

**Members' Council meeting
16 August 2023 from 10.30 until 14.00**

Conference room (Hybrid meeting), Kendray Hospital, Doncaster road, Barnsley, S70 3RD

Please note: Board members to join virtually, seat priority will be given to governors and the public

Item	Approx. Time	Subject Matter	Lead	Action	Minutes allotted	Page reference
	10.00	<i>Governors only pre-meet (25 minutes followed by 5-minute break)</i>	<i>John Laville, Lead Governor</i>		25	
		➤ <i>Including feedback from Annual Governor focus conference (NHS Providers) held on 23 May 2023.</i>	<i>Adam Jhugroo, Publicly Elected Governor, Calderdale</i>			
1.	10.30	Welcome, introductions and apologies	Marie Burnham, Chair	Verbal	To receive	3
2.	10.33	Declarations of interests	Marie Burnham, Chair	Verbal	To receive	2
3.	10.35	Minutes of the previous Members' Council meetings held on 9 May 2023	Marie Burnham, Chair	Paper	To approve	2 1 – 11
4.	10.37	Matters arising from the previous meeting held on 9 May 2023 and action log	Marie Burnham, Chair	Paper	To receive	3 12 – 14

Item	Approx. Time	Subject Matter	Lead		Action	Minutes allotted	Page reference
5.	10.40	Chair's report and feedback from Trust Board (to be taken as read and submit questions in advance)	Marie Burnham, Chair	Paper	To receive	5	15 – 22
6.	10.45	Chief Executive's comments on the operating context	Mark Brooks, Chief Executive	Verbal	To receive	5	
7.		<u>Annual Items</u>					
	10.50	7.1 Quality account and external assurance	Darryl Thompson, Chief Nurse and Director of Quality and Professions	Paper	To receive	5	23 – 135
8.		<u>Members' Council business items</u>					
	10.55	8.1 Governor feedback and appointment to Members' Council groups (to be taken as read and submit questions in advance)	John Laville, Lead Governor	Verbal / Paper	To receive	15	136 – 145
	11.10	8.2 Assurance from Members' Council groups and Nominations Committee including (to be taken as read and submit questions in advance)	Marie Burnham, Chair	Paper	To receive	5	146 – 165
	11.15	8.3 Governors observing committees – review	John Laville, Lead Governor	Paper	To receive	10	166 – 171
			Andy Lister, Head of Corporate Governance (Company Secretary)				
	11.25	8.4 Proposal to merge the Deputy Chair / Senior Independent Director (SID) role	Marie Burnham, Chair	Paper	To approve	5	172 – 177

Item	Approx. Time	Subject Matter	Lead		Action	Minutes allotted	Page reference
	11.30	8.5 Update on Teaching Trust Status	Subha Thiyagesh, Chief Medical Officer	Paper	To receive	10	178 – 185
	11.40	8.6 NHS staff survey 2022 Update	Lindsay Jensen, Deputy Chief People Officer	Paper	To receive	10	186 – 195
	11.50	<i>Break (lunch provided)</i>				40	
9.		<u>Members' Council</u> <u>Focus On item - Health Inequalities and waiting lists</u>					
	12.30	Health inequalities and waiting lists	Sue Barton, Interim Director of strategy and change	Presentation	To receive	15	
	12.45	Governor story	Sara Javid, Publicly Elected Governor, Kirklees	Presentation	To receive	15	
	13:00	Data Presentation	Mike Garnham, Health Intelligence Analyst / Information Manager	Presentation	To receive	15	
			Sue Barton, Interim Director of strategy and change	Verbal		5	
	13:20	Discussion time				20	
10.	13:40	Integrated Performance Report (IPR) (to be taken as read and submit questions in advance)	David Webster, Non- Executive Director	Presentation	To receive	10	196 - 209
11.	13:50	Closing remarks and annual work programme ➤ Work programme 2023/24	Marie Burnham, Chair	Paper	To receive	2	210 - 212

Item	Approx. Time	Subject Matter	Lead		Action	Minutes allotted	Page reference
12.	13:52	Members' Council meetings: <ul style="list-style-type: none"> ➤ Wednesday 27 September 2023 – Annual Members' Meeting ➤ Friday 17 November 2023 (including Joint Trust Board and Members' Council) ➤ Friday 23 February 2024 	Marie Burnham, Chair		Verbal	To receive	1
13.	13:53	Any other business	Marie Burnham, Chair		Verbal	To note	2
	13:55	<i>Close of public meeting</i>					
14.		<u>Private session (governors only)</u>					
	13:55	Chair's final appraisal	Mike Ford, Senior Independent Director		Paper	To receive	10
	14:05	<i>Close of private meeting</i>					

Minutes of the Members' Council meeting held at 09.30 on 9 May 2023

**Hybrid meeting
Large Conference Room, Fieldhead Hospital, Wakefield
and Microsoft Teams**

Present:	Marie Burnham (MBu)	Chair
	Jacob Agoro (JA)	Staff – Nursing
	Charles Elliott (CE)	Public – Wakefield
	Rumaysah Farooq (RF)	Public – Kirklees
	Ian Grace (IG)	Staff – Medicine and Pharmacy
	Claire Den Burger-Green (CDBG)	Public - Kirklees
	Laura Habib (LH)	Staff – Nursing support
	Sara Javid (SJ)	Public - Kirklees
	Adam Jhugroo (AJh)	Public – Calderdale
	Rosie King (RK)	Public – Wakefield
	John Laville (JL)	Public – Kirklees (Lead Governor)
	John Lycett (JL)	Public – Barnsley
	Andrea McCourt (AMc)	Appointed – Calderdale and Huddersfield NHS Foundation Trust
	Helen Morgan (HM)	Staff – Allied Health Professionals
	Bob Morse (BM)	Public – Kirklees
	Cllr Mussarat Pervaiz (MP)	Appointed – Kirklees Council
	Reini Schühle (RS)	Public – Wakefield
	Phil Shire (PS)	Public – Calderdale
	Susan Spencer (SS)	Appointed – Barnsley Hospital NHS Foundation Trust
	Keith Stuart-Clarke (KSC)	Public - Barnsley
In attendance:	Mark Brooks (MBr)	Chief Executive
	Mike Ford (MF)	Senior Independent Director
	Chris Lennox (CL)	Director of Services (Adult and Older Peoples Services)
	Erfana Mahmood (EM)	Non-Executive Director
	Natalie McMillan (NMc)	Non-Executive Director
	Greg Moores (GM)	Chief People Officer
	Kate Quail (KQ)	Non-Executive Director
	Mandy Rayner (MR)	Non-Executive Director/ Deputy Chair
	Adrian Snarr (ASn)	Executive Director of finance, estates and resources
	Darryl Thompson (DT)	Chief Nurse and Director of quality and professions
	David Webster (DW)	Non-Executive Director
	Julie Williams (JW)	Deputy Director of corporate governance, performance and risk

Asma Sacha (ASa)	Corporate Governance Manager (Author)
Anthony (Tony) Jackson (AJ)	Corporate Governance Administrator
Gavin Richardson	Communications Manager
Chanelle Evans	NHS Graduate Management Training Student (observing)

Apologies:	<u>Members' Council:</u>	
	Cllr Howard Blagbrough (HB)	Appointed – Calderdale Council
	Tanisha Bramwell (TB)	Public – Kirklees
	Bob Clayden (BC)	Public - Wakefield
	Daz Dooler (DD)	Public – Wakefield
	Cllr Brenda Eastwood (BE)	Appointed – Barnsley Council
	Gary Ellis (GE)	Appointed – Mid Yorkshire Hospitals NHS Trust
	Warren Gillibrand (WG)	Appointed – University of Huddersfield
	Leonie Gleadall (LG)	Staff – non-clinical support
	Daniel Goff (DG)	Public – Barnsley
	Christopher Matejak (CM)	Public - Calderdale
	Fatima Shahzad (FS)	Public – Rest of Yorkshire and Humber
	Elaine Shelton (ES)	Appointed – staff side organisation
	Nik Vlissides (NV)	Staff – psychological support
	<u>Attendees:</u>	
	Carol Harris (CH)	Chief operating officer (sent deputy)
	Sean Rayner (SR)	Director of provider development
	Dr Subha Thiyagesh (ST)	Chief medical officer
	Salma Yasmeen (SY)	Deputy Chief Executive/ Director of strategy and change
	Andy Lister (AL)	Head of Corporate Governance/ Company Secretary

MC/23/13 Welcome, introductions and apologies (agenda item 1)

Marie Burnham (MBu) formally welcomed everyone to the meeting, apologies were noted as above. The meeting was quorate and could proceed.

MBu reported that 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 who were joining virtually were kindly requested to remain on mute, unless speaking.

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

MC/23/14 Declarations of Interests (agenda item 2)

Declarations of interests were received from newly appointed governors who commenced their post from 1 May 2023 and existing governors as an annual process. There are some declarations that are outstanding which will be updated in due course.

It was **RESOLVED** to **NOTE** the individual declarations from governors.

MC/23/15 Minutes of the previous Members' Council meeting held on 24 February 2023 (agenda item 3)

Phil Shire (PS) informed that he attended the Members' Council meeting on the 24 February 2023 but was put down as apologies.

Action: Corporate Governance Team to amend

It was **RESOLVED** to **AGREE** the minutes of the Members' Council meeting held on 24 February 2023 as a true and accurate record with the noted amendments.

MC/23/16 Matters arising from the previous meeting held on 24 February 2023 and action log (agenda item 4)

MC/23/06a

John Laville (JL) informed that he has been progressing the issues raised by the carers forum. JL said this action was complete but if there are any further issues then this will be discussed during regular meetings.

MC/23/06d

Julie Williams (JW) informed Members' Council that she is currently liaising with the Deputy Director of Finance, Rob Adamson and they are reviewing the process in relation to digital expenses. JW informed she will liaise directly with governors once she has further information.

Action: JW to review and report back to governors

MC/22/63

Mark Brooks (MBR) provided an update to the Members' Council and informed that the Good Governance Institute (GGI) was commissioned to carry out a review of Greater Manchester Mental Health (GMMH) NHS Foundation Trust and their findings were published on the 28 March 2023. It was agreed for this item to be discussed at the Members' Council Quality Group.

Action: Corporate Governance to bring this item to the Members' Council Quality Group.

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

MC/23/17 Chair's report and feedback from Trust Board (agenda item 5)

MBu explained the purpose of her report and the Chair and Non-Executive Director activity.

JL explained there are quite a few abbreviations in the report, and he asked whether this could be rectified for future reports. JL suggested the use of glossary at the end of documents.

Action: Corporate Governance team to action.

It was resolved to **NOTE** the Chairs' report.

MC/23/18 Chief Executive's Comments on the operating context (agenda item 6)

MBr explained it has been a challenging winter and the Trust has also been directly and indirectly affected by industrial action since 2022. There is positive work that is taking place across the Trust.

MBr stated that the Trust budget is going to be challenging and during the Covid response the Trust were given additional monies to help the Trust to respond to the pandemic, but the Trust has a high demand on services. MBr gave an example of the Child and Adolescent Mental Health Services (CAMHS) stating that the number of people accessing the service has increased to almost 38%. There is high level of demand and patient acuity. Whilst the majority of the care is provided in the community, this has put pressure on the use of out of area beds with the use of 15 to 16 independent sector beds.

MBr said our Integrated Care Boards became live organisations in July 2022 and already they have been informed to make 30% cost saving by 2025 and 20% of that should be delivered in 12 months. The ICSs are producing a 5 year plan/strategy and the Trust is working with our partners in places to contribute to this.

MBr said workforce remains a challenge and vacancies are not always filled in the most demanding areas. This is being continually reviewed.

MBr said the Trust recognises how innovative staff work and the Trust felt its first face to face excellence awards since the pandemic on the 4 May 2023 and there were over 220 nominations. He explained it was an inspiring evening.

MBr explained teams are working on the annual report, quality report and internal auditing.

It was resolved to NOTE the Chief Executives comments on the operating context.

MC/23/19 Members' Council Annual items (agenda item 7)

MC/23/19a Annual report unannounced/ planned visits (item 7.1)

Darryl Thompson (DT) explained the purpose of this paper which provides the Members' Council with oversight and assurance around a recent unannounced inspection by the Care Quality Commission (CQC) to older people's services. The paper also outlines an update on Quality Monitoring Visits (QMV) for the last 12 months.

He explained the CQC visited two older peoples inpatient units called Poplars in Hemsworth and Ward 19, Priestley Unit in Dewsbury. This report shares the feedback and also the actions and recommendations. He explained within each ward and care group there is an improvement plan. DT explained the report shows positive interactions with staff and how positive the staff were about the culture of working within the Trust and there were some areas for improvement particularly around observations of patients.

DT said the Trust also carry out Quality Monitoring Visits (QMV) which is an internal review process which is attended by governors and Non-Executive Directors. MBr explained to governors that QMV are a really good opportunity and gives a good insight. DT explained future planning of QMV allows for services to prepare themselves for CQC visits and to learn and understand what is looked at during a CQC inspection.

JL asked about the frequency of the QMV and how many visits had taken place over the last 12 months. JL asked whether the frequency of the QMV are increasing. DT

explained there was a reduction due to restrictions with Covid. JL explained if there should be a target number of QMVs a month. DT said the Trust is a big organisation and we can't get around everywhere frequently. DT explained the QMVs are full days and they are really detailed and the Trust is looking at quality governance and are working in partnership with our neighbours in the Integrated Care System (ICS). MBu explained that there is not only QMVs but director visits and other activities taking place. MBu asked DT whether it would be useful to bring back a paper to the Members' Council on how we can assure the Members' Council. MBu said we also need to factor in Covid 19 outbreaks and how this has reduced many visits.

Action: DT to report back to a future Members' Council regarding QMVs to provide assurance.

Phil Shire (PS) asked about the inspection of Poplars and asked why the inspection was paused and he noticed nothing serious was highlighted in the action plan. DT explained the CQC found challenges on one of the wards and high level of assurance on another and took a step back and allowed the Trust to start the review of the older peoples mental health services over a two week period. DT said services carried out a review and the CQC were comfortable with the feedback and were assured with the feedback. PS asked about the grading. DT said with this type of inspection, it was not to influence the grading, but it was part of a wider well led review.

Rosie King (RK) said she has participated in unannounced visits with the expert by experience team, she asked whether it was a conflict of interest to be a governor as well as participating in this. MBu said no.

Claire Den Burger Green (CDBG) explained she also took part in unannounced visits through expert by experience. She explained she was concerned about doing QMVs when the concerns are raised rather than just doing the QMVs according to a schedule, but she also understands that the visits are done when they have not been done in a while. She asked who participated in the QMVs. She also asked whether those people participating in the visits have a template to follow and a plan and set of questions.

DT responded that there is a team of people who participate in the QMV which includes a Non-Executive Director, governor, Manager and each member of the panel receives a pack and it highlights concerns, complaints, performance and staff survey. It also includes a plan as to a list of service users and carers who have agreed to participate and a list of questions. The QMV also involves safeguarding colleagues with clinical experience. MBu said staff also meet in a review panel and it is recorded. CDBG asked whether new governors would obtain this support. MBu encouraged new governors to participate.

Andrea McCourt (AMc) asked whether the Trust were aware of concerns before the CQC visits. DT said concerns raised are discussed by the Executive Management Team and they were being discussed in the risk panel.

It was resolved to RECEIVE the annual report unannounced/ planned visits update.

MC/23/19b Care Quality Commission (CQC) action plan (item 7.2)

DT explained this paper provides assurance to the Members' Council of the work undertaken and that remains ongoing around the CQC actions from the Trust's last inspection in 2019. This report contains information from regular reports which are reviewed in detail at Clinical Governance and Clinical Safety Committee and the Executive Management Team. He explained this was a summary of our rating at the time.

He explained particular areas that was flagged was record keeping and clinical risk assessments and care planning compliance and the measure of people receiving a copy of their care plan. DT explained there are regular reports going into the Executive Management Teams and Clinical Governance and Clinical Safety Committee.

Keith Stuart Clarke (KSC) explained he asked about the use of photo IDs for governors participating with QMVs which was an issue as not everyone has a passport. He said he was glad that governors have lanyards and name badges now. MBu encouraged governors to sign up to observe the Clinical Governance and Clinical Safety Committee to gain further insight and assurance.

It was resolved to RECEIVE the CQC action plan.

MC/23/20 Members' Council business items (item 8)

MC/23/20a Associate Non-Executive Director Appointment(s) (item 8.1)

Greg Moores (GM) explained that this paper was to update the Members' Council on the recruitment process for the Associate Non-Executive Director's and agree the recommendations from the Nominations committee to appoint Dr Rachel Lee and Rokaiya Khan as Associate Non-Executive Directors. He explained they were non-voting roles, they won't be chairing Trust committees and the recommendation is to appoint them on a 2 year term.

GM said Dr Rachel Lee was recommended for the clinical post and Rokaiya Khan was recommended for the non-clinical role. Their background was explained in the paper and they were both strong candidates.

JL explained the process was thorough and the Trust used a new recruitment agency. He explained there were high number of applications, and the Trust used stakeholder panels which KSC also attended. JL said he took part as a lead governor and staff governor and the Race, Equality and Cultural Heritage (REACH) network lead, Jacob Agoro (JA) was also on the panel. JL explained it was well run and he was happy with both applicants. No objections were raised to appoint them as Associate Non-Executive Directors.

The Members' Council approved the appointment of Rachel Lee and Rokaiya Khan.

It was resolved to APPROVE the recommendation from the Nominations Committee to appoint Dr Rachel Lee to the role of Associate Non-Executive director (Clinical role) and to appoint Rokaiya Khan to the role of Associate Non-Executive director (Non-Clinical role) with South West Yorkshire Partnership NHS Foundation Trust for a two year term.

MC/23/20b Deputy Lead Governor appointment (to be taken as read and submit questions in advance) (item 8.2)

(Claire Den Burger Green (CDBG) left the meeting).

MBu explained this paper was to consider the recommendation from Nominations Committee to appoint Claire Den Burger-Green as Deputy Lead Governor.

MBu said CDBG was the only nomination, and it is non contested. JL said CDBG will make a good Deputy Lead Governor and it was important for him to speak to someone else in the team to go over ideas and explore new suggestions or improvements to the Members' Council.

Members' Council agreed with the recommendation to appoint CDBG as Deputy Lead Governor.

CDBG re-entered the meeting and the decision was relayed to her. She thanked the Members' Council.

It was resolved to APPROVE the RECOMMENDATION from Nominations Committee to appoint Claire Den Burger-Green as Deputy Lead Governor for three years term of office from 1 May 2023 to 30 April 2026.

MC/23/20c Governor feedback and appointment to Members' Council groups (to be taken as read and submit questions in advance) (item 8.3)

JL said he has spoken to new governors and asked them what they hoped to achieve from being governors and why they put themselves forward. JL said he was delighted with increasing the number of young governors and he was pleased that some of our new governors wanted to talk about why they applied.

Rumaysah Farooq (RF) said she was elected to represent Kirklees. She explained she put herself forward to be more involved in organisations especially because our Trust is predominantly mental health. She explained as a young student in her final year, she found the stress with exams very challenging, and she wants to ensure that the younger demographic is heard. She explained she has many ideas, and she is looking forward to working with everyone and gain understanding of the work of the Trust. MBu said it was really important to represent a younger voice and welcomed her to the Members' Council.

Ian Grace (IG) said he is a Pharmacist representing the medic and pharmacy team. He explained he has worked as a Pharmacist for the Trust for a number of years and has worked in various aspects of healthcare. He said he has also worked in the community as well as the inpatient ward. He spoke about his time on the ward and how he participates in ward rounds. IG said he has looked into the governor role and felt there was a lot he could bring to the role. MBu thanked IG and welcomed him.

Bob Morse (BM) explained he has been involved in a lot of different roles in his career. He said a few years ago he set up a charity called Platform One. He said it centres around men's mental health across Kirklees and Calderdale. He explained he has learned a lot about what works for people experiencing mental health and access to mental health services. He said his constituents have been socially prescribed to his charity. MBu thanked him for his passionate story and welcomed him.

JL explained 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.

JL highlighted that there are four Members' Council groups with vacancies for governors to participate and to become a member, and an invitation was sent to all governors to seek interest and self-nominate.

He explained Phil Shire (PS) has put himself forward for the Nominations Committee, this was the only self-nomination and PS will automatically fill the vacancy.

MBu encouraged governors to apply for the available vacancies. JL said any governor can also sit in on the coordination group and the quality group as a non-member.

Action: Corporate Governance Team.

It was RESOLVED to RECEIVE the governor feedback.

It was resolved to RECEIVE the update and NOTE Phil Shire has filled the public governor vacancy for Nominations Committee from 1 May 2023.

MC/23/20d Assurance from Members' Council groups and Nominations Committee including (to be taken as read and submit questions in advance) (item 8.4)

MBu explained the following paper includes the Members' Council group assurance and asked for comment. Members' Council were happy to receive the notes and annual reports.

CDBG said Item 8.4j, Members' Council Quality Group terms of reference shows that there is a Kirklees governor vacancy and she was the Kirklees governor from 2022/23.

Action: Corporate Governance Team to amend.

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

It was resolved to RECEIVE the annual reports for 2022/23 and APPROVE the updated Terms of Reference for the Members' Council Co-ordination Group, Members' Council Quality Group and Nominations Committee subject to any amendments.

MC/23/20e Consultation/ review of Audit Committee terms of reference (to be taken as read and submit questions in advance) (item 8.5)

Mike Ford (MF) explained the purpose of this paper was to consult with the Members' Council on the updates to the Audit Committee's Terms of Reference. The updates were approved by Trust Board on 25 April 2023. He explained the remit of the group has been expanded to cover health and safety and management of safety and emergency response. He said the other change was for at least one non-executive member of the committee to have recent and relevant finance experience. There was also an addition in relation to the appointment of the Chair and work on counter fraud.

Charles Elliott (CE) asked about service delivery and performance and whether this was covered in the Audit Committee. MF explained this was covered in the Finance, Investment and Performance Committee. MBu said all the committees feed into the Audit Committee and they have overall assurance of all the sub committees of the Trust Board.

It was resolved to RECEIVE the updates to the Terms of Reference for the Audit Committee.

MC/23/20f Members' Council elections – outcome (item 8.6)

Julie Williams (JW) updated Members' Council on the outcome of the election process for 2023. She explained that all seats were successfully recruited to except the staff governor seat for social care staff in integrated teams. JW said she will try and do some outreach work in this area for the next election.

JL thanked the corporate governance team for their work to ensure the Trust had a good representation of governors. He explained Daz Dooler (DD) has done some great work with younger people and also there was some good work with the roadshow JL attended with MBu, Asma Sacha (AS), Anthony Jackson (AJ) and Warren Gillibrand (WG) at the University of Huddersfield.

JL said the turn out to vote in the elections was not a high number at only 3.4% and governors and the Trust need to work on engagement with members of the public.

Charles Elliott said his surname was spelt incorrectly on the paper.

Action: Corporate Governance Team to amend.

It was resolved to RECEIVE the election update.

MC/23/21 Integrated Performance Report (item 9)

Kate Quail (KQ) and Adrian Snarr (AS) presented the IPR for Quarter 4 2022/23.

AS explained that these performance figures are used for reports and performance hotspots. He explained there were marked against RAG ratings (red/amber/green).

KQ said despite the pressure on teams the Trust was meeting its targets and making improvements in some areas.

KQ said there is concerns in a few areas, such as the admission of children and young people in inpatient wards. She said there are robust governance arrangements and safeguarding and admission is discussed in the Trust liaison meetings and it is due to unavailability of national beds. KQ said this also has an impact on the Trust bed availability which also leads to out of area placements. Inappropriate out of area day beds is always done as a last resort and this is a national issue across the country, it was not routine.

KQ said in March 2023 the Trust saw a greater demand placed on the flexible staffing resource than in the previous month. This has been for a number of reasons including; ongoing increased acuity on the inpatient areas, substantive staff utilising their annual leave prior to the year end, ongoing sickness and vacancies. There continues to be fluctuations within most wards with an overall decrease in the total fill rate.

KQ explained the performance figures for workforce is that 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 the ward-based service areas.

She explained vacancies remain high across the Trust although decreased slightly from the end of Q3 which was 18.1% compared to 17.6% at the end of Q4. Staff turnover for the year was 13.5%. This is an improvement on previous quarters (Q1 15.4%, Q2 14.8%, Q3 14.2%).

Recruitment activity was up during Q4 2022/23. 193.6 Whole Time Equivalent (WTE) starters joined in the period. 141.7 WTE staff left during the quarter. Sickness absence rates in Q4 2022/23 (including Covid absence) remain at 5.3%, this is the same level at reported at Q3 and remains above the target of 4.5% and the Trust is below the national average.

MBu said there are training sessions on the Integrated Performance Report (IPR) which will inform new governors how it links together and to review the threshold. CDBG explained an in-house governor training session has been scheduled to take place on the 24 May 2023, 10 – 11am, MS teams. Governors agreed that this would be helpful.

KQ said the Trust encourages staff to report incidents and to grade it and to review the incidents, this was very important.

KQ explained there was a slight increase in Covid 19 outbreak on the ward in March 2023. The Infection Prevention and Control requirements continue to be reviewed and updated in line with emerging national guidance and staff feedback.

KQ said despite the pressure there was good feedback from the patient experience – friends and family test (FFT);

95% of respondents in March 2023 would recommend community health services.

83% of respondents in March 2023 would recommend mental health services.

The Trust continues to explore other creative ways of gaining feedback on our services.

GM provided an overall update to workforce and informed governors he will be able to bring another paper to a future Members' Council to discuss the results of the staff survey.

Action: Corporate Governance Team

KQ said the Trust ended the year at a surplus of £3.2m. AS said the Trust delivered this and it was getting financially tighter and we are moving to a breakeven position. He said the Trust key areas are workforce and to achieve this there will need to be a cut in agency spend. He explained there isn't sufficient capital and there maybe difficult decisions as to how we spend money.

Phil Shire (PS) said the IPR comes to the Members' Council Quality Group as a whole document and any new governors interested in attending the group are welcome if they wish to discuss the report further.

PS highlighted the CAMHS referral to treatment was 18 weeks and this was increasing even though there was no threshold (slide 4). MBr explained that children are interpreted another way so 78% are seen within 18 weeks. MBr said we may not be able to maintain this level due to referral rates and how many the Trust is contracted to see. MBu said this was a challenging area and the Trust is reviewing this in terms of third sector support.

CDBG asked whether the waiting lists for CAMHS was reduced because they were contracted out to private agencies. She said she was aware of one case from SWYPFT in relation to a child and Autism services. MBr said this was not the case and explained the Autism and ADHD assessments are being sent to other areas but this was not applicable to CAMHS services.

KQ explained that in addition to assurance about waiting lists, the Trust also give assurance that young people and families are safe whilst they were on the waiting list. KQ said the Trust has a range of mechanisms in place and has put additional services in place.

JL said it was good to see the turnover rate coming down, but the CQC report shows that staff were not getting their appraisals and he has seen information in the Trust communications requesting that staff approach their managers for an appraisal. JL said it is the line managers responsibility to make the appointment for staff appraisal. MBr said the appraisal figures have increased and the areas we have seen a dip in are those areas which are under pressure and he advocates that staff need regular one to ones, feedback and appraisal.

It was resolved to RECEIVE the Integrated Performance Report

MC/23/22 Closing remarks and annual work programme 2023/24 (item 10)

It was resolved to RECEIVE the annual work programme 2023/24.

MC/23/23 Members' Council meetings (item 11)

Hybrid meetings

Wednesday 16 August 2023

Friday 29 September 2023 – Annual Members' Meeting (tentative)

Friday 17 November 2023 (including Joint Trust Board and Members' Council)

Friday 23 February 2024

It was resolved to APPROVE the Members' Council meeting dates.

MC/23/24 Any other business (item 12)

- CE said he would like to bring a paper to the next Members' Council meeting on neurodiversity. MBu said she has responded to his email, and he can take this discussion at the next Members' Council Quality Group meeting. JW said she will be in touch with him to discuss this further.

Action: Corporate Governance Team to arrange a meeting between JW and CE.

- KSC asked whether nursing staff who worked for the Trust came from around the locality or far away, GM discussed the workforce.
- MF informed governors that alongside observing committees, governors can also attend the Q&A sessions with the executive board. He explained it was a good opportunity for governors to find out the workings of the committee.

Action: Corporate Governance Team to re-circulate the Q&A dates.

Close of Members' Council meeting

**Members' Council 9 May 2023 – Action log
Item 4**

 = completed actions

Actions from 9 May 2023

Minutes ref	Action	Lead	Timescale	Progress
MC/23/15	<u>Minutes of the Members' Council meeting held on 24 February 2023 (agenda item 3)</u> Phil Shire (PS) informed that he attended the Members' Council meeting on the 24 February 2023 but was put down as apologies.	Asma Sacha, Corporate Governance Manager	August 2023	Complete The minutes of the 24 February 2023 have been amended.
MC/23/06d (action log)	Julie Williams (JW) informed Members' Council that she is currently liaising with the Deputy Director of Finance, Rob Adamson and they are reviewing the process in relation to digital expenses. JW informed she will liaise directly with governors once she has further information.	Asma Sacha, Corporate Governance Manager	November 2023	In progress Following JW's meeting with RA (Deputy Director of Finance), Asma Sacha has been in touch with the Trust IT department to start the process of public governor access to webmail and the Trust intranet (subject to Information Governance training).
MC/22/63 (action log)	Mark Brooks (MBr) provided an update to the Members' Council and informed that the Good Governance Institute (GGI) was commissioned to carry out a review of Greater Manchester Mental Health (GMMH) NHS Foundation Trust and their findings were published on the 28 March 2023. It was agreed for this item to be discussed at the Members' Council Quality Group.	Laura Arnold, Corporate Governance Officer	August 2023	This item to go to the next Members' Council Quality Group meeting.

Minutes ref	Action	Lead	Timescale	Progress
MC/23/17 Chair's report and feedback from Trust Board (agenda item 5)	John Laville, lead governor explained there are quite a few abbreviations in the report, and he asked whether this could be rectified for future reports. JL suggested the use of glossary at the end of documents.	Asma Sacha, Corporate Governance Officer	August 2023	Complete Asma will proof read all documentation to ensure there are no abbreviations.
MC/23/19a Annual report unannounced/ planned visits (item 7.1)	Darryl Thompson, Chief Nurse and executive director of Nursing, Quality and Professions to report back to a future Members' Council regarding Quality Monitoring Visits (QMV's) to provide assurance.	Asma Sacha, Corporate Governance Manager	November 2023	August update - To go to the next MCQG meeting to establish best method of providing required assurance.
MC/23/20c Governor feedback and appointment to Members' Council groups (to be taken as read and submit questions in advance) (item 8.3)	Marie Burnham encouraged governors to apply for the available vacancies on the Members' Council groups. John Laville said any governor can also sit in on the Members' Council coordination group and the Members' Council quality group as a non-member.	Asma Sacha, Corporate Governance Manager	August 2023	Vacancies are circulated to all governors after each Members' Council meeting asking for expressions of interest for membership of Members' Council groups.
MC/23/20d Assurance from Members' Council groups and Nominations Committee including (to be taken as read and submit questions in advance) (item 8.4)	Claire Den-Burger Green said Item 8.4j, Members' Council Quality Group terms of reference shows that there is a Kirklees governor vacancy and she was the Kirklees governor from 2022/23.	Asma Sacha, Corporate Governance Manager	August 2023	Complete Asma Sacha has contacted Claire Den-Burger Green to explain that there is now a Kirklees governor vacancy on the Members' Council quality group following her role change as Deputy lead governor.

Minutes ref	Action	Lead	Timescale	Progress
MC/23/20f Members' Council elections – outcome (item 8.6)	Charles Elliott said his surname was spelt incorrectly on the paper.	Asma Sacha, Corporate Governance Manager	August 2023	Complete. CE's name has been amended.
MC/23/21 Integrated Performance Report (item 9)	Greg Moores, Chief People Officer provided an overall update to workforce and informed governors he will be able to bring another paper to a future Members' Council to discuss the results of the staff survey.	Asma Sacha, Corporate Governance Manager	August 2023	Complete The annual staff survey is an agenda item on the Members' Council meeting – 16 August 2023.
MC/23/24 Any other business (item 12)	Charles Elliott said he would like to bring a paper to the next Members' Council meeting on neurodiversity. Marie Burnham said she has responded to his email, and he can take this discussion at the next Members' Council Quality Group meeting. Julie Williams said she will be in touch with him to discuss this further. Action: Corporate Governance Team to arrange a meeting between JW and CE.	Asma Sacha, Corporate Governance Manager	August 2023	Complete A meeting took place between Julie Williams, Charles Elliott, Phil Shire, Carmain Gibson-Holmes on the 15 June 2023. It was agreed for Charles to do a presentation to the November quality group. The purpose is to raise awareness of current national policy and views on where improvements can be made and how the Trust may wish to influence these discussions.
MC/23/24 Any other business (item 12)	Mike Ford informed governors that alongside observing committees, governors can also attend the Q&A sessions with the executive board. He explained it was a good opportunity for governors to find out the workings of the committee.	Laura Arnold, Corporate Governance Officer	August 2023	Complete The full timetable of governor and Board Q&A sessions has been circulated to all governors.

**Members' Council 16 August 2023
Agenda item 5**

Title:	Chair's Report and feedback from Trust Board
Paper presented by:	Marie Burnham - Chair of the Trust
Paper prepared by:	Corporate Governance team
Purpose:	<p>The purpose of this report is to keep Members' Council informed to enable governors to hold Non-Executive Directors (NEDs) to account for the performance of the Board.</p> <p>This report covers activity from 26 April 2023 until 31 July 2023. 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.</p> <p>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 NED 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.</p> <p>This report aims to supplement these by highlighting: Chair and NED activity since the previous Members' Council meeting.</p> <p>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.</p>
Mission/values:	Good governance supports the Trust to deliver its mission and adhere to its values.
Any background papers / previously considered by:	Not applicable.
Executive summary:	<p><u>Governor Changes:</u> Councillor Sue Bellamy commenced her post as appointed governor for Barnsley Council from 14 June 2023.</p> <p>The following governors resigned from their position; Charles Elliott, public governor for Wakefield. Gary Ellis, Appointed governor from Mid Yorkshire Teaching NHS Trust.</p> <p><u>Annual Members' Meeting</u> Members' council are reminded that the next Annual Members' Meeting will take place on;</p> <p>Wednesday 27 September 2023, 10:00 – 14:00 Al Hikmah Centre, 28 Track Road, Batley, WF17 7AA</p>

Eventbrite link:

<https://www.eventbrite.co.uk/e/annual-members-meeting-tickets-625279205937?aff=oddtcreator>

Theme: "All of you"

Chair and Non-executive Director activity since from 26 April until 31 July 2023

(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 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 9 May 2023.

75th anniversary of the National Health Service

On 5th July 2023, the Chair attended a service at Westminster Abbey to celebrate the 75th anniversary of the National Health Service. She attended with Kate Iddon, Cognitive Behavioural Therapist, Jacqueline Kocabas, Early intervention employment specialist, Asma Sacha, Corporate Governance Manager and Anthony Jackson, Corporate Governance Administrator (previously Nursing Assistant). She felt it was a privilege to be surrounded by many inspiring people and hearing some incredible stories that could only come about from the compassion and kindness of the NHS workforce. The George Cross, which was presented to the NHS in 2022 was processed to the High Altar by Nurse, May Parsons who administered the world's first COVID vaccine. May was joined by a St John's ambulance cadet and Enid Richmond who worked for the NHS at the time it was launched. The service was moving which ended with words of blessing by faith representatives.

Trust Board story 25 July 2023

Trust Board welcomed Laura Bentley, Practitioner and Beth Murphy, Team Manager from the Child and Adolescent Mental Health Services (CAMHS) crisis team on the 25 July 2023. Laura gave an account of a young person who had transitioned from the CAMHS service into adult services. This young person wrote a reflective piece of her experience which was wonderful to hear. The Chair felt the account was reflective of the Trust mission and values of helping people considering the pressure and demands of the service.

Governance meetings – Chair and NEDs:

The Chair and NEDs 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 is a list of their activities:

Our Non-Executive Directors have attended the following from;
26 April 2023 – 31 July 2023;

Mike Ford:**Formal meetings/ Committees:**

Members' Council Meeting

Trust Board meetings

Audit Committee (June & July)

Collaborative Committee

Charitable Funds Committee

Equality Involvement & Inclusion Committee

Regular Meetings:

Non-executive director (NEDs) Meetings – following Trust Board Routines with Chair including various appraisal discussions – both Chair's and own

Freedom to Speak Up 6 weekly Review Meetings

Audit Committee Planning meeting

One-off meetings:

Governor Q&A regarding Equality Involvement & Inclusion Committee

Meeting with Deputy Chief Executive re strategic objectives/risks

Meeting with Corporate Governance Manager

External events/meetings attended

Good Governance Institute Webinar

Discussion with GGI re Provider Collaboratives governance

Kate Quail:

Clinical Governance and Clinical Safety Committee x2

Mental Health Act Committee

Finance, Investment and Performance Committee x2

Mental Health Act committee preparation

Mental Health Act Committee agenda setting meeting

Managers Review x 6

Members' Council meeting 9 May 2023

Trust Board 30 May 2023

Trust Board 27 June 2023

Erfana Mahmood:

Mental Health Act Committee meeting

Charitable Funds Committee meeting

Equality, Inclusion and Involvement Committee meeting

Charitable Funds Committee agenda setting meeting

Hospital Managers Review Annual x2

Governor Q&A meeting

Interview - Liaison Consultant psychiatrist

Director of Strategy and Change formal panel interviews.

Members' Council meeting 9 May 2023

Trust Board 30 May 2023

	<p>Trust Board 27 June 2023</p> <p>Trust Board 25 July 2023</p> <p>Wetherby Young Offender Institution (YOI) visit</p> <p>Collaborative Committee meeting</p> <p>Two meetings with the Spirit In Mind (SIM) team and canine befrienders</p> <p>Natalie McMillan:</p> <p>Clinical Governance and Clinical Safety Committee x2</p> <p>Finance, Investment and Performance Committee</p> <p>People and Remuneration - extra-ordinary meeting</p> <p>People and Remuneration Committee Additional meeting</p> <p>People and Remuneration Committee Development session</p> <p>Career Progress Meeting – Deputy Director of Nursing</p> <p>Yorkshire Partnership NHS Foundation Trust oversight meeting</p> <p>Members' Council meeting 9 May 2023</p> <p>Yorkshire and Humber training hub connect event</p> <p>Trust Board 30 May 2023</p> <p>Trust Board 27 June 2023</p> <p>Trust Board 25 July 2023</p> <p>Mandy Rayner:</p> <p>Visit to Pathways service (Mirfield)</p> <p>People and Remuneration Committee</p> <p>Audit Committee x2</p> <p>People and Remuneration Additional meeting</p> <p>Calderdale Care Partnership Board</p> <p>People and Remuneration Committee Agenda Setting</p> <p>Patients know Best meeting</p> <p>People and Remuneration Development session</p> <p>Annual Review – Clinical Legislation Manager</p> <p>Hospital Managers Review</p> <p>Director of Strategy and Change formal panel interviews</p> <p>Trust excellence awards</p> <p>Members' Council meeting 9 May 2023</p> <p>Meeting with Deputy Chief People Officer</p> <p>Appraisal meeting with Chair</p> <p>Meeting as a buddy to Associate Non-Executive Director</p> <p>Meeting with Director of Finance and Head of IT to review clinical informatics resource.</p> <p>Meeting with IT to discuss the digital strategy</p> <p>Monthly NED meetings x3</p> <p>Trust Board 30 May 2023</p> <p>Trust Board 27 June 2023</p> <p>Trust Board 25 July 2023</p> <p>Wetherby Young Offender Institution (YOI) visit</p>
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David Webster:

Collaborative Committee
Finance, Investment and Performance Committee
Audit Committee x 2
Chair 121
Trust excellence awards
Members' Council meeting 9 May 2023
Trust Board 30 May 2023
Trust Board 27 June 2023
Trust Board 25 July 2023

Dr Rachel Lee:

Trust Board 27 June 2023
121 with Chair
Induction meetings

The following gives a summary of activity undertaken by the Chair during the period: 26 April 2023 – 31 July 2023

Extraordinary Nominations Committee meeting
Follow up to appraisal discussion
Draft Chairs' report for the Members' Council on the 9 May
The View – Chair addition (internal comms)
West Yorkshire Mental Health Services Collaborative Committees in Common
Chair/ Non-Executive Directors x6 and appraisals
People and Remuneration Committee - additional Meeting
Trust Board agenda setting meeting
South Yorkshire and Bassetlaw Mental health and Learning Disabilities Provider Collaborative Chairs Meeting
Mental Health Chairs Weekly Conference Call
Long Service Awards
Excellence Awards 4 May 2023
Members Council 9 May 2023
Teaching Trust status Steering Group meeting
South Yorkshire Mental Health and Learning Disabilities Provider Collaborative Board
Chairs' catch up
Mental Health Chairs Weekly Conference Call
121 Chair/ Head of Communications
SWYT Briefing
Chair meeting Consultant Clinical Psychologist
Lead Governor and Deputy Lead Governor - Governors catch up
Clinical Governance and Clinical Safety committee
Governor Reviews
One to one - Chair / Deputy Director of Corporate Governance
Chief Executive/ Chair x3
People and Remuneration Committee
Chair/ Associate Non-Executive Director meeting

Trust Board Agenda Setting
 Welcome Event
 Chair/ Senior Independent Director - Appraisal meeting
 West Yorkshire Partnership Board Meeting
 Priestley unit visit
 Recovery College visit
 Carers Event
 Chair / Senior Independent Director Chair appraisal
 Chairs Group meeting
 Members Council Co-ordination group
 Yorkshire and Harrogate Chairs Meeting
 Career progression meeting – Deputy Director of Nursing
 Trust Board
 Barnsley Alliance Meeting
 Governor Q&A
 The View Chair edition
 Mental Health Chairs Weekly Conference Call
 West Yorkshire Health and care partnership
 Barnsley Place Committee and Partnership Board Development Session
 x2
 Engaging membership - young governors forum meetings (2 weekly)
 Insight report Meeting
 Westminster Abbey NHS 75 Event
 Partners and Peers (Stakeholder engagement – Director of Strategy and
 Change Recruitment campaign)
 Trauma informed meeting
 New governor induction
 Teaching Trust Steering Group
 People and Remuneration Committee Extraordinary
 Chair/ Lead Governor meeting
 Annual Members' Meeting preparation
 Trust Board 27 June 2023
 Trust Board 25 July 2023
 Meeting with Chief Executive and Executive Director of provider
 development
 Internal audit briefing meeting

4. 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 six days before public 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.

