NHS
South West
Yorkshire Partnership
NHS Foundation Trust

Quality report

2023/2024

With **all of us** in mind.

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Part 1:
Chief executive and chair's welcome

Welcome to our 2023/24 quality account. We are delighted to introduce this reflection of our services outlining our performance and priorities for improvement.

How we do what we do is as important as why we do it. Behind our duty as an NHS organisation to provide services is our own desire to compassionately give care that is high-quality, personalised, respectful and constantly improving in line with the needs of our local communities.

Our teams continuously strive to make their services the best they can be. We have seen many examples throughout the year of our teams being recognised for going above and beyond and achieving national standards of outstanding care.

The Trust's perinatal mental health team was accredited for its quality service by The Royal College of Psychiatrists. Following a rigorous review process, the team has successfully achieved accreditation in line with the perinatal quality network (PQN) community standards.

Two Trust teams supporting people accessing secondary mental health services to find paid employment were recognised for their "exemplary" standard of service. Wakefield and Calderdale individual placement and support (IPS) services were awarded the highest possible rating by IPS Grow following fidelity reviews carried out in September and October 2023.

In April 2023, perinatal peer support workers at the Trust were presented with NHS England chief nursing officer healthcare support excellence award, which celebrates people who give consistently outstanding care recognised by patients, service users and colleagues alike.

Calderdale and Kirklees memory services were awarded a sustainable mental health service commendation. The award recognised their work towards achieving 90% of the carbon credit quality initiative (CCQI) sustainability standards.

These are just some examples of how our commitment to quality care is celebrated. We see this in action through the feedback we receive. Throughout the year our teams have received comments such as: "The response time, empathy, and ability to listen are all excellent. I cannot fault the service in any way.", "Patient, friendly, professional and most of all caring. Their attitude and approach put me totally at ease. First class service.", "The care we've received from the team has been both personalised and patient. We have felt listened to, with genuine empathy and understanding."

The quality of our services is driven by caring and compassionate staff who understand the valued contribution they make to our organisation. In our most recent NHS staff survey, 71% of staff said they would recommend the Trust as a place to work, up from 67% in 2022, and 72% of staff would be happy with the standard of care provided by the Trust if a friend or relative needed treatment.

It is important for us to invest in the future of our Trust. We want to be a sustainable and viable organisation with a workforce that is skilled and ready for tomorrow to keep our services innovative, responsive and relevant. Our commitment to the social responsibility and sustainability agenda, being guided by our values, and listening to and valuing feedback will ensure that our services can continue to develop and grow with quality at the forefront.

Statement of assurance

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

Chief executive: Mark Brooks

Chair: Marie Burnham

Part 2:
Priorities for improvement and statements of assurance by the Board

Part 2.1 – Priorities for improvement

In Part 2 of our quality report, we outline our planned improvement priorities for 2023/24. We give an overview of our approach to quality improvement and our approach to quality governance.

Quality priorities 2023/24

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

Towards the latter part of 2023/24, we commenced a refresh of the Trust strategy. This refresh is underway and has involved delivery of a comprehensive engagement plan with Trust staff and partners, including service users, families and carers.

The strategy refresh is aiming to help us be relevant for today and ready for tomorrow by influencing the future direction of the Trust. This also includes the development of a clinical strategy and a refresh of our digital strategy and equality, involvement, communication and membership strategy.

The quality priorities are shown below, alongside the Trust strategic priorities:

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

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

In addition, the Trust has a number of priority programmes for improving the quality of care provided. Work continues within these programmes. Below is an outline of the position at the end of the 2023/24 financial year:.

Programme	Detail and metrics	Current position
Improving access to care	Waits for community learning disability services. Metric – referrals that have been completed and commenced service delivery within 18 weeks. Target: 90%.	• Implemented a waiting list management framework, including a standardised SystmOne waiting list management functionality across all four locality community learning disability services • All localities have measures in place to ensure those waiting are waiting safely • Teams have a good understanding of individuals on the waiting lists and can offer more tailored support whilst they are waiting • Kirklees physiotherapy team have reduced waits from 199 weeks (July 2023) to 20 weeks (Feb 2024) and the number of people waiting has reduced from 50 to 25 at time of writing.
	Waits for child and adolescent mental health services (CAMHS) neurodevelopmental services in Kirklees and Calderdale. Metric – 126 days average wait from referral to neurodevelopmental assessment.	Kirklees: • Stabilisation of case load since Feb 2023 • Wait time to complete the referral appointment in Kirklees was 6 months at the outset of the project and achieved

		approximately 2 week wait by 31 March 2024. • Substantive pre and post diagnosis support and resources for professionals and families will be available from April 2024, following a successful pilot in 2023/24. Calderdale • Calderdale waiting times continue to reduce. We continue to be involved in discussions with the ICB and West Yorkshire collaborative on implementation of the choice agenda in Calderdale for adult ADHD and neurodevelopment services • We are involved in improving the neurodevelopmental screening pathway, supporting partnership working, better oversight of pathway and more streamlined processes • Transition work with adult ADHD services in both localities continues to be sustained, providing greater equity for people on the waiting list.
	Improving access to core psychological therapies. Metric – achieving key performance indicator: % of referrals that have commenced service delivery within 18 weeks.	• Work commenced on initial qualitative and quantitative data collection and developing a baseline understanding of current activity to inform the Project. Rapid improvement activity planned for early 2024/25 financial year.
	Mental health single point of access (SPA) review. Metric: referral to assessment within 2 weeks for mental health single point of access. Target: 75%.	• Monitoring of SPA is included within the monthly integrated performance report (IPR) • Project initiation activity completed with data collection and baseline understanding of current activity. There has been

		successful recruitment which will also assist with reducing pressure in the services • SPA is prioritising risk screening of all referrals to ensure any urgent demand is met within 24 hours.
Care closer to home (CC2H)	Metric – inappropriate out of area bed placements (days).	• Further detail is contained within Part 3 of this report.
Inpatient priority programme	**Metrics:** Length of stay Use of leave beds Use of out of area beds	Length of stay - Stable and continue to monitor. Use of leave beds - Variable but continues to be monitored. Use of out of area beds – Decrease through 2023/24. Effective management in place and continues to be monitored. • There are a series of improvement initiatives to optimise care in the community and patient flow, focusing on the point of admission and appropriate inpatient pathways • We have developed a comprehensive programme of work to improve our inpatient mental health services through reviewing, refreshing and consistently implementing strategies, systems and processes. •

Personalised care and support (moving on from care programme approach (CPA))	Working in alignment with the five key NHS England principles. Metric: The programme is currently in 'codesign' phase. Improvement data will be identified as the programme evolves.	• Activity includes review and benchmark against national models, agreement of a set of principles for use within the Trust, engaging with voluntary and community sector organisations; the NHSE national network meeting; the regional community of practice for North East Yorkshire and the local West Yorkshire network meetings.
Community transformation (mental health)	Metric: The programme is currently in 'codesign' phase. Improvement data will be identified as the programme evolves	• We continue to reconfigure community mental health service design across all our four localities, in line with the NHSE roadmap for transformation, with clear and concise pathways of care, linked to each of our places.

Next Steps:

In addition to the priority programmes above, our working aged adult and older adult community mental health teams are ensuring that staffing levels are safe and effective through a planned review of the staffing establishments. This will enable the most appropriate workforce to be available, in the right place, to promote safe and efficient ways of working.

Care Quality Commission inspections 2023/24

In May 2023, the Trust received inspections from the Care Quality Commission (CQC) of two core services, acute and psychiatric intensive care units (PICU) and forensic and secure services. The reports for the inspections were published on the CQC website on 6 December 2023.

The Trust is engaged in a cycle of delivering against our improvement plans, which focus on actions already underway and to which the CQC reports have provided new insights and learning. Existing action plans within core services and Trustwide have been amended to ensure they align and capture the MUST and SHOULD DO actions within the reports.

Measurement, reporting and monitoring of delivery against the improvement action plans, in alignment with the three quality priorities, is:

- Driven by and overseen within care group governance groups
- Reported into clinical governance group (CGG) for central oversight
- Reported into the executive management team (EMT), the quality and safety committee (QSC) and Trust Board

In addition, progress against the specific MUST and SHOULD do actions from the CQC are overseen through a monthly monitoring and assurance meeting, chaired by the chief nurse/director of quality and professions. Evidence to support the completion of actions and embedding of changes is saved within a SharePoint structure.

Summary of our progress against the three quality priorities

Below are a number of updates which demonstrate our improvement across the Trust, and which align to our quality priorities.

Additional improvement work which aligns to the quality domains (patient safety, clinical effectiveness and patient experience) can be found in Part 3 of this report.

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

Ligature risk awareness improvement work	**What we prioritised** • Timely completion and sign off of risk assessments related to ligatures within inpatient services • Improving awareness of the location of ligature risk assessments on inpatient wards and staff knowledge of high-risk ligature points **What we did** In May 2023, the Care Quality Commission completed two inspections of Trust services. One to acute and psychiatric intensive care units (PICU) and one to forensic and secure inpatient services. Following the inspections, the Trust's two MUST DO actions in response to ligature oversight were: • The Trust must ensure ligature risk assessments are up to date and accessible for all staff (forensic and secure services) • The Trust must ensure that record keeping in relation to environmental risk is kept up to date and available for staff to refer to when needed (acute and PICU). The following actions have been completed: • Introduction of distinctively coloured folders on all wards that enables quick awareness for staff coming on to shift of specific ligature risk areas on that ward • As part of this, a local summary sheet has been developed to raise awareness of the highest risks, including photographs • All ligature audits are up to date and this is monitored through the clinical environmental safety group (CESG) • Staff ligature knowledge and awareness is monitored through supervision • Ligature risk assessments are discussed in all new starter, student and bank/agency inductions • Existing staff are made aware through security updates (forensics) • A prompt has been added to the risk handover sheet (forensics)

	• A summary has been sent to the bank office to share with bank and agency staff • Tendable (an electronic audit system) assures that substantive and bank colleagues have been asked questions about ligature audits (acute); and a Tendable audit completed in January 2024 was 100% across all wards. A dip sample will be completed in May 2024 to ensure improvement has been maintained. Further quality improvement work being explored includes: • Processes are being drafted that define clearly roles and responsibilities for those involved with the audits, including the sign off process • The audit tools are being reviewed alongside the audit tool template shared in the national CQC guidance published in November 2023: *'reducing harm from ligatures in mental health wards and wards for people with learning disabilities'* • Tools for monitoring and auditing ligature audits centrally are being reviewed and redesigned • Consideration is being given to the use of an app based solution for recording ligature risk assessments. **What next?** • To continue to monitor and assure staff knowledge of ligature risks • To continue with quality improvement work to streamline the process for completion of ligature risk assessments, including the app based solution.
Electronic prescribing medicines administration (EPMA)	**What we prioritised:** To replace paper medication charts with an electronic medication chart within SystmOne. **What we did:** Following implementation of EPMA to the 29 mental health inpatient wards, project evaluation and benefits realisation activities were completed and EPMA was integrated within existing business as usual processes. Building on the work completed for the mental health inpatient wards, our community services have been scoped and prioritised for implementation. A multidisciplinary and multi-professional project team has been established involving clinical, and information management and technology (IM&T) colleagues who are working together on the design and preparation for implementation to physical health inpatient wards. A broad range of benefits were identified of the use of EPMA, which are linked to the Trust's values, strategic objectives and priorities. These include: • Legible and complete prescriptions • Improved medicine administration (timely and appropriate)

	• Reduced medication incidents reported • Providing a single and comprehensive view of a service user's current and historical medication • Ability to view a service user's medication wherever a clinician or service user may be located. **What next?** **Mental health inpatients** Optimisation of EPMA functionality for mental health inpatient wards and the development of reporting to support patient safety improvements. **Physical health inpatients** Implementation of EPMA to the neurological and stroke rehabilitation wards and to bring with it the benefits already realised within mental health. **Community physical and mental health teams** Continue implementation of electronic prescribing to community teams: • Neighbourhood nursing – Barnsley • Intensive home-based treatment teams • Clozapine services • Community mental health teams
Clinical record keeping	**What we prioritised** To improve record keeping, specifically clinical risk assessment and care planning. **What we did** As part of the 2022 priority programme refresh a new priority programme was added entitled 'deliver safe care including our quality priorities to improve coproduction of care plans and risk assessments.' The scope of the priority programme was phased to include: **Phase One** – development of a structured quality improvement methodology. To include the key stages and tools that can be used to support at each stage with the methodology, to be signed off by the newly established quality improvement group. **Phase Two** – to apply each stage of the quality improvement methodology to an improvement programme on co-production of care plans and risk assessments, including development of new appropriate metrics. Through a series of workshops, formal and informal engagement opportunities, and reviewing data and knowledge, the established care planning and risk assessment improvement group developed a clear understanding of the problem. This shared understanding has been tested with the group through the creation of problem statements and driver diagrams (part of the Trust's quality improvement methodology). The driver diagrams demonstrated the areas where changes were required and allowed the group to focus on

identifying and developing solutions. Early change ideas have been implemented and are demonstrating positive impact. We are now in a position to implement the remaining changes identified and ensure these are adopted Trustwide. When these have been developed in draft form, further check and challenge sessions will be held in each care group and place, as well as with service users and carers, to ensure it meets the ask and needs of all.

Data and improvements

	Threshold	Feb 2023	March 2023	April 2023	January 2024
% Service users on CPA offered a copy of their care plan	80%	58.6%	75.1%	85.0%	88.5%

	Threshold	Feb 2023	March 2023	April 2023	January 2024
The number of people with a risk assessment/staying safe plan in place within 24 hours of admission – mental health inpatients	95%	87.8%	89.9%	90.6%	93.4%
The number of people with a risk assessment/staying safe plan in place within 7 working days of first contact - Community	95%	60.0%	79.4%	82.5%	71.8%*

What next?

- Sustain the improvement in care plan performance
- To understand and continue to address the performance with regards

	to clinical risk assessments • Improve quality of clinical record keeping (ongoing) • Improve quality of care planning and risk assessments • Develop confidence and competency frameworks • Monitor the impact of changes and outcomes through the Trust suicide prevention group and clinical governance group • Build on and share practice from areas of higher performance.
Learning disability services improvements	**What we prioritised** • To continue project work to reduce waiting times for assessment and treatment in community learning disability services • To continue to support general practitioners (GPs) with the increase in annual health checks for people with a learning disability across all four localities • To embed new escalation process and improve support and communication in community teams as an outcome of the workforce review • To continue to progress the Horizon Centre assessment and treatment unit (ATU) improvement action plan • To commence delivery of the community improvement plan • To establish Greenlight Toolkit principles across the Trust (an audit to check how well mental health services support people with a learning disability and/or autism, which then helps to improve those services). **What we did** The Trust delivers community services to people with a learning disability services in four different geographical areas, and runs a specialist in-patient assessment and treatment unit called the Horizon Centre. Each community service has a multidisciplinary model for routine care, and intensive support and psychiatry which offer an immediate response to people who are experiencing a crisis. During 2023/24 we were commissioned to provide an out of hours service. This service is currently in development and will soon be operational. The evidence tells us that people with a learning disability were significantly and adversely impacted during the pandemic. Dynamic risk registers are used for people assessed as being at high risk and welfare calls were implemented whilst people are waiting to be seen. This has allowed teams to assess and respond to need, fast-tracking people for support where required. Post pandemic, the service has retained and improved welfare calls with all service users on the waiting list receiving regular welfare calls to ensure their needs have not escalated whilst awaiting a service. If their risk has increased, they are prioritised and fast-tracked to service provision. During 2023/24, all community teams have strengthened the service offer by: • Embedding strategic health facilitators in each locality. These roles have successfully supported the improvement of take up of annual

	health checks as well as champion initiatives to reduce health inequalities and maintain an oversight of the LeDeR agenda (learning from lives and deaths report for people with a learning disability and autistic people) • Promoting the friends and family test within learning disability services, to ensure feedback is received • Embedding new full time team managers in each locality through new investment • Developing an out of hours pathway so that all people with a learning disability have 24/7 access to a learning disability health specialist. This service went live in November 2023 • Continuing to work with partners across all areas to support people with learning disabilities as well as co-morbidities • Commencing a new Greenlight toolkit approach for the Trust by delivering a presentation to the broader Trust leadership team. We are currently establishing learning disability greenlight champions across the Trust who will be supported by learning disability specialists • Embedding a new clinical support layer of leadership which makes up the locality trio of clinical leadership, quality and governance support and operational delivery. This will strengthen clinical leadership and case decision making locally as well as improved support and communication in locality community teams • Embedding staff well-being champions in each learning disability area • Completing phase one of a waiting list project which has enabled waiting lists to be managed as a team, as opposed to separate disciplines. We are now progressing improvements in overall waiting times to reduce any waits to under 18 weeks • Progressing activity in the community improvement program including review of duty processes, improved activity for LeDeR, and reducing health inequalities • Agreeing process for the new dynamic support register guidance issued by NHS England, with the outcome of new dynamic support register (DSR) co-ordinator posts for Calderdale and Kirklees. Wakefield and Barnsley have taken their registers back into their local Integrated Care Boards. During 2023/24, the Horizon Centre has strengthened the service offer by: • Successfully progressing actions set out in the Horizon improvement programme • Recruiting and embedding a new Horizon Centre leadership team • Further enhancing the multi-disciplinary team (MDT), including peer support, psychology and occupational therapy (OT) roles • Improving staff communication • Recruiting to vacancies • Implementing development days for all staff • Introducing a staff well-being strategy and establishing champions

	• Disseminating priority training including the Oliver McGowan mandatory training on learning disability and autism, positive behaviour support for people with behaviours that challenge (PBS) and trauma informed care • Promoting the friends and family test to ensure feedback is heard • Continuing quality improvement work on risk assessment, care planning, and clinical supervision • Improving learning from incidents via safety huddles, management oversight, handovers and de-briefs • Providing improvements and assurance on long term segregation provision. **What next?** • We will continue to progress the community improvement plan monitored through the care group clinical governance group • We will conclude actions in line with the ATU improvement programme to ensure all improvements are embedded into business as usual and the service continues to improve • Our priorities for 2024/25 include: ▪ Completing our waiting list project across all areas to ensure waits are maintained under 18 weeks ▪ Embedding a Trust Greenlight toolkit approach ▪ Reviewing of duty worker process and improvements made ▪ Developing an approach to manage service users with a learning disability who require ADHD intervention ▪ Benchmarking community teams against Senate standards (national best practice for professionals, NHS commissioners, regulators and providers of community learning disabilities services) and the ATU against the quality network for inpatient learning disability services (QNLD) standards
Long-term segregation in learning disability services	**What we prioritised** To ensure that our long-term segregation (LTS) and seclusion provision is of the highest quality and in line with requirements. **What we did** Long term segregation refers to a situation where, to reduce a sustained risk of harm posed by a service user to others (which is a constant feature of their presentation,) a service user is not allowed to mix freely with other service users on the ward/unit on a long-term basis. At the time of writing on our Horizon Centre, two service users are currently nursed in long term segregation (LTS). Reasons people are nursed in LTS include: • Autistic hypersensitivity to noise and hypervigilance to constant routines and environments • Ongoing and frequent assaults on staff and other service users • Inability to comprehend personal space

	Within our Horizon Centre we have undertaken a large amount of work to ensure that our provision of LTS to service users is in line with requirements, and supports us to deliver the highest quality care to those service users who require LTS. We have developed an internal assurance process to support this, which includes: • Establishing the Horizon Centre leadership team, which includes a consultant psychiatrist, ward manager, advanced nurse practitioner. More recently a consultant psychologist has joined the team • Developing a comprehensive Horizon Centre improvement programme which is being led by the director of services. This has demonstrated considerable improvements to date with further improvements progressing • Implemented a situation report (SITREP) to assure oversight of key metrics of improvement. This is overseen by the directorate of nursing, quality and professions • Providing clarity to roles and responsibilities with regular team development days scheduled for the year • Increasing support from and engagement with, both reactively and proactively, from the reducing restrictive physical intervention (RRPI) team and Trust safeguarding colleagues. Our current data and assurance process demonstrates the following compliance against requirements: • Weekly multi-disciplinary team (MDT) meetings are embedded and MDT involvement is 100% from all parties • Advocate/family attend weekly ward rounds, where LTS is reviewed • The LTS support plan is reviewed at weekly MDT meetings and documented on SystmOne • Pro-active plan to end LTS is also reviewed weekly at the MDT meeting • The checklist for LTS hourly nursing reviews has been improved and compliance for completion remains at 100% • LTS 24 hour consultant review is at 100% • LTS fortnightly independent review is at 100% • Three-month LTS external reviews have been undertaken by consultants from Bradford District Care Trust since June 2022, and an agreement is now in place for this to continue moving forward • A new process is in place for hourly checks of the seclusion environment to assess for any damage • New windows and doors have been installed providing improved access to outside space • A whole team approach to support service users to engage in activities has proved successful and supported a reduction in incidents • A peer support worker, with lived experience has been recruited • There have been improvements to the debrief process following RRPI and safeguarding incidents, with support from specialist colleagues

	• An enhanced MDT is now in place with occupational therapy and psychology representation. **What next?** • Further work is being undertaken on personalisation of LTS environments. We are looking at projectors and notice boards that will enable service users to personalise their own likes and preferred activities • Further sensory work being completed in LTS areas, including acoustic panels being installed and sensory lighting • We have some draft plans to improve the outdoor spaces and this is captured within the estates programme of work • Improved audit of LTS reviews and paperwork – this has now been added to the SITREP • Continue to provide assurance updates to the Mental Health Act (MHA) committee.
Domestic abuse	**What we prioritised** Embedding learning from several domestic homicide reviews (DHRs). **What we did** The Trust is committed to supporting and protecting the safety of all those who come into contact with our services, and we are committed to recognising and responding to domestic abuse. Learning from several domestic homicide reviews (DHRs) identified the need for routine enquiries into domestic abuse, and a guidance document has been developed to support practitioners along with the addition of specific documentation on SystmOne. From October 2023, the Trust recommends that all service users over the age of 16 are routinely asked if they are experiencing domestic abuse, ideally at initial contact if safe to do so or at a later point as appropriate. If a service user is under Trust services for a prolonged period, and domestic abuse hasn't been disclosed on initial routine enquiry, the service should consider repeating this routine enquiry at regular intervals (at least every six months). If any potential indicators of domestic abuse are identified, this should also trigger further exploration. **What next?** We will continue to work with partners to ensure we continue to develop this work, with a view to ensuring the safety of all our service users and staff.

