the rate of mileage for cycling. The cycling mileage rate to be identified and communicated to BC.	**Sue Barton**	**October 2022**	Complete. The mileage rate for pedal cycles is 20 pence per mile, this has been communicated to BC.
MC/22/52a	SB reported an action is in place to review the Equality Impact Assessment (EIA) in line with the 2021 census data, and this was a timing issue during the production of the strategy. SB reported she would provide BC with more detail in relation to social prescribing outside of the meeting.	**Sue Barton**	**October 2022**	Complete. Information around social prescribing has been communicated to BC.
MC/22/52a	SB reported in reference to the self-assessment there had been a view to balance ambition against what can realistically be achieved. SB reported public transport use is part of the green plan as is the promotion of cycling to work. The cycling mileage rate would need to	**Sue Barton**	**October 2022**	Complete. The mileage rate for pedal cycles is 20 pence per mile, this has been communicated to BC.

Minute ref	Action	Lead	Timescale	Progress
	be identified and communicated to BC.			
MC/22/52a	BB asked for governors to be involved in consultation around sustainability and social responsibility work going forward. It was agreed for governors to email the corporate governance team to express an interest.	**Members' Council / Salma Yasmeen**	**December 2022**	The sustainability strategy launch is in January 2023 and as part of the strategy launch governors will be sent offers to be sustainability champions.
MC/22/52a	MBr reported the Trust is carrying out work on referrals and waiting lists to have access to all the information BP has suggested for all of the services and the Trust expects to have an update by November 2022. This will really help to understand how to improve the service provision as well as better understanding any possible equality issues. MBr noted this might be a helpful topic for a future meeting.	**Members' Council Co-ordination Group**	**February 2023**	Work on waiting lists is still ongoing and is provisionally arranged to be on the agenda for the Members' Council Quality group in February 2023.
MC/22/54	BP noted that health inequalities should be part of everything the Trust does, and it was agreed that an update should be received on progress on health inequalities data in the Members' Council meeting in November 2022 with a possible fuller discussion in relation to health inequalities taking place in the February 2023 meeting.	**Members' Council Co-ordination Group**	**February 2023**	Provisionally arranged on the agenda for the Members' Council Quality group in February 2023.
MC/22/54	Following the input in relation to CAMHS earlier in the meeting and given the national profile of the issues within the CAMHS team, CDBG asked for a progression update to be received either through the Members' Council Quality Group or the Members' Council meeting.	**Members' Council Quality Group / Members' Council Co-ordination Group**	**February 2023**	Provisionally arranged on the agenda for the Members' Council Quality group in February 2023.

Actions from 10 May 2022

Minute ref	Action	Lead	Timescale	Progress
MC22/38	AL to review amendments required to the nominations committee terms of reference in relation to the inclusion of the Non-Associate Directors.	**Andy Lister**	**November 2022**	The recruitment of Associate Non-Executive Directors was discussed at the Nominations Committee on 8 November 2022. The amended terms of reference will be presented to the Committee in January 2023 for approval.
MC22/41	Lindsay Jensen to share details of the exit questionnaire with the governors	**Lindsay Jensen**	**August 2022**	Complete. Discussed in the workforce focused governor Q&A session on the 28 September 2022, 2.00 – 3.00pm.

Actions from 8 February 2022

Minute ref	Action	Lead	Timescale	Progress
MC22/14	Adam Jhugroo (AJ) said he received a letter stating that no referrals will be accepted for Calderdale as they will not be requesting any funding as they are full. Carol Harris (CH) said she isn't familiar with the letter that has been sent. She said the in the Adult ADHD and ASD pathway in Calderdale we may be commissioned on the spot purchase so commissioners are buying individual assessments from us and we do let commissioners know when our referrals are greater than those commissioned and we work closely with them to try and ensure we are providing services. CH said we can look into the issue about not applying for any more funding as it is not something she is familiar with. AJ will provide CH with further details.	**Carol Harris**	**May 2022**	Adam Jhugroo, Governor to provide CH with further details. In progress

South West Yorkshire Partnership NHS Foundation Trust

Members' Council
9 December 2022

Agenda item:	**5**
Report Title:	**Chair's Report**
Report By:	**Marie Burnham - Chair of the Trust Board, Members' Council and Corporate Trustee**
Action:	**To note and discuss**

1. Purpose

The purpose of this report is to keep Members' Council informed to enable the Council to hold Non-Executive Directors to account for the performance of the Board. This report covers activity since the Members' Council meeting held on 16 August 2022.

In addition, Trust communications including the Headlines, The View and The Brief, are circulated to governors to provide up to date information on the Trust's performance and activities.

Question and Answer (Q & A) sessions are chaired by the Trust Chair and the Chief Executive is in attendance. These Q & A sessions now have a focus on sub committees of the Board with non-executive director chairs of committees, and lead directors being present to explain the Committees purpose and remit and answer any questions from governors to improve governor insight into Board Committees.

This report aims to supplement these by highlighting:

- Chair and NED activity since the previous Members' Council meeting.
- key issues discussed at Board meetings in the last quarter; and
- any other current issues of relevance and interest to Governors not covered elsewhere in the agenda.

2. Governor Changes

Since our meeting on the 16 August 2022, there has been one new appointment to the Members' Council, which is:

- Elaine Shelton, appointed governor – staff side organisations

Thank you for taking on this very important role

3. Chair and Non-executive Director activity since 16 August 2022

(Please note that NEDs are expected to work around 3 days a month and the Chair around 3 days a week, although in practice most work considerably longer.)

To support governors in their role of holding the Chair and Non-executive directors (NEDs) to account, this section of the report highlights the activities NED's have been engaged in since the previous Chair's report to Members' Council meeting held on 16 August 2022.

Over the last few months, I have taken the opportunity to meet governors on a one-to-one basis. The role of the governor is crucially important in the running of any successful Trust, and the Trust would not be able to function effectively without governor representation.
In meeting you all, I found you incredibly engaged and enthusiastic about your role.
The transformation of the NHS and the introduction of the Integrated Care Systems (ICS) has highlighted the need for the voice of governors to be heard at a regional and national level, and you are all key and instrumental in influencing the direction of the Trust in the future.

Annual Members' Meeting

Our annual members' meeting was held on 18 October 2022 at the Digital Media Centre, in Barnsley where we came together to look at the key highlights from 2021/22. We also looked ahead at what we are doing to deliver our priorities in the coming year. It was lovely to see governors, Board members , staff and members of public present.

Our lead governor and publicly elected governor for Kirklees, John Laville, spoke of governor activity since the last Annual Members' meeting in 2021. The theme of John's presentation was "you're the voice" and John articulated how governors represent the voices of their constituents, service users and carers. John presented the achievements of the Members Council over the past 12 months and explained what it is has felt like to be a governor during this time. I would like to thank John for agreeing to video his presentation at short notice, but even on video, John's passion for his role continued to shine through.

I spoke about our approach to equality, involvement, communication and membership and that our places, people and communities are at the heart of everything we do. The meeting looked at some of the creative ways we are helping people reach their potential and live well in their community. You can watch a video on YouTube which shows how we are improving care through co-production with staff, people who use our services, and people within our communities.

We also celebrated our staff and teams who live our values, including our Excellence Award winners, and our community heroes. The meeting was joined by Dawn the Poet from Wakefield. We were all captivated by Dawn's inspirational and powerful poems.

Before the annual members' meeting, members' enjoyed networking with teams from across the Trust and creative partners. I also met with community groups from Barnsley who have received funding from the Trust to talk about the fantastic work they have been doing to support local people.

Board Development Programme

Recruitment to all Board positions is now complete, after a period of transition and a notable number of changes at Board level over the last year. How the Board operates and works together is critical to the success of the Trust.

Through conversations with the Chief People Officer, Greg Moores and Chief Executive, Mark Brooks a Board development programme has been agreed, taking into account respective skills and experience, and how the Board can continually improve its performance and effectiveness.

4. <u>Governance meetings – Chair and NEDs:</u>

The NEDs and I continue to attend a wide range of webinars, development events and virtual meetings to keep up to date on policy and governance matters, both nationally and regionally. Here are a list of our activities:

Our non-executive directors have attended the following:

Mike Ford:

- Visit to YOI
- Mental Health Museum visit, Fieldhead
- Collaborative Committee Meeting x2
- Charitable Funds Committee
- EI&I Committee
- Mental Health Act Committee
- Trust Board
- CQC preparation – weekly drop in
- Clinical risk panel meeting
- Self-assessment tool meeting
- FTSU video filming
- Governor Q&A session – Audit Committee
- Quality monitoring visit to Folly Hall, Huddersfield
- Interview panel
- Annual Members' meeting
- 360 assurance event
- Finance, Investment and Performance Committee

Kate Quail:

- Welcome and celebratory event for International Nurse recruits, welcome speech and presentation of certificates
- Visit - New Horizon
- Mental Health museum visit, Fieldhead
- Finance, Investment and Performance Committee
- Clinical Governance and Clinical Safety Committee
- Mental Health Act Committee
- Trust Board
- MHA/EIIC meeting
- CQC preparation – drop in
- Governor Q&A session – Mental Health Act and the work of the Mental Health Act Committee
- Mental Health Act Committee preparation meeting
- Member of interview panel for Consultant in Early Intervention in Psychosis
- South Yorkshire Integrated Care Board – meeting with Trust Chairs and Non-Executive Directors
- West Yorkshire MH services collaborative – Joint Non-executive director & governor event
- Chair of interview panel for Independent Hospital Manager recruitment
- Completed personal Annual Reviews for Independent Hospital Managers
- One to ones with Chair

Erfana Mahmood:

- Visit – Urban House
- Mental Health Museum, Fieldhead
- Collaborative Committee
- Charitable Funds Committee
- EI&I collaborative Committee
- Trust Board
- CQC preparation – weekly drop in

- Mental Health Museum, re-launch
- IHI certificate of Quality and Safety Action Learning Sets
- Mental Health Act Committee
- Annual Members' meeting
- One to ones with Chair

Natalie McMillan:

- Mental Health Museum visit, Fieldhead
- Race, Equality and Cultural Heritage (REACH) celebration event
- Shadow Board feedback session
- Members' Council Quality Group meeting
- Finance, Investment and Performance Committee
- Workforce and Remuneration Committee
- Clinical Governance and Clinical Safety Committee
- Trust Board
- CQC preparation – weekly drop in
- Corporate fundraising
- IHI certificate of Quality and Safety Action Learning Sets
- Annual Members' meeting
- Regular professional support to Executive Directors

Mandy Griffin:

- Mental Health museum
- People and Remuneration Committee
- Mental Health Act Committee
- Trust Board
- South Yorkshire ICB Meeting with Trust Chairs and Non-Executive Directors
- CQC preparation – weekly drop in
- Clinical risk panel
- Governor Q&A – People Remuneration Committee
- Members' Council Coordination Group meeting
- Audit Committee
- Annual Members' meeting
- One to one with Chair

David Webster:

- Visit – Newton Lodge
- Visit – Newhaven
- Mental Health Museum visit, Fieldhead
- Mental Health Act Committee
- Finance, Investment and Performance Committee
- People and Remuneration Committee
- Clinical Governance and Clinical Safety Committee
- EI&I Committee
- Collaborative Committee
- Trust Board
- Fieldhead at 50 at Mental Health Museum
- Clinical Risk Panel
- West Yorkshire Mental Health Services Collaborative
- NED Induction (NHS Providers Course)
- One to one with Chair

The following gives a high-level summary of the additional activity undertaken by the Chair during this period:

Chair engagement with SWYPFT staff, governors, NEDs, volunteers, service users and carers:

- Monthly meetings with the Lead Governor and Deputy Lead Governor
- Governor Q&A sessions
- 1:1 meetings with various key members of staff in the wider Trust
- Chaired Equality, Involvement & Inclusion Committee Meeting
- Chaired Nominations Committee
- Clinical Governance Clinical Safety Committee
- Trust Welcome Events for new staff and volunteers (monthly)
- 1:1 meetings with the chief executive (fortnightly)
- 1:1 meetings with the Deputy Chair (monthly)
- Extended Executive Management Team briefings (monthly)
- NEDs' meetings (monthly)
- Board agenda setting (monthly)
- Write 'The View' monthly following board meetings
- Workforce and Remuneration Committee meeting
- Integrated Care Partnership Group Development Workshop
- Presented excellence awards
- Barnsley Provider Alliance
- Attended a governance workshop
- Interview with Reset Health
- Tour of Barnsley facilitated by Barnsley Council
- Met with Huddersfield University regarding health innovation
- Visit to Wetherby Young Offenders Institute
- Attended Annual Members' meeting

Chair external activity:

- CCG Lay Members and ICP
- Additional Workforce and Remuneration Committee Meeting
- Mental Health Chairs Weekly Conference Call
- NHS System Leads/MP Meeting
- WY Chairs catch up
- ICS Chair/SY Trust Chairs - SY ICB
- RC Principals' meeting
- Regular meetings with other NHS chairs in region
- WY&H Chairs and Leaders Reference Group
- Interview Panel for West Yorkshire ICB senior roles
- Chair to Chair meeting with Leeds and York Partnership NHS Foundation Trust

Additional NED activity:

All NEDs:

- NED meetings (monthly)

5. Key issues discussed at Board meetings

Since the previous Chair's report, the Board has met three times and the key items discussed are highlighted below. Papers are available on our website a week before at www.southwestyorkshire.nhs.uk/about-us/how-we-are-run/trust-board/meeting and for all previous meetings.

Governors are welcome and encouraged to attend all public Board meetings (virtually at present) and there is the opportunity to raise questions and comments at the end of each meeting, which are recorded in the minutes. Thank you to those governors who have attended Board meetings in the last 3 months.

Standing items at Board:
There are 8 board meetings a year held in public, plus four strategic board meetings held in private. At every public board meeting, we start the meeting with a **service user, carer or staff story**, receive a report from the Chief Executive setting out the current context and relevant national developments, discuss the monthly **Integrated Performance Report (IPR)** including the finance report, receive updates on **business developmen**ts in our two integrated care systems (West Yorkshire and South Yorkshire & Bassetlaw), and receive **assurance from our board committees**.

In addition, at every *business and risk* meeting (quarterly), we discuss the **board assurance framework** (which sets out the key risks to our strategic objectives plus corresponding controls and assurance), and the **corporate/ organisational risk register**. And at every *performance and monitoring* meeting (quarterly), we discuss the quarterly **serious incident report.**

Additional items at each meeting are set out in the annual board work programme, which is received at every board meeting.

23 August 2022 – Strategic
Public
- LGBTQ plus network meeting with the Board
- Estates Strategy – update and discussion
- Trust Board and its impact
- System Governance Structures

27 September 2022 – Performance and monitoring
Public
- Integrated performance report Month 5 2022/23
- Serious Incidents Quarterly Report
- Working Equality Standards Report
- Medical appraisal/ revalidation annual report
- Community Safer Staffing report
- Quality Account
- Equality, Inclusion and Involvement Committee Terms of Reference
- People and Remuneration Committee
- Internal Governance Structure

Private
- Trust Board meeting with Staff Disability network
- Complex Incidents report
- Service Line Performance report

25 October 2022 – Business and risk
Public
- Board Assurance Framework
- Corporate / organisational risk register
- Green plan update

- Emergency Preparedness Resilience and Response (EPRR) Compliance annual report
- Quality and Safety of Inpatient Services
- LeDER report (learning disability and autism learning report)
- Integrated Performance Report (IPR) month 6 2022/23
- Research and Development Strategy

Private

- Trust Guardians and Champions meeting with the Board
- Corporate / organisational risk register
- Complex Incidents report
- Ligature report
- Service line performance report
- Investment Appraisal Framework
- Board Development update

Marie Burnham
Chair

Recommendation

Governors are asked to NOTE the contents of this report and raise any questions or comments.

Members' Council
9 December 2022

Agenda item:	**7.1**
Report Title:	**Governor feedback**
Report By:	Corporate Governance Team on behalf of Governors
Action:	To receive

The following events were attended by governors since the last Members' Council meeting on 16 August 2022 to 1 November 2022 (note, this does not include Members' Council meetings).

Name / representing	Groups / committee / forum	Involvement activity
BARKWORTH, Bill Elected – public Barnsley		• 30.08.22 Q&A Governor session with Kate Quail, Marie Burnham, Mark Brooks • 18.10.22 Annual Members' meeting
BLAGBROUGH, Howard Appointed – Calderdale Council		
CLAYDEN, Bob Elected – public Wakefield	• 28.09.22 Co-ordination Group	• 07.09.22 West Yorkshire and Harrogate support groups leaders meeting • 22.09.22 Oncology research Dewsbury Hospital • 26.09.22 South West Yorkshire Trist Creative Practitioner Network meeting • 20.10.22 Opening of art gallery on Fitzwilliam station with Bob Clayden, Rose Kight and

Name / representing	Groups / committee / forum	Involvement activity
		Coactive of Wakefield • 22.10.22 Celebration of 50 years of Fieldhead Hospital at Mental Health Museum *Every Tuesday – Portobello craft and camera group*
CRAVEN, Jackie Elected – public Wakefield		• 18.10.22 Annual Members' meeting
DEGMAN, Dylan Elected – public Wakefield		
DEN BURGER-GREEN, Claire Elected – public Kirklees		• 15.08.22 SWYPFT Carer awareness, staff training meeting and input • 30.08.22 Q&A Governor session with Kate Quail, Marie Burnham, Mark Brooks • 08.08.22 and 10.08.22 Kirklees Mental Health Carers forum • 10.08.22 and 31.08.22 SWYPFT disability matters, pre meet and event launch • 01.09.22 SWYPFT Carers network meeting • 03.10.22 System-wide Governor event • 04.10.22 Accountability and holding to account (NHS Providers) • 06.10.22 NHS Mental health alliance event

Name / representing	Groups / committee / forum	Involvement activity
		• 17.10.22 Kirklees disability network event • 18.10.22 Annual Members' meeting (virtual attendance) • 19.10. 2022 Governor Q&A Audit committee session with Marie Burnham, Mark Brooks, Mike Ford, Adrian Snarr • Various dates – CQC inspectorate team • Various dates – Autism Specialist mentor, University of Bradford • Various dates – Active with various charity and 3rd sector organisations • Various dates – Kirklees council adults social care co-production • Various dates – SWYPFT Letters/communications meetings
DOOLER, Daz Elected – public Wakefield		• 30.08.22 Q&A Governor session with Kate Quail, Marie Burnham, Mark Brooks
EASTWOOD, Brenda Appointed – Barnsley Council		• 03.10.22 System-wide Governor event
ELLIS, Gary Appointed – Mid Yorkshire Hospital NHS Trust		• 18.10.22 Annual Members' meeting
FERGUSON, Jackie Appointed – Wakefield Council		

Name / representing	Groups / committee / forum	Involvement activity
GILLIBRAND, Warren Appointed – University of Huddersfield		• 03.10.22 System-wide Governor event • 18.10.22 Annual Members' meeting
HABIB, Laura		• 30.08.22 Q&A Governor session with Kate Quail, Marie Burnham, Mark Brooks • 03.10.22 System-wide Governor event • 18.10.22 Annual Members' meeting • 19.10. 2022 Governor Q&A Audit committee session with Marie Burnham, Mark Brooks, Mike Ford, Adrian Snarr
JACKSON, Tony (Anthony) Staff – non-clinical support	• 28.09.22 Co-ordination Group	• 30.08.22 Q&A Governor session with Kate Quail, Marie Burnham, Mark Brooks • 12.09.22 Virtual Staff Governor meeting • 18.10.22 Annual Members' meeting (virtual attendance) • 19.10. 2022 Governor Q&A Audit committee session with Marie Burnham, Mark Brooks, Mike Ford, Adrian Snarr
JHUGROO, Adam Elected - public Calderdale		• 30.08.22 Q&A Governor session with Kate Quail, Marie Burnham, Mark Brooks
LAVILLE, John Elected - public Kirklees	• 28.09.22 Co-ordination Group	• 30.08.22 Q&A Governor session with Kate Quail,

Name / representing	Groups / committee / forum	Involvement activity
		Marie Burnham, Mark Brooks • 03.10.22 System-wide Governor event • 12.09.22 Virtual Staff Governor meeting • 30.11.22 Member and Public Engagement (NHS Providers) • 28.08.2022 Q&A Workforce Governor session with Marie Burnham, Mark Brooks, Mandy Griffin, Greg Moores, Lindsay Jensen
McCOURT, Andrea Appointed – Calderdale and Huddersfield NHS Trust		
MORGAN, Helen Staff – Allied Health Professionals		• 30.08.22 Q&A Governor session with Kate Quail, Marie Burnham, Mark Brooks • 03.10.22 System-wide Governor event • 12.09.22 Virtual Staff Governor meeting • 19.10. 2022 Governor Q&A Audit committee session with Marie Burnham, Mark Brooks, Mike Ford, Adrian Snarr
PERVAIZ, Mussarat Appointed – Kirklees Council		
POWELL, Beverley Elected – public Wakefield		• 30.08.22 Q&A Governor session with Kate Quail,

Name / representing	Groups / committee / forum	Involvement activity
		Marie Burnham, Mark Brooks • 03.10.22 System-wide Governor event • 03.10.22 Annual REACH Celebration Event • 18.10.22 Annual Members' meeting • 08.02.23 GovernWell: Member and public engagement
SHELTON, Elaine Appointed – Staff Side Organisations		
SHIRE, Phil Elected – public Calderdale		• 14.6.22 Calderdale Governor meeting • 18.10.22 Annual Members' meeting
SPENCER, Susan Appointed – Barnsley Hospital NHS Foundation Trust		• 03.10.22 System-wide Governor event • 18.10.22 Annual Members' meeting
STUART-CLARKE, Keith Elected - public Barnsley		
VLISSIDES, Nik Staff – Psychological therapies		
WILKINSON, Tony Elected – public Calderdale		• 30.08.22 Q&A Governor session with Kate Quail, Marie Burnham, Mark Brooks • 18.10.22 Annual Members' meeting • 19.10. 2022 Governor Q&A Audit committee session with Marie Burnham, Mark Brooks, Mike Ford, Adrian Snarr

Past Governors:

Name / representing	Groups / committee / forum	Involvement activity
GANDER, Jo	• 19.06.22 Co-ordination Group	• 14.6.22 Calderdale Governor meeting
McDONNELL, Sheena Appointed – Barnsley Hospital NHS Foundation Trust		
NUSAIR, Abdul Elected – public Kirklees	•	•
IRVING, Carol Elected – public Kirklees	•	•
LAKE, Trevor Appointed - Barnsley Hospital NHS FT	•	•
TEALE, Debs Staff - Nursing support	•	• 19.01.2022 Q&A Governor session with Marie Burnham and Mark Brooks • 09.02.2022 Q&A Governor session with Marie Burnham and Mark Brook • 09.03.22 Q&A governor session with Marie Burnham and Mark Brooks • 29.03.22 Trust Board (up to 11:00am)
WARD, Lisa Elected – public Kirklees	•	•
WRIGHT, Tony Appointed – Staff side organisations	•	• 09.02.22 Q&A Governor session with Marie Burnham and Mark Brooks

There were no emails received for governors via the governor email address (Governors@swyt.nhs.uk) since the last Members' Council meeting on 16 August 2022.

South West Yorkshire Partnership NHS Foundation Trust

Members' Council
9 December 2022

Agenda item:	**7.2**
Report Title:	**Assurance from Members' Council Groups and Nominations Committee**
Report By:	Corporate Governance Team on behalf: Members' Council Co-ordination Group Members' Council Quality Group Nominations Committee
Action:	To receive and approve

EXECUTIVE SUMMARY

Purpose

The purpose of this paper is to provide assurance to the Members' Council that their **Co-ordination Group**, **Quality Group** and the **Nominations Committee** are fulfilling their remit and meeting their terms of reference through the quarterly assurance update (below).

Recommendation

The Members' Council is asked to:

- **RECEIVE the assurance and approved notes/minutes from the Members' Council Co-ordination Group, Members' Council Quality Group** and **Nominations Committee.**

Members' Council Co-ordination Group (MCCG)
The Co-ordination Group co-ordinates the work and development of the Members' Council and:

- with the Chair, develops and agrees the agendas for Members' Council meetings.
- Works with the Trust to develop an appropriate development programme for governors both as ongoing development and as induction for new governors.
- Acts as a forum for more detailed discussion of issues and opportunities where the Trust seeks the involvement of the Members' Council.

Date	**28 September 2022**
Presented by	John Laville, Lead Governor (Chair)
Key items for Members' Council to note	• A guidance document for governors to attend Committee meetings has been approved by Marie Burnham (MBu). This document will be circulated to all governors by late Oct/ early Nov 2022 for comment. • The Organisational Development strategy is being built into a bigger people strategy due for completion in January 2023 with the view to be presented at Members' Council meeting in February 2023. • A governor section on the Trust website. This action point has been shared with the Involvement Team to develop. • Susan Spencer, appointed governor from Barnsley Hospital NHS Foundation Trust has nominated to be a member of the Members' Council Quality Group. No other self-nominations were received so this was accepted. • The governor training and development programme was discussed. • The Trust communications team have now received a list of all governors interested in being part of the publicity video and they will be pulling a timetable together and contacting each governor separately • It was agreed to review the Members' Council Objectives and align to the in-house strategies or the CQC well-led review in order to triangulate evidence and measure effectively the work of the Members' Council. • The attendance at governor only meetings with the Lead Governor has been poor and key issues arising from these meetings was discussed. • Discussed the Insight report and raised concerns about the negative comments. It was agreed to liaise with the Equality and Engagement Team. • Reviewed the draft Members' Council and Joint Members' Council and Trust Board Joint meeting agenda. • It was agreed to conduct a Survey Monkey to ascertain

	how the governors wish to attend future meetings (possibly blended) • An update was provided for the work undertaken by the corporate governance team and the involvement team for the Annual Members meeting on the 18 October 2022 in Barnsley. • Dawn Pearson, Communication, Involvement, Equality and Inclusion Lead attended to present the Equality, Involvement, Communication and Membership Strategy and the delivery of the action plans.
Approved notes of previous meeting/s to be received	Approved notes of the meeting held on **20 June 2022** attached. *Please note these notes may be redacted if they contain personal, sensitive or confidential information.*

Members' Council Quality Group (MCQG)
The Quality Group supports the Trust in its approach to quality through the Trust's quality priorities and:

- has high-level discussions on quality of care (using the quality performance report to lead the discussion).
- monitors the quality of care and facilitates discussion on patient experience, patient safety and clinical effectiveness.
- supports the production of the Trust's Quality Account.

Date	**8 August 2022**
Presented by	Darryl Thompson, Director of Nursing, Quality and Professions (co-chair) Phil Shire, Public Governor Calderdale (co-chair)
Key items for Members' Council to note	• The action log of the Members' Council quality log was discussed. • DT provided an update on the Care Quality Commission action plan. The Trust has recently experienced high volumes of queries from CQC, and some process challenges which have increased the numbers coming through in a short space of time. We are reviewing the process internally as this was a change made during Covid and looking at reinstating the previous practice which should help the numbers coming through at a steadier rate. • Discussed the Single Assessment Framework and if governors present were aware of this. Governors were not aware of this, and it was agreed to cover this item at the November Members' Council Quality Group meeting in more detail and look at the safe domain. • The group reviewed the work programme for 2022. • The groups Terms of Reference was agreed to be reviewed in the meeting in November 2022. • The group reviewed the Integrated Performance Report (IPR) and the impact of Covid-19 on services • It was highlighted in the locality section is that in the past we have called ourselves BDUs (Business Development Units). Going forwards, BDUs are going to be called Care Groups, which is to better reflect the work of the Trust. • It was confirmed for the Quality account to be presented at the next Members' Council meeting on the 16 August 2022 • It was agreed to discuss the Incident Management Annual Report at the meeting in November 2022. • A verbal update was provided on the Quality Monitoring Visits. A total of 26 visits occurred. • An update was provided on risk assessment and care planning with assurance that from September 2022 a

	group is being established to drive improvement in care planning and risk assessments.
Approved Minutes of previous meeting/s to be received.	Approved notes of the meeting held on **4 May 2022** attached. *Please note these notes may be redacted if they contain personal, sensitive or confidential information.*

Nominations Committee

The Nominations Committee ensures the right composition and balance of the Board and oversees the process for the:

- identification, nomination and appointment of the Chair and Non-Executive Directors of the Trust.
- identification, nomination and appointment of the Deputy Chair and Senior Independent Director of the Board.
- identification, nomination and appointment of the Lead Governor and Deputy Lead Governor of the Members' Council.

Dates	**8 November 2022**
Presented by	Marie Burnham, Chair of the Trust and Nominations Committee
Key items for Members' Council to note	• Review of skills and expertise required on the Board, including Chair and Non-Executive Director terms of office was received • Associate Non-Executive Director recruitment was received
Approved Minutes of previous meeting/s for receiving	Approved notes of the meeting held on **13 July 2022** attached. *Please note these minutes may be redacted if they contain personal, sensitive or confidential information.*

South West Yorkshire Partnership NHS Foundation Trust

Action Notes of the Members' Council Co-ordination Group held on 20 June 2022 at 10.00 – 12.00
Virtual meeting via Microsoft Teams

Present:
Marie Burnham (MBu) (Part)
John Laville (Chair) (JL)
Bob Clayden (BC)
Adam Jhugroo (AJ) (Part)
Joanne Gander (JG)
Laura Habib (LH)

Apologies (Members):
Keith Stuart-Clarke (KSC)
Bill Barkworth (BB)
Tony Wright (TWr)

In attendance:
Grace Coggill (GC) - Author
Andy Lister (AL)
Asma Sacha (AS) - observing

Apologies (In attendance):
Mandy Griffin (MG)

No.	Item	Action
1	**Welcome and introductions** John Laville (JL) welcomed everyone. Introductions were made and apologies were noted as above. Jo Gander (JG) and Laura Habib (LH) are new governors to the Group, and they introduced themselves and gave an update on their background. The meeting was noted as quorate and JL asked for papers to be taken as read.	
2	**Declaration of interests** There were no declarations of interest noted in relation to today's agenda.	
3	**Notes from previous Co-ordination Group meeting held 14 March 2022** JL reviewed what did not go well at the last meeting. Bob Clayden (BC) raised item 19 from the last meeting regarding numbered pages which occurred last time but not for this meeting. Andy Lister (AL) noted the issue and will be resolved for the next meeting.	**GC/AS**
4	**Matters arising and Action Log from previous Co-ordination Group meetings** JL reviewed the action log from the last meeting and informed the group that going forward the Q&A session hosted by Mark Brooks and Marie Burnham (MBu) will also have Non-Executive Director (NED) attendance and Natalie McMillan will be attending the next session to be held on 23 June 2022.	

No.	Item	Action
	Public and staff governors have shown interest in attending Trust Board committee meetings which are 7 governors in total: Phil Shire, Tony Wilkinson, Tony Jackson, Laura Habib, Daz Dooler, Adam Jhugroo and John Laville. Other governors have shown interest but felt they would lack capacity to do so: Jo Gander, Nik Vlissides, Helen Morgan, Bill Barkworth, Bob Clayden, Claire den Burger-Green. AL pointed out that this was on the Co-ordination group work plan, historically the annual session of holding NEDs to account for the performance of the board was not a very effective process. He suggested to remove this as an annual item from the work programme but bring back as and when required. JL commented that in the governor only meetings, there had been a suggestion that there should be some way of the governors to feedback their impressions to the Members' Council. This is part of the work that will be carried out in terms of having a straightforward observation sheet, standard pro-forma that governors can complete after the committee meeting. A decision needs to be made regarding how this will be circulated. JL will meet with AL to look at terms of reference. **Item 9 – Governor training update** JL suggested to speak to MBu regarding training budget. There has been no change in the training budget. **Item 5.4 (2 March 2021)** **Governor's induction pack – annual update** There will be a link on the website for people to be able to give an insight of the role of the governor and the Trust. Work is ongoing to update the website. **Item 6.3 "My name is …."campaign** Asma Sacha (AS) gave an update that the campaign is optional and not mandatory, so there is no audit on this. **Item 10 Involving people strategy update** BC and AL to speak outside of the meeting. **Item 18 AOB meeting 14/3/22** How we are communicating vacancies for Governors across the Trust. Improve the membership database, this is work which is being carried out with Dawn Pearson and is in progress. The Comms team are under a lot of pressure at the moment with lots of work coming through the system. AS gave an update from the Comms team with a suggestion to attend the next Members' Council meeting and bring some photography equipment to film some of the members for the Trust Governors publicity video.	**AL/GC** **JL/AL** **BC/AL** **AS**
5	**Membership on Members' Council groups** Vacancies for Members' Council Co-ordination Group (MCCG)	

No.	Item	Action
	There had been no self-nominations received for Public Governor Kirklees and Jo Gander (JG) self-nominated for the vacancy for Rest of Yorkshire and the Humber,. Laura Habib (LH) self-nominated for the vacancy for Staff Governor. No other nominations were received and therefore JG and LH were appointed to the positions. <u>Vacancies for Members' Council Quality Group (MCQG)</u> Claire Den Burger-Green (CDBG) self-nominated for the vacancy for Public Governor Kirklees and Jo Gander (JG) self-nominated for the vacancy for Public Governor Rest of Yorkshire and the Humber. No nominations were received for the appointed governor seat. No other nominations were received and therefore JG and CDBG were appointed to the positions. JL congratulated those now appointed to the positions. Self-nomination statements are on file for the record. There were no vacancies on the Nominations Committee.	
6	**Governor attendance at Members' Council meetings** JL explained that this is a review of governors who attend Members' Council meetings. MBu asked for clarity on the process in terms of naming governors not attending meetings. AL confirmed that the Involvement log was up to date on governors that have not attended meetings and that there was no need to mention by name. BC commented that the process for non-attendance was if a governor missed 3 meetings, then a meeting would be set up with the Chair and then discussed with other governors. AL confirmed that this was still the process for non-attendance.	
7	**Governor training and development – update** Two recent inhouse training sessions have taken place and been well attended. There is a more rolling process and rolling document which is progressed every quarter with new meetings arranged. There is also the GovernWell courses which are ongoing, the new training document will be updated and circulated when new courses are in place. A new Director of Finance has been appointed who will be starting in August 2022 and a finance course will be arranged with him in due course. BC stated that the IPR course he was to attend was cancelled at short notice. AL to investigate and get back to BC. There will be another course held before the end of the year and BC will be booked onto the course. AL confirmed this is a rolling programme and will be circulated throughout the year with new GovernWell courses. As part of the induction for new governors, discussions are taking place regarding the GovernWell courses.	**AL**

No.	Item	Action
8	**Members' Council biennial evaluation – action log update** AL confirmed there are two outstanding actions items 3 and 6 NED engagement and videos to advertise the role of governors. AL proposed that these actions can be closed as there are other logs within this meeting. They can be actioned through the MCCG action log rather than having two action logs running. The group is in agreement with this. BC raised the issue of item 4 as a closed action but thought this item was to be reviewed. AL responded that it has been reviewed in the Q&A sessions and that NEDs will now attend the Q&A session to talk about their committees. AL commented that it is the effectiveness of the executive not the meetings. The role of the governor is to hold NEDs to account for the performance of the board, JL responded with regards to the governors being observers in the Board Committee meetings as he questioned if this would help fulfil the governor's statutory duty by observing how the NEDs interact with the Executive Directors and other committee members. JG commented this is insightful for Governors that did not have a background in the NHS. This would give them more insight into the discussions of the meeting and how this came together. Adam Jhugroo (AJ) joined the meeting. BC referred to item 4 that it stated in the paperwork that the effectiveness of the new system would be determined by June 2022. He feels he is not happy putting his name against anything that is not true. JL asked if the wording needed to be corrected on that item. JG commented that it could be an unfinished item and reviewed by the next meeting. JL felt that if the effectiveness is going to be looked at, it would not be completed by the next meeting. MBu commented that the effectiveness of the new system will not be known until at least 12 months. The new system has been put in place by June 2022 and the effectiveness needs to be reviewed throughout the year and feedback to be received from governors to JL and then at this meeting.	
9	**Members' Council objectives 2021-2023 – update** JL reviewed the objectives and gave an update and commented that there was not much change. There has been talk about a buddying system for new governors and discussions have taken place with NEDs. Support has been received from the NEDs for the new governors. JL asked JG and LH to get in touch with him if they felt they would like a buddy. JL felt he was happy with the overall progress made with exception of governors getting out into the community, but this is due to the pandemic. This will be a topic on the next virtual governor meetings.	

No.	Item	Action
10	**Governor feedback – issues emerging from governor forums and the governor insight report** JL reported that the feeling is to try and get back to face to face meetings as soon as possible. Some governors feel we seem to be losing touch such as the Clinal Commissioning Groups (CCG) and communication networks were not flowing as well as it might have done. JL updated in relation to Kirklees feedback on Single Point of Access (SPA). CDBG raised the issue of written communication from the Trust to new patients being referred to the Trust which lacks detail. This was raised at the Quality Group and the first meeting has taken place and moving forward. In terms of staff, the overall feedback was related to staffing issues. LH stated that resources are poor and quality of staff and low morale is an issue. Although on paper it looks as though there is enough staff, it is the quality of staff and training. Staff feel stretched and tired and not being listened to. LH felt that job descriptions require certain qualifications which are relevant to the job, but experience is also required. AJ said the issues at Calderdale are waiting lists which in terms of psychology, there is 2-3 years wait. There are continued problems with accessing ADHD and Autism and a national shortage for the recruitment process. BC commented he received a communication regarding governor involvement and asked AL if the Involvement team are involved with the Positive Mental Health network in Wakefield. AL said he would find out. BC reiterated he had received some new documentation which would list all the positive mental health network events coming up in the district in 2022. They have quite a reasonable list already there is also lists of places where meetings are held and would seem quite a good thing to give out to governors for what's happening and where. BC to pass this information onto AL. MBu left the meeting. JL was concerned that MBu had now left the meeting and how this action can be raised. AL said he would raise this with the HR team and would speak with Greg Moores, the new Chief People Officer. He asked AJ and LH if they would be willing to have a conversation with him, they both agreed. JL has a 1-1 meeting with MBu tomorrow and will raise there as well. JL encouraged everybody to use the insight report, the involving people mailbox to get any feedback anytime into the Trust. JL has read the report and feels there are a number of issues with the report, and some is negative. SPA attitude, no service feedback, lack of objectivity.	**AL** **BC** **AL/GM/AJ /LH**
11	**Governor Handbook – annual update**	

No.	Item	Action
	AL informed the group that this is the final draft for approval. Comments from governor feedback has been taken onboard which has been circulated to the group. It is an annual process to refresh the handbook and quite a lot of new work has been included. There is a ward inventory, where the wards are and what they do, also an acronym buster has been added at the end. General feedback has been positive and an improvement. JL felt it was excellent and a great step forward to where we have been. BC agreed but commented that the word PLACE does have a problem in the acronym buster at the back but maybe next year this could be sorted out. LH feels it is good and the acronym buster. Clinical team meeting (CTM) can be added in quickly and cross reference links also can be put in. AL noted the comments and will make the amendment and note BC's reference to PLACE as there is a PLACE visit as well as PLACE the place. LH asked to include CTM which stands for clinical team meeting. LH asked for an explanation for MAV and RIPI The handbook was approved. AS will update.	**AL** **AS**
12	**Members' Council meeting - 16 August 2022** AL informed the group that things are not set in stone, for example last time the IPR was taken as read and this time should be presented, a NED will present this. The annual report and quality presentation must be presented at this meeting, this cannot be moved. A good amount of time has been given to look at two focus items for the Members' Council as the group have discussed before. Section 8 is the Members' Council business items to focus on discussions. Sustainability strategy which has been discussed before, initial proposal to take place in August this year. The draft strategy was presented to the Strategic Board in May 2022, the feedback was very positive there were some amendments, but the plan is for this to come to Trust Board in July 2022 for sign off. This would seem like a really good time for that strategy to be presented to the Members' Council whilst it is still being launched. The other item can be looked at with options to agree. Everyone agreed that sustainability strategy should be a focus item. JL suggested that the second focus item should be on the issues Children and Adolescent Mental Health Service (CAMHS). In summary what can be done about the waiting lists, this came back from the survey monkey report. JL explained to JG and LH that this has come about following a survey monkey 12 months ago following a Members' Council meeting and that the talk was all about business and not services. JG pointed out that governors were wanting to see services with site visits but with staffing issues this might be quite difficult. It may be possible for a member of staff from services to attend a meeting and talk about a day in the life of the ward or their	

No.	Item	Action
	role. This would give some insight to what it is really like to be in that service and some of the challenges they are facing. LH also felt that CAHMS is a good focus item and are recruiting now. Organisation development is a topic that could be brought to a later meeting. AJ felt that SPA is another subject which is another area of high pressure which could be looked at in a future meeting. JL summarised that Organisation development and SPA should come to a future meeting with the possibility of CAHMS, possibility of a day in the life of a practitioner. BC raised the question of the Members' Council meeting being face to face or remote. AL informed the group that the Public Board meeting was going to be held face to face with 20 people in the room and that new technology permits the meeting to be held remotely as well. It is quite complex but work is ongoing to make sure this happens for the August meeting. Agreed for two focus items: Sustainability strategy CAMHS	
13	**Members' Council Co-ordination Group Work Programme 2022** Nothing to discuss.	
14	**Holding Non-Executive Directors to account (planning)** Discussed in the meeting earlier, a lot of planning to be done which JL and AL will work on. LH showed interest also to work with JL and AL. A meeting will be arranged to explore this further.	**AS**
15	**Annual Members' Meeting (AMM) planning update** AL informed the group that this meeting will be face to face with stands and are looking at premises in Barnsley. The tentative date is 25 October 2022 and maybe on the same day as the Trust Board meeting. BC commented that Tuesdays are difficult for him to attend meetings, and this again will be held on a Tuesday. In the last survey monkey that was sent out the question of days to attend was specifically sent out to governors but there was limited feedback. AL agreed to look at alternative days to hold the members' council meetings going forward.	
16	**Draft future dates for Members' Council Co-ordination Group meetings** ➢ 19 September 2022 at 10.00 – 12.00 ➢ 12 December 2022 at 10.00 – 12.00	

No.	Item	Action
17	**Any other business** BC raised the point of these meeting always being held on a Monday and should the question be asked if this is inconvenient for people. JL agreed to keep the meetings to Mondays as he has not received any feedback to say this is inconvenient.	
18	**Meeting evaluation** The group felt that the things that went well in today's meeting was: Stuck to agenda and time and everyone had an opportunity to contribute. Papers worked well although not numbered and everyone was listened to. The group felt that the things that did not go well in today's meeting was: Not summarised after each item. JL felt unsupported by not having a Non-Executive Director present. MBu left the meeting due to another meeting, Mandy Griffin will attend future meetings as Deputy Chair and the dates have been circulated to her. **Meeting closed.**	

South West Yorkshire Partnership NHS Foundation Trust

Notes of the Members' Council Quality Group
held on 4 May 2022 10.00 until 12.00

Dial in only meeting via Microsoft Teams.

Present – Members
Darryl Thompson, Director of Nursing, Quality and Professions (Co-Chair) (DT)
Phil Shire (Co-Chair) Public Governor Calderdale (PS)
Keith Stuart-Clarke Public Governor Barnsley (KSC)
Helen Morgan Staff Governor, Allied Health Professional (HM)

Apologies – Members
Bill Barkworth Public Governor Barnsley - (BB)

In attendance
John Laville Public Governor Kirklees and Lead Governor (JL)
Asma Sacha, Corporate Governance Manager, Author (AS)
Claire Den Burger-Green, Public Governor Kirklees (CDBG)
Emma Cox, Associate Director of Nursing, Quality and Professions (EC)

No.	Item	Action
1.	**Welcome, introductions and apologies** Phil Shire (PS) welcomed everyone to the meeting. Introductions were made and the apologies, as above, were noted. The meeting was noted at quorate.	
2.	**Declarations of interest** There were no further declarations over and above those made previously.	
3.	**Notes and actions from the meeting held on 31 January 2022** The notes were agreed. The action log was reviewed. Phil informed the group he attended the last Clinical Governance and Clinical Safety Committee as an observer. The committee has statutory responsibility to hold the Trust to account. He said in comparison this group enables the Governors to have an overview of quality issues.	

No.	Item	Action
	Phil suggested to discuss the groups terms of reference and to invite Natalie McMillan, Non-Executive Director and Marie Burnham, Chair to a future meeting, we can discuss and obtain clear guidance on what we are doing as a quality group. DT informed the group that he has had a discussion with Natalie, and she is happy to be invited to the group as an attendee. **Action: Grace to invite Natalie McMillan to all future meetings.** **Action: To invite Marie Burnham to a future meeting when the terms of reference is an agenda item. Phil Shire will liaise with Darryl to review the work programme.** Discussed the flow of information from the committees and Board and it was agreed the scheduled quality group meetings for August and November 2022 are fine.	**Grace Coggill** **Grace/ Phil and Darryl**
4.	**Care Quality Commission (CQC) action plan Update** Verbal update provided by Emma Cox (EC), Associate Director of Nursing, Quality and Professions - Quality Improvement and Assurance Team (QIAT) continue to work on CQC preparation and ensuring teams are ready for inspection - Preparing information packs of Non-Executive Directors and Governors - Quality visits planning – noted that governors are now invited - Undertaking audits - Updated re: recruitment of staff including international nurse recruitment, and new ways of advertising, including use of social media - CQC inspector was on site today - A further update will be presented to the Members' Council on the 10 May 2022 CDBG asked about the use of the words "ensuring teams were ready" as teams should always be ready for inspection. EC explained that it was just the use of language and the support that is in place for teams. Those present were in agreement with CDBG.	
5.	**Work programme 2022** Agreed to forward plan the agenda item, Quality Monitoring Visits to a future meeting.	**DT/ PS/ GC**

No.	Item	Action
	Action: Darryl, Phil and Grace to discuss the work programme.	
6.	**Integrated Performance Report (IPR)** DT summarised the performance matrix - Discussed use of adult inpatient wards for children and young person when a bed was not available nationwide - Acuity and out of area placements, there is a plan in place to address this - Infection Prevention and Control measures due to Covid-19 - Routine testing for patients on admission and at days 3 and 5 – dashboard now in place to provide assurance and oversight - Silver and Gold command were re-instated and continue to meet - Discussed CAMHS waiting times and missed targets. DT explained that it was challenging but those challenges were felt by Trusts across the country. Demand is beyond what we are commissioned to provide. - Discussed that staff are redeployed to meet demands in other parts of the Trust and there has been very good flexible working across the Trust. - Recognised the impact Covid 19 has had on colleagues - Discussed digital interface, looking at new ways of working and running clinics - Staff turnover remains high - Discussed appraisals and to ensure Trust meets its targets. - Workforce performance wall discussed; this will be explored further in the members' council meeting on the 10 May 2022 **Action: DT will provide written report on the above feedback.**	
7.	**Quality account** It was confirmed that the deadline for quality account preparation remains 30 June 2022, as specified in Regulations. There are three proposed quality priorities for 2022/23 – 1. Safe and responsive care 2. Equality, inclusion and equity 3. Health, wellbeing and experience of staff	
8.	**Serious Incident Q3 report** **EC summarised the main findings of the Serious Incident Q3 report –** • 97% of incidents are graded as "low" or "no harm" showing a positive culture of risk management (the more low/no harm incidents reported mean action taken proactively at an early stage before harm occurs). • "Physical aggression/threat (no physical contact): by patient" 373 incidents (11%) remain as the most reported category, consistent with the previous quarter.	

No.	Item	Action
	• "Violence and Aggression" continues to be the highest reported incident type (32%) (1070 of all incidents reported in the quarter, similar percentage to the previous quarter) • There have been no 'Never Events' reported in the Trust during Q3 2021/22 with the last Never Event reported being in 2010/11. NHS England are currently reviewing the Never Event list. • The total number of serious incidents reported through Strategic Executive Information System (StEIS) in Quarter 3 was 9; this is higher than the previous Quarter (Q2 21/22 – 5). The type of serious incidents reported this quarter has included: • Death (including suspected suicide) (8) o 7 apparent suicides (5 under community teams, 2 under inpatient care) o 1 death – confirmed from infection • Self-harm (1) • In Quarter 3, the highest category of serious incident is Suicide (apparent) - community team care - current episode (3). • All incidents that are graded red or amber are extracted from Datix (the Trust's incident reporting system called) for inclusion in a report that is reviewed at the weekly clinical risk panel. • All reported deaths are reviewed in line with the learning from healthcare deaths policy. • 6 serious incident investigations have been submitted to the Commissioner during the quarter and 3 previously submitted serious incidents have been closed by Commissioners. • The actions from incidents are managed at Business Delivery Unit level. The patient safety support team produces information on completion of action plans from serious incidents and these are monitored through the operational management group. • A number of investigations are outside the 60 working day target; during the Covid-19 period and as at the current time, the 60 working days timescale has been suspended by NHS England and Improvement. However, we have continued to aim to work towards this timescale during this time. **Learning from healthcare deaths** • The Learning from healthcare deaths report provides figures on the number of deaths reported, reviewed and the review processes. • The Learning from healthcare deaths policy guides staff with how to report deaths. • The Trust has adopted the three levels of scrutiny suggested in the National Quality Board guidance: o Death Certification o Case record review, including Structured Judgment Record Reviews. o Investigation • Total number of deaths reported on Datix by staff between 1/4/2021 – 31/12/2021 (by reported date, not date of death) = 99, all of which have been reviewed. This is similar to Q2 (99) • Total in scope as described in report = 67	

No.	Item	Action
	Risk appetite • Risk identified – the Trust continues to have a good governance system of reporting and investigating incidents including serious incidents and of reporting, analysing and investigating healthcare deaths. • This report covers assurance for compliance risk for health and safety legislation and compliance with CQC standards for incident reporting. This meets the risk appetite –low and the risk target 1-6. • The clinical risk – risk to service user/public safety and risk to staff safety which is again low risk appetite and a risk target of 1-6. • Financial or commercial risks - Reputational risks, negative impact on perceptions of service users, staff, commissioners. Risk appetite • Cautious/Moderate 4-6 The incident management process supports the drive to reduce harm and learn from incidents to reduce risk and prevent recurrence in the future. For learning from healthcare deaths Trust uses Datix and works with performance and information to ensure information is available. A policy is in place which meets current national requirements. **Appendix – external investigation report** This report was produced in response to an independent investigation into the care and treatment of Mr A following the death of his stepfather. Following an internal serious incident review and an external report by Sancus Solutions, deficits in our care were identified, for which we have offered our sincere apologies. Our thoughts are with the family, and everyone affected by this tragic incident. We have addressed the recommendations made in the report to make improvements to the care we provide. **Trust website link -** https://www.southwestyorkshire.nhs.uk/about-us-2/performance/investigation-reports/mr-a-2017/	
9.	**Update on Quality Monitoring Visits** **Action: DT to liaise with Grace to forward plan this agenda item.**	**DT/CG/ PS**
10.	**FACT – Flexible Assertive Community Treatment** Flexible Assertive Community Treatment is a model of care that we have adopted in our community mental health teams. This provides the facility for people who are accessing support from our teams to have shorter periods of higher intensity support, in response to increased acuity of mental health need or increased risk. Once this period of need has been responded to, the person then returns to their usual package of care. This model has replaced the previous Assertive Outreach Team model, where a small number of people were offered this service for several years at a time.	