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 have 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 developments** in our two integrated care systems (West Yorkshire and South Yorkshire & Bassetlaw), and receive **assurance from the Board committees**.

In addition, at every *business and risk* meeting (quarterly), the **board assurance framework** is discussed (which sets out the key risks to the strategic objectives plus corresponding controls and assurance), and the **corporate/ organisational risk register**.

At every *performance and monitoring* meeting (quarterly), the quarterly **serious incident report** is discussed.

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

30 May 2023 – Trust Board (private and strategic)**Public**

- Integrated Performance Report metrics 2023/24
- The context of provider collaboratives and being a lead/ coordinating provider
- Risk appetite discussion
- Board development session

27 June 2023 – Trust Board (Performance and Monitoring)**Public**

- Service User / Staff Member / Carer Story
- Integrated performance report Month 2 2023/24
- 2022 NHS Staff survey update
- Incident Management Annual report
- CQC inspection reports updated
- Premises Assurance Model annual report
- Data Security and Protection Toolkit
- Guardian of Safe Working hours report
- Assurance and receipt of minutes from Trust Board Committees and Members' Council
- South Yorkshire update including and South Yorkshire Integrated Care System (SYICS)
- West Yorkshire Health & Care Partnership (WYHCP) including the Mental Health, Learning Disability and Autism Collaborative and place-based partnerships update
- Provider Collaboratives and Alliances
- Compliance with NHS provider licence conditions and code of governance - self-certifications

	<p><u>25 July 2023 – Trust Board (Business and risk)</u></p> <p><u>Public</u></p> <ul style="list-style-type: none"> • Service User / Staff Member / Carer Story • Board Assurance Framework • Corporate / organisational risk register • Health and Safety Annual report • Freedom to Speak up annual report • Patient led assessments of the care environments (PLACE) scores • Assurance and approved minutes from Trust Board committees • Integrated Performance Report (IPR) month 3 2023/24 • South Yorkshire update including and South Yorkshire Integrated Care System (SYICS) • West Yorkshire Health & Care Partnership (WYHCP) including the Mental Health, Learning Disability and Autism Collaborative and place-based partnerships update • Provider Collaboratives and Alliances • Assessment against NHS Constitution • Barnsley Place Plan 2023-25 • Estates strategy
Recommendation:	Governors are asked to RECEIVE the contents of this report and raise any questions or comments in advance of the meeting.
Private session:	Not applicable.

Members' Council Meeting 16 August 2023 Agenda item 7.1a

Paper:	Public paper		
Title:	Quality Account 2022/23		
Paper presented by:	Carmain Gibson-Holmes, Deputy Director of Nursing, Quality and Professions		
Paper prepared by:	Sarah Whiterod, Associate Director of Nursing, Quality and Professions		
Mission/values:	The Quality Account demonstrates the Trust's commitment to providing outstanding physical and mental health care that that helps people to reach their potential and live well in their communities.		
Purpose:	The Quality Account 2022/23 shares a reflection of our services and the care we provide. Organisations are required under the Health Act 2009 and the Health and Social Care Act 2012 to produce Quality Accounts when they deliver services under an NHS standard contract.		
Strategic objectives:	Improve Health	✓	
	Improve Care	✓	
	Improve Resources		
	Make this a great place to work	✓	
Contribution to the objectives of the Integrated Care System/Integrated Care Board/Place based partnerships	Trusts share the annual Quality Account for consultation and reflection with stakeholders including the Integrated care Boards, Healthwatch and acute Trust partners. This enables opportunity to ensure areas of good practice and areas for development are accurately reflected alongside stakeholder and partner observations and experiences of our services.		
	It is an important part of the annual reflection on how we are delivering high quality care and meeting the needs of those who use our services or work alongside us to serve our communities.		
	The completion of an annual Quality Account which is published allows for opportunities at local, regional and national to learn from other services and gain opportunities to work together to address and tackle larger scale challenges.		
Any background papers / previously considered by:	Trust Quality Accounts are produced annually and published following approval at Trust Board. Earlier drafts of this Quality Account have been presented to Clinical Governance Clinical Safety Committee and Private Trust Board.		
Executive summary:	The Quality Account contains the following information: <ul style="list-style-type: none">• Chief Executive and Chair's welcome• Statements of assurance• Priorities for improvement and statements of assurance. This includes information on the Trust quality priorities and a summary of our position		

	<p>against the quality priorities, our approach to quality improvement and our approach to quality governance.</p> <ul style="list-style-type: none"> • Part 2.2 contains information which is required as part of the quality account publication. • Section 3 outlines and details our performance against the quality priorities and share a series of quality improvements and innovations. <p>The Quality Account has been shared widely with internal and external stakeholders, including the Integrated care Boards, Healthwatch and acute Trust partners. All stakeholder feedback is included within the report, and no concerns about the report have been identified by our stakeholders. The report was published on the Trust website on 30 June 2023.</p>
Recommendation:	Members' Council are asked to RECEIVE the Quality Account 2022/23

Quality Report 2022/2023

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Part 1:

Chief Executive and Chair's Welcome

Welcome to our 2022/23 quality account. We are delighted to introduce this reflection of our services outlining our performance and priorities for improvement.

When we talk about quality care, this encompasses many things. It covers compassionate care, treating each person with kindness and respect. It incorporates equal and inclusive care, valuing diversity and seeing personal experiences as a strength. It also represents safe care, keeping people well and having their best interests in mind.

In our 2022 NHS staff survey results, 82% of staff said that care of patients and service users is the Trust's top priority, above the national average of 78%. At the heart of the NHS is its people. Without the kindness, experience, skills and enthusiasm of our workforce, we wouldn't be able to provide the quality care and support that the NHS is renowned for.

It's why we recruit in line with our values – we want to make sure we boast a workforce that is reflective of our communities, the people we care for, our values and beliefs and our priorities for the future.

In April 2022, the Trust held its annual excellence awards ceremony which celebrated the achievements of our staff and volunteers, recognising the quality work which helps people fulfil their potential and live well every day.

Following a challenging two years, the awards celebrated the outstanding work delivered by our staff every day, including our unsung heroes and volunteers who work hard to change people's lives, and the teams delivering services with care and passion.

We know that great people provide great care and deserve a great place to work. Respecting and valuing people's experiences and backgrounds helps us to be a better employer and in turn provider of care.

We were awarded the Carer Confident benchmark of Level 2 Accomplished for our support to help carers identify themselves in the workplace, including carers in the development of policies and processes, and our guidance covering caring and carers.

We also achieved Level 3 (Leader) Disability Confident status in recognition of our commitment to inclusive and accessible recruitment, communicating vacancies, offering an interview to disabled people, providing reasonable adjustments, and supporting existing employees.

Driving our successes is an ambition for improvement. We are on a learning journey which is influenced by the voices of our staff and the people who use our services. We take feedback extremely seriously and use it to grow and develop our services to make them the best they can be for the people who work in and access them.

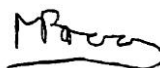
The quality of our services means so much more than the standards. It means compassionate, understanding and kind care that is values-led and puts the person first. It's not just about what is delivered, it's about how and why we do what we do. Our staff, in their daily support of achieving our Trust's mission to help people reach their potential and live well in their communities, exemplify this.

Statement of assurance

This Quality Account has been prepared in line with the requirements of the NHS Act 2009, regulations of the Health and Social Care Bill 2012 and NHS Improvement, the independent regulator of foundation trusts. The Board of Directors has reviewed the Quality Account and to the best of our knowledge, we confirm that the information contained in this report is an accurate account of our performance and represents a balanced view of the quality of services provided by the Trust.



Chief Executive: Mark Brooks

A handwritten signature in black ink, appearing to read 'M Brooks', written over a horizontal line.

Chair: Marie Burnham

A handwritten signature in black ink, appearing to read 'M Burnham', written over a horizontal line.

Part 2:

Priorities for improvement and statements of assurance by the board

Part 2.1 – Priorities for improvement

In part two of our Quality Report we outline our planned improvement priorities for 2022/23. We give an overview of our approach to quality improvement and our approach to quality governance.

Quality Priorities 2022/23

In December 2021, following an options appraisal, the Executive Management Team revisited and re-prioritised the quality priorities, taking into account the ongoing impact of the pandemic and with the intention of identifying a smaller number that would be given greater prominence in 2022/23.

Three quality priorities were identified and these were a focus throughout 2022/23 and will remain so for 2023/24. These priorities are the following:

1. Safe and responsive care
2. Equality, inclusion and equity
3. Health, wellbeing and experience of staff

A summary of our position against these quality priorities can be found below. Further detail on our progress can be found in Part 3.

SAFE AND RESPONSIVE CARE: to deliver quality improvements to support clinical safety and reduce risk; to empower, support and enable people to make safe choices and provide a positive experience which is personalised and shaped by what matters to people.

Quality improvement	What we prioritised	What outcomes we identified	What we did	What next?
Patient safety	We planned: To continue to develop our patient safety strategy and plans, adjusting for national priorities and new guidance	Outcomes: Improve safety culture. Expand of the role of patient safety specialists. Transition to the new patient safety events service (LFPSE).	We have: Continued to focus on improving the quality of incident recording. Improved data collection in respect to sexuality. Undertaken a review of notifiable safety incidents and duty of candour reporting.	We will: Further develop the patient safety specialist role and the framework which supports the role. Work closely with NHS England on a range of national patient safety developments.

		<p>Develop the patient safety strategy.</p> <p>Ensure policies and procedures support a restorative and just culture.</p> <p>Delivery of bite-sized learning.</p> <p>Develop the capture of protected characteristics for people affected by incidents.</p>	<p>Promoted freedom to speak up guardians and training.</p> <p>Configured our DATIX test environment and achieved the technical connectivity to LFPSE by the March 2023 deadline.</p> <p>Begun transition to the new patient safety incident response framework (PSIRF).</p> <p>Used safety huddles to aid team communication and support safe care.</p>	<p>Transition to PSIRF, in line with national requirements.</p>
Suicide Prevention	<p>We planned:</p> <p>To complete the 2022-2025 Trust suicide prevention strategy including implementation plan and set the aims and objectives for 2022-2025</p>	<p>Outcomes:</p> <p>Culture change, including promoting the knowledge of suicide as being preventable.</p> <p>Training and education.</p> <p>Family and carer involvement and collaborative care.</p> <p>Regional collaboration work for marginalised communities.</p> <p>Support for staff.</p>	<p>We have:</p> <p>Identified director leadership for the Trust wide governance.</p> <p>Promoted operational policies, procedures and guidelines to help inform and champion preventable suicide.</p> <p>Identified Care Group needs in regard to suicide training.</p> <p>Worked collaboratively with the ICB suicide prevention lead to develop this work and oversee progress.</p> <p>Delivered of trauma informed training for the workforce.</p> <p>Worked in partnership with the regional real</p>	<p>We will:</p> <p>Continue to work collaboratively across West and South Yorkshire ICB.</p> <p>Review the meeting structure and governance.</p> <p>Develop a suicide prevention forum.</p> <p>Implement the suicide prevention strategic plan.</p> <p>Recruit a family liaison officer.</p>

			<p>time suicide surveillance system.</p> <p>Developed of training for carers.</p> <p>Continued to learn from incidents.</p>	
Electronic Prescribing and Medicines Administration (EPMA)	<p>We planned:</p> <p>To replace paper medication charts with an electronic medication chart within SystmOne</p>	<p>Outcomes:</p> <p>Roll out of the EPMA system to mental health inpatient units.</p>	<p>We have:</p> <p>Completed implementation of EPMA across inpatient units. A full project evaluation and benefits realisation is underway. Immediate benefits which have been realised include:</p> <p>Legible and complete prescriptions.</p> <p>Improved medicine administration.</p> <p>Reduced medication incidents reported.</p> <p>Providing a single and comprehensive view of a service users current and historic medication.</p> <p>Ability to view a service users' medication wherever they may be located.</p>	<p>We will:</p> <p>Introduce EPMA to integrated home based treatment teams and community services.</p> <p>Complete the project evaluation.</p>
Clinical record keeping	<p>To improve record keeping, specifically clinical risk assessment and care planning</p>	<p>Outcomes:</p> <p>Improve the standards of care planning and risk assessments.</p> <p>Utilising quality improvement methodology to</p>	<p>We have:</p> <p>Set up an improvement group to focus on care plans and risk assessments.</p> <p>Identified a problem statement and a driver diagram.</p>	<p>We will:</p> <p>Improve the quality of clinical record keeping.</p> <p>Improve the quality of care planning and risk assessments.</p>

		support the improvements.	<p>Identified quick wins to improve data recording and reporting.</p> <p>Made improvements to the recording of care plan collaboration/sharing of care plans.</p> <p>Developed reports to share fortnightly which support performance management of teams.</p>	<p>Develop confidence and competency frameworks.</p> <p>Monitor the impact of changes and outcomes through the care planning and risk assessment group.</p> <p>Celebrate success.</p>
Outcome measures	<p>We planned:</p> <p>To focus on targets for completion of paired outcome measures</p>	<p>Outcomes:</p> <p>CQUIN CCG 10a – routine outcome monitoring in children and young people's services and 10b – routine outcome monitoring in community mental health services</p>	<p>We have:</p> <p>Implemented the use of outcome measures into routine clinical practice.</p> <p>Replaced the mental health clustering tool with a solution which promotes the use of health of the nation outcome scales (HoNOS) as a clinician reported outcome measure (CROM).</p> <p>Developed a digital solution to collect and report patient reported outcome measures (PROM).</p>	<p>We will:</p> <p>Develop a process for wider roll-out of the digital outcomes application (app) including a training package.</p> <p>Embed clinical outcome measures into routine clinical practice.</p> <p>Continue to monitor CROM and PROM against the CQUIN for 2023/24.</p>
Improving access to Child and Adolescent Mental Health Services (CAMHS)	<p>We planned:</p> <p>To improve waiting times from referral to treatment.</p> <p>To ensure that children and</p>	<p>Outcomes:</p> <p>Reduce waiting times.</p> <p>Provide appointments in a variety of ways, including</p>	<p>We have:</p> <p>Made significant progress in reducing waiting times for treatment over the past three years.</p>	<p>We will:</p> <p>Continue with an ongoing review of business continuity plans.</p> <p>Optimise levels of recurrent investment</p>

	<p>young people have early access to the right support, at the right time and in the right place.</p>	<p>face to face, telephone and video-link.</p>	<p>Made care packages more wide-ranging and lengthier to meet the needs of children.</p> <p>Increased capacity through additional investment.</p> <p>Introduced a community mental health support team (MHST) in Wakefield CAMHS.</p> <p>Expanded the Kirklees MHST and it now covers 57% of schools in Kirklees.</p> <p>Invested in the neurodevelopmental assessment service in Kirklees and Calderdale.</p> <p>Added further investment to extend our crisis and eating disorder services in Kirklees.</p>	<p>in strengthening CAMHS capacity.</p> <p>Agree and implement business cases for neurodevelopmental pathways.</p> <p>Develop a business case to address the challenges in meeting the needs of children in crisis and those with eating disorders.</p>
<p>Reducing the number of people placed in out of area beds</p>	<p>We planned:</p> <p>To continue to focus on sustaining reductions in the number of people placed in beds out of area</p>	<p>Outcomes:</p> <p>The care closer to home programme focused on delivering patient flow improvements.</p>	<p>We have:</p> <p>Taken active action to move people in a timely way through implementation of a flow bed search form, increase in discharge coordinators, restructured barriers to discharge meetings.</p> <p>Coordinated and had input into current out of area beds.</p> <p>Ensured effective role of home-based</p>	<p>We will:</p> <p>Progress business case for additional substantive discharge coordinators.</p> <p>Embed patient flow dashboard.</p> <p>Progress improvement work on person-centred individualised discharge planning.</p> <p>Work with partners across ICBs.</p>

			<p>treatment and community services in timely flow.</p> <p>Agreed continuity of care principles.</p>	
Complaint closure and resolution times	<p>We planned:</p> <p>To reduce the number backlog of complaints on the waiting list.</p> <p>To continue to deliver timely and robust response to complaints, both informal and formal.</p> <p>To improve the flow of complaints through the process and improve the experience for the complainant.</p>	<p>Outcomes:</p> <p>Aim to resolve complaints within six months of receipt in line with statutory guidance.</p>	<p>We have:</p> <p>Developed a quality improvement initiative within the customer services team.</p> <p>Recruited to the customer services team and utilised the talent pool to increase capacity and responsiveness to complaints.</p> <p>Closed 63% complaints within six-months.</p> <p>Worked to understand common reasons for a complaint response being delayed and work is underway to improve the flow of complaints and improve efficiency.</p>	<p>We will:</p> <p>Continue to improve the process for complaints, this includes reviewing the complaint investigation process within Care Groups; streamlining the sign off process for complaints.</p> <p>Implement an electronic survey for people who have raised a complaint to understand their experience.</p> <p>Deliver a Trust wide training programme.</p>
Quality dashboard development	<p>We planned:</p> <p>To continue improvements to dashboards and their use</p>	<p>Outcomes:</p> <p>To support the effective use of data within services.</p> <p>To support assurance and improvement.</p>	<p>We have:</p> <p>Continued developments on the dashboards for neighbourhood teams in Barnsley.</p> <p>Worked to develop reporting to assist with monitoring of the CQUIN scheme.</p> <p>Implemented criteria led discharge reporting.</p>	<p>We will:</p> <p>Use the dashboards to complement the development of the self-assessment quality scheme.</p> <p>Continuously improve the dashboards each year to ensure they align with Trust priorities and objectives.</p>

			<p>Developed a waiting list analysis report.</p> <p>Developed a health inequalities improvement report.</p> <p>Commenced a programme of work to redevelop the Trusts integrated performance report (IPR).</p>	
Quality assurance and improvement	<p>We planned:</p> <p>To refresh the 12 quality scheme standards, considering the CQC revised quality statements.</p> <p>To ensure there is organisational readiness to roll out the self-accreditation scheme across all services.</p>	<p>Outcomes:</p> <p>A responsive approach to assuring the quality of services, utilising the quality monitoring process and systems in place to assure the quality of patient care.</p>	<p>We have:</p> <p>Developed a continuous programme of quality monitoring visits (QMV).</p> <p>Utilised a responsive approach to QMV, allowing for a risk-based approach.</p> <p>Supported services with quality improvement plans and improvements plans following mental health act visits.</p>	<p>We will:</p> <p>Review the quality governance process.</p> <p>Identify opportunities for collaboration and support to drive improvements.</p> <p>Identify risks that cannot be adequately mitigated for and provide an escalation route.</p>
Learning disability services	<p>We planned:</p> <p>To reduce waiting times for assessment and treatment in community learning disability services.</p> <p>To support GPs with the increase in annual health checks for people with a learning</p>	<p>Outcomes:</p> <p>Waiting time monitoring</p> <p>Wellbeing support and development of staff</p> <p>Waiting list monitoring and support to service users waiting for treatment</p>	<p>We have:</p> <p>Developed an out of hours service.</p> <p>Improved welfare calls for people on waiting lists.</p> <p>Recruited strategic health facilitators.</p> <p>Promoted the friends and family test.</p> <p>Established a greenlight toolkit.</p>	<p>We will:</p> <p>Launch a community improvement programme.</p> <p>Continue to implement actions in line with the Assessment and Treatment Unit (ATU) improvement programme.</p> <p>Complete our waiting list project across all areas.</p>

	<p>disability across all four localities.</p> <p>To undertake a workforce review to ensure our community services are set up to best meet the needs of people with specialist learning disability health needs that cannot be met by a mainstream service.</p> <p>To improve the quality of documentation through roles and responsibilities of staff on wards.</p> <p>To build on and further enhance our working relationship with Leeds and York Partnership Foundation Trust and Bradford District Care Foundation Trust.</p>		<p>Increased resource for dietetic support and respiratory care.</p> <p>Established staff wellbeing champions.</p> <p>Recruited an advanced nurse practitioner.</p> <p>Improved daily safety huddles, handovers and debriefs.</p> <p>Continued work on care planning, risk assessments and supervision passports.</p>	<p>Establish a greenlight process.</p> <p>Develop and establish new roles</p>
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EQUALITY, INCLUSION AND EQUITY: to deliver high-quality care which is accessible to everyone and which achieves high quality outcomes; deliver care which is designed to improve the health and wellbeing of a population and is inclusive and addresses inequalities and provides a positive experience which is personalised and shaped by what matters to people.

Quality improvement	What we prioritised	What outcomes we identified	What we did	What next?
Patient experience – friends and family test	<p>We planned:</p> <p>To achieve tailored targets for some specific services and a Trust wide target.</p>	<p>Outcomes:</p> <p>Using the FFT data to support working towards the satisfaction targets (which are specific to the service line).</p>	<p>We have:</p> <p>Developed patient experience representatives across the Trust.</p> <p>Reviewed the patient experience improvement framework.</p> <p>Reviewed text message collection to improve data quality.</p> <p>Continued to collaborate with teams to develop practical ways to collate actions being taken because of feedback.</p> <p>Expanded text messaging service across community services.</p> <p>Ensured that feedback mechanisms are accessible to service users, carers and families.</p>	<p>We will:</p> <p>Continue with the development and expand patient experience representatives across the Trust.</p> <p>Continue to work with teams to develop collation of actions taken as a result of feedback.</p> <p>Pilot the patient experience improvement framework.</p> <p>Develop service line patient experience surveys.</p> <p>Design a patient experience dashboard.</p>
Equality, involvement, communication and membership	<p>We planned:</p> <p>To deliver the objectives within the equality,</p>	<p>Outcomes:</p> <p>To demonstrate we know our audience.</p>	<p>We have:</p> <p>Supported the collection of insight and data through development of a</p>	<p>We will:</p> <p>Ensure we gather good quality data.</p>

	<p>involvement, communication and membership strategy.</p>	<p>To use what we already know as a starting point.</p> <p>To ensure all our work is accessible and clear.</p> <p>To be honest and transparent.</p> <p>To include the right people at the right time.</p> <p>To properly document any views gathered from involvement.</p> <p>To value lived experience.</p> <p>To ensure we thank people for their contribution.</p> <p>Provide feedback and describe our next steps.</p> <p>Keep people informed and in the loop by providing information and a communication platform that everyone can access.</p>	<p>Trust wide mental health equality impact assessment, developed a health inequality dashboard and set up a resource library.</p> <p>Completed work to support the capture of the voice and views of people through quarterly insight report.</p> <p>Worked with inpatients on an animation “what it means to be detained under the mental health act” and creative interventions through our linked charity ‘creative minds’.</p> <p>Supported our workforce through training and development, supported our international nurses and continued with the work of ‘race forward’.</p> <p>Supported our approach to race through a dedicated leadership programme, monitoring and action planning because of the workforce race equality standard (WRES).</p>	<p>Ensure we provide person centred care.</p> <p>Ensure we work in partnership.</p> <p>Develop and sustain an equality competent organisation.</p> <p>Aim to ensure we involve and encourage the active participation of all our stakeholders to ensure our services are designed to meet the needs of our communities and support our workforce.</p>
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			<p>Supported our approach to LGBT (lesbian, gay, bisexual, transgender) people through new transgender policy, gender neutral toilets and annual pride month celebrations.</p> <p>Supported our approach to religion and belief through prayer rooms in all our buildings, pastoral care talk line and celebration of faith calendar through communications.</p> <p>Supported our approach to carers through successfully rolling out our carers passport, recording of carer status for our workforce and carers week celebrations.</p> <p>Supported our approach to gender through male and female focussed activities in recovery colleges, menopause staff network and celebrating international men's health day.</p> <p>Supported our approach to disability through our disabled staff network, learning</p>	
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			disability health checks and greenlight toolkit for people with a learning disability.	
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HEALTH, WELLBEING AND EXPERIENCE OF STAFF: Working in partnership with leaders to shape a values led culture of engagement, wellbeing and effectiveness to drive sustainable organisational performance and deliver high quality care. We provide inclusive learning opportunities which support personal and professional growth, skill development and career progression. We build a culture of psychological safety where staff feel confident to speak up when they have concerns and are supported afterwards.

Quality improvement	What we prioritised	What outcomes we identified	What we did	What next?
Staff experience and wellbeing	<p>We planned:</p> <p>To improve staff experience and wellbeing, using our NHS staff survey feedback.</p>	<p>Outcomes:</p> <p>To enhance our wellbeing support offer and to respond to the cost-of-living increases.</p> <p>To use data to understand the challenges faced by colleagues.</p> <p>To utilise feedback from our wellbeing at work survey, NHS staff survey and feedback.</p>	<p>We have:</p> <p>Continued to invest in our occupational health offer.</p> <p>Implemented Schwartz rounds to support staff to deal with the emotional demand of their role.</p> <p>Promoted staff networks.</p> <p>Raised awareness of the menopause and its impact.</p> <p>Introduced a range of measures to support cost-of-living increases.</p> <p>Continued to adopt a resolution approach to managing disciplinary cases.</p>	<p>We will:</p> <p>Further embed the wellbeing at work champion.</p> <p>Review wellbeing offers to maximise uptake across the Trust.</p> <p>Review the leadership and management development framework.</p> <p>Redefine prevention of bullying and harassment approach.</p> <p>Review access to formal training/education/development for non-clinical roles and professions.</p>

			<p>Supported wellbeing groups and champions.</p> <p>Invested in recruitment and resourcing services.</p>	
Staffing initiatives	<p>We planned:</p> <p>To focus on maintain safe staffing on inpatient units.</p> <p>To roll out safe staffing initiatives into community services.</p> <p>To embed initiatives to improve safer staffing.</p> <p>To develop new career pathways and professional roles.</p>	<p>Outcomes:</p> <p>Increase numbers of international recruits.</p> <p>Implement and embed the use of tools including the mental health optimal staffing tool (MHOST) and SafeCare.</p> <p>Reduce the Trust reliance on agency staffing.</p> <p>Improve staff retention.</p>	<p>We have:</p> <p>Implemented senior leadership presence seven days a week on mental health inpatient units.</p> <p>Increased recruitment of international nurses.</p> <p>Embedded tools to support staffing initiatives and monitor and support optimal staffing levels.</p> <p>Established agency scrutiny and management group.</p> <p>Identified several workstreams within the priority recruitment taskforce group to improve staff retention and recruitment.</p> <p>Incentivised ward staff take up of extra bank shifts with enhanced payments for the</p>	<p>We will:</p> <p>Roll out e-Rostering and SafeCare across the Trust.</p> <p>Complete workforce review of Trust efficiency for utilisation of bank and agency.</p> <p>Replace the taskforce group with a trust wide recruitment and retention group.</p> <p>Establish a Trust shortage occupation list.</p> <p>Further strengthen international recruitment offer.</p> <p>Implement Genius application tracking system.</p>

			extra shifts worked.	
Learning from incidents and feedback	<p>We planned:</p> <p>To enable continuous improvements of our systems for learning from incidents and feedback</p>	<p>Outcomes:</p> <p>To support effective learning.</p> <p>To embed principles of a 'just culture'.</p> <p>To review all incidents.</p>	<p>We have:</p> <p>Continued to hold learning events.</p> <p>Shared data on serious incident themes and incident equality data.</p> <p>Continued with complex case review group, with reporting direct to Board.</p> <p>Shared blue light alerts in response to learning from incidents.</p> <p>Shared learning through the learning library.</p> <p>Undertaken a thematic review of three years' worth of serious incidents to extract the experience of families and carers.</p>	<p>We will:</p> <p>Continue with the learning journey.</p> <p>Implement the Patient Safety Incident Response Framework (PSIRF).</p> <p>Capture good care examples via DATIX.</p>

Our approach to quality improvement

The Trust is committed to the triple aim of improving population health whilst simultaneously delivering excellence in care and reducing cost.

Our Trust-wide improvement approach is described in our Quality Strategy, which was updated and refreshed during 2022 and incorporates views of people who use our services, carers, colleagues and other stakeholders. The new strategy focusses on delivery against the three quality priorities, embedding quality improvement across the organisation and understanding and monitoring change.

What does quality mean for us?

Quality is about how well our services and activities support people to achieve their best possible outcomes and have the best possible experience. Our approach is informed by the [National Quality Board's](#) shared single view of quality:

- The quality of health and care matters because we should all expect care that is consistently safe, effective and provides a personalised experience
- This care should also be delivered in a way that is well-led, sustainable and addresses inequalities
- This means that it enables equity of access, experiences and outcomes across health and care services



The Trust has a strong focus on delivering quality at all levels and we have made significant progress in relation to quality improvement. We acknowledge that we need to do more to embed a quality improvement culture across the organisation, placing quality improvement as part of everyday practice.

This means that we aspire to the following within and across all of our services and in the support we provide to service users, their families/carers and our workforce:

Safe: delivered in a way that minimises things going wrong and maximises things going right; continuously reduces risk, empowers and enables people to make safe choices and protects people from harm, neglect, abuse and breaches of their human rights; and ensures improvements are made when problems occur.

Effective: informed by consistent and up to date high quality training, guidelines and evidence; designed to improve the health and wellbeing of a population and address inequalities through prevention and by addressing wider determinants of health; delivered in a way that enables continuous improvements based on research, evidence, benchmarking and clinical audit.

Positive experience:

- Responsive and personalised – shaped by what matters to people, their preferences and strengths; empowers people to make informed decisions and design their own care; coordinated; inclusive and equitable
- Caring – delivered with compassion, dignity and mutual respect

Well-led: driven by collective and compassionate leadership, which champions a shared vision, values and learning; delivered by accountable organisations and systems with proportionate governance; driven by continual promotion of a just and inclusive culture, allowing organisations to learn rather than blame.

Sustainably resourced: focused on delivering optimum outcomes within financial envelopes, reduces impact on public health and the environment.

Quality care is also equitable: everybody should have access to high-quality care and outcomes, and those working in systems must be committed to understanding and reducing variation and inequalities.

The COVID-19 pandemic has significantly impacted ways of working and delivery of services across the wider health and care system. It has also contributed to widening health inequalities, increased waiting times for treatment and lower levels of staff wellbeing.

Our teams are working hard to maintain and improve quality in all our services. We are engaging with staff at all levels and in all professions to support them to feel confident and supported to use techniques to design, implement and review changes which support the continuous improvement of services for all people who need them, across our diverse communities.

Our new Quality Strategy will support us to continue to build on the improvements outlined within this Quality Report and in continuing to work in partnership with service users, carers, our communities and stakeholders.

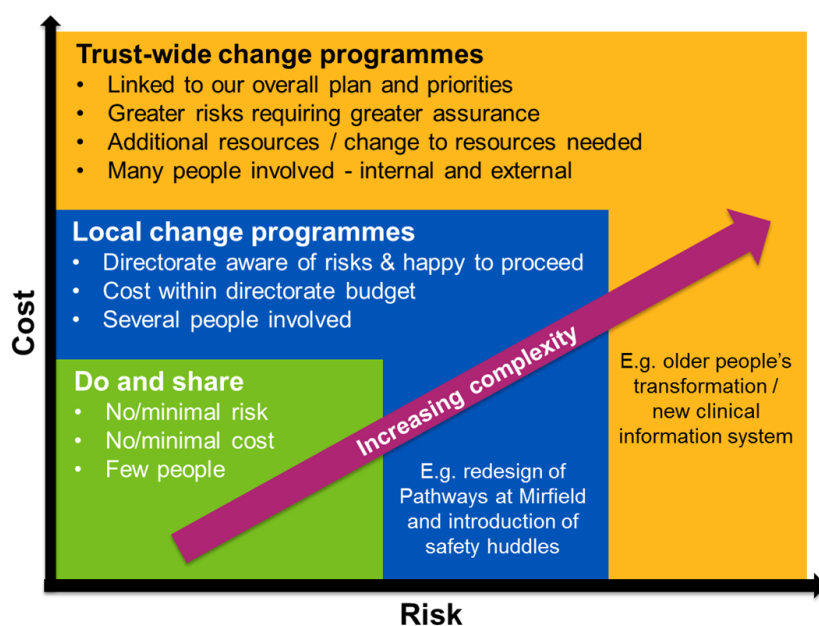
Our approach to Quality Improvement

Our Trust-wide approach to quality improvement is described within our Quality Strategy. The strategy outlines the progress that has been made and priorities for the next three years, including our ambition to 'improve and be outstanding'. Priorities for organisational development focus on five drivers of improvement, including strengthening our quality management system; improving the use of data; continuing to build capacity and capability for improvement; ensuring planning is service-centred and holistic and promotes a culture of self-development, learning-based delivery and systematic implementation.

Our priority programme, #allofusimprove, is underpinned by the NHS Change Model, ensuring that quality improvement happens as near to people who use our services as possible. Our approach is based on an accessible improvement framework (the Model for Improvement, Associates in Process Improvement) with a strong focus on engagement and involvement and a culture of compassion and learning.

Our strategic priorities set out the main programmes of work designed to help us make progress towards our vision - to provide outstanding physical, mental and social care in a modern health and care system - and mission - to help people reach their potential and live well in their community. As part of setting our organisational priorities, we take stock of how we are doing on the quality of care across our services and identify a selection of priorities for the year ahead.

Improvement work is governed by our integrated change framework which ensures increased levels of oversight linked to the complexity of the improvement work we are doing. It helps to ensure that change is managed proportionately and supports our staff and teams to lead continuous improvement.



Our chosen improvement methodology is the model for improvement, shown below.



We support staff and teams to improve by providing:

- **Improvement facilitators:** a distributed network who are confident in applying core improvement methods and can support change in their own team and more widely
- **Quality improvement learning:** access to effective learning for all staff, to support understanding and embedding quality improvement as part of everyday work
- **Improvement experts:** coaching and support across our Trust from a dedicated team of experts
- **Quality improvement process:** a standard six step process that can be used at all scales of change with relevant methods and tools for improvement work aligned with our learning offer. This will support quality improvement initiatives to be consistently delivered and support people with knowing what they need to do
- **Improvement network:** access to a network and a hub (the i-hub) which allows people to connect, share and collaborate

Our approach to quality governance

Our executive lead for quality improvement and quality governance is the Chief Nurse and Director of Quality and Professions.

Central to our approach to governance of quality and improvement is the clinical governance and clinical safety committee (CGCSC) which is a sub-committee of the Trust Board. Reporting in to the CGCSC is the Trust's clinical governance group which is responsible for assuring quality based on linking directly with Care Group quality and governance colleagues, horizon and risk scanning; interpretation and reporting of national/local quality and safety directives; critical consideration of organisational quality and safety improvements; information sharing; planning and monitoring implementation. A members' council quality group also supports and oversees the Trust in its approach to quality governance.

Governance and quality assurance play a key role in managing quality. At Executive, Care Group and service-level, our trio model of clinical, operational and governance roles provides leadership for quality.

We routinely track quality indicators in our integrated performance report (IPR), which can be viewed by team, service, Trust-wide and externally on the Trust's website. Quality indicators include the NHS friends and family test (FFT), infection prevention and control performance, serious incidents, safer staffing, pressure ulcers, CQUIN performance, restrictive interventions and complaints. Each of these have specific 'targets that reflects our ambition to continuously improve. The report is considered at the executive management team (EMT), Trust Board and its committees, and the members' council quality group.

We learn through a clinical audit programme and participate in research and development with links to universities and the academic health sciences network (AHSN). We also contribute to and learn from external benchmarking and reporting initiatives, including the national confidential inquiry into suicide and homicide (NCISH), mental health benchmarking and workforce capacity and demand.

To maintain an operational focus on quality, an enhanced clinical risk performance report is presented to the operational management group (OMG) and a rolling programme of quality monitoring visits to our operational areas provides significant learning and quality assurance. Quality oversight is also a core aspect of quality and governance meetings at Care Group level, with escalation to the clinical governance group and on to the executive management team and CGCSC as required.

Annually, we undertake a process to set the strategic priorities for the Trust. The process includes review of, and consultation on, a detailed analysis of our current position, both internally and externally using a SWOT analysis (strengths, weaknesses, opportunities, and threats) and PESTLE (political, economic, social, technological, environmental, and legal) framework, a review of recent progress including feedback from regulators and stakeholders, staff and service user experience, a review of serious incident intelligence and a consideration of key strategic documents including a recent review of quality improvement at the Trust and the business organisation and risk register.

Following this analysis for 2022/23, there has been a developing consensus on key quality issues:

- Keeping services and service users safe given the pressures on the workforce and the increased acuity and demand
- Supporting staff health and well being
- Tackling health inequalities, including within the management of waiting lists

In December 2021, a focused review and option appraisal of the Trust's current quality priorities was undertaken. This was based on an assessment of progress on improvements on the 2021/22 quality priorities, the Trust's strategic priorities, risk, performance and care quality commission (CQC) key lines of enquiry (KLOEs). As a result, a prioritised group of quality priorities was identified. They align safety, staffing/staff wellbeing and inequality with the Trust strategic priority areas and the CQC key lines of enquiry (KLOEs).

The Quality Priorities are shown below, alongside the Trust strategic priorities:



The three quality priorities: safe and responsive care; equality, inclusion and equity; health, wellbeing and experience of staff, align with the care quality commission (CQC) key questions (previously key lines of enquiry) of being safe, effective, caring, responsive and well-led and to the Trust strategic priority areas of improving care, improving health and making the Trust a great place to work.

The quality priorities are seen as those which will have the greatest and most direct impact on improving the quality of care for service users and describe areas of focus for our clinical services. Quality improvement programmes within each priority will be defined at a Care Group level to ensure that meaningful and place-based programmes are developed and led by colleagues working across our services. We will explore these areas with teams across the organisation to help staff identify specific areas of good practice to share and areas for improvement to address using quality improvement approaches.

Measurement and reporting on delivery against the three quality priorities is monitored in the following ways:

- Driven by and overseen within Care Group governance groups
- Reporting into clinical governance group (CGG) for central oversight
- Reporting into the clinical governance and clinical safety committee (CGCSC)

Further detail on quality programmes can be found in section 3 of this report.

Part 2.2 – Statements of assurance from the Board

This section is a series of statements from the Board for which the format and information required is set out in regulations and therefore it is set out verbatim.

1	During 2022/23 South West Yorkshire Partnership NHS Foundation Trust provided and/or subcontracted 83 relevant health services.
1.1	South West Yorkshire Partnership NHS Foundation Trust has reviewed all the data available to us on the quality of care in 83 of these services.
1.2	The income generated by the relevant health services reviewed in 2022/23 represents 100% of the total income generated from the provision of relevant health services by the South West Yorkshire Partnership NHS Foundation Trust for 2022/23.

Participation in clinical audits and national confidential enquiries

2	During 2022/23 12 national clinical audits and one national confidential enquiry covered relevant services that South West Yorkshire Partnership NHS Foundation Trust provides.
2.1	During that period South West Yorkshire Partnership NHS Foundation Trust participated in 100% of the national clinical audits and 100% of the national confidential enquiries that we were eligible to participate in.
2.2	<p>The national clinical audits that South West Yorkshire Partnership NHS Foundation Trust was eligible to participate in during 2022/23 are as follows:</p> <ol style="list-style-type: none">1. National Audit for Cardiac Rehabilitation (NAT05)2. National Asthma and COPD Audit Programme (NACAP) (NAT06)3. Sentinel Stroke National Audit Programme (SSNAP) (NAT08)4. Learning from Lives and Deaths – People with a learning Disability and Autistic People (LeDeR) - Learning Disabilities Mortality Review (NAT10)5. National Audit of Seizures and Epilepsies in Children and Young People (Epilepsy 12) (NAT 13)6. National Clinical Audit of Psychosis (NCAP) Early Intervention in Psychosis (EIP) 2022-2025 – Long Term Plan (LTP) Monitoring (NAT16)7. Learning Disabilities Improvement Standards (NAT17)8. Prescribing Observatory for Mental Health (POMH) Topic 21a: The use of melatonin (NAT19)9. POMH Topic 20b: Valproate prescribing in adult mental health services (NAT20)10. POMH Topic 7g: Monitoring of patients prescribed lithium (supplementary audit) (NAT21)11. United Kingdom (UK) Parkinson's Audit (NAT22)12. National Confidential Enquiry into Patient Outcome and Death (NCEPOD) Transition from child to adult health services study (NAT23)13. National Clinical Audit of Psychosis (EIP Audit) (Year five) (NAT16)

2.3

The national confidential inquiry that South West Yorkshire Partnership NHS Foundation Trust was eligible to participate in during 2022/23 is as follows:

- Mental Health Clinical Outcome Review Programme - National Confidential Inquiry into Suicide and Safety in Mental Health (NCISH) (NAT11) National Confidential Inquiry into Homicides and Suicides

The national confidential inquiry that South West Yorkshire Partnership NHS Foundation Trust participated in, and for which data collection was completed during 2022/23 is listed below alongside the number of cases submitted to the inquiry as a percentage of the number of registered cases required by the terms of that inquiry.

Title	Number of cases submitted	Number of cases completed	Commentary
Mental Health Clinical Outcome Review Programme - National Confidential Inquiry into Suicide and Safety in Mental Health (NCISH) (NAT11) National Confidential Inquiry into Homicides and Suicides	32	21 (65%)	11 questionnaires still to complete

2.4

The national clinical audits and national confidential enquiries that South West Yorkshire Partnership NHS Foundation Trust participated in, and for which data collection was completed during 2022/23 are listed below alongside the number of cases submitted to each audit or enquiry as a percentage of the number of registered cases required by the terms of that audit or enquiry.

The percentage of registered cases required by the terms of the audit is not specified in most cases. This is because the audits we participate in do not specify a minimum number in their sampling framework criteria.

	National Clinical Audits 2022/23	Cases submitted <i>(If applicable)</i>
1	National Audit for Cardiac Rehabilitation (NAT05)	Continuous clinical audit. Data collection commenced March 2020. In total 1270 cases submitted/partially submitted based on eligible criteria.
2	National Asthma and COPD Audit Programme (NACAP) (NAT06)	Continuous clinical audit, data collection commenced March 2020. 66 cases submitted during 2022/23.
3	Sentinel Stroke National Audit Programme (SSNAP) (NAT08)	Continuous clinical audit. SSNAP produces an annual report.
4	LeDeR - Learning Disabilities Mortality Review (NAT10)	Continuous data collection model.
5	National Audit of Seizures and Epilepsies in Children and Young People (Epilepsy 12) (NAT 13)	Continuous data collection model.

	6	NCAP EIP 2022-2025 - LTP Monitoring (NAT16)	361 cases submitted based on eligible criteria. This is 100% of those eligible. April 2023 – Final data available on dashboard.
	7	Learning Disabilities Improvement Standards (NAT17)	Report due to be published summer 2023.
	8	POMH Topic 21a: The use of melatonin (NAT19)	66 cases submitted to POMH based on eligible patients.
	9	POMH Topic 20b: Valproate prescribing in adult mental health services (NAT20)	73 cases submitted to POMH based on eligible patients.
	10	POMH Topic 7g: Monitoring of patients prescribed Lithium (supplementary audit) (NAT21)	Data collection/Entry - March - April 2023. Reporting - August 2023.
	11	UK Parkinson's Audit (NAT22)	20 cases submitted based on eligible criteria.
	12	National Confidential Enquiry into Patient Outcome and Death (NCEPOD) Transition from child to adult health services study (NAT23)	Organisational questionnaire submitted 15/06/2022. Report and recommendations due March 2023.