Equality, inclusion and equity: to deliver high-quality care which is accessible to everyone and which achieves high quality outcomes; deliver care which is designed to improve the health and wellbeing of the population we serve and deliver care which is inclusive and addresses inequalities and provides a positive experience which is personalised and shaped by what matters to people.

Equality, involvement, communication and membership	**What we prioritised** To deliver the objectives within the equality, involvement, communication and membership strategy. **What we did** The Trust has an equality, involvement, communication and membership strategy and supporting annual action plans to ensure an integrated approach to delivering on the strategic objectives. The approach is insight driven and offers a joined-up approach to delivering equality and involvement in its broadest sense. The strategy identifies the processes already in place to support equality and inclusion and the breadth of insight and intelligence that already exists. The Trust's 2020-2024 equality, involvement, communication and membership strategy can be found here: equality and involvement - South West Yorkshire Partnership NHS Foundation Trust. Using the principle of involvement to underpin everything we do, we continue to drive the equality and inclusion agenda. The Trust strategy sets out the core components that enable us to deliver a clear and comprehensive approach to meaningful involvement and inclusion, underpinned by communication and supported and driven by our members. This ensures our ambition to ensure: • Every person living in the communities we serve will know our services are appropriate and reflect the populations we serve • That our workforce reflects our communities, ensuring our services are culturally appropriate and fit for purpose • Service users, carers and families receive timely and accessible information and communication, ensuring a person-centred approach to care • That our services are co-created and designed with our service users, carers, staff and communities. The Trust has developed a clear set of principles, co-designed with our communities, building on existing good practice, whilst incorporating the organisation's vision and values and our legal obligations. The principles drive the work we do to achieve our mission and values. The principles are set out below: • We will **demonstrate we know our audience** using data intelligence and local network approaches • **We will use what we already know** as a starting point, and we will not duplicate effort or repeat conversations • All our work will be supported by **accessible and clear information,** so people feel informed • We will use diverse and inclusive approaches consistently across all services/teams

	• We will also be **honest and transparent** in our day-to-day communication • We will ensure that we **include the right people at the right time** in all our work • The Trust will be **honest** about what people can and can't influence and **transparent** by using the website as one approach, mindful of the potential of "digital exclusion" • For the things people can influence, the Trust will provide **a genuine opportunity for involvement.** This will include providing the right conditions for people to get involved • The views gathered from any involvement will be properly **documented** so people can see the information they have provided and feel confident that it is gathered in such a way that it will inform a decision • We will **value lived experience** and actively demonstrate an approach to embed this in everything we do • We will remain humble and ensure that we **thank people for their contribution** with out-of-pocket expenses and hospitality • We will keep people with us on our journey by **providing feedback** when we say we will and describing our next steps • We will keep people **informed and in the loop** by providing information and a communication platform which everyone can access Embedded in these principles and a golden thread throughout is our continuing duty to ensure that the Trust demonstrate **due regard to the Equality Act 2010, Public Sector Equality Duty (PSED).** The equality, inclusion and involvement committee (EIIC) and equality inclusion and involvement sub-committee oversee the implementation of the strategy so it can improve access, experience, and outcomes for people from all backgrounds and communities. In addition, the committee has delegated responsibility for signing off annual action plans, acting on behalf of the Board to ensure the Trust improves the diversity of its workforce and embeds diversity and inclusion in everything it does. Duties of the equality, inclusion and involvement committee are: • To promote the values of inclusivity, mainstreaming equality, diversity, and inclusion across the Trust • To ensure a co-ordinated approach to promoting the values of inclusivity developed in partnership with other key stakeholders including service users, carers and staff and Members' Council • To ensure that the Trust embeds diversity and inclusion in all its activities and functions • To agree an annual work plan/schedule of priorities that link to the Trust's strategic direction, workforce plan and the wider transformation of services and to monitor progress • To ensure that as a consequence of promoting the values of inclusivity the Trust's services comply with legal and national guidance, including

EDS2, WRES (workforce race equality standard) and WDES (workforce disability equality standard)
- To provide updates to Trust Board following each meeting

Summary of our progress

The Trust develops an annual equality, diversity and inclusion annual report which sets out our progress. The full report can be found here equality and involvement - South West Yorkshire Partnership NHS Foundation Trust. Below is a summary of our progress, highlighting key areas in this report.

To support the collection of insight and data we have:

- Created version two of a Trust-wide mental health equality impact assessment (EIA) and toolkit
- Maintained a resource library for equality publications and data and shared with care groups and teams
- Progressed the 'All of You' campaign which has improved our data quality for ethnicity by 20%
- Maintained a dedicated intranet page for staff to access resources and materials
- Continued to use our health inequalities dashboard which we have now shared with system partners as an example of good practice
- Improved equality data collection of our linked charities 'Creative Minds' and our 'EyUp Charity'
- Continued to improve our service equality impact assessments (EIAs) and action plans which are now part of our performance reporting. We have also developed a digital framework to digitise all EIAs by 2024.

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

- Developed a Trust-wide approach to involvement called 'Connecting People,' in partnership with leads from Calderdale and Kirklees
- Delivered a formal consultation on our older people inpatient transformation, following extensive engagement with partners and communities
- Maintained a Trust-wide approach to developing surveys which now all include equality monitoring as standard
- Produced quarterly insight reports on the voice and views of people with contributions from our Governors, Healthwatch and partners are developed with you told us, we listened published on our website
- Used what we already know to inform the changes to care programme approach (CPA), so the views of service users, carers and families were at the heart of our design
- Continued to work in partnership with the third sector to co-design and develop our service offer through grant scheme allocations.

	To support our approach to our workforce we have: • Continued to ensure our workforce undertakes equality and diversity mandatory training • Rolled out a co-designed enhanced equality and inclusion training package as essential to job role for all leaders and managers • Continued to deliver monthly lunchbox talks using films created by our community with an equality theme • Continued to support our internationally educated nurses with pastoral care and buddying • Continued to progress the work of 'All of you: Race Forward' which identifies how we will tackle racial abuse and harassment of staff by people who use our services • Rolled out the FLAIR survey (a survey of staff views and experiences around equality, diversity and inclusivity). The survey will be delivered for a further two years so we can benchmark our progress. **To support our approach to race and ethnicity we have:** • Further developed the race equality and cultural heritage (REACH) staff network • Monitored and developed actions because of workforce race equality standard (WRES) • Supported our forensic services with a deep dive to support culturally competent care, which in turn has led to a clear improvement plan • Supported CAMHS in Kirklees with a deep dive to identify and address inequalities in access to services which has resulted in funding two local voluntary and community sector (VCS) groups to improve the health of South Asian and young black people • Continued to report on improvements to race equality data using our equality dashboard • Attended for the second year the Asian Professional Network Association (APNA) annual event with clinicians. Last year it led to clinical involvement in programmes and training • Celebrated South Asian heritage month with stories and cultural cuisine in our canteen and on our wards • Worked to reduce hate crime and incidents by working in partnership with local crime prevention officers to host several sessions for staff in each location • Proudly supported in partnership the West Yorkshire 'Root out Racism' campaign. • Supported specific cultural creative activities on our wards and in communities. **To support our approach to LGBTQ+ we have:** • Worked to raise awareness of pronouns, produced badges, and developed a film to raise awareness, created by young people

	• Celebrated transgender awareness day in March, with a staff development session led by a panel who answered questions openly • Celebrated 'Pride' with month long celebrations, including attending community events, sharing stories, and screen savers • Started a Rainbow badge pledge • Developed transgender policy guidance and made this available on the intranet. This includes a quick guide and tips for staff • Support for 'TransBarnsley' with a visible identify and presence in the community • Opened gender neutral toilets in all our estates • Started a new working group to focus on further action. The LGBTQ+ staff network will look at the good practice framework against our approach **To support our approach to religion and belief we have:** • Widened our faith connections in each of our places, to ensure we support people in our services as best we can in line with their cultural and religious lives • Ensured there are prayer rooms in all our buildings • Started a pastoral care talk line • Developed a befriender service in all inpatient services • Started a newsletter for inpatients to share the faith options and support that is available • Developed the digital pastoral offer to facilitate access to support • Shared a celebration of faith calendar through communications, social media, and staff stories • Improved prayer facilities by introducing Friday prayers through a volunteer Imam at our Fieldhead hospital site, which is open to all • Improved our ablution facilities for prayer by adding a facility at Fieldhead hospital Wakefield. • Developed a guidance for fasting and a prayer pack which is now available and will be shared with teams in line with a faith calendar **To support our approach to carers we have:** • A thriving staff network with a dedicated post to progress support to all carers • Identified carers and recording of carer status for people who use services, to ensure that support can then be offered • Identified carers and recording of carer status for our workforce • Successfully rolled out the 'carers passport' for colleagues who also have caring responsibilities, to ensure we can support that colleague as a carer • Held carers week celebrations including a community film, social media stories. and a celebration event • Become one of only a few Trusts to achieve Carer Confident status Level 1 and 2 – with our sights set on level 3 in 2024. This is a national benchmarking scheme which assists employers to build a supportive and inclusive workplace for staff who are, or will become, carers

	• Become a member of the national 'Triangle of Care' approach, working closely with services and teams to roll out a framework of recognition and support for the role of carers, recognising their expertise and seeking to work alongside them as partners in the care of their loved one. **To support out approach to gender we have:** • A menopause staff support group is in place • Male and female focussed activities in all our recovery colleges • Celebrated women on International Day of Women using media, stories, and events • Continued to develop creative and recovery interventions with a gender focus through 'Creative Minds' • Celebrated International Men's Health Day using media, stories, and events. **To support our approach to disability we have:** • Developed and supported a disabled staff network • Monitored and developed action plans in response to workforce disability equality standard (WDES) expectations • A new, co-designed disability policy and plan on a page to highlight key actions for improvement • Promoted health checks for people with a learning disability across our communities • Serious mental illness (SMI) checks in each area, delivered in partnership with our primary care colleagues in our Places • A STOMP (stopping over medication of people with a learning disability, autism or both with psychotropic medicines) and STAMP (supporting treatment and appropriate medication in paediatrics in learning disability and autism) approach to reduce over medication of people with a learning disability • Enhancing disability awareness through visual stories and campaigns throughout the year. **What next?** Our objectives for **equality and Involvement and high-level actions for 2024/25** are set out below: Equality and diversity objectives and actions 2024/2025 **Objective 1:** Ensure we gather good quality data which can be used to support performance monitoring of service use. **Objective 2:** Ensure we work in partnership with partners and communities including the voluntary, community (VCS) and faith sector. **Objective 3:** Ensure we provide person centred care which promotes inclusive, culturally and gender sensitive services. **Objective 4:** Develop and sustain an equality competent organisation that demonstrates inclusive and diverse leadership and workforce.

	Involvement objectives and actions 2024/2025: **Objective 1:** To ensure people who access health and social care services, families, carers, and the public are involved. **Objective 2:** To use equality and demographic data to ensure we inclusively involve the right people. **Objective 3:** To use the assets in our communities and create the right conditions to involve local people. **Objective 4:** To ensure we are an exemplar in co-production. **Objective 5:** To record, report and publish insight so people can see the information driving our service decisions.
Embedding a trauma informed approach	**What we prioritised** Trust-wide implementation of the trauma informed framework. **What we did** Trauma informed practice is about realising that trauma can affect individuals, groups and communities, recognising the signs, symptoms and widespread impact of trauma and working to prevent re-traumatisation. “Being trauma informed is a duty of care for the whole organisation and requires a whole cultural change in how we operate. A trauma informed approach must be embraced in all aspects; as well as in direct therapeutic interventions, it should be integrated into leadership, estates services, human resources, research and strategic priorities.” *(www.candi.nhs.uk, 2023)* Further to completion and evaluation of phase one, phase two commenced with the implementation of the framework, to begin identification of the Trust as being trauma informed. This was supported through the continuation of the established workstreams from phase one and oversight from the senior responsible officers (SROs), clinical lead and steering group. It supported our ongoing improvement journey to provide a compassionate & supportive culture for staff, service users, carers, and families alike. The programme supports improving person-centred care, staff wellbeing and developing a shared understanding of how trauma and adversity can impact all of us. The following summarises the progress across the five workstreams: *Workstream 1: Community of practice* - delivered monthly via Microsoft Teams. This is a forum to share teams and services (both clinical and non-clinical) trauma informed journeys, and their learnings. The community of practice is regularly attended by 40-70 staff. Each session is evaluated, and subsequent sessions planned based on feedback. Phase three will see these continue with a bi-monthly focus alternating staff and service users/clinical, with the addition of some face-to-face sessions as requested by staff. *Workstream 2: Assessing trauma informed maturity through use of ROOTS*. The tool (ROOTS is a discussion-based framework) has now been reviewed by both staff and service users and co-developed to meet the needs of the organisation. This has involved changes around the use of language to facilitate accessibility. Phase two has seen a review of some team’s initial ROOTS assessment and

	demonstrable change towards achieving their goals on their trauma informed journey. Phase three will see further teams and services engaging in this process with the continued offer of facilitated sessions. *Workstream 3: Building on existing practice to facilitate trauma informed clinical interventions and approaches/pathways.* The identification of trauma informed as a 'golden thread' centralised thinking around the approach as being 'woven throughout everything we do'. For example with the priority programmes focused around improving mental health and access to care. Phase two into phase three is developing an overarching baseline of trauma informed approaches and interventions as part of a broader Trustwide mapping exercise. This is looking at what professionals are trained in, which therapeutic modalities, and what supervision provision we have in across the Trust at each place. This will help us to identify needs and plan for workforce and training for the next three to five years. This work will align with the Trust clinical strategy and link with the Trust psychological professions and therapies strategies. *Workstream 4: Training.* Training has continued face-to-face with a variety of teams and services, both clinical and non-clinical, which is continuously evaluated. Members of the operational management group (OMG) have also completed the training. The implementation, effectiveness and potential barriers are being evaluated as part of a service evaluation project by a trainee clinical psychologist at the University of Leeds. The training package developed is shortly to go live. Staff will complete this once only. A monthly face-to-face session will continue to be offered as part of the roll out to ensure everyone's needs are met. Phase three will see a 'train the trainer' event to support facilitation of the monthly sessions and embedding training within teams and services. *Workstream 5: Building in being trauma informed into health and wellbeing support for staff.* This workstream commenced in February 2023, within initial discussions around the current health and wellbeing offer, considering how we provide safe space and psychological safety for staff. Exploration of a consistent approach to reflective practice and restorative supervision are included as part of this workstream. Work commenced with the corporate policy group to start to review existing policies and to look at supporting new policy developments through a trauma informed lens. The 'policy on policies' now includes a section guiding all policies to be written in a way that ensures they are underpinned by the key principles of trauma-informed care in line with the Trust becoming a trauma informed organisation. Outputs of this workstream include documentation to support: • How to have wellbeing conversations through a trauma informed lens • How to develop and write a trauma informed policy • Trauma informed walk-through tool (based on the roadmap for creating trauma-informed and responsive change: Guidance for organisations, systems and workforces in Scotland (2023)

	Due to the Trust being seen as an organisation that is making good progress on its trauma-informed journey, we were asked by the head of improving population health in the West Yorkshire Integrated Care System to pilot tools developed for the adversity, trauma and resilience (ATR) programmes that were designed to support the trauma informed journey. **What next?** Phase three will see a more strategic focus on the staff support offer, further considering reflective practice, and restorative supervision, beginning with mapping what exists across the Trust. Delivery of trauma informed training and lunch and learn sessions for all workforce to help shape the Trust's goal to become a trauma informed organisation by 2030.
Children's speech and language therapy team Barnsley – stammering app	**What we prioritised** To secure funding to support the introduction of a stammering app to support children who stammer, to improve speech therapy outcomes and bring service efficiencies. **What we did** The children's speech and language therapy team in Barnsley were awarded £1.3million from the national institute for health and care research (NIHR) for the co-creation of SuperPenguin, a novel digital therapeutic solution for families with children who stammer. The aim is to improve speech therapy outcomes and bring service efficiency within the NHS. The team have also started working with STAMMA, the UK's leading charity supporting people who stammer, who have agreed to work with the Trust to develop a video for staff training. This will empower our organisation to work towards being a stammer friendly Trust in all aspects of our work. Resources have been developed by the team to support this work, including online posters and YouTube videos. • https://actionforstammeringchildren.org/about-my-stammer/ • The website is http://www.barnsleyspeechtherapy.co.uk/ • Barnsley CSLT Toolkit Resources Archive - South West Yorkshire Partnership NHS Foundation Trust • Barnsley speech and language therapy - YouTube **What next?** To continue to work towards becoming a stammer friendly Trust.
Falls improvement work	**What we prioritised** To support a reduction in falls across our services through improved falls risk assessments, post-fall protocols and identifying improvements and support.

What we did

Since 20 February 2023 we have employed a falls co-ordinator for inpatient wards. This is a newly defined post and over the last 12 months the role has become embedded within wards and units, within specialist advisor meetings, and has developed close links with falls leads across Yorkshire, the Midlands, and the South of England to share learning, good practice and highlight any emerging issues. There have already been several quality improvement initiatives, such as improved completion of post falls protocol documentation, updated SharePoint, monthly falls update for staff linked with falls data and offering assessment and support for wards with patients who present with complex needs.

Falls initiatives

- The Trust has developed a standard operating procedure and governance pathway to provide a structured review of all falls, to ensure oversight and shared learning
- Falls reduction posters and leaflets are now available for inpatient and community teams
- 'Focus on Falls' – bi-monthly staff education newsletter which focusses on an aspect of falls such as deconditioning and actions that can reduce this risk
- Provided updated falls sensor equipment for a ward, in response to learning from review of falls data
- Environmental checklist completed annually on inpatient wards, or earlier if required
- Sharing good practice – the falls environmental checklist was shared with acute trust colleagues across South Yorkshire and the Humber, who have now implemented this initiative
- A falls eLearning package for staff is now available.

There is also a two-day falls and osteoporosis risk and awareness training package available across the Trust. As part of our improvement work, this is being reviewed at present to provide greater information for staff regarding falls and frailty, and will look at case studies to support staff learning.

Current falls related data

The current rate of falls in the Trust is approximately 3.74 per 1,000 bed days. We remain within the national average of three to five falls per 1,000 bed days.

Between 1 April 2023 – 31 March 2024 there has been a generalised and sustained reduction in falls across all our services. Between Oct and Dec 2023, our Trust did have a small increase in falls linked to increasing frailty and illness, but when compared to the same time the previous year it continued to show a 22% reduction in falls on inpatient wards.

