

9 November 2023

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

Dear Governor,

Members' Council and Joint Members' Council and Trust Board meeting to be held on 17 November 2023

The next Members' Council meeting will be held on **Friday 17 November 2023**.

The agenda for the meeting and papers for the Members' Council meeting are enclosed. Presentations for the meeting will be presented on the day and circulated after the meeting.

- **The governor pre-meeting will start at 9.30 and finish at 10.00.**
- **The Members' Council meeting will start at 10.00 and finish at 12.12.**
- **The governor only private meeting will start at 12.12 and finish at 12.15.**
- **Lunch and refreshments will be provided between 12.15 until 13.00.**
- **The Joint Members' Council and Trust Board meeting will start at 13.00 and finish at 14.45.**

If you have any questions about any of the above items or issues of clarity in relation to the agenda and papers, it would be appreciated if they could be provided to Asma Sacha on asma.sacha@swyt.nhs.uk by 09.00 on Wednesday 15 November 2023.

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

Please note, if you have requested to receive a hard copy of Members' Council papers, these are on their way to you. **Governors are required to bring their copy into the meeting.**

Chair: Marie Burnham Chief executive officer: Mark Brooks

I hope you can join us on the 17 November 2023.

Yours sincerely



Marie Burnham
Chair

Chair: Marie Burnham Chief executive officer: Mark Brooks

**Members' Council meeting
17 November 2023 from 9.30 – 12.12
Hybrid meeting, Microsoft Teams
Large Conference Room – Wellbeing and Development Centre, Fieldhead Hospital**

Item	Approx. Time	Subject Matter	Lead		Action	Minutes allotted
	09.30	<i>Governors only pre-meet (25 minutes followed by 5-minute break)</i>	<i>John Laville, Lead Governor</i>			25
1.	10.00	Welcome, introductions and apologies	Marie Burnham, Chair	Verbal	To receive	3
2.	10.03	Declarations of interests	Marie Burnham, Chair	Verbal	To receive	2
3.	10.05	Minutes of the previous Members' Council meetings held on 16 August 2023 and 11 September 2023	Marie Burnham, Chair	Paper	To approve	2
4.	10.07	Matters arising from the previous meeting held on 16 August 2023 and 11 September 2023 - action log	Marie Burnham, Chair	Paper	To receive	3
5.	10.10	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
6.	10.15	Chief Executive's comments on the operating context	Mark Brooks, Chief Executive	Verbal	To receive	5

Item	Approx. Time	Subject Matter	Lead		Action	Minutes allotted
7		<u>Members' Council business items</u>				
7.1	10.20	Governor feedback and appointment to Members' Council groups (to be taken as read and submit questions in advance)	John Laville, Lead governor	Paper	To receive	10
7.2	10.30	Assurance from Members' Council groups and Nominations Committee (to be taken as read and submit questions in advance)	Marie Burnham, Chair	Paper	To receive	5
7.3	10.35	Constitution review	Andy Lister, Head of Corporate Governance	Paper	To approve	5
7.4	10.40	Patient Experience annual report	Darryl Thompson, Chief Nurse and director of quality and professions	Paper	To receive	10
7.5	10.50	Incident Management annual report	Darryl Thompson, Chief Nurse and director of quality and professions	Paper	To receive	10
	11.00	<i>Break</i>				10
	11.10	<u>Members' Council business items (continued)</u>				
7.6	11.10	Review of Chair remuneration (subject to NHSE guidance and appraisal)	Julie Williams, Deputy Director of Corporate Governance, Performance and Risk	Paper	To approve	5
7.7	11.15	Members' Council elections – process	Andy Lister, Head of Corporate Governance (Company	Paper	To receive	5

Item	Approx. Time	Subject Matter	Lead		Action	Minutes allotted
			Secretary)			
7.8	11.20	Integrated Performance Report (to be taken as read – questions only)	Mike Ford, Non-executive Director	Presentation	To receive	5
8	11.25	<u>Focus On item:</u> How can we make your contribution to Members' council easier?	John Laville - Lead governor	Presentation	To receive	40
9	12.05	Closing remarks and annual work programme Work programme 2023/24	Marie Burnham, Chair	Paper	To receive	2
10	12.07	Any other business	Marie Burnham, Chair	Verbal	To note	3
11	12.10	Next Members' Council meeting: Friday 23 February 2024 Future meetings: Wednesday 15 May 2024, AM, Hybrid Wednesday 7 August 2024, AM, Hybrid Friday 15 November 2024 AM/PM (Joint Members' Council/ Trust Board meeting) Hybrid Friday 14 February 2025, AM, Hybrid	Marie Burnham, Chair	Verbal	To receive	2
	12.12	<i>Close of public meeting</i>				
12	12.12	<u>Private session governors only</u>				
12.1	12.12	Private minutes of the previous Members' Council meeting held on 16 August 2023	Mike Ford, Non-executive director	Paper	To approve	3
	12.15	<i>Lunch (45 minutes - Lunch will be provided)</i>				

**Joint Trust Board and Members' Council meeting
17 November 2023 from 13.00 – 14.45
Hybrid meeting, Microsoft Teams
Large Conference Room – Wellbeing and Development Centre, Fieldhead Hospital**

Item	Approx. Time	Subject Matter	Lead		Action	Minutes allotted
1.	13.00	Welcome, introductions and apologies	Marie Burnham, Chair	Verbal	To receive	2
2.	13.02	The role and importance of governors	Marie Burnham, Chair / John Laville, Lead Governor	Presentation	To receive	3
3.	13.05	Update on our strategic context	Adrian Snarr Director of Finance, Estates and Resources/Sean Rayner Director of Provider Development Dawn Lawson Director of Strategy and Change	Presentation	To receive	10
4.	13.15	<u>Our future plans</u>				
4.1	13.15	Refresh of Trust strategy and future plans (including strategic overview of business and associated risk)	Adrian Snarr Director of Finance, Estates and Resources/Sean Rayner Director of Provider	Presentation	To receive	30

Item	Approx. Time	Subject Matter	Lead	Action	Minutes allotted
			Development/Dawn Lawson Director of Strategy and Change		
	13.45	<i>Break</i>			10
4.2	13.55	Small group discussion to inform plans for 2023/24	Facilitated by Non- executive directors	Interactive session	To discuss 30
4.3	14.25	Feedback – top 3 discussion points and why	Non-executive directors	Verbal item	To receive 10
4.4	14.35	Summary and next steps	Adrian Snarr Director of Finance, Estates and Resources/Sean Rayner Director of Provider Development Dawn Lawson Director of Strategy and Change	Verbal item	To discuss 10
	14.45	<i>Close</i>			

Minutes of the Members' Council meeting held on 16 August 2023
10.30 – 14.00

Hybrid meeting
Conference Centre, Board Room (Hybrid meeting), Kendray Hospital, Doncaster road,
Barnsley, S70 3RD and Microsoft Teams

Present:	Marie Burnham (MBu)	Chair
	Jacob Agoro (JA)	Staff – Nursing
	Cllr Howard Blagbrough (HB)	Appointed – Calderdale Council
	Bob Clayden (BC)	Public - Wakefield
	Daz Dooler (DD)	Public – Wakefield
	Claire Den Burger-Green (CDBG)	Public – Kirklees (Deputy Lead Governor)
	Warren Gillibrand (WG)	Appointed – University of Huddersfield
	Ian Grace (IG)	Staff – Medicine and Pharmacy
	Sara Javid (SJ)	Public - Kirklees
	Adam Jhugroo (AJh)	Public – Calderdale
	Rosie King (RK)	Public – Wakefield
	John Laville (JLa)	Public – Kirklees (Lead Governor)
	John Lycett (JLy)	Public – Barnsley
	Andrea McCourt (AMc)	Appointed – Calderdale and Huddersfield NHS Foundation Trust
	Bob Morse (BM)	Public – Kirklees
	Phil Shire (PS)	Public – Calderdale
	Nik Vlissides (NV)	Staff – psychological support
In attendance:	Mark Brooks (MBr)	Chief Executive
	Mike Ford (MF)	Senior Independent Director
	Carol Harris (CH)	Chief Operating Officer
	Carmain Gibson-Holmes (CGH)	Deputy Director of Nursing, Quality and Professions
	Lindsay Jensen (LJ)	Acting Chief People Officer
	Erfana Mahmood (EM)	Non-Executive Director
	Kate Quail (KQ)	Non-Executive Director
	Mandy Rayner (MR)	Deputy Chair
	Adrian Snarr (ASn)	Executive Director of finance, estates and resources
	David Webster (DW)	Non-Executive Director
	Andrew Lister (AL)	Company Secretary/ Head of Corporate Governance
	Asma Sacha (AS)	Corporate Governance Manager (author)
	Laura Arnold (LA)	Corporate Governance Administrator
Apologies: Members' Council	Cllr Sue Bellamy (SB)	Appointed – Barnsley Council
	Tanisha Bramwell (TB)	Public – Kirklees
	Keith Stuart-Clarke (KSC)	Public – Barnsley
	Rumaysah Farooq (RF)	Public – Kirklees
	Leonie Gleadall (LG)	Staff – non clinical support
	Daniel Goff (DG)	Public – Barnsley
	Laura Habib (LH)	Staff – Nursing support

	Christopher Matejak (CM)	Public – Calderdale
	Helen Morgan (HM)	Staff – Allied Health Professionals
	Cllr Mussarat Pervaiz (MP)	Appointed – Kirklees Council
	Reini Schühle (RS)	Public – Wakefield
	Fatima Shahzad (FS)	Public – Rest of Yorkshire and Humber
	Elaine Shelton (ES)	Appointed – staff side organisation
	Susan Spencer (SS)	Appointed – Barnsley Hospital NHS Foundation Trust
Apologies:	Dr Rachel Lee (RL)	Associate Non-Executive Director
Attendees	Natalie McMillan (NMc)	Non-Executive Director
	Greg Moores (GM)	Chief People Officer
	Sean Rayner (SR)	Director of provider development
	Darryl Thompson (DT)	Chief Nurse and Director of quality and professions
	Julie Williams (JW)	Deputy Director of corporate governance, performance and risk

MC/23/25 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/23/26 Declarations of interest (agenda item 2)

No further updates. 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/23/27 Minutes of the meeting dated 9 May 2023 (agenda item 3)

Approved.

It was RESOLVED to AGREE the minutes of the Members' Council meeting held on 9 May 2023 as a true and accurate record with the noted amendments.

MC/23/28 Matters arising from the previous meeting held on 9 May 2023 and action log (agenda item 4)

No further updates were received, and any actions shown as closed for May 2023 meeting were approved.

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

MC/23/29 Chair's report and feedback from Trust Board (agenda item 5)

MBu provided highlights from her report which she asked to be taken as read. She explained the purpose of the report was to highlight the Chair's and Non-Executive Director's activity since the last meeting.

MBu said it was a privilege to attend the 75th anniversary of the National Health Service on 5 July 2023, it was a proud moment of her career, and she was joined by NHS staff from the Trust.

It was resolved to NOTE the Chairs' report.

MC/23/30 Chief Executive's Comments on the operating context (agenda item 6)

Mark Brooks (MBr) provided a verbal update to the Members' Council and highlighted the following points about the current operating context:

- MBr thanked everyone for coming to the meeting and explained that the Trust appreciates the feedback it receives from governors, and they form an important part of the Trust governance process.
- MBr explained that recent industrial action, which has included strike action from junior doctors and consultants, has been well managed. A lot of planning has taken place to ensure the Trust continues to provide safe services.
- MBr reported there are currently a high number of people in out of area beds, but this is a national issue and Trust partners are also having similar issues.
- MBr reported in June 2023 there were six staff off due to assaults, four of which have resulted in fractures. Staff are being supported through their recovery. MBr explained that the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations (RIDDOR) is when the Trust has to report to the Health and Safety executive (HSE) where staff have been off work for five days or more due to work related incident.
- MBr reported the NHS workforce plan was published on 30 June 2023 and there are three themes running through which is training, retaining staff, and working in the most effective way.
- MBr noted there are recommendations for changes to the Trusts Section 136 suites. The different rules will come into place over the next few weeks and the Trust is working with South and West Yorkshire police to make sure it is as seamless as possible for the service users and staff.
- MBr explained the Trust is working with commissioners to reduce costs of running the Trust and we are under a lot of pressure to contribute to the cost saving.

MBu reported our previous Director of Strategy and Deputy Chief Executive, Salma Yasmeen has left the Trust and secured a Chief Executive role at Sheffield Health and Social Care NHS Foundation Trust. Dawn Lawson, Director of strategy will commence her post on 11 September 2023.

MBu stated that nationally there are pressures on out of area beds and the Trust must ensure people are safe when they come into services. The Trust has started winter planning which includes the covid booster and flu vaccinations.

Cllr Blagborough (HB) stated staff wellbeing concerns him, and asked about the use of lone worker devices for staff to ensure staff are safe and protected.

MBr reported the Trust uses lone worker devices and there are approximately 1600 devices in operation. MBr explained the Trust also has risk assessments and most staff have a mobile phone. MBr said there will be further digital improvements the Trust can make in the future.

John Laville (JLa) noted reducing overheads by 30% in the Integrated Care System is a tough challenge and there are already challenges in local authorities such as Kirklees. He asked about the Kirklees bankruptcy proceedings and whether this will have an impact on joint working.

MBr said the Trust is engaged with all the Local Authorities, and there are ongoing discussions about services and the knock on effect on health services.

Carmain Gibson-Holmes (CGH) explained she has attended strategic meetings with Trust partners to understand the impact of the changes in Section 136 suites, and there is cross referencing and learning taking place to ensure it works for the Trust.

Adam Jhugroo (AJ) reported he was aware that sometimes people are brought into the Section 136 suite by police but left with two members of staff when it is not safe to do so. AJ said people go AWOL from the ward if there are a minimum number of staff on shift.

MBr reported the police are taking a responsible approach on how to maintain safety for everyone.

It was resolved to RECEIVE the update from the Chief Executive on the operating context.

MC/23/31 Quality accounts and external assurance (agenda item 7.1)

Carmain Gibson-Holmes (CGH) presented the Quality Account for 2022/23 and explained this reflected Trust services and the care that is provided over the last year. She explained NHS healthcare 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.

She explained the Trust Quality Account is produced annually and published following approval at Trust Board. She said earlier drafts of this Quality Account have been presented to Clinical Governance Clinical Safety Committee (now Quality and Safety Committee) and Trust Board.

CGH stated the Quality Account has been shared widely with internal and external stakeholders, including the Integrated Care Boards (ICB's), Healthwatch and acute Trust partners. She said all stakeholder feedback is included within the report, and no concerns about the report have been identified by the stakeholders. The report was published on the Trust website on 30 June 2023.

CGH said she has received feedback from a governor in relation to the customer services policy and complaints procedure and their comments will be incorporated into the next review which is due at the end of August 2023.

She explained in the NHS survey, in p39 – 40 of the report, there was a question from a governor regarding the scales and scoring, and for clarification the higher the score, the better the result.

She said there was also a request for the glossary to be placed at the beginning of the report and this will be shared with the author of the report for ease of navigation in the future.

Bob Clayden (BC) stated there was a typing error on the customer services policy and he will provide the details. BC said he has visited the Trust website to have a look at the Customer Services Policy and in Appendix A, an informative piece to show how the system works, is not on the website. He asked how long that had been missing. CGH apologised, and she will go back to review this and meet him outside of the meeting.

Action: CGH and BC to meet to discuss the Customer Services Policy.

Phil Shire (PS) said there was some great information in the quality report. He asked about the layout and whether it was a standard format.

MBu confirmed the Trust needs to present the information in the standard format.

CGH said the national quality board are reviewing the report and this may impact the layout for future reports, and she will update governors if she receives any further information.

MBu asked whether the Trust can do this differently. MBr said the abridged version will be presented at the next annual members' meeting on 27 September 2023.

MF asked whether this document is audited. MBr said it is a prescriptive format from NHS England.

JL said the report was very good, but he was not happy with the current national complaints timescales of resolving a complaint by 6 months.

MBr said during covid when resources were deployed elsewhere across the organisation, it was challenging. MBr reported there are around 25 complaints a month and the Trust is looking at reducing the backlog.

MBr said as part of the complaint response, the Trust also reviews how letters are written, whether it is empathetic, thanking people, apologising, or explaining what the Trust is doing about the issues raised. He explained the investigator also has to have clinical experience, and the Trust is satisfied with the progress that is being made.

AJ asked about the complaints format.

MBr said complaints are responded to by letter, verbally (over the telephone) and email.

AJ said he made a complaint some time ago, but he gave up as it took a long time to resolve. MBr said AJ's concern is valid and there is improvement, the team has experienced staff turnover due to the nature of the job, and therefore there are differing contributory factors. MBr said it is one of the Trust's objectives to improve the complaints process.

BC asked whether the Trust could reduce the target from 6 months.

MBr said there had been a shorter target, but it was not achievable. MBr said it depends on the complexity of each complaint, some are resolved within 48 hours, some complaints are very complex with input from legal services, which takes a longer time to resolve.

It was resolved to RECEIVE the Quality account for 2022/23.

MC/23/32 Governor feedback and appointment to Members' Council groups (to be taken as read and submit questions in advance) (agenda item 8.1.)

JLa explained that he had a very interesting conversation with governors at the pre-meeting in particular regarding suicide prevention. He stated HB raised the issue about organisations working in silos and referred to the "Burnt Bridges" report which was a review carried out

following a number of deaths in Calderdale. He asked for reassurance that the Trust is working closely with our partners.

MBr reported Darryl Thompson (DT) leads a group meeting across West Yorkshire which focuses on suicide prevention. This is a system initiative working with our local authorities and other NHS Trusts. MBr explained every suicide is a tragedy and not everyone who completes suicide is known to mental health services it is about how the Trust works together with partners to reduce the risk of suicide. MBr said the Trust has an annual review of ligatures and the Trust also has a robust risk assessment process.

AJ said he read the "Burnt Bridges" report from Calderdale safeguarding board following the death of five men from Calderdale. He said there was a recommendation about tackling the issue of people with mental health difficulties being discharged to homeless accommodation without adequate follow up.

MBr said there are challenges with service users waiting for specialist placements who are also clinically ready to be discharged. AJ said there is a lack of social housing in Calderdale, and it is a whole system issue.

Action: To discuss the Burnt Bridges report in a future Members' Council Quality Group

Daz Dooler (DD) said the public health team work closely with DT to look at how the system can reduce suicide and the risk of suicide. Wakefield has the worst suicide rate in the district.

BC asked if he could have the link to the zero-suicide training.

Action: Corporate governance team to circulate the dates of the zero suicide training to all governors.

JLa said he chairs the Kirklees Mental Health Carers Forum in Kirklees and discharge back to GP's has been a problem when people have been stepped down from the enhanced to the core team. JL reported Paula Scott-Loftus, Quality and Governance Lead had given a presentation about the discharge process and she discussed some of the practicalities and the issues around discharge. JLa said Paula took some actions away from her discussion with carers which was helpful.

JLa said the Trust have got good initiatives and he has read a letter from Penny Woodhead (Chief Quality and Nursing Officer) congratulating the Trust on various achievements. There was also a discussion at the carers group about the staff carers passport, but there were staff present who had not heard about the support available. JLa explained it would be helpful for new initiatives to be communicated to all carers when they are introduced, so people who have been carers for a long time do not miss out. It was noted that the carers passport is on the staff wellbeing page and had been communicated on the staff Headlines.

JLa explained governors attended a development session with Amanda Miller from the Single Point of Access and they discussed signposting of people to the third sector but there is also a long waiting list in the third sector as well. He explained Paula received feedback from governors.

Andy Lister (AL) presented the paper on governor appointment to Members' Council groups and Committees. AL explained that the corporate governance team communicated with governors on the 16 May 2023 and again on the 23 May 2023, inviting self-nominations for vacancies on Members' Council groups.

He explained the self-nominations were discussed at the Members' Council Co-ordination Group on 21 June 2023 where members reviewed the statements and made the following recommendation;

Members' Council Co-ordination Group

Bob Morse, public governor - Kirklees (uncontested)

Members' Council Quality Group

Daniel Goff, public governor – Barnsley

Nominations Committee

Laura Habib – staff governor

Members' Council approved the recommendation from the Members' Council Co-ordination Group. It was agreed that all members would have a three year term, unless they stand down from the group or they are not re-elected/ re-appointed as a governor of the Members' Council.

It was resolved to RECEIVE the governor feedback and APPROVE the appointment of governors to Members' Council groups.

MC/23/33 Assurance from Members' Council groups and Nominations Committee including (to be taken as read and submit questions in advance) (agenda item 8.2)

Members' Council confirmed they had read the paper and they had no questions.

It was resolved to RECEIVE the assurance from Members' Council groups and Nominations Committee

MC/23/34 Governors observing committees – review (agenda item 8.3)

Andy Lister (AL) explained that several governors have taken up the opportunity to attend board committee meetings since it was introduced in January 2023. He stated all board committees are chaired by a non-executive director and include other executive and non-executive members. He summarised the Board Committees of the Trust Board that governors can attend;

- Audit Committee
- Engagement, Inclusion & Involvement Committee
- Quality and Safety Committee (previously Clinical Governance and Clinical Safety Committee)
- Finance Investment & Performance Committee
- Mental Health Act Committee
- Charitable Funds Committee
- People and Remuneration Committee

AL reported it had been agreed for one governor to attend one/two of each of the committee's meetings each year. This would be to observe and not participate, and the governor present would be asked to provide feedback to the Members' Council by completing a feedback form.

AL confirmed that from 2 January 2023 until 11 July 2023, eight governors have attended the following committee meetings;

Audit Committee – one governor

Quality and Safety Committee – two governors

People and Remuneration Committee – one governor

Finance Investment & Performance Committee – one governor

Charitable Funds Committee – one governor

Mental Health Act Committee – two governors

Engagement, Inclusion and Involvement Committee – *one governor is a member.*

AL stated that a survey was sent to all governors who had participated in observing committee meetings to provide feedback (governors were referred to item 8.3b). He explained an email was sent by the Chair to all non-executive directors on 5 July 2023 to provide feedback.

AL stated in the Members' Council Co-ordination Group meeting on 21 June 2023, the observation of Board Committees was discussed, and it was agreed that the observations were positive and for governors to continue with this process.

AL said feedback from Non-executive directors also supported the continuation of governors observing committee meetings with the same guidance, including the use of the feedback form.

AL reported 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.

JLa said he would like to thank MBu and MBr with the progress that has been made and he is delighted with the feedback.

JLa reported he is part of the national lead governors association and in comparison, to other Foundation Trusts, our Trust has made positive progress.

JLa said he had seen first-hand how the Non-executive directors provided challenge in the committee meetings and this was very positive and provides assurance to governors.

It was resolved to RECEIVE the update on governors observing Trust Board Committee meetings.

MC/23/35 Proposal to merge the Deputy Chair / Senior Independent Director (SID) role (agenda item 8.4)

MBu presented the proposal to combine the deputy chair and senior independent role. She explained the NHS England's new Code of Governance for NHS Provider Trusts became effective on 1 April 2023 and it stipulates that the Chair of the Audit Committee should not be a deputy or vice chair or independent senior director.

MBu explained as a result a discussion has taken place and it is proposed Mike Ford (MF) will continue to Chair the Audit Committee, but will step down from his role as Senior Independent Director. MBu said it is proposed that Mandy Rayner (MR) will take up the combined role of Deputy Chair / Senior Independent Director subject to approval from the Members Council.

MBu explained 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.

BC said within the last year, governors had been advised to split the role.

MBu explained the recommendation has come from the new Code of Governance and asked governors to support the recommendation so that the Trust is aligned to the new guidance.

BC asked about the Deputy Chair taking complaints about themselves.

MBu reported there is a process in place if the Deputy Chair and Senior Independent Director position becomes compromised. MBu thanked MF for his role as Senior Independent Director.

It was resolved to APPROVE the Nominations Committee recommendation of Mandy Rayner to become the Deputy Chair and Senior Independent Director from 17 August 2023.

MC/23/36 Update on Teaching Trust Status (agenda item 8.5)

Prof.Subha Thiyagesh (ST) and Izzy Worswick (IW) presented an update on the Teaching Trust status.

ST explained that in February 2023 she shared with Members' Council the Trust's ambition to be recognised as a Teaching Trust to reflect significant teaching, training and research work with a range of stakeholders including local Universities.

ST said it reflects the Trust commitment to teaching and learning, matching our vision and living by our values, in order to be outstanding. It will also improve the visibility of the Trust as a learning organisation. She explained this will attract a high calibre workforce and strengthen the Trust's bids for research and development projects.

IW spoke about the process and progress so far. She explained the Trust has engaged with NHS England and they have guided the Trust through the process and requirements in how to gain Teaching Trust Status. IW reported a steering group has been established in the Trust with senior management ownership.

ST said they are consulting with the University of Leeds regarding the process and the Trust need to ensure Trust ambitions align with those of the University. The Trust will work over the next 6 months to evidence that it can meet these requirements. A letter will then be sent by the Chair to Members towards the end of the year.

ST explained the Trust is also working with our places and Integrated Care Boards and feedback will be brought to Trust Board in July 2024 and then to Members' Council around August 2024.

ST said there is a lot of work to be done and her team will continue engaging with the University.

HB thanked ST and IW, and fully supports the move towards teaching trust status.

HB asked about Trust staffing and how the teaching status will impact on this. ST said the team is working with the people directorate as to how different groups of students, such as sixth formers can shadow our services. She acknowledges there are vacancies, and staffing is a challenge, but the aim is for people to be attracted to want to work for the Trust.

MF asked whether we could have a different grading status as there are some actions where the Trust is on track but has not delivered them yet and can this be reflected by labelling as blue rather than red. This was agreed by ST and IW.

Action: Izzy Worswick

It was resolved to RECEIVE the update on Teaching Trust Status.

MC/23/37 NHS staff survey 2022 Update (agenda item 8.6)

Lindsay Jensen (LJ) and Ashley Hambling (AH) updated the Members' Council on the 2022 NHS staff survey results and the actions the Trust has taken to respond to the feedback.

AH explained the presentation shows the results were positive with four key theme scores better than average, four themes as average and one theme which was below average. He said there were no significant changes in theme scores since 2021.

AH explained the results compare positively to other providers across West and South Yorkshire, and the region and they have come through the governance and service groups and wider engagement with teams.

AH said there is variation in service level results, noting community service results are more positive and results for mental health inpatient services are below average. He said medical staff results are the most positive and colleagues in clinical support worker roles and estates/ancillary roles are the least positive.

He explained the results for Black, Asian and Minority Ethnic (BAME) colleagues are more positive than the Trust average theme scores, but results are less positive for disabled colleagues.

He explained the results were presented to the People and Remuneration Committee and Trust Board in June 2023. Each service has agreed an action plan and the key themes include workplace wellbeing, access to development, improving teamworking and staff recognition.

LJ said there were different experiences from different staff groups, and below average scores were from inpatient areas. There were different responses from the protected characteristic group as well.

AH said the first slide provided an overview of the survey. The green themes are areas highlighted where the Trust scored a better score than average compared to Trust sector peers. AH said it was overall a better survey.

JL asked to hear the views of staff governors and how it felt for them.

Nik Vlassides (NV) said it was very pressured on the ground.

Ian Grace (IG) said from a medicine and pharmacy perspective the inpatient area was pressurised and resources were limited. He said some staff are heroic in provision of services and he hopes things will get better.

LJ said staff experience was lower in inpatient areas and it was similar with partner organisations, and this will be the Trust area of focus.

AH said people on lower bands had the worst experience and the results for nurses were mixed.

AH explained disabled colleagues had less positive experience than other areas and the Trust will be reviewing this with the staff disability network.

AH said on this survey bank staff were asked for feedback and they reported they had better work life balance but there were some areas of concern, and they were also experiencing more violence and harassment at work from service users. He explained each service was asked to identify high level actions by the 12 May 2023.

LJ said the 2023 survey will be released from October to November 2023.

Phil Shire (PS) said some of the scores are concerning and they do not indicate high morale amongst the workforce. He said this seems to be a problem that the Trust shares with other Trusts and the impact this could possibly have on service delivery.

MBr reported the Trust is working on improving things by setting the right tone and culture in terms of career development opportunities and providing a safe working environment.

AJ asked whether the disability staff group have seen the results so they can feedback. AH said the feedback has been circulated to the Chairs of the networks for wider circulation within the individual staff network groups.

It was discussed about some groups of staff having less flexibility in work with the added pressure of the cost of living and having less chances of flexible working.

Daz Dooler (DD) asked about complex cases and what the Trust meant by this.

Carol Harris (CH) said she doesn't have a clear answer to this but when people are admitted to hospital, they have increased level of distress, this impacts on their behaviour which leads to an increase in violence and aggression. She explained the self-harm is also more extreme and people coming into inpatient wards are more poorly. In terms of numbers, she explained the Trust hasn't seen increase in numbers through the Intensive Home Based Treatment Team (IHBTT) but people need more than one practitioner working with them and that people needs are increasing.

Andrea McCourt (AMc) said from an Acute Trust perspective, the increase in response rate of the staff survey is good as challenges are with people completing them when they are unhappy. She explained staff are also completing the survey in winter when there are winter challenges.

MBu thanked LJ and AH.

It was resolved to RECEIVE the NHS staff survey 2022 update.

MC/23/38 Focus on item – Health inequalities and waiting lists (agenda item 9)

Sue Barton, Acting Director of Strategy and Change introduced herself and explained she will present this item with Mike Garnham, Health Intelligence Analyst and Information Manager and Sara Javid, public governor for Kirklees.

She explained health inequalities work is part of the Trusts priority programmes, to 'address inequalities, involvement and equality in each of the Trust places with partners' and also the golden thread of 'Equality, involvement and addressing inequalities'.

SB explained how the Trust works to meet the requirements of the Public Sector Equality Duty and our legal obligations under the Equality Act 2010 and NHS Constitution.

The Trust considers ten protected characteristics, "carer" is not one of the national protected characteristics, but the Trust recognises this as an additional group. SB explained there is a national model called Core20 plus 5 for adults and for children and young people.

Inequalities are driven by insight; she said the Trust has an evidence base using work from the King's Fund. The Trust is also linking with national approaches and looking at inequalities in our four places and across our Integrated Care Systems (ICSs). This is managed via the Equality Involvement and Inclusion Committee (EIIC) and EIIC sub group which is Chaired by MBu.

SB explained the Trust works in partnership with Local Authority colleagues and places to look at a Joint Needs Assessment (JNA), population health data and working in partnership with communities with partners to capture voice and ensure greater involvement.

She said Equality Impact Assessments (EIA) are carried out to ensure Trust services are culturally sensitive, appropriate and relevant, taking action against impacts and co-designing improvements.

She said the Trust also works on capturing and monitoring equality data to inform person centred care by a reflective workforce and capturing patient experience.

SB said the Trust is improving the quality of equality data and ethnicity data has improved and is at 97% across all services. SB provided examples of the Trust addressing health inequalities;

The Life After Stroke programme is a new 6 week rolling programme in partnership with Barnsley integrated community stroke rehabilitation team, Stroke Association and Tesco. The sessions are delivered in a local supermarket's community room making it easily accessible to stroke survivors.

The Kirklees Child and Adolescent Mental Health Services (CAMHS) have delivered some focus groups with children and young people with a focus on areas which have a higher than average Black and Minority Ethnic (BAME) population.

She said the Trust has undertaken parent telephone interviews and developed a service website using data collected from the schools survey on the different languages spoken, and worked with Conscious Girls which is aimed at improving outcomes for black young people in Kirklees.

SB said Sara Javid (SJ) will now present her case study based on lived experience.

SJ introduced herself as public governor to Kirklees.

SJ said she wanted to speak about inequalities, particularly in relation to the following (*she presented the following slide*);

- Migrant populations
- Ethnic minorities
- Long term conditions
- Deprivation
- Isolation
- Religion and beliefs
- Cost of living
- Culture
- Young people

SJ gave an account of her family as Kirklees constituents and their issues with mental health explaining cultural differences and how these had impacted on her family. She addressed issues of isolation, language barrier, physical health conditions and the impact this has on mental health. SJ also spoke about dual diagnosis and early intervention in South Asian

families. She spoke about cultural elements and for services to reach out to those communities who were hard to reach.

SB thanked SJ for her powerful message to the Members' Council. She explained that MG will continue with his presentation before governors can ask SJ any questions.

MG thanked SJ and said The Kings Fund report found health inequalities in England between ethnic minorities and white groups. He explained access to primary care health services was found to be generally equitable for ethnic minority groups, however people from some ethnic minority groups are more likely to report being in poorer health and report poorer experiences of using health services than their white counterparts. MG presented data, see slides 20 and 21. MG explained we are looking at data about making it more accessible and to use it to understand what it says about services the Trust is providing by creating a Health Inequalities Improvement Report and other reports such as the Mental Health Act committee report and Inpatient pivot reports.

MB and MBu thanked SJ for her incredibly brave and powerful story. MBr asked SJ to meet with her outside the meeting to discuss some of the matters she raised. MBr said it was important to hear about lived experiences and how the Trust can learn from them.

Action: MBr and SJ to meet outside the MC meeting.

Cllr Blagborough thanked SJ for sharing her powerful story. He said he couldn't imagine what she has gone through.

Erfana Mahmood (EM) also said she was incredibly moved by SJ's journey, and the journey of her family and she was a hero in managing this. CH thanked SJ and asked whether she would be happy to speak to the Kirklees care group about her journey. SJ agreed.

Action: SJ to meet with Kirklees care group.

PS and AJ thanked Sara for sharing her story. Governors discussed issues such as working in silos, varying health conditions (mental and physical), deprivation, and insight.

JL said SJ's story amplifies how difficult it is to reach some groups of people, he explained it is services not reaching out rather than them being difficult to reach.

MG said the Child and Adolescent Mental Health Services (CAMHS) are working in schools to talk about mental health and that they can talk about it at an early age.

BC said in the cancer services, they have the same problems with the inability to talk to some groups of people and this having an impact on early diagnosis and consequent treatment. Governors discussed how the NHS systematically treats the symptoms and not the cause. It was discussed that moving forward the NHS is looking at a preventative agenda.

Governors thanked SJ, SB and MG for their presentation on health inequalities.

It was resolved to RECEIVE the presentation on health inequalities and waiting lists.

MC/23/39 Integrated Performance Report (IPR) (to be taken as read and submit questions in advance) (agenda item 10)

David Webster (DW) presented the Integrated Performance Report for Quarter 1 2023/24.

He highlighted key points;

- Percentage of service users who have had their equality data recorded by ethnicity is 96%.

- The timely completion of equality impact assessments (EIAs) in services and for policies, although by service it is a red rating of 67.7%, the completion for policy is currently in green.
- Inappropriate out of area bed placement (days) is 441 (in red).
- The percentage of service users clinically ready for discharge is 4.6% (red) – this is challenging and has been added to the organisational risk register.
- The number of people with a risk assessment/ staying safe plan in place within 7 working days of first contact – community is at 92.3% (green)
- The percentage of ligature jobs completed within timeframe is a challenge.
- Turnover of staff has increased.
- Appraisals are increasing.
- There has been good feedback from family and friends test.
- During June 2023 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.
- 96% of incidents reported in June 2023 resulted in no harm or low harm or were not under the care of SWYPFT.
- Maximum 6 week wait for diagnostic procedures has increased from 79.8% to 82.5%
- 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.
- Agency spend is high at £10.3m.
- 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 spends - 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.

JL said it was good to see an increase in appraisals, he asked about retention of staff and if the Trust was doing exit interviews and if we are, are there are common themes identified.

LJ said the Trust are doing leavers questionnaires and they are sharing this with CH and her colleagues at operational management group who take it back to their teams, some of the themes include learning and development and some people are leaving for promotion or other jobs. She explained the people directorate are looking at roles and retention.

LJ said the Trust had 100 internal transfers this week which was about supporting staff to move within the organisation rather than leaving but there is a lot more to do.

Adrian Snarr (AS) said governors need to be aware of the system context we operate in and the financial challenges.

It was resolved to RECEIVE the Integrated Performance Report (IPR).

MC/23/40 Annual work programme 2023/24 (agenda item 11)

No changes.

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

MC/23/41 Members' Council meetings (agenda item 12)

Wednesday 27 September 2023 – Annual Members' Meeting

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

Friday 23 February 2024

It was resolved to RECEIVE the dates of future Members' Council meetings.

MC/23/42 Any Other Business (agenda item 13)

MBu reminded governors that the next Annual Members' meeting will take place on 27 September 2023, Al Hikmah Centre in Batley.

It was resolved to NOTE any other business.

Close of public meeting

Minutes of the Extraordinary Members' Council meeting
Held on 11 September 2023, 15.00 – 15.30
Microsoft Teams

Present:	Marie Burnham (MBu)	Chair
	Jacob Agoro (JA)	Staff – Nursing
	Cllr Howard Blagbrough (HB)	Appointed – Calderdale Council
	Bob Clayden (BC)	Public – Wakefield
	Daz Dooler (DD)	Public – Wakefield
	Warren Gillibrand (WG)	Appointed – University of Huddersfield
	Leonie Gleadall (LG)	Staff – non clinical support
	Claire Den – Burger Green (CDBG)	Public – Kirklees (deputy lead governor)
	Adam Jhugroo (AJ)	Public – Calderdale
	John Laville (JLa)	Public – Kirklees (lead governor)
	John Lycett (JLy)	Public – Barnsley
	Bob Morse (BM)	Public – Kirklees
	Phil Shire (PS)	Public – Calderdale
Attendees:	Robert Adamson (RA)	Deputy director of finance
	Andy Lister (AL)	Head of corporate governance / company secretary
	Asma Sacha (AS)	Corporate governance manager (author)
	Julie Williams (JW)	Deputy director of corporate governance, performance and risk
	Nicola Wright (NW)	Partner - Deloitte LLP
Apologies: Members' Council	Cllr Sue Bellamy (SB)	Appointed – Barnsley Council
	Tanisha Bramwell (TB)	Public – Kirklees
	Keith Stuart – Clarke (KSC)	Public – Barnsley
	Rumaysah Farooq (RF)	Public – Kirklees
	Daniel Goff (DG)	Public – Barnsley
	Ian Grace (IG)	Staff – Medicine and Pharmacy
	Laura Habib (LH)	Staff – Nursing support
	Sara Javid (SJ)	Public – Kirklees
	Rosie King (RK)	Public – Wakefield
	Christopher Matejak (CM)	Public – Calderdale
	Andrea McCourt (AMc)	Appointed – Calderdale and Huddersfield NHS Foundation Trust
	Helen Morgan (HM)	Staff – Allied Health Professionals
	Cllr Mussarat Pervaiz (MP)	Appointed – Kirklees council
	Reini Schühle (RS)	Public – Wakefield
	Fatima Shahzad (FS)	Public – Rest of Yorkshire and Humber
	Elaine Shelton (ES)	Appointed – staff side organisations
	Susan Spencer (SS)	Appointed – Barnsley Hospital NHS Foundation Trust
	Nik Vlissides (NV)	Staff – Psychological support

**Apologies:
Attendees**

Mark Brooks (MBr)

Chief Executive

Adrian Snarr (ASn)

Executive director of finance, estates
and resources

MC/23/43 Welcome, introductions and apologies (agenda item 1)

Marie Burnham (MBu) formally welcomed everyone to the extraordinary Members' Council 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/23/44 Report to the Governors on the Trust ISO 260 audit of accounts 2022/23 (agenda item 2)

Nicola Wright (NW) presented the Trust ISO 260 audit of accounts 2022/23.

NW explained Deloitte, as auditors, read the Trust annual report, and review whether this is consistent with the financial accounts. They also have a responsibility about correcting this if they see any anomalies.

NW reported Deloitte also review the annual governance statement and compare this to what they know about the Trust as an organisation and check consistency.

Deloitte provide an opinion on the accounts which is true and fair, and also draw a conclusion on value for money. Deloitte would highlight any significant issues or concerns if they had any.

NW continued, there are also other reporting requirements, and the Trust reports are submitted to NHS England as they form a part of the wider NHS group accounts.

Deloitte provided an opinion to NHS England to state that the information that they have audited is the same information that the Trust has submitted to NHSE. The NHS accounts are then audited by the National Audit Office, and Deloitte also provide a separate opinion to the National Audit Office.

NW then went through the significant risks of material misstatements which had been presented to the Audit Committee. In the 2022/23 audit there were three areas which classified as significant risks, these were;

Validity of accruals

At the end of each year the Trust makes accruals for expenditure which has occurred in the year, where the balance hasn't been settled. Deloitte found during Covid-19, a number of organisations were receiving funding in advance, so they had validity.

Management Override of controls

NW explained this risk is mandatory and the principle behind it is that there are always people in the organisation who can override this, as senior staff working, and it is a fraud risk.

Deferral of the lead provider income

NW explained the Trust is a lead provider and receives an income for this, Deloitte therefore review this additional revenue.

NW explained the Trust submitted annual reports and accounts ahead of the NHSE timetable. There were regular meetings between Deloitte and the Trust.

There were three balances where Deloitte identified as misstatements, and these were errors that they suggested were corrected. There is a threshold called materiality, if errors are below this threshold, it is not recommended for correction. NW explained the slide shows the total value of the errors was £5million and if the Trust had corrected them, the reported surplus would have been £5million higher. Deloitte were satisfied no further action was needed, and this was agreed by the Audit Committee.

NW said the auditors identified no significant issues with the annual governance statement.

NW stated the annual report was presented as a good draft, and feedback from previous years was taken into consideration.

Deloitte also reviewed the Trust's accounting policies and found them to be consistent with normal sector standards.

NW reported they had also looked at control findings, and raised ten control findings as part of their audit work;

- Leasehold improvements
- Evidence of accruals
- General ledger limits
- Capitalisation of software licences
- Credit balances within property
- Plant and equipment
- Lead provider deferred income review
- Fully depreciated assets
- Oracle privileged users and non-contractual bonus approval

She said on balance, it was a good year for performance, and the finance team. She thanked Rob Adamson (RA), Julie Williams (JW) and the finance team for their assistance with the completion of this audit.

It was RESOLVED to RECEIVE the Trust ISO 260 audit of accounts 2022/23

MC/23/45 Discussion (agenda item 3)

MBu thanked NW for her presentation and opened the meeting up for discussion.

Bob Clayden (BC) asked about the three misstatements and the threshold where the Trust would be asked to make changes. NW said this was usually 2% of revenue, therefore it was Trust went above £7.5 million then they would have spoken to the Trust about making the appropriate adjustments.

Bob Morse (BM) asked about the misstatements and why they remain unconnected. NW said there were three different balances, and one was about the lead provider income. She said the Trust is the lead provider and had deferred some of this income and it was not recognised in the year of the audit. She explained this was then carried forward and the Trust had not

spent all of those funds. In order to carry something forward there have to be specific terms and conditions around the revenue.

She said the second point was about accruals, she explained when the Trust makes an accrual, this is based on prediction and when they do the audit, the invoices are received, a review then takes places on over-estimates and the potential range of error.

She explained there are also amounts from the pay award, where the Trust has made an accrual, but the payment was actually less.

RA reported the methodology is robust and this is common practice that there are always adjustments.

BM asked why it was allowed to remain uncorrected.

NW said it is a difference of opinion as the accrual is done on the best estimate at the time, but the audit happens later, when more information is available. She explained about the materiality threshold, and this is why it was not corrected.

RA explained the Trust produce the accounts on 31 March 2023 and there is a cut-off point and judgement, but if something fundamental was identified, it would be changed.

MBu said it was a good set of accounts, she it has been to the Trust Audit Committee, and she feels the challenge is positive. She explained that a lot of the issues that were raised last year have been dealt with.

Howard Blagbrough (HB) thanked NW and her team for the excellent report, noting the importance of the external audit process.

Warren Gillibrand (WG) said he was satisfied with the presentation and information presented today.

Asma Sacha (AS) confirmed she will share the slides with all governors after the meeting.

John Laville (JLa) asked about any learning points from this year's audit which will be taken forward to next year. NW said there are some control findings which will be discussed with the Trust finance team.

It was RESOLVED to DISCUSS the Trust ISO 260 audit of accounts 2022/23

MC/23/46 Any other business (agenda item 4)

None.

It was resolved to RECEIVE any other business.

Close of public meeting

Members' Council 16 August 2023 – Action log

 = completed actions

Minutes ref	Action	Lead	Timescale	Progress
MC/23/31 Item 7.1	<u>Quality accounts and external assurance</u> Bob Clayden and Carmain Gibson-Holmes to meet outside meeting to discuss appendix A in regard to the customer services policy and complaints procedure.	Carmain Gibson-Holmes	September 2023	Complete. Meeting arranged between Bob Clayden and Carmain Gibson-Holmes for 14 September 2023 at 16.00.
MC/23/32 Item 7.2	Adam Jhugroo made a suggestion to discuss suicide prevention in Members' Council Quality Group (Burnt Bridges – Calderdale Health and Social report).	Members' Council Quality Group	2023/24	Complete. This item has been added to workplan for the Members Council Quality Group.
MC/23/32 Item 7.2	Zero suicide training to circulate to governors	Laura Arnold	August 2023.	Complete. Zero suicide training has been circulated to all governors on 18 August 2023.
MC/23/36 Item 8.5	Update on Teaching Trust Status To consider a different grading status as there are some actions where the Trust is on track but has not delivered them yet and can this be reflected by labelling as blue rather than red.	Izzy Worswick	November 2023.	Complete. Izzy Worswick has taken the action and will change gradings in future reports.
MC/23/38 Item 9	Mark Brooks offered to meet with SJ in reference to her story shared with the Members Council during the August Members' Council meeting.	Mark Brooks	November 2023	Complete Mark Brooks communicated the offer with SJ by e-mail in August 2023.

Minutes ref	Action	Lead	Timescale	Progress
MC/23/38 Item 9	SJ to have meeting with Kirklees care group (Carol Harris)	Carol Harris	September 2023	Complete. Amanda Miller (on behalf of Carol Harris) has liaised with SJ and can confirm attendance for Kirklees Care Group.
Items: 8.5 8.6 9	Presentations from the meeting to be circulated to governors.	Laura Arnold	August 2023.	Complete. Presentations were circulated to all governors on 18 August 2023.

Actions from 9 May 2023

Minutes ref	Action	Lead	Timescale	Progress
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	Update: A review of members council expenses policy is required. Digital expenses will be considered as part of this review. The policy will go to the next Coordination Group meeting for review.
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	Complete This item has been added to the workplan for the Members' Council Quality Group.

Members' Council 17 November 2023 Agenda item 5

Public/ Private	Public
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 1 August 2023 – 31 October 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></p> <ul style="list-style-type: none"> • Emma Hall commenced her post as appointed governor for Mid Yorkshire Teaching NHS Trust from 13 September 2023. • Councillor Mussarat Perviaz has agreed to serve her second term as appointed governor for Kirklees Council from 27 September 2023. • Anne Magee has commenced her post as appointed governor for staff side organisation from 11 October 2023. • Andrea McCourt has agreed to serve a second term as appointed governor for Calderdale and Huddersfield NHS Foundation Trust from 8 November 2023.

The following governors resigned from their position:

- Elaine Shelton - appointed governor staff side organisation.

Chair and Non-executive Director activity since from 1 August 2023 until 31 October 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 16 August 2023.

Annual members' meeting 27 September 2023

Our annual members' meeting took place on Wednesday 27 September 2023 at the Al-Hikmah Centre in Batley (North Kirklees).

As well as sharing the work of the Trust, there was an opportunity to meet voluntary sector and recovery college colleagues at the interactive marketplace event, which showcased projects and initiatives from around the Trust and in our communities.

The input from governors, directors and colleagues was appreciated. There was also a presentation of our annual report, our accounts for 2022/23 and our plans for the coming year.

Our lead governor John Laville spoke about where the Members' council started and where it hopes to be in the future. Initially there was a small amount of contact between governors and members, the Members' council now have an ambition to involve our members at all levels, including the introduction of a young members' group. It was clear to see that the relationship between governors and members is very positive under John Laville and Claire Den Burger Green in her role as Deputy lead governor and this will only go from strength to strength. Thank you to everyone who attended.

Trust Board stories from September and October 2023

- 26 September 2023 - Horizon improvement programme was presented by Andrew Birkenshaw and Abby Downs
- 31 October – Insight into eye movement desensitisation and reprocessing (EMDR) was presented by Jennie Linstead.

Research and Development and Durham University

The Trust Research and Development Department in collaboration with the Institute of Medical Humanities at Durham University, have successfully secured funding to support the development of a research platform and pipeline within the Trust. The successful collaboration bid of £9million pounds over 7 years will involve the Trust having dedicated embedded research staff and capacity to develop novel research activities within the Trust and its wider partners. The Trust will benefit with a reciprocal relationship with the University of Durham, developing an exchange of academic and clinical staff from each organisation.

Race Equality and Cultural Heritage (REACH) celebration event – 27 October 2023

The event was attended by a number of colleagues and there was reflection on what the network has achieved. Food, rhythm, and culture were the focus with attendees enjoying diverse dishes from across the globe and immersing themselves in African music. There were stories on how the network can benefit its members. Thanks to everyone who came along and made the afternoon a success.

Chair and NED's activities and meetings:

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:
1 August 2023 – 31 October 2023:

Mandy Rayner Senior Independent Director / Deputy Chair:

- Visit to Mental Health Museum – Fieldhead
- Mental Health Act committee meeting
- People and remuneration committee meeting
- Audit committee meeting
- People and remuneration extraordinary meeting
- Trust Board meetings
- Members' Council meeting
- Care Quality Commission preparation weekly drop in meeting
- Patients Know Best Group meeting
- Sustainability meeting
- Non-Executive Directors meeting
- Meeting with interim deputy chief people officer
- Informal briefing for Joint Place Integrated Care Board Committee – Older peoples Mental Health Inpatient transformation
- West Yorkshire Chair's meeting
- Meeting with Deputy Director of Corporate governance, performance and risk
- Pre meeting for the people and remuneration committee
- Annual members' meeting
- Calderdale Care Partnership Board
- Meeting with Associate Non-Executive Director
- Strategic review and business plan meeting
- Finance and performance training
- Patient Led Assessments of the Care Environment (PLACE) audit training
- Meeting regarding handover of Senior Independent Director role
- Recovery college strategy meetings and review of business plan
- One to one with Chair

Mike Ford Non-Executive Director:

- Members' Council Meeting
- Trust Board meetings
- Audit Committee x2
- Collaborative Committee x2
- Charitable Funds Committee
- Equality Involvement & Inclusion Committee
- Non-executive director (NEDs) Meetings – following Trust Board
- Routines with Chair including various appraisal discussions
- Freedom to Speak Up 6 weekly Review Meetings
- Audit Committee agenda setting meeting
- Discussion re Provider Collaborative business case review
- West Yorkshire Integrated Care System (ICS) Audit Committee Chairs meeting
- Governor Q&A regarding Audit Committee
- Finance and performance training regarding capital
- Patient Led Assessments of the Care Environment (PLACE) audit training
- Meeting regarding handover of Senior Independent Director role
- Care Quality Commission meetings

Kate Quail Non-Executive Director:

- Quality and Safety committee
- Mental Health Act committee
- Finance, Investment and Performance Committee
- Mental Health Act committee preparation meeting
- Mental Health Act Committee agenda setting meeting
- Carried out the Annual Reviews of Independent Hospital Managers, one-to-one review meetings
- Trust Board meetings
- Members' Council meeting
- Chaired interview panel for recruitment of new Independent Hospital Managers
- Care Quality Commission visit meetings
- Finance and Performance training
- One to one meetings with Trust Chair
- Attended Kirklees Learning Disability Community black history month event

Erfana Mahmood, Non-Executive Director:

- Mental Health Act Committee meeting
- Charitable Funds Committee meeting
- Equality, Inclusion and Involvement Committee meeting
- Charitable Funds Committee agenda setting meeting
- Meeting regarding fundraising
- Non Executive directors meeting
- Meeting with Equality and Involvement Lead
- Finance and performance training
- Patient Led Assessments of the Care Environment (PLACE) audit training
- Annual Members' meeting

- Trust Board meetings
- Collaborative Committee meeting
- Members' Council meeting
- One to one with Chair

Natalie McMillan, Non-Executive Director:

- Quality and safety committee
- Finance, Investment and Performance Committee
- People and Remuneration - extra-ordinary meeting
- People and Remuneration Committee
- Trust Board meetings
- Improvement network meeting
- Board development meeting
- One to one with Associate Non Executive Director
- Finance and Performance training
- Freedom to speak up catch up
- Supported a people directorate meeting (staff disciplinary)
- Annual members' meeting
- One to one with Chair
- Attending and speaking at the People Directorate away day

David Webster, Non-Executive Director:

- Collaborative committee
- Audit committee
- Finance, Investment and Performance committee
- People and remuneration extraordinary meeting
- Non Executive director meetings
- Follow up meeting, the Northern Mental Health provider
- Annual Members' Meeting
- Finance and performance training
- Members' council meeting
- Trust Board meetings
- One to one with Chair
- One to one with Director of finance, estates and resources
- Role and job specification review of the Personal Assistant/ Executive Assistant
- Care Quality Commission meeting
- Care Quality Commission preparation meetings

Dr Rachel Lee (Associate Non-Executive Director):

- Trust Board meetings
- One to one with Chair
- Induction meeting with Chief Executive
- Meetings with Deputy Chair
- Induction meetings
- Annual Members' meeting

- NHS Providers Non-executive Directors 2-day Induction Programme
- Finance and performance training session
- Patient Led Assessments of the Care Environment (PLACE) audit training
- Meeting with the Organisation Development and Wellbeing Practitioner
- Equality, Inclusion and Involvement committee
- Collaborative committee

Marie Burnham - Chair

- West Yorkshire Mental Health Services Collaborative Committees in Common
- Chair/ Non-Executive Directors and appraisals
- People and Remuneration committee
- Equality, Inclusion and Involvement Committee
- Charitable funds committee
- South Yorkshire and Bassetlaw Mental health and Learning Disabilities Provider Collaborative Chairs Meeting
- Mental Health Chairs Weekly Conference Call
- Members' Council meeting
- Meeting with Kirklees Youth Alliance
- 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
- Quality and safety committee meeting
- Governor Reviews
- One to one - Chair / Deputy Director of Corporate Governance
- Chief Executive/ Chair x3
- Chair/ Associate Non-Executive Director meeting
- Trust Board Agenda Setting
- Welcome Event
- Governor engagement meeting with Emily Castle from the Young Lives Consortium
- Equality, Inclusion and Involvement agenda setting meeting
- One to one with Communications Manager
- Meetings with Chief Executive
- The Northern mental health provider Chair meeting
- Meeting with Non executive directors
- Governor Q&A session aligned to Mental Health Act Committee
- Governor Q&A session aligned to Audit Committee
- Trust board agenda setting meeting
- People directorate structure meeting
- Meeting with Chief Medical Officer

- Chair/ Senior Independent Director
- West Yorkshire Partnership Board Meeting
- Chairs Group meeting
- Members Council Co-ordination group
- Yorkshire and Harrogate Chairs Meeting
- Career progression meeting – Deputy Director of Nursing
- Trust Board
- Meeting with Equality and Involvement Lead
- Freedom to speak up meeting
- Meetings with Lead and Deputy Lead governor
- Annual Members' Meeting
- ILM coaching training
- Pre meeting regarding Teaching Trust status
- Trauma informed community practice meeting
- Nominations Committee meeting
- New governor induction meetings
- Older Peoples services transformation meeting
- 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)
- Chair/ Lead Governor meeting
- Annual Members' Meeting preparation
- Trust Board meetings
- Extraordinary Members' Council 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.