2.5/ 2.6	<p>National Clinical Audit</p> <p>The reports of 12 national clinical audits were reviewed by the provider in 2022/23 and South West Yorkshire Partnership NHS Foundation Trust intends to take the following actions to improve the quality of health care provided.</p> <ul style="list-style-type: none"> • Each clinical audit has a project lead that is responsible for presenting the audit results to their Care Group. Areas of concern or high risk are escalated to the service director for immediate action • The members of the Care Group governance group or another lead will action the plan against the audit recommendations • Implementation of the action plan is monitored by the Care Group as part of their governance systems
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2.7/ 2.8	<p>Local Clinical Audit</p> <p>During 2022/23 the Clinical Audit and Service Evaluation (CASE) prioritised plan had a total of 70 clinical audit projects listed. The reports of 11 local clinical audits were reviewed by the provider in 2022/23. There were 11 projects completed, 52 projects in progress and seven have either been deferred into 2023/24 or been removed from the programme. South West Yorkshire Partnership NHS Foundation Trust intends to take the following actions to improve the quality of healthcare provided:</p>
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	<ul style="list-style-type: none"> • Each clinical audit has a project lead that is responsible for presenting the audit results to their Care Group. Areas of concern or high risk are escalated to the service director for immediate action • The members of the Care Group governance group or another lead will action the plan against the audit recommendations • Implementation of the action plan is monitored by the Care Group as part of their governance systems <p>The 52 projects remain in progress in to 2023/24 for the following reasons:</p> <ul style="list-style-type: none"> • some projects only commenced in quarter four (Jan-Mar) • some projects are in data collection/analysis stage • draft reports have been completed but are awaiting key successes, concerns, and actions
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3.0	<p>Participation in clinical research</p> <p>The number of patients receiving relevant health services provided or sub-contracted by South West Yorkshire Partnership NHS Foundation Trust in 2022/23 that were recruited during that period to participate in research approved by a research ethics committee is 330 (this figure excludes staff participation in studies).</p> <p>The significant increase from last year's figure of 185 participants is reflective of the investment the Trust has placed on research and development and the prioritisation of increasing the capacity and delivery of research within all our clinical settings. The figure is also reflective of the easing of COVID-19 pandemic restrictions and the successful research restart programme, which has enabled a wider range of complex and longitudinal studies to be reviewed and set up within the Trust.</p> <p>As a key partner organisation within the local clinical research network and respective Integrated Care Board (ICB) structures the Trust is actively contributing to public health and physical health studies in primary and acute settings, where recruitment for these studies is allocated to the region.</p>
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4.0	<p>Commissioning for Quality and Innovation Payment framework</p> <p>A proportion of South West Yorkshire Partnership NHS Foundation Trust income in 2022/23 was conditional on achieving quality improvement and innovation goals agreed between South West Yorkshire Partnership NHS Foundation Trust and any person or body they entered into a contract, agreement or arrangement with for the provision of relevant health services, through the Commissioning for Quality and Innovation payment framework. Discussions are ongoing with commissioners regarding achievements and potential adjustments.</p> <p>Further details of the agreed goals for 2022/23 and for the following 12-month period are available electronically at https://www.southwestyorkshire.nhs.uk/.</p>
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	Scheme ID	Scheme	Descriptor	Applicable at place	Final position
	CCG1	Flu Vaccinations for frontline healthcare workers	90% uptake of flu vaccinations by frontline staff with patient contact.	Barnsley Calderdale Kirklees Wakefield	Not achieved
	CCG9	Cirrhosis and fibrosis tests for alcohol dependent patients	Achieving 35% of all unique inpatients (with at least one-night stay) aged 16+ with a primary or secondary diagnosis of alcohol dependence who have an order or referral for a test to diagnose cirrhosis or advanced liver fibrosis.	Barnsley Calderdale Kirklees Wakefield	Achieved
	CCG10 a	Routine outcome monitoring in CYP and perinatal mental health services	40% of children and young people and women in the perinatal period accessing mental health services, having their outcomes measured at least twice.	Barnsley Calderdale Kirklees Wakefield	Partial achievement
	CCG10 b	Routine outcome monitoring in community mental health services	40% of adults accessing select CMHS, having their outcomes measured at least twice.	Barnsley Calderdale Kirklees Wakefield	Achieved

	CCG11	Use of anxiety disorder specific measures in IAPT	65% of referrals with a specific anxiety disorder problem descriptor finishing a course of treatment having paired scores recorded on the specified Anxiety Disorder Specific Measure (ADSM)	Barnsley Calderdale Kirklees Wakefield (Barnsley no associated finance)	Achieved
	CCG12	Biopsychosocial assessments by MH liaison services	80% of self-harm ¹ referrals receiving a biopsychosocial assessment concordant with NICE guidelines.	Barnsley Calderdale Kirklees Wakefield	Achieved
	CCG13	Malnutrition screening in the community	Achieving 70% of community hospital inpatients having a nutritional screening that meets NICE Quality Standard QS24 (Quality statements 1 and 2), with evidence of actions against identified risks	Barnsley	Achieved
	CCG14	Assessment diagnosis of lower leg wounds	Achieving 50% of patients with lower leg wounds receiving appropriate assessment diagnosis and treatment in line with NICE Guidelines	Barnsley	Partial achievement

	CCG15	Assessment and documentation of pressure ulcer risk	Achieving 60% of community hospital inpatients aged 18+ having a pressure ulcer risk assessment that meets NICE guidance with evidence of actions against all identified risks.	Barnsley (no associated finance)	Achieved
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5.0/ 5.1	<p>Care Quality Commission</p> <p>South West Yorkshire Partnership NHS Foundation Trust is required to register with the Care Quality Commission and its current registration status is that it is registered in respect of the following regulated activities:</p> <ul style="list-style-type: none"> • Assessment or medical treatment for persons detained under the Mental Health Act 1983 • Diagnostic and screening procedures • Treatment of disease, disorder or injury <p>There are no conditions attached to the registration other than the specified locations from which the regulated activities may be carried on at or from.</p> <p>South West Yorkshire Partnership NHS Foundation Trust's conditions of registration state that the three regulated activities listed above can only be carried out at the following locations:</p> <ul style="list-style-type: none"> • Fieldhead Hospital (Wakefield) • The Dales (Calderdale Royal Hospital) • Kendray Hospital (Barnsley) • The Priestley Unit (Dewsbury District Hospital) • Lyndhurst (Halifax) • Enfield Down (Huddersfield) • The Poplars (Hemsworth) <p>The Care Quality Commission has not taken enforcement action against South West Yorkshire Partnership NHS Foundation Trust during 2022/23.</p>
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6.0/ 6.1	Removed from the legislation by the 2011 amendments
7.0/ 7.1	South West Yorkshire Partnership NHS Foundation Trust has not participated in any special reviews or investigations by the CQC during 2022/23.

8.0/ 8.1	<p>NHS Number and General Medical Practice Code Validity</p> <p>South West Yorkshire Partnership NHS Foundation Trust submitted records during 2022/23 to the Secondary Uses Service for inclusion in the Hospital Episode Statistics which are included in the latest published data.</p> <p>The percentage of records in the published data which included the patient's valid NHS number was:</p> <ul style="list-style-type: none"> • 99.9% for admitted patient care • 100% for outpatient care (this metric no longer flows from April 2023) <p>The percentage of records in the published data which included the patient's valid General Medical Practice Code was:</p> <ul style="list-style-type: none"> • 100% for admitted patient care • 100% for outpatient care (this metric no longer flows from April 2023)
9.0	<p>Data security and protection toolkit</p> <p>South West Yorkshire Partnership NHS Foundation Trust achieved a status of 'Standards Exceeded' for the 2021/22 toolkit assessment and will be submitting the toolkit again this year, by 30th June 2023. A toolkit audit is currently being undertaken (April 2023).</p>

10./ 10.1	<p>Clinical coding accuracy</p> <p>South West Yorkshire Partnership NHS Foundation Trust was not subject to the Payment by Results clinical coding audit during 2022/23 by the Audit Commission.</p>
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11.	<p>Quality of Data</p> <p>Improving data quality remains one of South West Yorkshire Partnership NHS Foundation Trust's key strategic priorities. There was continued focus in 2022/23 on improving the quality of clinical record keeping. With a number of areas routinely reported and monitored to the Trust's Improving Clinical Information Group. This underpins the delivery of safe effective care and assures the Executive Management Team (EMT) and the Trust Board that data taken from the clinical record and used for activity and performance monitoring and improvement is robust.</p> <p>South West Yorkshire Partnership NHS Foundation Trust will be taking the following actions to improve data quality:</p> <table border="1" data-bbox="204 1630 1503 2011"> <thead> <tr> <th data-bbox="204 1630 550 1821">Data Quality</th><th data-bbox="550 1630 1503 1821">Actions</th></tr> </thead> <tbody> <tr> <td data-bbox="204 1821 550 2011">Bringing Clarity to Quality</td><td data-bbox="550 1821 1503 2011"> <ul style="list-style-type: none"> • Continue to improve the training, guidance and support available to help staff and services to understand and improve data quality • A dedicated resource to work on data quality alongside working with operational staff was identified during 2022/23 </td></tr> </tbody> </table>	Data Quality	Actions	Bringing Clarity to Quality	<ul style="list-style-type: none"> • Continue to improve the training, guidance and support available to help staff and services to understand and improve data quality • A dedicated resource to work on data quality alongside working with operational staff was identified during 2022/23
Data Quality	Actions				
Bringing Clarity to Quality	<ul style="list-style-type: none"> • Continue to improve the training, guidance and support available to help staff and services to understand and improve data quality • A dedicated resource to work on data quality alongside working with operational staff was identified during 2022/23 				

	Measuring Quality	<ul style="list-style-type: none"> • Continue to develop a wide range of team, service line, Care Group and Trust level operational and performance reports and monitor these reports in appropriate forums • Service line reporting and electronic dashboards will include key performance indicators and will enable users to look at performance at team, service line, Care Group and Trust levels • Team dashboards are available via the Trust intranet and will continue to be developed and further rolled out across all service areas • Internal and external benchmarking will be incorporated in dashboards. The Trust has established a benchmarking group to review benchmarking data and identify areas for opportunity to further increase quality and effectiveness and make comparisons with peers
	Publishing Quality	<ul style="list-style-type: none"> • Continue to publish its data to the Secondary Uses Service, NHS England, the CQC, the Department of Health and Social Care, Commissioners and Partners and to the Members Council
	Partnership for Quality	<ul style="list-style-type: none"> • Continue to work with partner organisations to ensure that all our respective quality and performance requirements are met and that duplication of data collection and inputting is minimised
	Leadership for Quality	<ul style="list-style-type: none"> • The improving clinical information group will oversee the development and delivery of the data quality improvement programme and will provide a quarterly progress update to Executive Management Team (EMT) • Care Groups will ensure the development, monitoring and delivery of the individual Care Group level improvement plans
	Innovation for Quality	<ul style="list-style-type: none"> • The Trust continues to work to ensure innovation for quality is embedded within this as part of the continued development of the system • The Trust continues to exploit new technology to make these systems easy to access and use. Particular use of digital solutions for non-face-to-face activity was implemented during the COVID-19 pandemic which allowed continued service delivery in a challenging environment. This continues to be utilised where appropriate
	Safeguarding Quality	<ul style="list-style-type: none"> • The Trust's Executive Management Team will ensure essential standards of safety and quality are maintained and monitored and will take action where data quality issues arise

27.1 The number of patients who have died during the reporting period, including a quarterly breakdown of the annual figure.

During 2022/23, 2,812 of South West Yorkshire Partnership NHS Foundation Trust patients died (on 12 April 2023). This figure relates to deaths of people who had any form of contact with the Trust within 180 days (approx. six months) prior to death, identified from our clinical systems. This includes services such as end of life, district nursing and care home liaison services. There is a delay in information being updated from the national system, particularly for Quarter four, and therefore the total figure is likely to increase as records are refreshed.

Only a small proportion of these deaths (see section 27.2) were deemed to be in scope under our Learning from Healthcare Deaths policy and were reported on our Datix incident reporting system for further review. These are cases where we were had provided a package of care to the individual, meeting specific criteria and identified concerns in the care provided in the six months prior to the death occurring.

The following number of deaths occurred in each quarter of that reporting period:

Quarter	Deaths
One	812
Two	710
Three	754
Four	536

27.2 The number of deaths included in item 27.1 which the provider has subjected to a case record review or an investigation to determine what problems (if any) there were in the care provided to the patient, including a quarterly breakdown of the annual figure.

By 11 April 2023 92 case record reviews (team level case note review or structured judgement review) and 51 investigations have been carried out in relation to 143 of the deaths included in item 27.1.

In 51 cases a death was subjected to both a case record review and an investigation. The number of deaths in each quarter for which a case record review or an investigation was carried out was:

Quarter	Deaths reviewed/ investigated
One	34
Two	31
Three	35
Four	43

27.3 An estimate of the number of deaths during the reporting period included in item 27.2 for which a case record review or investigation has been carried out which the provider judges as a result of the review or investigation were more likely than not to have been due to

problems in the care provided to the patient (including a quarterly breakdown), with an explanation of the methods used to assess this.

0 representing 0% of the patient deaths during the reporting period are judged to be more likely than not to have been due to problems in the care provided to the patient.

In relation to each quarter, this consisted of:

Quarter	Deaths reviewed/ investigated found to be due to problems in care
One	0 (0%)
Two	0 (0%)
Three	0 (0%)
Four	0 (0%)

Of the 143 case note reviews or investigations in the reporting period, 108 have been completed and 'no problem in care has been identified which resulted in death'. This is the wording used in patient safety incident response framework and learning from deaths policy. There are 35 cases which 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 our learning from healthcare deaths policy and agreed a common reporting dashboard. This includes not reporting on "avoidable deaths." 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 which is restricted to inpatient services would give a misleading picture of a service that is predominately community focused.

These numbers have been estimated using the methodology below:

Our structured judgement reviews are conducted by trained reviewers from a clinical background (e.g., medicine, nursing, allied health professional and social workers) 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 a supporting narrative. The reviewer also makes a judgement about if the death was due to problems in care that resulted in harm. All completed reviews are discussed at Care Group 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. 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.

27.4	<p>A summary of what the provider has learnt from case record reviews and investigations conducted in relation to the deaths identified in item 27.3.</p> <p>Not applicable</p>
27.5	<p>A description of the actions which the provider has taken in the reporting period, and proposes to take following the reporting period, in consequence of what the provider has learnt during the reporting period (see item 27.4).</p> <p>Not applicable</p>
27.6	<p>An assessment of the impact of the actions described in item 27.5 which were taken by the provider during the reporting period.</p> <p>Not applicable</p>
27.7	<p>The number of case record reviews or investigations finished in the reporting period (2020/21) which related to deaths during the previous reporting period (2020/21) but <u>were not included in item 27.2 in the relevant document for that previous reporting period.</u></p> <p>18 case record reviews and 15 investigations were completed during 2022/23 which related to deaths which took place before the start of the reporting period.</p>
27.8	<p>An estimate of the number of deaths included in item 27.7 which the provider judges as a result of the review or investigation were more likely than not to have been due to problems in the care provided to the patient, with an explanation of the methods used to assess this.</p> <p>0 representing 0.00% of the patient deaths before the reporting period, are judged to be more likely than not to have been due to problems in the care provided to the patient. This number has been estimated using the Trust mortality review processes described above in 27.3. There remains one case which has been investigated internally, where this has not yet been concluded, pending the outcome of external enquires.</p>
27.9	<p>A revised estimate of the number of deaths during the previous reporting period (2021/22) stated in item 27.3 of the relevant document for that previous reporting period, taking account of the deaths referred to in item 27.8.</p> <p>0 representing 0.00% of the patient deaths during 2021/22 are judged to be more likely than not to have been due to problems in the care provided to the patient.</p>

Part 2.3 – Reporting against core indicators

South West Yorkshire Partnership Foundation Trust is required to report performance against a core set of indicators using data made available to the trust by NHS digital. For each indicator, South West Yorkshire Partnership NHS Foundation Trust must also make assurance statements for which the format and information required is set out in regulations and therefore it is set out verbatim.

12.	Not applicable																																											
13.	<p>The percentage of service users under adult mental illness specialties who were followed up within 72 hours of discharge from psychiatric inpatient care</p> <p>As set out nationally South West Yorkshire Partnership Foundation Trust is moving away from the Care Programme Approach (CPA) as set out in the CPA Position Statement from NHS England. As such we are no longer required to report on data related to CPA. The Trust is working towards developing an approach which is based on the five broad principles within the position statement. Therefore this data relates instead to all service users under adult mental illness specialities.</p> <table><tr><th>Indicator</th><th>NHS Outcomes Framework Domain</th><th colspan="6">South West Yorkshire Partnership Foundation Trust NHS Digital data</th></tr><tr><td rowspan="4">The percentage of service users under adult mental illness specialties who were followed up within 72 hours of discharge from psychiatric inpatient care</td><td rowspan="2">1: Preventing people from dying prematurely</td><td></td><td>Q1</td><td>Q2</td><td>Q3</td><td>Q4</td><td>TOTAL</td></tr><tr><td>2022/23</td><td>86.2%</td><td>89.2%</td><td>88.7%</td><td>87.8%</td><td>88.0%</td></tr><tr><td rowspan="2">2: Enhancing quality of life for people with long-term conditions</td><td>2021/22</td><td>85.8%</td><td>82.7%</td><td>83.6%</td><td>84.3%</td><td>84.1%</td></tr><tr><td>2020/21</td><td>82.7%</td><td>81.0%</td><td>83.9%</td><td>84.6%</td><td>83.0%</td></tr><tr><td colspan="2">Performance indicator is 80%</td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table> <p>The South West Yorkshire Partnership NHS Foundation Trust considers that this data is as described for the following reasons:</p> <ul style="list-style-type: none">• This information is taken from the electronic clinical record system• Clinical staff are given training and guidance to input data onto the system. No staff member can use the system until they have received this training• Data is clinically validated before it is submitted to NHS Digital• Performance data is reviewed monthly by the Executive Management Team and the Trust Board <p>The South West Yorkshire Partnership NHS Foundation Trust has taken the following actions to improve this percentage and therefore the quality of its services:</p>	Indicator	NHS Outcomes Framework Domain	South West Yorkshire Partnership Foundation Trust NHS Digital data						The percentage of service users under adult mental illness specialties who were followed up within 72 hours of discharge from psychiatric inpatient care	1: Preventing people from dying prematurely		Q1	Q2	Q3	Q4	TOTAL	2022/23	86.2%	89.2%	88.7%	87.8%	88.0%	2: Enhancing quality of life for people with long-term conditions	2021/22	85.8%	82.7%	83.6%	84.3%	84.1%	2020/21	82.7%	81.0%	83.9%	84.6%	83.0%	Performance indicator is 80%							
Indicator	NHS Outcomes Framework Domain	South West Yorkshire Partnership Foundation Trust NHS Digital data																																										
The percentage of service users under adult mental illness specialties who were followed up within 72 hours of discharge from psychiatric inpatient care	1: Preventing people from dying prematurely		Q1	Q2	Q3	Q4	TOTAL																																					
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		2020/21	82.7%	81.0%	83.9%	84.6%	83.0%																																					
Performance indicator is 80%																																												

	<ul style="list-style-type: none"> The Trust has an established Improving Clinical Information Group sponsored and chaired by the Chief Nurse and Director of Quality and Professions, that meets quarterly to focus on the quality of clinical data Each Care Group has developed a robust process to improve the quality of their clinical data Each Care Group is provided with performance and quality reports monthly. The senior management team scrutinise the reports for any downward trends, investigate and take appropriate action to prevent deterioration in quality Each Care Group is provided with performance and quality reports monthly. The senior management team scrutinise the reports for any downward trends, investigate and take appropriate action to prevent deterioration in quality.
14 - 16.	Not applicable

17.

Percentage of admissions to acute wards for which the crisis resolution home treatment team acted as a gatekeeper

Indicator	NHS Outcomes Framework Domain	NHS Digital South West Yorkshire Partnership NHS Foundation Trust performance data					
The percentage of admissions to acute wards for which the Crisis Resolution Home Treatment Team acted as a gatekeeper during the reporting period	2: Enhancing quality of life for people with long-term conditions		Q1	Q2	Q3	Q4	TOTAL
		2022/23	96.2%	99.3%	99.6%	98.7%	99.0%
		2021/22	99.7%	99.4%	98.3%	97.8%	98.8%
		2020/21	100%	96.1%	98.7%	99.4%	98.9%
		2019/20	99.7%	100%	99.7%	97.9% <i>(local data)</i>	98.4% <i>(local data)</i>
		2018/19	97.6%	97.9%	98.9%	96.5%*	97.7%
		2017/18	98.4%	96.9%	96.9%	99.6%	98%
		2016/17	96.9%	99.3%	99.3%	99.3%	
		2015/16	95.81%	97.29%	96.04%	98.32%	
Performance target is 95%							

The South West Yorkshire Partnership NHS Foundation Trust considers that this data is as described for the following reasons:

	<ul style="list-style-type: none"> • This information is taken from the electronic clinical record system • Clinical staff are given training and guidance to input data onto the system. No staff member can use the system until they have received this training • We have two specific gatekeeping activity codes that are used for all gatekept admissions - this information can be extracted directly from the electronic record system • Data is clinically validated before it is submitted to NHS Digital • Performance data is reviewed monthly by the Executive Management Team and the Trust Board <p>The South West Yorkshire Partnership NHS Foundation Trust has taken the following actions to improve this percentage, and therefore the quality of its services:</p> <ul style="list-style-type: none"> • The Trust has an established Improving Clinical Information Group, sponsored and chaired by the Chief Nurse and Director of Quality and Professions, which meets quarterly to ensure a focus on the quality of clinical data. Each Care Group has developed a robust process to improve the quality of their clinical data • We undertake a weekly audit of our gate kept admissions to validate the gate keeping function • Each Care Group is provided with performance and quality reports on a monthly basis. The senior management team scrutinise the reports for any downward trends, investigate and take appropriate action to prevent further deterioration in quality
18.	Not applicable

19.

Readmission rates

The data made available to the National Health Service trust or NHS foundation trust by NHS Digital with regard to the percentage of patients aged - (i) 0 to 15; and (ii) 16 or over, readmitted to a hospital which forms part of the trust within 28 days of being discharged from a hospital which forms part of the trust during the reporting period.

Indicat or Readm ission rates by age	NHS Outcomes Framework Domain	South West Yorkshire Partnership Foundation Trust Data									
		2012 /13	2013 /14	2014 /15	2015 /16	2016 /17	2017 /18	2018 /19	2020 /21	2021 /22	2022 /23
0-15	3: Helping people to recover from episodes of ill health or following injury	0	0	0	0	0	0	0	0	0	0
16 and over		6.86 %	7.02 %	8.7 %	9.7 %	9.8 %	9.8 %	9.1 %	5.2 %	4.5 %	3.7 %

	<p>South West Yorkshire Partnership NHS Foundation Trust had no readmissions for patients aged 0-15 during this period. All data applies to people aged 16 or over.</p> <p>The South West Yorkshire Partnership NHS Foundation Trust considers that this data is as described for the following reasons:</p> <ul style="list-style-type: none"> 96.3% of people were not readmitted in 2022/23 from April 2022 to March 2023 This information is taken from the electronic clinical record system Clinical staff are given training and guidance to input data onto the system No staff member can use the system until they have received this training Data is clinically validated before it is submitted to NHS Digital <p>The South West Yorkshire Partnership NHS Foundation Trust intends to take the following actions to improve this score, and so the quality of its services, by:</p> <ul style="list-style-type: none"> An Improving Clinical Information Group sponsored and chaired by the Chief Nurse and Director of Quality and Professions, that meets quarterly to ensure a focus on the quality of clinical data. Each Care Group has developed a robust process to improve the quality of their clinical data Each Care Group is provided with performance and quality reports on a monthly basis. The senior management team scrutinise the reports for any downward trends, investigate and take appropriate action to prevent further deterioration in quality
20-21	Not applicable

22.

The Trust’s ‘patient experience of community mental health services’ indicator score with regard to a patient’s experience of contact with a health or social care worker during the reporting period

Indicator	NHS Outcomes Framework Domain	South West Yorkshire Partnership NHS Foundation Trust score	National score
The data made available to the National Health Service trust or NHS foundation trust by the Health and Social Care Information Centre with regard to the trust’s “Patient experience of	2: Enhancing quality of life for people with long-term conditions	2021 Score	National 2021 score
			National comparison
	5.8	About the same as other trusts nationally	
		(CQC website)	
	4: Ensuring that people have a positive experience of care	2020 Score	National 2020 score
			National comparison
7.0	About the same as other trusts nationally		

community mental health services” indicator score with regard to a patient’s experience of contact with a health or social care worker during the reporting period				(CQC website)	
			2019 Score	National 2019 score	
				National comparison	
			7.0	About the same as other trusts nationally	
				(CQC website)	
			2018 Score	National 2018 score	
				National comparison	
			6.7	About the same as other trusts nationally	
				(CQC website)	
			2017 Score	National 2017 score	
				National comparison	
			7.9	About the same as other trusts nationally	
				(CQC website)	
			2016 score	National 2016 score	
				Highest trust score	Lowest trust score
			7.5	8.5	6.8
			2015 score	National 2015 score	
				Highest trust score	Lowest trust score
			8.00	8.2	6.8
			2014 score	National 2014 score	
				Highest trust score	Lowest trust score
			7.9	8.4	7.3
			2013 score	National 2013 score	
				Highest trust score	Lowest trust score
			8.6	9.0	8.0

	<p>The South West Yorkshire Partnership NHS Foundation Trust considers that this data is as described for the following reasons:</p> <ul style="list-style-type: none"> This information was taken from the national CQC community patient survey, which uses approved survey contractors, external to the organisation and using anonymous information <p>The South West Yorkshire Partnership NHS Foundation Trust intends to take the following actions to improve this percentage and therefore the quality of its services:</p> <ul style="list-style-type: none"> This information will be triangulated with other sources of patient and staff experience feedback in order that we can successfully focus our improvement action
23-24.	Not applicable

25.

The number and percentage of such patient safety incidents that resulted in severe harm or death

The number and, where available, rate of patient safety incidents reported within the Trust during the reporting period, and the number and percentage of such patient safety incidents that resulted in severe harm or death.

Period	Number of patient safety incidents uploaded (by incident date) (at 11/04/23)	Severe harm	% severe	Death	% death
2022/23	6035	43	0.71	20	0.33
2021/22	6097	19	0.31	34	0.55

The South West Yorkshire Partnership NHS Foundation Trust considers that this data is as described for the following reasons:

- Patient Safety Incidents are uploaded to the National Reporting and Learning System (NRLS) when they have been through the internal management review and governance processes. This ensures accuracy of data
- 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. This data has been prepared on 11/04/2023, this around 10 days earlier than in previous years

In 2022/23 the Trust uploaded a total of 6,035 patient safety incidents to the NRLS, compared with 6,097 reported in 2021/22 Quality Account. 94% of the 6,035 incidents resulted in no harm or low harm. Nationally (NHS 2021), it is believed that organisations that report more incidents usually have a better and more effective safety culture. If we understand what our incidents are, we can learn and improve our services. We have multiple methods of sharing learning from incidents

	<p>including a learning library, Bluelight alerts for sharing urgent learning and a learning network. Teams also share learning through team meetings.</p> <p>The Trust reported a total of 63 severe harm and patient safety related death incidents in 2022/23, compared to 53 incidents in 2021/22 (as at 11/04/2023). These numbers indicate that severe harm and patient safety-related death incidents remain at similar levels (the percentage of severe harm incidents has increased to 0.71% when compared with 0.31% in 2021/22. The percentage of patient safety related deaths (uploaded to NRLS) has decreased to 0.33% compared with 0.55% in 2021/22). However, not all incidents reported up to 31 March 2023 will have been reviewed and uploaded to the NRLS at the date of the report and the Trust will revisit the data when it is complete.</p> <p>NHS England has developed a new national system called Learn from Patient Safety Events (LFPSE) that is being introduced to replace:</p> <ul style="list-style-type: none"> • National Reporting and Learning System (where we send our patient safety incidents) • Strategic Executive Information System [StEIS] (where we report Serious Incidents) <p>It is expected that Trust will go live with reporting by the end of September 2023. This will be implemented following thorough testing, consultation, and training.</p> <p>The Trust continues to develop its approach to learning from incidents as part of our work towards implementation of the Patient Safety Incident Response Framework (PSIRF). This includes supporting the development of a compassionate and just culture, engaging, and involving those affected by patient safety incidents and developing proportionate learning responses to patient safety incidents.</p>
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	<p>Guardian of Safe Working Hours</p> <p>The 2016 junior doctors' contract introduced stronger safeguards to prevent junior doctors from having to work excessive hours. The safety of patients is a paramount concern for the NHS and significant staff fatigue is a hazard both to patients and to the staff themselves. The new contract introduced the role of Guardian of Safe Working Hours who is responsible for protecting the safeguards outlined in the 2016 Terms and Conditions of Service (TCS) for doctors and dentists in training. The Guardian ensures that issues of compliance with safe working hours are addressed, as they arise, with the doctor and/or employer, as appropriate; and provides assurance to the Trust Board or equivalent body that doctors' working hours are safe.</p> <p>The introduction of a new contract for Doctors in Training impacted on the Trust in February 2017 with new employees moving onto the contract at that point. The Trust appointed a senior medical representative as the Guardian of Safe Working and their 2022/23 annual report and quarterly reports, highlighted the following:</p> <ul style="list-style-type: none"> • The number of exception reports has remained low during this period which is in line with the majority of Trusts providing mental health care (table below). The most common issue has been pressure of work on in-patient areas, especially during colleagues' absence. Trainees have raised concerns about the pressure of work for the on-call doctor on the
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Fieldhead site and an audit suggests that trainees have missed breaks or stayed late. The introduction of Electronic Prescribing Medication Administration (EPMA) system has reduced some of the administrative tasks that the on-call doctor has to complete. There have been no recent exception reports relating to these concerns and trainees have been encouraged to complete exception reports if they do stay late or miss breaks.

Exception Reports by Area

Area/BDU	No. exceptions carried over from last report	No. exceptions raised	No. exceptions closed	No. exceptions outstanding
Barnsley	0	0	0	0
Calderdale	0	8	8	0
Kirklees	0	4	4	0
Wakefield	0	5	5	0
Forensic	0	1	1	0
Total	0	18	18	0

- Rota gaps have risen again in the last 12 months, nearly to levels seen at the height of the pandemic, with 507 or 20% of first tier shifts vacant. However, the number of vacant shifts directly attributable to COVID-19 remains low. The main reasons include vacancies, less than full-time trainees placed in full-time slots and occupational health recommendations for trainees to come off the on-call rota. There were three shifts where it was not possible to obtain junior doctor cover. Where there is a rota gap, the rota co-ordinators will seek to find someone to cover via the medical bank resource. If this is not possible senior doctors act down to cover
- Rota coordinators managing the Trust medical bank, with the support of the trainees have done fantastic work to maintain the service despite these challenges
- Whilst there has been improved recruitment to core training in Psychiatry there have been a number of vacancies across all schemes providing trainees to the Trust.
- The Guardian of Safe Working Hours continues to have sessions with all new trainees at induction to offer support and encourage trainees to raise any concerns that they may have. The Guardian of Safe Working Hours also meets trainees at the quarterly Junior Doctors' Forum

Part 3: An overview of quality of care in 2022/23

This section of the Quality Account will be used to present an overview of the quality of care offered by South West Partnership NHS Foundation Trust in 2022/23.

Performance against indicators set out in the National Metrics (previously Systems Oversight Framework)

The table below shows our performance against the indicators which are monitored by NHS Improvement, as required for our regulation process and set out in the National Metrics

Indicator		South West Yorkshire Partnership NHS Foundation Trust data	South West Yorkshire Partnership NHS Foundation Trust data	South West Yorkshire Partnership NHS Foundation Trust data
	Target	2020/21	2021/22	2022/23
Early intervention in psychosis (EIP): people experiencing a first episode of psychosis treated with a National Institute for Clinical Excellence (NICE) - approved care package within two weeks of referral	60%	89.5%	89.0%	89.1%
Improving access to psychological therapies (IAPT): a) proportion of people completing treatment who move to recovery (from IAPT dataset)	50%	52.2%	53.5%	52.2%
b) waiting time to begin treatment (from IAPT minimum dataset): i. within 6 weeks of referral	75%	94.0%	94.0%	97.1%
ii. within 18 weeks of referral	95%	99.4%	99.8%	99.9%
Admissions to adult facilities of patients under 16 years old	0	1	1	2
Inappropriate out-of-area placements for adult mental health services	494	1691 bed days	3216 bed days	4982 bed days

The initiatives we undertake to improve quality of care change from year to year, which means we are not always able to make a direct comparison of our performance against each priority each year. Where we can make comparisons across the years we have done so. We make these changes to continually strive to improve the quality of our care.

The Health and Care Act (2022) introduced statutory [Integrated Care Boards](#) (ICBs) and Integrated Care Systems (ICSs) in July 2022. This has meant that there are changes in how services are required to work together, and the metrics that providers should deliver against.

Our Trust provides a wide range of services across several communities. These services are commissioned by two separate Integrated Care Boards (ICBs) and we work across four place-based partnerships:

- West Yorkshire Health and Care Partnership
 - Kirklees place
 - Calderdale place
 - Wakefield place
- South Yorkshire Integrated Care Partnership
 - Barnsley place

Some of the Trust's specialist services such as the Forensic Mental Health services are commissioned under specialist commissioning which comes directly from NHS England.

Our Trust is a compassionate and innovative organisation with equality, co-production, recovery and creativity at its heart. We aim to help people reach their potential and live well in their community and to provide outstanding physical mental and social care in a modern health care system.

This section will also showcase examples of quality improvement from across the organisation that have been initiated within individual services or areas of the Trust. Our annual excellence awards showcase the achievements of both individuals and teams who have continued to innovate and improve the quality of services during these challenging times. They also demonstrate how, as a Trust we have learned from the COVID-19 pandemic and improved services with hybrid working that meets the changing needs of people within our communities.

The following presents an overview of the quality of care we offer against the three indicators:

- Patient safety
- Clinical effectiveness
- Patient experience

The information below aligns with our Trust quality priorities as outlined in section two.

PATIENT SAFETY

Safe means services delivered in a way that minimises things going wrong and maximises things going right; continuously reducing risk, empowering and enabling people to make safe choices and protecting people from harm, neglect, abuse and breaches of their human rights; and ensuring improvements are made when problems occur.

Quality initiatives in 2022/23

The quality initiatives prioritised for action in 2022/23 as part of the quality account process were as follows:

- Patient Safety
- Suicide prevention
- Electronic prescribing medication administration (EPMA)
- Clinical record keeping
- Learning disability services
- Long term seclusion in learning disability services
- Staff experience and wellbeing
- Staffing initiatives

Patient Safety

What we prioritised

To continue to develop our patient safety strategy and plans, adjusting for national priorities and guidance

What we did

Throughout 2022/23, we have continued to make good progress with our patient safety strategy work in line with national priorities and developments. We have:

- Reviewed our internal patient safety strategy and agreed that our ambitions remained current as it is structured around the NHS Patient Safety Strategy and reflects the ongoing national workstreams (described below). We will review our strategy at the end of 2023/24 to consider future arrangements in line with NHS Patient Safety Strategy developments
- Our patient safety specialists have joined a number of developing patient safety networks at all our places and with Integrated Care Boards (ICBs) and provider collaboratives colleagues along with regional and national level networks to support the patient safety priorities. Their work through the year has focused on those national priorities, as summarised below:

Improving quality of incident reporting

- Continued to focus on improving the quality of incident recording
- Continued to strengthen our data quality processes for incident data to ensure accuracy
- Delivered bite sized learning sessions on duty of candour, completing manager's 48-hour reviews, reporting incidents, reviewing incidents, grading incidents, searching, and navigating Datix. These sessions aim to improve quality of information
- Continued to develop the capture of protected characteristics for people affected by incidents. Datix has been updated to capture abuse/hate related to any protected characteristic. This is reported into clinical risk panel each week
- Improved data collection in respect to sexuality
- Undertaken a review of notifiable safety incidents and duty of candour recording

Improving safety culture

Overall numbers of incidents and levels of severity and harm are monitored at Board and Care Groups. The Trust continues to work to increase overall incident and near miss reporting as part of safety culture work. In 2022/23, 97% of all incidents reported resulted in no or low harm or were not related to care provided by the Trust. The number of incidents resulting in moderate or severe harm or patient safety related deaths are small and we use individual reviews of these cases to help us learn.

This year we have seen a change in incident reporting patterns with a 12% increase on the previous year. We feel this demonstrates our positive reporting culture, where staff feel able to report incidents and near misses. Analysis of the data has shown that harm levels have not increased significantly, despite the overall increase, and our serious incidents have reduced. This may, in some part, be due to the promotion of incident reporting through our learning sessions. We have not seen any major changes to Datix (e.g., no new types of incidents added, nor any major new services added).

In addition, we have:

- Developed policies and procedures in the people directorate that support a restorative and just culture
- Continued to promote our freedom to speak up guardians and training
- Supported forensic services with undertaking culture surveys to help with safety culture, team working and communication
- Continued to use safety huddles to aid team communication and support safe care

Transition to the new Learn from Patient Safety Events (LFPSE) service

- [Learn From Patient Safety Events](#) (LFPSE) is a new national system that is being introduced to replace:
 - National reporting and learning system (where we send our patient safety incidents)
 - Strategic executive information system [StEIS] (where we report serious incidents)
- We have been configuring our Datix test environment and achieved the technical connectivity to LFPSE by the 31 March 2023 timescale. We continue to work on our live system transition by 30 September 2023

Preparations for Patient Safety Incident Response Framework (PSIRF)

The [Patient Safety Incident Response Framework](#) (PSIRF) was launched by NHS England in August 2022. It sets out NHS England's approach to developing and maintaining effective systems and processes for responding to patient safety incidents for the purpose of learning and improving patient safety. There is a 12-month preparation guide we are working through with the aim of transitioning in Autumn 2023. The culmination of the preparation work will be two documents:

- Patient safety incident response plan - setting out how we will respond to our patient safety priorities with a focus on learning and improvement
- Patient safety incident response policy – describing the systems and processes we develop to learn and improve following a patient safety incident

We continue to work on number of workstreams to support our transition:

- A launch event was held in October 2022 with SWYPFT stakeholders
- A PSIRF implementation team and project groups have been established

In addition, we have:

- reviewed our existing investigation processes against the PSIRF standards and completed a process mapping exercise to identify areas for improvement that will support our transition to PSIRF
- mapped our services
- commenced mapping our current incident responses to help us understand our capacity for responding to patient safety incidents
- commenced analysis of patient safety incident data, and this continues to be refined
- reviewed our processes to ensure aligned with just culture
- mapped our existing improvement activity
- reviewed our existing engagement processes against the new requirements and identified areas for improvement
- continued to attend PSIRF network meetings at place, regional and national levels for insights into best practice
- continued our liaison with ICB and provider collaborative colleagues regarding oversight of the process
- been invited to be part of the patient safety collaborative PSIRF steering group
- reviewed our clinical risk panel meeting and processes to ensure it aligns with PSIRF for the future

Responding to National Patient Safety Alerts

A new provider process flow for national patient safety alerts was published in March 2023. We have been reviewing our process for managing alert implementation.

Improving patient safety education and training

- Patient safety training for all staff is essential in supporting learning and improvement and in understanding how all our roles support patient safety. The training is available on our electronic staff record (ESR)
- Level 1 essentials training for all staff began in November 2022 and we are making good progress. It will become mandatory training from November 2023
- Level 2 training (access to practice) is also available for groups of staff who have roles relating to patient safety or incident management
- We are currently planning our implementation of Level 3 training (investigation, oversight, and engagement and involvement) for those in specialist roles

Patient safety improvement work

We have:

- continued to work with the patient safety collaborative on reducing restrictive practice
- launched our suicide prevention strategy
- continued to develop our work to improve sexual safety including recording on Datix
- continued to promote falls prevention, with promotion of falls assessments and post fall protocol and appointed a dedicated falls coordinator
- continued our implementation of electronic prescribing system to aid medication safety
- delivered systems analysis training for Care Group and specialist colleagues
- delivered other training previously
- incorporated our Care Group patient safety actions into their local quality Improvement plans

- the patient safety strategy group continues to meet and work has continued. We have also provided updates via other routes, e.g., clinical governance group and clinical governance and clinical safety committee
- concluded an internal audit of our serious incident action planning in August 2022, providing us with significant assurance. The audit identified three actions to help further strengthen our processes. As a result we have developed a procedural document to standardise our approach and amended our reports to highlight outstanding actions and capture the rationale for any delays. All actions have now been completed
- completed a review of the identification of notifiable safety incidents and duty of candour monitoring recording during the year. We found some common themes particularly with understanding around notifiable safety incidents. The learning was shared and disseminated through quality and governance leads
- continued to develop and improve our method of sharing learning (see separate section)

What next?

- Further developing our patient safety specialist role and the framework which supports the role and the work they undertake
- Continuing to adapt and progress our patient safety implementation plan, with a focus on quality improvement
- Working closely with NHS England on a range of national patient safety developments
- Promoting patient safety training for all staff including Board and senior managers

Suicide Prevention

What we prioritised

To complete of the 2022-2025 Trust suicide prevention strategy including implementation plan and set the aims and objectives for 2022-2025

What we did

The aims of the strategy are to reduce the loss of life to suicide, to support those affected by suicide or suicidal behaviour and to work in partnership with other NHS and social care providers and our voluntary sector communities across the Trust geography of West and South Yorkshire to contribute to improving the mental and physical health of our patient population.