When comparing data from the previous year 1 April 2022 to 31 March 2023, we have seen an overall 50% reduction in reported falls with moderate/higher level

	harm. Through improved use of resources, screening tools, and continuous hard work by staff, these achievements have supported our Trust in the provision of safer care for patients. **What next?** During 2024/25 a Trustwide falls annual quality improvement plan will be developed which will focus on learning from 2023/24 and look at further improvements for the coming year.
Mental Health Act (MHA) improvement work	**What we prioritised** The Mental Health Act committee has consistently taken a quality improvement approach to address its responsibilities. In response to audit findings and learning from routine CQC Mental Health Act visits to the wards, the committee agreed a workplan including four quality improvement programmes: • Section 132 recording (ensuring a person who is detained under the mental health act is aware of their rights) • Advocacy (ensuring a person who is detained under the mental health act has access to an independent mental health advocate) • Consent to treatment recording (ensuring that we have assessed and recorded the capacity of a person detained under the Mental Health Act to consent to treatment) • Section 17 (supporting a person who is detained under the mental health act to have leave outside of the ward). Each programme has been led by the Mental Health Act office team. **What we did** The PDSA (plan, do, study, act – part of our quality improvement approach) cycles for the giving, recording and reiteration of service users' rights in compliance with Section 132 MHA and the Trust policy began in 2019. These have generated changes to the Section 132 recording module and the development of the whiteboard on SystmOne, and the development of an email prompt process managed by the MHA Office Team. Guidance notes for nursing staff and posters have also been produced by the MHA/MCA (Mental Capacity Act) Trustwide manager. Further PDSA cycles are planned. Inpatient services have maintained a compliance rate following prompting at 99% over the past two reporting years. Qualifying service users subject to the MHA 1983 are legally entitled to support from an independent mental health advocate (IMHA). Where a service user lacks capacity to make the decision to access an IMHA, the clinical team makes the referral for the patient. Quality improvement work has seen the development of SystmOne recording with an inpatient whiteboard and changes to the Section 132 recording module. A reminder system run by the MHA Office Team has been established as part of the Section 132 reminder emails. Guidance notes have been developed by the MHA/MCA Trustwide manager who has worked with the advocacy providers to ensure up to date IMHA information is available on the wards. A designated advocacy page on the Trust intranet has been

	created, with the advocacy providers sharing a short video about their service to aid understanding of their role. Compliance rates in 2019/20 were 50% of all eligible service users having access to a IMHA, improving to 99% for both 2022/23 and 2023/24. The recording of capacity assessments by the approved clinician / responsible clinician (AC/RC – the consultant psychiatrist) to support consent to treatment under Part 4 of the Mental Health Act became a new quality improvement project in 2022. The PDSA cycle has been supported by presentations to the Trust's joint academic psychiatric seminar (JAPS) programme and progress has been reported back to the consultants on a quarterly basis through the chief medical officer's monthly medical webinar. This helps to foster clinicians' involvement and provide real time feedback. Guidance notes have been developed and circulated with the process supported by prompting emails from the MHA office team. Over the first year of the project recording compliance has risen from 23% Trustwide to 99%. Capturing the reasons for cancelled escorted Section 17 leave (where escorted leave is the only leave option available to the service user) has developed over the past reporting year with steps put in place to reduce the frequency of cancellations. Over the past year work has been on-going between the MHA/MCA manager and the lead matron for mental health inpatient services to develop a single recording tool consistent with the tool used by forensics and specialist inpatient services. At the close of Quarter 3 2023/24, 92% of all escorted leave in forensic and specialist services was facilitated, with 90% being facilitated within mental health services. **What next?** To continue with this quality improvement approach, evaluate the outcomes and report progress to the Mental Health Act committee.

Health, wellbeing and experience of staff: Working in partnership with leaders to shape a values-led culture of engagement, wellbeing and effectiveness to drive sustainable organisational performance and deliver high quality care. We provide inclusive learning opportunities which support personal and professional growth, skill development and career progression. We aim to build a culture of psychological safety where staff feel confident to speak up when they have concerns and are supported afterwards.

Staff survey improvements	**What we prioritised** To improve staff experience and wellbeing, using our NHS Staff Survey feedback. **What we did** The Trust's workforce strategy 2021-2024 aims to deliver the strategic objective of making the Trust a great place to work, as a key enabler to achieve the Trust's vision and mission. It contains several pledges which include 'We will provide support to keep staff physically and psychologically well, enabling them

	to work flexibly and ensure they have manageable workloads'. The Trust is committed to the prevention of ill health as well as providing a comprehensive wellbeing support offer when colleagues experience illness. We have an in-house occupational health and wellbeing service providing a range of services as well as our own staff counselling service (see wellbeing section below). During 2023/24 we have been taking a number of actions to improve staff experience. Workplace wellbeing remains a key priority. We have focused on promoting and communicating our wellbeing at work offer, updating, and simplifying our wellbeing intranet pages and developing our wellbeing champion network. We use data from a variety of sources, including the NHS Staff Survey, to understand the challenges colleagues are facing in different parts of our organisation, with support of the Board where this data is routinely reported. During 2023/24, we have made considerable progress in implementing our workforce strategy and great place to work priorities. We have: • Continued to invest in the Trust's wellbeing and occupational health offer • Worked to ensure our wellbeing offer is trauma informed • Worked with partners in Wakefield, Kirklees and Calderdale, to implement Schwartz rounds to support staff to deal with the emotional demands of their role • Continued to promote and support our staff networks • Improved our uptake of appraisal • Developed our support offer to teams • Supported services and teams with their service development activity • Engaged staff to inform the refresh of the Trust's strategy • Reviewed our offer for leadership and management development • Continued to adopt a resolution approach to managing disciplinary cases which has seen a reduction in formal disciplinary processes • Supported our leadership teams to review and agree action plans following the NHS Staff Survey feedback **NHS Staff Survey results 2023** The NHS Staff Survey is conducted annually. The questions within the survey align to the seven elements of the NHS 'people promise', retaining two previous themes of engagement and morale. All people theme scores are based on a scale between 0 and 10. A higher score indicates a more positive result. The response rate for the 2023 survey among Trust staff was 51%, an increase from 50% in 2022. Scores for each indicator together with that of the survey benchmarking group of community, mental health and learning disability trusts are presented below.

Indicators ('People Promise' elements and themes 2023)	Trust score 2023 0-10	2023 Benchmarking group score	2022 Trust score 0-10
We are compassionate and inclusive	7.72	7.58	7.6
We are recognised and rewarded	6.56	6.41	6.3
We each have a voice that counts	7.10	7.01	7.0
We are safe and healthy	No data	No data	6.4
We are always learning	5.86	5.93	5.6
We work flexibly	6.99	6.84	6.7
We are a team	7.28	7.18	7.1
Staff Engagement	7.25	7.11	7.1
Morale	6.48	6.17	6.2

Our results compare positively to other provider trusts across both West and South Yorkshire and with trusts across the region. We have the best scores across our region for 'we are a team,' 'staff engagement' and morale'.

The 2023 results show that seven of the nine theme results are better than the national average compared to similar provider organisations:

- 'We are compassionate and inclusive'
- 'We each have a voice that counts'
- 'We are recognised and rewarded'
- 'We work flexibly'
- 'We are a team'
- 'Staff engagement'
- 'Morale'

The 'we are always learning' theme score is slightly below average, but this has improved since 2022.

The NHS England report confirms seven of the nine have improved since 2022 and these are statistically significant.

What next?

- Continue our work to improve our workforce race equality scheme results

	• Results for disabled staff, LGBTQ+ colleagues and carers have improved since 2022, we will continue to work with equality leads and staff networks to further improve staff experience for our equality groups • Our score for 'we are always learning' has improved since 2021. Our 'appraisal' sub score is slightly below average, and this is an area we will continue to focus on • Continue to engage and listen to staff to understand what's important to them and how we can further improve staff experience.
Staff wellbeing	**What we prioritised** To continue to develop our wellbeing offer. **What we did** **'Your wellbeing' – intranet platform and content redesign** • The 'Your Wellbeing' page serves as a front door to access a range of wellbeing resources for physical, mental, financial and social wellbeing. These include several wellbeing offers and signposting to information and resources, including occupational health • Pages have been fully updated and simplified to offer direct access to high quality, credible wellbeing resources • Communication and engagement plan developed to promote and connect all employees with the resources • Wellbeing resources now integrated into the 'My SWYFT' staff app, with a dedicated icon to take users directly to the resources • Monthly reviews of the content take place to update and edit as needed • Activity data is monitored on a monthly basis to understand total number of views across each of the four sections of the wellbeing resources. In August 2023, 'social wellbeing resources' is the most visited page, closely followed by 'financial wellbeing', 'mental wellbeing' and physical wellbeing'. **Staff Health and Wellbeing Champions** • Completed stocktake and mapping of health and wellbeing (HWB) champions across care group and corporate services. The majority of clinical services now have a HWB champion in place. The expressions of interest process is being promoted for areas where there are gaps • HWB champion role profile now in place • Recruited additional HWB champions to fill vacant spots across the Trust, starting with Inpatient areas services. There are now staff HWB champions within the majority of in-patient areas. We will continue to promote and engage • More HWB champions have been identified in other areas across the Trust such as in learning disability services, Barnsley community, adult and older peoples mental health services, CAMHS, and in the people directorate • Work around education for leaders and manager on the role of the HWB champion including drafting up an agreement between line managers and champions

	• Working with care groups and directorates who have identified the embedding of HWB champions in their NHS Staff Survey action plan • Onboarding in place for new HWB champions • Planned engagement work with HWB champions to connect, share and learn together, supported by the Trust HWB champion network • Building capabilities and resources, such as wellbeing conversations and exercise delivery • Intranet page about HWB champions launched. **What next?** • Continue to develop wellbeing conversations training • Continue to develop the expectations of line managers in relation to people management training • Work with the Trust's trauma informed lead to ensure this approach is embedded throughout • Support the design, development and delivery of sexual safety guidance and training • Support staff who have line management responsibilities to ensure that they have access to training and information to enable them to confidently talk about and raise awareness about mental health, wellbeing and suicide prevention • Continue to support wellbeing champions and wellbeing groups across the Trust.
Learning from incidents	**What we prioritised** To continue to improve our systems for learning from patient safety incidents, in line with the implementation of national priorities for patient safety (also described in the patient safety section of this report). To identify and disseminate learning for staff. **What we did** Learning takes place at different levels in the organisation – in care groups facilitated by quality governance leads and matrons, across services, and across the entire Trust. The patient safety support team support effective learning, embedding principles of a 'just culture' in the reporting and review of all incidents. This recognises the impact of incidents on front line colleagues. **Patient Safety Incident Response Framework implemented** In December 2023, we implemented a Patient Safety Incident Response Framework (PSIRF), as described in the patient safety section of the report. During the year, and as our plans for PSIRF developed, we focused on the development and maintenance of an effective patient safety incident response system that focuses on learning for improvement. We have also been developing new systems-based learning response approaches to help us respond proportionately. These include learning responses to:

- **Learn to inform improvement** – where contributory factors are not well understood and local improvement work could be more, a learning response may be required to fully understand the context and underlying factors that influenced the outcome
- **Improvement based on learning** - where a safety issue or incident type is well understood (e.g. because previous incidents of this type have been thoroughly investigated and national or local improvement plans targeted at contributory factors are being implemented and monitored for effectiveness). Resources are, therefore, better directed at improvement rather than repeating an investigation
- **Assessment to determine if a response is required** - For issues or incidents where it is not clear whether a learning response is required.

Learn from Patient Safety Events (LFPSE) implementation

We describe our implementation of LFPSE in the patient safety section of this report. However, it is important to note that our input into LFPSE will support national and local learning from incidents, by enabling new or under-recognised safety issues to be quickly identified and acted upon on an NHS-wide scale. This will help to ensure action can be taken to reduce risk, for example through NHS England issuing patient safety alerts.

During 2023/24, we continued to host our learning network and increased the frequency due to the volume of content staff wished to share. We now hold this bi-monthly. The learning network is informal and open to all staff to attend or provide a presentation. Microsoft (MS) Teams has helped with broadening access. Part of the role of these sessions is to assure colleagues that the PSIRF and LFPSE approaches focus on learning, not blame. They also intend to share learning so colleagues can be confident that they are practicing in line with best practice.

Learning examples are shared by care group colleagues, specialist advisors and patient safety specialists. A recording of the event is shared on our intranet and through Trust communication channels. This year, learning has included a safety pod incident, choking as a form of self-harm on inpatient wards, safeguarding topics, medication management, learning from serious incidents and deaths in the community, seclusion in secure services, apparent suicides, and PSIRF.

In addition, we have:

- Continued to hold learning events as part of our remaining serious incident investigation process, where staff involved are invited to hear the feedback and contribute to safety action planning. This supportive approach will continue with other learning responses under PSIRF
- Continued to share our learning with families
- Continued to share data on serious incident 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 the quality and safety committee and Trust Board • Continued to share Bluelight Alerts across the Trust, in response to urgent learning where there are safety concerns identified either locally or nationally • Continued to share learning through our learning library • Developed a quarterly learning journey presentation to share our learning from the above across the Trust. **What next?** • As described in the patient safety section of this report, continued embedding of PSIRF and LFPSE to ensure we maximise learning opportunities • As we generate more learning response outputs under PSIRF during 2024/25, new learning will feed into system-wide improvement work • We will continue to use the principles of learning for improvement to reflect on our PSIRF journey to ensure we continue to develop and adapt • We will share good practice and celebrate our learning and reflections from our PSIRF journey so far • We will be developing the 'good care' element of LFPSE reporting through Datix (the Trust's electronic incident reporting system) incidents module which will enable us to move towards Safety II[1] thinking which moves towards learning from what has gone well • Further development of our learning journey presentation to include specialist and care group sections. We will be sharing this presentation with our integrated care board and provider collaborative colleagues • Development of new intranet pages to support learning from experience
Tea for quality	**What we prioritised** To continue to engage with staff through 'a tea for quality' sessions. **What we did** 'Tea for quality' started in January 2023. It was an idea generated following a visit to the Mental Health Museum as part of the induction process for the then deputy director of nursing, quality and professions. It was identified that there was an opportunity to utilise the museum as a thought provoking and enticing place to meet with staff and explore all things related to patient care, alongside patient, carer and staff experience. To date there have been 18 'tea for quality' sessions facilitated by the deputy director of nursing, quality and professions. Sessions have been attended by clinical, operational and support staff and have included: • Discussions and debates • Learning from each other

[1] Safety II (NHS England

	• Sharing of information • Identification of quick win improvements • Opportunities to network • Opportunities to share good work and practice • Opportunities to support colleagues in their practice Sessions have been facilitated at: • The Trust's Mental Health Museum • The board room at Kendray hospital in Barnsley • The Priestley Unit at Dewsbury District Hospital • Drury Lane health and wellbeing centre in Wakefield • Virtually – on Microsoft Teams • Fieldhead hospital in Wakefield Each session has provided attendees with: • Tea, coffee, and biscuits • Off the ward/out of the work area conversations • Thought provoking spaces (museum) • Open forum for staff-driven conversations Key themes from sessions: • Communication • Making the Trust a great place to work • Making connections • Wellbeing and morale • Digital accessibility • Staff safety • Personal and professional development • Quality improvements • Raising the profile of services/teams • Care planning and risk assessment • Policies and procedures **Responding to feedback** We have acted on staff feedback gained through 'tea for quality' to ensure colleagues feel heard. We heard how some ward staff find it difficult to find time to eat and that there is a potential missed opportunity of the therapeutic value in relationship building, of eating together with service users. As a result we are exploring how we can support staff to eat while on their shift, and considering piloting therapeutic meals on a ward to establish an evidence base for impact, cost and outcomes. Further improvement work includes using new software to facilitate and gather staff views during meetings, to increase their confidence to speak up. We are

	also providing easy-read summaries for policies and procedures to make them more accessible for our staff. Due to the number of digital questions and queries, and the need for specialist input, we held a focussed 'digital tea for quality' which allowed staff to raise their queries which related to access, usability, expert knowledge and trouble shooting. This enabled a two way sharing process which was engaging and informative. We have also held dedicated sessions with individual teams, to discuss what is important to them, explore areas that they are working on to improve quality, and provide support and input on areas to help progress ideas. 'Tea for quality' has been an essential staff engagement opportunity and has created a concept that is known and trusted across the organisation. This is one of many opportunities for staff to engage, however it is an important space for those who have used it. **What next?** The tea for quality sessions will continue into 2024/25, with a new facilitator structure due to a change in roles.

Our approach to quality improvement

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

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

What does quality mean for us?

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

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

The Trust has a strong focus on delivering quality at all levels and we have made significant progress in relation to quality improvement.

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

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

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

Positive experience:

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

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

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

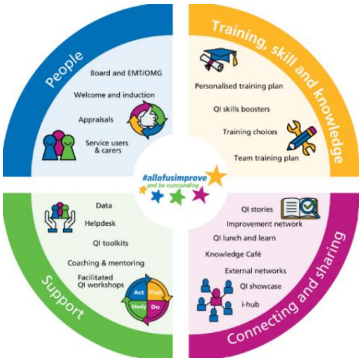
Quality care is also equitable: everybody should have access to high-quality care and outcomes, and those working in systems must be committed to understanding and reducing variation and inequalities.

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

Our quality strategy will support us to continue to build on the improvements outlined within this quality report and in continuing to work in partnership with service users, carers, our communities and stakeholders.

Our approach to quality improvement

#allofusimprove is the Trust's approach to quality improvement, it is **the adopted consistent and systematic approach to quality improvement** across the Trust.



The narrative across the Trust is that quality improvement is everyone's business. No matter who, where or what role or band a colleague has within the Trust they have a role and responsibility to help us continually improve.

The Trust has a dedicated integrated change team, made up of colleagues with specialist quality improvement skills and knowledge. The team provides support, advice and guidance to individuals, teams and care groups wanting to carry out improvements in their work area.

All individuals and teams have the opportunity to access a wide range of tools. This includes the model for improvement toolkit used to design, test and implement changes for low level improvements; and the six-step quality improvement project toolkit used to manage larger scale quality improvement projects. This covers each step of our bespoke six-stage process from identification of the challenge faced, using QI tools to help understand the problems, generating and testing ideas, right through to implementation and sharing of stories.

The quality improvement model offered to all colleagues across the organisation spans the four quadrants of:

- people
- training
- skills and knowledge
- support and connecting and sharing

Our people are at the heart of the model and it is important to us that we have **effective leadership for improvement.**

Creating a workplace culture that supports quality improvement is vital to ensuring our systematic approach to improvement is embedded across the Trust.

The integrated change team work alongside colleagues within the Trust's learning and development team to ensure that quality improvement is built into the fabric of colleagues one to one discussions, supervision sessions and appraisals.

The Trust offers a variety of mechanisms to **build improvement skills from senior leaders through to frontline staff** as our training offer is open to anyone who has an interest in quality improvement.

We have had successes using our quality improvement processes that has **brought staff, patients and communities together to improve and redesign the way that care is provided,** including our work joining a reducing restrictive practice national collaborative.

Examples include how our creative practitioner quality improvement project brought together staff, patients and artists from local communities to increase the number of creative and cultural activities within inpatient settings with the aim of reducing the number of self-harm, aggression and violent incidents on our wards. The improvement project has attracted national interest and resulted in improved staff wellbeing, capacity, and ability to progress continuing professional development (CPD) opportunities. There were also improvements in service user confidence, wellbeing and pride, and people reporting positive impacts on their mood, condition, symptoms and ward atmosphere, including the de-escalation of incidents.

One of our community child and adolescent mental health service (CAMHS) teams has been shortlisted for the Royal College of Psychiatry psychiatric team of the year award for their quality improvement project which focussed on introducing a low-level home-based and community time-limited pathway as a preventative measure to entering specialist CAMHS. They achieved a significant reduction of 89% in children and young people requiring a formal CAMHS referral and none of the individuals seen in this pathway re-presented to services within the following 12 months. The team is now working with other CAMHS community teams to share and spread the concept.

As a Trust we are proud of our #allofusimprove approach and offer to our staff. Our approach to quality improvement is a vital part of our mission to be relevant today and ready for tomorrow.

Our approach to quality governance

Our executive lead for quality improvement and quality governance is the chief nurse and director of quality and professions.

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

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

We routinely track quality indicators in our integrated performance report (IPR), which can be viewed by team, service, Trustwide and externally on the Trust's website. Quality indicators include the NHS friends and family test (FFT), infection prevention and control performance, serious incidents (replaced by the patient safety incident response framework from December 2023), safer staffing, pressure ulcers, commissioning for quality and innovation (CQUIN) performance, restrictive interventions, and complaints. Each of these have specific targets that reflects our ambition to continuously improve. The report is considered at the executive management team (EMT), Trust Board and its committees, and the Members' Council quality group.

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

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

Part 2.2 – Statements of assurance from the Board

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

1	During 2023/24 South West Yorkshire Partnership NHS Foundation Trust provided and/or subcontracted 167 relevant health services (84 Service Types relating to 167 individual service provided/sub-contracted).

1.1	The South West Yorkshire Partnership NHS Foundation Trust has reviewed all the data available to us on the quality of care in 167 of these relevant health services.

1.2	The income generated by the relevant health services reviewed in 2023/24 represents 100% of the total income generated from the provision of relevant health services by the South West Yorkshire Partnership NHS Foundation Trust for 2023/24.

Participation in clinical audits and national confidential enquiries

2	During 2023/24 12 national clinical audits and one national confidential enquiry covered relevant health services that South West Yorkshire Partnership NHS Foundation Trust provides.

2.1	During that period South West Yorkshire Partnership NHS Foundation Trust participated in 100% of the national clinical audits and 100% of the national confidential enquiries that we were eligible to participate in.