	<p>In addition, at every <i>business and risk</i> 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.</p> <p>At every <i>performance and monitoring</i> meeting (quarterly), the quarterly serious incident report is discussed.</p> <p>Additional items at the below meetings were presented as follows in line with the Trust Board work programme:</p> <p><u>22 August 2023 – Trust Board (strategic)</u></p> <ul style="list-style-type: none"> • Trauma informed care update • Trust finance - current and longer-term environment, and the development of a longer-term sustainability plan • NHS long term workforce plan • Trust Board meeting with staff side • Integrated Care Board/place - potential operating models <p><u>26 September 2023 – Trust Board (Performance and Monitoring)</u></p> <p><u>Public</u></p> <ul style="list-style-type: none"> • Serious Incidents Quarterly report • Medical appraisal / revalidation annual report • Response to Lucy Letby trial and verdict • Consideration of Child and Adolescent Mental Health Services (CAMHS) report for Tees, Esk and Wear Valley NHS Foundation Trust and associated learning • Patient Experience Annual report • NHSE fit and proper persons framework • Customer Services Policy <p><u>31 October 2023 – Trust Board (Business and risk)</u></p> <p><u>Public</u></p> <ul style="list-style-type: none"> • Board Assurance Framework grading process review • Sustainability annual report • Patient safety incident response framework (PSIRF) • Workforce equality standards report • Constitution review • Progress against the Digital Strategy update
Recommendation:	Governors are asked to RECEIVE the contents of this report and raise any questions or comments in advance of the meeting.

Members' Council 17 November 2023

Agenda item 7.1

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:	An email was sent to all governors on 15 August 2023 and a reminder email on 29 August 2023, inviting self-nominations for the vacancies listed below, accompanied by a personal brief statement, with a closing date of 5 September 2023. Self-nominations were received by the closing date as follows;				

	<p><u>Members' Council Co-ordination Group (two vacancies)</u> No nominations received.</p> <p><u>Members' Council Quality Group (one vacancy)</u> One nomination received (uncontested)</p> <p><u>Nominations Committee (no vacancies)</u></p> <p><u>Equality, Involvement and Inclusion Committee (one vacancy)</u> One nomination received (uncontested)</p> <p>The above nominations for Members' Council groups were discussed at the Members' Council Co-ordination Group meeting on the 4 October 2023 where members reviewed the self-nomination statements and made the following recommendation;</p> <p><u>Members' Council Quality Group</u> Bob Morse, public governor - Kirklees (uncontested)</p> <p><u>Equality, Involvement and Inclusion Committee (EIIC)</u> Sara Javid, public governor – Kirklees (uncontested)</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"> • Bob Morse as a member of the Members' Council Quality Group • Sara Javid as a member of the Equality, Involvement and Inclusion Committee (EIIC) <p><i>All members will have a <u>three year term</u> (unless they stand down from a group or is not re-elected / re-appointed as a governor on the Members' Council) from 17 November 2023 to 16 November 2026.</i></p>

Members' Council
17 November 2023

Self-nomination statement – Members' Council Quality Group
Bob Morse – Public Governor (Kirklees)

I am aware of the one group membership rule, and I am writing therefore with that understanding.

If, however, rather than the vacancy be unfilled, colleagues might consider this as my self-nomination for the above to represent Kirklees, I would be happy to serve this group.

My interest is that the Trust is allowed to function to the best of its capacity and that everyone should be able to have the service they need. That expectations whilst not always entirely met are satisfied within what is possible and that we do the best we can with what we have.

My own experiences and those I identify with, allow me an insight as the personal perspective of those who receive support and those who might do so in the near future. I am sure this is useful as this allows me to empathise with the users of the trusts services.

I also see the problems facing any provider in today's changing, challenging and evolutionary society. Perhaps, I can in some part, help as part of this group.

I am enjoying my own personal journey as a public governor and hope to be able to support and assist the trust as we face the next set of challenges.

My intention is to do what I can to help!

I have the time, capacity and willingness.

I am happy to discuss with colleagues, any time.

Bob Morse
Public Governor – Kirklees

**Members' Council
17 November 2023**

**Self-nomination statement - Equality, Inclusion and Involvement Committee (EIIC)
Sara Javid - public governor - Kirklees**

Dear colleague,

I would like to nominate myself for the Equality, Inclusion and Involvement Committee.

I am keen to progress this agenda to ensure that we can support as many diverse needs as possible but also as an organisation take a more strategic approach to partnership and prevention. I have a huge breadth of experience within equality and diversity as well as inequalities and keen to champion more innovative approaches and work with existing colleagues to examine what is working well and where we could do better.

Look forward to the engaging in this process.

Many thanks

Sara Javid
Public governor – Kirklees

Members' Council 17 November 2023

Agenda item 7.2

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:	Members' Council Co-ordination Group (MCCG) The Co-ordination Group co-ordinates the work and development of the Members' Council and: <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. 	
	Date	4 October 2023
	Presented by	John Laville, Lead Governor (Chair)
	Key items for Members' Council to note	<ul style="list-style-type: none"> • The group approved nominations from governors on the Members' Council Groups and committee and make a recommendation to the Members' Council • Received an update on governor attendance at Members' Council meetings • Received an update on governor training • Received an update on the Members' Council Biennial evaluation process • Received an update to the Members' Council objectives 2023 – 2025

	<ul style="list-style-type: none"> • The group received the governor insight report • The group discussed and approved the Members' Council agenda for 17 November 2023 • The group agreed the focus item for the Members' Council on 17 November 2023
Approved notes of previous meeting/s to be received	<p>Approved notes of the meeting held on 21 June 2023 Item 7.2a</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	17 October 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 group received a forensic services presentation from Sue Threadgold, Director of Forensic and Learning Disability Services • The group discussed the full Integrated Performance Report for August 2023 • The group received a verbal update on the Care Quality Commission (CQC) • The group received the plan for the Quality Account • The group received a verbal update on the learning points from the Edenfield enquiry • The group received the Patient Experience report – annual report • One governor visited Newton Lodge site accompanied by the Chief Nurse, director of quality and professions and staff from the forensic unit.
Approved Minutes of previous meeting/s to be received.	<p>Approved notes of the meeting held on 1 August 2023 Item 7.2b</p> <p><i>Please note these notes may be redacted if they contain personal, sensitive or confidential information.</i></p>

	<p>Nominations Committee</p> <p>The Nominations Committee ensures the right composition and balance of the Board and oversees the process for the:</p> <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. <table border="1" data-bbox="549 539 1505 1088"> <tr> <td>Dates</td><td>11 October 2023</td></tr> <tr> <td>Presented by</td><td>John Laville, Lead governor (Kirklees) Marie Burnham, Chair</td></tr> <tr> <td>Key items for Members' Council to note</td><td> <ul style="list-style-type: none"> • The committee reviewed the skills and expertise required on the Board, including Chair and Non-Executive Director terms of office • The committee approved the review of the Chair remuneration </td></tr> <tr> <td>Approved Minutes of previous meeting/s for receiving</td><td> <p>Approved notes of the meeting held on 5 July 2023.</p> <p><i>Please note these notes may be redacted if they contain personal, sensitive or confidential information.</i></p> </td></tr> </table>	Dates	11 October 2023	Presented by	John Laville, Lead governor (Kirklees) Marie Burnham, Chair	Key items for Members' Council to note	<ul style="list-style-type: none"> • The committee reviewed the skills and expertise required on the Board, including Chair and Non-Executive Director terms of office • The committee approved the review of the Chair remuneration 	Approved Minutes of previous meeting/s for receiving	<p>Approved notes of the meeting held on 5 July 2023.</p> <p><i>Please note these notes may be redacted if they contain personal, sensitive or confidential information.</i></p>
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Approved Minutes of previous meeting/s for receiving	<p>Approved notes of the meeting held on 5 July 2023.</p> <p><i>Please note these notes may be redacted if they contain personal, sensitive or confidential information.</i></p>								
<p>Recommendation:</p>	<p>The Members' Council is asked to:</p> <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 21 June 2023, 10.00 – 12noon**

Meeting held virtually by Microsoft Teams

Present:	John Laville (JL) Marie Burnham (MBu) Bob Clayden (BC) Adam Jhugroo (AJh) Keith Stuart-Clarke (KSC)	Public – Kirklees (Lead Governor) Chair of the Group Chair of the Trust Public - Wakefield Public – Calderdale Public - Barnsley
In attendance:	Charles Elliott (CE) Asma Sacha (AS) Hazel Stretton-Hall	Public - Wakefield Corporate Governance Manager Corporate Governance Officer
Apologies:	Claire Den-Burger Green (CDBG) Laura Habib (LH) Andy Lister (AL) Mandy Rayner (MR)	Public – Kirklees (Deputy Lead Governor) Staff – Nursing support Head of Corporate Governance (Company Secretary) Non-Executive Director

MCCG/23/21

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.

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

MCCG/23/22

2. Declarations of interest (agenda item 2)

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

It was RESOLVED to NOTE the individual declarations from governors.

MCCG/23/23

3. Notes of the previous meeting held on 20 March 2023 (agenda item 3)

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

It was RESOLVED to APPROVE the minutes of the Members' Council Co-ordination Group meeting held on 20 March 2023.

MCCG/23/24

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

All actions in blue were noted as complete.

Action from 20 March 2023:

Members' Council Biennial evaluation (agenda item 5.4)

This action is currently in progress. It has been agreed to commence the evaluation in September 2023. Bob Clayden (BC) asked about the questionnaire and whether his comments were noted. Asma Sacha (AS) informed BC she received his feedback and thanked him for providing the information. The information has been incorporated into the final questionnaire.

Action from 20 March 2023:

Insight report (agenda item 5.6)

This is in progress. The connecting people training commenced in June 2023. The Involvement Team will be identifying a readers panel from the 'Community Connectors'. They are aiming for a readers panel to be established once there are enough trained people – there are 4 sessions running up to early Autumn.

Action from 20 March 2023:

Future Members' Council agenda and discussion items for consideration (agenda item 6)

A development session for governors has been arranged for the 14 August 2023 to explore Single Point of Access as a focus item. This action can be closed.

Action: AS to close this action.

Action from 16 January 2023:

Members' Council Objectives (agenda item 5.5)

AS provided an update following discussion with the Trust Communications Team. The Team have been unable to meet with the end of April deadline to complete the governor link on the Trust website. The Communications Team envisage that the work will be complete by the end of June 2023 and have apologised for the delay. The Communications team are also working on the governor biographies which will be recorded and publicised on the Trust social media, new governors have been contacted to express an interest.

Action from 16 January 2023:

Future Members' Council agenda and discussion items for consideration (agenda item 6)

It was agreed that the Single Point of Access (SPA) item has now been booked as a governor development session on the 14 August 2023. The health inequalities data will be discussed as a potential focus on item.

Action from 28 September 2022:

Item 4 – Matters arising and action log

It was agreed to close this action in relation to the Trust governor webpage as it is a duplication of an action from 16 January 2023 (see above).

Action from 28 September 2022:

Item 11 - Members' Council and Joint Trust Board meeting

It was agreed to close this action as health inequalities data is being scheduled for the Members' Council meeting in August 2023.

Action: AS to close this action.

Action from 28 September 2022:

Item 14 - Involving People Strategy - annual action plan update

It was agreed to forward plan this item for a future Members' Council meeting.

Action from 13 December 2021:

Item 9 - Members' Council objectives 2021-2023 - update

JL highlighted that the Trust is making good progress in this area and made a suggestion to close this item and to make a new action from today's date. JL said there is a working group now formed specifically to look at young members and the membership as a whole which is made up of Marie Burnham (MB), John Laville (JL), Dawn Pearson (DP), Alexis Ritchie (AR), Asma Sacha (AS), Laura Arnold (LA), Daz Dooler (DD), Claire Den Burger Green (CDBG). It was agreed to close this action.

Action: AS to close this action.

Action from 27 September 2021:

Item 4 – Action Log from previous Co-ordination Group meeting

This item is still in progress. JL said we have already received an update regarding the governor videos, and it is not progressing as fast as we would like but this will remain open, with new governors. KSC said LA has been in touch with him and they have spoken to Comms about him being fit and well enough to do the video now. He will wait for the comms team to approach him.

It was RESOLVED to RECEIVE the Action log of the Members' Council Co-ordination Group.

MCCG/23/25

5 Members' Council Development (agenda item 5)

MCCG/23/25a

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

John Laville (JL) went through the process of governor self-nominations to Members' Council groups as explained in the paper. He explained governors were asked to self-nominate for vacancies and self-nominations were received from governors as statements.

JL said there are three vacancies for **Members' Council Co-ordination Group** which was made up of one vacancy for public governor – Kirklees, one vacancy for public governor rest of Yorkshire and Humber and one vacancy for appointed governor.

JL said there has been one nomination from Bob Morse (BM) and as this was uncontested therefore, he is now a member of the Members' Council Co-ordination Group.

JL explained that from 1 August 2023, a vacancy will become available for a public governor in Barnsley.

Action: A recommendation will be made to Members' Council for Bob Morse, public governor in Kirklees to become a member of the Members' Council Co-ordination Group.

JL informed the group that there are two current vacancies in the **Members' Council Quality Group** which is public governor, rest of Yorkshire and Humber and public governor, Barnsley. He explained there have been two nominations received from governors, Daniel Goff (DG) and John Lycett (JL).

Bob Clayden (BC) highlighted that he has met both governors and he would like to nominate DG because he can bring a young person's view to the group, and he also has lived experience and this insight would be helpful to the group.

Charles Elliott (CE) said although he is not a member, he agrees with BC's decision and rationale.

Keith Stuart Clarke (KSC) explained that JL's experience is education, and he would like to vote for DG.

Marie Burnham (MBu) explained she was happy to go with the majority.

JL said he also votes for DG because of the reasons BC stated. He said JL has a lot to offer and will make an excellent governor, but he would like to vote for DG.

Action: A recommendation will be made to Members' Council for Daniel Goff, public governor for Barnsley to become a member of the Members' Council Quality Group.

JL said there is currently a vacancy for a staff governor for the **Nominations Committee** and two nominations has been received from staff governors, Laura Habib (LH), nursing support and Leonie Gleadall (LG), support services.

BC explained he hasn't met LG and he was unsure what she was referring to in her statement as she states "during my time as a governor and Chair of governors..." JL explained he has spoken to LG and she has held a number of positions as a school governors and she has also driven change in the NHS about national surveys and those have become national policy.

KSC said he would like to vote for LH as he has worked alongside her on various issues of the Members' Council.

BC said he would like to vote LH as she represents staff in her group very well and he was not sure from LG's statement how she would do this.

MBu voted for LH.

Action: A recommendation will be made to Members' Council for staff governor, Laura Habib to become a member of the Nominations Committee.

JL asked what the process was in relation to the unsuccessful candidates. AS relayed she will contact the unsuccessful candidates before the Members' Council meeting papers are circulated. JL asked to speak to AS before she contacts the unsuccessful candidates.

Action: AS to contact JL prior to contacting the unsuccessful candidates.

BC asked if the candidates could ask for a vote to be held at the main Members' Council meeting if they were unhappy with the recommendation of the Members' Council Co-ordination Group. AS relayed, this hasn't happened before but she will check with Andy Lister (AL) and get back to him.

Action: AS to check with AL and inform BC of the process if a candidate challenged the decision made by the Members' Council Co-ordination Group.

JL highlighted a vacancy for the Equality, Involvement and Inclusion Committee will become available from the 1 August 2023 and LA has been in touch with governors to seek self-nomination and this process will continue until the vacancy has been filled.

John Laville also informed the group that CDBG is now on the various groups in her position as deputy governor and this is why there are vacancies under the public governor for Kirklees. A further email will be sent to all governors to request nomination for a Kirklees governor on the Members' Council Quality Group.

AS summarised by informing the group the following vacancies remain;

Members' Council Co-ordination Group (three vacancies)

Public governor – Rest of Yorkshire and Humber

Public governor – Barnsley (from 31 July 2023)

Appointed governor

Members' Council Quality Group (two vacancies)

Public governor – Kirklees

Public governor – Rest of Yorkshire and Humber

Equality, Involvement and Inclusion Committee (one vacancy)

Governor (From all constituents) (from 1 August 2023)

Action: LA to seek nominations for vacancies on Members' Council groups and EIIC.

It was resolved to APPROVE the membership on Members' Council groups, Nominations Committee and the EIIC.

MCCG/23/25b

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

AS informed the MCCG that there are no absences from Members' Council meetings that the Chair and Lead Governor are not aware of and there are three governors who have currently stepped down from their role due to health reasons.

It was resolved to RECEIVE the verbal update on governor attendance at Members' Council meetings.

MCCG/23/25c

5.3 Governor training - update (agenda item 5.3)

AS explained governors can apply for Governwell courses in core skills, member and public

engagement and accountability and holding Non executives to account.

She explained there is also in-house training offered by the Trust which includes;

- Introduction to NHS Trust finance
- The governor role in non-executive director appointments
- Understanding the Integrated Performance Report (IPR)

AS informed the IPR training was well received and attended by governors.

AS explained the finance and governor role in NED appointments was arranged but had to be cancelled due to governor uptake. She explained there needs to be a minimum of three governors for the training to go ahead so further dates will be circulated and governors will be encouraged to attend. It was discussed to schedule meetings throughout the year rather than a few over the same month.

Action: LA to re-schedule the two in-house training, preferably in September and then another one in October.

AS explained Quality Monitoring Visits (QMV) are also ongoing and some of our new governors have expressed an interest and they are currently liaising with the Nursing Directorate to arrange the visits which includes DBS checks.

AS explained the Single Point of Access development session is scheduled to take place on the 14 August 2023.

AS explained, there are also other events which governors have attended such as the Mental Health, Learning Disability and Autism workshop which took place on the 13 June 2023 and a Creative Minds celebration event has been scheduled for 29 June 2023. Adam Jhugroo (AJ) also attended the governor focus conference in London in the 23 May 2023. JL said AJ will be providing an update on this event later on in the meeting.

CE asked if he could put his name forward for future training dates. AS said all governors will be informed of training dates once they are arranged. JL encouraged all governors to attend the training dates and informed them that unless we have 3 governors they won't be able to go ahead. JL said he realises that there may be a strain on the training budget. MBu confirmed that training for governors is critical and she encourages all governors to attend, especially new governors. JL said he has attended the in-house finance training in the past and it was excellent which was run by Mark Brooks (MBr) who was the Director of Finance at the time.

BC explained he was a buddy to a new governor and they were feeling overwhelmed with the amount of paperwork which was circulated by email. BC asked whether training dates were getting lost in the general emails.

AS explained the training dates are currently advertised in a training booklet and we can add the new dates in the booklet rather than sending out different emails. BC asked if the booklets can also be sent via post (hardcopy). This was agreed.

Action: LA to arrange new dates and add this to the training booklet. To post a hard copy to governors who have requested hard copies.

It was resolved to RECEIVE the governor training update.

MCCG/23/25d

5.4 Members' Council Objectives 2023 - 2025 (agenda item 5.4)

JL said he hasn't updated the Members' Council Objectives documentation, but he will be completing this for the next Members' Council meeting in August 2023.

JL said he has met with governors virtually and he has been going through the governor objectives. He explained for section one on Involvement, there is work ongoing for setting up the young person's forum. He said he was happy with the work undertaken by MBu, Julie Williams (JW), Andy Lister (AL), Laura Arnold (LA), AS and Dawn Pearson (DP). He said governors had some ideas about groups and youth parliament we can approach as we progress. He said he was confident that by the end of 2025, we will have achieved our objectives.

BC asked about Point 1.6 of the objectives and virtual meetings. He said recently he has had to give his governor buddy quite a lot of support with accessing teams. JL said access virtually is a problem and it is an issue for other organisations as well. JL said he sometimes finds it difficult find the meeting links and he emails the corporate governance team to send this by email. He asked for suggestions to make this process better. BC asked if governors could have a test meeting set up on the phone as well as the teams meeting. AS explained for those governors having problems with MS teams, they can contact the corporate governance team and we can arrange a test meeting to check connectivity.

Action: LA to arrange a team's call with new governors who are having problems with connecting via MS teams.

It was resolved to RECEIVE the update on Members' Council Objectives 2023 – 2025

MCCG/23/25e

5.5 Governor feedback – issues emerging from governor forums and the governor insight report (agenda item 5.5)

JL said his conversation with Calderdale governors also highlighted concerns with young people transitioning from Child and Adolescent Mental Health Services (CAMHS) to Adult Services. He explained that some 17 year olds were informed that by the time they were seen by services, they would have turned 18 years old. The MCCG agreed to discuss this in further detail with the feedback from the insight report.

JL asked governors for their feedback on the insight report.

CE asked what EIIC Sub Committee was. AS explained, this was the Equality, Inclusion and Involvement Committee. AS said, she will ensure the acronyms are avoided in reports in the future and this will be relayed to the Involvement Team.

Page 2: BC asked why there was no response to the key themes and response from the last report since November 2022.

Page 3: BC said under CMHT it is explained 80% are referred to services and asked what happened to 20%. MBu said this would need to be cross referenced with our Trust Performance

report. BC highlighted the report shows the replies the Trust is providing to members of the public and we are not sure what is happening with the 20%.

Page 4: JL explained that under the heading Mental Health (general), it explains that Adult and children's services are work closely together as a young person turns 18 but from the feedback, he has received from Calderdale governors, this is not happening in Calderdale. CE said this was not the case in Wakefield either and this seems to be an issue for NHS Trusts across the country. He said it should be a seamless service until the age of 25.

Page 6: JL said his governors from Kirklees had mentioned the issues of discharge and the transformation from mental health services at primary care level and this is not working as well at the moment, but it may need time to embed.

CE said this seems to be a problem with the GP referring patients to secondary services and people going round in circles. It seems like a game of "ping pong" and no one seems to be responsible. MBu explained GPs are contracted by the NHS, there is a big issue nationally about the accountability of primary care. She explained in Barnsley we have created an alliance and our GPs work with our community staff in an integrated way and we are replicating this in other places, but community services in them areas are managed by Locala or Mid Yorkshire NHS Trust.

MBu said the issues that has been raised in this report will also be discussed in the Members' Council. BC said IAPT has changed to Talking Therapies and this needs to be changed in the report.

Action: LA to feedback to the Involvement Team in relation to the use of acronyms and the name change of IAPT to Talking Therapies.

CE said Adult neurodiverse services will be something he brings to a meeting in November 2023. Page 9: JL discussed the Healthwatch feedback which he said wasn't positive.

BC asked whether each incidents are reviewed and feedback provided to Healthwatch. JL said all these specific items were addressed by different care groups. He asked whether we report back to Healthwatch specifically. AS relayed it depends on whether it was formally recorded by the Trust Customer Services and whether consent was obtained from all parties.

JL said it was disturbing that nothing was received from Barnsley and Wakefield and he asked what priority staff are giving to provide input.

MBu said she wasn't happy with the content and the staff response to this report so she will discuss this report with MBr. CE said nothing was received from Wakefield Healthwatch.

JL said he was aware all the issues are addressed in different forums and this is a channel for governor feedback. JL said he encourages governors to get intelligence back into the Trust by emailing the information to the Involving People inbox involvingpeople@swyt.nhs.uk

BC asked who the target audience was for this report, JL said this was a Trust report and if there were themes or if anything was missed then we can comment on this and for the Trust to address this. BC asked whether they were being asked to agree any of the points, JL said no.

It was resolved to RECEIVE governor feedback and issues emerging from governor forums and the governor insight report.

MCCG/23/26

6. Future Members' Council agenda and discussion items for consideration for 16 August 2023 (agenda item 6)

The MCCG reviewed the draft Members' Council agenda for the meeting on the 16 August 2023. JL said we don't have MBr's verbal update on the agenda.

Action: LA to add MBr's verbal update on the MC agenda.

Item 6.1 Annual accounts. AS said there will be a delay so this will be removed. BC asked whether this report would go to the next meeting. AS said this will be presented at the AMM which was currently planned for the end of September 2023 and we will circulate the date once this is confirmed.

It was agreed for the Freedom to speak up annual survey and planning tool to remain on the agenda.

JL asked for governor feedback and appointed members to Members' council groups to be extended and for 15 minutes to be added to this item.

JL suggested for health inequalities data to be the focus item and what the Trust was doing to reduce inequality in our footprint. This was agreed by governors.

MBu said she supports the health inequalities data as a focused item.

Action: Health inequalities data is to be a focus area for the August meeting.

Action: LA to add extra 15 minutes onto the agenda item, governor feedback and appointed members to Members' Council groups.

Action: LA to add MBr verbal update to the agenda.

JL said he has seen a suggestion from CE in terms of a focus area on neuro diverse people. AS explained that CE had had a conversation with Phil Shire (PS), Julie Williams (JW) and Carmain Gibson Holmes (CGH) and it has been agreed that this topic of discussion will go through the Members' Council Quality Group later this year.

**Action: CE will do a presentation to the November Members' Council 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.
LA to schedule this in the work programme.**

BC said referrals and waiting lists was pertinent to health inequalities. MBu explained they are linked subjects with health inequality and waiting lists. JL asked to look at two topics under one focus area.

Action: AS to liaise with Directors to present health inequalities to the Members' Council as a focus area on the 16 August 2023.

JL said he has spoken to the new Kirklees public governor, Sara Javid (SJ) and he would like her to have an input in this focus area as she has spoken of health inequality issues within her community and how those exhibit themselves. JL said SJ will be able to give good insight and how we address this. MBu said we will pick this up as part of lived experience.

Action: AS to arrange a meeting with SJ to discuss her presentation to the Members' Council and to schedule her into item into the agenda.

Feedback from Survey Monkey following the last Members' Council meeting on the 9 May 2023

JL said it seems there were issues with getting papers on time at the last Members' Council meeting and he understands how the Corporate Governance Team also strive to ensure they arrive on time and that papers have to be signed if they are sent by Royal Mail. He said he understands we are working diligently on this.

JL said governors had problems with MS teams and they couldn't see everyone in the room. JL said the next meeting may take place at the Shay Stadium in Halifax and he enquired about the facilities. AS said she will be testing the facilities with the team next week.

BC informed the group of a machine called the OWL and it concentrates and zooms in on people who are speaking. He suggested whether the Trust could consider using this in the future.

(Adam Jhugroo (AJ) entered the meeting)

MBu said she has used OWL and it is a good system to have but this isn't used by SWYPFT at the moment.

KSC said they have a loop system in the Trust, and this enhanced sound for him with his hearing aids. He asked for this to be in place for future meetings. KSC said the hearing facilities at the Shay was not good last year.

Action: LA to check for hearing loop at future venues.

JL said governors expressed concerns about being pushed for time and being rushed. He encouraged governors to read the papers in advance. He said he doesn't mind if we add 15 minutes further to the items.

MBu said it is important that governors read the papers before the meeting. She explained that the executive summaries needs to be clear as to whether the paper is to note or agree. MBu said we spent more time on the papers in the last meeting and meetings longer than 2 hours are not effective meetings. JL said it is a balance and he understands the limitations and concentration.

BC asked whether people could put in comments by telephone during the meeting. AS said she will check with the support available on the day. AS said they can also use the chat function of MS teams.

JL asked Adam Jhugroo (AJ) about the NHS providers annual governors meeting in London. AJ said he attended the national governors meeting and it was useful and he would recommend other governors to attend. He said there is variation with different Trusts and how they interact with governors. He said he was in small table discussions for most of the event. He said some

Trusts were very open with governors and they offered a lot of information, for example they were provided with information about Serious Untoward Incidents and they could discuss individual incidents. He said there were some governors who were overwhelmed with papers they have to read before the meetings. AJ explained they spoke about equality and diversity workstreams, priority groups and minority ethnic groups and how to manage waiting lists. MBu said in our Barnsley alliance we are the only NHS Trust who provide regular health checks to those with Learning Disabilities in Barnsley. AJ said this was really positive. He explained there was no standard as to how Trusts worked with governors, and it was down to individual Trusts. AJ said our Trust was the top end and he felt connected as a governor. BC asked whether he could present this information again at the governors pre-meeting. This was agreed by all governors.

AJ said our communication was really good between the Board and governors. JL said when he first started as a governor it was very remote and there wasn't much interaction and we now have positive changes. He said the virtual meetings have improved the governor interactions, we have Q&A sessions and access to Board Committees. We are also doing QMVs and have moved forward very well. JL said it was about people that we work with. AJ said our recent move to have younger governors is very positive and it would be good to take our young governors to a future forum. JL thanked AJ for his input.

Action: AJ to present feedback at the governors pre meeting in the August Members' Council meeting.

JL said he has met with JW and AS to look at how we can review governors observing Committees and it has been agreed that this will be scheduled for the Members' Council agenda in August 2023.

Action: LA to add this item to the Members' Council agenda.

It was resolved to APPROVE the Members' Council agenda for the 16 August 2023.

MCCG/23/27

7. Members' Council Co-ordination work programme (agenda item 7)

The group received the work programme for 2023/24. No changes were noted.

It was resolved to RECEIVE the Members' Council Co-ordination Group work programme for 2023/24.

MCCG/23/28

8. Any other business (agenda item 8)

KSC said he has met with MBu for the purpose of his appraisal and it was a really good appraisal. MBu explained governors were volunteers and she calls them reviews rather than appraisals. KSC said he was made to feel relaxed, and it was a great meeting. He thanked MBu. JL said that was lovely feedback and thanked MBu.

It was resolved to RECEIVE any other business.

MCCG/23/29

9. Date of future Co-ordination Group meetings for 2023/24 (agenda item 9)

- Monday 4 October 2023 from 10.00 – 12.00
- Monday 8 January 2024 from 13.30 – 15.30
- Monday 18 March 2024 from 13.30 – 15.30

It was resolved to RECEIVE the future dates of the Members' Council Co-ordination Group.

JL closed the meeting.

**Notes of the Members' Council Quality Group
Held on 1 August 2023 from 09.00 to 11.00**

Meeting held virtually by Microsoft Teams

Present:	Phil Shire (PS)	Public – Calderdale (Co-Chair)
	Darryl Thompson (DT)	Chief Nurse and Director of Quality and Professions (Co-Chair)
	Daz Dooler (DD)	Public – Wakefield (attended from 09.00 while 10.00)
	Sue Spencer (SS)	Appointed – Barnsley Hospital NHS Foundation Trust
In attendance:	Laura Arnold (LA) (author)	Corporate Governance Officer
	John Laville (JL)	Public - Governor Kirklees (Lead Governor)
	Sarah Whiterod (SW)	Associate Director of Nursing, Quality & Professions
	Julie Williams (JW)	Deputy Director of Corporate Governance (attended 09.00 while 10.30)
Apologies (members):	Claire Den Burger-Green (CDBG)	Public governor – Kirklees (Deputy Lead Governor)
	Helen Morgan (HM)	Staff - Allied Health Professional
Apologies (in attendance):	None.	

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 as quorate.

Darryl Thompson (DT) introduced Sarah Whiterod (SW) to the group and explained SW will attend each meeting. Laura Arnold (LA) to add SW to the meeting requests.

Action: Laura Arnold

2. Declarations of interest (agenda item 2)

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

3. Notes and actions of previous meeting held on 3 May 2023 (agenda item 3)

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 (IPR) (agenda item 5) -

DT gave a verbal update stating that the Trust is currently undertaking a project with the clinical governance group to view the issue of how we support people who are waiting for our services. The frequency of welfare calls will differ per service user and level of risk presented. There are specific thresholds of risk which will require a different response, and these will differ per practitioner and resources within local areas. There is also oversight within the broader waiting list management workstream and within care groups and local governance groups. Daz Dooler (DD) asked is there is a baseline standard for all areas? DT confirmed; yes.

Agenda ref. Integrated performance report (agenda item 4) – presentation of the new Chief People Officer will be discussed in the agenda setting meeting [relating to the new structure and to include sickness and absence].

Agenda ref. Members' Council Quality Group work programme (agenda item 11) – to close this action. Annual staff survey will be presented at the Members' Council meeting in August 2023.

4. Integrated Performance Report (IPR) (agenda item 4)

PS asked the group for any questions regarding the IPR.

DD commented that he thought the changes to Primary Care Network (PCN) in the form of the new roles that are being developed are disappointing, and this will impact on the service model and mental health alliance. This could mean that staff within the Trust could be lost to these new roles. DT replied stating that these roles are senior clinical roles, and this would result in a natural pull of more experienced Trust staff.

DD asked for the general reason why staff are leaving the Trust. DT replied stating that the care co-ordinator role can be a stressful job but may feel less pressure at a higher banding, it is understandable that staff are interested in that move. DT noted that this is a national issue.

PS commented that in the summary section, the position looks better for the Trust in terms of recruitment.

Sue Spencer (SS) asked about the inpatient improvement programme, whether this involved extra beds or more staffing? DT commented that the Trust is not planning on creating additional wards, this is as an improvement plan to improve patient flow from the wards and into the community.

John Laville (JL) commented that Barnsley Hospital NHS Foundation Trust have achieved an efficient patient flow system, and asked if the Trust are learning from other organisations. DT replied stating the Trust has a patient flow team and have invested in a new dashboard system showing our 'live' position. Carol Harris chairs a West Yorkshire secondary care pathway where these challenges are also discussed. The Trust is well connected with other providers and their learning. SS commented that the relationship between Barnsley Hospital NHS Foundation Trust and the Trust is very good.

JL asked if patients are moved out of area for any specific reasons? DT commented that one reason would be a clinical perspective such as a single sex psychiatric assessment.

JL asked for the implications of the equality impact assessment performance. DT replied stating that Trust policies cannot be approved until the equality impact assessment is completed. Demographics are compared for people using Trust services to populations. Julie Williams (JW) commented that the Trust is working hard to support services to complete this assessment and

all policies which are submitted to Executive Management team meetings have an equality impact assessment.

JL commented that the completion of appraisals has risen from 74.4% to 79.4%. JW added that this percentage is currently much higher and some care groups are at 100%. It is reported from staff that the system to record staff appraisals isn't easy to navigate and complete, there has been a paper exercise running in parallel to ensure the Trust has an accurate picture.

DD asked about the discharge issues related to local authority social care and if the Trust is aware of any blockages in the system. DT replied stating that the Trust is working closely with partners, and they will be aware of any blockages.

PS asked about further details for pressure ulcers due to lapses in Trust care. DT replied stating that patient safety is priority and root cause analysis reviews of pressure ulcers. SS stated that there may be complex cases where patients with mental health needs may be visiting services with existing pressure ulcers, or they may develop whilst in Trust care. There are also pockets of populations with higher levels of lymphoedema in areas of deprivation.

PS asked about complaints still unresolved within 6 months of date received, although noting the figure for completion has improved. SW commented that there is focus improvement work on complaints in the organisation using a multifaceted process centrally held in customer services. The work has been streamlined and anything wasteful has been removed. The customer services team have focused their skillset and have been assigned to different parts of the complaint's procedure. Sue Wing, Director of Services, have supported the team with focused work around investigators forming written responses themselves.

JL applauded the improvement process but commented that the 6 month timescale to respond to a complaint is a lengthy amount of time. SW replied stating that 6 months for complaint response and closure is the target within NHS complaint regulations currently, moving forward the Trust hopes for it to be much timelier.

PS commented that the benchmarking data for workforce stability is good.

JL asked what a 'blue light alert' is. DT replied stating that it is sharing urgent safety information and points of learning from a clinical risk. It is shared across all staff in the organisation and displayed in certain areas..

DD left the meeting at 10.00.

PS commented that he thought the agency spend forecast for 23/24 looks to be high and asked if there was an impact at ward level of quality of care delivery through high use of agency staff. DT replied stating that many agency staff regularly work on the wards and are familiar with the wards. The priority would always be to have substantive staff on shift, then bank staff and then agency staff.

5. Care Quality Commission (CQC) update (agenda item 5)

DT gave a verbal update, noting that the Trust has responded to all data requests but are yet to receive formal feedback; this is expected to be received in August 2023.

6. Quality Account (agenda item 6)

The Quality Account has been published on the Trust website and a presentation will come to the Annual Members' meeting this year.

It was agreed that the MCQG should have a greater role in contributing to next year's Quality Account when it is being developed and approved.

Action: Laura Arnold

7. Incident management annual report (agenda item 7)

PS asked how much time is spent for staff processing and documenting incidents to the system. DT replied stating that reporting incidents is very important and part of their duties.

SW commented that there has been staff training around recognition for pressure ulcers which has contributed to an increase in numbers, although thankfully staff are more aware, and patients will receive treatment quicker.

PS asked about duty of candour on page 106, if this is a statutory requirement? DT confirmed, yes.

JL commented that he felt the report is detailed and brings assurance. Information is captured at a granular level and formatted into a report. JL asked if there was any learning from the information or anything to improve. DT replied stating that Care Quality Commission (CQC) found evidence of learning from incidents during their recent inspection of mental health and forensic inpatient wards. Non-Executive Directors have attended the clinical risk panel, which is regularly attended by Carol Harris (Chief Operating Officer), Subha Thiyagesh (Chief Medical Officer), Darryl and a range of colleagues to discuss amber and red incidents. There is a robust process in place. The Trust is also preparing for the introduction of the new national patient safety incident response framework (PSIRF) this year.

JW left the meeting at 10.30.

8. Care Quality Commission (CQC) inspections- initial feedback (agenda item 8)

DT gave a brief overview for this item stating that staff on mental health and psychiatric intensive care units (PICU) were all accommodating and there were kind interactions between patients and staff. Consistently positive feedback was also received regarding electronic prescribing. Staff on the wards felt valued. Inspectors did not identify any concerns about culture on the wards.. Staffing pressures were noted, together with a person's specific needs not always taken into account, e.g. access to person-centred psychological support.

There was also positive feedback in the forensic wards and inspectors felt welcomed. Frontline colleagues felt confident whilst speaking to inspectors and felt open to talk about subjects at work they are proud of or felt worried about. However, some concerns were noted with regards to not all wards having an up-to-date ligature risk assessment and staff not always aware of ligature risks on the wards or how they were locally managed, a lack of activities across a number of wards and some concerns about medicine fridge temperatures.

PS asked about the grading system for inspectors. DT replied stating each service will be rated and this will inform the overall rating for the Trust.

11. Members' Council Quality Group Work programme (agenda item 11)

The group received the up to date work programme. PS queried if the update for Quality Monitoring visits should only be on the work programme for May. DT commented that he will check with the Clinical Governance and Clinical Safety Committee.

Action: Darryl Thompson

PS asked the group for a topic for the 'deep dive'. DT commented that there is a report being submitted to Clinical Governance and Clinical Safety Committee regarding pressure ulcers and this could be considered as a topic.

12. Any other business (agenda item 12)

PS proposed to change the next meeting from 13 November 2023 to 17 October 2023 at 14.00 while 16.00. The group agreed. There was discussion regarding future meetings being hybrid, with a plan for those attending in person having the opportunity to see a service at the meeting location. It was agreed to trial this at the next meeting, which will be at Fieldhead.

13. Items to raise at Members' Council (agenda item 13)

None.

14. Date of next meeting(s) (agenda item 14)

The group received the future dates for 2023/24, noting the date change below:

- ~~Tuesday 13 November 2023 at 13.00 – 15.00~~
- Tuesday 17 October 2023 at 14.00 – 16.00
- Tuesday 5 February 2024 at 10.00 – 12.00

**Nominations Committee
5 July 2023 10:30am
Virtual meeting via Microsoft Teams**

Present: John Laville (JL) - Lead Governor, Publicly Elected Governor, Kirklees
Andrea McCourt (AM) - Appointed Governor – Calderdale and
Huddersfield NHS Foundation Trust
Phil Shire – Public Governor – Calderdale

Apologies: Marie Burnham (MBu) - Trust Chair (Chair)
Claire Den Burger Green (CDBG) – Deputy Lead Governor, Publicly Elected
Governor, Kirklees

In attendance: Andy Lister (AL) - Head of Corporate Governance (Company Secretary)
Lindsay Jensen (LJ) – Deputy Chief People Officer

Apologies (in attendance) Greg Moores (GM) – Chief People Officer
Mark Brooks (MBr) – Chief Executive

NC/23/44 Welcome, introductions and apologies (agenda item 1)

John Laville (JL) welcomed everyone to the meeting and introductions were made. Apologies were noted and the meeting was declared to be quorate and could proceed.

NC/23/45 Declarations of Interests (agenda item 2)

No declarations were recorded.

NC/23/46 Minutes from previous meeting held on 26 April 2023 (agenda item 3)

It was **RESOLVED to APPROVE** the Minutes as a true and accurate record of the meeting held 26 April 2023.

NC/23/47 Matters arising from previous meeting held on 3 April 2023 – Action log (agenda item 4)

It was noted that all actions had been completed.

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

NC/23/48 Associate Non-Executive re-appointment considerations (agenda item 5)

Andy Lister (AL) reported he would present the item in the Chairs absence.

AL noted the Nominations Committee had agreed to appoint two associate non-executive directors (ANED) to be part of the Trust Board and had recently recommended two appointments to the Member Council that were approved in May 2023.

AL explained that non-executive directors (NED's) are not employees of the Trust and as such do not hold contracts of employment but service level agreements. AL reported he had liaised with other Trusts that had appointed ANED's and had also used the Trust NED service level agreement to create an ANED service level agreement as there were differences in the two roles, one being voting rights at Board, the other being the length of term, three years for a NED, two years for an ANED.

AL reported today's paper was to inform the Nominations Committee that towards the end of the two-year term, one of the options available to the Committee would be to extend the term of appointment. These considerations would be subject to normal conditions of satisfactory performance and appraisal.

Phil Shire (PS) asked for clarification if the ANED role is a developmental role, and if so, the Trust should be looking to continue turnover in these roles and not making them long term.

AL confirmed that it is a development role, and this was the basis of the two-year term. AL confirmed the paper is make Committee aware it will have the option to extend the term of ANED, but this is a decision to be taken later.

Lindsay Jensen (LJ) agreed and reported the ANED role is there as a developmental role and dependent on the individual more time may be required to allow the appointed person to fully develop into the role.

Andrea McCourt (AM) agreed with the proposal, and reported it is important that flexibility is built into Trust processes to allow for things such as unexpected sickness.

LJ raised whether the term of appointment should be reviewed to include the option to extend to three years.

AL reported the Committee had agreed to a two-year term, but the review of the role had now been scheduled into the Committee workplan.

The Committee agreed that a review should take place in due course considering AM's comments in relation to flexibility.

AM also noted the financial climate is also becoming more challenging and so the Trust may need to consider the viability of future appointments.

It was RESOLVED to NOTE the governance process in relation to the consideration of re-appointment for Associate Non-Executive Directors after a two-year term.

NC/23/49 Proposal to merge the Deputy Chair / Senior Independent Director (SID) role (item 6)

JL reported at present Mandy Rayner (MR) is the deputy chair and Mike Ford (MF) is the senior independent director (SID) and chair of the audit committee. The proposal is that the role of deputy chair and senior independent director are merged as it had been previously.

AL reported NHS England's new Code of Governance for NHS Provider Trusts became effective on 1 April 2023. 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.'*

This was brought to the Chairs' attention, and she has held discussion with both MR and MF. MF has reported he would like to remain chair of the audit committee, and MR has reported she is happy to take on the joint role. AL informed the committee that these are "comply or explain" rules and so the Trust can deviate from them if it desires but the Chair wanted to hold the conversation with MR and MF to seek their views.

AL clarified there would be no changes to MF's or MR's remuneration because of these changes as the additional NED remuneration posts are chair of the audit committee and deputy chair.

PS reported it is important that MR understands the additional duties of the role, and the need for complete independence, noting that she has been through a formal process to become a senior independent director.

AL reported the discussion of additional duties was held between the Chair, MF and MR.

JL reported he was consulted prior to the proposed changes and felt that MR would perform the role well demonstrating the desired level of independence that the role requires.

AM reported she was happy to support the combined role and that JL felt he could approach her independently with issues as a lead governor. AM noted the chairs appraisal may be the part of the role which would be new to MR, and she would require relevant support to complete this.

AL reported the corporate governance team support the chairs appraisal and will support MR in conducting the Chairs appraisal in the future.

It was RESOLVED to RECOMMEND to the Members' Council that Mandy Rayner become the Deputy Chair AND Senior Independent Director (SID).

NC/23/50 Work Programme for 2023/24 (agenda item 7)

AL noted the review of ANED's has been added to the workplan.

It was RESOLVED to RECEIVE the Work Programme for 23/24.

NC/23/51 Any other business (agenda item 8)

None.

NC/23/52 Issues and items to bring to the attention of Trust Board / Members' Council (agenda item 9)

JL noted the recommendation to the Members' Council for Mandy Rayner to become the Deputy Chair AND Senior Independent Director (SID). There are no updates for the Trust Board.

NC/23/53 Dates of future Nominations Committee meetings (agenda item 10)

- 10.30 – 12.30 on 11 October 2023
- 11.30 – 13.30 on 24 January 2024

Members' Council 17 November 2023

Agenda item 7.3

Private/Public paper:	Public		
Title:	Constitution review		
Paper presented by:	Andy Lister – Head of Corporate Governance		
Paper prepared by:	Julie Williams – Deputy Director of Corporate Governance Andy Lister – Head of Corporate Governance		
Mission/values:	We put the person first and in the centre We know that families and carers matter We are respectful, honest, open and transparent We improve and aim to be outstanding We are relevant today and ready for tomorrow		
Purpose:	To provide Trust Board with an update in relation to the latest constitution review		
Strategic objectives:	Improve Health	✓	
	Improve Care	✓	
	Improve Resources	✓	
	Make this a great place to work	✓	
Board Assurance Framework (BAF) Risk(s):	All risks		
Contribution to the objectives of the Integrated Care System/Integrated Care Board/Place based partnerships	The Trusts constitution incorporates the governance structures, which support its contribution to the objectives of the integrated care partnership (ICP), integrated care board (ICB), and place-based partnerships.		
Any background papers / previously considered by:	Proposal to update the Trust Constitution (including standing orders), Standing Financial Instructions and Scheme of Delegation – Trust Board January 2023 and Members Council February 2023. Trust Board 31 October 2023		
Executive summary:	In January 2023 the Trust undertook a detailed review of the Trust’s constitution in readiness for compliance with the revised Code of Governance for NHS provider Trusts, which came into effect on 1 April 2023.		

	<p>In addition, the Trust board workplan details the requirement for an annual review of the constitution each October. The outcome of which is detailed below:</p> <ol style="list-style-type: none"> 1. Legal and statutory requirements - the writer has reviewed legal guidance and can confirm that there are no further legal changes required in 2023/24. 2. Trust review - in recent years the Trust has been unsuccessful in appointing a staff governor to the Members' Council staff constituency for social care workers in integrated teams. <p>For point two above, the writer has liaised with the Director of Services for Adult and Older Peoples services, it has been established that the Trust does employ a number of social workers, however they sit outside the integrated team model.</p> <p>The Trust is required to consult with members council on any proposed changes to the constitution, ahead of presentation to Trust Board. Therefore, a two-week consultation period took place between 14 and 26 October 2023, where governors were asked to respond to the proposal by objection only. No responses were received.</p> <p>It is therefore proposed to widen the constituency to include all social workers, to maximise the opportunity to fill the vacancy in the next round of elections, starting in January 2024.</p> <p>This motion was supported by Trust Board on 31 October 2023 and was recommended to the Members' Council for approval.</p>
Recommendation:	<p>Members Council is asked to APPROVE the change of the staff governor constituency from "social workers in integrated teams" to "social workers."</p>

**Members' Council meeting
17 November 2023
Agenda item 7.4**

Private/Public paper:	Public		
Title:	Patient Experience (including complaints) Annual Report 2022/23		
Paper presented by:	Darryl Thompson, Chief Nurse and Director of Nursing, Quality and Professions		
Paper prepared by:	Sarah Loble, Customer Services Team Manager Suzie Barton, Portfolio Lead, Quality Improvement and Assurance Team Sarah Whiterod, Associate Director of Nursing, Quality and Professions		
Mission/values:	We must support people to fulfil their potential and live well in their community, we do this through our values: We put the person first and in the centre We know that families and carers matter We are respectful, honest, open and transparent We improve and aim to be outstanding We are relevant today and ready for tomorrow		
Purpose:	To provide an annual report (2022/23) of patient experience, including complaints.		
Strategic objectives:	Improve Health	✓	
	Improve Care	✓	
	Improve Resources		
	Make this a great place to work		
Board Assurance Framework (BAF) Risk(s):	1.3 Lack of or ineffective communication and engagement with our communities, service users and carers could result in poor service delivery that does not meet the needs of the populations we serve 1.4 Services are not accessible to nor effective for all communities, especially those who are most disadvantaged, leading to unjustified gaps in health outcomes or life expectancy. 2.2 Failure to create a learning environment leading to lack of innovation and to repeat incidents 2.3 Increased demand for services and acuity of service users exceeds supply and resources available leaving to a negative impact on quality of care		
Contribution to the objectives of the Integrated Care System/Integrated	Positive service user and carer experience is the integral to delivering high quality services. Each Trust or provider within an Integrated Care System is responsible for delivering high quality care, being open to receiving, learning from and making		

Care Board/Place based partnerships	<p>changes based on feedback. It is essential that service users and carers can see the changes made based upon their feedback.</p> <p>Understanding where improvements can be made can support systems to think differently and contributes to the partnership working across the Integrated Care System.</p>
Any background papers / previously considered by:	<p>Quality and Safety Committee recommended this report to Board for approval on 12 September 2023. Trust Board reviewed and approved this report on 26 September 2023.</p>
Executive summary:	<p>Feedback from service users, carers and staff is collected in a number of ways across the Trust with one key source being into our customer services team. Feedback is also received through the friends and family test (FFT), insight information collected by the Equality and Inclusion team and and staff are able to provide feedback through the freedom to speak up guardians.</p> <p>This report provides data and information about feedback gathered through the above routes. Themes from feedback are used to support quality improvement across our services and enable service user, carer and staff experience to be captured within the work we do and the care we provide everyday. In response to previous committee and Board feedback to include experience from beyond just the customer services team, there is more detail included with regards to data from other sources. Highlights of the report include:</p> <ul style="list-style-type: none"> • During 2022/23 the customer services team received and processed 758 items of feedback in the form of complaints, concerns, comments (excluding compliments). This is a 2.5% decrease compared to the previous year (2021/22) when 777 items of feedback were received. • Of these 758 items, 86 of these were formal complaints and this compares with 119 during the previous year. These are complaints where consent has been received from the complainant and the scope of investigation agreed and an investigation started. • The friends and family test has seen an increase in responses over the previous 12 months and an increase in the number of people who rate our services as 'good' or 'very good'. • 'You said, we listened' actions following insight information about services <p>The majority of both complaints and compliments per caseload size are received by mental health inpatient services, and feedback rate by service area is included within the report.</p> <p>Performance in response to closure of a complaint within 6 months of receipt has deteriorated over 2022/23, with a range of factors impacting on this situation. The improvement approach currently underway to address this is referred to in the report.</p>

	<p>A backlog of complaints awaiting allocation to a complaints case handler has reduced from a peak of 61 in autumn 2022, to 40 at the end of 2022/23, with further and sustained reduction since.</p> <p>The Trust received eight requests for information from the Parliamentary and Health Service Ombudsman (PHSO) in 2022/23 with five of these cases having been brought by two complainants. Four of these cases have been closed by the PHSO with no further action or recommendations.</p> <p>The Trust is still waiting for the outcome of the PHSO's scrutiny of four cases. Three of these are from the same individual who is classed as a habitual complainant and is also person who has not been actively under the care of Trust services for some years. The PHSO have advised that it also has a significant backlog of cases awaiting review and will only investigate those where there has been the biggest hardship.</p> <p>Review of the Patient Experience report 2023/24</p> <p>A full review of this annual report is planned for February 2024 to ensure that the experience of patients and carers is reflected in it for 2023/24. This will be held and developed through the Patient Experience Group and will include:</p> <ul style="list-style-type: none"> • Customer Services feedback • Insight data and information • Friends and Family test and other patient experience surveys <p>A proposal for the new report will be shared with Quality and Safety Committee in March 2024.</p> <p>Trust Board noted that the improvement work in complaints is being monitored by Quality and Safety Committee, and that they needed to see the trend of improvement in the backlog of complaints waiting to be allocated to a customer services adviser continue to be fully assured. The report was noted to be an improvement from last year. It was also noted that the report needed more qualitative data as well as quantitative data, to confirm we are listening to carers, service users and families.</p>
Recommendation:	Members' Council is asked to RECEIVE the annual report on Patient Experience (including complaints).



**South West
Yorkshire Partnership**
NHS Foundation Trust

Patient Experience (including Complaints)

Annual Report 2022/23

With **all of us** in mind.

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Executive Summary

Feedback from service users, carers and staff is collected in a number of ways across the Trust with one key source being the customer services team. Feedback is also received through the friends and family test (FFT), insight information provided to Healthwatch, Trust governors and partners. Staff are also able to provide feedback in a number of ways including through the freedom to speak up guardians.

This report provides data and information about feedback gathered through the above routes. Themes from feedback are used to support quality improvement across our services and enable service user, carer, and staff experience to be captured within the work we do and the care we provide everyday.

During 2022/23 the customer services team received and processed 758 items of feedback in the form of complaints, concerns, comments (excluding compliments). This is a 2.5% decrease compared to the previous year (2021/22) when 777 items of feedback were received.

Of these 758 items, 86 (11%) were formal complaints (where consent was received and scope of the investigation agreed) which compares with 119 during the previous year. There were at total of 265 complaints across all categories (no further action/no consent, awaiting consent, awaiting allocation and awaiting questions/scope).