No.	Item	Action
11.	**Single Point of Access** See attached presentation by Melissa Harvey and Amanda Miller (General Managers for Kirklees, Calderdale and Wakefield Single Point of Access) **Action: CDBG will meet with Melissa and Amanda to discuss feedback from service users in relation to the Single Point of Access service.** SPA CKW Presentation.pdf	**Emma Cox to coordinate meeting.**
12.	**Items to raise at Members' Council** - **CQC (DT)** - **IPR (Mandy Griffin)**	
13.	**Any other business** CDBG enquired about the review of communication in particular letters that are sent to service users. For example, discharge letters as the wording can cause service users particular anxiety for fear of discharge from services. DT informed them that groups have been set up in the past to review letters and we can look to set this up again. **Action: DT to liaise with Carmain Gibson Holmes, Deputy Director of Nursing, Quality and Professions and Lauren Melling, Quality and Improvement Project Manager to liaise with CDBG and JL to review specific letters.**	**DT to liaise with the QIAT and Carmain Gibson-Holmes**
14.	**Revised dates of next meeting(s) and agreement of agenda items** • 8 August 2022 at 10.00-12.00 • 7 November 2022 at ~~10.00-12.00,~~ 15.00 – 17.00 *(please note change in time)*	

NHS
South West Yorkshire Partnership
NHS Foundation Trust

Minutes of the Nominations Committee held on 13 July 2022, Virtual meeting via Microsoft Teams

Present	Kate Quail (KQ) Chair	Non Executive Director
	John Laville (JL)	Lead Governor, Publicly elected governor Kirklees
	Bill Barkworth (BB)	Deputy Lead Governor, Publicly Elected Governor, Barnsley
	Tony Jackson (TJ)	Non-clinical staff support governor
	Andrea McCourt (AMc)	Appointed Governor – Calderdale and Huddersfield NHS Foundation Trust
In attendance:	Asma Sacha (AS)	Corporate Governance Manager, deputising for Andrew Lister Corporate Governance Admin Manager
	Gemma Lockwood (GL)	(author)
	Greg Moores (GM)	Chief People Officer
Apologies:	Marie Burnham (MBu)	Trust Chair
	Mark Brooks (MB)	Chief Executive
	Andy Lister (AL)	Head of Corporate Governance (Company Secretary)

NC/22/28 Welcome, introduction and apologies (agenda item 1)

Kate Quail (KQ) attended to chair the meeting to ensure the meeting was quorate. KQ welcomed the attendees and acknowledged apologies as above. The meeting was quorate and could proceed.

NC/22/29 Declarations of interest (agenda item 2)

There were no declarations of interest made.

NC/22/30 Minutes from previous meeting held on 14 April 2022 (agenda item 3)

It was RESOLVED to APPROVE the Minutes as a true and accurate record of the meeting held on 14 April 2022.

NC/22/31 Matters arising from previous meeting held on 14 April 2022 - Action log (agenda item 4)

Asma Sacha (AS) confirmed the action regarding the Associate NED role will be deferred until the October meeting.

It was RESOLVED to NOTE the updates to the action log.

NC/22/32 Review of Chair and Non-Executive Director terms of office (agenda item 5)

It was RESOLVED to RECEIVE and APPROVE the Review of Chair and Non-Executive Director terms of office

NC/22/33 Work Programme (agenda item 6)

It was RESOLVED to RECEIVE the Work Programme.

NC/22/34 Any other business (agenda item 7)

Greg Moores (GM) queried if there needs to be four scheduled meetings a year and if a meeting is required to go ahead when there are no key items for the agenda, for example new appointments or changes to terms of office.

Andrea McCourt (AM) advised that her Trust has one scheduled meeting a year with ad hoc meetings to approve appointments or changes as these would not fall into a schedule.

GM agreed that in his previous trust, Nominations Committee was driven by changes in the business rather than scheduled meetings.

Bill Barkworth (BB) confirmed he would prefer to keep the scheduled meetings in the diary as to enable governors to stay in the loop.

John Laville (JL) agreed and thinks we are in danger of being swayed by the lack of business on today's agenda and advised that there has been a lot of meetings this year due to the various appointments that have been made. This meeting would have been a very short meeting and should not set a standard to not have these meetings in the future.

KQ noted that as this is a Governors' meeting, it was for Governors to decide on the meeting schedule. It was agreed to keep schedule as it is.

NC/22/35 Issues and items to bring to the attention of Members' Council / Trust Board (agenda item 11)

None.

NC/22/36 Date of next meeting (agenda item 12)

12 October 2022, 10 – 12noon, Microsoft teams
18 January 2023, 10 – 12noon, Microsoft teams

South West Yorkshire Partnership NHS Foundation Trust

Members' Council
9 December 2021

Agenda item:	**7.3**
Report Title:	**Governor appointments to Members' Council and Trust Board groups and committees**
Report By:	Corporate Governance Team
Action:	To receive

Purpose

The purpose of the paper is to support the appointment of governors to the Members' Council groups, Nominations Committee and Trust Board Equality & Inclusion Committee.

Background

At the Members' Council meeting on 2 November 2018, a process was approved regarding how governors become members of its sub-groups (attachment 1) and the establishment of consistent member numbers across the Members' Council Co-ordination Group and Members' Council Quality Group.

The objectives of these changes were to address the lack of clarity about appointment to the groups, to make the appointment process more transparent, and to ensure effective operation of the groups, whilst maintaining a commitment to openness and inclusion. All governors continue to be welcome to be in attendance and participate in the meetings even if they are not a 'formal' member of these two groups.

Process

An email was sent to all governors on 19 and 30 August 2022 inviting self-nominations for the vacancies listed below accompanied by a personal brief statement, with a closing date of 5 September 2022.

Members' Council Co-ordination Group	- Public governor, Kirklees - Public governor, rest of Yorkshire & the Humber - Appointed governor
Members' Council Quality Group	- Public governor, rest of Yorkshire & the Humber - Appointed governor

Outcome

Following the above process, there was only one self-nomination received for the Members' Council Quality Group for the appointed governor vacancy.

With all of us in mind.

Sue Spencer has therefore automatically filled the vacancy for appointed governor for the Members' Council Quality Group.

The supporting statement for the self-nomination is attached.

The remaining vacancies will continue to be promoted.

Recommendations

The Members' Council is asked to RECEIVE the update on appointments as outlined below.

Governor appointment to Members' Council groups and committee
Approved by Members' Council 2 November 2018

Item 7.3b

Process for appointment
When vacancies arise, the proposed process for appointment recommended is a shortened version of the process for the appointment of the Lead Governor, which has been in place since 2009.

Step 1	When a vacancy arises, governors are invited to self-nominate, supported by a brief verbal or written statement about why they are putting themselves forward. If only one self-nomination is received, they will automatically fill the vacancy, otherwise the process will move to Step 2.
Step 2	If more than one self-nomination is received for a vacancy, the Members' Council Co-ordination Group will discuss the self-nominations supported by input from the Chair and make a recommendation to the full Members' Council.

The recommended term of membership on a group for any new members will be for three (3) years to allow for consistency of membership. If a governor wishes to stand down from a group, or is not re-elected / re-appointed as a governor on the Members' Council during the three years, the above process would take place to fill the vacancy.

It is expected that governors are a member of only one group to allow opportunities for more governors to be involved, however if sufficient membership is not reached through the self-nomination process this would be extended to two.

Current members on all groups remain until the end of their governor term or until they step down.

All governors continue to be welcome to attend and participate at the Members' Council Co-ordination Group and Members' Council Quality Group even if they are not 'formal' members. Non-members would not normally attend the Nominations' Committee, for reasons of confidentiality, unless invited by the Chair.

South West Yorkshire Partnership NHS Foundation Trust

Members' Council

9 December 2022

Self-nomination statement

Sue Spencer – Appointed Governor (Barnsley Hospital NHS Foundation Trust)

As an Appointed Governor from a partner organisation I would be interested in putting myself forward for the Member's Council Quality Group.

As a Registered Nurse for over 30 years I feel that I have a lot of knowledge and experience around quality both from a Trust and patient perspective and feel that I could bring this to the group. Patient experience in my own Trust is extremely high on my agenda as Patient Flow Manager and I feel that joining this group would be beneficial and productive.

Sue Spencer

South West Yorkshire Partnership NHS Foundation Trust

Members' Council
9 December 2022
Agenda item 7.4

Title:	**Associate Non-Executive posts (update)**
Paper prepared by:	Chief People Officer
Purpose:	To provide an update to the Members Council on the proposal to establish and appoint two new Associate Non-Executive Director posts.
Mission/values:	Supports the Trust's commitment to: Be relevant today and ready for tomorrow Be open and transparent. Improve and aim to be outstanding.
Any background papers/ previously considered by:	Proposal to establish two new Associate Non-Executive Director posts (Nominations Committee, 18 February 2022) Update paper to Nominations Committee 8 November 2022
Executive summary:	**Background** In February 2022, the Members Council approved the Trust progressing an intent to appoint two new Associate Non-Executive Director posts. This paper is intended to provide an update to the Committee on progress in relation to this decision. Discussions have been held within the Trust's Executive Management Team and funding has been approved to establish the two posts on a recurrent basis. Benchmarking work has been conducted and a salary level of £8,000pa has been set, which is competitive with the market and proportionate with the level of responsibility, and accountability, when compared to other Board level posts. This is at the higher end of the range set out previously to the Committee, with the intent of attracting the best possible quality of applicants. The Senior Responsible Officer for the recruitment process will be the Chief People Officer, with the operational lead sitting with Mrs Sandy Stones. Mrs Stones is a senior member of the Trust's People Directorate, with extensive experience of Board level recruitment. Mrs Stones will work closely with the Nominations Committee, the ultimate decision-making body for NED appointments, to ensure the process is conducted with due diligence and in line with Trust values.

	An external recruitment agency is to be engaged, via a procurement process, to support the Trust in attracting the best possible candidates. Through discussions, the background that the Trust will be seeking to appoint for one post, will be recent experience of leadership around the clinical / quality arena; for the second post the Trust will be open to backgrounds including education, housing, social care, sustainability and/or education. As part of the package of support, agencies will be asked to consider how to maximise diversity both of applicants and throughout the selection process, including provision of unconscious bias training (or similar). Although the aim is to attract and appoint two Associate NEDs, the Members' Council is asked to support the stance that an appointment will only be made if a candidate (s) with the required experience and values are able to be attracted. If this is not the case, either one (or no) appointment will be made, and a meeting of the Nominations Committee will be called to consider next steps. The term of office for the Associate NEDs is proposed to be two years. During this time the successful candidates will be supported via a thorough induction and development plan, supported by the Trust Chair, Company Secretary and Chief People Officer.
Recommendation:	**The Nominations Committee recommends that the Members council APPROVE the following for the roles of Associate Non-Executive Directors:** • **A salary level of £8,000pa** • **A term of office of two years** • **the commencement of the recruitment process, via the Chief People Officer** • **the commencement of a procurement process to appoint a recruitment agency** **and NOTE the preferred professional backgrounds/experience for the two candidates.**

Members' Council
9 December 2022

Agenda item:	**7.5**
Report Title:	Patient Experience – Customer Services Annual Report 2021/22
Report By:	Chief Nurse, Director of Quality and Professions
Action:	To receive

Introduction

This paper provides a summary of feedback on experience of using Trust services received via the Customer Services function during 2021/2022.

This paper has been reviewed, discussed in detail and approved by the Clinical Governance and Clinical Safety Committee on the 19 July 2022 and approved by Trust Board on the 26 July 2022.

Recommendation

The Members' Council is asked to receive the Patient Experience – Customer Services Annual Report 2021/22

Summary

- This report provides an overview of feedback received by the organisation through the Customer Services function in the financial year 2021/22.
- The report covers all feedback received by the team – comments, compliments, concerns, and complaints, which are managed in accordance with policy which has been approved by the Trust Board and Executive Management Team (EMT).
- The Customer Services function provides a single point of contact within the Trust for managing and responding to a range of enquiries and feedback. The team offers accessible support to encourage feedback about people's experience of using Trust services.
- Feedback from Trust Board is guiding future versions of this report to have a greater focus on patient experience in more broad terms, beyond complaints and compliments

This report includes:

- The number of issues raised and the themes arising
- Equality data
- External scrutiny and partnering information
- Customer Services standards
- Actions taken and changes made because of service user and carer feedback
- Compliments received

For the financial year 2021/22 the Customer Services team received and dealt with 777 items of feedback in the form of complaints, concerns, and comments (excluding compliments). This is an 8% increase compared to 2020/21 when the Trust received 719

items of feedback.

The Customer Services team dealt with 119 formal complaints in 2021/22 compared to 159 in 2020/21. These are complaints where consent has been received and the scope of investigation agreed (timescales start).

The average number of issues in 2021/22 for a formal complaint response was five. Access to treatment or drugs remains the top primary subject for complaints, followed by clinical treatment, and then staff values and behaviours.

435 comments/concerns were received in 2021/22 which is a small increase of 2% from 2020/21 where 426 comments/concerns were received.

307 compliments were received in 2021/22 which is a small increase of 4% compared to 295 in 2020/21.

Our learning from all feedback received by the Trust is reviewed locally within teams and also within the Trust's service lines, to ensure that improvements are made in response. Colleagues in the Customer Services team also maintain an oversight to identify any Trust-wide themes or opportunities for learning.

Next steps

Customer services will undertake the following improvement actions over the coming year:

- Provide coaching and training to identified staff within the service lines incorporating root cause analysis to support the complaint investigation
- Embed learning from complaints within divisional governance to ensure the learning is shared effectively
- Re-establish the online complaints satisfaction surveys – complainants, Trust staff and partner organisations and analysis with support of Trust volunteers
- Establish a responsive children and young people led complaints process and resources
- Customer Services efforts continue to focus on gathering insight into service user experience and to support teams to develop action plans to change and improve services because of feedback.
- The increased emphasis on gaining insight into people's experience of using services to influence how services are organised and new services are planned.
- Ensure a robust engagement and communication plan is in place regarding Parliamentary and Health Service Ombudsman (PHSO) Complaint Standards
- Improvements to the sign off process continue

In line with West Yorkshire and Harrogate's ambition to involve diverse communities in reviews of complaints which cite discrimination on the grounds of race, the complaints team will be establishing a panel of patients / members of the public to review all complaints which describe patients feeling they have been treated less favourably due to having a protected characteristic

Risk Appetite

The trust continues to have a good governance system for assuring the quality of services. This meets the risk appetite – low and the risk target 1-6.

South West Yorkshire Partnership NHS Foundation Trust

Patient Experience (including Complaints)

Annual Report 2021/22

With **all of us** in mind.

CONTENTS

Context

Introduction including summary.

- This report provides an overview of feedback received by the organisation through the Customer Services function in the financial year 2021/22.
- The report covers all feedback (the four Cs) received by the team – comments, compliments, concerns, and complaints, which are managed in accordance with policy which has been approved by the Trust Board and Executive Management Team (EMT).
- The Customer Services Team have remained business critical throughout the pandemic and their function provides a single point of contact within the Trust for managing and responding to a range of enquiries and feedback. The team offers accessible support to encourage feedback about people's experience of using Trust services.
- This report includes:
  - The number of issues raised and the themes arising
  - Equality data
  - External scrutiny and partnering
  - Customer Services standards
  - Actions taken and changes made because of service user and carer feedback
  - Compliments received

Executive Summary

Annual Update

- For the financial year 2021/22 the Customer Services team received and dealt with 777 items of feedback in the form of complaints, concerns, comments (excluding compliments). This is an 8% increase compared to 2020/21 when the Trust received 719 items of feedback.
- The Customer Services team dealt with 119 formal complaints in 2021/22 compared to 159 in 2020/21. These are complaints where consent has been received and the scope of investigation agreed (timescales start).
- Complaints typically contain several different trends and issues and anecdotally complaints have become more complex in nature with complainant's expectations about what can be achieved through the complaints process increased.
- The average number of issues in 2021/22 for a formal complaint response was 5.
- Reopened complaints have reduced in number from 6 in 2021/22 compared to 13 in 2020/21.
- 435 comments/concerns were received in 2021/22 which is a small increase of 2% from 2020/21 where 426 comments/concerns were received.
- 307 compliments were received in 2021/22 which is a small increase of 4% compared to 295 in 2020/21. The number of compliments does fluctuate and depends on how regularly clinical services send these in for Customer Services to record. The Trust promotes the importance of submitting compliments so that they can be monitored, used to boost staff morale and to share best practice.
- Customer Services monitor the progression of formal complaints against the Trust's internal target of providing a response within **40 working days** from the date that consent has been provided and the scope of the complaint investigation agreed. This is considerably quicker than the guidance set out in the NHS Complaints (England) Regulations 2009 which details that a response should be provided within 6 months from the date that a complaint is received.
- Although we have trialled a response timeframe based on the complexity of the complaint which would aim to provide a response within **25, 40 or 60 working days** this has not been successful due to the current climate of service pressures outlined.
- Proactive partnership working between Customer Services and Clinical Services was having a positive impact on achieving the Trust's internal target that 80% of formal complaints should be closed within 40 working days. However, the impact of the pandemic has meant that the gains we had achieved have declined.

Introduction

Summary

- All complaints are risk assessed on arrival in Customer Services using the Trust's Risk Matrix. In the first instance, this is undertaken by the Customer services manager or their deputy. In addition, complex complaints are discussed with both the Associate director of nursing and quality and the Assistant director of legal services.

- Work is continuing to improve customer service processes to make sure that the Trust always responds in ways to maximise opportunities for learning and becomes more responsive where service issues arise. This will mean services will see the issues first, with a robust process in place to support them to implement actions to resolve.

Risks

- Complaints are often complex and longstanding in nature and require thorough investigation to resolve the issues raised. Complainants' expectations of what can be achieved through the complaints process may be unachievable.

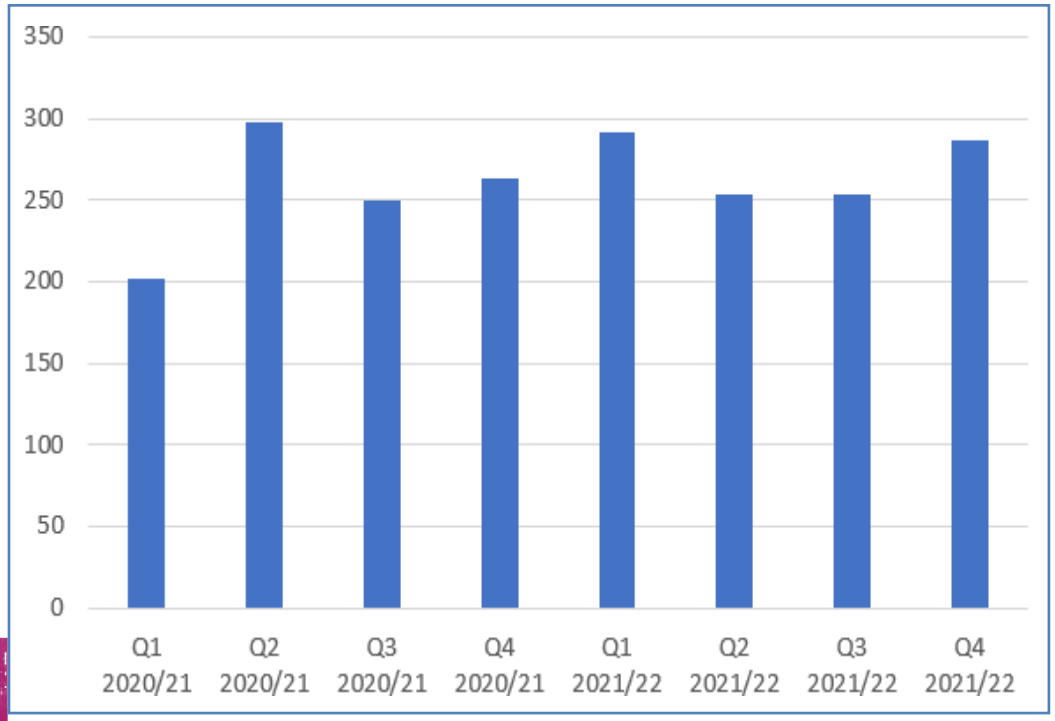
- Resources allocated to habitual or vexatious complainants has increased and requires a consistent and coordinated approach across the Trust. The Trust placed one complainant on restricted access in 2020/21 following a prolonged period of excessive contact and although this figure is the same in 2021/22, there are several which could legitimately be placed on restricted access.

- The team have had several staffing pressures, relying on bank and re-allocation of staff which has impacted on the response times. This has impacted on the number of cases on the waiting list for allocation. A plan is in place to increase capacity and experience in 2022/23.

- The biggest delays in the complaint process are the time for the completed investigation to be returned to Customer Services and there are issues with the quality of completed investigations which results in delays during sign off. This is being scrutinised further to generate further discussions with clinical services about the specific challenges they face in responding to complaints i.e., resource, and how these can be overcome to improve the Trust's response timeframes. This has become more challenging due to the impact of the pandemic and there have been considerable delays experienced during the sign off process by clinical services.

Feedback Overview

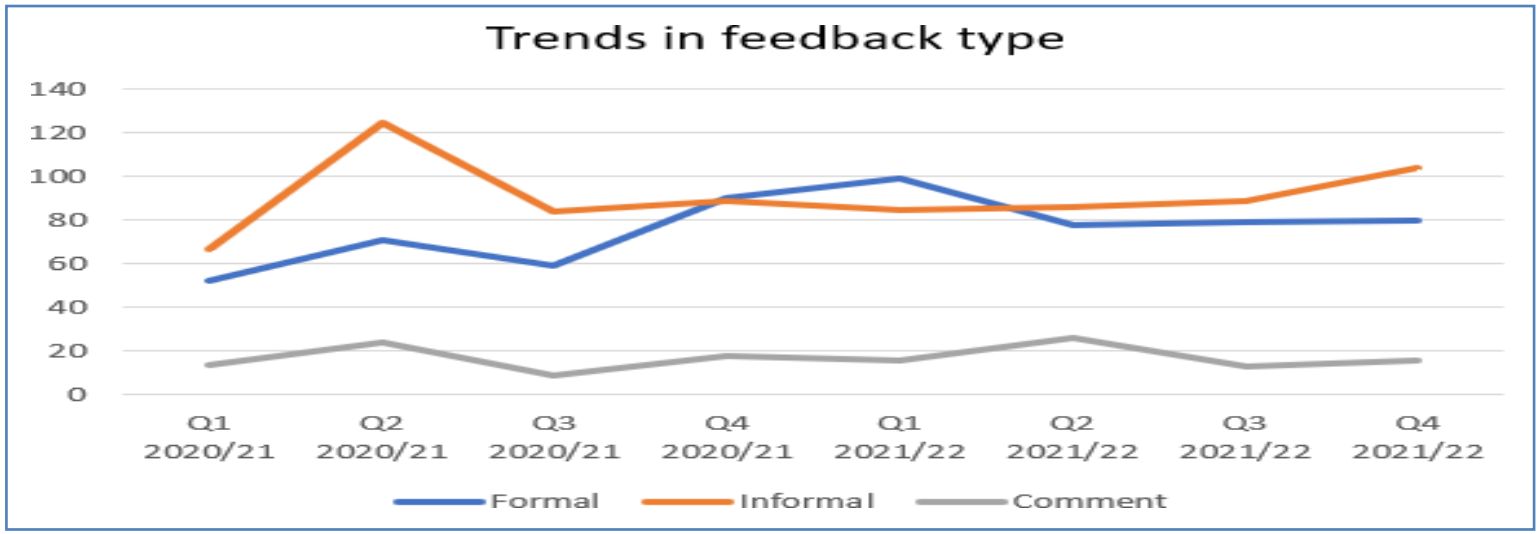
Total number of complaints, concerns, comments & compliments received into the Trust via Customer Services



Overall the pattern supports that there was an initial decline in the volume of feedback since Q1 2020/21 at the start of the pandemic. However, this is becoming more stable and the fluctuations are largely accounted for by the number of compliments reported. The anecdotal trend remains in that the complexity of complaints, concerns and comments are increasing. We have also seen an increase in challenging behaviour from complainants since the pandemic began.

Complaints Activity

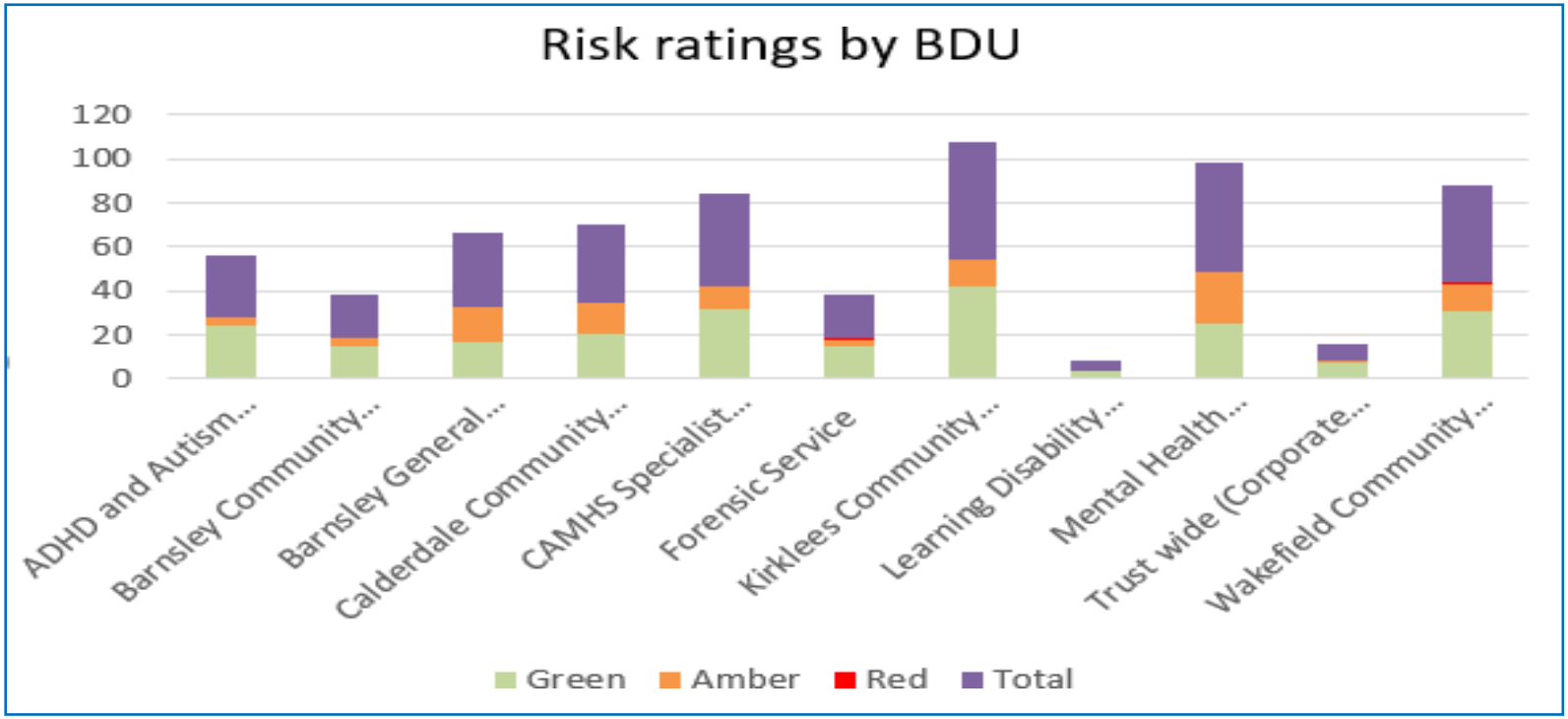
Number of formal complaints, informal concerns and comments made into Customer Services per quarter



- Overall, the number of formal complaints are increasing from 52 in Q1 2020/21 to 80 in Q4 2021/22 with an average of 76 per quarter. Again, the increased figure for Q4 2021/22 may reflect pent up frustration with NHS services as a result of the pandemic given the changes in service delivery.
- There is a less consistent pattern for informal concerns, and this has decreased from a record high of 125 in Q2 2020/21 to 104 in Q4 2021/22 with an average of 91 per quarter.
- There is a less consistent pattern with service issues/comments with a record high of 26 in Q2 2021/22 to 16 in Q4 2021/22 with an average of 17 per quarter.

Risk Grading - Complaints

- All complaints are risk assessed upon receipt in the Trust using the Trust's Risk Matrix. In the first instance, this is undertaken by the Customer services manager or their deputy. In addition, complex complaints are discussed with both the Assistant director of nursing and quality and the Assistant director of legal services and Assistant director of Information Governance.
- All complaints scored as red (considered to be raising concerns of a high risk) are reviewed in the quality meeting which is attended by the Chief Executive, the Medical Director and the Director of Nursing and Quality.
- The Customer services manager now attends the monthly risk panel as part of a regular audit cycle, to provide assurance that actions relating to the most serious Trust complaints are fully implemented into clinical service



Risk Grading - Complaints

BDU	Green	Amber	Red	Total
ADHD and Autism Services	24	4	0	28
Barnsley Community Mental Health Services	15	4	0	19
Barnsley General Community Services	17	16	0	33
Calderdale Community Mental Health Services	21	14	0	35
CAMHS Specialist Services	32	10	0	42
Forensic Service	15	3	1	19
Kirklees Community Mental Health Services	42	12	0	54
Learning Disability Services	4	0	0	4
Mental Health Inpatient Services	25	24	0	49
Trust wide (Corporate support services)	7	1	0	8
Wakefield Community Mental Health Services	31	12	1	44

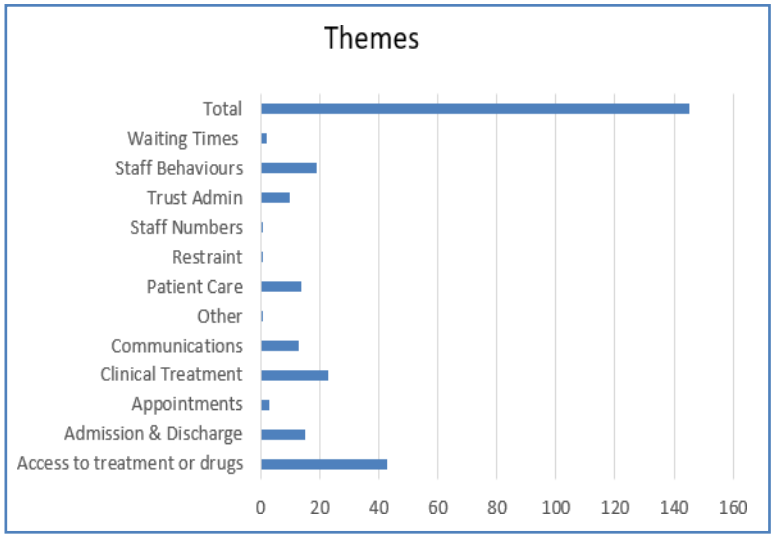
The majority of complaints (70%) were graded as green (minor impact/no harm) in 2021/22 which is positive. Only 2 complaints were graded as red (catastrophic impact) and these both involved service user deaths.
However, 30% of complaints were graded as amber (moderate impact) with Mental Health Inpatient Services receiving the highest in this area at 49% closely followed by Barnsley General Community Services (48%).

Regulation: Parliamentary and Health Service Ombudsman (PHSO)

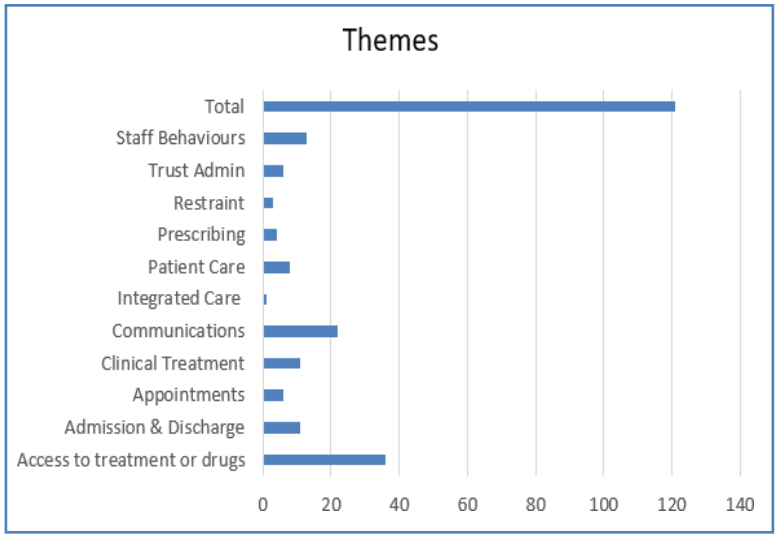
- During the previous reporting year, 2020/21 the Trust received 5 requests for information from the PHSO. All requests were responded to, and information shared with the PHSO to enable them to review and decide whether to investigate complaints at the second and final stage of the NHS complaints process.
- The Trust received 10 requests for information from the PHSO in 2021/22
- The Trust received notification that 2 cases had closed with no further action or recommendations.
- The Trust is still waiting for the outcome of the PHSO's scrutiny on 6 cases.
- 1 case that the PHSO asked for information on was a very complex and contentious complaint as the complainant's wife died in July 2020 whilst an inpatient in Barnsley. The complainant advised that he no longer wished to engage with the Trust and would be pursuing legal action. The case handler at the PHSO recently changed and the case was reviewed again. We have now been advised that as the police case remains open and the inquest has not concluded, that the PHSO will not be proceeding with an independent review.
- There was 1 request from the joint Ombudsmen, the Local Government and Social Care Ombudsman (LGSCO) regarding the historic care provided to a service user with a primary diagnosis of autism and his discharge from Trust services. The LGSCO has awarded in the complainant's favour and the Trust, Calderdale CCG and Calderdale Council have all been recommended to provide £500 compensation each.
- As a result of the pandemic the PHSO advised that it has a backlog of 3,000 cases awaiting review and will only investigate those where there has been the biggest hardship.

Top 5 themes for complaints

2021/22

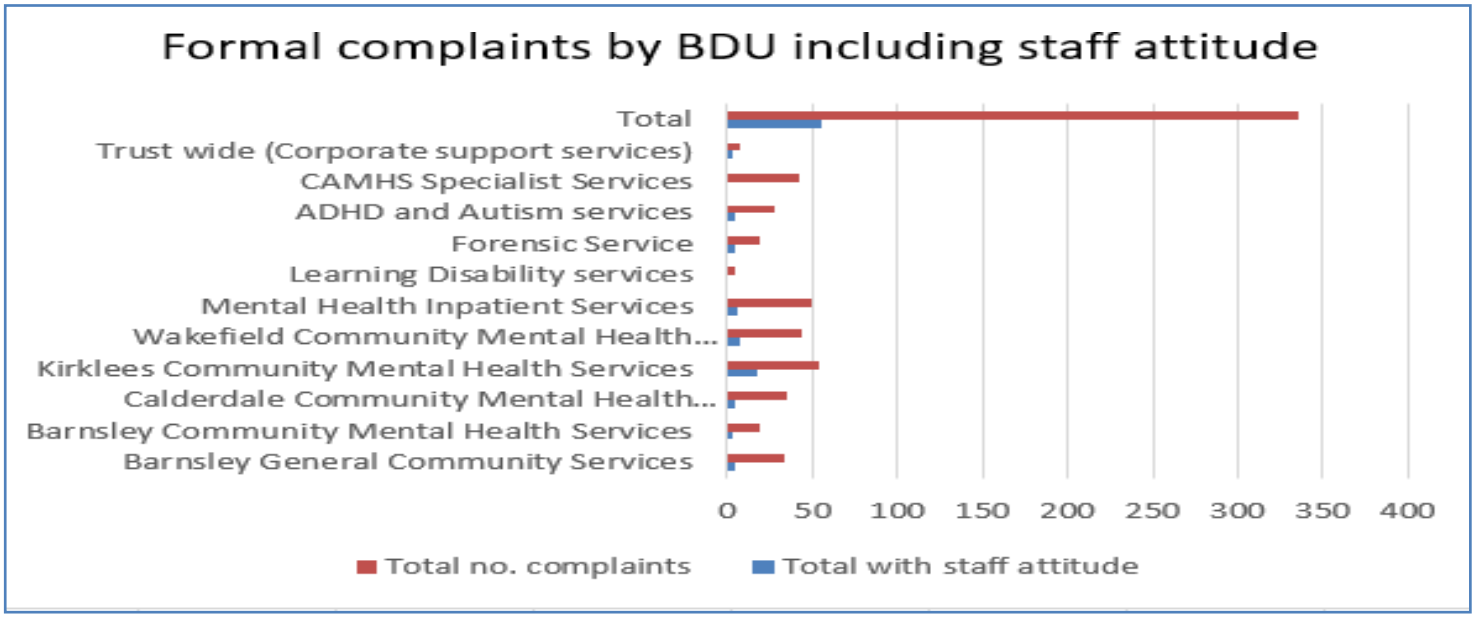


2020/21



- Complaints typically contain multiple themes/issues and in 2021/22 there were 145 themes recorded across 12 categories.
- Access to treatment or drugs has remained the top primary subject for complaints across both years
- Clinical Treatment (16%) is the second most common theme (n=23) for complaints in 2021/22 followed by Staff Values and Behaviours (n=19, 13%).
- Communications (18%) was the second most common themes for complaints in 2020/21 followed by Staff Values and Behaviours (11%).

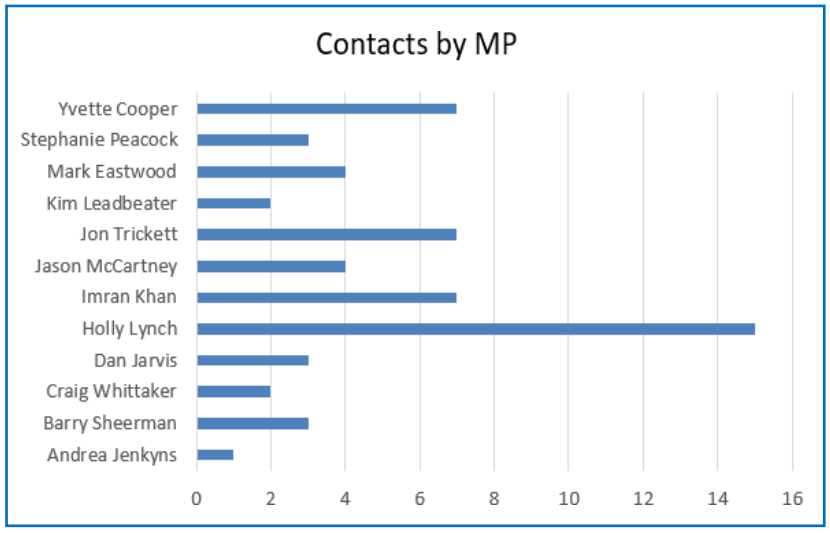
Formal complaints involving staff attitude

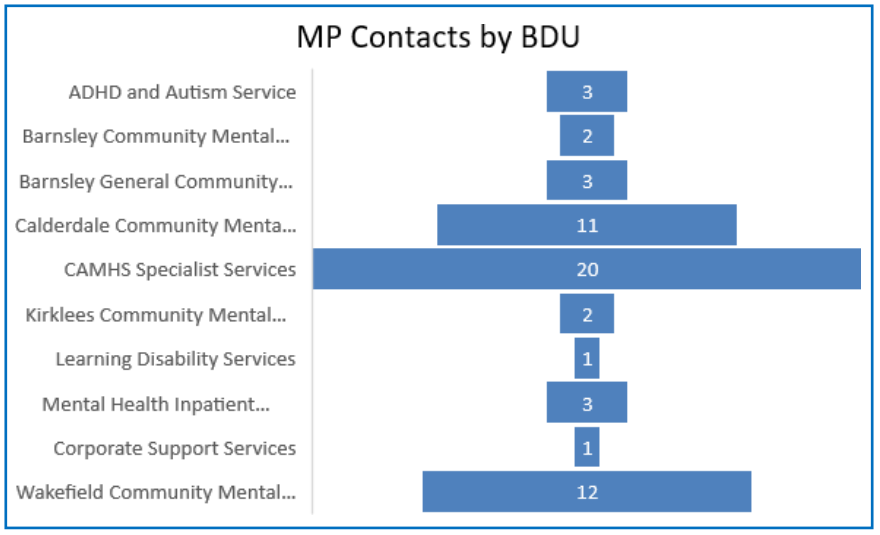


- The Trust received 56 complaints (17%) in 2021/22 out of a total of 335 complaints which included staff attitude
- (Values and behaviours) as a primary subject/theme.
- This demonstrates that the Trust is not meeting its performance targets in this area, and this is a cause for concern and may also reflect wider issues around staff engagement/satisfaction which may also be an associated impact of the pandemic, such as high levels of staff sickness and vacancies.
- Trust wide (Corporate support services) received the highest percentage (38%) of complaints with staff attitude as a primary issue (n=3). However, this is based on a small total number of complaints (n=8).
- Kirklees Community Mental Health Services received the second highest percentage (33%) of complaints in this area followed by the Forensic Service (26%).

MP Contacts

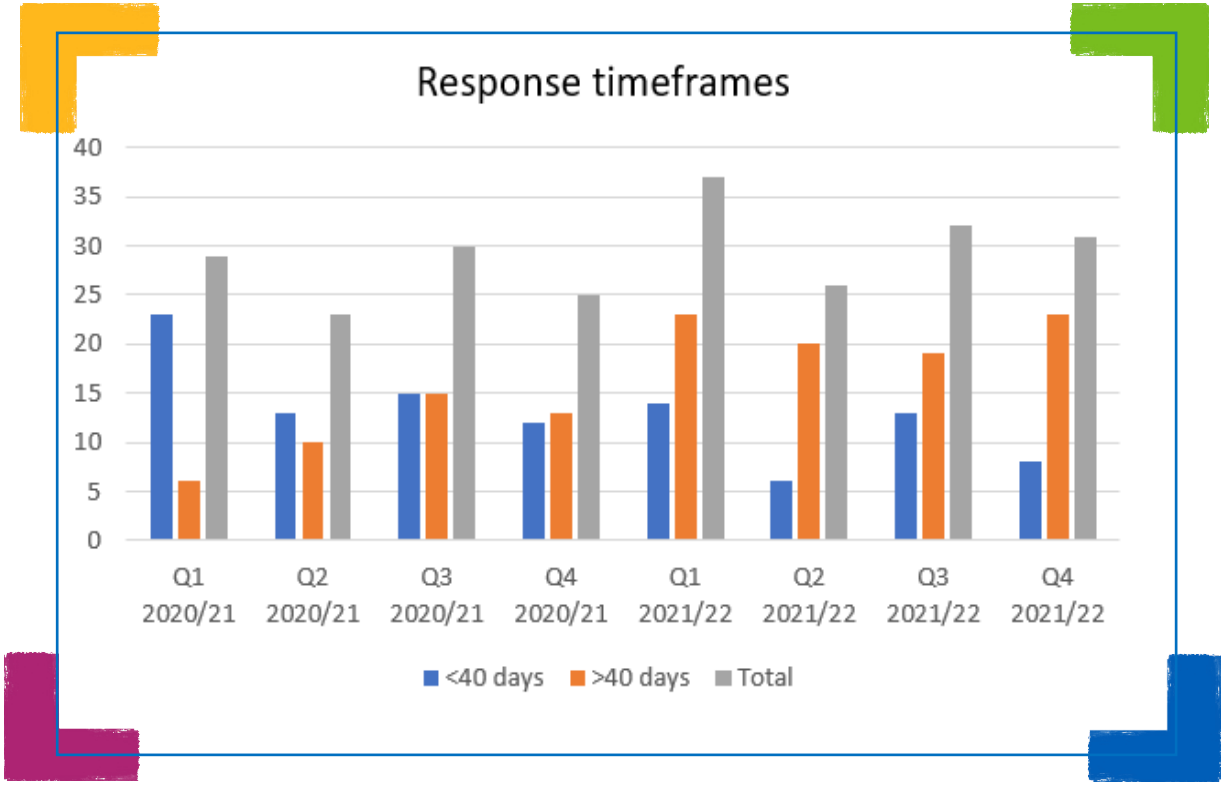
- During 2021/22 the customer services team received 58 MP contacts compared to 47 MP contacts in 2020/21 which is a 23% increase.
- Customer services attend regular meetings with MP's that have requested these including Holly Lynch (Calderdale) and Kim Leadbeater (Kirklees) along with clinical services to provide updates on specific cases.
- Holly Lynch (Calderdale) submitted the majority (26%) of MP contacts in 2021/22 followed by Yvette Cooper (Wakefield), Jon Trickett (Wakefield) and Imran Khan (Wakefield) at 12% each respectively.
- The BDU which receives the most MP contacts is CAMHS Specialist Services at 34% which is a consistent trend and this is primarily about access to treatment.
- CAMHS Kirklees received the highest number of MP contacts at 40% followed by Calderdale at 30%, Wakefield at 25% and Barnsley at 5%.
- Wakefield Community Mental Health Services and Calderdale Community Mental Health Services received the second and third most MPS contacts at 21% and 19%





Complaints Key Performance Indicators (KPIs)

The Trust's KPI is to close 80% of formal complaints within 40 working days



Many of the gains we made prior to the pandemic on delivering complaint responses within 40 working days from the date that the timescales started (consent received and scope agreed) have diminished. The trial of responding according to complaint complexity (number of issues) has not proved successful due to the associated pressures of the pandemic. The NHS Complaints Regulations 2009 remain unchanged and state that a response should be provided within 6 months from the date it was first received. The PHSO is guided by this and simply asks that organisations keep complain-ants updated about when they expect to respond.

Reopened complaints

- During 2021/22 we reopened 6 formal complaints.

- Once the individual has received the Trust's formal response to a complaint, any new or outstanding issues this generates should be raised within a reasonable time – a guideline the PHSO uses is twelve months from receipt of the response, although it very much depends on individual circumstances. As a Trust, we ask complainants to come back to us with any outstanding concerns within one month. In such cases, the complaint file is reopened, and further investigation will take place to ensure that the Trust has addressed all the issues raised and a further response is sent to the individual with the findings. In some cases, a second opinion or clinical advice will be sought. The Trust will endeavour to resolve reopened complaints through Local Resolution. However, once it is considered by the Trust that this is completed/exhausted the individual is advised of their right to refer their case to the Parliamentary and Health Service Ombudsman (PHSO) for independent scrutiny.

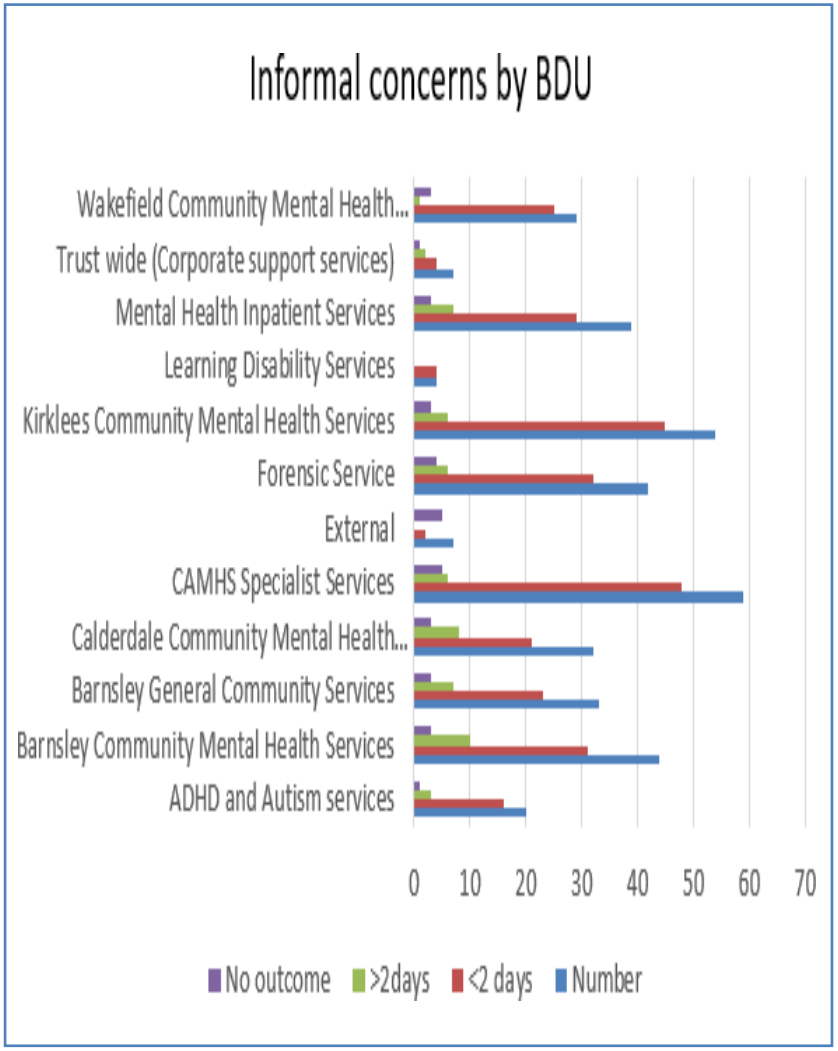
- Analysis of reopened complaints is complex. The reported figures are those that were reopened within a particular time frame, regardless of when the complaint was initially responded to. Complainants coming back to tell us they are not satisfied with their response is a positive indicator they have not lost faith in our organisation's ability to resolve their concerns as they have actively chosen to come back to us rather than approach the PHSO directly.

- In line with the NHS Complaints (England) Regulations 2009, issues that the Trust has already responded to and is unable to provide any further meaningful comments will not be reopened or re-investigated.

- We are currently developing a reporting function on DATIX to better capture the reason why complaints are reopened. This will enable us to monitor any themes and trends and work with services to minimise the need to reopen complaints.

Response times for informal concerns

- The Trust's complaints process supports Local Resolution in the first instance and contact with the service provider to resolve concerns directly at source.
- The customer services team works closely with clinical services to ensure that informal concerns are responded to by services within 2 working days. However, with agreement from the complainant, this statutory timeframe can be extended.
- This revised approach means we are dealing with significantly more informal concerns – 370 informal concerns were dealt with in 2021/22. Of these, 76% (n=280) were closed within 2 working days.
- 56 informal concerns (15%) exceeded the 2 working days target and had a date where services confirmed it had been resolved; the average number of working days to resolve for these was 20 days.
- We didn't receive further information from clinical services for 9% of informal concerns (n=34) to confirm that the feedback had been resolved.
- CAMHS received the highest number of informal concerns followed by Kirklees Community Mental Health Services and both had over 80% compliance with resolving within 2 working days.



Responding in a timely manner

- As mentioned, the Trust's internal KPI is to close 80% of formal complaints within 40 working days.

- The Customer Services standard and the NHS Complaints Regulations stipulate complaints must be acknowledged within **three working days**. During 2021/22, 99% of formal complaints met this target. One was missed due to human error; one was delayed as complainant did not provide an address although the acknowledgement could have been emailed and one was delayed by one day whilst awaiting internal advice as this involved the death of a service user from the Forensic Service.

- Timescales for responding are negotiated on an individual basis, with each complainant offered regular updates on the progress of their complaint until the issues are resolved to their satisfaction or a full explanation has been provided.

- All complaints are dealt with as quickly as possible. Deputy directors and General managers are kept updated on the progress of complaint investigations. Customer Services work with individual services to support the identification of Lead investigators with dedicated time for conducting investigations.

- A complaint investigation should be proportionate to the concerns raised. The target in which a complainant can expect to receive a formal response should be agreed between the Customer services officer and the complainant.