Our vision for suicide prevention in the Trust has been translated into the following key target areas:

Culture

- Identified director leadership for the Trust wide governance for suicide prevention and reviewed the wider support systems across the Care Groups to help in steering the delivery of key aspects of the strategy
- Continued to promote the knowledge of suicide as being preventable and not inevitable through engagement with the regional partner programs for suicide reduction and through the suicide prevention champions network and the Trust wide sharing of information in the form of national, regional and international updates and research across the field of suicide prevention

- Promoted operational policies, procedures, and guidelines to help inform and champion preventable suicide and inform best practice standards
- Through the Trust data analysis, information through incident investigations and feedback from families, worked collaboratively to consider the key areas of change that can help embed and instil hope across patients, families, and staff groups in preventing suicide

Training/education

- Reviewed the Care Groups needs in regard to suicide awareness training
- Relaunched the delivery of suicide alertness and suicide interventions training
- Commissioned additional professional training in the form of collaborative assessment and management of suicidality training for senior practitioners actively working with individuals where suicide is identified as a risk
- Continued promotion and awareness raising of basic suicide prevention training for all staff employed irrespective of professional qualification
- Worked collaboratively with the regional ICB suicide prevention lead for West Yorkshire in the development of a workforce response to suicide risk in staffing groups
- Work began to standardise the electronic systems for a central access to all key records required to be completed for best practice, alongside ongoing updates for Formulation Informed Risk Management (FIRM) training
- Annual ligature audits continued across all inpatient areas along with the development of associated action plans to reduce identified risks. Upgrading of doors with door top alarms work continues. Active attendance at national forums to help inform inpatient environmental safety
- Delivery of trauma informed training and lunch and learn sessions for all workforce to help shape the Trust's goal to become a trauma informed organisation by 2026
- Dissemination and sharing of the national confidential inquiry into suicide and safety in mental health (NCISH) Annual report 2021: England, Northern Ireland, Scotland and Wales (manchester.ac.uk), promoted across the champions network for whole teams' knowledge and insights, utilising the findings to cross reference against the Trust strategic aims and ambitions
- Began development of a half day training program for carers awareness and alertness training for all Care Group staff and wider staffing groups part of the carer's champions network, this includes the associated risk to suicide in carers and key areas of learning following incident investigation
- Continued awareness raising of the Department of Health (DoH) consensus statement on the sharing of information to prevent suicide. This has included disseminating and promoting of the zero suicide alliance co-developed document 'Share'
- Actively shared and promoted the West Yorkshire suicide prevention website directory of services across the regions of West Yorkshire along with information for South Yorkshire Place based priorities and advice on suicide prevention in Barnsley accessible through the 'Alrite Pal'

Family and carer involvement and collaborative care:

- Conducted a thematic review of learning from all incident investigations across a three-year period to extract knowledge and insights on the experiences of families following a loss of life to suicide and shared the information with the carer's project lead for review and inclusion in the development of a half day training programme
- Actively promoted and shared information relating to suicide bereavement support services for the regions of West and South Yorkshire, acting on behalf of families in making referrals for them following the loss

Regional collaboration:

- Continued to actively engage with partner organisations across West and South Yorkshire for multiagency suicide prevention sharing learning and collaborating with others to inform regional insights and help shape improvements in local systems for suicide prevention
- Continued to contribute to efforts to reduce the occurrence of suicide attempts at high-risk locations of concern, along with transport providers and emergency services
- Continued to work in partnership with the regional real time suicide surveillance system

Marginalised communities:

- Worked in partnership across the West Yorkshire region for increasing awareness and insight within minority ethnic community groups on suicide prevention
- Improved opportunity for data collection on sexuality, ensuring this is also captured within incident investigation to help inform insights and future needs of the LGBTQ+ communities across the Trust
- Overseeing the changes to domestic homicide reviews considering changes to national guidance. This is being led by the associate director of nursing, quality and professions

Support for staff:

- Established a project plan to create a suicide specific network of clinical supervisors with the addition of postvention focused training to support the roll out
- Continued promotion and information sharing on the support for staff following critical incidents and review of the present operational policy
- Five staff have completed the regional critical incident staff support (CRiSSP) training for implementation in the Trust
- Actively supported and shared information relating to the regional check in campaign – prevention of staff suicides
- Supported the West Yorkshire Health and Care partnership suicide prevention lead in leading a project on responding to staff suicide

Progress has continued to be made across the following areas:

- Embedding and monitoring the quality reviews and utilising the feedback to help inform the improvements required around formulation informed risk management assessments
- Commissioned delivery of suicide specific training in the form of collaborative assessment and management of suicidality
- Development of carers training for dissemination Trust wide, where the learning from lived experience, friends and family feedback and incident investigation has been utilised to help inform the training
- Ensuring information regarding the suicide prevention strategic aims and captured in other relevant forums such as the clinical environment safety group
- Ongoing recruitment and information sharing on the suicide prevention champions network utilising the network to highlight learning and best practice
- Ongoing learning from incidents involving suicide or attempted suicide through blue light alerts, sharing of information on best practice via the suicide prevention champions, focused themed discussion via the patient safety learning forum

What next?

- A continuation of collaborative work across West and South Yorkshire ICB to develop the work on suicide prevention
- A review of the meeting structure and governance

- The development of a suicide prevention forum
- To implement the suicide prevention strategic plan
- The recruitment of a family liaison officer

Electronic Prescribing Medication Administration (EPMA)

What we prioritised

To replace paper medication charts with an electronic medication chart within SystemOne.

What we did

The rollout included all 29 Mental Health Inpatient wards (444 beds) covering all localities. The initial go-lives took place in the first quarter of 2021 and, following a pause, concluded between February 2022 and March 2023.

It has been a true multidisciplinary and multi-professional project from the start involving clinical and IM&T colleagues, from design to implementation to evaluation.

A broad range of benefits were identified which are linked with the Trust's values, strategic objectives and priorities. A full project evaluation and benefits realisation is underway. However, some immediate benefits have been realised including:

- Legible and complete prescriptions
- Improved medicine administration (timely and appropriate)
- Reduced medication incidents reported
- Providing a single and comprehensive view of a service user's current and historical medication
- Ability to view a service user's medication wherever a clinician or service user may be located

What next?

There are a number of teams such as integrated home based treatment and community teams as well as 136 suites, neurological rehabilitation unit (NRU) and stroke rehabilitation unit (SRU) who would also benefit from and are keen to introduce EPMA. These opportunities are being explored, building on the work completed for the mental health inpatient wards.

Clinical record keeping

What we prioritised

To improve record keeping, specifically clinical risk assessment and care planning.

What we did

Following the CQC inspection 2019 where care plans and risk assessments were highlighted as requiring improvement to meet the expected standards of care, there has been an ongoing effort to improve. There have been internal and external factors which have impacted on the delivery of this work

and therefore the work undertaken has not had the desired impact on improvement. Since the last quality account there has been a concerted focus on this priority piece of work adopting partnership approach to quality improvement methodology for improvement.

Quality improvement methods have been used to identify the drivers for change, change ideas and to ensure engagement and co-production at every level.

There has been a care plan and risk assessment improvement group which has been facilitated in partnership between the nursing, quality and professions directorate and the integrated change team. This approach has created an improvement group with high levels of engagement, motivation for change and commitment to delivery.

The group meet every three weeks and work to date has included:

- A deep dive into the problems/challenges and the development of a problem statement
- The development of a driver diagram and change ideas identified to date
- Initial 'quick win' changes to be implemented to improve data recording and reporting
- A plan for task and finish groups to lead the work going forward
- A look and see approach in clinical settings
- Specific focus groups/targeted conversations
- Keeping it on the agenda in meetings and forums to continue engagement and involvement at every level
- A solution focused approach to the leadership style

There is recognition through the improvement group of the complexity and scale of the project if changes made are to have the desired impact on patient/services user care, patient/service user experience, staff experience and the recording and reporting of the outcomes. The aim of the group is to gain a deeper insight into the changes required and deliver these to ensure there is the right systems, training, and skills to enable staff competence and confidence to deliver sustainable and impactful change.

The following progress has been made:

- Deep dives have been completed
- A driver diagram and change ideas have been developed
- Task and finish groups have been identified and will commence Spring 2023
- Improvements have been made to the recording of care plan collaboration/sharing of care plans and this has shown an improvement in reporting
- The record keeping standards training is being reviewed and refreshed
- Changes to the audit tool have been made to reflect practice are being piloted in CAMHS
- Reports have been developed and are shared fortnightly to support performance management of teams and encourage ongoing conversations

Data headlines

- The number of people with a risk assessment/staying safe plan in place within 24 hours of admission – Inpatient areas have seen an increase in improvement to, 89.9% in March 2023. Trajectories indicate further improvements are expected
- The number of people with a risk assessment/staying safe plan in place within seven working days of first contact – community has seen an increase in improvement to, 83.2% in March 2023. Trajectories indicate further improvements are expected

- The percentage of service users on care programme approach (CPA) offered a copy of their care plan has seen an increase to 75.1% in March 2023. Trajectories indicate further improvements are expected

What next?

- Improve quality of clinical record keeping (ongoing)
- Improve quality of care planning and risk assessments
- Develop confidence and competency frameworks
- Monitor the impact of changes and outcomes through the Trust suicide prevention group and clinical governance group
- Celebrate successes

Learning disability services

What we prioritised

To reduce waiting times for assessment and treatment in community learning disability services.

To support General Practitioners (GPs) with the increase in annual health checks for people with a learning disability across all four localities.

To undertake a workforce review, ensuring our community services are resourced to meet the needs of people with specialist learning disability health needs that cannot be met by a mainstream service.

To improve the quality of documentation through roles and responsibilities of staff on wards.

To improve collective working relationships across the Trust, Leeds and York Partnership Foundation Trust (LYPFT) and Bradford District Care Foundation Trust.

What we did

The Trust delivers community learning disability (LD) services in four different geographical areas and runs a specialist in-patient assessment and treatment unit called the Horizon Centre. Each community service has a multidisciplinary model for routine care, and intensive support and psychiatry which offer an immediate response to people who are experiencing a crisis. During 2022/23 we were commissioned to provide an out of hours service and this service is currently in development and soon to be up and running.

The evidence tells us that people with a learning disability have been significantly adversely impacted during the pandemic. Dynamic risk registers are used for people assessed as being at high risk and welfare calls were implemented whilst people are waiting to be seen. This has allowed teams to assess and respond to need, fast-tracking people for support where required. Post pandemic, the service has retained and improved welfare calls and now, all service users on a waiting list receive regular welfare calls to ensure their needs have not escalated whilst awaiting a service and if their risk has increased, they are prioritised and fast-tracked to service provision.

During 2022/23, all community teams have strengthened the service offer by:

- Recruiting to strategic health facilitators in all four localities as well as an advanced nurse practitioner working in alongside Calderdale care homes and supported living. These roles have

successfully supported the improvement of take up of annual health checks as well as champion initiatives to reduce health inequalities

- Promoting the friends and family test within learning disability services
- Recruiting new full time team managers in each locality through new investment
- Currently developing an out of hours pathway so that all people with a learning disability have 24/7 access to a LD health specialist. This service is not up and running yet and we continue to recruit to positions
- Supporting some existing LD nurses to complete the nurse prescribing qualification
- Continuing to work with partners across all areas to support people with learning disabilities as well as co-morbidities
- Establishing a greenlight toolkit program for the Trust
- Increasing resource for LD specialist dietetics services and respiratory care provision
- Introducing a new clinical support layer of leadership which makes up the locality trio – team manager, medical consultant and non-medical consultant. This will strengthen clinical leadership and case decision making locally
- Establishing staff well-being champions in each locality
- Mobilising a waiting list project that will ensure all our cases are open to and managed as a single community team as oppose to separate disciplines within the MDT. This work has now commenced in Calderdale and will be rolled out across all areas

During 2022/23, the Horizon Centre has strengthened the service offer by:

- Establishing an improvement program and group to continuously action areas requiring further improvement
- Introducing improvements to daily safety huddles, handovers and debriefs
- Recruiting an advanced nurse practitioner
- Improving staff communication
- Introducing an LD-focused induction package which is also shared with bank and agency staff
- Implementing development days for all staff
- Introducing staff well-being strategy and establishing champions
- Disseminating priority training including PBS, trauma informed care and active support
- Promoting the friends and family test
- Continuing quality improvement work on risk assessment, care planning, supervision passports
- Recruiting to psychology and allied health professionals to enhance the MDT clinical approach

What next?

- We will launch a community improvement program which will be monitored through the Care Group clinical governance group
- We will continue to implement actions in line with the ATU improvement programme
- Our priorities for 2023/24 include:
 - Completing our waiting list project across all areas
 - Establish a greenlight process
 - Developing and establishing new roles

Long term segregation in learning disability services

What we prioritised

To ensure that our long term segregation and seclusion provision is of the highest quality and in line with requirements.

What we did

Long term segregation refers to a situation where, to reduce a sustained risk of harm posed by a service user to others, which is a constant feature of their presentation, a service user is not allowed to mix freely with other service users on the ward/unit on a long term basis.

On our Horizon unit two service user are currently being nursed in long term segregation (LTS).

Reasons people are nursed in LTS include:

- Autistic hypersensitivity to noise and hypervigilance to constant routines and environments
- Ongoing and frequent assaults on staff and other service users
- Inability to comprehend personal space

Within our Horizon unit we undertaken a large amount of work to ensure that our provision of LTS to service users is in line with requirements and supports us to deliver the highest quality care to those service users who require LTS. We have developed an internal assurance process to support this. This has included:

- Establishing the Horizon leadership team which includes psychiatry consultant, ward manager, advanced nurse practitioner and more recently a consultant psychologist has joined the team
- Developing a comprehensive Horizon improvement program which is being led by the director of services. This has demonstrated considerable improvements to date with further improvements progressing
- Implemented a situation report (SITREP). This is overseen by directorate of nursing, quality & professions
- Providing clarity to roles and responsibilities with regular team development days scheduled for the year
- Increasing support from and engagement both reactively and proactively from reducing restrictive physical intervention (RRPI) team and safeguarding colleagues

Our current data and assurance process demonstrates the following compliance against requirements:

- Weekly multi-disciplinary team (MDT) meetings are embedded and MDT involvement is 100%
- There is continuous authority involvement and this is at 100%
- Advocate/family attend weekly ward rounds, where LTS is reviewed
- LTS support plan is reviewed at weekly MDT meetings and documented on SystmOne
- Pro-active plan to end LTS is also reviewed weekly at the MDT meeting
- The checklist for hourly nursing reviews has been improved and compliance for completion remains at 100%
- 24hour consultant review is at 100%
- Fortnightly independent review is at 100%
- Three-month external reviews have been undertaken by consultants from Bradford District Care Trust since June 2022 and an agreement is now in place for this to continue moving forward
- A new process is in place for hourly checks of the seclusion environment to assess for any damage
- New windows and doors have been installed providing improved access to outside space
- A whole team approach to support service users to engage in activities has proved successful and supported a reduction in incidents

- A peer support worker, with lived experience has been recruited
- There has been improvements to the debrief process following RRPI and safeguarding incidents, with support from specialist colleagues

What next?

- Further work is being undertaken on personalisation of LTS environments – we are looking at projectors and notice boards that will enable service users to personalise their own likes, preferred activities etc.
- Further sensory work being completed in LTS areas including acoustic panels being installed and sensory lighting to support service users
- We have some draft plans to improve the outdoor spaces and this is captured the estates program
- Continue to liaise with LYPFT to ensure both Bradford and Leeds are included as reviewers for our 3 monthly external reviews
- Improved audit of LTS reviews and paperwork – this has now been added to the SITREP

Staff experience and wellbeing

What we prioritised

To improve staff experience and wellbeing, using our NHS staff survey feedback.

What we did

The Trust's workforce strategy 2021-2024 aims to deliver the strategic objective of making the Trust a great place to work as a key enabler to achieve the Trust's vision and mission. It contains several pledges which include 'We will provide support to keep staff physically and psychologically well, enabling them to work flexibly and ensure they have manageable workloads'. The Trust is committed to the prevention of ill health as well as providing a comprehensive wellbeing support offer when colleagues experience illness. We have an in-house occupational health and wellbeing service providing a range of services as well as our own staff counselling service.

NHS staff survey results 2022

The NHS staff survey is conducted annually. The questions within the survey align to the seven elements of the NHS 'people promise', retaining two previous themes of engagement and morale. All people theme scores are based on a scale between 0 and 10. A higher score indicates a more positive result.

The response rate for the 2022 survey among trust staff was 50%, an increase from 41% in 2021. Scores for each indicator together with that of the survey benchmarking group of community, mental health and learning disability Trusts are presented below.

Indicators ('People Promise' elements and themes 2022)	2022 Trust score 0-10	2022 Benchmarking group score
We are compassionate and inclusive	7.6	7.5
We are recognised and rewarded	6.3	6.3
We each have a voice that counts	7.0	7.0
We are safe and healthy	6.4	6.2
We are always learning	5.6	5.7
We work flexibly	6.7	6.7
We are a team	7.1	7.1
Staff Engagement	7.1	7.0
Morale	6.2	6.0

Our results compare positively to other provider Trusts across both West and South Yorkshire and with Trusts across the region.

Previous performance – 2021

Scores for each indicator together with that of the survey benchmarking group are as follows:

Indicators ('People Promise' elements and themes 2021)	2021 Trust score 0-10	2021 Benchmarking group score
We are compassionate and inclusive	7.6	7.5
We are recognised and rewarded	6.4	6.3
We each have a voice that counts	7.0	7.0
We are safe and healthy	6.4	6.2
We are always learning	5.4	5.6
We work flexibly	6.7	6.7
We are a team	7.0	7.1
Staff Engagement	7.1	7.0
Morale	6.2	6.0

The survey content changed from 2021 to be aligned to the NHS people promise themes and so comparison to the 2020 results is not possible.

Four out of the nine theme results are better than the national average compared to similar provider organisations:

- 'safe and healthy'
- 'morale'
- 'we are compassionate and inclusive'
- 'staff engagement'

Four Trust scores are average when compared with similar provider organisations:

- 'we are recognised and rewarded'
- 'we each have a voice that counts'
- 'we work flexibly'
- 'we are a team'

One key theme score is below average:

- 'we are always learning'.

Two key theme scores improved since 2021:

- 'we are a team' up to 7.1 from 7.0
- 'we are always learning' up to 5.6 from 5.4

One key theme worsened:

- 'we are recognised and rewarded' down to 6.3 from 6.4.

The NHS England report confirms these changes were not statistically significant.

The Trust also conducted a wellbeing at work survey in 2022 in partnership with Robertson Cooper, occupational psychologists. Results showed improvements in several key scales compared to the previous wellbeing survey conducted.

Future priorities and targets

During 2022/23 we have been enhancing our wellbeing support offer and responding to the cost-of-living increases with a range of support offers to Trust staff. We have focused on promoting and communicating our wellbeing at work offer, updating, and simplifying our wellbeing intranet pages and developing our wellbeing champion network.

We use data from a variety of sources to understand the challenges colleagues are facing in different parts of our organisation, with support of the Board where this data is reported routinely. This includes feedback from our wellbeing at work survey, NHS staff survey, feedback from our Trust and service workplace wellbeing groups and champions as well as reviews of key workforce data.

The 2022 wellbeing at work survey, administered by Robertson Cooper (Occupational Psychologists), showed that results were mostly consistent compared to previous years. The scale 'job security and change' scores were more positive than the previous survey in 2020, but with a slight drop in the scores for 'staff engagement' and 'level of positive emotions'. This is attributable to the impact of the COVID-19 pandemic.

During 2022/23, we have made considerable progress in implementing our workforce strategy and great place to work priorities. We have:

- Continued to invest in our occupational health offer
- Worked with partners in Wakefield, Kirklees and Calderdale, to implement Schwartz rounds to support staff to deal with the emotional demands of their role
- Continued to promote and support our staff networks
- Continued to raise awareness of the menopause and its impact, provided advice and support to staff experiencing menopause symptoms as well as training and advice to line managers in supporting colleagues experiencing the menopause
- Responded to the cost-of-living increases with a range of measures such as temporary increases to mileage expense rates, offers in our staff canteens, promotion of offers and sources of advice
- Continued to adopt a resolution approach to managing disciplinary cases which has seen a reduction in formal disciplinary processes
- Continue to support service wellbeing groups and champions, encouraging colleagues to take forward local activities to improve wellbeing in their service/team
- Invested in our recruitment and resourcing services, significantly increased international recruitment and local recruitment initiatives
- Supported our leadership teams to review and agree action plans following the NHS Staff survey feedback
- Supported services and teams with their service development activity

What next?

- Further embed the wellbeing at work champion role
- Review of wellbeing offers to maximise uptake across all services including high activity/vacancy/turnover areas. Review wellbeing offer based on principles of trauma informed organisation. Physical health programme of support and wellbeing checks in place across the services
- Review of leadership and management development framework
- Redefined prevention of bullying and harassment approach developed, based on early resolution and just culture principles
- Review access to formal training/education/development for non-clinical roles and professions, with the aim of increasing uptake and retention

Staffing initiatives

What we prioritised

To focus on maintain safe staffing on inpatient units.

To roll out safe staffing initiatives into community services.

To embed initiatives to improve safer staffing

To develop new career pathways and professional roles

What we did

Learning from the pandemic has supported ongoing work with safe staffing and staffing initiatives. Details of work undertaken in below:

- We now have senior leadership present seven days a week to specifically oversee and address staffing pressures on our mental health in patient wards
- Active efforts to recruit have continued, together with recruitment of registered international nurses. This has gained significant traction over the last 12 months with almost 25% of our new intake of nurses coming via international recruitment
- A new roles group has been established, chaired by the Chief Nurse and Director of Quality and Professions, to explore how teams might be staffed differently whilst maintaining quality and safety standards. This group is also overseeing the scrutiny of any emerging new roles and their potential implementation into the Trust
- Financial enhancements have been paid to colleagues at times of increased challenge or acuity
- As a Trust we have used several tools to support the safer staffing agenda:
 - A strategic tool - we continue to utilise the mental health optimal staffing tool (MHOST), to provide advice and direction when assessing staffing templates during an establishment review and transformation work. We will be establishing a rolling programme for our inpatient services to ensure we continue to have the most relevant staffing templates and resources available using the tool in a more consistent manner
 - A local tool – implementation of SafeCare solutions on some of our inpatient wards which started in 2021/22 across predominantly forensics wards is now being rolled out across all clinical ward areas. This roll-out will be completed by November 2023. SafeCare is a staffing resource and acuity tool that allows us to move away from the traditional view of having a set “number” of staff on inpatient areas and utilise the acuity and demand to flex the staffing resources appropriately
 - A local tool - continued implementation of allocates e-rostering. Alongside the roll out of SafeCare, our e-Rostering system has begun a Trust wide roll out across all staff. This is a longer term roll out which will be finalised in late 2024/early 2025. It is being rolled out one department at a time alongside project leads for both e-Rostering and Safecare. Once complete we hope to see improvements in staff management and utilisation, which in turn will help to reduce unnecessary agency and bank spend. Information has been collated to describe each team's type of shift/hours worked, structure and times of operation. This provides the foundation to tailor implementation to each team and support their integration onto the system, alongside training for all managerial and administrative staff who will be involved in using it
 - A local tool – Trust onboarding and microsite procured and developed to improve staff onboarding into the Trust and raise the profile and engagement of career opportunity across the Trust. This implementation has gone through testing and design and is now ready to link into Trust application tracking system which has just been agreed as part of the alternative to NHS Jobs 3. This will accelerate and improve staff experience coming into the Trust and aid retention
- The inpatient safer staffing meeting has continued to meet monthly to assure safe and effective clinical staffing across the trust. The group has continued to review and adapt relevant information to ensure that an accurate overview and narrative is provided within the safer staffing agenda. This allows the Trust to focus their resources appropriately and safely. Monthly exception reports continue to highlight areas where staffing levels fall below 90% overall and below 80% for registered/qualified staff and this supports the continued refinement of local escalation plans to support inpatient areas
- Establishment of agency scrutiny and management group. This group has recently been implemented to review individual and staff group agency spend in order to reduce the Trusts

reliance on agency spend currently above NHSE cap. The group reports into EMT and OMG to identify efficiencies and actions to reduce long term and high-cost agency spend (medical locum, inpatient nurse agency and health care support worker (HCSW) additional clinical agency usage)

- The priority recruitment taskforce group has identified several workstreams to improve staff retention including localised marketing campaigns, re-design of NHS job adverts, a review of the Trust above-the-bar scheme and implementation of recruitment ambassadors who actively promote working in the Trust in social spaces and at Trust events
- Throughout 2022/23 we incentivised ward staff take up of extra bank shifts with enhanced payment for extra shifts worked. This has been continually reviewed and extended whilst the Trust have explored other ways of incentivising staff
- Implementation of a staff referral scheme to incentivise existing staff to recommend the Trust as a great place to work. Financial reward for successful onboarding of referrals into the Trust
- Staff 'thank you' gifts which have included two one-off payments to staff in December 2021 and December 2022 and circulation of £50 gift vouchers for staff to use in area of their choice. This supports the Trust being a great place to work and shows gratitude to our staff

What next?

- Roll-out of e-Rostering and Safecare across the whole Trust
- Liaison workforce review completion of Trust efficiency for utilisation of bank and agency Procurement of bespoke review of our current bank and agency usage and contract delivery. We have started an external review 'Liaison workforce' which will identify potential improvements/economies in agency contracts, usage process etc.
- The priority recruitment taskforce group is being replaced by a wider Trust wide recruitment & retention group which will continue work and recommendations, but on a wider Trust wide footprint
- Establishment of Trust shortage occupation list. Identify shortage occupation roles and identify staff incentives to reduce vacancies and skills gap in these areas
- Further strengthening of the Trusts international recruitment offer into wider professions (allied health professionals (AHP), psychology). Doubling of our international recruitment permanent placements
- Implementation of genius application tracking system which is a key deliverable to improve staffing by accelerating and improving time to hire. Following nationwide roll out of NHS Jobs 3, the Trust has procured an application tracking system which works in harmony with NHS Jobs, but significantly improves our ability to tailor its use to our advantage and needs. The roll out of this will link into the Trusts onboarding and microsite

Clinical Effectiveness

Clinical effectiveness is informed by consistent and up to date high quality training, guidelines and evidence; designed to improve the health and wellbeing of a population and address inequalities through prevention and by addressing wider determinants of health; delivered in a way that enables continuous improvements based on research, evidence, benchmarking and clinical audit. It includes monitoring and improving the outcomes of service users.

Quality initiatives in 2022/23

The quality initiatives prioritised for action in 2022/23 include:

- Outcome measures
- Improving access to child and adolescent mental health services
- Reducing the number of people placed in out of area beds
- Quality dashboard development
- Quality assurance and improvement

Outcome measures

What we prioritised

To focus on targets for completion of paired outcome measures.

What we did

We continued to be monitored the national CQUIN scheme against targets for completion of paired outcome measures. In 2022/23 we were monitored against CQUIN CCG 10a and 10b (CQUIN 10a: Routine outcome monitoring in children and young people's services and perinatal mental health services, CQUIN 10b: Routine outcome monitoring in community mental health services). At the end of quarter three we had just under 20% of children, young people and perinatal service users and just over 50% of community mental health service users with two or more paired outcomes.

The guidance for 2023/24 has changed and CQUIN 15a will require 50% of adults and older adults accessing community mental health services to have a paired outcome of which 10% should be a patient reported outcome measure (PROM) while CQUIN 15b will require 50% of children, young people and women in the perinatal period accessing mental health services to have a paired outcome

The Trust has worked to implement the use of outcome measures into routine clinical practice to facilitate a deeper understanding of the impact of the individual's condition on their health and social functioning, and the effectiveness of the interventions they are supported with.

In community mental health services we have replaced the mental health clustering tool with a solution which promotes use of health of the nation outcome scales (HoNOS) as a clinician reported outcome measure (CROM) and from which cluster can be derived by an algorithm. We have seen an increase in completion of clinician reported outcomes since this tool was implemented.

We have also been working with our portal/integration partner, Restart Consulting, to develop a digital solution to collect and report patient reported outcome measures (PROMs) using a laptop, smartphone or other handheld device. The digital outcome app aims to remove some of the traditional barriers to collecting PROMs where paper questionnaires often get filed and forgotten or where the data requires re-inputting into the electronic clinical record which is time consuming and poses risks in transcribing errors.

The restart digital outcome app was signed off at the end of October 2022 and rolled out to eight early implementor teams across CAMHS and mental health. This was supported by communications including a website page, frequently asked question (FAQ), leaflet, and user guide.

What next?

We initially adopted a phased approach to roll-out of the digital outcomes app, with teams asked to express an interest and to be involved in an evaluation to include feedback from both service users and clinical staff.

The next steps will be to develop a process for wider roll-out of the app including:

- A training package to raise awareness of the importance of outcome measures, linking outcomes with personalised care and support, and how to use the digital outcome app
- Embedding clinical outcome measures into routine clinical practice in mental health services and re-focus the use of outcome measure for improving clinical effectiveness and service user outcomes and experience, rather than as payment by results
- Continuing to monitor CROM and PROM data against the 2023/24 CQUIN target of 45% of services users with paired outcomes through Trust CQUIN monitoring group.

Improving access to child and adolescent mental health services (CAMHS)

What we prioritised

To improve waiting times from referral to treatment.

To ensure that children and young people have early access to the right support, at the right time and in the right place.

What we did

We focused on improving waiting times from referral to treatment. Our aim is to ensure that children and young people experiencing emotional and mental health wellbeing difficulties have early access to the right support, at the right time and in the right place.

Improving waiting times from referral to treatment in CAMHS remains a Trust, commissioner and national priority. Previous Care Quality Commission (CQC) inspection identified that waits were a concern, particularly given the potential risk that children and young people may experience a worsening of their mental health when waiting.

Significant progress had been made in reducing waiting times for treatment over the past three years across CAMHS. Progress has been affected by the COVID-19 pandemic as referral rates increased and capacity within the service was affected. This is in line with the national picture. Referral levels remain increased based on previous years, with more children presenting in crisis and with complex needs. There has also been an increase in referrals for children with eating disorders.

Appointments have continued by telephone and video-link (digital solutions) with face to face support has been provided based on service user choice and clinical need. We are seeing an increased demand for face to face appointments due to the clinical needs of the young people.

Care packages have been enhanced and are more wide-ranging and more detailed to meet the needs of children, including those who have experienced a delay in admission to an inpatient hospital bed. This includes intensive home-based treatment.

Information on current numbers waiting in CAMHS pathways in each area is monitored by the Board and internally within Trust governance system.

In order to address the increasing waits, the following work has been undertaken during 2022/23:

Service evaluation - 'Changing the way we work'

- Digital technology (telephone and video) was highlighted as positive for most children/families, however the risk of 'digital exclusion' with the potential disproportionate impact on the most vulnerable has been highlighted
- Face to face appointments have increased as the initial satisfaction with digital appointments during the pandemic has begun to reduce
- Family therapy has proved successful via video link
- The virtual approach to groups offered by Barnsley CAMHS is valued by children and families

Waiting list initiatives

- Capacity has been temporarily increased through additional investment
- Most initiatives which were implemented during the pandemic have been maintained with ongoing review of care pathways to ensure they are efficient and effective. This includes a 'while you wait' offer within the Wakefield CAMHS service for people waiting for appointments within the core intervention team and this can include parent/carer session, safety nets or a wellbeing warrior.
- In Wakefield an assessment team pilot has been implemented which improves how decisions are made at the point of referral. This was nearing completion, however, was affected by staff leaving the pilot. Further funding has been secured and recruitment to the pilot is underway

Important Developments

- Wakefield CAMHS now have a community mental health support team (MHST) which will support children with mild/moderate mental health needs and is currently in the recruitment phase
- Wakefield CAMHS are increasing the group work offer
- Barnsley CAMHS have reviewed the pathway for attention hyperactivity deficit disorder (ADHD) which includes flexible approaches such as technology and the use of varied staff in teams. This includes the launch of the 'QB test' (a computer-based test to measures symptoms of ADHD) in February 2022. Funding has also been secured for non-medical prescribing posts
- The Kirklees Mental Support Team (MHST) now covers 57% of schools in Kirklees. Positive feedback from schools, children and young people and families, commissioners and Kirklees scrutiny panel
- Throughout the next 12 months we will be integrating with partners in Northorpe Hall to join Kirklees MHST and CHEWS and will launch as Kirklees Keep in Mind from April 2024. This will support the offer of an equitable service across Kirklees

Neurodevelopmental pathways in Calderdale and Kirklees

- In 2022/23 investment has been made into Neurodevelopmental Assessment services in both Calderdale and Kirklees
- In Calderdale:

- the enhanced service has been funded to deliver 21 assessments. There are challenges to deliver this on a consistent basis due to staffing challenges however the service continues to deliver a large number of assessments.
- Work is ongoing on the right to choose agenda for neurodevelopmental assessments. This is led to a slight increase in referrals to Calderdale's Neuro Team
- In Kirklees:
 - The neurodevelopmental assessment service have relocated and this has been positive for staff and families
 - The Kirklees SWYPFT service has been commissioned to deliver 43 assessments per month. Issues with staffing are currently impacting the service meeting the assessments, although assessment numbers remain good. Recruitment remains ongoing to support delivery of the commissioned assessment numbers
 - We utilise an external provider who offer 21 assessments per month across Kirklees
 - From January 2023 all Kirklees neurodevelopmental assessment referrals come directly into the neuro team and not via the Kirklees single point of access (SPA) (Northorpe Hall). We have a new screening process which involves a consultation with the professional who knows the child best (usually school). A decision is made following this screening as to whether the young person is placed on the assessment waiting list. We have received a lot of positive feedback from professionals and families about this process. The demand for this service has continued to increase and we are now receiving more than 250 referrals each month, as a result professionals are having to wait a number of weeks for the consultation appointment and there are more than 1,400 currently waiting for an assessment.
- This year we have received further investment from our commissioners to extend our crisis and eating disorders services as their continued to be an increase in demand in both these services.
- We also received funding to develop an avoidant/restrictive food intake disorder (ARFID) pathway in Kirklees. Recruitment to these new posts remains ongoing. In 2023/24 we expect the demand for both these services will continue to increase. To support this business proposals have been developed and we are waiting for the outcome from commissioners

While You Wait

Young people are often on the waiting list for Core Intervention. Therefore, there is a 'while you wait offer' within Wakefield CAMHS. Any of the below can be offered whilst the young person waits for intervention.

- Parent/Carer Sessions
- Safety Nets
- Well-being Warriors

What next?

- Ongoing review of business continuity plans and agreement of a re-set position
- Optimising level of recurrent investment in strengthening CAMHS capacity and addressing gaps in levels of investment to meet demand (within developing Integrate Care System (ICS) level arrangements)
- Agreement and implementation of business cases regarding neurodevelopmental pathways
- Further business cases to address the challenges in meeting the needs of children in crisis and those with eating disorders are planned

Reducing the number of people placed in out of area beds

What we prioritised:

To focus on sustaining reductions in the number of people placed in beds out of area.

What we did

As a Trust we use out of area beds for several reasons, including:

- When a patient requires a single sex psychiatric intensive care unit (PICU) bed, which the Trust cannot facilitate
- When local demand exceeds available beds in the Trust, in spite of all efforts to make best use of Trust beds
- When wards are closed to admissions due to COVID-19 outbreaks and we have exhausted all other available beds in Trust
- When we know the quality of care will be better met within an out of area bed, which may be due to staffing or specific needs of a service user

From April 2022 onwards the care closer to home programme focused on delivering the following patient flow improvements:

• **Active action to move people in a timely way**

An improvement plan was developed to facilitate more effective and efficient flow from admission to discharge. Improvements include:

- Implemented a patient flow bed search form to ensure we capture appropriate information from the point of admission that identifies the purpose of admission and enables the patient to be placed in a bed that is more appropriate for their needs in a timely manner
- Temporarily increased the number of discharge coordinators, with a view to making these posts substantive and ensured roles and expectations were clearly communicated and consistent working practices were in place
- Restructured barriers to discharge meetings to improve efficiency and effectiveness and introduced additional barriers to discharge check points to maintain momentum with actions to support timely discharge
- Restructured the multi agency discharge event (MADE) meetings to ensure effectiveness and timely escalation of patients with non-clinical barriers to discharge
- Refreshed the criteria led discharge (CLD) process and reinforced proactive use of the CLD tool
- Implemented the new clinically ready for discharge (CRFD), but delayed definition and established processes to support the correct identification, recording and escalation of patients who are CRFD
- Developed a patient flow dashboard

• **Coordination and input into current Out of Area beds**

The following improvements were implemented:

- Identified a dedicated role within the patient flow team to coordinate out of area placements

- Implemented an escalation process for placing people in out of area beds, utilising a list of hospitals whereby we have established quality control checks
- Agreed pathways and protocols to ensure that care is appropriate to individual patient's need and that there is no delay repatriating patient's back into Trust
- **Ensuring effective role of home-based treatment and community services in timely flow**

The following improvements were implemented:

- ensured we are clearly capturing the purpose of admission from the integrated home based treatment teams (IHBTT) in the patient flow bed search form
- Established an in-reach role from each IHBTT who proactively works with the patient flow team to identify patients who may be appropriate for early discharge with intensive home-based treatment
- Established community team attendance at barriers to discharge meetings and increased attendance of community team representation at multi-disciplinary team (MDTs) meetings
- **Agreeing continuity of care principles**

The following improvements were implemented:

- Implemented a system whereby the out of area coordinator, in conjunction with the care coordinator ensure that we have up to date clinical information for out of area patients and this is maintained in SystmOne. Updates of progress are provided to the family/carers and ICBs (MADE process)
- Out of area coordinator makes contact with the out of area ward within 24 hours of admission and records the patient on SystmOne in an out of area ward. This enables more consistent management of the patient and means that the care coordinator can also be kept up to date of any pertinent information
- Attendance at the out of area ward MDT meetings to support progression of patient's care

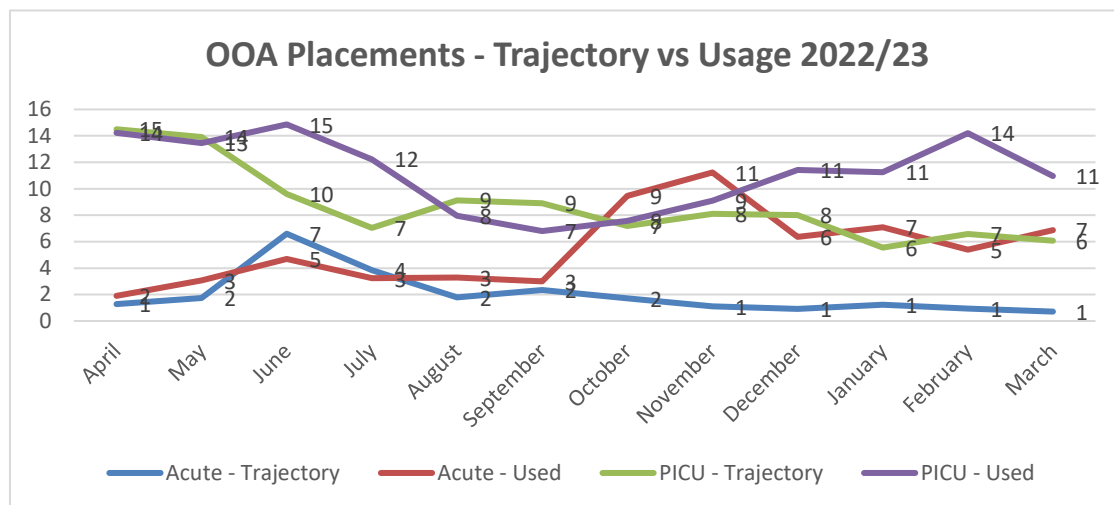
This programme of improvement activity has led to the following outcomes:

- Better understanding of our barriers to discharges
- Action focused work and barriers being progressed more efficiently
- More joined up working with internal and external teams
- More proactive ways of working on patient flow
- Increased number of discharges
- A reduction in the number of patients placed out of area towards the end of the financial year
- More effective escalation processes
- Better oversight and timelier discharge of out of area placements
- Improved communication with out of area providers and information sharing

Performance versus Trajectory

The chart below shows the performance against the trajectory for April 2022 to March 2023. Whilst the acute placements did come close to the initial trajectory for the first half of the year, there was an increased requirement for out of area acute bed use from September to December 2022. This then reduced from January to March 2023 and tracked closer to the trajectory once again.

From April 2022, the psychiatric intensive care unit (PICU) OOA bed use initially tracked close to the trajectory, but there was an increase in requirement from November 2022, which began reducing again in March 2023.



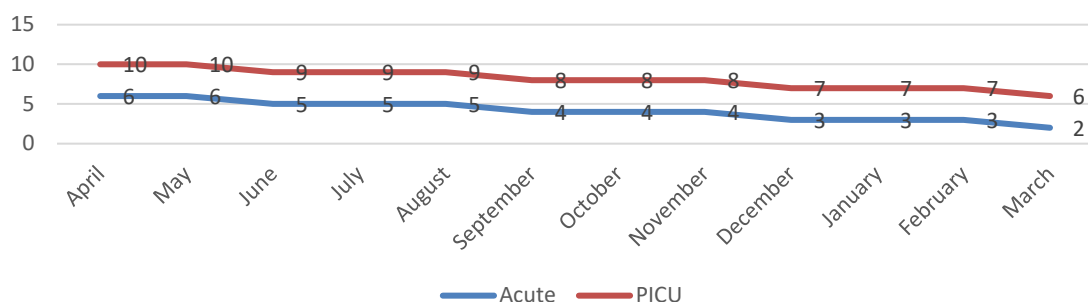
Through 2022/23, continued factors from 2021/22 were still having an impact on us being able to continue to reduce out of area placements to anticipated levels. Many of these factors link to the inpatient pressures and include:

- Ongoing higher demand and higher mental health acuity in the system
- Workforce challenges (as identified by the inpatient programme), including medical colleague recruitment leading to wards sporadically having to reduce the numbers of admissions for short periods of time
- COVID-19 pressures impacting on staff absence
- Infection prevention and control (IPC) restrictions in place for us as a healthcare provider, together with the ongoing presence of COVID-19/outbreaks – with the numbers of COVID-19 related restrictions having a significant impact, and ward closures due to outbreaks

In the wider care system, national demand remains high for out of area beds against limited supply, with many other provider Trusts experiencing these challenges alongside us and block buying private sector beds. This has affected timeliness and location of placements, with increasing financial costs to the Trust and increasing numbers of placements further away from people's home.

The Trust has agreed a new a trajectory for 2023/24 (below) of achieving six PICU out of area and two acute out of area placements by the end of this financial year.

OOA Placements Trajectory - 2023/24



Throughout 2022/23 data showed that the flow of patient discharges from the wards has remained challenging this is due to access to specialist placements, housing, nursing homes and nationally the access to mental health beds remains difficult with providers block buying beds reducing our ability to access more local provision. The programme continues to take action to establish greater flow across the wards, which will create the capacity to reduce out of area placements and repatriate people from out of area placements where appropriate.

What next?

- Progress business case for additional substantive discharge coordinator roles
- Update patient flow standard operating procedure to reflect all completed improvement work
- Embed patient flow dashboard
- Continue implementing proactive early discharges, identification of expected discharge dates, formulation of care up to 72 hours and in reach work with IHBTT
- Progress improvement work on person-centred individualised discharge planning
- Continue to use criteria led discharge tool and clinically ready for discharge guidance to drive discharges and understand barriers
- Work with partners across Integrated Care Boards (ICBs) and external providers to agree a set of quality standards and governance framework

Quality dashboard development

What we prioritised

To continue improvements to dashboards and their use.