The complaints received into the Trust typically contain several issues which require investigating. The customer services team have noted that complaints have typically become more complex in nature, with a change in the expectation of the complainant about what can be achieved through the complaints process.

During the reporting period there have been six complaints which have been re-opened following a complaint being completed. This is a lower number than previous years.

The customer services team monitors and reports the progression of formal complaints against the statutory guidance set out in the NHS Complaints

(England) Regulations 2009, which details that a response should be provided within 6 months from the date that a complaint is received. Further detail of our compliance with this timeframe is contained within the report, together with our plans to improve this compliance.

The associated impact of the COVID-19 pandemic of less clinical staff being available to investigate complaints, alongside internal capacity and resourcing pressures within customer services, has meant that the Trust currently has a backlog of complaints waiting to be allocated to a named handler and therefore responded to. The team has been working hard to reduce this from the high of 61 complaints on the waiting list to be allocated in September 2022 to 31 at the end of 2022-23, which is a 49% decrease [of note, this has continued to decrease in 2023/24).

Of the 758 items of feedback received, 493 were comments/concerns. This is an increase from 2021/22 where 426 comments/concerns were received.

Alongside the 758 items of feedback, the Trust also received 324 compliments during 2022/23. This is a small increase of 6% compared to 307 in 2021/22. The number of compliments can fluctuate year on year and per month, which can be due to how often compliments received by clinical services are shared with the customer services team for formal recording. Formal recording of compliments through the customer services team supports staff morale and sharing best practice examples across the Trust.

The friends and family test has seen an increase in responses over the previous 12 months and an increase in the number of people who rate our services as 'good' or 'very good'.

Data and insight gathered from Healthwatch, through Trust governors and partners has also supported a number of improvements across our services.

1. Introduction

This aim of this report is to provide data and information related to the feedback we receive into the Trust, an analysis of this information and an overview of actions taken as a result of the feedback received.

There are four parts to this report. The main focus is on the customer services function and the complaints, comments, concerns and compliments received by the team and across the Trust. Within this report there is also data and information about feedback captured through the friends and family test (FFT), through insight provided to Healthwatch, Trust governors and partners.

Feedback is received into the customer services team through email, letter or phone call. Complaints received can be responded to initially in an informal manner, with the relevant service reviewing and if appropriate contacting the complainant for an initial discussion about their complaint. A number of complaints do not progress through a formal process as they are able to be resolved informally through this discussion. Those that are requested to be formal from the outset, or those where an informal resolution has not been possible, will then be managed through the formal Trust process for the handling of complaints. This report provides data on complaints resolved informally and those which undergo a formal process. Of note, complaint themes are outlined, broken down and reported at service level.

Information about the numbers of comments and compliments is also detailed within this report. A comment is something that is unrelated to direct care and treatment, for example feedback about parking or food provision.

The freedom to speak up guardian continues to work closely with staff and support staff to raise concerns through a number of channels. This learning is covered within the annual Freedom to Speak Up guardian's report.

The friends and family test (FFT) is key source of service user and family/carer feedback into the Trust regarding the care they receive. The use of electronic collection methods has supported an increase in the amount of feedback received during the reporting period. The feedback

from the FFT is used to support improvements to services and some examples of this are shared within the report.

2.Customer Services

The NHS Complaints (England) Regulations 2009 remain unchanged since the pandemic and the statutory framework is that a response to a complaint should be provided within 6 months from the date it was first received. The Parliamentary Health Service Ombudsman (PHSO) is guided by this and asks that organisations keep complainants updated about when they expect to respond.

All complaints which are received by the customer services team are risk assessed using the Trust's risk matrix. This is undertaken by the customer services manager or their deputy, and any complex or high-risk complaints are discussed with the associate director of nursing, quality and professions and the assistant director of legal services as required.

Work is continuing to improve Customer Services processes to ensure that the Trust responds in a way that maximises opportunities for learning and becomes more responsive where service issues arise. This means services will see the issues raised in the first instance, with a view to being able to resolve them quickly and informally, before proceeding to a formal complaint process within Customer Services.

2.1. The Customer Services team

The customer services team is made up of staff trained in the management of complaints, and they are highly skilled specialists in complaint handling and investigation.

Throughout the second half of the year an improvement programme was established to support reducing a backlog of complaints which had built up during the complexities of the previous years (during the pandemic) and also to review the process for managing complaints across the Trust. Quality improvement methodology has been utilised to support this work. Through scoping and understanding the problems and identifying change ideas, a number of actions are underway, using a PDSA (plan, do, study, act) method, which are supporting a reduction in the backlog of complaints.

Significant work has been undertaken as part of the improvement programme including reviewing the process for how complaints are managed within each Service, identifying delays in the process, including

making the sign off process more efficient and understanding individual responsibilities for investigation of complaints.

This improvement programme will continue during 2023. The next steps are to utilise process mapping to review the whole process for complaint management and identify where there are potential blocks, inefficiencies and good practice to further streamline the process.

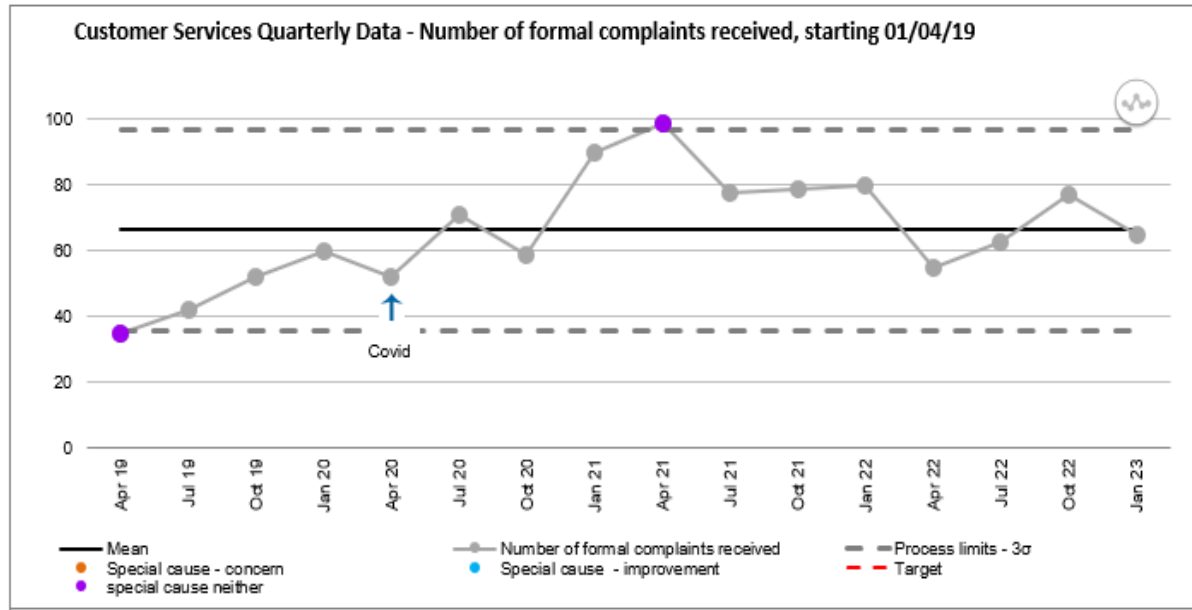
2.2. Managing complex complaints

Complaints are often complex and longstanding in nature and require thorough investigation to resolve the issues raised. Individuals often require support to understand the potential outcomes of a complaint, as there are occasions where a complainants' expectations of what can be achieved through the complaints process may be unachievable.

The numbers of complainants who make multiple or continuous complaints require a large amount of resource which often includes corporate governance and legal services. The management of these complaints requires a coordinated approach across the Trust and places increased workload on teams.

3. Formal Complaints

3.1. Total number of formal complaints received into the Trust via Customer Services



The data above is presented in a statistical processing control (SPC) chart. SPC charts are simple graphical tools that enable process performance to be monitored over time, using upper and lower control limits and allowing for easy identification of changes that are outside of these normal limits.

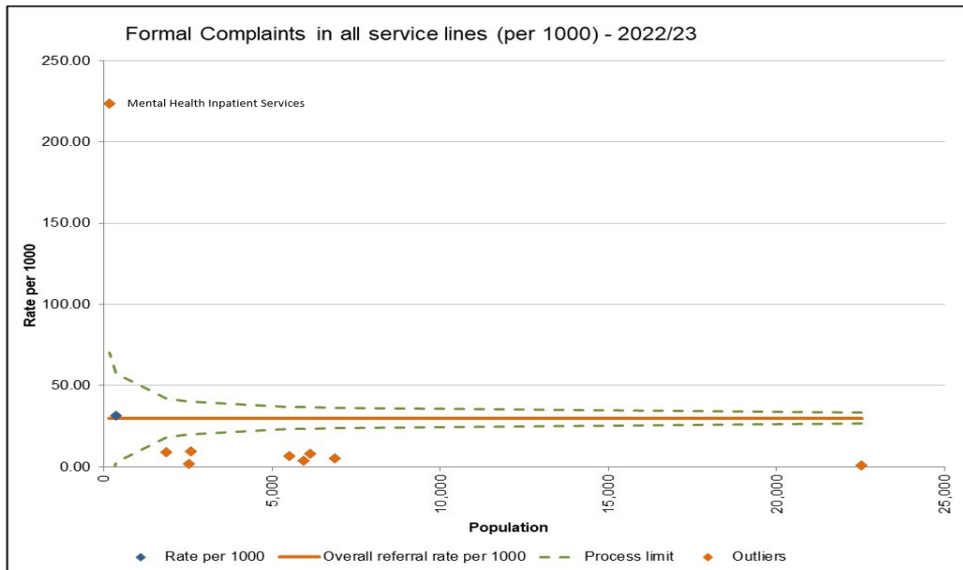
The data remained in normal variation with a peak number of formal complaints received January to April 2021. This corresponds to the third national lockdown and could be indicative of the increased restrictions around face-to-face

contact. No other reasons for this anomaly have been established and the numbers of complaints returned to within expected volumes by the middle of 2021. This appears to be in line with national reporting on formal complaints (NHS Digital) where data for 2021/22 shows an increase of 25.8% from 2020/21, and then a return towards pre-pandemic levels.

The number of formal complaints continues to be above average and also above pre-pandemic levels, 2019/20 levels. There has been a steadily increasing trend in the number of formal complaints received by the team since the pandemic began in March 2020. This is likely attributable to the increased demand on services since the COVID-19 pandemic, which has led to delays within NHS services and systems and a backlog of patients and service users waiting for treatment and remaining on waiting lists for longer periods.

Section 3.9 reports on themes from complaints and whilst waiting times is not a significant theme, access to treatment and drugs remains the top reported reason for complaints for the second year in a row.

3.2. Formal complaints by Service



Service	Complaints received as a proportion of individual caseload size (per 1000)
Mental Health Inpatient Services	223.60
Forensic Services	31.70
Calderdale CMH Services	9.70
ADHD and Autism Services	9.20
Kirklees CMH Services	7.99
Wakefield CMH Services	6.53
CAMHS Specialist Services	5.39
Barnsley CMH Services	3.88
LD Services	1.98
Barnsley General Community Services	0.71

A funnel plot, such as the one shown above, are widely used to support data analysis. These charts show the measure of interest on the vertical axis (in this case rate per 1000) and the sample size on the horizontal axis (in this case population).

The funnel plot shows the number of formal complaints received by each service across 2022/23. It considers the total number of complaints received by each service as a proportionate rate against their individual average caseload size for 2022/23.

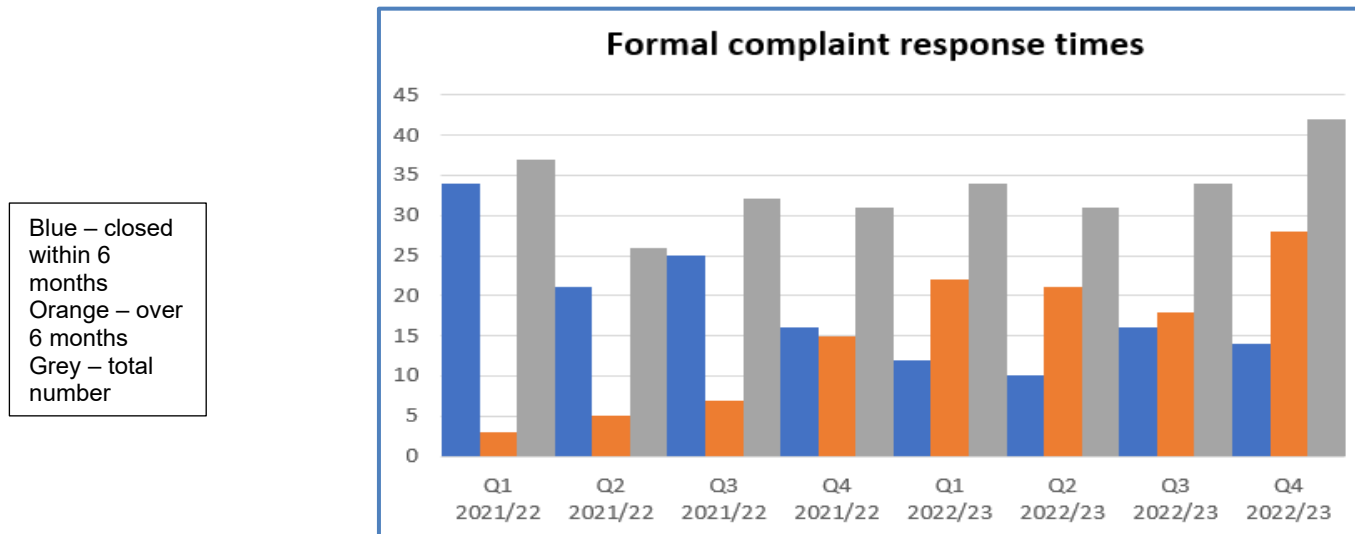
Mental health inpatient services are an outlier and shows a high rate of complaints for its caseload size. However, there has been a positive shift in this rate since 2021/22, when the data reported a rate of 263 complaints per 1000. Many

people treated within inpatient services are acutely unwell and are treated under legal frameworks. This can impact on the type and number of complaints made.

Many of the services receive a lower-than-expected number of complaints which is likely to be an indication of service user, carer or relative satisfaction. However, we should be mindful that it may also indicate hesitancy about making a complaint and/or uncertainty about the complaint process.

3.3. Complaints Key Performance Indicators (KPIs)

The Trust's KPI is to close formal complaints within 6 months of receipt, which is in line with NHS Complaints (England) Regulations 2009.



In the first three quarters of 2021/22, the majority of complaints were closed within 6 months of receipt. In Q1 2021/22 a

record high of 92% of responses were closed within 6 months. Performance declined to 81% in Q2 and 78% in Q3. From Q4 2021/22 the Trust's performance in meeting the 6-month target has continued to decline and the rolling average for 2022/23 is now 37%. Work is underway to further analyse data related to the process for complaints to understand this in more detail.

There are multiple factors that impact on our ability to meet this target. Further detail is provided in the next section.

3.4. Responding in a timely manner

The Customer Services standard and the NHS Complaints Regulations stipulate complaints must be acknowledged within three working days. During 2022/23, 96% (n=254/265) of formal complaints met this target. Of the 10 that missed the target, five were specifically related to human factors and these have been addressed. There were also other issues identified including human error, the Datix system being down (so the electronic database that we use to manage complaints was unavailable), annual leave within the team and awaiting clarification as to which organisation would lead a complaint.

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

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

All complaints are dealt with as quickly as possible. Service directors and general managers across services are kept updated on the progress of complaint investigations. The customer services team works with individual services to support the identification of lead investigators who have capacity and dedicated time for conducting investigations.

During 2022/23 141 formal complaints were closed and 63% of these were closed within the six-month target. The customer services team conducted an in-depth analysis of Trust timeframes for responding to formal complaints between September 2022 and February 2023 which is a 6-month period and identified the following:

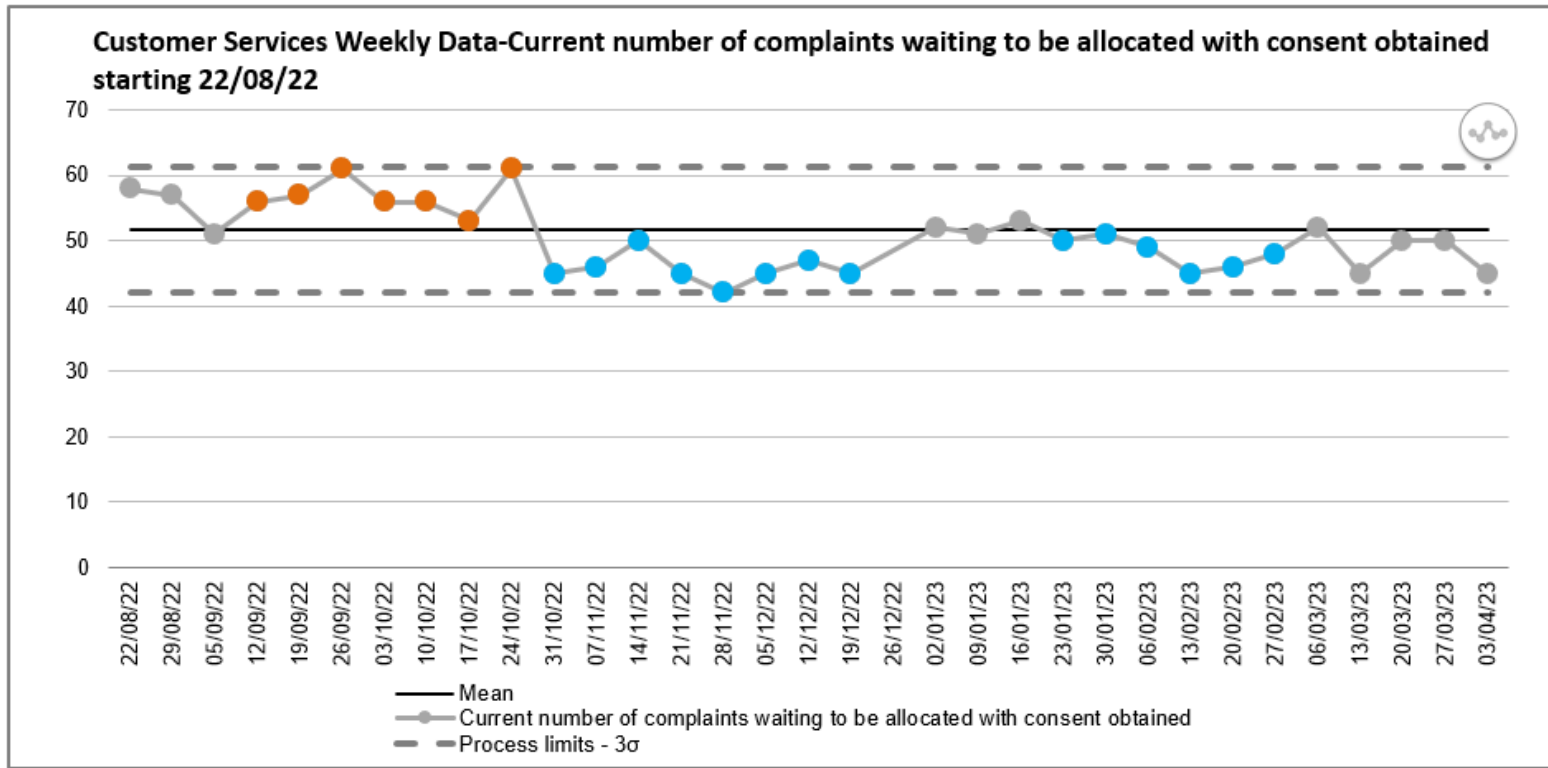
- 42% of complaints were delayed being allocated a lead investigator (LI) which currently has 5 working days built into the process.
- 46% of complaints were delayed having the toolkit returned to the customer services team from services, to enable a response to be formulated. This stage of the process (scope agreed to toolkit returned) currently has 20 working days built in.
- 77% of drafted responses were delayed during the sign off process. There are 22 working days built in from returning the toolkit to closure of the complaint.

- A single complaint can be delayed at multiple stages throughout the process.

The result of this in-depth analysis is supporting the improvement project around streamlining the process for complaints management.

3.5. Complaints backlog

The following statistical processing chart shows the number of complaints waiting to be allocated to a complaints officer within the customer services team (the backlog). This shows weekly data from August 2022.



The graph highlights the stabilisation of complaints in the backlog from November 2022 when focussed reduction began. The improvement work has supported a reduction in the number of complaints in the backlog towards the end of quarter 4 and into quarter 1 of 2023. It is anticipated that this will continue to reduce and be eradicated completely during quarter 2 of 2023.

3.6. Risk Grading – Complaints

All complaints which are received by the customer services team are risk assessed using the Trust's risk matrix. This is undertaken by the customer services manager or their deputy, and any complex or high-risk complaints are discussed with the associate director of nursing, quality and professions and the assistant director of legal services as required.

The customer services manager attends the weekly clinical risk panel, to allow for escalation of any concerns related to a complaint and discussion through the risk panel to agree a way forward. Clinical risk panel is attended by the executive trio, this being the Chief Operating Officer, Chief Nurse / Director of Quality and Professions, and the Chief Medical Officer. Any complaint graded as red is presented at clinical risk panel. This also provides assurance that actions relating to the most serious Trust complaints are fully implemented into clinical services.

The table below is for all complaints received into the Trust for 2022/23 regardless of whether these progressed through a formal process i.e., some were closed due to no contact/consent.

All 265 complaints across Trust services were risk graded, with the majority (71%) were being graded as green (minor impact/no harm) in 2022/23 which is positive. Only 1 complaint was graded as red (catastrophic impact) which involved a service user death. This indicates that most complaints raised with the Trust do not relate to concerns regarding the safety of service users in respect of care delivery and treatment.

There were 76 complaints (29%) that were graded as amber (moderate impact or intervention) and the Forensic Service had 55% of complaints rated as amber followed by Mental Health Inpatient Services at 42%.

The table below shows risk grading for all complaints received into the Trust, broken down by service.

Service	Green	Amber	Red	Total
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ADHD and Autism Services	14	3	0	17
Barnsley Community Mental Health Services	19	5	0	24
Barnsley General Community Services	15	5	0	20
Calderdale Community Mental Health Services	17	8	0	25
CAMHS Specialist Services	29	9	0	38
Forensic Service	5	6	0	11
Kirklees Community Mental Health Services	38	11	0	49
Learning Disability Services	5	0	0	5
Mental Health Inpatient Services	23	16	0	38
Trust wide (Corporate support services)	0	1	0	1
Wakefield Community Mental Health Services	23	12	1	36
Total	188	76	1	265

3.7. Regulation: Parliamentary and Health Service Ombudsman (PHSO)

The PHSOs were set up by Parliament to provide an independent complaint handling services for complaints that have not been resolved by the NHS in England and UK government departments. The PHSO look into complaints where someone believes there has been injustice or hardship because an organisation has not acted properly or has given a poor service and not put things right (ombudsman.org.uk).

The Trust received eight requests for information from the PHSO in 2022/23 with five of these cases having been brought by two complainants.

The Trust received notification that four of these cases have been closed by the PHSO with no further action or recommendations.

The Trust is still waiting for the outcome of the PHSO's scrutiny of four cases.

During the previous reporting year, 2021/22, the Trust received 10 requests for information from the PHSO. All requests were responded to, and information shared with the PHSO to enable them to review and decide whether to investigate complaints at the second and final stage of the NHS complaints process and make any recommendations.

As a result of the pandemic, the PHSO advised that it has a significant backlog of cases awaiting review and will only investigate those where there has been the biggest hardship.

It is difficult to determine whether the number of complaints handled by the Trust which were escalated to the PHSO is in line with other NHS Trusts, due to the differences in patient population, services offered, and volumes of complaints handled by each Trust. Eight cases escalated to the PHSO out of the 86 formal complaints handled by the Trust equates to less than 10%. Further information about the numbers of complaints re-opened is detailed in the next section and this provides a further indication of the robust management of complaints within the Trust.

3.8. Reopened complaints

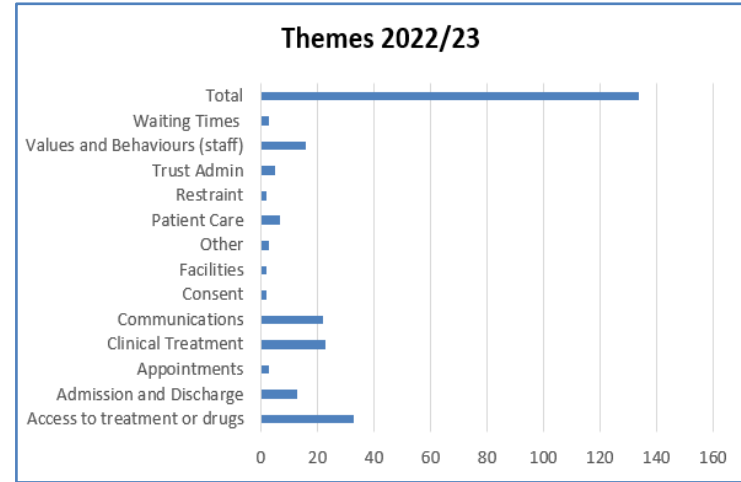
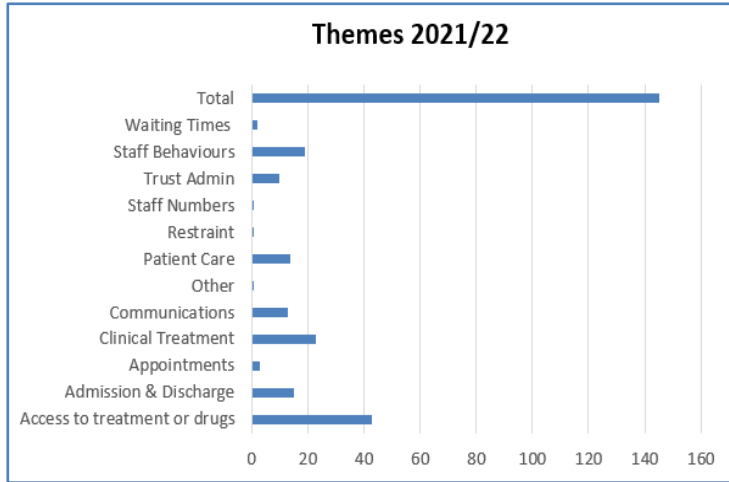
During 2022/23 there were six formal complaints which were re-opened after the complaint had been investigated and an outcome letter sent to the complainant. This is the same as the number re-opened during 2021/22 and suggests that nearly all complainants are satisfied with the response they receive to their complaint. Further work to understand complainant satisfaction is planned for 2023/24.

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

Analysis of reopened complaints is complex. The reported figures are those that were reopened within 2022/23, regardless of when the complaint was initially responded to, were around complainants coming back to tell us they were not satisfied with their response. This could potentially be seen as a positive indicator they have not lost faith in our organisation's ability to resolve their concerns as they have actively chosen to come back to us rather than approach the PHSO directly.

In line with the NHS Complaints (England) Regulations 2009, issues that the Trust has already responded to and is unable to provide any further meaningful comments will not be reopened or re-investigated. The complainant is informed of this decision by letter and information about the Parliamentary Health Service Ombudsman (PHSO) is shared so they know how to access further support with their complaint.

3.9. Themes from complaints



Complaints typically contain multiple themes/issues and in 2022/23 there were 134 themes recorded across 13 categories. This is similar to the data from 2021/22 where there were 145 themes recorded across 12 categories. The themes across the two years vary slightly with staff numbers not being a theme in 2022/23.

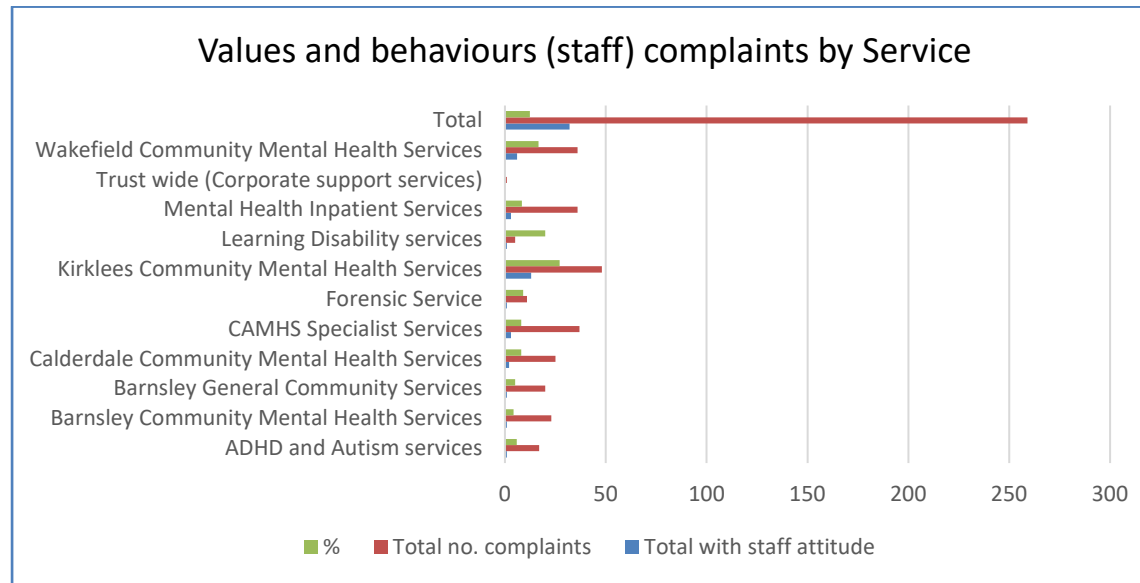
- Access to treatment or drugs has remained the top primary subject for complaints across both years.
- Clinical treatment (17%) was the second most common theme (n=23) for complaints in 2022/23 closely followed by communications (n=22, 16%).
- Clinical treatment (16%) was the second most common theme (n=23) for complaints in 2021/22 followed by staff values and behaviours (n=19, 13%).

- These have been the top themes within complaints for the last five years.

Themes from complaints and learning are picked up and discussed within Care Group clinical governance groups and inform local improvement plans. Learning is shared through Care Group forums.

Further work to share and embed the learning and ensure that positive changes are made as a result of feedback will be prioritised as part of the ongoing improvement programme during 2023/24 and as part of the development of the overall patient experience work.

3.10. Formal complaints involving values and behaviours (staff)



The Trust received 32 complaints (12%) in 2022/23 out of a total of 265 complaints which included values and behaviours (staff) as a primary subject/theme. Kirklees Community Mental Health Services received the highest percentage (27%) of complaints with staff attitude as a primary issue (n=13). However, this is a small number relative to the caseload for this service and the total number of contacts service users have every day with Trust staff. The learning disability service received the second highest percentage (20%) of complaints in this area although again this was a very small sample size (n=5) followed by Wakefield community mental health services (17%).

This data should be viewed with caution. The number of complaints where staff attitude is a theme is relatively small, when compared with the caseload and number of patient contacts that staff have on a daily and weekly basis.

Where a staff member is named in a complaint, this will be addressed by the investigator and as part of clinical and

management supervision, to allow for reflection and learning.

Work on communication skills and human factors can support with reducing this as a theme within complaints. The customer services team works closely with the quality improvement and assurance team to share themes. Quality assurance processes, including quality monitoring visits review culture concerns that have been highlighted in specific areas/wards.

3.11. Member of Parliament (MP) Contacts

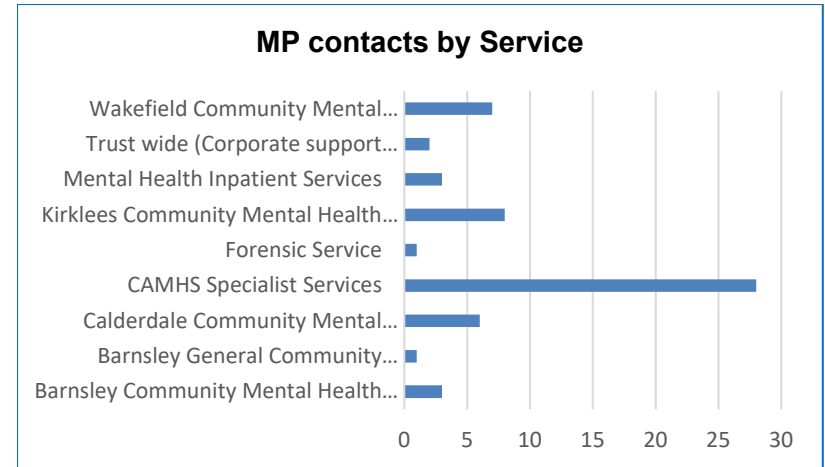
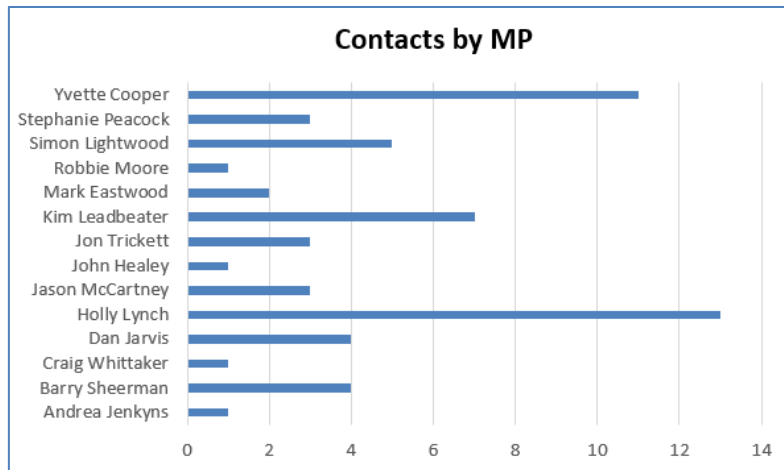
During 2022/23 the customer services team received 59 MP contacts which has remained relatively stable from 2021/22 (n=58). The customer services team have attended meetings with MPs when these have been requested, such as Holly Lynch (Calderdale) along with clinical services to provide updates on specific cases.

Holly Lynch (Calderdale) submitted the majority (22%) of MP contacts in 2022/23 followed by Yvette Cooper (Wakefield) at 19%, and Kim Leadbeater (Kirklees) at 12%.

The service which receives the most MP contacts is child and adolescent mental health services (CAMHS) specialist services at 47% which is a consistent trend over the last few years, and this is primarily about access to treatment for children and young people.

CAMHS Wakefield received the highest number of MP contacts at 36% followed by Kirklees at 25%, Calderdale at 21% and Barnsley at 18%.

Kirklees Community Mental Health Services received the second and Wakefield Community Mental Health Services the third most MP contacts at 14% and 12%.



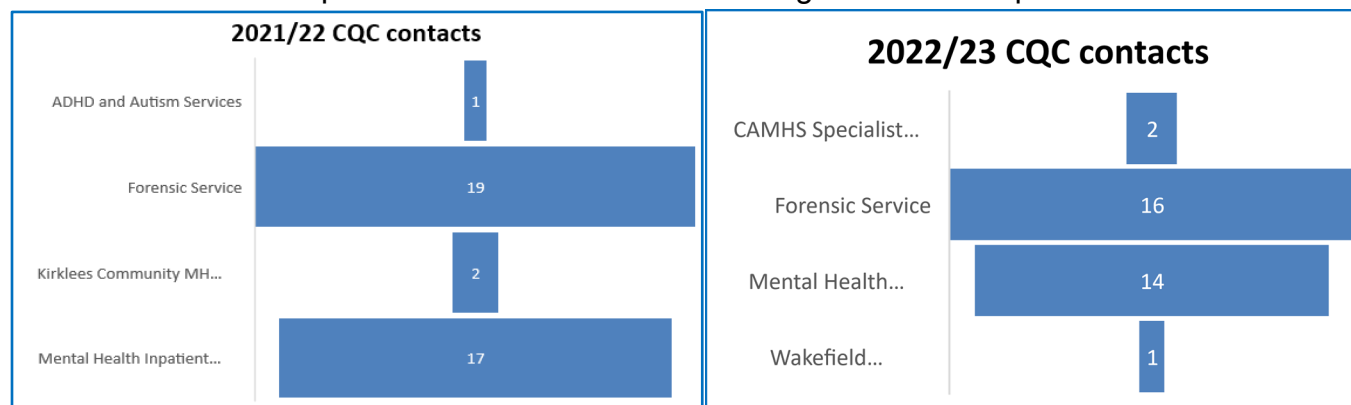
3.12. Care Quality Commission (CQC) complaints

During 2022/23 the customer services team received 33 contacts from the CQC whereby the complainant had approached them directly. This compares to 39 CQC contacts in 2021/22 and is a reduction of 15%.

The tables below show the number of CQC contacts by service for the last two financial years and the trend remains that the forensic service receives the highest number, closely followed by mental health inpatient services. There are common themes for both services such as Section 17 leave, disputes about diagnosis and concerns about care and treatment.

Due to the increase in CQC contacts for the Forensic Service between 2020/21 and 2021/22, an engagement poster was designed to encourage service users to discuss their concerns with the service provider in the first instance. There was a reduction of three complaints via the CQC for forensic services in 2022/23.

When a complaint is received via the CQC the customer services team triangulate information with the Quality Improvement and Assurance Team (QIAT) and the Safeguarding team to identify if other contact has been received from the service user/complainant. This ensures that investigations and responses are consistent.



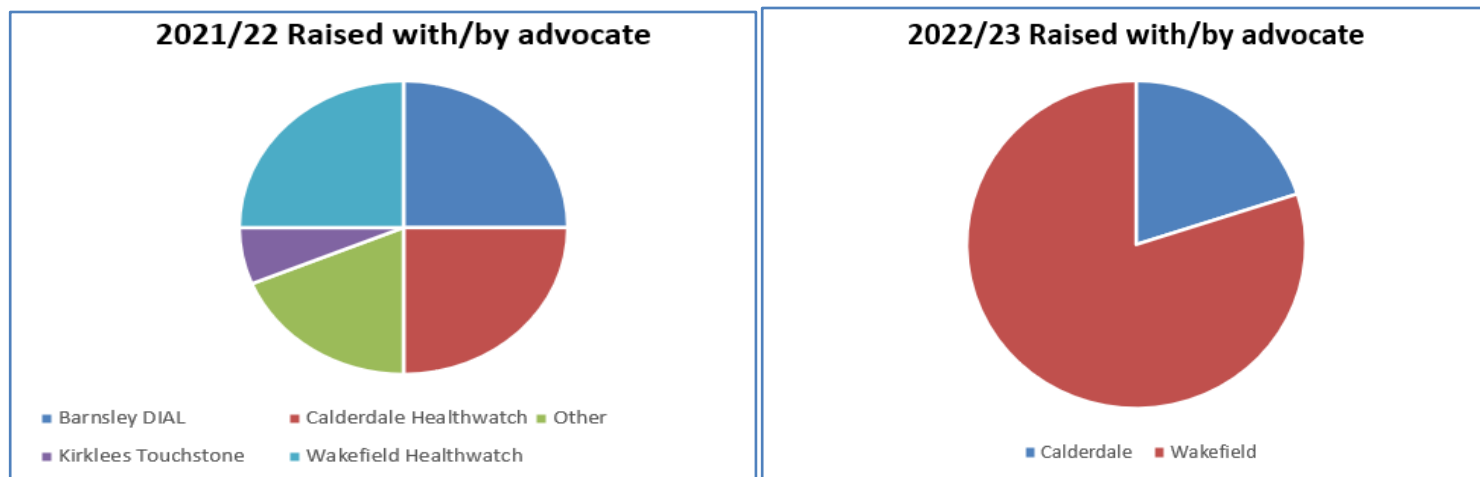
3.13. Independent Complaints Advocacy Services (ICAS)

NHS complaints advocacy provides practical support and information for those wishing to make a complaint about an NHS service they or someone they know has received and advocates are independent from the Trust.

The customer services team provide all complainants with details of local advocacy services when the formal acknowledgement information pack is issued. Advocates can provide support and help the complainant to compile all the relevant issues and facts that they wish to highlight as part of their complaint.

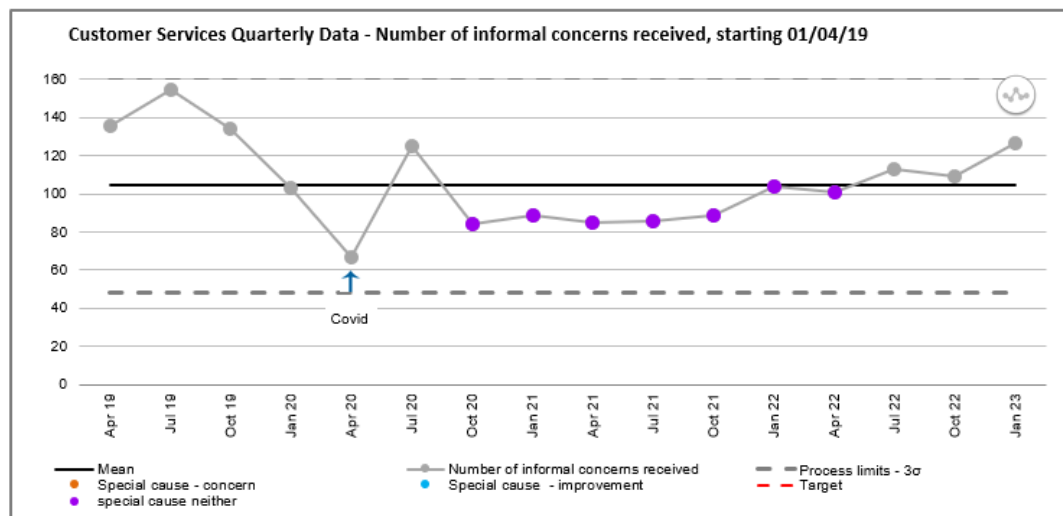
The customer services team monitor the uptake of advocacy support and work closely with advocates.

Advocates covering all areas of the Trust have attended customer services team meetings (virtually) over the past year to foster positive working relationships and enable them to provide feedback to support service improvements. During 2022/23 there were five complaints/feedback that were raised with/by an advocate. This is compared with 16 during 2021/22, which is a decrease of 69%. Feedback from advocates suggests that waiting lists for support from advocates may be impacting the numbers of complaints which are coming via an advocate. Advocates have also noted that there has been an increase in challenging behaviour from complainants and an increase in the complexity of issues.



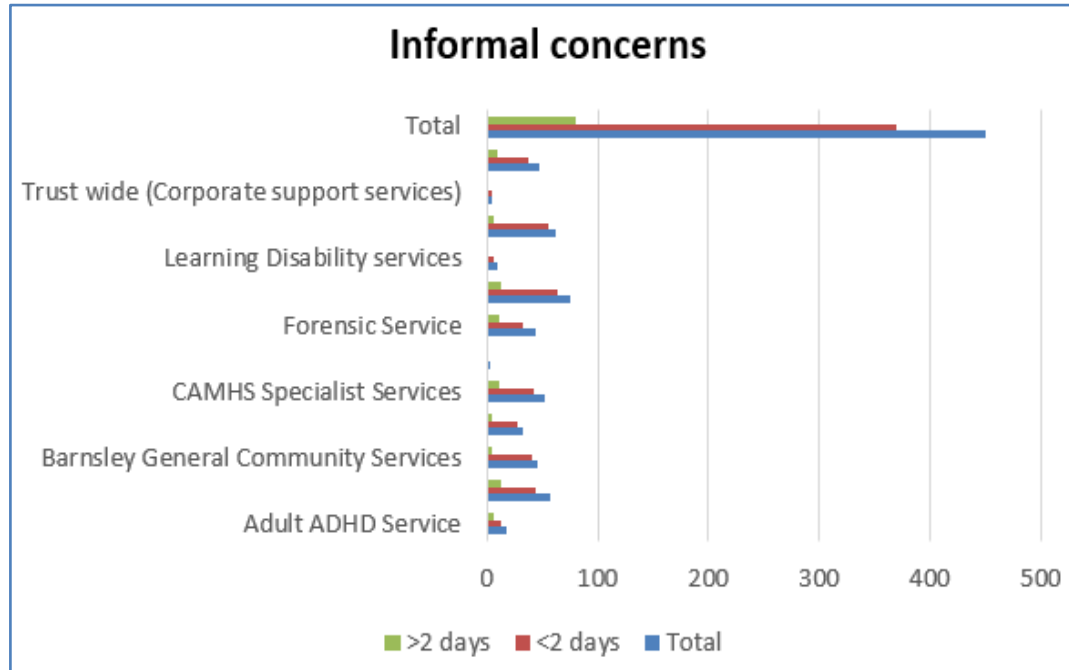
4. Other feedback

4.1. Number of informal concerns made into customer services per quarter



Overall, the number of informal concerns remains within normal variation with the lowest number received in April 2020 which is likely to be linked to the first national lockdown where support for the NHS was high. Data should be closely monitored going forward as there is evidence of a rising trend in the number of informal concerns received.

4.2. Response times for informal concerns



The Trust's complaints process supports local resolution in the first instance and contact with the service provider to resolve concerns directly at source. The customer services team works closely with clinical services to ensure that informal concerns are responded to by services within 2 working days. However, with agreement from the complainant, this statutory timeframe can be extended.

This revised approach means we are dealing with significantly more informal concerns – 450 informal concerns were dealt with in 2022/23 compared to 370 in 2021/22, an increase of 22%. Of these, 82% (n=370) were closed within 2

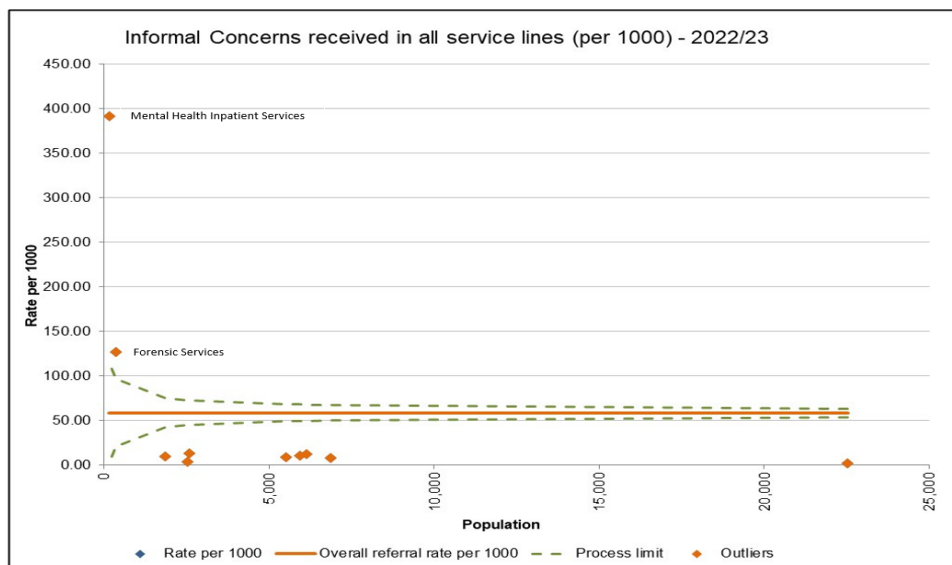
working days.

During 2022/23 79 informal concerns (18%) exceeded the two working days target; the average number of working days to resolve for these was 19 days.

Feedback to confirm if an informal concern has been resolved by the service is not always received by the customer services team. This can delay the process for escalating to a formal complaint or allowing the case to be closed on the system. Collaborative work between the customer services team and clinical services is underway to ensure the process for sharing feedback is robust.

Kirklees Community Mental Health Services received the highest number of informal concerns followed by Mental Health Inpatient Services and both had over 80% compliance for resolving within 2 working days.

4.3. Informal concerns by Service



Service	Informal concerns received as a proportion of individual caseload size (per 1000)
Mental Health Inpatient Services	391.30
Forensic Services	126.80
Calderdale CMH Services	12.42
Kirklees CMH Services	12.22
Barnsley CMH Services	9.79
ADHD and Autism Services	9.74
Wakefield CMH Services	8.53
CAMHS Specialist Services	7.87
LD Services	3.57
Barnsley General Community Services	2.00

The funnel plot above shows the number of informal concerns received by each service throughout 2022/23. It considers the total number of informal concerns received by each service as a proportionate rate against their individual average caseload size for 2022/23.

Mental health inpatient services and forensic services are outliers and show a higher than expected rate of informal concerns for their caseload size. This may also reflect the service user population who may not understand that they are acutely mentally unwell and often detained under the Mental Health Act against their will. Analysis is planned to fully understand the nature of the informal concerns received across mental health inpatient services and how this may vary across individual wards.

All other services received a lower-than-expected number of informal concerns which is likely to be an indication of service user, carer or relative satisfaction. We are working to ensure that the reporting culture is embedded in the

same way across all of our services.

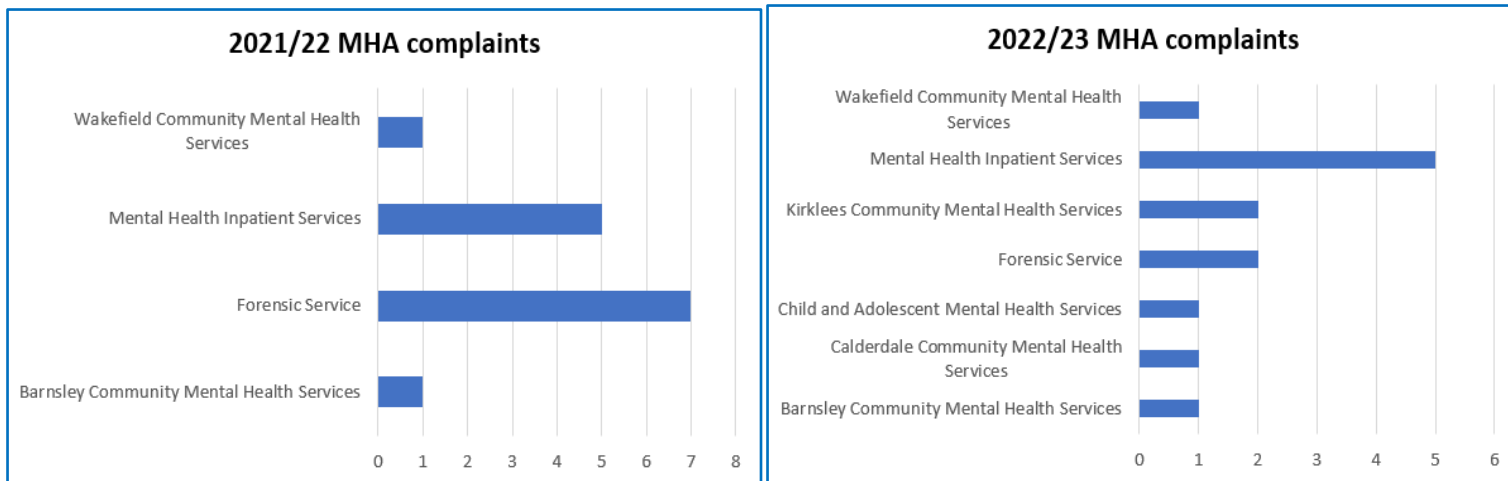
5. Mental Health Act complaints

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

In 2022/23 there were 13 complaints which included the MHA as one of the subjects/themes of the complaint compared to 14 in 2021/22. The complaints cover a number of the services, with the highest number being for inpatient services as would be expected. The Trust liaises with the CQC regarding these complaints.

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

One specific complaint received within the 2022/23 year received national media attention as this involved the detention of a female professional rugby player who it later emerged was suffering from encephalitis. The Trust was able to demonstrate that there were robust attempts in collaboration with colleagues within acute general health services to establish whether there may be an underlying physical cause to the service user's presentation at that time.

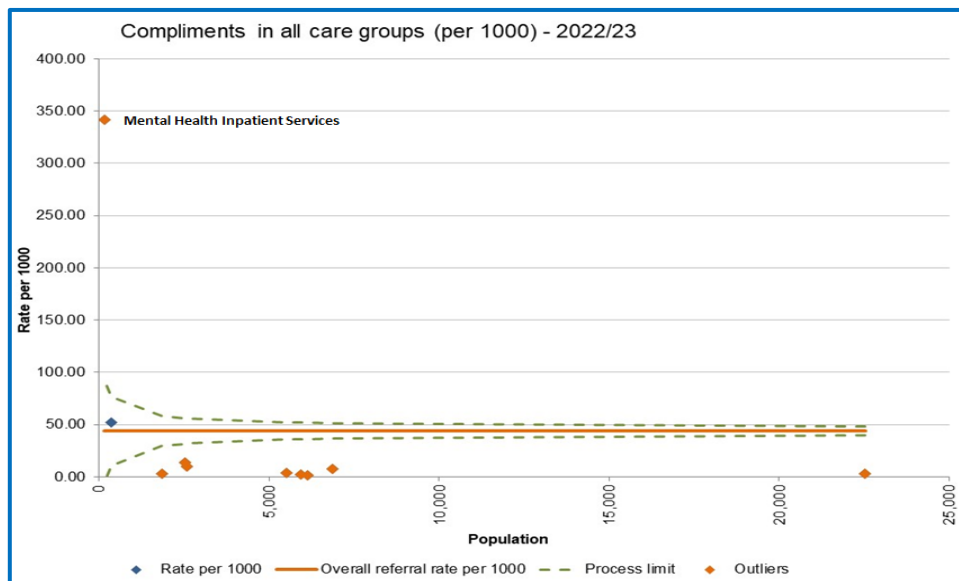


6. Joint working

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

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

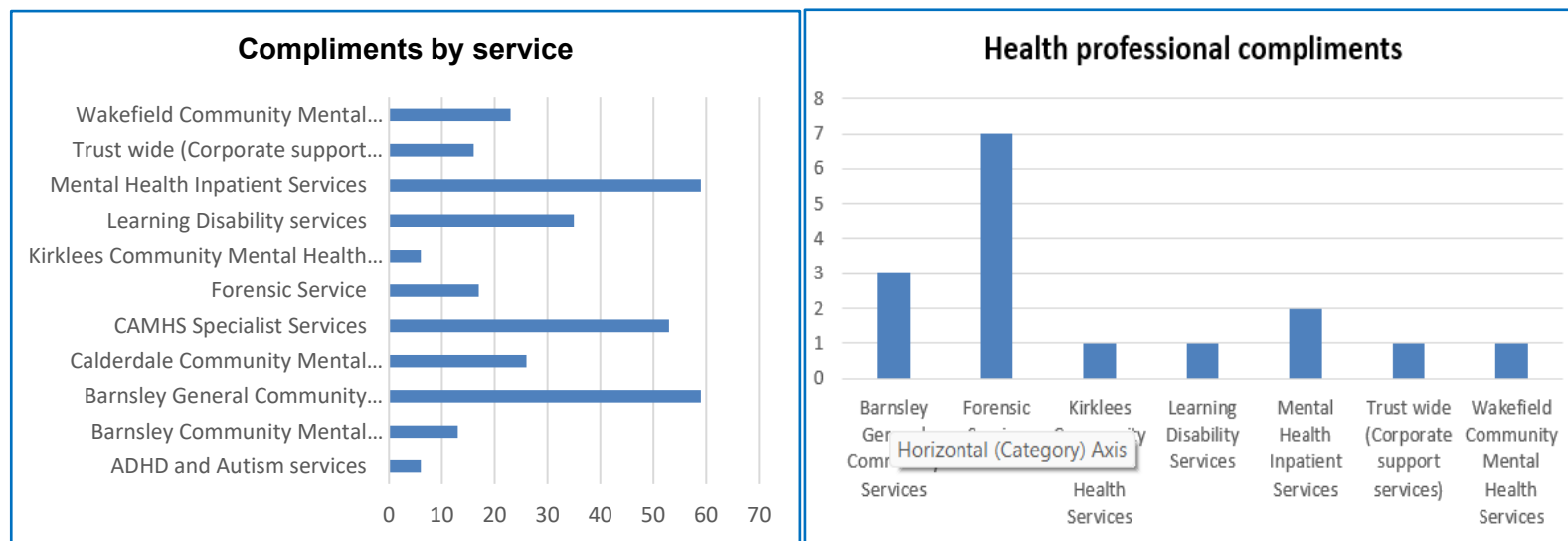
7. Compliments



Service	Compliments received as a proportion of individual caseload size (per 1000)
Mental Health Inpatient Services	341.61
Forensic Services	51.87
Calderdale CMH Services	10.09
Kirklees CMH Services	1.30
Barnsley CMH Services	2.36
ADHD and Autism Services	3.25
Wakefield CMH Services	3.81
CAMHS Specialist Services	7.58
LD Services	13.87
Barnsley General Community Services	2.57

The funnel plot above shows the number of compliments received by each service across 2022/23. It considers the total number of compliments received by each service as a proportionate rate against their individual average caseload size for 2022/23. The previous data presented for complaints and concerns highlighted the challenges faced by mental health inpatient services as they balance the expectations of service users, their families and carers.