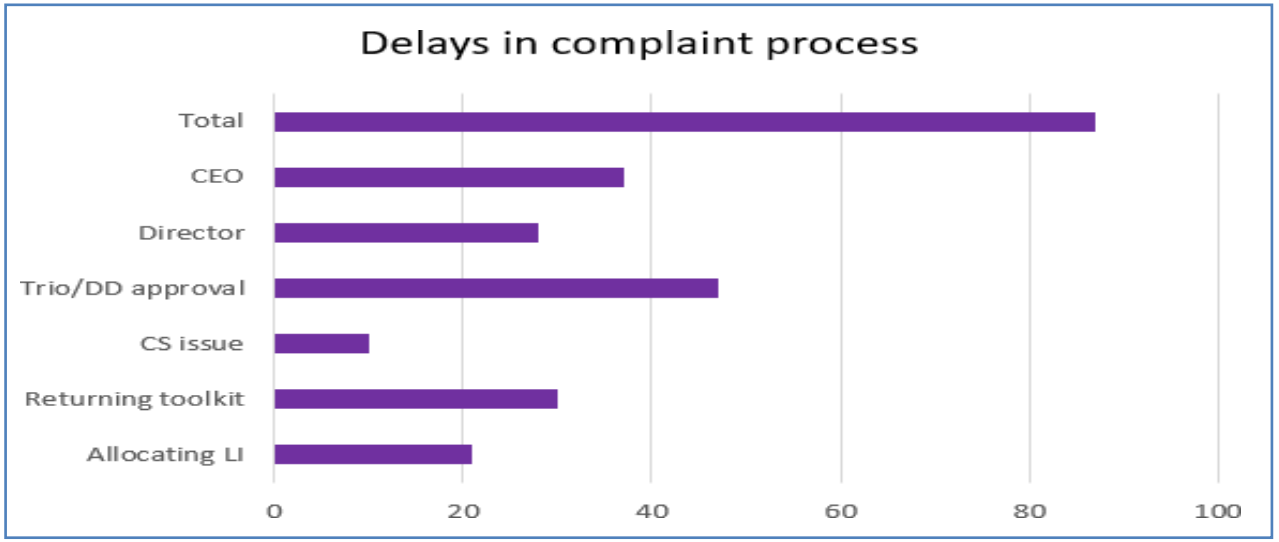
Target response timeframe by complexity

	Types of issues: The list is not exhaustive and is used as a guide.	Timeframe Response (Working days)
Level 1 (PALS/Informal concerns/service issues)	Simple queries, email or verbal advice on: for example: How to make a complaint, the correct NHS Trust/service to deal with a complaint, Ward issues where identified a member of clinical staff could resolve	3-5
Level 2 (minor)	– Low/simple, non-complex issues, up to 5 themes, for example: Delayed or cancelled appointments, 1 episode of care, Event resulting in minor harm (for example, cut or strain), Single failure to meet care needs (for example, missed call back)	25
Level 3 (moderate)	Moderate /complex, several issues (5 to 10 issues raised) relating to one short period of care requiring a written response and investigation, for example: Can also include the above in addition Event resulting in moderate harm (for example, fracture), Multi-services within the Trust, Failure to meet care needs., Miscommunication or misinformation.	40
Level 4 Complex)	Level 4 – High/complex multiple issues (10 or more) relating to a longer period of care, often involving more than one organisation or individual requiring a written response and investigation by providers, for example: Can also include the above: Event resulting in serious harm (for example, neglect), Event resulting in moderate harm (for example, fracture), Complaint relating to a period over 12 months ago, Failure to meet care needs, SI /External investigation	60

Responding in a timely manner

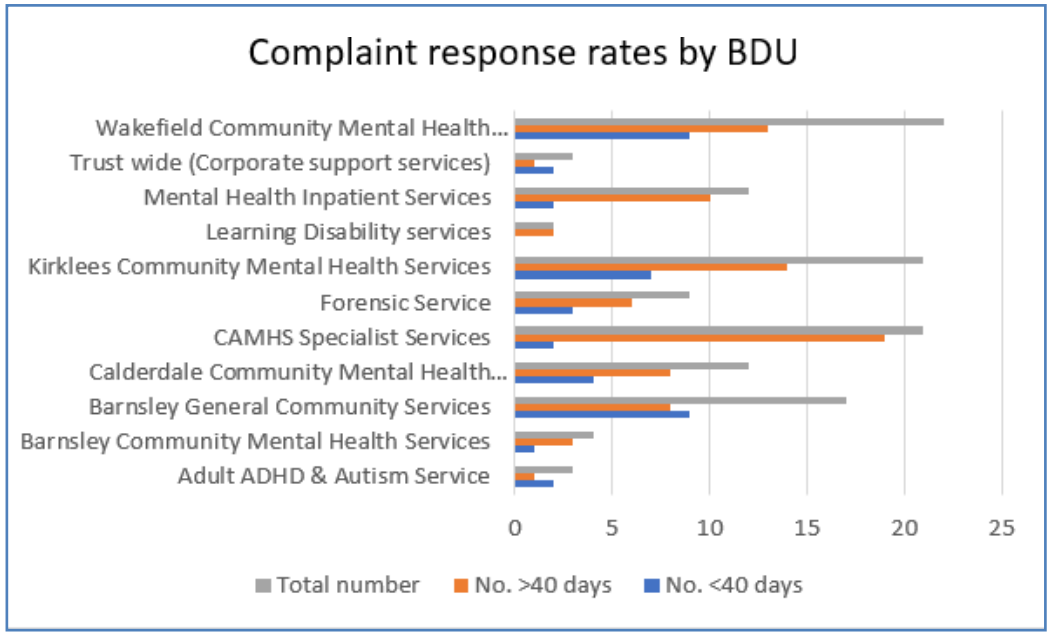
- The Trust's internal KPI is to close 80% of formal complaints within 40 working days.
- The gains that were made in achieving this target prior to the pandemic have largely diminished. Key factors include delays in allocating a lead investigator due to a shortage of clinical staff, delays receiving completed investigation findings, issues with the quality of investigation findings and evidence, and delays obtaining the required internal approvals during the quality assurance process.
- Customer services conducted an in-depth analysis of Trust timeframes for responding to formal complaints between May 2021 and January 2022.
- During this time the Trust closed 87 formal complaints and of these 66% exceeded the Trust's target of closing within 40 working days and 34% met the target.
- 49 complaints contained between 1 and 5 issues (Level 2) and the Trust would have aimed to respond within 25 working days. Of these 67% exceeded the 25-day target and 33% met the target.
- 28 complaints contained between 5 and 10 issues (Level 3) and the Trust would have aimed to respond within 40 working days. Of these 82% exceeded the 40-day target and 18% met the target.
- 10 complaints contained more than 10 issues or crossed service lines or organisations (Level 4) and the Trust would have aimed to respond within 60 working days. Of these 50% exceeded the 60-day target and 50% met the target.

Responding in a timely manner



- The allocation of a Lead Investigator (LI) by the General Manager (GM) has 5 working days built into the complaint process. 24% of complaints between May 2021 and January 2022 were delayed allocating a LI (n=21).
- The target for returning a completed toolkit to customer services from the timescales start date is 20 working days. 34% of complaints (n=30) were delayed, sometimes by more than a month, which means the 40-day target was never achievable.
- 13% of completed toolkits had significant issues with the quality (n=10).
- 11% of complaints were affected by issues within Customer Services including delays drafting responses due to capacity/leave and issues resulting from temporary staff.
- 54% of drafted responses were delayed with the Trio (General manager, Clinical lead, and Practice governance coach) and the Deputy Director in obtaining approval which has 2 working days built into the complaint process.
- The Director stage came into effect on 27th September 2021 alongside a new Chief Executive. 67% (n=28) of a total of 42 responses during this time were delayed with the relevant Director.
- 43% of responses were delayed in the final stage of sign off

Complaint response rates by BDU



The Trust closed 126 formal complaints in 2021/22 and only 33% achieved the 40-day target

The joint best-performing BDUs were the Adult ADHD and Autism Service and Trust wide (Corporate support services) although this is based on a small number of complaints (n=3)

Wakefield Community Mental Health Services responded to the highest number of complaints (n=22) in 2021/22 followed closely by CAMHS Specialist Services and Kirklees Community Mental Health Services (n=21).

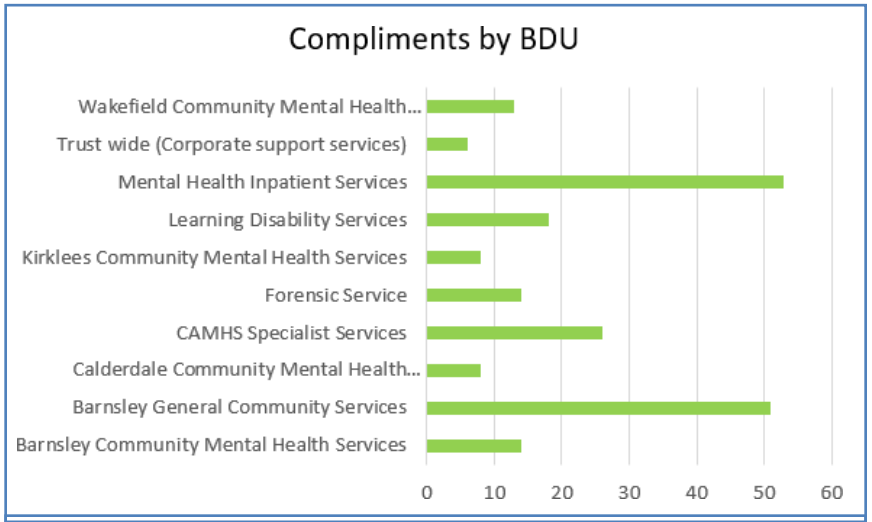
Barnsley General Community Services achieved the 40-day target for 53% of complaints followed by Wakefield Community Mental Health Services at 41%.

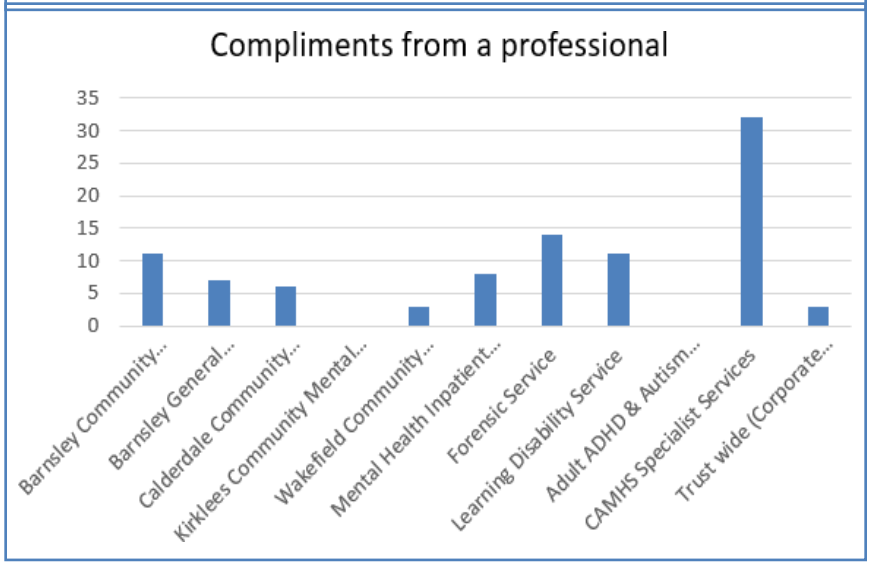
The Learning Disability Service received the least number of complaints (n=2) although both of these exceeded the 40-day target.

CAMHS Specialist Services exceeded the 40-day target for 90% of complaints.

Compliments

- During the year 2021/22 221 307 compliments were recorded in total which is a small increase of 4% compared to 295 in 2020/21.
- There were 212 compliments received about care and treatment, service and/or a named staff member as reflected in the opposite table.
- The BDU with the highest number of compliments is Mental Health Inpatient Services (n=53) closely followed by Barnsley General Community Services (n=51).
- There were 95 compliments from another professional and the BDU with the highest number of these types of compliments was CAMHS Specialist Services (n=32) at 34% followed by the Forensic Service (n=14) at 15%.
- This can include compliments from students who have been on placement with the Trust.





Compliments

I owe you, my life. Without your help and the way, you worked with me I wouldn't be here today. Every smile and every tool I have is down to you. I thank you for everything you have given me and thank you for the work you do day in and day out.
Barnsley Community Mental Health Services

I would like to extend heartfelt thanks to all the team for your compassion, kindness and empathy and support during what has been a very difficult time. You allowed mum to retain her dignity and treated her as a member of your own family, so that her final hours were comfortable, pain free and peaceful. Thank you so very much.
Barnsley General Community Services

I'd like to thank you for everything leading up to this moment. I wouldn't be here without your support, and you helped me learn to be myself and how to healthily deal with my emotions. Thank you so much.
CAMHS Specialist Services

I am probably not the person you expect to hear from, but I want you to know that I have continued to improve and I have made great progress. Yesterday, I found out I had been successful in obtaining a new job. I am so pleased and very excited to be moving on to new adventures. Thank you so much for all you have done for me. You can add me on to your success stories.
Calderdale Community Mental Health Services

The first time in 3 years of training that I have felt like a mental health nurse. I felt supported in all aspects of my placement, and I have learnt so much. I felt I was accepted and a part of the team and felt valued throughout.
Forensic Service

Thank you so much for the outstanding support you have shown both me and my dad. We cannot thank you enough. You have gone out of your way to make sure my dad has had the support he needed. You do such a wonderful job & your humour and down to earth personality makes a massive impact on people's lives. We could not have got to where we are without you.
Kirklees Community Mental Health Services

I just want to send a massive thank you to you, and all the team for the help and guidance you have assisted us with while supporting the SU. You have all been amazing helping us through some very rough periods.
Learning Disability Service

No words can describe how thankful I am. You have helped my daughter to be home where she belongs. You have gotten her through good and bad times and given me peace of mind she is safe in your care.
Mental Health Inpatient Services

Thank you so much. This was my first formal complaint, and it has been difficult. I really appreciate you sharing the letter which is accurate and supportive.
I really appreciate the work involved for you in this case and I am grateful for your support. Thank you so much, I feel so much better about it with your support. That letter is amazing.
Customer Services

As a family we have really gone through the mill this year dealing with an emotional roller coaster while our mother descended into total mental breakdown. During this time, we have been very well supported by the mental health nurse. We simply could not have coped without his help. He has played a central role in our mother's recovery. He not only supported her, but the entire family. He has been a calm and consistent presence throughout.
Wakefield Community Mental Health Services (OPS)

Equality Data – April 2021 – March 2022

Equality data is a key indicator of who accesses the formal complaints process **It is about the person raising the complaint, i.e. the complainant, and they are not necessarily the person receiving the service, i.e. the service user** Where possible, data is captured at the time a formal complaint is made. However, if this is not captured or available at that time this may be collected at a later date when the equality data form is received. Information is shared with the complainant explaining why collection of this data is important to the Trust to measure equality of access to the complaints process.

The questionnaire includes the 9 protected characteristics; age, disability, gender reassignment, ethnicity, religion or belief, sex, sexual orientation, marriage and civil partnership and pregnancy and maternity. We also ask whether the complainant is a carer and if they are registered with their GP as one. This is in keeping with the types of services we offer and the Trust includes this additional characteristic which is given the same importance as the other 9 protected characteristics.

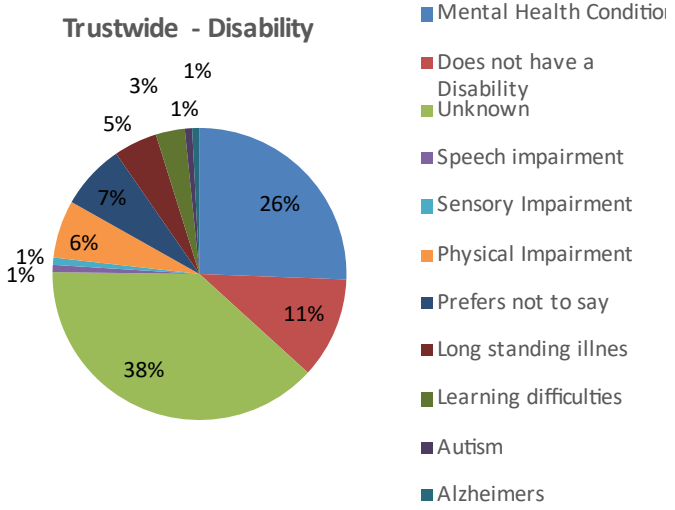
We offer assurance that providing equality data has no impact on care and treatment or on the progression of a complaint.

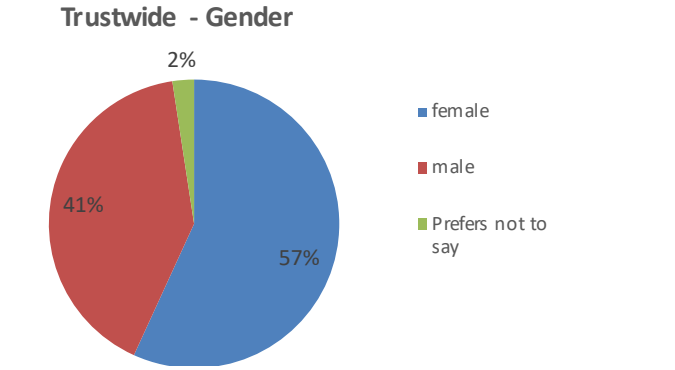
Data is **not** collected for third party agents which includes MPs and advocates.

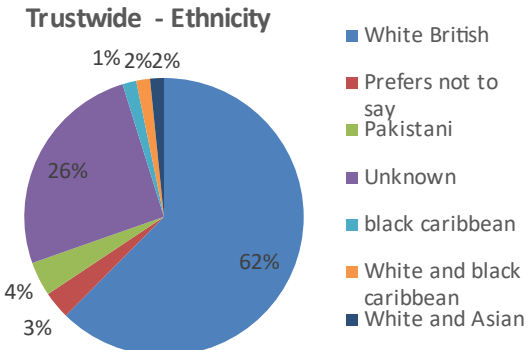
The Team continues to explore best practice for equality data capture, both internally within the team and externally with partner organisations and networks and incorporates any learning into routine processes.

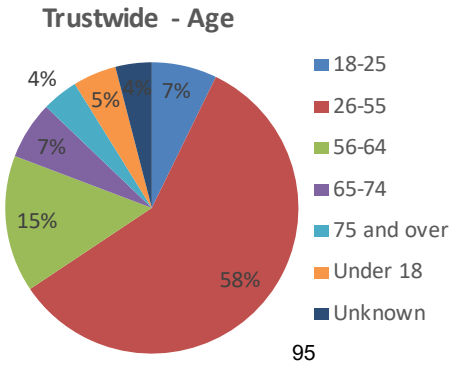
The pie charts shows, where information was provided, the breakdown in respect of ethnicity, gender, disability, age and sexual orientation. Equality data is collated Trust wide.

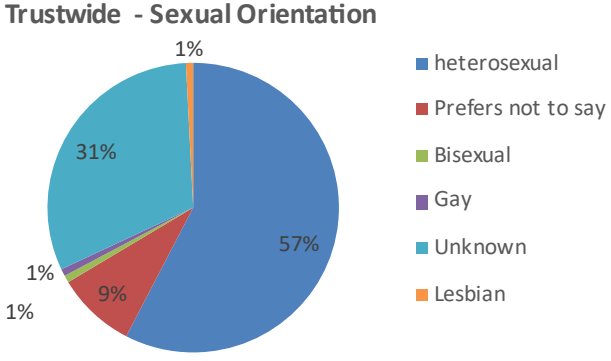
The Trust's Equality and Diversity Managers are made aware of all complaints/feedback where a concern has been raised that someone considered that they were treated less favorably because they belonged to a group with a protected characteristic. This provides assurance that any trends and patterns of harassment are identified and addressed as appropriate.











Equality

Fig 1. Ethnicity Comparison – SWYT mental health services. People accessing services, admitted and detained – April 21 to March 22

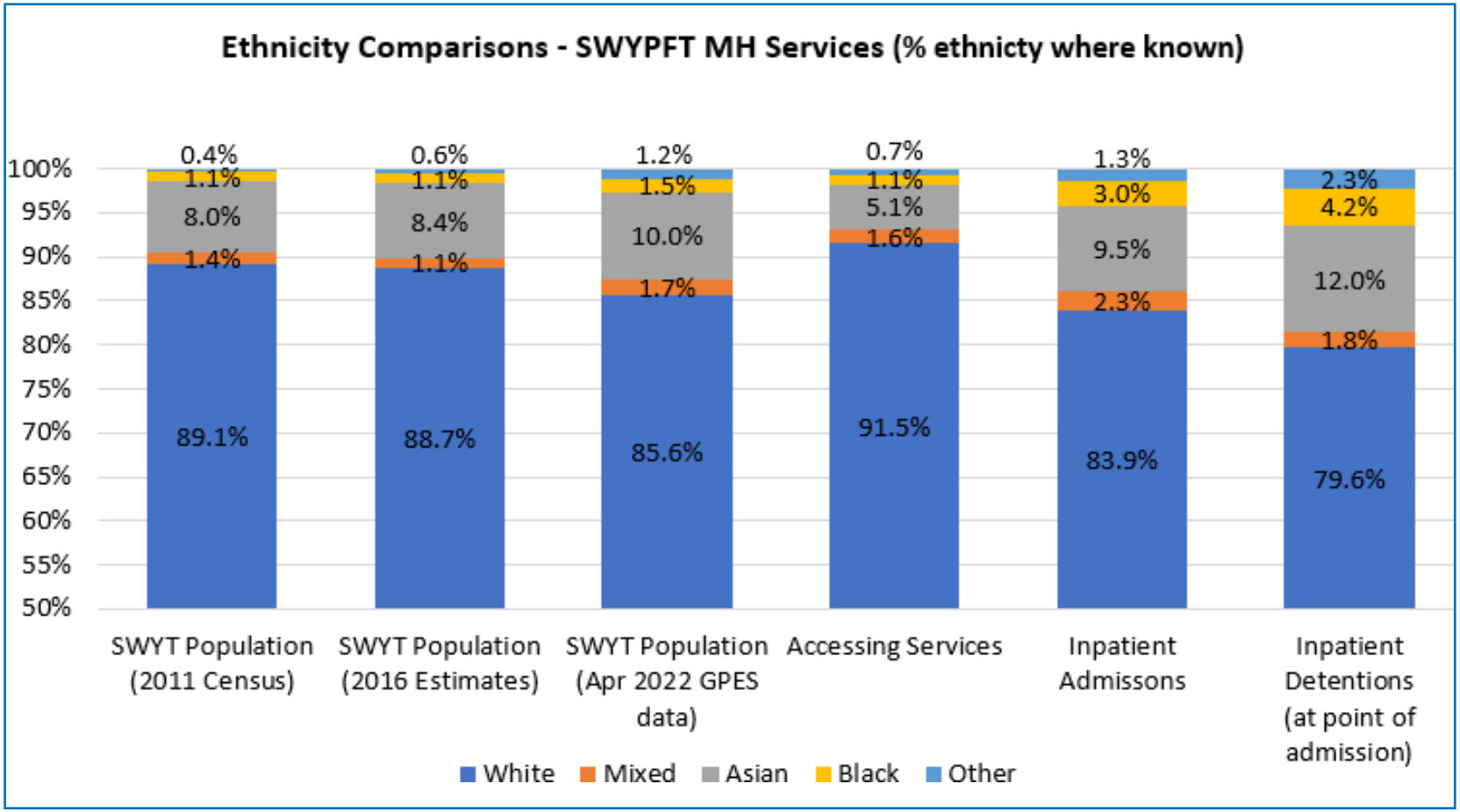


Fig 2. Protected Characteristics – SWYT mental health services. Referrals - April 21 to March 22 by disability and deprivation quintile where recorded. NOTE – 62% of service users do not have disability status recorded) working groups are currently being set up to improve the data quality and collection.

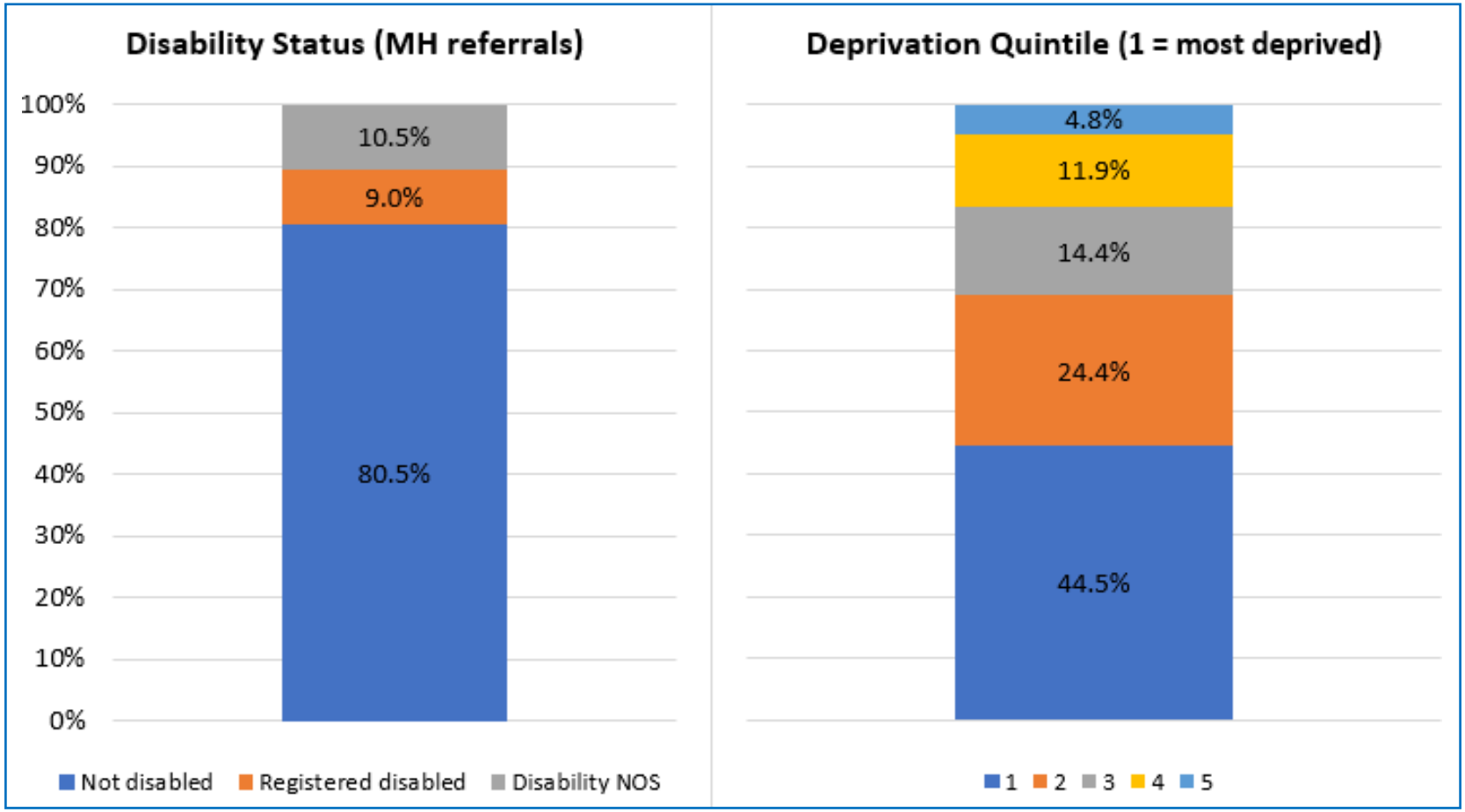
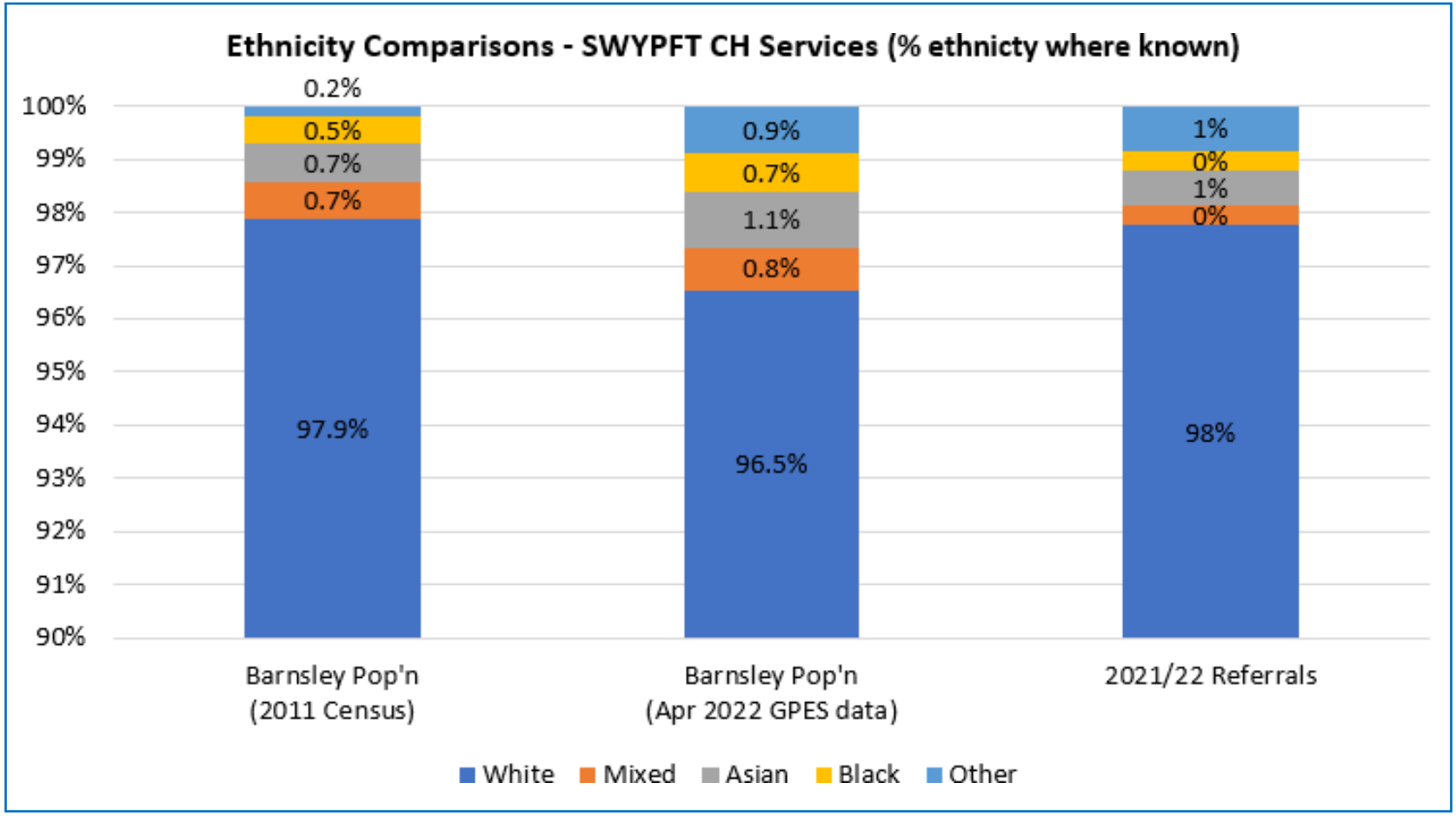
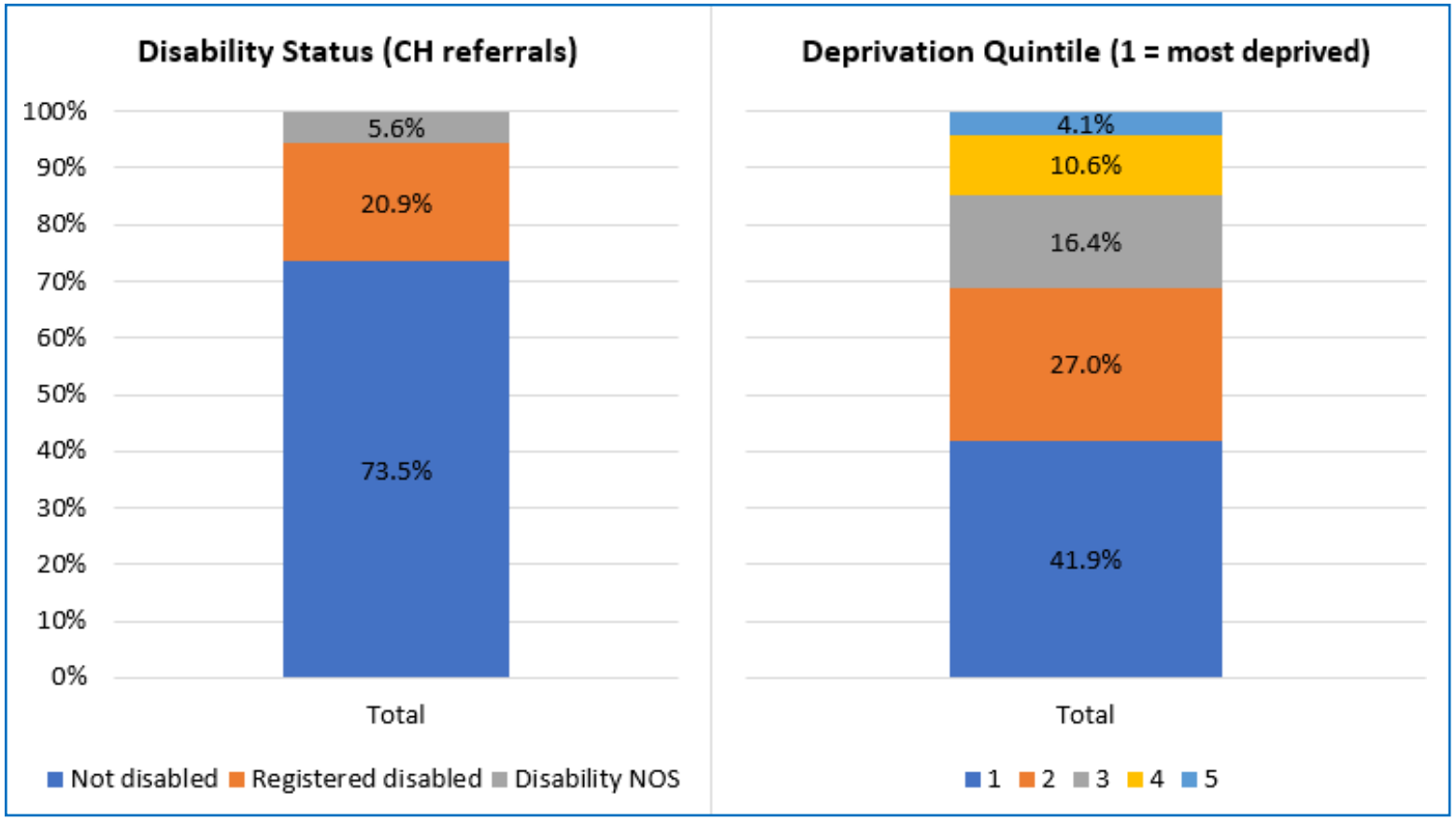


Fig 3. Ethnicity Comparison. Referrals to SWYT general community services – April 21 to March 22



Equality

Fig 4. Protected Characteristics – SWYT general community services. Referrals - April 21 to March 22 by disability and deprivation quintile where recorded. NOTE – 46% of service users do not have disability status recorded)



Joint working

National guidance emphasises the importance of organisations working jointly where a complaint spans more than one health and social care organisation, including providing a single point of contact and a single coordinated response.

Joint working protocols are in place with each working partnership. The purpose of these is to simplify the complaint process when this involves more than one organisation and improve accessibility for users of health and social care services.

Overall, I agree with the points you have pulled out. You have done a marvellous job and I'm very grateful for your assistance.
Patient Complaints Manager, STH

	Formal complaint	Informal concern	Service Issue (comment)	Total
Barnsley Hospital NHS Foundation Trust	9	2	0	11
Barnsley Metropolitan Borough Council	1	0	0	1
Calderdale and Huddersfield NHS Foundation NHS Trust	7	0	0	7
Mid Yorkshire Hospital NHS Trust	1	0	1	2
NHS Barnsley CCG	4	3	1	8
NHS Calderdale	1	0	0	1
NHS Calderdale CCG	1	0	0	1
NHS England	1	0	0	1
NHS Greater Huddersfield CCG	1	0	0	1
NHS Kirklees	0	1	0	1
NHS North Kirklees CCG	2	1	0	3
NHS Wakefield CCG	1	1	0	2
Other	3	0	1	4
Sheffield Teaching Hospital	2	0	0	2
Wakefield Metropolitan District Council	2	0	0	2
Total	36	8	3	47

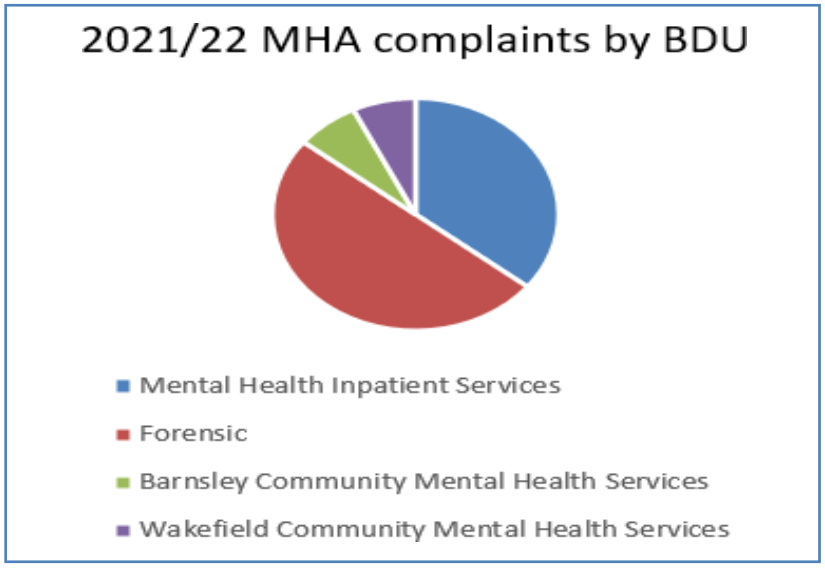
Mental Health Act complaints

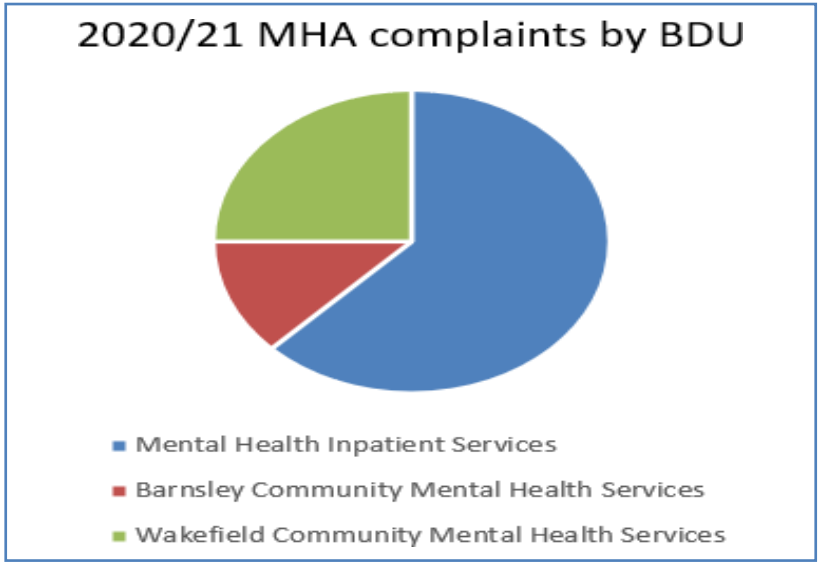
Information on the numbers of complaints regarding application of the Mental Health Act (MHA) is routinely reported to the Mental Health Act Sub Committee of the Trust Board.

In 2021/22 there were 14 complaints which included the MHA as one of the subjects/themes of the complaint compared to 8 in 2020/21 which is 75% increase

The most common reason for the complaint is that the individual does not believe they should have been sectioned and the response provides a detailed written explanation about the MHA and the criteria that used to make this decision.

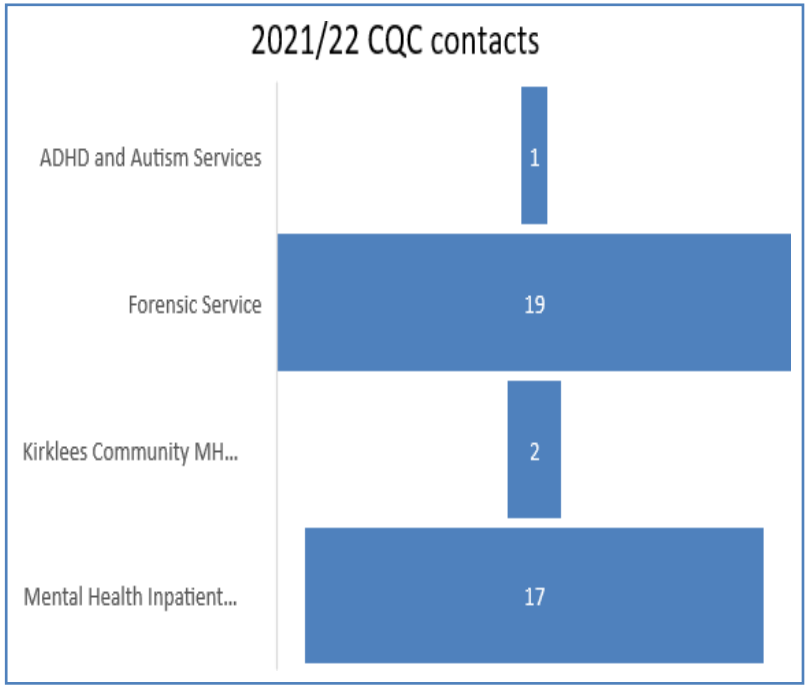
Within Forensic Services it is not uncommon to receive complaints about access to Section 17 leave including staff shortages to facilitate this and there has been a significant increase in complaints regarding the MHA in 2021/22 as there were none in 2020/21.

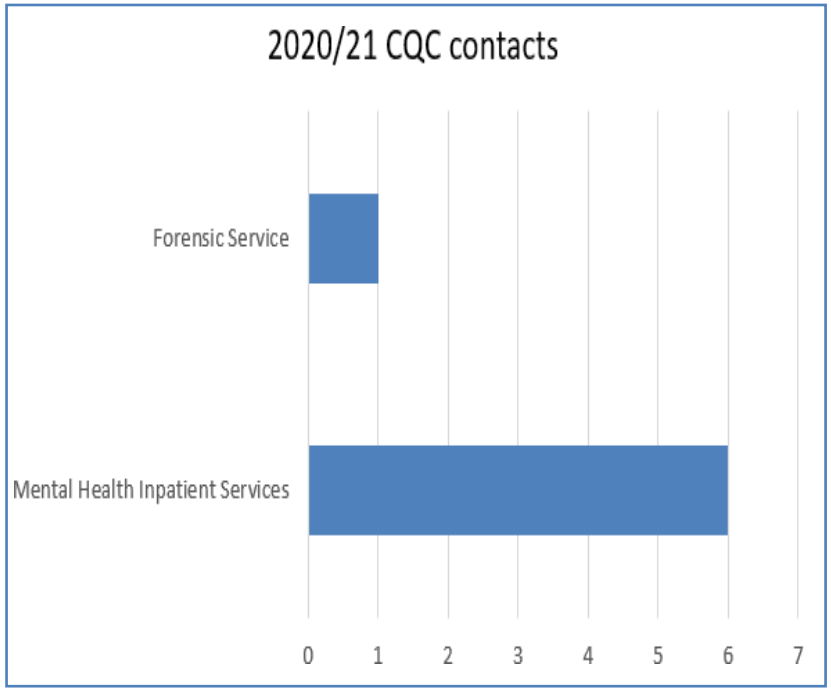




Care Quality Commission (CQC) complaints

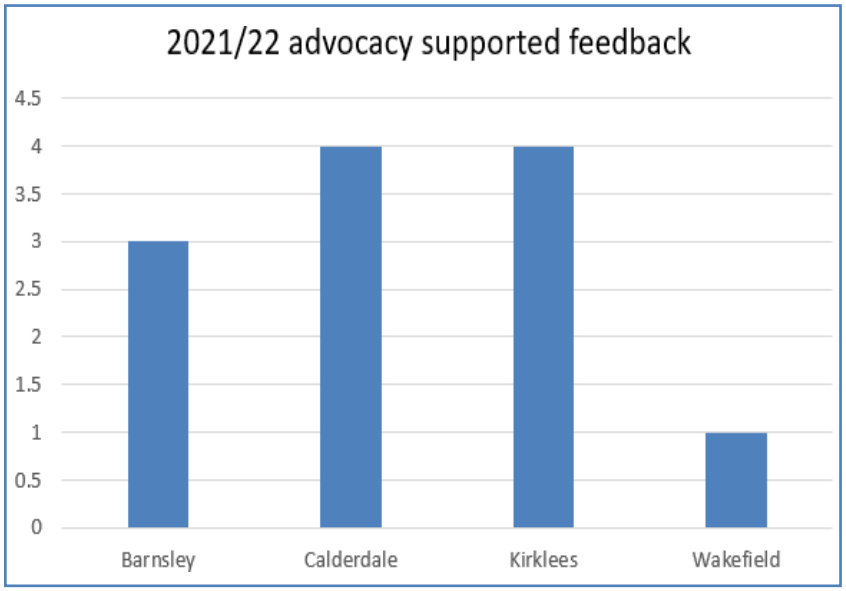
- During 2021/22 Customer Services received 39 contacts from the CQC whereby the complainant had approached them directly. This is compared to 7 CQC contacts in 2020/21 which is an exponential increase.
- However, there was also a significant three-fold increase in the number of CQC complaints for Mental Health Inpatient Services. This may involve issues around sectioning, use of restraint and seclusion with similar themes for the Forensic Service.
- The tables below show the number of CQC contacts by BDU for the 2 financial years. Due to the significant increase in CQC contacts for the Forensic Service an engagement poster was designed to encourage service users to discuss their concerns with the service provider in the first instance.

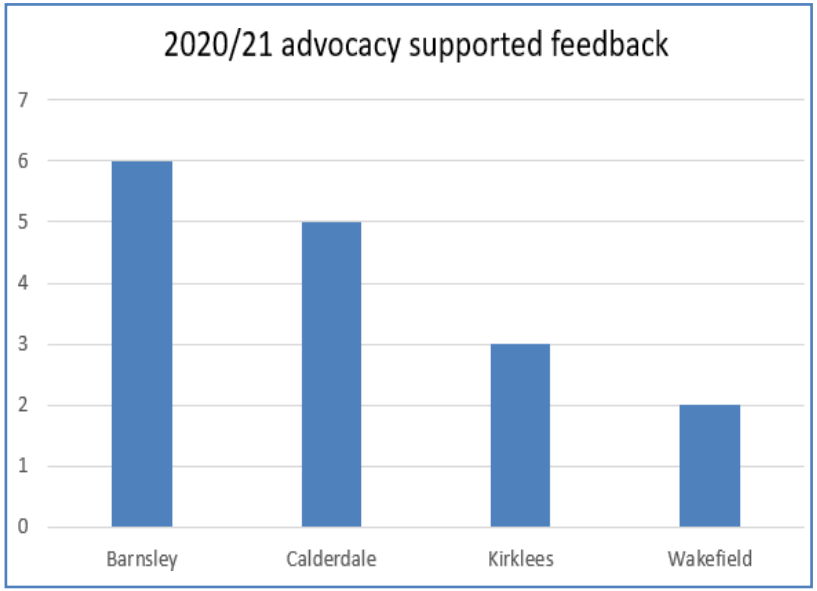




Independent Complaints Advocacy Services (ICAS)

- NHS complaints advocacy provides practical support and information for those wishing to make a complaint about an NHS service they or someone they know has received and advocates are independent from the Trust.
- Customer services provide all complainants with details of local advocacy services when the formal acknowledgement information pack is issued.
- Advocates will help the complainant to compile all the relevant issues and facts the person needs to highlight as part of their complaint.
- Customer services monitor the uptake of advocacy support.
- Advocates covering all areas of the Trust have virtually attended Customer Services team meetings over the past year to foster positive working relationships and service improvements.
- Only a small number of feedbacks were raised with/by an advocate. There were 12 feedbacks raised with/by an advocate in 2021/22 compared to 16 in 2020/21 which is a 33% decrease.





Training

Throughout 2020/21 Trust staff have received coaching on investigating and drafting complaint responses as required. All new staff to the Trust received an induction about Customer Services as part of the Corporate Trust induction.

The “Investigating & Responding to Complaints with Care & Compassion” training did not take place during this period due to the impact of Covid-19 in the Trust. This training is currently being reviewed and will be rolled out in quarter 3, 2022/23.

Access to both Complaints handling and ‘Making Every Contact Count’ training is available to all staff on e-Learning.

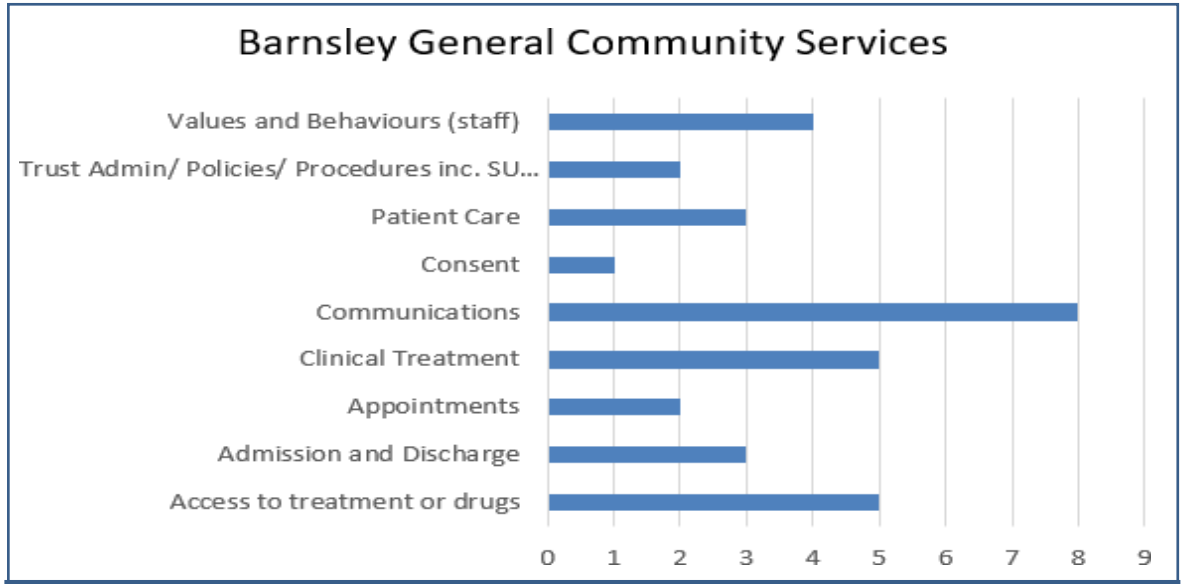
Customer services are also co-designing some training for all staff and volunteers with support from Learning and Development and Service users/carers - ‘Delivering Our Values - Helpful and supportive discussions enabling positive outcomes’, to support frontline staff and admin to engage productively and effectively with people experiencing high levels of emotional distress where high-quality conversations with vulnerable and distressed people are crucial to better and more productive outcomes, as well as to staff wellbeing.