2.2	The national clinical audits that South West Yorkshire Partnership NHS Foundation Trust was eligible to participate in during 2023/24 are as follows: 1. National Audit for Cardiac Rehabilitation (NAT05) 2. National Asthma and COPD Audit Programme (NACAP) (NAT06) 3. Sentinel Stroke National Audit Programme (SSNAP) (NAT08) 4. Learning from Lives and Deaths – People with a learning Disability and Autistic People (LeDeR) - Learning Disabilities Mortality Review (NAT10) 5. Mental Health Clinical Outcome Review Programme - National Confidential Inquiry into Suicide and Safety in Mental Health (NCISH), University of Manchester (NAT 11) 6. National Audit of Dementia - Spotlight audit in community-based memory assessment services (NAT 12) 7. National Audit of Seizures and Epilepsies in Children and Young People (Epilepsy 12) (NAT 13) 8. National Clinical Audit of Psychosis (NCAP) Early Intervention in Psychosis (EIP) 2022-2025 – Long Term Plan (LTP) Monitoring (NAT16) 9. Learning Disabilities Improvement Standards (NAT17) 10. Prescribing Observatory for Mental Health (POMH) Topic 22a Use of anticholinergic (antimuscarinic) medicines in old age mental health services (NAT 24) 11. National Audit of Inpatient Falls (NAIF) continuous audit (NAT 26) 12. POMH Topic 16c: Rapid Tranquillisation (NAT27)

	13. National Physiological Science Data Collection: Audiology (NAT 28)
2.3	The national confidential inquiry that South West Yorkshire Partnership NHS Foundation Trust was eligible to participate in during 2023/24 is as follows: • Mental Health Clinical Outcome Review Programme - National Confidential Inquiry into Suicide and Safety in Mental Health (NCISH) (NAT11) National Confidential Inquiry into Homicides and Suicides The national confidential inquiry that South West Yorkshire Partnership NHS Foundation Trust participated in, and for which data collection was completed during 2023/24 is listed below alongside the number of cases submitted to the inquiry as a percentage of the number of registered cases required by the terms of that inquiry.

Title	Number of cases submitted	Number of cases completed	Commentary
Mental Health Clinical Outcome Review Programme - National Confidential Inquiry into Suicide and Safety in Mental Health (NCISH) (NAT11) National Confidential Inquiry into Homicides and Suicides	45	17 (38%)	28 questionnaires still to complete

2.4 The national clinical audits and national confidential enquiries that South West Yorkshire Partnership NHS Foundation Trust participated in, and for which data collection was completed during 2023/24 are listed below alongside the number of cases submitted to each audit or enquiry as a percentage of the number of registered cases required by the terms of that audit or enquiry.

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

	National Clinical Audits 2023/24	Cases submitted *(If applicable)*
1	National Audit for Cardiac Rehabilitation (NAT05)	Continuous clinical audit. Data collection commenced March 2020. In total 1485 cases submitted/partially submitted based on eligible criteria.
2	National Asthma and COPD Audit Programme (NACAP) (NAT06)	Continuous clinical audit, data collection commenced March 2020. 52 cases submitted during 2023/24.
3	Sentinel Stroke National Audit Programme (SSNAP) (NAT08)	Continuous clinical audit. SSNAP produces an annual report.
4	LeDeR - Learning Disabilities Mortality Review (NAT10)	Continuous data collection model.

5	National Audit of Dementia - Spotlight audit in community-based memory assessment services (NAT 12)	110 cases submitted based on eligible criteria. Awaiting final report for 2023/24.
6	National Audit of Seizures and Epilepsies in Children and Young People (Epilepsy 12) (NAT 13)	Continuous data collection model.
7	NCAP EIP 2022-2025 - LTP Monitoring (NAT16)	361 cases submitted based on eligible criteria. This is 100% of those eligible. April 2023 – final data available on dashboard.
8	Learning Disabilities Improvement Standards (NAT17)	Results not yet published: NHSE &NHSI-LD Project documentation & Outputs — NHS Benchmarking Network
9	Prescribing Observatory for Mental Health (POMH) Topic 22a Use of anticholinergic (antimuscarinic) medicines in old age mental health services (NAT 24)	47 cases submitted to POMH based on eligible patients.
10	National Audit of Inpatient Falls (NAIF) continuous audit (NAT 26)	Continuous data collection model.
11	POMH Topic 16c: Rapid Tranquilisation (NAT27)	Data collection in progress. Sampling / prep - February 2024 Data collection / entry - Mar / Apr 2024 Reporting - September 2024.
12	National Physiological Science Data Collection: Audiology (NAT 28)	Continuous data collection model.

2.5/ 2.6

National clinical audit

The reports of 12 national clinical audits and one national confidential enquiry will be reviewed by the provider in 2023/24 and South West Yorkshire Partnership NHS Foundation Trust intends to take the following actions to improve the quality of health care provided.

- Each clinical audit has a project lead that is responsible for presenting the audit results to their care group
- Each audit enables identification of areas for improvement and an action plan is developed to enable improvements following audits
- Any immediate areas of concern are highlighted to the relevant care group
- Following development and completion of an action plan, re-measurement/re-audit is planned to assess progress
- The prioritised clinical audit programme has Trust Board oversight, to ensure that the audit cycle is complete and that there is organisation oversight and support to improvements
- Implementation of the action plan is monitored by the care group as part of their governance systems.

2.7/ 2.8	**Local clinical audit** The reports of 29 local clinical audits were reviewed by the provider in 2023/24 and South West Yorkshire Partnership NHS Foundation Trust intends to take the following actions to improve the quality of healthcare provided: • Each clinical audit has a project lead that is responsible for presenting the audit results to their care group • Each audit enables identification of areas for improvement and an action plan is developed to enable improvements following audits • Any immediate areas of concern are highlighted to the relevant care group • Following development and completion of an action plan, re-measurement/re-audit is planned to assess progress • The prioritised clinical audit programme has Trust Board oversight, to ensure that the audit cycle is complete and that there is organisation oversight and support to improvements • Implementation of the action plan is monitored by the care group as part of their governance systems.

3.0	**Participation in clinical research** The number of patients receiving relevant health services provided or sub-contracted by South West Yorkshire Partnership NHS Foundation Trust in 2023/24, that were recruited by the research department to participate in research approved by a research ethics committee is **626**. *(Please note: this figure excludes staff participation and any participant recruits which have been allocated to regional public health studies).* The significant increase from last year's figure (which was 330 participants) is reflective of the continued investment the Trust has placed on research and development and the prioritisation of increasing the capacity and delivery of research within all our clinical settings. As a result of our efforts to operationalise the three-year Trust research strategy (which was approved in December 2022), the Trust is on track to develop key structures internally and externally which will continue to support the recruitment and delivery of innovative, evidence-based research practice. As part of the wider strategic development of research capacity within the Trust, the research department have been able to mentor and support three allied health professionals (AHP) and psychologists to submit national institute for health research (NIHR) pre-application support fund fellowship applications. The department has also supported the submission of over five NIHR grant applications, which if successful will result in a further significant increase in participant recruitment figures for 2024/25. We have also facilitated training and signposting of over 30 clinical staff with research study development and article publication support. The research department continues to work closely with higher education institutes and has working agreements and collaborations with the following institutions: University of Huddersfield, University of Durham, University of Leeds, University of Sheffield, University of York, University of Manchester & Leeds Beckett University. Through these partnerships the Trust is listed as a key

	delivery partner and co-applicant on three major program grant applications worth over £15 million, with research activity extending between 5-9 years. As a key partner within the local clinical research network and respective integrated care board structures, the research department is actively contributing to place based research collaborations within Kirklees, Calderdale, Wakefield and Barnsley; and is providing direct support and recruiting to public health and physical health studies in primary and acute settings - where recruitment for these studies is allocated to the region. We continue to explore new and innovative ways to support engagement with communities and develop research champions and research ambassadors throughout our places, ensuring that our research activities are reflective of the population that we serve.

4.0 Commissioning for quality and innovation payment framework

A proportion of South West Yorkshire Partnership NHS Foundation Trust income in 2023/24 was conditional on achieving quality improvement and innovation goals, agreed between the Trust and any person or body with a contract, agreement or arrangement for the provision of relevant health services, through the Commissioning for Quality and Innovation payment framework. Discussions are ongoing with commissioners regarding achievements and potential adjustments.

Further details of the agreed goals for 2023/24 and for the following 12-month period are available electronically at https://www.southwestyorkshire.nhs.uk/.

Scheme ID	Scheme	Descriptor	Applicable at place	Final position
CCG1	**Flu Vaccinations for frontline healthcare workers**	Achieving 80% uptake of flu vaccinations by frontline staff with patient contact	Barnsley Calderdale Kirklees Wakefield	Not achieved. 54% achievement. Will continue as usual business into 2024/25
CCG12	**Assessment and documentation of pressure ulcer risk**	Achieving 85% of acute and community hospital inpatients aged 18+ having a pressure ulcer risk assessment that meets NICE guidance with evidence of actions against all identified risks	Barnsley	Achieved
CCG13	**Assessment, diagnosis and**	Achieving 50% of patients with	Barnsley	Achieved

	treatment of lower leg wounds	lower leg wounds receiving appropriate assessment diagnosis and treatment in line with NICE Guidelines		
CCG14	**Malnutrition screening for community hospital inpatients**	Achieving 90% of community hospital inpatients having a nutritional screening that meets NICE Quality Standard QS24 (Quality statements 1 and 2), with evidence of actions against identified risks	Barnsley	Achieved
CCG15a	**Routine outcome monitoring in community mental health services**	Achieving 50% of adults and older adults accessing select Community Mental Health Services (CMHSs), having their outcomes measure recorded at least twice. Separately, achieving 10% of adults and older adults accessing select Community Mental Health Services, having their patient-reported outcomes	Barnsley Calderdale Kirklees Wakefield	Partial achievement: Achieved for clinician reported outcome measures Not achieved for patient reported outcome measures

			measure (PROM) recorded at least twice		
	CCG15b	**Outcome monitoring in CYP and community perinatal MHS**	Achieving 50% of children and young people and women in the perinatal period accessing mental health services, having their outcomes measure recorded at least twice.	Barnsley Calderdale Kirklees Wakefield	Partially achieved
	CCG17	**Reducing the need for restrictive practice in adult/older peoples settings**	Achieving 90% of restrictive interventions being recorded in adult and older adult acute mental health, PICU and learning disability and autism inpatient settings with all mandatory and required data fields completed	Barnsley Calderdale Kirklees Wakefield	Achieved
	CCG14	**Assessment diagnosis of lower leg wounds**	Achieving 50% of patients with lower leg wounds receiving appropriate assessment diagnosis and treatment in line with NICE Guidelines	Barnsley	Partial achievement
	CCG15	**Assessment and documentation of**	Achieving 60% of community hospital inpatients aged	Barnsley (no associated finance)	Achieved

		pressure ulcer risk	18+ having a pressure ulcer risk assessment that meets NICE guidance with evidence of actions against all identified risks.			

5.0/ 5.1	**Care Quality Commission** South West Yorkshire Partnership NHS Foundation Trust is required to register with the Care Quality Commission and its current registration status is that it is registered in respect of the following regulated activities: • Assessment or medical treatment for persons detained under the Mental Health Act 1983 • Diagnostic and screening procedures • Treatment of disease, disorder or injury There are no conditions attached to the registration other than the specified locations from which the regulated activities may be carried on, at, or from. South West Yorkshire Partnership NHS Foundation Trust's conditions of registration state that the three regulated activities listed above can only be carried out at the following locations: • Fieldhead hospital (Wakefield) • The Dales (Calderdale Royal Hospital) • Kendray hospital (Barnsley) • The Priestley Unit (Dewsbury District Hospital) • Lyndhurst (Halifax) • Enfield Down (Huddersfield) • The Poplars (Hemsworth) The Care Quality Commission has not taken enforcement action against South West Yorkshire Partnership NHS Foundation Trust during 2023/24.

6.0/ 6.1	Removed from the legislation by the 2011 amendments
7.0/ 7.1	South West Yorkshire Partnership NHS Foundation Trust has not participated in any special reviews or investigations by the CQC during 2023/24.

8.0/ 8.1	**NHS Number and General Medical Practice Code Validity** South West Yorkshire Partnership NHS Foundation Trust submitted records during 2023/24 to the Secondary Uses Service for inclusion in the Hospital Episode Statistics which are included in the latest published data.

	The percentage of records in the published data which included the patient's valid NHS number was: • 100% for admitted patient care The percentage of records in the published data which included the patient's valid General Medical Practice Code was: • 100% for admitted patient care
9.0	**Data security and protection toolkit** South West Yorkshire Partnership NHS Foundation Trust achieved a status of 'Standards Exceeded' for the 2022/23 toolkit assessment and will be submitting the toolkit again this year, by 30 June 2024. A toolkit audit is currently being undertaken (April 2024).

10./ 10.1	**Clinical coding accuracy** South West Yorkshire Partnership NHS Foundation Trust was not subject to the Payment by Results clinical coding audit during 2023/24 by the Audit Commission.

11. Quality of Data

Improving data quality remains one of South West Yorkshire Partnership NHS Foundation Trust's key priorities. There was continued focus in 2023/24 on improving the quality of clinical record keeping. With a number of areas routinely reported and monitored to the Trust's improving clinical information group. This underpins the delivery of safe effective care and assures the executive management team, the quality and safety committee and the Trust Board that data taken from the clinical record and used for activity and performance monitoring and improvement is robust.

South West Yorkshire Partnership NHS Foundation Trust will be taking the following actions to improve data quality:

Data Quality	Actions
Bringing clarity to quality	• Continue to improve the training, guidance and support available to help staff and services to understand and improve data quality • A dedicated resource to work on data quality alongside working with operational staff was identified during 2023/24.
Measuring quality	• Continue to develop a wide range of team, service line, care group and Trust level operational and performance reports, and monitor these reports in appropriate forums • Service line reporting and electronic dashboards will include key performance indicators and will enable users to look at performance at team, service line, care group and Trust levels

		• Team dashboards are available via the Trust intranet and will continue to be developed and further rolled out across all service areas • Internal and external benchmarking will be incorporated in dashboards. The Trust has established a benchmarking group to review benchmarking data and identify areas for opportunity to further increase quality and effectiveness and make comparisons with peers
	Publishing quality	• Continue to publish its data to the Secondary Uses Service, NHS England, the CQC, the Department of Health and Social Care, Commissioners and Partners and to the Members Council.
	Partnership for quality	• Continue to work with partner organisations to ensure that all our respective quality and performance requirements are met, and that duplication of data collection and inputting is minimised.
	Leadership for quality	• The improving clinical information group will oversee the development and delivery of the data quality improvement programme and will provide a quarterly progress update to the executive management team • Care groups will ensure the development, monitoring and delivery of the individual care group level improvement plans.
	Innovation for quality	• The Trust continues to work to ensure innovation for quality is embedded within this as part of the continued development of the system • The Trust continues to exploit new technology to make these systems easy to access and use. Particular use of digital solutions for non-face-to-face activity was implemented during the COVID-19 pandemic which allowed continued service delivery in a challenging environment. This continues to be utilised where appropriate.
	Safeguarding quality	• The Trust's executive management team will ensure essential standards of safety and quality are maintained and monitored and will take action where data quality issues arise.

Learning from deaths

27.1	**The number of patients who have died during the reporting period, including a quarterly breakdown of the annual figure.** During 2023/24, 2,127 of South West Yorkshire Partnership NHS Foundation Trust patients died. This figure relates to deaths of people who had any form of contact with the Trust within 180 days (approx. six months) prior to death, identified from our clinical systems. This includes services such as end of life care, district nursing and care home liaison services. There is a delay in information

being updated from the national system, particularly for quarter four, and therefore the total figure is likely to increase as records are refreshed.

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

Quarter	Deaths
One	555
Two	508
Three	548
Four	516

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

By 4 April 2024, 78 case record reviews (includes initial team level case note review or structured judgement review) and 46 investigations have been carried out in relation to 124 of the deaths included in item 27.1.

In 46 cases a death was subjected to both an initial case record review and an investigation. The number of deaths in each quarter for which a case record review or an investigation was carried out was:

Quarter	Deaths reviewed/ investigated
One	27
Two	28
Three	29
Four	40

27.3 **An estimate of the number of deaths during the reporting period included in item 27.2 for which a case record review or investigation has been carried out which the provider judges as a result of the review or investigation were more likely than not to have been due to problems in the care provided to the patient (including a quarterly breakdown), with an explanation of the methods used to assess this.**

0 representing 0% of the patient deaths during the reporting period are judged to be more likely than not to have been due to problems in the care provided to the patient. In relation to each quarter, this consisted of:

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

	Of the 124 case note reviews or investigations in the reporting period, 114 have been completed and 'no problem in care has been identified which resulted in death'. This is the wording used in patient safety incident response framework and learning from deaths policy. There are 10 cases which remain under review at the time of reporting. Understanding the data around the deaths of our service users is a vital part of our commitment to learning from all deaths. These numbers have been estimated using the methodology below: Our structured judgement reviews are conducted by trained reviewers from a clinical background (such as medicine, nursing, allied health professional and social workers) who work outside the clinical area where the death occurred. The reviewer scrutinises the clinical records to review the care and treatment the individual received leading up to their death. They record their findings in a template under specific phases of care. Each phase of care is rated with a supporting narrative. The reviewer also makes a judgement about whether the death was due to problems in care that resulted in harm. All completed reviews are discussed at care group governance groups to agree next steps, which may include areas for improvement or further investigation. Since 1 December 2023, the Trust has been working under the patient safety incident response framework (PSIRF). In the event that a problem in care was identified that led to a death occurring, we would undertake a patient safety incident investigation in line with national guidance. Up until transitioning to work under PSIRF on 1 December 2023, we had local level investigations through to serious incident investigations. These involved a review of the care and treatment of the individual who died to identify any care and service delivery issues in the care received over a period of time. The focus of all investigations is on human factors, systems, and processes. They also examine if any issue can be identified which led to the death occurring. Most care and service delivery issues identified are not contributory to the death occurring.

27.4	**A summary of what the provider has learnt from case record reviews and investigations conducted in relation to the deaths identified in item 27.3.** Not applicable

27.5	**A description of the actions which the provider has taken in the reporting period, and proposes to take following the reporting period, in consequence of what the provider has learnt during the reporting period (see item 27.4).** Not applicable

27.6	**An assessment of the impact of the actions described in item 27.5 which were taken by the provider during the reporting period.** Not applicable

27.7	**The number of case record reviews or investigations finished in the reporting period (2023/24) which related to deaths during the previous reporting period (2022/23) but <u>were not included in item 27.2 in the relevant document for that previous reporting period</u>.** 14 case record reviews and 10 investigations were completed during 2023/24 which related to deaths which took place before the start of the reporting period.

27.8	**An estimate of the number of deaths included in item 27.7 which the provider judges as a result of the review or investigation were more likely than not to have been due to problems in the care provided to the patient, with an explanation of the methods used to assess this.** 0 representing 0% of the patient deaths in 2022/23, completed in 2023/24, are judged to be more likely than not to have been due to problems in the care provided to the patient. This number has been estimated using the Trust mortality review processes described above in 27.3.

27.9	**A revised estimate of the number of deaths during the previous reporting period (2022/23) stated in item 27.3 of the relevant document for that previous reporting period, taking account of the deaths referred to in item 27.8.** 0 representing 0% of the patient deaths in 2022/23, completed in 2023/24, are judged to be more likely than not to have been due to problems in the care provided to the patient.

Part 2.3 – Reporting against core indicators

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

12. **Not applicable**

13. **The percentage of service users under adult mental illness specialties who were followed up within 72 hours of discharge from psychiatric inpatient care (N.B. this metric has replaced follow up within 7 days)**

As set out nationally South West Yorkshire Partnership Foundation Trust is moving away from the care programme approach (CPA) as set out in the CPA position statement from NHS England. As such we are no longer required to report on data related to CPA. The Trust is working towards developing an approach which is based on the five broad principles within the position statement. Therefore this data relates instead to all service users under adult mental illness specialties.

Indicator	NHS Outcomes Framework Domain	South West Yorkshire Partnership Foundation Trust NHS Digital data					
			Q1	Q2	Q3	Q4	TOTAL
The percentage of service users under adult mental illness specialties who were followed up within 72 hours of discharge from psychiatric inpatient care **Performance indicator is 80%**	1: Preventing people from dying prematurely 2: Enhancing quality of life for people with long-term conditions	2023/24	92.6%	91.6%	90.9%	90.9%	91.5%
		2022/23	86.2%	89.2%	88.7%	87.8%	88.0%
		2021/22	85.8%	82.7%	83.6%	84.3%	84.1%
		2020/21	82.7%	81.0%	83.9%	84.6%	83.0%

The Trust considers that this data is as described for the following reasons:

- This information is taken from the electronic clinical record system
- Clinical staff are given training and guidance to input data onto the system. No staff member can use the system until they have received this training
- Data is clinically validated before it is submitted to NHS England
- Performance data is reviewed monthly by the executive management team, and also reviewed regularly by the Trust Board.

