NHS
South West Yorkshire Partnership
NHS Foundation Trust

07 November 2024

Chair's Office
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Wakefield
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Any queries in relation to this letter should be directed to Gemma Lockwood or Andrew Lister by email at gemma.lockwood@swyt.nhs.uk
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Dear Governor,

Members' Council meeting – 15 November 2024

The next Members' Council meeting will be held on Friday 15 November 2024. The meeting is hybrid, Microsoft Teams link and in-person at the Large Conference Room, Fieldhead Hospital, Ouchthorpe Lane, Wakefield.

The governors pre – meeting will start at 09.30 until 10.05.
The formal meeting will start at 10.10 and finish at 12.38 (public meeting).

The agenda for the meeting and papers for the Members' Council meeting are enclosed.

Presentations for the meeting which will be presented on the day and circulated after the meeting are:
Item 10 – Equality Involvement, Communication and Membership (EICM) - strategy refresh

The meeting will take some items as read and ask for questions to be submitted in advance. These items are:
Item 4 - Matters arising from the previous meeting held on 14 August 2024
Item 5 - Chair's report and feedback from Trust Board
Item 7.1 - Patient experience annual report
Item 7.2 - Incident management annual report
Item 7.3 - Freedom to speak up – Annual survey results and planning tool
Item 8.2 - Appointment to Members' Council groups
Item 8.3 - Assurance from Members' Council groups and Nominations Committee

Item 8.4 - Members' Council mid-year election – outcome and Members' Council elections 2025 – process
Item 9 - Integrated Performance Report

If you have any questions about any of the above items or issues of clarity in relation to the agenda and papers, it would be appreciated if they could be provided to Gemma Lockwood Corporate Governance Manager on gemma.lockwood@swyt.nhs.uk by 12noon on Tuesday 12 November 2024.

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

I hope you can join us on 15 November 2024.

Yours sincerely

Marie Burnham
Chair

South West Yorkshire Partnership NHS Foundation Trust

Members' Council meeting
Friday 15 November 2024 from 10.10 – 12.40

Hybrid - Microsoft Teams/ Fieldhead Hospital, Ouchthorpe Lane, Wakefield

Item	Approx. Time	Subject Matter	Lead		Action	Minutes allotted
	09.30	*Governors only pre-meet (35 minutes followed by 5-minute break)*	*John Laville, Lead Governor*			*35*
1.	10.10	Welcome, introductions and apologies	Marie Burnham, Chair	**Verbal**	To receive	2
2.	10.12	Declarations of interests	Marie Burnham, Chair	**Verbal**	To receive	1
3.	10.13	Minutes of the previous Members' Council meeting held on **14 August 2024** and the extraordinary Members' Council meeting held on **13 September 2024**	Marie Burnham, Chair	**Paper**	To approve	2
4.	10.15	Matters arising from the previous meetings held on 14 August 2024 - action log	Marie Burnham, Chair	**Paper**	To receive	3
5.	10.18	Chair's report and feedback from Trust Board (to be taken as read)	Marie Burnham, Chair	**Paper**	To receive	5
6.	10.23	Chief Executive's comments on the operating context	Mark Brooks, Chief Executive / Deputy	**Verbal**	To receive	7

Item	Approx. Time	Subject Matter	Lead		Action	Minutes allotted
7.		**Annual items**				
7.1	10.30	Patient experience annual report	Darryl Thompson, Chief Nurse Director of Nursing, Quality and Professions	**Paper**	To receive	10
7.2	10.40	Incident management annual report	Darryl Thompson, Chief Nurse Director of Nursing, Quality and Professions	**Paper**	To receive	10
7.3	10.50	Freedom to speak up – Annual survey results and planning tool	Julie Hall, Deputy Director of Corporate governance/ Estelle Myers Freedom to Speak Up Guardian	**Paper**	To receive	10
8		**Members' Council business items**				
8.1	11.00	Appointment of Deputy Chair/ Senior Independent Director	Andy Lister, Head of Corporate Governance / Company Secretary	**Paper**	To approve	5
8.2	11.05	Appointment to Members' Council groups (to be taken as read and submit questions in advance)	Andy Lister, Head of Corporate Governance / Company Secretary	**Paper**	To receive	5
8.3	11.10	Assurance from Members' Council groups and Nominations Committee (to be taken as read and submit questions in advance)	Marie Burnham, Chair	**Paper**	To receive	5
8.4	11.15	Members' Council mid-year election – outcome and Members' Council elections 2025 – process	Andy Lister, Head of Corporate Governance / Company Secretary	**Paper**	To receive	5
	11.20	*Break (10 minute break)*				10

Item	Approx. Time	Subject Matter	Lead		Action	Minutes allotted
8.5	11.30	Governor feedback from virtual meetings	John Laville, Lead governor	**Verbal**	To receive	20
9	11.50	Integrated Performance Report (to be taken as read and questions to be submitted in advance)	David Webster, Non-Executive Director	**Presentation**	To receive	10
10	12.00	**<u>Focus On item:</u>** Equality Involvement, Communication and Membership (EICM) - strategy refresh	Dawn Lawson, Director of strategy and change	**Presentation**	To receive	30
11	12.30	Closing remarks and annual work programme; Work programme 2024/25	Marie Burnham, Chair	**Paper**	To receive	3
12	12.33	**Members' Council meeting 2025 (confirmed):** • Friday 14 February 2025, hybrid/ Large Conference Room, Fieldhead Hospital, Wakefield **Proposed dates for 2025/26:** • Wednesday 7 May 2025, hybrid/ Large Conference Room, Fieldhead Hospital, Wakefield • Wednesday 13 August 2025 hybrid/ Laura Mitchell Centre, Room 3 and 4, Calderdale • Wednesday 17 September 2025 (date TBC), Annual Members' Meeting, venue TBC (Calderdale) • Friday 14 November 2025 and Joint Members' Council / Trust Board meeting (hybrid/ venue to be confirmed) • Friday 13 February 2026 (hybrid/ venue to be confirmed)	Marie Burnham, Chair	**Verbal**	To approve	2
13	12.35	**Any other business**	Marie Burnham, Chair	**Verbal**	To note	3
	12.38	*Close of public meeting*				
14	*12.40*	***Private meeting (governors only)***	*Marie Burnham, Chair*	***Paper***	*To note*	*5*

Item	Approx. Time	Subject Matter	Lead	Action	Minutes allotted
	12.45	*Lunch (provided)*			

South West Yorkshire Partnership NHS Foundation Trust

Joint Trust Board and Members' Council meeting
15 November 2024 from 13.30 – 15.20
Hybrid meeting, Microsoft Teams
Large Conference Room – Wellbeing and Development Centre, Fieldhead Hospital

Item	Approx. Time	Subject Matter	Lead		Action	Minutes allotted
1.	13.30	**Welcome, introductions and apologies**	Marie Burnham, Chair	**Verbal**	To receive	5
2.	13.35	**The role and importance of governors**	Marie Burnham, Chair / John Laville, Lead Governor	**Presentation**	To receive	5
3.	13.40	**Update on our strategic context and future direction**	Dawn Lawson Director of Strategy and Change	**Presentation**	To receive	20
	14.00	*Break*				10
4.2	14.10	**Small group discussion to inform plans for 2024/25**	Facilitated by Non-Executive directors	**Interactive session**	To discuss	30
4.3	14.40	**Feedback – top 3 discussion points and why**	Non-Executive directors	**Verbal item**	To receive	10
4.4	14.50	**Summary and next steps**	Mark Brooks, Chief Executive	**Verbal item**	To discuss	10
	15.00	***Close***				

Minutes of the Members' Council meeting
14 August 2024, 10.10 – 12.45

Hybrid meeting
Microsoft Teams and Kendray Hospital, Doncaster Road, Barnsley

Present:	Marie Burnham (MBu)	Chair
	Bob Clayden (BC)	Public - Wakefield
	Cllr Geraldine Carter	Appointed – Calderdale council
	Warren Gillibrand (WG)	Appointed – University of Huddersfield
	Ian Grace (IG)	Staff – Medicine and Pharmacy
	Claire Den Burger – Green (CDBG)	Public – Kirklees/ Deputy Lead Governor
	Leonie Gleadall (LG)	Staff – non clinical support
	Emma Hall (EH)	Appointed – Mid Yorkshire NHS Teaching Hospital
	Adam Jhugroo (AJh)	Public – Calderdale
	Elaine Lane (EL)	Staff – Allied Health Professionals
	John Laville (JLa)	Public – Kirklees (Lead Governor)
	Sarah Leason – Hurley (SLH)	Staff – Social workers
	John Lycett (JLy)	Public – Barnsley
	Anne Magee (AM)	Appointed – staff side
	Andrea McCourt (AMc)	Appointed – Calderdale and Huddersfield NHS Foundation Trust
	Bob Morse (BM)	Public – Kirklees
	Melanie Mott (MM)	Staff – Psychological Therapies
	Reini Schühle (RS)	Public – Wakefield
	Phil Shire (PS)	Public – Calderdale
	Susan Spencer (SS)	Appointed – Barnsley Hospital NHS Foundation Trust
	Keith Stuart-Clarke (KSC)	Public – Barnsley
In attendance:		
	Mike Ford (MF)	Non-executive director
	Julie Hall (JH)	Deputy director of corporate governance
	Lindsay Jensen (LJ)	Interim Chief People Officer
	Erfana Mahmood (EM)	Non-Executive Director
	Dawn Pearson (DP)	Associate Director Communication, Involvement, Equality and Inclusion
	Adrian Snarr (AS)	Executive Director of Finance, Estates and Resources
	Professor Subha Thiyagesh (ST)	Chief Medical Officer
	Darryl Thompson (DT)	Chief Nurse and Director of Quality and Professions
	David Webster (DW)	Non-Executive Director
	Asma Sacha (AS)	Corporate Governance Manager (author)
	Andrew Betteridge (AB)	Corporate governance administrator

	Gemma Lockwood (GL)	Corporate governance admin manager
Apologies: Members' Council	Jacob Agoro (JA)	Staff – Nursing
	Daz Dooler (DD)	Public – Wakefield
	Rumaysah Farooq (RF)	Public – Kirklees
	Daniel Goff (DG)	Public – Barnsley
	Sara Javid (SJ)	Public - Kirklees
	Rosie King (RK)	Public – Wakefield
	Cllr Abi Moore (AM)	Appointed – Barnsley Council
	Nesar Rafiq (NR)	Public – Wakefield
	Fatima Shahzad (FS)	Public – Rest of Yorkshire and Humber
	Cllr Adam Zaman (AZ)	Appointed – Kirklees Council
Apologies: Attendees	Mark Brooks (MBr)	Chief Executive
	Carol Harris (CH)	Chief Operating Officer
	Dawn Lawson (DL)	Executive director of strategy and change
	Natalie McMillan (NMc)	Non-Executive Director
	Kate Quail (KQ)	Non-Executive Director
	Sean Rayner (SR)	Director of provider development
	Mandy Rayner (MR)	Deputy Chair and Senior Independent Director
	Andrew Lister (AL)	Company Secretary/ Head of Corporate Governance

MC/24/51 Welcome, introductions and apologies (agenda item 1)

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

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

MBu thanked Mandy Rayner and Kate Quail for their terms of office as Non-Executive Directors and confirmed their last working day will be 30 September 2024.

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

MC/24/52 Declarations of interest (agenda item 2)

MBu asked governors if they had any declarations of interests, governors did not share any additional declarations of interest.

It was RESOLVED to RECEIVE the individual declarations from governors.

MC/24/53 Minutes of the previous Members' Council meeting held on 15 May 2024, and 27 June 2024 (agenda item 3)

Minutes of 15 May 2024

Darryl Thompson explained there were a few inaccuracies in the minutes of the 15 May 2024;

MC/24/26 Annual report unannounced / planned visits (agenda item 7.1)

- Second paragraph, … and the forensic ward should be plural, forensic wards.
- Tenth paragraph, …dignity and respect guardians should read civility and respect.

MC/24/27 Care Quality Commission action plan (agenda item 7.2)

- Page 13, DT relayed the CQC inspections relate to the Mental Health Act Inspections and not the boarder CQC inspections.

Minutes of 27 June 2024

Mandy Rayner highlighted the following amendment;

- The title of the document should read **27 June 2024** and not 29 June 2024.

It was RESOLVED to APPROVE minutes of the Members' Council meeting on 15 May 2024 and 27 June 2024 as a true and accurate record after the above amendments.

MC/24/54 Matters arising from the previous meeting held on 15 May 2024 and 27 June 2024 (agenda item 4)

Action from 15 May 2024/ MC/24/28 Governor feedback (item 8.1)

John Laville (JL) informed Members' Council that he has tried to obtain the service users' details in relation to issues with discharge and people are reluctant to provide this information.

DT provided an update in respect of discharge planning. Not all patients are reviewed by a multi-disciplinary team at discharge if they are in the core team. It was agreed to close this action.

JL asked whether the team could do a sample audit to check how many people were seen within a multi-disciplinary team at discharge. DT reported he will take this this feedback to the team as any audit work is part of their quality work.

Subha Thiyagesh (ST) reported discharge is discussed in the patient safety oversight group,

JL reported it seemed discharge procedures are not followed all the time, and GPs don't always have the skills and knowledge to deal with the aftercare.

DT highlighted patients can be referred to other places like the recovery college and this is actively promoted by the community teams.

Claire Den Burger Green (CDBG) reported said she has also received feedback that some patients are discharged without a copy of their care plan.