Barnsley General Community Services

Top three themes:

1. **Communications**
2. **Clinical Treatment and Access to Treatment or Drugs**
3. **Values and Behaviours (staff)**

During 2021/22 Barnsley General Community Services received 33 complaints and 58 compliments



Compliment examples:

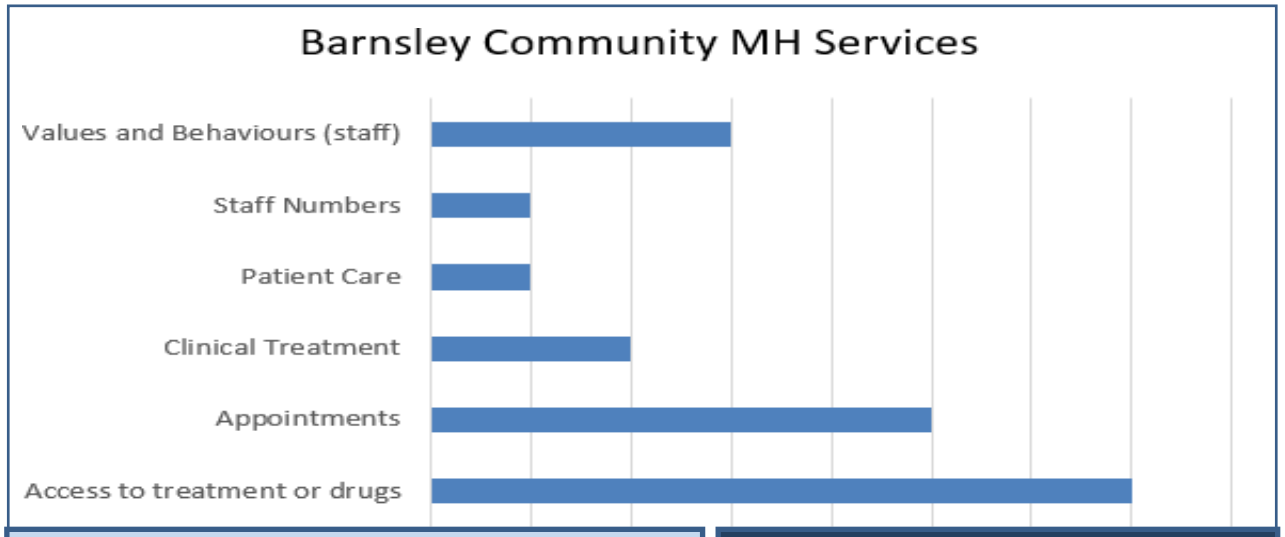
"To all nurses, mum really enjoyed your care and attention. You all went above and beyond to connect with her and listen to her concerns. Thank you so much for being so caring."

"Thank you to everyone. We mean that from the bottom of our hearts. You all work so hard all the time and even more so in the current times. Thank you so much and stay safe."

Complaint examples:

- **Wife of late service user concerned that effective wound management was not in place and believes this led to husband contracting sepsis and hospital acquired Covid-19.**
- **Mother upset that her son has been vaccinated against their wishes.**
- **Complainant was unhappy with the visiting arrangements due to a lack of consistency from staff members. They were also unhappy with other elements of care such as the withdrawal of care, limited mobile communication between patient and their relatives and the family being left alone with the service user when they should have been supervised.**

Barnsley Community Mental Health Services



Top three themes:

1. Access to treatment or drugs
2. Appointments
3. Values and Behaviours (staff)

Complaint examples:

Service user unhappy as feels he isn't receiving the appropriate support from services regarding his mental health. States he believes he should be sectioned, and the Core Team are unwilling to do this.

Parent does not believe daughter's cause of death was an overdose and believes Clozapine toxicity was to blame and failure to complete physical health monitoring ECG checks at required intervals.

Compliment example:

Thank you so much for caring for our beloved mum who passed away recently. A special thank you to a named clinician who had a wonderful bond with mum and who also cared for mum's children by asking how we were doing.

Thank you for helping me and saving my life. I owe you everything. If I ever get to meet you, I would give you a big hug.

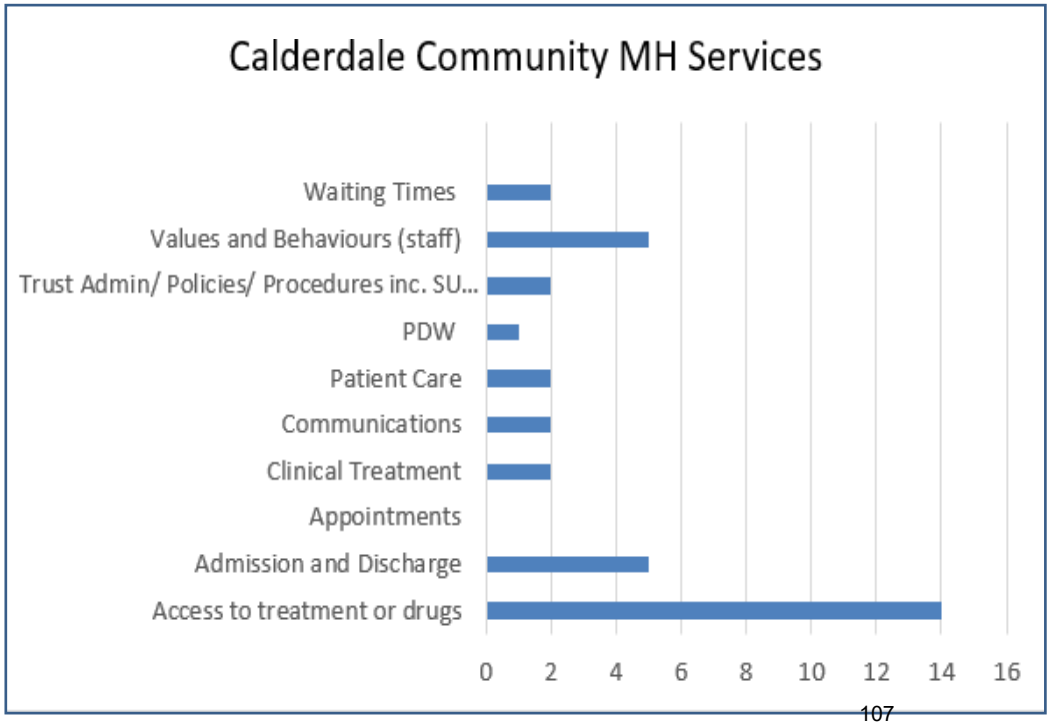
During 2021/22 Barnsley Community Mental Health services received 19 formal complaints and 25 compliments

Calderdale Community Mental Health Services

During 2021/22 Calderdale Community Mental Health services received 35 complaints and 14 compliments

Top three themes:

1. Access to treatment or drugs
2. Admission and Discharge
3. Values and Behaviours(staff)



Complaint examples:

Service user states she had a mental health crisis and was admitted to A&E and states she was spoken to rudely by an unidentified male member of staff who stated that no staff were available for an assessment and told to go home. Service user stated that she didn't feel safe at home due to the way she was feeling. She was found by the police and detained under Section 136 MH Act for 17 hours.

Service user made threats to harm staff at named site and film this on social media stating he has been driven to this and he wouldn't be to blame. Believed staff were watching him and casting black magic on him.

Compliment examples:

"I was thinking this morning how far we've come since this time last year. I know I thanked you at the time, but I wanted to just say again what talented professionals you both are and how grateful I am for the support and help you gave. I have no doubt that without this X would not be here with us."

"Thank you so much for everything you have done for us. I can't tell you how much I appreciate the support you gave us. I'm not overstating it when I say you helped to save X's life. I dread to think about what could have happened if we hadn't met you both."

Kirklees Community Mental Health Services

Top three themes:

1. Values and Behaviours (staff)
2. Access to treatment or drugs
3. Communications and Clinical Treatment

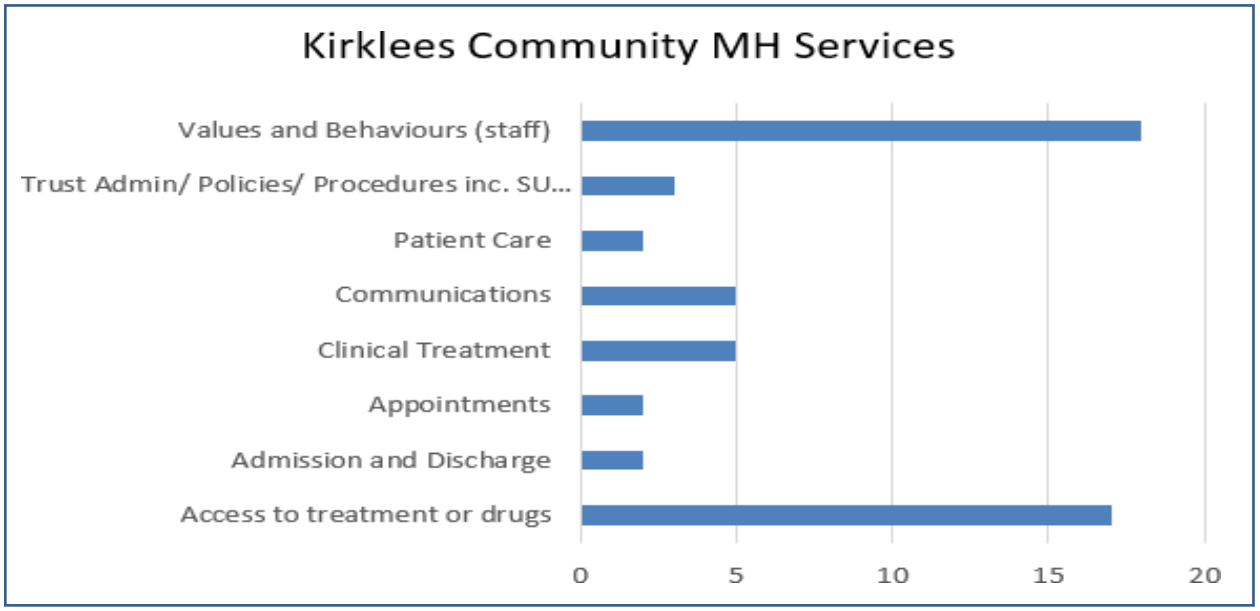
Complaint examples:

- Service user unhappy that she has been discharged from the service without warning whilst in a relapse with her eating disorder.
- Complainant would like to know why his late brother was not sectioned after threatening to take his own life several times. Complainant feels that his brother was let down by services and would like his questions answered.

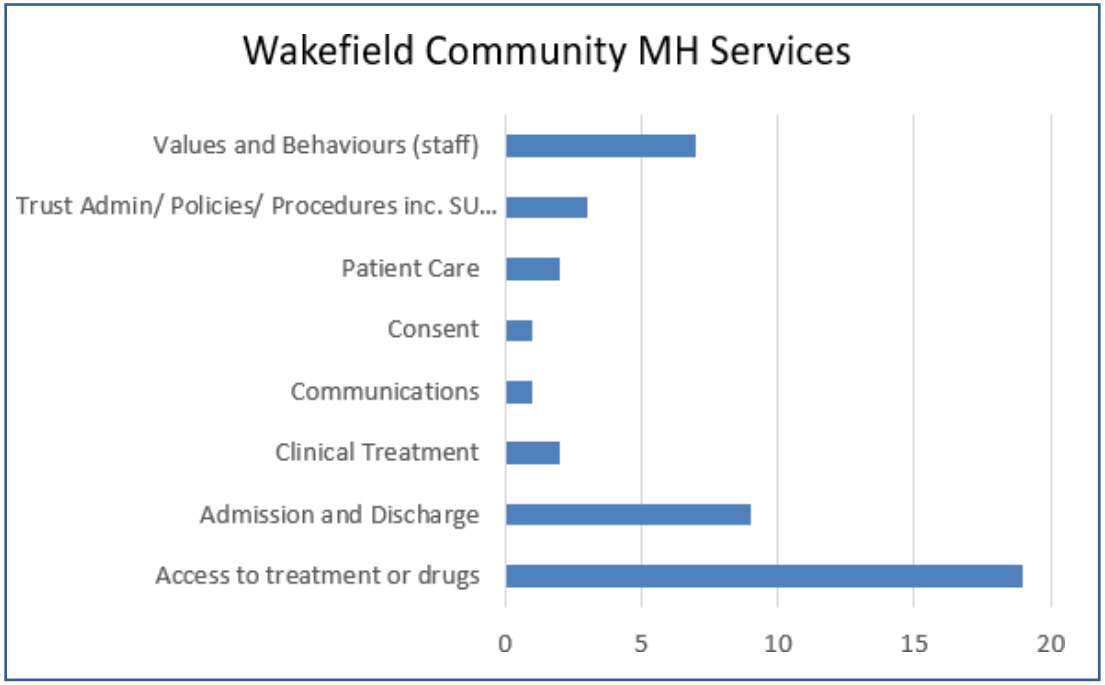
Compliment examples:

"I cannot thank you enough for all the brilliant care and support."
"I would like to pass on my thanks to X as I believe that their support and care has been the main reason in my recovery."

During 2021/22 Kirklees Community Mental Health Services received 54 complaints and 8 compliments



Wakefield Community Mental Health Services



During 2021/22 Wakefield Community Mental Health Services received 44 complaints and 16 compliments

Top three complaint themes:

1. Access to treatment or drugs
2. Clinical Treatment
3. Values and Behaviours (staff)

Compliment examples:

"The fast, friendly and professional response by your team has been amazing from the outset. Knowing the consistent care and support put in place by your team has been, and is, extremely reassuring."
"When everything appeared dark you shone a torch!"
Thank you so much for all the help and advice you have given me. I've felt that I have met a new friend as you were so easy to talk to.

Complaint examples:

Unhappy that dad was given a MHA assessment and needed to be admitted however there were no beds available apart from in London which would be detrimental to his mental health. Was informed IHBTT would offer support every 4 hours so left hospital as advised. Have received no contact from services.
Service user dissatisfied with alleged incorrect information held within her healthcare records regarding her diagnosis and assessment.

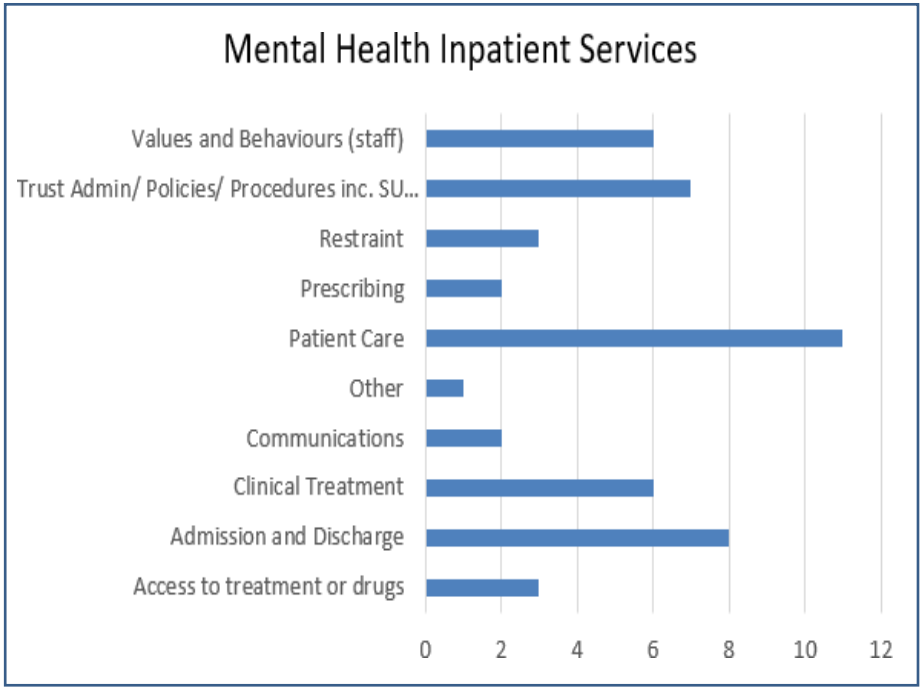
Mental Health Inpatient Services

During 2021/22 Mental Health Inpatient Services received 49 complaints and 61 compliments

Top three complaint themes:
1. Patient Care
2. Admission and Discharge
3. Trust Admin

Complaint examples:

- Service user alleges that she was restrained to be administered medication. Alleges that the staff member restraining her did not loosen grip when she said that it was hurting and that it has left her with lasting damage. Has attended A&E for this issue re. pain and is under orthopaedics.
- Granddaughter unhappy that grandfather absconded from the ward and staff were unaware. Also unhappy with a staff member's attitude during discussion.



Compliment examples:
"We can't find the words to express how grateful and thankful we are for all you did. Your support was outstanding both for him and us as well. It meant so much to us as a family to know he was so well taken care of."
"You have changed my life for the better. I won't ever forget any of you. All of you have an imprint on my heart from the help you have given me."

Learning Disability Services

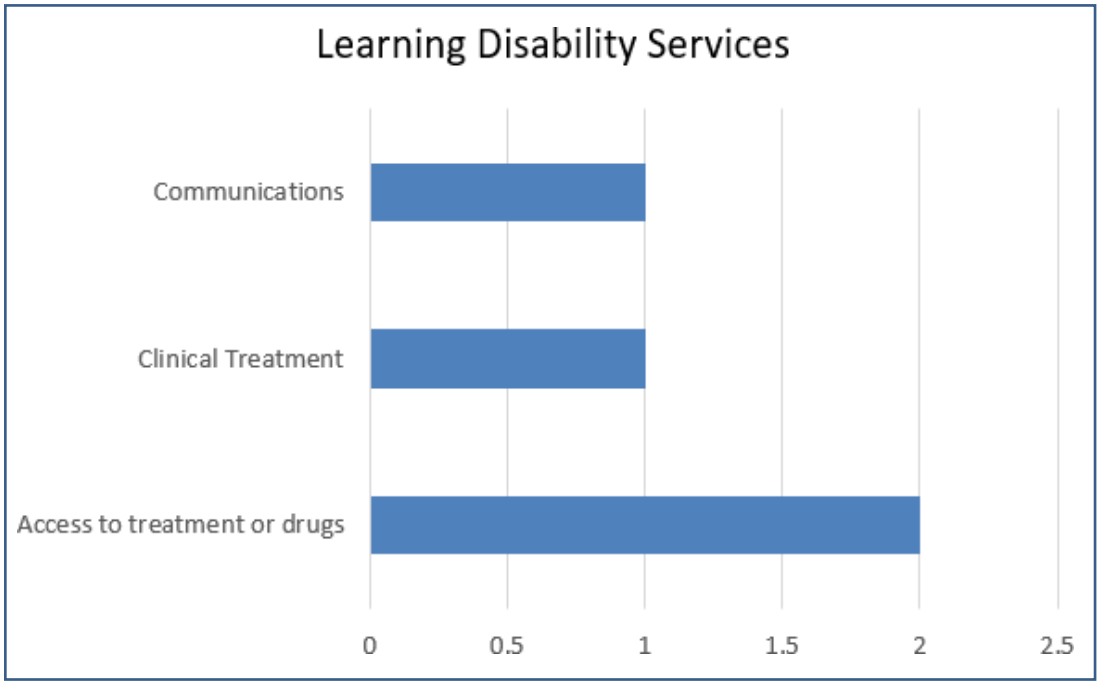
Compliment examples:
"What can I say? I'll start with one in a million. No words can say what I want to get across. The day you came into our life she had the best looking after her. We cannot thank you enough."
"I can never thank X enough for what she has done for the supportfor being there and caring the difference you made to me was immense and you have helped me get peace of mind with looking after X. Also let's not forget X now eats at the day centre and enjoys it. Yesterday he came home saying he had a piece of birthday cake and was very happy with himself. X is 64 and he has never eaten away from home until X helped him."

Complaint examples:
Service user unhappy that he has been declined service due to not meeting eligibility criteria.
Complainant unhappy with previous diagnosis and assessment.
Unhappy with communication from ward.

During 2021/22 Learning Disability Services received 4 complaints and 30 compliments

Top three complaint themes:

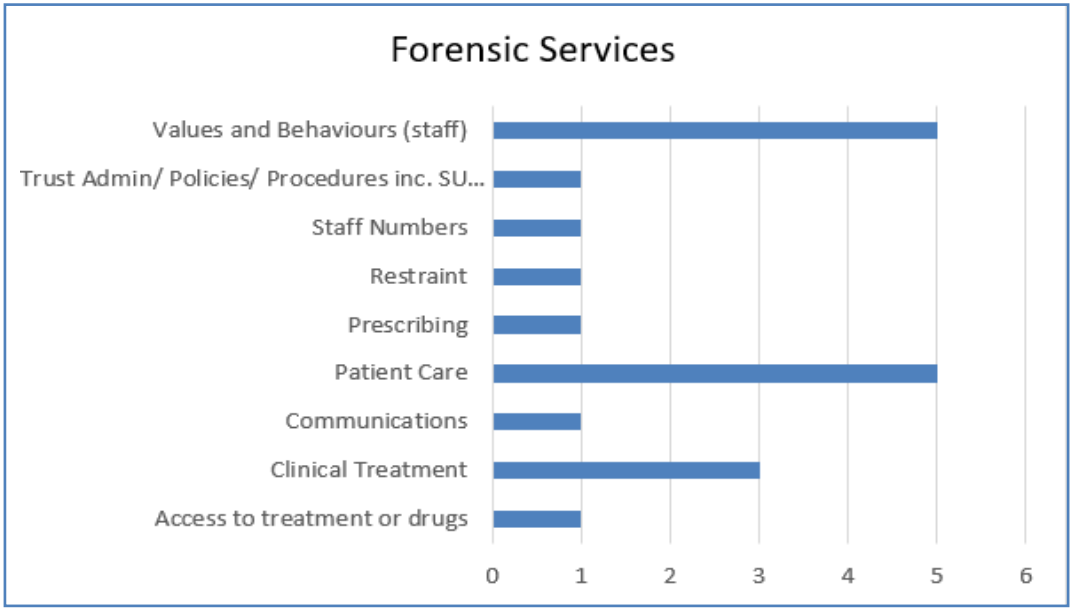
- Access to treatment or drugs
- Clinical Treatment
- Communications



Forensic Services

During 2021/22 Forensic Services received 19 complaints and 28 compliments

Top three complaint themes
1. Values and Behaviours (staff)
2. Patient Care
3. Clinical Treatment

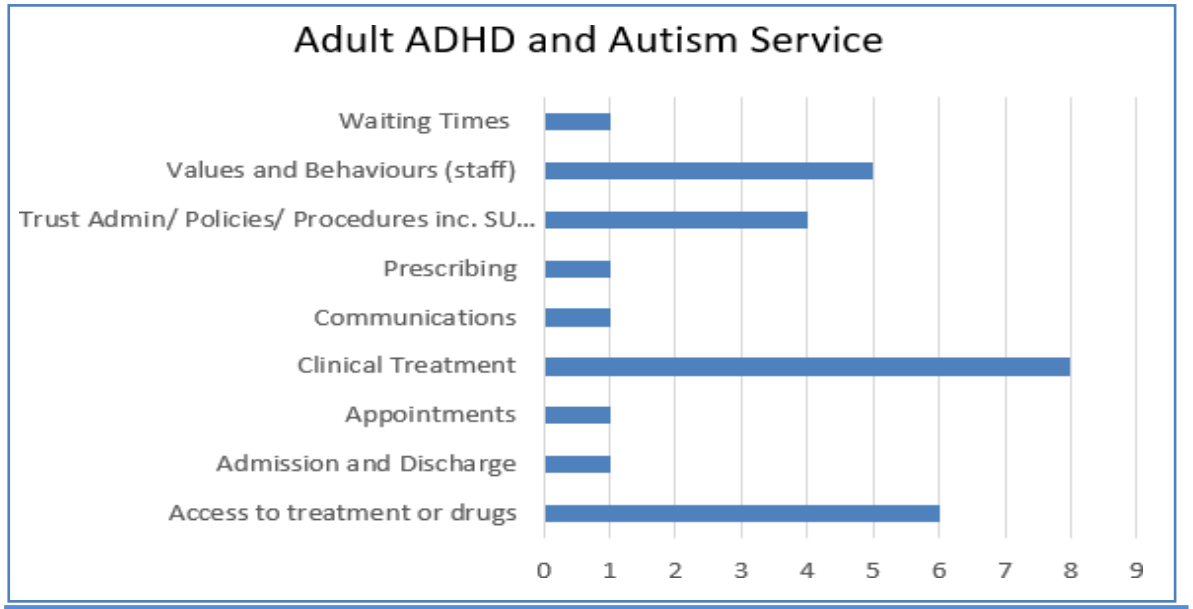


Complaint examples:

- Service user not happy that there is not enough staff on ward which is affecting his leave as there is not enough staff and he is fed up about it.
- Service user unhappy that they were in seclusion for 4 days.
- Service user unhappy with the way he has been treated by a member of staff, mainly in relation to tribunal proceedings.

Compliment example:
"The Managers were impressed by the hard work and dedication of the professionals in this difficult case. Their determination to manage a successful return to community living for their service user was clearly apparent.
Even though the nurse had not written the nursing report, her knowledge of the service user was outstanding and her professionalism was a credit to her.
Thank you for taking the approach you did to the hearing; it meant a lot to the panel and the service user I'm sure.
Your work is a credit to you, so thank you."

ADHD and Autism Services



During 2021/22 the ADHD and Autism Service received 28 complaints and 0 compliments

Complaint examples:

- Service user unhappy with the written report after having an assessment. She states there are lots of errors in the report including being referred by another name. Service user states everything she has said has been taken out of context.
- Mother of service user unhappy that son has been taking ADHD medication since childhood. However, mother recently spoke with consultant who has stated that son did not have ADHD.
- Disagrees with outcome of assessment that diagnostic criteria not met and wants second opinion.

Top three complaint themes:

1. Clinical Treatment
2. Access to treatment or drugs
3. Values and Behaviours (staff)

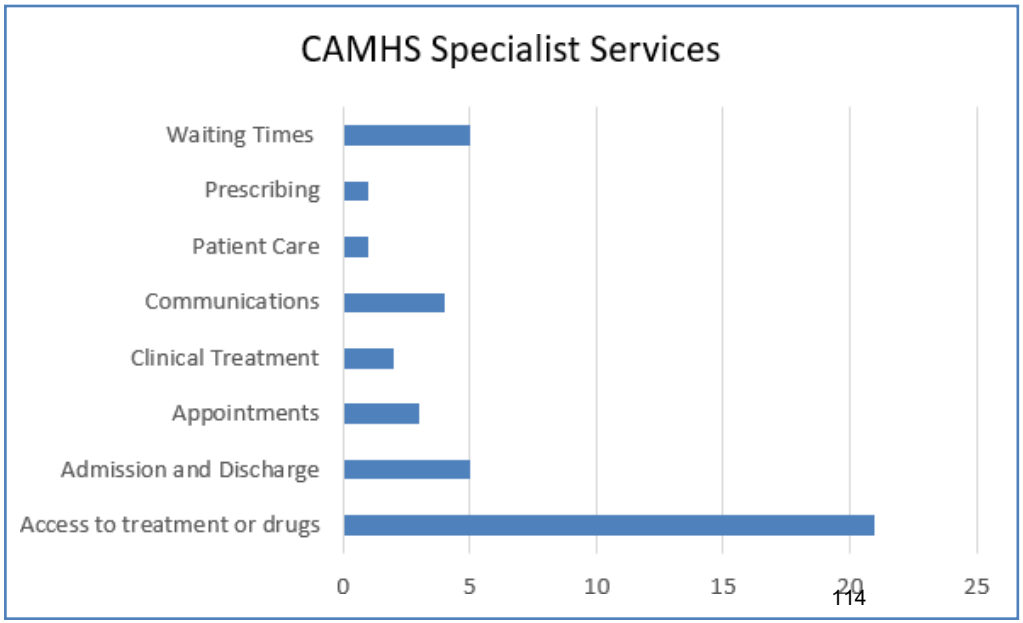
CAMHS Specialist Services

Top three complaint themes:

1. Access to treatment or drugs
2. Waiting Times Admission and Discharge

Complaint examples:

- Mother concerned that although her daughter received the recommendation to be sectioned under Section 3 of the Mental Health Act this cannot be implemented until a bed is allocated. This was delayed due to lack of available inpatient Tier 4 CAMHS beds.
- Service user's mother concerned about the lack of support during a crisis period.
- Parents of service user unhappy with care and treatment daughter has received for anorexia nervosa including treatment on an adult gastric ward and out of area placement.



During 2021/22 CAMHS received 42 complaints and 58 compliments

Compliment example:

"Thank you so much for your support in my recovery, I genuinely will never be able to thank you enough and I will miss our weekly chats."

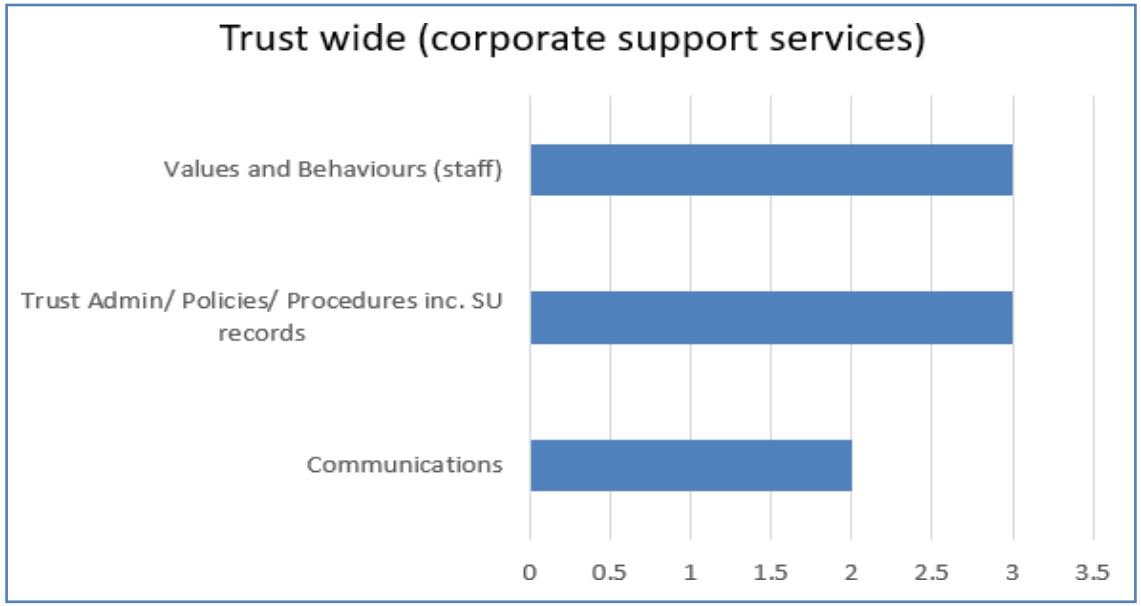
"I just want to take time to let you know about the amazing treatment my daughter has received. I can't begin to thank staff member enough and I hope she's given some praise."

Trust wide (Corporate support services)

During 2021/22 Trust wide (Corporate support services) received 8 complaints and 9 compliments

Top three complaint themes:

1. Values and Behaviours (staff)
2. Trust Admin
3. Communications



Complaint examples:

Complainant unhappy that he is being referred to as his late wife's ex-husband/partner as they were still legally married.

Unhappy with timescales for receiving formal complaint response regarding care and treatment.
Unhappy with contact made and received from the customer services team.
Unhappy with handling of Subject Access Request.

Compliment examples:

- "I wanted to thank you and your team for your investigation and subsequent letter. When anyone makes a complaint/questions your professionalism, whilst is absolutely appropriate people have that opportunity, it is not always an easy process to go through".
- "Thank you so much for all your help, you really went above and beyond to help me to get through to the right people. You did so much to make sure this complaint gets to the right people, even speaking to one of the members of staff involved, providing the contact info for everyone I need to speak to and being so supportive. Thank you so much for everything you do. With my best wishes and immense gratitude.

Freedom To Speak Up (FTSUP) Guardians

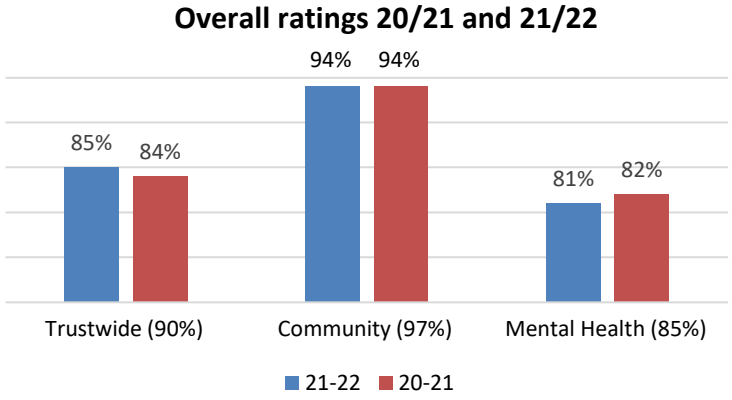
Time period	Number of concerns
Q1 21/22	9
Q2 21/22	6
Q3 21/22	9
Q4 21/22	15
Q1 22/23	11

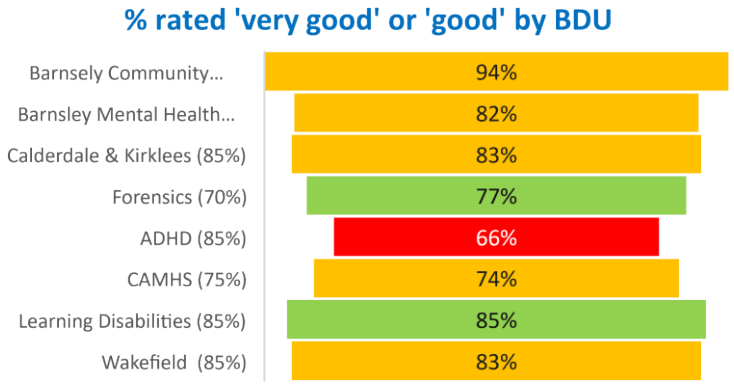
Each quarter the number of cases has risen with the majority in quarter four. Numbers increase each year demonstrating an open culture.

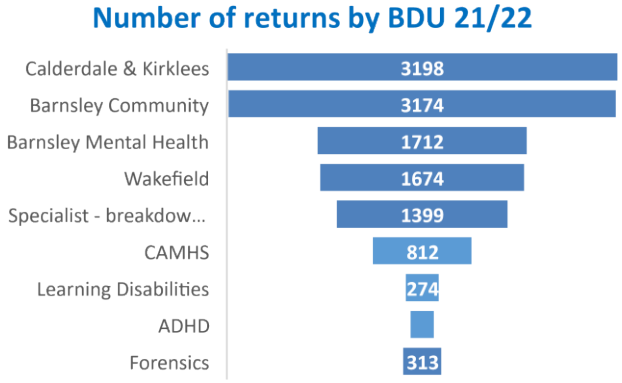
The Lead Guardian role supports individuals who raise concerns and co-ordinates case management as appropriate, acting as a cultural ambassador promoting and developing an open and transparent culture in the organisation to provide confidence and trust to enable staff to raise concerns. Guardians triangulate data and look at areas for improvement and learning whilst continually looking at ways to increase awareness of the role. The Lead Guardian for the Trust also chairs the Yorkshire and Humber regional FTSUP network. Also supports and leads the network of Guardians.

Over the last year Guardians have seen peaks and troughs in the number of referrals. There have been times when no referrals were received; however there has been on going case management. With the introduction of the managers template, timescales and learning from cases has seen some improvements and this needs to be further embedded in the next 12 months. Setting up of the Freedom to speak up Governance group will hopefully help to improve timescales for closure of cases.

Friends and Family Test Feedback – Trustwide overview



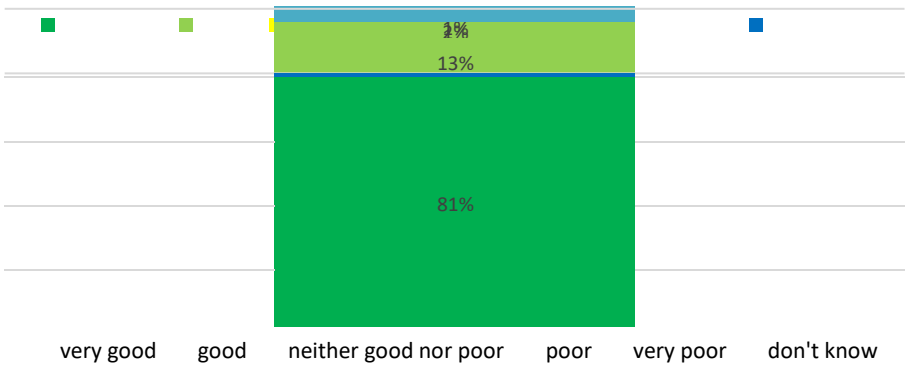




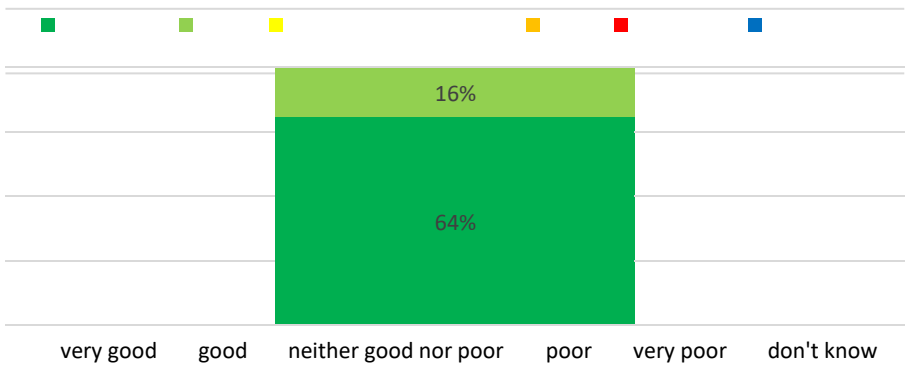
Themes		
Trustwide	1. Staff 2. Communication 3. Access and waiting times	1. Staff 2. Access and waiting times 3. Communication
Community	1. Staff 2. Access and waiting times 3. Communication	1. Staff 2. Access and waiting times 3. Admission and discharge
Mental Health	1. Staff 2. Communication 3. Patient care	1. Staff 2. Communication 3. Access and waiting times

Friends and Family Test Feedback – individual BDUs

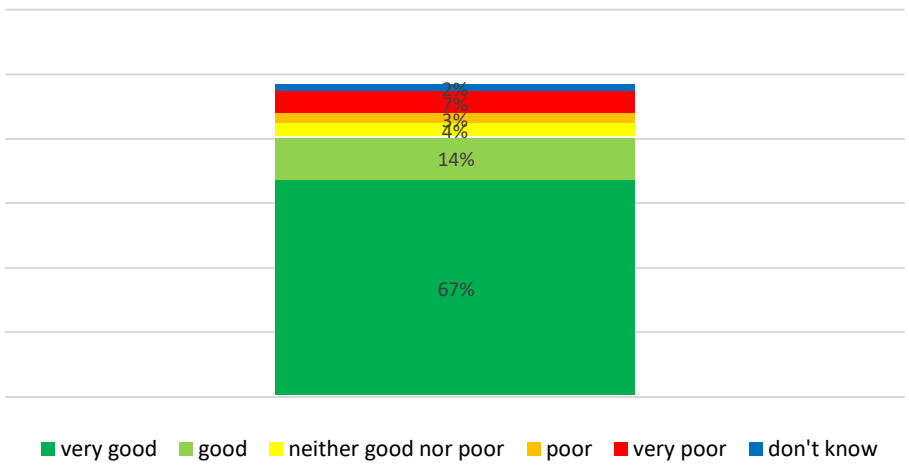
Barnsley Community 94% (n=3041)



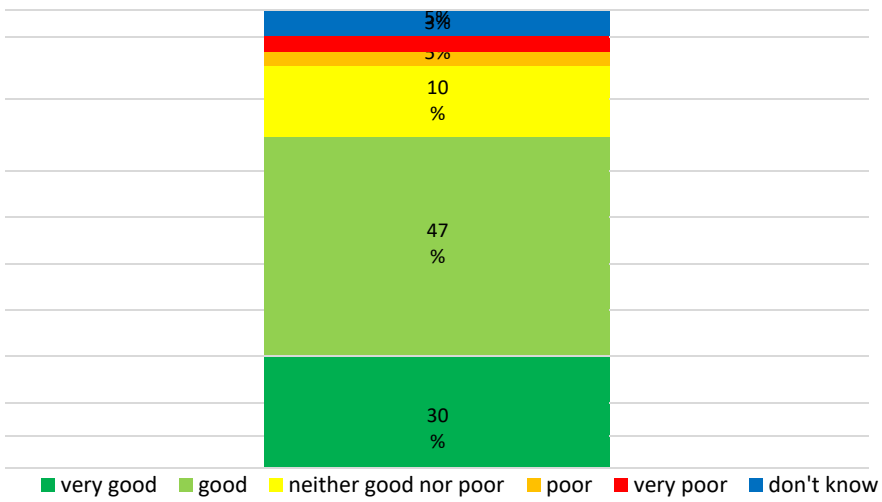
Barnsley Mental Health 80% (n=1712)



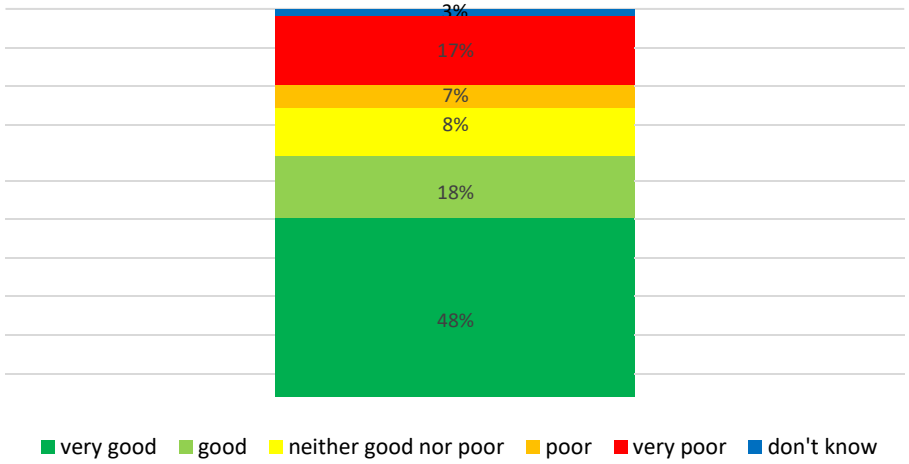
Calderdale & Kirklees 81% (n=3198)



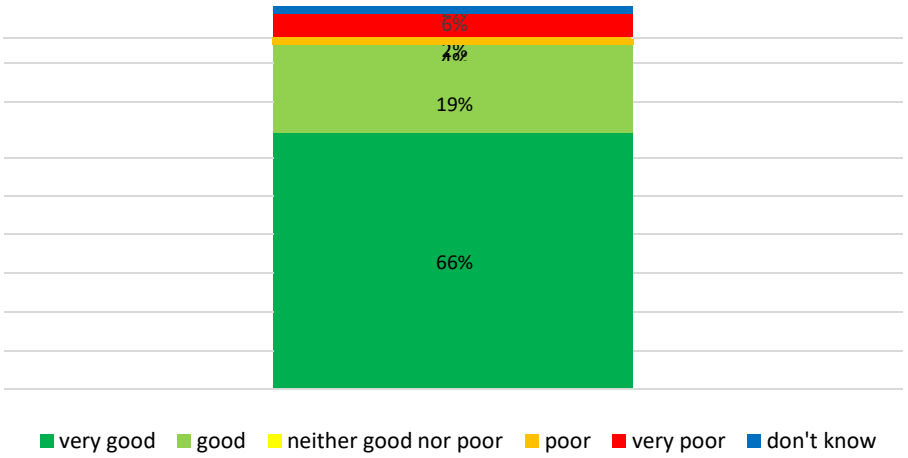
Forensic 77% (n=313)



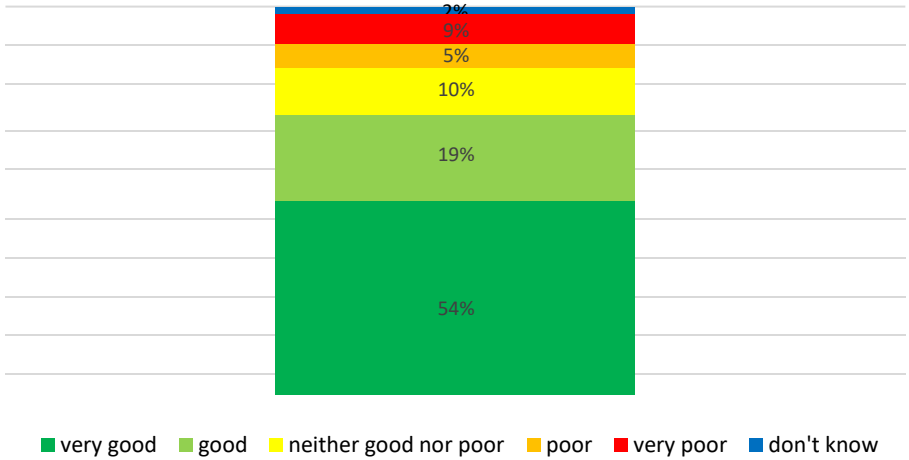
ADHD 66% (n=196)



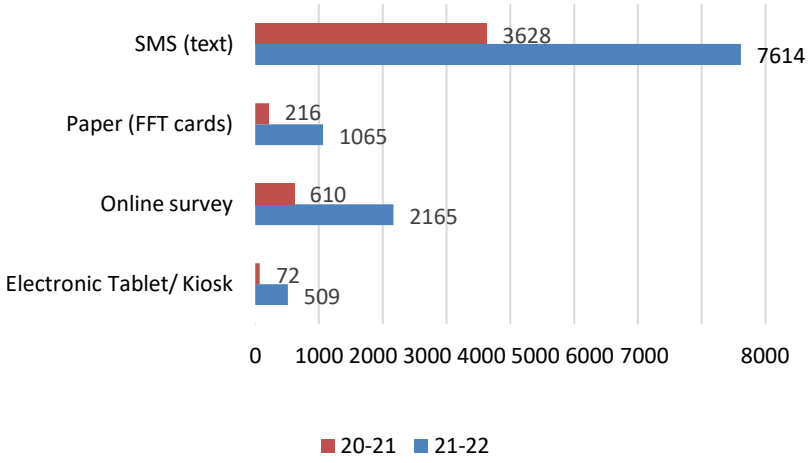
Learning Disabilities 85% (n=274)

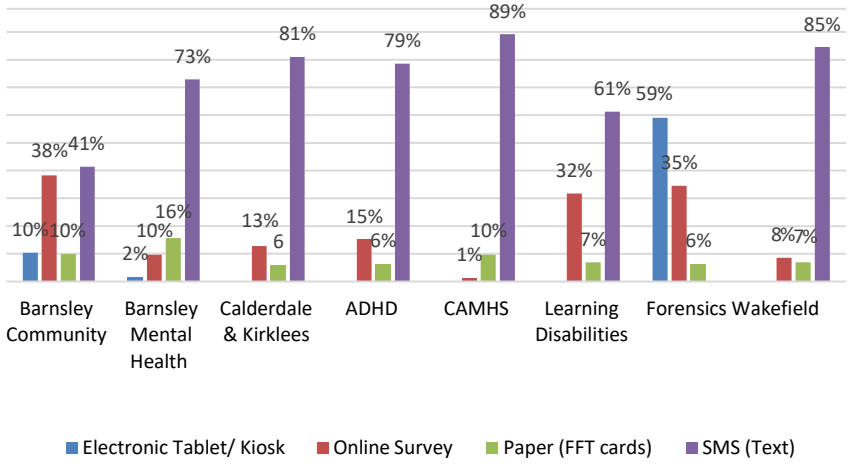


CAMHS 73% (n=812)



Friends and Family Test Feedback – collection methods

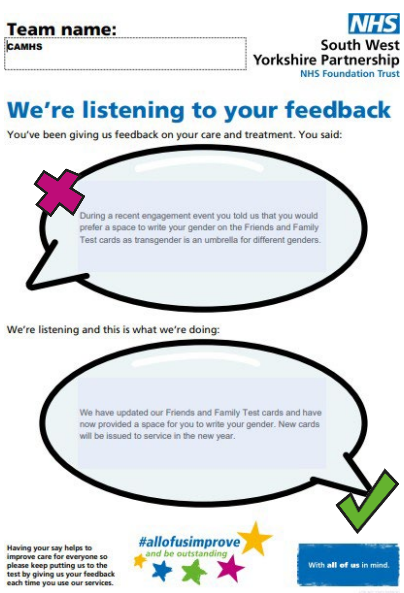


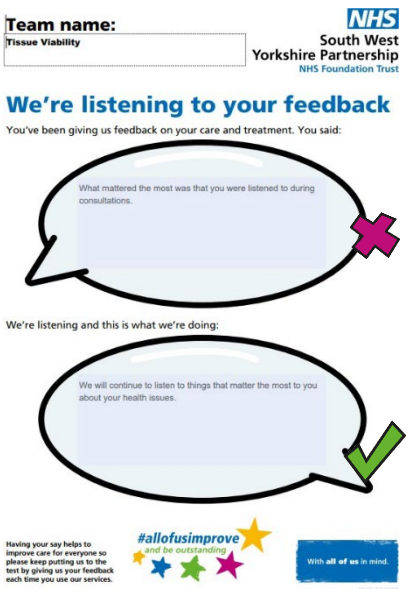


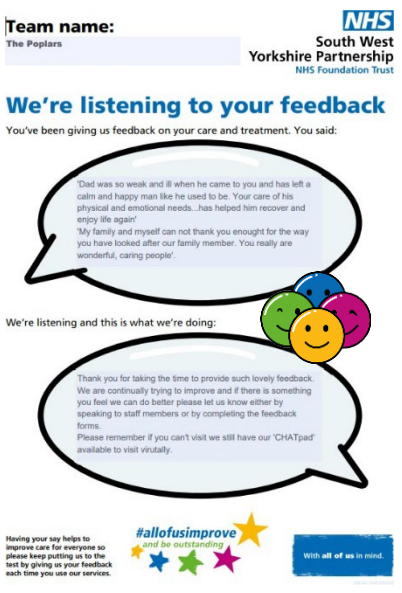
Top responding by team mental health services	no of responses 21/22
Kirklees South Core	313
Calderdale and Kirklees Mental Health Liaison Team	304
Wakefield Core Team East	296

Top responding by team community services	no of responses 21/22
Musculoskeletal Service	761
Podiatry	664
Yorkshire SmokeFree Wakefield	243

Friends and Family Test Feedback – So what?







Analysis of the top five complaints subjects and examples of learning

Analysis of the top five subjects was undertaken and the learning is included below.

The actions tables included in the specific complaint responses were reviewed and examples below show the learning from the concerns raised.

Communication - Lessons learned in brief:

- Staff must endeavour to respond to queries in a timely manner

- Families should be given timely information and updates on the condition and location of service users where and when appropriate

- All staff to introduce themselves to service users, including students

- Staff have been reminded to be mindful of the language they use during consultations especially when using remote methods where the clinician and service users cannot observe body language and other non- verbal cues of how information is being given and received.

- Assessing clinicians will be reminded to ensure that information regarding the specific conditions being assessed for is clearly explained to people. It is recognised it may be more helpful to share the summary section with service users, unless they request the full report.

- Staff will ensure that the initial call handler explains to the caller why they are asking specific questions to ascertain whether the call is routine or urgent to triage and obtain the most suitable help for the caller. This will be addressed in the team meetings and form part of the learning for the administrative team.