In this graph we see the positive support received by mental health inpatient services in the form of the number of compliments received about the care they provide. This should be commended as individuals tend only to provide compliments when service exceeds expectations. All other services receive a lower-than-expected number of compliments which supports the understanding that there is a general level of satisfaction felt by service users, their families and carers and also the challenge around gathering feedback from service users, families and carers.



During the year 2022/23 329 compliments were recorded in total which is a small increase of 7% compared to 302 in 2021/22. There were 313 compliments received about care and treatment, service and/or a named staff member as reflected in the above table. The services with the joint highest number of compliments (n=59, 19%) is Barnsley general community services and mental health inpatient services followed by CAMHS Specialist Services (n=53, 17%).

There were 16 compliments from another professional and the service with the highest number of these types of compliments was the forensic service (n=7) at 44% followed by Barnsley general community services (n=3) at 19%.

This can include compliments from students who have been on placement with the Trust.

7.1. Examples of compliments received

Nothing could have been done any better, I met the practitioner for a second time and already feel as though she has made such a difference, she has listened to me in a non-judgemental way, listened attentively, suggesting ideas and resources that can

Staff member is truly amazing lady and really special to me. We all know that I don't like people at all! But I genuinely look forward to you coming and talking to you. It is not like I am

I took service user to her dad's funeral and numerous members of her family approached me to express their gratitude and thanks to all of the ward staff, for all our care and all the support she has been offered by everyone. They were so pleased that she could spend so much time with him prior to his passing and wanted to pass on how appreciative they are.

Forensic Service

Thank you – you have been a lifeline.
**Kirklees Community Mental Health
Services**

Thank you so much for your prompt and professional response to support my sister who has Down's syndrome and early onset dementia. Your clear instruction for the staff has allowed her to maintain her dignity. This means so much and I cannot thank you enough.

Learning Disability Services

You took me out of the darkness and put me on the path of light and good future. I am and will always be thankful. Thank you all very much.

**Mental Health Inpatient
Services**

We had a home visit to speak with and assess my mum regarding her hallucinations and medication. I was very impressed by the doctor and her kind, patient manner whilst listening to my mum who has dementia and is extremely frightened and worried about her future. The doctor reassured my mum that her fears were noted and her choices would be considered. She talked directly to my mum and also listened to our family's concerns. It was a pleasure to talk to such a caring doctor.

Wakefield Community Mental Health Services

8. Customer services priorities 2023/24

The Customer Services team will prioritise the following improvement actions over the coming year:

- Enhance our improvement work by undertaking a Lean improvement project (quality improvement and management system which focusses on improving flow and removing waste from a process) to support the flow of complaints and improve the timeliness of response (see section 8)
- Continue the improvement work with regards to the backlog of complaints awaiting allocation, with the expectation of no backlog
- Refresh key performance indicators and internal reporting mechanisms
- Continue to work with ambition to meet the core expectations of acknowledging complaints within three days and for the person to have received a response within six months of us receiving the complaint.
- Provide coaching and training to identified staff within the service lines incorporating root cause analysis to support the complaint investigation
- Work with Care Groups to support the embedding of learning from complaints within Care Group governance
- Re-establish the online complaints satisfaction surveys – complainants, Trust staff and partner organisations and analysis with support of Trust volunteers
- Establish a responsive children and young people led complaints process and resources to support young people to share experiences of care
- Continue to focus on gathering insight into service user experience and to support teams to develop action plans to change and improve services because of feedback, working in collaboration with the equality, inclusion and involvement team and patient experience lead
- Increase the emphasis on gaining insight into people's experience of using services to influence how services are organised and new services are planned
- Engagement work regarding PHSO Complaint Standards
- Review and analyse data from complainant with protected characteristics to understand:

1. If and how we are receiving feedback on services from people with protected characteristics
2. Understand complaints and feedback which relates to protected characteristics

9. Customer services improvement programme

Since October 2022 the customer services function and processes have been reviewed and supported through an improvement project. This remains underway at the time of writing. The improvement project has been impacted by the Quality Improvement lead leaving the Trust and by the Customer Services manager being absent from work due to long term sickness.

9.1. Problem statement

There are delays in the management of complaints. A formal complaint can currently wait up to 21 weeks before it enters the complaints management process and then may take up to a further 23 weeks before a response is provided. These delays primarily happened when the complaint management was paused and staff were redeployed during COVID-19 and the team has been unable to clear the backlog with current capacity.

The following risk was added to the risk register in August 2022:

The customer services department are currently experiencing delays with allocating and investigating concerns raised to the complaints department this will have an impact on service user experience, cause delays to learning lessons and implementing changes required, cause reputational risks to the Trust and have an impact on staff wellbeing.

There are staffing vacancies within the Customer services team which has an impact on the allocation of the work and the wait for complaints to be responded to, this is having an impact on service user experience and staff experience.

There have been delays in the process caused by quality issues, these are impacting on further delays to complaint response times, which in turn impacts on the allocation of new cases and the staff and service user experience.

The main factors contributing to the problem are:

- Customer services team capacity and capability (unsustainable administrative role and Customer Services Officer capacity including training and capacity to engage with services to train and support)

- Demand management (effective management of enquiries, concerns and complaints both in Customer Services and Operational Services)
- Bottlenecks causing delays and rework in the complaint management process (identification of lead investigator, completion of toolkit (particularly complicated complaints), sign-off of complaint responses).

There is variation in the management of concerns and complaints across Care Groups and gaps in assurance about how issues and actions are managed.

9.2. Aim statement

To:

- reduce the backlog of formal complaints to zero
- to implement changes in the system that improve the experience of people who raise concerns and complaints
- to ensure smooth flow of complaints through the process, removing delays and unnecessary steps.

Actions and achievements to date

- Reduction of complaint backlog from 61 complaints awaiting allocation to a customer services officer at the peak. This reduced to 40 at the end of the year (2022/23) and during quarter 1 of 2023/24 further reduced to 10 (as at end July 2023) through focussed work by the customer services team
- Highlight report submitted to Chief Nurse and Director of Quality and Professions on a fortnightly basis
- Development of a problem statement, aims and objectives of the project
- Review of the current process and planned in a lean improvement session to identify waste and bottlenecks in the process
- Discussion with operational services about Care Group processes for the handling and management of complaints
- Project plan set up and overseen by Associate Director of Nursing, Quality and Professions and Director of Services/Quality lead for Barnsley Integrated Care Group
- Utilising customer services team skills to scope complaints and formulate responses
- Recruitment of an additional band 3 administrator to support the team
- Secured additional funding to the end of 2023-24 to expand the team

9.3. Next steps

The improvement project continues to progress. The following next steps have been identified for 2023-24 (list not exhaustive):

- Development of training for investigators
- Lean process mapping of the customer services process for the management of complaints (September 2023)
- Review and update of the customer services policy to incorporate any changes to statutory requirements and learning from the improvement work
- A review of how complaint responses are formed, including understanding whether removal of the toolkit and allowing lead investigators to write the response supports a more timely response and one which is person centred
- Set up of power business intelligence dashboards to support with reporting and monitoring of various aspects of complaints management and reduce workload and time spent undertaking a manual pull from Datix. This will enable reporting and monitoring to be more robust and enable the impact of any changes to be easily identified
- Consider options for complaint resolution which may help efficiency
- Consideration and identification of any additional staffing needs for the customer services team and review of current function of the team roles

10. Equality data related to complaints

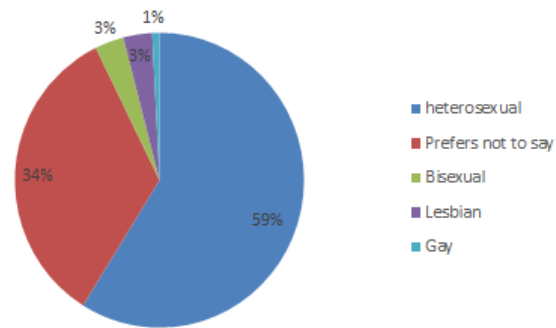
Equality data is a key indicator of who accesses the formal complaints process. It is about the person raising the complaint i.e., the complainant, and they are not necessarily the person receiving the service i.e., the service user. Where possible, data is captured at the time a complaint is made or at a later date when the equality form is returned. Complainants are informed why collection of this data is important to measure equality of access to the complaints process.

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

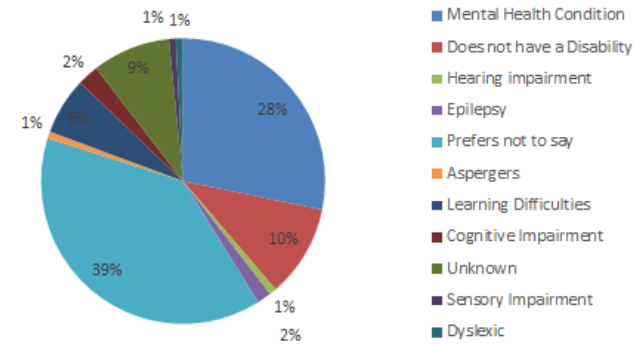
We offer assurance that providing equality data has no impact on care and treatment or the progression of a complaint.

Data is not collected for third party agents which includes MPs and advocates. The team continues to explore best practice for equality data capture, both internally within the team and externally with partner organisations and networks and incorporates any learning to routine processes. The pie charts show, where information was provided, the breakdown in respect of ethnicity, gender, disability,

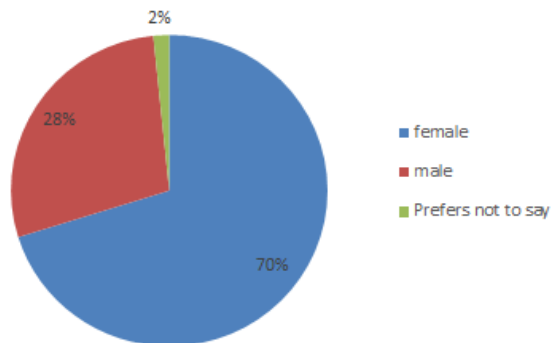
Trustwide - Sexual Orientation



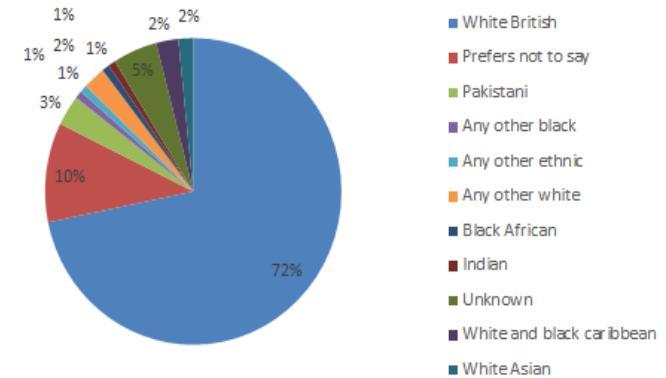
Trustwide - Disability

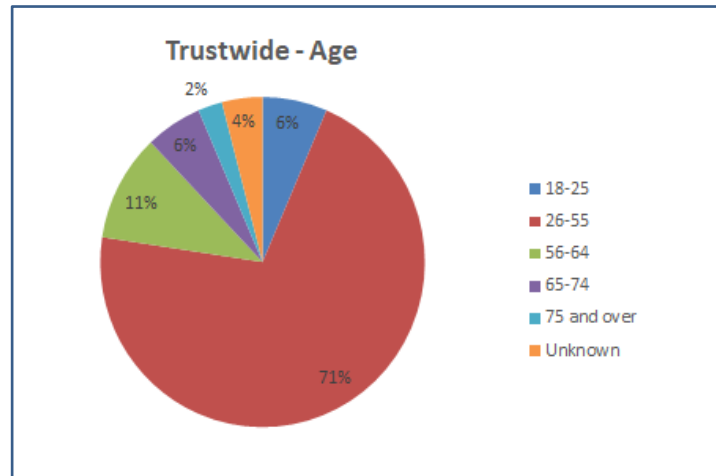


Trustwide - Gender



Trustwide - Ethnicity





Comparing the data presented above with the charts below which provide an oversight of equality characteristics of people who use our services, there is evidence to suggest that people who raise concerns and complaints are representative of service users within our services. Appendix 2 contains charts which show the ethnicity data and protected characteristics data for the population of service users under the care of the Trust.

People who are raising complaints and concerns with the Trust represent service users from ethnic minority groups and those with a disability. This appears to be in line with the proportion of people accessing our services and, in some cases, for example people with a disability, 42% of people raising a complaint report having a disability, compared with 8% using mental health services and 20% using community services. 72% of people raising a complaint consider themselves to be white British, compared with the Trust service user population of between 70-95%.

This data demonstrates that raising a concern or making a complaint is accessible to people with a protected characteristic, although more analysis is needed to draw conclusive comparisons.

For 2023-24 further in-depth analysis will be completed to understand this in more detail and to identify if there are areas which require specific focus and further work to support people to make complaints. This will also include where a complaint is related to a protected characteristic.

11. Friends and Family Test – Trust overview

The friends and family test (FFT) is an important feedback tool which that supports the fundamental principle that people who use NHS services should have the opportunity to provide feedback on their experience. Listening to the views of patients and staff helps identify what is working well, what can be improved and how.

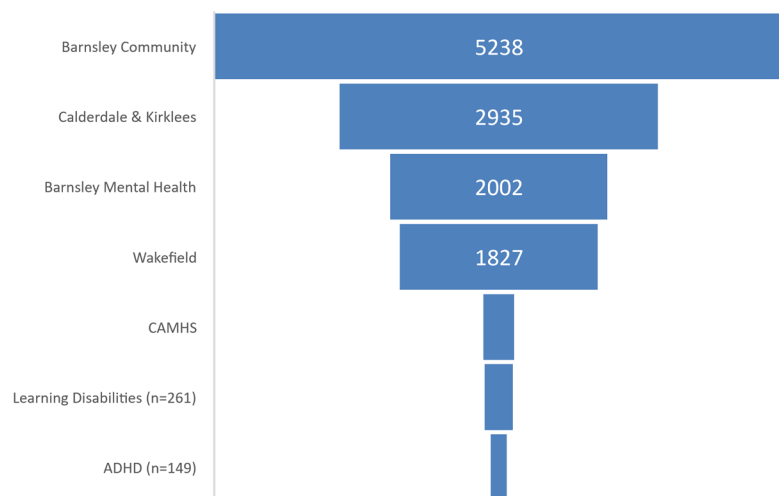
Over 2022/23, Trust-wide we have seen an increase in the number of people that would rate Trust services as 'very good' or 'good'. All service lines, except for mental health services in Barnsley and Attention deficit hyperactivity disorder (ADHD) services met their service lines target. A project group has been formed to look at how to engage service users to design appropriate feedback methods for ADHD services, to try to increase the number of responses received. Currently the number of responses is very low and this impacts on the overall percentage and rating for the service (e.g., there may only be three responses and with two rating the service as good and one rating it as poor and therefore the overall percentage would be 66%).

There was a 16% increase in the amount of feedback received in 2022/23 (n=13,428). Electronic collection methods make up 88% (n= 11,803) of collection methods, of which 62% (n=8,276) were received by text message.

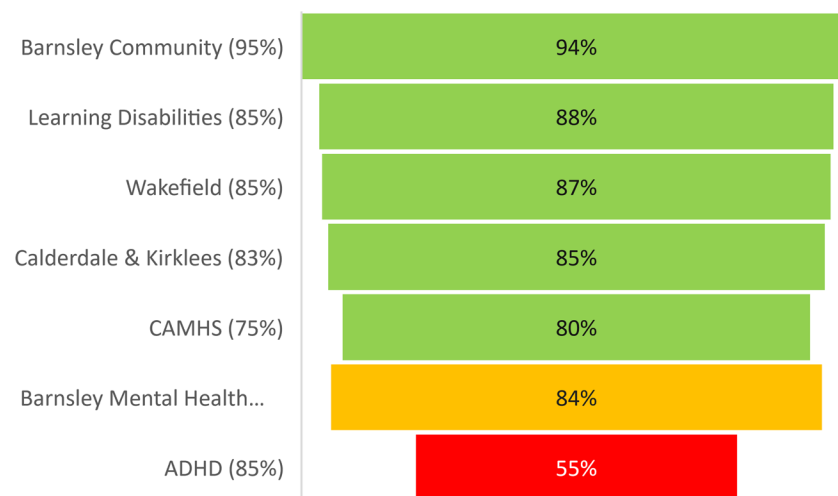
Themes from comments received remains consistent with previous years with staff, communication and access and waiting times, all of which remain in the top three for positive and negative comments. 'You said, we did' posters evidence that services are listening to and acting on feedback received by service users, carers, and their families.



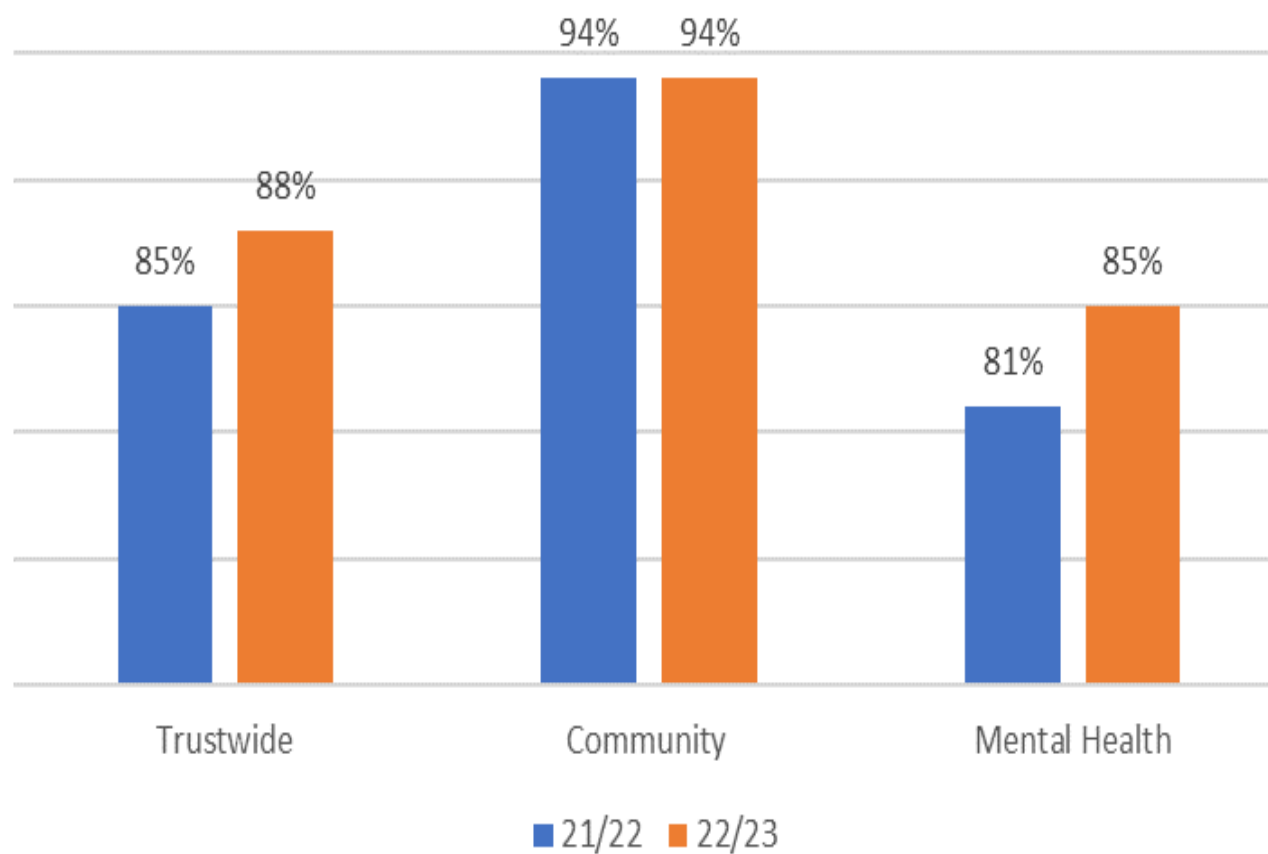
Number of returns by service line



% rated 'very good' or 'good' by service line



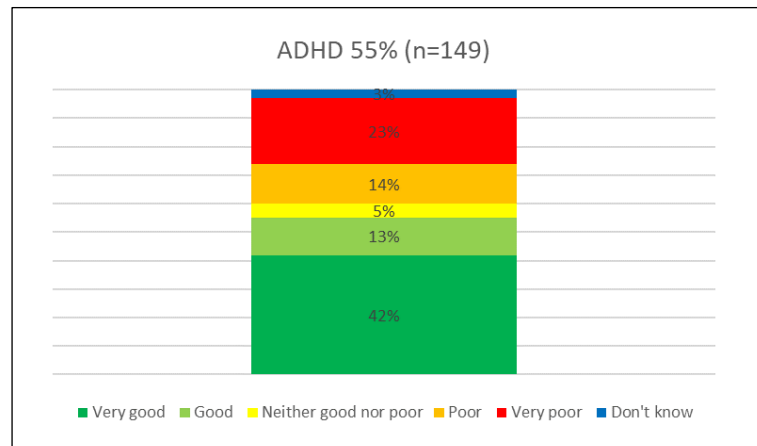
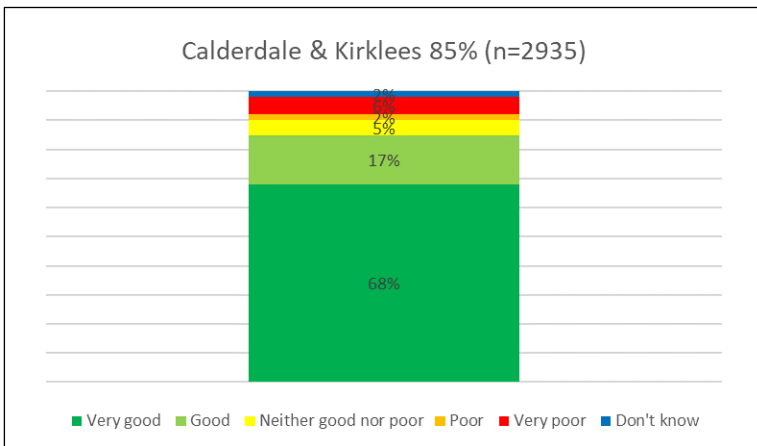
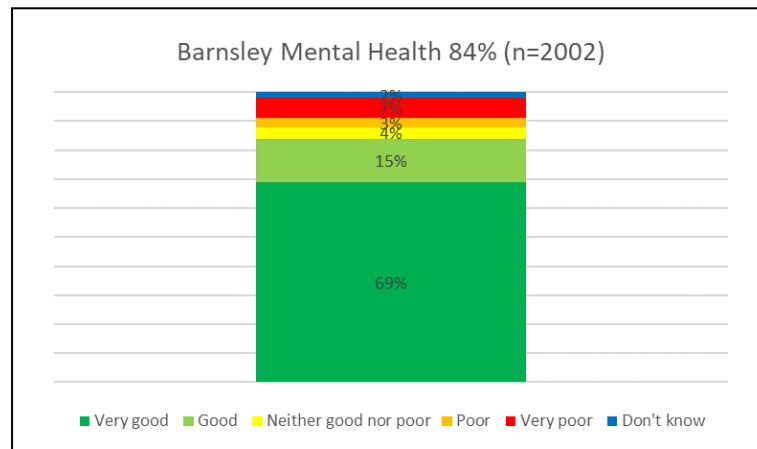
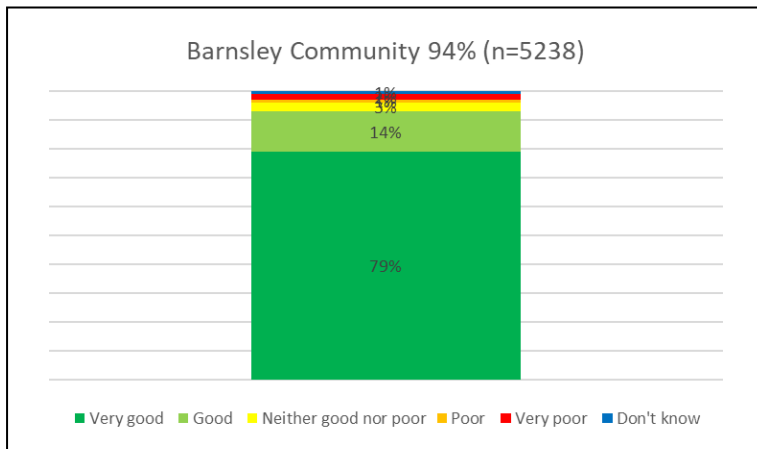
Overall rating 21/22 & 22/23



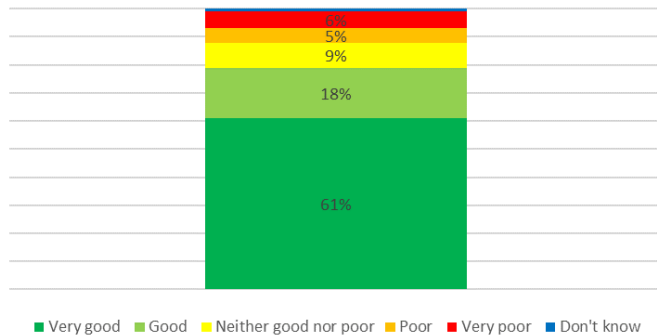
Themes				
Trustwide	1.	Staff	1.	Staff
	2.	Communication	2.	Access and waiting times
	3.	Access and waiting times	3.	Clinical treatment
Community	1.	Staff	1.	Staff
	2.	Communication	2.	Access and waiting times
	3.	Access and waiting times	3.	Admission and discharge
Mental Health	1.	Staff	1.	Staff
	2.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

11.1. Service line overview

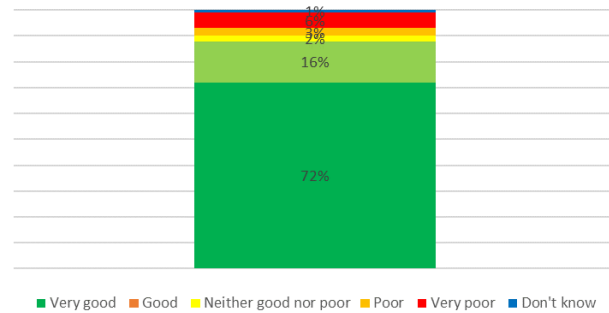
The graphs below demonstrate how individual service lines are rated by feedback from the friends and family test.



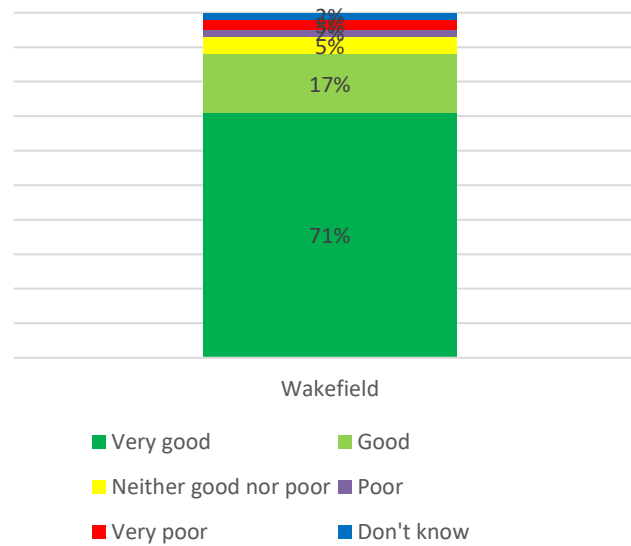
CAMHS 80% (n=285)



Learning Disabilities 88% (n=261)



Wakefield 87% (n=1827)

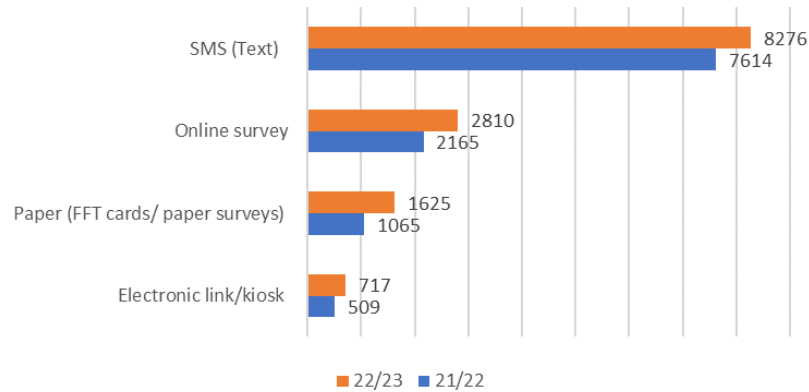


11.2. Friends and Family

Methods



Collection methods 21/22 and 22/23



Over the last few years, methods used to collect FFT feedback have expanded. The most popular method for providing feedback is via text message. Text messages now contain a link for a person to click on which takes them to the survey. Some communications via social media and the Trust internet are supporting messaging about the safety of this link, as there are concerns around fake links and scams being sent via text message.

11.3. Friends and Family Test Feedback – ‘you said, we did’



You said, we did

Many thanks to all of you who provided feedback in your ward's community meetings on Walton, Stanley and Nostell.

YOU SAID:



"The ward is great, with good food, good staff... good everything!"



"The food is brilliant, my favourite meal was meat and potato pie."



"The curry and Sunday dinner was nice, and I like the burgers."



"Can we have a menu to pre-order a meal from?"



"Can we have more fruit options for puddings?"



"Can we have more wraps? They are really nice!"



"Can we have more vegetarian options?"

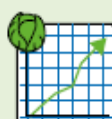
WE DID:



Our catering team are preparing to introduce an electronic food ordering system and a copy of the current menu is now available in the dining room.



Our catering and dietetic teams are working on a new menu providing more variety and choice, including more options for desserts, puddings, sandwiches and wraps.



The variety and number of vegetarian choices have been increased.

If you require a copy of this information in any other format or language please contact your healthcare worker at the Trust.

With all of us in mind.

2024 16/12/2024 10:00 AM

You said, we did

Many thanks to all of you who completed our course evaluations and "Shape Your College" surveys across 2022/23. Here are the highlights.

YOU SAID...



You felt the College is supportive, with a friendly, happy team.



You felt the College empowered students and responded to local need.



You felt the College was great at partnership working with voluntary organisations.



You wanted more gender-specific/single gender courses and workshops, as well as courses on Burnout and anxiety.



You wanted more hybrid access/blended learning courses, more face to face courses and shorter sessions at the Discovery College.



You wanted central venues and a "home" for the Recovery and Discovery College.

Wakefield Recovery and Wellbeing College Home of the Discovery College

WE DID...



We've teamed up with Pontefract Library and other more central venues to deliver courses. We've also secured a new "home" in central Wakefield...coming soon!



We're now delivering more anxiety themed courses and workshops, a Recognising Burnout workshop and have agreed an aim of 90 minutes for any Discovery College session.



We've worked with our co-producers to deliver gender-specific workshops, face-to-face courses that can also be joined online and now offer a 50/50 split on face-to-face and online courses and workshops.

If you require a copy of this information in any other format or language please contact the College or your healthcare worker at the Trust.

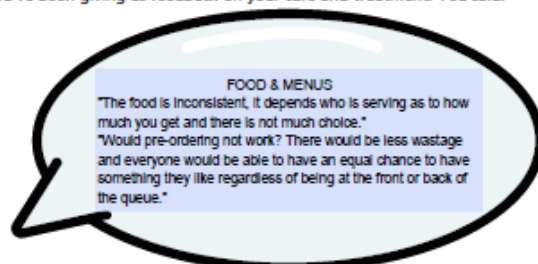
With all of us in mind.

Team name:

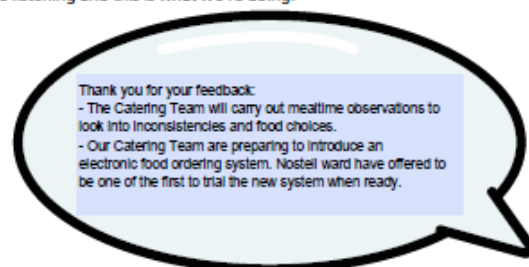
Nostell 5.12.22

We're listening to your feedback

You've been giving us feedback on your care and treatment. You said:



We're listening and this is what we're doing:



Having your say helps to improve care for everyone so please keep putting us to the test by giving us your feedback each time you use our services.



With all of us in mind.

© NHS 2022

Team name:

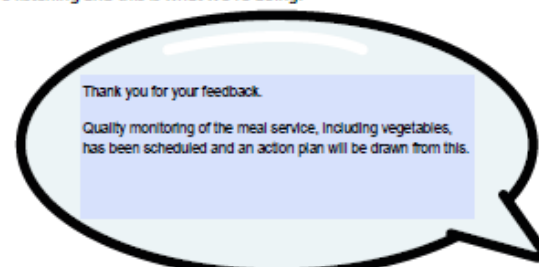
Staley Ward 22.5.23

We're listening to your feedback

You've been giving us feedback on your care and treatment. You said:



We're listening and this is what we're doing:



Having your say helps to improve care for everyone so please keep putting us to the test by giving us your feedback each time you use our services.



With all of us in mind.

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12. Equality and involvement team insight

The following insight is a combination of intelligence and insight received via Trust Governors, Healthwatch colleagues and partners. Some of this intelligence and insight is already going through a resolution process, unless the feedback has been received as a result of involvement activity.

The report provides an overview of the most common themes reported by service users, carers and stakeholders over the last year about our services. The report is split into the service areas that have been referenced during this period. This means that not all Trust services are included in the table below. The data has been taken from the 2022 to 2023 quarterly reports.

12.1. Feedback received

Theme	Narrative
Access to services	<p>Barnsley speech and language therapy - concerns about access.</p> <p>Calderdale –</p> <ul style="list-style-type: none">• Currently has no dual diagnosis service.• Some people reported waits for mental health reviews and service access concerns• More support is needed and face to face as well as using Zoom or Microsoft Teams <p>Kirklees - access to crisis services flagged as having long waiting times.</p> <p>Wakefield –</p> <ul style="list-style-type: none">• Particularly good collaboration between voluntary and community Sector (VCS) and statutory sectors reported• More information needed on what support is available and would help to signpost between services.
Adult ADHD/ASD service	<p>Barnsley services informed their service users when they complete the assessment templates which was positive.</p> <p>Calderdale –</p>

	<ul style="list-style-type: none"> • Provided training for social services staff to support service users with ADHD/autism • Reports of long waits for assessments • More information is required and staff need to contact families in a timely manner <p>Wakefield had some individual concerns raised on the reassessment process.</p>
Adult autism services	<p>Kirklees –</p> <ul style="list-style-type: none"> • Concerns for availability of provision of services • Unclear timescales for assessment, choice for access and follow up
Appointments	<p>Kirklees mental health services - management of some cancelled appointments.</p> <p>Memory Clinic – Follow up letters need to provide clear information.</p>
Baghill house HWB centre	<p>Wakefield had some mixed reviews on quality of treatment.</p>
Bereavement support	<p>Wakefield reports that this is a great service.</p>
CAMHS	<p>Barnsley –</p> <ul style="list-style-type: none"> • Quality of service which included staff availability and support and waiting times. • Continuity of care, signposting advice, and choice. • Having staff understand and have experience of working with teens would improve the offer • Mental health support in schools, such as workshops and promotion of what support is available and how to access this • Concerns relating to confidentiality in the reception area, so it maintains being a safe space • A suggestion welfare calls could be made to those on the waiting list <p>Calderdale –</p> <ul style="list-style-type: none"> • Positive online/crisis support • Improvements required for access/communication • Waiting for ADHD assessment and navigating the system were flagged as concerns • Concerns around: <ul style="list-style-type: none"> ○ some delays or changes in appointments ○ quality of care issues for inpatient stay ○ discharge and follow up plans

	<ul style="list-style-type: none"> ○ E-referrals may not provide a record once submitted and how information is disclosed following MDT meetings ○ General confusion from parents about roles of CAMHS, Open Minds and Northpoint. <p>Kirklees - concerns relate neurodiverse pathway and assessment waiting times.</p> <p>Wakefield –</p> <ul style="list-style-type: none"> • Support and communication requires improvement particularly support for children with a disability and those who have experienced abuse • Problems with getting through on the support line were reported and management of suicidal thoughts.
Carers	<p>Barnsley - positive feedback on a break for carers and the benefit of having a break with others.</p> <p>Kirklees –</p> <ul style="list-style-type: none"> • A gap in out of hours (non-crisis) services for mental health and wellbeing support and gender specific services for women. • Positive response and support received from VCS organisations for carers • A general request that consultation with carers be written into procedures to ensure that carers are kept updated of treatment plans <p>Wakefield - during the pandemic carers felt 'individually forgotten about' and mental health needs increased.</p>
Chillypep	<p>Barnsley - positive feedback on the service and the impact staff had with service users.</p>
CMHT	<p>Kirklees - waiting times and support beyond medication was flagged as a gap.</p> <p>Calderdale –</p> <ul style="list-style-type: none"> • Delays with referrals • Long waiting lists with medication reviews • Follow up calls needed on a more regular basis • Support for complex service users and carers could be improved
Core service	<p>Kirklees - positive feedback about courses provided.</p>
Dales' art therapy	<p>Calderdale - positive experience and support received.</p>

Dementia	Calderdale - delay for dementia assessment.
Discharge	Calderdale crisis support following discharged back to GP requires improvement. Wakefield - no follow up or care after discharge.
Drury lane	Wakefield - longer waits for service, and improvements to communication were needed.
Healthy minds	Calderdale - concerns from service users/volunteers that the service will no longer be funded.
IAPT	Barnsley - waits for counselling and range of therapy could be improved. Calderdale – <ul style="list-style-type: none"> • Do signpost to support if there are waiting lists • It was felt that a set programme of CBT /mindfulness may not be enough, and that ongoing support or seeing staff face to face would help improve the offer • More support needed for those with complex mental health needs. Kirklees - access to care delayed due to long waiting times.
IBHT	Kirklees - improvement needed for continuity of care and communication.
Laura Mitchell	Calderdale - lack of appointments or telephone support. Would like more signposting to community/peer support.
Live Well	Wakefield - good support offer over the phone but would like more face-to-face offers.
MH services (general)	Barnsley – <ul style="list-style-type: none"> • Mental health check-ups and waiting times require improvement • More support for people with substance misuse, including signposting would help people who are waiting • Waiting times were seen as long and the range of therapy on offer, limited • Transition from child to adult services requires improvement
North Kirklees enhanced	Kirklees - communication with carers following the move of a service user to core team could have been improved.
Out of area	Calderdale – specific feedback about a service user was moved out of area for 5 weeks, causing a 200-mile trip for family to visit. Concern that placement was in a rehab centre, rather than acute unit and the impact this had on their mental health.

	Kirklees – specific feedback about a last minute out of area transfer and the impact that had on service user/carers.
Perinatal	Calderdale - positive support given to a new mum on breast feeding and medication.
Priestley unit	<ul style="list-style-type: none"> • Improvements required for cleanliness of facilities • Staff very caring but activities need to be more inclusive and regular
SPA	<p>Calderdale –</p> <ul style="list-style-type: none"> • Concerns relate to assessments, delays in treatment and keeping people updated • Need to do more to improve access for people who have a sensory disability and those who are autistic in a crisis <p>Kirklees - difficulty in contacting SPA and some reports of staff attitude.</p>
Transgender services	Barnsley - waiting times and lack of support for those under 16 years old.
Trauma counselling	Barnsley - waiting times.
Treatment team	Kirklees - good quality of care, positive staff attitude and short waiting time.
Turning point	Wakefield - positive experience of care, with quick access to services.

12.2. Themes and 'you told us, we listened'

The Trust responds on a quarterly basis to the common themes which are generated and identified through using this report. This is done using a 'you told us, we listened' format which can be found here on the Trust website:

[You told us, we listened - South West Yorkshire Partnership NHS Foundation Trust](#)

The following themes were identified and action taken:

- Single point of access
- Inpatient beds – out of area
- Children and adolescent mental health services (CAMHS)
- Adult Autism
- Kirklees community services
- Improving access to psychological therapies
- Intensive home-based treatment
- Kendray Hospital

13. Summary

Feedback from service users, carers and staff is collected in a number of ways across the Trust with one key source being into our customer services team. Feedback is also received through the friends and family test (FFT) and through insight information shared with Trust governors and Healthwatch colleagues and partners. Staff are able to provide feedback in a number of ways and through the freedom to speak up guardians.

This report has rich information captured through customer services, friends and family tests, insight information and from the freedom to speak up guardian.

The numbers of complaints raised through the customer services team has returned to within pre-COVID-19 levels, in line with national reporting on complaints. This has supported the customer services team to address the backlog that had developed. This remains ongoing but is expected to return to zero by the end of July 2023.

An increase in the numbers of responses provided through the friends and family test is positive and demonstrates that the test is now more easily accessible to a wider population. Overall satisfaction with services is good and work continues to support learning from the feedback provided and to

triangulate this with other sources of service user and carer feedback.

Work undertaken following the analysis of insight data has enabled 'you told us, we listened' to support improvement work across a number of Trust services.

There are a number of themes that cut across the feedback we receive and these include access to care and treatment, communication and waiting times. Teams who gather this feedback are developing joint ways of working which allow for this rich information to be triangulated and for learning to be shared and embedded across the Trust.

The newly formed patient experience group is aiming to bring together feedback captured through the work teams do every day and enable separate teams to work closely and alongside care groups and services to ensure that, as a Trust, we are using the feedback provided to improve services and deliver outstanding patient care.

13.1. Next steps

The Patient Experience report will be reviewed during 2023-24 and re-designed to ensure that patient experience information from across the Trust is captured and reported on. This will include further work around equality data and protected characteristics and identifying where further action is needed and to provide assurance that providing feedback on Trust services, care and treatment and experience is accessible to all.

Appendix 1 – Customer services feedback by service

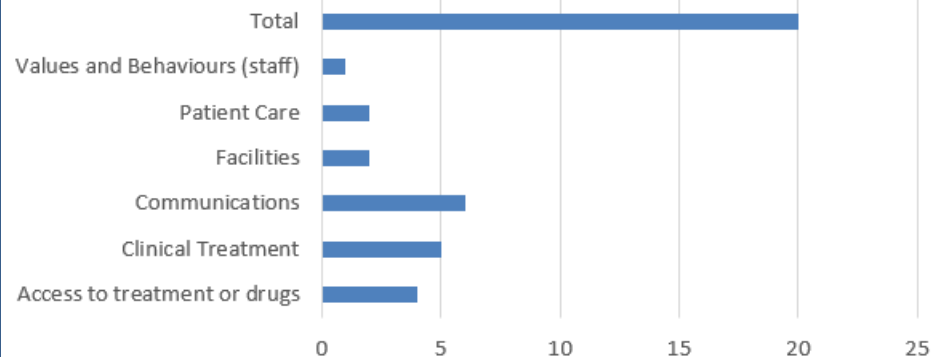
a. Barnsley General Community Services

Top three complaint themes:

- 1) Communications
- 2) Clinical Treatment
- 3) Access to treatment or drugs

During 2022/23 Barnsley General Community Services received 20 complaints and 62 compliments

Barnsley General Community Services



Compliment examples

"My husband and I really do want to extend to you and your amazing team our gratitude and sincere thanks for the care he has received. It was a horrendous injury to his arm and it is with real diligent care and attention that we can now say he doesn't need any more visits. Please say to all who have been how wonderful they have been."

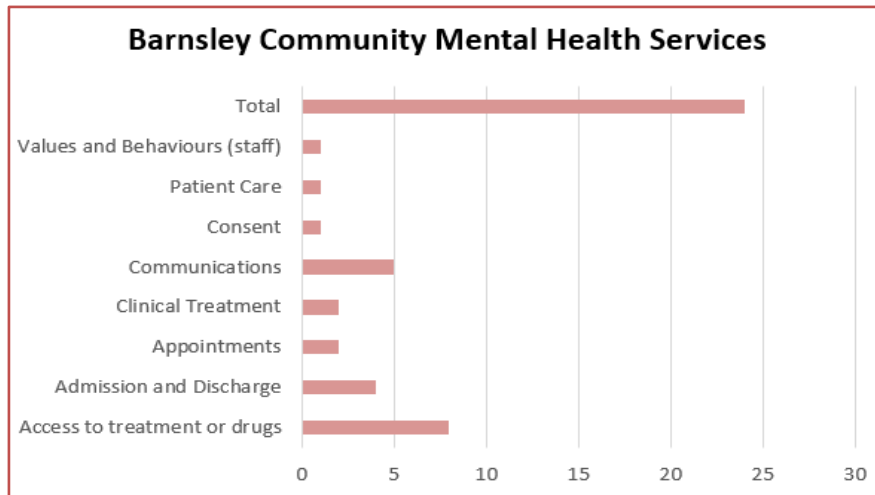
"Thank you for all your hard work with my mum. Our family is so grateful that she is surrounded by a group of caring, friendly and determined people. You're all fantastic!"

Complaint examples

Partner of deceased service user unhappy as phone lines not working prior to service user's death and unable to get through for support. Had been trying for 4 hours.

Complainant unhappy with care and treatment of her father across different NHS Trusts and primary care which led to amputation of leg.

b. Barnsley Community Mental Health Services



During 2022/23 Barnsley Community Mental Health Services received 24 complaints and 13 compliments.

Top three complaint themes:

- 1) Access to treatment or drugs
- 2) Communications
- 3) Admission and Discharge

Complaint examples:

Service user concerned about not being offered any support and being discharged on the basis of a telephone assessment.

Dispute over geographical area and response given by team.

No support from mental health services since discharge from hospital and CPN has failed to make contact, feels medication may need reviewing also.

Compliment examples:

“Thank you for all the help and support you have given me over these last weeks. We both don't know what we would have done without your input.”

“I would just like to say a few words about staff member. I have been in therapy for 15 weeks and if I was asked by anyone would it be worth doing, I would tell them to go for it. Cannot believe where I was and how much better I feel. I would like to give the credit to staff member and thank her for everything.”

c. Calderdale Community Mental Health Services

Complaint examples:

Service user's sister concerned about decisions taken by services regarding ability to drive and communications with family.

Mother of service user who died from physical causes concerned by the lack of involvement of mental health whilst in a general hospital.

Mother of young adult struggling to obtain support following private diagnosis under shared care arrangements.

Compliment examples:

"I am very grateful for a course that has introduced me to what has been, essentially, a new way of dealing with life. For the first time in a long time I feel hopeful that the resources to live life, as opposed to grinding through it, are available to me. Of course, the hard work starts now!"

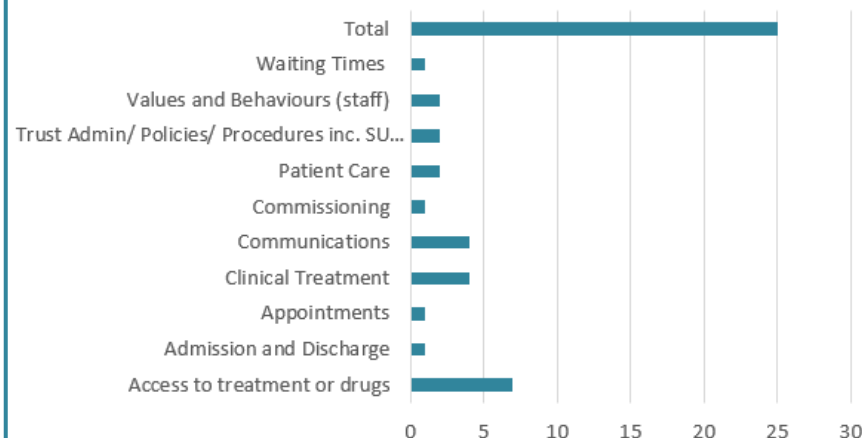
"Thank you for getting the help you got for me at the very time I needed it and thank you to the doctor and all involved in my treatment. I just hope I can now stay on path and keep happy. Thank you so much."

Top three complaint themes:

- 1) Access to treatment or drugs
- 2) Clinical Treatment
- 3) Communications

During 2022/23 Calderdale Community Mental Health Services received 25 complaints and 26 compliments

Calderdale Community Mental Health Services



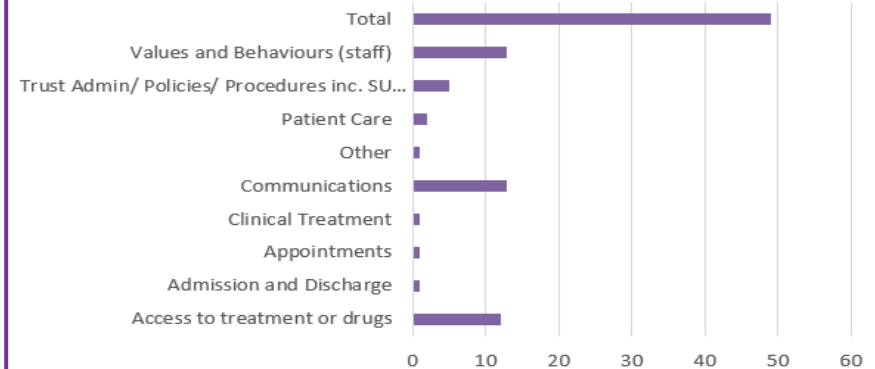
d. Kirklees Community Mental Health Services

During 2022/23 Kirklees Community Mental Health Services received 49 complaints and 7 compliments

Top three complaint themes:

- 1) Values and behaviours (staff)
- 2) Communications
- 3) Access to treatment or drugs

Kirklees Community Mental Health Services



Complaint examples:

Service user upset that repeated referrals have been rejected.

Service user's daughter concerned about the behaviour and attitude of a practitioner during an assessment.

Unhappy with how psychiatry appointment was managed and manner of psychiatrist who has advised without warning that medication will be stopped and care from Trust services will be withdrawn.

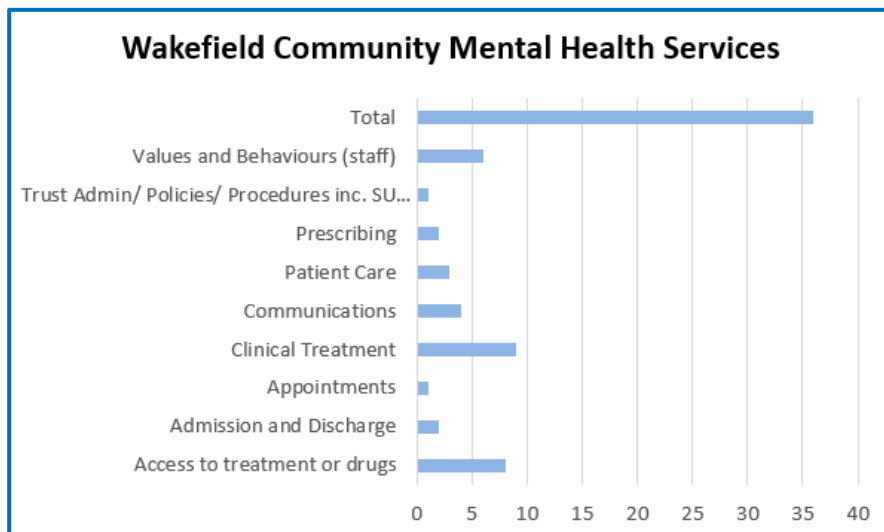
Compliment examples

"I am very happy with her, she does a great job and helps me out a lot."

"My employment specialist has been very helpful, supportive and caring."

"I greatly appreciate the support from the team."

e. Wakefield Community Mental Health Services



During 2022/23 Wakefield Community Mental Health Services received 36 complaints and 24 compliments

Top three complaint themes:

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

Compliment examples:

"Service user stated that she feels much better in herself and that she is grateful for the support she has received from the team and that if it was not for their input then she would have been admitted to hospital. She wanted to thank every staff member that she has met and that she will never forget the support she received."

"I would love to pass on that the doctor I spoke to was thorough, kind, compassionate and very understanding. We spoke about things at length and she really listened and cared about how I was. I hope she took away just how much she made me feel heard."

Complaint examples:

Complainant has submitted a letter about the quality of care their son received before taking his life.