MBu said they would need to know the details of the patients and teams so the team can work on this.

Julie Hall (JH) explained there is a feedback process for governors to raise concerns.

CDBG said sometimes the feedback is “general noise” rather than specific feedback with names of patients and clinicians. CDBG said they can’t always be specific and the “background noise” also needs to be explored.

Leonie Gleadall (LG) said as a staff governor, it would be helpful to have as much evidence so as a Trust we can look into that.

JH reported she was happy to receive wider feedback without any evidence and this information can be passed onto the teams who can correlate the information with that being received through the complaints process.

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

MC/24/55 Chair’s report and feedback from Trust Board (agenda item 5)

MBu presented an overview of the Chair and Non-Executive Directors activity from 1 May 2024 until 31 July 2024.

- On 19 June 2024 EyUp! held its first ever Wellbeing Fair for staff, patients, carers and families at Fieldhead Hospital, Wakefield. The focus of the day was all around wellbeing and taking a moment to reflect, give and connect. MBu thanked all staff and governors who participated in the activities.
- On 17 July 2024 there was a conference from Sprit in Mind. The Trust linked charity Spirit in Mind shone a spotlight on a form of therapy entitled, ‘How animals teach us to be human’, which focused on the role of animal assisted interventions in the NHS. The conference was extremely well attended with expert speakers from within the field and our canine befrienders.
- Non-executive activity from 1 May 2024 until 31 July 2024
- MBu encouraged governors to attend Trust Board meetings

Cllr Geraldine Carter (GC) asked whether the executive activity can be shared with governors.

MBu explained the governor’s role is to hold non-executive directors to account.

GC explained she sits on the wellbeing board meetings, and she wasn’t aware whether a Trust executive director attended the meeting.

Julie Hall (JH) explained attendance at Boards is documented in the Trust annual report.

GC said she was happy for the information to be released in the annual report.

JH to circulate the extract of the annual report to governors.

Action: Corporate governance team

It was RESOLVED to NOTE the Chairs’ report.

MC/24/56 Chief Executive's comments on the operating context (agenda item 6)

Subha Thiyagesh (ST) presented this item in the absence of Mark Brooks (MBr), and explained the key items from the operational planning guidance:

- An independent investigation of the NHS in England has conducted by Lord Darzi which is due to be published in September 2024
- The financial situation remains challenging
- Progress continues for teaching trust status with the university of Leeds. The work will continue until the end of October 2024. ST thanked governors for their support
- Work continues for the Trust to take over services at Cheswold Park Hospital
- There have been conversations within the adult secure provider collaborative across SY and WY in terms of how early prison releases may impact patient flow
- Out of area bed placements remain low with significant work from Trust staff
- Jon Head is the newly appointed chief people officer
- Carol Harris will be leaving in October 2024 and the recruitment process for a new chief operating officer is underway
- ST spoke about the recent national riots, there has been a strong response from the Trust, including drop-in sessions for staff and colleagues as a source of support

John Laville (JH) asked how the junior doctor pay settlement will affect the Trust finance.

Adrian Snarr (AS) explained NHS England will be asking the Trust to make a financial planning assumption for the anticipated pay award.

It was RESOLVED to RECEIVE the Chief Executive's comments on the operating context.

MC/24/57 Quality account 2023/24 (agenda item 7)

DT reported the purpose of the paper is to provide the Members Council with the final version of the Quality Account for 2023/24 and highlighted the following:

- The Quality Account has been shared for wider consultation, with external stakeholders.
- The quality account contains the statutory required data updates alongside the Trust's journey of improvement across services, for staff and for service users.
- Quality and Safety Committee has received updates on the progress of the Quality Account for 2023/24, including a draft in May 2024 prior to sharing with external stakeholders.
- The Quality Account for 2023/24 was received at an extraordinary meeting of the Quality and Safety Committee on 18 June 2024, where recommendation was made for approval by the Chair and Chief Executive, with delegated authority from the Trust Board.

Bob Clayden (BC) asked about the acronyms contained in page 44 of the document. DT explained his team will review and amend this and review the acronyms.

Reini Schule (RS) noted there is a glossary in the document which governors can use.

It was RESOLVED to receive the Quality Account 2023/24.

Members' Council business items (agenda item 8)

MC/24/58 Care Quality Commission (CQC) action plan update (agenda item 8.1)

DT presented the CQC action plan update and highlighted the following:

- The action plan is a live document, and this report was presented to Trust Board on 2 July 2024.
- Care groups are reviewing the action points on a weekly basis as well as the evidence.
- There are "should do" and "must do" actions and services are working through both of these sections.
- The Trust is committed to embed improvements into practice, with a clear governance process in place so that become "business as usual" in the longer term.

MBu explained governors can contact DT outside of the meeting to provide feedback and comments.

BC said he was concerned that information provided to DT outside of the meeting will not be captured in the meeting.

It was agreed that DT will provide a summary of governor contact at the next presentation of the CQC action plan.

Action: Darryl Thompson

It was RESOLVED to RECEIVE the update to the CQC action plan.

MC/24/59 Chair re-appointment (agenda item 8.2)

(MBu left the meeting.)

Lindsay Jensen (LJ) presented this item:

- MBu has been Trust Chair since 1 December 2021 and her three-year term will come to an end on 30 November 2024. She informed governors that MBu's appraisal has also concluded with agreed objectives for the coming year.
- Andy Lister (AL) the head of corporate governance, has liaised with the Chair of West Yorkshire Integrated Care Board (ICB), Cathy Elliott who is supportive of MBu continuing for a second term.
- NHS England support MBu's appointment but asked the Trust to note that any extension beyond a second term will be by exception only.
- The fit and proper persons test process was completed for MBu and submitted to NHS England in June 2024 with no issues identified.

LJ informed governors that the Nominations Committee met on 19 July 2024 and recommended MBu is re-appointed as Chair for a second term from 1 December 2021 until 30 November 2027.

Governors agreed with the re-appointment of the Chair for a second term.

It was RESOLVED to APPROVE the re-appointment of the Chair.

MC/24/60 Non-Executive Director appointments (agenda item 8.3)

(MBu re-joined the meeting)

LJ explained the purpose of the report was to update the Members' Council on the process for the appointment of two Non-Executive Directors and to approve the recommendation from Nominations Committee.

- The recruitment process was conducted by Alumni Global and the final panel met on the 26 June 2024.
- Margaret Kitching (MK) demonstrated a strong understanding of and commitment to the Trust's values with a strong clinical background.
- Gary Ellis (GE) demonstrated his NED experience at interview and his excellent connections with the community. The panel agreed that, from a strong shortlist, he was the best candidate for the non-clinical role.
- His particular strengths around community engagement were extremely unique and was very clear on the role of the Non-Executive Director and what he would bring.

LJ highlighted that the Nominations Committee met on 3 July 2024 and agreed with the recommendation from the final interview panel to appoint Margaret Kitching as Non-Executive Director (Clinical role) and appoint Gary Ellis as Non-Executive Director (Non-Clinical role) for a period of three years from 1 October 2024 until 30 September 2027.

A discussion followed about the use of external recruitment agencies and MBu reported they were used due to their ability to attract a wide range of candidates.

MBu confirmed the Trust has used Alumni Global on this occasion and other recruitment agencies previously.

AS reported there are NHS framework contracts and Alumni Global were selected from that contract and the Trust can demonstrate value for money in relation to the service received.

Emma Hall (EH) asked about feedback from the patient and carer panel and whether this was tested in interview. EH asked for assurance about the transition of an Executive Director into a Non-Executive role.

MBu said stakeholder feedback is integral, as part of the interview process and feedback was fully considered. MBu explained new Non-Executive Directors will be provided with training support and a full induction to the Trust.

JH explained all appointments are subject to the Fit and Proper Person Test (FPPT).

Governors approved the appointment of Margaret Kitching and Gary Ellis as Non-Executive Directors for a period of three years from 1 October 2024 until 30 September 2027.

It was RESOLVED to APPROVE the Non-Executive Director appointments.

MC/24/61 Appointment to Members' Council groups (to be taken as read and submit questions in advance) (agenda item 8.4)

JH explained the purpose of this paper is to support the appointment of governors to the Members' Council groups, Nominations Committee and Trust Board Equality, Inclusion and Involvement Committee (EIIC) and to inform governors on vacancies on the Members' Council groups. She reported all governors were invited to self-nominate for the following vacancies;

- Members' Council Co-ordination Group – two vacancies.

- Members' Council Quality Group – two vacancies.
- Nominations Committee – one vacancy.

JH informed that John Lycett, public governor for Barnsley has self-nominated for the Members' Council Co-ordination Group, Elaine Lane, staff governor has self-nominated for the Members' Council Quality Group and Jacob Agoro, staff governor has self-nominated for the Nominations Committee. The Members' Council Co-ordination Group met on 12 June 2024 and are recommending all appointments.

It was RESOLVED to RECEIVE an update on the governor appointments and vacancies to the Members' Council and Trust Board Committee.

MC/24/62 Assurance from Members' Council groups and Nominations Committee (including annual report and Terms of Reference) (agenda item 8.5)

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

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

MC/24/63 Members' Council mid-year election – process (agenda item 8.6)

JH explained following the resignation of three governors, a mid-year election will take place from August 2024 for the following seats;

Public governor – Calderdale

Public governor – Kirklees

Staff governor – nursing support

She explained the Trust constitution states that the persons elected will fill the seat until the next annual election and all three vacancies will be open to re-election in April 2027, avoiding the need for another Mid-Year election.

It was RESOLVED to RECEIVE an update to the mid-year election process.

MC/24/64 Governor feedback (agenda item 8.7)

John Laville (JL) provided verbal feedback and highlighted the main areas of discussion with governors;

- Governors discussed the service user stabbing in Nottingham, and asked for assurance that the Trust will look at their procedures and to ensure this cannot happen within the Trust.
- DT explained there are requirements for all organisations to look at learning from incidents and this will be reviewed as part of the governance process.
- JL said there were concerns where service users do not attend their multi-disciplinary meetings or appointments, and asked what happens to those who do not engage.
- DT said there is a person-centred approach and then the review of risk.
- Bob Morse (BM) asked about the detention of patients and enforcing medication.

- Subha Thiyagesh (ST) said when someone is no longer deemed to be at risk and have regained capacity, then their detention is reviewed. There are multi-disciplinary meetings to review the risks and safeguarding.
- Sarah Leason-Hurley (SLH) explained service users can be placed under a community treatment order but even then the medication cannot be enforced and there is the option to recall someone to hospital.
- JL informed Members' Council that it was agreed with the Members' Council Co-ordination Group that governors won't be involved as community connectors as this was not appropriate for governors as they are seen to be independent and not delivering work. JH informed this will be communicated to the Involvement Team.

Action: Corporate governance team

- JL said Kirklees governors are anxious about the change in children's services. A meeting has been held with commissioners, and he was waiting to hear back from them.

It was RESOLVED to RECEIVE governor feedback.

MC/24/65 Integrated Performance Report (agenda item 9)

Erfana Mahmood (EM) provided a highlight;

- The Trust are meeting the metrics for equality data
- The out of area beds use has increased and this is reflective of the need of beds which is gender specific.
- 16 of the RIDDOR (reporting of injuries, diseases and dangerous occurrences regulations) figures relate to violence against staff and the majority are in relation to one challenging service user. This is being monitored via the Operational Management Group. The other RIDDOR incident related to moving and handling and is being reviewed.
- BC asked whether they were considered serious incidents. AS explained, they are reported to the health and safety executive (HS)E who will investigate further if required.
- EM explained the workpal appraisals have dropped and there is work being done to improve this figure
- There is an improvement plan in relation to the wait times in paediatric audiology.
- CDBG asked if the report can be more specific in relation to the team the figures relate to as it is not on the presentation.

Action: Performance team

- EM explained there is cost improvement programmes in place.

JL asked about the Trust improvement network meetings that have been cancelled on the last few occasions. JH said this will be looked into.

Action: Corporate governance team

It was RESOLVED to RECEIVE the Integrated Performance Report.

MC/24/66 Focus on item: Adult and Children Autism (ASD) and attention deficit and hyperactivity disorder (ADHD) Service (agenda item 10)

Dr Helen Walsh (HW) joined the meeting to present the Children Autism and ADHD Service and the post diagnostic support available to them.

She explained there is a difference between geographical areas:

Kirklees

Neurodevelopmental Assessment Team – offer the assessment for both Autism and ADHD

Calderdale

Neurodevelopmental Assessment Team – offer the assessment with the Trust or a referral to a private provider, but the providers do not provide post diagnostic support.

HW explained in Kirklees the service offers feedback to families where the diagnosis is explained, and signposting is discussed alongside an 8 week support process.

In Wakefield, SWYPFT are not commissioned to offer Autism or ADHD assessments, this is offered by paediatric services in the Mid Yorkshire Teaching NHS Trust.

In Barnsley, SWYPFT are not commissioned to offer Autism services but this is offered by community paediatric services, but ADHD assessment is offered by the CAMHS ADHD assessment team.

HW highlighted referrals continue to exceed capacity, and there are long waiting lists for support services. HW highlighted some of the support available:

- Educational/ early years SEN team
- Parenting support
- Speech and language therapy
- Occupational therapy

Governors expressed concern about the differences in services in each area.

HW reported services are set up differently in each area because the post diagnostic support is needs led. The post diagnostic work which is caried out by SWYPFT is not commissioned / funded but the staff feel it is something that needs to be done as part of their work.