To roll out to dashboards to new services.

What we did

The Trust has an ongoing programme of work to support the effective use of data within services and to support assurance and improvement. We have developed a range of ways that data can be used to support both operations and performance review.

At a corporate level, performance is monitored through the integrated performance report (IPR) which is made up of a selected set of indicators and includes a sub-set of indicators about quality. Metrics are aligned to Trust objectives and CQC domains and each metric has a director-level 'owner'. This ensures

there is appropriate accountability for performance and helps identify how achievement of our objectives is being measured. This information is reviewed within the governance structure including at Board and is available publicly. A copy of our Trust Board quality dashboard can be found at <https://www.southwestyorkshire.nhs.uk/about-us/performance/performance-reports/>.

Services also have access to data dashboards such as:

- Inpatient Whiteboard – shows a view of all current inpatients and dates when risk assessments, care plans etc have been undertaken, expected discharge date, mental health act (MHA) status along with other relevant data items
- CAMHS Dashboard – this is widely used by CAMHS services to monitor performance against a number of metrics such as number of referrals received, emergency referrals, response within four hours, assessments, treatment, along with some quality indicators such as compliments, complaints, mandatory training compliance, information governance (IG) breaches
- Team Dashboards – the team dashboard allows easy visualisation of data at team level, as well as benchmarking with other teams
- HCP Dashboard - the health care practitioner (HCP) dashboard contains data on contacts and appointments at an HCP
- Inpatient Dashboard – this report shows discharges in the last week against the number of weekly admissions in order to calculate whether equilibrium of discharges and expected admissions is being achieved

During 2022/23, the Trust has:

- Continued developments on the dashboard for neighbourhood teams in Barnsley which provides activity and quality data and which supports management and performance review and effective reporting to commissioners. The dashboard is widely used by team and service managers, and has also enabled the service to improve data quality
- Worked to develop reporting to assist with monitoring of the commissioning for quality and innovation schemes (CQUIN) for 2022/23 contracts, making a range of reports available for applicable national metrics
- Implemented criteria led discharge reporting, giving inpatient services access to a report which identifies any barriers to discharge which will impact positively on patient flow
- Developed a waiting list analysis report which shows numbers on waiting lists by length of wait and also allows breakdown by protected characteristics to assist in highlighting health inequalities
- Developed a health inequalities improvement report. This is a report showing various metrics such as referrals, admissions etc and allows breakdown by protected characteristics
- Commenced a program of work to redevelop the Trust's integrated performance report which will include automation of the report. As part of this, elements of the project will allow metrics to be viewed at different levels i.e. from Trust to service line, further supporting the effective use of data within services and to support assurance and improvement

What next?

We will use these dashboards to complement the development of the self-assessment quality scheme. This will provide teams with a body of evidence to review when they undertake this self-assessment.

We will continue to improve the dashboard to ensure it aligns with the Trust's quality priorities and objectives.

Quality assurance and improvement

What we prioritised

To refresh the 12 quality scheme standards, considering the CQC revised quality statements.

To ensure there is organisational readiness to roll out the self-accreditation scheme across all services.

What we did

In 2022/23, the Care Quality Commission (CQC) 'fundamental standards of care' were revised and rebranded as 'quality statements', replacing their key lines of enquiry (KLOEs) and prompts. The CQC's implementation of the revised 'single assessment framework' has been delayed with launch now summer 2023. However, the quality scheme has been updated in line with the new 'quality statements' in readiness for launch.

Organisational readiness from ward to board is positive, with staff describing their readiness for inspection at any time.

The Trust continues to have a good governance system for assuring the quality of services. Ongoing assurance is provided through:

- A continued programme of quality monitoring visits (QMV), including in-patient areas that would have been utilising the quality scheme
- A responsive approach to ensure risk based QMVs are scheduled and prioritised
- Quality improvement plans from visits monitored by Care Groups in their governance groups
- Quality improvement plans reported and updated in the clinical governance group
- Oversight into the clinical governance and clinical safety committee

With respect to assurance for inpatient services, the acute inpatient service has several systems in place to assure the quality of patient care. These include:

- Service manager assurance processes
- Use of intelligence for operational management and a comprehensive system of audit and assurance of policy and process for wards
- CQC Mental Health Act visits and improvement plans in response to these visits
- Operational management assurance – access to business intelligence information and workforce information
- Priority programme improvement work
- Inpatient improvement plan
- Recovery and reset development, as part of preparation for living with COVID-19
- Oversight into the ongoing inpatient improvement work

What next?

The Trust is reviewing its quality governance processes and intending to launch an updated system of quality surveillance.

The quality surveillance process will be overseen by the directorate of nursing, quality and professions and is designed to be a transparent and supportive process that underpins the Trust's responsibility for quality assuring all services that it provides.

The aim of the quality surveillance process is to:

- Ensure the provision of safe, high quality and clinically effective care
- Enable services to assess the quality of the care they provide and seek help and support where needed
- Provide central oversight and surveillance of quality of services provided
- Facilitate effective collaborative and team working between our services, those responsible for corporate governance and oversight and partners
- Enable support to services to be enhanced as and when required

Quality surveillance is also a mechanism for:

- Considering evidence of ongoing service improvements
- Triangulating quality data from a range of sources to enable an accurate picture of the quality of services to be understood
- Identifying opportunities for collaboration and support to drive improvement
- Identifying risks that cannot be adequately mitigated for and providing an escalation route to the respective Provider Collaborative, CQC NHSE and others relevant bodies as require

Learning from incidents and feedback

What we prioritised

To continue to improve of our systems for learning from incidents and feedback.

What we did

Learning takes place at different levels in the organisation – in Care Groups facilitated by quality governance leads and matrons, across services and across the entire Trust. The patient safety team support effective learning, embedding principles of a 'just culture' in the reporting and review of all incidents.

During 2022/23, we continued to host our learning network, and increased the frequency due to volume of content staff wished to share. We now hold this every quarter. The learning network is informal and open to all staff to attend or provide a presentation. Microsoft (MS) teams has helped with broadening access. Learning examples are shared by Care Group colleagues and specialists' advisors. A recording of the event is shared on our intranet and through communication channels. This year, learning has included an allergy incident, under 18 year olds on adult wards, safeguarding topics, medication management, learning from serious incidents, infection prevention and control learning, Ockenden report, consent for vaccinations and patient safety reports.

In addition, we have:

- Continued to hold learning events as part of our serious incident investigation process where staff involved are invited to hear the feedback and contribute to the action planning
- Held several Trust wide learning events to share learning from a thematic review into choking serious incidents and two learning events following the publication of mental health homicides
- Continued to share data on serious incidents action themes and incident equality data with policy authors so that learning can be incorporated into future policy revisions
- Continued our complex case review group to ensure close overview of serious incidents, with direct reporting to Trust Board
- Continued to share Bluelight Alerts across the Trust, in response to urgent learning where there are safety concerns identified either locally or nationally
- Continued to share learning through the year through our learning library
- Presented our learning from serious incidents and other events
- Undertaken a thematic analysis of three years serious incident investigations and service level investigations to drill down to extract the experience of family and carers post loss of life to suicide. Themes condensed to key areas of focus and shared with the carers project lead/team which has been incorporated into the carer training

In the 2021/22 Quality Account, we set out that we wanted to improve team-based learning by developing a systematised approach. We used PDSA cycles to trial this within one service area, trying to build upon existing structures. The teams submitted one learning summary a month to the learning library. However, we found this was adversely affected by acuity in teams and was not sustainable in that format. Although we were unable to make as much progress with this as planned we endeavour to continue to improve team-based learning. We have been exploring patient safety incident response framework (PSIRF) and how our focus on learning will change. In the future, we will use different methods of learning response dependent upon the key objective which we hope will encourage team learning opportunities. These will include:

- Learning to inform improvement
- Improvement based on learning
- Assessment to determine required response

Learning from patient safety events (LFPSE) will also enable us to enhance our approach to team learning through the introduction of learning questions and also enable staff to record examples of good care which should help us to learn for what has gone well. We share learning with partners including ICBs and provider collaboratives and take learning from external partners both regionally and nationally.

What next?

- As described in the patient safety section of this report, and above, learning is a key part of the following and will support our learning journey
- Implementation of the patient safety incident response framework (PSIRF)
- Learn from patient safety events implementation and including capturing good care examples via Datix incidents module

Patient experience

Patient experience is regarded as one of the key indicators of quality in healthcare provision and is closely intertwined with the two other key aspects: clinical effectiveness and patient safety.

Good patient experience is associated with improved clinical outcomes and contributes to patients having control over their own health. We also know that positive staff experience is fundamental for ensuring good patient experience.

Putting service users and carers first is a priority within the Trust. Our mission is to help people reach their potential and live well in their community. The Trust supports this by understanding our service user, their families, and carers experience of services. Understanding where services have exceeded in providing a good experience and where improvements are required.

Quality initiatives in 2022/23

The quality initiatives prioritised for action in 2022/23 include:

- Complaint closure and resolution times
- Friend and family test
- Equality, involvement, communication and membership

Complaint closure and resolution times

What we prioritised

To reduce the number backlog of complaints on the waiting list.

To continue to deliver timely and robust response to complaints, both informal and formal.

To improve the flow of complaints through the process and improve the experience for the complainant.

What we did

Efficient and effective handling of complaints can be viewed as a measure of organisational strength and demonstrates the Trust's commitment to continuously reviewing and improving the quality and safety of the care we deliver.

In 2022/23, the focus has been on trying to reduce the backlog of complaints on our waiting list. This has resulted from several factors including the impact of the COVID-19 pandemic on complaint management, staff sickness and staff shortages. The key performance indicator is to close complaints within six months of receipt which is in line with the statutory guidance set out in the NHS complaints (England) regulations

During the last six months of 2022/23 there has been a quality improvement initiative within the customer services team to identify the key factors influencing the backlog of complaints and to consider innovative ways for improving this. This has included utilising staff from the talent pool to support the admin function and to increase the capacity of customer services officers to manage complaints. There has also been a targeted approach of the different skills and strengths of customer services officers with staff focusing on key elements of the complaint process such as agreeing the scope or drafting written responses. Work

continues around streamlining the complaints process from the point of receipt until the final response letter is sent.

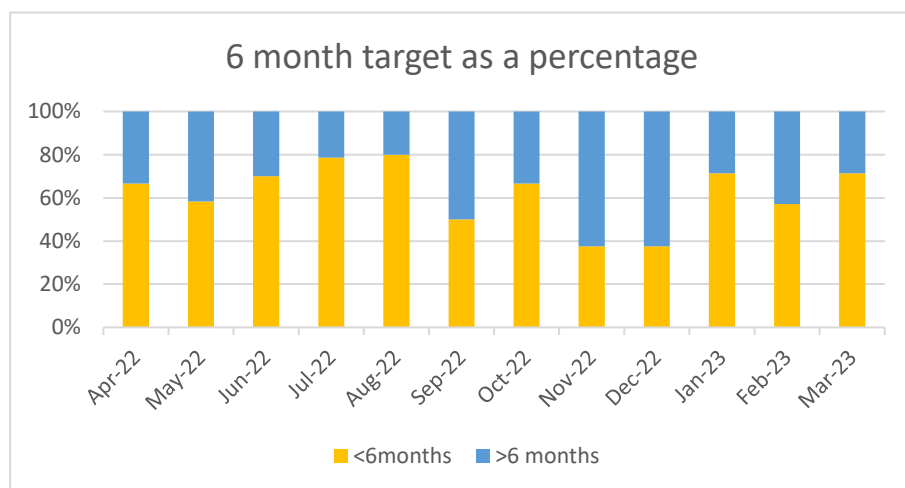
The customer services team is now at full establishment and work is underway to review capacity within the team and understand if the current establishment is sufficient.

Data for 2022/23

Between April 2022 and March 2023, 141 formal complaints have been closed. Of these, 63% (n=89) were closed within six months of receipt of the complaint and 37% (n=52) exceeded the target.

Response times for six month target

Month	No. closed	<6 months	>6 months
Apr-22	12	8	4
May-22	12	7	5
Jun-22	10	7	3
July-22	14	11	3
Aug-22	5	4	1
Sep-22	12	6	6
Oct-22	18	12	6
Nov-22	8	3	5
Dec-22	8	3	5
Jan-23	14	10	4
Feb-23	14	8	6
Mar-23	14	10	4
Total	141	89	52



During 2022/23 10 complaints were re-opened following a complaint response letter being sent. This is just 7% of all complaints closed during the year. This reflects the complete and thorough responses which are sent to complainants and their satisfaction with the responses they receive.

Five complaints have been escalated to the parliamentary health service ombudsmen (PHSO) during the year. Three of these are from one complainant and two from another complainant. One complaint which

was investigated by the PHSO during the year was not upheld and no recommendations were made to the Trust.

Informal concerns/service issues

During 2022/23 463 informal concerns were managed and closed through joint working between the customer services team and care groups/services.

Improvement work

An audit to identify the most common reasons for delays in the complaint process for a six month period from September 2022 to February 2023 was also undertaken. During this period a total of 74 complaints were closed. Of these, 41% met the statutory requirement to be responded to within six months and 59% exceeded this. Common reasons for the delay were found to be the following:

- Allocation of a lead investigator: The target is for an investigator to be identified and allocated the complaint within five days of the scope of the complaint being agreed with the complainant. 42% of the complaints were delayed in this area
- Completion of the toolkit which details investigation findings: Following agreeing the scope of the investigation being agreed 20 working days are allocated to allow the investigation to take place and for the investigator to return a completed toolkit to the customer services team. 46% of complaints were found to have a delay attributed to the timeliness of the toolkit being returned. The longest delay was 169 days which was caused by operational service pressures. The target from receiving the findings to closure allows 22 working days

Since August 2022, the customer services team have been involved and supporting an improvement plan with overview from senior managers.

The improvement work within customer services has two phases. The immediate priority is to provide assurance that the current backlog of complaints and new complaints will be addressed within the national standard timeframe as a minimum, improving the complaint response process and ensuring a positive organisational reputation.

Phase two will use a staged improvement plan, co-produced by stakeholders. This work will focus on the reasons which have been identified as contributing to the trust meeting the six-month response target. These areas include:

- Clinical capacity to allocate complaint investigators. This varies across our Care Groups
- Delays receiving the completed investigation (toolkit) from clinical services
- The process for how investigations takes place within Care Groups and the completion of the toolkit with investigation outcomes
- Complex complaints where a complaint might need involvement from other Trusts, Councils and other partner organisations
- Complexities within the sign off process for complaints once the investigation is complete and a response letter is produced. The customer services team is working with the identified directors to develop a LEAN approach to the sign off process to enable this to be streamlined and minimise delays in this area
-

What next?

- Running a programme of engagement events across the Trust to ensure that the process is understood
- Implementation of an electronic survey for people who have raised a complaint and with partner organisations to give us a better understanding of their experience of the process and the extent to which the resolution met their needs. This insight will inform continuous improvement of the complaints process
- Making improvements following feedback. The customer services team work closely with lead investigators to ensure that any learning from feedback is identified
- Delivery of a Trust wide complaints training programme
- Continue to monitor outcomes by tracking the number of complaints reopened and those referred to the Ombudsman

Patient Experience: Friends and Family Test

What we prioritised

To achieve tailored targets for some specific services and a Trust wide target.

What we did

Evidence demonstrates that service users who have a better experience of care have better health outcomes. There is also a link between experience and cost of care. A poor experience leads to higher costs as service users may have poorer outcomes, require longer stays or admitted for further treatment. We have been working to improve measurement of patient experience in our services.

In 2022/23 we focused on:

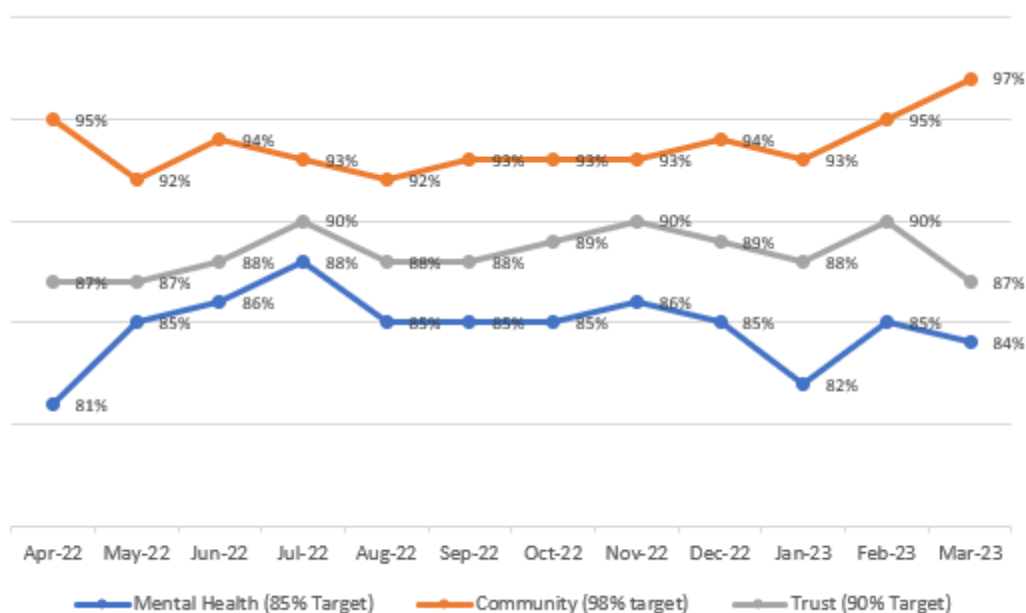
- **Development of patient experience representatives across the Trust to support the patient experience agenda.** The Trust is developing a connecting people (asset-based) approach, which is a volunteer-based approach, engaging their family and communities, supporting the Trust to engage with its communities to improve service for those who use them. This approach will be used to support the development of patient experience representatives across the Trust
- **Review of the patient experience improvement framework.** NHS England have confirmed that the draft documentation is in the final stages of sign off and that pilots will be rolled out this year
- **Review text messaging collection service to improve data quality.** The new text message has been useful in improving the qualitative data received by CAMHS and is being adopted across community mental health services and specialist services
- **Continue to collaborate with teams to develop a practical way to collate actions being taken across the Trust to demonstrate the changes that are being made because of feedback.** Services across the Trust are regularly reminded through comms to share their 'you said, we did' posters with the quality improvement and assurance team (QIAT) to be collated. A form has been developed to capture the actions on feedback from patient experience surveys which is currently being piloted in community health quarterly and mental health annually. This will be continued to be developed in 2023/24
- **Expanding the text messaging service across Community Health.** The new text message has been extended across three of the community health services. This work will be continued to be developed in 2023/24
- **Work with other support services to triangulate insight to inform quality improvement.** The Trust has re-established a patient experience group with support services and front-line staff to look at how to triangulate data. This work will continue throughout 2023/24
- **Ensuring that feedback methods are accessible to service users, carers, and families.** As part of the production of the single line patient experience surveys we will be reviewing our collection methods. This work will continue to be developed in 2023/24

Friends & Family Test:

The NHS friends and family test (FFT) is a tool that supports the fundamental principle that people who use NHS services should have the opportunity to provide feedback on their experience. This feedback should be used to improve services for service users. The FFT question asks overall, how their experience of our service was and offers a range of responses from 'very good' to 'very poor', including a 'don't know' option. When combined with supplementary follow-up questions, the FFT question provides a mechanism to highlight both good and poor service user experience.

The free text comments are a rich source of information, which provide staff with a greater depth of understanding about the experiences of their service users. The results are available more quickly than traditional survey methods, enabling providers to take swift action when required. The FFT results are also a useful source of information which can help to inform choice for service users and the public. The results are available on the NHS England website and the NHS Choices website.

The FFT was implemented in the Trust in 2015. The Trust is on a progressive journey of continually refining and improving systems and processes for the collection of service user feedback and uses this to improve quality. In 2022/23 the Trust received 13,336 FFT responses, an average of 1111 per month compared to 11342 FFT feedback received in 2021/22 which was an average of 945 responses per month. The chart below shows the number of respondents that rated the service as either 'very good' or 'good'. Community health services generally achieve a higher satisfaction rate than mental health. Due to this Community health services have a satisfaction rate target of 98%.



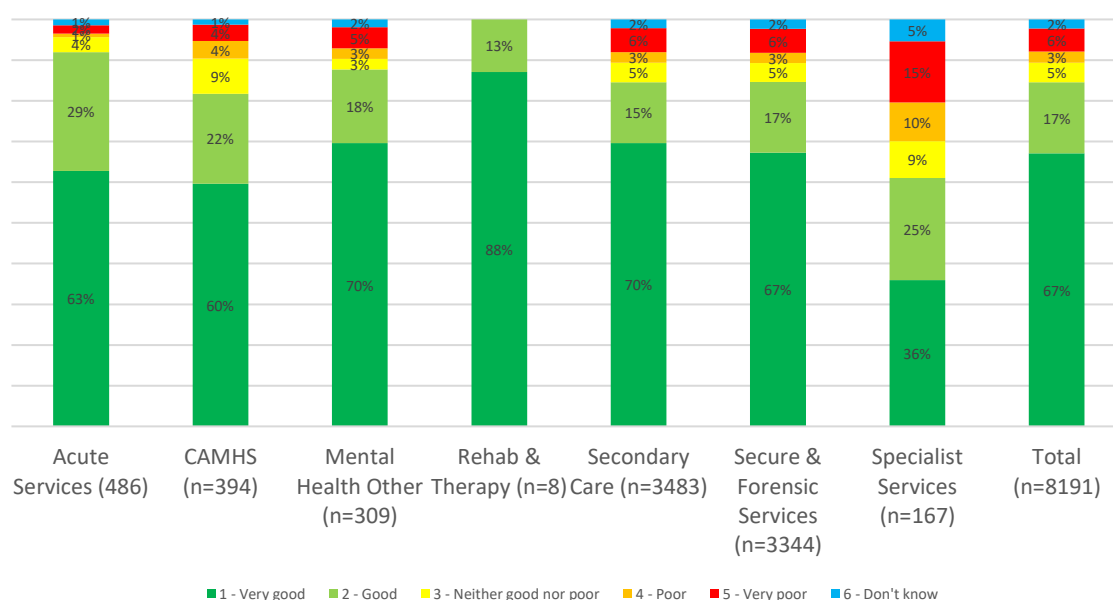
Friends & Family Test	Target	Reporting Period	Q1	Q2	Q3	Q4
CAMHS	75%	Quarterly	67%	73%	74%	77%
Learning Disability Service	85%	Quarterly	82%	91%	85%	90%

Forensics	60%	Annually	75%
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Top three themes from Friends and Family Test feedback:

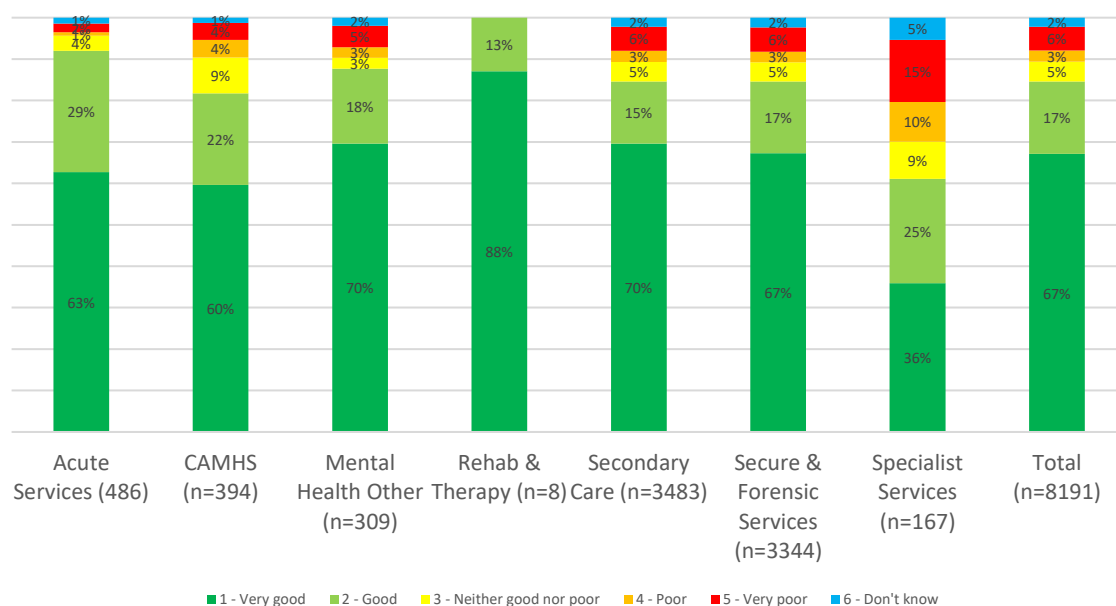
	Positive Themes	Negative Themes
Community	1. Staff 2. Communication 3. Access and waiting times	1. Staff 2. Access and waiting times 3. Admission and discharge
Mental Health	1. Staff 2. Communication 3. Patient care	1. Staff 2. Clinical 3. Communication
Trust wide	1. Staff 2. Communication 3. Access and waiting times	1. Staff 2. Access and waiting times 3. Communication

Mental Health Service Friends and Family Test Results 2022/23



84% of respondents rated the service they received as either 'very good' or 'good'. 9% rated the service as 'very poor' or 'poor'. The percentages for those who would rate the service as 'very good' or 'good' fell below the 85% target by 1%.

Community Service Friends and Family Test Results 2022/23



93% of respondents rated the service they received as either 'very good' or 'good'. 12% rated the service as 'very poor' or 'poor'. The percentages for those who would rate the service as 'very good' or 'good' fell below the 98% target by 5%.

What next?

- Continue with the development and expansion of patient experience representatives across the Trust to support the patient experience agenda
- Continue work with teams to develop collation of actions taken as a result of feedback
- Pilot patient experience improvement framework
- Further expand text message across community health services
- Work with other support services to triangulate insight to inform quality improvement
- families
- Development of service line patient experience surveys
- Design patient experience dashboard

Equality, involvement, communication and membership

What we prioritised

To deliver the objectives within the equality, involvement, communication and membership strategy

What we did

The Trust has an equality, involvement, communication and membership strategy and supporting annual action plans to ensure an integrated approach to delivering on the strategic objectives. The approach is insight driven and offers a joined-up approach to delivering equality and involvement in its broadest sense. The strategy identifies the processes already in place to support equality and inclusion and the breadth of insight and intelligence that already exists. The Trust's 2020-2024 Equality, involvement,

communication and membership strategy can be found at the link below: [Equality and involvement - South West Yorkshire Partnership NHS Foundation Trust](#).

Using the principle of involvement to underpin everything we do we continue to drive the equality and inclusion agenda. The Trust strategy sets out the core components that enable us to deliver a clear and comprehensive approach to meaningful involvement and inclusion. Underpinned by communication and supported and driven by our members. This ensures our ambition to make sure:

- Every person living in the communities we serve will know our services are appropriate and reflect the population we serve
- That our workforce reflects communities, ensuring our services are culturally appropriate and fit for purpose
- Service users, carers and families receive timely and accessible information and communication, ensuring a person-centred approach to care
- That our services are co-created and designed with our staff and communities

The Trust has developed a clear set of principles co-designed with our communities whilst incorporating the organisation's vision and values and our legal obligations and building on existing good practice. The principles drive the work we do to achieve our mission and values. The principles are set out below:

- We will **demonstrate we know our audience** using data intelligence and local network approaches
- **We will use what we already know** as a starting point, and we will not duplicate effort or repeat conversations
- All our work will be supported by **accessible and clear information**, so people feel informed
- We will use diverse and inclusive approaches consistently across all services/teams
- We will also be **honest and transparent** in our day-to-day communication
- We will ensure that we **include the right people at the right time** in all our work
- The Trust will be **honest** about what people can and can't influence and **transparent** by using the website as one approach, mindful of "digital exclusion"
- For the things people can influence, the Trust will provide **a genuine opportunity for involvement**. This will include providing the right conditions for people to get involved
- The views gathered from any involvement will be properly **documented** so people can see the information they have provided and feel confident that it is gathered in such a way that it will inform a decision
- We will **value lived experience** and actively demonstrate an approach to embed this in everything we do
- We will remain humble and ensure that we **thank people for their contribution** with out-of-pocket expenses and hospitality
- We will keep people with us on our journey by **providing feedback** when we say we will and describing our next steps
- We will keep people **informed and in the loop** by providing information and a communication platform which everyone can access

Embedded in these principles and a golden thread throughout is our continuing duty to ensure that the Trust demonstrate **due regard to the Equality Act 2010, Public Sector Equality Duty (PSED)**.

The equality inclusion and involvement committee (EIIC) and equality inclusion and involvement sub-committee oversee the implementation of the equality, involvement, communication and membership strategy so it can improve access, experience, and outcomes for people from all backgrounds and

communities. In addition, the committee has delegated responsibility for signing off annual action plans, acting on behalf of the Board to ensure the Trust improves the diversity of its workforce and embeds diversity and inclusion in everything it does. Duties of the equality and inclusion committee:

- To promote the values of inclusivity, mainstreaming equality, diversity, and inclusion across the Trust
- To ensure a co-ordinated approach to promoting the values of inclusivity developed in partnership with other key stakeholders including service users, carers and staff and Members' Council
- To ensure that the Trust embeds diversity and inclusion in all its activities and functions
- To agree an annual work plan/schedule of priorities that link to the Trust's strategic direction, workforce plan and the wider transformation of services and to monitor progress
- To ensure that as a consequence of promoting the values of inclusivity the Trust's services comply with legal and national guidance, including EDS2, WRES (Workforce Race Equality Standard) and WDES (Workforce Disability Equality Standard)
- To provide updates to Trust Board following each meeting

Our progress

To support the collection of insight and data, we have:

- Developed a Trust wide mental health equality impact assessment (EIA) and toolkit.
- Set up a resource's library for equality publications and data
- Delivered the All of You campaign and hashtag to improve our equality data and support inclusion
- Developed a dedicated intranet page for staff to access resources and materials.
- Developed a health inequality dashboard
- Improved equality data collection of our linked charities 'Creative Minds' and 'EyUp!'
- Improvements to our EIA and action plans for every service and a tracker to support completion and compliance

To support our approach to capturing the voice and views of people, we have:

- A Trust wide approach to developing surveys led by the equality and involvement team
- Quarterly insight reports on the voice and views of people with contributions from our Governors, Healthwatch and partners insight
- Delivered a Trust wide survey and focus groups for staff and people who use services on recovery
- Delivered a Trust wide survey about mask wearing
- Developed several insight reports and involvement approaches to inform the development of strategies
- Continued to work in partnership with the third sector to co-design and develop our service offer
- Work with inpatients to develop an animation on what it means to be detained under the Mental Health Act
- An art competition on our wards to celebrate diversity
- Creative interventions through our linked charity 'Creative Minds'

To support our approach to our workforce, we have:

- Continued to provide our workforce with equality and diversity mandatory training
- Developed an enhanced equality and inclusion training session for leaders and managers
- Delivered monthly lunch box talks using films created by our community with an equality theme

- Supported our international nurses with pastoral care and buddying
- An inclusive wellbeing offer for our staff which includes physical and mental health
- Continued to progress the work of 'race forward' which identifies how we will tackle racial abuse and harassment of staff by people who use our services

To support our approach to Race, we have:

- Race equality and cultural heritage (REACH) staff network
- Dedicated leadership programme
- Talent pool to identify BAME staff and accelerate to leadership positions
- Monitoring and developing action because of workforce race equality standard (WRES)
- Forensic services deep to support culturally competent care
- CAMHS Kirklees deep dive to identify and address inequalities in access to services.
- Continue to report on improvements to RACE equality data
- Attended the Asian professional network association (APNA) annual event with clinicians
- Celebrated South Asian heritage month with stories and cultural cuisine in our canteen and onwards
- Proud to support in partnership the 'root out racism' campaign
- Specific cultural creative activities on our wards and in communities

To support our approach to LGBT, we have:

- Annual 'pride' month long celebrations attending community events, sharing stories, media campaign and screen savers
- Rainbow badge pledge
- Visible symbols of support in our built environment including a rainbow crossing and flags
- New Transgender policy aimed at and co-designed with staff
- New Transgender policy aimed at and co-designed with people who use our services and partners
- Investment in 'Trans-Barnsley' a newly formed group hosted by our recovery college, with a visible identity and presence
- Gender neutral toilets in all our estates

To support our approach to Religion and belief, we have:

- Widening our faith connection in each of our places to ensure we can support people in our services
- Prayer rooms in all our buildings
- Pastoral care talk line
- Befriender service in all inpatient services
- Newsletter for inpatients
- Digital pastoral offer
- Celebration of faith calendar through communication and social media

To support our approach to Carers, we have:

- Thriving staff network with a dedicated post to progress support to all carers
- Identifying carers and recording of carer status for people who use services
- Identifying carers and recording of carer status for our workforce
- Successfully rolling out the 'carers passport'

- Carers week celebrations including a community film, social; media stories and a celebration event
- Commitment to lead on and drive a carer organisation network
- One of only a few Trusts to achieved carer confident status level one and two
- Support to carers for creative interventions and shorts breaks through a dedicated grant fund

To support out approach to Gender, we have:

- Menopause staff network in place
- We did a pilot in an inpatient area of ward 18 to support sexual safety
- The Trust have a perinatal mental health service which also includes peer support workers
- There are male and female focussed activities in all our recovery colleges
- Celebrating women through international day of women using media, stories, and events
- Continue to develop creative and recovery interventions with a gender focus through 'Creative Minds'
- Celebrate international men's health day using media, stories, and events

To support our approach to Disability we have:

- Disabled Staff network
- Monitoring and developing action because of workforce disability equality standard (WDES)
- Disability matters event open to all staff
- New co-designed disability policy and plan on a page to highlight key actions
- Learning disability health checks
- Disability SMI checks in each area delivered in partnership with our places
- Green light toolkit for people with a learning disability
- Stomp and stamp approach to reduce over medication of adults with a learning disability
- Disability awareness through visual stories and campaigns throughout the year

What next?

Our objectives for equality and Involvement and high level actions for 2023/24 are set out below:

1. To ensure we gather good quality data which can be used to support performance monitoring of service use and improve outcomes among those from the most deprived neighbourhoods including black, Asian, and minority ethnic communities, people with a learning disability, ASD and autism and people who identify as LGBTQ+, young people and carers.

Action 2023/24:

- Refresh all equality data in line with population census 2021
- Continue to promote the 'all of you' campaign to improve data quality and collection for all protected groups
- Ensure we record carers, capture digital and communication preferences
- Support staff to identify the right approach to capture equality data which is trauma informed through development sessions
- Continue to improve the equality inclusion and involvement (EII) committee dashboard and metrics, identifying any specific areas of concern for improvement work
- Continue to improve the Trust's insight to ensure the data we collect can be intelligently analysed

- Develop a 'health inequalities' tool for staff using the Kings Fund approach to help identify and address health inequalities

2. To ensure we provide person centred care which promotes inclusive, culturally and gender sensitive services, delivered by a diverse and representative workforce who seek to understand and pro-actively address inequalities and challenge discrimination

Action 2023/24

- Ensure every service has an up-to-date equality impact assessment (EIA) and accompanying action plan to address impacts
- Ensure staff are compliant with equality diversity inclusion (EDI) mandatory training
- Ensure managers and leaders received the enhanced EDI training
- Offer staff development sessions
- Embed the transgender policies with a quick guide
- Develop a reader panel
- Continue to collect reflective images for use in all information/ social media and publications
- Embed the accessible information/disability policies and develop a short how to guide/development
- Using a change approach and QI methodology in service improvement areas
- Ensure our estates reflect the needs of our staff and communities

3. To ensure we work in partnership with partners and communities including the voluntary, community, and faith sector to improve access to services and ensure those from our most deprived neighbourhoods have equal access to pathways of care

Action 2023/24

- Reach out to a range of community faith networks to improve the Trust offer of 'Spirit in Mind.'
- Continue to develop awareness of different religions and beliefs through information and communication channels
- Refresh and continue to celebrate the faith calendar giving visible parity to all religion and beliefs
- Increase the befriender offer in the Trust
- Continue to increase our creative minds offer using creative interventions in partnership with the Voluntary and Community Sector
- Continue to work with and co-design our service offer, in partnership with the VCS sector
- Continue to build on our commitment to carers

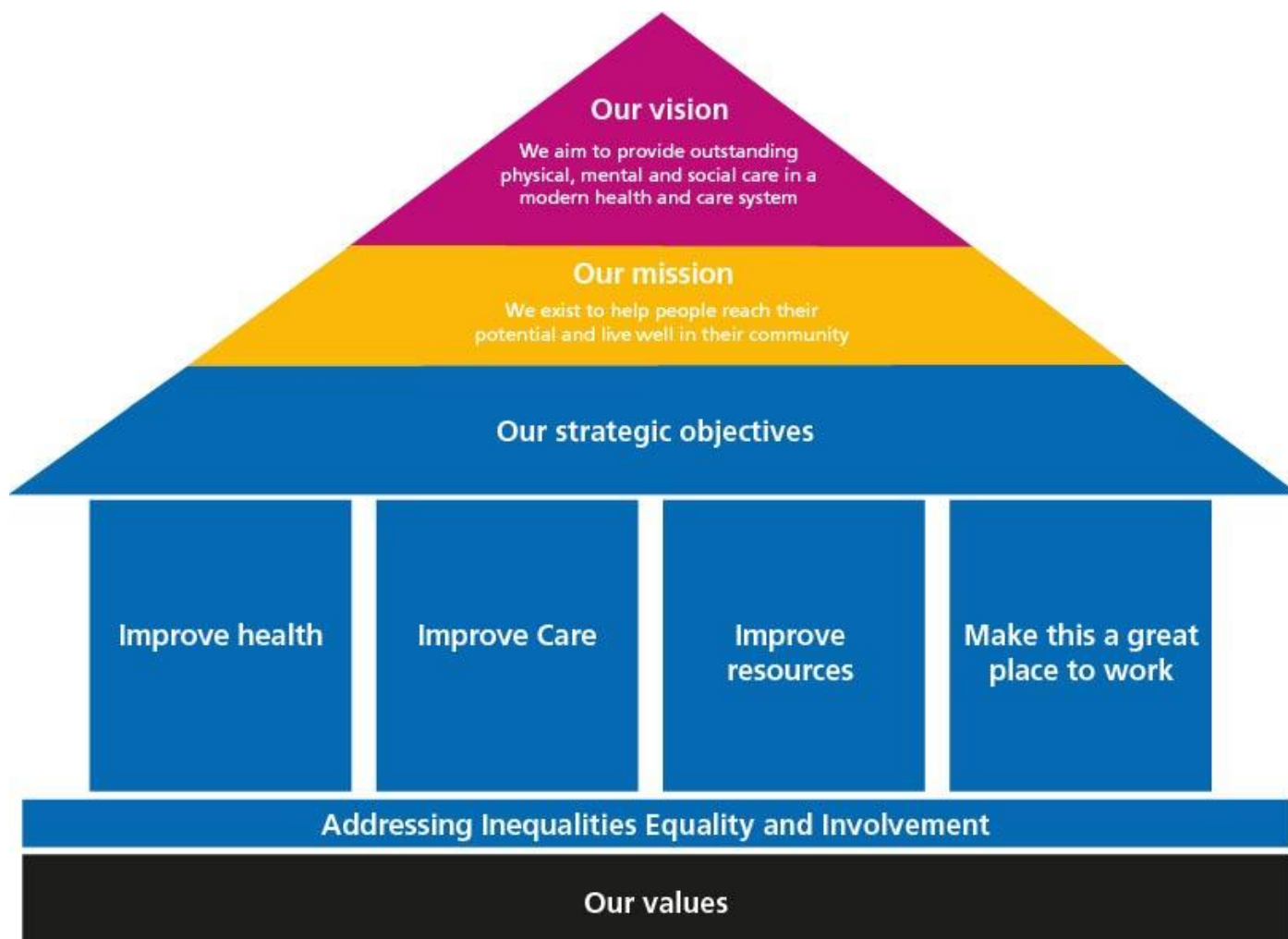
4. To develop and sustain an equality competent organisation that demonstrates inclusive and diverse leadership and workforce addressing the balance of power and ownership at all levels and improve equality of opportunity for staff and volunteers

Action 2023/24

- Focus on inclusive recruitment and retention at all levels in the Trust
- Commence a co-produced approach to leadership and talent management
- Deliver the 'Flair' survey to understand racial bias and deliver an action plan on improvement
- Appoint a dedicated lead for equality diversity and inclusion (EDI) in the People Directorate with a focus on workforce

- Deliver on race forward and align to 'All of You'
- Increase the recruitment of diverse peer support workers
- Continue to support staff networks
- Trust approach to emerging women's strategy
- Assess against the national lesbian, gay, bisexual, transgender (LGBT) framework

We aim to ensure we involve and encourage the active participation of all our stakeholders to ensure our services are designed to meet the needs of our communities and support our workforce.



Over the last year, we have seen a continued commitment to delivering high quality care, with teams going out of their way to support service users, families and each other. In this section, we highlight some additional examples of improvement and innovation that demonstrate how staff have worked to deliver our vision and mission during 2022/23.

Patient Safety

Falls initiatives and falls coordinator role

Falls reporting has remained fairly consistent throughout the year and is similar to previous years. The degree of harm has also remained similar to 2021/22 with 98% of patient falls resulting in no harm or low harm or were external to the Trust's care. There are two large peaks in falls in quarter one and quarter four. Most falls with the Trust have been identified as being related to increasing frailty, age, and loss of balance. There is also a higher percentage of service users with dementia, Parkinson's disease, agitation, and associated medications that are prescribed due to unsettled presentation or inability to sleep. These service users are at higher risk of falling. Nearly 40% of the falls between 1st August 2022 - 31st January 2023 were linked with 16 service users who had repeated falls, with a higher percentage of those having a dementia related diagnosis. However, overall, they were found to have less significant injury.

A high percentage of the Datix reported slips, trips and falls were unwitnessed.

Role of the Falls coordinator

The Trust has recently employed a full-time falls coordinator. This role allows for weekly review of DATIX figures which enables a proactive approach to be adopted and early recognition and intervention of potential repeat fallers. The falls coordinator is currently in the process of completing a staff survey regarding falls awareness and confidence around post falls support to identify potential gaps and inform improvement initiatives.

Alongside this work the environment risk assessment tool is being reviewed and developed, with a plan to roll this out across the Trust. It allows for early identification of environmental falls risks and support early intervention on the wards.

The falls coordinator will support all aspects of falls work across the Trust.