- Since the Covid-19 pandemic there are generally less staff in the office to reduce footfall. This has meant staff cannot physically come into the office to read their messages in the message book. Staff were asked to take personal responsibility to liaise with the Team Secretary to check if they had any messages. Staff will be

reminded to contact the office hub on a regular basis to check for messages and for staff to make use of electronic methods such as notifying via email of any contact that should be returned so they can respond in a timely manner.

- Trust staff have been reminded that letters of concern from service users should be passed onto our customer
- services team so that they can coordinate a formal complaint investigation and response.
- all staff have been reminded of the importance of clearly communicating with family members and/or their carers, any information regarding incidents which occur during a service user's inpatient stay, and to ensure that any relevant information is documented accordingly.
- All staff have been reminded of the importance of ensuring that all service users are provided with a copy of their current care plan and that any information documented within is clearly explained and understood. Also, issues raised has highlighted the importance of reminding all care coordinators to liaise regularly with all health professionals providing support to service users as part of their care plan and to document and be aware of any communication instructions or preferences they receive from service users. This ensures that effective communication occurs and avoids any future inconvenience or miscommunication.
- All staff receive training which provides advice on communicating effectively with service users, including how to manage situations which may exacerbate a person's mental health presentation, particularly when the individual is in a distressed state. Every effort was made to ensure that the appropriate support was in place for service user.
- To ensure communication with parents if appointments are rescheduled.

Clinical Care and Treatment – Lessons learned in brief:

- Develop and implement robust handover processes when they are transferred to another ward

- To improve how we dispense medication on inpatient wards, we have looked at the causes of missed medications and introduced new ways of working to prevent this from happening.

- The Trust is rolling out an electronic prescribing and administration system later this year. This new system would allow the pharmacy team, with consent from the individual, to obtain and order medication directly from the same system used by GPs. This electronic system would also make it clear when any changes are made and by whom, allowing a clearer audit process. This will ensure a more accurate system and should reduce the possibility of similar errors recurring.

- Feedback has highlighted the importance of clearly documenting any information regarding the service user's preferred coping strategies and likely intent. This is to ensure that mental health services understand the problems or concerns that are most relevant to the individual to determine whether the level of support offered is appropriate.

- To forward plan and diarise any meetings/professionals' meetings.

- Staff to ensure caseload capacity is not discussed in a forum which can be feedback to service user.

- Staff to ensure that there is a recording of all contact with service users on their healthcare records

- To ensure there is handover meeting.

- If a clinician cannot attend the meeting, to ask team members if a cover clinician can attend instead.

- To ensure clinical entries are made on the correct healthcare record.

Access to treatment - Lessons learned in brief:

- Asylum seekers and EU migrants were previously waiting a long time to receive treatment for their Tuberculosis diagnosis. The team have now streamlined the treatment pathway so that they get treatment quicker.

- With limited resources and a significant rise in the number of heart failure service users, the service introduced changes to enable newly diagnosed service users to be seen quicker while ensuring existing service users are suitably supported through increased self- management and enhanced service provision.

Staff Attitude, Values and Behaviours - Lessons learned in brief:

- The service user is at the heart of all we do, staff must be empathetic when dealing with service users and relatives

- Whenever issues are identified that relate to staff behaviours or practices, these are picked up and monitored through ongoing and regular management supervision. All feedback received about staff members is also fed back to their management supervisor which gives staff the opportunity to understand the nature of the concerns raised and reflect on and adapt their professional practice, as necessary.

Admission and discharge - Lessons learned in brief:

- Improving discharge letters to reflect our Trust values

- Out of area bed placements are when a service user is cared for in a hospital outside of their local community. They can be unsettling for our service users and are costly for our Trust. We have made improvements on our acute wards in Wakefield to reduce the number of times we send people out of area.

- All referrers now receive communication when a person has been discharged from their service and to redirect the referrer to other sources of support that may be able to help.

- All service users will now be advised in writing of their discharge from secondary community mental health services.

- Trust is working on information leaflets/discharge information when someone is discharged following an assessment.

Customer services priorities 2022/23

Looking forward

The customer services will undertake the following improvement actions over the coming year:

- Provide coaching and training to identified staff within the service lines incorporating rootcause analysis to support the complaint investigation
- Embed learning from complaints within divisional governance to ensure the learning is shared effectively
- Re-establish the online complaints satisfaction surveys – complainants, Trust staff andpartner organisations and analysis with support of Trust volunteers
- Establish a responsive children and young people led complaints process and resources
- Customer Services efforts continue to focus on gathering insight into service userexperience and to support teams to develop action plans to change and improve services because of feedback.
- The increased emphasis on gaining insight into people's experience of using services to influence how services are organised and new services are planned.
- Engagement regarding PHSO Complaint Standards
- Improvements to the sign off process
- In line with West Yorkshire and Harrogate's ambition to involve BAME communities in reviews of complaints which cite discrimination on the grounds of race, the complaints team will be establishing a panel of service users / members of the public to review all complaints which describe service users feeling they have been treated less favourably due to having a protectedcharacteristic.

South West Yorkshire Partnership NHS Foundation Trust

Members' Council
9 December 2022

Agenda item:	**7.6**
Report Title:	Incident management annual report 2021/22
Report By:	Chief Nurse, Director of Quality and Professions
Action:	To receive

Introduction

This paper provides assurance to the Members council that robust incident management arrangements are in place and to provide an overview of all incidents that take place within the Trust. The report also includes data on Learning from Healthcare Deaths.

This report was reviewed in detail at Clinical Governance Clinical Safety Committee (see within the Executive summary for more detail) and Trust Board has received and approved this annual report on 28 June 2022.

Recommendation

The Members' Council is asked to receive the Incident management annual report 2021/22

Background

The annual report key headlines are as follows:

- The number of incidents reported across the Trust (12,807) has increased by 0.4% on the previous year, with reporting patterns remaining within the expected range.
- 97% of all incidents reported resulted in no-harm or low-harm to service users and staff, or were external to the Trust's care. A high level of incident reports, particularly of less severe incidents is an indication of a strong safety culture.

The number of serious incidents reported in the year has reduced (23) compared to last year this is also reflected in the proportion of serious incidents to all incidents (0.17%). We have continued to strengthen our initial review process to ensure we are using our resources to investigate the right incidents.

During 2021/22 there were no 'never events'. We have reviewed 308 deaths that were in our learning from healthcare deaths scope. This compares with 335 in 2020/21. The reviews ranged from accepting the death certification, case record reviews through to investigations, in line with the National Quality Board levels. The report includes achievements in the past year, and a summary of our work plan which aligns with the Quality account areas for improvement.

Risk appetite

- Risk identified – the Trust continues to have a good governance system of reporting and investigating incidents including serious incidents and of reporting, analysing, and investigating healthcare deaths.
- This report covers assurance for compliance risk for health and safety legislation and compliance with CQC standards for incident reporting. This meets the risk appetite – low and the risk target 1-6.
- The clinical risk –risk to service user/public safety and risk to staff safety which is again low risk appetite and a risk target of 1-6.
- Financial or commercial risks - Reputational risks, negative impact on perceptions of service users, staff, commissioners. Risk appetite Cautious/Moderate 4-6

The incident management process supports the drive to reduce harm and learn from incidents to reduce risk and prevent recurrence in the future. For learning from healthcare deaths, we continue to meet the national guidance, and make revisions as needed. We publish our cumulative quarterly data on deaths on the internet page, replacing the previous quarter's report with the latest available.

South West Yorkshire Partnership NHS Foundation Trust

Incident Management Annual Report

April 2021 to March 2022

Patient Safety Support Team

May 2022

With **all of us** in mind.

Executive Summary

This report provides an overview of **all** the incidents reported in the Trust during 2021/22. It also includes further analysis of Serious Incidents, and analysis of action themes arising from completed Serious Incident investigations submitted to commissioners for the period of 1 April 2021 to 31 March 2022 (data as at 14/04/2021).

This report does not cover the work of the BDUs in terms of implementing the learning; a report on this will be available here separately.

- **12807** incidents reported
- **0.4%** increase in reporting on 2020/21
- **97%** of incidents resulted in no/low harm
- **23** Serious incidents reported
- No Never Events
- Serious Incidents account for **0.17%** of reported incidents
- High reporting rate with high proportion of no/low harm is indicative of a positive safety culture[1]

The Trust reported **12807** incidents during the year; a 0.4% increase on the 2020/21. A high level of incident reporting, particularly of less severe incidents is an indication of a strong safety culture. 97% of reported incidents resulted in low or no harm to patients, service users and staff, recognising that the Trust has a risk based and good reporting culture. (Compared with 92% 2020/21).

There were **23** serious incidents reported during the year, accounting for 0.17% of all incidents. The highest overall category of serious incident is apparent suicide of service users (16) compared with 2020/21 (16). It should be noted that not all suicides are investigated as serious incidents.

No 'Never Event' incidents were reported by SWYPFT in 2021/22. The last Never Event reported by the Trust was in 2010/11. A Never Events is a list (DOH) of serious, largely preventable patient safety incidents that should not occur if the available, preventative measures have been implemented.

Further detailed analysis of all apparent suicides occurring in 2020/21 will be available in September 2022 in the apparent suicide report.

Contents

Introduction

This incident management annual report focusses on incidents and serious incidents reported within the Trust during 2021/22.

This report provides an overview of all incidents reported however does not include detail of specific incident types. Specialist advisors produce separate annual reporting for this purpose. The report does not cover incidents that are managed through other processes such as safeguarding (including Serious Case Reviews (now known as Safeguarding Child Practice Reviews), Domestic Homicide Reviews) or whistleblowing (staff survey). The information in this report is high level, and further breakdown is possible on Datix. Further information can be provided on request.

The patient safety support team will be preparing two further reports. Firstly, we will prepare 'Our Learning Journey' report which will present the work of the BDUs in implementing learning from incidents which will be available in September 2022. The second report to be prepared is the 'Apparent Suicide Report this will be available in Autumn 2022.

The report does not include broader patient safety work, this will be updated on separately when available/required. .

The report is structured into the following sections:

Section 1 includes a summary of all reported incidents occurring from 1 April 2021 to 31 March 2022. It should be noted that this report provides only an overview; detailed reports are produced on a quarterly basis for Business Delivery Units, specialist advisors run/analyse incident reports.

Section 2 focusses on incidents reported as Serious Incidents during 2021/22. This is broken down into two sections, The incident type, and then the detail.

Section 3 sets out an analysis of the serious incident investigations that have been completed and sent to commissioners during 2021/22. It includes an analysis of the themes arising from serious incident recommendations.

Section 4 focusses on reported deaths in line with the Learning from health care deaths policy.

Section 5 Overview of incident management plans for 2022/23.

Actions in the past 12 months

During 2021/2022 the Patient Safety Support Team have:

- Supported our internal auditors, 360 Assurance, to undertake a review of our serious incident action oversight and will implement an improvement plan in response to our learning from this in 2022/23.
- Reviewed our oversight of serious incident investigations, to ensure senior clinical oversight at all stages, and consistent application of the systems analysis model.
- Established the Trust's complex case review group to ensure close overview of a number of serious incidents, with direct reporting to Trust Board.
- Continued to share Blue Light Alerts across the Trust, in response to serious incident learning either locally or nationally.
- Reviewed our Incident reporting system to ensure the experience of reporting incidents is efficient and user friendly for staff.
- Supported the RRPI team with capturing the Use of Force within Datix in line with the Act.
- Improved the way we theme serious incident actions to enable better extraction of data for further analysis. This work will continue in 2022/23.
- Developed methods of access to equality and protected characteristic data for policy leads, to support production of Equality Impact Assessments.
- Developed a range of education and training sessions for staff on:
    - Incident reporting overview
    - Manager review of incidents
    - Navigating Datix and Dashboards
    - Safety alerts
    - Incident grading
- Held a Trust wide learning event in November 2021 where BDUs and Specialists advisors shared learning with each other, this was well received.
- Shared learning through the year (Bluelight alerts and Learning library)
- Made further improvements to Datix reporting and corresponding dashboards.
- Further training delivered on completing mortality structured judgement reviews.
- Reviewed our Patient Safety Alert processes to maintain compliance.
- Introduced an anonymous Incident report form to enable staff to report confidentially if they wish to.
- Begun a piece of quality improvement work to review our incident reporting processes to ensure this is as easy as possible for staff
- Reviewed our data quality processes for incident data to ensure accuracy and work to strengthen this work continues.
- Continued to develop our work to improve sexual safety including recording on Datix.
- Worked to improve the recording and language associated with pressure ulcers to improve understanding of risk.
- Updated our Being Open policy to incorporate CQC guidance changes on Duty of Candour and held Q&A session.

Section 1 - Incident Reporting Analysis

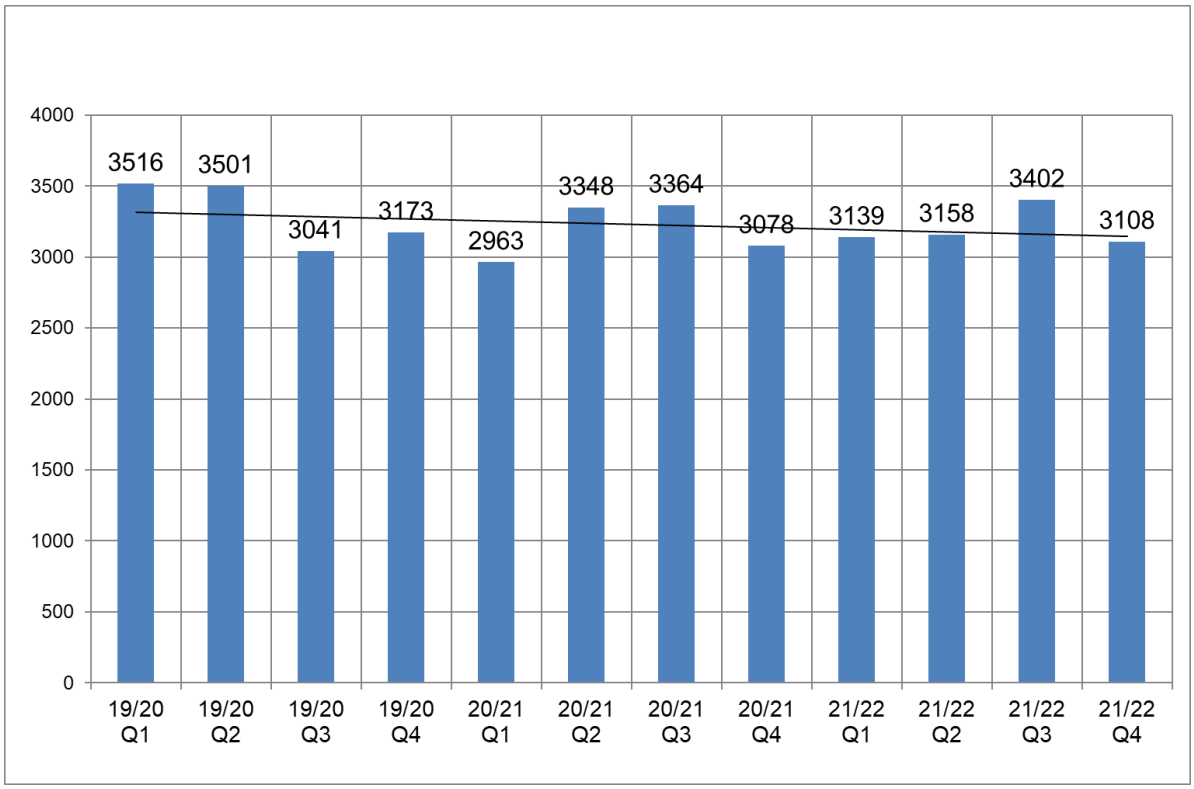
Headlines

The Trust reported **12807** incidents of all severity during the year, a 0.4% increase on 2020/21 (12753). However, the reporting rate for 2021/22 is consistent with the average number of incidents reported over a 3-year period (12930 incidents/year).

- **12807** incidents reported
- **0.4%** increase in reported incidents compared with 2020/21
- **97%** of incidents resulted in **no/low harm**
- **23** Serious incidents reported (0.17% of all incidents)
- High reporting rate with high proportion of no/low harm is indicative of a positive safety culture

Figure 1 below shows the pattern and number of incidents reported by quarter in the Trust over the last 3 financial years, and indicates the average is stable, with natural fluctuations each quarter. It should be noted that direct comparisons should be viewed with caution due to the changing profile of service provision.

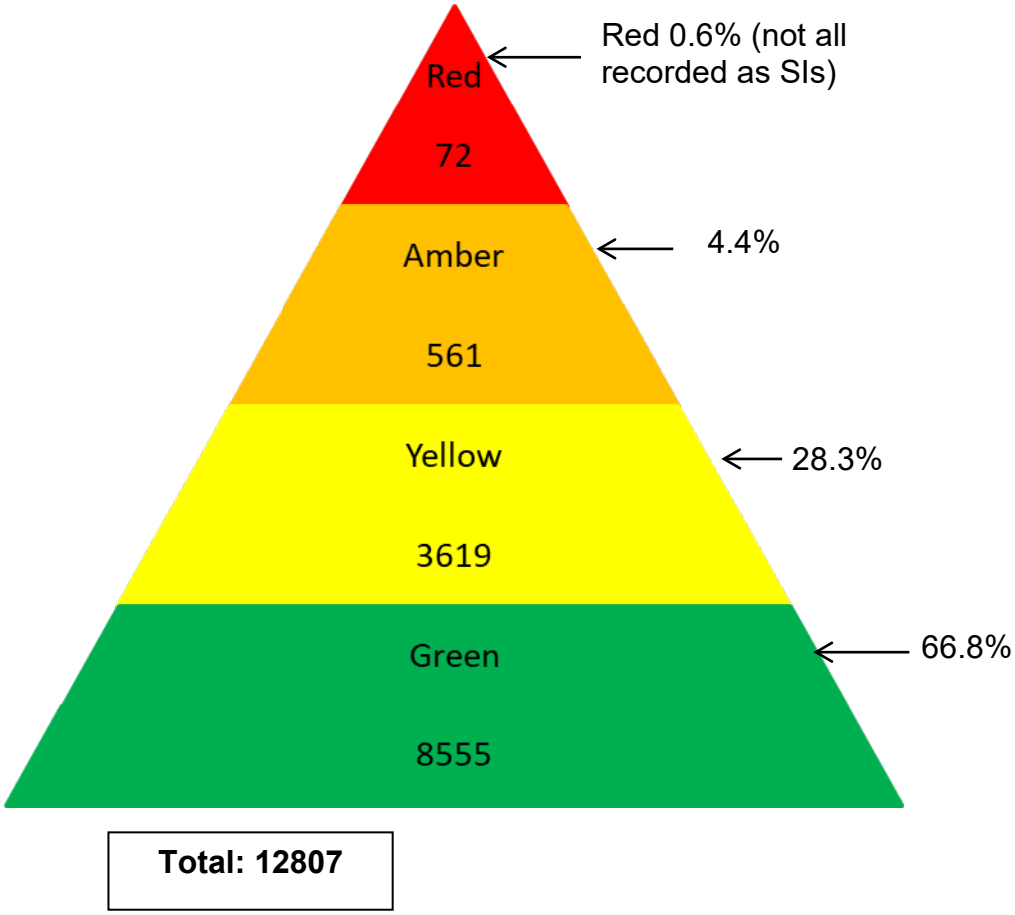
Figure 1 Comparative number of incidents reported by financial quarter 2019/20 to 2021/22



Severity

The distribution of these incidents in terms of severity is pyramid-shaped (figure 2) with red incidents being fewest in number; and 66.8% being graded green.

Figure 2 Incidents reported by severity 2021/22



Note: The red incidents in this chart are based on the date when the incident occurred, which is often different to the date it was reported on the Strategic Executive Information System (StEIS) as a Serious Incident (SI), which uses the date reported on StEIS. Not all Red incidents are reported as SIs. Red incidents include unexpected deaths where the cause of death is not yet known. Incidents are re-graded as further information is received.

Actual harm

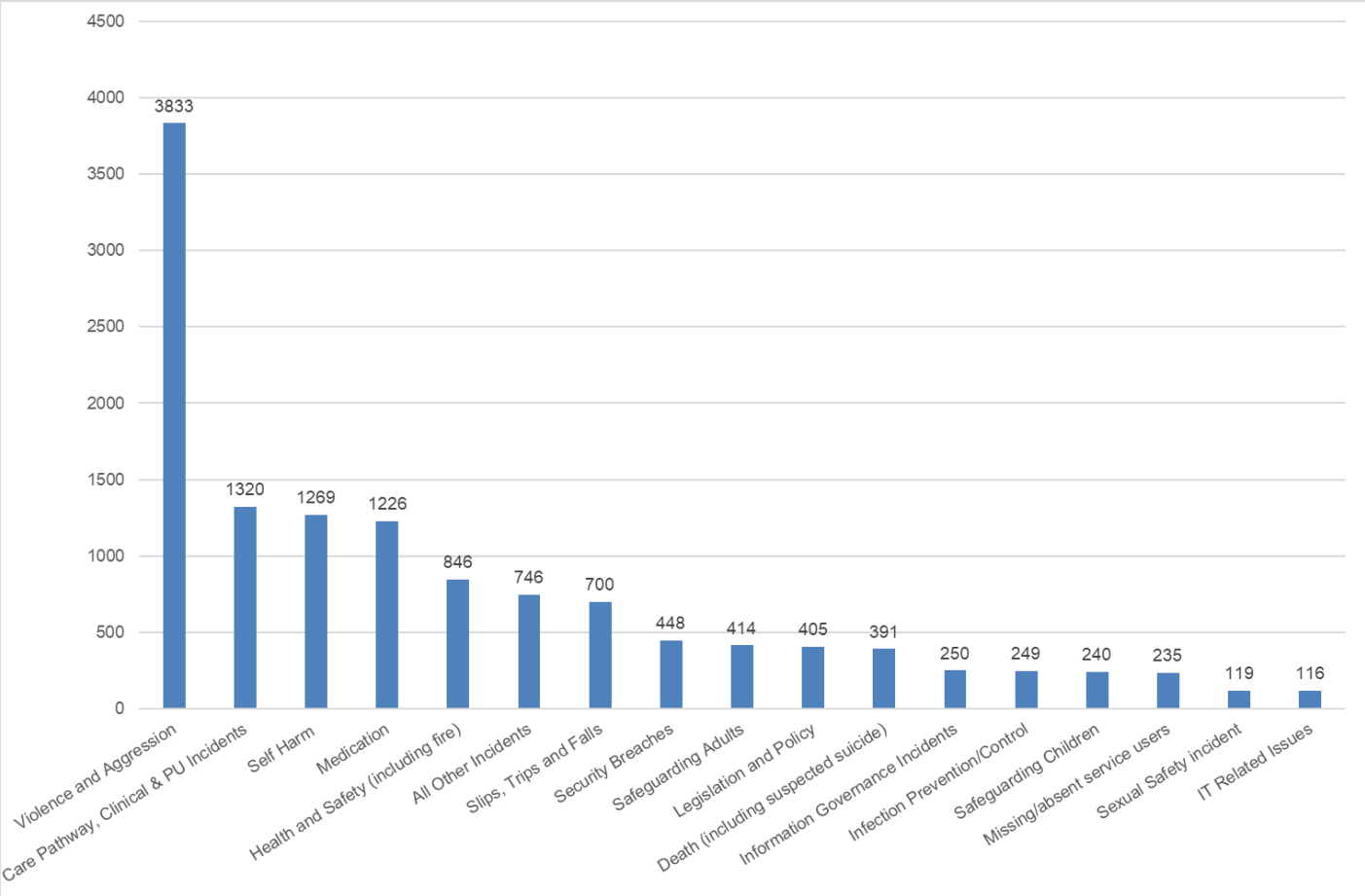
In addition to the severity of incidents, we also record the level of harm that was caused by an incident, irrespective of the severity. This is called the Degree of harm. In 2021/22, 97% of incidents resulted in no harm or low harm to patients and staff, or were external to the Trust's care. The proportion of no/low harm incidents has remained consistent with previous years. An organisation with a high reporting rate, particularly with a high proportion of no/low harm is indicative of a positive safety culture where staff are encouraged to report incidents and near misses.

Type and Category of incidents

All incidents are coded using a three-tier method to enable detailed analysis. 'Type' is the broadest grouping, with Type breaking into 'categories', and then onwards into 'sub-categories'.

Figure 3 below shows all reported incidents in 2021/22 by the type of incident. Violence and aggression incidents are the highest type of incident.

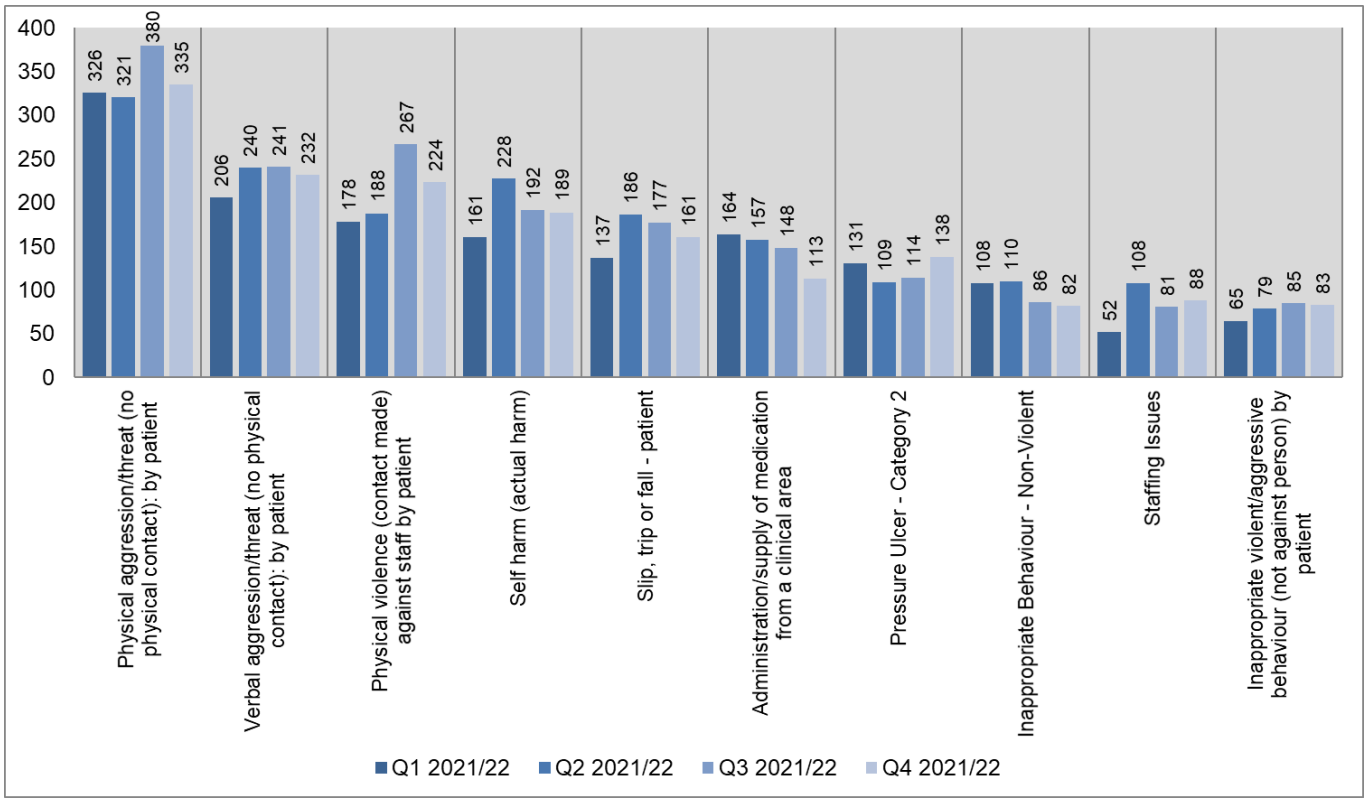
Figure 3 Trust-wide incidents reported by type of incident during 2021/22



A new incident type has been added in 2021/22 for sexual safety incidents, these types of incidents were previously reported under the type 'Violence and Aggression' and were difficult to report on as the level of detail was in sub-category.

Figure 4 shows the top 10 highest reported categories of incidents across the Trust during 2021/22. During 2021/22 incidents were reported against 161 different categories of incident. The top 10 categories account for 52% of all incidents reported, which is consistent with the proportion in previous years.

Figure 4 Trust-wide Top 10 most frequently reported incident categories in year 2021/22



'Physical aggression/threat (no physical contact): by patient' was the highest reported incident category in 2021/22 with a total of 1362 incidents, accounting for 11% of all incidents reported. This is an increase on 2020/21 (1262) but this has remained the top reported category in the last four years. This includes incidents such as threatening behaviour against others or where physical violence was prevented.

There are three other categories of violence and aggression related incidents appearing in the top 10; 'Verbal aggression/threat (no physical contact): by patient', 'Physical violence against staff by patient (where contact was made)' and inappropriate violent/aggressive behaviour (not against person) by patient.

There is an increase in all incidents of Violence and Aggression in the top 10 categories in Quarter 3. In particular, Quarter 3 highlights an increase in physical contact made by patient against staff. During this period Horizon centre accounted for 47% of physical contact made by patient against staff. During which a core group of service users required specialist intensive nursing due to frequent incidents of high arousal. During Q3 there was an increase from the previous 2 quarters of 40 or 85% on Horizon alone, the majority of these as highlighted in the monthly IPR are down to a few service users.

A small number of service users account for many incidents predominantly within the Horizon centre. Horizon centre cares for individuals who are complex in nature and have cognitive impairment and/or display extremely difficult to manage challenging behaviours. When reviewing incidents of physical violence against staff many of the incidents (includes pinching, scratching, gripping, and pushing)

occur when staff are in close proximity to the service user whilst undertaking essential nursing interventions.

The category of 'Physical violence by patient on patient (contact made)' no longer appears in the top 10 incident categories, with a decrease from 206 in 2020/21 to 199. The continued decrease in the number of assaults demonstrates the excellent work produced by the RRPI team and frontline

clinicians in reducing restrictive physical interventions by utilising primary strategies such as Trauma Informed care, ownership of care plans, accessing coping strategies and employing a robust reporting culture within the Trust. Each incident is reviewed and the RRPI team work closely with safeguarding, health and safety and occupational health to ensure staff are supported and appropriate care and interventions are in place to ensure the safety and well-being of service users.

The Trust's approach to reducing physical interventions by actively taking part in research projects helps to find effective solutions for reducing violence and aggression (V&A). The increased activities within the therapeutic interventions and the work of the RRPI teams in supporting staff to plan care and interventions with the support of a Positive Behaviour Support (PBS) care plan, have all contributed to a decline in patient on patient V&A.

The fourth highest category of incident is 'Self harm (actual)'. In 2021/22 there were 770 actual self harm incidents (a decrease on 2020/21 (933). The figures for self-harm fluctuate through the year and numbers are closely affected by individual service user presentation.

In previous years, we have seen 'Attempted self harm' in the top 10, but this no longer appears.

The category for Pressure ulcer – category 2 appears in the top 10. It should be noted that these are incidents that are generally identified by staff in the general community services, and many are attributable to other agencies. The Datix system is used to capture the identification and actions taken by our staff.

Patient falls appears in the top 10, as it has done in previous years. The reporting remains fairly consistent through the year and is similar to previous years. The degree of harm has remained similar to 2020/21 with 96% of patient falls resulting in no harm or low harm, or were external to the Trust's care.

The Patient Safety Support Team have been developing ways of improving data sets this financial year. Statistical Process Control (SPC) charts have been developed to monitor incidents including type of incident e.g. self harm, apparent suicides and serious incidents, severity, BDU to compare data over time and are check each month to ensure any special cause variation is identified early for review.

The Team have also worked to improve data collection for protected characteristics in 2021/22 and have developed data sets for use with policy reviews and equality impact assessments. Further work is planned to improve the quality of data provided as there are a number of gaps in data or where not stated has been entered.

Affected party demographics

Appendix 1 provides a breakdown of some protected characteristics of those affected in the incidents.

Covid 19 – Incident management

The patient safety support team continued to monitor incidents that are related to Covid 19 or the lockdown periods during 2021/22, these included:

- Theming any incident that was reported that mentioned Covid 19 or coronavirus including vaccines. This data (example below) was reported into the clinical risk panel on a weekly basis and monthly into the Integrated Performance Report. From May 2021, it will be reported monthly into Operational Management Group.

Figure 5 Covid-19 themes by incident date and theme

	Apr 2021	May 2021	Jun 2021	Jul 2021	Aug 2021	Sep 2021	Oct 2021	Nov 2021	Dec 2021	Jan 2022	Feb 2022	Mar 2022	Total
Patient being nursed in isolation	1	1	1	0	8	2	7	2	19	22	4	19	86
Non compliance with social distancing - inpatient area	4	3	4	2	4	10	9	5	11	9	1	4	66
Impact of coronavirus/Covid 19 on patient and staff safety	3	0	0	1	1	5	7	4	6	11	0	2	40
Staff in contact with patient displaying Covid-19 symptoms	1	0	1	0	3	1	3	2	3	8	1	1	24
Patient in contact with symptomatic person	0	0	0	0	0	0	0	2	3	4	1	1	11
Impact of Covid 19 on community patient, changes to care delivery	0	0	0	2	1	0	2	3	0	1	0	0	9
Death of community patient from suspected Covid 19 - underlying health conditions	0	0	1	1	0	2	4	0	0	0	0	0	8
Impact of Covid 19 on patients' mental health	0	0	0	0	0	0	0	0	3	2	0	1	6
Issues relating to PPE equipment	0	1	0	0	3	0	0	0	0	0	0	0	4
Staff presenting with Covid 19 symptoms	0	0	0	1	0	1	0	0	0	1	0	0	3
Staff in contact with colleague displaying Covid-19 symptoms	0	0	0	0	1	1	0	0	0	0	0	0	2
Staff in contact with other person displaying Covid-19 symptoms	0	0	0	0	1	0	0	0	1	0	0	0	2
Suspected side effects from Covid 19 vaccine - patient	0	0	0	0	0	1	1	0	0	0	0	0	2
Suspected side effects from Covid 19 vaccine - staff member	2	0	0	0	0	0	0	0	0	0	0	0	2
Death of inpatient from suspected Covid 19 (death on SWYPFT ward)	0	0	0	0	0	0	2	0	0	0	0	0	2
Death of inpatient from suspected Covid 19 (death in acute trust within 30 days of transfer)	0	0	0	1	0	1	0	0	0	0	0	0	2
Coronavirus or Covid 19 used in threat against staff	0	0	0	0	0	0	0	0	0	1	0	0	1
Total	**11**	**5**	**7**	**8**	**22**	**24**	**35**	**18**	**46**	**59**	**7**	**28**	**270**

- Continued to review the causes of death for people with Learning disabilities against national Covid 19 data (see Section 4 – Learning from healthcare deaths).
- Recording and monitoring Covid 19 deaths of our service users where they developed COVID-19 whilst an in-patient in our care, and went on to die. This is reported into Operational Management group. We have recorded four deaths that met this criterion:
  - Two Deaths of inpatient from suspected Covid 19 (death in acute trust within 30 days of transfer)
  - Two Deaths of inpatient from suspected Covid 19 (one death on SWYPFT Older People's ward and one death on SWYPFT General Community Inpatient Ward)

The Infection Prevention and Control Team has continued to support the management of Covid 19 cases. Updates will be available in their annual report but has included:

- all symptomatic cases are isolated, and results monitored by IPC team.
- Ward treatment and care for patients in line with the Covid 19 Clinical pathway.
- All inpatients reviewed and monitored through their isolation period.
- Surveillance data captured and reported through internal governance process.
- COVID19 Test and trace risk assessments are undertaken on all positive patients. If any breaches or lapses in care are identified, these are escalated and actioned. In addition, to embrace quality improvement a SBAR is produced to have trust wide shared learning.
- All hospital defined healthcare associated Covid 19 cases have a post infection review completed and processed through the trust risk panel.

External Review

Reporting to National Reporting and Learning System

The Trust captures the severity of all incidents locally on Datix using the risk matrix which scores incidents ranging from green through to red (see Figure 2). This includes actual and potential harm of all incidents and near misses (i.e., psychological harm, potential risks).

The Trust uploads patient safety incidents[1] (which are a subset of all incidents reported) from Datix to the National Reporting and Learning System (NRLS) on a weekly basis and has done so since 2004. Local information on Datix is mapped to the national system in the background. The National Reporting and Learning System shares patient safety incidents with the Care Quality Commission (CQC). The CQC may then contact the Trust to enquire further about specific incidents.

Patient Safety incidents do not include non-clinical incidents, or where staff were the affected party (e.g., violence against staff incidents). These are not reportable to NRLS as the harm was not to a patient. The NRLS scores the **actual** degree of harm caused, as opposed to including potential harm as collected locally.

The NHS Patient Safety Strategy [2] published in July 2019 sets out plans for a new national reporting and learning system, Learn from Patient Safety Events (LFPSE), which will combine and replace NRLS and the Strategic Executive Information System (for reporting serious incidents). NHS England/Improvement expect all providers currently reporting to the NRLS to have transitioned to the new LFPSE system by the end of March 2023. It is expected that the functionality required will be available to us from Autumn 2022 when we can begin our transition.

The Learn from Patient Safety Events (LFPSE) system will:

- Make it easier for staff across all healthcare settings to record safety events, with automated uploads from local systems to save time and effort, and introducing new tools for non-hospital care where reporting levels have historically been lower.
- Collect information that is better suited to learning for improvement than what is currently gathered by existing systems.
- Make data on safety events easier to access, to support local and specialty-specific improvement work.
- Utilise new technology to support higher quality and more timely data, machine learning, and provide better feedback for staff and organisations.

[1] A patient safety incident is defined as any unintended or unexpected incident which could have or did lead to harm for one or more patients receiving NHS care.

[2] https://improvement.nhs.uk/resources/patient-safety-strategy/

In 2021/22 the Trust uploaded a total of 6097 patient safety incidents to the NRLS, compared with 6252 reported in 2020/21 Quality Accounts. 96% of the 6097 incidents resulted in no harm or low harm.

The Trust reported a total of 53 severe harm and patient safety related death incidents in 2021/22, compared to 57 incidents in 2020/21 (as at 21/04/22).

In relation to the total number of incidents uploaded, the percentage of severe harm incidents has decreased to 0.31% when compared with 0.45% in 2020/21. The percentage number of patient safety related deaths (uploaded to NRLS) has increased to 0.55% compared with 0.46% in 2020/21.

National Reporting and Learning System reports

Patient Safety Incidents are currently uploaded to the National Reporting and Learning System (NRLS) when they have been through the internal management review and governance processes. This ensures that the data uploaded externally is as accurate as it can be. Data can also be refreshed if details change. Incidents are exported to NRLS when these reviews have been completed, which results in a natural delay in uploading patient safety incidents to the NRLS.

NHS England publishes data from the NRLS system on annual basis. These reports are designed to assist NHS trust boards to understand and improve their organisation's patient safety culture and reporting of patient safety incidents to the NRLS and learn from incidents that have occurred. The reports have changed over time, but now encourage organisations to compare against themselves over periods of time, rather than with other organisations which may not be comparable for a number of reasons.

The published reports are added to the NHS England webpage when released.

Organisation Patient Safety Incident Report (OPSIR)

The OPSIR provides data by organisation on incidents reported from 1 April 2020 to 31 March 2021 and submitted to the NRLS by 31 May 2021. The latest OPSIR data can be accessed via the NHS England webpage.

National Patient Safety Incident Reports (NaPSIR)

The latest NaPSIR Report published in October 2021, covers the period 1 April 2020 to 31 March 2021 which were submitted to the NRLS by 30 June 2021. The report is published annually.

Two sets of data and analysis are presented in the NaPSIR data report:

- The number of reports made to the NRLS by quarter, using data based on the date that the report was received.
- An overview of patterns and trends in incident reports using data based on the date that the incidents occurred.

NRLS no longer produces the report that compares the Trust's data for the same period.

Internal Audit

During 2021/22, 360 Assurance undertook an internal audit to review Serious Incident (SI) action plans. At the time of reporting, the final report was awaiting approval. It is expected that actions will include:

- Create a revised process to ensure central oversight of action plans, including joint working with OMG regarding outstanding actions where additional work may be required, and escalation to EMT where appropriate

- Improve our process for consistency of monitoring the progress of SI action plans across all BDUs, expanding it to include mechanisms for evaluating long term impact and embeddedness of completed actions, and ensuring actions on Datix are completed and evidence provided is appropriate and robust prior to approval of completed of action plans.
- Reviewing our patient safety policies as part of Patient Safety Incident Response Framework developments during 2022/23, ensuring that feedback from the audit is incorporated.
- Developing training and/or guidance for SI investigators on improving specificity in action plans, who will in turn support BDUs. Increased specificity will be evidenced in the SI reports and/or Datix action plans.
- Review all outstanding SI actions and develop a plan to ensure these are completed.

Duty of Candour

Duty of Candour applies to Notifiable Safety Incidents where harm occurred to a patient and resulted in moderate harm or above. The Trust has been following the principles of Being Open since 2008 and had a policy in place since that time. The NHS contract includes Duty of Candour for Notifiable Safety Incidents, and the Trust has been reporting on this since April 2014. In November 2014 this was strengthened when this became a statutory CQC regulation[3] to fulfil the Duty of Candour requirement.

In March 2021, the Care Quality Commission (CQC) issued revised guidance on Duty of Candour. Whenever there has been a Notifiable Safety Incident, Duty of Candour should be followed. The CQC guidance sets out three questions that assist with identifying Notifiable Safety Incidents. The incident must meet all three of the following criteria:

1. It must have been unexpected or unintended
2. It must have occurred during the provision of an activity regulated by the CQC
3. In the reasonable opinion of a healthcare professional, already has, or might, result in death, or severe or moderate harm to the person receiving care

If all three questions are answered yes, then the incident is a Notifiable Safety Incident, and the Duty of Candour process should be followed. The three questions and a question to confirm Notifiable Safety Incidents was added to Datix from 1 August 2021 to enable the Trust to collect the relevant information following the CQC revised guidance. Since the new way of recording Notifiable Safety Incidents has been introduced, challenges around staff accurately recording this on Datix have been identified. Staff are not always recording the correct options in the dropdown boxes to the three questions. A training session was held on 14 September 2021 with a question and answer session for staff completing the new section on Datix. The team also plan on providing further training sessions around Duty of Candour.

Failure to comply with the contractual requirements could result in recovery of the cost of the episode of care or £10,000 if the cost of the episode of care is unknown (NHS Contract) and/or it is a criminal offence to fail to provide notification of a notifiable safety incident and/or to comply with the specific requirements of notification. On conviction a health service body would be liable to a potential fine of £2,500.

The data contained in this section of the report was correct at the time of reporting (12/4/22). The data is extracted from a live system and is subject to change.

Duty of Candour applies only to those incidents identified as Notifiable Safety Incidents. Degree of Harm is used by all Trusts (other Trusts may call it something else) to grade the level of harm caused by an incident to ensure consistency of recording nationally. During February 2021, Datix was changed so that staff reporting incidents would complete the Degree of Harm themselves (as close

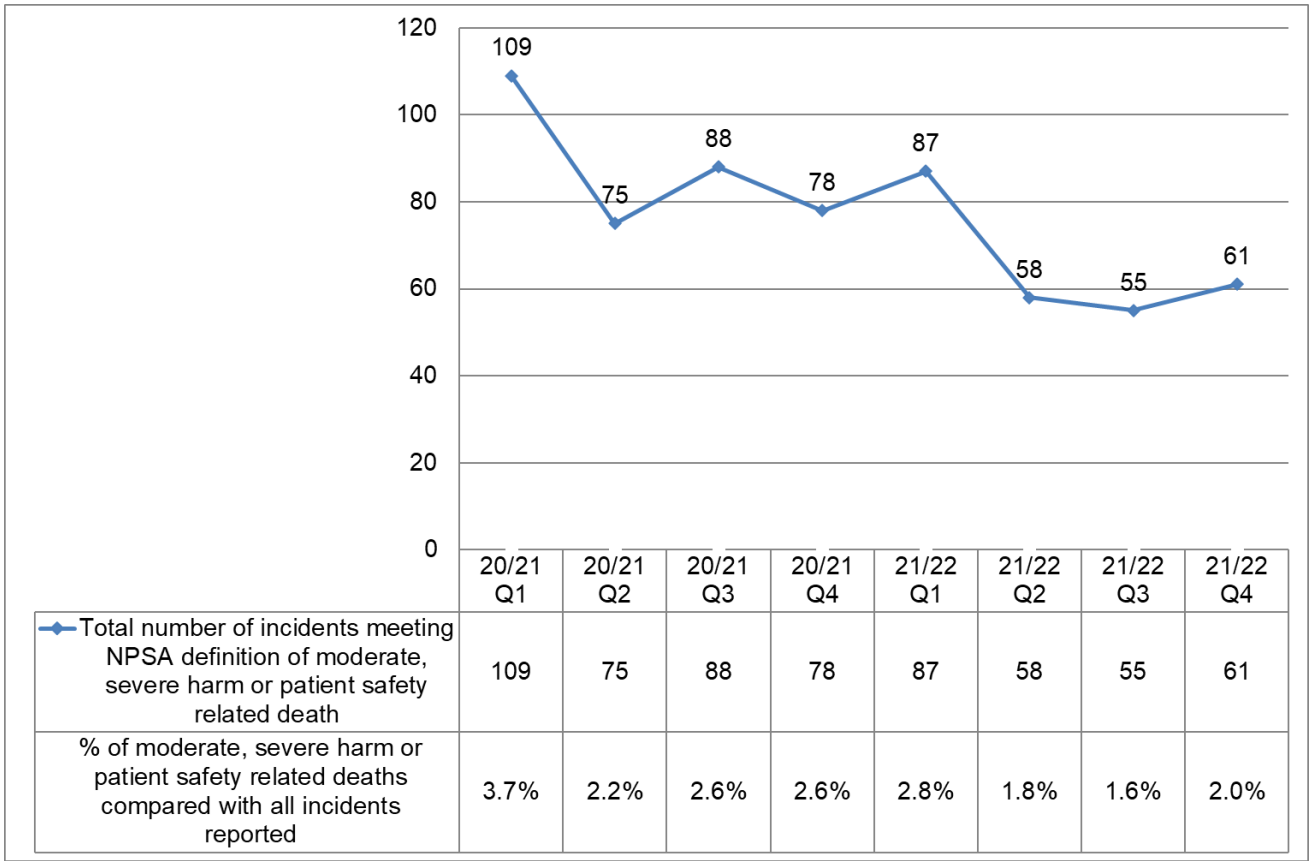
[3] Care Quality Commission. Duty of Candour guidance

to the incident as possible; prior to this, it was completed centrally by the Patient Safety Support Team). The Degree of harm is reviewed by the responsible manager and will be updated as further information comes to light. This differs from the incident severity (green, yellow, amber, red), which is how we grade incidents locally in the Trust. Other Trusts may do this differently (e.g., numeric rating). Incident severity considers actual and potential harm caused and the likelihood of reoccurrence (based on the Trust's risk grading matrix), whereas the Degree of Harm is only the actual harm caused.

During 2021/22, there were 261 potentially applicable Notifiable Safety Incidents (2.03% of all incidents reported; a decrease on 2.8% in 2020/21). The number of patient safety incidents meeting the NRLS definition of moderate or severe harm or death is lower in some quarters in 2021/22 compared to 2020/21 as shown in Figure 6. The percentage of Duty of Candour applicable incidents against the total number of incidents reported each quarter is usually fairly consistent, however Quarter 1 (see figure 5) show a higher proportion of applicable incidents, particularly due to an increase in category 3 pressure ulcers (moderate harm), and self harm incidents in Quarter 1. Quarter 2 saw a slightly higher number of patient safety related deaths recorded (this may be related where we are awaiting confirmation of cause of death, which may result in changes in degree of harm). In Quarter 2 we implemented the revised CQC guidance on Duty of Candour by amending the Datix form to collect the relevant information, this may explain the reduction in Duty of Candour applicable incidents from Quarter 2 as not all patient safety incidents with a degree of harm as moderate or severe harm or death are now applicable for Duty of Candour.

It should be noted that the figures included in this section of the report regarding Duty of Candour will not match the number of incidents reported to the National Reporting and Learning System (NRLS) as some incidents where Duty of Candour applies, are not reportable to NRLS, e.g., apparent suicide of a discharged community patient.

Figure 6 Total number of notifiable safety incidents with moderate or severe harm or death between 1/4/2020 and 31/3/2022



	20/21 Q1	20/21 Q2	20/21 Q3	20/21 Q4	21/22 Q1	21/22 Q2	21/22 Q3	21/22 Q4
Total number of incidents meeting NPSA definition of moderate, severe harm or patient safety related death	109	75	88	78	87	58	55	61
% of moderate, severe harm or patient safety related deaths compared with all incidents reported	3.7%	2.2%	2.6%	2.6%	2.8%	1.8%	1.6%	2.0%

Figure 7 shows the degree of harm (moderate, severe or death) from notifiable safety incidents over a two-year period.

Figure 7 Duty of Candour applicable incidents by degree of harm and month 1/4/2020 and 31/3/2022

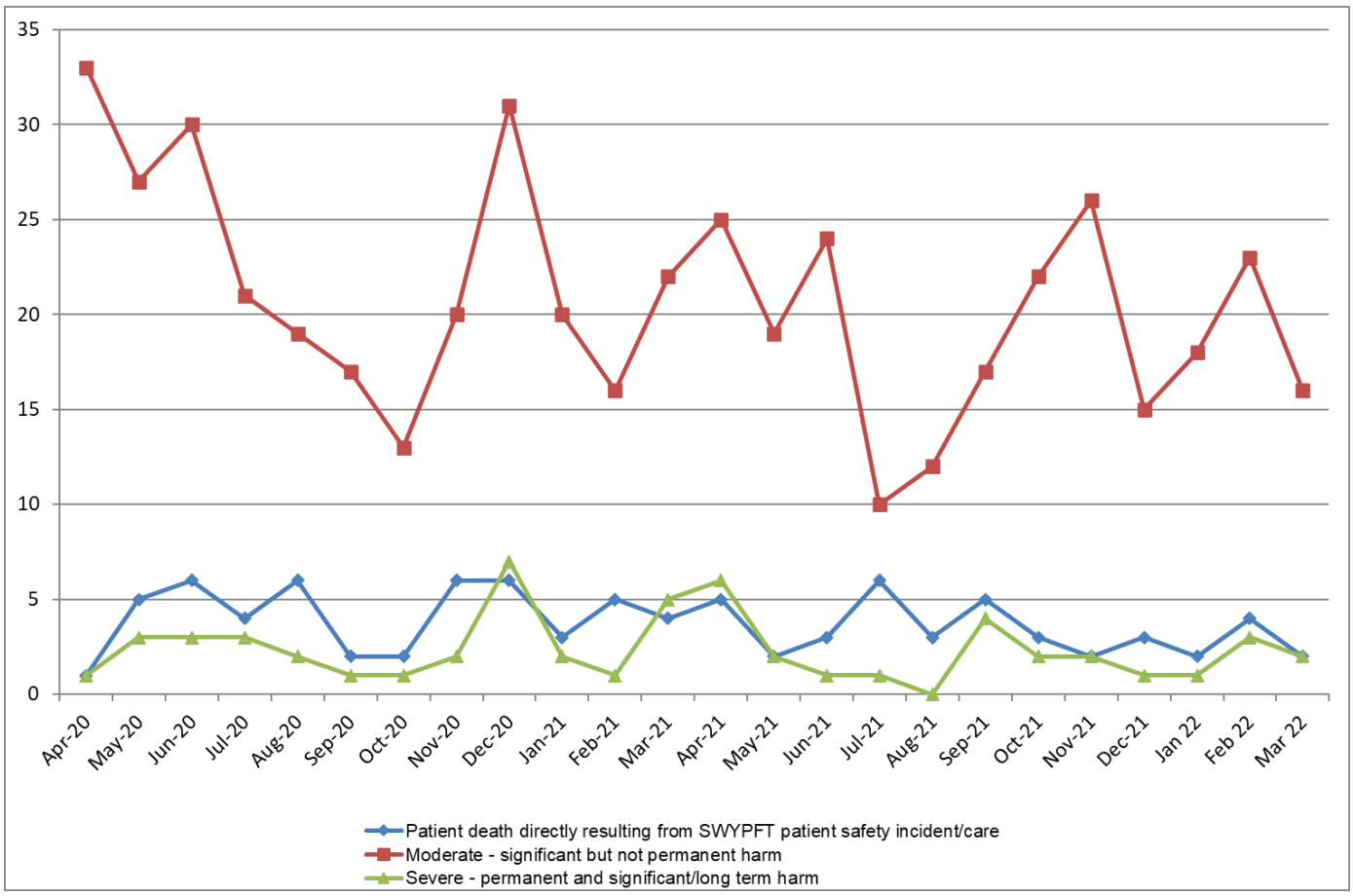


Figure 8 shows the highest number of applicable incidents is in Barnsley General Community Services with 102 incidents [a decrease on 2020/21 192]. A high proportion of these were pressure ulcers, category 3 (moderate harm).