	The South West Yorkshire Partnership NHS Foundation Trust has taken the following actions to improve this percentage and therefore the quality of its services: • The Trust has an established improving clinical information group, sponsored and chaired by the chief nurse and director of quality and professions. This meets quarterly to focus on the quality of clinical data • Each care group has developed a robust process to improve the quality of their clinical data • Each care group is provided with performance and quality reports monthly. The senior management team scrutinise the reports for any downward trends, investigate and take appropriate action to prevent deterioration in quality
14 - 16.	**Not applicable**
17.	**Percentage of admissions to acute wards for which the crisis resolution home treatment team acted as a gatekeeper**

Indicator	NHS Outcomes Framework Domain	NHS Digital South West Yorkshire Partnership NHS Foundation Trust performance data					
			Q1	Q2	Q3	Q4	TOTAL
The percentage of admissions to acute wards for which the Crisis Resolution Home Treatment Team acted as a gatekeeper during the reporting period **Performance target is 95%**	2: Enhancing quality of life for people with long-term conditions	2023/24	99.7%	98.6%	99.3%	97.5%	98.8%
		2022/23	96.2%	99.3%	99.6%	98.7%	99.0%
		2021/22	99.7%	99.4%	98.3%	97.8%	98.8%
		2020/21	100%	96.1%	98.7%	99.4%	98.9%
		2019/20	99.7%	100%	99.7%	97.9% *(local data)*	98.4% *(local data)*
		2018/19	97.6%	97.9%	98.9%	96.5%*	97.7%
		2017/18	98.4%	96.9%	96.9%	99.6%	98%
		2016/17	96.9%	99.3%	99.3%	99.3%	
		2015/16	95.81%	97.29%	96.04%	98.32%	

The Trust considers that this data is as described for the following reasons:

- This information is taken from the electronic clinical record system
- Clinical staff are given training and guidance to input data onto the system. No staff member can use the system until they have received this training

- We have two specific gatekeeping activity codes that are used for all gatekept admissions - this information can be extracted directly from the electronic record system
- Data is clinically validated before it is submitted to NHS England
- Performance data is reviewed monthly by the executive management team, and also reviewed regularly by the Trust Board

The Trust has taken the following actions to improve this percentage, and therefore the quality of its services:

- The Trust has an established improving clinical information group, sponsored and chaired by the chief nurse and director of quality and professions. This meets quarterly to ensure a focus on the quality of clinical data.
- Each care group has developed a robust process to improve the quality of their clinical data
- We undertake a weekly audit of our gate kept admissions to validate the gate keeping function
- Each care group is provided with performance and quality reports on a monthly basis. The senior management team scrutinise the reports for any downward trends, investigate and take appropriate action to prevent further deterioration in quality

18. **Not applicable**

19. **Readmission rates**

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

Indicator Readmission rates by age	NHS Outcomes Framework Domain	2013/14	2014/15	2015/16	2016/17	2017/18	2018/19	2020/21	2021/22	2022/23	2023/24
0-15	3: Helping people to recover from episodes of ill health or following injury	0	0	0	0	0	0	0	0	0	0
16 and over		7.02 %	8.7 %	9.7 %	9.8 %	9.8 %	9.1 %	5.2 %	4.5 %	3.7 %	4.3 %

South West Yorkshire Partnership NHS Foundation Trust had no readmissions for patients aged 0-15 during this period. All data applies to people aged 16 or over.

	The Trust considers that this data is as described for the following reasons: • 95.7% of people were not readmitted in 2023/24 from April 2023 to March 2024 • This information is taken from the electronic clinical record system • Clinical staff are given training and guidance to input data onto the system No staff member can use the system until they have received this training • Data is clinically validated before it is submitted to NHS England The Trust intends to take the following actions to improve this score, and so the quality of its services, by: • The Trust has an established improving clinical information group, sponsored and chaired by the chief nurse and director of quality and professions. This meets quarterly to ensure a focus on the quality of clinical data. • Each care group has developed a robust process to improve the quality of their clinical data Each care group is provided with performance and quality reports on a monthly basis. The senior management team scrutinise the reports for any downward trends, investigate and take appropriate action to prevent further deterioration in quality.
20-21	**Not applicable**

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

Indicator	NHS Outcomes Framework Domain	South West Yorkshire Partnership NHS Foundation Trust score	National score
The data made available to the National Health Service trust or NHS foundation trust by the Health and Social Care Information Centre with regard to the trust's "Patient experience of community mental health services" indicator score with regard to a patient's experience of contact with a health or social	2: Enhancing quality of life for people with long-term conditions	2022 score	National 2022 score
			National comparison
		7.2	About the same as other trusts nationally (CQC website)
	4: Ensuring that people have a positive experience of care	2021 score	National 2021 score
			National comparison
		5.8	About the same as other trusts nationally (CQC website)

		care worker during the reporting period		2020 score	National 2020 score	
					National comparison	
				7.0	About the same as other trusts nationally (CQC website)	
				2019 score	National 2019 score	
					National comparison	
				7.0	About the same as other trusts nationally (CQC website)	
				2018 score	National 2018 score	
					National comparison	
				6.7	About the same as other trusts nationally (CQC website)	
				2017 score	National 2017 score	
					National comparison	
				7.9	About the same as other trusts nationally (CQC website)	
				2016 score	National 2016 score	
					Highest trust score	Lowest trust score
				7.5	8.5	6.8
				2015 score	National 2015 score	
					Highest trust score	Lowest trust score
				8.00	8.2	6.8
				2014 score	National 2014 score	
					Highest trust score	Lowest trust score
				7.9	8.4	7.3

			2013 score	National 2013 score	
				Highest trust score	Lowest trust score
			8.6	9.0	8.0

The Trust considers that this data is as described for the following reasons:

- This information was taken from the national CQC community patient survey, which uses approved survey contractors, external to the organisation and using anonymous information

The Trust intends to take the following actions to improve this percentage and therefore the quality of its services:

- This information will be triangulated with other sources of patient and staff experience feedback in order that we can successfully focus our improvement action.

23-24. **Not applicable**

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

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

Method of submitting patient safety incidents to national system	Number of patient safety incidents uploaded (at 15/04/24)	Severe harm	% severe	Death	% death
2023/24	6134	24	0.40	20	0.32
2022/23	6035	43	0.71	20	0.33

The Trust considers that this data is as described for the following reasons:

- Patient safety incidents were uploaded to either the National Reporting and Learning System (NRLS) or Learn From Patient Safety Events (LFPSE) during 2023/24. The transition from the former took place on 14/2/2024
- LFPSE is a new national database where patient safety incidents stream direct from our local system into the national LFPSE system
- Data in the above table shows the two routes for reporting. An incident can only have been reported through one route

	• The LFPSE national team have advised that the data presented in the LFPSE dataset is based on information recorded on a largely voluntary basis. This is a new data collection system and so is likely to show different patterns of recording behaviour as organisations transition from the old NRLS to LFPSE service. Patterns of recording during this transition phase may not be comparable to previous patterns and care must be taken to avoid basing conclusions about the safety of care on changes in recording patterns during this period. It is anticipated that volumes of recording will increase over time • As staff become more familiar with LFPSE requirements figures are expected to increase • Historically, incidents would usually have been through the internal management review and governance processes, and this is the case for the majority of incidents. However, due to LFPSE transition, our remaining patient safety incidents at 14/2/2024 were submitted to NRLS as an exception in line with LFPSE transition guidance In 2023/24, a total of 6,134 patient safety incidents were uploaded to the NRLS or LFPSE, with 45 resulting severe harm and patient safety related death incidents. We ask staff to over-estimate the actual harm where this is not confirmed and this will be reflected in this figure. As the 2023/24 period reflected the above transition between systems and processes, data is not comparable with previous years. 96% of the 5,979 incidents (reported to NRLS) resulted in no harm or low harm. Nationally (NHS 2021), it is believed that organisations that report more incidents usually have a better and more effective safety culture. If we understand what our incidents are, we can learn and improve our services. The implementation of the patient safety incident response framework (PSIRF) in the Trust from 1 December 2023 supports our strong focus on learning for improvement, as referred to in Part 3 of the quality account. We have multiple methods of sharing learning from incidents including a learning library, Bluelight Alerts for sharing urgent learning and a learning network. Teams also share learning through care groups.

26.	**Guardian of safe working hours** The 2016 junior doctors' contract introduced stronger safeguards to prevent junior doctors from working excessive hours. The safety of patients is a paramount concern for the NHS and significant staff fatigue is a hazard both to patients and to the staff themselves. The new contract introduced the role of guardian of safe working hours who is responsible for protecting the safeguards outlined in the 2016 terms and conditions of service (TCS) for doctors and dentists in training. The guardian ensures that issues of compliance with safe working hours are addressed, as they arise, with the doctor and/or employer, as appropriate; and provides assurance to the Trust Board or equivalent body that doctors' working hours are safe. The introduction of a new contract for doctors in training impacted on the Trust in February 2017, with new employees moving onto the contract at that point. The Trust appointed a senior medical representative as the guardian of safe working and their 2023/24 annual report and quarterly reports, highlighted the following:

- The number of exception reports has remained low during this period which is in line with the majority of Trusts providing mental health care (table below). The most common issue has been pressure of work on inpatient areas, especially during colleagues' absence. Trainees have been encouraged to complete exception reports if they do stay late or miss breaks or educational opportunities. Trainees have raised concerns about not receiving their rota in a timely way and there being barriers to arranging annual or study leave. Work is on-going to try to resolve these issues

Exception Reports by Area				
Area/BDU	No. exceptions carried over from last report	No. exceptions raised	No. exceptions closed	No. exceptions outstanding
Barnsley	0	0	0	0
Calderdale	0	3	3	0
Kirklees	0	3	3	0
Wakefield	0	7	6	1
Forensic	0	0	0	0
Total	**0**	**13**	**12**	**1**

- Rota gaps remain high, with 536 or 21% of first tier shifts vacant. The main reasons include vacancies, less than full-time trainees placed in full-time slots, and occupational health recommendations for trainees to come off the on-call rota. The industrial action taken by trainee doctors has been another factor. There were six shifts where it was not possible to obtain junior doctor cover. Where there is a rota gap, the rota co-ordinators will seek to find someone to cover via the medical bank resource. If this is not possible senior doctors act down to cover
- Rota coordinators managing the Trust medical bank, with the support of the trainees have done fantastic work to maintain the service despite these challenges
- There has been improved recruitment to core training in psychiatry, with an expansion of training numbers. There have been a number of vacancies across all schemes providing trainees to the Trust
- The Guardian of Safe Working Hours continues to have sessions with all new trainees at induction to offer support and encourage trainees to raise any concerns that they may have. The guardian of safe working hours also meets trainees at the quarterly junior doctors' forum.

Part 3: An overview of quality of care in 2023/24

This section of the Quality Account will be used to present an overview of the quality of care offered by South West Yorkshire Partnership NHS Foundation Trust in 2023/24.

Performance against indicators set out in the national metrics (previously the systems oversight framework)

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

Indicator		South West Yorkshire Partnership NHS Foundation Trust data			
	Target	**2020/21**	**2021/22**	**2022/23**	**2023/24**
Early intervention in psychosis (EIP): people experiencing a first episode of psychosis treated with a National Institute for Health and Care Excellence (NICE) approved care package within two weeks of referral	60%	89.5%	89.0%	89.1%	88.7%
NHS Talking Therapies (Formerly improving access to psychological therapies (IAPT)): a) proportion of people completing treatment who move to recovery (from IAPT dataset)	50%	52.2%	53.5%	52.2%	52.3%
b) waiting time to begin treatment (from IAPT minimum dataset): i. within 6 weeks of referral	75%	94.0%	94.0%	97.1%	98.7%
ii. within 18 weeks of referral	95%	99.4%	99.8%	99.9%	99.8%
Admissions to adult facilities of patients under 16 years old	0	1	1	2	0
Inappropriate out-of-area placements for adult mental health services	494	1691 bed days	3216 bed days	4982 bed days	3132 bed days

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

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

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

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

Some of the Trust's specialist services such as the forensic mental health services are commissioned under specialist commissioning which comes directly from NHS England.

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

Part 3 of the Quality Account will also showcase examples of quality improvement from across the organisation that have been initiated within individual services or areas of the Trust. Our annual Excellence awards showcase the achievements of both individuals and teams who have continued to innovate and improve the quality of services during these challenging times. They also demonstrate how, as a Trust we have learned from the COVID-19 pandemic and improved services with hybrid working that meets the changing needs of people within our communities.

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

- Patient safety
- Clinical effectiveness
- Patient experience

These are in addition to the improvement work outlined in Part 2.

Patient safety

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

Quality initiatives in 2023/24

The quality initiatives prioritised for action in 2023/24 as part of the quality account process were as follows:

- Patient safety
- Suicide prevention
- Reducing restrictive practice interventions

Patient safety
What we prioritised To continue to work towards delivery of priority workstreams in our patient safety strategy.
What we did Throughout 2023/24, we have continued to make good progress with our patient safety strategy workstreams in line with national priorities and developments. We have expanded our patient safety specialist role to include other colleagues whose roles link to patient safety leadership and delivery. Some patient safety specialists have commenced NHS England's ergonomics and human factors training provided by the University of Loughborough, with some modules being accredited by the Chartered Institute of Ergonomics & Human Factors (CIEHF). Patient safety work, led by our patient safety specialists and colleagues in the patient safety support team, has focused on delivery of national priorities as summarised below: • **Improving safety culture** Overall numbers of incidents and levels of severity and harm are monitored by the quality and safety committee, Trust Board and in care groups. The Trust continues to work to increase overall incident and near miss reporting as part of safety culture work. In 2023/24, 96% of all incidents reported resulted in no or low harm or were not related to care provided by the Trust. The number of incidents resulting in moderate or severe harm or patient safety related deaths are small. We look for opportunities to learn from any incident, whether it results in harm or is a near miss. This year there has been an increase in incident reporting, with a 5% increase on the previous year. This demonstrates a positive reporting culture, where staff feel able to report incidents and near misses. Analysis of the data has shown that harm levels have not increased significantly, despite the overall increase in numbers reported. This may, in some part, be due to the promotion of incident reporting through the implementation of the patient safety incident reporting framework (PSIRF), learn from patient safety events (LFPSE), and learning sessions that have been delivered. There have not been any other major changes to Datix (e.g., no new types of incidents added, nor any major new services added). In addition, we have continued to promote our freedom to speak up guardians and training.

- **Learn from patient safety events (LFPSE) implemented**

The Trust went live with learn from patient safety events (LFPSE) in February 2024.

LFPSE is part of NHS England's developments to improve patient safety. It is a new national database for patient safety learning and improvement and replaces the national reporting and learning system (NRLS) and the system used for reporting serious incidents. It captures a range of patient safety events that happen, including patient safety incidents, near misses, never events and good care.

- Throughout 2023/24, we worked with RLDatix Ltd to receive a series of system upgrades to Datix to enable the LFPSE functionality
- LFPSE data collection fields and functionality have been incorporated into our Datix incident reporting system, and was approved by NHS England as compliant
- Reporting to LFPSE now occurs automatically for patient safety incidents when a record is entered, and then every time it is updated (saved)
- Education is provided to staff to support them using the LFPSE function
- Guidance has been produced for staff to support reporting and processes have been developed within the patient safety support team for monitoring patient safety incidents and LFPSE submissions.

- **Patient safety incident response framework (PSIRF) implemented**

The Trust launched patient safety incident response framework (PSIRF) in December 2023, after a 15 month period of planning, development, and transition in line with NHS England's preparation guide. As implementation continues, learning is taking place and changes are being developed to learn and evolve within the framework. The culmination of this work was publishing:

- The patient safety incident response plan – which sets out how the Trust will respond to patient safety priorities with a focus on learning and improvement
- The patient safety incident response policy – which describes the systems and processes the Trust will use to learn and improve following a patient safety incident.

These are available on the Trust website.

Progress made during 2023/24 included:

- Thematic analysis of multiple data sources to enable richer understanding of patient safety themes
- Identification of our patient safety priorities and suggested learning responses
- Receiving training on the PSIRF approach from a nationally accredited provider
- Delivery of in-house training to managers across the Trust to raise awareness
- Holding question and answer sessions for all staff throughout December and January
- Continuing to network to learn and share with colleagues in other trusts
- Reviewing our processes to ensure they transition towards alignment with PSIRF (patient safety oversight group and patient safety improvement group)
- Continuing our liaison with the ICBs and provider collaborative colleagues regarding oversight of the process.

- **Improving patient safety education and training**

- Patient safety training Level 1 essentials for all staff became mandatory in November 2023 after a 12-month transition period. Compliance with this training is currently at 96%. Compliance for Level 1 for senior managers and board members is at 87%
- Level 2 access to practice was made essential to job role for band 6 and above
- Level 3 PSIRF training has been delivered
- Level 3 engagement and involvement training has been delivered to 105 team managers and quality and governance leads, who will lead engagement and involvement of those affected by patient safety incidents.

- **Patient safety partners**

During 2023/24 the volunteer role of patient safety partners (PSPs) was introduced alongside our staff, patients, families and carers to improve and influencing safety across the Trust. Three PSPs were recruited in December 2023 and they have been undergoing a period of induction into the Trust. Their role is seen as a true partnership. They draw on their lived experience and play an active role in highlighting good practice and challenging where care, treatment or processes are not as hoped or expected. This ensures that the patient voice is heard throughout.

- **Implementing medical examiners**

During 2023/24 we have been working with the medical examiner's office in acute hospitals to establish processes with the Trust to ensure scrutiny of any inpatient deaths which are not reported to the coroner. This is a national requirement, which went live from 1 April 2024.

- **Improving quality of incident reporting**

- There is a continued focus on improving the quality of incident recording and on strengthening our data quality processes for incident data to ensure accuracy
- A new incident reporting, management and learning response procedure has been developed with associated guidance to reflect PSIRF and LFPSE. The incident reporting system (Datix) was also updated to reflect capturing new processes
- Systems to reflect changes in care group organisational structures have been updated
- There have been improvements in the collection of information for incidents to enhance the quality of information that supports learning across the Trust
- There have been improvements in data collection for incidents relating to safer staffing, sexual safety, and falls, to ensure access to specific data for assurance and learning.

- **Other Patient safety improvement work**

- We have updated our patient safety intranet pages to make it simpler for staff to find key information
- Transitioned our former clinical risk panel meeting into the patient safety oversight group to ensure it aligns with PSIRF going forwards
- Recruited a family liaison officer and established related systems, to ensure family support and family involvement
- Facilitated a working group to develop material to support staff with fulfilling the duty of candour
- Continued the implementation of electronic prescribing system to aid medication safety
- Re-aligned the quarterly patient safety improvement group to fit with wider patient safety activity

- We have provided the quality and safety committee with reports on a range of patient safety activity throughout the year
- Continued to share learning (see separate section)
- Continued to progress work related to our suicide prevention strategy.

What next?

- Further embedding and monitoring of PSIRF
- Reviewing patient safety reports to ensure they reflect learning and improvement rather than the traditional comparing quantitative data
- Support the implementation of engagement and involvement of those affected by patient safety incidents
- Embed and monitor the implementation of LFPSE
- Work with the local medical examiners to embed reporting and feedback processes
- Celebrate World Patient Safety Day
- Develop and embed the role of our patient safety partners to support our patient safety work
- Review our patient safety strategy at the end of 2024/25 to consider future developments in line with NHS patient safety strategy.

Suicide prevention

What we prioritised

- Creation of a strategic action plan along with a renewed suicide prevention strategic Trustwide forum
- Developing a revised communications plan
- Increasing access to suicide prevention training
- Promoting support for staff post suicide
- Continuing with project workstreams
- Delivery of a suicide prevention conference.

What we did

The aims of the strategy are to reduce the loss of life to suicide and to support those affected by suicide or suicidal behaviour. We work in partnership with other NHS and social care providers, and our voluntary sector communities across the Trust geography to contribute to improving the mental and physical health of our patient population. In continuation with embedding the strategy the following have been developed and achieved during 2023/24:

Culture

- Director leadership in place for suicide prevention with strategic suicide prevention forum meetings, along with Trustwide suicide prevention champion meetings
- Continued engagement across West and South Yorkshire public health teams
- Trustwide sharing of information in the form of national, regional, and international updates and research across the field of suicide prevention
- Continued process of review of operational policies, procedures, and guidelines to help ensure suicide prevention is considered, and connections are made to the strategic aims of the organisation

- Worked collaboratively across all care groups and Trust directorates to ensure suicide prevention is seen, and to ensure learning to reduce loss of life to suicide is shared.

Training and education

- Delivered in-house half-day training for suicide alertness for everyone (SafeTALK), and opened seats for training to partner organisations and voluntary, community and social enterprise (VCSE) bodies
- Delivered training for applied suicide intervention skills (ASIST) for suicide prevention
- Delivered bespoke training for suicide risk in the form of collaborative assessment and management of suicidality (CAMS)
- Ensured active promotion and visibility of the range of training available across the organisation, working closely with colleagues in our learning and development team
- Worked in partnership with others to support access to training and delivery of training across West Yorkshire
- Delivery of trauma informed training and lunch and learn sessions for all our workforce, to help shape the Trust's goal to become a trauma informed organisation by 2030
- Provided active support and information sharing on the West Yorkshire suicide prevention aims and ambitions, including regional champions sign up.

Family and carer involvement and collaborative care

- Shared information on the experience of families and carers through thematic analysis, with the Trust carers lead to embed within training and support the ambition for Triangle of Care accreditation
- Actively promoted and shared information relating to suicide bereavement support services acting on behalf of families in making referrals for them following their loss
- Employed a family liaison officer to support communication with families post incidents, and to shape the organisational standard for bereavement response
- Developed family and carer information on suicide risk.