Complainant not happy with Trust services for her daughter, feels the behaviour of staff is not empathetic and has been hostile.

Unhappy with service provided prior to admission.

f. Mental Health Inpatient Services

During 2022/23 there were 38 complaints and 61 compliments

Top three complaint themes:

- 1) Clinical Treatment
- 2) Patient Care
- 3) Communications

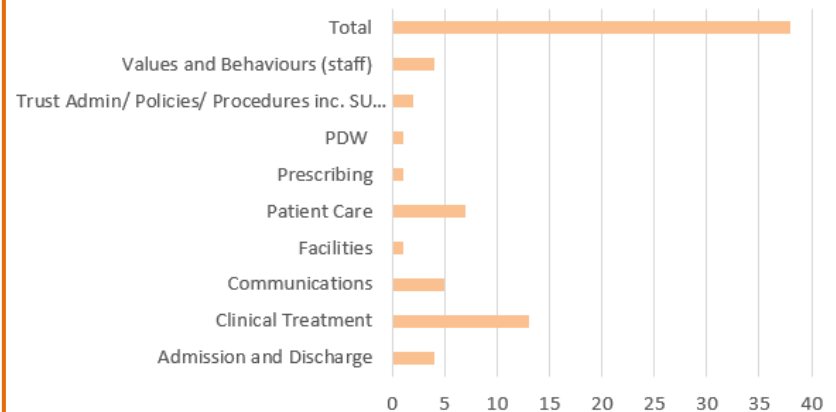
Complaint examples:

Mother of service user very unhappy by way in which discharge from hospital was managed and believes this was premature and no consideration of ongoing risks daughter presents with.

Service user unhappy with being detained under the Mental Health Act.

Husband concerned regarding the lack of aftercare proposed once his wife is discharged.

Mental Health Inpatient Services

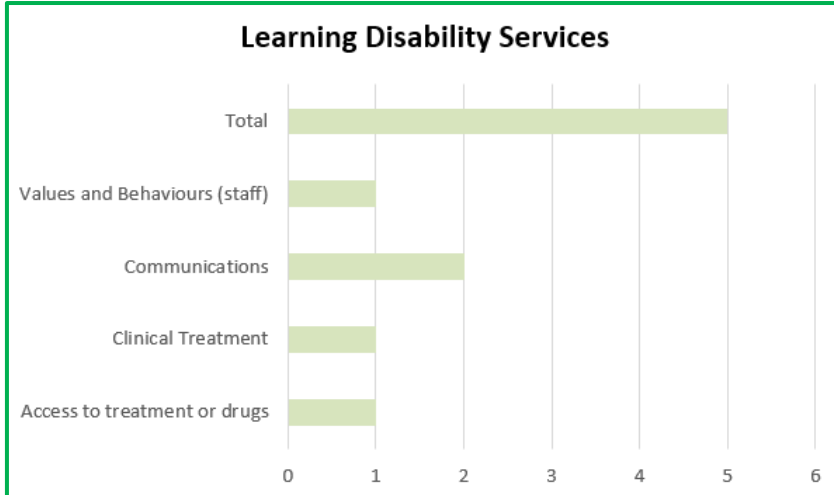


Compliment examples:

"Everyone on the ward was helpful and gave him time and listened. He realises he was poorly but felt all the staff were attentive and supportive."

"Service user stated that the care she received was brilliant, and that she was so grateful to the staff on the ward. She stated that she will miss everyone and was grateful for everything and the staff work tirelessly to meet the needs of all the patients on the ward."

g. Learning Disability Services



During 2022/23 there were 5 complaints and 36 compliments

Due to the small sample size, it is not possible to meaningfully analyse the themes although Communications was the highest category.

Complaint examples:

Disagrees with sister's assessment report by assistant psychologist.

Complaint by a mother on behalf of her adult son that diagnosis has been removed.

Service user's mother concerned about the conduct of an assessment.

Compliment examples:

"Thank you for all the care and support you have given us as a family."

"Thank you for going the extra mile - really appreciated."

"Just a little thank you to say I appreciate your help and support in making me better and helping me better and helping me along the way. I'm a much better person now, I have my moments but they are few and far between. I have my ups and downs but doesn't everyone? So thank you, I am now in a better place thanks to your patience and support."

h. Forensic Services

During 2022/23 Forensic Services received 11 complaints and 24 compliments

Due to the low number of complaints in each category it is difficult to meaningfully analyse the themes; however, Communications was the top theme.

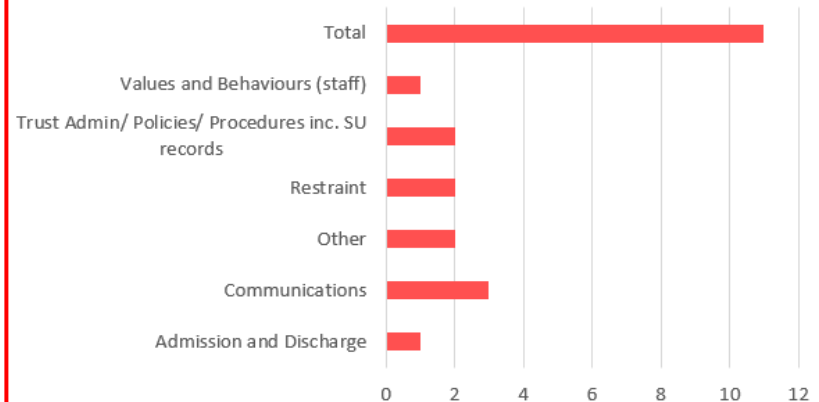
Compliment examples:

“Thank you for making me feel part of the team.

Thank you for your patience and support.”

“I would like to express my sincere thanks to the forensic social worker, she has been more than exceptional with her work with me and my sister. I think she’s an outstanding member of staff and definitely deserves praise. She has gone above and beyond with us and I really appreciate her help. I also appreciate the unit’s staff who I spoke to on my visit.”

Forensic Services



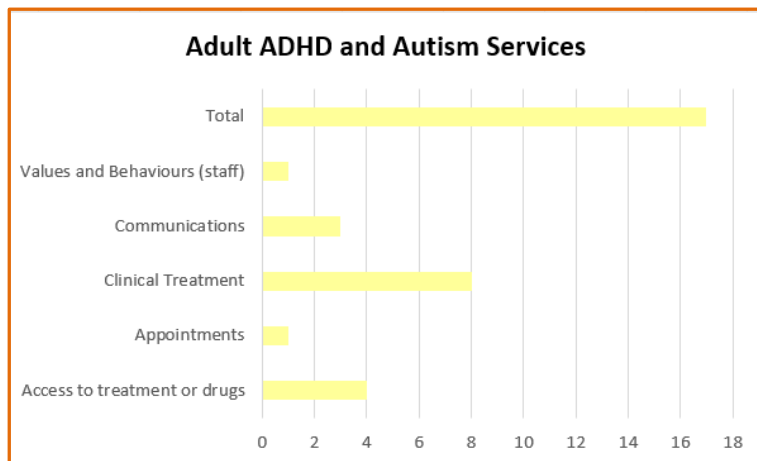
Complaint examples:

Complaint regarding brother's care and treatment as an inpatient and an alleged assault.

Service user's mother concerned about the circumstances that led to her son absconding from care and putting himself at risk.

Service user alleges he was assaulted in his bedroom by 2 members of staff because he wouldn't hand his food over.

i. ADHD and Autism Services



During 2022/23 the Adult ADHD and Autism Services received 17 complaints and 6 compliments

Top three complaint themes:

- 1) Clinical Treatment
- 2) Access to treatment or drugs
- 3) Communications

Compliment examples:

"I cannot sing the staff member's praises enough, she was so lovely and so understanding and gave me the time and space to explain everything- even allowing for a short break. This is the first time in my past experiences of services, that I felt like I was validated and listened to. She made me feel respected and didn't try to invalidate what I was telling her. I feel that I am finally moving forward with my life and I have the closure that I needed."

"We wanted to thank the staff member for his professionalism, knowledge and kindness during this process. He has consistently shown patience and understanding and has spoken to us with a great deal of respect and explained the condition in layman's terms ensuring we fully understand our daughter's diagnosis."

Complaint examples:

Complainant unhappy with outcome of assessment which did not result in diagnosis.
Unhappy with the diagnosis given and the delivery of it.
Concerns over diagnosis and second opinion assessment.
Unhappy with conduct from practitioner and comments made during assessment.

j. CAMHS Specialist Services

Top three complaint themes:

- 1) Access to treatment or drugs
- 2) Admission and Discharge; Communications; Clinical Treatment

During 2022/23 there were 37 complaints and 53 compliments

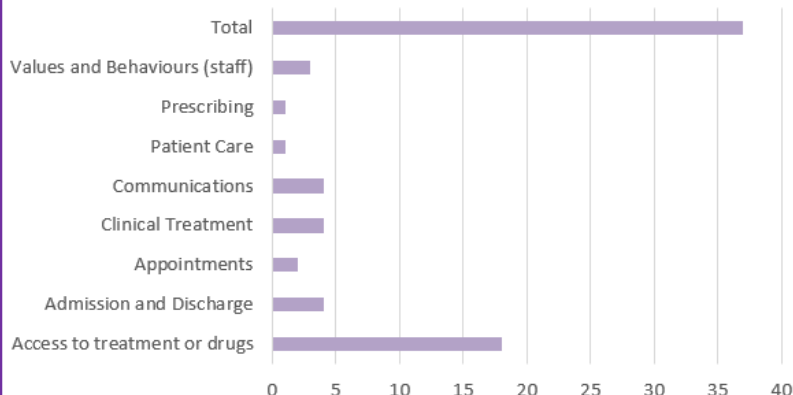
Complaint examples:

Concerns from mother that several referrals have been rejected for her son.

Mother of service user concerned that service is discharging daughter without adequate step-down support.

Mother very unhappy that CAMHS won't accept private diagnosis obtained for son of ADHD. GP is reluctant to prescribe medication through Shared Care Agreements as specialist medication and asked CAMHS to prescribe.

CAMHS Specialist Services



Compliment examples:

"Thank you for everything! You've helped my life so much! I truly from the bottom of heart appreciate it!"

"I won't write much because it will make me sad but I wanted to thank you for all you've done for me. I'm sad to have to let you go but I guess it is for the best. Without you I doubt I would have made it through the last year, so thank you. Thank you for all the work you've put into helping me. But, most of all, thank you for making me feel less alone."

k. Trust wide (Corporate support services)

Trust wide (Corporate support services) received 1 complaint in 2022/23 about Trust Admin/Policies/Procedures

Trust wide (Corporate support services) received 17 compliments

Complaint examples:

Complainant unhappy with Customer Services team and all aspects of complaint handling. Feels information she provided was divulged to inpatient unit without her consent and the nature of this information was sensitive and could have been handled better.

Compliment examples:

"Thank you once again for your help and your lovely comments mean a lot. The loss of my daughter has left a very large gap in our lives and her death deserved a full and comprehensive investigation at the time and I appreciate all you have done to try to make sure this has finally happened and I will await the report. Thank you again and I wish you all the very best."

"Thank you both for all your help! You have been amazingly supportive and patient with me. All the best!"

"I am impressed with the speed and the effectiveness."

Appendix 2

Ethnicity data comparison Fig 1. Ethnicity Comparison – SWYPFT mental health services. People accessing services, admitted and detained – April 2022 to March 2023

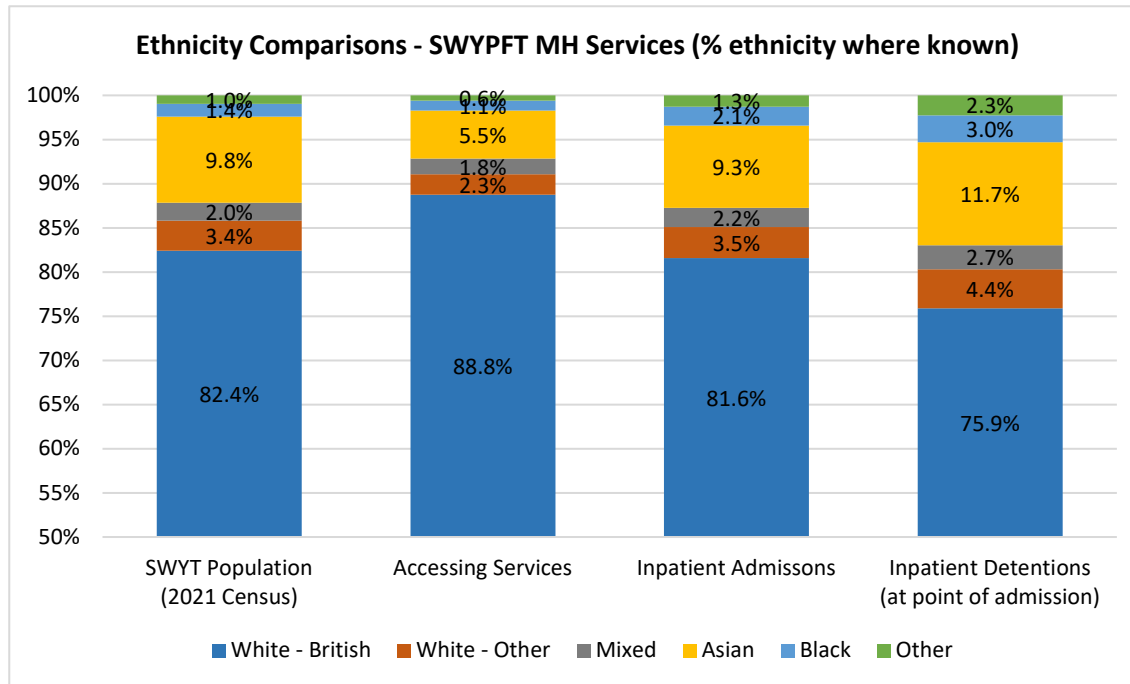
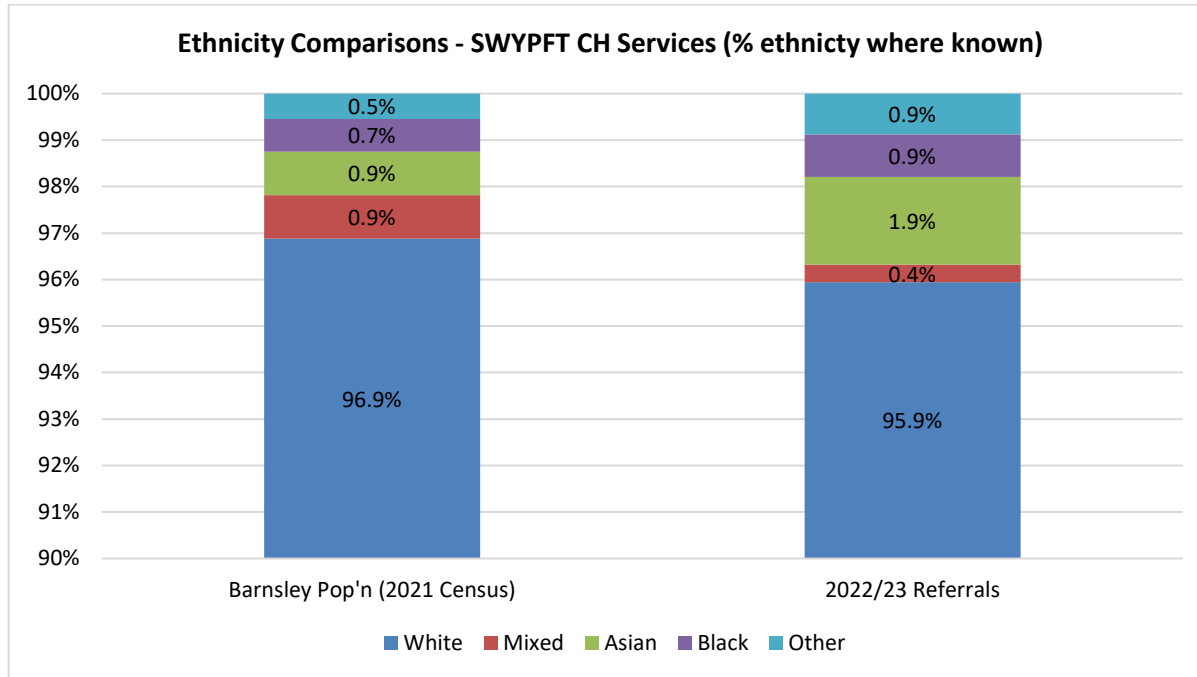


Fig 2. Ethnicity Comparison. Referrals to SWYPFT general community services – April 22 to March 23



Protected Characteristics

Fig 3. Protected Characteristics – SWYPFT mental health services. Referrals - April 2022 to March 2023 by disability and deprivation quintile where recorded. (NOTE – 55% of service users do not have disability status recorded) working groups are currently being set up to improve the data quality and collection.

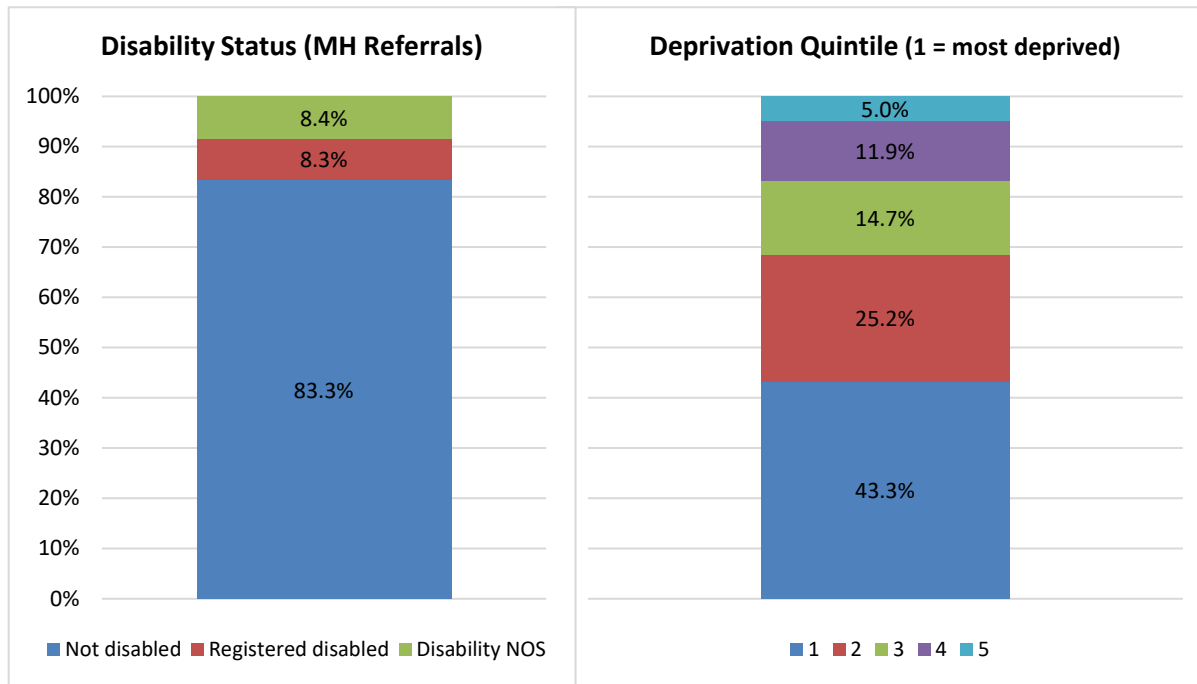
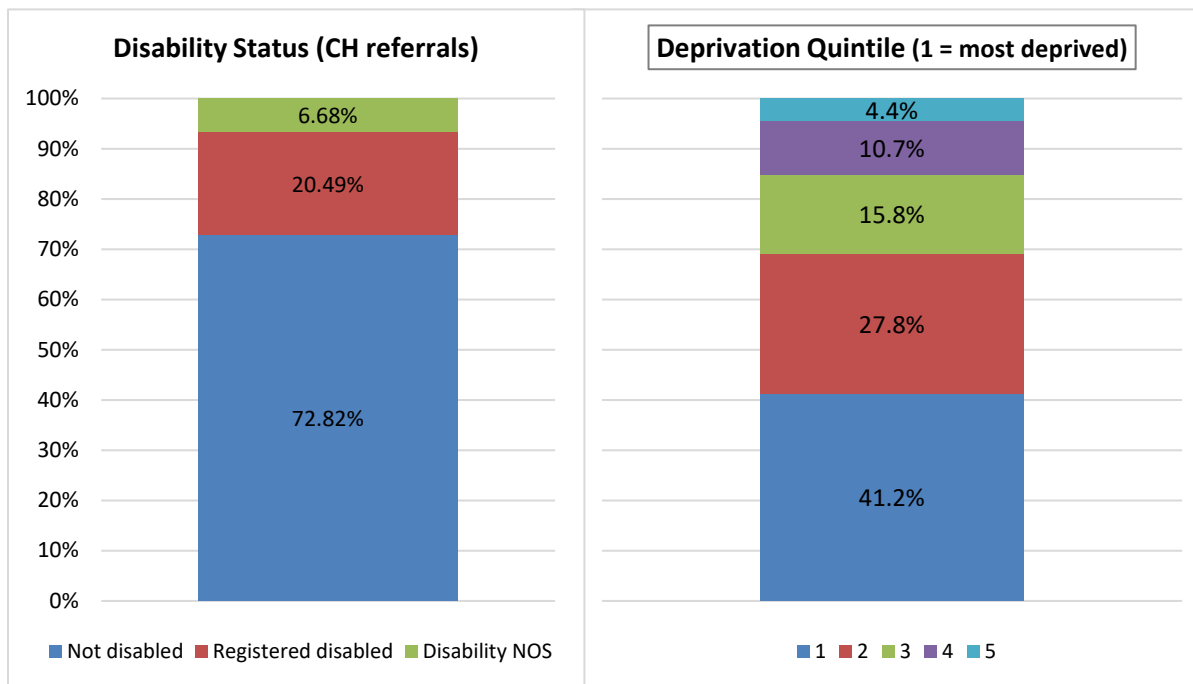


Fig 4. Protected Characteristics – SWYPFT general community services. Referrals - April 22 to March 23 by disability and deprivation quintile where recorded. (NOTE – 46% of service users do not have disability status recorded)



**Members' Council meeting
17 November 2023
Agenda item 7.5**

Private/Public paper:	Public		
Title:	Incident management annual report 2022/23		
Paper presented by:	Darryl Thompson, Chief Nurse and Director of Nursing, Quality and Professions		
Paper prepared by:	Helen Roberts, Patient Safety Manager		
Mission/values:	The report demonstrates the Trust's commitment to delivering safe and effective services and upholding our values.		
Purpose:	The purpose of the paper is to provide assurance to Trust Board that robust incident management arrangements are in place and to provide an overview of all incidents that take place within the Trust. The report includes data on Learning from Healthcare Deaths and learning from experience.		
Strategic objectives:	Improve Health	✓	
	Improve Care	✓	
	Improve Resources		
	Make this a great place to work	✓	
Board Assurance Framework (BAF) Risk(s):	2.2 Failure to create a learning environment leading to lack of innovation and to repeat incidents. 2.3 Increased demand for services and acuity of service users exceeds supply and resources available leaving to a negative impact on quality of care.		
Contribution to the objectives of the Integrated Care System/Integrated Care Board/Place based partnerships	Delivering safe and effective services is a priority of all health and social care providers. This is a shared priority across the Integrated Care System, Integrated Care Board, Place based partnerships and is a regular feature of our shared objectives and actions. Ensuring there is understanding of the incidents which take place within our services, the impact of these and the learning to ensure future risk or harm can be avoided, or reduced is essential. Sharing learning and best practice, themes, trends and analysis can help to identify opportunities to work together to address concerns or celebrate good practice. Learning form incidents can support to improve patient safety, staff and service user/carer experience and to provide assurance of good governance and risk management processes. All of which are required to deliver safe and effective services.		

<p>Any background papers / previously considered by:</p>	<p>Quality and Safety Committee and Trust Board have received quarterly and annual Incident Management reports. Committee recommended this report to Board for approval on 13 June 2023. Some minor amendments were made to the report after committee in response to further review prior to submission to Board. It was approved at Trust Board on 27 June 2023.</p>
<p>Executive summary:</p>	<ul style="list-style-type: none"> • The Trust continues to have a robust incident management process, maintained through a high level of scrutiny and governance. • We continue to focus on improving the quality of incident recording, and to strengthen our data quality processes for incident data to ensure accuracy. • We have also 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 and this is reported into Clinical Risk Panel each week. • We have continued to develop our work to improve sexual safety. • We have continued to promote falls prevention, with promotion of falls assessments and post-fall protocol, and the Trust has appointed a dedicated Falls Coordinator. • The report includes achievements in the past year, and a summary of our work plan which aligns with the Quality Account areas for improvement and primarily focusses on work related to implementation of the Patient Safety Incident Response Framework (PSIRF) and Learn from Patient Safety Events. • The number of incidents reported across the Trust (14,352) has increased by 12% on the previous year. Analysis of the data has shown that harm levels have not overly increased despite the overall increase, and our serious incidents have reduced. We have continued to raise awareness and promote incident reporting through our learning sessions this year. • There is also a rise in the number of reported incidents of deliberate self-harm, from 770 in 2021/22 to 1,067. A group has been established to review our learning from this, which will report into the Clinical Governance Group and then Quality and Safety Committee. • 97% of all incidents reported resulted in no harm or low harm to patients and staff or were external to the Trust's care. A high level of incident reports, particularly of less severe incidents is an indication of a strong safety culture. • The number of serious incidents reported in the year has reduced (16) compared to last year; this is also reflected in the proportion of serious incidents to all incidents (0.11%). We have continued to strengthen our initial review process to ensure we are using our resources to investigate the right incidents, as this will be the approach in the future under the Patient Safety Incident Response Framework (PSIRF). • There were no 'Never Events' recorded during 2022/23. • As part of our usual processes, we have reviewed 253 deaths that were in our 'learning from healthcare deaths' scope. This compares with 307 in

2021/22. The reviews ranged from accepting the death certification, case record reviews through to investigations, in line with the National Quality Board levels.

- Quality and Safety Committee noted an increase in pressure ulcers from 717 incidents in 2021/2022 to 1,328 incidents in 2022/2023, an 85% increase. This increase is understood to be caused by multiple factors, including population-based factors such as deprivation, industrial disease, health inequalities and obesity, as well as the cost-of-living crisis, an increase in weather temperatures and patient acuity within that service. An increase in pressure ulcers has been noted nationally and internationally. Further team training, awareness sessions and learning from incidents is in place. All reported pressure ulcer incidents will continue to be reviewed in the weekly Clinical Risk Panel, for learning and to identify any potential lapses in care. A further analysis of pressure ulcers is underway, and findings will be submitted to the Clinical Governance Group in Quarter 2, and then Quality and Safety Committee. A sub-group of PSIRF will be focussing on understanding the learning.
- We have incorporated 'learning from experience' into the report this year (Section 5). This illustrates our learning systems and examples of learning in practice and replaces the previously separate 'Our Learning Journey' report. It is proposed that going forward, the learning will be presented in this way in each quarterly incident report.

On 27 June, Trust Board were informed that the committee has held detailed discussions on key issues raised in this report throughout the year, including a focus on pressure ulcers. In Trust Board there was also a request for further work with regards to breaking down incidents by protected characteristics, to enable further analysis of data.

Risk appetite

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

The incident management process supports the drive to reduce harm and learn from incidents to reduce risk and prevent recurrence in the future. For learning from healthcare deaths, we continue to meet the national guidance, and make

	revisions as needed. We publish our quarterly data on deaths on the internet page.
Recommendation:	Members' Council is asked to RECEIVE the annual report on incident management.



**South West
Yorkshire Partnership**
NHS Foundation Trust

Incident Management Annual Report

April 2022 to March 2023

Patient Safety Support Team

June 2023

With **all of us** in mind.

Executive Summary

This report provides an overview of **all** the incidents reported in the Trust during 2022/2023. It also includes further analysis of serious incidents reported and action themes arising from completed Serious Incident investigations submitted to commissioners for the period of 1 April 2022 to 31 March 2023 (data as at 6/4/2023). The report includes a summary of our learning from deaths activity and learning through the year.



- **14,352** incidents reported
- **12%** increase in reporting on 2021/2022
- **97%** of incidents resulted in no/low harm
- **16** Serious incidents reported
- No Never Events
- Serious Incidents account for **0.11%** of reported incidents
- High reporting rate with high proportion of no/low harm is indicative of a positive safety culture¹



The Trust reported **14,352** incidents during the year: a 12% increase on 2021/2022. This is a demonstration of our good safety reporting culture, where staff feel able to report incidents and near misses. Analysis of the data has shown that whilst there is an increase in reported incidents overall, harm levels have not overly increased and our serious incidents have reduced¹. This may, in some part, be due to the promotion of incident reporting through our learning sessions. A high level of incident reporting, particularly of less severe incidents is an indication of a strong safety reporting culture. 97% of reported incidents resulted in low or no harm to patients, service users and staff, recognising that the Trust has a risk based and good reporting culture (compared with 97% in 2021/2022).

There were **16** serious incidents reported during the year, accounting for 0.11% of all incidents. The highest overall category of serious incident is apparent suicide of service users in current contact with community services (9), a reduction on 2021/2022 (16). It should be noted that not all suicides are investigated as serious incidents.

No 'Never Event' (Department of Health, DOH) incidents were reported by the Trust in 2022/2023. The last Never Event reported by the Trust was in 2010/2011. A Never Event is a list of serious, largely preventable patient safety incidents that should not occur if the available, preventative measures have been implemented.

¹ [NaPSIR 2021 \(england.nhs.uk\)](https://www.na-psir.org.uk/2021)

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Introduction

This incident management annual report focusses on incidents and serious incidents reported within the Trust during 2022/2023 and incorporates Learning from Healthcare Deaths reporting. It provides an overview of all incidents reported however does not include detail of specific incident types. Specialist advisors produce separate annual reporting for this purpose. The report does not cover incidents that are managed through other processes such as safeguarding (including Serious Case Reviews (now known as Safeguarding Child Practice Reviews), Domestic Homicide Reviews or whistleblowing (staff survey). The information in this report is high level, and further breakdown is possible on Datix. Further information can be provided on request.

The patient safety support team prepared a separate 'Apparent suicide report' for deaths occurring in 2022/2023, and this was presented to Clinical Governance Clinical Safety Committee in May 2023.

This year, a new section of the report has been introduced to cover learning. This provides an overview of our learning systems, and gives examples of learning from Care Groups, specialists and also learning from serious incidents and exploration of our main action themes.

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

The report is structured into the following sections:

Section 1 includes a summary of all reported incidents occurring from 1 April 2022 to 31 March 2023. It should be noted that this report provides only an overview; further reports are prepared for covering more breakdown through the year, and specialist advisors run/analyse incident reports.

Section 2 focusses on incidents reported as serious incidents during 2022/2023. This is broken down into two sections, The incident type, and then the detail.

Section 3 sets out an analysis of the serious incident investigations that have been completed and sent to commissioners during 2022/2023. It includes an analysis of the themes arising from serious incident recommendations.

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

Section 5 provides a summary of our learning systems, and learning from serious incidents, examples of learning from Care Group and specialist areas.

Section 6 is an overview of incident management plans for 2022/2023.

What we did in the past 12 months

Throughout 2022/2023, 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 2023/2024 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 within 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

Improving safety culture

Overall numbers of incidents and levels of severity and harm are monitored at Care Groups, Clinical Governance and Clinical Safety Committee and Board through a range of reports. The Trust continues to work to increase overall incident and near miss reporting as part of safety culture work. In 2022/2023, 97% of all incidents reported resulted in no or low harm or were not related to Trust care. The number of incidents resulting in moderate or severe harm or patient safety related death are small and we use individual reviews of these cases to help us learn from them.

This year we have seen a change in incident reporting patterns with a 12% increase on the previous year. This is a demonstration of our reporting culture, where staff feel able to report incidents and near misses. Analysis of the data has shown that whilst there is an increase in reported incidents overall, harm levels have not overly increased and our serious incidents have reduced. This may, in some part, be due to the promotion of incident reporting through our learning sessions.

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
- We have supported Forensic Services with undertaking culture surveys to help with safety culture, team working and communication
- Teams have 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 have, and continue to work on, a number of workstreams to support our transition:

- Held a launch event in October 2022 with Trust stakeholders
- Established PSIRF implementation team and project groups
- Reviewed our existing investigation processes against the PSIRF Standards and process mapped 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, region and national levels for insights into best practice
- Sought extensions to our existing related policies so they can be reviewed as part of our PSIRF work.
- Continued our liaison with ICB and provider collaborative colleagues regarding oversight of the process
- 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.
- Throughout the year, we have developed business cases to support:
 - Level 1 essentials training for all staff began in November 2022 and we are making good progress. It will be mandated 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 e-prescribing system to aid medication safety

- Delivered systems analysis training for Care Group and specialist colleagues
- Delivered other training previously mentioned
- Incorporated our Care Group patient safety actions into their local quality improvement plans
- The patient safety strategy group has met less frequently to enable focused work on PSIRF, LFPSE and data requests; however, work has continued, and we have provided updates via other routes, e.g., Governance Group and Clinical Governance and Clinical Safety Committee.
- An internal audit of our serious incident action planning was concluded in August 2022, receiving significant assurance. The audit identified three actions to 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 been completed.
- We undertook a review of the identification of Notifiable Safety Incidents and Duty of Candour monitoring recording during the year. We found some common themes particularly around Notifiable Safety Incidents. We shared the learning with quality and governance leads.
- Continued to develop and improve our method of sharing learning (see separate section)
- Made further improvements to Datix for the collection of protected characteristics data for those restrained in line with the Use of Force Act (2021)
- Datix system upgraded to ensure alignment with latest developments and best practice.

Learning

Through the year, we have continued to develop our learning systems. Our learning summary is included in Section 5, learning from experience.

Section 1 - Incident Reporting Analysis

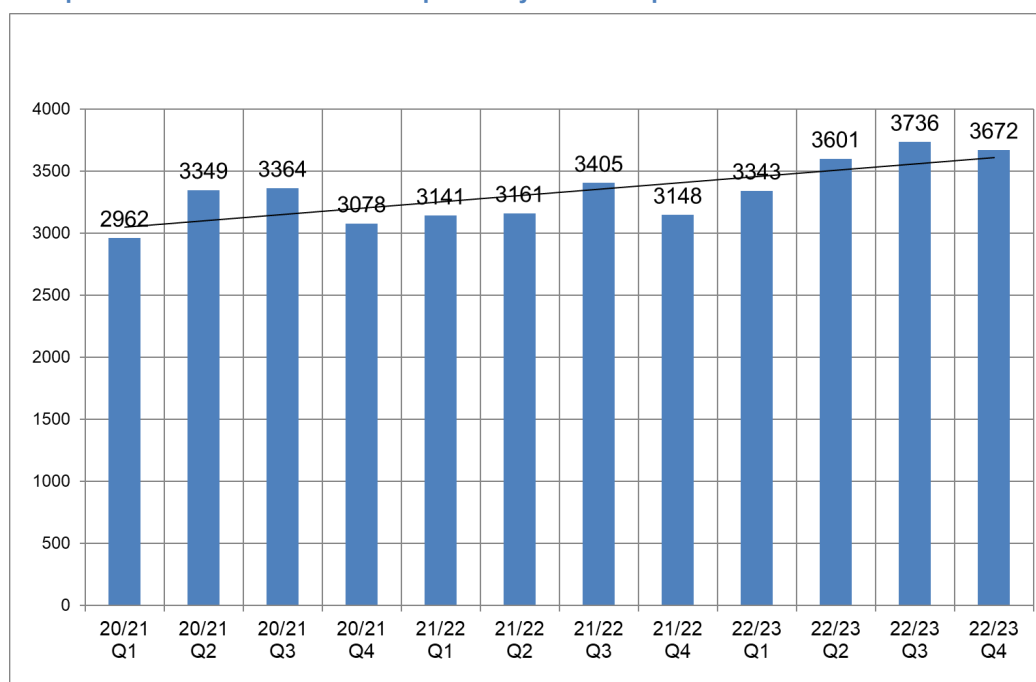
Headlines

The Trust reported **14,352** incidents of all severities during the year, a **12%** increase on 2021/2022 (12,807). This is a demonstration of our reporting culture, where staff feel able to report incidents and near misses. Analysis of the data has shown that whilst there is an increase in reported incidents overall, harm levels have not overly increased and our serious incidents have reduced. ². This may, in some part, be due to the promotion of incident reporting through our learning sessions.

- **14,352** incidents reported
- **12%** increase in reported incidents compared with 2021/2022
- **97%** of incidents resulted in **no/low harm**
- **16** Serious incidents reported (0.11% of all incidents)
- High reporting rate with high proportion of no/low harm is indicative of a positive safety culture

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

Figure 1 Comparative number of incidents reported by financial quarter 2020/2021 to 2022/2023

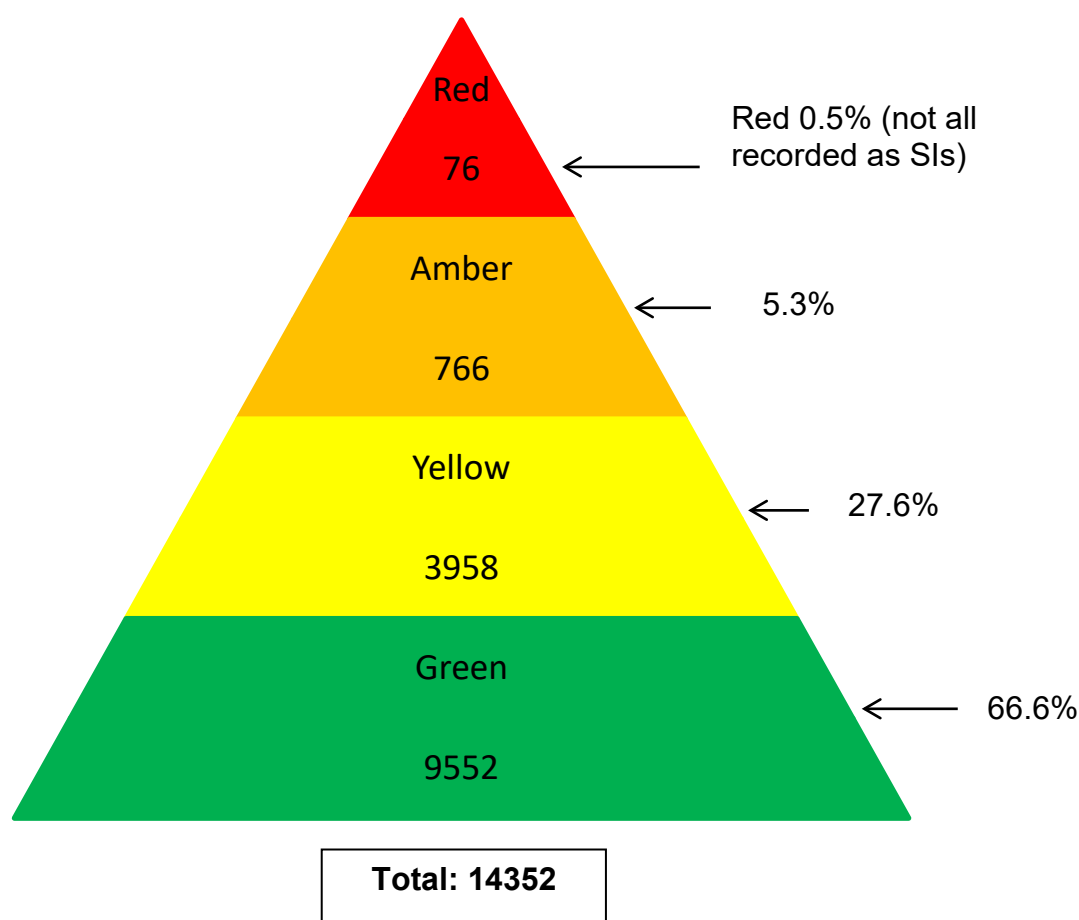


² [NaPSIR 2021 \(england.nhs.uk\)](https://www.england.nhs.uk/publications/na-psir-2021/)

Severity

Severity is how we grade incidents locally in the Trust. Incident severity considers actual and potential harm caused and the likelihood of reoccurrence (based on the Trust's risk grading matrix). The distribution of these incidents in terms of severity is pyramid-shaped (figure 2) with red incidents being fewest in number; and 66.6% being graded green.

Figure 2 Incidents reported by severity 2022/2023



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

Actual harm

In addition to the severity of incidents, we also record the level of harm that was caused by an incident, irrespective of the severity. This is called the degree of harm. In 2022/2023, 97% of incidents resulted in no harm or low harm to patients and staff or were external to the Trust's care. The proportion of no/low harm incidents has remained consistent with previous years. An organisation with a high reporting rate, particularly with a high proportion of no/low harm is indicative of a positive safety culture where staff are encouraged to report incidents and near misses.

Type and category of incidents

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

Figure 3 below shows all reported incidents in 2022/2023 by the type of incident. Violence and aggression incidents are the highest type of incident.

Figure 3 Trust-wide incidents reported by type of incident during 2022/2023

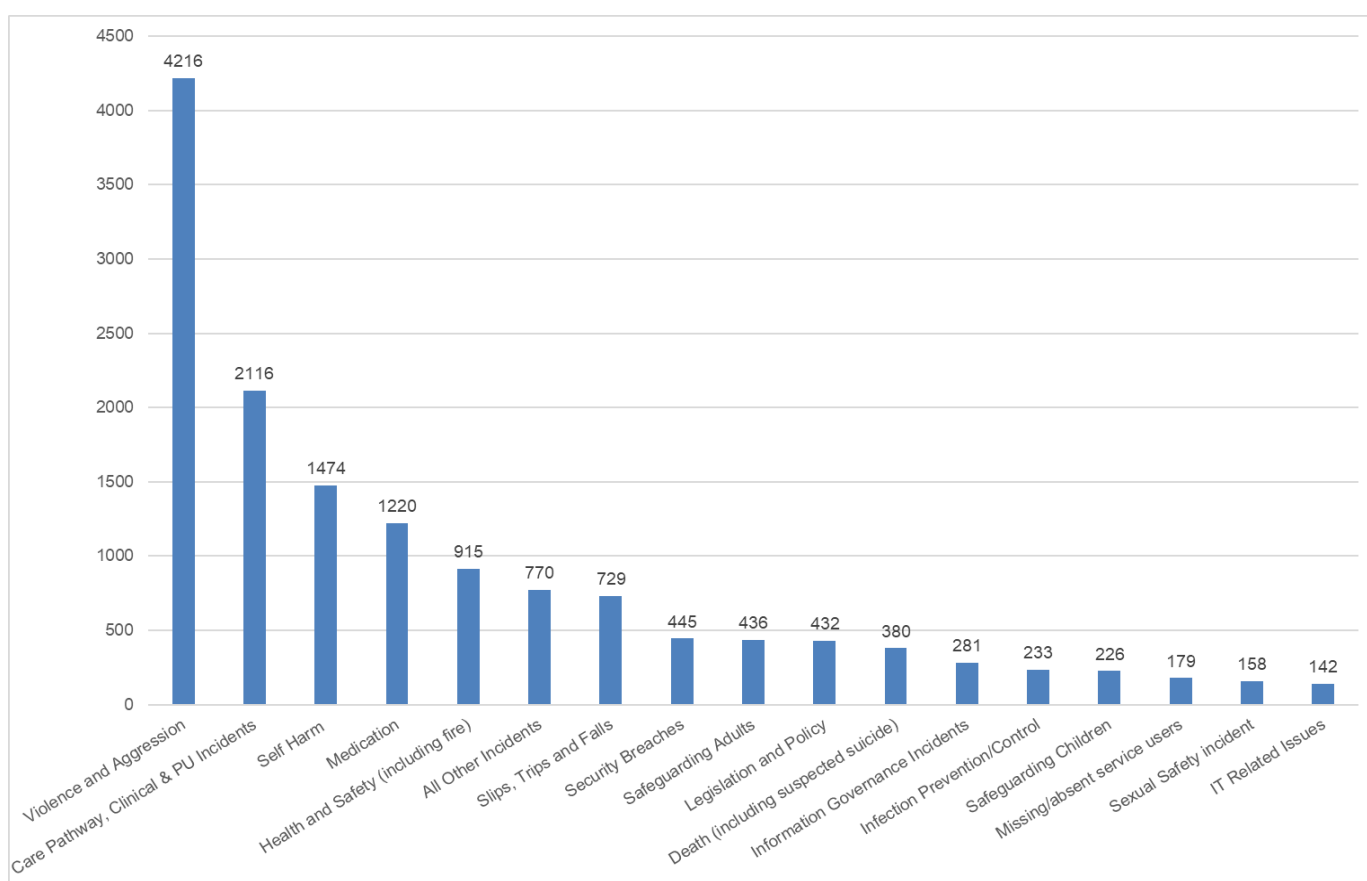
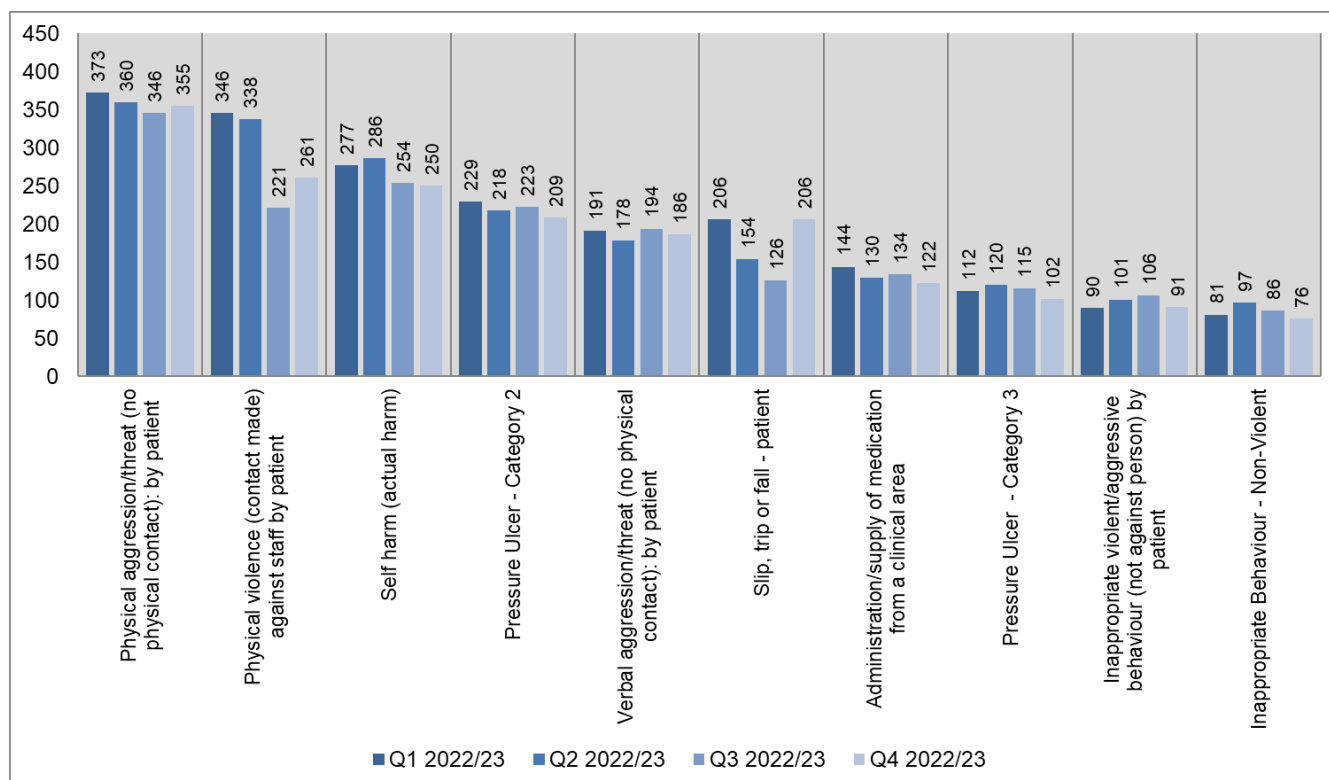


Figure 4 shows the top 10 highest reported categories of incidents across the Trust during 2022/2023. During 2022/2023 incidents were reported against 156 different categories of incident. The top 10 categories account for 54% of all incidents reported, which is consistent with the proportion in previous years.

Figure 4 Trust-wide Top 10 most frequently reported incident categories in year 2022/2023



Analysis:

Physical aggression/threat

'Physical aggression/threat (no physical contact): by patient' was the highest reported incident category in 2022/2023 with a total of 1,434 incidents, accounting for 10% of all incidents reported. This is an increase on 2021/2022 (1,362) but this has remained the top reported category in the last five years. 98% of these incidents resulted in no harm or low harm. This includes incidents such as threatening behaviour against others or where physical violence was prevented.

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

In 2022/2023, there have been some service users admitted with complex and challenging needs. Horizon centre had two service users for the first two quarters then three for the next two quarters with complex and challenging needs accounting for virtually 100% of the aggressive incidents, restraints, and seclusions within the wards. When we consider these service users and the effect on the whole figure across the four financial quarters the impact can be seen, 32.4% of assaults on staff contact made in Q1, 33.3% of assaults on staff contact made in Q2, 45.3% of assaults on staff contact made in Q3 and 38.9% of assaults on staff contact made in Q4 and 38.3% for the whole financial year. The reducing restrictive physical interventions (RRPI) team have been working alongside the staff team on the Horizon centre offering individual specialist advice and additional bespoke training sessions to assist in the reduction of incidents.

The main trigger for assaults on staff (contact made) are the occasions that staff must intervene i.e., to assist with personal care with service users who are significantly cognitively impaired, to stop service users' behaviours that pose a risk to self or others and to enforce medication under the Mental Health Act.

In relation to verbal aggression/threat (no physical contact): by patient, and inappropriate violent/aggressive behaviour (not against person) by patient it is understood that individuals within our services have high levels of stress, a significant trauma history and mental health problems or a combination, this can lead to times of high expressed emotion. The Trust and the RRPI Team are looking at all interventions that may alleviate this e.g., strengthening the use of advanced statements that put the service users wishes at the centre of the care given. The Trust is working towards being a trauma informed care led organisation, this along with de-escalation and managing incidents without force forms a large part of the RRPI training and ethos. The RRPI Team have once again been revalidated by The Restraint Reduction Network (RRN) a nationally recognised organisation in best practice in restrictive physical interventions. The RRPI Team supported by the Trust have now increased the ability to gather data on service users protected characteristics to examine any potential impacts these may have on an individual's behaviour.

The Trust in collaboration with the RRPI Team continues to look at all interventions that help in reducing physical interventions by actively taking part in research projects helps to find effective solutions for reducing violence and aggression. The increased activities within the therapeutic interventions and the work of the RRPI teams in supporting staff to plan care and interventions with the support of a positive behaviour support (PBS) care plan, have all contributed to a decline in patient on patient violence and aggression.

Self-Harm (actual)

The third highest category of incident is 'self-harm (actual)'. In 2022/2023 there were 1,067 actual self-harm incidents which is an increase from 2021/2022 (770). Whilst this is an increase, 2021/22 was a lower figure than the previous year (933). The figures for self-harm fluctuate through the year and numbers are closely affected by individual service user presentation. This has moved from the fourth highest incident in 2021/2022 to third highest in 2022/2023, with an increase of 38%. Self-harm data is being explored through the Patient Safety Incident Response Framework Implementation Groups to identify where we need to identify new learning, and what improvement work may be required going forward. This work will be communicated to the Clinical Governance Group and then Clinical Governance Clinical Safety Committee.

Pressure Ulcers

Pressure ulcer category 2 and 3 appears in the top 10, this has increased from 717 incidents in 2021/2022 to 1,328 incidents in 2022/2023 which is an 85% increase. It should be noted these are incidents that are generally identified by staff in the general community services, and many are attributable to other agencies. The Datix system is used to capture the identification and actions taken by our staff.

There is discussion in the tissue viability community both nationally and internationally which suggests pressure ulcers have increased since the pandemic, which could be linked to a rise in obesity, diabetes, cancer, orthopaedics, co morbidities, and patients who are taking multiple medications to manage other long-term conditions. We are awaiting evaluation papers. The increase in pressure ulcers has seen a dramatic increase not just in patients being referred into the Trust but also patients under the care of the Trust.

The majority of pressure ulcers occur within Barnsley neighbourhood nursing teams, and the care and treatment falls within the role of these teams. The services as a whole in Barnsley physical health care services have seen referrals increase and greater demand across all specialties; this reflects in longer service waiting times. Late treatment, consultations, reviews etc. all have an impact on people's management of long-term conditions. They become frail generally, have reduced mobility, poly pharmacy and temporary measures are put in place whilst patients wait for correct treatment.

It must be noted in comparison to the number of patients on caseloads that are at risk of pressure damage and have a preventative care plan in place vs patients with a pressure ulcer is a reduced percentage from previous years. This is going to be further explored through the pressure ulcer quality improvement work.

The tissue viability team have trained care home and agency staff bi-annually as well as producing pressure ulcer classification leaflets and guides.

Patient Falls

Patient falls appears in the top 10, as it has done in previous years. The reporting remains relatively consistent through the year and is smaller to previous years. The degree of harm has remained similar to 2021/2022 with 98% of patient falls resulting in no harm or low harm or were external to the Trust's care.

Most falls are linked to increasing frailty, age, and loss of balance. There is also a higher percentage of patients with dementia, Parkinson's disease, agitation, and associated medications that are prescribed due to unsettled presentation or inability to sleep that can have a sedative effect, increasing the chances of having a fall. Nearly 40% of the falls between 1 August 2022 – 31 January 2023 were linked with 16 patients 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. High percentages of the slips, trips and falls were unwitnessed.

Planned intervention:

- The Trust appointed a full time falls coordinator in 2022/2023
- The falls coordinator will review slip, trip and fall incidents figures weekly. To support a proactive approach and have early recognition of any potential repeat fallers. These accounted for a high percentage of the total slips, trips, and falls' figures
- Environment Risk Assessment Tool is being reviewed/developed by the Matron for Wards 19/18. Eventually, this is planned to be used Trust-wide to identify environmental falls, risks and support early intervention on the wards
- Due to the ongoing development on Ward 19, some other interventions that have been in place to minimise the risk of falls are:
 - 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 Passive Infrared (PIR) falls sensors in each bedroom
 - Handrails for support on the elderly wards
- Falls coordinator is contacting key staff across the Trust to introduce self and falls awareness
- Falls awareness e-learning package is being developed for all staff across our Trust
- Two day falls, and osteoporosis risk/awareness training is available. Key staff across inpatient services are being identified to attend to hopefully champion falls awareness and risk assessment. This training has historically been accessed by Barnsley community staff

Administration/supply of medication from a clinical area

Administration/supply of medication from a clinical area appears in the top 10, as it has done in previous years. This is the only incident category which has decreased in the top 10. In 2021/2022 582 incidents were reported compared with 2022/2023 when 530 incidents were reported.