Figure 8 Duty of Candour applicable incidents in 2021/22 by BDU and financial quarter

BDU	Quarter 1 2021/22	Quarter 2 2021/22	Quarter 3 2021/22	Quarter 4 2021/22	Total
Barnsley General Community Services	43	20	14	25	102
Mental Health Inpatient Services	19	17	17	13	66
Kirklees Community Mental Health Services	11	7	5	6	29
Wakefield Community Mental Health Services	2	8	7	8	25
Calderdale Community Mental Health Services	1	2	6	3	12
Forensic Service	5	0	2	4	11
Barnsley Community Mental Health Services	3	3	2	2	10
CAMHS Specialist Services	3	0	1	0	4
ADHD and Autism services	0	1	0	0	1
Learning Disability services	0	0	1	0	1
Total	**87**	**58**	**55**	**61**	**261**

Compliance with Duty of Candour

Each BDU should have identified lead/s who are responsible for reviewing their BDU's compliance with Duty of Candour. The Patient Safety Support Team provides data on a monthly basis to the Operational Management Group to support BDUs with monitoring their compliance with Duty of Candour. All Trio managers/leaders have access to live data on Datix Dashboards to aid monitoring. Figure 9 shows the monitoring position which breaks down as below:

- In 85% of cases (223), a verbal conversation has happened with the patient and/or family within 10 working days of the incident occurring or being identified (as per the contract).
- There were 18 cases where Duty of Candour was not completed but exception reasons were given (7%). The number of exceptions has decreased from 13% in 2020/21)
- There were 18 cases (7%) where the Duty of Candour monitoring was not completed by the BDU (at 12/4/21), these could include possible breaches. This compares with 3% (12) reported in 2020/21 annual report.
- There were two breaches of Duty of Candour reported, representing 0.8% of all applicable incidents.

  There was one incident where a patient self harmed on an inpatient ward. First aid was administered by staff on the ward and the patient was taken to the acute hospital by emergency ambulance. There was a delay with the incident being reported and it hadn't been picked up by the matrons for checking completion of duty of candour due to staff sickness. In learning from this breach, the processes for checking have been reviewed and amended.

  There was one Duty of Candour breach involving a patient who was physically assaulted by another patient on an inpatient ward. The patient was assessed by the medic and attended A&E for an x-ray. The patient sustained a fractured elbow as a result of the incident. The reason reported for a delay in apology to the patient was due to staff challenges.

Figure 9 Duty of Candour compliance 2021/22

Duty of candour compliance	Barnsley General Community Services	Mental Health Inpatient Services	Kirklees Community Mental Health Services	Wakefield Community Mental Health Services	Calderdale Community Mental Health Services	Forensic Service	Barnsley Community Mental Health Services	CAMHS Specialist Services	ADHD and Autism services	Learning Disability services	Total
Stage 1 Duty of Candour - verbal apology completed within 10 days	102	60	19	17	7	6	8	3	1	0	**223**
Stage 1 Duty of Candour - not completed (exception)	0	4	3	4	3	0	0	0	0	0	**14**
Stage 1 Duty of Candour verbal apology not given following MDT decision (exception)	0	0	3	1	0	0	0	0	0	0	**4**
Stage 1 Duty of Candour - verbal apology completed after 10 days (breach)	0	2	0	0	0	0	0	0	0	0	**2**
Awaiting BDU Monitoring	0	0	4	3	2	5	2	1	0	1	**18**
Total	**102**	**66**	**29**	**25**	**12**	**11**	**10**	**4**	**1**	**1**	**261**

Exception reasons include verbal apology not being given following MDT decision due to clinical presentation or being detrimental to patient's wellbeing, unable to make verbal contact with service user therefore a letter was sent as an alternative, patient admitted to general hospital, patient in covid isolation on different ward, patient discharged/transferred out of area. 83% of the exception related to self-harm incidents. In other cases, Duty of Candour was not possible with the patient as they were too unwell.

Patient Safety Support Team routinely provide information on Duty of Candour compliance in BDUs to the operational management group. BDU leads have access to Datix Dashboards for monitoring information. The reports highlight where BDU monitoring has not been completed. Further breakdowns are provided to deputy directors when required.

Section 2 - Serious Incidents reported during 2021/22

Background context

Serious incidents are defined by NHS England as;

> "…events in health care where the potential for learning is so great, or the consequences to patients, families and carers, staff or organisations are so significant, that they warrant using additional resources to mount a comprehensive response. Serious incidents can extend beyond incidents which affect patients directly and include incidents which may indirectly impact patient safety or an organisation's ability to deliver ongoing healthcare." [4]

There is no definitive list of events/incidents. However, there is a definition in the Serious Incident Framework which sets out the circumstances in which a serious incident must be declared:

Serious Incidents in the NHS must be considered on a case-by-case basis using the description below and include acts and/or omissions occurring as part of NHS-funded healthcare (including in the community) that result in:

- the unexpected or avoidable death of one or more patients, staff, visitors, or members of the public.
- serious harm to one or more patients, staff, visitors, or members of the public or where outcome requires life-saving intervention, major surgical/medical intervention, permanent harm or will shorten life expectancy or result in prolonged pain or psychological harm (this includes incidents graded under the NPSA definition of severe harm).
- a scenario that prevents, or threatens to prevent, a provider organisation's ability to continue to deliver health care services, for example, actual or potential loss of personal/organisational information, damage to property, reputation, or the environment. IT failure or incidents in population programmes like screening and immunisation where harm potentially may extend to a larger population.
- allegations of abuse.
- adverse media coverage or public concern for the organisation or the wider NHS.
- one of the core sets of *Never Events*[5].

Investigations

Investigations are initiated for all serious incidents in the Trust to identify any systems failure or other learning, using the principles of systems analysis. The Trust also undertakes a range of reviews to identify any themes or underlying reasons for any peaks. Most serious incidents are graded amber or red on the Trust's severity grading matrix, although not all amber/red incidents are classed as serious incidents and reported on the Strategic Executive Information System (StEIS). Some incidents are reported, investigated and later de-logged from StEIS following additional information. Conversely, some incidents are reported as Serious Incidents on StEIS after local investigation. We have a 'watching brief' arrangement with some clinical commissioning groups where we can verbally report a potential serious incident, whilst further information is gathered.

Headlines

During 2021/22, 23 Serious Incidents were reported to the relevant Clinical Commissioning Group (CCG/specialist commissioner) via the NHS England Strategic Executive Information System (StEIS). This compares with 32 in 2020/21.

[4] NHS England. Serious Incident Framework. March 2015
[5] NHS Improvement. Never Event policy and framework 2018

Staff support

There are a range of support mechanisms in place to support staff involved in or affected by serious incidents. The service has the responsibility to provide support which is examined through the investigation process. This includes:

- Managerial support
- Team/peer support
- Occupational health support. There is information available for staff and managers on referring to occupational health in the Supporting staff following trauma or stressful incidents policy. This page also provides information on Support for staff following suicide or critical incidents (sharepoint.com). This includes postvention suicide bereavement support for staff.
- Legal services offer support to staff involved in coronial processes.

We have a strong emphasis on involving staff in our investigation process. One of the principles of the investigation process is that we do not focus on individual practice and look towards systems-based issues. We engage staff throughout the process as described in our 'What happens if I am involved in a serious incident? Staff guide to serious incidents'. This was recognised as good practice by the Royal College of Psychiatrists during a review to achieve accreditation. Staff gave independent feedback to assessors.

The serious incident investigators will:

- Provide information about the investigation process to staff involved.
- Ask a standard question about the support they have received following the serious incident and if they are aware of what and how they access support.
- Check that support has been offered by the manager/s. Often staff will report being supported by team managers and their team colleagues.
- Some teams provide debriefs and staff have regular supervision.
- They will talk about being supported by manager and peers within the team.
- Support for staff is reported on in the investigation report, and where this is found to have been lacking, recommendations for improvement may be made.
- Where investigators identify staff support needs through the course of their investigations, they will raise with the service.

Further developments

Our staff support arrangements will be reviewed as part of our preparations for the Patient Safety Incident Response Framework, which is expected to be launched in June 2022, with a 12-month transition period.

- 23 Serious incidents reported
- Serious incidents account for 0.17% of all incidents
- Apparent suicide is the highest serious incident category (16)
- No Never Events

No 'Never Event[6]' incidents were reported by SWYPFT in 2021/22. The last Never Event reported by the Trust was in 2010/11. Never Events are serious, largely preventable patient safety incidents that should not occur if the available preventative measures have been implemented. There is a list of Never Events defined by NHS England. Examples of Never Events relevant to SWYPFT include failure to install functional collapsible shower or curtain rails in mental health settings; and in all settings, overdose of insulin due to abbreviations or incorrect device; falls from poorly restricted windows; chest or neck entrapment in bed rails; scalding of patients; unintentional connection of a patient requiring oxygen to an air flowmeter. A list of current Never Events is available on the Trust intranet. There is specific guidance for circumstances of each Never Event.

Serious Incident Analysis

Figures 10 and 11 below shows all serious incidents reported on StEIS between 1 April 2017 and 31 March 2022, with figure 10 showing breakdown by financial quarter.

Figure 10 Breakdown of serious incidents reported each financial year by financial quarter 2017/18- 2021/22

	2017/18	2018/19	2019/20	2020/21	2021/22
Quarter 1	15	8	12	8	8
Quarter 2	18	9	12	10	5
Quarter 3	26	10	8	8	9*
Quarter 4	12	17	15	6	1
Total	**71**	**44**	**47**	**32**	**23***

*One serious incident within this figure had an initial review that identified no service or care delivery issues and therefore did not meet the criteria for a serious incident investigation. The SI was delogged on StEIS in May 2022.

The data in Figure 10 shows a reduction in the number of serious incidents reported over a 5-year period by financial quarter. During this time, we have strengthened our relationships with our Commissioners. In recent years, we have received feedback from them which told us that as a Trust, we had a culture of over reporting serious incidents historically. We took their advice and use other review processes to identify issues at an earlier stage (e.g., manager's 48 hour review, structured judgment review (introduced in 2018). Where these processes do not identify any potential care and service delivery issues or learning, these would not proceed to a Serious Incident. In addition, where

[6] NHS Improvement. Never Event policy and framework 2018

^ Mental health homicide which will be removed from SI figures, investigation led by NHS England

a serious incident investigation has taken place, but has not revealed any learning or problems in the care provided, these cases are removed from the serious incident figures in agreement with commissioners. Through clinical risk panel, a structured judgement review or a service level investigation may be requested before making a decision to report as a serious incident. Our proportion of serious incidents to all incidents reported remains low (0.17%). We encourage staff to report incidents, and it is recognised that a high reporting rate with high proportion of no/low harm is indicative of a positive safety culture where we are proactive in reporting incidents and near misses. We continue to work on reducing suicides through our suicide prevention work. We learn lessons from incidents to prevent incidents becoming more serious in future. We actively share learning through the Learning Library and where urgent risks are identified, shared through Bluelight alerts. As we progress to implementation of the NHS Patient Safety Incident Response Framework (expected to be launched from June 2022 with a 12-month transition period), reporting and investigation will change to a focus on learning and improvement.

Figure 11 Total number of Serious Incidents reported by financial year 2017/18 to 2021/22

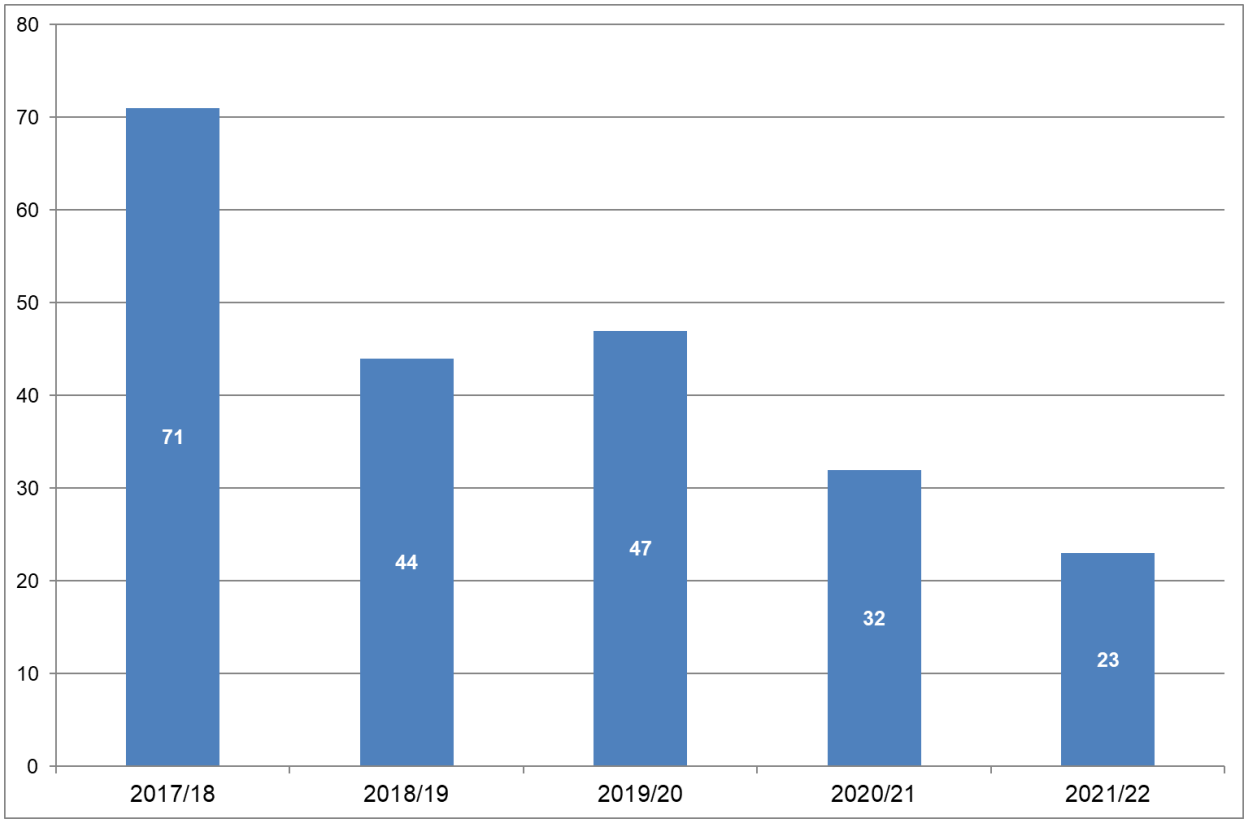
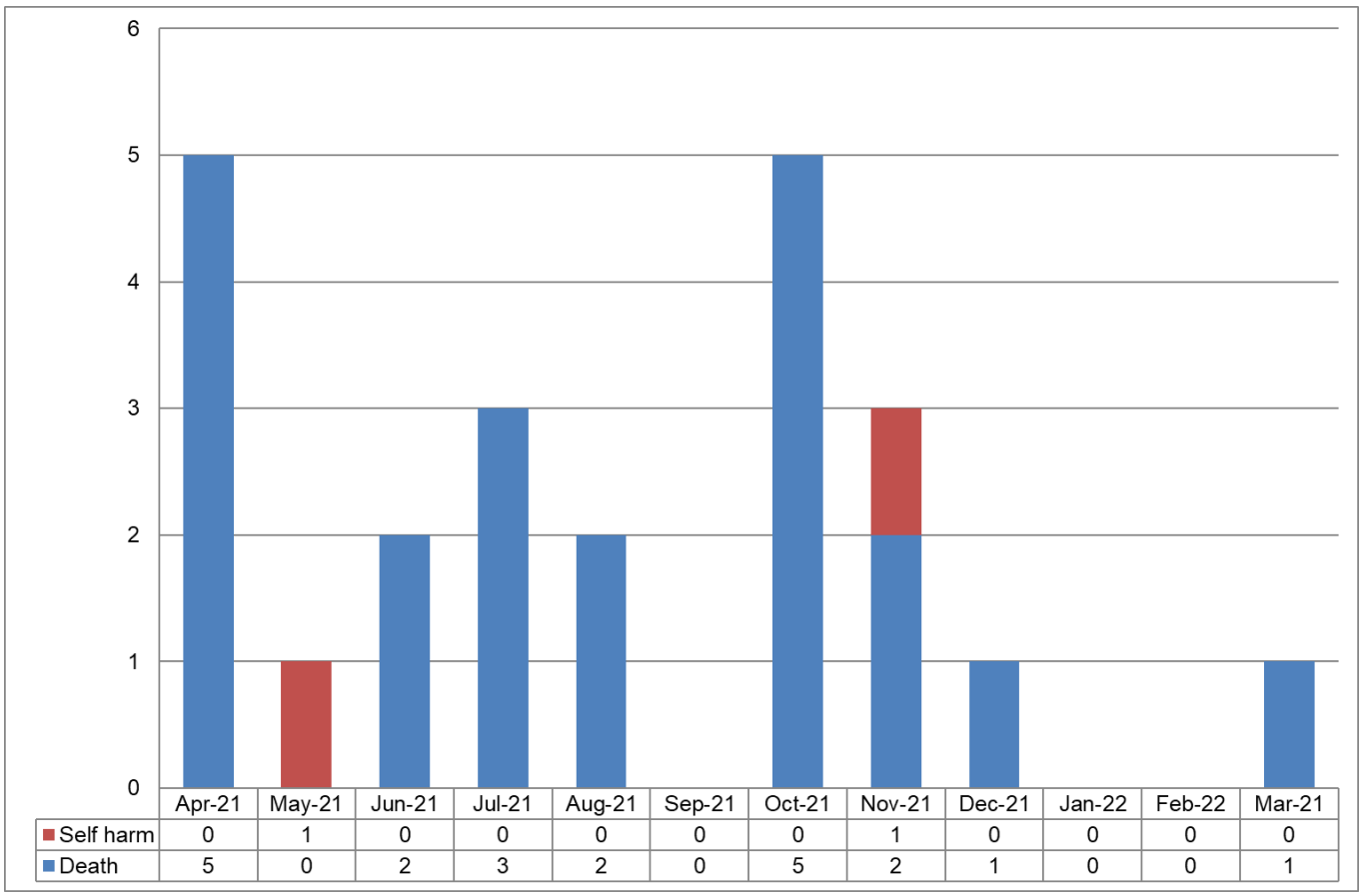


Figure 12 shows a breakdown of the 23 serious incidents reported during 2021/22 by the type of incident and month reported.

Figure 12 Types of All Serious Incidents reported in 2021/22 by date reported on StEIS



	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-21
Self harm	0	1	0	0	0	0	0	1	0	0	0	0
Death	5	0	2	3	2	0	5	2	1	0	0	1

As in previous years, the highest type of serious incident is death of a service user (23) including death by apparent suicide or unexpected death.

Figures 13 and 14 show the breakdown of the reported serious incidents by category and BDU. The category of incident (a subset of 'type', as shown in Figure 10) provides more detail of what occurred. It shows that apparent suicide of service users in current contact with community teams is the highest reported category with 10 (compared with 2020/21 [10]). There are a further six incidents relating to apparent suicide. These include three deaths where the patient was under the care of inpatient services at the time of death and three deaths where the service user had been discharged from community teams at the time of the deaths occurring.

Figure 13 Serious Incidents reported during 2021/22 by reported category

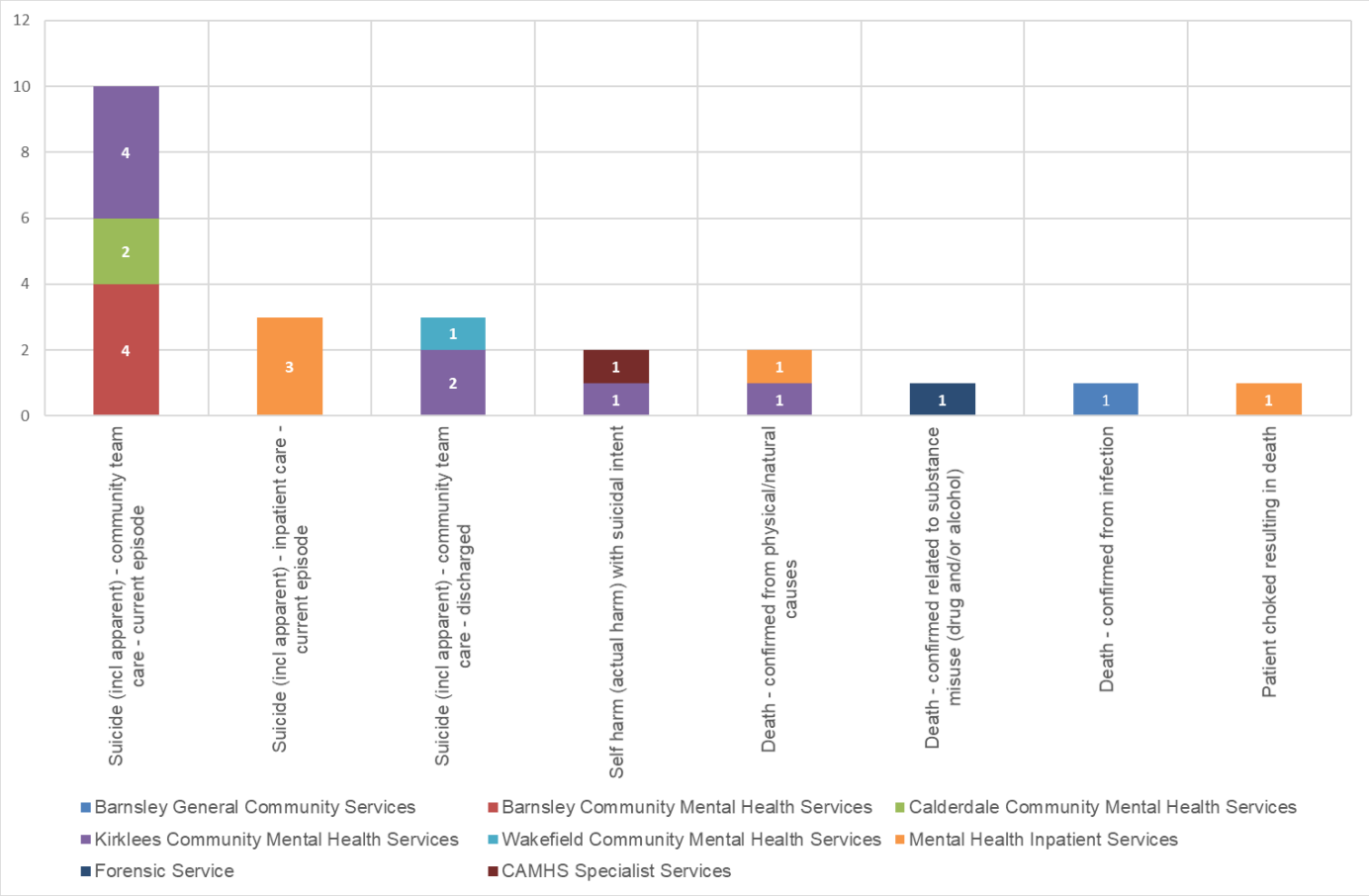


Figure 14 Serious Incidents reported during 2021/22 by BDU

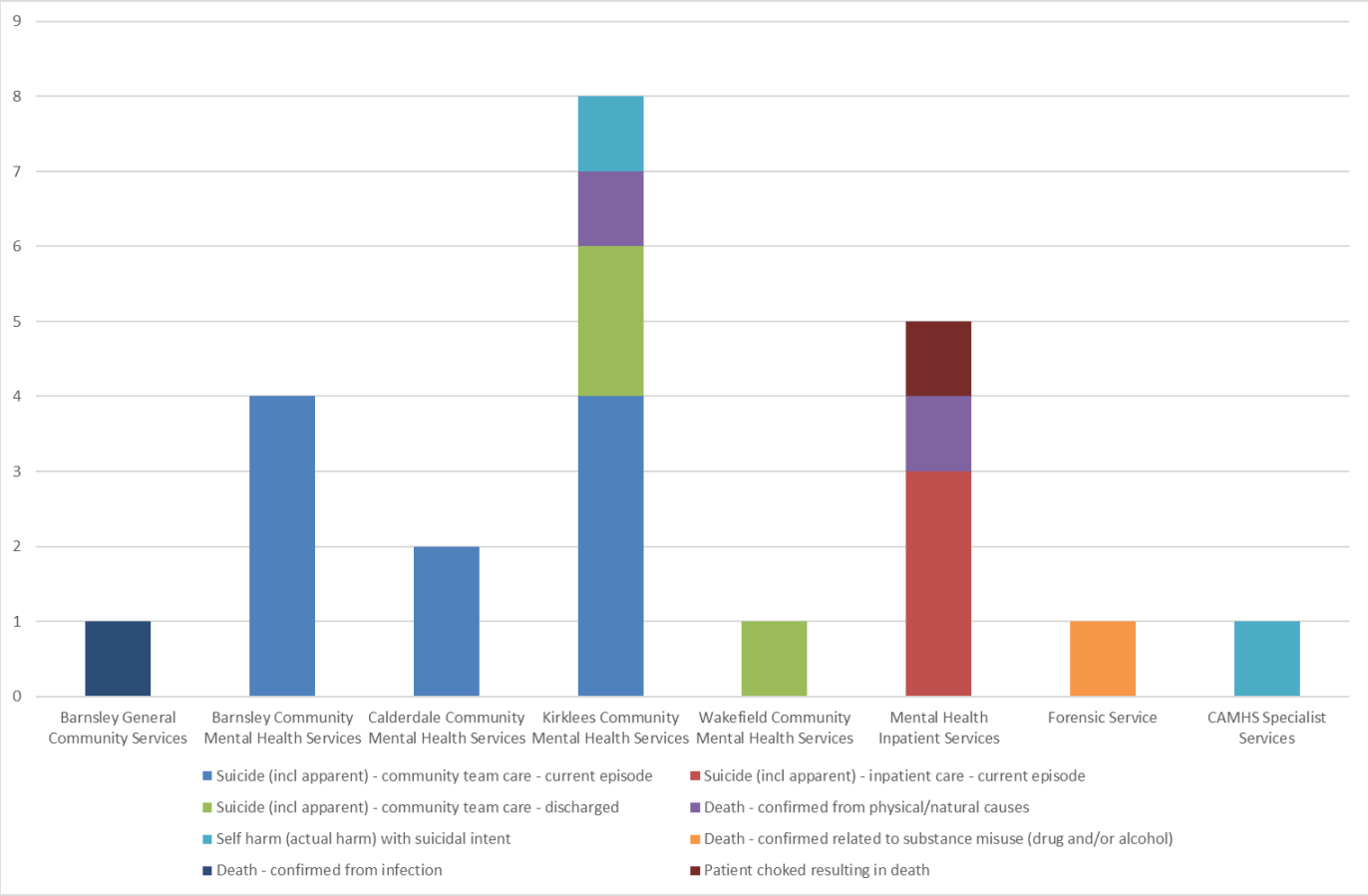


Figure 15 2021/22 Reported Serious incidents by BDU and category

Category	Barnsley General Community Services	Barnsley Community Mental Health Services	Calderdale Community Mental Health Services	Kirklees Community Mental Health Services	Wakefield Community Mental Health Services	Mental Health Inpatient Services	Forensic Service	CAMHS Specialist Services	Total
Suicide (incl apparent) - community team care - current episode	0	4	2	4	0	0	0	0	10
Suicide (incl apparent) - inpatient care - current episode	0	0	0	0	0	3	0	0	3
Suicide (incl apparent) - community team care - discharged	0	0	0	2*	1	0	0	0	3
Death - confirmed from physical/natural causes	0	0	0	1	0	1	0	0	2
Self harm (actual harm) with suicidal intent	0	0	0	1	0	0	0	1	2
Death - confirmed related to substance misuse (drug and/or alcohol)	0	0	0	0	0	0	1	0	1
Death - confirmed from infection	1	0	0	0	0	0	0	0	1
Patient choked resulting in death	0	0	0	0	0	1	0	0	1
Total	**1**	**4**	**2**	**8***	**1**	**5**	**1**	**1**	**23**

*One serious incident within this figure had an initial review that identified no service or care delivery issues and therefore did not meet the criteria for a serious incident investigation. The SI was delogged on StEIS in May 2022.

As Figures 13, 14 and 15 show, during 2021/22, the area with the highest number of SIs reported was Kirklees with 8 serious incidents, a reduction on 2020/21 (12). Please see Appendix 2 for SPC charts by BDU for SI's reported between 1 April 20 to 31 March 22.

In 2021/22, 21 of the 23 serious incidents were the death of service users, the remaining 2 were self harm incidents. In 2020/21 there were 8 deaths. In previous years there have been more serious incidents reported that did not result in patient death, such as hostage situations, serious violence and aggression incidents and homicide. In 2021/22 there have been less incidents of this type that met the criteria for SI reporting.

Mental Health Inpatient Services BDU have the second highest number of incidents recorded (5 SIs). All 5 SI's were deaths; one death due to physical/natural causes at the general hospital following a fall on the mental health inpatient ward, one death on the mental health inpatient ward due to choking, two deaths of inpatients, by apparent suicide, occurring on two different inpatient wards in Wakefield. There was one death of an inpatient, by apparent suicide that occurred whilst the service user was on leave from the inpatient ward.

Wakefield Community Mental Health Services has seen a reduction in the number of serious incidents (1). This involved the apparent suicide of a discharged patient.

Forensics had one serious incident, a reduction on 2020/21 (2). This was the death of an inpatient due to substance misuse that occurred after the service user had absconded whilst on escorted leave in the hospital grounds.

Calderdale Community Mental Health Services had two serious incidents, both of which were apparent suicides of community patients under current care.

Barnsley Community Mental Health Services had four serious incidents, all apparent suicides of community patients under current care.

Barnsley General Community reported one SI in 2021/22. This was a death related to Covid 19 acquired on the general inpatient unit during an outbreak. This was investigated by the Infection Prevention and Control Team in line with national guidance.

Child and Adolescent Mental Health Services had one SI relating to serious self harm resulting in moderate harm.

Figure 16 shows all reported serious incidents by reporting team (primary involvement at time of the incident) and financial quarter. It should be noted that some incidents involve several other teams.

Figure 16 Serious Incidents reported by Team and financial quarter

Team	Q1 2021/22	Q2 2021/22	Q3 2021/22	Q4 2021/22	Total
Enhanced Team South 2 - Kirklees	0	0	1	1	2
Intensive Home Based Treatment Team (IHBTT) - Barnsley	1	0	1	0	2
Enhanced Team North 2 - Kirklees	1	0	1*	0	2
Core Team - Barnsley	1	0	0	0	1
Neuro Rehab Unit - Barnsley	0	0	1	0	1
CAMHS (Barnsley)	1	0	0	0	1
Early Intervention Service (Insight) - Kirklees	1	0	0	0	1
Psychiatric Liaison Service, Wakefield	0	1	0	0	1
Elmdale Ward	0	1	0	0	1
Enhanced Team West - Kendray, Barnsley	0	0	1	0	1
Enhanced Lower Valley Team - Calderdale	0	1	0	0	1
Intensive Home Based Treatment Team (Kirklees)	0	0	1	0	1
Enhanced Team North 1 - Kirklees	0	0	1	0	1
Priestley Ward, Newton Lodge	1	0	0	0	1
Walton PICU	0	0	1	0	1
Stanley Ward, Wakefield	0	0	1	0	1
Ward 18, Priestley Unit	1	0	0	0	1
Assessment and Intensive Home Based Treatment Team / Crisis Team - Calderdale	0	1	0	0	1
Ashdale Ward	1	0	0	0	1
Enhanced Team South 1 - Kirklees	0	1	0	0	1
Total	**8**	**5**	**9***	**1**	**23**

*One serious incident within this figure had an initial review that identified no service or care delivery issues and therefore did not meet the criteria for a serious incident investigation. The SI was delogged on StEIS in May 2022.

Breakdown of all Serious Incidents

Deaths (apparent suicides and unexpected deaths)

Of the 23 serious incidents reported, 21 related to the death of a service user as mentioned earlier. Please note this is not all deaths that were reported on Datix, only those reported on StEIS.

Figure 14 shows the apparent category of death. This is extracted from Datix and was correct at the time of writing, based on information known at the time. This is subject to change as more information comes to light or inquest conclusions are received. Apparent suicide is based on the circumstances of death.

Apparent Suicide

Of the 21 deaths reported as serious incidents, 16 were apparent suicides. Three of these occurred whilst under the care of inpatient settings. Further detailed analysis of all apparent suicides in 2021/22 will be available in Autumn 2021.

Unexpected deaths

Of the 21 deaths, five were unexpected deaths, but suicide was not indicated. In most cases, the cause of death and/or coroner's conclusion is awaited. One related to substance misuse, two deaths due to physical/natural causes, one due to choking and one death due to covid-19.

It can take a significant amount of time for the cause of death to be identified through the coroner's office. However, irrespective of the outcome, this does not prevent the investigation being completed.

Self-harm/attempted suicide

During 2021/22 there were two serious self-harm incidents. One case was a self strangulation by a patient in their own home. The remaining self harm incident involved a patient who was struck by a moving vehicle.

Affected party demographics

Appendix 1 provides a breakdown of some protected characteristics of those affected in these serious incidents.

Section 3 - Findings from Serious Incident Investigations completed during 2021/22

This section of the report focusses on the **23** serious incident investigation reports which were completed and submitted to the relevant commissioner during the period 1 April 2021 to 31 March 2022. Please note this is not the same data as those reported in this period (see Section 3) as investigations take a number of months to complete. The term 'completed' is used in this section to describe this.

- 23 serious incident investigations completed (40 2020/21)
- 127 associated actions (185 in 2020/21)
- All investigations include a recommendation to share learning
- Top 3 action themes:
  1) Record keeping
  2) Risk Assessment
  3) Staff education, training, and supervision

Headline data

Of the 23 serious incidents investigation reports completed and submitted to the relevant commissioner between 1 April 2021 and 31 March 2022, there were 127 actions made (compared with 185 during 20/21).

Of the 23 Serious incident investigations completed between 1 April 2021 to 31 March 2022, one was completed within the 60 working days. The 60 working days timescale for completing a Serious Incident investigation was suspended in March 2020 due to Covid 19 and remains suspended at 26/4/2022. The progress of all Serious Incident Investigations continues to be reviewed weekly in the Patient Safety Support team. We have continued to liaise with commissioners to agree extensions throughout the year, despite the timescales being suspended. We have also liaised with families to ensure they are aware of delays in completion of investigations.

All serious incident investigations including a standard recommendation to share learning. This increases the number of actions.

One incident investigation can generate a high number of actions. The breakdown by BDU and team type is shown in figures 17 and 18.

Figure 17 Breakdown of the number of Serious Incidents completed in 2021/22 per BDU, compared with the number of actions

BDU	SI investigations completed	SI actions
Barnsley General Community Services	1	1
Kirklees Community Mental Health Services	6	22
Barnsley Community Mental Health Services	2	6
Calderdale Community Mental Health Services	2	8
Wakefield Community Mental Health Services	2	12
Forensic Service	1	6
Mental Health Inpatient Services	7	58
CAMHS Specialist Services	2	14
Total	**23**	**127**

Figure 18 Breakdown of the number of Serious Incidents completed in 2021/22 per team type, compared with the number of actions

Specialty	SI investigations completed	SI actions
Acute Inpatients (Adult)	7	58
Enhanced Pathway	4	20
Early Intervention Services	3	8
Child and Adolescent Mental Health - Barnsley	2	14
Crisis/IHBTT (Adult)	2	10
Core pathway	2	4
Intensive Support Team (OPS)	1	6
Inpatient Service Low Secure (PLD)	1	6
General Community Inpatient wards	1	1
Total	**23**	**127**

Over the last three years the highest numbers of actions have arisen from apparent suicide incidents. This correlates with this being the largest type of Serious Incident reported. During 2021/22 completed serious incident investigations for apparent suicides resulted in 77 actions (61%) (Figure 19).

Figure 19 Breakdown of the number of Serious Incidents completed in 2021/22 per team type, compared with the number of actions

Action theme	Suicide including apparent (community team care)	Suicide including apparent (inpatient)	Unexpected death (inpatient)	Serious self harm	Medication	Unexpected death - community patient	Total
Sharing learning	12	3	3	2	1	1	22
Record keeping	13	4	0	1	0	2	20
Risk assessment	3	6	4	2	0	0	15
Staff education, training, and supervision	5	2	4	0	1	0	12
Communication	3	3	4	0	0	0	10
Policy and procedure - in place but not adhered to	1	1	2	2	0	1	7
Team service systems, roles, and management	2	2	0	1	1	0	6
Care delivery	2	0	2	2	0	0	6
Policy and procedures, not in place	2	1	0	1	0	0	4
Organisational systems, management issues	1	1	0	0	2	0	4
Care coordination	1	1	0	0	0	2	4
Carers/family	2	1	0	1	0	0	4
Medicine management	0	0	0	0	2	0	2
Environmental	0	2	0	0	0	0	2
Discharge/follow up	0	0	0	2	0	0	2
Physical healthcare (MH patients)	0	0	2	0	0	0	2
Care pathway	2	0	0	0	0	0	2
No recommendations	0	0	1	0	0	0	1
Patient engagement	0	1	0	0	0	0	1
Staffing issues - Other	0	0	1	0	0	0	1
Total	**49**	**28**	**23**	**14**	**7**	**6**	**127**

It is important to understand that in undertaking an investigation of an incident, the Trust takes the view that all areas for learning or improvement should be identified and lead to a recommendation being made. These general arise for review of the care and treatment and arise from care and service delivery issues, and are actions to address the contributory factors, which are not considered to be causal to the incident occurring.

The majority of the recommendations from serious incident investigations apply directly to the team or BDU involved. Each BDU lead investigator works closely with the practice governance coaches and BDUs to produce a report on learning from recommendations where further

information/breakdown about each BDU and the lessons learnt is presented. This is called 'Our learning journey from incidents'. This will be available separately.

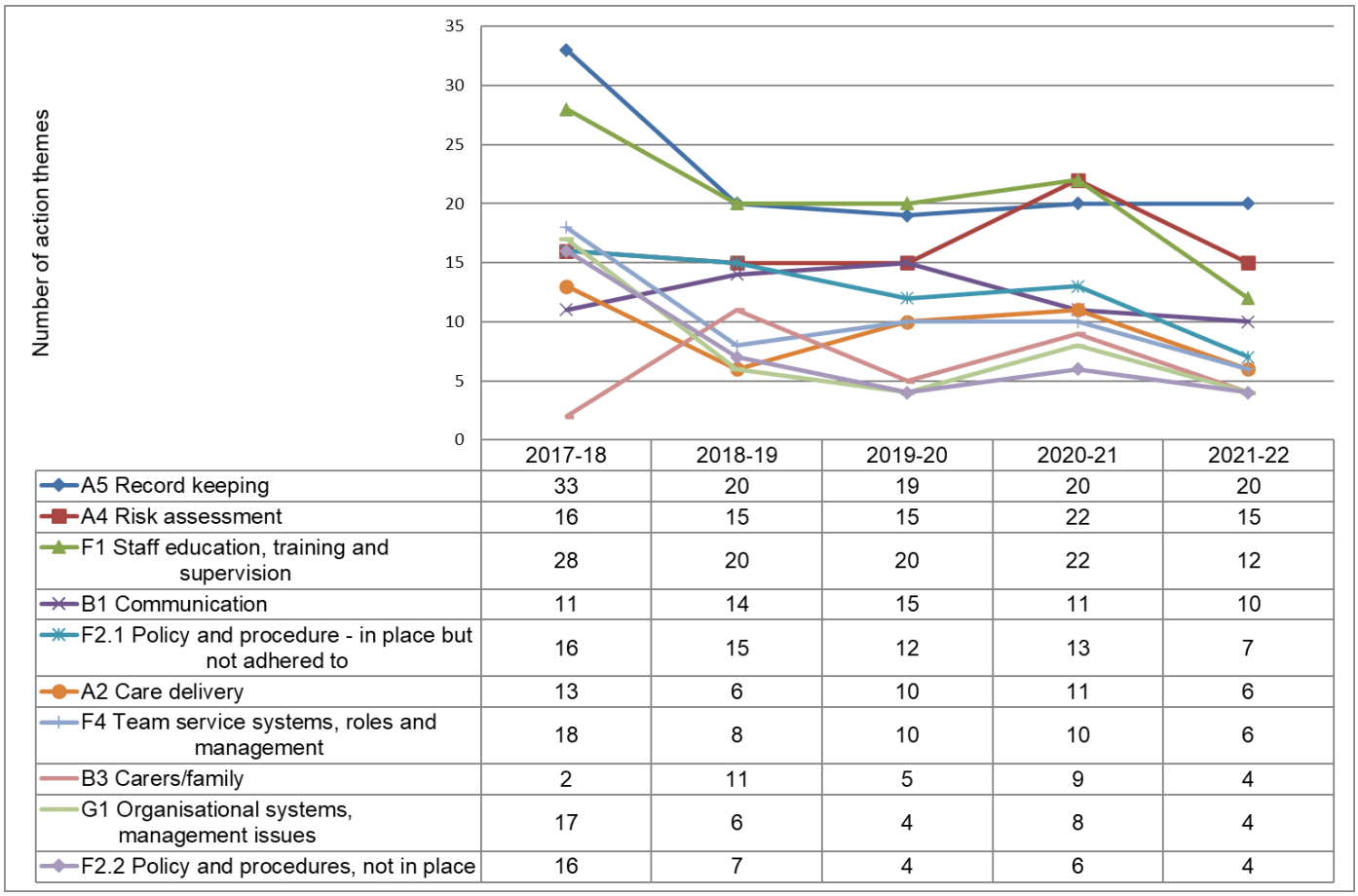
Categorisation of actions

Each action is given a theme to capture the issue/theme that best matches the action from a pre-designed list of approximately 20 themes, this supports analysis of the actions. Asub-theme is also added to group similar issues together. In an attempt to gain consistency, this is undertaken by the Lead Serious Incident Investigators. The recording of themes and sub-themes is subjective and is not always straightforward to identify which theme/sub-theme an action should be given. Some do not easily fit into any one theme and could be included under more than one.

The types of SIs completed within the year affects the action themes, for example, an Information governance serious incident, is more likely to have actions related to organisational systems, increasing that figure.

The top 10 action themes have been reviewed over the last five financial years for comparison. As shown in Figure 20, staff education, training and supervision, risk assessment and record keeping have remained the three most common themes.

Figure 20 Top 10 action themes in the 5 years between 1/4/2017 and 31/3/22



	2017-18	2018-19	2019-20	2020-21	2021-22
A5 Record keeping	33	20	19	20	20
A4 Risk assessment	16	15	15	22	15
F1 Staff education, training and supervision	28	20	20	22	12
B1 Communication	11	14	15	11	10
F2.1 Policy and procedure - in place but not adhered to	16	15	12	13	7
A2 Care delivery	13	6	10	11	6
F4 Team service systems, roles and management	18	8	10	10	6
B3 Carers/family	2	11	5	9	4
G1 Organisational systems, management issues	17	6	4	8	4
F2.2 Policy and procedures, not in place	16	7	4	6	4

In 2020/21 the top three most common action themes were record keeping' 'risk assessment' and 'staff education, training and supervision'. These are consistent with the top 3 themes in previous years. Below is a summary of the recommendations identified within these themes; these have been grouped together (subthemes). There is natural overlap between themes and subthemes. Data can be extracted from Datix by subtheme and drilled into.

Learning and Improvement

The Patient Safety Support Team have been developing methods of sharing actions from SI investigations with policy leads to aid changes that may be required:

- Investigators contact policy leads to raise issues and discuss when identified.
- Data from all themes from actions is extracted from Datix on a 3 monthly basis and is available to use as a data resource for policy leads to use through the Trust's Clinical Policy Ratification Group. This will be monitored and amended as this progresses.

The Patient Safety Support Team have also commenced quality improvement work to explore whether it would be feasible to add a secondary link to trust groups/specialist areas/workstreams as a way to align the themes, underlying sub-themes and organisational links to enable easier access to the data by all stakeholders. The breakdown of the top 3 primary themes below, demonstrates the secondary themes within them. Where possible, themes have been linked to existing Trust workstreams. It has also been identified that a change to add multiple sub-themes may be beneficial.

As an example, an action with a primary theme of Staff knowledge and skills may have identified because of issues relating to risks and care planning about choking. This could have a number of secondary themes such as risk assessment, care planning, choking, patient safety. All themes would be available in a dataset that could be interrogated by those groups. This could be tested using PDSA methodology.

This has been developed using this review of the top 3 primary themes.

Ideally, each primary and secondary theme would have an organisational 'owner' (group or person/s) who would take responsibility for regular review of new content for wider learning for improvement. The Patient Safety Incident Response Framework (PSIRF) implementation during 2022 will bring the requirement to have clear improvement plans for specific areas which may include areas such as themes from SIs. The work for PSIRF is work is currently being scoped ahead of the framework becoming finalised during 2022. It is expected that implementation will be a phased approach.

1) Record keeping:

Record keeping has remained within the top 3 action themes in the last eight years. There were 20 actions relating to record keeping. Where possible these have been grouped by broad sub-theme:

Figure 21 Record Keeping - Subtheme by BDU

Theme and Subtheme	Barnsley General Community Services	Barnsley Community Mental Health Services	Calderdale Community Mental Health Services	Kirklees Community Mental Health Services	Wakefield Community Mental Health Services	Mental Health Inpatient Services	Forensic Service	CAMHS Specialist Services	Total
CPA documentation	0	0	3	1	0	0	0	0	4
Monitoring Compliance of the Clinical Record Keeping	0	1	0	0	2	1	0	0	4
MDT discussion / Recording	0	1	1	0	0	1	0	0	3
Communication with patient / documenting	0	1	0	0	0	0	0	1	2
Family and carer details	0	0	0	0	0	1	0	0	1
Discharge	0	0	0	0	0	0	0	1	1

Consent to share information	0	0	1	0	0	0	0	0	1
Changes in risk	0	0	0	0	0	1	0	0	1
Care plan	0	0	0	0	1	0	0	0	1
Communication with other agencies	0	0	0	0	0	1	0	0	1
Crisis/contingency plan	0	0	1	0	0	0	0	0	1
Total	**0**	**3**	**6**	**1**	**3**	**5**	**0**	**2**	**20**

Below is a summary of the actions identified:

CPA documentation

For all Enhanced Pathway Practitioners to be reminded that all CPA documentation (including new comprehensive assessments, care plans, etc) are completed as per Trust policies and standard operating procedures for any service user who is referred and accepted on the Enhanced Pathway, with assurance provided for the ongoing monitoring of this.

In-patient service to ensures that when staff are using pre agreed templates within records that they copy and paste in blank ones rather than from within patient record system and that this is included within a schedule of monitoring and assurance checks within the inpatient unit.

The Trust Care Programme Approach policy regarding the recording of Standard Care Reviews should be reviewed and updated.

Standard Care Annual Reviews should be clearly identified in the progress notes

Monitoring Compliance of the Clinical Record Keeping

To ensure that all Core Pathway Team Practitioners regularly check clinical documentation following any transfer of care to a differing Lead Health Care Professional to enable any missing documentation or need for documentation to be reviewed, updated, or completed.

Written records were incomplete. There was no up to date Comprehensive assessment, Crisis and Contingency plan, current care plan or risk assessment.

Standards for record keeping are upheld and that clear evidence of at least annual review is present to embed quality of practice and upholding of policy.

All Intensive Home-Based Treatment Team practitioners to be advised that clinical documentation and risk assessments should be completed as per the Trust guidance on Record Keeping and the Trust policy for assessing and documenting risks.

The service should also provide assurance that there are processes in place for quality auditing clinical records and practitioners have access to further training if needed.

Communication with patient / documenting

Mental health professionals assessing the risk of self-harm and suicidality in individuals who were intoxicated at the time of the incident should demonstrate that they have discussed with the individual the precipitating factors and feelings and the plans that they had made prior to the incident.

All contact with the service user or their family (or equivalent) should be documented in their clinical notes.

MDT discussion / Recording

When a service user is to be transferred to another ward within the Trust, both the rationale and decision-making process should be documented in the service users' clinical notes.

For the Enhanced Pathway Team to review and address the current process of how and where MDT and FACT information is recorded and saved within the clinical records currently and a review of any current requirements for additional admin support within the team, with assurance provided by the service that information in relation to service users subject to the FACT model is clearly highlighted, accurate and relevant within the SystmOne clinical records.

Care co-ordinator or designated other to ensure that care records are updated following discussion at FACT Meetings to ensure accuracy and that all clinical records provide detail of clinical discussions and decisions made.

Family and carer details

Clinical record keeping should specifically capture the service user's choice in terms of who will be their main point of contact for information sharing and main source of support. A record should be made of the feedback given by family / friends / significant other on return from periods of leave and when they have communicated with the ward.

Discharge

Where a decision is made to discharge a service user from the care of the Child and Adolescent Mental Health Service the rationale for this should be documented in their clinical notes.

Consent to share information

It is recommended that the Inpatient Team complete and update the consent to share section of SystmOne for all inpatient service users admitted and assurance provided by this service for the ongoing monitoring of this.

Changes in risk

Within the multi-disciplinary team (MDT) template (ward rounds) it is recommended that the quality of detail captured regarding risk, changes to risk, discharge planning and risk management be monitored as part of the identified quality assurance and monitoring process established on the ward.

Care plan

There were comprehensive records made within Care Director, the local Authority System, documenting a review as well as a care and support plan but this was not recorded on Systm One, the primary recording system.

Communication with other agencies

The care records should always be updated to document all relevant email communication received by the medical team which has taken place between third parties. This will ensure that an accurate and complete record is in place.

Crisis/contingency plan

An initial Intensive Home Based Treatment Team Staying Safe Care Plan should be formulated and recorded in the electronic record within 24 hours.