Falls initiatives

On Ward 19 (the Priestley Unit at Dewsbury Hospital) a number of interventions have been implemented to minimise the risk of falling for service users:

- Motion sensor lights that are activated when they detect unusual movement
- Revised training on the use of post falls protocol
- Remote falls alarms (for beds and chairs)
- Fixed falls sensors in each bedroom
- Handrails for support on the older people's ward

There is a two day falls and osteoporosis risk/awareness training available across the Trust and key staff across inpatient services are being identified to attend through a training needs analysis. This training has historically been accessed by Barnsley community staff. A falls awareness e-learning package is also being developed for all staff across the Trust who do not require face to face training but whereby awareness of falls and falls risk would be beneficial.

Falls management posters have been developed and are displayed across the Trust and a falls prevention infographic has recently been updated, with a version for inpatient units under review. A falls – staying safe in hospital leaflet is currently under development with version for community service to follow.

Infection Prevention and Control (IPC) Link role

The IPC team have developed the role of an IPC link with the aim of:

- Supporting the Trust in ensuring good IPC practices are carried out in all clinical and non-clinical areas
- Acknowledging the need for multidisciplinary engagement and ownership of IPC
- Liaising collaboratively with specialists, share expert information and become advocates of IPC best practice

The role offers excellent professional development opportunities and through liaising with the team, individuals can expect to develop their knowledge and understanding of IPC practices and impart best practice within their own area of work.

The requirements of the role include:

- To have a keen interest in IPC matters
- Attend regular IPC link meetings

- Be confident in imparting knowledge to colleagues
- Carry out regular formal observations of workplace environment to identify any lapses in standards
- Challenge poor practice
- Carry out IPC related audits
- Act as an advocate for service users and their families/carers

There has been a big recruitment drive and there are now 86 members of staff undertaking an IPC link role. Meetings are held every three months and attendance at the meetings is very positive.

Sexual Safety Project

Following the publication of the CQC report “Sexual Safety on Wards (2018)” the Trust initiated a sexual safety project. This project involved the introduction of a sexual safety policy, the production of a patient leaflet and poster and guidance on allegations against staff members. Additionally, the sexual safety collaborative is part of a wider mental health safety improvement programme (MHSIP) which was established by NHS Improvement (NHSI), in partnership with the Care Quality Commission (CQC), in response to a request made by the Secretary of State. Ward 18 was nominated to take part in this programme due to the higher number of sexual safety related incidents on the ward.

SafeCare

The Trust is committed to ensuring that service users receive the highest quality care whilst in receipt of services. To ensure that this is achievable there must be enough staff who have the right levels of skills and training who can be deployed responsively to meet service user needs.

We take the care of our service users very seriously and already have several mechanisms in place to ensure that our wards are safely staffed, including publishing the planned and actual staffing, rostering intelligence provided by the e-Rostering team, publication of care hours per patient day (CHPPD) on various forums as well as a monthly safer staffing report/meeting and a six monthly board report. In 2014, a national mandate from the NHS Chief Nursing Officer England and the Care Quality Commission entitled ‘Hard Truths’ outlined five commitment which Trusts are required to have in place. The fifth commitment was as follows:

The Trust:

- Reviews the actual versus planned staffing on a shift-by-shift basis
- Responds to address gaps or shortages where these are identified
- Uses systems and processes such as E-Rostering and escalation and contingency plans to make the most of resources and optimise care

SafeCare is a crucial component of the Trust’s e-Rostering software package, as it uses data from recognised acuity tools such as the mental health optimal staff tool (MHOST) and safer nursing care tool (SNCT) to identify the level of staffing required for a ward on a twice daily basis, this based on the acuity of its patients.

It takes the required staffing figure from a twice daily assessment of patient acuity from registered nursing staff on the ward, then compares this against the shift hours recorded on e-Rostering to identify if the level of staffing on the ward appears to be too low, correct, or too high to meet patient safety standards. From team leader level upwards, a professional judgement can be applied on this returned data if it is felt that there is greater context needed on the safe operation of the ward.

SafeCare allows registered nursing staff to flag where clinical incidents or issues were encountered, which can prompt established incident reporting mechanisms and appropriate escalation.

With appropriate completion and review of this data, using a clear view in the system of all wards who may share staff, this allows team leaders and team managers to identify areas of concern regarding staffing levels, staffing experience and incidents, and make evidence-based decisions on justified redeployments and changes to staffing levels.

SafeCare has been implemented within the 10 forensic inpatient wards, thus this plan covers implementation to the remaining 21 inpatient wards within the Trust.

The implementation into forensics has provided many lessons learned which we are using to adapt our approach for the remaining 21 inpatient wards, covering areas of engagement, data usage and training structure.

Given the project implementation group structures detailed below, we anticipate that the rollout to these 21 inpatient wards will take six months. The first six weeks of the rollout will be used for preparation, including meeting with, and demonstrating the system to, all stakeholders.

Subject to obtaining continued support for the rollout, the completion month will be November 2023.

National Early Warning Score (NEWS2) implementation

The national early warning score (NEWS) has been used across the Trust for a number of years as a way of standardising the assessment of acute illness, deterioration and severity. The Royal College of Physicians updated the NEWS tool and implemented NEWS2 in 2017. NEWS2 has received formal endorsement from NHS England to become the early warning system for identifying acutely ill patients, including those with sepsis.

The NEWS2 e-learning training package (developed by NHS England) has become mandatory training for all doctors, nurses and support staff that are involved in monitoring physical health in service users. Alongside this mandatory e-learning the resuscitation team have worked to develop NEWS2 champions and deliver NEWS2 scenarios within resuscitation training.

A recent audit undertaken has identified compliance with NEWS2 within inpatient settings and this has also been shown to support the identification of service users whose physical health deteriorates and allows for prompt escalation of care.

Reducing Restrictive Practice quality improvement work

The Executive Management Team (EMT) requested the inpatient improvement programme board review the best approach in looking at reducing restrictive practice interventions (RRPI) across the Trust. A project team was developed through collaboration of the integrated change team and quality improvement and assurance team.

The project team reviewed the current RRPI work being undertaken on Ashdale and Elmdale wards that was being supported by the improvement academy. We met with matrons/service and operations managers and provided the Board with a report of our findings and potential options available.

It was agreed by all that to do a full Trust wide roll-out was not appropriate and that some wards could not take the RRPI initiative on presently due to resource and other priority initiatives.

The Board agreed to starting RRPI on the psychiatric intensive care unit (PICU) wards. Walton and Melton PICU wards have requested and identified, via their senior management team that RRPI is a priority focus.

We will be using the model for improvement, a framework used for developing, testing and implementing changes leading to improvement to support this workstream.

The project team have obtained a year's worth of Datix data which will be utilised as a baseline for each individual ward when they have identified and agreed the PDSA initiatives that they want to go forward with on their ward. The Datix data will also be used moving forward as a measure to understand if the change ideas have made an improvement to practice.

Highlights and key activities completed to date
<ul style="list-style-type: none">• First project group meeting for Walton & Melton• Meetings set up with ward staff for initial discussions and planning session• Staff culture survey sent out to the wards• Introduce QI tool for managers of ward to complete
Key Activities or milestones scheduled for next period
<ul style="list-style-type: none">• Collect ward ideas generated from wall board• Collect staff culture survey responses• Collect QI tool response• Meet/agree with wards to go through all responses• Agree Datix baseline data discussions to inform ward preferences for visual/reports• Confirm B&PI lead and reports/visuals required for wards

Clinical effectiveness

A tea to improve quality

An initiative by the deputy director of nursing quality and professions began in early 2023 to provide a platform where staff can talk about their work and what they deal with on a day-to-day basis. This initiative, named 'a tea to improve quality' is a set of informal get togethers, held at sites across the Trust and staff at all levels are invited to drink tea and share what they feel needs to be improved and how to make the Trust a great place to work. The sessions provide an opportunity to stop and reflect, debate, learn and talk about their experiences.

Between January and April 2023 five sessions have been held and have been attended by clinical, operational and support staff and have included:

- Discussions and debates
- Learning from each other
- Sharing of information
- Identification of quick win improvements
- Opportunities to network
- Opportunities to share good work and practice

Key themes from the sessions included:

- Need for clear guidance on SystmOne and its use and functions
- Complexities with recording care plans and risk assessments

- Staff moral, staff experience, student experience and challenges around staffing
- Medication practices, whether medication was evidence based and understood
- Staff meals on wards and the difficulty with sometimes finding time to eat
- Staff rotational posts and the value this could bring to individuals and services
- Uniforms and the use of scrubs
- Policies and procedures are not always easy to read
- Speaking in 'corporate' meetings can be 'scary'

A number of actions are underway as a result of the feedback and discussions and these include:

- Alignment of policies and expectations around record keeping and practice
- Exploration of supporting staff mealtimes, including pre-ordering
- Feedback to be fed into the care plan and risk assessment group to help guide developments
- Inclusion of staff feedback on moral and safe staffing levels within the SafeCare rollout

Regular sessions are being planned in each locality and on Microsoft Teams to continue with the offer of a safe space to talk and share, find out something new and meet like minded people.

Talk to the trio

'Talk to the trio' is an opportunity for all staff members to have an open discussion with our executive trio about anything that interests them, or that they wish to discuss, promote or highlight. There is no set agenda as this is about our staff, their thoughts, feelings and experiences. These are monthly sessions across the locality and via Microsoft Teams, that allow attendees to share their views, have conversations with colleagues, and learn more about the experiences of the people around them.

Our executive trio is made up of our chief operating officer, chief nurse and director of quality and professions and chief medical officer. As members of the Board they are able to influence change, share understanding from a clinical perspective, and advocate staff experiences to create better services for all and enable the Trust to be a representative, reflective and diverse organisation.

QI project – hydration

To optimise the quantity of fluids consumed we know that offering preferred type of drinks at preferred times of day, at the preferred temperature, with frequency ease of access, in a person's preferred cup, mug, glass (size, how easy it is to lift, being able to recognise the type of drink) is linked to good hydration status. In the context of impaired memory/cognitive CLEAR see-through tumblers are evidenced as preferred to multicolored plastic cups. The reason individual can differentiate the difference water, milk, orange/blackcurrant juice or hot drink. The latter also may be considered for children.

This project trial on a mixture of clinical areas (i.e. adult mental health, physical health, learning disabilities) of graduated in light weight easy to grip tumble aims to

- optimise hydration status for inpatient service users by linking this project to raising awareness of these factors as part of hydration care plans
- empower service users in personal goal setting at each drink and over the course of the day to minimise [low-intake dehydration \(lid\)](#)
- improve accuracy of hydration assessment when monitoring clinical intervention low level dehydration within this different setting

Funding for the project is up to £1500. The project is in progress and once concluded an evaluation will be undertaken to understand benefits and propose recommendation to influence future practice.

Virtual placements for students

Virtual placements have been piloted by the practice placement quality team (PPQT) as an innovative way to support students in their learning. The preparation for this was undertaken collaboratively with the University of Huddersfield and followed a successful bid to finance the project through Health Education England alongside partner trusts in Leeds and Bradford. The virtual placement has been successfully implemented in Leeds services for around 12 months now and there were previous opportunities for us to observe and learn from their experiences of delivering this. In recent years a growing evidence base has supported this way of learning to enhance self-confidence, problem solving and peer learning. Key findings have suggested better preparedness for face to face patient activity.

The purpose of a virtual placement is to give students the opportunity to undertake learning virtually, discuss and work through case studies and virtually simulate the placement settings.

A two week virtual placement was delivered by a practice learning facilitator (PLF), mental health nurses and colleagues from practice areas. Students joined the placement for 2 weeks from a substantive face to face placement setting within the Trust. The placement mirrored the function of the crisis-based home treatment team.

- Virtual cases included depression, anxiety, dual diagnosis, enduring psychosis, early onset at risk mental state & psychosis
- Students watched videos that contained initial engagement appointments with actors playing the role of patients and led by actual clinicians
- Recovery and encouraged to include fluctuations and further realistic crisis points
- Student groups considered treatment, intervention and student groups shaped a story line over a six-to-eight-day period to inform the patient journey of inter-professional collaboration in the context of the story-line
- Students completed a workbook that included risk assessments, comprehensive assessments and care plans relating to the virtual caseload
- Students prepared in groups a short presentation on an evidence-based intervention they would use to support 1 patient from the virtual caseload

A variety of different clinicians were able to join the placement during the two weeks and this included:

- Practitioners from the home-based treatment team
- Community mental health support worker
- Occupational therapist
- Staff member with lived experience of mental illness and recovery
- Investigator from the patient safety support team

There was further time in the timetable for students to work independently and there was a strong emphasis on reflection, in-depth critical thinking and discussion amongst peers. Support was also offered to students on a 1:1 basis with the facilitators and to aid evaluation in what was inevitably a new venture for the trust.

On conclusion of the virtual placement, written feedback was given to students. This cross-referenced to placement outcomes of the main substantive placement in the trust, including professional values and pre-identified proficiencies.

On evaluation students expressed positive comments about the videos and enjoyed seeing clinicians leading on the role plays. Students commented about transferable skills once they qualify and having

greater confidence in groups. Students generally felt supported and able to engage in the creative story-line relating to the virtual patients journey of recovery.

Both students and facilitators feel the placement would be better delivered as a stand-alone in future. Students also commented on the different levels of contribution from a mixed group of students which may relate to differing levels of knowledge base and confidence. The facilitators have taken this feedback on board and will include in future planning to support this challenge better in future placements. At this stage there is also a degree of scepticism both from students and practice placements partners as to the merits of substituting face to face learning with a virtual experience such as this. Further work around engagement and educating colleagues, students and other stakeholders in addressing concerns is likely to be important.

The trust plans to engage in a more formal evaluation both internally and with the University of Huddersfield to discuss the opportunities and challenges of potential virtual placements in the future.

Staff Wellbeing Dietician

Funded by the EyUp! Charity a 12-month pilot post for an occupational health (oh) dietitian was in place for 12 months (completed March 2023). This role worked 7.5 hours a week within the Trust occupational health service. The role was identified as part of wider staff wellbeing initiatives and aimed to offer enhanced wellbeing support to staff.

The role of the OH dietitian was to support staff in the following ways:

- Wellbeing webinars – educational webinars covering a number of topics relevant to workplace wellbeing
- Wellbeing workshops – nutrition focused workshops, supporting a team or service to come together and develop an action plan for nutritional change
- Wellbeing programmes – an extension of the webinar series, the wellbeing programme offers six one hour sessions on a specific topic for a deeper dive into nutritional health
- Wellbeing one to ones – individual assessment with the Staff Wellbeing Dietician

Impact

During the 12-month pilot (one day per week) there were 30 enquiries and 15 self-referrals completed to the dietitian with 15 interventions offered.

Team based work was completed at the forensic wellbeing day, children's speech and language therapy wellbeing workshops, EyUp! operational group wellbeing Wednesdays and within the OH service.

Alongside these two sessions were facilitated for 'Not another diet club' which was a closed group intervention. Dietetic support was provided to the COVID support group and the dietitian was able to contribute to the dietetic network and work across the Trust with dietetic colleagues.

The impact of the role is currently being evaluated fully with a view to developing a business case to embed this role moving forwards. A summary of initial evaluation points, including feedback from staff is summarised below:

- Access to a registered dietitian provoked significant interest from staff members working in the Trust
- The role has highlighted the potential for an ongoing role for a dietitian within the staff wellbeing offer of occupational health services

- With forward planning the dietetic role could have longevity to become well-embedded within the occupational health offering in the Trust and beyond
- A dietitian who is educated in advanced behaviour change and trauma-informed practice is well-placed to help change eating/lifestyle behaviours amongst staff. This would be achieved through helping individuals to move beyond shame, and change their habits to help them to improve their overall health and wellbeing
- A Trauma-informed Dietitian could be an integral staff member in supporting institutional change towards becoming more Trauma-informed Trust through staff training

Staff carers network

The Staff Carers Network was founded in November 2020, following a carers matter event earlier in the year to support the production and embedding of the staff carers passport. One of the key themes revealed from the event was the need to establish a staff working carers network. Staff carers will be able to self-declare that they are a carer and add this to their electronic staff record (ESR).

Staff carers also have the opportunity to partake in regular 'care for a cuppa' meetings, allowing them to take a break and spend time with others in a similar position.

Creating time to listen

'Creating time to listen' is a staff engagement quality improvement project and is part of the Trust's wider inpatient improvement priority programme. The project is collaboratively supported by quality improvement and assurance team (QIAT) and integrated change team (ICT) and aims to uncover a deeper understanding of underlying issues, often not captured in surveys with a view to empowering services to identify and implement their own improvement ideas using the model for improvement. Nine inpatient wards were invited to participate in November 2021 leading to the project successfully being undertaken with staff on Beamshaw ward. The initial phase involved face to face sessions using a fully inclusive bottom-up approach. Ward staff were encouraged to 'set the agenda' openly discussing issues that prevented them from delivering quality care and which impacted on their well-being at work. Working with staff in this way led to a mutual sense of trust which has benefited the project as it progressed. Themes emerging from the discussions were drafted into a report and fed back to ward manager, ward staff and a summary shared at the inpatient improvement priority board meetings.

A facilitative approach was used to enable the ward to collectively decide which theme to prioritise and generate change ideas that could be tested using PDSA. After consideration, the ward chose the change idea of implementing safety huddles as a way of improving communication between the various groups of staff who routinely visit and work on the ward. A period of preparation involved obtaining relevant baseline data and stakeholder engagement. Over 4 pressures over winter 2022 unfortunately impacted on the team's capacity to engage. However, the initial test has since taken place and a review meeting has been arranged with the aim of studying the outcomes and using the model for improvement to facilitate further improvements cycles. The journey of the project is being documented and shared via Trust comms.

Perinatal services accreditation and award

The Trust perinatal services received accreditation by the Royal College of Psychiatrists Perinatal Quality Network in March 2023.

Our perinatal peer support workers have also been presented with an NHS England Chief Nursing Officer Healthcare Support Excellence award. The award celebrates people who give consistently outstanding

care recognised by service users and colleagues alike. Our team of nine perinatal peer support workers have been recognised for their excellent support to their nursing and midwifery colleagues, commitment to delivering outstanding patient care, and their ability to demonstrate leadership and quality improvement in their role.

Patient experience

Awareness to culture and diversity training introduced for staff

Training has been introduced for our workforce to:

- Look at challenges associated with working with a diverse population with health problems and in particular mental health issues and understand the needs of diverse communities
- Consider how services could be adapted to meet the needs of different groups
- Identify principles of good practise
- Look at resources available to staff

Trauma informed care

We are currently developing a Trust wide system framework to enable us to become a Trauma Informed Organisation.

Trauma informed practice is about realising that trauma can affect individuals, groups and communities, recognising the signs, symptoms and widespread impact of trauma and working to prevent re-traumatisation.

We are testing and evaluating the trauma informed framework and devising a Trust wide implementation plan – scheduled for completion by July 2023. The testing of the framework includes piloting Trauma Informed Awareness Training and supporting teams and service users to complete a self-assessment 'Roots'. We are holding a number of monthly 'Lunch and Learn sessions' which enable staff to share and learn from each other around their trauma informed practices /care. We are in the process of launching our intranet page where staff will be able to find relevant resources/information, including an FAQs section.

Once the framework is developed, we will embark on phase two: Trust wide implementation of the framework across clinical and non-clinical services and with service users. Our Trauma informed personality disorder (TIPD) pathway team are currently working with the senior management team to look at how we can embed and weave a trauma informed lens through all that we do.

We are commencing with the priority change programmes of work to support the achievement of our Trust's strategic aims: such as the Making SWYPFT a great place to work programme, improving care, improving resources and improving health with trauma informed care being a golden thread throughout.

Our Learning and development team are working alongside the TIPD pathway team to develop the supporting knowledge and skills framework which includes Trauma Awareness as mandatory training for all staff, both clinical and non-clinical. We are supporting the system wide journey to becoming more trauma informed - for example as part of Community Mental Health Transformation, as the system becomes more integrated in working with all partners including VCSE. From a service user and staff perspective, there seems little point in one organisation becoming trauma informed if they are then handed over to another organisation that isn't. This is not a consistent approach for service user or staff member relationships.

Programme Approach to becoming a Trauma Informed Organisation

Three phase journey:

Phase one: develop a framework to enable SWYPFT to become a Trauma-Informed Organisation

Phase two: Trust wide implementation of the framework

Phase three: supporting sustainable changes to behaviours and practice work

- Underpinned by change management approach of codesign, cocreate and codelivery
- Building in the voice and influence of staff and people who use services
- Fully utilising our communication channels to maintain an open and transparent approach

Improving meal choice and variety on inpatient wards

The catering production manager and catering lead dietitian in Wakefield have created, updated, improved and expanded the variety and choice of meals for breakfast, lunch, evening, desserts, snacks and out of hours provision. This was completed for the daily menu along with menus for cultural, religious, therapeutic, and lifestyle considerations, with a particular focus on the international dysphagia diet standardisation initiative (IDDSI). The changes reflect verbal and observational feedback collected via newly established routes from service users, such as the 'you said, we did' framework, and multiprofessional clinical and non-clinical inpatient staff.

Improving Trust letters

An improvement initiative was established to review and standardised initial appointment letters within the Trust. A project group was formed which consisted of representatives from the Directorate of Nursing, Quality and Professions and two Trust council members who had shown a particular interest in this topic.

The aim of Improving the initial appointment letters was to ensure the letters were informative and reassuring without being overwhelming. We also wanted the tone of the letter to be more friendly, caring and in line with Trust values.

Following several meetings and seeking feedback from Care Groups, service users and their carers a new and improved initial letter template was created.

The SystmOne Team have adapted the letter, so the majority of the information needed such as the team's name, address and name of the clinician who the appointment is with is automatically pulled into the letter template to reduce the amount needed by staff to produce the letter.

Compassionate principles

Following on from the initial letter improvement work the project group felt the changes identified could be incorporated into all Trust letters and therefore a set of compassionate principles were developed and communicated across the Trust.

The compassionate principles can be used by our staff to make all their team letters and communications, which are sent to people who use our services more friendly and reassuring.

Family Liaison Officer role

The Family Liaison Officer (FLO) role was developed towards the end of 2022, in response to learning from serious incidents and a need that was identified to provide support to families, carers and significant others following a serious incident. Recruitment to the role took place in April 2023. An update on the impact of the role will be shared in the Quality Account for 2023/24.

The job summary of the FLO role is as follows:

The family liaison officer will be required to provide support, advice and guidance to families, carers and or significant other following a serious incident of any person who is in receipt of care or treatment within the Trust or was recently in receipt of care and treatment.

This post will help guide families through the process of incident investigations, ensure timely contact and information sharing including signposting to sources of help and support following a bereavement/serious incident.

In summary the post holder will also be responsible for:

- Leading on the development of a bereavement/serious incident standard
- Helping to role out a model of approach to ensure all areas of the Trust are aware of the Trust's response to bereavement/serious incidents
- Working alongside patient safety specialists and other key individuals contributing to policy developments and guideline
- Communicating with families of service users
- Communicating with partner organisations set up to support those bereaved, including those bereaved by suicide

Carers and Project Management Officer within Equality and Inclusion team

The role of carers and project management officer (CPMO) was initially created as a secondment in July 2021 and was then extended until April 2023. This has now been extended for a further 12 month period.

The role was funded by NHS Charities Together/EyUp! Charity. The initial rationale for creating this post was primarily to identify support for staff and service users with caring responsibilities. During the pandemic carers had reported that their responsibilities increased. The Trust employs over 4,500 staff, some who are currently balancing caring responsibilities with long working hours. In addition, we serve the population of Calderdale, Kirklees, Wakefield and Barnsley providing mental health services both in a community and inpatient setting. We also provide general community services to the people of Barnsley. Carers of people who use our services are amongst those whose responsibilities have increased with an estimated 160,00 unpaid carers locally.

The impact of COVID-19 is that the number of carers has increased significantly. The funding of a CPMO was therefore undertaken to help support both staff and those caring for someone using our services by identifying and signposting to support already available and connecting people to voluntary sector organisations to help build community capacity within Barnsley, Wakefield, Calderdale, and Kirklees. The Trust had already invested in several resources and support for both staff and for those who use our services building on the carers charter co-produced in previous years including the carers passport.

The Trust already working with partners in West Yorkshire and Harrogate Partnership ICS and want to further their realisation of the impact caring not only has upon adult carers but wants to fully understand the impact of a caring role on young carers.

'Our Voice Counts' project

The 'Our Voice Counts' project was commissioned to ensure the voices of the BAME population at Newton Lodge were heard and everyone was given equitable opportunity to be involved. 'Our Voice Counts' followed on from other inequality projects in West Yorkshire that highlighted a need to raise awareness of the BAME population experience. Experiences of service users from a BAME background at Newton Lodge

were gathered via a series of face-to-face meetings using guided questions and appreciative enquiry in conversation. Views of staff were also collected around the experiences of the BAME population, including any good practice. Data was also collated and compared to local demographic information. Themes and trends were identified as follows:

1. Feeling safe
2. Staff relationships
3. Religious & cultural need
4. Religious & cultural knowledge
5. Food
6. Family
7. The men's pathway
8. The women's pathway

The report then used these headers to share the narrative of the service users and staff themselves through direct quotes.

service users= blue staff= green

Suggestions and recommendations from the themes/trends and service users themselves are made within this document to improve the experience of those from a BAME background whilst as at Newton Lodge *suggestions= purple (ideas or examples of how change could be implemented)*

recommendations= purple (strongly proposed courses of action to improve experience)

Overall, this project has given assurance that involvement processes are in place for all and that the staff team are supporting individuals to have their voice heard. There is a continual drive to improve quality of experience for those from a BAME background.

This has however only been a snapshot in time, and recommendations have been made to ensure process for continual check in, as **service user and staff populations** constantly change and more can always be done.

Creative practitioners

Funding has been received to enable the recruitment of eight (full time equivalents) creative practitioners for an initial period of six months, raising awareness of the benefits of creativity and test the development and impact of more creativity opportunities for inpatients. The work would be part of the inpatient improvement programme and action plan and be co-produced with the ward staff and service users. There will be clear measures and impact setting from the outset to support the expected sustainability. The work would link to existing staff to help align and deliver the programme in all districts that the Trust covers in working age adult and older people's wards in Kirklees, Calderdale, Barnsley and Wakefield. The roles will support connection from the wards into creative activities that already exist in the community so that people can continue after their discharge.

The learning from this project will be used to explore options for the work to continue in the future with the view of developing a sustainable model providing longer term creative roles and improved care.

Annex 1: Glossary

AHSN	Academic Health Science Networks are membership organisations within the NHS in England. They were created in May 2013 with the aim of bringing together health services, and academic and industry members
CAMHS	Child and adolescent mental health service: Treatment for children and young people with emotional and psychological problems.
Care Groups	Formally business delivery units (BDU). We have five Care Groups: Barnsley integrated services, adults and older people's mental health, CAMHS and children, forensic, learning disabilities and adult ASD and ADHD.
CMHT	Community mental health team: A community based multi-disciplinary team who aim to help people with mental health problems receive an appropriate community environment for as long as possible, and in many cases preventing hospital admission.
CQC	Care Quality Commission: The Care Quality Commission is the health and social care regulator for England. Their aim is to ensure better care for everyone in hospital, in a care home and at home
CQUIN	Commissioning for Quality and Innovation: A payment framework that makes a proportion of providers' income conditional on quality and innovation. Its aim is to support the vision set out in high quality care for all (the NHS next stage review report) of an NHS where quality is the organising principle.
DATIX	Datixweb is the web based version of the Trust's risk management system. It enables staff to report incidents that happen at the Trust, electronically
DoH/DHSC	Department of Health and Social Care – government department which supports ministers in leading the nation's health and social care to help people live more independent, healthier lives for longer
EMT	Our Executive Management Team (EMT) put into action the strategic direction and priorities set by the Trust Board. They are responsible for the day to day running of the Trust, making sure that resources are in the right place to provide high quality care and achieve our mission and objectives. They are held to account by our Trust Board.
EPMA	Electronic prescribing and medicines administration: digital solution for prescribing and medicines administration.
ESR	Electronic Staff Record: a workforce solution for the NHS, supports the delivery of national workforce policy and strategy.
FFT	Friends and Family Test: a service user experience and quality improvement tool used across the NHS.
IBC	Integrated Care Board: A statutory NHS organisation responsible for developing a plan for meeting the health needs of the population, managing NHS budget and arranging provision of health services in the ICS area.
ICS	Integrated Care System: Partnerships of organisations that come together to plan and deliver joined up health and care services, and to improve the lives of people who live and work in their area.
IG	Information governance: the legal framework governing the use of personal confidential data. It includes the NHS Act 2006, the Health and Social Care Act 2012, the Data Protection Act and the Human Rights Act.
KPI/Key performance indicator	A performance indicator or key performance indicator is a type of performance measurement. KPIs evaluate the success of an organisation or of a particular activity in which it engages.

LeDeR	People with a learning disability and autistic people research.
MHA	Mental Health Act: the main piece of legislation that covers the assessment, treatment and rights of people with a mental health disorder.
NCISH	The national confidential inquiry into suicide and safety in mental health (NCISH) is an internationally unique project. The study has collected in-depth information on all suicides in the UK since 1996. Their recommendations have improved patient safety in mental health settings and reduced patient suicide rates, contributing to an overall reduction in suicide in the UK. Their evidence is cited in national policies and clinical guidance and regulation in all UK countries.
NHSE	NHS England: leads the NHS in England. Includes NHS Improvement and working together as one organisation.
NICE	National Institute for Health and Care Excellence: a national group that works with the NHS to provide guidance to support healthcare professionals make sure that the care they provide is of the best possible quality and value for money
SafeCare	A daily staffing software tool that matches staffing levels to patient acuity, providing control and assurance from bedside to board. The tool allows Trusts to compare staff numbers and skill mix alongside actual patient demand in real time, allowing us to make informed decisions and create acuity driven staffing.
PSIRF	Patient Safety Incident Response Framework: sets out the NHS's approach to developing and maintaining effective systems and processes for responding to patient safety incidents for the purpose of learning and improving patient safety.
Safety Huddles	A safety huddle is a short multidisciplinary briefing, held at a predictable time and place, and focused on the patients most at risk. Effective safety huddles involve agreed actions, are informed by visual feedback of data and provide the opportunity to celebrate success in reducing harm.
Schwartz round	A Schwartz round provides a structures forum where all staff, clinical and non-clinical come together regularly to discuss the emotional challenges and social aspects of working in healthcare.
SystemOne	The electronic service user record system that is used in within our Trust.
TIPD	Trauma informed personality disorder

Annex 2: Statements from our stakeholders

Feedback on SWYPFT Draft Quality Accounts 2022-23

Feedback from BMBC Overview & Scrutiny Committee

The Committee would like to thank the South-West Yorkshire Partnership Foundation Trust (SWYPFT) for the services they have provided to the residents of Barnsley during 2022-23, and for the opportunity to contribute to the Quality Account for this year.

Priorities 2022-24

The Committee are satisfied that the priorities cover the expected four areas of:-

- Clinical Effectiveness
- Patient Safety
- Patient Experience
- Quality Improvement

The Committee are pleased to see that steps are being taken to improve data quality, which will help support effective decision making and underpin the delivery of safe, effective care. The Committee also notes that in the coming months, the Trust will go live with the new system for recording learning from patient safety events (LFPSE) as well as adopting the new Patient Safety Incident Response Framework (PSIRF) launched by NHS England. The Committee will be interested to see how the Trust embeds the systems and culture change into service delivery and how the introduction of LFPSE and PSIRF will support the Trust in developing its approach to learning from incidents and delivering proportionate responses to incidents in the future.

Whilst the Committee commends the Trust for the work that is being done and the performance against indicators from the NHS Outcomes Framework (where targets have been provided), they have noted a mixed picture when looking at the performance against indicators as set out in the National Metrics. Whilst the Trust is performing well against the indicators for early intervention in psychosis (EIP) and Improving Access to Psychological Therapies (IAPT), the committee are concerned about the number of under 16s admitted to adult facilities and particularly concerned about inappropriate out of area placements for adult mental health services. Although the Trust are aware of the reasons that patients may need to be sent out of the area, Members will be paying close attention to see how the identified improvement work for the coming year impacts upon the year-end performance metrics for 2023-24.

The Committee are encouraged to see that there have been several developments in improving access to CAMHS during 2022-23. Members will be particularly keen to see how these improvements have impacted upon outcomes for children and young people in Barnsley, and how the performance of CAMHS locally compares to the service in other localities within the SWYPFT footprint, when it scrutinises this topic again in the 2023-24 municipal year. The Committee will also be interested to see whether the Trust manages to achieve the new target for CQUIN 15b, which requires 50% of children, young people and women in the perinatal period accessing mental health services to have a paired outcome, when it is reported in the next Quality Account.

As identified within CAMHS, when offering patients the option of choosing online or face-to-face appointments across the spectrum of services offered, consideration must always be given to those who are digitally excluded to ensure that they are not unfairly disadvantaged when accessing appointments.

Important Omissions

There does not appear to be any important information missing from the report.

Patient & Public Engagement

The Trust continues to engage with a wide variety of service users and carers to understand population needs, strengths and experiences. Of particular note is the information gathering exercise on the experiences of families following a loss of life to suicide and the recruitment of a Family Liaison Officer (FLO).

Members are encouraged to see that mechanisms are in place to listen to staff, including students and facilitators, and that this feedback is considered in future planning arrangements. Members are also pleased to see that the trust have investigated the reasons for delays experienced within the complaints process and that an improvement plan for customer services has been implemented. Again, members will look forward to seeing an improvement in performance in the next Quality Account.

Work of the Overview & Scrutiny Committee (OSC)

The Trust have attended as witnesses at the following Overview & Scrutiny Committee sessions during 2022-23:-

- Barnsley Safeguarding Adults Board Annual Report 2021-22
- Barnsley Safeguarding Children's Partnership Annual Report 2021-22
- Progress on the Development of Integrated Care in Barnsley
- Mental Health Strategy

In addition, the Chair of the Committee regularly meets with the Deputy Chief Executive and Executive Director of Strategy and Change from the Trust and will continue to do so in the coming year to discuss matters of mutual concern and seek assurances on any issues highlighted above.

The Committee would like to thank the Trust for contributing to their work and look forward to working together again during the 2023-24 municipal year.

Darryl Thompson
Chief Nurse/Director of Quality and Professions
South West Yorkshire Partnership NHS Foundation Trust
Fieldhead
Ouchthorpe Lane
Wakefield
WF1 3SP

16 June 2023

Dear Darryl

South West Yorkshire Partnership NHS Foundation Trust (SWYPFT) 2022/23 Quality Account

Thank you for providing the opportunity for us to comment on the South West Yorkshire Partnership NHS Foundation Trust Quality Account 2022/23. This statement represents the views of Calderdale Cares Partnership, Kirklees Health and Care Partnership and Wakefield District Health and Care Partnership, on behalf of the NHS West Yorkshire Integrated Care Board.

To the best of our knowledge, the quality account provides a comprehensive and transparent reflection of service delivery, performance, and priorities for improvement.

We would like to acknowledge and congratulate the Trust on its successes this year:

- Achieving the Carer Confident benchmark of Level 2 for your work engaging with and empowering carers
- Achieving the Level 3 (Leader) Disability Confident status in recognition of your commitment to being an inclusive and accessible workplace
- The Trust's Perinatal Services receiving accreditation by the Royal College of Psychiatrist Perinatal Quality Network in March 2023
- Achieving a status of 'Standards Exceeded' for the 2021/22 data security and protection toolkit.

The Integrated Care Board acknowledges the impact of the COVID-19 pandemic and accepts the Trust's decision to revisit and reprioritise the quality priorities for 2022/23. The three priorities were, and will continue to be for 2023/24:

Quality Priority 1: Safe and responsive care

We recognise and support the Trust's demonstrated progress against the implementation of the NHS Patient Safety Strategy, both organisationally and as a valued member of the Calderdale, Kirklees, and Wakefield Patient Safety Network. The Integrated Care Board looks forward to the future participation and contributions of the Trust in the Network and is grateful for the commitment to accept the offer of support from our team and include us in your internal implementation meetings. We look forward to receiving updates on future Trust developments, particularly in regard to the embedding of Patient Safety Partners.

The Integrated Care Board welcomes the Trust-wide prioritisation of Suicide Prevention which acknowledges that the suicide rate in West Yorkshire is higher than that of the national suicide rate. It is

evident the Trust has undertaken considerable planning including engagement with local and regional partners and communities to inform the Trust's Suicide Prevention Strategy which was introduced in 2022. We also welcome the development of a Trust-wide system framework to enable the Trust to become a Trauma Informed Organisation as this aligns with the wider place and regional ambition.

The Integrated Care Board recognises and supports the good progress made following the implementation of an Electronic Prescribing and Medicines Administration system within all inpatient units. Patient and system safety benefits are already being realised with improved medicines administration, a reduction in medicines incidents and improved medicines safety oversight. We look forward to updates on the introduction of the system to the Integrated Home-Based Treatment Teams and Community Services.

Quality Priority 2: Equality, inclusion and equity

The Integrated Care Board recognises and supports the extensive work undertaken to proactively identify service users with protected characteristics so that appropriate mitigating actions can be undertaken to reduce inequalities.

Quality Priority 3: Health, wellbeing and experience of staff

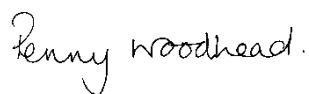
The Integrated Care Board recognises and supports the Trust's commitment to improving the health, wellbeing and experience of staff and considerable progress in the implementation of the Workforce Strategy and Great Place to Work Priorities. The Quality Account demonstrates a continued focus on staff health, wellbeing and experience with actions and areas for improvement identified via the staff survey; we look forward to receiving updates and seeing evidence of this when we talk to staff when we come to visit.

We are pleased to see that the Trust continues to implement its Quality Strategy including details about the Trust's approach to quality improvement. It is encouraging to see evidence of quality improvement methodologies being used to deliver on quality priorities through efforts to improve record keeping, clinical risk assessment and care planning. We look forward to seeing this work being embedded and this improvement reflected in the Trust's reporting on the indicator.

We note the Trust participated in all eligible national audits which included twelve national clinical audits and one national confidential enquiry; subsequent actions have been identified to inform quality improvement. The Integrated Care Board would have welcomed more progress on the planned local audits and the Trust may wish to consider reporting on uncompleted audits cycles and rationales in the 2023/24 Quality Account.

The Integrated Care Board looks forward to continuing to work with the Trust in collaboration with other partners across the health and social care system to ensure local people have access to safe, high quality, and compassionate care. The NHS West Yorkshire Integrated Care Board values South West Yorkshire NHS Partnership Foundation Trust's positive contribution to the system and commitment to quality and looks forward to continuing our partnership through 2023/24.

Yours sincerely



Penny Woodhead
Director of Nursing and Quality
Calderdale Cares Partnership

Kirklees Health and Care Partnership
Wakefield District Health and Care Partnership
NHS West Yorkshire Integrated Care Board

Statement from Wakefield MDC Adults Services, Public Health and the NHS Overview and Scrutiny Committee – South West Yorkshire Partnership NHS Foundation Trust.

The public, patients, and others with an interest in their local provider will use a Quality Account to understand:

- Where an organisation is doing well and where improvements in service quality are required;
- What an organisation's priorities for improvement for the coming year are; and
- How an organisation has involved service users, staff, and others with an interest in the organisation to help evaluate the quality of their services and determine their priorities for improvement.

In reviewing the Trust's Quality Account the Committee considered the following:

- Does the Trust's priorities match those of the public;
- Whether the Trust has omitted any major issues;
- Has the Trust demonstrated they have involved patients and the public in the production of the Quality Account; and
- Any comment on issues the Committee is involved in locally.

Through the Quality Accounts process the Adults Services, Public Health and the NHS Overview and Scrutiny Committee have been able to review and identify quality themes and issues that members believe should be both current and future priorities. The Trust has sought the views of the Overview and Scrutiny Committee with the opportunity to provide pertinent feedback and comments.

The committee has acknowledged that the priorities for improvement have been reviewed through a wide range of groups and individuals and that the Trust has taken into account issues highlighted in feedback from patients and staff and believe that the Trust's priorities identified in the Quality Account broadly match those of the public.

The Committee accepts that the content and format of the Quality Account is nationally prescribed. The Quality Account is therefore having to provide commentary to a broad range of audiences and is also attempting to meet two related, but different, goals of local quality improvement and public accountability. Members acknowledge that the Trust have aimed to use plain English wherever possible and would welcome the production of a summary and easy read versions, which will make the Quality Account more relevant to a public audience.

The committee agrees with the Trust's decision to align its strategic objectives, priorities and programmes and quality initiatives within a framework of improvement and believes a consistent approach is useful to underpin the quality measures against which improvement can be measured. The Committee therefore agrees that the continuum of improvement should be maintained, specifically by retaining the 2022/23 priority improvement targets.

The Committee welcomes the Trust's overall approach to quality improvement which occurs as near to service users as possible. The development of skills for improvement, robust quality assurance and strong clinical governance will underpin the approach to setting quality as the organising principle for the Trust's services.

The Committee welcomes improvement priorities being explicitly linked to the Trust's core values that reinforce behaviours and ways of working that underpin a culture of service improvement and better-quality care.

The Quality Account is set within the context of the continuing Covid-19 pandemic and the associated challenges to the South West Yorkshire Partnership NHS Foundation Trust. Consequently, the Committee has had limited engagement with the Trust during this period to ensure the necessary balance in providing constructive challenge and support.

However, the Committee has worked with the Trust over the last year and has challenged those areas most visibly under pressure – with particular focus on quality, patient experience, safety, and clinical effectiveness. This has included discussions on the quality of services in relation to access to Adult Secondary Mental Health Services, for example where the Committee was seeking assurance around an expected level of service which demonstrates delivery of person-centred, safe and effective healthcare, and promotes understanding, compassion and improvement. Additionally, the Committee reviewed access to psychological Therapies, Crisis Support and the Mental Health Investment Standard.

The Committee is grateful for the opportunity to comment on the Quality Account and looks forward to working with the Trust in reviewing performance against the quality indicators over the coming year.