These incidents have steadily decreased quarter on quarter over the last 18 months, likely due to the implementation of electronic prescribing and medicines administration (EPMA) which has been rolled out in the Trust over the last 18 months. Since the introduction of electronic prescribing there has been a significant reduction in missed doses and duplicate doses.

All medicine incidents are reviewed by the safe medicines practice group.

Affected Party Demographics

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

External Review

Reporting to National Reporting and Learning System

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

The Trust uploads patient safety incidents³ (which are a subset of all incidents reported) from Datix to the National Reporting and Learning System (NRLS) on a weekly basis and has done so since 2004. Local information on Datix is mapped to the national system in the background. The National Reporting and Learning System shares patient safety incidents with the Care Quality Commission (CQC). The CQC may then contact the Trust to enquire further about specific incidents.

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

The NHS patient safety strategy⁴ published in July 2019 sets out plans for a new national reporting and learning system, Learn from Patient Safety Events (LFPSE), which will combine and replace NRLS and the Strategic Executive Information System (for reporting serious incidents). NHS England/Improvement expect all providers currently reporting to the NRLS to have transitioned to the new LFPSE system by the end of September 2023. We have begun work on our Datix test environment in preparation but are awaiting updates to functionality which will be available in Summer 2023.

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

- Collect information that is better suited to learning for improvement than what is currently gathered by existing systems.
- Make data on safety events easier to access, to support local and specialty-specific improvement work.
- Utilise new technology to support higher quality and more timely data, machine learning, and provide better feedback for staff and organisations.

In 2022/2023 the Trust uploaded a total of 6,035 patient safety incidents to the NRLS, compared with 6,097 reported in 2021/2022 Quality Accounts. 94% of the 6,035 incidents resulted in no harm or low harm. This shows a positive culture of risk management, low or no harm incidents reported mean action taken proactively at an early stage before harm occurs⁵.

The Trust reported a total of 63 severe harm and patient safety related death incidents in 2022/2023, compared to 53 incidents in 2021/2022 (as at 11/04/2023). This is a snapshot in time, but data may change if further information comes to light.

³ A patient safety incident is defined as any unintended or unexpected incident which could have or did lead to harm for one or more patients receiving NHS care.

⁴ <https://improvement.nhs.uk/resources/patient-safety-strategy/>

⁵ [NaPSIR 2021 \(england.nhs.uk\)](#)

In relation to the total number of incidents uploaded, the percentage of severe harm incidents has increased to 0.71% when compared with 0.31% in 2021/2022. The percentage of patient safety related deaths (uploaded to NRLS) has decreased to 0.33% compared with 0.55% in 2021/2022.

There has been a 12% increase in the total number of all incidents reported in 2022/2023. It should be noted that there is currently a backlog with data quality checks prior to uploading any patient safety incidents to the NRLS associated with the increased volume overall. There is a risk of delay in routine patient safety incident data reaching NRLS and onwards to the CQC, however serious incidents are manually submitted. We continue to upload on a weekly basis; however, the volume has been smaller. We have acted by protecting a day per week in the team to address this. We have prioritised some types of incidents for approval such as if an incident is linked to a CQUIN (Commissioning for Quality and Innovation).

National Reporting and Learning System reports

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

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

Organisation Patient Safety Incident Report (OPSIR)

The [OPSIR Report](#) provides data by organisation on incidents reported from 1 April 2021 to 31 March 2022 and submitted to the NRLS by 31 May 2022.

National Patient Safety Incident Reports (NaPSIR)

The latest [NaPSIR Report](#) published in October 2022, covers the period 1 April 2021 to 31 March 2022 which were submitted to the NRLS up to June 2022. The report is published annually.

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

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

Internal Audit

An internal audit of our serious incident action planning was concluded in August 2022, receiving significant assurance. The audit identified three actions to 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 rational for any delays. All actions have been completed.

Duty of Candour

Duty of Candour applies to Notifiable Safety Incidents where harm occurred to a patient and resulted in moderate harm or above. The Trust has been following the principles of being open since 2008 and had a policy in place since that time. The NHS contract includes Duty of Candour for Notifiable Safety

Incidents, and the Trust has been reporting on this since April 2014. In November 2014 this was strengthened when this became a statutory CQC regulation⁶ to fulfil the Duty of Candour requirement.

The CQC Regulation 20 sets out three questions that assist with deciding if something qualifies as a Notifiable Safety Incident or not. Healthcare professionals involved must use their judgement when answering the questions. The incident must meet all three to be a Notifiable Safety Incident* where the Duty of Candour must be applied:

1. It must have been unexpected or unintended (in relation to an incident which happened during the care and treatment we were providing, not the outcome of the incident)
2. It must have occurred during the provision of care and treatment by the Trust, which is regulated by the CQC
3. In the reasonable opinion of a healthcare professional, already has, or might, result in death, or severe or moderate harm to the person receiving care. (This varies slightly depending upon the type of provider).

*Further guidance on the questions is available in the Regulation 20 document.

If any of these three criteria are not met, it is not a Notifiable Safety Incident. However, in these cases, we still have a duty to be open, honest and transparent with those affected. This is what we call Being Open.

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

The data contained in this section of the report was correct at the time of reporting (12/4/2023). The data is extracted from a live system and is subject to change.

During 2022/2023, there were 374 potentially applicable Notifiable Safety Incidents (2.6% of all incidents reported; an increase on 2.03% in 2021/2022). It should be noted that there has been a 12% increase in the total number of all incidents reported in 2022/2023. The higher proportion of applicable incidents is particularly due to an increase in category 3 pressure ulcers (moderate harm), and category 4 pressure ulcers (severe harm). Please refer to comments earlier in the report regarding the increase in pressure ulcer incidents.

Monitoring of Notifiable Safety Incidents is reported via the Integrated Performance Report and to the Operational Management Group on a monthly basis.

We undertook a review of data in Quarter 1 2022/2023 and identified that staff were often cautious when answering the three questions resulting in potential over reporting of Notifiable Safety Incidents, or there were gaps in recording, but Duty of Candour had been completed. This impacts on the ability to run reports – we have to include any potential Notifiable Safety Incident in our figures at the present time. Further guidance has been issued by CQC in Regulation 20 to clarify the ‘unexpected or unintended’ question. We have completed quality improvement work to share learning, through delivery of a question and answer session on the changes and how to answer the three questions correctly, (which was recorded and this shared on the intranet) continued to offer advice to staff, and have updated the intranet pages accordingly.

Figure 5 shows the 374 incidents by Care Group with the highest number of potentially applicable incidents in Barnsley General Community Services with 245 incidents [an increase on 2020/2021 102]. A high proportion of these were pressure ulcers, category 3 (moderate harm).

⁶ [Care Quality Commission. Duty of Candour guidance](#)

Figure 5 Duty of Candour applicable incidents in 2022/2023 by Care Group and financial quarter

Care Group	BDU	Quarter 1 2022/2023	Quarter 2 2022/2023	Quarter 3 2022/2023	Quarter 4 2022/2023	Total
Barnsley Integrated Care Group	Barnsley General Community Services	57	56	63	69	245
	Barnsley Community Mental Health Services	2	1	2	8	13
Adult and Older People Mental Health Care Group	Mental Health Inpatient Services	10	13	15	13	51
	Wakefield Community Mental Health Services	5	5	7	5	22
	Kirklees Community Mental Health Services	5	4	3	5	17
	Calderdale Community Mental Health Services	4	4	2	3	13
Forensic Care Group		5	2	3	1	11
Learning Disability and ADHD/ ASD Care Group		1	0	0	0	1
Trust wide (Corporate support services)		0	0	1	0	1
Total		89	85	96	104	374

There is often a higher figure in Quarter 4 due to incidents that are awaiting Manager's review or Care group monitoring check of the accuracy of identifying Notifiable Safety Incidents.

Compliance with Duty of Candour

Each Care Group should have identified lead/s who are responsible for reviewing their Care Group's compliance with Duty of Candour and for supporting their staff with decision making and recording. All Trio managers/leaders have access to live data on Datix Dashboards to aid monitoring. Further breakdowns are provided to deputy/service directors when required.

Patient safety support team routinely provide information on Notifiable Safety Incidents and Duty of Candour compliance to the Operational Management Group to enable them to monitor Care Groups compliance. The number of incidents achieving compliance, breaches and exceptions are provided in the Integrated Performance Report each month. The annual figures are summarised below.

Figure 6 shows the monitoring position which breaks down as below:

- In 89% of cases (333), a verbal conversation has happened with the patient and/or family within 10 working days of the incident occurring or being identified (as per the contract).
- There were 18 cases where Duty of Candour was not completed but exception reasons were given (5%). The number of exceptions has decreased from 7% in 2021/2022)
- There were 17 cases (5%) where the Duty of Candour monitoring was not yet completed by the Care Group (at 6/4/23), (including waiting for further clarification from the manager) these could include possible breaches. This compares with 7% (18) reported in 2021/2022 annual report.

There were six breaches of Duty of Candour reported, representing 1.6% of all applicable incidents.

The six Duty of Candour breaches all involved community patients who self-harmed resulting in moderate or severe harm. The breakdown of the six breaches are below:

1. A community patient self-harmed at home. Staff contacted emergency services and the patient was taken to the acute hospital in an ambulance and was treated in an Intensive Care Unit (ICU). The team were unable to undertake duty of candour because the patient was uncontactable in ICU. The team subsequently spoken to the patient's mother who contacted them, and an apology was provided to her.
2. A community patient self-harmed. The patient received treatment in the acute hospital as a result of the self-harm. The Duty of Candour apology was carried out during home visit at a later date.
3. A community patient self-harmed at home. The patient was transferred to the acute hospital and was treated in an Intensive Care Unit (ICU). The community team contacted family at the time of the incident to offer support which was declined. The patient was in ICU therefore staff were unable to apologise within the time frame. Associate quality & governance lead visited the service user following transfer to a Mental Health ward and Duty of Candour completed in person.
4. A community patient self-harmed. The patient was transferred to the acute hospital for medical intervention to the wounds as a result of self-harming. Due to the patient's injuries and subsequent hospital admission out of area it was difficult to make contact within the specified time frame for duty of candour despite many attempts by a member of the team. Duty of candour was completed as soon as possible following discharge. Staff did speak to the family and unfortunately missed the opportunity to complete the duty of candour.
5. A community patient self-harmed. The patient was taken to accident and emergency and admitted to an Intensive Care Unit. Duty of Candour was delayed as patient was in Intensive Care and whilst the Care Coordinator had been in contact with patient and family it was not felt to be an appropriate time due to mental state. Apology given when patient was more stable.
6. A community patient self-harmed. The patient was transferred to the acute hospital and was treated in an Intensive Care Unit. The clinical judgement was to deliver the apology at the next appointment with the therapist. However, the patient did not attend the appointment, a letter was therefore sent offering a further appointment with duty of candour being completed within the letter.

Figure 6 Duty of Candour compliance 2022/2023

Duty of Candour compliance		Stage 1 Duty of Candour - verbal apology completed within 10 days	Stage 1 Duty of Candour - not completed (exception)	Stage 1 Duty of Candour verbal apology not given following MDT decision (exception)	Stage 1 Duty of Candour - verbal apology completed after 10 days	Stage 1 Duty of Candour - awaiting further clarification from manager	Awaiting Care Group monitoring	Total
Barnsley Integrated Care Group	Barnsley General Community Services	238	1	0	0	0	6	245
	Barnsley Community Mental Health Services	7	1	3	1	0	1	13
Adult and Older People Mental Health Care group	Calderdale Community Mental Health Services	10	0	0	2	0	1	13
	Kirklees Community Mental Health Services	11	4	0	1	0	1	17

	Wakefield Community Mental Health Services	15	3	0	2	0	2	22
	Mental Health Inpatient Services	42	4	1	0	0	4	51
Forensic services Care Group	Forensic Service	9	1	0	0	1	0	11
Learning Disability and ASD/ADHD Care Group	Learning Disability services	0	0	0	0	0	1	1
Trustwide support services	Trust wide (Corporate support services)	1	0	0	0	0	0	1
	Total	333	14	4	6	1	16	374

Exception reasons include verbal apology not being given following Multi-Disciplinary Team (MDT) decision due to clinical presentation or being detrimental to patient's wellbeing, unable to make verbal contact with service user or next of kin therefore a letter was sent as an alternative and patient admitted to general hospital.

58% of the exceptions related to self-harm incidents. In other cases, Duty of Candour was not possible with the patient as they were too unwell.

Section 2 - Serious Incidents reported during 2022/2023

Background context

Serious incidents are defined by NHS England as

“...events in health care where the potential for learning is so great, or the consequences to patients, families and carers, staff or organisations are so significant, that they warrant using additional resources to mount a comprehensive response. Serious incidents can extend beyond incidents which affect patients directly and include incidents which may indirectly impact patient safety or an organisation’s ability to deliver ongoing healthcare.”⁷

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

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

- The unexpected or avoidable death of one or more patients, staff, visitors, or members of the public
- Serious harm to one or more patients, staff, visitors, or members of the public or where outcome requires life-saving intervention, major surgical/medical intervention, permanent harm or will shorten life expectancy or result in prolonged pain or psychological harm (this includes incidents graded under the NPSA definition of severe harm)
- A scenario that prevents, or threatens to prevent, a provider organisation’s ability to continue to deliver health care services, for example, actual or potential loss of personal/organisational information, damage to property, reputation, or the environment. IT failure or incidents in population programmes like screening and immunisation where harm potentially may extend to a larger population
- Allegations of abuse
- Adverse media coverage or public concern for the organisation or the wider NHS
- One of the core sets of *Never Events*⁸

Investigations

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

As described on page 6, we are preparing to transition to the Patient Safety Incident Response Framework (PSIRF) in the Autumn 2023. We will continue to report and investigate serious incidents until we transition, although we are trying to apply the theory of PSIRF to ensure we use our resource to investigate for the greatest learning opportunity. Upon transition to working under PSIRF we recognise that we will continue to have an overlap period where we will begin to use the new methodologies, whilst concluding our existing serious incident investigations. We will adapt our reporting based on this.

⁷ [NHS England. Serious Incident Framework. March 2015](#)

⁸ [NHS Improvement. Never Event policy and framework 2018](#)

Headlines

During 2022/2023, 16 serious incidents were reported to the relevant commissioning body via the NHS England Strategic Executive Information System (StEIS)

Staff support

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

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

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

The serious incident investigators will:

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

Further developments

Our staff support arrangements will be reviewed as part of our preparations for the Patient Safety Incident Response Framework.



- 16 Serious incidents reported
- Serious incidents account for 0.11% of all incidents
- Apparent suicide is the highest serious incident category (9)
- No Never Events



No 'Never Event'⁹ incidents were reported by the Trust in 2021/2022. The last Never Event reported by the Trust was in 2010/2011. Never Events are serious, largely preventable patient safety incidents that should not occur if the available preventative measures have been implemented. There is a list of Never Events defined by NHS England. Examples of Never Events relevant to the Trust include failure to install functional collapsible shower or curtain rails in mental health settings; and in all settings, overdose of insulin due to abbreviations or incorrect device; falls from poorly restricted windows; chest or neck entrapment in bed rails; scalding of patients; unintentional connection of a patient requiring oxygen to an air flowmeter. A list of current [Never Events](#) is available on the Trust intranet. There is specific guidance for circumstances of each Never Event.

Serious Incident Analysis

Figures 7 and 8 below shows all serious incidents reported on StEIS between 1 April 2018 and 31 March 2023, with figure 7 showing breakdown by financial quarter.

Figure 7 Breakdown of serious incidents reported each financial year by financial quarter 2018/2019- 2022/2023

	2018/2019	2019/2020	2020/2021	2021/2022	2022/2023
Quarter 1	8	12	8	8	6
Quarter 2	9	12	10	5	4
Quarter 3	10	8	8	8	4
Quarter 4	17	15	6	1	2
Total	44	47	32	22	16

The data in figure 7 shows a reduction in the number of serious incidents reported over a 5-year period by financial quarter. During this time, we have strengthened relationships with our commissioners. In recent years, we have received feedback from them which told us that as a Trust, we had a culture of over reporting serious incidents historically. We took their advice and used other review processes to identify issues at an earlier stage (e.g., manager's 48-hour review, structured judgment review (introduced in 2018). Where these processes do not identify any potential care and service delivery issues or learning, these would not proceed to a Serious Incident. In addition, where a serious incident investigation has taken place, but has not revealed any learning or problems in the

⁹ [NHS Improvement. Never Event policy and framework 2018](#)

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

care provided, these cases are removed from the serious incident figures in agreement with commissioners. All red and amber incidents are discussed at a weekly Clinical Risk Panel where decisions are confirmed for other review processes, which may assist in deciding if a case meets the criteria for an investigation, such as a structured judgement review or a service level investigation. Our proportion of serious incidents to all incidents reported remains very low (0.11%). We encourage staff to report incidents, and it is recognised that a high reporting rate with high proportion of no/low harm is indicative of a positive safety culture where we are proactive in reporting incidents and near misses. We continue to work on reducing suicides through our suicide prevention work. We learn lessons from incidents to prevent incidents becoming more serious in future. We actively share learning through the Learning Library and Learning Network and where urgent risks are identified, shared through Bluelight alerts. As we progress to implementation of the NHS Patient Safety Incident Response Framework by Autumn 2023, the way we respond to patient safety incidents will change to a focus on learning and improvement.

Figure 8 Total number of Serious Incidents reported by financial year 2018/2019- 2022/2023

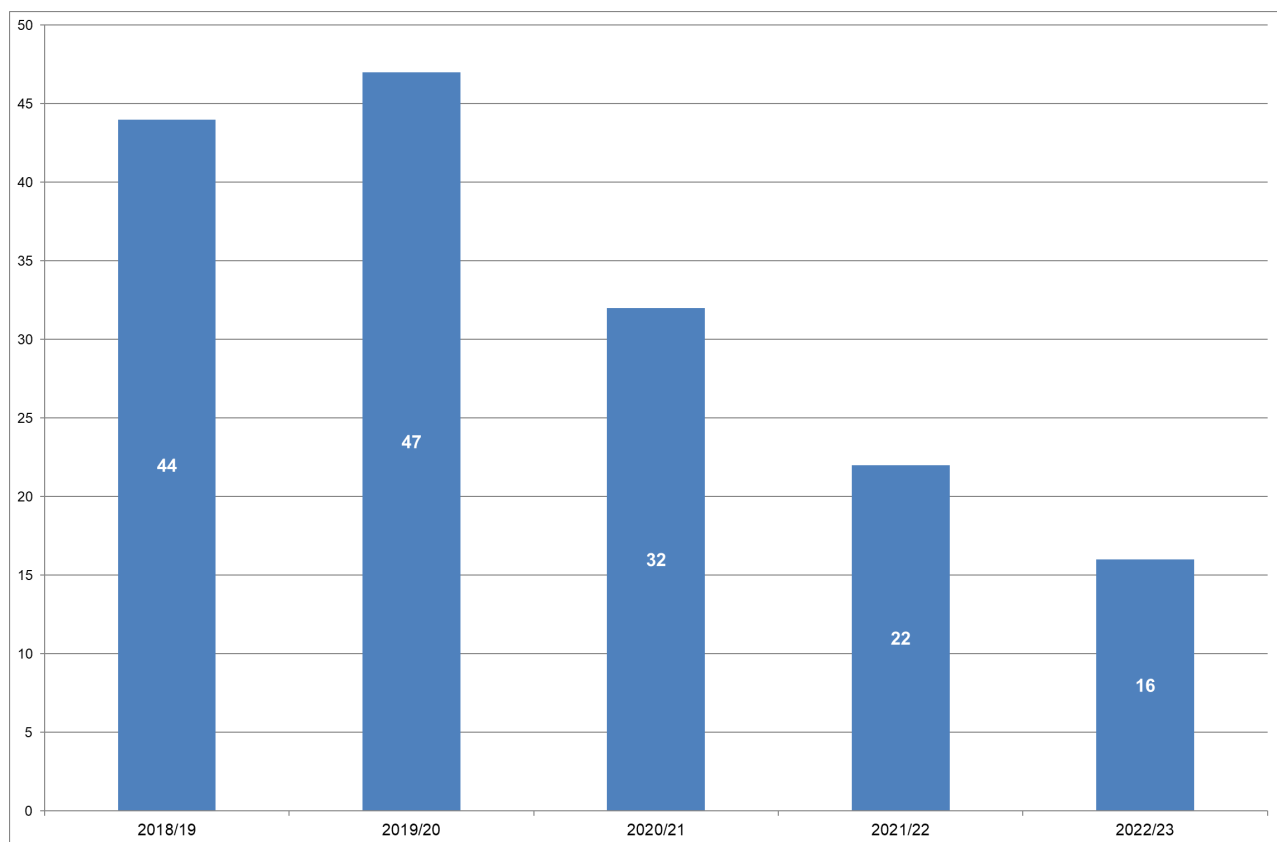
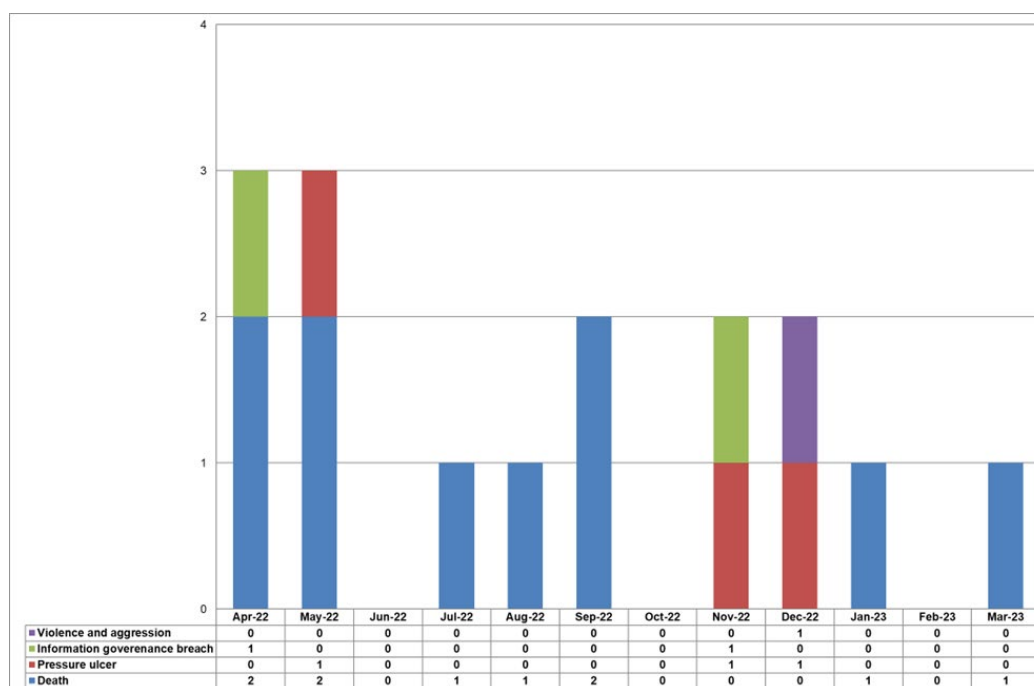


Figure 9 shows a breakdown of the 16 serious incidents reported during 2022/2023 by the type of incident and month reported.

Figure 9 Types of All Serious Incidents reported in 2022/2023 by date reported on StEIS and type of incident



As in previous years, the highest type of serious incident is death of a service user (10) including death by apparent suicide or unexpected death.

Figures 10 and 11 show the breakdown of the reported serious incidents by category and Care Group. The category of incident (a subset of 'type', as shown in figure 9) provides more detail of what occurred. It shows that apparent suicide of service users in current contact with community teams is the highest reported category (9).

Figure 10 Serious Incidents reported during 2022/2023 by reported category and Care Group

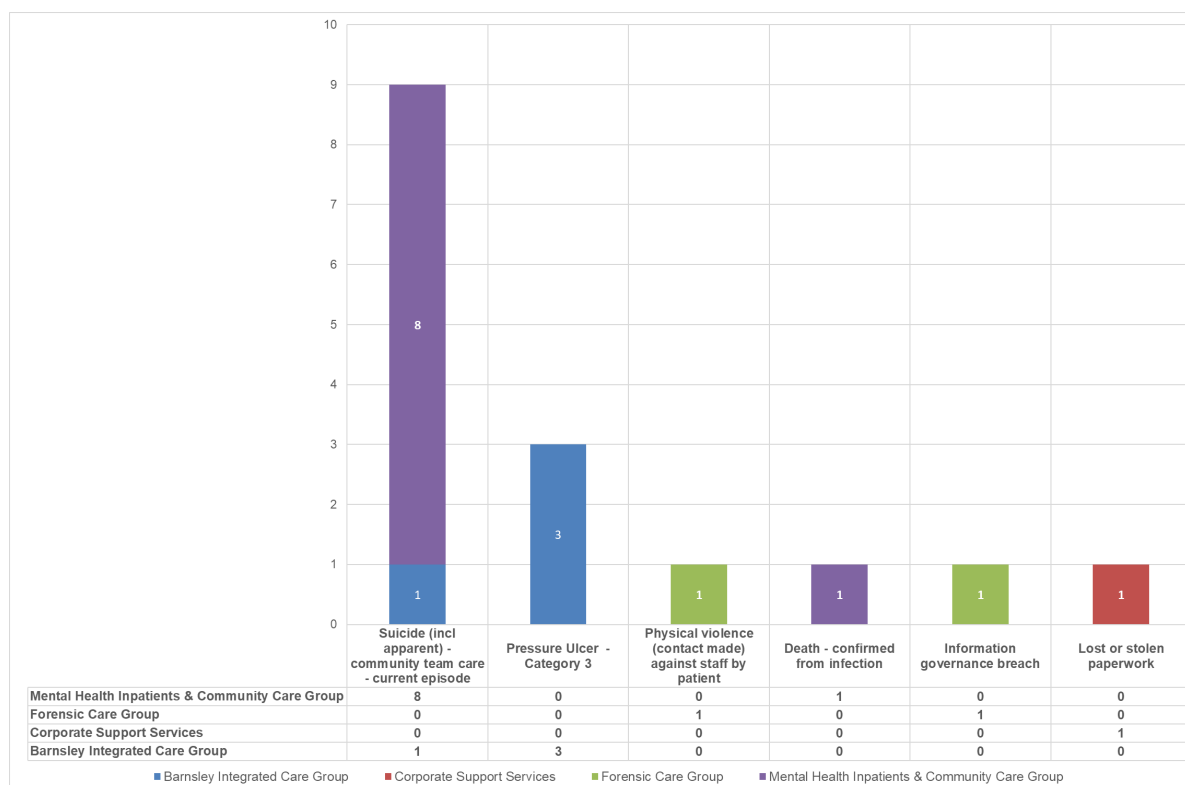


Figure 11 shows all reported serious incidents by reporting team (primary involvement at the time of the incident) and financial quarter. These have been grouped by Care Group. It should be noted that some incidents involve several other teams.

Figure 11 Serious Incidents reported by Team, Care Group and financial quarter

Care Group	Team	Q1 2022/2023	Q2 2022/2023	Q3 2022/2023	Q4 2022/2023	Total
Adult and Older People Mental Health Care Group	Intensive Home-Based Treatment Team / Crisis Team - Calderdale	1	1	0	0	2
	Intensive Home-Based Treatment Team (Kirklees)	2	0	0	0	2
	Enhanced Team West - Wakefield	0	1	0	0	1
	Enhanced Team South 2 - Kirklees	0	0	0	1	1
	Core Team West - Wakefield	0	1	0	0	1
	Crofton Ward (OPS), Wakefield	0	1	0	0	1
	Enhanced Calder Valley Team - Calderdale	1	0	0	0	1
Barnsley Integrated Care Group	Neighbourhood Team – North-east (Barnsley)	1	0	0	0	1
	Neighbourhood Team - North (Barnsley)	0	0	1	0	1
	Neighbourhood Team - Dearne (Barnsley)	0	0	1	0	1
	Core Team - Barnsley	0	0	0	1	1
Forensic Care Group	Newhaven Forensic Learning Disability Unit	0	0	1	0	1
	Bronte Ward, Newton Lodge, Forensic	0	0	1	0	1
Corporate Support Services	Estates and Facilities Team	1	0	0	0	1
	Total	6	4	4	2	16

Breakdown of all Serious Incidents

Deaths

Of the 16 serious incidents reported, 10 related to the death of a service user. Please note this is not all deaths that were reported on Datix, only those reported on StEIS.

Figure 10 shows the apparent category of death. This is extracted from Datix and was correct at the time of writing, based on information known at the time. This is subject to change as more information comes to light or inquest conclusions are received. Apparent suicide is based on the circumstances of death.

Nine of the deaths occurred within Adult and Older People Mental Health Care Group, eight of which were apparent suicides, all under the care of community teams at the time of death. The teams can be seen in Figure 11. The remaining death was on an Older People's Mental Health ward.

Apparent Suicide

Nine deaths reported as serious incidents were apparent suicides of people who were under the care of community mental health teams at the time of death. Of the nine apparent suicides, eight occurred under the care of community mental health teams within the Adult and Older People Mental Health Care group. The ninth apparent suicide occurred whilst under the care of a community mental health team within Barnsley Integrated Care Group (mental health). Further detailed analysis will be included in future apparent suicide reports.

Other deaths

A patient had been discharged from a mental health Older People's unit but had acquired COVID-19 during an outbreak on the ward, and subsequently died from this in the community. This was identified through Infection Prevention and Control team follow up at 28 days.

Pressure ulcers

During 2022/2023 there were three category 3 pressure ulcers reported as serious incidents. These were where the initial review identified lapses in care.

Information Governance

During 2022/2023 there were two serious Information Governance breaches. The first related to the theft of a Trust vehicle which contained patient identifiable information. The second involved a breach of confidentiality by a student.

Violence against staff

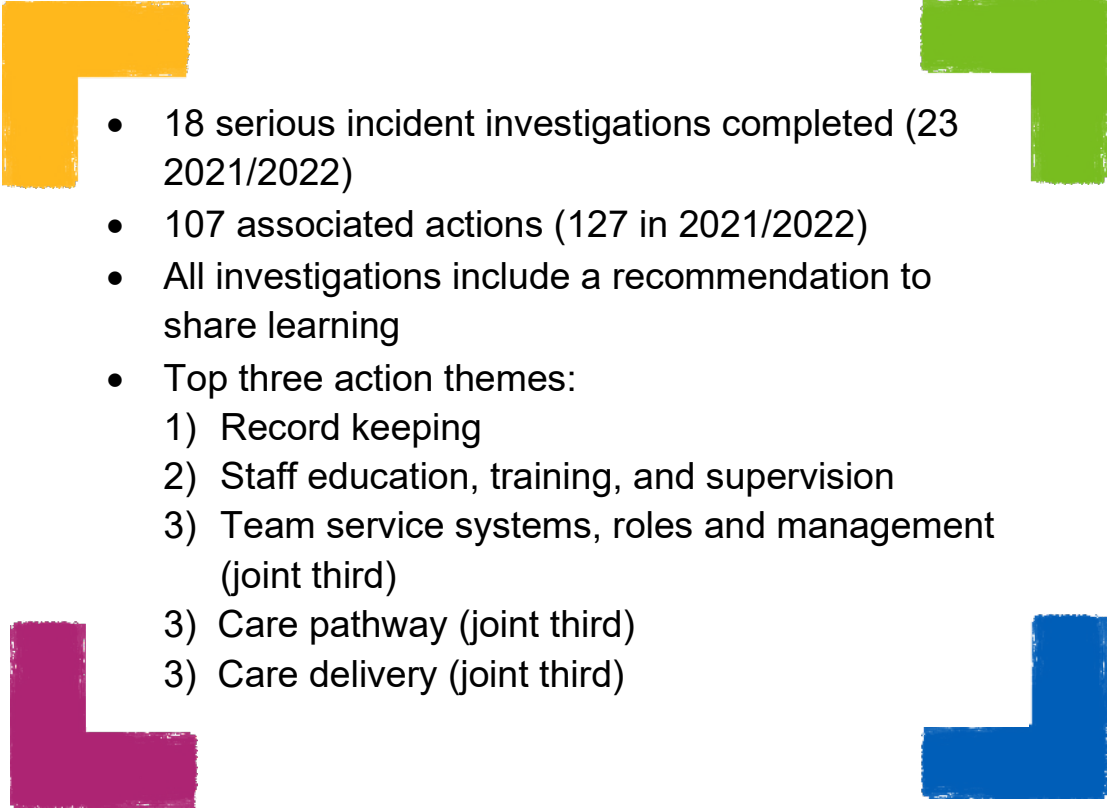
During 2022/2023 there was one incident of violence and aggression reported as a serious incident. This involved a patient assaulting a member of staff.

Affected party demographics

Appendix 1 provides a breakdown of some protected characteristics of the individuals affected in these serious incidents, where relevant.

Section 3 - Findings from Serious Incident Investigations completed during 2022/2023

This section of the report focusses on the 18 serious incident investigation reports which were completed and submitted to the relevant commissioner during the period 1 April 2022 to 31 March 2023. Please note this is not the same data as those reported in this period (see Section 3) as investigations take a number of months to complete. The term 'completed' is used in this section to describe this.

- 
- 18 serious incident investigations completed (23 2021/2022)
 - 107 associated actions (127 in 2021/2022)
 - All investigations include a recommendation to share learning
 - Top three action themes:
 - 1) Record keeping
 - 2) Staff education, training, and supervision
 - 3) Team service systems, roles and management (joint third)
 - 3) Care pathway (joint third)
 - 3) Care delivery (joint third)

Headline data

Of the 18 serious incident investigation reports completed and submitted to the relevant commissioner between 1 April 2022 and 31 March 2023, there were 107 actions made (compared with 127 during 21/2022).

Of the 18 serious incident investigations completed between 1 April 2022 to 31 March 2023, two were completed within the 60 working days. The 60 working days timescale for completing a serious incident investigation was suspended in March 2020 due to Covid 19 and remains suspended at 13/4/2023. The progress of all serious incident Investigations continues to be reviewed weekly in the patient safety support team. We have continued to liaise with commissioners to agree extensions throughout the year, despite the timescales being suspended. We have also liaised with families to ensure they are aware of delays in completion of investigations.

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

One incident investigation can generate a high number of actions. The breakdown by Care Group/ Business Development Unit (BDU) and team type is shown in figures 12 and 13.

Figure 12 Breakdown of the number of serious incidents completed in 2022/2023 per Care Group/BDU, compared with the number of actions

Care Group	BDU	SI investigations completed	SI actions
Barnsley Integrated Care Group	Barnsley Community Mental Health Services	2	6
	Barnsley General Community Services	2	3
Adult and Older People Mental Health Care Group	Calderdale Community Mental Health Services	2	8
	Kirklees Community Mental Health Services	7	50
	Wakefield Community Mental Health Services	1	6
	Mental Health Inpatient Services	2	12
Forensic Services Care Group	Forensic Service	1	15
Trust wide Support Services	Trust wide (Corporate support services)	1	7
Total		18	107

Figure 13 Breakdown of the number of serious incidents completed in 2022/2023 per team type, compared with the number of actions

Specialty	SI investigations completed	SI actions
Enhanced Pathway	6	44
Crisis/IHBTT/Police Liaison (Adult)	5	20
Rehabilitation inpatient units - Forensics	1	15
PICU Inpatient Services (Adult)	1	9
Estates and Facilities	1	7
Liaison Services	1	6
District Nursing	2	3
Acute Inpatients (Adult)	1	3
Total	18	107

Over the last three years the highest numbers of actions have arisen from apparent suicide incidents. This correlates with this being the largest type of serious incident reported. During 2022/2023 completed serious incident investigations for apparent suicides resulted in 42 actions (39%) (Figure 13).

Figure 14 of the number of serious incidents completed in 2022/2023 per team type, compared with the number of actions

Action theme	Suicide including apparent (community team care)	Unexpected death (inpatient)	Security	Serious self-harm	Information Governance	Unexpected death - community patient	Suicide including apparent (inpatient)	Pressure Ulcer	Total
Sharing learning	8	2	1	2	1	1	1	1	17
Record keeping	8	2	1	0	1	2	1	0	15
Staff education, training and supervision	2	4	1	0	3	0	0	0	10
Care delivery	3	3	2	1	0	0	0	0	9
Care pathway	3	2	2	2	0	0	0	0	9
Team service systems, roles and management	2	4	2	0	1	0	0	0	9
Risk assessment	3	2	2	1	0	0	0	0	8
Policy and procedure - in place but not adhered to	4	0	1	0	1	0	1	1	8
Policy and procedures, not in place	2	0	2	0	0	0	0	0	4
Organisational systems, management issues	1	0	1	2	0	0	0	0	4
Communication	0	1	1	1	0	0	0	0	3
Care coordination	1	0	0	1	0	1	0	0	3
Physical healthcare (MH patients)	0	3	0	0	0	0	0	0	3
Carers/family	1	0	0	0	0	1	0	0	2
No recommendations	0	0	0	0	0	0	0	1	1
Discharge/follow up	1	0	0	0	0	0	0	0	1
Environmental	0	1	0	0	0	0	0	0	1
Total	39	24	16	10	7	5	3	3	107

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

The majority of the recommendations from serious incident investigations apply directly to the team or Care Group involved. Each Care Group lead investigator works closely with the practice governance coaches and Care Groups and has produced the information in section 5 of this report. From July 2023 onwards, this will be included in our quarterly reports.

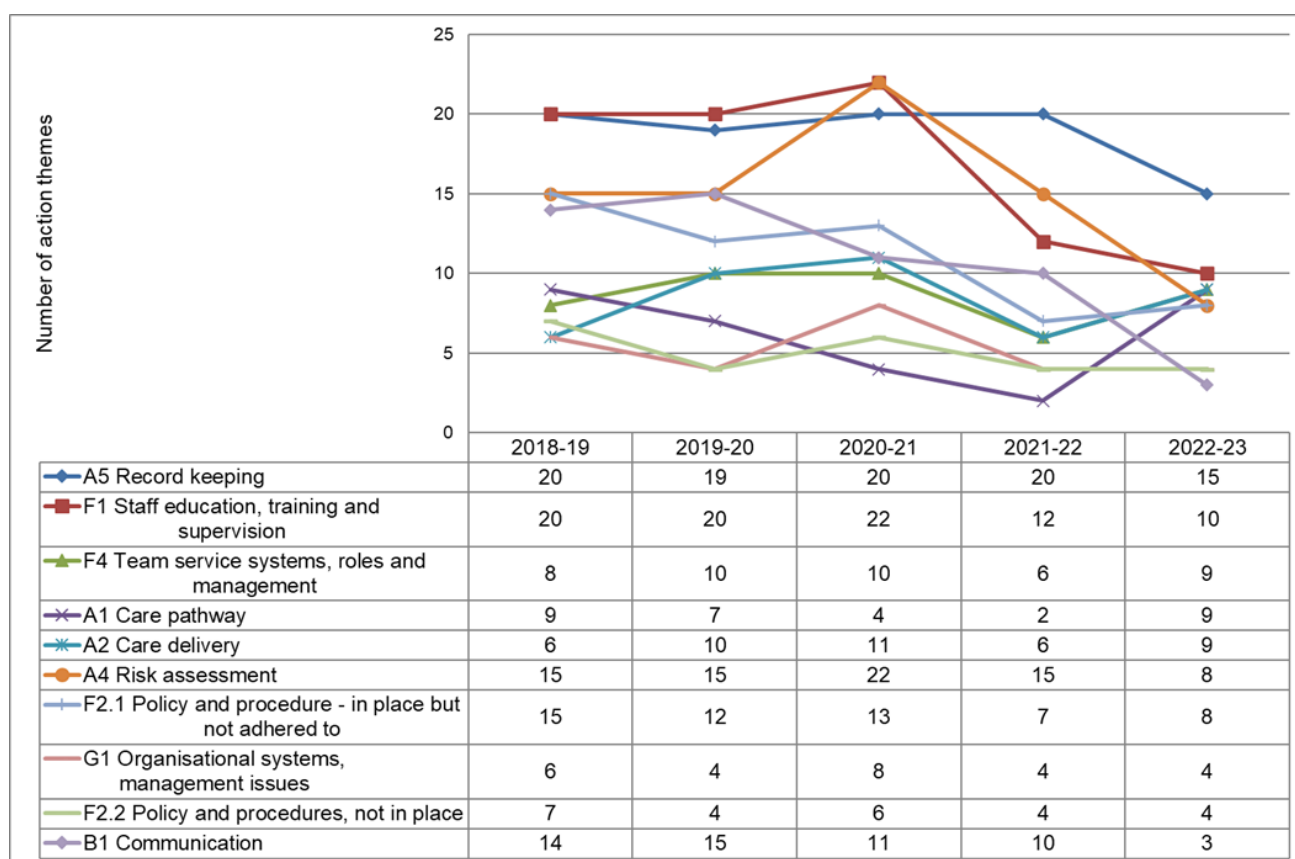
Categorisation of Actions

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

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

The top 10 action themes have been reviewed over the last five financial years for comparison. As shown in figure 15, some of the historically highest themes (record keeping; staff education, training and supervision; risk assessment) have seen a reduction in number over time.

Figure 15 top 10 action themes in the 5 years between 1/4/2018 and 31/3/2023



In 2022/2023 the top three most common action themes were 'record keeping', 'staff education, training and supervision', followed by three themes that were joint third in order - 'team service systems, roles and management', 'care pathway' and 'care delivery'.

In previous years, 'risk assessment' appeared in the top three themes. Below is a summary of the recommendations identified within these themes; these have been grouped together (subthemes). There is natural overlap between themes and subthemes. Data can be extracted from Datix by subtheme and drilled into.

Learning and Improvement

The patient safety support team have established methods of sharing actions from SI investigations with policy leads to aid changes that may be required:

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

As part of our work to prepare for the Patient Safety Incident Response Framework (PSIRF) implementation, we are reviewing action themes as part of our data analysis.

1) *Record keeping:*

Record keeping has remained within the top three action themes in the last nine years. There were 15 actions relating to record keeping. Where possible these have been grouped by broad sub-theme:

Figure 16 Record Keeping - Subtheme by Care Group /BDU

Theme and Subtheme	Barnsley Integrated Care Group		Adult and Older People Mental Health Care Group				Forensic Services Care Group	Trustwide support	Total
	Barnsley General Community Services	Barnsley Community Mental Health Services	Calderdale Community Mental Health Services	Kirklees Community Mental Health Services	Wakefield Community Mental Health Services	Mental Health Inpatient Services	Forensic Service	Trust wide (Corporate support services)	Total
Contemporaneous recording	0	0	0	4	0	1	0	0	5
Operational policy	0	0	0	1	0	0	1	1	3
Clinical Record Keeping - The System	0	0	0	1	0	0	1	0	2
MDT working and meetings	0	0	0	1	0	0	0	0	1
Medical plan	0	0	1	0	0	0	0	0	1
Communication with other agencies	0	1	0	0	0	0	0	0	1
CPA documentation	0	0	0	1	0	0	0	0	1
Care plan	0	1	0	0	0	0	0	0	1
Total	0	2	1	8	0	1	2	1	15

Below is a summary of the actions identified:

Contemporaneous recording

Reinforce with medical teams the importance of recording discussion with patients regarding medication.

The clinical record for the date of the incident should be updated to provide a clear record of what happened by the staff involved.

Reinforce with the Intensive Home-Based Treatment Team the importance of contemporaneous record keeping and to avoid significantly late entries as far as possible.

Provide assurance that the Enhanced team dashboard and/or present support/supervision systems are in place to assist staff recall and task completion of clinical records in keeping with best practice and operational policy and procedure.

Staff should be reminded that when a retrospective clinical entry is made, they should document that it is a retrospective entry.

Operational policy

Improvements must be made to the completion of room search documentation on Ward D so that it clearly shows whose room was searched and not just the room number.

Review the process for completion of the psychiatric assessment template on SystmOne where a duty doctor is undertaking the admission.

A record keeping audit of the transport department to be completed.

Clinical Record Keeping - The System

The Care Groups should request the SystmOne team to review the accidental closure of care plans and the ability to re-open them. Consideration should be given to ensuring that care plans for community and inpatients are clearly divided to prevent accidental closure of care plans not relating to inpatient care and treatment.

MDT working and meetings

The Enhanced team should document flexible assertive community treatment multi-disciplinary team meeting discussions and outcomes in the electronic clinical record.

Medical plan

The service clarifies with the medical staff within the team which documentation should be completed following a consultation.

Communication with other agencies

For the service to provide assurance that when a service has ongoing involvement with external agencies the nature of that involvement is accurately recorded and liaison with the agency is maintained throughout the contact with the Trust

Care Programme Approach (CPA) documentation

Conduct a snap-shot audit on a random selection on case notes of no less than two service users per care co-ordinator to provide assurances that Care Programme Approach principles are evidence, updated and support by care plans and updated risk assessments.

Care plan

For the service to provide assurance that:

- i) information included in care plans is up to date and accurate
- ii) that individuals responsible for carrying out/delegating actions are identified at Case Management Reviews

iii) that any problems in carrying out actions are reported and resolved at Case Management reviews

2) Staff education, Training and Supervision:

Staff education, training and supervision has been in the top three in the last nine years. There were 10 actions relating to staff education, training and supervision. These have been grouped by broad sub-theme:

Figure 17 Staff education, training and supervision- Subtheme by Care Group/BDU

Theme and Subtheme	Barnsley Integrated Care Group		Adult and Older People Mental Health Care Group				Forensic Services Care Group	Trustwide support services	Total
	Barnsley General Community Services	Barnsley Community Mental Health Services	Calderdale Community Mental Health Services	Kirklees Community Mental Health Services	Wakefield Community Mental Health Services	Mental Health Inpatient Services	Forensic Service	Trust wide (Corporate support services)	Total
Supervision	0	0	0	0	0	0	1	1	2
Induction	0	0	0	0	0	1	0	1	2
Operational policy	0	0	1	0	0	1	0	0	2
Various training	0	0	0	0	0	0	0	1	1
Suicide Prevention	0	0	0	0	0	1	0	0	1
Knowledge and Skill Gap	0	0	1	0	0	0	0	0	1
Roles and Responsibilities	0	0	0	1	0	0	0	0	1
Total	0	0	2	1	0	3	1	3	10

Below is a summary of the actions identified:

Supervision

All transport staff should have robust supervision outlining tasks and expectations documentation should be available to ensure this has been achieved.

A plan to be put in place to address the gap between supervision policy and practice. Improvements should be made to the process of supervision with consideration given to the following:

- A) Supervision should be planned and booked in advance in a way that can be audited.
- B) The use of standard agenda items as part of supervision, for example reviewing the supervisee's:
 - i. Risk assessments
 - ii. Care Plans
 - iii. Record keeping
 - iv. Caseload
 - v. Training and development needs

Supervisors should keep a record of supervision sessions and provide a copy to the supervisee.

Induction

All staff working within the Trust should,

- a. Complete the Trust resuscitation training regardless of whether they have completed it at another trust as policy varies between trusts.
- b. The resuscitation training should inform staff that the trust does not provide a hospital crash response in the event of cardiac arrest.

A robust induction for staff to be devised this should then be discussed and signed off by staff and manager.

Operational policy

In-patient services should provide assurance that all staff are booked onto appropriate Cardiopulmonary Resuscitation/Basic Life Support/Immediate Life Support training, in line with Trust policy.

The IHBTT [intensive home-based treatment team] practitioner is informed of the requirement and process to broker a referral for single point of access (SPA), out of hours and that this process is reinforced within the wider team.

Various training

A clear training need within the Transport and Estates department around the Travel at Work Policy the local work instruction driver's manual and job risk assessments.

Suicide Prevention

The Trust re-launches the suicide prevention strategy, following its review, this should include details of all information and resources available to staff and provide regular updates for staff.

Knowledge and Skill Gap

As a reminder of available services and to update knowledge, information regarding postventions services should be shared with staff.

Roles and Responsibilities

All Clinical supervisors and social supervisors should be trained in their roles and responsibilities in line with Ministry of Justice guidance prior to taking up roles. This should include a detailed knowledge of their powers of recall and legal recall procedures.

3) Team service systems, roles and management (joint third):

Team service systems, roles and management is new in the top three action themes. There were nine actions relating to team service systems, roles and management. Where possible these have been grouped by broad sub-theme:

Figure 18 team service systems, roles and management - Subtheme by Care Group/BDU

Theme and Subtheme	Barnsley Integrated Care Group		Adult and Older People Mental Health Care Group				Forensic Services Care Group	Trustwide support services	Total
	Barnsley General Community Services	Barnsley Community Mental Health Services	Calderdale Community Mental Health Services	Kirklees Community Mental Health Services	Wakefield Community Mental Health Services	Mental Health Inpatient Services	Forensic Service	Trustwide Support Services	Total
Risk Assessment and Management	0	0	0	1	0	0	1	0	2
Standard Operating Procedures	0	0	0	0	0	2	0	0	2
Operational policy	0	0	0	0	0	0	0	1	1
Supervision	0	0	0	0	0	0	1	0	1
Access to clinical information	0	0	0	0	1	0	0	0	1
MDT working and meetings	0	0	0	1	0	0	0	0	1
Team building and Staff Development	0	0	0	1	0	0	0	0	1
Total	0	0	0	3	1	2	2	1	9

Below is a summary of the actions identified:

Risk Assessment and Management

Reinforce with teams that in circumstances where there is no consent to share with family and carers this does not preclude the service encouraging and hearing concerns from them regarding risks.

Review the Advanced Nurse Practitioner (ANP) role and consider a shift of emphasis to supporting staff with:

- i) Specialist risk assessments and formulations
- ii) Care planning for substance misuse/addiction
- iii) Liaison with specialist substance misuse services

It is also recommended that the postholder seeks to connect with regional clinical networks in order to share, and benefit from, best practice and treatment.

Standard Operating Procedures

The Trust to review its access permissions to include emergency access to on-call doctors.

Each ward/team should have the appropriate Emergency Response Procedure for that area attached to/within their emergency bag/automated external defibrillator for staff to follow/consult in an emergency.

Operational policy

An audit system should be in place to identify what is picked up and when it is delivered ensuring an accurate record is always available of the contents of the vans.

Supervision

The accuracy of the information provided to the supervision database should be examined to ensure it accurately represents the practice of supervision on wards in Newton Lodge.

Access to clinical information

The service should ensure all staff who require access to the alternative clinical records of EMIS are provided with guidance and support to do so.

MDT working and meetings

FACT [flexible assertive community treatment] meetings should be properly structured and recorded. The agenda should include a recorded discussion of any high-risk visits and a visit risk assessment.

Team building and Staff Development

Further work must be undertaken to address the deep-seated problems within the Multidisciplinary Team. Responsibility for this should lie at a higher organisational level than the 'Trio' responsible for the running of the Enhanced Team and should include senior operational and medical managers.

3) Care Pathway (Joint Third):

Care pathway is new in the top three action themes. There were nine actions relating care pathway. Where possible these have been grouped by broad sub-theme:

Figure 19 Care pathway- Subtheme by Care Group/BDU

Theme and Subtheme	Barnsley Integrated Care Group		Adult and Older People Mental Health Care Group				Forensic Services Care Group	Trustwide support services	Total
	Barnsley General Community Services	Barnsley Community Mental Health Services	Calderdale Community Mental Health Services	Kirklees Community Mental Health Services	Wakefield Community Mental Health Services	Mental Health Inpatient Services	Forensic Service	Trustwide Support Services	Total
Care planning	0	0	0	2	0	1	1	0	4

Organisational systems	0	0	0	2	0	0	0	0	2
Referral process	0	0	0	0	1	0	0	0	1
Transitions in care	0	0	0	1	0	0	0	0	1
Care Pathway	0	0	0	1	0	0	0	0	1
Total	0	0	0	6	1	1	1	0	9

Below is a summary of the actions identified:

Care planning

In-patient services should ensure that staff are aware of policy that the minimum standard for care planning would be to co-produce with the service user and copies should be offered to all service users and carers (where applicable).

Where it is indicated that a service user should access psychology and due to therapeutic reasons, there are long delays the community team should consider alternative options for therapeutic support.

The directorate should review the care pathway and treatment options for people with addictions and the support available to them including access to substance misuse services and specialist treatment

The ward should undertake an audit of care plans of individuals where self-harming is a patient factor to review the inclusion of the immediate care, assessment, and treatment of an individual following a self-harming incident.

Organisational systems

The investigators recommend that the Care Group reviews the need for a Trauma Informed Personality Disorder (TIPD) pathway Standard Operating Procedure/Guidance which aligns to existing Trust policies, particularly considering the move away from CPA to a personalised care and support programme.

The Psychiatric Liaison Team provides assessment and support to those who present either on the wards or Accident and Emergency pathway with a perceived mental health need. There are no exclusion criteria for those not deemed medically fit and support will be provided as required, based on an assessment of that individual's needs.

Referral process

When staff members across the Psychiatric Liaison Team or the Intensive Home-Based Treatment team identify individuals that are needing or are requesting an additional Trust service the Lead assessor must complete the referral for processing rather than rely on individuals to self-refer to Trust single point of access services.

Transitions in care

Requests from clinical supervisors or social supervisors for out of hours input from other teams for restricted service users suspected of relapsing must not be declined. Where there is professional disagreement, this must be escalated immediately but should not prevent the necessary actions being taken in the meantime. This must be formalised in the relevant Standard Operating Procedures.

Care Pathway

There must be a review of the formal and informal links between general and forensic services. The review should identify:

- a) Which conditionally discharged service users must stay under the care of forensic services, which can be handed over to general services after a period of transition and which can be safely transferred to general services on their discharge from hospital and the support available to staff in general services?
- b) A clear care pathway should be established
- c) Robust transfer and handover processes
- d) Which staff can undertake the roles of clinical supervisor and social supervisor and the professional qualifications, level of training and experience required?
- e) Training in clinical supervisor and social supervisor roles.
- f) Recording of index offences in SystmOne.
- g) Recording of Ministry of Justice quarterly reports on SystmOne.