Regional collaboration

- Continued visibility with partner organisations across West and South Yorkshire for multiagency suicide prevention sharing of learning and collaboration
- Continued contributions to regional near real time suicide surveillance.

Marginalised communities

- Worked in partnership across the West Yorkshire region for increasing awareness and insight within minority ethnic community groups on suicide prevention
- Improved the way we collect data on sexuality and suicide
- Actively engaged in the changes to collating understating on the loss of life to suicide where domestic violence and or abuse has been present prior to death.

Support for staff

- Continued work to support staff following service user suicide through established project workstreams
- Ensured the well-being of the workforce is promoted and visible within the aims of the organisation for preventing loss of life to suicide.

Progress has continued to be made across the following areas:

- Improvement work streams on clinical risk assessment and quality monitoring for formulation informed risk management (FIRM) assessments
- Improvement workstreams for care planning and care programme approach transformation, ensuring changes remain connected to safety from suicide
- Ensuring other relevant forums, such as the clinical environmental safety group, are used as a means to escalate actions required to mitigate loss of life to suicide
- Transitioned from the serious incident framework to the patient safety incident response framework (PSIRF) using knowledge on highest numbers of incidents to inform improvement works. This includes self-injury and ligature incidents on inpatient units.
- Sharing of high risk to suicide through Bluelight alerts, SBARS (situation, background, assessment, response) and learning forums.

Suicide prevention conference

In early March 2024 our patient safety team organised a Trust suicide prevention conference. We were joined by staff and colleagues from across the region with the aim of sharing good practice and experiences, and what we can do together to reduce loss of life by suicide.

The conference explored three key aims:

- Reducing loss of life by suicide
- Supporting those affected by suicide or suicidal expressions or actions
- Working in partnership to improve the mental and physical health of the people we care for and our communities

The conference heard a presentation by Men's Talk, who are a group of men from Kirklees who all have lived experience of mental health issues and suicide. They gave a thought provoking performance which used theatre to explore and encouraged people to reflect on what it means to be a male with mental health issues.

The conference also heard from Kirklees Council on their outreach work and from partners in Barnsley on how they are trying new ways of working to support people in crisis.

On display at the conference was the Yorkshire Speak Their Name memorial quilt, which is a project that allows people across Yorkshire who are bereaved by suicide to create their own square in memory of a loved one.

The marketplace also had displays from Leeds Mind, Samaritans, Op Courage (the veteran mental health and wellbeing services), Papyrus UK and Andy's Man Club.

Learning and insights from the conference will be used to help the Trust plans to reduce the loss of life by suicide.

What next?

- Review of the Trust's suicide prevention strategy, and cross reference with the 2023 national suicide prevention five year strategy
- Review project plans to include actions necessary to help inform the Trust's 2025-2028 suicide prevention strategy

- Patient safety incident investigation project plan for suicide prevention to be completed in 2024, with the aim for the information to help shape the future ambitions in suicide prevention
- Continue with improvement works to share finding back in to the Trust's strategic forum
- Pathways for staff to access support will be completed
- Continue partnership working across West and South Yorkshire
- To deliver an annual suicide prevention conference.

Reducing restrictive physical interventions

What we prioritised

To reduce the use of prone restraint (a type of restraint which involves holding a person chest down, whether the service user has placed themselves in this position or not, and whether the person is face down or has their face on the side) across inpatient services.

What we did

The reducing restrictive physical intervention (RRPI) annual report 2022/23 reported that, according to NHS benchmarking data 2021/22, our Trust reported higher than average use of prone restraint in adult inpatient and psychiatric intensive care (PICU) wards compared to other mental health providers. Although we recognise and celebrate that the Trust has a positive reporting culture, we also recognise we need to reduce and ultimately aim to remove the use of prone restraint.

Reducing the use of prone restraint was also highlighted as a key MUST DO action following the two CQC inspections of our acute and PICU services and forensic and secure services in May 2023.

In low and medium secure wards, the benchmarking data shows that the use of prone restraint is lower than the national average.

Data showed us that administration of intramuscular medication into the gluteal muscle for immediate acting medication and enabling safe exit of seclusion, were the highest contributary factors for the use of prone position restraint. The Trust's restraint reduction network (RRN) accredited restraint training emphasises that there must be a cogent reason for prone restraint and teaches alternative techniques, such as using a safety pod to avoid the need for prone restraint.

To deliver a reduction in prone restraint use across the Trust a number of actions were taken:

1. A task and finish group for alternative injection sites for intramuscular medication was established
2. Barrier to using safety pods (a large bean bag type resource used to safely facilitate restraint) were identified
3. The process for reviewing prone restraints within care groups to support learning was strengthened
4. Resources within the RRPI team have been increased, enabling an increase in training capacity and in-reach support to wards
5. A restraint reduction group has been established to implement quality improvement changes through plan do study act (PDSA) cycles.

Highlights and key activities completed to date
• The RRPI team have developed restraint holds for injections into the deltoid muscle as an alternative to the gluteal muscle. These techniques are being assessed by the moving and handling team for approval in line with governance processes • Posters have been produced to easily identify which medications can be administered into each muscle site. These posters will be displayed in treatment rooms and seclusion observation areas • A pilot ward has been identified within the adult and older people's mental health care group to implement alternative injection site training • Use of safety pods has been added to Datix as a mandatory field to help capture improved data on decision making • Improvements have been made to the descriptors in the Trust's incident reporting system and situation, background, assessment, recommendation (SBAR) on reporting use of physical interventions has been produced to improve data quality • Additional safety pods (both standard and smaller size) have been purchased for each ward along with a safety cushion to support the technique for intramuscular medication and seclusion exit techniques • The RRPI team have developed new techniques for seclusion exit using safety pods. They are taking a targeted approach to training. This rationale was to target high users of prone restraint for seclusion exits. The team have trained staff on our Newhaven ward, and are currently training staff on Walton PICU • Reducing restrictive physical intervention group is driving forward quality improvement methods to support restraint reduction using plan, do, study, act cycles using Safeward and PROMISE initiatives (PROactive management of integrated services and environments) • Trust RRPI training has been reaccredited during 2023/24 by the national restraint reduction network.

What next?

- Embed process for improving the oversight and scrutiny of incidents of prone restraint within care groups, in collaboration with specialist advisors
- Review qualitative and quantitative data from the pilot ward for alternative injection site training, to share learning and plan wider roll out
- Review qualitative and quantitative data from the pilot wards for alternative seclusion exit, to share learning and plan wider roll out
- Continue to review use of physical restrictive interventions and monitor impact of improvement initiatives
- Improve training and awareness of impact of physical interventions on service users and staff using simulation suits and media resources and debriefs
- Establish RRPI link workers to help identify themes and trends and encourage interprofessional learning.

Clinical effectiveness

Clinical effectiveness is informed by consistent and up to date high quality training, guidelines and evidence; designed to improve the health and wellbeing of a population and address inequalities through prevention and by addressing wider determinants of health; delivered in a way that enables continuous

improvements based on research, evidence, benchmarking and clinical audit. It includes monitoring and improving the outcomes of service users.

Quality initiatives in 2023/24

The quality initiatives prioritised for action in 2023/24 include:

- Outcome measures
- Improving access to child and adolescent mental health services
- Care closer to home

Outcome measures
What we prioritised To focus on targets for completion of paired outcome measures.
What we did The Trust continues to work to implement the use of outcome measures into routine clinical practice to facilitate a deeper understanding of the impact of the individual's condition on their health and social functioning, and the effectiveness of the interventions they are supported with. Capturing outcomes helps to evidence the effectiveness of the interventions that the Trust provides, ensures the opportunity to learn from areas of higher or lower performance, and the opportunity to continually improve the service offered and the outcomes achieved. In community mental health services we have replaced the mental health clustering tool with a solution which promotes use of the health of the nation outcome scales (HoNOS) as a clinician reported outcome measure (CROM) and from which cluster can be derived by an algorithm. We have seen an increase in completion of clinician reported outcomes since this tool was implemented. The outputs are beginning to be used to gain a better understanding of caseload profile and acuity. We have been working with our portal/integration partner ReStart Consulting to develop a digital solution to collect and report patient reported outcome measures (PROMs) using a laptop, smartphone or other handheld device. IMX Digital Outcomes aims to remove some of the traditional barriers to collecting PROMs where paper questionnaires often get filed and forgotten, or where the data requires re-inputting into the electronic clinical record which is time consuming and poses risks in transcribing errors. IMX Digital Outcomes was signed off at the end of October 2022 and rolled out to eight early implementor teams across CAMHS and mental health. In September 2023, with the aim of achieving CQUIN 15a (50% of adults and older adults accessing community mental health services to have a paired outcome of which 10% should be a patient reported outcome measure) and in response to the NHS England position statement around moving away from CPA, work began to roll out IMX Digital Outcomes to our core and enhanced teams. An introduction to PROMS and to IMX Digital Outcomes training was delivered at individual team meetings, and this has been backed up by more detailed and tailored training sessions to many teams. To encourage service users and clinicians to start completing and using outcome measures a 'bulk send' approach was agreed, and in January and March 2024 all service users in core and enhanced community mental health teams were invited to complete an outcome.

What next?

- We are now in the phase of rolling out IMX digital outcomes across all our core mental health and CAMHS teams. Training has been developed to raise awareness of the importance of outcome measures, linking outcomes with personalised care and support, and how to use IMX Digital Outcomes in conversations with service users. Ongoing support to teams will help embed use of clinical outcome measures into routine clinical practice
- A care plan improvement group is working to align outcome measures with care planning
- ReStart continue to develop the IMX Digital Outcomes tool based on clinical feedback. This includes the current development of an in-context launch from SystmOne and the addition of three new outcome measures
- Based on feedback from clinical staff, we are working with performance and business intelligence colleagues to notify practitioners when one of their service users has completed an outcome measure. This will include an alert for any item scores that might suggest the service user is at increased risk
- IMX Digital Outcomes provides visual information about the individual service users wellbeing and progress. However, work with clinical leads and performance and business intelligence is underway to develop a team and service level PROM dashboard
- There is ongoing evaluation of the HoNOS outcomes tool including the accuracy of recording the presenting condition and use as a caseload weighting tool. Also development of a dashboard to demonstrate acuity and change over time.

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

What we prioritised

- To improve waiting times from referral to treatment
- To ensure that children and young people have early access to the right support, at the right time and in the right place

What we did

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

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

Significant progress had been made in reducing waiting times for treatment over recent years across CAMHS. Progress was affected by the COVID-19 pandemic as referral rates increased and capacity within the service was affected. This is in line with the national picture.

Referral levels remain higher than pre-pandemic, with more children presenting in crisis and with complex needs. There has also been an increase in referrals for children with eating disorders.

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

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

Information on current numbers waiting in CAMHS pathways in each area is monitored by the operational management group, executive management team, the finance, investment and performance committee, and by our Trust Board.

In order to address the increasing waits, the following work has been undertaken during 2023/24:

Service evaluation - 'changing the way we work'

- We continue to provide a flexible offer
- Digital technology (telephone and video) was highlighted as positive for most children and families, however the risk of 'digital exclusion' with the potential disproportionate impact on the most vulnerable has been highlighted
- Face to face appointments have increased as the initial satisfaction with digital appointments during the pandemic has begun to reduce
- More appointments are face to face due to families and service user requests and the clinical need of young people
- In Calderdale and Kirklees all first appointments are face to face in order to observe the young person and pick up any non-verbal clues. Following this, a discussion with the service user about how they would like further appointments is undertaken
- Family therapy has proved successful via video link
- The virtual approach to groups offered by Barnsley CAMHS is valued by children and families
- Barnsley CAMHS have successfully embedded a single point of contact for emotional and mental health support with our mental health support team (MHST) provider Compass Be. Our aim now for 2024/25 is to expand this to include family support managers, for a coherent multi-agency front door for request for support
- Barnsley CAMHS have recognised the health inequality with learning disability provision within Barnsley CAMHS. We have recognised the increased demand for working within a neurodiversity adapted framework and have invested in training to ensure we can meet need and have positive therapeutic impact. We have worked with local commissioners with submission of a CAMHLD pathway as a solution to this challenge
- Barnsley CAMHS are able to offer timely assessment with service configuration at the front door.

Waiting list initiatives

- Capacity has been temporarily increased through additional investment
- Most initiatives which were implemented during the pandemic have been maintained, with ongoing review of care pathways to ensure they are efficient and effective. This includes a 'while you wait' offer within the Wakefield CAMHS service for people waiting for appointments within the core intervention team. This can include parent/carer session, safety nets or a wellbeing warrior

- In Wakefield an assessment team pilot has been implemented which improves how decisions are made at the point of referral. This was nearing completion, however, it has been affected by staff leaving the pilot. Further funding has been secured and recruitment to the pilot is underway
- Wakefield CAMHS now have a community mental health support team (MHST) which will support children with mild/moderate mental health needs and is currently in the recruitment phase
- Wakefield CAMHS are increasing the group work offer
- Barnsley CAMHS has incorporated a 'waiting well offer'. This is a system and service approach to accessing support whilst waiting for treatment, and recognises the importance of other support which can make a positive impact on mental health. We have a more robust offer of waiting list monitoring to ensure that we are, where possible, identifying risk, and acting in a timely manner and providing support to families and young people whilst waiting
- Barnsley CAMHS has also reviewed the pathway for attention hyperactivity deficit disorder (ADHD), which includes flexible approaches such as technology and the use of varied staff in teams. This includes the launch of the 'QB test' (a computer-based test to measures symptoms of ADHD) in February 2022. Funding has also been secured for non-medical prescribing posts
- The Kirklees mental health support team (MHST) has covered 57% of schools in Kirklees. Positive feedback has been received from schools, children and young people and families, commissioners and Kirklees scrutiny panel
- Throughout the next 12 months we will be integrating with partners in Northorpe Hall and will launch Kirklees Keep in Mind from April 2024. This will support the offer of an equitable service across Kirklees.

Neurodevelopmental assessment pathways in Calderdale and Kirklees

- In 2023/24 investment has been made into neurodevelopmental assessment pathways in both Calderdale and Kirklees
- In Calderdale:
    - the enhanced service has been funded to deliver 21 assessments. There are challenges to deliver this on a consistent basis due to staffing issues, however, the service continues to deliver a large number of assessments
    - Work is ongoing on the right to choose agenda for neurodevelopmental assessments
    - Work is going on across West Yorkshire to look at streamlining the process.
- In Kirklees:
    - The neurodevelopmental assessment service has relocated and this has been positive for staff and families
    - The Kirklees service has been commissioned to deliver 43 assessments per month. Issues with staffing are currently impacting the service meeting the assessments, although assessment numbers remain good. Recruitment remains ongoing to support delivery of the commissioned assessment numbers. Positive recruitment has happened with only two vacancies remaining
    - An external provider offers 21 assessments per month across Kirklees, however this provision ended at the end of March 2024
    - Due to the success of the new screening process we have received positive feedback from referrers and are now offering consultation slots within two to four weeks.
- Further investment for 2023/2024 into eating disorders, avoidant resistive food intake disorder (ARFID) and crisis. Recruitment has been positive.

Secure CAMHS (Wetherby young offenders institute (YOI) and Adel Beck secure children's home)

Secure CAMHS have also been looking at ways to improve access to services for those children in secure care with examples being:

- At Wetherby YOI a 'RAG' (red/amber/green) rating was put in place for young people on a waiting list. This triggered a duty visit for the young person while they were waiting for an assessment, ensuring support was available. Due to improved recruitment and retention, there are currently no waiting lists. We also now provide face to face three monthly reviews for young people who are not on a caseload, or sooner if required
- At Wetherby YOI the addition of laptops for young people has enabled an 'app' to be installed so they can request an appointment with CAMHS directly
- Wetherby YOI now has a cognitive behavioural therapist (CBT) in post and a full team of psychologists who offer a range of therapies/interventions
- At Wetherby YOI an additional learning disability nurse has been recruited into the team. This has enabled clinicians to provide further interventions. Diagnosis, treatment and intervention with a 12-week period and a care plan will be put in place to monitor the delivery of this care
- Adel Beck has relaunched the mental health practitioner role. The Trust is in a position where we have a dedicated mental health practitioner on each unit. We are seeing the positive impact of this with feedback from Adel Beck care staff about the increased presence and support offered
- Adel Beck have successfully recruited a full time advanced occupational therapist
- Adel Beck has psychologists who offer a range of therapies/interventions
- Adel Beck continues to work with our pets as therapy volunteer to facilitate visits from the therapy dog into Adel Beck, which is loved by the children
- Adel Beck has also worked with the neuro-lead and SystmOne teams to develop our neuropathway, and ensure that this maps onto the clinical system to support the pathway to be embedded. This has also opened the referral pathway formally to external professionals and we are now receiving referrals directly from social workers/youth offending teams.

What next?

- Optimising level of recurrent investment in strengthening CAMHS capacity and addressing gaps in levels of investment to meet demand (within developing Integrate Care System (ICS) level arrangements)
- Agreement and implementation of business cases regarding neurodevelopmental pathways
- Further business cases to address the challenges in meeting the needs of children in crisis and those with eating disorders are planned
- Referrals in to learning disability teams are increasing and funding has remained the same for several years. Business cases to be developed for further funding and development of the Calderdale and Kirklees CAMHS learning disability services
- A new service to have mental health practitioners in GPs surgeries in Kirklees is being developed. This is aimed at providing support in a way that will reduce the need for referrals into specialist CAMHS and into A&E
- Development of the crisis line to cover from 8am to 8pm seven days a week, in the hope that this will provide additional community support and prevent the need for young people to go to A&E
- Working with commissioners with ensuring that the service has the capacity needed to meet demand in what is an increasingly challenging financial picture
- Reviewing service functionality and considering any transformational work that can ensure services are sustainable, supportive to staff and responsive to service users as much as possible.

Care closer to home

What we prioritised:

- To focus on sustaining reductions in the number of people placed in beds out of area
- Ensuring that access to a bed at the point of need is always available
- Ensuring patient safety at all points in the care journey.

What we did

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

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

From June 2023 the care closer to home (CCTH) approach became part of the Trust's priority programme work, linking in with the mental health improvement, workforce planning and inpatient improvement work.

The purpose of the care closer to home priority programme is to ensure that opportunities for the provision of secondary care mental health services (inpatient) are maximised as part of a whole systems approach. This includes ensuring that out of area placements are only made when opportunities for local inpatient care provision is not possible and/or appropriate, to effectively meet the needs of the individual services user.

The work has been carried out with the golden threads of the organisation carefully woven throughout. This includes (but is not limited to) having a clear focus on adopting a trauma informed approach.

The care closer to home priority programme was refreshed and re-formatted for 2023/24.

Patient flow dashboard to support monitoring and oversight

The patient flow dashboard is a bespoke dashboard which was developed early in 2023. It has been used as the central place for holding and monitoring the status of all requests for admission by the patient flow team since May 2023.

The patient flow dashboard is a tool to support the management of beds effectively. It allows for monitoring of demand and capacity, out of area bed use, and clinically ready for discharge in one place. It enables staff to identify building pressure within the system and aids in the prioritisation of bed allocation in a timely manner.

Bed availability is verified and inputted by the discharge and patient flow coordinators each morning and updated continuously throughout the day. This ensures a clear and accurate picture of bed capacity is maintained and available for handover/viewing by all associated services e.g. integrated home based treatment team (IHBTT).

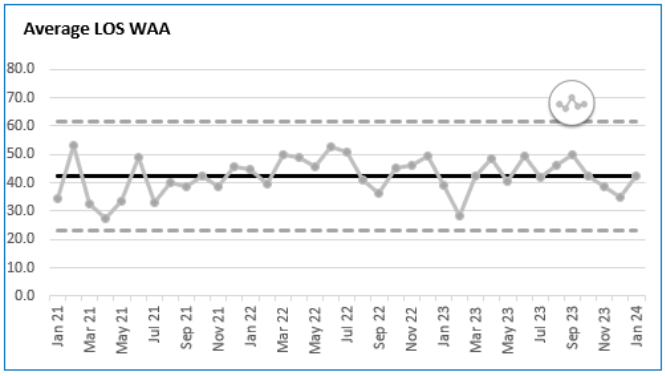
Multi agency meetings are held in a variety of format multiple times throughout the day. The dashboard ensures that the internal and external elements of patient flow can be managed and supported.

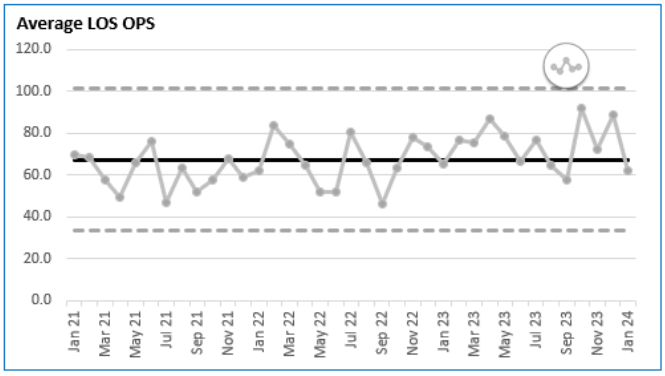
Measures

The following measures are in place to assist with the triangulated understanding of the impact of the work carried out as part of the CCTH priority programme. The comprehensive data review conducted as part of the ongoing governance arrangements has been established to ensure that the impact of the work can be safely monitored and managed across all aspects of our inpatient and community services.