Members' Council 16 August 2023 Agenda item 8.1a

Title:	Governor engagement feedback		
Paper presented by:	John Laville – Lead Governor		
Paper prepared by:	Corporate Governance Team		
Purpose:	The following events were attended by governors since the last Members’ Council meeting on 9 May 2023 to 2 August 2023 (note, this does not include Members’ Council meetings).		
Mission/values:	Good governance supports the Trust to deliver its mission and adhere to its values.		
Any background papers / previously considered by:	Not applicable.		
Executive summary:	Name / representing	Groups / committee / forum	Involvement activity
	AGORO, Jacob Staff elected - Nursing		<ul style="list-style-type: none">• 13.06.23 SY MHLDA workshop• 01.08.23 Members’ Council Question and Answer Session- Update on Teaching Trust Status
	BELLAMY, Sue Appointed – Barnsley Council		<ul style="list-style-type: none">• 18.09.23 NHS Providers virtual governor workshop• 01.08.23 Members’ Council Question and Answer Session- Update on Teaching Trust Status
	BLAGBROUGH, Howard Appointed – Calderdale Council		
	BRAMWELL, Tanisha Publicly elected – Kirklees		
	CLAYDEN, Bob Publicly elected – Wakefield	<ul style="list-style-type: none">• 21.06.23 Co-ordination Group	<ul style="list-style-type: none">• 13.06.23 SY MHLDA workshop

			<i>Every Tuesday - Portobello craft and camera group</i>
	DEN BURGER-GREEN, Claire Publicly elected – Kirklees		<ul style="list-style-type: none"> 24.05.23 Governor training – understanding the Integrated Performance Report (IPR)
	DOOLER, Daz Publicly elected – Wakefield	<ul style="list-style-type: none"> 01.08.23 Quality Group 	
	ELLIOT, Charles Publicly elected – Wakefield	<ul style="list-style-type: none"> 21.06.23 Co-ordination Group 	<ul style="list-style-type: none"> 07.07.23 Man Matters 1st Anniversary Event
	ELLIS, Gary Appointed – Mid Yorkshire Hospital NHS Trust		
	FAROOQ, Rumaysah Publicly elected - Kirklees		<ul style="list-style-type: none"> 01.08.23 Quality Monitoring visit
	GILLIBRAND, Warren Appointed – University of Huddersfield		<ul style="list-style-type: none"> 01.08.23 Members' Council Question and Answer Session- Update on Teaching Trust Status
	GLEADALL, Leonie Staff elected – Non-clinical support		<ul style="list-style-type: none"> 23.06.23 Governor training – understanding the Integrated Performance Report 29.06.23 Creative Minds Conference 13.06.23 NHS Providers, Core skills
	GOFF, Daniel Publicly elected – Barnsley		<ul style="list-style-type: none"> 24.05.23 Governor training – understanding the Integrated Performance Report (IPR) 13.06.23 SY MHLDA workshop
	GRACE, Ian		<ul style="list-style-type: none"> 24.05.23 Governor training –

	Staff elected – Medicine and Pharmacy		<p>understanding the Integrated Performance Report (IPR)</p> <ul style="list-style-type: none"> • 01.08.23 Members' Council Question and Answer Session- Update on Teaching Trust Status
	HABIB, Laura Staff elected – Nursing support		
	JAVID, Sara Publicly elected - Kirklees		
	JHUGROO, Adam Publicly elected - Calderdale	<ul style="list-style-type: none"> • 21.06.23 Co-ordination Group 	<ul style="list-style-type: none"> • 23.05.23 Annual Governor focus conference (NHS Providers) • 01.08.23 Members' Council Question and Answer Session- Update on Teaching Trust Status
	KING, Rosie Publicly elected – Wakefield		
	LAVILLE, John Publicly elected - Kirklees	<ul style="list-style-type: none"> • 21.06.23 Co-ordination Group • 05.07.23 Nominations Committee • 01.08.23 Quality Group 	<ul style="list-style-type: none"> • 24.05.23 Governor training – understanding the Integrated Performance Report (IPR) • 01.08.23 Members' Council Question and Answer Session- Update on Teaching Trust Status
	LYCETT, John Publicly elected – Barnsley		<ul style="list-style-type: none"> • 24.05.23 Governor training – understanding the Integrated Performance Report (IPR) • 01.08.23 Members' Council Question and Answer Session- Update on Teaching Trust Status

	MATEJAK, Christopher Publicly elected – Calderdale		<ul style="list-style-type: none"> • 13.06.23 SY MHLDA workshop • 18.07.23 Quality Monitoring Visit
	McCOURT, Andrea Appointed – Calderdale and Huddersfield NHS Trust	<ul style="list-style-type: none"> • 05.07.23 Nominations Committee 	
	MORGAN, Helen Staff elected – Allied Health Professionals		
	MORSE, Bob Publicly elected - Kirklees		<ul style="list-style-type: none"> • 04.07.23 Quality Monitoring Visit • 29.06.23 Creative Minds Conference • 13.06.23 SY MHLDA workshop • 01.08.23 Members' Council Question and Answer Session- Update on Teaching Trust Status
	PERVAIZ, Mussarat Appointed – Kirklees Council		
	SHAHZAD, Fatima Publicly elected – Rest of Yorkshire, Humber and Neighbouring Counties		
	SCHÜLE, Reini Publicly elected – Wakefield		<ul style="list-style-type: none"> • 13.06.23 SY MHLDA workshop • 18.09.23 NHS Providers virtual governor workshop • 01.08.23 Members' Council Question and Answer Session- Update on Teaching Trust Status
	SHELTON, Elaine Appointed – Staff Side Organisations		<ul style="list-style-type: none"> • 24.05.23 Governor training – understanding the Integrated

			Performance Report (IPR)
	SHIRE, Phil Publicly elected – Calderdale	<ul style="list-style-type: none"> 01.08.23 Quality Group 05.07.23 Nominations Committee 	<ul style="list-style-type: none"> 01.08.23 Members' Council Question and Answer Session- Update on Teaching Trust Status
	SPENCER, Susan Appointed – Barnsley Hospital NHS Foundation Trust	<ul style="list-style-type: none"> 01.08.23 Quality Group 	<ul style="list-style-type: none"> 16.05.23 Mental Health Act Committee – observing 01.08.23 Members' Council Question and Answer Session- Update on Teaching Trust Status
	STUART-CLARKE, Keith Publicly elected - Barnsley	<ul style="list-style-type: none"> 21.06.23 Co-ordination Group 	<ul style="list-style-type: none"> 13.06.23 SY MHLDA workshop 20.06.23 Quality Monitoring Visit 01.08.23 Members' Council Question and Answer Session- Update on Teaching Trust Status
	VLISSIDES, Nik Staff elected – Psychological therapies		
Recommendation:	The Members' Council is asked to RECEIVE the update on governor engagement.		

Members' Council 16 August 2023

Agenda item 8.1b

Title:	Governor appointments to the Members' Council and Trust Board Groups and Committees				
Paper presented by:	John Laville – Lead Governor (Chair of Members' Council Co-ordination Group)				
Paper prepared by:	Corporate Governance Team				
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 and Involvement Committee (EIIC).				
Mission/values:	Good governance supports the Trust to deliver its mission and adhere to its values.				
Any background papers / previously considered by:	<p>Background</p> <ol style="list-style-type: none"> The Members' Council has the following process for appointing governors to the Members' Council groups and committees (full process is attached): <table border="1" data-bbox="549 1034 1501 1386"> <tr> <td>Step 1</td><td>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.</td></tr> <tr> <td>Step 2</td><td>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.</td></tr> </table> 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. It is noted that the one group rule does not apply to the Lead Governor, Deputy Lead Governor and the representative for the Rest of Yorkshire and the Humber representatives. 	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.
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.				
Executive summary:	<p>An email was sent to all governors on 16 May 2023 and a reminder email on 23 May 2023, inviting self-nominations for the vacancies listed below, accompanied by a personal brief statement, with a closing date of 30 May 2023. Self-nominations were received by the closing date as follows;</p> <p>Members' Council Co-ordination Group One nomination received.</p>				

	<p>Members' Council Quality Group Two nominations received.</p> <p>Nominations Committee Two nominations received.</p> <p>Equality, Involvement and Inclusion Committee No self-nominations received.</p> <p>The above nominations for Members' Council groups were discussed at the Members' Council Co-ordination Group meeting on the 21 June 2023 where members reviewed the self-nomination statements and made the following recommendation;</p> <p>Members' Council Co-ordination Group Bob Morse, public governor - Kirklees (uncontested)</p> <p>Members' Council Quality Group Daniel Goff, public governor – Barnsley</p> <p>Nominations Committee Laura Habib – staff governor</p>
Recommendation:	<p>The Members' Council is asked to:</p> <p>RECEIVE the RECOMMENDATION from the Members' Council Co-ordination Group and to APPOINT -</p> <ul style="list-style-type: none"> ➤ Laura Habib as a member of the Nominations Committee ➤ Daniel Goff as a member of the Members' Council Quality Group <p>NOTE –</p> <ul style="list-style-type: none"> ➤ Bob Morse will automatically fill the vacancy as Public governor for Kirklees for the Members' Council Co-ordination Group <p><i>All members will have a three year term (unless they stand down from a group or is not re-elected / re-appointed as a governor on the Members' Council) from 16 August 2023 to 15 August 2026.</i></p>

Members' Council

16 August 2023

Self-nomination statement – Members' Council Co-ordination Group

Bob Morse – Public Governor (Kirklees)

Dear colleagues

I hereby nominate myself for the above position. Please accept this as my nomination.

I believe that I would be useful to the Trust in this capacity due to my skills, knowledge and experience and conversely the post would help me in connecting the deeper working behind the trust.

My previous experience will I believe prove helpful. I have a history of people centred interaction. My interest is that of learning and exploring possibilities and where possible making change for the better.

This is me offering to help!

Happy to discuss further.

Cheers
Bob

Members' Council

16 August 2023

Self-nomination statement – Members' Council Quality Group

Daniel Goff – Public Governor (Barnsley)

I would like to put myself forward to be a formal member of the quality group for the same reason that I wanted to become a governor which is to be the voice of service users and ensure the trust is meeting their needs. I have lived experience of having mental health issues and using mental health services both inpatient and in the community (including multiple teams from swypft) and would like to use that experience to enable the quality group to understand what it feels like from a service user point of view. Because of my experiences discussions around patient safety and quality of care are of most importance to me. Whilst I have not been on the members council long at all, whilst an inpatient I have attended patient council groups where the quality of our care was discussed.

Members' Council

16 August 2023

Self-nomination statement – Nominations Committee

Laura Habib – Staff Governor, Nursing support

Hello, my name is Laura Habib, Staff Governor for Nursing Support; please accept this statement as my self-nomination for a seat in the Nominations Committee.

When starting as Governor, my role was a Senior Health Care Support Worker, where I held the voice for Nursing Support across SWYPFT Care Groups; even though my role has since changed, with my progression leading me into the People Directorate, as an Organisation Development and Wellbeing Practitioner; I found that the scope to reach Nursing Support from across the Trust increased, my meeting with all new Nursing Support recruits in addition to speaking with longer standing employees; both directly and indirectly through staff Health and Wellbeing Champions stationed across the Trust; I have found this especially beneficial in gaining valuable people feedback and promoting the role of Governor to potential future Governor for Nursing Support colleagues.

I genuinely believe that people are the heart of the service and try really hard to keep connected with a wide range of people to ensure a shared voice is brought into all groups; this in mind, the Nominations Committee is a space I feel I can also lend my experience of the service and its people as a council member, whilst also supporting the Trust vision, values and goals being met.

Warm Regards

Laura Habib

Members' Council 16 August 2023

Agenda item 8.2a

Title:	Assurance from Members' Council Groups and Nominations Committee						
Paper prepared by:	Corporate Governance Team on behalf: <ul style="list-style-type: none"> ➤ Members' Council Co-ordination Group Members' Council Quality Group ➤ Nominations Committee 						
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).						
Mission/values:	Good governance supports the Trust to deliver its mission and adhere to its values.						
Any background papers / previously considered by:	Not applicable.						
Executive summary:	<p>Members' Council Co-ordination Group (MCCG) The Co-ordination Group co-ordinates the work and development of the Members' Council and:</p> <ul style="list-style-type: none"> • 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. <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 20%;">Date</td><td>21 June 2023</td></tr> <tr> <td>Presented by</td><td>John Laville, Lead Governor (Chair)</td></tr> <tr> <td>Key items for Members' Council to note</td><td> <ul style="list-style-type: none"> • Discussed and agreed to commence Members' Council Biennial evaluation. • Phil Shire (PS) was automatically appointed as member of Nominations Committee. • Governor attendance at Members' Council meetings were discussed. • The update for the governor training and development programme was received. • The group approved the biennial evaluation survey questions and agreed to defer to after the Members' Council meeting in August 2023. </td></tr> </table>	Date	21 June 2023	Presented by	John Laville, Lead Governor (Chair)	Key items for Members' Council to note	<ul style="list-style-type: none"> • Discussed and agreed to commence Members' Council Biennial evaluation. • Phil Shire (PS) was automatically appointed as member of Nominations Committee. • Governor attendance at Members' Council meetings were discussed. • The update for the governor training and development programme was received. • The group approved the biennial evaluation survey questions and agreed to defer to after the Members' Council meeting in August 2023.
Date	21 June 2023						
Presented by	John Laville, Lead Governor (Chair)						
Key items for Members' Council to note	<ul style="list-style-type: none"> • Discussed and agreed to commence Members' Council Biennial evaluation. • Phil Shire (PS) was automatically appointed as member of Nominations Committee. • Governor attendance at Members' Council meetings were discussed. • The update for the governor training and development programme was received. • The group approved the biennial evaluation survey questions and agreed to defer to after the Members' Council meeting in August 2023. 						

		<ul style="list-style-type: none"> The group received the update for the current Members' Council Objectives 2023 – 2025. The group approved the governor handbook for 2023. The group received the quarterly insight report and a presentation. The group received a summary of the governor only meetings. Reviewed the draft Members' Council agenda. The group reviewed and approved the MCCG annual report and terms of reference.
	Approved notes of previous meeting/s to be received	<p>Approved notes of the meeting held on 20 March 2023 attached (item 8.2b)</p> <p><i>Please note these notes may be redacted if they contain personal, sensitive or confidential information.</i></p>
	<p>Members' Council Quality Group (MCQG)</p> <p>The Quality Group supports the Trust in its approach to quality through the Trust's quality priorities and:</p> <ul style="list-style-type: none"> 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	1 August 2023
	Presented by	<p>Darryl Thompson, Director of Nursing, Quality and Professions (Chair)</p> <p>Phil Shire, Public Governor Calderdale (Co-Chair)</p>
	Key items for Members' Council to note	<ul style="list-style-type: none"> The action log of the Members' Council quality log was discussed. The group received the Integrated Performance Report (IPR). The group received an update on Care Quality Commission (CQC) The group received the Quality Account The group received the Incident Management Annual Report The group received an initial feedback from the Care Quality Commission (CQC) inspections
	Approved Minutes of previous meeting/s to be received.	<p>Approved notes of the meeting held on 3 May 2023 attached (item 8.2c)</p> <p><i>Please note these notes may be redacted if they contain personal, sensitive or confidential information.</i></p>

	Nominations Committee The Nominations Committee ensures the right composition and balance of the Board and oversees the process for the: <ul style="list-style-type: none"> • 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	5 July 2023
	Presented by	John Laville, Lead governor (Kirklees)
	Key items for Members' Council to note	<ul style="list-style-type: none"> • The committee noted the governance process in relation to the consideration of re-appointment of an Associate Non-Executive Directors, as an option at the end of their two year term. • The committee agreed to combine the role of Senior Independent Director and Deputy Chair and to make a recommendation to the Members' Council.
	Approved Minutes of previous meeting/s for receiving	Approved notes of the meeting held on 26 April 2023 attached (item 8.2d) <i>Please note these notes may be redacted if they contain personal, sensitive or confidential information.</i>
Recommendation:	The Members' Council is asked to: <ul style="list-style-type: none"> • RECEIVE the assurance and approved notes/minutes from the Members' Council Co-ordination Group, Members' Council Quality Group and Nominations Committee. 	

**Notes of the Members' Council Co-ordination Group
held on 20 March 2023 from 13.30 while 15.30**

Meeting held Virtually by Microsoft Teams

Present:	Marie Burnham (MBu) Bob Clayden (BC) Adam Jhugroo (AJh) John Laville (JL)	Chair of the Trust Public - Wakefield Public – Calderdale Public – Kirklees (Lead Governor) Chair of the Group
In attendance:	Laura Arnold (LA) Bill Barkworth (BB) Andy Lister (AL) Asma Sacha (AS) Dawn Pearson (DP)	Corporate Governance Officer (Author) Public – Barnsley (Deputy lead governor) Head of Corporate Governance (Company Secretary) Corporate Governance Manager Communication, Involvement, Equality & Inclusion Lead (item 5.6)
Apologies:	Laura Habib (LH) Mandy Rayner (MR) Keith Stuart-Clarke (KSC)	Staff – Nursing support Non-Executive Director Public - Barnsley

MCCG/23/11

1. Welcome, introductions and apologies (agenda item 1)

John Laville (JL) welcomed everyone to the meeting. Introductions were made and the apologies, as above, were noted.

The meeting was noted at quorate.

MCCG/23/12

2. Declarations of interest (agenda item 2)

There were no declarations of interest in relation to the agenda.

MCCG/23/13

3. Notes of the previous meeting held on 16 January 2023 (agenda item 3)

The notes were agreed as a true and accurate record of the meeting.

MCCG/23/13

4. Action log from previous Co-ordination Group meetings (agenda item 4)

All actions in blue were noted as complete.

Members' Council section in the website once completed, will be circulated to all governors for information.

Bob Clayden (BC) commented that he had been liaising with Paul Cartwright (PC) regarding certain pathways within the Trust website and asked if all had been actioned. Laura Arnold (LA) agreed to contact PC and BC outside of the meeting.

Action: Laura Arnold

The group agreed to close open action from 13 December 2021.

MCCG/23/14

5 Members' Council Development (agenda item 5)

MCCG/23/14a

5.1 Membership on Members' Council Groups (agenda item 5.1)

The group noted that Phil Shire (PS) will automatically fill the vacancy for public governor from 1 May 2023 on the Nominations Committee. LA to contact PS.

Action: Laura Arnold

The corporate governance team will continue to promote vacancies within Members' Council Groups and Committees.

It was noted that the governor membership on the Equality, Involvement and Inclusion Committee will end on 30 July 2023, and the corporate governance team will invite self-nominations for the vacancy around May/June 2023.

MCCG/23/14b

5.2 Governor attendance at Members' Council meetings (agenda item 5.2)

There are currently two governors who have missed three consecutive Members' Council meetings: Cllr. Mussarat Pervaiz (MP) and Cllr. Jackie Ferguson (JF).

JF has resigned and given 1 month notice in line with the Trust constitution, her term will end on 13 April 2023. Wakefield Council have been contacted for alternate representation.

The corporate governance team have contacted Kirklees Council regarding no contact from MP.

JL also made the group aware of the workload for appointed governors from Councils and commented that Cllr. Howard Blagborough's feedback from Members' Council meetings is that the weight of papers, length of meeting and geography can be off-putting although he still remains a very committed governor.

MCCG/23/14c

5.3 Governor training - update (agenda item 5.3)

The group received the update governor training and development programme.

It was noted for this to be circulated to all governors.

Action: Laura Arnold

MCCG/23/14d

5.4 Members' Council biennial evaluation (agenda item 5.4)

The group reviewed the formal process for the biennial evaluation and the proposed survey questions with the view to present findings in the Members' Council meeting on 9 May 2023.

BC suggested for new governors, with their term starting on 1 May 2023, to be included as part of this process as they will only be given one chance before their term will come to an end.

Action: Corporate Governance team

BC commented that using it may be more useful to use a scale (e.g., 1 – 10) instead of 'agree and disagree' and to remove the question regarding the annual session for 'Holding Non-Executive directors to account'. Andy Lister (AL) agreed to liaise with BC outside the meeting for further changes to the questions.

Action: Andy Lister

MBu replied stating that questions with a scale response require definition statements of the scale/grading and can be of personal interpretation. These do not provide a view or assurance. Comments could be included to expand on 'agree or disagree' BC commented that comments can remove anonymity.

After discussion, the group agreed to:

- Remove the question regarding the annual session of 'Holding Non-Executive directors to account'
- Include opening statements for the questions
- Approve the proposed survey questions, taking into account BC amendments
- To start the process after the Members' Council meeting in August 2023, but to present findings at the Members' Council meeting in November 2023.

Action: Corporate Governance team

MCCG/23/14e

5.5 Members' Council Objectives (agenda item 5.5)

The Members' Council Objectives for 2023 – 2025 were approved at their last meeting on 24 February 2023, noting the two amendments.

The group approved without further amendments.

MCCG/23/14f

5.6 Insight report (agenda item 5.6)

Dawn Pearson (DP) joined the meeting.

DP gave a presentation for an overview of the purpose of the report.

The insight report collects information that already exists in the system, some of this information is available publicly. The report collects all the data from different channels and identifies themes and patterns, this is refreshed quarterly and highlights a collective improvement approach. The report is not intended to find specific areas for resolution.

Processes for individual feedback should be signposted (with support) to customer services, friends and family test and local HealthWatch, prior to giving insight through the insight reporting system.

DP asked for any questions.

BC commented that some of the feedback is specific and looks to be the same feedback received through different channels, and asked if there could be taken in to account twice? DP replied stating the insight report does take into account of this and looks into the different routes of feedback. The report is pragmatic in how feedback is reported in the section for 'you said, we listened'.

BC asked if the report should include acronyms, given the audience the report is for. DP replied stating that the report should not contain any acronyms, and this issue will be fed back into the team.

BC commented that he feels some of the wording included in the report feel as though they are statements rather than 'you said, we listened' and gave an example. DP responded by acknowledging BC's comments and commented that the team will ensure the 'you told us, we listened' website publication in the future will be tested through a readers panel, this means it will not include any acronyms and be written in plain language.

Action: Dawn Pearson

MCCG/23/14g

5.7 Governor feedback – issues emerging from governor forums including (agenda item 5.7)

- **Members' Council held on 9 May – style, tone, pace and simplicity**
- **New initial governor induction / starter pack**

JL gave a brief overview for this item stating that there had been poor attendance for the governor only meetings.

Staff governor only meeting

Significant issues with recruitment and retention.

Wakefield governor only meeting

Daz Dooler (DDo) has stated in the meetings that he is interested in mental health and young people and has involvement in young people forums and groups. He has good links with minority groups within the Wakefield area but has commented that there are still significant delays across the services.

Calderdale governor only meeting

There was an enquiry about an escalation process and who to contact with a problem or an issue.

Kirklees governor only meeting

It was noted that the initial route for complaints has been difficult and there had been drop in

events for carers at Folly hall and 'Carers Count' in Dewsbury. The waiting list has increased dramatically for carers asking for help and similar feedback regarding appointments.

JL commented on the new governors who will be starting on 1 May 2023 and asked the group their thoughts about their first Members' Council meeting on 9 May 2023. JL commented that all governors should have name badges and questioned if the 'governor only pre-meet' and 'new governors meeting the board' which should be first. All governors should be encouraged to attend the Members' Council meeting in person and the seating plan should alternate with new governor and existing governors. Executive summaries should be included, and the meeting should be as simple as possible.

AL commented that there is a presentation used at Trust Board meetings which includes the focus on item and resolution and proposed to include a similar presentation in Members' Council meetings. The group agreed.

Action: Corporate Governance Team

JL suggested that all new governors should receive in their 'starter pack':

- Invitation to meetings/groups and timetable for first three months
- Buddy system
- Optional dates for Members' Council Co-ordinations Group and Quality Group
- 'Our Offer' booklet – includes how the Trust is run
- Information about the Governor role
- Information about the Non-Executive Director role
- Acronym buster / dictionary

Corporate Governance team to liaise with John Laville to finalise finer details.

Action: Corporate Governance Team

The group agreed to include the Freedom to Speak Up process in the governor handbook and agreed there needs to be a clear escalation route and all governors need to be aware and understand the procedure.

Action: Corporate Governance Team

MCCG/23/14h

5.8 Governor handbook – annual update (agenda item 5.8)

AL gave a brief summary for this item stating that:

- the care group structures need some detail removing
- the Collaborative Committee needs to be added
- Executive trio needs to be explained

The group agreed the governor handbook with the above amendments.

Action: Corporate Governance Team

MCCG/23/15

6. Future Members' Council agenda and discussion items for consideration –9 May 2023 (agenda item 6)

AL gave an overview for the agenda for the next Members' Council meeting, highlighting the

venue to be at Fieldhead Hospital and to include a 'walkabout tour' for new governors.

JL commented that the start time of 9.00 and finish time of 13.55 plus a tour of Fieldhead Hospital and asked for some papers to be taken as read and questions to be sent in advance of the meeting to try and reduce the meeting time.

MBu commented that there are some business items which must stay on the agenda and proposed to remove the Single Point of Access presentation. JL was reluctant to agree, as this was deferred from the last Members' Council meeting due to technical issues but was an important topic for governors. Adam Jhugroo agreed with JL comments.

MBu proposed a separate session for Single Point of Access and for questions to be asked in advance. BC replied stating separate development sessions aren't minuted and are not visible to public. AJh agreed with MBu.

JL proposed to remove Single Point of Access focus item and set up separate development session for interested governors. To also add executive summaries where possible and to try and reduce the agenda and take items as read and questions submitted in advance.

Action: Corporate Governance team

BB suggested to remove the governors only pre-meet and to set up additional virtual governor only meeting prior to the meeting, JL commented that all governors found the meeting just before the meeting useful and not to remove from the agenda.

It was also highlighted for new governors to attend the welcome event as part of their induction and for the tour of Fieldhead Hospital to be optional.

MCCG/23/16

7. Members' Council Co-ordination Group Annual Report (agenda item 7)

The group approved the annual report with no amendments.

MCCG/23/17

8. Members' Council Co-ordination Group Terms of Reference (agenda item 8)

The group approved the terms of reference with no amendments.

MCCG/23/18

9. Members' Council Co-ordination work programme (agenda item 9)

The group received the work programme for 2022/23 and approved the work programme for 2023/24

MCCG/23/19

10. Any other business (agenda item 10)

None.

MCCG/23/20

11. Date of future Co-ordination Group meetings for 2023/24 for approval (agenda item 11)

- Monday 26 June 2023 from 13.30 – 15.30
- Monday 2 October 2023 from 13.30 – 15.30
- Monday 8 January 2024 from 13.30 – 15.30
- Monday 18 March 2024 from 13.30 – 15.30

JL requested for a change to the meeting dates.

Action: Corporate Governance team

JL closed the meeting.

**Notes of the Members' Council Quality Group
Held on 3 May 2023 from 10.00 while 12.00**

Meeting held virtually by Microsoft Teams

Present:	Darryl Thompson (DT)	Chief Nurse and Director of Quality and Professions (Co-Chair)
	Phil Shire (PS)	Public – Calderdale (Co-Chair)
	Claire Den Burger-Green (CDBG)	Public governor – Kirklees
	Helen Morgan (HM)	Staff - Allied Health Professional
	Sue Spencer (SS)	Appointed – Barnsley Hospital NHS Foundation Trust
	Keith Stuart-Clarke (KSC)	Public - Barnsley
In attendance:	Emily Dodd (ED)	Speech and Language Therapist (item 9.2)
	Ashley Hambling (AH)	Organisational Development and Wellbeing Lead (item 9.1)
	Sharon Kennedy (SK)	Transformation Programme Manager (item 9.1)
	Mya Lo (ML)	Student, Speech and Language Therapist Team (item 9.2)
	Nicola Maddy (NM)	Speech and Language Therapist (item 9.2)
	Asma Sacha (AS)	Corporate Governance Manager
	Dave Ramsey (DR)	Service Director, Barnsley Integrated Services Care (item 3)
	Claire Strachan (CS)	General Manager, Weatherby and Adel Beck Secure CAMHS (item 3)
Apologies (members):	Daz Dooler (DD)	Public - Wakefield
	Natalie McMillan (NMc)	Non-Executive Director
Apologies (in attendance):	John Laville (JL)	Public - Governor Kirklees (Lead Governor)
	Julie Williams (JW)	Deputy Director of Corporate Governance

1. Welcome, introductions and apologies (agenda item 1)

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 (agenda item 2)

There were no declarations of interest in relation to the agenda.

3. Child and Adolescent Mental Health Services (CAMHS) progression update (agenda item 3)

Dave Ramsey (DR) and Claire Strachan (CS) introduced themselves and gave a presentation for this item. Child and Adolescent Mental Health Services (CAMHS) in the Trust are within the CAMHS Care Group (community and secure) and Forensic care group. Examples of risks with in the CAMHS team were shown to the group and risks are added by the local managers at any time and are assessed by Head of Quality.

PS commented that there was a focus of concern for the waiting list of young people who may be desperate for help and the possibility of not receiving help on time. PS asked if staffing and acuity feeds into the waiting list task. DR replied stating that this issue is more complicated than it appears. There have been significant improvements in recent years for the CAMHS referral and treatment time. Response times in crisis are consistently good, all responded to within 24 hour time frame. Diagnostic assessment can be a particular concern in the Calderdale and Kirklees area, where the waiting lists are particularly long. Significant investments have been made in these areas to address this issue, although this continues to exceed the Trust's capacity.

Claire Den Burger-Green (CDBG) asked about the robust scoring method and how this is implemented. CS replied stating that team managers add and use the scoring system and this is then reviewed by the Head of Quality. There is a significant time spent reviewing risks and appropriate challenge given to team managers inputting the risks into the system. All staff are required to follow and use the descriptors.

DT added that there is a robust oversight of risks in the Trust. Local risks are managed in the Care Group, and if there is a particular score where there is a greater cause for concern, this would be escalated to the Organisational Risk Register (ORR), and if it is a quality risk it will be overseen by the Clinical Governance and Clinical Safety Committee (CGCS).

CDBG asked how young people in crisis is quantified? DR replied stating that in CAMHS, this is defined as risk of immediate self-harm or harm to others, and there are different levels of risk, seriousness and immediacy.

Keith Stuart-Clarke (KSC) asked about the inpatients in the Young Offender Institute in Wetherby, CR replied stating this is a judicial process with placements from the court.

Sue Spencer (SS) commented that she works in Barnsley Hospital, and asked if there is any training support for staff for the psychological aspect in caring for young children. CS stated that there has been a lot of liaison with the Barnsley acute team and if there is more immediate need then this can be addressed.

PS thanked DR and CS for joining and presenting this item.

DR and CS left the meeting.

4. Notes and actions of previous meeting held on 6 February 2023 (agenda item 4)

The notes were agreed as a true and accurate record of the meeting. The group reviewed the action log noting that:

Agenda ref. Integrated performance report (agenda item 4) – presentation of the new Chief People Officer will be discussed in the agenda setting meeting.

Agenda ref. Members' Council Quality Group work programme (agenda item 11) - details of results for annual staff survey will be discussed in the agenda setting meeting.

5. Integrated Performance Report (IPR) (agenda item 5)

PS asked the group for any questions relating to the summary of the IPR.

PS asked if the Operational Pressure Escalation Levels (OPEL) grading triggers any action between level 2 and 3? DT responded stating that the OPEL framework is a national approach, which all organisations have to declare. Organisations declaring Level 4 means that non-urgent teams may be stood down, and mutual aid support can also be requested from other organisations to maintain clinical safety.

CDBG asked for the meaning of OPEL. DT responded stating:

- Level 1 – things feel ok [*organisations are able to maintain patient flow and are able to meet anticipated demand within available resources*]
- Level 2 – feeling busy but overall ok [*some performance is at risk, beginning to show signs of pressure*].
- Level 3 – uncomfortably busy [*aspects of performance significantly compromised*]
- Level 4 – highest level of challenge, the highest operational performance escalation level [*potential for patient care and safety to be compromised*].

Each Care Group in the Trust declares an OPEL level and then there is an overall level for the Trust.

CDBG commented that it was positive to see the equality and diversity training around learning disabilities included in the report, asked about the frequency of the welfare calls for those on the CAMHS waiting list and if this varies per patient or per area? DT to find out and liaise with CDBG.

Action: Darryl Thompson

PS asked about the '100 day discharge challenge' and asked if this is a new initiative, DT replied stating this is a national initiative that the Trust participates in, the model is aimed towards acute hospitals but has transferable aspects. This has been applied with a particular focus on people in an out of area placement, looking at quality improvement and applying the principles of the '100 day discharge challenge' to improve service user flow in mental health inpatient wards.

PS asked how the thresholds are determined in the priority programmes. DT stated the thresholds identified at the time of this report, were trajectory set with the intention of driving improvement. Following the quality improvement approach, the trajectory thresholds were initially too ambitious, and the Trust is now reflecting on these timescales.

PS asked about the sickness absence in the Trust and commented on the Office for National Statistics (ONS) was 2.6%, this level being much lower than the Trust. DT replied stating that

the ONS figure for sickness absence is difficult to have as a comparator. The sickness absence figure for the Trust is 5.1% as of March 2023 and is lowest sickness rate of all Trusts of the same type in both West and South Yorkshire Integrated Care Systems.

DT commented that he wouldn't expect an action from every piece of particular information, it is to note for public view. If there are figures below target, clear processes as part of business as usual are in place to be able to respond to those.

CDBG commented that there is training in how to interpret the Integrated Performance Report (IPR) and this is encouraged for governors.

CDBG also asked about agency spend, and noted this is rated as red. DT replied stating that reducing agency spend is always a target, but safer staffing is always priority. This is where most of the agency spend is being used. A group has been re-established to address agency spend.

6. Care Quality Commission (CQC) update (agenda item 6)

DT gave a brief verbal overview for this item stating that the CQC have appointed a different inspector as part of re-organisation. CQC have observed CGCS Committee and Trust board as part of usual process. The Trust has not been inspected since 2019 and are mindful to expect an inspection soon.

7. Quality Account annual Plan (agenda item 7)

DT gave a brief overview for this item stating the Trust is yet to receive national guidance as to format and content of the account, although there is progress with existing guidelines. The first version of the Quality account is being presented to Committee in May 2023.

8. Quality Monitoring Visits (QMV) Annual report (agenda item 8)

PS commented that all governors are invited to be involved in QMVs and commented that the report identifies a few issues of concern within the North Kirklees Enhanced team. DT commented that's specific concerns or actions are actioned by the Care Groups.

Annual quality monitoring visit report will be presented at Members' Council for the overview of process for QMV.

9. COVID-19 new ways of working (agenda item 9)

9.1. Update from 'Moving Forward' Group

Sharon Kennedy (SK) and Ashley Hambling (AH) joined the meeting.

SK and AH introduced themselves and were welcomed into the meeting. SK works in the strategy directorate under change and improvement and look into role changes and how to support enabling working effectively which links in to the 'Moving Forward' group. The enabling working effectively group was launched in 2021. AH works in the People's Directorate.

They went on to explain that a fixed worker is a staff member assigned to a fixed desk or ward

and all other staff members are classed as hybrid workers. There is a huge increase in demand for particular services to deliver high standards of quality, therefore use of the Trust estates is key and the group looked into measuring room utilisation to support implementation of effective working.

The group used lessons learnt from previous ways of working and a common framework for staff to feel more supported. This involved the strategic priorities over an 18 month period with engagement from service users, corporate services, clinical staff and volunteers. The feedback was that staff found working hybrid positive but still required space for team meetings and clinical and/or private meetings.

The group agreed the set of enabling working effectively framework and principles in December 2021, and these were implemented across the organisation. A hybrid working policy and management guidance was created to support existing hybrid working arrangements, with engagement from specialist advisors.

This project is now in the process for being presented at Executive Management Team meeting (EMT) for an update. The next steps are to look at the estate's strategy.

PS commented that hybrid working is now embedded in most organisations and employers may be having doubts about productivity and the ability to monitor staff and asked for the Trust response to this. AH replied stating that it's striking the right balance of working from home and being in the company of colleagues. This will differ for services and different types of leadership. The relationship between the Trust and the staff member is based on trust and hybrid workforce is led in a different way. Overall, hybrid working brings many benefits and this type of working will evolve over time.

CDBG commented that she read an article around hybrid working and this stated that staff productivity had increased and there needs to be a focus on work/life balance.

Keith Stuart-Clarke (KSC) commented that he thinks hybrid working can be empowering, especially for those with disabilities. SK added that digital exclusion is also taken into consideration.

9.2. Real examples of new ways of working

Emily Dodd (ED), Nicola Maddy (NM) and Mya Lo (ML) joined the meeting.

ED, NM and ML were welcomed into the meeting and gave a presentation to the group 'Using digital innovation to improve care'.

The presentation gave an overview of the new ways of working within the speech and language therapist team since and as a result of COVID-19. The team had to make changes to support access to the service during times of restrictions which included not seeing service users and their families face to face.

The team developed a YouTube channel, an online toolkit, promoted the use of digital tools, expanded the range of information on the website and offered virtual appointments.

The next steps are to continue promoting the above changes, develop an essential digital tool for the future and to deliver and develop training courses.

Sue Spencer (SS) commented that she thought the YouTube videos were brilliant, but asked how the Trust are circulating these. ED replied stating that social media and information included on school's newsletters are ways of publicising the information. Information for the videos is also shared with Health Visitors as an additional way to feed back into families. SS commented that in her professional role in Barnsley Hospital, she has links with the paediatric department and is happy to share this information further.

PS asked if service users and their families being able to access material while being on a waiting list has had an impact on waiting times? ED replied stating that it is difficult to judge as there has been an increase of referrals since the pandemic, although service users have been able to access the service. For dysphagia patients, there has been a positive impact. In their initial letter, there is a request to record feeding videos for their assessment appointment which has positively impacted on their appointment. NM added for stammering patients, they are currently looking into a parent 'App' for those on the waiting list which contains 5 minute daily videos to support them while waiting.

PS thanked all the guests in the meeting.

ED, NM, ML, AH and SK left the meeting.

10. Quality Strategy update (agenda item 10)

This item was shared with Members' Council Quality Group, feedback was received regarding length, although structures need to remain as they are. Overall, this was extremely well received and approved by Trust Board and in the process of implementation.

PS asked if this is in the public domain and if this could be circulated to governors.

Action: Laura Arnold

11. Members' Council Quality Group Work programme (agenda item 11)

The group received the up-to-date work programme.

PS commented that there is currently no 'deep dive' identified for August 2023. The group were encouraged to inform for PS if they had any areas/topics which they wished to discuss further.

12. Any other business (agenda item 12)

Keith Stuart-Clarke (KSC) commented that he had raised with the corporate governance team regarding the issues with community district nurses in Barnsley. DT to liaise with the leadership team in the community regarding this issue and keeping in governance processes to take to CGCS Committee for consideration.

13. Items to raise at Members' Council (agenda item 13)

None.

14. Date of next meeting(s) (agenda item 14)

The group received and approved the future meeting dates:

Received:

- 1 August 2023 at 10:00 - 12:00

Dates for 2023/24 approved:

- Tuesday 13 November 2023 at 13.00 – 15.00
- Tuesday 5 February 2024 at 10.00 – 12.00

**Nominations Committee
26 April 2023 at 09.00 while 09.45
Virtual meeting via Microsoft Teams**

Present	<p>Marie Burnham (MBu) - Trust Chair (Chair)</p> <p>Bill Barkworth (BB) - Deputy Lead Governor, Publicly Elected Governor, Barnsley</p> <p>Dylan Degman (DDe) – Publicly Elected Governor, Wakefield</p> <p>Tony Jackson (TJ) - Non-clinical staff support, governor</p> <p>Andrea McCourt (AM) - Appointed Governor – Calderdale and Huddersfield NHS Foundation Trust</p>
Apologies	<p>John Laville (JL) - Lead Governor, Publicly Elected Governor, Kirklees</p>
In attendance	<p>Laura Arnold (LA) – Corporate Governance Officer (Author)</p> <p>Mark Brooks (MBr) - Chief Executive</p> <p>Andy Lister (AL) - Head of Corporate Governance (Company Secretary)</p> <p>Greg Moores (GM) - Chief People Officer</p> <p>Sandy Stones (SS) – Human Resources Officer</p>
Apologies (in attendance)	<p>None.</p>

NC/23/35 Welcome, introductions and apologies (agenda item 1)

Marie Burnham (MBu) welcomed everyone to the meeting and introductions were made. Apologies were noted and the meeting was declared to be quorate and could proceed.

NC/23/36 Declarations of Interests (agenda item 2)

No declarations were recorded.

NC/23/37 Minutes from previous meeting held on 3 April 2023 (agenda item 3)

It was **RESOLVED** to **APPROVE** the Minutes as a true and accurate record of the meeting held 17 March 2023.

NC/23/38 Matters arising from previous meeting held on 3 April 2023 – Action log (agenda item 4)

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

Dylan Degman (DDe) joined the meeting.

NC/23/39 Associate Non-Executive director recruitment – appointment (agenda item 5)

Sandy Stones (SS) gave a brief overview of the recruitment process, reporting the Committee had approved a process to appoint two Associate Non-Executive Directors, Clinical and Non-Clinical, via the recruitment agency Green Park.

There has been a strong field of candidates, and the Committee agreed at the previous meeting to take forward 7 candidates to the formal interview stage – 4 in the non-clinical category and 3 in the clinical category.

Greg Moores (GM) joined the meeting.

SS reported due to the short time frame for arranging the stake holder groups, there was limited service user involvement, therefore it was agreed to merge the service user and carer group and have a separate staff representation group.

The stakeholder sessions took place on the 17 April 2023 and the final interviews took place on the 18 April 2023.

The final interview panel made a unanimous decision to recommend Rachel Lee for the clinical role and Rokaiya Khan for the non-clinical role.

Dr Rachel Lee (RL)

SS reported RL is an experienced clinician and will bring strong values and a good level of challenge to the Board. RL has an aptitude to learning and although she has no Board experience, RL will adapt quickly.

Rokaiya Khan (RK)

SS reported RK received good feedback from the stakeholder groups and her broad leadership and management experience which will benefit Board. RK has a good level of experience in relation to engagement with communities.

MBu asked the Committee for any views or comments.

Bill Barkworth (BB) reported he was supportive of the two recommended candidates and noted Green Park had brought a group of diverse candidates for the Committee to consider for appointment which was positive.

Andrea McCourt (AM) reported she was supportive of the two recommended candidates and there has been a good calibre of candidates for the Committee to consider. AM asked how long the roles are for and would there be a mentor?

Andy Lister (AL) reported the role would be for two years and there will be a clear induction and development programme in place. GM supported AL's comments.

MBu added that the induction programme will include the NHS providers training for Non-Executive Directors.

GM stated the two roles would need to be ratified at Members' Council on 9 May 2023, and the roles are proposed to officially start in June 2023.

MBu thanked all involved in the recruitment process for the two Associate Non-Executive Director roles.

It was **RESOLVED** to **SUPPORT** the recommendation from the final interview panel to appoint Dr Rachel Lee to the role of Associate Non-Executive director (Clinical role) and to appoint Rokaiya Khan to the role of Associate Non-Executive director (Non-Clinical role) with South West Yorkshire Partnership NHS Foundation Trust for a two year term starting from June 2023.

NC/23/40 Work Programme for 2023/24 (agenda item 6)

It was **RESOLVED** to **RECIEVE** the Work Programme for 23/24.

NC/23/41 Any other business (agenda item 7)

None.

NC/23/42 Issues and items to bring to the attention of Trust Board / Members' Council (agenda item 8)

Associate Non-Executive Director appointment to be on the agenda for Members' Council on 9 May 2023.