HW reported schools identifying underlying needs is improving where they identify children appropriate for assessment.

Governors relayed there needs to be consistent system across all the places/ Trust in relation to assessment and post diagnostic support.

CDBG asked whether social workers can refer into the service.

HW reported in Kirklees and Calderdale social workers can make that referral.

It was agreed for HW and Professor Marios Adamou to return to present this item again to governors to review the complex nature of the service in different areas and the wider piece of the work with the Integrated Care Board (ICB). The presentation will be circulated to all governors after the meeting.

Action: Corporate governance team

It was RESOLVED to RECEIVE the presentation on Adult and Children Autism and ADHD Service.

MC/24/67 Feedback on Trust wide approach to Involvement/ Engaging Membership work (agenda item 11)

Dawn Pearson (DP) explained there is a Trust wide approach to connecting people and the golden thread is how people are involved and highlighted the following:

- Actively recruiting volunteers
- Strategy refresh
- Training offer in Barnsley underway
- Already working with Calderdale, Wakefield Kirklees with the training offer
- An update to the dashboard will be presented to governors via the Members' Council in future meetings

MBu thanked DP for the presentation, noting it was a model of engagement which has been tested and shown good results.

It was RESOLVED to RECEIVE the feedback on Involvement and engaging membership work.

MC/24/68 Older People's Services (OPS) consultation - update (agenda item 12)

- Dr Subha Thiyagesh (ST) thanked governors for their involvement in the OPS consultation.
- ST explained the final stakeholder workshop will take place in the in August 2024.
- Ryan Hunter (RH) explained the results of the public opinion (presentation). The public consultation work will close.
- RH said the feedback from all the different consultation will be taken to the governance group and a decision will be made by early October 2024.
- ST explained the decision will come to Trust Board and Members' Council before the end of the year. ST thanked governors for their support and engagement.
- GC asked whether residential care facilities were consulted as part of this work. DP explained work was done with social care colleagues and information was sent to those areas.

It was RESOLVED to RECEIVE the update on the Older People's Services consultation.

MC/24/69 Closing remarks and annual work programme 2024/25 (agenda item 13)

MBu thanked the Members' Council for participating in the meeting.

It was RESOLVED to RECEIVE the work programme for 2024/25.

MC/24/70 Future meetings of the Members' Council (agenda item 14)

- Wednesday 18 September 2024, Annual Members' Meeting, Fieldhead Hospital, Wakefield
- Friday 15 November 2024, Joint Trust Board and Members' Council meeting (hybrid/ Fieldhead Hospital, Wakefield)
- Friday 14 February 2025 (hybrid – venue to be confirmed)

It was RESOLVED to RECEIVE the dates of the next Members' Council meetings.

MC/24/71 Any Other Business (agenda item 15)

None.

It was RESOLVED to NOTE any other business.

South West Yorkshire Partnership NHS Foundation Trust

Minutes of the Extraordinary Members' Council meeting
13 September 2024, 09.00 – 09.40
Virtual meeting - Microsoft Teams

Present – Members' Council	Marie Burnham (MBu)	Chair
	Jacob Agoro (JA)	Staff governor Nursing
	Bob Clayden (BC)	Public governor Wakefield
	Keith Stuart – Clarke (KSC)	Public governor Barnsley
	Sarah Leason-Hurley (SLH)	Staff governor Social worker
	Elaine Lane (EL)	Staff governor Allied Health Professionals
	Adam Jhugroo (AJ)	Public governor Calderdale
	John Laville (JLa)	Public governor Kirklees/ Lead Governor
	John Anthony Lycett (JLy)	Public governor Barnsley
	Andrea McCourt (AMc)	Appointed governor Calderdale and Huddersfield NHS Foundation Trust
	Reini Schuhle (RS)	Public governor Wakefield
	Phil Shire (PS)	Public governor Calderdale
	Susan Spencer (SS)	Appointed governor Barnsley Hospital NHS Foundation Trust
	Warren Gillibrand (WG)	Appointed governor University of Huddersfield
Present – In attendance	Andrew Betteridge (AB)	Corporate governance administrator
	Andy Lister (AL)	Head of Corporate governance / Company Secretary
	Julie Hall (JH)	Deputy Director of Corporate governance
	Adrian Snarr (AS)	Executive director of Finance, Estates and Resources
	Nicola Wright (NW)	Partner, Audit and Assurance Deloitte LLP
	Caroline Jamieson (CJ)	Senior manager, Audit and Assurance, Deloitte LLP
Apologies – Members' Council	Cllr Geraldine Carter (GC)	Appointed governor Calderdale council
	Claire Den Burger-Green (CDBG)	Public governor Kirklees / Deputy Lead Governor
	Daz Dooler (DD)	Public governor Wakefield
	Ian Grace (IG)	Staff governor Medicine and Pharmacy
	Leonie Gleadall (LG)	Staff governor Non-Clinical Support
	Daniel Goff (DG)	Public governor, Barnsley
	Emma Hall (EH)	Appointed governor Mid Yorkshire Teaching NHS Trust
	Sara Javid (SJ)	Public governor Kirklees
	Rosie King (RK)	Public governor Wakefield
	Anne Magee (AM)	Appointed governor staff side
	Cllr Abi Moore (AM)	Appointed governor Barnsley Council
	Bob Morse (BM)	Public governor Kirklees
	Melanie Mott (MM)	Staff governor Psychological Therapies
	Nesar Rafiq (NR)	Public governor Wakefield

Fatima Shahzad (FS)	Public governor Rest of Yorkshire and Humber
Cllr Adam Zaman (AZ)	Appointed governor Kirklees Council

MC/24/46 Welcome, introductions and apologies (agenda item 1)

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

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

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

MC/24/47 Annual report 2023/24 (agenda item 2)

Julie Hall (JH) reported the corporate governance team co-ordinate the production of the annual report and this usually begins at the end of the final quarter of the financial year (March). Draft annual reports are regularly reviewed by the Executive Management Team (EMT) as part of the process. Audit Committee receive the first draft of the annual governance statement at the meeting in April. This was reviewed and commented on by the Committee on 9 April 2024. JH explained the report then went through the following sign off process:

- 26 April 2024 - Draft annual report circulated to EMT and three non-executive directors including the Chair of the Audit Committee and Deputy Chair / Senior Independent Director
- 30 April 2024 - Draft annual report presented to Trust Board, further drafts submitted for review by the Chair and Chief Executive
- 13 May 2024 - Draft annual report and annual governance statement sent to Deloitte
- 21 May 2024 - Final draft presented to Trust Board who confirmed delegated authority for sign off by the Chair and Chief Executive
- 25 June 2024 - Final draft presented to Audit Committee
- 28 June 2024 - The annual report and accounts were submitted to NHS England.

JH reported the final Annual Report and Accounts successfully laid before parliament on 3 September 2024.

It was RESOLVED to RECEIVE the update on the annual report 2023/24.

MC/24/48 Annual accounts 2023/24 (agenda item 3)

Adrian Snarr (AS) relayed the accounts process for 2023/24.

AS reported the draft unaudited accounts were submitted in line with required timescales on 24 April 2024.

AS explained the accounts were reviewed in detail at Audit Committee on 25 June and the audited accounts were then submitted on 28 June 2024 in line with the submission deadline.

AS reported there had been an increase in income from 2022/23 to 2023/24 but there had also been an increase in expenditure. The surplus in 2023/24 was £0.7m compared to £5.5m in 2022/23.

AS explained that the Trust's financial performance is monitored against key performance indicators and is red, amber, green (RAG) rated. AS reported the surplus, agency staff expenditure and capital expenditure ratings for 2023/24 are green. The cash balance has decreased, as this is being used to support the Trust's capital programme, and this trend will continue throughout 2024/25 and this is rated as amber.

AS reported the Trust income has increased to around £18.3m, and the increase is for a number of reasons. The figure this year includes the full years impact of mental health provider collaboratives. The Trust also received an uplift due to a number of changes in the year, such as the staff pay award and the Mental Health Investment Standard (MHIS) is still in place for funded programmes.

AS reported pay and staffing are the most significant spend for the Trust and this has increased from £239.7m in 2022/23 to £252.2m in 2023/24. This is due to the pay award and there has been an increase in substantive staffing. The increase in healthcare provision costs includes temporary support for mental health activity in local acute providers. This is why the Trust's non-pay figure appears higher than other mental health providers.

AS highlighted non-pay expenditure has also increased due to inflation as most of the Trust supply chains increased their costs due to inflation.

In terms of the capital programme, there was a planned expenditure of £8.3m and the Trust spent £8.2m. There was continued investment in the Trust estate and IT infrastructure alongside:

- Spend focused on safety including anti-ligature doors
- Start on rolling seclusion room programme
- Technologies to enable proactive cyber security enhancement capabilities
- Commencement of the Trustwide Digital Dictation solution

Bob Clayden (BC) asked what "establishment" meant.

AS explained establishment referred to Trust staff numbers and that all the individual managers have an establishment of staff. BC stated it was not language he was familiar with and AS stated he will change the wording to staffing in future reports so this is clear to all governors.

John Laville (JL) noted although agency spend has decreased, Trust bank spend has increased.

AS explained agency staff are on premium pay, whereas bank staff who are under the agenda for change contract (same pay as NHS staff). The Trust can pay for greater numbers of bank staff compared to the same spend on agency staff. AS reported the Trust have been successful in attracting both substantive and bank staff.

Reini Schühle (RS) asked whether substantive staff are paid the same as bank staff. AS explained that during 2022/23 there were still enhancements available for the hard to fill bank shifts, but this has now been removed.

BC asked whether it was cheaper to pay bank staff than to pay substantive staff overtime. AS states it was, especially if the overtime was at a premium rate. In 2024/25 all overtime has been reduced and will ultimately be removed.

It was RESOLVED to RECEIVE the annual accounts 2023/24.

MC/24/49 Report to the Governors on the audit of accounts 2023/24

Nicola Wright (NW) introduced herself as the Audit Partner at Deloitte LLP, the external auditor for the Trust. Her colleague, Caroline Jamieson, who is a Senior Manager, was also present and worked on the audit of the Trust.

NW reported the Trust is a public body, and Deloitte provide a financial statement opinion, a conclusion on value for money, and they report if there are any concerns around governance and how the Trust operates. There is a consolidation figure added to the public balance sheet and Deloitte give an opinion to the National Audit Office. Information is also submitted to NHS England (NHSE).

NW reported Deloitte look through financial statements and identify any areas of weakness, they also look at managers judgements and other areas of risk. NW explained they do sample testing and analytical reviews compared to previous years figures.

NW reported the remuneration report is tested to check for accuracy, and the whole annual report is read for consistency with the content of the financial statements.

NW stated from reviewing the Trust report, the opinions were unmodified, and Deloitte were satisfied that the accounts were correct including the value for money work and there were no significant weaknesses.

NW explained Deloitte also review significant risks. As part of the validity of accruals, Deloitte review whether expenditure is accurate and supported, and assess the potential for management override of controls. This is a mandatory risk. NW clarified this is in relation to management judgement and Deloitte, as auditors check whether the judgement is reasonable and is in line with the evidence.

Caroline Jamieson (CJ) said the Trust's accounts were submitted on time to NHSE and the account was of good quality alongside the evidence submitted. A lot of the procedures were reviewed on site with the team.

CJ explained as part of the audit three errors (misstatements) were identified which remain uncorrected. These related to the estimation of accruals, the annual leave accrual calculation and the calculation of the lease liability.

CJ reported the accounting policies and financial reporting were found to be consistent with guidance and there was nothing unusual.

CJ highlighted seven areas were identified in the control findings arising from the audit work and Deloitte were satisfied with the engagement and responses they received from the Trust:

- Review of the District Valuers report
- Review of property valuation working papers,
- Cash flow statement,
- Lessons learnt from Cheswold Park,
- Classification within the operating expenditure note,
- Oracle IT access
- Method of estimating the annual leave balance

CJ explained the findings were not unusual and there was nothing significant to report.

NW reported the audit went well and met the required deadline. Deloitte were satisfied with the responses and interactions with the finance team.

MBu thanked NW and CJ for their presentation and the explanation of the audit.

Keith Stuart-Clarke (KSC) asked why the quality of the report was improved from the previous year.

CJ said the accuracy in detail had improved and there was good engagement between Deloitte and the Trust.

John Laville (JL) said he was pleased with the report. He asked about any learning from this year.

NW said there is always some things to improve, they have had a de-brief regarding the control findings and areas that the Trust can make enhancements.

BC asked about the three misstatements and whether they needed to be corrected.

CJ said there is a materiality threshold which is £7.9m for the Trust, this is 2% of the Trust revenue. Therefore, if the Trust has errors above that threshold, then Deloitte will ask the Trust to correct them. CJ confirmed the Trust misstatements were not significant, and the Trust did not have to amend them if they chose not to.

Julie Hall (JH) said one of the improvements the Trust has discussed with Deloitte is aligning the submission of the annual report to the same day as the annual accounts, and there is continuous learning year on year.

MBu thanked auditors, the finance team and the corporate governance team for their help and assistance with the reports.

It was RESOLVED to RECEIVE and NOTE the report on the audit of accounts 2023/24.