2) *Risk Assessment issues:*

Risk assessment issues have been in the top three in the last three years. There were 15 actions relating to risk assessment. These have been grouped by broad sub-theme:

Figure 22 Record Assessment issues - Subtheme by BDU

Theme and Subtheme	Barnsley General Community Services	Barnsley Community Mental Health Services	Calderdale Community Mental Health Services	Kirklees Community Mental Health Services	Wakefield Community Mental Health Services	Mental Health Inpatient Services	Forensic Service	CAMHS Specialist Services	Total
Record keeping and Documentation	0	0	0	0	0	4	2	2	8
Monitoring Compliance of the Clinical Record Keeping	0	0	0	2	0	0	0	0	2
Changes in risk	0	0	0	1	0	1	0	0	2
Inadequate exploration of risk	0	0	0	0	0	1	0	0	1
Safeguarding	0	0	0	0	0	1	0	0	1
Standard Operating Procedures	0	0	0	0	0	1	0	0	1
Total	**0**	**0**	**0**	**3**	**0**	**8**	**2**	**2**	**15**

Below is a summary of the actions identified:

Record keeping and Documentation

The service should provide assurance that their risk assessments are being completed in line with Trust policy.

To ensure that when risk information is documented in the progress notes the risk assessment is updated at the same time

As part of ongoing quality assurance and monitoring process an audit is completed to assess the quality of information and the detail within risk assessments and screening tools and actions taken to improve, where appropriate.

Risk assessments which indicate patients are at risk of suicide or high risk self-harm should aim to specify methods, any previous suicidal attempts, and any planning.

The service should review their existing processes for the completion of risk assessments by psychiatrists

Staying Safe plans should be timely, collaborative and contain personalised strategies to support patients with identified risks and include information on triggers and vulnerability factors for those risks. These should be kept under review aligned with the process of dynamic risk assessment.

Ensure that clinical care discussions around positive risk taking are clearly documented within the clinical records, as part of a formulated risk assessment including any crisis management and keep safe/keep with the aims of improving collaborative care planning and sharing information across the wider teams

The service to clarify the expected standards for RAMP completion and communicate this to staff.

The service to complete an audit of RAMP assessments completed for all service users to ensure practice meets the expected standard and that a monitoring schedule is in place to monitor this.

Monitoring Compliance of the Clinical Record Keeping

As part of the ongoing inpatient quality monitoring and assurance on the application of Formulation Informed Risk management (FIRM) the ward should ensure that a quality check on the quality of information contained within FIRM Risk tool is completed at regular intervals.

To provide assurance that processes are in place that ensure all service users accepted on the enhanced care pathway have a risk assessment in place within expected timeframes and that risk assessments are updated when required in line with Trust policies.

Changes in risk

Staff completing risk assessments should consider both historical and current risks which should inform safety plans. The relationship between risk assessment and safety planning should be collaborative and dynamic.

In-patient service should ensure that risk assessments are reviewed and updated whenever there are changes in clinical risk as per the Clinical Risk Assessment, Management and Training Policy and that this is included within a schedule of monitoring and action planning.

Inadequate exploration of risk

The requirement for repeat falls risk assessments following a fall and the need to undertake the Post Falls Protocol as per the National Patient Safety Agency Rapid Response Report Guidelines must be reinforced with all inpatient staff. The ward should provide assurance that this is taking place. Consideration should be given to conducting an audit.

Safeguarding

The risk of vulnerability and exploitation should be monitored when patients spend large sums of money on each other.

Standard Operating Procedures

The use of a choking screening assessment should be standard practice for this ward and other trust wide in-patient environments

3) Staff education, training, and supervision:

Staff education, training and supervision has remained within the top 3 action themes in the last eight years. There were 12 actions relating to Staff education, training, and supervision. Where possible these have been grouped by broad sub-theme:

Figure 23 Staff education, training, and supervision- Subtheme by BDU

Theme and Subtheme	Barnsley General Community Services	Barnsley Community Mental Health Services	Calderdale Community Mental Health Services	Kirklees Community Mental Health Services	Wakefield Community Mental Health Services	Mental Health Inpatient Services	Forensic Service	CAMHS Specialist Services	Total
Safeguarding	0	0	0	0	3	0	0	0	3
Various training	0	0	0	0	0	1	1	0	2
Knowledge and Skill Gap	0	0	0	1	0	1	0	0	2
Environmental safety	0	0	0	0	0	1	0	0	1
Risk assessment	0	0	0	0	0	1	0	0	1
Operational policy	0	0	0	0	0	1	0	0	1
Supervision	0	0	0	1	0	0	0	0	1
Support for staff	0	0	0	0	0	1	0	0	1
Total	**0**	**0**	**0**	**2**	**3**	**6**	**1**	**0**	**12**

Below is a summary of the actions identified:

Safeguarding

For practitioners from both services to ensure that where Domestic Abuse / Domestic Violence / Controlling & Coercive Behaviours / Threats to Kill have been identified, then these are addressed in line with guidance within Trust policies in relation to Safeguarding Adults, Domestic Abuse / Violence, and the Trust Threats to Kill guidance, with appropriate support offered to the victim in conjunction with any other mental health related recommendations and interventions. If out of hours, specialist Safeguarding advice should be sought as soon possible when available and if required.

For both services to ensure all practitioners are aware of and have available and easy access to the Trust Guidance for Healthcare Practitioners in Relation to Threats to Kill (December 2020) where threats to kill have been identified.

For the Intensive Home-Based Treatment Team service to access the West Yorkshire Quality Mark Domestic Abuse training offered by the Trust Safeguarding team and the Psychiatric Liaison Team service to access refresher training if needed

Various training

Epilepsy Awareness training be provided Trust-wide to understand different seizure type, understand the importance of concordance with

the medication regime, first aid, safety considerations, and other key learning needs, due to the prevalence of Epilepsy in the Learning Disability population and in people with mental health conditions.

It is proposed that the training is included within the Essential to job role training for all Trust in-patient staff (registered and non-registered) potentially working with service users with Epilepsy on a clinical basis."

The managers and leaders of the Trust Bank staffing resource should be able to access regular reports describing the compliance of bank staff with mandatory training requirements

There should be evidence of robust systems in place to ensure that compliance is monitored and the need for individual adherence to the required standards reinforced through supervision.

Knowledge and Skill Gap

Awareness of the association between the increased risk of choking deaths and mental illness, particularly schizophrenia should be raised and taken into consideration on this specific ward and in all in-patient areas. It is suggested that the Blue Light Alert issued in July which describes this increased risk should be reinforced with all staff

It is recommended that in keeping with high quality supervision standards that managerial and clinical supervision includes the reflection in practice of operational policies and procedures to help guide and inform staff decision making on care and treatment provided to EIP service users.

Environmental safety

Further work should be undertaken to ensure that staff are confident to operate the anti-barricade doors.

Risk assessment

Managers who are reviewing incidents as part of the DATIX review process should receive training in spotting and addressing ligature risks.

Operational policy

The most up to date information and guidance on the screening and management of Covid-19 Infection should be shared with all in-patient staff.

Supervision

It is recommended that all staff allocated to working with EIP service users who do not have a background training in CBT are provided with structured specialist clinical supervision from suitably trained therapists to enable them to manage individual care needs, safely and appropriately.

Support for staff

Develop a formal process for ensuring that staff are competent with the medications they are administering. This may form part of the quality work already commenced with pharmacy colleagues. Work will be undertaken to ensure that this training can be captured on Electronic Staff Record.

Completion of actions

Between 1 April 2021 and 31 March 2022 there were 127 actions, arising from 23 completed Serious incidents investigations. Figures 23 and 24 shows the progression with completion of actions at the date of extraction from Datix (14/04/2022):

- 105 actions had been completed (83%)
- 6 actions had not reached the due date at the time of preparing this report (5%)
- 16 actions had passed the due date (overdue) at the time of reporting (12%). BDU's are asked for rationale for not completed in the timescale given and record this on Datix in the progress and monitoring section on Datix within the action record. Actions are reviewed and progress monitored at BDU governance groups/SI sub groups.

Figure 24 Serious Incident actions from SI investigations completed during 2021/22 by completion status and BDU (at 14/4/22)

BDU	completed within timescale	completed over the timescale	not yet due	not yet completed overdue original timescale	Total
Mental Health Inpatient Services	5	45	1	7	58
Kirklees Community Mental Health Services	3	16	0	3	22
CAMHS Specialist Services	3	7	4	0	14
Wakefield Community Mental Health Services	6	6	0	0	12
Calderdale Community Mental Health Services	2	3	1	2	8
Barnsley Community Mental Health Services	4	2	0	0	6
Forensic Service	1	1	0	4	6
Barnsley General Community Services	1	0	0	0	1
Total	**25**	**80**	**6**	**16**	**127**

Figure 25 Serious Incident actions that are overdue completion from SI investigations completed during 2021/22 by BDU and time period overdue (at 14/4/22)

BDU	Working days overdue				Total overdue
	1 - 30 working days overdue	31 - 60 working days overdue	61 - 90 working days overdue	91 - 200 working days overdue	
Mental Health Inpatient Services	3	4	0	0	7
Forensic Service	4	0	0	0	4
Kirklees Community Mental Health Services	0	0	1	2	3
Calderdale Community Mental Health Services	2	0	0	0	2
Total	**9**	**4**	**1**	**2**	**16**

Section 4 Learning from healthcare deaths

Introduction

Scrutiny of healthcare deaths remains high on the Government's agenda. In line with the National Quality Board report published in 2017, the Trust has a Learning from Healthcare Deaths policy which sets out how we identify, report, investigate and learn from a patient's death. The Trust has been reporting and publishing our data on our website since October 2017.

Most people will be in receipt of care from the NHS at the time of their death and experience excellent care from the NHS for the weeks, months and years leading up to their death. However, for some people, their experience is different, and they receive poor quality care for a number of reasons including system failure.

The Five Year Forward View for Mental Health identified that people with severe and prolonged mental illness are at risk of dying on average 15 to 20 years earlier than other people. Therefore, it is important that organisations widen the scope of deaths which are reviewed in order to maximise learning.

The Confidential Inquiry into premature deaths of people with learning disabilities showed a very similar picture in terms of early deaths.

The Trust worked collaboratively with other providers in the North of England to develop our approach. The Trust will review/investigate reportable deaths in line with the policy. We aim to work with families/carers of patients who have died as they offer an invaluable source of insight to learn lessons and improve services.

The Trust has a representative from the Patient Safety Support Team who attends the Regional Mortality Meeting which are held quarterly. This meeting facilitates the dissemination of good practice around learning from deaths with sharing of processes that other trusts have in place to review deaths and improve care.

All deaths that are in scope are reported to Trust Board each quarter. The latest reports are published on the Trust website when approved.

Scope

The Trust has systems that identify and capture the known deaths of its service users on its electronic patient administration system (PAS) and on its Datix system where the death requires reporting.

The Trust introduced our Learning from healthcare deaths policy in 2017. Staff report deaths where there are concerns from family, clinical staff or through governance processes and where the Trust is the main provider of care. This is what we refer to as 'in scope deaths' (further details are available in the Learning from Healthcare Deaths policy). The policy has continued to be reviewed and updated to reflect national guidance.

Learning from Healthcare Deaths reporting

During 2021/22, 3473 deaths (row one in Figure 26) were recorded on our clinical systems (figure correct at 11/4/2022). This figure relates to deaths of people who had any form of contact with the Trust within 180 days (approx. 6 months) prior to death, identified from our clinical systems through Business Intelligence software. This includes services such as end of life, district nursing and care home liaison services. Of note , the Trust was not the main provider of care at the time of death for a large number of cases,.

Figure 26 Summary of 2021/22 Annual Death reporting by financial quarter*

	2020/21 total	21/22 Q1	21/22 Q2	21/22 Q3	21/22 Q4	2021/22 Total
1) Total number of deaths reported on SWYPFT clinical systems where there has been system activity within 180 days of date of death	4217	800	921	943	809	**3473**
2) Total number of deaths reported on Datix by staff (by reported date, not date of death) and reviewed	411	91	99	99	115	**405**
3) Total Number of deaths which were in scope	335	77	74	67	89	**308**
4) Total Number of deaths reported on Datix that were not in the Trust's scope	76	14	25	32	26	**97**

*Data extracted from Business Intelligence Dashboards and Datix risk management systems. Data is refreshed each quarter so figures may differ from previous reports. Data changes where records may have been amended or added within live systems. Dashboard format and content as agreed by Northern Alliance group

Not all these deaths were reportable as incidents on Datix. Row 2 in Figure 26 shows that 405 deaths were reported on Datix in the year, with the quarterly breakdown. The yearly total is a small reduction of 2020/21 (411).

All deaths reported on Datix are reviewed by the patient safety support team to ensure they meet the scope criteria. For 2021/22, 308 deaths (a reduction on 2020/21) were in scope and subject to one of the 3 levels of scrutiny the Trust has adopted in line with the National Quality Board guidance (figure 27):

Figure 57 National Quality Board Levels of mortality scrutiny

In scope deaths should be reviewed using one of the 3 levels of scrutiny:		
Level 1	Death Certification	Details of the cause of death as certified by the attending doctor.
Level 2	Case record review	Includes: (1) Managers 48-hour review (first stage case note review) (2) Structured Judgement Review
Level 3	Investigation	Includes: Service Level Investigation Serious Incident Investigation (reported on STEIS) Other reviews e.g., Learning Disability Review Programme (LeDeR), safeguarding.

Each quarter, there are a number of reported deaths that do not meet the Learning from Healthcare Deaths reporting criteria which receive no further review. These are not in scope and are not included in the data report, although the record remains on Datix.

For the purpose of this section, the date of reporting on Datix is used rather than the date of death. This is to ensure all deaths are systematically reviewed. The figures may differ from other sections of the report.

Figure 28 below shows a Statistical Process Control chart of all reported deaths (by reported date) between 1/1/2020-31/3/2022. The peak in April 2020 is at the upper confidence limit and moving into special cause variation, this coincides with the peak of the first wave of the pandemic, and more deaths were reported at this time. Throughout the rest of the period, numbers have varied over time with some higher numbers around the times of other pandemic peaks.

Figure 28 Statistical Process Control Report of all deaths reported 1/1/2020 – 31/3/2022 by date reported

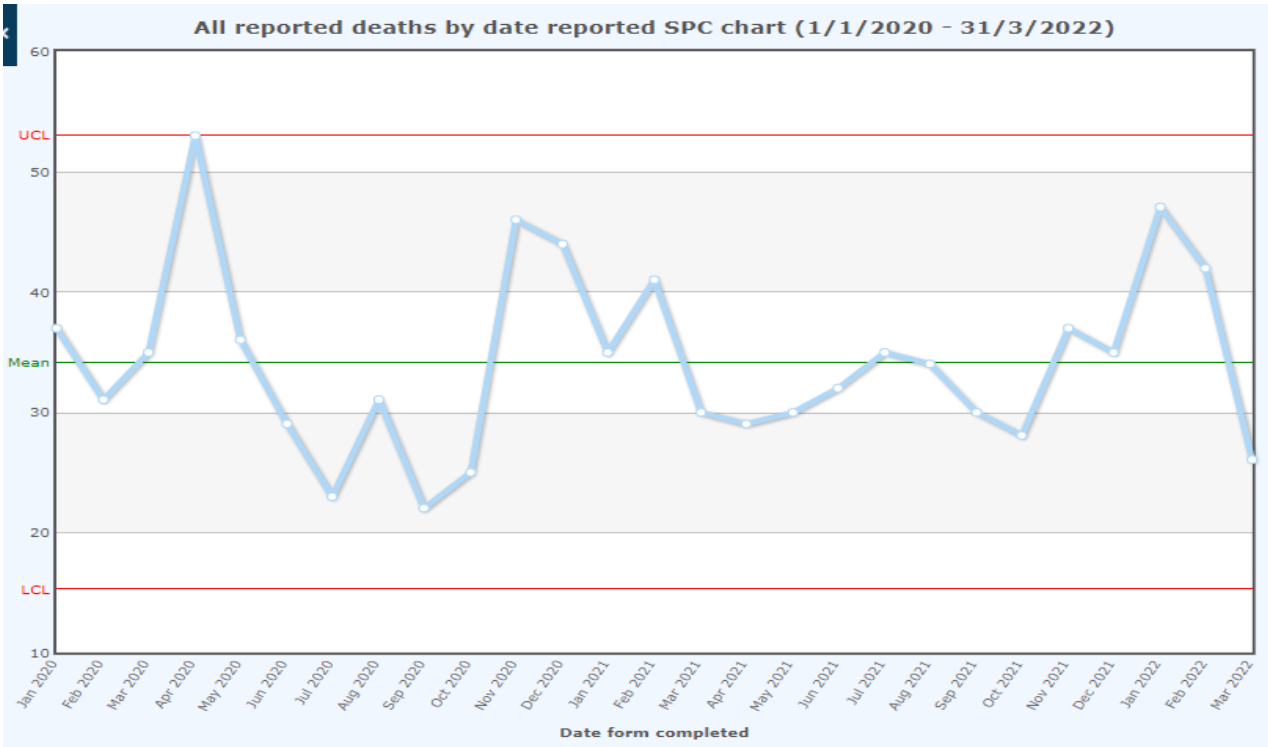


Figure 29 show the 308 in scope deaths reported by BDU, and figure 30 by the review process followed in line with the National Quality Board levels of scrutinty, described earlier. These are reported against the financial quarter in which the death was reported.

Figure 29 In scope deaths reported by financial quarter and BDU

Financial quarter - date reported	Barnsley General Community Services	Barnsley Community Mental Health Services	Calderdale Community Mental Health Services	Kirklees Community Mental Health Services	Wakefield Community Mental Health Services	Mental Health Inpatient Services	Forensic Services	Learning Disability services	ADHD and Autism services	Total
21/22 Q1	3	11	15	19	20	5	1	3	0	77
21/22 Q2	0	6	19	12	23	8	0	5	1	74
21/22 Q3	2	11	11	8	17	6	0	13	0	68
21/22 Q4	0	9	18	24	25	5	1	7	0	89
Total	**6**	**37**	**63**	**63**	**85**	**24**	**2**	**28**	**1**	**308**

Figure 30 Learning from Healthcare Deaths during 2021/22 by financial quarter and mortality review process

Financial quarter	Level 1	Level 2		Level 3				Total
	Death certified	Manager's 48-hour review	Structured Judgement Review (SJR)	Service Level Investigation /Significant Event Analysis	Serious Incident Investigation	Learning Disability Mortality Review (LeDeR)	Specialist Root Cause Analysis	
Quarter 1	35	13	13	4	7	5	0	77
Quarter 2	21	26	11	2	7	5	2	74
Quarter 3	21	22	4	5	3	13	0	68
Quarter 4	27	44	9	1	0	8	0	89
2021/22 total	**104**	**105**	**37**	**12**	**17**	**31**	**2**	**308**

Of the deaths 204 deaths that were subject to a level 2 case note review (173) or investigation (31 [these also included a case note review]) 165 have been completed (at the time of reporting 6/4/22) and no problem in care was identified which directly resulted in death. 39 cases remain under review at the time of reporting.

Understanding the data around the deaths of our service users is a vital part of our commitment to learning from all deaths. Working with eight other mental health trusts in the North of England Alliance, we jointly developed a policy and use a common reporting dashboard that brings together important information. The Alliance are unable to report on what are described in general hospital services as "avoidable deaths" in inpatient services. This is because there is currently no research base on this for mental health services, no satisfactory definition of 'avoidable' and no consistent accepted basis for calculating this data. We also consider that an approach that is restricted to inpatient services would give a misleading picture of a service that is predominately community focused.

Our Structured Judgement Reviews are conducted by trained reviewers from a clinical background (e.g., medicine, nursing, physio) who work outside the clinical area. The reviewer scrutinises the clinical records to review the care and treatment the individual received leading up to their death. They record their findings in a template under specific phases of care. Each phase of care is rated with supporting narrative. The reviewer also makes a judgement about whether the death was due to problems in care that resulted in harm. All completed reviews are discussed at Business Delivery Unit governance groups to agree next steps, which may include areas for improvement or further investigation.

Our investigations range from local level investigations to serious incident investigations. Investigators will review the care and treatment of the individual who died to identify any care and service delivery issues in the care received over a period of time. The focus is on human factors, systems, and processes. They will also examine if any issue led to the death occurring. Most care and service delivery issues identified are not contributory to the death occurring.

Deaths that were reported between 1/1/2020 and 31/3/2022 have been analysed using Statistical Process Control [SPC] to identify any areas of special cause variation. Data has also been interrogated to understand further details.

There are a number of factors that can affect death reporting figures when viewed over time. These include:

- The mortality data in this report is based on when deaths were reported, not when they occurred.
- The use of the date reported on Datix for reporting ensures no deaths that are retrospectively reported are missed, in line with other mental health trusts.
- Incidents reported may have occurred at an earlier date, but the report reflects when they were reported on Datix as teams became aware.
- Teams report deaths in line with the Learning from deaths policy; reporting deaths irrespective of the cause of death where there is/has been a package of care given in the previous 6 months prior to death occurring.
- Teams report deaths of discharged patients, when they are informed/identified if they have provided care in the last 6 months prior to death, e.g., request for coroner's report for a discharged patient.

Kirklees Mental Health community services

Deaths reported in Kirklees Mental Health community services have remained within normal variation between 1/1/2020 and 31/3/2022, although the reporting rate has been variable over the months. In 2021/22, there were two particular peaks, in June 2021 and February 2022, with 11 deaths reported in each month. Further examination has shown these were within the normal range. In both June 21 (11) and February 22 (11), 16 of the 22 deaths were from physical causes.

Wakefield Community Mental Health Services

Wakefield Community Mental Health BDU had the highest reporting rate of deaths in fig 29 (85). Reporting has remained consistent, with no outlying areas over time. Work has been done with the service to clarify reporting guidance, as they have historically over reported deaths. Older Peoples services CMHTs report the most deaths; this has been the same over a number of years. These teams tend to report all deaths they are aware of, including those who are under consultant only care. Patient Safety Team have done work with them to ensure the right deaths are recorded. For all deaths, the Managers 48-hour review is completed which helps determine if the death is in scope or not. Where this is unclear, the death us usually included in the figures so this may increase the figures in this area. Most deaths in these teams are certified as from a physical cause.

Learning disability deaths

Fig 29 above shows 28 deaths reported by Learning Disability Services. However, any deaths of a person who has a Learning disability is reportable on Datix, irrespective of the service they are under, in line with the Learning from Healthcare Deaths policy and national guidance.

This can be people who are under the care of teams outside of Learning Disability Services, such as Epilepsy, Dietetics, mental health services (figure 30 shows there were 31 deaths for review via Learning Disability Review Programme [LeDeR], this includes all the above). When Learning disability deaths are reviewed using SPC, reporting has remained within the normal range. As can be seen in fig 29 and 30, there were more Learning Disability deaths reported in Quarter 3.

Further exploration of these revealed that there were above average deaths reported in October 2021, but this was still within the normal variation. Over the period 1 April 2020 to 31 March 2022, by financial quarter, the number of deaths reported of people with a learning disability has ranged from 5 to 14, with the average being 10 per quarter). The factors described above affect reporting rates. In figure 29, of the 31 people who died who were recorded to have a learning disability, 17 died in acute hospital, 7 died at home, 6 in residential care home and one in a hospice. 28 deaths were confirmed to have been from physical health/natural cause. 3 cases are awaiting cause of death, but also appear to be related to physical health deterioration.

Figure 31 below shows that there are a number of learning disability deaths are pending reported to LeDeR. The system has change to an an online form rather than telephone reporting, which has made this process more difficult. Reporting gaps have been raised with the service and support offered.

Figure 31 Summary of total number of Learning Disability deaths in 2021/22 which were in scope

Financial quarter - date reported	Reported to LeDeR	Reported to LeDeR by another organisation	Pending reporting to LeDeR	Total
21/22 Q1	5	0	0	5
21/22 Q2	3	2	0	5
21/22 Q3	11	2	0	13
21/22 Q4	0	2	6	8
Total	**19**	**6**	**6**	**31**

Category of death

Figure 32 shows the reported deaths by BDU and category.

Figure 32 Reported deaths by category and BDU reported during 2021/22

	Barnsley General Community Services	Barnsley Community Mental Health Services	Calderdale Community Mental Health Services	Kirklees Community Mental Health Services	Wakefield Community Mental Health Services	Mental Health Inpatient Services	Forensic Service	Learning Disability services	ADHD and Autism Services	Total
Death - confirmed from physical/natural causes	4	18	39	41	52	15	0	20	0	189
Death - cause of death unknown/ unexplained/ awaiting confirmation	0	4	9	5	10	3	1	3	0	35
Suicide (incl apparent) - community team care - current episode	0	4	4	10	9	0	0	0	1	28
Death - confirmed from infection	1	1	2	2	5	2	0	5	0	18

Death - confirmed related to substance misuse (drug and/or alcohol)	0	5	4	0	6	0	1	0	0	16
Suicide (incl apparent) - community team care - discharged	0	4	4	5	2	0	0	0	0	15
Suicide (incl apparent) - inpatient care - current episode	0	0	0	0	0	3	0	0	0	3
Death - confirmed as accidental	0	1	0	0	1	0	0	0	0	2
Death of service user by homicide (alleged or actual)	0	0	1	0	0	0	0	0	0	1
Patient choking resulting in death	0	0	0	0	0	1	0	0	0	1
Grand Total	**5**	**37**	**63**	**63**	**85**	**24**	**2**	**28**	**1**	**308**

Inpatient deaths

Figure 33 below shows that over the year 2021/22, there were 27 inpatient deaths reported. There were no inpatient deaths relating to Learning Disability Services.

Figure 33 Trust wide Inpatient deaths in 2021/22 by date reported

BDU	Ward	Financial quarter - date reported				Total
		Q1 21/22	Q2 21/22	Q3 21/22	Q4 21/22	
Mental Health Inpatient Services	Poplars Unit, Wakefield	0	1	1	1	3
	Beechdale Ward, The Dales Unit	1	1	2	1	5
	Crofton Ward (OPS), Wakefield	1	2	0	0	3
	Willow Ward - Barnsley	1	2	0	1	4
	Ward 19 (OPS)	0	0	1	2	3
	Ward 18, Priestley Unit	1	0	0	0	1
	Stanley Ward, Wakefield	0	0	1	0	1
	Walton PICU	0	0	1	0	1
	Ashdale Ward	1	1	0	0	2
	Elmdale Ward	0	1	0	0	1
Forensic Service	Priestley Ward, Newton Lodge	1	0	0	0	1
Barnsley General Community Services	Neuro Rehab Unit - Barnsley	0	0	1	0	1
	Stroke Unit, Barnsley	0	0	1	0	1
Total		**6**	**8**	**8**	**5**	**27**

Of the 27 deaths that occurred related to SWYPFT inpatient settings:

- 12 deaths occurred at SWYPFT inpatient wards, 11 deaths occurred in an acute hospital setting and the 4 other deaths occurred at various locations (patient's home, residential care setting, hospice and at a hotel type accommodation).
- 3 deaths were related to apparent suicide. 2 of these occurred in an inpatient setting, and one at a patient's home whilst on leave from the ward. 1 further death was related to a choking incident on a ward.
- 19 of the 27 deaths were from a physical cause, with a further 3 not yet confirmed but expected to be related to a physical cause.

- 1 death was confirmed as being related to illegal substance overdose whilst absent from a ward.
- 3 deaths were related to covid infection.
- 7 of the deaths were reported as Serious Incidents.

Location of deaths

Figure 34 below shows that the top 3 locations for where patients died were acute /general hospital setting (34%), patients own home (31%) and care/residential home (52).

Figure 34 Location of deaths that were reported during 2021/21

	Q1 2021-22	Q2 2021-22	Q3 2021-22	Q4 2021-22	Total
Acute Trust / General Hospital	32	21	20	33	106
Patient's home	27	22	19	28	96
Care/Residential Home	6	19	11	16	52
Public place	3	2	6	3	14
Unknown	4	7	2	1	14
Inpatient facility (SWYPFT)	1	1	7	3	12
Hospice	1	2	2	3	8
Hotel/B&B	1	0	1	1	3
Other mental health provider (not SWYPFT)	1	0	0	1	2
Patient's workplace	1	0	0	0	1
Total	**77**	**74**	**68**	**89**	**308**

Where the location of death is unknown, this is often because we identify a patient has died from a third-party update on the clinical record.

Causes of death

In terms of causes of death, the table below shows the broad cause of death for the 308 patients who died. The highest type of cause of death recorded was from a physical cause, including expected and unexpected deaths.

Figure 35 Causes of death for in scope deaths recorded during 2021/22 by geographical area (note this is not BDU)

	Barnsley	Calderdale	Kirklees	Wakefield	not recorded	Total
Apparent suicide	7	8	14	12	1	42
Physical cause	33	51	50	68	0	202
Covid related	3	5	1	4	0	28
Substance misuse	2	1	2	5	0	13
Overdose	2	0	1	2	0	10
Toxicity	0	1	0	2	0	5
Accidental	1	0	0	2	0	3
Choking	0	0	1	0	0	3
not known	4	8	9	6	1	1
Homicide	0	1	0	0	0	1
Total	**52**	**75**	**78**	**101**	**2**	**308**

Deaths reported as SIs

Of the 308 in scope deaths reported on Datix between 1 April 2021 and 31 March 2022, 17 were reported as serious incidents.

Please note this figure will not necessarily match those reported in the Serious Incident section of this report due to the use of different dates for different processes (Serious incident reporting uses date reported on STEIS; mortality uses date reported on Datix).

Apparent suicides

The apparent suicides will be reported on further in the Apparent Suicide annual report which will be available later in the year. The figures will be based on the live data, so may not match figures in this report.

Next Steps

Our work to support learning from deaths continues, and includes:

- As part of the continued development of processes to support bereaved families and carers we have been successful in a new post of Family Liaison Professional. The post will provide support to newly bereaved individuals, supporting the Business Delivery Units and staff who have bereavement link roles in ensuring that bereaved families and carers are engaged and supported, by giving them the opportunity to raise questions and share any concerns they may have in relation to the quality of care received by their family member. The job description and person specification are currently be developed.
- Thematic review and analysis of learning from deaths findings.
- Further development of internal processes and consistency in data collection.
- Networking continues via the Regional Mortality Meeting which is led by the Improvement Academy to share best practice in relation to the scrutiny/review/learning from deaths.
- Embedding best practice and national guidance into the Trust Learning from Deaths policy and being open policy in conjunction with national developments around the Patient Safety Incident Response Framework.

Section 5 - Key Actions and Areas for Development in 2022/23

Recent years have seen substantial developments in mortality processes, processes supporting the review, investigation, management and learning from incidents in the Trust along with the ongoing development of staff within the patient safety support team. This provides a secure platform from which to develop further.

Plans for 2021/22 include:

- As part of our implementation of the new National Patient Safety Incident Response Framework (PSIRF) which will commence during 2022/23, we will analyse our patient safety data to identify our organisational priorities and our response to them, including improving learning opportunities. This will include several workstreams including:
  - continuous learning and improvement
  - embedding a just and learning culture
  - Systems approach to analysis, management, and review of patient safety incidents
  - develop improvement plans to draw together learning and action across the Trust for specific topics for wider learning and improvement
- Policy revisions as a result of PSIRF.
- During 2022/23 we expect new National Learn from Patient Safety Events to be launched, which will including learning from excellence.
- Audit of Duty of Candour compliance.
- Development of the Patient Safety Specialist role as per NHS England/Improvement guidance. Development and implementation of action plan following Internal audit on Serious Incident action planning.
- Improve team-based learning, sharing best practice across the Trust.
- Run quarterly Trust-wide learning events.
- Systematise the reporting of learning captured at team level, ensuring that learning is routinely recorded and shared in a central resource bank.
- Following our work to share thematic learning from reviews and investigations with policy leads, we aim to develop this further during 2022/23 aligned with PSIRF.
  - We will be developing a new patient safety and clinical risk group, which will include sharing learning.
  - Quality improvement work will include:
    - Learning from experience to promote improvements such as for suicide prevention
    - Improving the quality of incident reporting information including protected characteristics
  - Datix system upgrade to ensure alignment with latest developments and best practice.
  - Developing a business case to support implementation of patient safety training for all staff.
  - Training/question and answer sessions on a range of patient safety topics for staff

Patient Safety Support Team
May 2022

Appendix 1 Demographic data for patients affected in all incidents reported between 1 April 2021 and 31 March 2022

In line with the Equality Impact Assessments in the incident reporting and management policy and investigating and analysing incidents policy, we have provided data for all incidents and serious incidents occurring during 2021/22. This is to aid discussion in Business Delivery units to give insight into improvement opportunities. Further detail is available from patient safety support team or on Datix at local level.

Data relating to a limited number of protected characteristics for individuals involved in incidents (age, gender, ethnicity) is available on Datix for reported incidents. More recently, we have also started to collect data on sexuality. It should be noted that each person linked to an incident will have some level of demographic data recorded, but for the purposes of this report, we have focussed on the person affected. NHS England and Improvement are developing a new Learning from Patient Safety Events system (LFPSE) that will bring together patient safety incident reporting. The development of this system will hopefully strengthen data collection in a standardised format across the NHS. The collection of equality data cannot be mandated locally on Datix because information on any protected characteristics of the patients or staff involved in an incident may not be immediately available to the reporter (as identified by NHSE). Making its collection mandatory could act as a barrier to reporting and lead to fewer incidents being reported. As with the national position, we consider it is more important to collect incomplete information about risks to patients and staff than to potentially block reporting of that information by mandating the inclusion of information that reporters may not have or record inaccurately.

It is hoped that information collection on protected characteristics will be improved at the review/investigation stage of adverse events rather than incident reporting stage. As such, we have provided data related to serious incident investigations below. The new LFPSE system as a whole will improve safety for all patients and further developments in data linkage and collection should make it possible to identify any patient safety concerns that may disproportionately impact on groups with protected characteristics.

Staff are reminded through the above policies to ensure that the equality data fields on the incident report form are completed and when managers are checking for matching contacts in the database that this information is updated to that held in staff and clinical records.

For the purposes of analysing data that we do hold on Datix (age band, gender, ethnicity), we have provided data to breakdown the 12807 incidents reported during 2021/22 by the person/s affected by the incident - this has been separated into incidents affecting staff and those affecting patients. This accounts for 14283 affected contacts (please note this is not the number of unique individuals involved, i.e., one person may be linked to multiple incidents).

Person affected – patient

Figure 36 All incidents 2021/22 where person affected was a patient; by gender and age band

	Under 25	25 to 34 years	35 to 44 years	45 to 54 years	55 to 64 years	65 to 74 years	75 years and over	age not recorded	Total
Male	415	507	477	294	292	298	424	1934	4641
Female	417	378	244	213	219	255	581	1569	3876
Transgender	42	1	4	0	0	0	0	18	65
Not stated unknown	6	2	0	3	0	0	0	21	32
Person lives and works permanently in a gender other than that assigned at birth	7	0	0	0	0	0	0	2	9
Form not returned/left blank	0	1	0	0	0	0	0	7	8
Total	**887**	**889**	**725**	**510**	**511**	**553**	**1005**	**3551**	**8631**

Figure 37 All incidents 2021/22 where person affected was a patient; by ethnicity and age band

	Under 25	25 to 34 years	35 to 44 years	45 to 54 years	55 to 64 years	65 to 74 years	75 years and over	age not recorded	Total
Any other ethnic group	0	0	0	0	0	1	2	0	3
Asian/Asian British - Any other Asian background	11	13	6	3	1	2	0	36	72
Asian/Asian British - Bangladeshi	0	2	0	0	0	0	0	1	3
Asian/Asian British - Indian	1	0	3	1	0	0	0	19	24
Asian/Asian British - Pakistani	11	87	87	11	21	8	10	190	425
Black/African/Caribbean/Black British - African	23	9	24	1	0	0	0	32	89
Black/African/Caribbean/Black British - Any other Black background	1	3	1	2	0	1	0	13	21
Black/African/Caribbean/Black British - Caribbean	11	32	9	17	21	3	2	27	122
Form not completed/form left blank (Customer Services only)	2	0	2	1	0	0	0	7	12
Mixed/multiple ethnic group - white and black African	8	0	0	0	0	2	0	0	10
Mixed/multiple ethnic groups - white and Asian	6	0	1	0	0	0	0	10	17
Mixed/multiple ethnic groups - white and black Caribbean	16	10	1	0	0	0	0	33	60
Not stated	73	114	68	93	104	52	89	455	1048
Other ethnic group - Arab	2	4	0	6	1	0	0	36	49
Other mixed	6	2	5	0	1	0	0	15	29
Prefers not to say	1	0	0	0	0	0	0	18	19
Unknown	57	9	9	10	7	8	7	97	204
White - any other white background	11	9	8	33	4	2	8	52	127

White - English/Welsh/Scottish/Northern Irish/British	646	588	494	330	351	471	885	2483	6248
White - Irish	1	0	7	2	0	3	2	27	42
Not recorded	0	7	0	0	0	0	0	0	7
Total	**887**	**889**	**725**	**510**	**511**	**553**	**1005**	**3551**	**8631**

Figure 38 All incidents 2021/22 where person affected was a patient; by ethnicity and gender

	Male	Female	Transgender	Not stated unknown	Person lives and works permanently in a gender other than that assigned at birth	Form not returned/left blank	Total
Any other ethnic group	1	2	0	0	0	0	3
Asian/Asian British - Any other Asian background	50	22	0	0	0	0	72
Asian/Asian British - Bangladeshi	3	0	0	0	0	0	3
Asian/Asian British - Indian	19	5	0	0	0	0	24
Asian/Asian British - Pakistani	290	133	0	0	0	2	425
Black/African/Caribbean/Black British - African	81	8	0	0	0	0	89
Black/African/Caribbean/Black British - Any other Black background	13	8	0	0	0	0	21
Black/African/Caribbean/Black British - Caribbean	92	30	0	0	0	0	122
Form not completed/form left blank (Customer Services only)	9	3	0	0	0	0	12
Mixed/multiple ethnic group - white and black African	0	10	0	0	0	0	10
Mixed/multiple ethnic groups - white and Asian	13	4	0	0	0	0	17
Mixed/multiple ethnic groups - white and black Caribbean	44	16	0	0	0	0	60
Not stated	610	401	8	24	0	5	1048
Other ethnic group - Arab	49	0	0	0	0	0	49
Other mixed	21	8	0	0	0	0	29
Prefers not to say	12	6	0	1	0	0	19
Unknown	133	68	1	1	0	1	204
White - any other white background	45	82	0	0	0	0	127
White - English/Welsh/Scottish/Northern Irish/British	3110	3067	56	6	9	0	6248
White - Irish	39	3	0	0	0	0	42
Not recorded	7	0	0	0	0	0	7
Total	**4641**	**3876**	**65**	**32**	**9**	**8**	**8631**

Figure 39 All incidents 2021/22 where person affected was a patient; by BDU and age band

	Under 25	25 to 34 years	35 to 44 years	45 to 54 years	55 to 64 years	65 to 74 years	75 years and over	Age not recorded	Total
Mental Health Inpatient Services	429	412	266	197	225	234	259	2144	4166
Forensic Service	118	196	278	144	81	18	0	679	1514
Barnsley General Community Services	54	16	35	53	92	170	555	321	1296
Learning Disability services	64	136	16	17	20	9	11	146	419
Wakefield Community Mental Health Services	24	35	34	29	24	29	61	56	292
Calderdale Community Mental Health Services	20	30	29	12	18	46	64	53	272
Kirklees Community Mental Health Services	24	28	35	25	30	27	40	62	271
Barnsley Community Mental Health Services	21	33	27	27	16	17	12	30	183
CAMHS Specialist Services	129	0	0	1	1	1	0	45	177
Trust wide (Corporate support services)	2	1	4	5	4	2	3	13	34
ADHD and Autism services	2	2	1	0	0	0	0	2	7
Total	**887**	**889**	**725**	**510**	**511**	**553**	**1005**	**3551**	**8631**

Figure 40 All incidents 2021/22 where person affected was a patient; by BDU and sexuality

	Heterosexual	Prefers not to say	Not stated	Unknown	Form not returned/left blank	(blank)	Total
Mental Health Inpatient Services	12	0	4	9	28	4113	4166
Forensic Service	101	2	0	0	78	1333	1514
Barnsley General Community Services	2	0	0	2	3	1289	1296
Learning Disability services	1	0	0	0	0	418	419
Wakefield Community Mental Health Services	0	0	0	0	1	291	292
Calderdale Community Mental Health Services	0	0	0	0	0	272	272
Kirklees Community Mental Health Services	1	0	0	0	1	269	271
Barnsley Community Mental Health Services	0	0	0	1	1	181	183
CAMHS Specialist Services	0	0	0	0	1	176	177
Trust wide (Corporate support services)	0	0	0	0	1	33	34
ADHD and Autism services	0	0	0	0	0	7	7
Total	**117**	**2**	**4**	**12**	**114**	**8382**	**8631**

Person affected – staff (includes SWYPFT employees, Local authority staff, bank, and agency staff)

Figure 41 All incidents 2021/22 where person affected was a staff member; by gender and age band

	Under 25	25 to 34 years	35 to 44 years	45 to 54 years	55 to 64 years	65 to 74 years	75 years and over	Age not recorded	Total
Female	54	134	100	155	118	12	5	2052	2630
Male	20	31	52	65	34	1	3	763	969
Not stated unknown	1	3	0	2	2	0	0	29	37
Form not returned/left blank	0	0	0	0	0	0	0	3	3
Total	**75**	**168**	**152**	**222**	**154**	**13**	**8**	**2847**	**3639**

Figure 42 All incidents 2021/22 where person affected was a staff member; by ethnicity and age band

	Under 25	25 to 34 years	35 to 44 years	45 to 54 years	55 to 64 years	65 to 74 years	75 years and over	Not recorded	Total
Asian/Asian British - Any other Asian background	2	0	1	0	0	0	0	12	15
Asian/Asian British - Bangladeshi	0	0	0	0	0	0	0	2	2
Asian/Asian British - Chinese	0	0	0	0	0	0	0	1	1
Asian/Asian British - Indian	0	3	0	1	1	0	0	16	21
Asian/Asian British - Pakistani	2	1	0	11	0	0	0	31	45
Black/African/Caribbean/Black British - African	0	1	3	10	1	0	1	227	243
Black/African/Caribbean/Black British - Any other Black background	0	0	1	0	0	0	0	16	17
Black/African/Caribbean/Black British - Caribbean	0	0	0	0	1	0	0	27	28
Form not completed/form left blank	0	0	0	0	0	0	0	3	3
Mixed/multiple ethnic group - white and black African	1	0	0	1	0	0	0	2	4
Mixed/multiple ethnic groups - white and black Caribbean	0	1	5	0	0	0	0	8	14
Not stated	15	29	31	34	32	4	0	700	845
Other ethnic group - Arab	0	0	3	0	0	0	0	5	8
Other mixed	0	0	1	0	0	0	0	2	3
Prefers not to say	1	1	2	1	0	0	0	20	25
Unknown	3	5	9	13	3	0	0	98	131
White - any other white background	0	2	6	2	3	0	0	12	25
White - English/Welsh/Scottish/Northern Irish/British	51	125	90	145	112	9	7	1653	2192
White - Irish	0	0	0	4	1	0	0	12	17
Total	**75**	**168**	**152**	**222**	**154**	**13**	**8**	**2847**	**3639**

Figure 43 All incidents 2021/22 where person affected was a staff member; by ethnicity and gender

	Female	Male	Not stated unknown	Total
Asian/Asian British - Any other Asian background	12	3	0	15
Asian/Asian British - Bangladeshi	2	0	0	2
Asian/Asian British - Chinese	1	0	0	1
Asian/Asian British - Indian	11	9	1	21
Asian/Asian British - Pakistani	39	6	0	45
Black/African/Caribbean/Black British - African	101	142	0	243
Black/African/Caribbean/Black British - Any other Black background	7	10	0	17
Black/African/Caribbean/Black British - Caribbean	18	10	0	28
Form not completed/form left blank	0	2	1	3
Mixed/multiple ethnic group - white and black African	4	0	0	4
Mixed/multiple ethnic groups - white and black Caribbean	11	3	0	14
Not stated	569	242	34	845
Other ethnic group - Arab	4	4	0	8
Other mixed	0	3	0	3
Prefers not to say	19	6	0	25
Unknown	91	36	4	131
White - any other white background	17	8	0	25
White - English/Welsh/Scottish/Northern Irish/British	1707	485	0	2192
White - Irish	17	0	0	17
Total	**2630**	**969**	**40**	**3639**

Figure 44 All incidents 2021/22 where person affected was a staff member; by BDU and age band

	Under 25	25 to 34 years	35 to 44 years	45 to 54 years	55 to 64 years	65 to 74 years	75 years and over	Age not recorded	Total
Forensic Service	15	57	46	59	18	0	0	1245	1440
Mental Health Inpatient Services	41	60	30	72	48	2	2	1062	1317
Learning Disability services	7	12	6	15	12	0	0	285	337
Barnsley General Community Services	5	17	23	19	26	6	6	75	177
Wakefield Community Mental Health Services	3	6	10	8	10	0	0	39	76
Trust wide (Corporate support services)	0	3	8	16	18	4	0	25	74
Kirklees Community Mental Health Services	0	6	7	10	8	1	0	28	60
Barnsley Community Mental Health Services	0	1	13	11	8	0	0	26	59
CAMHS Specialist Services	4	3	6	8	3	0	0	32	56
Calderdale Community Mental Health Services	0	2	3	4	3	0	0	23	35
ADHD and Autism services	0	1	0	0	0	0	0	7	8
Total	**75**	**168**	**152**	**222**	**154**	**13**	**8**	**2847**	**3639**

Figure 45 All incidents 2021/22 where person affected was a staff member; by BDU and age band

	Heterosexual	Unknown	Form not returned/left blank	(blank)	Total
ADHD and Autism services	0	0	0	8	8
Barnsley Community Mental Health Services	0	0	0	59	59
Barnsley General Community Services	0	0	3	174	177
Calderdale Community Mental Health Services	0	1	0	34	35
CAMHS Specialist Services	0	0	5	51	56
Forensic Service	0	0	34	1406	1440
Kirklees Community Mental Health Services	0	2	2	56	60
Learning Disability services	1	0	2	334	337
Mental Health Inpatient Services	0	1	6	1310	1317
Trust wide (Corporate support services)	1	0	2	71	74
Wakefield Community Mental Health Services	1	0	1	74	76
Total	**3**	**4**	**55**	**3577**	**3639**

Serious Incidents

The tables below give a breakdown of the person affected involved in serious incidents.

Figure 46 Demographic data for patients affected in serious incidents reported between 1/4/2021 and 31/3/2022, by BDU, team and age band (as recorded on Datix)

BDU/Team	Under 25	25 to 34 years	35 to 44 years	45 to 54 years	55 to 64 years	65 to 74 years	75 years and over	Total
Barnsley Community Mental Health Services	**1**	**0**	**1**	**1**	**1**	**0**	**0**	**4**
Core Team - Barnsley	0	0	0	0	1	0	0	1
Enhanced Team West - Kendray, Barnsley	0	0	1	0	0	0	0	1
Intensive Home Based Treatment Team (IHBTT) - Barnsley	1	0	0	1	0	0	0	2
Barnsley General Community Services	**0**	**0**	**0**	**0**	**0**	**0**	**1**	**1**
Neuro Rehab Unit - Barnsley	0	0	0	0	0	0	1	1
Calderdale Community Mental Health Services	**0**	**0**	**0**	**1**	**1**	**0**	**0**	**2**
Assessment and Intensive Home Based Treatment Team / Crisis Team - Calderdale	0	0	0	1	0	0	0	1
Enhanced Lower Valley Team - Calderdale	0	0	0	0	1	0	0	1
CAMHS Specialist Services	**1**	**0**	**0**	**0**	**0**	**0**	**0**	**1**
CAMHS (Barnsley)	1	0	0	0	0	0	0	1
Forensic Service	**0**	**1**	**0**	**0**	**0**	**0**	**0**	**1**
Priestley Ward, Newton Lodge	0	1	0	0	0	0	0	1
Kirklees Community Mental Health Services	**0**	**2**	**2**	**3**	**1**	**0**	**0**	**8**
Early Intervention Service (Insight) - Kirklees	0	0	1	0	0	0	0	1
Enhanced Team North 1 - Kirklees	0	0	1	0	0	0	0	1
Enhanced Team North 2 - Kirklees	0	1	0	1	0	0	0	2
Enhanced Team South 1 - Kirklees	0	0	0	0	1	0	0	1
Enhanced Team South 2 - Kirklees	0	1	0	1	0	0	0	2
Intensive Home Based Treatment Team (Kirklees)	0	0	0	1	0	0	0	1
Mental Health Inpatient Services	**0**	**0**	**1**	**1**	**3**	**0**	**0**	**5**
Ashdale Ward	0	0	0	0	1	0	0	1
Elmdale Ward	0	0	0	0	1	0	0	1
Stanley Ward, Wakefield	0	0	0	1	0	0	0	1
Walton PICU	0	0	1	0	0	0	0	1
Ward 18, Priestley Unit	0	0	0	0	1	0	0	1
Wakefield Community Mental Health Services	**0**	**1**	**0**	**0**	**0**	**0**	**0**	**1**
Psychiatric Liaison Service, Wakefield	0	1	0	0	0	0	0	1
Total	**2**	**4**	**4**	**6**	**6**	**0**	**1**	**23**

Figure 47 Demographic data for patients affected in serious incidents reported between 1/4/2021 and 31/3/2022, by BDU, gender and age band (as recorded on Datix)

BDU/Gender	Under 25	25 to 34 years	35 to 44 years	45 to 54 years	55 to 64 years	65 to 74 years	75 years and over	Total
Barnsley Community Mental Health Services	**1**	**0**	**1**	**1**	**1**	**0**	**0**	**4**
Male	1	0	1	1	1	0	0	4
Barnsley General Community Services	**0**	**0**	**0**	**0**	**0**	**0**	**1**	**1**
Female	0	0	0	0	0	0	1	1
Calderdale Community Mental Health Services	**0**	**0**	**0**	**1**	**1**	**0**	**0**	**2**
Female	0	0	0	0	1	0	0	1
Male	0	0	0	1	0	0	0	1
CAMHS Specialist Services	**1**	**0**	**0**	**0**	**0**	**0**	**0**	**1**
Female	1	0	0	0	0	0	0	1
Forensic Service	**0**	**1**	**0**	**0**	**0**	**0**	**0**	**1**
Male	0	1	0	0	0	0	0	1
Kirklees Community Mental Health Services	**0**	**2**	**2**	**3**	**1**	**0**	**0**	**8**
Female	0	1	1	0	0	0	0	2
Male	0	1	1	3	1	0	0	6
Mental Health Inpatient Services	**0**	**0**	**1**	**1**	**3**	**0**	**0**	**5**
Female	0	0	0	0	1	0	0	1
Male	0	0	1	1	2	0	0	4
Wakefield Community Mental Health Services	**0**	**1**	**0**	**0**	**0**	**0**	**0**	**1**
Male	0	1	0	0	0	0	0	1
Total	**2**	**4**	**4**	**6**	**6**	**0**	**1**	**23**

Figure 48 Demographic data for patients affected in serious incidents reported between 1/4/2021 and 31/3/2022, by BDU, ethnicity and age band (as recorded on Datix)

BDU/Ethnicity	Under 25	25 to 34 years	35 to 44 years	45 to 54 years	55 to 64 years	65 to 74 years	75 years and over	Total
Barnsley Community Mental Health Services	**1**	**0**	**1**	**1**	**1**	**0**	**0**	**4**
White - English/Welsh/Scottish/Northern Irish/British	1	0	1	1	1	0	0	4
Barnsley General Community Services	**0**	**0**	**0**	**0**	**0**	**0**	**1**	**1**
Not stated	0	0	0	0	0	0	1	1
Calderdale Community Mental Health Services	**0**	**0**	**0**	**1**	**1**	**0**	**0**	**2**
White - English/Welsh/Scottish/Northern Irish/British	0	0	0	1	1	0	0	2
CAMHS Specialist Services	**1**	**0**	**0**	**0**	**0**	**0**	**0**	**1**
White - English/Welsh/Scottish/Northern Irish/British	1	0	0	0	0	0	0	1
Forensic Service	**0**	**1**	**0**	**0**	**0**	**0**	**0**	**1**
Not stated	0	1	0	0	0	0	0	1
Kirklees Community Mental Health Services	**0**	**2**	**2**	**3**	**1**	**0**	**0**	**8**
Black/African/Caribbean/Black British - Caribbean	0	1	0	0	0	0	0	1
Not stated	0	0	1	3	0	0	0	4
White - English/Welsh/Scottish/Northern Irish/British	0	1	1	0	1	0	0	3
Mental Health Inpatient Services	**0**	**0**	**1**	**1**	**3**	**0**	**0**	**5**
Black/African/Caribbean/Black British - Caribbean	0	0	0	0	1	0	0	1
Not stated	0	0	0	0	2	0	0	2
White - English/Welsh/Scottish/Northern Irish/British	0	0	1	1	0	0	0	2
Wakefield Community Mental Health Services	**0**	**1**	**0**	**0**	**0**	**0**	**0**	**1**
White - English/Welsh/Scottish/Northern Irish/British	0	1	0	0	0	0	0	1
Total	**2**	**4**	**4**	**6**	**6**	**0**	**1**	**23**

Appendix 2 SPC charts for SI's by BDU reported on STEIS between 1 April 2020 and 31 March 2022

The below SPC charts show serious incidents reported by each BDU.