NC/23/43 Dates of future Nominations Committee meetings (agenda item 9)

- 10.30 – 12.30 on 5 July 2023
- 10.30 – 12.30 on 11 October 2023
- 11.30 – 13.30 on 24 January 2024

MBu noted it was the last Nominations Committee meeting for BB, DDe and Tony Jackson (TJ) and thanked them for their hard work and commitment during their time as a governor and being a member of the Nominations Committee.

Close of meeting.

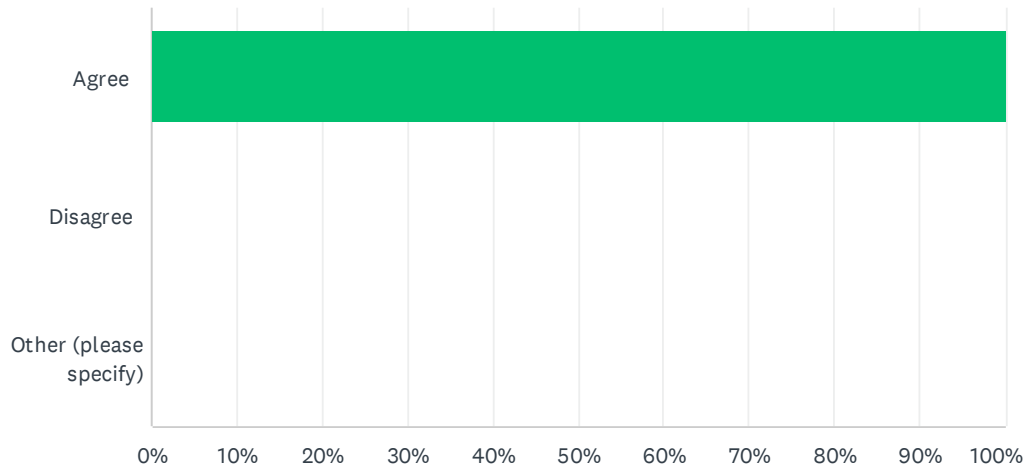
Members' Council 16 August 2023 Agenda item 8.3a

Title:	Governors observing Committees – review
Paper presented by:	Andy Lister, Head of Corporate Governance/ Company Secretary
Paper prepared by:	Corporate Governance Team
Purpose:	To enable governors to gain further insight into the role and contribution of non-executive directors, a trial of the observation of board committee meetings was introduced in January 2023.
Mission/values:	Good governance supports the Trust to deliver its mission and adhere to its values.
Any background papers / previously considered by:	Not applicable.
Executive summary:	<p>Several governors have taken up the opportunity to attend board committee meetings since it was introduced in January 2023.</p> <p>All board committees are chaired by a non-executive director and include other executive and non-executive members. Committees of the Trust Board that governors can attend are:</p> <ul style="list-style-type: none"> • Audit Committee • Engagement, Inclusion & Involvement Committee • Clinical Governance & Clinical Safety Committee • Finance Investment & Performance Committee • Mental Health Act Committee • Charitable Funds Committee • People & Remuneration Committee <p>It was agreed for one governor to attend one/two of each of the committee's meetings each year. This would be in an observation and not in a participation capacity, and the governor present would be asked to provide feedback to the Members' Council by completing a feedback form.</p> <p>From 2 January 2023 until 11 July 2023, eight governors have attended the following committee meetings;</p> <p>Audit Committee – one governor Clinical Governance & Clinical Safety Committee – two governors People & Remuneration Committee – one governor Finance Investment & Performance Committee – one governor Charitable Funds Committee – one governor Mental Health Act Committee – two governors Engagement, Inclusion & Involvement Committee – one governor attends the meetings.</p>

	<p>A survey was sent to all governors who had participated in observing committee meetings to provide feedback (see item 8.3b).</p> <p>An email was sent by the Chair to all non-executive directors on 5 July 2023 to provide feedback.</p> <p>In the Members' Council Co-ordination Group meeting on 21 June 2023, the observation of Board Committees was discussed. The lead governor proposed the collation of feedback from governors who had observed committee meetings. The attached survey monkey shows a positive outcome, including the request for governor observation of Board Committee meetings to become permanent.</p> <p>Non-executive directors support the continuation of governors observing committee meetings with the same guidance, including the use of the feedback form.</p> <p>Non-executive directors have suggested governors should have access to the meeting agenda beforehand to aid their understanding of the overall flow of the committee meeting.</p>
Recommendation:	The Members' Council is asked to RECEIVE the update on governors observation of Trust Board Committee meetings.

Q1 By observing Board Committee meetings, I am in a better position to hold Non-Executive Directors to account for the performance of the Board of Directors.

Answered: 3 Skipped: 0

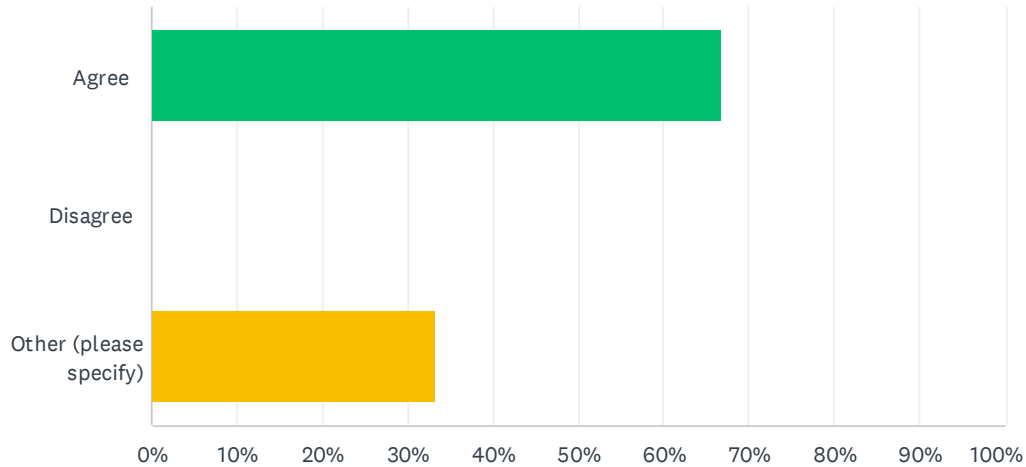


ANSWER CHOICES	RESPONSES	
Agree	100.00%	3
Disagree	0.00%	0
Other (please specify)	0.00%	0
Total Respondents: 3		

#	OTHER (PLEASE SPECIFY)	DATE
	There are no responses.	

Q2 I have greater insight in the Non-Executive Director role after observing a Board Committee meeting

Answered: 3 Skipped: 0

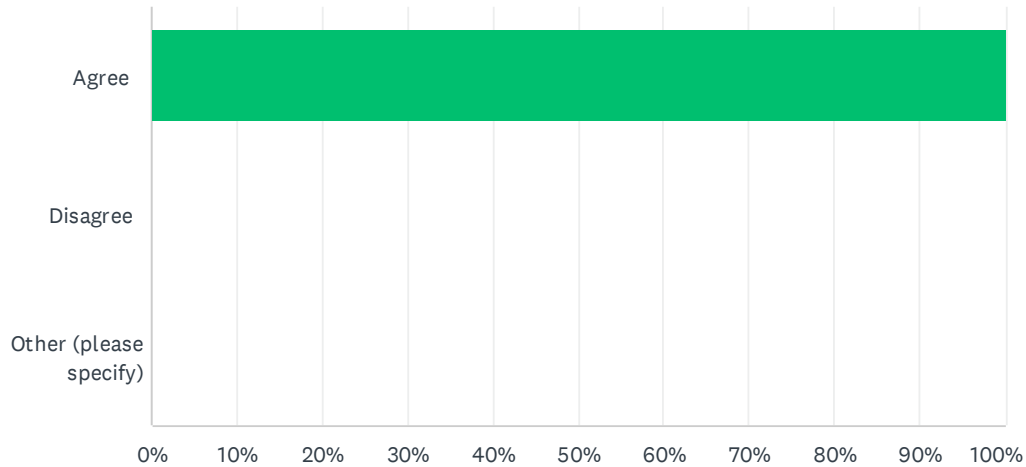


ANSWER CHOICES	RESPONSES	
Agree	66.67%	2
Disagree	0.00%	0
Other (please specify)	33.33%	1
Total Respondents: 3		

#	OTHER (PLEASE SPECIFY)	DATE
1	neither	7/14/2023 8:06 AM

Q3 It is useful for governors to continue observing future Board Committee meetings

Answered: 3 Skipped: 0



ANSWER CHOICES	RESPONSES	
Agree	100.00%	3
Disagree	0.00%	0
Other (please specify)	0.00%	0
Total Respondents: 3		

#	OTHER (PLEASE SPECIFY)	DATE
	There are no responses.	

Q4 Any other comments

Answered: 2 Skipped: 1

#	RESPONSES	DATE
1	The opportunity to observe Board Committees is the biggest and best way to observe the NEDs in action and therefore the best opportunity to have the information to "hold the NEDs to account" It also supports the Trust Value of being "open and transparent", governors as representatives of the public, staff and partner organisations need that transparency. The trial needs become a permanent feature and as we have a full governor team we will be able to get more observers and develop governor knowledge, insight and skills as a result.	7/14/2023 9:17 AM
2	I was impressed by the performance of the NEDs in committee, which was very different to their style and activity in Members' Council meetings. It gave a completely new understanding of their engagement with their role and the way in which this is carried out.	7/13/2023 6:59 PM

**Members' Council
16 August 2023
Agenda item 8.4a**

Private/Public paper:	Public		
Title:	Proposal to combine the Deputy Chair / Senior Independent Director (SID) role		
Paper presented by:	Chair of the Trust		
Paper prepared by:	Corporate Governance Team		
Mission/values:	Good governance supports the Trust to deliver its mission and adhere to its values.		
Purpose:	For the Members' Council to agree the combined role of the Deputy Chair / Senior Independent Director (SID).		
Strategic objectives:	Improve Health	✓	
	Improve Care	✓	
	Improve Resources	✓	
	Make this a great place to work	✓	
BAF Risk(s):	N/A		
Contribution to the objectives of the Integrated Care System/Integrated Care Board/Place based partnerships	The proposal in this paper complies with the Code of Governance which was issued by NHS England in April 2023. The code sets out a common overarching framework for the corporate governance of Trusts, reflecting developments in UK corporate governance and the development of integrated care systems.		
Any background papers / previously considered by:	Members Council January 2022		
Executive summary:	<p>NHS England's new Code of Governance for NHS Provider Trusts became effective on 1 April 2023. The code is to help NHS providers to deliver effective corporate governance, contribute to better organisational and system performance and improvement, and ultimately to discharge their duties in the best interests of patients, service users and the public.</p> <p>On Page 15 of the Code of Governance under Section B: Division of responsibilities, it is stipulated in 2.5 that 'the Chair of the audit committee, ideally, should not be a deputy or vice chair or senior independent director.' In</p>		

	<p>order to comply with this guidance, the following recommendations are being made.</p> <p>Following the implementation of the new Code of Governance for NHS provider Trusts a discussion has taken place between the Chair and all Non-Executive Directors. Mike Ford has agreed he will continue to Chair the Audit Committee but will step down from his role as Senior Independent Director in order for the Trust to comply with NHS England guidance.</p> <p>Mandy Rayner has agreed to take up the combined role of Deputy Chair/ Senior Independent Director subject to approval from the Members Council.</p> <p>As a result of this change Mike Ford and Mandy Rayners' remuneration will remain the same.</p> <p>The Nominations Committee met on the 5 July 2023 and agreed the proposal that Mandy Rayner become the Deputy Chair and Senior Independent Director. This change will be implemented on approval by the Members' Council.</p>
Recommendation:	<p>The Members' Council is asked to SUPPORT the Nominations Committee recommendation of the appointment of Mandy Rayner to become the Deputy Chair and Senior Independent Director from 17 August 2023.</p>

Role Descriptions

Deputy Chair role

Essential expertise

- Has embraced and lived the values of the organisation.
- Has demonstrated commitment and effective participation in the Board / Committees of South West Yorkshire Partnership NHS Foundation Trust (SWYPFT).
- Has commercial or high-level public-sector background and an understanding of governance arrangements in a highly regulated and complex environment.
- Has demonstrated a clear sense of strategic direction and a previous track record of performance management.
- Has undertaken challenge and support appropriate to the Board.
- Has established and managed complex relationships internally and across a number of organisational boundaries.
- Has displayed the ability to be a strong ambassador for the Trust and support the work of the Chair.

Desirable experience

- Has experience of working as a Non-Executive Director in other sectors, such as private, community or voluntary organisations.
- Has established an understanding of the needs of the people who use our services and health inequalities in the populations served by our Trust.

Essential competences

Competence	Explanation
Strategic thinking	Has been able to look ahead and work with others to develop practice and ambitious plans.
Patient, service user and community focus	Has shown commitment to supporting people's expectations of healthcare in the local community, through the public, voluntary or private sector.
Self-belief and drive	Has shown the ability to challenge constructively with the motivation to improve NHS performance and the confidence to take on challenges.
Intellectual flexibility	Has been a sharp and clear thinker who can weigh up other people's ideas and have ideas of their own.
Team working ability	Has built constructive relationships and worked effectively in a team of people whilst enabling others to take on the operational work.
Effective influencing and communication skills	Has gained respect through a personal empowering style supported by effective communication and influencing skills.

Competence	Explanation
Sound understanding of corporate governance and high standards of personal conduct	Has been tough enough to hold others to account for their performance but also to accept being held to account for their own performance.

Responsibilities

Strategy

- Provides deputy leadership to the Members' Council and Trust Board, supporting their effectiveness in all aspects of their role and agenda.
- Works with the Chair and Board members in developing and promoting the Trust's vision, values, aims and strategic objectives.
- Pro-actively supports the work of the Chair / stands in for the Chair, in managing Board decisions and their development ensuring that 'due process' has been applied at all stages of decision making and that full and complete consideration has been given to all options.
- Supports direct work of the Trust in leading with the Chair and other non-executives, the Chief Executive and other executive directors.

Human Resources

- Supports, encourages and, if appropriate, mentors other Board members and senior executives.
- Supports and participates in the regular evaluation of the performance of the Members' Council and the Board of directors, Committees and individual directors, and facilitates the effective contribution of non-executive directors, directors and governors and ensure constructive relations.
- Takes responsibility for own personal development and ensures that this remains a priority.

Operations

- Supports the Chair in taking responsibility for ensuring the Board monitors the progress of the business against planned objectives.
- Uses leadership skills and experience to advise and support the work of the Trust, the operation of the Board and the work of the governors.
- Supports the Chair in ensuring the Board establishes clear objectives to deliver agreed plans and meets the terms of its authorisation, regularly reviewing performance against the objectives.
- Supports the Chair in planning and conducting Board meetings.
- Encourages the best use of resources including the development of effective risk and performance management processes.
- Shares and uses relevant experience with senior managers and clinicians in a changing healthcare environment.
- Promotes appropriate processes and procedures to deliver high standards of professional, clinical, administrative and personal behaviours across the Trust.
- Is aware and understands relevant regulatory and central government policies.
- Complies at all times with the Trust's published health and safety policies and procedures, following agreed safe working procedures and reporting incidents using the Trust's reporting systems.

Communication and relationships

- Support the effectiveness, constructive dialogue and harmonious relations with a number of bodies including the board of directors, the board of governors, stakeholders

in the Trust's community, national healthcare stakeholders, regulators such as NHS England / Improvement and the Care Quality Commission.

- Ensures the provision of accurate, timely and clear information to directors and governors and maintain appropriate links with the Chief Executive and individual directors as well as with the wider local and national health and social care community.
- Will liaise with the Chair and the Trust secretary in setting the agenda for the Members' Council.
- Will support the Members' Council Nominations Committee chair when the succession to the role of Trust Chair is being considered.
- Develops high level relationships with key stakeholders, including the Trust's financiers but ensuring that the interests of all stakeholders are fairly balanced at all times.
- Represents the Trust's views with national, regional and local bodies or individuals.
- Upholds the values of the Trust, as an appropriate role model and to ensure that the Board promotes equality and diversity for all its patients, staff and other stakeholders.
- Is an ambassador for the Trust, is knowledgeable about local issues, and assists the Trust to support local regeneration as a major employer.
- Sets an example on all policies and procedures designed to ensure equality of employment, to ensure staff, patients and visitors are treated equally irrespective of gender, age, disability, sexual orientation, religion, etc.

The Senior Independent Director (SID) role

Responsibilities

- Is able to act independently of the Chair on behalf of the organisation.
- Is available to staff and governors if they have concerns relating to the Chair, Chief Executive or Director of Finance & Resources or the board of directors as a whole, compliance with the terms of authorisation, or the welfare of the Trust and, which contact through the normal channels have failed to resolve or for which such contact is inappropriate.
- Has a key role in acting as a sounding board and source of advice for the Chair, Chief Executive, executive directors and other non-executive directors.
- Will lead the evaluation of the Chair, from governors, executives and non-executives in consultation with the Members' Council and the setting of the Chair's objectives.
- Will attend sufficient meetings of the governors to enable them to have a balanced understanding of the issues and concerns.
- Will liaise with the Lead Governor and Deputy Lead Governor and provide support and advice where there are concerns about the Chair or other issues where it would be inappropriate to involve the Chair.
- Will work with the Lead Governor, Deputy Lead Governor and others involved by intervening to help resolve the issues of concern such as the Chair's performance, issues between the Chair and the Chief Executive (too close or not harmonious), where the strategy is not supported by the whole Members' Council or where key decisions are being made without reference to the board or where succession planning is being ignored.
- Will act as a source of reference for the staff governors / Freedom to Speak Up Guardians where there are concerns about the Chair or the Chief Executive.
- Is part of the Formal (Stage 2) process in the Whistleblowing Policy where referral to the Designated Senior Manager (the Director of Nursing and Quality) is inappropriate due to the nature of the issue (such as a concern about a director or senior manager). On receiving the referral, the Senior Independent Director will meet with the individual, discuss their concerns and agree a timescale for a response, normally within 15 working days. (See paragraph 8.5 of the Whistleblowing policy).

- Other duties could be added to the role if required providing they are in keeping with the principle of independence and review.

Person specification


Area	Essential	Desirable
Qualifications	A non-executive director	
Knowledge and experience	Knowledge and experience of undertaking appraisals	
	Knowledge of governance and compliance	Experience of dispute resolution
Skills	Highly developed communication and negotiation skills	
Personal qualities	Open, engaging and approachable	
	Independent	
	Candid and has integrity	
Additional requirements	Willingness to attend meetings of the council of governors	



Teaching Trust Status

Members' Council

16th August 2023



Prof Subha Thiyagesh- Chief Medical Officer

Izzy Worswick- Associate Director Provider

Collaboratives & Planning



With **all of us** in mind.

Context

- In February 2023, we shared with Members' Council the Trust's ambition to be recognised as a Teaching Trust to reflect our significant teaching, training and research work with a range of stakeholders including our universities. This would allow the Trust name to include 'Teaching' should the Trust decide for it to do so.
- We gained support from Members' Council to:
 - Continue with work to progress Teaching Trust status.
 - Write to our membership with our proposal, asking for responses by exception, when appropriate.

Why do we want to be a Teaching Trust?

- Reflects Trust's commitment to teaching and learning.
- In keeping with Trust vision to provide outstanding physical, mental and social care in a modern health and care system.
- In line with values of aiming to improve and be outstanding, relevant for today and ready for tomorrow.
- Supports our strategic objectives e.g. the Trust being a great place to work, and further, a great place to train our future workforce.
- Improves the visibility of the Trust as a learning organisation.
- Supports attracting a high calibre workforce, whilst delivering high quality care to our service users and carers.
- Strengthens applications for research and development funding.

Process and progress



**South West
Yorkshire Partnership**
NHS Foundation Trust

Action	Timescale	Progress (RAG)
Paper presented to Clinical Governance and Clinical Safety Committee and agreement to progress.	Nov 22	
Paper presented to Trust Board and agreement gained to commence consultation for obtaining Teaching Trust status with Members' Council for their consideration and approval.	Nov 22	
Presentation to Members' Council and agreement gained to progress Teaching Trust status and to engage with membership.	Feb 23	
Inform NHSE of our intention, and process we are following.	April 23	
Steering Group established, chaired by the Trust's Chief Medical Officer, responsible for overseeing the work to gain Teaching Trust Status.	April 23	

With **all of us** in mind.

Process and progress



**South West
Yorkshire Partnership**
NHS Foundation Trust

Action	Timescale	Progress (RAG)
Initial engagement with regional university.	June 23	Green
Meeting with university.	July 23	Red
Question and Answer session for Members' Council.	Aug 23	Red
Work to meet university requirements to support our Teaching Trust status.	Aug 23- June 24	Red
Request university to nominate governor.	Nov 23	Red
Chair of Governors to write to membership with supported proposal/rationale asking for responses by exception.	Nov-Dec 23	Red
Collate feedback from engagement with membership.	Dec 23	Red

With **all of us** in mind.

Process and progress



**South West
Yorkshire Partnership**
NHS Foundation Trust

Action	Timescale	Progress (RAG)
Chief Executive & Chair to write to stakeholders asking for them to confirm support.	Jan 24	
Summary of responses to engagement shared with Board and Members' Council.	Feb 24	
Ratification of Teaching Trust status, and any decision to include 'Teaching' in our name by Board	July 24	
Final approval by Member's Council. At point of vote the Trust must have an appointed Governor from the university.	August 24	
Implementation period.	Sept- Nov 24	

With **all of us** in mind.

Next steps

- Continued engagement with regional university, and work to evidence Teaching Trust requirements.
- Chair to write to membership with on our plans to gain Teaching Trust status and, if applicable, for this to be reflected by inclusion of Teaching in our name, when we have assurance university requirements are being met.
- Summary of responses to the engagement shared with Board and Members' Council.



Members' Council 16 August 2023 Agenda item 8.6a

Title:	NHS Staff Survey 2022 Update
Paper presented by:	Lindsay Jensen, Deputy Chief People Officer
Paper prepared by:	Ashley Hambling, senior organisational development practitioner
Purpose:	To update the Members Council on the 2022 NHS Staff Survey results, and the actions we are taking to respond to the feedback.
Mission/values:	Good governance supports the Trust to deliver its mission and adhere to its values.
Any background papers / previously considered by:	Not applicable.
Executive summary:	<p>The PowerPoint slides summarise the Trust's 2022 NHS Staff Survey results. Results were positive with 4 key theme scores better than average, 4 themes average and 1 theme below average. There are no statistically significant changes in theme scores since 2021. Results compare positively to other providers across West and South Yorkshire, and the region.</p> <p>There is variation in service level results, community service results are more positive and results for mental health inpatient services are below average. Inpatient service results are also lower in other local Trusts. Results have been reviewed for each staff group. Medical staff results are the most positive, colleagues in clinical support worker roles and estates/ancillary roles are the least positive.</p> <p>Results for different equality groups are summarised linked to our Workforce Race Equality Scheme and Disability. Workforce Equality Scheme. Results for Black, Asian and Minority Ethnic (BAME) colleagues are more positive than the Trust average theme scores. Results are less positive for disabled colleagues.</p> <p>Each service has agreed an action plan. Key themes include workplace wellbeing, access to development, improving teamworking and staff recognition. We are committed to engaging and involving staff in the implementation of our action plans and ensure they know what improvements have been made, as we prepare for the 2023 survey in October.</p>
Recommendation:	The Members' Council is asked to RECEIVE the NHS Staff Survey results and action plan.

A decorative background featuring concentric circles made of blue brushstrokes of varying shades, creating a textured, artistic effect.

NHS Staff Survey 2022 key insights and action planning

With **all of us** in mind.

People promise theme results



**South West
Yorkshire Partnership**
NHS Foundation Trust

The survey is designed around the 9 NHS People Promise themes.

Scores range from 0-10, with 10 being the highest score achievable.

Green indicates where we rated above the average benchmark.

People Promise themes	Trust score 2022 0-10	Trust score 2021 0-10	Average 2022	Worst 2022	Best 2022
We are compassionate and inclusive	7.6	7.6	7.5	7.0	7.9
We are recognised and rewarded	6.3	6.4	6.3	5.9	6.6
We each have a voice that counts	7.0	7.0	7.0	6.1	7.4
We are safe and healthy	6.4	6.4	6.2	5.7	6.6
We are always learning	5.6	5.4	5.7	4.6	6.1
We work flexibly	6.7	6.7	6.7	6.2	7.2
We are a team	7.1	7.0	7.1	6.7	7.4
Staff Engagement	7.1	7.1	7.0	6.2	7.4
Morale	6.2	6.2	6.0	5.2	6.5

Key insights by care group/service

- Barnsley and Wakefield community MH services have the most positive people theme scores.
- MH Inpatients have the lowest key theme scores followed by Forensics and Learning Disability services, significant service pressures may be impacting on these results.
- CAMHS have 7 of the 9 key theme scores better than the Trust average.
- Calderdale and Kirklees community MH services are very similar to the Trust average scores.
- Results for the Support Services are similar to the Trust average scores.

Key insights by staff group

- Medical staff have the most positive key theme scores, all 9 people theme scores are better than the Trust average.
- Clinical support workers and estates/ancillary colleagues have the worst staff experience.
- Allied health professionals have 7 key theme scores better than the Trust average, however wellbeing and morale is worse.
- Registered nurse results are mixed. More positive for 'team working' and 'we are always learning' but more negative for 'morale', 'we are safe and healthy' and 'we work flexibly'.
- Additional scientific, technical and professional staff theme scores are similar to the Trust averages.

Key insights for Equality, diversity and inclusion

- **Race:** Overall results for BAME colleagues are more positive than for white colleagues, except for the 'we are compassionate and inclusive' theme score.
 - Harassment and abuse from service users has increased from 31% to 37%, above the 31% average.
 - Harassment and abuse from staff has reduced from 21.5% to 18.5% and is below average of 22.8%. 11% have experienced discrimination at work, down from 13% and below the average of 14%.
- **Disability:** Results for colleagues with a disability indicate experiences that are less favourable than for other Trust staff.
 - 55% of disabled staff feel the Trust provides equal opportunities for career progression, average 56%
 - Bullying, harassment and abuse from service users has reduced from 34.8% to 34.1 %, above the national average of 32%
 - Bullying, harassment and abuse from managers has reduced from 11.4% to 11.1%, below the national average of 12.3%

How do we compare?



**South West
Yorkshire Partnership**
NHS Foundation Trust

This table shows the Trust people promise theme scores alongside benchmark averages from West and South Yorkshire ICS organisations, and the highest sector score within Mental Health/Learning Disabilities.

People Promise themes	SWYPFT Trust Score 2022	West Yorkshire ICS average	South Yorkshire ICS average	Highest MHL sector score
We are compassionate and inclusive	7.6	7.3	7.3	7.9
We are recognised and rewarded	6.3	5.9	6.0	6.6
We each have a voice that counts	7.0	6.8	6.7	7.4
We are safe and healthy	6.4	6.0	6.0	6.6
We are always learning	5.6	5.4	5.3	6.1
We work flexibly	6.7	6.1	6.1	7.2
We are a team	7.1	6.7	6.6	7.4
Staff Engagement	7.1	6.9	6.8	7.4
Morale	6.2	5.8	5.8	6.5

Key Insights - Bank staff



South West
Yorkshire Partnership
NHS Foundation Trust

Positive insights:

- Bank only staff report better work life balance and less work related stress.
- 61% of bank staff look forward to going to work compared to 55% of substantive staff.

Hotspot insights:

- Bank workers report feeling less involved in decision making and less involved in service improvements than substantive colleagues.
- Bank workers are less satisfied with recognition they receive for good work, support from immediate managers, and they also report less satisfaction with team working.
- They also report experiencing more physical violence and harassment, bullying and abuse from service users than substantive colleagues.
- They also report more discrimination from service users and colleagues than substantive colleagues.

A great place to work

NHS staff survey – insights and action plans



South West
Yorkshire Partnership
NHS Foundation Trust

Each service received an information pack detailing their results and were asked to identify high level actions by the 12th May. Improvement actions plans are focused on several key themes:

1. ***We are safe and healthy:*** embedding the role of wellbeing champions, wellbeing conversations, promotion of the Trust's comprehensive health and wellbeing support for staff
2. ***We are always learning:*** increasing access to personal development opportunities
3. ***We are a team:*** focusing on team effectiveness, ways of working
4. ***We are recognised and rewarded:*** ensuring everyone feels recognised and valued

We want every team to get involved in improving staff experience. The value of the staff survey is in the actions that we take, as a result of what we have learned.

Communication of results, action plans and progress is key to keeping momentum going.

A great place to work 2023 timeline



South West
Yorkshire Partnership
NHS Foundation Trust

Between July and end September

- Each service asked to involve staff in the implementation of the action plans, encourage ownership
- Prior to the 2023 survey we will be updating staff on how their feedback has been used.

October to late November

- 2023 survey is live
- We are asking every colleague to give their feedback and encourage others to participate
- We want to improve our response rate of 50% in 2022.
- We are asking leadership teams to promote the survey and plan time for staff to complete.





Integrated Performance Report

Quarter 1 - 2023/24

Members' Council

16 August 2023

Item 10



With **all of us** in mind.

Agenda

- Summary Performance Metrics
- Quality
- National metrics
- Workforce
- Finance

Summary Performance Metrics – Improving Health

Metrics	Threshold	Apr-23	May-23	Jun-23
Percentage of service users who have had their equality data recorded - ethnicity	90%	96.6%	96.6%	96.8%
Percentage of service users who have had their equality data recorded - disability	To be determined for 23/24	43.2%	43.5%	44.3%
Percentage of service users who have had their equality data recorded - sexual orientation		43.3%	43.4%	44.0%
Percentage of service users who have had their equality data recorded - deprivation (postcode)		99.8%	99.8%	99.8%
Timely completion of equality impact assessments (EIAs) in services and for policies	95%	53.3% Service	53.7% Service	67.7% Service
		94.6% Policy	96.1% Policy	96.1% Policy
Completion of equality mandatory training	>=80%	96.0%	96.2%	97.0%
Number of people who sustain 26 weeks employment via Trust Individual placement support service	Trend monitor	0	1	1
Carbon Impact (tonnes CO2e) - business miles	76	62	62	54
Smoking Quit rates for patients seen by SWYPFT Stop	55%	Due August 2023		

With **all of us** in mind.

Summary Performance Metrics – Improving Care

Metrics	Threshold	Apr-23	May-23	Jun-23
The number of people with a risk assessment/staying safe plan in place within 24 hours of admission - Inpatient	95% Improvement trajectory: June 90%, July 92%, Aug 94%, Sept 95%	90.6%	87.7%	86.7%
The number of people with a risk assessment/staying safe plan in place within 7 working days of first contact - Community		80.7%	92.9%	92.3%
% Service users on care programme approach (CPA) offered a copy of their care plan	80%	85.0%	85.7%	86.6%
Inappropriate out of area bed placements (days)	Q1 - 455, Q2 - 368, Q3 - 276, Q4 - 0	457	574	441
% service users clinically ready for discharge	<=3.5%	2.4%	2.1%	4.6%

With **all of us** in mind.

Summary Performance Metrics – Improving Resources

Metrics	Threshold	Apr-23	May-23	Jun-23
Surplus/(deficit) against plan (monthly)	Breakeven	£32k	(£358k)	£19k
Capital spend against plan (monthly)	£8.8m	£218k	£347k	(£442k)
Agency spend managed within the overall workforce (Monthly)	3.5% £8.7m	£939k	£908k	£1,002k
Financial sustainability and efficiencies delivered over time (monthly)	£12m	£568k	£1,497k	£1,812k
Number of RIDDOR incidents (reporting of injuries, diseases and dangerous occurrences regulations)	0	9		
Estates Urgent Response Times - Service Level Agreement	95%	93.8%	96.8%	98.9%
Premise Assurance Model (PAM)	Good	Good	Good	Good
Statutory Compliance	100%	100.0%	100.0%	100.0%
% of ligature jobs completed within timeframe	100%	50.0%	76.0%	93.8%

With **all of us** in mind.

Summary Performance Metrics – Making SWYPFT a great place to work

Metrics	Threshold	Apr-23	May-23	Jun-23
Turnover external (12 month rolling)	12% - 13%	13.0%	12.2%	13.1%
Registered workforce growth	3% (by March 24)	0.77%		
Sickness absence - rolling 12 months	<=4.8%	5.3%	5.3%	5.3%
Workpal appraisals - rolling 12 months	>=78%	74.4%	74.9%	78.5%
Complaints - Number of responses provided within six months of the date a complaint received	100%	27% (4/15)	38% (3/8)	17% (2/12)
Mandatory training - Cardiopulmonary	80%	75.5%	79.2%	81.3%
Mandatory training - Reducing restrictive	80%	73.8%	73.8%	76.7%
Mandatory training - Fire	80%	90.2%	91.2%	92.8%
Mandatory training - Information governance	95%	90.6%	95.9%	96.8%

With **all of us** in mind.

Quality Update 2023/24 – Q1

Patient Experience – Friends and Family Test (FFT)

- 96% of respondents in June 2023 would recommend community health services
- 91% of respondents in June 2023 would recommend mental health services
- We continue to explore other creative ways of gaining feedback on our services

Out of area Placements

- Continued use of out of area beds continue. There are several reasons for the increase including staffing pressures across the wards, increased acuity, outbreaks and challenges to discharging people in a timely way.
- The inpatient improvement programme continues to work through impacting issues including workforce challenges.
- The Trust had 16 people placed in out of area beds at the end of June 2023 due to system pressures.

Quality Update 2023/24 – Q1



**South West
Yorkshire Partnership**
NHS Foundation Trust

Safer Staffing (inpatient wards)

During June there was an increase in demand of the flexible staffing pool with a total of 261 more shift requests. The number of shifts filled has increased by 24 shifts to a total of 5,004 and fill rates increased overall for inpatients however two care groups decreased slightly. This continued to be for a number of reasons including; ongoing increased acuity on the inpatient areas, substantive staff utilising their annual leave prior to the year end, ongoing sickness and vacancies.

The fill rate figures (%) for June 2023:

- Registered staff – Days 87.8%
- Registered staff - Nights 102.8%
- Registered average fill rate – Days and nights 95.3%
- Overall average fill rate all staff – 123.7%
- 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

With all of us in mind.

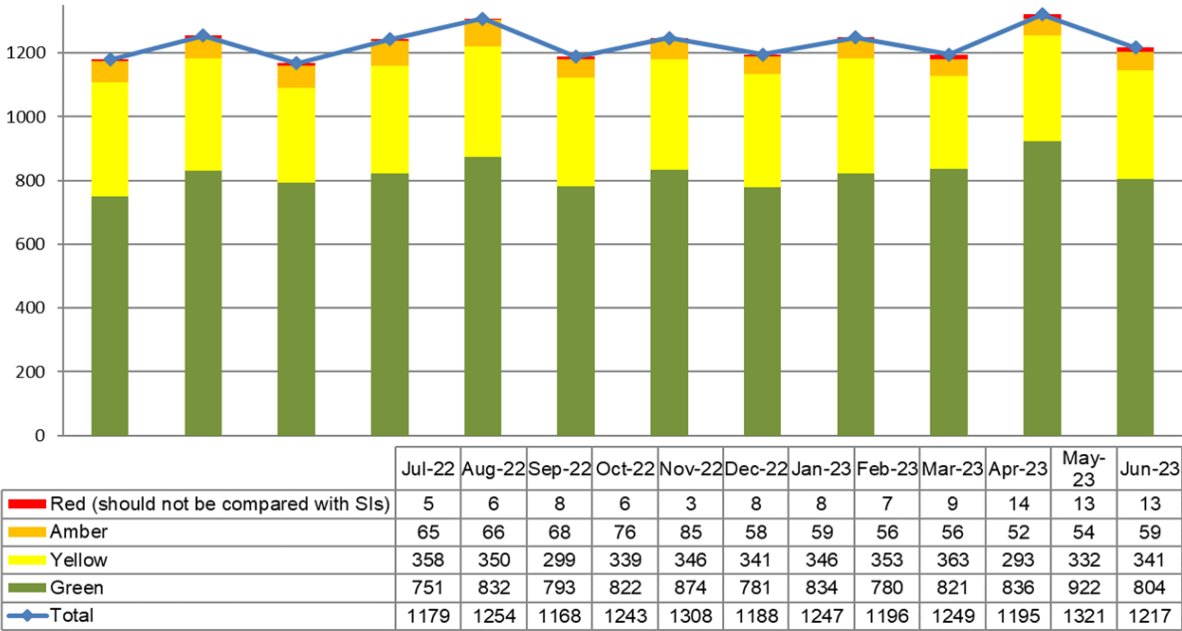
Quality Update 2023/24 – Q1



South West
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NHS Foundation Trust

Incident Reporting

- All serious incidents investigated using route cause analysis techniques.
- The weekly risk panel scans for themes that require further review or enquiry.
- No ‘Never Events’ reported in June 2023.
- 96% of incidents reported in June 2023 resulted in no harm or low harm or were not under the care of SWYPFT.



National metrics

Access standards and Outcomes – Trust Performance

KPI	Threshold	Q1 22/23	Q2 22/23	Q3 22/23	Q4 22/23	Q1 23/24 (June 23)
Maximum time of 18 weeks from point of referral to treatment – Incomplete pathway	92%	98.5%	96.1%	93.5%	97.5%	99.6%
% Admissions Gatekept by Crisis Response Teams	95%	96.2%	99.3%	99.6%	98.7%	100%
% Service Users followed up within 72 hours of discharge	95%	84.6%	89.0%	88.1%	87.8%	92.6%
NHS Talking Therapies - Treatment within 6 weeks of referral	75%	94.7%	97.5%	98.4%	98.1%	99.4%*
NHS Talking Therapies - Treatment within 18 weeks of referral	95%	100%	100%	99.8%	99.8%	100%*
Early Intervention in Psychosis – 2 weeks (NICE approved care package) Clock Stops	50%	85.5%	90.1%	91.5%	89.5%	87.1%
Maximum 6 week wait for diagnostic procedures	99%	91.7%	95.9%	86.2%	79.8%	82.5%
NHS Talking Therapies – Proportion of people completing treatment who move to recovery	50%	53.4%	53.9%	47.1%	53.6%	53.4%*
Community health services two hour urgent response standard	70%	Reporting commenced Jan 23			83.8%	86.2%

* provisional figures

- 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 although an improved position decreasing from 17.6% at the end of Q4 2022/23 to 15.8% at end of Q1 2023/24.
- Staff turnover at the end of Q1 2023/24 was 13.1% which is a further reduction on the position reported at end of Q4 2022/23 which was 13.5%.
- Recruitment activity was up during Q1 2023/24. 164.1 whole time equivalent starters joined in the period. 135.5 whole time equivalent staff left during the quarter.
- Sickness absence rates in Q1 2023/24 remain at 5.3%, this is the same level at reported at Q3 & Q4 2022/23 and remains above the target of 4.8%.

Financial Performance



**South West
Yorkshire Partnership**
NHS Foundation Trust

Key performance indicators

Performance Indicator		Year to Date	Forecast 2023/24
1	Surplus / (Deficit)	£1m	£0m
2	Agency Spend	£2.8m	£10.3m
3	Financial sustainability and efficiencies	£1.8m	£12m
4	Cash	£82.1m	£76.9m
5	Capital	£1m	£8.8m
6	Better Payment Practice Code	96%	

With **all of us** in mind.

Financial Performance – Highlights

- A surplus £19k greater than plan has been recorded in month; overall the surplus was £879k. Pressures in pay and non-pay have been offset by additional income and interest received.
- The monthly run rate of agency spend continues to be higher than plan trajectories. The run rate has increased in month with spend greater than £1m.
- The Trust cash position remains strong at £82.1m; this is higher than plan. This has always been maximised however the current interest rates provide additional financial incentive.
- We have continued to pay suppliers promptly; 96% of all valid invoices within 30 days.
- Capital spend - the year to date position is £105k ahead of plan with spend of £993k. This is due to prior year schemes and a door replacement programme being undertaken earlier than planned.

With all of us in mind.

Members' Council annual work programme 2023/2024

Key

○ – take as read submit questions in advance

✕ - statutory item

- deferred

	Strat	Bus	Strat	AMM	Bus	Strat
Agenda item/issue	24 Feb 2023	9 May 2023	16 Aug 2023	27 Sept 2023	17 Nov 2023	14 Feb 2024
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	○	✕	○		✕	○
Chief Executive's comments on the operating context		✕	✕		✕	✕
Governor feedback	○	✕	○		✕	○
Assurance from Member's Council groups and Nominations Committee	○	✕	○		○	✕
Integrated performance report	✕	✕	✕		✕	✕
Governor appointment to groups and committees (if required)	○	✕	○		✕	○
Appointment / Re-appointment of Non-Executive Directors and Associate Non-Executive Directors (if required)	✕					
Ratification of Chief Executive appointment (if required)						
Review of Chair and Non-Executive Directors' remuneration (subject to NHSE guidance and appraisal)	✕				✕ *recommendation for Chair's remuneration only	✕

	Strat	Bus	Strat	AMM	Bus	Strat
Agenda item/issue	24 Feb 2023	9 May 2023	16 Aug 2023	27 Sept 2023	17 Nov 2023	14 Feb 2024
Evaluation / Development session <i>(will take place outside MC meetings through the year)</i>						
Local indicator for Quality Accounts	✕					✕
Annual report unannounced / planned visits		✕				
Care Quality Commission (CQC) action plan		✕				
Private patient income (against £1 million threshold) <small>*not required if under threshold</small>		(Not required)				
Annual report and accounts			(11 September 2023)			
Quality account and external assurance			✕			
Freedom to Speak Up – Annual survey results and planning tool			#		✕	
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	✕ <small>*update</small>	✕ <small>*outcome</small>			✕ <small>*process</small>	✕ <small>*update</small>
Chair's appraisal	✕ <small>*process</small>	✕ Appraisal input from governors (private)	✕ Final appraisal (private)			✕ <small>*process</small>
Biennial evaluation (2023) <i>Next evaluation will be scheduled for November 2025.</i>					✕	
Review and approval of Trust Constitution	✕					✕

	Strat	Bus	Strat	AMM	Bus	Strat
Agenda item/issue	24 Feb 2023	9 May 2023	16 Aug 2023	27 Sept 2023	17 Nov 2023	14 Feb 2024
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 (every three years)	✗					
Appointment of Trust's external auditor – to review 2025						
Review of Members' Council objectives (every three years)	✗					
Review of Members' Council declaration and register of interests (including gifts and hospitality policy) (every three years – next due 2024)		✗				
Members' Council meeting dates and annual work programme	✗					✗
Freedom to speak up planning tool					✗	
Focus on items to be discussed and agreed at Co-ordination Group meetings to ensure relevant and topical items are included.	✗ (2 items)	✗ (1 item)	✗ (1 item)		✗ (1 item)	✗ (2 items)