MC/24/50 Any other business (agenda item 5)

None

South West Yorkshire Partnership NHS Foundation Trust

Members' Council 15 November 2024
Action log

= completed actions

Minutes ref	Action	Lead	Timescale	Progress
Actions from 14 August 2024				
MC/24/55 Chair's report and feedback from Trust Board (agenda item 5)	GC explained she sits on the wellbeing board meetings, and she wasn't aware whether a Trust executive director attended the meeting. Julie Hall (JH) explained attendance at Boards is documented in the Trust annual report. GC said she was happy for the information to be released in the annual report. JH to circulate the extract of the annual report to governors.	Julie Hall Deputy Director of Corporate Governance	November 2024	Information sent to Cllr Carter on 16 August 2024
MC/24/58 Care Quality Commission (CQC) action plan update (agenda item 8.1)	Governors can contact Darryl Thompson, Chief Nurse and Director of Quality and Professions to provide feedback and comments on the CQC action plan outside of Members' Council meetings. DT agreed to bring this feedback as part of future CQC action plan updates so this was recorded in the minutes.	Darryl Thompson, Chief Nurse and Director of Quality and Professions	November 2024	DT will feedback governor contact in future CQC action plan report in February 2025.
MC/24/64 Governor feedback (agenda item 8.7)	JL informed Members' Council that it was agreed with the Members' Council Co-ordination Group that governors won't be involved as community connectors as this was not appropriate for governors as they are seen to be independent and not delivering work. JH informed this will be communicated to the Involvement Team.	Corporate Governance Team	November 2024	It has been communicated to the involvement team that governors are not required to undertake this training unless they choose to do so.

Minutes ref	Action	Lead	Timescale	Progress
MC/24/65	CDBG asked if the report can be more specific in relation to the team the figures relate to as it is not on the presentation.	Performance Team	November 2024	The full IPR includes a care group section which shows a detailed breakdown by care group ward/team. This can be found at the below hyper link. Performance reports - South West Yorkshire Partnership NHS Foundation Trust Sections of the IPR are also reviewed in detail at the Finance, Investment and Performance Committee and governors can observe these meetings by contacting the corporate governance team.
MC/24/65 Integrated Performance Report (agenda item 9)	John Laville (JL) informed the Members' Council that he has noted the last few Trust Improvement Network meetings have been cancelled due to low numbers of attendance. It was agreed that this would be relayed to the Change Team.	Corporate Governance Team	October 2024	Complete Feedback has been provided to the Change management team. Sue Barton, Deputy director of strategy and change confirmed there is a plan to continue with the Trust Improvement Network meetings and further dates will be circulated.
MC/24/66 Focus on item: Adult and Children Autism and ADHD Service (agenda item 10)	To circulate the Adult and Children Autism and ADHD service presentation to governors. It was agreed to arrange another focused session between Dr Helen Walsh, Professor Marios Adamou and the governors in the new year to deep dive the Adult and Children Autism and ADHD service.	Corporate Governance Team	October 2024	Complete – the presentation has been circulated to all governors. Complete – This has been added to the Members' Council Training Work Programme.

NHS
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Members' Council
15 November 2024
Agenda item 5

Public/ Private	**Public**
Title:	**Chair's Report and feedback from Trust Board**
Paper presented by:	**Marie Burnham - Chair of the Trust**
Paper prepared by:	Andy Lister, Head of Corporate Governance/Company Secretary
Purpose:	The purpose of this report is to keep Members' Council informed to enable governors to hold Non-Executive Directors (NEDs) to account for the performance of the Board. This report covers activity from **1 August 2024 – 31 October 2024**. In addition, Trust communications including the Headlines, The View and The Brief, are circulated to governors to provide up to date information on the Trust's performance and activities. Question and Answer (Q & A) sessions are chaired by the Trust Chair and the Chief Executive is in attendance. These Q & A sessions now have a focus on sub committees of the Board with NED chairs of committees, and lead directors being present to explain the Committee's purpose and remit, and answer any questions from governors to improve governor insight into Board Committees. This report aims to supplement these by highlighting: • Chair and NED activity since the previous Members' Council meeting. • Key issues discussed at Board meetings in the last quarter; and • Any other current issues of relevance and interest to Governors not covered elsewhere in the agenda.
Mission/values:	Good governance supports the Trust to deliver its mission and adhere to its values.
Any background papers / previously considered by:	Not applicable.
Executive summary:	To support governors in their role of holding the Chair and NEDs to account, this section of the report highlights the activities NEDs have been engaged in since the previous Chair's report which was presented at the Members' Council meeting held on 23 February 2024. (Please note that NEDs are expected to work around 3 days a month and the Chair around 3 days a week, although in practice most work considerably longer). **Governor changes** The Chair would like to welcome the following newly **elected** governors who have commenced their position in November 2024:

Public Governor – Calderdale
Stephen Baines

Public Governor – Kirklees
Valentina McPartland

Staff Governor – Nursing Support
Helen Dale

Non-Executive Director changes
This will be the first Members' Council meeting for newly appointed Non-Executive Directors Margaret Kitching and Gary Ellis following Mandy Rayner and Kate Quail leaving the Trust at the end of September.

Key Events
Annual Members Meeting 18 September 2024
On Wednesday 18 September I welcomed members, staff, governors and partners to our 2024 annual members' meeting in the wellbeing and learning centre at Fieldhead, Wakefield.

I opened the meeting speaking about how important the role of governors is to the Chair of our Trust. Governors give their time freely and ensure that the Trust is there for everyone.

At the meeting, chief executive Mark Brooks spoke about how the Trust has seen increased demand for services over the last year, which makes it even more important that we get it right for people. Throughout our annual members' meeting we saw examples of how we do this, sharing videos of our shortlisted teams from our 2024 Excellence awards, and noting how we had achieved our objectives.

We heard from executive directors about our approach to quality, an update on financial performance, and what we are doing to support our staff.

John Laville, our lead governor shared an insight into how our governors see themselves – as parents, music lovers, sports fans, foodies and sun seekers. Each of our governors has their own interests but are all the same in one respect – they all want to make a positive difference.

Dawn Lawson, our director of strategy and change presented our new Trust strategy, which was developed following an extensive and inclusive engagement process earlier this year, listening to over 1,500 community voices. This is the start of us making our new strategy a reality to make a difference to local people.

Over the last year, we've cared for over 98,000 people. Behind this figure is more than just the people we see – it's families, carers, friends and loved ones.

Lead governor John Laville closed his presentation by saying our members' council is proud – proud of our achievements, proud of our Trust and its values, proud to serve members and proud of our plans for the future. We're not perfect but we're working hard to improve and be

outstanding and with your help we can make our ambitions possible. I am proud to be your Chair and proud of all that you do.

Chair and NED's activities and meetings

The Chair and NEDs continue to attend a wide range of webinars, development events and virtual meetings to keep up to date on policy and governance matters, both nationally and regionally. All mid-year reviews for Non-Executive Directors are nearing completion and in addition the chief executive has also had a successful mid-year review.

Below is a list of their activities:
Our Non-Executive Directors have attended the following from **1 August – 31 October 2024:**

Mandy Rayner, Senior Independent Director / Deputy Chair (left the Trust 30 September 2024)

Patients know best meeting.
NEDs meeting
Extraordinary Trust Board (12 August)
Trust Board Strategic/Development Session (20 August)
Emergency Preparedness Resilience and Response assurance meeting
Extraordinary Trust Board (28 August)
Mental Health Act Committee (28 August)
Introduction meeting with Chief People Officer
Finance, Investment and Performance Committee (16 September)
People and Remuneration Committee (17 September)
Extraordinary Trust Board (30 September)

Mike Ford, Non-Executive Director

Freedom to Speak Up Guardians (6 weekly meetings)
NEDs meeting
Collaborative Committee (6 August 2024)
Extraordinary Trust Board (12 August)
Trust Board Strategic/Development Session (20 August)
Extraordinary Trust Board (28 August)
Mental Health Act Committee (28 August)
Introduction meeting with Chief People Officer
Good Governance Institute
Freedom to Speak Up Guardians (6 weekly meetings)
Charitable Funds Committee (3 September)
Trust Board Development Day (25 September)
Extraordinary Trust Board (30 September)
Trust Board (1 October)
NEDS meeting
West Yorkshire Audit Committee Chairs
Quality and Safety Committee (7 October)
Audit Committee (8 October)
FTSU NEDS Inaugural Meeting
Non-Executive Director demo for Team Engine
QOMSS discussion
Commissioning Committee (formerly Collaborative Committee) (15 October)
Trust Board (29 October)
South Yorkshire ICS Audit Committee Chairs' Network quarterly meeting

	Kate Quail, Non-Executive Director (left the Trust 30 September 2024) Executive Trio meeting Extraordinary Trust Board (12 August) Trust Board Strategic/Development Session (20 August) Extraordinary Trust Board (28 August) Mental Health Act Committee (28 August) Introduction to Chief People Officer Quality and Safety Committee (10 September) Finance, Investment and Performance Committee (16 September) Trust Board Development Day (25 September) Extraordinary Trust Board (30 September) **Erfana Mahmood, Non-Executive Director** NEDS meeting Governor Q&A Charitable Funds Collaborative Committee (6 August) Extraordinary Board Meeting (12 August) Trust Board Strategic/Development Session (20 August) Extraordinary Board Meeting (28 August) Charitable Funds Committee (3 September) Introduction to Chief People Officer Equality, Inclusion and Involvement Committee (11 September) Trust Board Development Day (25 September) Extraordinary Trust Board (30 September) Trust Board (1 October) Commissioning Committee (formerly Collaborative Committee) (15 October) Trust Board (29 October) **Natalie McMillan, Non-Executive Director** Extraordinary Board Meeting (12 August) Trust Board Strategic/Development Session (20 August) Extraordinary Board Meeting (28 August) FIP Meeting (30 August) Quality and Safety Committee (10 September) Finance Investment and Performance Committee (16 September) Introduction to Chief People Officer People and Remuneration Committee (17 September) People Remuneration Committee catch up with Jon Head Extraordinary Trust Board (30 September) Trust Board (1 October) NEDS meeting Quality and Safety Committee Handover with Margaret Kitchen Quality and Safety Committee (8 October) Audit Committee (8 October) **David Webster, Non-Executive Director** Collaborative Committee (6 August) Extraordinary Board Meeting (12 August) Trust Board Strategic/Development Session (20 August) Extraordinary Board Meeting (28 August) Finance Investment and Performance Meeting (30 August) Introduction to Chief People Officer

	Governor Q&A – Finance Investment and Performance Committee Trust Board (1 October) NEDS meeting Digital Strategy & Innovation Group Meeting Audit Committee (8 October) Non-Executive Director demo for Team Engine Commissioning Committee (formerly Collaborative Committee) (15 October) Finance, Investment and Performance Committee (21 October) Trust Board (29 October) **Gary Ellis (joined the Trust 1 October 2024)** Trust Board Development Day (25 September) Trust Board (1 October) Commissioning Committee (formerly Collaborative Committee) (15 October) Finance Investment and Performance Committee (21 October) Trust Board (29 October) **Margaret Kitching (joined the Trust 1 October 2024)** Trust Board Development Day (25 September) Trust Board (1 October) NEDs meeting Cheswold Park visit (4 October 2024) QOMMS discussion Commissioning Committee (formerly Collaborative Committee) (15 October) Corporate Governance catch up Trust Board (29 October) **Marie Burnham - Chair** Mental Health Chairs Weekly Conference Call Engaging Membership group Health Inequalities in North Kirklees Addressing the disproportionate application of the Mental Health Act for your BAME communities Extraordinary Board Meeting Members' Council meeting Board Development meeting NHSE Visit Meeting With Gary Ellis Meeting with John Laville / Claire Den Burger-Green Mental Health Museum Visit Governor Induction Cllr Abi Moore Trust Board (20 August) Agenda Setting: Equality, Inclusion & Involvement Committee Addressing the disproportionate application of the Mental Health Act for your BAME communities Shadow Board Meeting (22 August) Catch Up: Marie Burnham & Keith Ramsay Extraordinary Board Meeting (28 August) NICE committee workshop on health inequalities: evidence standards Meeting with Margaret Kitching TPT/SCAT/PVC - Project Steering Group

	Mental Health Chairs Weekly Call Members Council agenda setting SYB MHLDA Provider Collaborative Chairs Meeting NED 1 to 1 Mental Health Museum Event LYPFT/SWYPFT Shadow Board Programme: Participant Briefing Quality & Safety Committee (10 September) Trust Board agenda setting (10 September) Introduction meeting with the Chief People Officer Governor Q&A – Finance Investment and Performance Committee Introduction meeting with NHS Confederation LYPFT/SWYPFT Shadow Board Programme: Chair Briefing Equality, Inclusion and Involvement Committee (11 September) Extraordinary Members' Council meeting (audit of accounts) (11 September) Marie Burnham / John Laville / Claire Den Burger-Green catch up People Remuneration Committee (17 September) Annual Members meeting (18 September) Matrons Staffing Meeting SY ICB & Trust Chairs Monthly catch-up - MS Teams Chief Operating Officer Interviews NHS Confed Chairs Group Trust Board Development (25 September) Mental Health Chairs Weekly Conference Call Barnsley Place Committee & Partnership Board – development session Extraordinary Trust Board (30 September) Trust Board (1 October) NEDS meeting Cheswold Park Visit (2 October) Mental Health Chairs Weekly Conference Call Shadow Board (4 October) Trust Welcome event Trust board Agenda setting Hold Teaching Trust meeting with University of Leeds Aspiring Directors Programme Nominations Committee (9 October) Members' Council Co-ordination Group (9 October) Y&H Chairs Meeting South West Yorkshire NHS / The Purpose Coalition Sovereign Health Donation Visit Finance, Investment & Performance Committee (21 October) West Yorkshire Chairs Forum West Yorkshire Partnership Board Meeting WYMHSC Committees in Common Mental Health Chairs Weekly Conference Call Chairing of Organisations, post programme meeting - cohort 5 Engaging Membership Group meeting Trust Board (29 October) **4. Key issues discussed at Board meetings** Since the previous Chair's report, the Board has met twice, and the key items discussed are highlighted below. Papers are available on our website six days before public meetings.