Note there may be gaps, Datix (incident management system) is not able to report on 'zero' unless it falls between two data points.

Figure 49 SPC chart - Serious Incidents reported by Barnsley General Community BDU

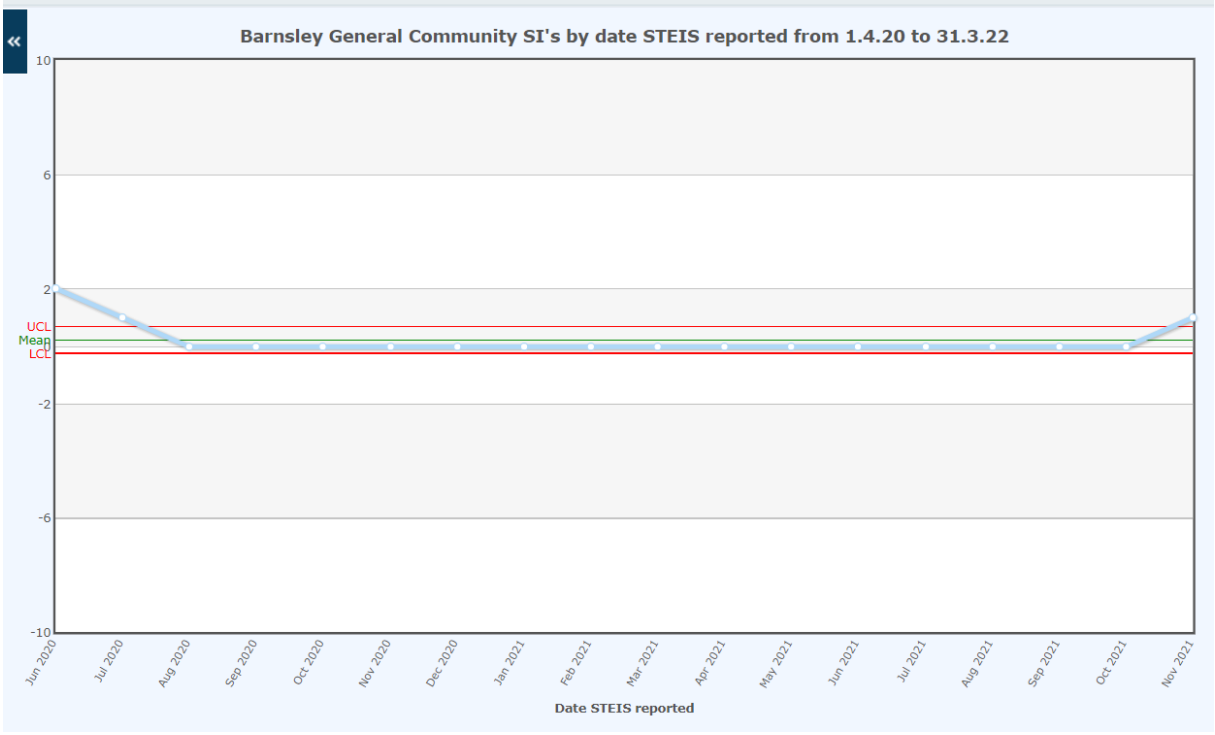


Figure 50 SPC chart - Serious Incidents reported by Barnsley Community Mental Health BDU

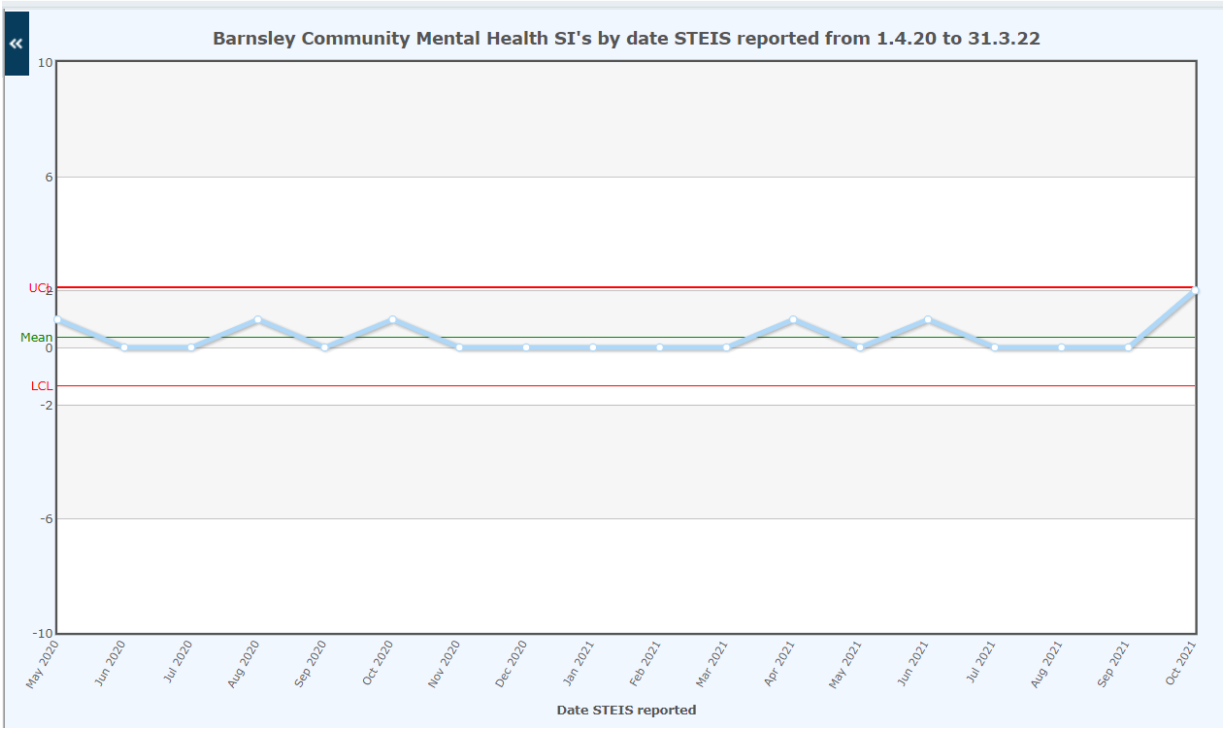


Figure 51 SPC chart - Serious Incidents reported by Calderdale Community Mental Health BDU

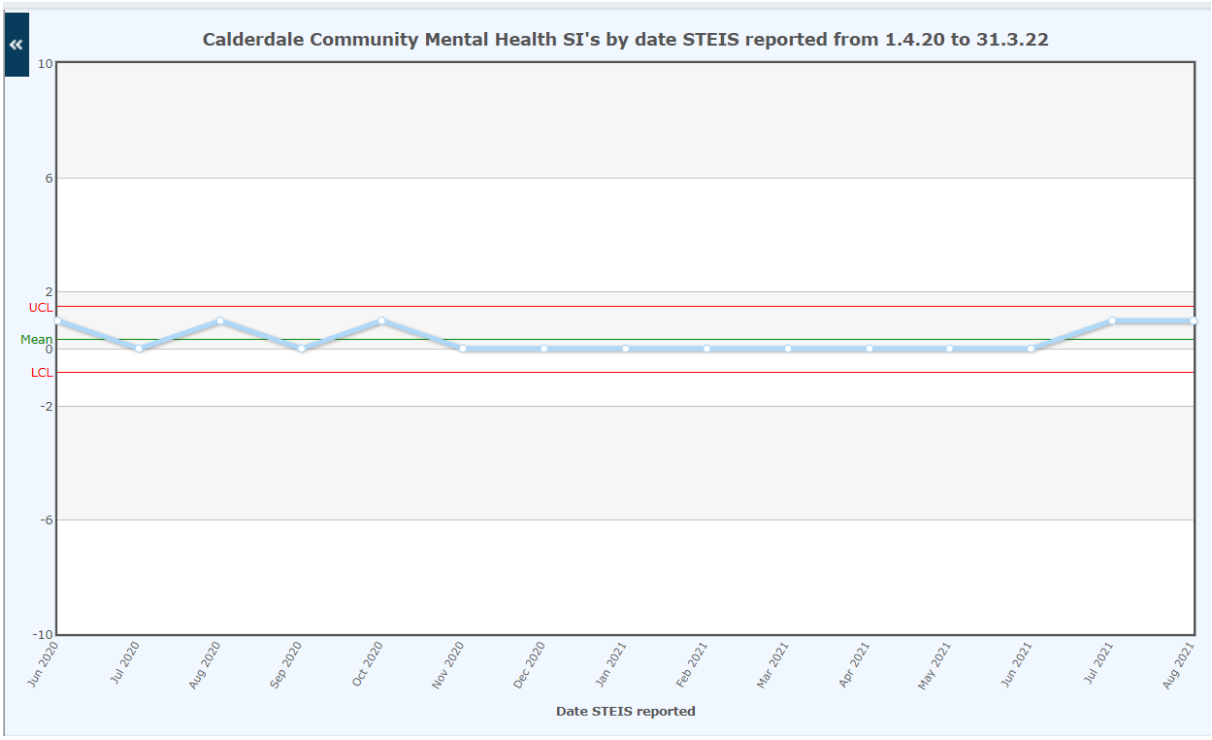


Figure 52 SPC chart - Serious Incidents reported by Kirklees Community Mental Health BDU

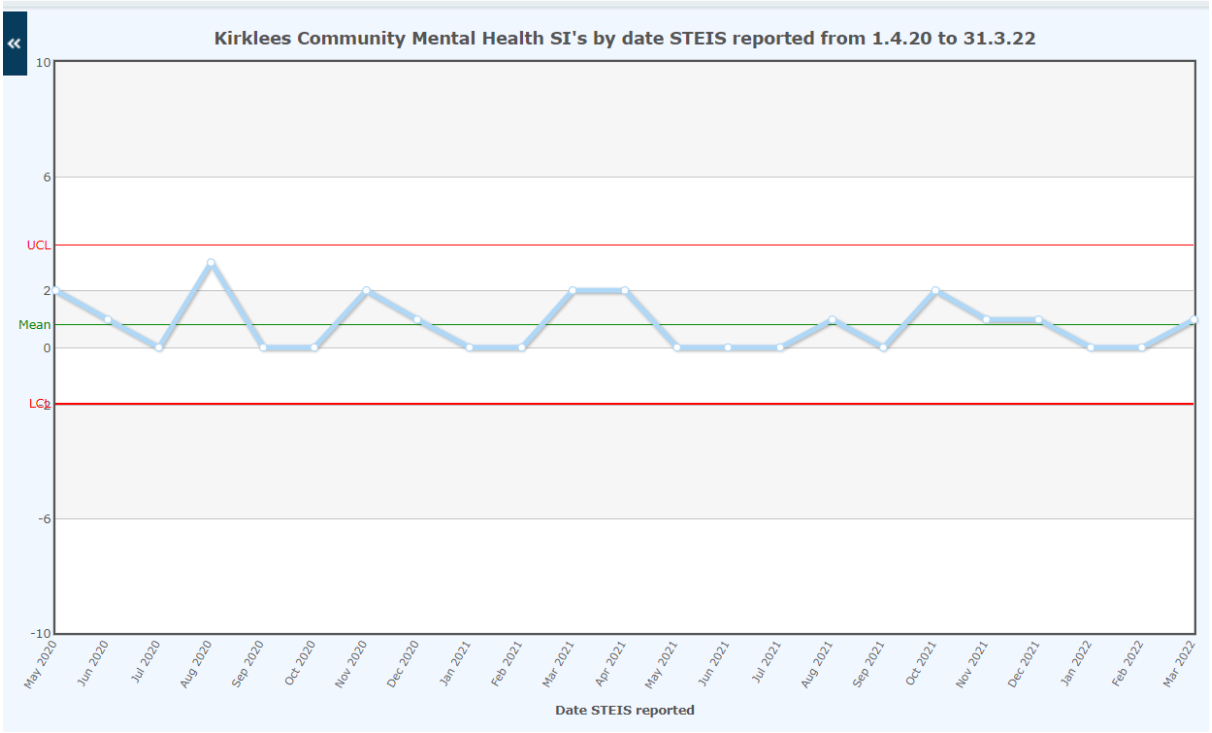


Figure 53 SPC chart - Serious Incidents reported by Wakefield Community Mental Health BDU

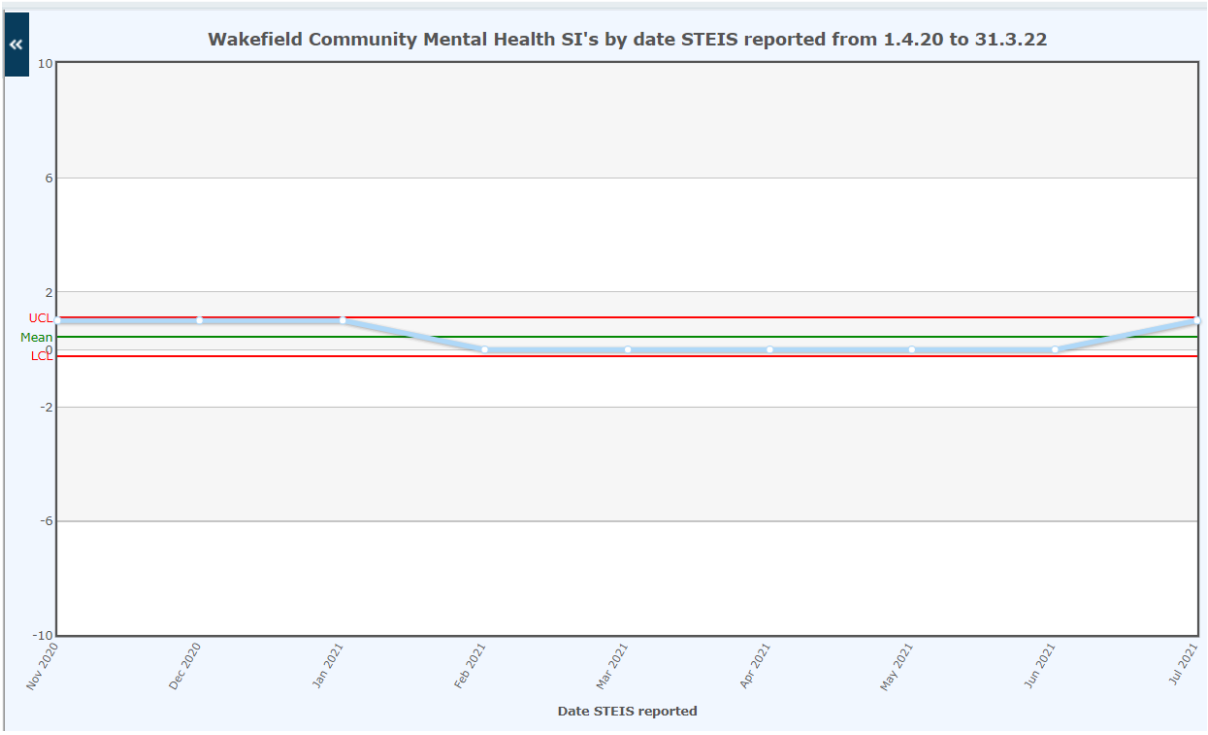


Figure 54 SPC chart - Serious Incidents reported by Mental Health Inpatient BDU

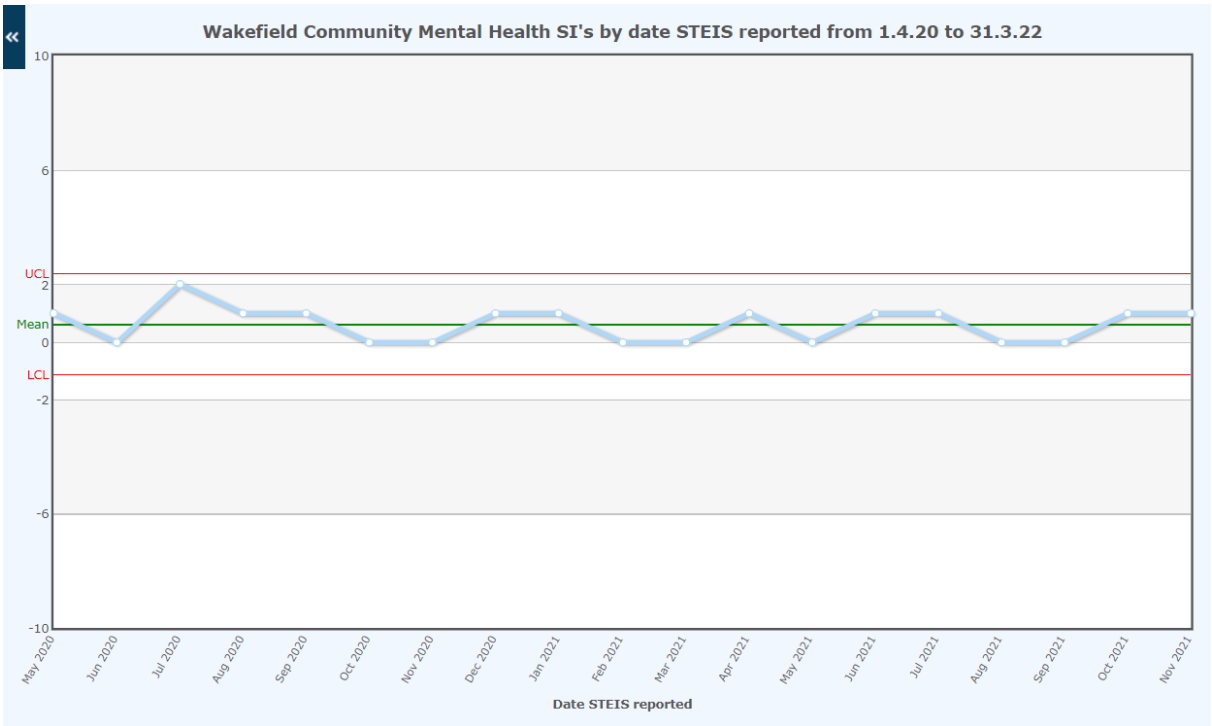


Figure 55 SPC chart - Serious Incidents reported by Forensic BDU

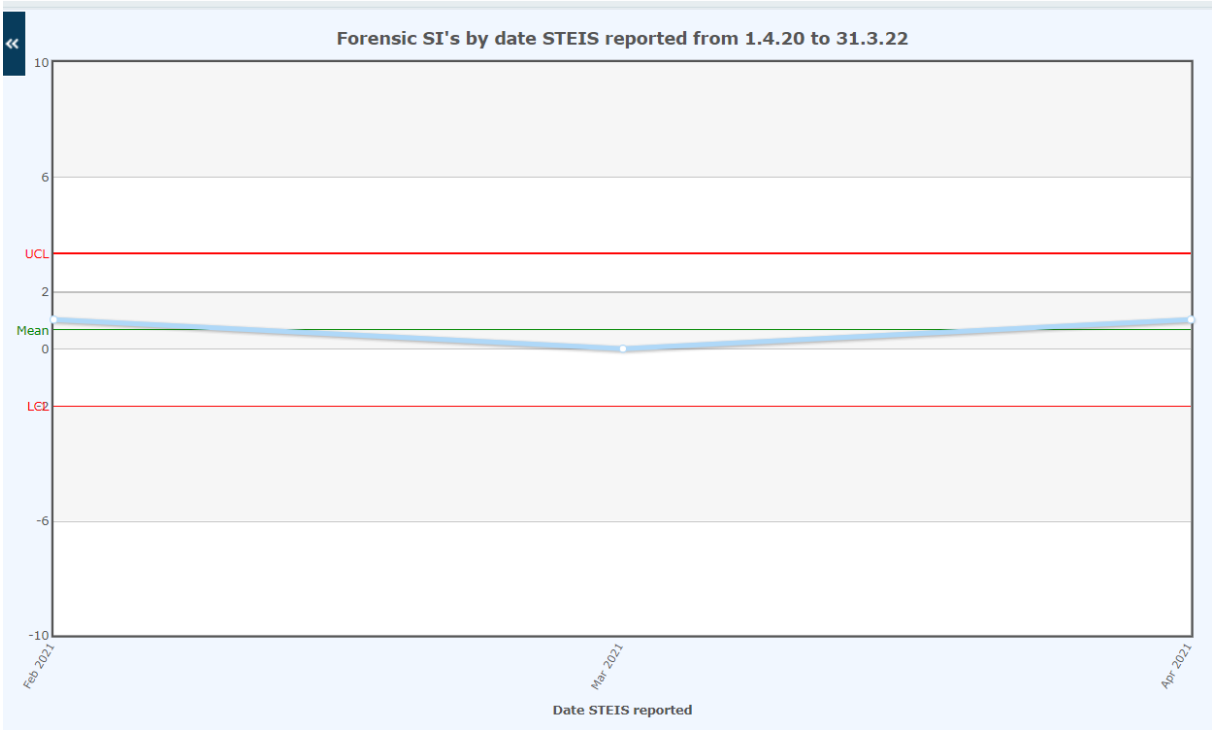
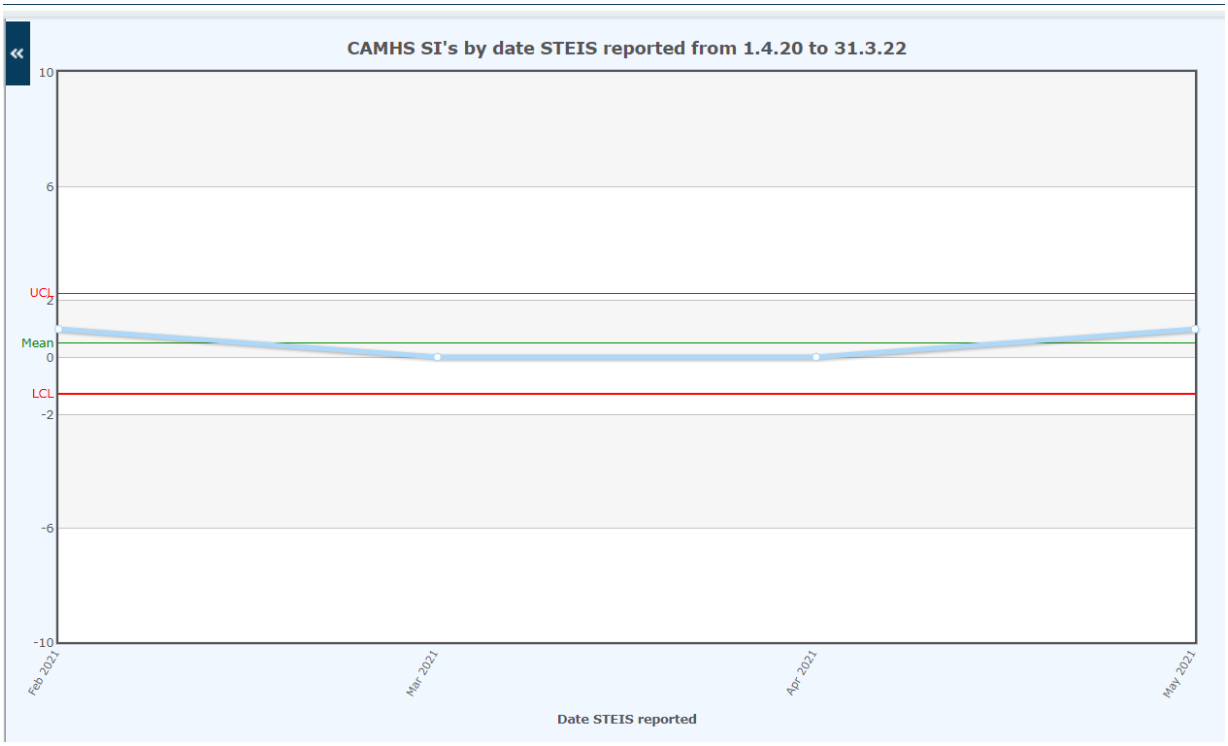


Figure 56 SPC chart - Serious Incidents reported by CAMHS BDU



South West Yorkshire Partnership NHS Foundation Trust

Members' Council
9 December 2022

Agenda item:	**7.7**
Report Title:	Members' Council elections 2023 – process
Report By:	Corporate Governance team
Action:	To receive

EXECUTIVE SUMMARY

Purpose and format

The purpose of this paper is to update the Members' Council on election process for 2023.

Background

When the Trust was working towards Foundation Trust status, the Trust Board decided to stagger terms of office for governors elected to the Members' Council to ensure that all governors did not reach the end of their term at the same time. As a result, the Trust holds elections every year during the spring, for terms of office starting on 1 May each year.

Election process

At present, Civica manages the election process on behalf of the Trust. This is to make sure that the elections are managed impartially and fairly and that the process is independent and transparent. Elections are held in accordance with the Model Election Rules which are included as an appendix within the Trust's Constitution.

Elections 2023

The Chair will write to governors later in the year to advise further on the process and to confirm which public and staff governors' current term end on 30 April 2023.

As of December 2022, elections will be held for the following seats:

Public

- Calderdale – 1 seat
- Kirklees – 4 seats
- Barnsley – 2 seats
- Wakefield – 2 seats
- Rest of Yorkshire and the Humber – 1 seat

Staff (all 1 seat)

- Non clinical support
- Medicine and Pharmacy
- Nursing (registered nurses)
- Social care staff working in integrated teams

The timetable for the election is still to be confirmed but will follow a similar process to previous years. Exact dates will confirmed as soon as possible:

- December 2022 – correspondence from the Chair to governors regarding the election process and vacancies.
- Nominations to open in early January 2023
- Nominations to close early February 2023
  Candidates will be able to withdraw their nomination up to 3 days after closing.
- Election voting opens early March 2023.
- Election voting closes early April 2023.
- Results declared the day after votes close.
- Terms of office begin on 1 May 2023.

NB. If there are uncontested seats in one or more of the constituencies and an election is not required, results may be available before April 2023.

The election process for publicly elected governors will be a mixture of paper and electronic options. For staff governors, the process will be electronic for both the nominations and election stages.

Governors are asked to assist by engaging people who might be interested in putting themselves forward for election or to let the Trust know if they think someone would be worth approaching, as well as promoting voting by members.

Recommendation

The Members' Council is asked to RECEIVE the update.

South West Yorkshire Partnership NHS Foundation Trust

Members' Council
9 December 2022

Agenda item:	**7.8**
Report Title:	**Review of Members' Council objectives**
Report By:	Corporate Governance team on behalf of Lead Governor, Deputy Lead Governor and Members' Council Co-ordination Group
Action:	To receive

EXECUTIVE SUMMARY

Purpose and format

The purpose of this paper is to review the progress against the Members' Council objectives for 2021-2023.

Underpinning actions will be included in the development actions which are reviewed by the Members' Council Co-ordination Group and updated annually to the Members' Council.

Background

The Members' Council last reviewed their objectives in October 2020 and approved them through until 2023.

A number of objectives are statutory duties and are a given, others originated from Members' Council meetings and development sessions. The attached paper shows the objectives for 2021 – 2023 and outlines the progress against the objectives for 2018-2020.

Recommendation

The Members' Council is asked to RECIEVE the update of progress against their objectives for 2021 – 2023 and APPROVE the timeline of the objectives until 31 March 2023.

South West Yorkshire Partnership NHS Foundation Trust

Members' Council Objectives 2021-2023

To action / in progress

No.	Action from	Topic	Area Identified for development	Action required	Timescale	Lead	Progress
O1	Members' Council 30.10.20	Members' Council Objectives 2021 – 2023 **1. Involvement** The Members' Council will work with the Communication, Equality and Engagement teams to publicise the Trust throughout the population of the area they represent and work to increase the membership of the Trust and increase enthusiastic engagement at all levels. Specifically:	To promote the voice of service users, carers, families, friends, staff and Freedom to Speak Up Guardians to ensure that the Trust is fully aware of how service delivery impacts on their daily lives, improving well-being and reducing health inequalities.		January 2021 ongoing.	John Laville, Lead Governor / Bill Barkworth, Deputy Lead Governor	Active and will always be an area for active ongoing dialogue.
			Hold area Governor meetings every six weeks between Members' Council meetings to help Governors work together and share information about the diverse communities they serve.		January 2021 ongoing.	John Laville, Lead Governor / Bill Barkworth, Deputy Lead Governor	Regular meetings established and ongoing
			Encourage active Governor engagement in key community groups in their area in order to understand the issues and challenges faced by their communities and how Trust's services are being delivered to meet those needs.		July 2021.	John Laville, Lead Governor / Bill Barkworth, Deputy Lead Governor	Public governors have adopted community groups in their area but most groups have not been meeting due to pandemic, to be re-launched. Governors actively highlighting concerns via Q & A sessions

No.	Action from	Topic	Area Identified for development	Action required	Timescale	Lead	Progress
			Together with the Communication, Equality and Engagement teams help raise awareness of Trust's activities throughout the areas that it serves by being involved in community groups and public events hosted by the Trust.		September 2021.	Dawn Pearson, Marketing, Communications, Engagement & Inclusion Lead / John Laville, Lead Governor / Bill Barkworth, Deputy Lead Governor	Strategy agreed by Trust Board but no activity as yet due to pandemic.
O2	Members' Council 30.10.20	Members' Council Objectives 2021 – 2023 **2. Quality** Quality is at the heart of delivering an outstanding service to the Trust's service users, carers, families, friends, other partners and stakeholders. The Members' Council will endeavour to ensure continuous improvement throughout the Trust by providing	Increase Governor opportunities to see the Trust at work through planned visits to services, Quality Improvement and Business Delivery Unit (BDU) visits in order to gain a wider perspective, understanding and knowledge of the Trust's services and that they are appraised of actions and follow up.		Commenced June 2021.	John Laville, Lead Governor / Bill Barkworth, Deputy Lead Governor	QMV have been on a virtual basis and have been limited due to the pandemic but governors have played an active role in those visits which have taken place. In person QMVs now active again and governors playing active role
			Have access to patient experience intelligence and insight and to understand corrective action and follow up.		September 2021.	Phil Shire, Governor / John Laville, Lead Governor / Bill Barkworth, Deputy Lead Governor	Presented to MC Quality Group November 21 and available to MC Quality Group and Members Council meeting thereafter.
			Ensure full Members' Council representation on and appoint a Governor as co-chair of the Members' Council Quality Group to provide		January 2021.	Phil Shire, Governor / Quality group	Phil Shire appointed as Co-chair for the MC Quality group - Complete.

No.	Action from	Topic	Area Identified for development		Action required	Timescale	Lead	Progress
		feedback and constructive challenge from the communities that they serve.	the opportunity to scrutinise and challenge the Quality Performance Report.			December 2021.		Vacancies still exist on Quality group ongoing encouragement to fill remaining vacancies.
O3	Members' Council 30.10.20	Members' Council Objectives 2021 – 2023 **3. Effectiveness** The Members' Council has a legal requirement to support the work of SWYPFT. It can only fulfil this role if the Governors are well trained, informed, committed and active within the Trust and the wider communities that they represent. Specifically:	Carry out all statutory duties as required by the SWYPFT Constitution and Monitor (now NHS Improvement)	○ Appoint and, if appropriate, remove the chair;		To be completed as and when necessary.		Governors played an active role in recruitment of Chair.
				○ Appoint and, if appropriate, remove the other non-executive directors;		To be completed as and when necessary.		Governors are playing an active role in recruitment of NEDs when appropriate.
				○ Decide the remuneration and allowances and other terms and conditions of office of the chair and the other non-executive directors;		To be completed as and when necessary.		Governors reviewed and agreed the recommendations of the Nominations Committee in relation to the Chair and Non-executive Director remuneration in May 2022.
				○ Approve (or not) any new appointment of a chief executive;		To be completed as and when necessary.		Governors approved the appointment of Chief Executive in February 2022.
				○ Appoint and, if appropriate,		To be completed		

No.	Action from	Topic	Area Identified for development	Action required	Timescale	Lead	Progress
			remove the NHS foundation trust's auditor; and		as and when necessary.		
			○ Receive the NHS foundation trust's annual accounts, any report of the auditor on them, and the annual report at a general meeting of the council of governors		To be completed as and when necessary.		Auditors Report submitted to Members' Council meeting August 2021. Annual Report submitted to the Annual Members' Meeting November 2021 and October 2022.
			○ Hold the non-executive directors, individually and collectively, to account for the performance of the board of directors		To be completed as and when necessary.		On the Members' Council work plan for July 2021. More work to be done to ensure more visibility of Non-Executive Directors to Members' Council – ongoing.
			○ Represent the interests of the members of the trust as a whole and the interests of the public		To be completed as and when necessary.		Limited by the pandemic but feedback process agreed and briefed out to all governors.
			○ Approve "significant transactions"		To be completed as and when necessary.		

No.	Action from	Topic	Area Identified for development	Action required	Timescale	Lead	Progress
			○ Approve an application by the trust to enter into a merger, acquisition, separation or dissolution		To be completed as and when necessary.		
			○ Decide whether the trust's non-NHS work would significantly interfere with its principal purpose, which is to provide goods and services for the health service in England, or performing its other functions and		To be completed as and when necessary.		
			○ Approve amendments to the trust's constitution.		To be completed as and when necessary.		Members approved latest Constitutional amendments regarding geographical catchment area for NEDs at Members Council August 2021 and other updates in Members' Council Nov.21

No.	Action from	Topic	Area Identified for development	Action required	Timescale	Lead	Progress
			To strive to ensure the Members' Council is fully inclusive and diverse and representative of the community it serves.		March 2021 and March 2022.	Members' Council	Diversity improved through the March governor elections. Ensure good diverse communication for elections in 2022
			Members' Council representatives to meet Non-Executive Directors (NEDs) to understand their roles within the Trust and hold the NEDs to account both individually and collectively for the performance of the Trust Board.		December 2021.	John Laville, Lead Governor / Bill Barkworth, Deputy Lead Governor.	Action superseded by giving governors more opportunities to see Non-Executive Directors at work through Q&As and governor observers on Board Committees.
			To ensure that Members' Council representatives are always in attendance at Trust Board meetings which are held in public to further understand the key issues faced by the Trust. Those in attendance to report back key points to the Members' Council.		January 2021.	John Laville, Lead Governor / Bill Barkworth, Deputy Lead Governor.	There is currently good attendance at Trust Board meetings and Governors are committed to attend these meetings in future.
			To redevelop and implement the Governor training programme in light of the Members' Council Objectives to give Governors "the tools to do the job". Ensure that the Governor Induction pack is kept updated and relevant.		December 2021.	Bill Barkworth, Deputy Lead Governor.	Training programme approved by MC – for final quarter of 2021 now implemented. 2022 programme to be agreed.
			Formalise the "Buddying" system for new Governors.		June 2021.	John Laville, Lead Governor / Bill Barkworth,	All new governors are offered a "buddy"

No.	Action from	Topic	Area Identified for development	Action required	Timescale	Lead	Progress
						Deputy Lead Governor.	

Ongoing actions / in progress from 2019 – 2020

No	Action from	Topic	Area identified for development	Action required	Timescale	Lead	Progress
18/13	Governor reviews 2018	Engagement and advocacy	Encourage younger members - engage with CAMHS forums?	**Discuss opportunities with District Director.**		AM / Carol Harris / DP	In progress. Discussed as part of review of Constitution. Under consideration as part of the Equality, Involvement, Communication and Membership Strategy.

Complete actions from 2019 – 2020

South West Yorkshire Partnership NHS Foundation Trust

No.	Action from	Topic	Area Identified for development	Action required	Timescale	Lead	Progress
18/16	Evaluation session 2018	Holding Non-Executive Directors to account	At least one meeting at some time in the year specifically with NEDs (even 10-15 minutes on the end of an existing meeting).	**Annual meeting to be scheduled for governors with NEDS.**		AL	The MCCG has reviewed holding NEDs to account and as a result new processes have been embedded which include Q&A sessions with governors and NEDs, presentation of MC items by NEDs and the process of governor attendance at Board committees.
19/7	Governor reviews 2019	Understanding the Trust	Support review of new Trust website (usability and search function)	**Opportunity for governors to be involved in the review of the new Trust website to be discussed with lead Director.**		AM / Salma Yasmeen	Complete.
18/1	Evaluation session 2018	Engagement and advocacy	Clarification needed on the role of governors in engagement and advocacy, including the distinction between 'representative of' and 'representative for' the constituency of each governor.	**Complete.**		AM / JL / DP	Complete. Governor role outlined in Governor Handbook.
18/2	Evaluation session 2018	Engagement and advocacy	Feedback to members (public / staff) / my stakeholder organisation represented following Members' Council meetings.	**Complete.**		AM / JL / DP	Complete Governors can feedback via the Insight report and Members' Council feedback items quarterly.

NHS
South West Yorkshire Partnership
NHS Foundation Trust

Performance & Finance update Quarter 2 - 2022/23

Members' Council

15 November 2022

With **all of us** in mind.

Agenda

South West Yorkshire Partnership NHS Foundation Trust

- Summary Performance Metrics
- Quality
- Covid response
- National metrics
- Workforce
- Finance

With all of us in mind.

Summary Performance Metrics

South West Yorkshire Partnership NHS Foundation Trust

KPI	Threshold	Dec 21 Q3	March 22 Q4	June 22 Q1	Sept 22 Q2
NHSEI Oversight Framework	N/A	2	2	2	2
Children and Young People in adult inpatient adult wards	0	0	1	1	2
% Service Users followed up within 72 hours of discharge	80%	83.6%	84.0%	84.6%	89.0%
% clients in settled accomodation	60%	88.7%	88.4%	88.3%	*87.1%**
Improving access to psychological therapies (IAPT) - Proportion people completing treatment & moving to recovery	50%	53.7%	52.6%	53.4%	*53.79%**
Inappropriate out of area bed days		1253	1686	1245	872
Number of compliments received		71	86	68	54
Safer staffing fill rates (inpatients)	100%	108.9%	109.4%	116.6%	118.4%
Delayed transfers of care	3.5%	1.5%	1.5%	2.1%	2.8%

* provisional data

With **all of us** in mind.

Summary Performance Metrics

NHS South West Yorkshire Partnership NHS Foundation Trust

KPI	Threshold	Dec-21 Q3	Mar-22 Q4	Jun-22 Q1	Sep-22 Q2
Patient & Safety Incidents involving moderate or severe harm or death (quarter)		76	69	91	86
IG confidentiality breaches	<36	23	36	40	32
CAMHS referral to treatment < 18 weeks	Trend monitor	66.3%	68.4%	61.3%	53.0%
Surplus/(deficit)		£1.5m	£7.3m	£1.5m	£4.3m
Agency spend	£5.3m (full year)	£2.1m	£8.7m	£2.4m	£4.9m
Sickness absence (non covid)	4.50%	4.8%	4.8%	4.8%	4.8%
Turnover external (YTD projection)	10%	13.8%	12.8%	15.1%	14.6%

With **all of us** in mind.

Covid-19 Response Metrics

NHS South West Yorkshire Partnership NHS Foundation Trust

KPI	Apr-21	Jun-21	Sep-21	Dec-21	Mar-22	Jun-22	Sep-22
Staff off sick – not working	33	95	94	111	111	80	53
Staff working from home related to Covid-19	16	66	62	50	57	32	14

- Routine testing for patients on admission and at days 3 and 5 – dashboard now in place to provide assurance and oversight
- Outbreak management response remains mature
- Care homes – enhanced support offer remains in place and is well regarded
- IT equipment and access to support home working continues
- Use of Microsoft Teams and Accu-Rx to support video consultations
- Occupational health support line well utilised
- Infection Prevention and Control requirements continue to be reviewed and updated in line with emerging national guidance and staff feedback

With **all of us** in mind.

Quality Update 2022/23 – Q2

South West Yorkshire Partnership NHS Foundation Trust

Patient Experience – Friends and Family Test (FFT)

- 93% of respondents in September 22 would recommend community health services
- 85% of respondents in September 22 would recommend mental health services
- We continue to explore other creative ways of gaining feedback on our services

Out of area Placements

- Progress is being made to enable reduction in out of area placements. The inpatient improvement programme is aiming to address many of the workforce challenges. Systems are being put in place to manage and unblock barriers to discharge as well as effective coordination of out of area placements so that people can be repatriated as quickly as possible. However, staffing challenges remain across ward areas.

With **all of us** in mind.

Quality Update 2022/23 – Q2

NHS
South West Yorkshire Partnership
NHS Foundation Trust

Safer Staffing (inpatient wards)

We are maintaining our normal services as far as possible whilst challenged by COVID-19. Staffing cover, especially registered nurse cover on wards is a priority to ensure safe care. We continue to use temporary workforce as well as overtime to cover our inpatient areas

The fill rate figures (%) for September 2022:

- Registered staff – Days 82.3%
- Registered staff - Nights 92.8%
- Registered average fill rate – Days and nights 87.5%
- Overall average fill rate all staff: 118.4%
- Fill rate does not provide blunt assurance as it might not reflect acuity.
- Where gaps cannot be filled by registered staff we will utilise unregistered colleagues where possible to maintain safety.
- These fill rates reflect the acuity and challenges that clinical areas are facing
- Currently undertaking establishment reviews of older people's services, forensics and mental health inpatients

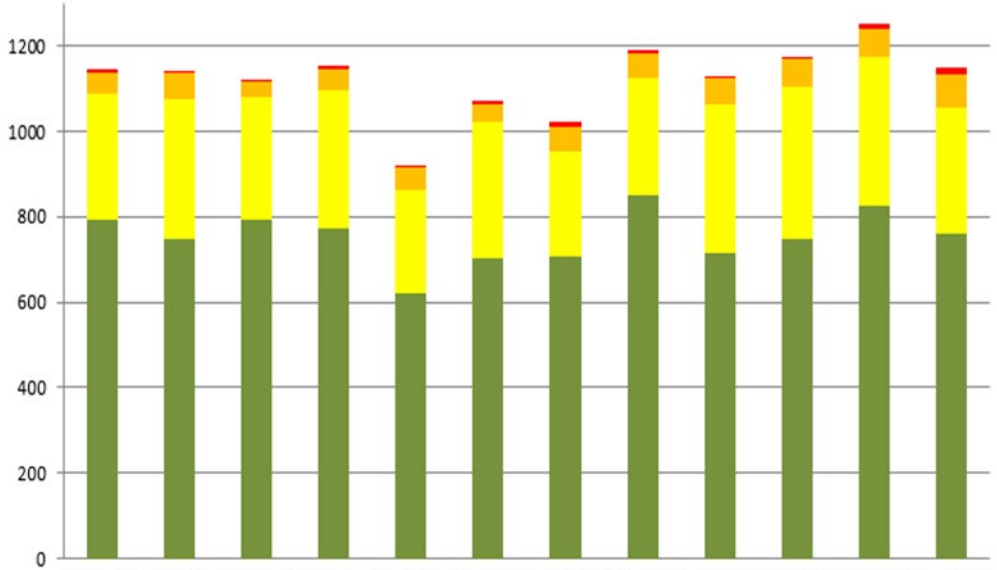
With **all of us** in mind.

Quality Update 2022/23 – Q2

South West Yorkshire Partnership NHS Foundation Trust

Incident Reporting

- All serious incidents investigated using route cause analysis techniques.
- Weekly risk panel scans for themes and COVID-19 related incidents.
- The weekly risk panel now also has a section to ensure any staffing related Datixes are reviewed, irrespective of severity
- No Never Events reported in September 2022.
- 95% of incidents reported in September 2022 resulted in no harm or low harm or were not under the care of SWYPFT.
- Self-harm incidents and apparent suicides remain under close review during the pandemic.



	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22
Red (should not be compared with SIs)	7	3	6	5	4	7	10	7	2	7	9	16
Amber	48	59	36	49	56	43	59	58	61	63	67	80
Yellow	297	327	287	327	239	318	246	274	350	357	350	293
Green	792	749	793	771	622	704	707	852	714	748	824	760
Total	1144	1138	1122	1152	920	1071	1021	1190	1126	1175	1210	1211

With **all of us** in mind.

National metrics

South West Yorkshire Partnership NHS Foundation Trust

Access standards and Outcomes – Trust Performance

KPI	Threshold	Q3 21/22	Q4 21/22	Q1 22/23	Q2 22/23
Max time of 18 weeks from point of referral to treatment – Incomplete pathway	92%	92.2%	98.8%	98.5%	96.1%
% Admissions Gatekept by Crisis Response Teams	95%	98.3%	97.8%	96.2%	99.3%
% Service Users followed up within 72 hours of discharge	95%	83.6%	84.0%	84.6%	89.0%
Improving Acess to Pychological Therapies - Treatment within 6 weeks of referral	75%	96.0%	94.2%	94.7%	*97.53%* *
Improving Acess to Pychological Therapies - Treatment within 18 weeks of referral	95%	99.9%	99.9%	100%	*100%**
Early Intervention in Psychosis – 2 weeks (NICE approved care package) Clock Stops	50%	94.8%	82.5%	85.5%	90.1%
Maximum 6 week wait for diagnostic procedures	99%	100.0%	68.9%	91.7%	95.9%
Improving Acess to Pychological Therapies – Proportion of people completing treatment who move to recovery	50%	53.8%	52.6%	53.4%	*53.8%**

* provisional figures

With **all of us** in mind.

Workforce

South West Yorkshire Partnership NHS Foundation Trust

- Staff in post at the end of the quarter has increased by 7.2 WTEs since quarter 1 2022/23.
- Bank and agency spend continue to remain high to support the safer staffing gaps in workforce caused by absence and vacancies in the services. This is primarily in our ward-based service areas.
- Vacancies remain high across the Trust and have increased slightly from the end of Q1 16.5% to 16.9% at the end of Q2.
- Staff turnover (YTD projection) for Q2 2022/23 was 14.6%. This is an improvement on Q1 21/22 where it stood at 15.5%
- Recruitment activity was up during Q2 2022/23. 174 WTE starters joined in the period. 161.5 WTE staff left during the quarter.
- Sickness absence rates in Q2 2022/23 (excluding covid absence) were 4.9%, remaining above the target of 4.5%.

With **all of us** in mind.

Financial Performance

South West Yorkshire Partnership NHS Foundation Trust

Key performance indicators

Performance Indicator		Year To Date	Forecast 2022 / 23
1	Surplus / (Deficit)	£4.3m	£3.2m
2	Agency Spend	£4.9m	£10.2m
		4.4%	
3	Overhead Costs	15%	
4	Financial sustainability and efficiencies	£2.9m	£6.4m
5	Cash	£83.4m	£73.9m
6	Capital	£1.6m	£13.1m
7	Better Payment Practice Code	95%	

With **all of us** in mind.

Financial Performance – Highlights

NHS
South West Yorkshire Partnership
NHS Foundation Trust

- Surplus of £4.3m which is £0.9m ahead of plan.
- Forecast remains £3.2m surplus with additional expenditure planned. This includes forecast additional inflationary cost pressures such as rising fuel and food costs.
- Covid-19 continues to have an impact on safe service delivery through staff absences and Out of Area placements.
- Agency costs are £4.9m for the year to date. National maximum spending targets have been re-introduced from September 2022.
- The Trusts cash balance remains positive at £83.4m. We have continued to pay suppliers promptly; 95% of all valid invoices within 30 days.
- Capital spend is £1.6m. Most of the capital spend for 2022 / 23 is profiled later in the year.

With **all of us** in mind.


With all of us in mind.

South West Yorkshire Partnership NHS Foundation Trust

Members' Council annual work programme 2022/2023

Key
O – take as read submit questions in advance I – receive without discussion ✘ - statutory item # - deferred

	Bus	Bus	Strat	Strat	Bus	Strat
Agenda item/issue	**08 February 2022**	**10 May 2022**		**16 August 2022**	**9 December 2022**	**14 February 2023**
Declaration of interests	✘	✘		✘	✘	✘
Minutes of the previous Members' Council meeting	✘	✘		✘	✘	✘
Matters arising from the previous meeting and action log	✘	✘		✘	✘	✘
Chair's report and feedback from Trust Board	✘	O		O	O	✘
Chief Executive's comments on the operating context	✘	✘			✘	
Governor feedback	✘	O		O	✘	O
Assurance from Member's Council groups and Nominations Committee	✘	✘?		O	O	✘
Integrated performance report	✘	I		✘	✘	✘
Governor appointment to groups and committees *(if required)*	✘	O		O	O	O
Appointment / Re-appointment of Non-Executive Directors *(if required)*						
Ratification of Chief Executive appointment *(if required)*	✘					
Review of Chair and Non-Executive Directors' remuneration	#	✘				✘ *recommend-dation for Chair's remuneration
Evaluation / Development session	✘					(Held on 15 November 2022)

With all of us in mind.

	Bus	Bus	Strat	Strat	Bus	Strat
Agenda item/issue	**08 February 2022**	**10 May 2022**		**16 August 2022**	**9 December 2022**	**14 February 2023**
Local indicator for Quality Accounts	✘					✘
Annual report unannounced / planned visits		✘				
Care Quality Commission (CQC) action plan		✘				
Private patient income (against £1 million threshold) *not required if under threshold		✘				
Annual report and accounts				✘		
Quality report and external assurance				✘		
Patient Experience annual report					✘	
Incident Management annual report					✘	
Strategic meeting with Trust Board					✘	
Trust annual plans and budgets, including analysis of cost improvements					✘	
Members' Council elections	✘ *update	✘ *outcome			✘ *process	✘ *update
Chair's appraisal		✘ *interim appraisal				✘ *process
Review and approval of Trust Constitution	✘				#	✘
Consultation / review of Audit Committee terms of reference		✘				
Members' Council Co-ordination Group annual report		✘				
Members' Council Quality Group annual report		✘				
Nominations' Committee annual report[1]		✘				
Appointment of Lead Governor						✘

	Bus	Bus	Strat	Strat	Bus	Strat
Agenda item/issue	**08 February 2022**	**10 May 2022**		**16 August 2022**	**9 December 2022**	**14 February 2023**
Appointment of Trust's external auditors						
Review of Members' Council objectives					✘	
Members' Council meeting dates and annual work programme						✘
Focus on items to be discussed and agreed at Co-ordination Group meetings to ensure relevant and topical items are included.		✘ **(1 item)**		✘ **(2 items)**		✘ **(2 items)**
Development session Quality Monitoring Visits (Director of Nursing, Quality and Professions)						