3) Care delivery (joint third):

Care delivery is new in the top three action themes. There were nine actions relating to care delivery. Where possible these have been grouped by broad sub-theme:

Figure 20 Care delivery - Subtheme by Care Group/BDU

Theme and Subtheme	Barnsley Integrated Care Group		Adult and Older People Mental Health Care Group				Forensic Services Care Group	Trustwide support services	Total
	Barnsley General Community Services	Barnsley Community Mental Health Services	Calderdale Community Mental Health Services	Kirklees Community Mental Health Services	Wakefield Community Mental Health Services	Mental Health Inpatient Services	Forensic Service	Trustwide Support Services	Total
Care planning	0	0	1	1	0	0	1	0	3
Communication with patient and/or family/carers	0	1	0	1	0	0	0	0	2
Roles and Responsibilities	0	0	0	1	0	0	0	0	1
Monitoring Physical Health Care	0	0	0	0	0	0	1	0	1
MDT working and meetings	0	0	0	1	0	0	0	0	1
Monitoring compliance	0	0	0	0	0	1	0	0	1
Total	0	1	1	4	0	1	2	0	9

Below is a summary of the actions identified:

Care planning

All restricted service users should have agreed specific recall thresholds and actions identified in their care and crisis and contingency plans.

Should a service user identify a specific drug they are prescribed as a means to harm themselves consideration should be taken at assessment to manage these drugs to reduce access and/or availability and this should be recorded.

Service users with a diagnosis of substance misuse must have a care plan to address this.

Communication with patient and/or family/carers

For the service to provide assurance that the involvement of service users, their families and supporters, is being actively sought both at the initial assessment stage and also as care plans are reviewed and changed, in line with Trust policy.

Where the Enhanced team becomes aware that the therapeutic relationship has broken down with a service user, consideration should be given to transferring the case to the other localities Enhanced Team.

Roles and Responsibilities

Psychiatric Liaison Team practitioners should ensure that any advice they provide is based on an assessment of the service user's clinical record and that this advice is understood by acute trust staff, particularly that of observation levels.

Monitoring Physical Health Care

A task and finish group should be convened to generate improved joint-working between exercise therapy and dietetics to provide an integrated approach to weight management in secure services. An agreement should be drawn up to finalise the arrangements.

Completion of Actions

Between 1 April 2022 and 31 March 2023 there were 107 actions, arising from 18 completed serious incidents investigations. Figures 23 and 24 shows the progression with completion of actions at the date of extraction from Datix (05/06/2023):

- 81 actions had been completed (76%)
- 10 actions had not reached the due date at the time of preparing this report (9%)
- 10 actions had passed the due date (overdue) at the time of reporting (9%). Care Groups are asked for rationale for actions not completed in the timescale given and record this on Datix in the progress and monitoring section on Datix within the action record. Actions are reviewed and progress monitored at Care Group governance groups/SI subgroups. Overdue actions are also reported into the Trust Operational Management Group (OMG). All overdue risks are risk assessed by the Deputy Director of Nursing, and Quality Professions. Overdue actions are raised through Clinical Risk Report and chased by the Datix team.
- All overdue actions in each of the three Care Groups all related to an individual serious incident within that Care Group and either awaiting final approval or linked to an external provider.
- Many outstanding actions relate to Trust wide pieces of work, that the Care Group cannot action themselves.

Figure 21 Serious Incident actions from SI investigations completed during 2022/2023 by completion status and Care Group/BDU (at 05/06/2023)

Care Group	BDU	Completed within timescale	Completed over the timescale	Not yet due	Not yet completed overdue original timescale	Total
Barnsley Integrated Care Group	Barnsley Community Mental Health Services	4	2	0	0	6
	Barnsley General Community Services	0	1	0	2	3
Adult and Older People Mental Health Care Group	Calderdale Community Mental Health Services	1	3	4	0	8
	Kirklees Community Mental Health Services	12	32	6	0	50
	Wakefield Community Mental Health Services	3	3	0	0	6
	Mental Health Inpatient Services	2	10	0	0	12
Forensic Services Care Group	Forensic Service	2	8	0	5	15
Trust wide support services	Trust wide (Corporate support services)	2	2	0	3	7
Total		26	61	10	10	107

Figure 22 Serious Incident actions that are overdue completion from SI investigations completed during 2022/2023 by Care Group/BDU and time period overdue (at 05/06/2023)

Care Group	BDU	Working days overdue					Total overdue
		1 - 30 working days overdue	31 - 60 working days overdue	61 - 90 working days overdue	91 - 200 working days overdue	201-300 working days overdue	
Barnsley Integrated Care Group	Barnsley General Community Services	0	0	0	2	0	2
Forensic Services Care Group	Forensic Service	0	0	0	2	3	5
Trust wide support services	Trust wide (Corporate support services)	0	0	0	3	0	3
Total		0	0	0	7	3	10

Section 4 Learning from Healthcare Deaths

Introduction

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

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

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

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

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

The Trust has a representative from the patient safety support team who attends the regional mortality meeting which are held quarterly. This meeting facilitates the dissemination of good practice around learning from deaths with sharing of processes that other trusts have in place to review deaths and improve care.

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

Scope

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

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

Learning from Healthcare Deaths reporting

During 2022/2023, 2,812 deaths (row one in figure 23) were recorded on our clinical systems (figure correct at 12/4/2023). This figure relates to deaths of people who had any form of contact with the Trust within 180 days (approx. 6 months) prior to death, identified from our clinical systems through Business Intelligence software. This includes services such as end of life, district nursing and care home liaison services. The Trust was not the main provider of care at the time of death for a large number of cases.

Figure 23 Summary of 2022/2023 Annual Death reporting by financial quarter*

	2021/2022 total	2022/2023 Q1	2022/2023 Q2	2022/2023 Q3	2022/2023 Q4	2022/2023 Total
1) Total number of deaths reported on the Trust clinical systems where there has been system activity within 180 days of date of death	3609	812	710	754	536	2812
2) Total number of deaths reported on Datix by staff (by reported date, not date of death) and reviewed	404	95	87	97	100	379
3) Total Number of deaths which were in scope	307	68	55	62	68	253
4) Total Number of deaths reported on Datix that were not in the Trust's scope	97	27	32	35	32	126

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

Not all these deaths were reportable as incidents on Datix. Row 2 in Figure 26 shows that 379 deaths were reported on Datix in the year, with the quarterly breakdown. Row 4 shows those deaths that were not felt to meet the Learning from Deaths criteria. The second column of the table shows the comparative figures from 2021/2022. The total number of deaths reported has reduced this year, along with those in scope. The number of deaths reported that were not in scope has increased, however they have been reviewed to ensure this is accurate. No particular patterns or reasons have been identified.

All deaths reported on Datix are reviewed by the patient safety support team to ensure they meet the scope criteria. For 2022/2023, 253 deaths (a reduction on 2021/2022) were in scope and subject to one of the 3 levels of scrutiny the Trust has adopted in line with the National Quality Board guidance (figure 24):

Figure 54 National Quality Board Levels of mortality scrutiny

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

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

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

Figure 25 below shows a Statistical Process Control chart of all reported deaths (by reported date) between 1/4/2021-31/3/2023.

Figure 25 Statistical Process Control Report of all deaths reported 1/4/2021 – 31/3/2023 by date reported

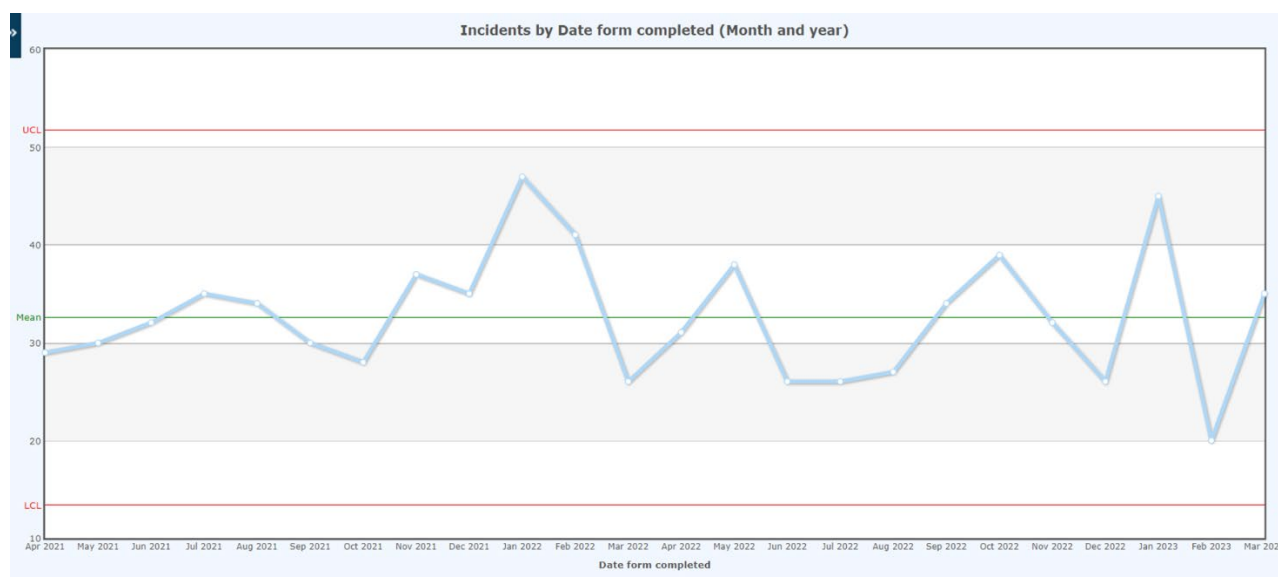


Figure 26 show the 253 in scope deaths reported by Care Group, and figure 27 by the review process followed in line with the National Quality Board levels of scrutiny, described earlier. These are reported against the financial quarter in which the death was reported.

Figure 26 In scope deaths reported by financial quarter and Care Group

Financial quarter - date reported	Barnsley Integrated Care Group	Adult and Older People Mental Health Care group	Learning Disability & ADHD / ASD Care Group	CAMHS and Childrens Care Group	Forensic Care Group	Total
Quarter 1	11	49	8	0	0	68
Quarter 2	11	40	3	1	0	55
Quarter 3	10	41	11	0	0	62
Quarter 4	13	45	9	1	0	68
Total	45	175	31	2	0	253

Figure 27 Learning from Healthcare Deaths during 2022/2023 by financial quarter and mortality review process

Financial quarter – date reported	Level 1	Level 2		Level 3				Total
	Death certified	Manager's 48-hour review	Structured Judgement Review (SJR)	Service Level Investigation	Serious Incident Investigation	Learning Disability Review (LeDeR)	Safeguarding review	
Quarter 1	34	15	6	1	4	8	0	68
Quarter 2	23	13	5	4	4	6	0	55
Quarter 3	27	15	6	1	0	12	1	62
Quarter 4	24	24	4	4	2	10	0	68
Total	108	67	21	10	10	36*	1	253

*One learning disability death reported to LEDER was also subject to a Structured Judgement Review

Of the 143 deaths that were subject to a level 2 case note review (92) or level 3 investigation (51) [NB these also included an initial case note review] 108 have been completed (at the time of reporting 11/4/2022) and no problem in care was identified which directly resulted in those deaths. 35 cases remain under review at the time of reporting.

Deaths that were reported between 1/4/2021 and 31/3/2023 have been analysed using Statistical Process Control [SPC] to identify any areas of special cause variation. Data has also been interrogated to understand further details.

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

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

Learning disability deaths

Figure 26 above shows 31 deaths were reported by Learning Disability Services. However, any deaths of a person who has a Learning Disability is reportable on Datix, irrespective of the service they are under, in line with the Learning from Healthcare Deaths policy and national guidance.

This can be people who are under the care of teams other than Learning Disability Services; in this period this includes Paediatric Therapy, Epilepsy, Children's Speech and Language Therapy, Mental Health Liaison Team (figure 27 shows there were 36 deaths for review via Learning Disability Review Programme [LeDeR]). One further learning disability death was not reported because the age was below the threshold for LeDeR reporting (four years). When Learning Disability deaths are reviewed using SPC, reporting has remained within the normal range.

Over the period 1 April 2022 to 31 March 2023, of the 37 deaths of people with a Learning Disability, 31 deaths were under the care of Learning Disability services. Fourteen died in an acute hospital, 12 died at home, nine in residential care/nursing home and two in a hospice. Thirty-three deaths were confirmed to have been from physical health/natural cause (11 expected). Of the remaining deaths, cause of death has not been received, although one person was on end-of-life care.

Category of death

Figure 28 shows the reported deaths by Care Group and category.

Figure 28 Reported deaths by category and BDU reported during 2022/2023

Category	Barnsley Integrated Care Group	CAMHS and Children Care Group	Adult and Older People Mental Health Care group	Learning Disability & ADHD / ASD Care Group	Total
Death - confirmed from physical/natural causes	23	0	115	26	164
Death - cause of death unknown/ unexplained/ awaiting confirmation	16	1	22	4	43
Suicide (incl apparent) - community team care - current episode	4	0	17	0	21
Death - confirmed from infection	0	0	10	1	11
Suicide (incl apparent) - community team care - discharged	0	1	4	0	5
Death - confirmed related to substance misuse (drug and/or alcohol)	2	0	2	0	4
Death - confirmed as accidental	0	0	3	0	3
Apparent suicide - not Trust incident (for use by Patient Safety only) see notes	0	0	2	0	2
Total	45	2	175	31	253

Inpatient deaths

Figure 29 below shows that over the year 2022/2023, there were 21 inpatient deaths reported. There were no inpatient deaths relating to Learning Disability Services. It should be noted that inpatient deaths can include where a death has occurred within 30 days of discharge from the unit.

Figure 29 Trust wide Inpatient deaths in 2022/2023 by date reported

Care Group	Ward	Financial quarter - date reported				Total
		Q1 2022/2023	Q2 2022/2023	Q3 2022/2023	Q4 2022/2023	
Adult and Older People Mental Health Care Group	Poplars Unit, Wakefield	1	0	1	1	3
	Beechdale Ward, The Dales Unit	2	1	0	0	3
	Crofton Ward (OPS), Wakefield	2	2	0	0	4
	Willow Ward - Barnsley	1	0	0	0	1
	Ward 19 (OPS)	1	1	0	2	4
	Ashdale Ward	0	0	1	0	1
	Stanley Ward, Wakefield	0	0	0	1	1

Barnsley Integrated Care Group	Neuro Rehab Unit - Barnsley	0	0	3	0	3
	Stroke Unit, Barnsley	0	0	1	0	1
Total		7	4	6	4	21

Of the 21 deaths that occurred related to the Trust inpatient settings:

- Ten deaths occurred at the Trust inpatient wards, nine deaths occurred in an acute hospital setting and two deaths were in the patient's home (one person had been discharged from the ward, the other was on leave from the ward. Both died unexpectedly).
- None of the deaths were related to apparent suicide.
- Nine of the 21 deaths were expected. 12 were unexpected deaths from physical causes (some are awaiting confirmation).
- One death related to choking event occurred in care home setting but had recently been discharged from Trust inpatient care.
- Three deaths were related to COVID-19 infection.
- One of the deaths was reported as serious incident.

Location of deaths

Figure 30 below shows that the top three locations for where patients died were acute /general hospital setting (40%), patients own home (28%) and care/residential home (17%).

Figure 30 Location of deaths that were reported during 2022/2023

Location of death	Q1 2022- 2023	Q2 2022- 2023	Q3 2022- 2023	Q4 2022- 2023	Total
Acute Trust / General Hospital	27	22	23	30	102
Patient's home	18	20	21	14	73
Care/Residential Home	13	9	10	15	47
Inpatient facility (the Trust)	3	1	5	1	10
Unknown	1	0	2	4	7
Hospice	3	1	0	2	6
Public place	2	1	0	1	4
Other person's home	1	1	0	0	2
Other country	0	0	1	0	1
Other mental health provider (not the Trust)	0	0	0	1	1
Total	68	55	62	68	253

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

Causes of death

In terms of causes of death, the table below shows the broad cause of death for the 253 patients who died. The highest type of cause of death recorded was from a physical cause, including expected and unexpected deaths.

Figure 31 Causes of death for in scope deaths recorded during 2022/2023 by geographical area (note this is not BDU)

	Barnsley Integrated Care Group	Adult and Older People Mental Health Care Group	Learning Disability & ADHD / ASD Care Group	CAMHS and Children Care Group	Total
Physical health related	16	94	19	0	129
Physical health related (end of life)	13	31	9	0	53
Unknown at time of reporting	9	22	2	0	33
Apparent suicide	4	22	0	1	27
Suspected overdose	2	1	0	0	3
unknown at time of reporting (end of life)	0	1	1	0	2
Accidental suspected	0	1	0	1	2
Choking (community setting)	0	1	0	0	1
Choking (acute hospital)	1	0	0	0	1
Choking (care home - recent discharge from the Trust inpatient ward)	0	1	0	0	1
Substance misuse	0	1	0	0	1
Total	45	175	31	2	253

Deaths reported as Serious Incidents

Of the 253 in scope deaths reported on Datix between 1 April 2022 and 31 March 2023, 9 were reported as serious incidents.

Please note this figure will not necessarily match those reported in the serious incident section of this report due to the use of different dates for different processes (serious incident reporting uses date reported on STEIS; mortality uses date reported on Datix).

Apparent suicides

The apparent suicides will be reported on further in the apparent suicide annual report which will be available separately. The figures will be based on the live data, so may not match figures in this report.

Next Steps

Our work to support learning from deaths continues, and includes:

- At the time of writing, the family liaison professional post has been advertised. The post will provide support to newly bereaved individuals, supporting the Care Groups and staff who have bereavement link roles in ensuring that bereaved families and carers are engaged and supported, by giving them the opportunity to raise questions and share any concerns they may have in relation to the quality of care received by their family member.
- Aligning our Learning from Deaths processes with the Patient Safety Incident Response Framework response methods and updating our policy accordingly.
- Development of Dashboards for data quality reviews throughout the year.
- Continued networking via regional mortality meetings to share best practice and learning in relation to the scrutiny, review and output from Learning from Deaths processes.

Section 5 – Learning from Experience 2022/2023

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 2022/2023, we have:

- Continued to host our Learning Network and increased the frequency to quarterly due to volume of content staff wished to share. 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. A recording of the event is shared on our intranet and through communication channels.
- 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.
- We have 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 Blue Light 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 carer training.

Learning from incidents presentation

Appendix 2 gives an illustration of our Learning presentation that brings together some of the learning from 2022/2023. The full set of slides are available [here](#) along with previous years learning.



Learning will be incorporated into our Quarterly Incident reports throughout 2023/2024.

Appendix 1 Demographic data for patients affected in all incidents reported between 1 April 2022 and 31 March 2023

In line with the Equality Impact Assessments in the incident reporting and management policy and investigating and analysing incidents policy, we have provided data for all incidents and serious incidents occurring during 2022/2023. This is to aid discussion in Business Delivery units to give insight into improvement opportunities. Further detail is available from patient safety support team or on Datix at local level.

Data relating to a limited number of protected characteristics for individuals involved in incidents (age, gender, ethnicity) is available on Datix for reported incidents. More recently, we have also started to collect data on sexuality. It should be noted that each person linked to an incident will have some level of demographic data recorded, but for the purposes of this report, we have focussed on the person affected. NHS England and Improvement are developing a new Learning from Patient Safety Events system (LFPSE) that will bring together patient safety incident reporting. The development of this system will hopefully strengthen data collection in a standardised format across the NHS. The collection of equality data cannot be mandated locally on Datix because information on any protected characteristics of the patients or staff involved in an incident may not be immediately available to the reporter (as identified by NHSE). Making its collection mandatory could act as a barrier to reporting and lead to fewer incidents being reported. As with the national position, we consider it is more important to collect incomplete information about risks to patients and staff than to potentially block reporting of that information by mandating the inclusion of information that reporters may not have or record inaccurately.

It is hoped that information collection on protected characteristics will be improved at the review/investigation stage of adverse events rather than incident reporting stage. As such, we have provided data related to serious incident investigations below. The new LFPSE system as a whole will improve safety for all patients and further developments in data linkage and collection should make it possible to identify any patient safety concerns that may disproportionately impact on groups with protected characteristics.

Staff are reminded through the above policies to ensure that the equality data fields on the incident report form are completed and when managers are checking for matching contacts in the database that this information is updated to that held in staff and clinical records.

For the purposes of analysing data that we do hold on Datix (age band, gender, ethnicity), we have provided data to breakdown the 14,352 incidents reported during 2022/2023 by the person/s affected by the incident - this has been separated into incidents affecting staff and those affecting patients. This accounts for 15021 affected contacts (please note this is not the number of unique individuals involved, i.e., one person may be linked to multiple incidents).

Person affected – patient

Figure 32 All incidents 2022/2023 where person affected was a patient, by gender and age band

	under 25	25 to 34 years	35 to 44 years	45 to 54 years	55 to 64 years	65 to 74 years	75 years and over	Age not recorded	Total
Male	331	698	535	402	290	424	631	2422	5733
Female	496	329	213	233	307	318	830	2037	4763
Transgender	99	15	0	0	0	0	0	10	124
Person lives and works permanently in a gender other than that assigned at birth	57	2	5	1	1	0	0	22	88
Not stated unknown	7	1	4	3	2	1	1	47	66
Prefers not to say	7	0	0	0	0	0	0	8	15
Form not returned/left blank	0	0	0	0	0	0	0	7	7
Total	997	1045	757	639	600	743	1462	4553	10796

Figure 33 All incidents 2022/2023 where person affected was a patient, by ethnicity and age band

	under 25	25 to 34 years	35 to 44 years	45 to 54 years	55 to 64 years	65 to 74 years	75 years and over	Age not recorded	Total
Any other ethnic group	12	2	1	0	0	1	1	15	32
Asian/Asian British - Any other Asian background	3	11	14	6	3	4	0	16	57
Asian/Asian British - Bangladeshi	0	8	0	0	0	1	0	11	20
Asian/Asian British - Chinese	1	0	0	0	0	0	2	1	4
Asian/Asian British - Indian	7	4	6	15	1	1	0	25	59
Asian/Asian British - Pakistani	25	69	85	33	13	2	5	274	506
Black/African/Caribbean/Black British - African	12	14	20	2	0	0	0	42	90
Black/African/Caribbean/Black British - Any other Black background	3	6	2	1	0	2	0	40	54
Black/African/Caribbean/Black British - Caribbean	11	3	15	21	18	2	1	19	90
Form not completed/form left blank (Customer Services only)	3	0	1	2	1	1	2	29	39
Mixed/multiple ethnic group - white and black African	0	7	0	0	2	5	0	6	20
Mixed/multiple ethnic groups - white and Asian	8	14	1	0	0	2	0	13	38
Mixed/multiple ethnic groups - white and black Caribbean	5	8	2	0	1	1	0	16	33
Not stated	40	256	42	87	65	52	77	324	943
Other ethnic group - Arab	1	1	3	3	1	0	0	13	22
Other mixed	5	0	0	0	0	0	0	5	10

Prefers not to say	1	0	0	0	0	0	0	0	1
Unknown	20	65	22	22	29	70	18	179	425
White - any other white background	11	10	5	10	4	6	13	77	136
White - English/Welsh/Scottish/Northern Irish/British	829	566	537	434	461	593	1339	3414	8173
White - Gypsy or Irish Traveller	0	0	0	0	0	0	0	2	2
White - Irish	0	1	1	3	1	0	4	32	42
Total	997	1045	757	639	600	743	1462	4553	10796

Figure 34 All incidents 2022/2023 where person affected was a patient, by ethnicity and gender

	Female	Male	Transgender	Form not returned/left blank	Not stated unknown	Person lives and works permanently in a gender other than that assigned at birth	Prefers not to say	Total
Any other ethnic group	10	22	0	0	0	0	0	32
Asian/Asian British - Any other Asian background	15	42	0	0	0	0	0	57
Asian/Asian British - Bangladeshi	0	20	0	0	0	0	0	20
Asian/Asian British - Chinese	2	2	0	0	0	0	0	4
Asian/Asian British - Indian	30	29	0	0	0	0	0	59
Asian/Asian British - Pakistani	84	421	0	0	0	1	0	506
Black/African/Caribbean/Black British - African	25	65	0	0	0	0	0	90
Black/African/Caribbean/Black British - Any other Black background	34	20	0	0	0	0	0	54
Black/African/Caribbean/Black British - Caribbean	21	69	0	0	0	0	0	90
Form not completed/form left blank (Customer Services only)	33	6	0	0	0	0	0	39
Mixed/multiple ethnic group - white and black African	15	5	0	0	0	0	0	20
Mixed/multiple ethnic groups - white and Asian	18	20	0	0	0	0	0	38
Mixed/multiple ethnic groups - white and black Caribbean	20	12	0	0	1	0	0	33
Not stated	271	621	0	7	43	1	0	943
Other ethnic group - Arab	2	20	0	0	0	0	0	22
Other mixed	6	4	0	0	0	0	0	10
Prefers not to say	1	0	0	0	0	0	0	1
Unknown	161	243	0	0	18	2	1	425
White - any other white background	77	59	0	0	0	0	0	136
White - English/Welsh/Scottish/Northern Irish/British	3930	4017	124	0	4	84	14	8173
White - Gypsy or Irish Traveller	2	0	0	0	0	0	0	2
White - Irish	6	36	0	0	0	0	0	42
Total	4763	5733	124	7	66	88	15	10796

Figure 35 All incidents 2022/2023 where person affected was a patient, by Care Groups and age band

	Under 25	25 to 34 years	35 to 44 years	45 to 54 years	55 to 64 years	65 to 74 years	75 years and over	Age not recorded	Total
Adult and Older People Mental Health Care Group	610	581	344	380	324	418	472	2657	5786
Barnsley Integrated Care Group	123	71	101	114	183	277	976	794	2639
CAMHS and Children's Care Group	147	1	3	0	0	0	3	34	188
Forensic Service	82	177	296	125	69	43	0	722	1514
Learning Disability and ASD/ADHD Care Group	32	213	10	17	18	3	10	330	633
Trustwide support services	3	2	3	3	6	2	1	16	36
Total	997	1045	757	639	600	743	1462	4553	10796

Figure 36 All incidents 2022/2023 where person affected was a patient, by Care Groups and sexuality

	Heterosexual	Not stated	Prefers not to say	Unknown	Form not returned/left blank	Total
Adult and Older People Mental Health Care Group	126	14	1	56	5589	5786
Barnsley Integrated Care Group	8	0	0	0	2631	2639
CAMHS and Children's Care Group	1	0	0	0	187	188
Forensic Service	59	0	0	0	1455	1514
Learning Disability and ASD/ADHD Care Group	1	0	0	0	632	633
Trustwide support services	0	0	0	1	35	36
Total	195	14	1	57	10529	10796

Person affected – staff (includes the Trust employees, local authority staff, bank, agency staff, volunteers, and student's trainee on placement)

Figure 37 All incidents 2022/2023 where person affected was a staff member, by gender and age band

	Under 25	25 to 34 years	35 to 44 years	45 to 54 years	55 to 64 years	65 to 74 years	75 years and over	Age not Recorded	Total
Female	95	158	115	141	140	12	4	2306	2971
Male	14	51	53	57	59	5	7	944	1190
Not stated unknown	1	1	2	0	0	1	0	55	60
Prefers not to say	0	0	0	0	0	0	0	2	2
Form not returned/left blank	0	0	0	0	0	0	0	2	2
Total	110	210	170	198	199	18	11	3309	4225

Figure 38 All incidents 2022/2023 where person affected was a staff member, by ethnicity and age band

	18 to 24 years	25 to 34 years	35 to 44 years	45 to 54 years	55 to 64 years	65 to 74 years	75 years and over	Not recorded	Total
Any other ethnic group	0	0	0	0	0	0	0	4	4
Asian/Asian British - Any other Asian background	5	1	0	1	0	0	0	11	18
Asian/Asian British - Bangladeshi	0	0	0	0	0	0	0	1	1
Asian/Asian British - Chinese	0	0	1	0	0	0	0	0	1
Asian/Asian British - Indian	0	3	3	1	0	0	0	32	39
Asian/Asian British - Pakistani	6	8	4	0	2	0	0	54	74
Black/African/Caribbean/Black British - African	3	4	5	10	2	0	0	296	320
Black/African/Caribbean/Black British - Any other Black background	0	0	0	1	0	0	0	45	46
Black/African/Caribbean/Black British - Caribbean	0	0	1	2	0	0	0	34	37
Form not completed/form left blank (Customer Services only)	0	0	0	0	0	0	0	2	2
Mixed/multiple ethnic group - white and black African	0	0	0	0	0	0	0	7	7
Mixed/multiple ethnic groups - white and Asian	3	0	0	0	0	0	0	5	8
Mixed/multiple ethnic groups - white and black Caribbean	0	2	2	0	0	0	0	9	13
Not stated	15	43	26	29	23	2	0	727	865
Other ethnic group - Arab	0	0	2	1	0	0	0	7	10
Other mixed	0	0	0	0	0	0	0	2	2
Prefers not to say	0	9	1	2	0	0	0	30	42
Unknown	4	6	5	2	2	1	0	189	209
White - any other white background	1	4	5	2	3	0	0	21	36
White - English/Welsh/Scottish/Northern Irish/British	73	130	115	145	162	15	11	1825	2476
White - Irish	0	0	0	2	5	0	0	8	15
Total	110	210	170	198	199	18	11	3309	4225

Figure 39 All incidents 2022/2023 where person affected was a staff member, by ethnicity and gender

	Female	Male	Form not returned/left blank	Not stated unknown	Prefers not to say	Total
Any other ethnic group	4	0	0	0	0	4
Asian/Asian British - Any other Asian background	14	4	0	0	0	18
Asian/Asian British - Bangladeshi	1	0	0	0	0	1
Asian/Asian British - Chinese	0	1	0	0	0	1
Asian/Asian British - Indian	16	22	0	1	0	39
Asian/Asian British - Pakistani	58	16	0	0	0	74
Black/African/Caribbean/Black British - African	138	182	0	0	0	320

Black/African/Caribbean/Black British - Any other Black background	14	32	0	0	0	46
Black/African/Caribbean/Black British - Caribbean	26	11	0	0	0	37
Form not completed/form left blank (Customer Services only)	0	0	1	1	0	2
Mixed/multiple ethnic group - white and black African	3	4	0	0	0	7
Mixed/multiple ethnic groups - white and Asian	8	0	0	0	0	8
Mixed/multiple ethnic groups - white and black Caribbean	12	1	0	0	0	13
Not stated	601	220	0	43	0	864
Other ethnic group - Arab	5	5	0	0	0	10
Other mixed	1	1	0	0	0	2
Prefers not to say	29	13	0	0	0	42
Unknown	115	80	1	13	1	210
White - any other white background	31	5	0	0	0	36
White - English/Welsh/Scottish/Northern Irish/British	1885	588	0	2	1	2475
White - Irish	10	5	0	0	0	15
Total	2971	1190	2	60	2	4225

Figure 40 All incidents 2022/2023 where person affected was a staff member, by Care Groups and age band

	Under 25	25 to 34 years	35 to 44 years	45 to 54 years	55 to 64 years	65 to 74 years	75 years and over	Not Recorded	Total
Adult and Older People Mental Health Care Group	54	88	65	93	94	7	2	1400	1803
Barnsley Integrated Care Group	9	25	24	31	27	5	9	119	249
CAMHS and Children's Care Group	2	7	17	6	4	0	0	42	78
Forensic Service	31	66	39	37	30	4	0	1128	1335
Learning Disability and ASD/ADHD Care Group	13	18	11	15	31	0	0	587	675
Trustwide support services	1	6	14	16	13	2	0	33	85
Total	110	210	170	198	199	18	11	3309	4225

Figure 41 All incidents 2022/2023 where person affected was a staff member, by Care Group and sexuality

	Heterosexual	Not stated	Unknown	Form not returned/left blank	Total
Adult and Older People Mental Health Care Group	3	2	1	1797	1803
Barnsley Integrated Care Group	0	1	0	248	248
CAMHS and Children's Care Group	0	0	0	78	78
Forensic Service	19	0	0	1316	1334
Learning Disability and ASD/ADHD Care Group	0	0	0	675	675
Trustwide support services	2	0	0	83	83
Total	24	3	1	4197	4225

Serious Incidents- Demographic data

The tables below give a breakdown of the patients affected involved in serious incidents.

Figure 42 Demographic data for patients affected in serious incidents reported between 1/4/2022 and 31/3/2023, by Geographical, gender and age band (as recorded on Datix)


	Under 25	25 to 34 years	35 to 44 years	45 to 54 years	55 to 64 years	65 to 74 years	75 years and over	Total
Barnsley	0	0	0	0	2	0	2	4
Female	0	0	0	0	1	0	1	2
Male	0	0	0	0	1	0	1	2
Calderdale	0	1	0	2	0	0	0	3
Male	0	1	0	2	0	0	0	3
Kirklees	0	2	1	0	0	0	0	3
Female	0	1	1	0	0	0	0	2
Male	0	1	0	0	0	0	0	1
Wakefield	1	0	0	1	0	1	0	3
Female	1	0	0	1	0	0	0	2
Male	0	0	0	0	0	1	0	1
Total	1	3	1	3	2	1	2	13

Figure 43 Demographic data for patients affected in serious incidents reported between 1/4/2022 and 31/3/2023, by Geographical, ethnicity and age band (as recorded on Datix)

	Under 25	25 to 34 years	35 to 44 years	45 to 54 years	55 to 64 years	65 to 74 years	75 years and over	Total
Barnsley	0	0	0	0	2	0	2	4
White - English/Welsh/Scottish/Northern Irish/British	0	0	0	0	2	0	2	4
Calderdale	0	1	0	2	0	0	0	3
White - English/Welsh/Scottish/Northern Irish/British	0	1	0	2	0	0	0	3
Kirklees	0	2	1	0	0	0	0	3
White - English/Welsh/Scottish/Northern Irish/British	0	0	1	0	0	0	0	1
Asian/Asian British - Pakistani	0	1	0	0	0	0	0	1
Not stated	0	1	0	0	0	0	0	1
Wakefield	1	0	0	1	0	1	0	3
White - English/Welsh/Scottish/Northern Irish/British	0	0	0	1	0	1	0	2
Black/African/Caribbean/Black British - African	1	0	0	0	0	0	0	1
Total	1	3	1	3	2	1	2	13

Appendix 2 – Learning from Experience slides

Below is an illustration of our Learning presentation that brings together some of the learning from 2022/2023. The full set of slides are available [here](#) along with previous years learning.




Learning from incidents

1 April 2022 – 31 March 2023

Patient Safety Support Team
May 2023

With all of us in mind.


1



Our headline stats


- 14,352 incidents reported (similar to previous years, 12% increase on 2021/22)
- 97% of incidents resulted in no/low harm
- 16 serious incidents reported
- Serious incidents account for 0.17% of reported incidents
- No Never Events

12% increase in reporting on 2021/22
High reporting rate with high proportion of no/low harm is indicative of a positive safety culture



With all of us in mind.

2




Serious incidents

- 18 investigations completed – all include a recommendation to share learning
- 107 associated actions (127 during 2021/22)
- This year, completed Serious Incident investigations have related to apparent suicides, unexpected deaths, security incident, information governance breach and pressure ulcers
- The most common Serious Incident relates to apparent suicide and generates the most actions

With all of us in mind.

3



Serious incident – top themes


Top action themes:

- 1) Record keeping
- 2) Staff education, training & supervision
- Joint 3rd Care delivery
- Care pathway
- Team/Service systems, roles & management

Risk assessment does not appear in the top 3 themes for the first time since 2018/19 which may demonstrate our improve work being embedded
We have quality improvement work underway around several high frequency themes which will strengthen further with [Patient Safety Incident Response Framework](#) (PSIRF) transition.

With all of us in mind.

4




Serious incidents – action themes

Record keeping

- One of the top three action themes in the last nine years
- 15 actions, grouped by broad sub-theme:
 - Contemporaneous recording
 - Operational policy
 - Clinical recording keeping (system)
 - MDT discussion / recording
 - Medical plans
 - Communication with other agencies
 - CPA documentation
 - Care plan

With all of us in mind.

5



Serious incidents – action themes

Staff education, training and supervision

- In the top three action themes in the last eight years (with varying subthemes)
- 10 actions, grouped by broad sub-theme:
 - Supervision
 - Induction
 - Operational policy
 - Various training
 - Suicide prevention
 - Knowledge and skill gap
 - Roles and responsibilities

Note: one Serious Investigation may produce actions under the same theme, that relate to different aspects of a contributory factor.

With all of us in mind.

6



Serious incidents – action themes

Care Delivery

- In the top three action themes in the last three years
- 9 actions, grouped by broad sub-theme:

- | | |
|---|--|
| • Care planning | • Monitoring compliance of clinical record keeping |
| • Communication with patient and/or family/carers | • MDT working and meetings |
| • Roles and responsibilities | • Monitoring compliance |

With all of us in mind.

7



Serious incidents – action themes

Care Pathway

- In the top three action themes in the last three years
- 9 actions, grouped by broad sub-theme:

- | | |
|--------------------------|-----------------------|
| • Care planning | • Transitions in care |
| • Organisational systems | • Care Pathway |
| • Referral process | |

With all of us in mind.

8



Serious incidents – action theme

Team/service systems, roles & management

- In the top three action themes in the last three years
- 9 actions, grouped by broad sub-theme:

- | | |
|----------------------------------|---------------------------------------|
| • Risk assessment and management | • Access to clinical information |
| • Standard operating procedures | • MDT working and meetings |
| • Operational policy | • Team building and staff development |
| • Supervision | |

With all of us in mind.

9



Learning and improvement

Some key examples of lessons learned and action outcomes from across our geographical areas, Care Groups and Specialists.

With all of us in mind.

10



Learning from Serious Incidents – Risk Assessment

Outcomes from Serious incident investigations highlighted:-

Learning from the National Confidential Inquiry for Suicide (NCISH) identified risk assessments tools should not be used as a means to predict suicide and that the aims for mitigation of risk in suicide lie in the collaboration with the individual, for example with thoughts of suicide, building a therapeutic relationship, the active involvement and engagement of people who are close to the person (family/carer or significant others).

<https://sites.manchester.ac.uk/ncish/reports/the-assessment-of-clinical-risk-in-mental-health-services/>

With all of us in mind.

11



Learning from Serious Incidents – Risk Assessment continued

Individuals bereaved through suicide are at a greater risk of loss of life through suicide. Information previously shared through the Trust Learning Library had identified that the Trust's own review into apparent suicides (March 2020-April 2021) demonstrated that out of 61% of people experiencing several life events, bereavement had been one of the key themes. There is learning to share across all teams in ensuring the impact of the loss on the meaning and purpose of the bereaved person's life is captured within the risk assessment process and active referral for bereavement support (in particular for suicide bereavement) is undertaken.

[Bereavement and Suicide](#)

With all of us in mind.

12



Learning from Serious Incidents – Risk Assessment continued

Risk assessment information should be recorded within the FIRM risk assessment document on SystmOne, as well as progress notes. The absence of full risk assessment information and formulation within the risk assessment documentation could impact on future decision making in care and treatment and increase risk.

The Trust FIRM risk assessment training is available to staff to support an understanding that it is a framework to record clinical judgements about risk that inform management and care plans.

With all of us in mind.

13



Learning from Serious Incidents – Record Keeping

Outcomes from Serious incident investigations highlighted:-

- The importance of contemporaneous record keeping, in particular discussions with service users, families/carers, medication and care plans.
- Telephone calls made from family/carers in respect to service user progress should be robustly recorded and be used to consider wider family connections as part of assessment, evaluation and care planning.
- Multi-disciplinary team meeting discussions should be documented with outcomes added to SystmOne records.
- Level of access to information/records held by external partnership organisations requires a joined up approach for service users that present to different organisations, with the nature of involvement accurately recorded.

14



Learning from Serious Incidents – Record Keeping continued

- As a part of the safety planning process in the community, consideration should be given to the discussion and documentation of access to means. Although access to means in the community cannot be eliminated, it is advisable to document that it has been asked for removal.
- Should a service user identify a specific drug they are prescribed as a means to harm themselves consideration should be taken at assessment to manage these drugs to reduce access and/or availability and this should be recorded.

With all of us in mind.

15



Learning from Serious Incidents – Team systems, roles, management

Outcomes from Serious incident investigations highlighted:-

- Supervision should be planned in advance and recorded accurately to represent the practice of each supervision.
- Completion of Cardiopulmonary Resuscitation/Basic Life Support/Immediate Life Support training for all in-patient services, in line with Trust policy (regardless of completion at another NHS organisation).
- Each ward/team should have the appropriate Emergency Response Procedure for that area attached to/within their emergency bag/AED for staff to follow/consult in an emergency.
- A robust induction for staff, to be signed off by staff and manager.

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Learning from Serious Incidents – Care Pathway

Outcomes from Serious incident investigations highlighted:-

- Service users, their families and/or carer involvement is actively sought both at the initial assessment stage and also as care plans are reviewed and changed throughout the service users care journey.
- Improved joint-working arrangements between exercise therapy and dietetics that provide an integrated approach to weight management in secure services.
- Service users with a diagnosis of substance misuse must have a care plan to address this.

With all of us in mind.

17



Learning from Serious Incidents – Discharge/transfer

Outcomes from Serious incident investigations highlighted:-

- Advice provided by Trust services is based on an assessment of the service user's clinical record and that this advice is shared and understood with other NHS organisations, particularly that of observation levels.
- Trust governance processes have been reviewed to capture good practice identified where service users will remain within the current team caseload until they are able to transfer to the agreed team for onward management.
- A review of the formal and informal links between general and secure services was recommended, particularly where service users with conditions that must stay under the care of secure services are identified.

With all of us in mind.

18



Learning from Serious Incidents – Pressure ulcer care

Adherence to the Wound Care Policy for the Prevention and Management of Pressure Damage and Treatment and Management of All Wounds 2018 – 2023, particularly in relation to:-

- An assessment of risk of developing pressure damage to be conducted on the first visit.
- Risk of developing pressure damage re-assessed following changes in condition (at least weekly for service users with existing ulcers).
- Liaison with the SystmOne team to introduce automatic alerts when Waterlow risk assessments have not been completed.
- Stronger working relationships with care homes from hospital discharge to rehabilitation.

19



Learning from Serious Incidents – Physical Health

- Where a service user has physical health concerns as well as mental health concerns, a multi-agency approach should be adopted to ensure that a holistic approach to care is provided.
- Consideration should be given to safeguarding concerns that need raising after a service user has a fall.

20



#allofusimprove and be outstanding Learning Library

Below is a summary of learning that has been shared through our Learning Library:

- Ockenden report
- The Myth of Invisible Men
- Learning from serious incidents
- Parental consent to vaccination
- Private ambulance
- Administering medicines to a patient on an acute mental health ward
- Learning from a homicide
- Virginity testing
- Care planning for Missing patient
- Carers and suicidality
- Risk of using toaster bags
- Recording escapes from wards
- Sexual safety
- Deaths where Clozapine was prescribed
- Safer discharge from hospital
- Inpatient ligature incident
- Children's therapy – allergy risk
- Under 18 pregnancy
- Adrenaline accident during training

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Below is a summary of learning that has been shared at our Learning Network forum:

- Learning from apparent suicides
- Cuckooing
- Medication safety
- Parental consent to vaccination
- Ockenden report
- Sharing previous years:
 - Incident annual report
 - Learning report
 - Apparent suicide report
- Infection Prevention and Control themes
- Me and my medicine
- Learning from serious incidents
- Medication management on a ward
- Honour based violence
- Under 18 admission on a ward
- Children's therapy – allergy risk

We have also 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.



- Safe batteries
- Ligature risk from piano door hinge
- Ligature risk from collapsible shower rails
- Using chlorine based solutions to decontaminate blood and body spills
- Key fault
- Shower head used as a fixed ligature with Blu tack
- E-burn e-cigarette fire risk
- Countersigning of medicines administration on electronic prescribing and medication administration system (EPMA)
- Oxygen concentrator and emergency cylinders
- F-sized oxygen safety incidents
- Suspended ligature from door closure with a corridor area



- Medicines in cars – checking formulations
- Adrenaline in the community
- Chlordiazepoxide, rescue medication

In November 22 the pharmacy team also sent out Top Tips for medicines in the community and administering meds on EPMA (not Greenlights)

With all of us in mind

Learning from healthcare deaths

An overview of themes identified from reviews and investigations that have been completed during 2022/23. Where appropriate, comparative data for previous periods is included.

With all of us in mind.

25

Learning from Structured Judgement Reviews

Assessment of care overall

- 63% of 167 reviews completed to date rated this as good or excellent.
- Over time, we are seeing less poor or adequate care identified.

Quality of the service user record in enabling good quality of care to be provided

- 59% of 167 reviews completed rated this good or excellent.
- This continues to show an improvement over time.

With all of us in mind.

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Learning from Structured Judgement Reviews

Phases of care (reviewed where relevant)

Risk assessment

- 52% of 162 reviews completed rated this as good or excellent.
- This percentage has increased slightly from the last year (51%).
- In 2019 this was 35% which shows an improvement in the quality of risk assessment recording, and correlate with this no longer appearing in the top 3 themes from Serious Incidents

Allocation / initial review

- 66% of the 154 reviews completed rated this as good or excellent.
- This is an improvement compared to this time last year (62%)

With all of us in mind.

27

Learning from Structured Judgement Reviews

Phases of care (reviewed where relevant)

Ongoing care

- 62% of the 159 reviews completed rated this as good or excellent.
- Improvement on last years position (59%)

Care during admissions (where applicable)

- 73% of the 55 reviews completed rated this as good or excellent.
- Same position as last year, but more cases reviewed (73%)

With all of us in mind.

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Learning from Structured Judgement Reviews

Phases of care (reviewed where relevant)

Follow-up management / discharge:

- 62% of the 114 reviews completed rated this as good or excellent.
- This is the same position to previous analysis (59%).

End of life care

- 100% of the 4 reviews completed rated this as good or excellent.
- This has remained consistent.
- There are no new cases that featured end of life care in 2022/23.

With all of us in mind.

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Learning from Structured Judgement Reviews

Themes from actions for improvement

Action theme	Number of actions
Risk assessment	4
Care pathway	2
Record keeping	1
Care delivery	1
Carers/family	1
Care coordination	1
Staff education, training, and supervision	0
Total	10

There are less actions arising from Structured Judgement Reviews this year compared with last year (20) which shows improvement

With all of us in mind.

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Learning from Service Level Investigations (SLI) and Significant Event Analysis (SEA)

Themes from actions for improvement

	Local review	SLI	SEA	Total
Record keeping	0	15	3	18
Risk assessment	0	6	1	7
Staff education, training and supervision	0	5	1	6
Care/family	0	5	0	5
Care delivery	0	5	0	5
Communication	0	3	1	4
Medicine management	1	2	0	3
Environmental	0	3	0	3
Discharge/follow up	0	0	3	3
Care coordination	0	3	0	3
Team service systems, roles and management	0	1	0	1
Policy and procedures, not in place	0	1	0	1
Policy and procedure - in place but not adhered to	0	1	0	1
Care pathway	0	1	0	1
Grand Total	1	51	5	51

With all of us in mind.

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Continuing to develop how learning is shared

Well designed patient safety information systems, including:

- Reporting into the National Reporting and Learning System (NRLS) and is replacement Learn From Patient Safety Events.
- Serious incident investigations routinely followed by a learning event for the individual teams or services involved, led by the lead serious incident investigator
- The Patient Safety Support Team support and monitor the Serious Incident process, giving information to the Clinical Governance and Clinical Safety Committee and Trust Board.
- Our Internal learning systems

The Patient Safety Support Team also work closely with a range of external agencies including the CQC, ICBs, and regional networks.

With all of us in mind.

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How we share learning at all levels

Our methods of sharing learning from incidents at all levels:

- Learning library
- Bluelight alert system
- Greenlight alerts
- Learning Network
- SBAR tools

With all of us in mind.

33

Areas to develop in 2023/24

We are preparing to transition to the new Patient Safety Incident Response Framework (PSIRF) from Autumn 2024, we are:

- Analysing our patient safety data from a wide range of sources including serious incident themes to identify our patient safety priority areas
- Assessing our capacity for responding to patient safety incidents
- Considering which Learning Response type will be appropriate for our priorities (see image) →
- Developing safety improvement plans for change
- We will adapt our method of sharing learning in line with our developments.

Implementing Learn From Patient Safety Events (LFPSE)

- A new national system for learning linked to local systems



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Thank you for
supporting a
patient safety
culture

Contact the patient safety team: patientsafety@swyt.nhs.uk

With all of us in mind.

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With all of us in mind.

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**Members' Council meeting
17 November 2023
Agenda item 7.6**

Title:	Review of Chair's Remuneration 2023
Paper presented by:	Julie Williams, Deputy Director of Corporate governance, performance and risk
Paper prepared by:	Corporate Governance Team Interim Chief People Officer
Purpose:	The Members' Council undertake regular reviews of the remuneration rates for the Chair to ensure they are fair and justifiable.
Mission/values:	This paper supports the Trust's commitment to being open, honest and transparent.
Any background papers/ previously considered by:	The Nominations Committee and Members' Council have received regular papers on the remuneration of the Chair.
Executive summary:	<p>Background</p> <p>The remuneration of the Chair is determined by the Members' Council. The Nominations Committee, on behalf of the Members' Council, are responsible for regularly reviewing the remuneration arrangements for the Chair and Non-Executive Directors.</p> <p>In 2019 NHS Improvement (NHSI) and NHS England (NHSE) published a document setting out a structure for the remuneration of Chairs and NEDs in NHS Trusts and NHS Foundation Trusts.</p> <p>In 2019 the Nominations Committee, supported by the Director of Human Resources, Organisational Development and Estates reviewed the remuneration arrangements for the Chair and Non-Executive Directors, in light of a document published by NHS Improvement and NHS England titled 'Structure To Align Remuneration for Chairs and Non-Executive Directors of NHS Trusts and NHS Foundation Trusts'.</p> <p>This document, which was published in September 2019 made recommendations to NHS Foundation Trusts on levels of payments for Chairs and Non-Executive Directors. Whilst the statutory responsibility for determining the remuneration of the Chair and Non-Executive Directors remains with the Members Council, NHS Improvement and NHS England expected NHS Foundation Trusts to follow their structure and if not, explain the reasons why.</p>

The structure set out a pay range for Chair's based on the size of the organisation (Trust annual turnover £201m - £400m). The relevant Chair's pay range for the Trust is £44,100 - £47,100 - £50,000 per annum and remains to be so.

Figure 3: Remuneration ranges for trust chairs

Trust size	Annual turnover (£ pa)	Designation	Chair remuneration (£ pa)		
			Lower quartile	Median	Upper quartile
Small	<200m	Group 1	40,000	43,000	45,100
Medium	201m–400m	Group 2	44,100	47,100	50,000
Large	401m–500m	Group 3	45,000	49,500	51,400
Extra large	501m–750m	Group 4	50,500	55,000	58,500
Supra large	>750m	Group 5	55,500	60,000	63,300

Chair

The current Chair was appointed in December 2021 at a remuneration of £47,100 per annum, which is the second point on the Trust's incremental scale.

Progression up the scale is determined by the Members Council based on her annual appraisal.

In 2022, the Chair was subject to an initial interim appraisal based on her performance between 1 December 2021 and 30 March 2022.

In 2023, the Chair was subject to a full appraisal based on her performance from 1 April 2022 – 31 March 2023, following which it was agreed the Nominations Committee would review the Chairs remuneration and a make a recommendation to the Members' Council.

The Nominations Committee reviewed the Chair's remuneration on 11 October 2023 and is recommending an increase to the Chair's remuneration to £50,000, the top of the NHSE pay range, with effect from 1 December 2023.

Recommendation:

The Members' Council is asked to APPROVE the increase in the Chairs remuneration to £50,000pa from 1 December 2023.

Members' Council 17 November 2023 Agenda item 7.7

Title:	Members' Council election process for 2024
Paper prepared by:	Head of Corporate Governance/ Company Secretary
Purpose:	The purpose of this paper is to update the Members' Council on the election process for 2024.
Mission/values:	Good governance supports the Trust to deliver its mission and adhere to its values.
Any background papers / previously considered by:	When the Trust was working towards Foundation Trust status, the Trust Board decided to stagger terms of office for governors elected to the Members' Council to ensure that all governors did not reach the end of their term at the same time. As a result, the Trust holds elections every year during the spring, for terms of office starting on 1 May each year.
Executive summary:	<p>At present, Civica manages the election process on behalf of the Trust. This is to make sure that the elections are managed impartially and fairly and that the process is independent and transparent. Elections are held in accordance with the Model Election Rules which are included as an appendix within the Trust's Constitution.</p> <p>The Chair will write to governors later in the year to advise further on the process and to confirm which public and staff governors' current term end on 30 April 2024.</p> <p>As at December 2023, elections will be held for the following seats:</p> <p>Public: Wakefield: 2 seats Kirklees: 1 seat</p> <p>Staff: Allied health professional: 1 seat Psychological therapies: 1 seat Social care staff working in integrated teams (will change to social workers if approved on 17 November 2023): 1 seat</p> <p>The timetable for the election is still to be confirmed but will follow a similar process to previous years. Exact dates will be confirmed as soon as possible:</p> <ul style="list-style-type: none"> • December 2023 – correspondence from the Chair to governors regarding the election process and vacancies. • Nominations to open in early January 2024 • Nominations to close early February 2024 • Candidates will be able to withdraw their nomination up to 3 days after closing. • Election voting opens early March 2024.

	<ul style="list-style-type: none"> • Election voting closes early April 2024. • Results declared the day after votes close. • Terms of office begin on 1 May 2024. <p>NB. If there are uncontested seats in one or more of the constituencies and an election is not required, results may be available before April 2024.</p> <p>The election process for publicly elected governors will be a mixture of paper and electronic options. For staff governors, the process will be electronic for both the nominations and election stages.</p> <p>Governors are asked to assist by engaging people who might be interested in putting themselves forward for election or to let the Trust know if they think someone would be worth approaching, as well as promoting voting by members.</p>
Recommendation:	The Members' Council is asked to RECEIVE the update to the election process.