The comprehensive data review document is embedded below.

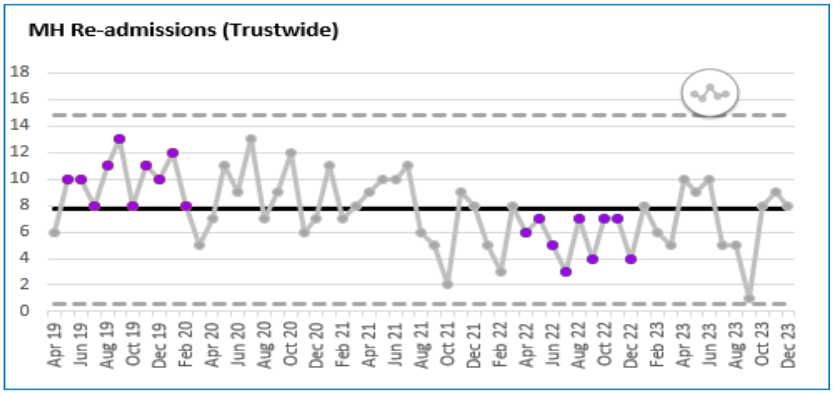
Inpatient services





The graphs above demonstrate average length of stay (LoS) within working age adults (WAA) and older peoples services (OPS) and this remains in normal variation. In additional ward level reviews are also conducted with no negative effects noted. However, length of stay has been increasing, especially within OPS. A number of social factors may be contributing to this.

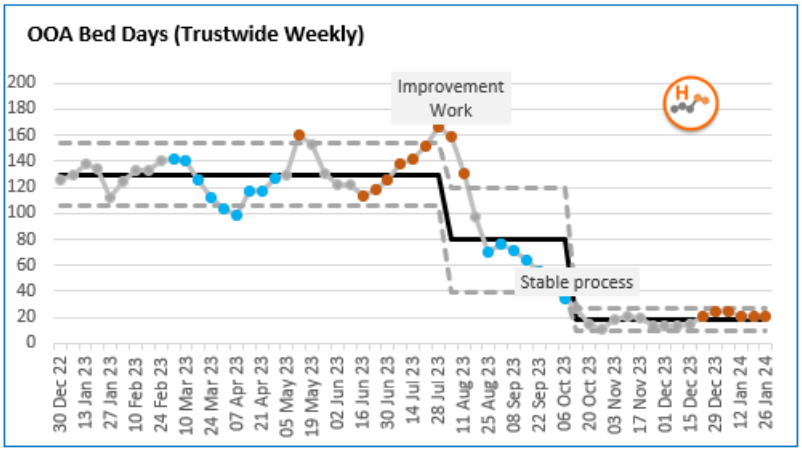
Readmissions



Readmission remains within normal variation; however certain diagnostic groups frequently often re-present through the use of section 136.

Out of area (OOA) placements

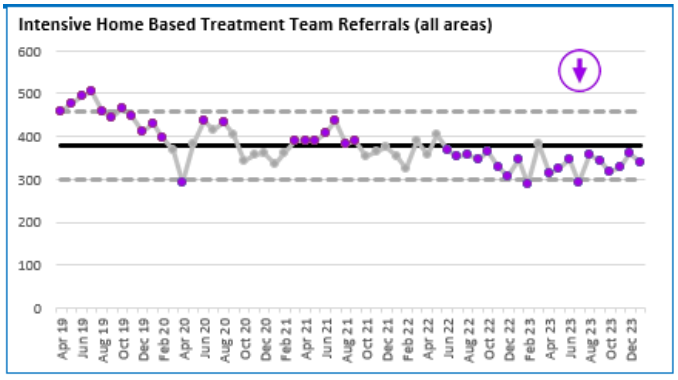
Out of area (OOA) usage has been managed to its lowest level since 2019, with a lowest of two OOA placements and a high of six since the start of the programme. This is demonstrated in the graph below.

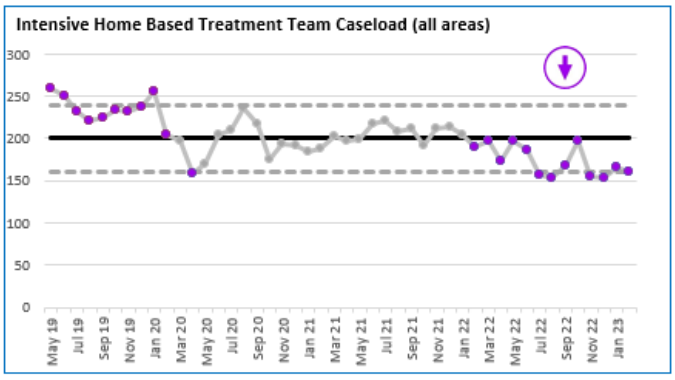


There is strong governance both in respect of the authorisation of OOA and the return of people to Trust beds. The impact of this has not shown to increase pressure within the community services, however, has instead seen some use of over occupancy and admissions out of pathway (for example an adult to an older person's ward). All instances of over occupancy and out of pathway admissions are reviewed for impact on the service users and the staff. This also includes if people remain in the community whilst waiting for a bed. This is overseen by the CCTH steering group and the Trust's mental health oversight group.

Community services (integrated home based treatment team (IHBTT) and others)

IHBTT and community caseloads do not show an increase in activity that is directly correlated with the low OOA usage. However, at various times local teams have experienced increased demand for a period of time. For example, Calderdale IHBTT saw an increase in the late Autumn of 2023 and Barnsley is seeing significant acute pressure at the time of writing this report.





Risks and Incidents

Datix incidents related to CCTH are reviewed within the CCTH steering group and within the patient safety oversight group. Risks are monitored through the patient flow meeting on a daily basis with general managers and service managers from inpatient and community services.

What next?

- To sustain the reduction of use of OOA beds. The target remains at zero. However, as the Trust does not have gender specific psychiatric intensive care unit (PICU) provision achieving an OOA bed use of zero will be a challenge, given the need for person-centred gender specific care
- We will continue to work towards creating a sustainable pathway for the service user's journey through our services, enabling good patient flow with managed system delays and supporting people in the community.

The four main workstreams are being reviewed for 2024/25, however, at the time of writing they are:

- Optimising care in the community
- Point of admission
- Appropriate inpatient pathway
- Patient flow.

With the above workstreams aligning with the Trustwide priorities of:

- Reducing the use of OOA beds
- Care closer to home
- The application and utilisation of continuity of care principles.

We will:

- Work together with all our partners in reviewing the valuable feedback given at the engagement workshops, and look to address the valuable conversations, topics and themes that emerge. Any outputs will be addressed in small task and finish groups (where required) and further specific topic workshops which may be per team or location
- Continue to work towards creating consistency and uniformity of all processes and systems, and achieve a full understanding of the roles and responsibilities required to ensure timely admittance and discharge
- Provide a space through SharePoint where all relevant documents and links to partners' information for referrals can be easily found and shared. This will act as the main communication hub. Communication and a mechanism that would provide real time updates was identified as being a key component that needed to be addressed. Training for the patient flow dashboard and informal drop-in sessions will also be shared in this portal
- Launch weekly engagement clinics to ensure staff have a voice within the program
- Continue to effectively use data and information to inform decision making and drive service improvement, ensuring that staff have access to dashboard training and knowledge of where to obtain the relevant information that will support their working group initiatives.

All of the CCTH programme will be, as in 2023/24, considerate of the alignment across the inpatient programme of work, particularly with all aspects of the discharge process.

Patient experience

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

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

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

Quality initiatives in 2023/24

The quality initiatives prioritised for action in 2023/24 include:

- Triangle of Care
- Friends and family test
- Complaint closure and resolution times

Triangle of Care
What we prioritised Apply to become a member of the triangle of care and begin the journey to enhance the experience for carers across the Trust. Triangle of Care is a national initiative provided by the Carers' Trust, who describe the approach as a therapeutic alliance between carers, service users and health professionals, aiming to promote safety and recovery and to sustain mental wellbeing by including and supporting carers.
What we did The Triangle of Care creates collaboration and partnership with carers in the service users' and carers' journey through our services. As part of our commitment to keeping carers and families of people who use our services informed and supported, we are introducing the Triangle of Care model in all services across our Trust. The Triangle of Care means including carers at all levels of care, giving them equity in the service user journey. Using the Triangle of Care will help promote safety, support recovery and improve wellbeing. In July 2023 the Trust was successful in our application to become a member of the Triangle of Care. The membership is a three-stage recognition process for services who commit to self-assessing their existing services and action planning to ensure the Triangle of Care standards are achieved. The

membership scheme recognises long term commitment from mental health providers who are working towards measurable cultural change in this area.

The Trust is well on track to achieve the first star for Year 1 of the programme. We already meet many of the required standards and services in inpatient and community crisis teams (including forensic services and CAMHS). We have completed a self-assessment and are action planning to support improvement in identified areas.

A significant amount of work has already been undertaken to improve the inclusion and experience of carers and families. This includes:

- Production of carer and staff carer leaflets
- Recruitment of 70 carers' champions across the Trust and delivery of workshops
- Co-developed staff carers awareness training
- Introduction and promotion of the use of carers' passports
- Dedicated intranet area for staff carers
- Having a dedicated carers project manager

At the end of Year 1, 100% of self-assessments had been completed and this has allowed for review against the Triangle of Care standards and setting of action plans for each team/service.

What next?

Year 2 of the programme focusses on other community mental health services and many self-assessments for these teams have already been completed.

Work will continue to achieve the action plans which have been developed for inpatient and community crisis teams.

Data gathering and review of the impact of the work will also be a priority for 2024/25.

Capturing patient experience: Friends and Family Test

What we prioritised

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

What we did

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

In 2023/24 we focused on:

- Development of patient experience representatives across the Trust to support the patient experience agenda. The connecting people approach has also been implemented within the Trust. This programme trains people to become 'connectors' to help support the Trust gather views of those who access services. A schedule of work is being developed for the future to use connectors across the Trust to develop how we gather patient experience feedback
- Continuing to work with teams to develop collation of actions taken because of feedback. Work continues to be undertaken with care groups on supporting and evidencing actions taken because of feedback. This work is also forming part of the agenda for the patient experience group
- Reviewing the patient experience improvement framework. NHS England has advised that they are in the final stages of sign off and that the framework will be available this year (2024/25)
- Further expanding text messaging across community health services. This work was delayed due to capacity issues and will be developed in 2024/25
- Working with other support services to triangulate insight to inform quality improvement. The Trust has re-established a patient experience group with support services and front-line staff to look at how to triangulate data. The Trust will continue to develop the agenda throughout 2024/25
- Development of service line patient experience surveys. Specific patient experience surveys have been developed for mental health inpatients, forensics inpatients, and carers. Data analysis is being undertaken and reviewed by service lines and a mechanism for collecting action taken because of feedback. Other service line surveys will continue to be developed in 2024/25.

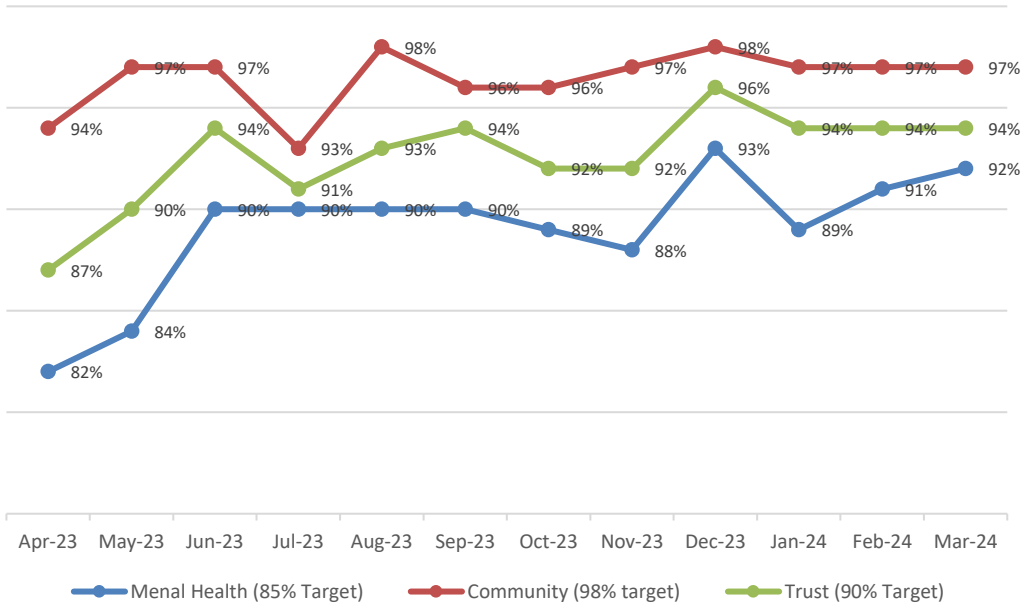
Friends & Family Test

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

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

The FFT was implemented in the Trust in 2015. The Trust is on a progressive journey of continually refining and improving systems and processes for the collection of service user feedback and uses this to improve quality. In 2023/24 the Trust received 8,883 FFT responses, an average of 740 per month compared to 13,336 FFT feedback received in 2022/23. This reduction in FFT responses is due to a new system of sending a text message with a link to people. Some communications have been issued to inform people of this change, however, there remains some apparent hesitancy amongst people around clicking on a link in a text message. We have started to see an increase in responses as this embeds and it is leading to better and more qualitative feedback.

The chart below shows the number of respondents that rated the service as either 'very good' or 'good'. Community physical health services generally achieve a higher satisfaction rate than mental health. Due to this community physical health services have a higher satisfaction rate target of 98%.



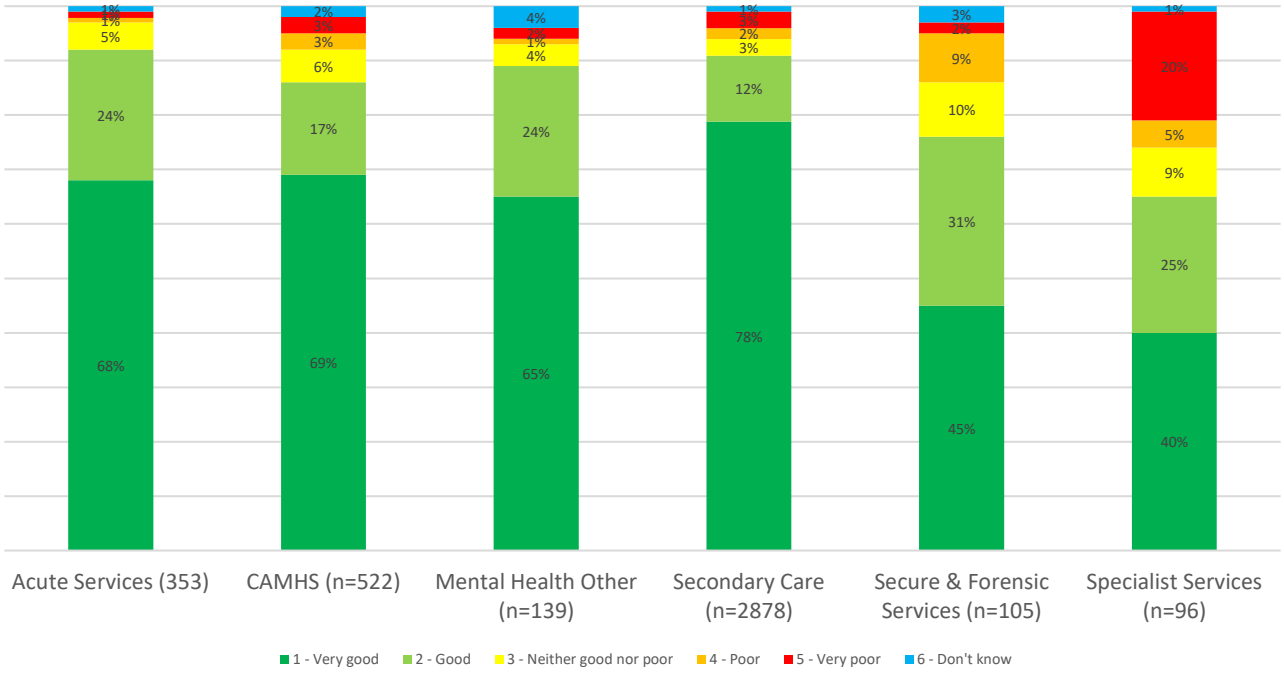
Friends & Family Test	Target	Reporting Period	Q1	Q2	Q3	Q4
CAMHS	75%	Quarterly	79%	80%	84%	88%
Learning Disability Service	85%	Quarterly	100%	88%	97%	100%
Forensics	60%	Annually	76%			

Top three themes from Friends and Family Test feedback:

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

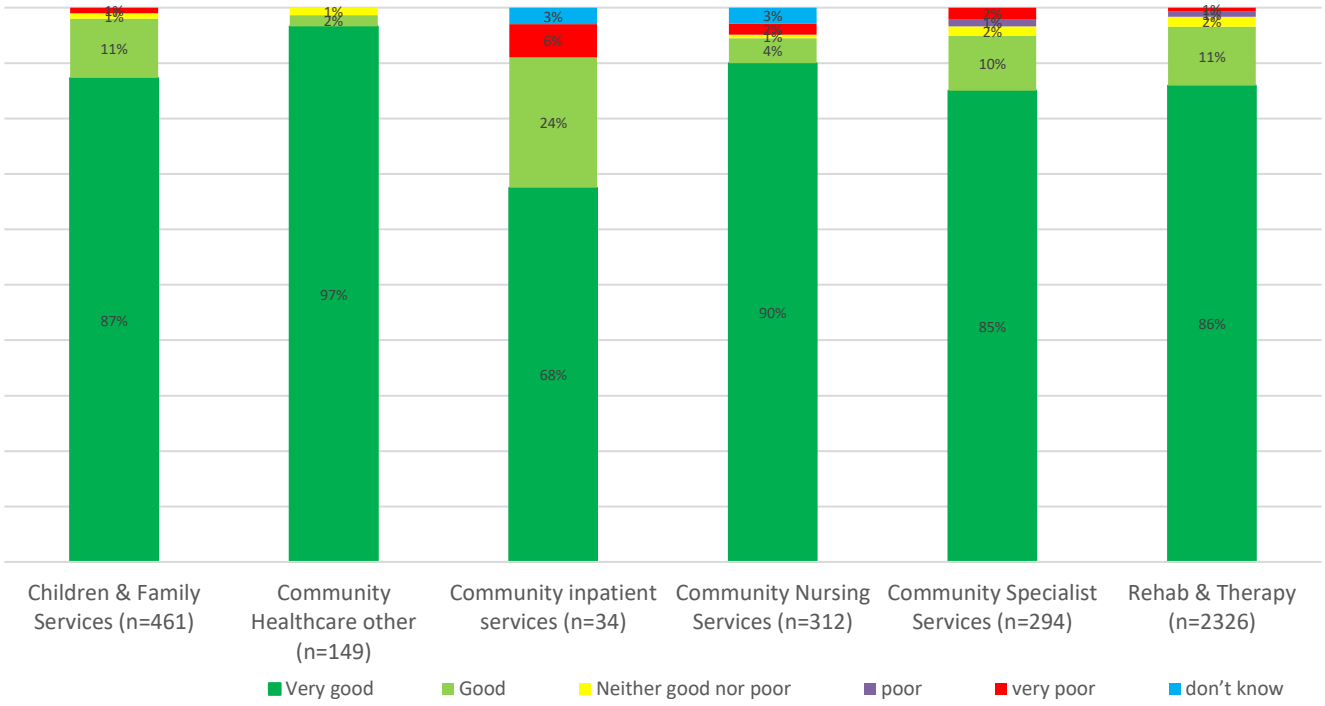
Trust-wide	1. Staff 2. Communication 3. Patient care	1. Staff 2. Access and waiting times 3. Admission and discharge

Mental Health Service Friends and Family Test Results 2023/24



90% of respondents rated the service they received as either ‘very good’ or ‘good’. 5% rated the service as ‘very poor’ or ‘poor’. The percentages for those who would rate the service as ‘very good’ or ‘good’ were 5% above the 85% target. This is an increase on the previous year when 84% of respondents rated the services they received as either ‘very good’ or ‘good’.

Community service Friends and Family Test results 2023/24



96% of respondents rated the service they received as either 'very good' or 'good. 2% rated the service as 'very poor' or 'poor'. The percentages for those who would rate the service as 'very good' or 'good' fell below the 98% target by 2%. However, this is an increase of 3% on the previous year where 93% of respondents rated the service they received as either 'very good' or 'good'.

What next?