	Governors are welcome and encouraged to attend all public Board meetings (virtually at present) and there is the opportunity to raise questions and comments at the end of each meeting, which are recorded in the minutes. Thank you to those governors who have attended Board meetings. **Standing items at Board:** There are 8 board meetings a year held in public, plus four strategic board meetings held in private. At every public board meeting, we have a service user, carer or staff story, receive a report from the chief executive, setting out the current context and relevant national developments, discuss the monthly Integrated Performance Report (IPR) including the finance report, receive updates on business developments in our two integrated care systems (West Yorkshire and South Yorkshire & Bassetlaw), and receive assurance from the Board committees. In addition, at every *business and risk* meeting (quarterly), the board assurance framework is discussed (which sets out the key risks to the strategic objectives plus corresponding controls and assurance), and the corporate/ organisational risk register. At every *performance and monitoring* meeting (quarterly), the quarterly serious incident report is discussed. Additional items at the below meetings were presented as follows in line with the Trust Board work programme: **1 October 2024 (September meeting) (performance)** • Workforce Race Equality Standards • Workforce Disability Equality Standards • Medical appraisal and revalidation annual report • Guardian of safe working hours annual report • Trust sustainability annual report (including green plan) • Trust Strategy launch **29 October 2024 (business and risk)** • Intensive and Assertive Community Mental Health Review report • Emergency Preparedness Resilience and Response submission • Forensic Care Group performance report • Audit Committee terms of reference • Digital Strategy update for 2024-25
Recommendation:	**The Members' Council are asked to:** • **RECEIVE** the contents of this report and raise any questions or comments in advance of the meeting.

NHS
South West Yorkshire Partnership
NHS Foundation Trust

Members' Council
15 November 2024
Agenda item 7.1

Private/Public paper:	Public		
Title:	Patient Experience annual report 2023/24		
Paper presented by:	Darryl Thompson, Chief Nurse / Director of Quality and Professions		
Paper prepared by:	Sarah Whiterod – Associate Director of Nursing, Quality and Professions Ruth Foxcroft – Customer Services Manager Suzie Barton – Portfolio Manager, Quality Improvement and Assurance team Alexis Ritchie – Equality and Involvement Project Officer		
Mission/values:	The report demonstrates commitment to all the Trust's values, which are fundamental to delivering safe and high quality health care: • We put the person first and in the centre • We know that families and carers matter • We are respectful, honest, open and transparent • We improve and aim to be outstanding • We are relevant today and ready for tomorrow		
Purpose:	The purpose of the paper is to provide Members' Council with the Patient Experience Annual report for 2023/24.		
Strategic objectives:	Improve Health	✓	
	Improve Care	✓	
	Improve Resources	✓	
	Make this a great place to work	✓	
BAF Risk(s):	1.3 Lack of or ineffective communication and engagement with our communities, service users and carers could result in poor service delivery that does not meet the needs of the populations we serve 2.2 Failure to create a learning environment leading to lack of innovation and to repeat incidents. 2.3 Increased demand for services and acuity of service users exceeds supply and resources available leaving to a negative impact on quality of care 4.2 Failure to deliver compassionate and diverse leadership and a values-based inclusive culture impacts on retention, recruitment and poor workforce experience meaning sub-optimal staffing and not everyone in the Trust is able to contribute effectively.		
Contribution to the objectives of the Integrated Care	Each provider trust within an integrated care system (ICS) is governed by regulatory bodies, including the Care Quality Commission (CQC). It is important that regulatory activity is monitored, learning is taken from feedback		

System/Integrated Care Board/Place based partnerships	and action is taken to remedy any findings. Regulatory bodies also identify areas of strength and good practice. Being part of the Integrated Care Systems allows for opportunity to share learning, findings and best practice to ensure services are delivered to the highest standard. Patient experience is integral to supporting improvements in services across both West and South Yorkshire Integrated Care Systems. Understanding our current position, areas of strength and areas for improvement supports us to be an engaged member of the integrated care systems support and consider opportunities for economies of scale.
Any background papers / previously considered by:	The Patient Experience Annual report for 2023/24 is a culmination of patient experience reports (including friends and family test and patient experience surveys), customer services information (complaints and compliments) and insight reports which have previously been shared with quality and safety committee and equality and inclusion committee throughout the year. The Patient Experience Annual report has been reviewed in draft format by The Chief Nurse and Director of Quality and Professions and the final version was shared with Quality and Safety Committee in June 2024. It was then received by Trust Board on 2 July 2024, and then reviewed in the Members' Council Quality Group on 10 July 2024.
Executive summary:	The Patient Experience annual report brings together information, data and intelligence from customer services (complaints, compliments, concerns and comments), friends and family test, patient experience surveys and insight. Good patient experience is associated with improved clinical outcomes and contributes to patients having control over their own health. The report headlines are as follows: ➢ During 2023/24 the Trust received 10,091 pieces of feedback ➢ The main positive themes from the feedback relate to staff, care and communication ➢ The main negative themes from the feedback relate to communication, access and waiting times and staff ➢ A number of key improvements were made during the year including: o Elimination of the waiting list of complaints waiting for allocation o Improvement in the number of complaint responses sent within the six-month statutory target, from 37% in 2022/23 to 43% in 2023/24 o Increase in overall satisfaction rates through the friends and family test, an increase of 2% overall from the previous year to 90% o Embedding of the accessible information policy across the Trust ➢ The customer services team dealt with 694 items of feedback, including 114 formal complaints ➢ Feedback was received from a broad range of people and data demonstrates that feedback is provided by people from across all protected characteristic groups. ➢ 9,302 pieces of feedback were received through the friends and family test

	➢ Patient experience surveys were launched within Care Groups ➢ Feedback from our communities supported the development of accessible information action plans and supported the 'you told us, we listened' improvements ➢ Placing an equality lens over all feedback which is received has strengthened throughout the year and supports our understanding about where there are gaps. The data identifies that ensuring that older aged adults are able to provide feedback directly, without needing to rely on friends or family. We receive feedback from people of different ethnicities in line with our service user population. ➢ There are actions to further strengthen the equality lens and develop improvements during 2024/25 and will link with the patient and carer race equality framework (PCREF) ➢ Patient experience feedback is shared with Care Groups and when triangulated with other information, supports improvement work, including care planning and risk assessment, clinical record keeping and implementing the triangle of care standards ➢ Themes, both positive and negative, are largely consistent with previous years and it is the specifics from these themes that support improvement of quality, safety and culture within individual services and teams.
Recommendation:	**Members' Council are asked to:** **RECEIVE** the Patient Experience annual report 2023/24.

Patient Experience Annual Report 2023/24

i. Executive Summary

The Patient Experience annual report brings together information, data and intelligence from customer services (complaints, compliments, concerns and comments), friends and family test, patient experience surveys and insight.

Good patient experience is associated with improved clinical outcomes and contributes to patients having control over their own health. The patient experience headlines for 2023/24 are as follows:

- During 2023/24 the Trust received 10,091 pieces of feedback (customer services, friends and family test, patient experience surveys and insight data)
- The main positive themes from the feedback related to staff, care and communication
- The main negative themes from the feedback relate to communication, access and waiting times and staff
- A number of key improvements were made during the year including:
    - Elimination of the waiting list of complaints waiting for allocation
    - Improvement in the number of complaint responses sent within the six month statutory target
    - Increase in overall satisfaction rates through the friends and family test
    - Embedding of the accessible information policy across the Trust
- The customer services team dealt with 694 items of feedback, including 114 formal complaints
- Feedback was received from a broad range of people and data suggests that feedback is provided by people from across all protected characteristic groups
- The majority of feedback is received directly from patients (service users) and from people of a working age
- The Trust receive less feedback directly from people who are of an older age and work is needed to ensure this patient group are able to provide feedback themselves, without the need to rely on a family member to do this on their behalf
- 9,302 pieces of feedback were received through the friends and family test
- Patient experience surveys were launched within Care Groups
- Feedback from our communities supported the development of accessible information action plans and supported the ‘you told us, we listened’ improvements

The report outlines key improvements made and sets out action and development plans for the next 12 months including:

- Triangulation of patient experience feedback with the new quality monitoring, oversight, and support system (QOMSS)
- Further roll out of service line patient experience surveys
- Embedding of accessible information standards across all areas

During 2023/24 we have seen an increase in formal complaints (16% increase) which have been received and investigated by the Trust, and many of these have been resolved within the six-month target (43%, up from 37% in the previous year) and very few of these have been re-

opened, suggesting complainant satisfaction with the response they receive. We have also seen an increase (4%) in compliments and these are spread across services.

The Friends and Family Test (FFT) feedback shows an increase in satisfaction across the Trust and specifically within Care Groups. The qualitative data received through FFT has improved and this support improvements. This is also reflected in service line patient experience surveys.

Themes, both positive and negative, are largely consistent with previous years and it is the specifics from these themes that support improvement of quality, safety and culture within individual services and teams.

1. Introduction

1.1. What is 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.

The measurement of patient experience feedback is used to identify strengths and weaknesses of healthcare delivery, drive-quality improvement, inform commissioning and promote patient choice. Of note, for the purpose of this report we will use the term patient to also cover the term service user, a more usual term in reports within the Trust.

Across the Trust we strive to achieve the following vision, mission and values, and patient experience is a key element which ensures that we put the person first and, in the centre, and hear the voices of families and carers. Understanding the experience of our patients and their carers and families allows for improvements to be made as we move towards being an outstanding organisation and providing outstanding care and outcomes.

1.2. Gathering patient experience

There are several ways in which patient experience is captured across the Trust and this report will share information, themes, and outputs from these different methods. Alongside this, the information gathered is triangulated and the report provides an overall picture of the experience of our patients, their carers, and families and how this information has been used to drive forward improvements in the quality of care.

This report will cover the following:

- Customer services contact, including complaints, concerns and compliments
- Friends and family test results
- Patient experience surveys
- Insight from external organisations and sources

2. Patient experience as a pillar of quality

The National Quality Board's (NQB) single view of quality and the delivery of high-quality, personalised, and equitable care for all is defined in the infographic below:

Experience can be understood in the following ways:

- What the person experiences when they receive care or treatment
    - The interactions between the person receiving care and the person providing the care, e.g. how the person providing care communicates with the person receiving care
    - The process the person is involved in, such as booking an appointment
- How the person's interaction with a staff member, care provision, or services made them feel

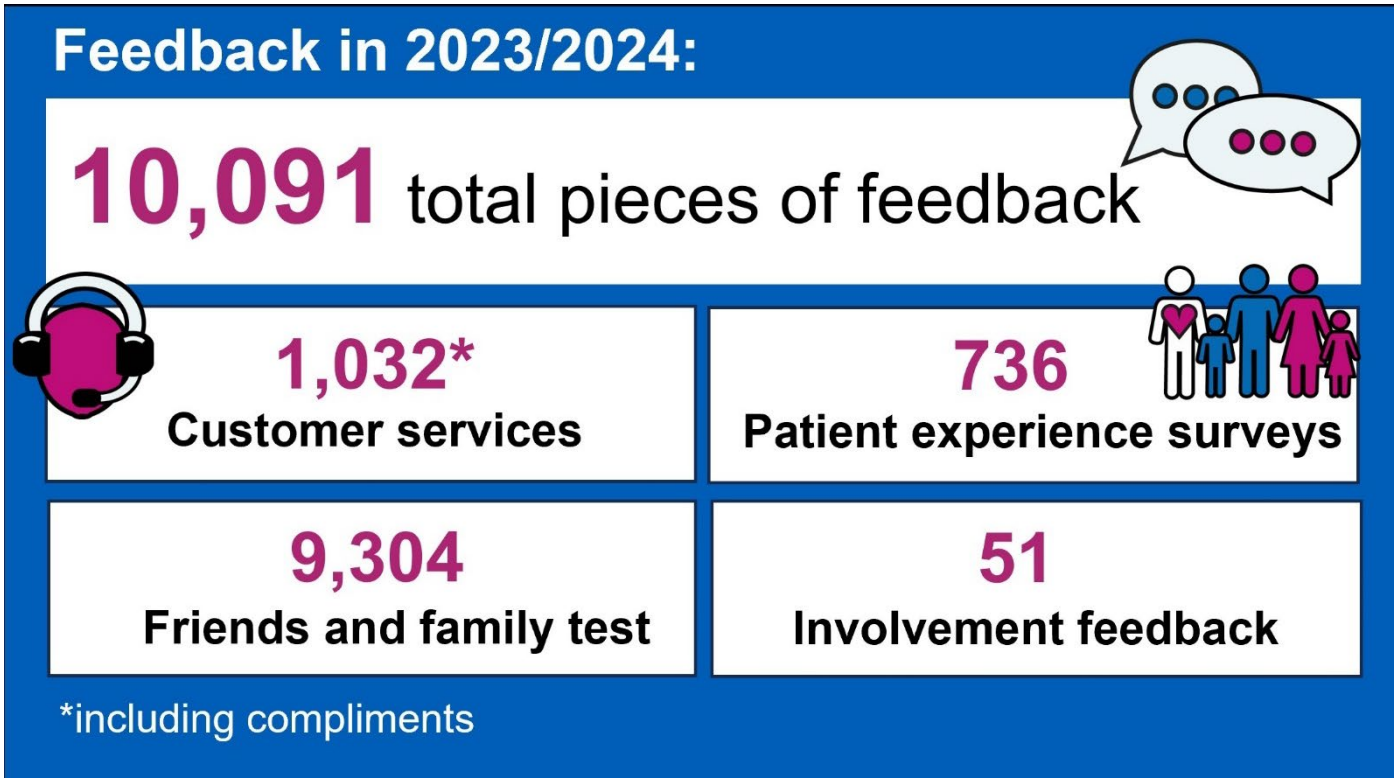
There are three key areas an organisation should consider when planning for improvement:

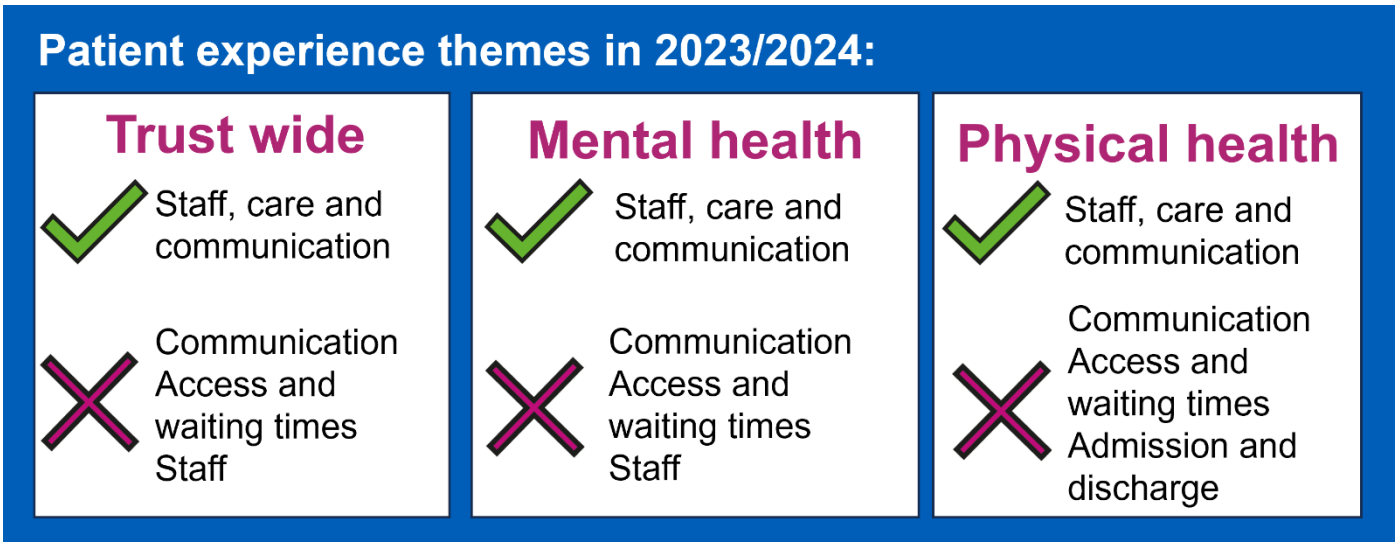
1. Co-production
2. Using insight and feedback
3. Improving experience of care at the core of priority programmes of work

In line with the Trust Quality Strategy and the current three quality priorities, patient experience is a key part of driving forward improvements.

3. Key facts and findings

3.1. Overview of feedback received





These patient experience themes combine customer services, friends and family test and insight information. The themes are predominantly the same regardless of how feedback is collected.

3.2. Key improvements made in 2023/24

Key improvements made in 2023/24

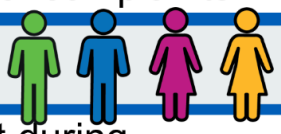
Customer services

Eliminating the waiting list (backlog) of complaints waiting for allocation to a customer services officer.

Improvement in the number of complaint responses sent and the number of these which were sent within the six-month statutory timeframe (from 37% to 43%).

Refreshed customer services policy to align with national requirements and better support the management of complaints.

Patient experience (including FFT)



Increase in overall satisfaction rate across the Trust during 2023/24 (from 88% to 92%).

Embedding of ChatPads to support the collection of feedback

Improvement in the quality of data received though FFT feedback.

Insight

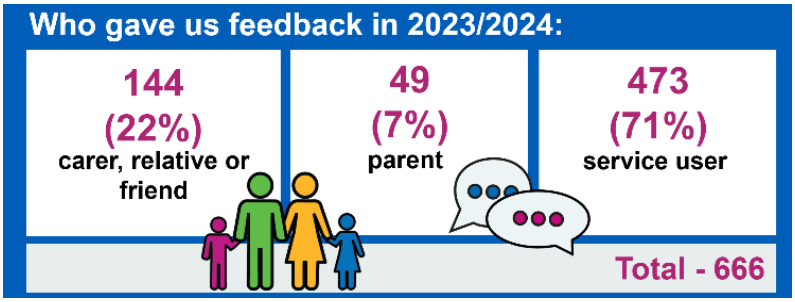
Embedding the accessible information policy across the Trust to improve accessible information for all.

Improving quality of services for our patients public and communities by developing the quality strategy from the feedback received.

Continuing to listen and responding to our local communities by collating insight and highlighting key themes to respond to where we can make improvements and explain processes.

3.3. Who gave us feedback in 2023/24

The information below is for all types of feedback received into the Trust. Specific equality data related to customer services and friends and family test is detailed within the relevant sections.



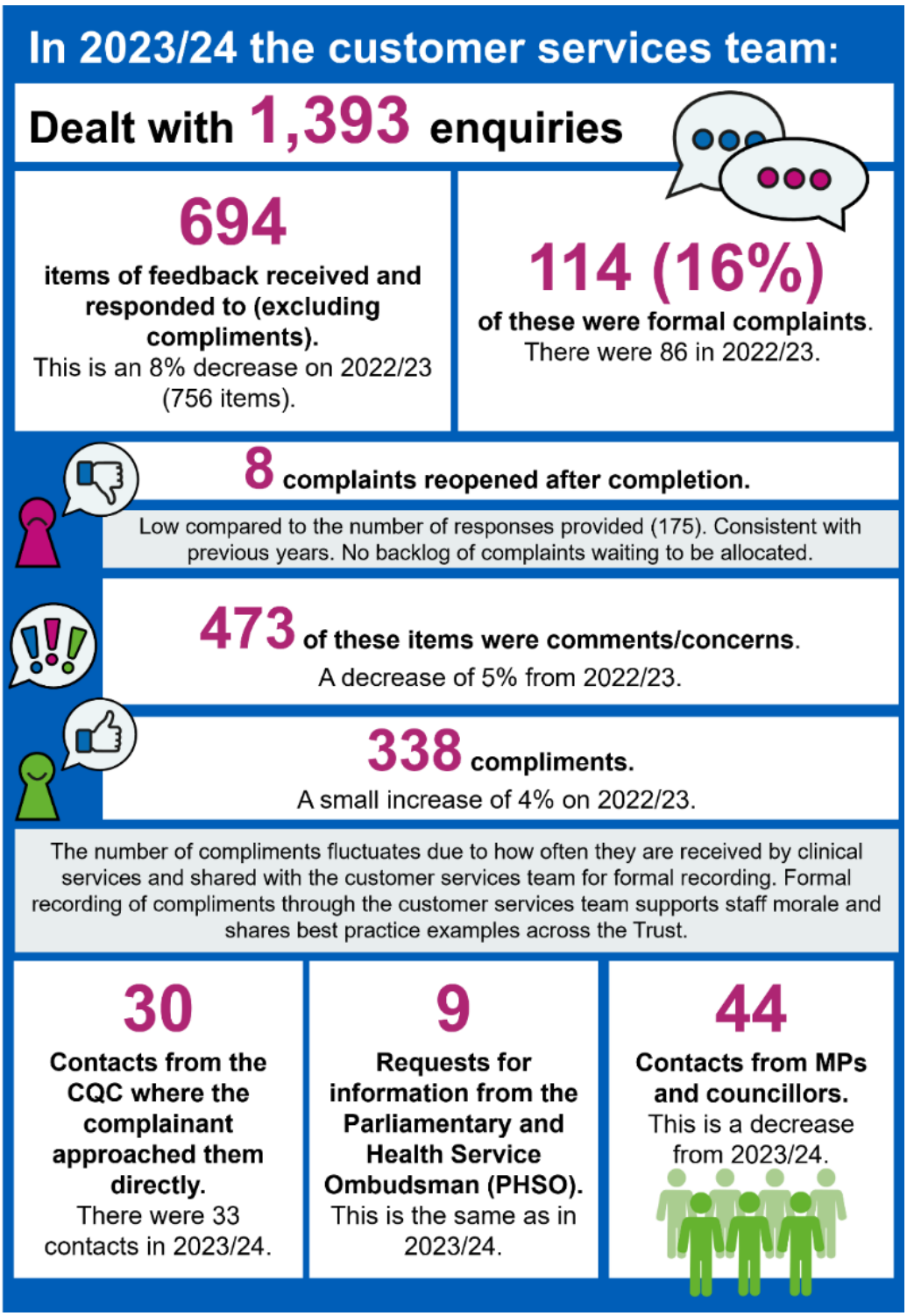
During 2023/24 (other those who provided the information) 71% of the feedback received came directly from patients (service users) themselves, with 22% from a carer/relative or friend and 7% from a parent.

The equality data for all feedback is contained within Appendix 1.

The data suggests that feedback is received from a wide range of people who access Trust services. The majority of feedback is received from working age adults, with just 25% being from people over 65 and a focus on the older adult population will be undertaken during 2024/25 to explore feedback mechanisms to ensure that older adults are able to provide feedback directly where they wish, without needing to use a friend or relative to do this on their behalf.

Development in enhancing data collection and using it to help drive improvements will form part of the Patient and Carer Race Equality Framework (PCREF).

4. Customer Services



4.1. Overview

Trust Board monitors complaints via the integrated performance report (IPR). The Quality and Safety Committee (QSC) and executive management team (EMT) also receive assurance reports regarding customer service key performance indicators. This report includes the annual data related to complaints, in line with the Trust's aim to learn from concerns/complaints raised, improve patient experience, and ensure Trust Board oversight of the compliance against our

registration with the Care Quality Commission (CQC) in relation to complaints management. This includes:

- The monitoring arrangements for complaints handing in the Trust;
- Trends in complaints themes; and
- The Parliamentary and Health Service Ombudsman (PHSO) status

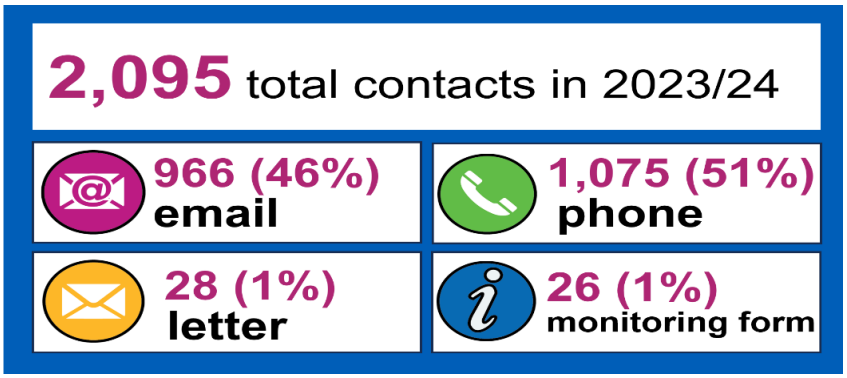
Themes from feedback are used to support quality improvement across our services and enable patient, carer, and staff experience to be captured within the work we do and the care we provide every day.

During 2023/24 the customer services team:

- Dealt with 1,393 enquiries regarding information about the services we provide, the complaints process, signposting to other organisations
- Of the 694 items received, these consisted of formal complaints, informal concerns, and comments, and breaks down as follows:
    - 221 formal complaints raised, of these:
        - 114 (of the 221) (51.5%) proceeded as formal complaints (these are complaints where consent has been received from the complainant and the scope of the investigation agreed to enable an investigation to begin.). This compares with 86 during the previous year.
        - 107 (of the 221) formal complaints raised did not proceed to investigation, either through the complainant not returning requested consent, unable to agree a scope or no further contact being received from the individual.
        - Work required to identify barriers to proceeding with a formal complaint has been identified and will start during 2024/25. This will include identifying any barriers for people with defined protected characteristics.

4.2. Recording feedback

Feedback is received into the customer services team by email, letter, or phone call.



Initially concerns are managed informally, where possible, with the relevant service or team reviewing and if appropriate, contacting the complainant for an initial discussion about their concerns. As such several concerns do not progress through a formal complaint process as they are able to be resolved informally.

Where the complainant requests for them to be managed as a formal complaint from the outset, or those where an informal resolution has not been possible, these will then be managed through the Trust's formal process for the handling of complaints. This report provides both data on feedback resolved informally and those which are managed through a formal process. Complaint themes are outlined, broken down and reported at service level.