Integrated Performance Report

Quarter 2 - 2023/24

Members' Council

17 November 2023



Agenda

- Summary Performance Metrics
- Quality
- National metrics
- Workforce
- Finance

Summary Performance Metrics – Improving Health

Improving health				
Metrics	Threshold	Jul-23	Aug-23	Sep-23
Percentage of service users who have had their equality data recorded - ethnicity	90%	96.8%	96.7%	96.6%
Percentage of service users who have had their equality data recorded - disability	To be determined for 23/24	45.1%	45.5%	45.4%
Percentage of service users who have had their equality data recorded - sexual orientation		44.7%	44.8%	44.6%
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	Service timely completion - 75%	77.3% Service	73.5% Service	89.5% Service
		97.4% Policy	97.4% Policy	96.3% Policy
Completion of equality mandatory training	>=80%	96.0%	95.9%	96.1%
Number of people who sustain 26 weeks employment via Trust Individual placement support service	Trend monitor	0	0	0
Carbon Impact (tonnes CO2e) - business miles	76	63	63	53
Smoking Quit rates for patients seen by SWYPFT Stop Smoking services (4 weeks)	55%	Due Nov 23		

Summary Performance Metrics – Improving Care

Improve Care				
Metrics	Threshold	Jul-23	Aug-23	Sep-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%	87.2%	88.0%	87.5%
The number of people with a risk assessment/staying safe plan in place within 7 working days of first contact - Community		92.9%	92.1%	91.8%
% Service users on care programme approach (CPA) offered a copy of their care plan	80%	87.5%	87.4%	87.5%
Inappropriate out of area bed placements (days)	Q1 - 455, Q2 - 368, Q3 - 276, Q4 - 0	589	400	187
% service users clinically ready for discharge	<=3.5%	4.8%	5.7%	5.7%

Summary Performance Metrics – Improving Resources

Improve resources				
Metrics	Threshold	Jul-23	Aug-23	Sep-23
Surplus/(deficit) against plan (monthly)	Breakeven	(£373k)	£446k	(£6k)
Capital spend against plan (monthly)	£8.8m	(£287k)	(£256k)	(£676k)
Agency spend managed within the overall workforce (Monthly)	3.5% £8.7m	£855k	£808k	£915k
Financial sustainability and efficiencies delivered over time (monthly)	£12m	£906k	£1,137k	£675k
Number of RIDDOR incidents (reporting of injuries, diseases and dangerous occurrences regulations)	0	3		
Estates Urgent Response Times - Service Level Agreement	95%	95.2%	96.9%	95.5%
Premise Assurance Model (PAM)	Good	Good	Good	Good
Statutory Compliance	100%	100.0%	100.0%	100.0%
% of ligature jobs completed within timeframe	100%	61.8%	100.0%	100.0%

Summary Performance Metrics – Making SWYPFT a great place to work

Make SWYPFT a great place to work				
Metrics	Threshold	Jul-23	Aug-23	Sep-23
Turnover external (12 month rolling)	12% - 13%	13.0%	13.1%	12.1%
Registered workforce growth	3% (by March 24)	2.8%		
Sickness absence - rolling 12 months	<=4.8%	5.3%	5.3%	5.3%
Workpal appraisals - rolling 12 months	>=78%	76.5%	74.5%	72.5%
Mandatory training - Cardiopulmonary	80%	81.0%	79.9%	80.0%
Mandatory training - Reducing restrictive	80%	76.2%	82.6%	82.8%
Mandatory training - Fire	80%	92.0%	91.4%	91.2%
Mandatory training - Information governance	95%	96.9%	95.3%	94.8%

With **all of us** in mind.

Quality Update 2023/24 – Quarter 2

Patient Experience – Friends and Family Test (FFT)

- 96% of respondents in September 2023 would recommend community health services
- 95% of respondents in September 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 with some improvement in September. 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 5 people placed in out of area beds at the end of September 2023 due to increased acuity and challenges to timely discharge.

Quality Update 2023/24 – Quarter 2



South West
Yorkshire Partnership
NHS Foundation Trust

Safer Staffing (inpatient wards)

There has been a slight decrease in September on demand of the flexible staffing pool with a total of 171 less shift requests. The number of shifts filled has decreased by 168 shifts to a total of 5,374 and overall fill rates for inpatient areas increased by 0.3%.

The continued high fill rate of requested shifts (90.34%) is due to the availability of staff, increasing the bank resource, continued engagement with our master agency partner and the ongoing flexibility and contingency planning of the operational colleagues.

The fill rate figures (%) for September 2023:

- Registered staff – Days 83.5%
- Registered staff - Nights 99.9%
- Registered average fill rate – Days and nights 91.4%
- Overall average fill rate all staff – 124.1%
- 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

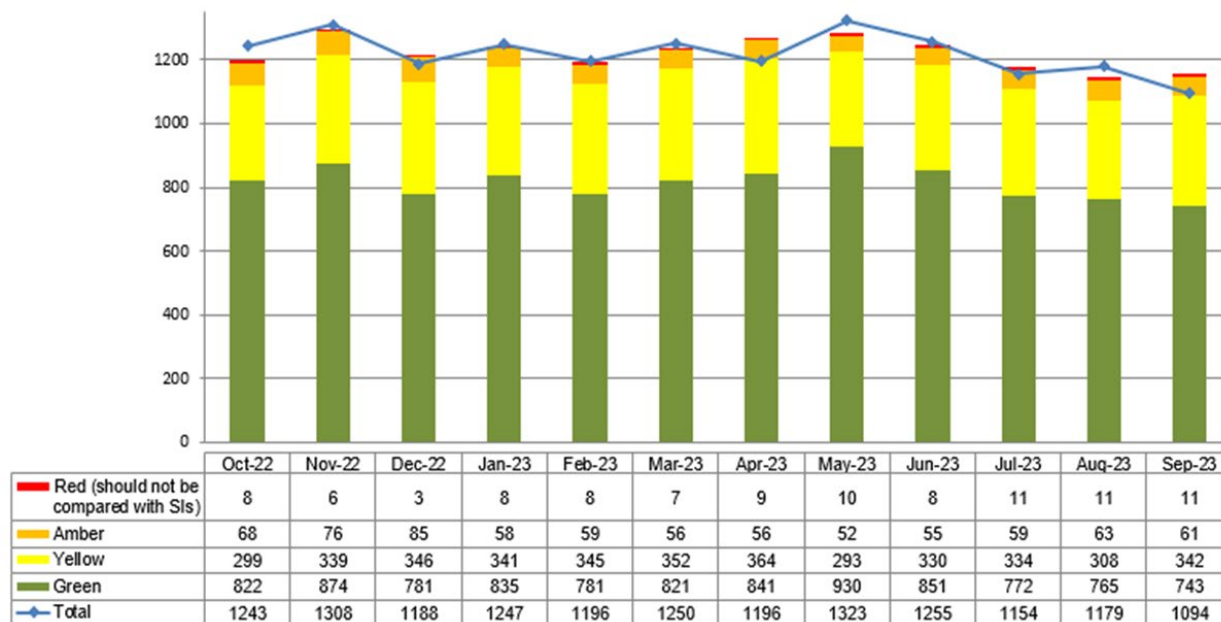
With **all of us** in mind.

Quality Update 2023/24 – Quarter 2



South West
Yorkshire Partnership
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 September 2023.
- 96% of incidents reported in June 2023 resulted in no harm or low harm or were not under the care of SWYPFT.

With **all of us** in mind.

National metrics

Access standards and Outcomes – Trust Performance

KPI	Threshold	Q3 22/23	Q4 22/23	Q1 23/24 (June 23)	Q2 23/24 (Sept 23)
Maximum time of 18 weeks from point of referral to treatment – Incomplete pathway	92%	93.5%	97.5%	99.6%	99.9%
% Admissions Gatekept by Crisis Response Teams	95%	99.6%	98.7%	100%	99%
% Service Users followed up within 72 hours of discharge	80%	88.1%	87.8%	92.6%	88.5%
NHS Talking Therapies - Treatment within 6 weeks of referral	75%	98.4%	98.1%	99.4%	98.3%*
NHS Talking Therapies - Treatment within 18 weeks of referral	95%	99.8%	99.8%	100.0%	100%*
Early Intervention in Psychosis – 2 weeks (NICE approved care package) Clock Stops	50%	91.5%	89.5%	88.6%	72.4%
Maximum 6 week wait for diagnostic procedures	99%	86.2%	79.8%	82.5%	75.3%
NHS Talking Therapies – Proportion of people completing treatment who move to recovery	50%	47.1%	53.6%	53.2%	51.6%
Community health services two hour urgent response standard	70%	Reporting commenced Jan 23	83.8%	86.2%	88.4%

* provisional figures

With **all of us** in mind.

- 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 has increased slightly from 15.8% at end of quarter 1 23/24 to 16.3% at end of quarter 2 23/24.
- Staff turnover at the end of quarter 2 23/24 was 12.1% which is a further reduction on the position reported at end of quarter 1 23/24 which was 13.1%.
- Recruitment activity was up during quarter 2 23/24. 181.2 whole time equivalent starters joined in the period. 150.4 whole time equivalent staff left during the quarter.
- Sickness absence rates in quarter 2 23/24 remain at 5.3%, this is the same level as reported since quarter 3 22/23 last year 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)	£1.1m	£0m
2	Agency Spend	£5.4m	£10.1m
3	Financial sustainability and efficiencies	£4.3m	£12m
4	Cash	£78.9m	£76.9m
5	Capital	£1.2m	£8.8m
6	Better Payment Practice Code	97%	

With **all of us** in mind.

Financial Performance – Highlights

- A deficit of £59k been reported in September 2023 which means that the year to date surplus is now £1.1m. This is £0.2m behind plan. This position is supported by the financial position of the provider collaboratives with the core Trust position included in the report.
- The monthly run rate of agency spend continues to be higher than plan and is 18% above planned level. Spend in September is £0.9m which is higher than the two preceding months and remains above the plan trajectory.
- The Trust cash position remains strong at £78.9m.
- We have continued to pay suppliers promptly; 97% of all valid invoices within 30 days.
- Excluding the impact of the impact of International Financial Reporting Standard - IFRS 16 (leases), year to date capital expenditure is £1.2m. Expenditure is forecast to significantly increase in the next quarter and the full allocation to be utilised in year.

With all of us in mind.



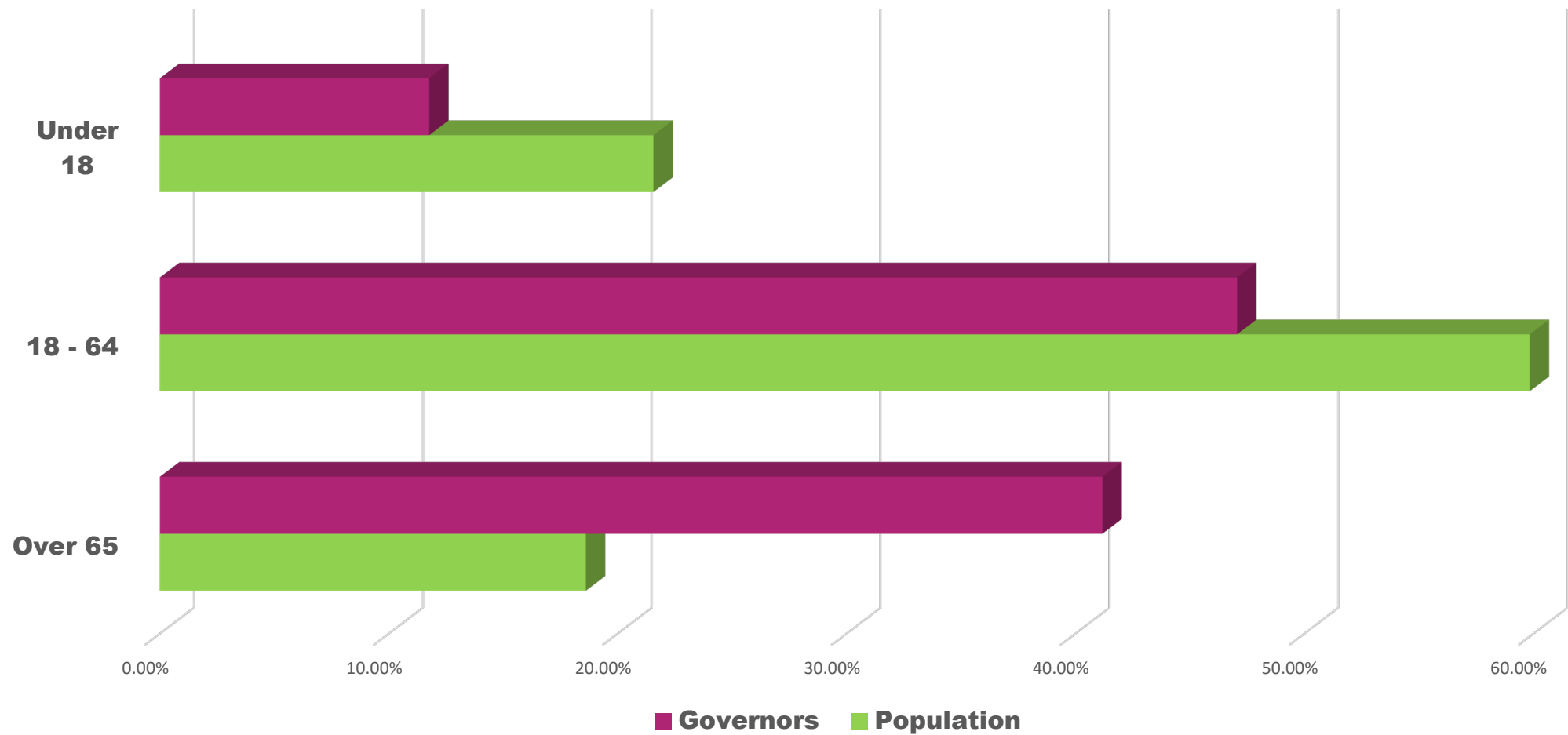
Focus on item



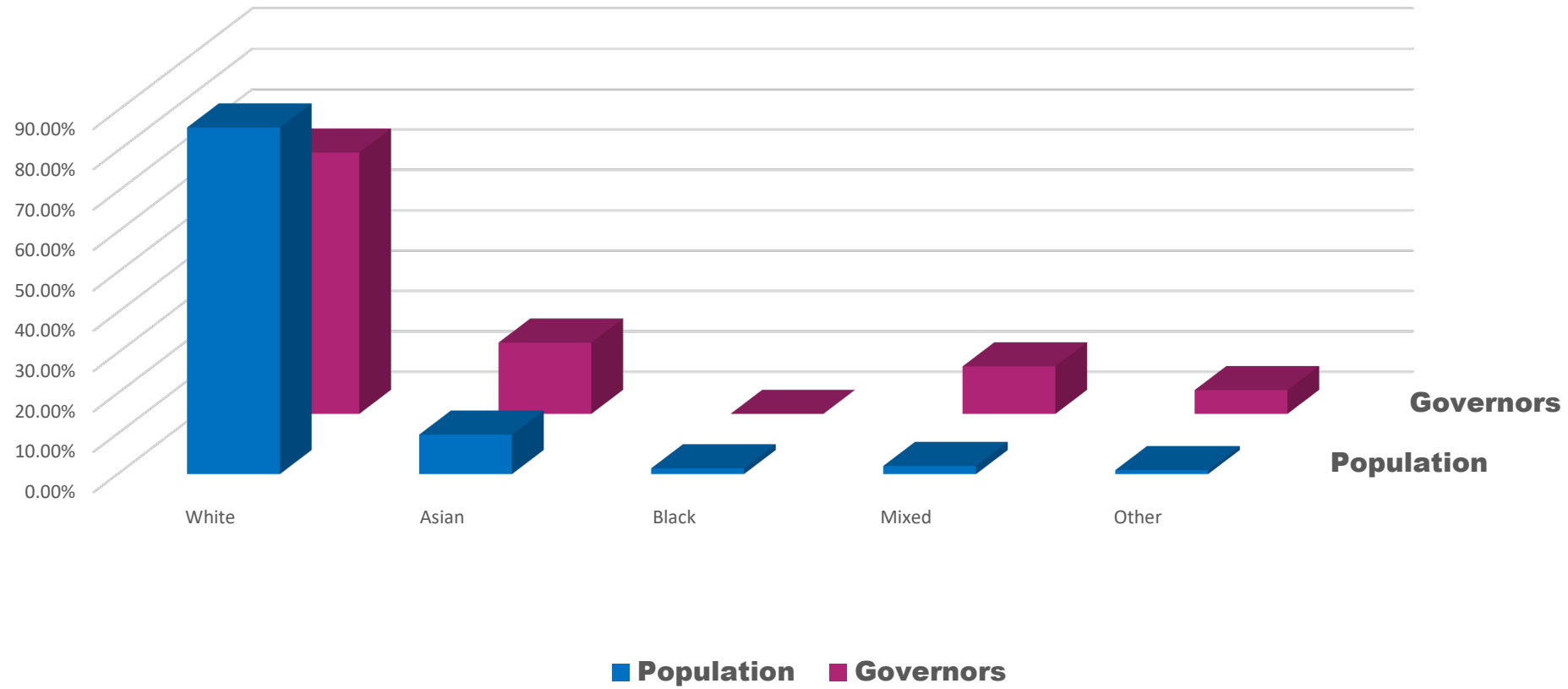
**How can we make your
contribution to the Members'
Council easier**



Public governors compared to our local population by age

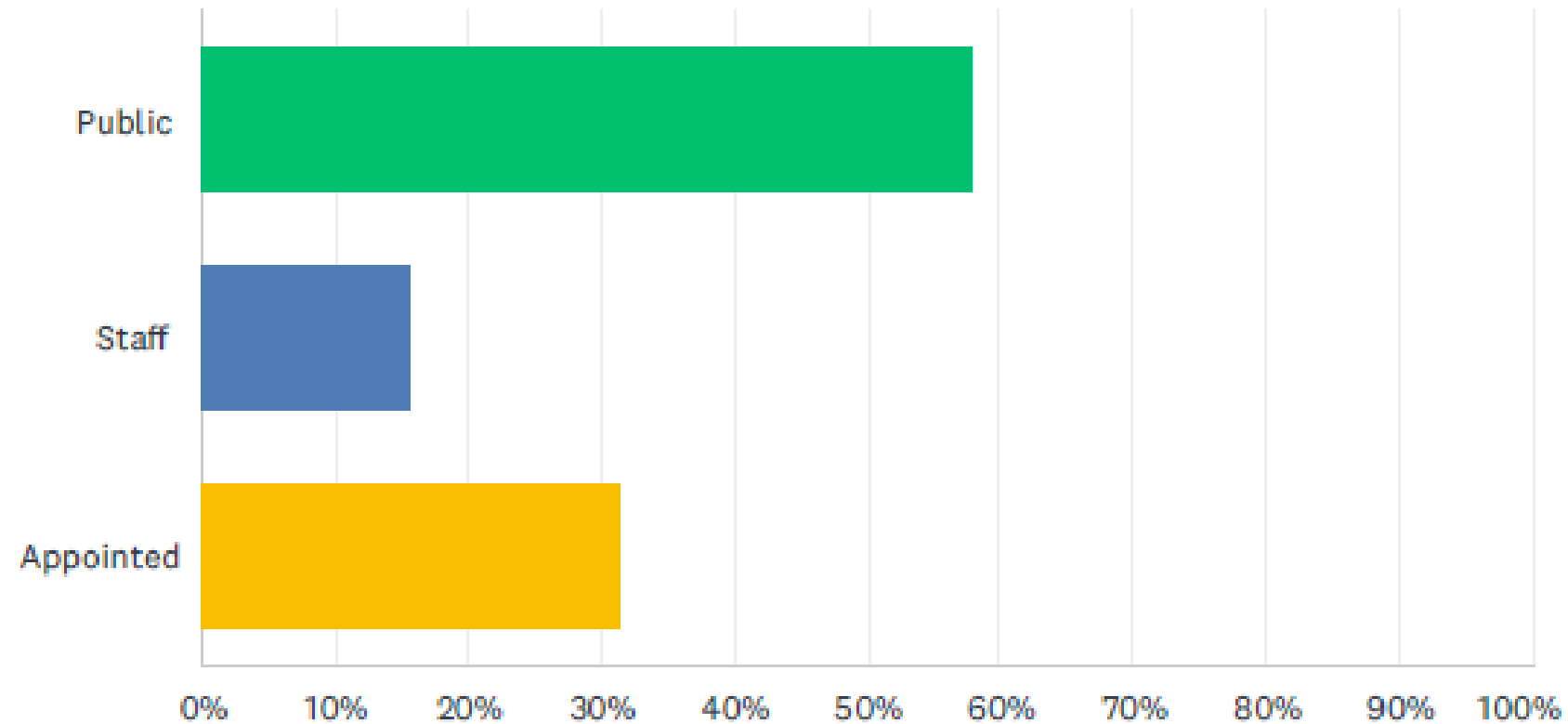


Public governors compared to local population by ethnicity



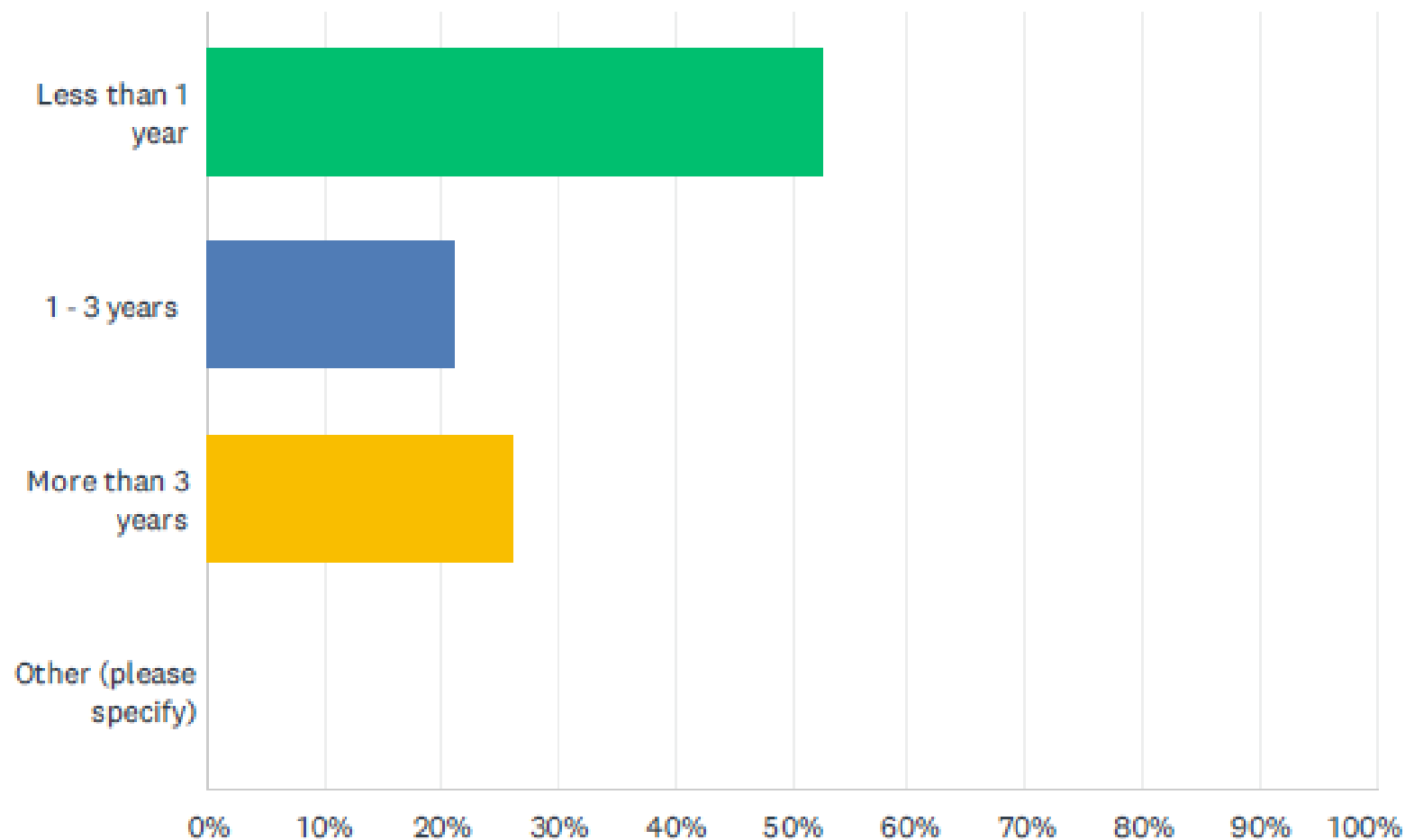
Q1 What type of governor are you?

Answered: 19 Skipped: 0



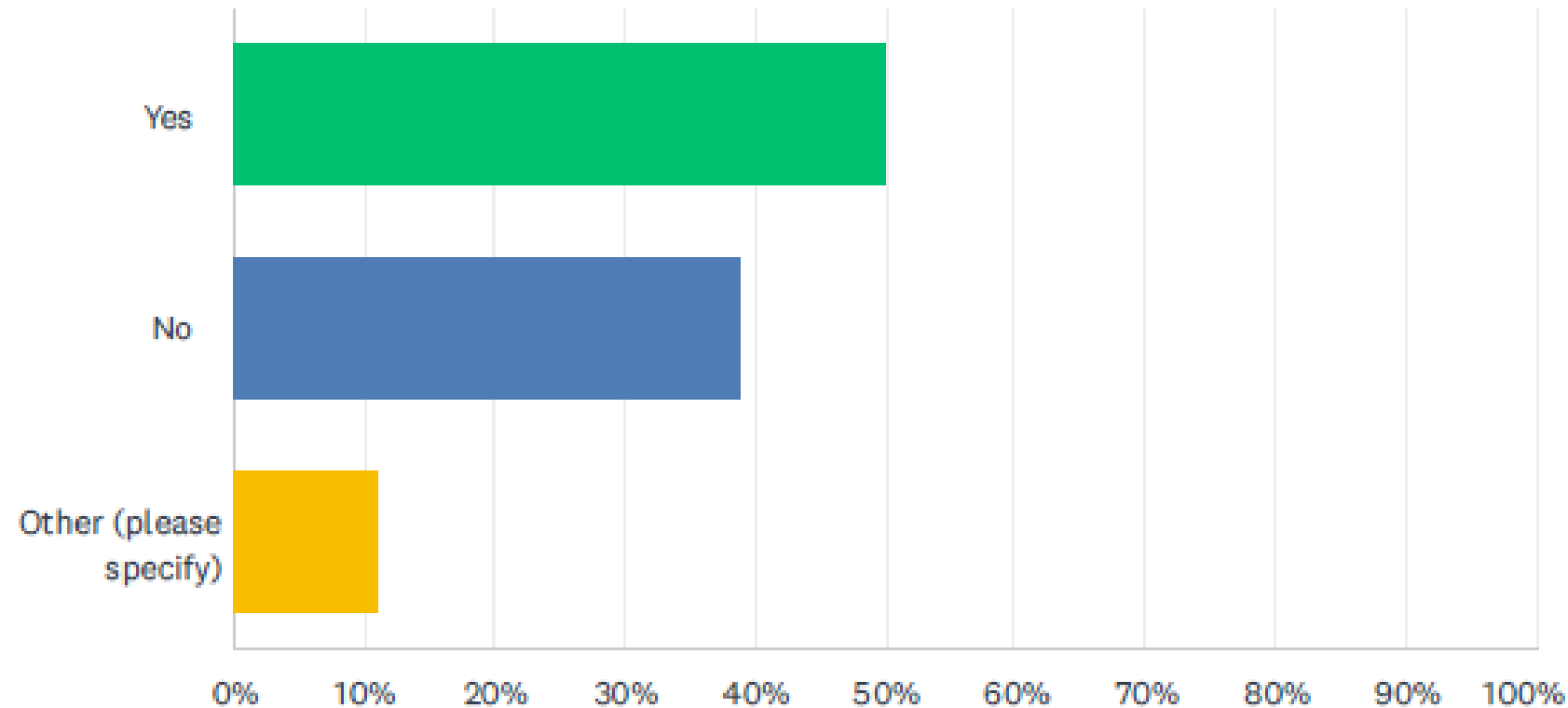
Q2 How long have you been a governor?

Answered: 19 Skipped: 0



Q3 Are you involved in any community groups / stakeholder meetings within your constituency?

Answered: 18 Skipped: 1



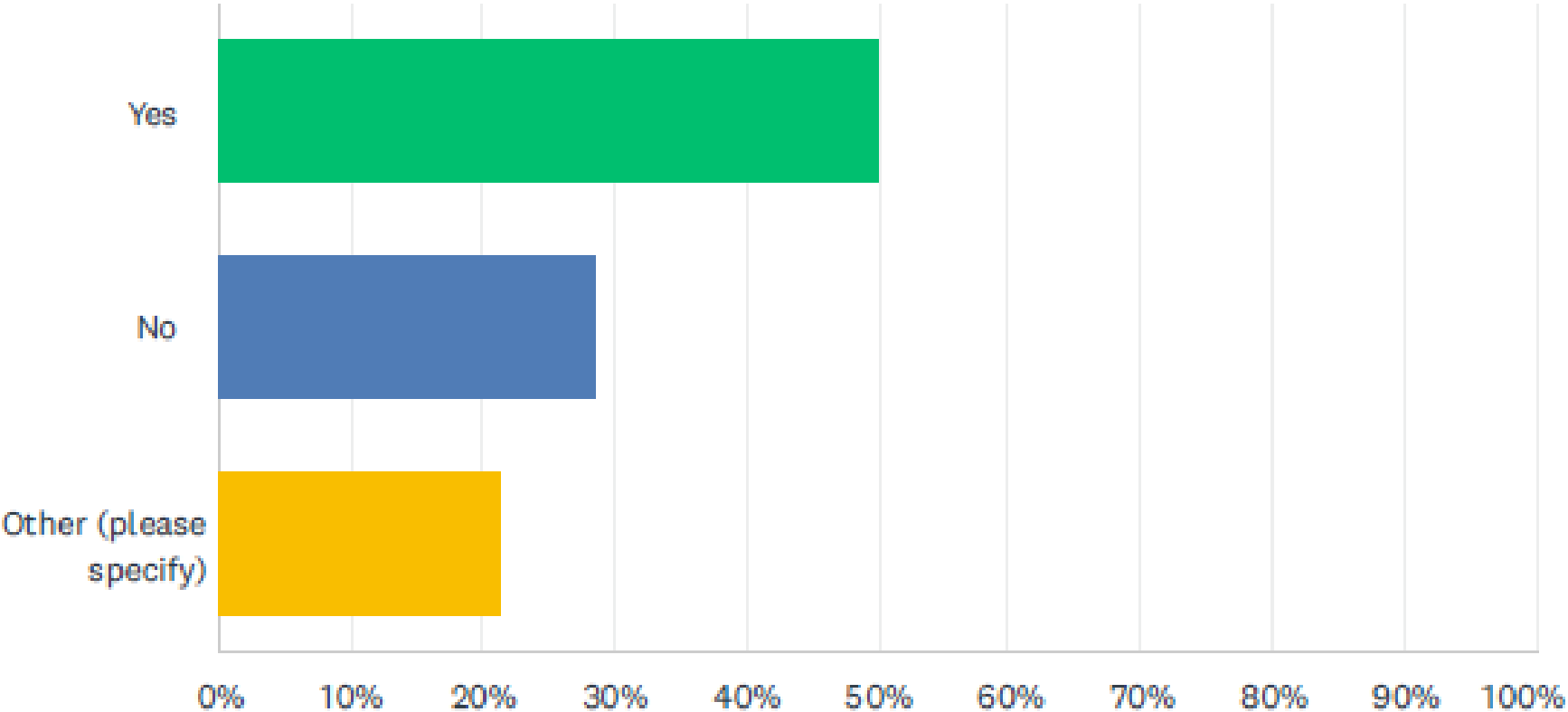
Question 3 - Are you involved in any community groups / stakeholder meetings within your constituency?

School governance

As I work within the inpatient service, I am quite visible and use different forums to explore nursing staff concerns.

Q4 If yes, do you communicate the views of the group to the Members' Council?

Answered: 14 Skipped: 5



Question 4 – Do you communicate the views of the groups to the Members' Council

Sometimes

Share information
as appropriate
based on Trust
experience

Communicate
both ways where
relevant

Question 5 – Please specify which community groups you are involved in?

Arrange and run
Grassroots in
Batley

St Georges
Community
Centre

Foodbank

Positive Mental Health
Network
Nova Wakefield,
VCSE Voices Advocate,
The S.M.a.S.H Society
C.I.C. across the Wakefield
District.

Kirklees Mental Health
Carers Forum
Brookroyd Patient
Reference Group
Spennymoor Primary
Care Network Patient
Reference Group
Kirklees Patient Care
Reference Group
Network

Kirklees coproduction
board
- Kirklees Disability
Network
- Kirklees Mental Health
Carers Forum
- West Yorkshire
Neurodiversity Partnership
- GP (Primary care) Patient
Partnership Group
- EDS Leeds support Group

Patient
participation
group

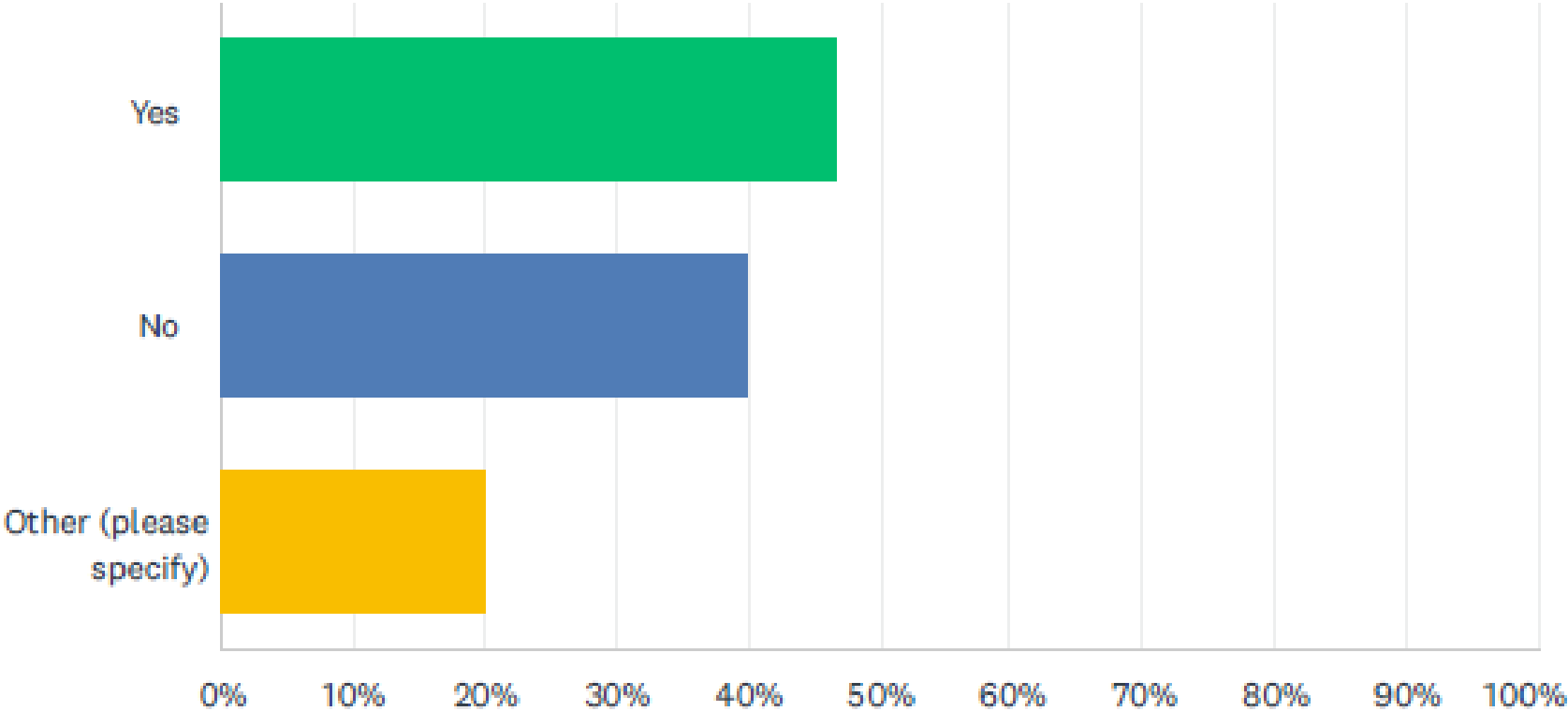
Hive Community

Doctors and
pharmacy forums
as I am a staff
governor

With **all of us** in mind.

Q6 Do you feedback information from the Members' Council to your community groups/ stakeholders?

Answered: 15 Skipped: 4



Question 6 - Do you feedback information from the Members' Council to your community groups/ stakeholders?

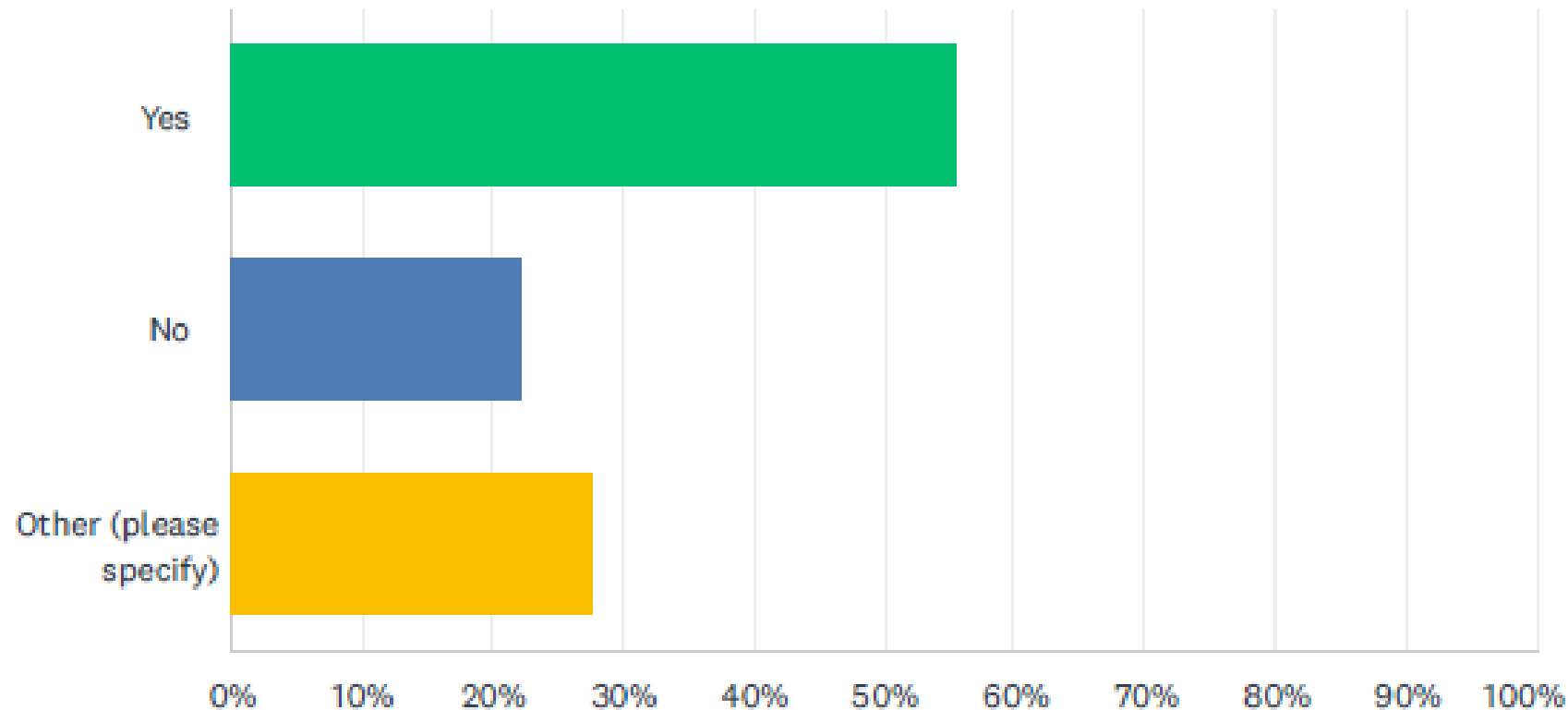
Share relevant
information
within my
organisation

Communicate
both ways
where relevant

When
Necessary.

Q7 Would you be interested in participating in community group meetings in your constituency?

Answered: 18 Skipped: 1



Question 7 - Would you be interested in participating in community group meetings in your constituency?

As appointed governor I think I would struggle for time

Yes, but may be difficult to attend all due to other commitments and family responsibilities

I don't think I have capacity at present but if specific to medications may I be able to do one

I am already part of a number of groups.

Haven't time at the moment.

Question 8 – What are the key barriers for you to attend a Members' Council meeting in person

Caring responsibilities

Diary clashes

Working full time and
having the capacity/time
to attend

Whilst I appreciate
many of the meeting are
held online, it still is time
that I need to make up
throughout the week.

Ill health

Time required for travel

Disability

Length of meetings

With **all of us** in mind.

Question 9 – What are the key barriers for you to attend a Members' Council meeting online

Difficulty accessing
online meetings

Working full time and
having the capacity/time
to attend

None, they are ideal

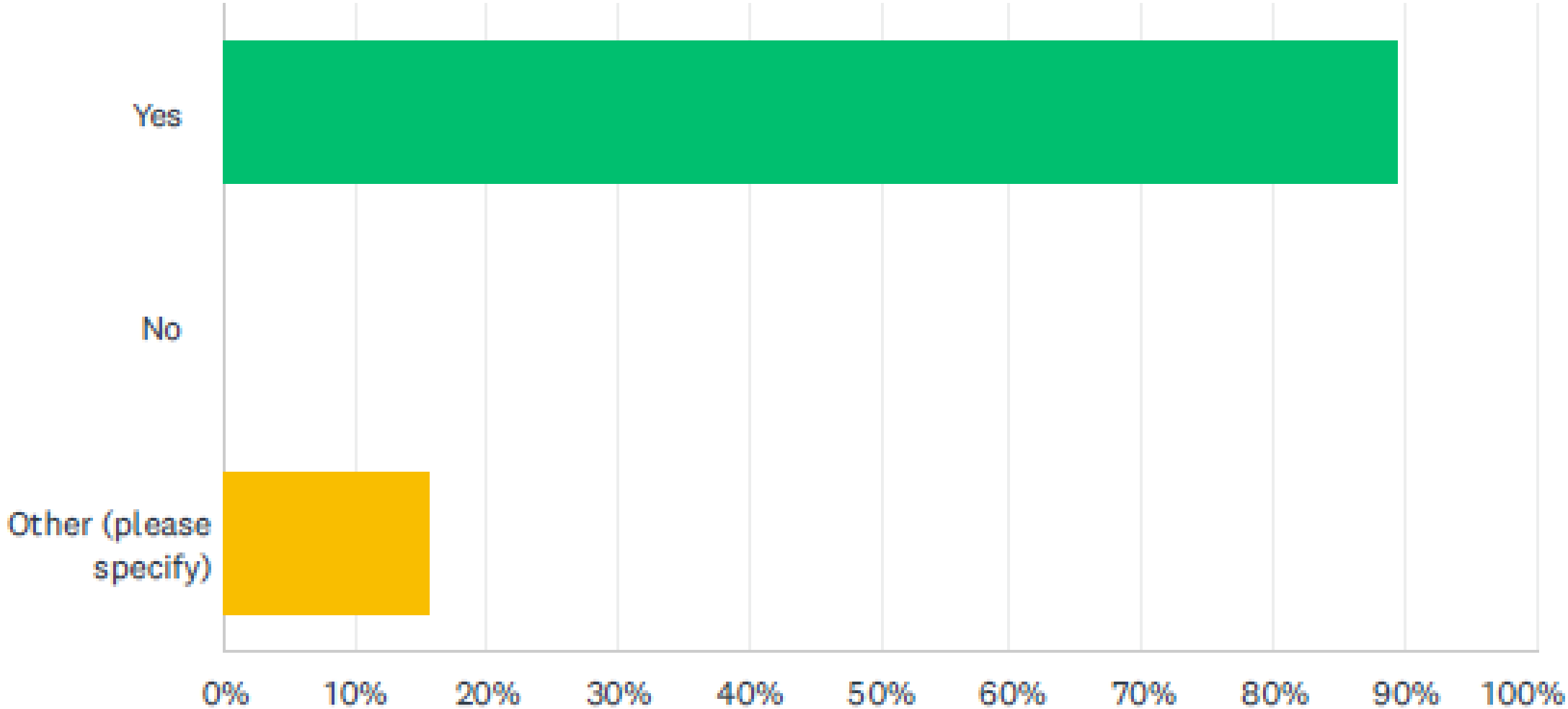
Documentation being too
small to see (both sent
before the event and
displayed on the screen
during the meetings).

Diary clashes

More variety in the day of
the week would help rather
than set days of the week
e.g. Fridays.

Q10 Are Members' Council meetings accessible to you?

Answered: 19 Skipped: 0



10 - Are Members' Council meetings accessible to you?

Online only

Documentation being too small to see (both sent before the event and displayed on the screen during the meetings).

Sometimes

With **all of us** in mind.

Q11 - How can the Trust make Members' Council meetings more accessible to you/ what would be your ideal meeting?

Hold meeting in different venues such as Kendray Hospital.

Would like to see that the views of the governors translated into policy.

Hybrid meetings

Newsletter to explain items in plain language

Consult governors in advance as to meeting timings to avoid clashes and meeting overload on particular days

Summaries and easy read/easy to read information
Shorter meetings or with more breaks

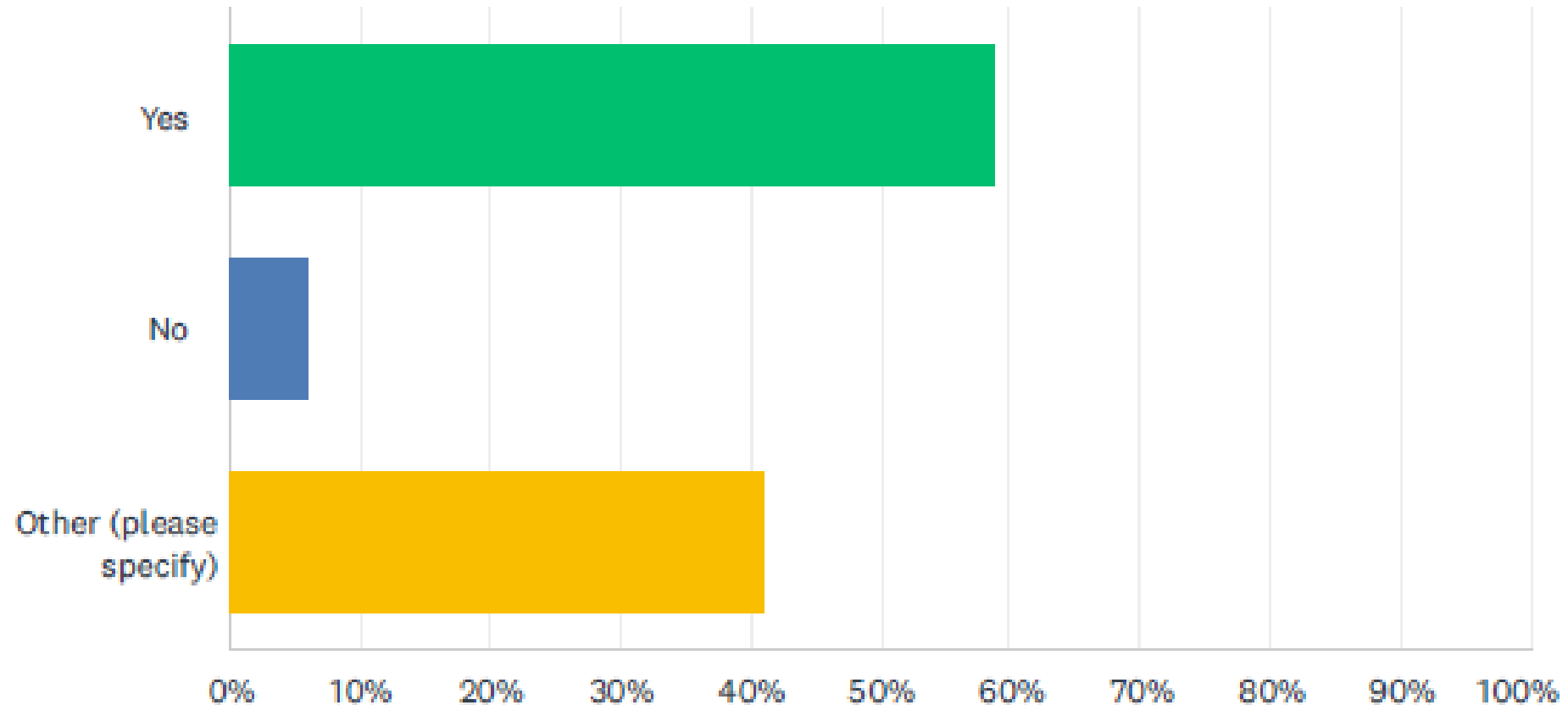
A reduction in amount of reading material
Name badges for those attending
More time for questions

A clearer outline of the items to be discussed

With **all of us** in mind.

Q12 Do you find the buddy system useful?

Answered: 17 Skipped: 2



Question 12 – Do you find the buddy system useful?

Not aware of
the buddy
system

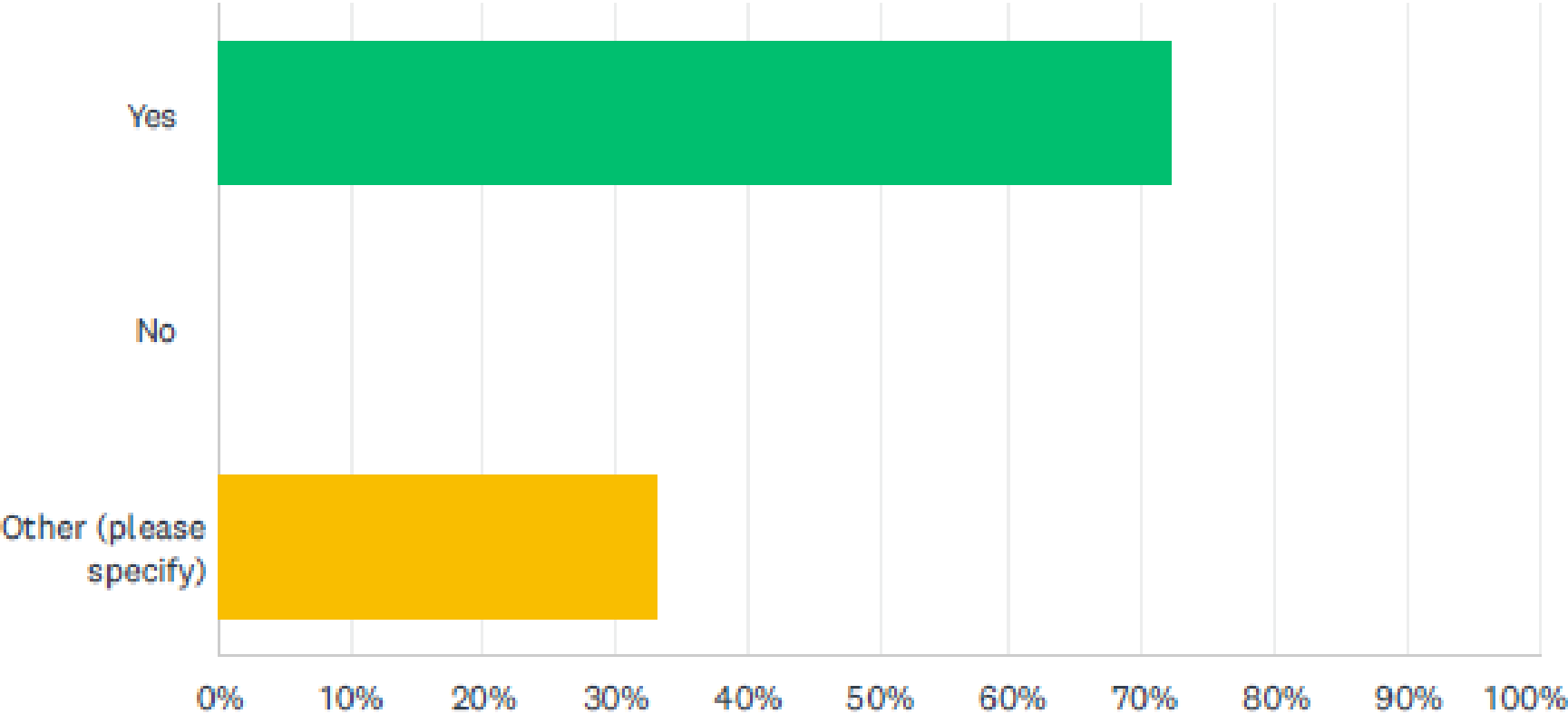
Not used it yet

I haven't heard
from the person
I'm meant to be
buddying

Somewhat

Q14 Do you think your training needs are being met by the Trust?

Answered: 18 Skipped: 1



Question 14 - Do you think your training needs are being met by the Trust?

Not yet

Depending on
what it is

I'm not sure
what I need

Sometimes

Need help
identifying my
training needs

Unsure yet

Question 15 - If not, what further training do you feel you need to fulfil your role as a governor?

Better access to Trust policies

Governor roles training.

Visits to various departments within the trust, to inform us what the trust is responsible for.

Not sure but something around expansion of current skills

Good training is available, It would be useful to have a curriculum for minimum training for governors to achieve basic standard



Then a second level of Progress level and a third level of Advance level with approved recommended training for each level.

It would be helpful for training to be held for all Governor's regarding a 'who's who' of the Trust and their status within the trust.

What now?

Outcomes of today's discussions will be formulated into an action plan to be monitored through the Members' Council Coordination Group

Outcomes will also be aligned to the outcome of the Members' Council biennial evaluation survey

Updates will be provided to the Members' Council through assurance papers from the Members' Council Coordination Group

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	23 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 and appointment to groups and Committees	○	✕	○		✕	○
Assurance from Member's Council groups and Nominations Committee	○	✕	○		○	✕
Integrated performance report	✕	✕	✕		✕	✕
Appointment / Re-appointment of Non-Executive Directors and Associate Non-Executive Directors <i>(if required)</i>	✕					
Ratification of Chief Executive appointment <i>(if required)</i>						
Review of Chair and Non-Executive Directors' remuneration (subject to NHSE guidance and appraisal)	✕				✕ *recommend- dation 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	23 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					✕ Joint meeting with Trust Board	
Members' Council elections	✕ *update	✕ *outcome			✕ *process	✕ *update
Chair's appraisal	✕ *process	✕ Appraisal input from governors (private)	✕ Final appraisal (private)			✕ *process
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	23 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	✗					✗
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)