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

Complaint closure and resolution times

What we prioritised

- To eliminate the waiting list of complaints waiting to be allocated to a customer services officer for action
- To improve on our delivery timely and robust responses to feedback, both informal concerns and formal complaints

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

What we did

The Trust values the importance of providing anyone who uses our services or their loved ones the opportunity to seek advice and provide feedback about the services we provide. Efficient and effective handling of complaints can be viewed as a measure of organisational strength and demonstrates the Trust's commitment to continuously listening, reviewing and improving the quality and safety of the care we deliver.

The customer services team provides an accessible and simplified gateway acting as a single point of access to hear and act on concerns, comments, compliments and complaints driven by the rights of patients as set out within the NHS Constitution.

The Trust recognises that the complaint process is sometimes the best pathway for patients and families to receive an appropriate resolution to a problem. The team continues to promote a welcoming and positive culture for everyone contacting the customer services team, and is easily accessible to all users of our services via our dedicated freephone number, office number and secure email address. People can also provide feedback to the team online through the Trust's website by completing the online form. They can also contact the team in writing either by letter or completing a customer services leaflet found in service areas or local advocacy services.

The Trust acknowledges the importance of monitoring trends and patterns in concerns and complaints and facilitates early detection of any systemic problems. Learning from complaints and feedback helps the Trust to continually improve a person's experience and the services we provide.

In 2023/24, the focus was on trying to eliminate the backlog of complaints on our waiting list. In April 2023 there were 24 complaints awaiting allocation to a named customer services officer and by October 2023 this waiting list had been eliminated.

Data for 2023/24

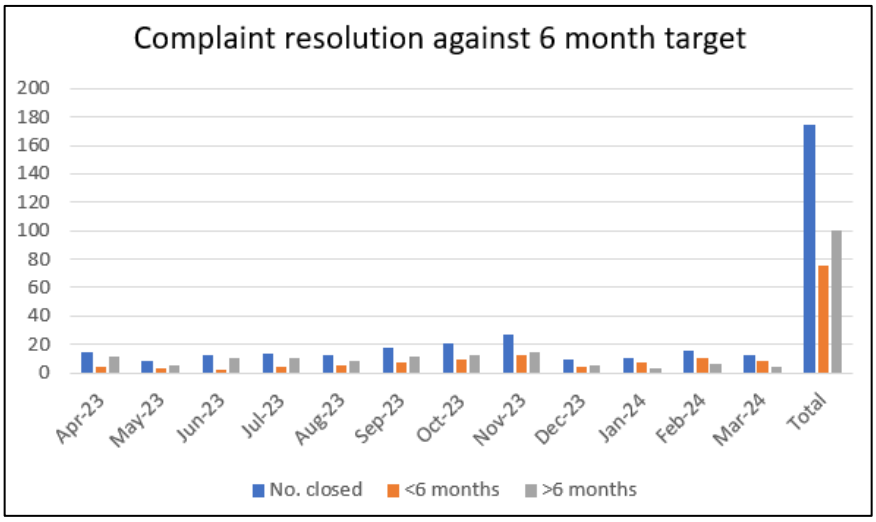
Between April 2023 and March 2024, 175 formal complaints have been closed. Of these, 43% (n=75) were closed within six months of receipt of the complaint and this performance continues to increase month on month, with 66% of complaints responded to in March 2024 being within the six month target.

The flow of complaints through the process is under constant review and whilst the response to a complaint within six months remains below target, a number of actions are in place to support with a timely response. These include:

- Full customer services established team, with band 3 administrators able to complete required tasks and free up time for customer services officers to write responses
- Close working with care groups to quickly identify a lead investigator for a complaint
- Supporting completion of the investigation toolkit to enable easy completion of a complaint response
- Changes to the sign off process to enable a complaint response to be signed off by the required senior managers and directors in a timely way.

We expect the ability for the Trust to respond to complaints within six months to continue to increase throughout 2024/25.

Response times for six-month target



Reopened complaints

During 2023/24, 16 complaints were reopened following a complaint response letter being sent. This is 9% of all complaints which were closed and completed during the year. This reflects the complete and thorough investigations and responses which complainants receive and their satisfaction with these.

Nine complaints have been escalated to the parliamentary and health service ombudsman (PHSO) during 2023/24. These break down as follows:

- Six are awaiting confirmation as to whether PHSO will investigate further
- The Trust was notified of one complaint as a courtesy and to request relevant healthcare records (our Trust not the leading organisation in the complaint)
- One complaint was closed with no recommendations or action
- One complaint is currently being explored for its suitability for dispute resolution process.

Informal concerns/service issues

During 2023/24, 463 informal concerns and service issues were managed and closed through joint working between the customer services team and care groups.

Improvement work

The following improvement work has been completed during 2023/24:

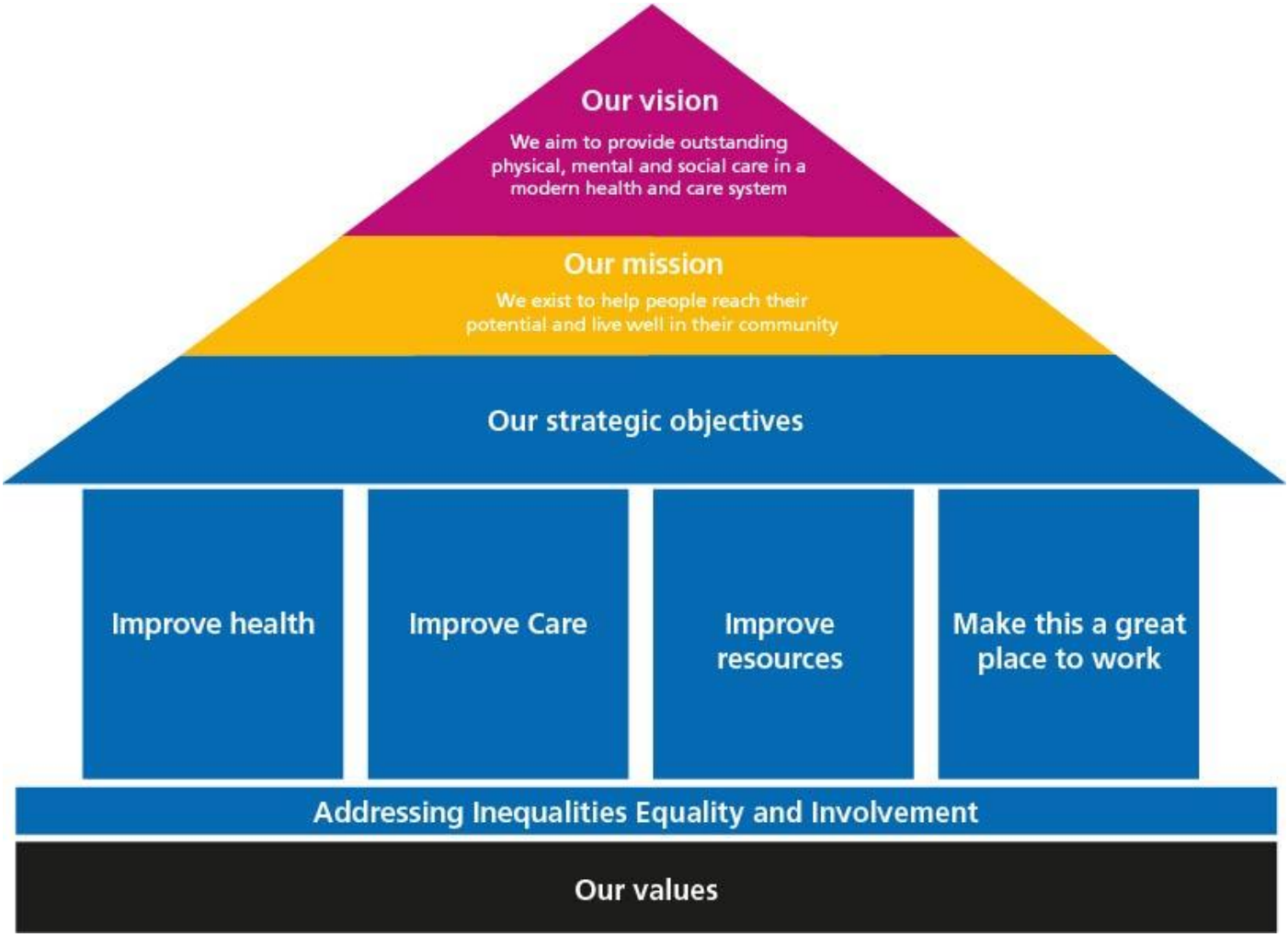
- The customer services policy has had a full review and update, bringing it in line with PHSO national standards framework
- Within this policy there is a new and robust section to support the management of persistent and unreasonable contact. This includes a new process, recording and monitoring and letters to support complainants when there are difficulties in agreeing or resolving a complaint

- Work with the Datix team to streamline the recording of complaints and concerns within the Datix system
- Work with performance and business intelligence colleagues to develop a complaints dashboard which allows for easy monitoring and reporting on complaints and the complaint process. This work will continue into 2024/25
- Continued focus on development of team – for example, complaints handling training, letter writing skills, wellbeing /reflective sessions.

What next?

- Running a programme of engagement events across the Trust to ensure that the process for complaints management is understood
- Implementation of an electronic survey for people who have raised a complaint, and with partner organisations, to give us a better understanding of their experience of the process and the extent to which the resolution met their needs. This insight will inform further continuous improvement of the complaints process
- Work to continue to improve meeting the six-month timeframe for responding to formal complaints
- Identifying themes from complaints and making improvements following feedback. The customer services team work closely with lead investigators to ensure that any learning from feedback is identified
- Delivery of a Trustwide complaints training programme
- Continue to monitor outcomes by tracking the number of complaints reopened and those referred to the ombudsman.

Other examples of quality improvement and innovation



Over the last year, we have seen a continued commitment to delivering high quality care, with teams going out of their way to support service users, families and each other. In this section, we highlight some additional examples of improvement and innovation that demonstrate how staff have worked to deliver our vision and mission during 2023/24.

Video headset project in podiatry

The Podiatry team have purchased some headsets which are able to relay videos of client's lower limbs in real time (telemedicine), with the purpose of supporting junior colleagues during assessments. The headset will allow for advice to be sought from a more senior colleague as part of a virtual consultation. They may also improve access to a timely prescription.

Consent will be obtained and individuals provided with an information sheet before the consultation begins.

The project aims to reduce the need for a client to be re-booked if senior clinical advice is not available during their consultation and thus improving quality of life, waiting times and case load for the podiatry team.

Expected outcomes of the project include:

- Improved service user satisfaction with the service

- Improved professional job satisfaction, improved retention and better attraction of newly qualified staff
- Improved outcomes relating to treatment
- Reducing waiting times
- Freeing up of appointments
- Qualitative experience of staff and service users.

Life after stroke programme

The Life after stroke programme is a new six week rolling programme in partnership with Barnsley integrated community stroke rehabilitation team, the Stroke Association and Tesco. The sessions are delivered in a local supermarket's community room making it easily accessible for stroke survivors. The informal setting allows for increased participation. The programme covers many aspects of life after stroke and is delivered by stroke specialists, including psychology, physiotherapy, occupational therapy, speech and language therapy, dietetics and nursing.

Canine befrienders and 'The Pad'

The canine befrienders programme was set up in 2020 to provide inpatients and staff with the opportunity to experience the many benefits of spending time with a therapy animal on a regular basis.

In December 2023 our new facility 'The Pad', funded by our EyUp Charity and the pet food manufacturer Royal Canine, was officially opened. The Pad is a wooden lodge with a fully enclosed garden area, paw print paving stones and a kennel shaped gateway. It is located within the caring garden at Fieldhead hospital in Wakefield.

The Pad gives service users and staff the opportunity to spend time with the canine befrienders in a comfortable and safe environment.

The Pad is open for drop-in visits every Tuesday, Thursday and Friday afternoon and a coffee morning is held every Wednesday morning.

The Pad also hosts a bereavement support group on the first Tuesday of the month.

Digital dictation

Dictation is used across the Trust by clinicians, secretaries and admin teams. Currently this is mainly in the form of magnetic tapes on Dictaphones that are then transported and transcribed. Digital dictation can replace this by allowing recording and editing without using analogue tapes. Uploading is almost instantaneous, meaning there is no need to transport and no chance of the tapes going missing.

Following a successful pilot at Wakefield, digital dictation has been agreed as one of the priority programmes for 2023/24, as part of making digital improvements.

Digital dictation has many benefits, including:

- Improved data security
- Enabling quicker turnaround times for service users
- Increased capacity for clinicians and supporting roles
- It can also be useful to help people with physical health issues that impact upon typing or writing ability, improving accessibility in the workplace.

Annex 1: Glossary

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

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

Annex 2: Statements from our stakeholders

CALDERDALE CARES PARTNERSHIP

NHS West Yorkshire Integrated Care Board

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

7 June 2023

Dear Darryl

South West Yorkshire Partnership NHS Foundation Trust (SWYPFT) 2023/24 Quality Account

Thank you for providing the opportunity for us to comment on the South West Yorkshire Partnership NHS Foundation Trust Quality Account 2023/24. This statement represents the views of Calderdale Cares Partnership, Kirklees Health and Care Partnership and Wakefield District Health and Care Partnership, on behalf of the NHS West Yorkshire Integrated Care Board.

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

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

- The Trust's Perinatal Mental Health team being accredited for its quality service by the Royal College of Psychiatrists.
- Wakefield and Calderdale Individual Placement and Support (IPS) teams being recognised for the "exemplary" standard of service and being awarded the highest possible rating by IPS Grow following fidelity reviews.
- The perinatal peer support workers being presented with the NHS England Chief Nursing Officer Healthcare Support Excellence award, celebrating people who give consistently outstanding care recognised by patients, service users and colleagues alike.

- Calderdale and Kirklees memory services being awarded a sustainable mental health service commendation, being recognised for work towards achieving 90% of the Carbon Credit Quality Initiative (CCQI) sustainability standards.

The Integrated Care Board acknowledges that the refresh of the Trust's strategy is underway and aims to influence the future direction of the Trust. The three quality priorities were and will continue to be for 2024/25:

Quality Priority 1: Safe and responsive care

We recognise and support the progress made in the implementation of Electronic Prescribing Medicines Administration (EPMA) which is now integrated within existing business as usual processes. Following evaluation of the system into mental health inpatient units, the benefits from a patient and safety point of view have been recognised, including more timely and appropriate medicines administration and a reduction in reported medication incidents. The Integrated Care Board is pleased that community services have been scoped and prioritised for EPMA implementation and look forward to receiving updates on this roll-out.

We acknowledge the considerable amount of work undertaken to improve Clinical Record Keeping, specifically clinical risk assessment and care planning. The early change ideas that have been implemented are demonstrating a positive impact and the remaining changes identified will now be implemented and adopted Trust-wide. We are pleased to see that the views of service users and carers will be sought to ensure any changes made will meet the ask and needs for all.

The Integrated Care Board welcomes the work being prioritised in relation to Learning Disability Service Improvements with the acknowledgement that people with a learning disability were significantly adversely impacted during the pandemic. Extensive work has been undertaken to:

- continue to reduce waiting times for assessment and treatment in community learning disability services
- continue to support General Practitioners with the increase in annual health checks
- embed new escalation processes and improve support and communication in community teams as an outcome of the workforce review.

During 2023/24 services offers for both the community teams and the Horizon Centre were strengthened which has seen a number of positive outcomes, including an improvement of the take up of annual health checks, a maintained oversight of the LeDeR agenda and continued partnership working across all areas to support people with a learning disability as well as co-morbidities. The Integrated Care Board is pleased to see that the priorities for 2024/25 include the completing of the waiting list project to ensure waits are maintained under 18 weeks and the development of an approach to manage service users with a learning disability who require ADHD intervention.

Quality Priority 2: Equality, inclusion and equity

We welcome the update on your progress regarding the delivery of the objectives described within your equality, involvement, communication and membership strategy. The Trust's principles, which we are pleased to see have been co-developed with communities, demonstrate the Trust's understanding of the importance of improving access, experience and outcomes for people from all background and communities.

We support the work undertaken to support a reduction in falls across all services through improvement in falls risk assessments, post-fall protocols and identifying improvements and support. We acknowledge the positive impact made by the newly appointed falls co-ordinator for inpatient wards and the quality improvements already made, such as improved completion of post falls protocol documentation and the monthly falls update for staff linked with falls data and offering assessment and support for wards with patients who present with complex needs. We look forward to receiving updates on any further quality improvement initiatives as well as any learning identified as part of the development of a Trust-wide falls annual quality improvement plan.

Quality Priority 3: Health, wellbeing and experience of staff

The Integrated Care Board supports the Trust's commitment to improving staff experience and wellbeing and acknowledges the continued investment in the Trust's wellbeing and occupational health offer. We are pleased to see that the majority of clinical services now have a health and well-being champion in place and that work continues to promote and engage. The Quality Account demonstrates a continued focus on staff health, wellbeing and experience with actions and areas for improvement identified via the staff survey; we look forward to receiving updates and seeing evidence of this when we talk to staff when we come to visit.

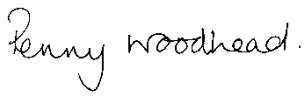
We congratulate the Trust on the successful implementation of the Patient Safety Incident Response Framework (PSIRF) and Learning from Patient Safety Events (LFPSE) system. We thank the Trust for the opportunity to review your Patient Safety Incident Response Plan (PSIRP) and policy prior to publication and we support your local priorities and the way in which you will respond to patient safety incidents as set out in your PSIRP and policy. The Integrated Care Board will continue to seek updates and feedback on the implementation of PSIRF including the engagement with and onboarding of Patient Safety Partners.

We are pleased to receive an update on the Trust's approach to quality improvement. It is positive to hear examples of the Trust using quality improvement processes to bring staff, patients and communities together to improve and redesign the way that care is provided, including your work joining a reducing restrictive
practice national collaborative. We look forward to an update on the outcome of the
Royal College of Psychiatry Psychiatric Team of the Year award that one of your community child and adolescent mental health service (CAMHS) teams has been short-listed for, for their quality improvement project.

The Integrated Care Board looks forward to continuing to work with the Trust in collaboration with other partners across the health and social care system to ensure

local people have access to safe, high quality, and compassionate care. The NHS West Yorkshire Integrated Care Board values South West Yorkshire NHS Partnership Foundation Trust's positive contribution to the system and commitment to quality and looks forward to continuing our partnership through 2024/25.

Yours sincerely



Penny Woodhead
Director of Nursing and Quality
Calderdale Cares Partnership
Kirklees Health and Care Partnership
Wakefield District Health and Care Partnership
NHS West Yorkshire Integrated Care Board

Barnsley Council's Overview & Scrutiny Committee

The Committee would like to thank the South-West Yorkshire Partnership NHS Foundation Trust (SWYPFT) for the services they have provided to the residents of Barnsley during 2023-24, and for the opportunity to contribute to the Quality Account for this year.

The Committee are satisfied that the priorities are broadly in line with expectations, and we look forward to seeing the impact of further improvements in mental health services during the coming year.

It is clear from the Quality Account that the trust engages with patients and staff to inform decision making and shape service delivery. As with other partners within the NHS, we would expect the Trust to be mindful that patient engagement must be of sufficient quality and quantity to ensure that is fully represents the diverse communities that it serves.

Given that the report covers a large footprint and is expected to appeal to a broad range of stakeholders, we hope that the Trust has plans to publish a version of the Quality Account that can be easily understood and accessed by all the communities that it serves so that they can see what is being done to improve the quality of services.

During 2023-24, the Trust has supported the Overview & Scrutiny Committee to scrutinise the following topics: -

- Children & Young People's Mental Health Services
- Safeguarding Adults' Board Annual Report 2022-23
- Safeguarding Children's Partnership Annual Report 2022-23
- Barnsley Health & Care Plan
- Vaping

We look forward to continuing our work with the Trust throughout 2024-25.

NHS South Yorkshire Integrated Care Board
Management Office
197 Eyre Street
Sheffield
S1 3FG

Ref: SWYPFT/QA/2023-24

14 June 2024

Darryl Thompson
Chief Nurse / Director of Quality and Professions
South West Yorkshire Partnership NHS Foundation Trust

Sent via email by - qiat@swyt.nhs.uk

Dear Darryl

Re: South West Yorkshire Partnership NHS Foundation Trust Draft Quality Account 2023/24

Thank you for giving us the opportunity to review and comment on the draft South West Yorkshire Partnership NHS Foundation Trust Quality Account 2023/24.

Comments for publication:
South Yorkshire Integrated Care Board (ICB) welcomes this report which demonstrates South West Yorkshire Partnership NHS Foundation Trust's ongoing commitment to quality improvement and addressing key issues.

The report provides a detailed account of Trust's activities in 2023/24. Overall, the document provides a fair reflection of the quality of services provided by the Trust and clearly demonstrates the Trust's commitment to quality and patient safety.

The Quality Account includes all the essential and supplementary elements that covers the formal requirements for quality accounts.

Overall, we welcome the Trust's 2023/24 Quality Account and look forward to another year of working together to improve the quality of services provided to Barnsley patients.

Yours sincerely

Mr Alun Windle (RNA) Adv Dip, MA
Deputy Chief Nurse SYICB, Director of Nursing (Sheffield & Barnsley)