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

Complaints which are received by the customer services team are risk assessed using the Trust's risk matrix. This is undertaken by the customer services manager and shared with clinical services to assess and action any immediate risks. Any complex or high-risk complaints are discussed at the complex complaint cases panel and/or raised at the weekly patient safety oversight group (PSOG). PSOG is attended by the Executive Trio of the Chief Operating Officer, Chief Nurse and Director of Quality and Professions and the Chief Medical Officer. Any complaint graded as red is presented at PSOG. This also provides assurance that actions relating to the most serious Trust complaints are fully implemented into clinical services.

4.3. The customer services team

The customer services team is made up of staff trained in the management of NHS complaints who are specialists in complaint handling and investigation. During 2023/24 the customer services team was supported with funding for an additional band 3 administrator and a band 5 customer service officer. As such the team have been able to resolve the waiting list of complaints that was awaiting allocation to a complaint handler, which had built up during the pandemic. The team have also been able to improve the flow of complaints and concerns through the process, leading to improvements in response time for complaints. Further information and data are contained later in this report. The team is now at full establishment, and this provides some stability and a continued focus on delivery and improvements.

4.4. Managing complex complaints

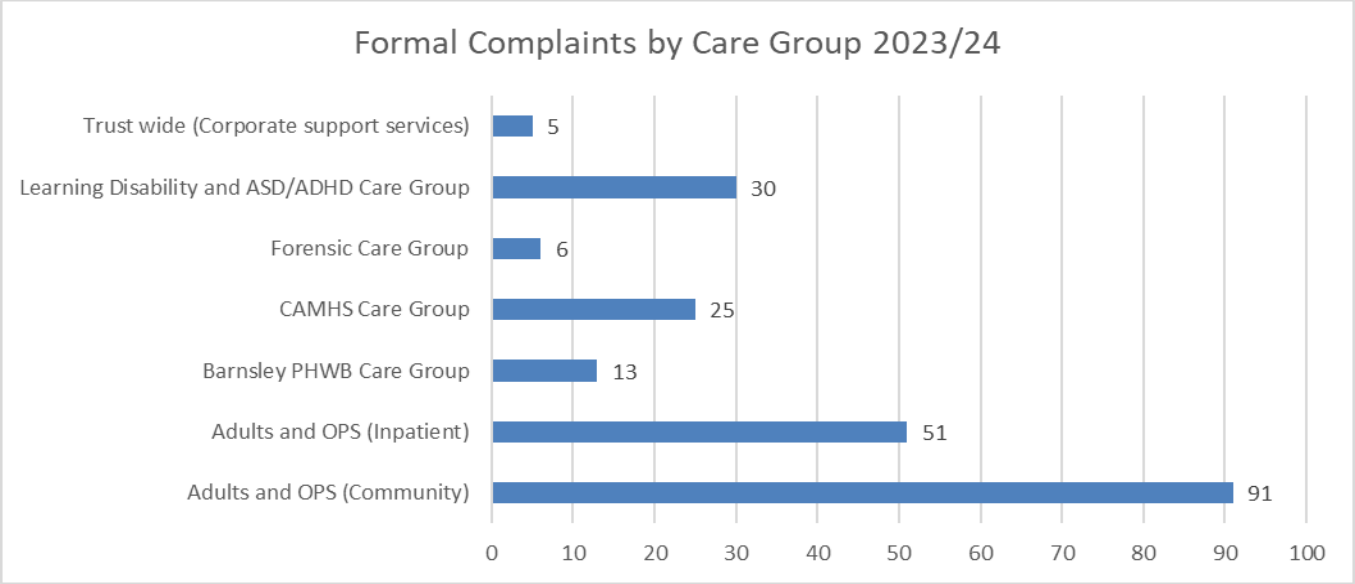
Complaints are often complex and longstanding in nature. Complainants' expectations of what can be achieved through the complaints process may be unachievable and individuals often require support to understand the potential outcomes available through the complaints procedure.

In addition, there are a small number of people where the frequency of their contact with the Trust, or their individual behaviour, hinders consideration of their own and/or other people's complaints. This is defined as persistent or unreasonable behaviour. A new section in the updated: *Customer services policy: supporting the management of complaints, concerns, comments and compliments (September 2023)* supports the customer services team and the Trust in supporting individuals who are defined in this way. This includes letters which have been developed to explain the process to the person. These letters have been reviewed through a trauma informed lens and by a person with lived experience.

4.5. Complaints backlog

During 2023/24, the customer services team were able to eliminate the waiting list (the backlog) for complaints waiting to be allocated to a complaints officer. This was at a high of 61 in October 2022. By May 2023, this had reduced to 30 complaints awaiting allocation and by October 2023 any outstanding complaints had been allocated and were in the process of being investigated. This means that since then and for the first time since the pandemic, the team are dealing with complaints in real-time.

4.6. Formal complaints



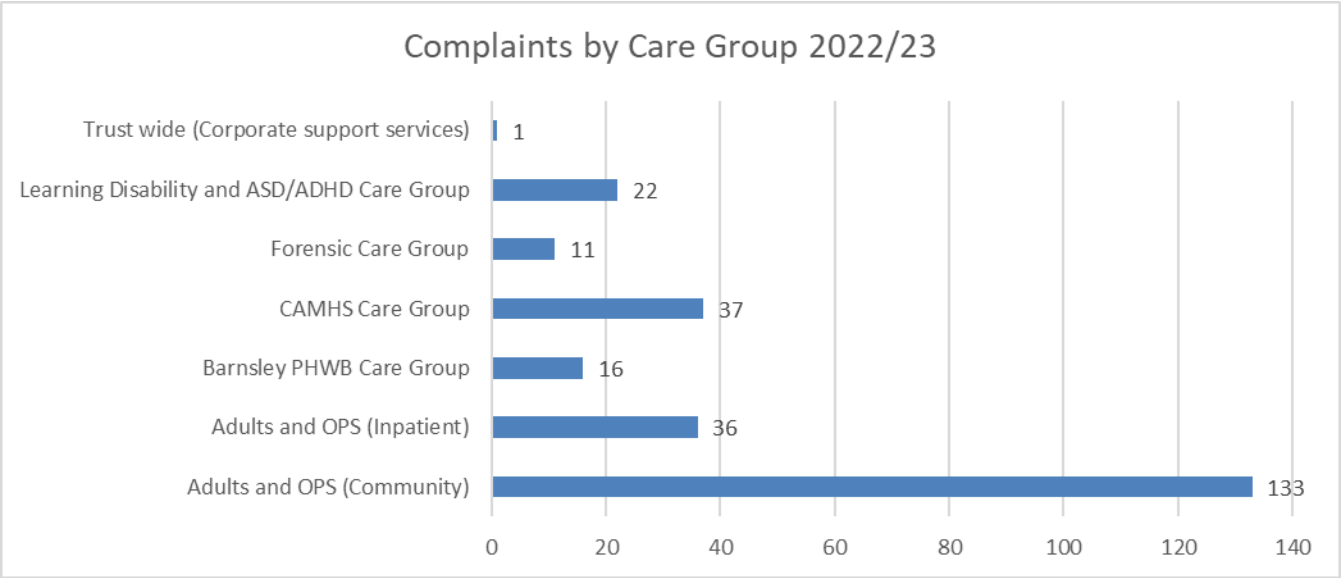
The bar chart above shows the number of formal complaints received by each Care Group/service line across the Trust (these are the Care Groups/service lines as they were during 2023/24).

Adults and older peoples' services (OPS) mental health community services received the highest number of complaints (n=91) in 2023/24 which is consistent with the previous year, followed by adults and OPS inpatient services (n=51). The majority of complaints for the learning disability and autism spectrum disorder/attention deficit hyperactivity disorder (ASD/ADHD) care group (87%) related to ASD/ADHD services. These often related to waiting times and assessment outcomes.

Whilst the graph demonstrates the spread of complaints across different Care Groups, it is important to note that these areas are not comparable and the opportunity for learning and improvement does not always equate to the Care Groups with most complaints. This is due to the numbers of services provided or the number of patients supported by an individual Care Group.

The graph below for the previous year 2022/23, shows adults and older peoples' services (OPS) mental health community services (n=133) as the outlier, followed by child and

adolescent mental health services (n=37) and adults and older peoples' services (OPS) inpatient services (n=36).



4.7. Responding in a timely manner

In line with NHS complaints (England) regulations (2009) and the Trust's customer service standard, all complaints are expected to be acknowledged within three working days and provide a formal written response and close formal complaints within six months of receipt.

4.7.1. Acknowledgement within three working days

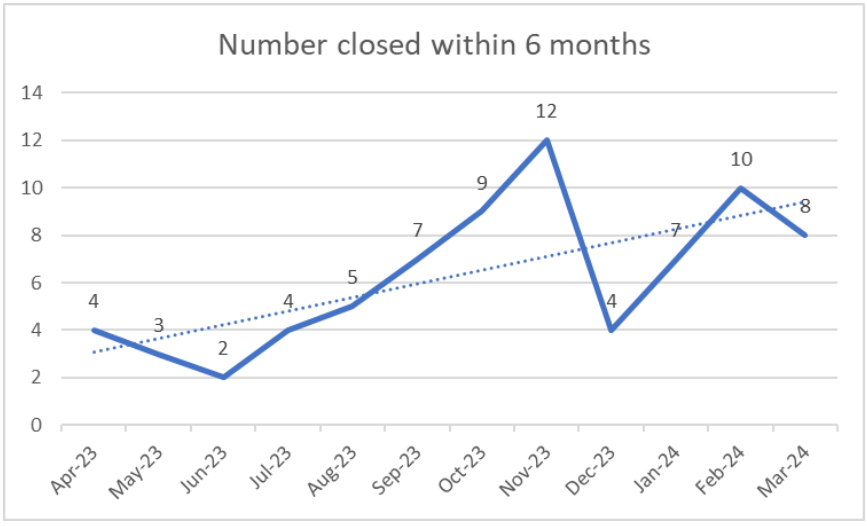
- During 2023/24, 92% (n=203) of formal complaints met this target
- Of the 18 that missed the target, the majority were related to human factors, and any concerns have been addressed and learning identified

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

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

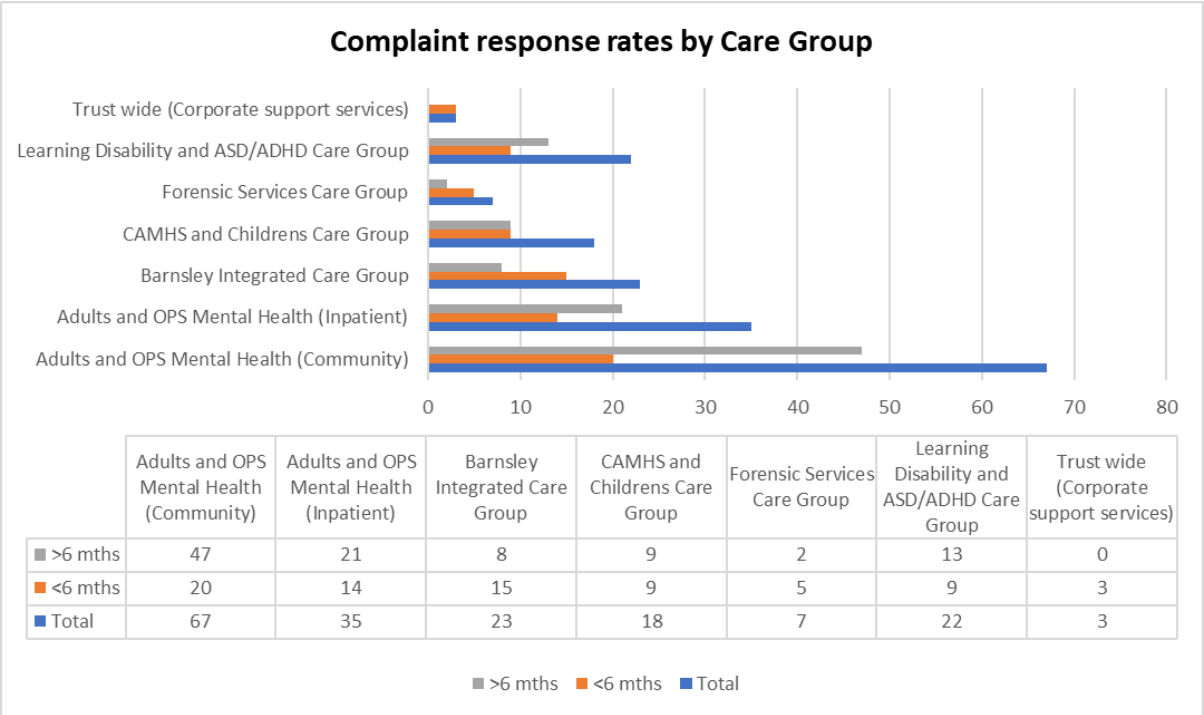
All complaints are dealt with as quickly as possible. Directors of services and general managers across services are kept updated on the progress of complaint investigations. The customer services team works with individual services to support the identification of lead investigators who have capacity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

4.7.2. Responding and closing complaints within six months



- During 2022/23 141 formal complaints were closed and of these 37% were closed within six months.
- During 2023/24 175 formal complaints were closed and 43% (75/175) of these were closed within the six-month target
- Now complaints are being allocated and investigated in real time, it is expected that this target will continue to improve during 2024/25
- There are multiple factors that impact on our ability to meet this target, and these include availability of a lead investigator in the Care Group, completion of the complaints toolkit and complaints progressing through the stages of the sign off process

The following graph breaks down complaint responses within six months by Care Group:



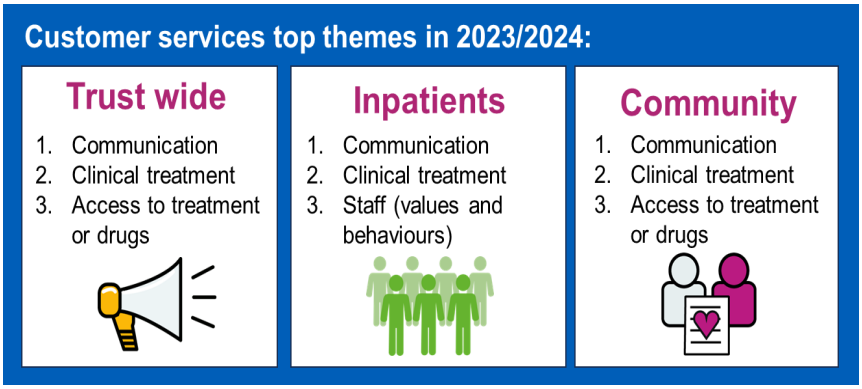
	Adults and OPS Mental Health (Community)	Adults and OPS Mental Health (Inpatient)	Barnsley Integrated Care Group	CAMHS and Childrens Care Group	Forensic Services Care Group	Learning Disability and ASD/ADHD Care Group	Trust wide (Corporate support services)
>6 mths	47	21	8	9	2	13	0
<6 mths	20	14	15	9	5	9	3
Total	67	35	23	18	7	22	3

4.8. Reopened complaints

During 2023/24 there were 8 formal complaints which were reopened after the complaint had been investigated and an outcome letter sent to the complainant. This is a slight increase on the number reopened during 2022/23 (n=6) and needs to be viewed in the context of the number of formal complaints closed by the Trust (6/175, 3%). This suggests that the majority of complainants are satisfied with the response they receive to their complaint.

Further work to understand complainant satisfaction was begun 2023/24 and will be reported in the 2024/25 annual report.

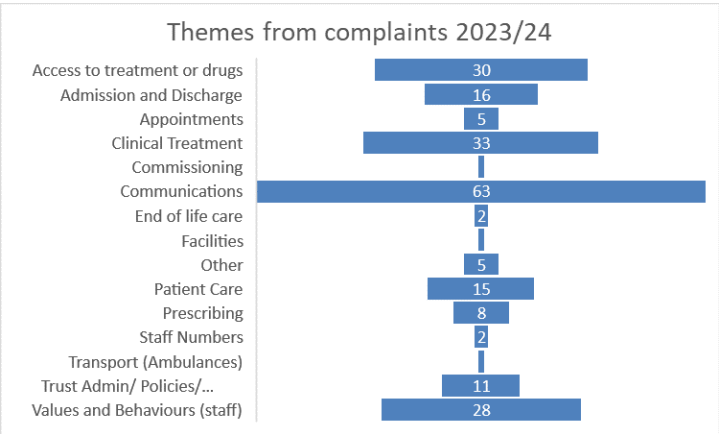
4.9. Themes from complaints



Complaints typically contain multiple themes/issues and in 2023/24, the primary subjects of each complaint were themed into 15 categories.

- Communications (n=63, 29%) is the top primary subject for complaints in 2023/24 compared to access to treatment or drugs in 2022/23
- Clinical treatment (n=32, 14%) was the second most common theme for complaints in 2023/24 which was also the case in 2022/23
- Access to treatment or drugs was the third most common theme (n=30, 14%) for complaints in 2023/24
- Values and behaviours (staff) were the fourth most common theme (n=29) for complaints in 2023/ 2024. This theme continues to be reported within the integrated performance report

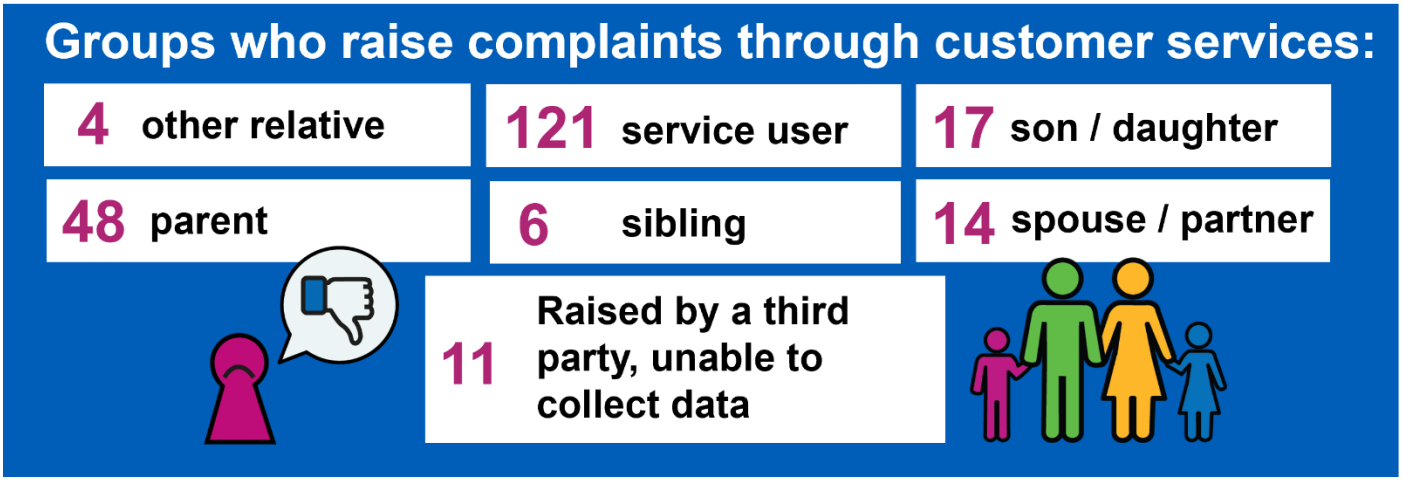
Breakdown of complaints by theme:



Themes and learning from complaints are picked up and discussed within Care Group clinical governance groups and support improvement plans. These link with and support wider improvement programmes of work, such as the care plan and risk assessment improvement group and accessible information standards work and will feed into the review of the discharge and transfer of care policy.

Work is underway with Care Groups to support embedding of learning from complaints at a team, service, and Care Group level and to identify any specific Trust-wide actions which are required. This is being prioritised for 2024/25.

4.9. Equality and protected characteristics – who's making complaints?



Equality data is crucial for understanding who accesses the formal complaints process and who might be using the process less.

4.9.1. Equality data related to the complainant

The customer services team capture equality data from the complainant - the person raising the complaint. Whenever possible, data is collected either when the complaint is made or when the equality form is returned later. Complainants are informed about the importance of this data for ensuring equal access to the complaints process.

The equality form includes nine protected characteristics: age, disability, gender reassignment, ethnicity, religion or belief, sex, sexual orientation, marriage and civil partnership, and pregnancy and maternity. Additionally, we ask if the complainant is a carer and if they are registered with their General Practitioner (GP) as one. This aligns with the services we offer, and the Trust considers this additional characteristic as important as the nine protected characteristics.

The team continues to explore best practices for capturing equality data, both internally and externally, incorporating any learnings into routine processes. The infographics in Appendix 2 show the breakdown of ethnicity, gender, disability, age, and sexual orientation where information was provided. Equality data is collated Trust-wide for service users.

The Trust's equality and diversity managers review all complaints and feedback where concerns are raised about possible less favourable treatment due to a protected characteristic. This ensures that any trends or patterns of harassment are identified and addressed appropriately.

Comparing the data from the infographics in Appendix 2, which provide an overview of the equality characteristics of our service users (Trust wide data), suggests that those raising concerns and complaints are representative of our service user population. Although this data is not directly comparable as complaint equality data is for all complainants, rather than just service users, a large proportion (55%) are from a service user.

Data suggests that people from ethnic minority groups and those with disabilities who raise complaints appear to be proportionate to those accessing our services. Notably, 76% of complainants identify as white British, which compares to the Trust's service user population of 88%.

However, on review of the age of complainants, 89% of all complaints are received from people between the ages of 18 and 64, with only 10% (of all complaints made) being from people aged over 65. This suggests that there is some work to do to ensure that raising a concern and a complaint is easy and accessible to the older population. It is likely that some people in the older age category rely on family members or carers to raise a concern but as should be aiming for the complaints process to be accessible to all.

4.9.2. Equality data related to the person the complaint is about

The equality form, described above, captures where the complaint is coming from, and this enables identification of when the complainant is the service user.

The data shows that most complaints come from people who are of a working age, between 26-55 (71%) and 69% class themselves a white British. There is a spread across other ethnic groups which falls broadly in line with our service user population.

Complaints are received from people with a wide range of disabilities (8% of people declare a registered disability), with the majority declaring a mental health condition. Most people are heterosexual (62%), with a small proportion (7%) who are representatives of the LGBTQ community.

It is currently only possible to identify the equality data for service users who are the complainant, rather than for all people the complaints relate to.

4.9.3. Develop a deeper understanding of equality data during 2024/25

In 2024-25, a more in-depth analysis will be conducted to gain a deeper understanding and identify areas needing specific focus and support for people to make complaints and understanding who the complaint is about. This will include specific work to identify the protected characteristics of people for whom the complaint is about through an addition to the equality form to capture the relevant information. This will enable a broader and more robust picture about whether the is any disproportion in complaints regarding any individual protected characteristic. It

will be explored about this equality information feeding into and supporting wider inclusion work and reporting into the equality, involvement and inclusion committee.

In addition, this will also include complaints related to protected characteristics, and enable any improvements to be made to support people with a protected characteristic within our services.

4.9.4. Complaints related to a protected characteristic

The following table outlines a small number of complaints received within the year which relate to a protected characteristic. This highlight how these complaints have been managed and the outcome for the complainant.

Protected characteristic	Issue	Resolution
Maternity	Protected characteristic not considered during assessment by offering face-to-face	It was believed that a face-to-face assessment was appropriate, as service user had attended face-to-face appointments with the perinatal mental health team. Apologies provided that the service assumed the service user would be content with a face-to-face appointment and this was not checked before the assessment.
Race and religion	Doctor claimed to be prejudiced due to race and religion	Reassurance that the Trust aims to ensure that equality, inclusion and equity is central to everything we do, and that our mission is to help everyone to fulfil their potential and live well in their community.
Disability	Doctor claimed to have an inappropriate attitude towards people with learning disabilities and over-reliance on medication	Reassurance provided regarding the doctor's clinical decision-making and using medication was in line with STOMP (Stopping Over-Medication of Psychotropic medication) initiative, which focusses on stopping the over-use of this medication for people with LD, autism, or both.
Carer(s)	Parents unhappy that they do not feel recognised as carers by staff and that they are not asked to be involved in care and planning	The Trust recognise the difficulties that carers often have when a family member, or person they care for, is involved with secondary mental health services, and as a Trust we are considering how we can improve the relationship with carers through the Triangle of Care approach. This is a therapeutic alliance between carers, patients, and health professionals. It aims to promote safety and recovery, and to sustain mental wellbeing by including and supporting carers. As part of this, the Trust is looking to standardise the information that carers receive when the patient consents to them being involved in their care.

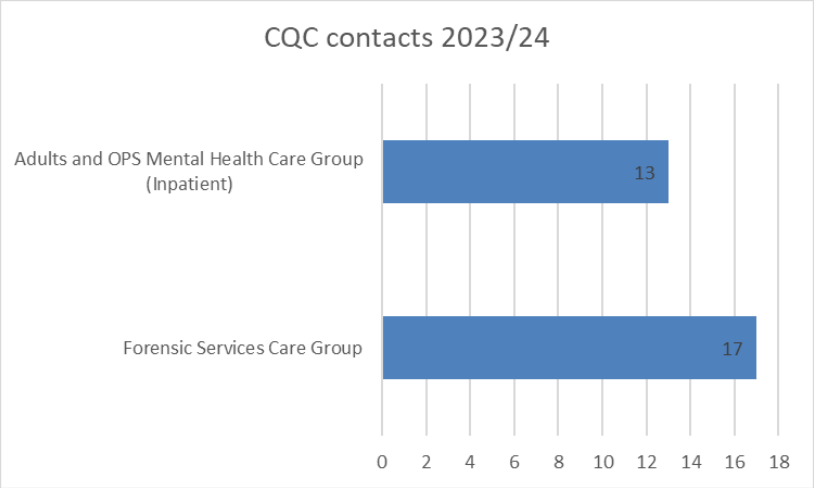
4.11. Regulation: Parliamentary and Health Service Ombudsman (PHSO)

During 2023/24, nine cases were escalated to the PHSO, out of the 175 formal complaints closed by the Trust in 2023/24 and this equates to 5% of all formal complaints closed. Further information about the numbers of complaints reopened is detailed in the reopened complaints section of this report and this provides a further indication of the robust management of complaints within the Trust.

4.12. Care Quality Commission (CQC) complaints

During 2023/24 the customer services team received 30 contacts from the CQC whereby the complainant had approached them directly. This compares to 33 CQC contacts in 2022/23.

The contacts related to two Care Groups, adults and OPS mental health care group (inpatients) and forensic services. There are common themes for both Care Groups such as dissatisfaction with Section 17 (Mental Health Act) leave arrangements, disputes about diagnosis and concerns about care and treatment.



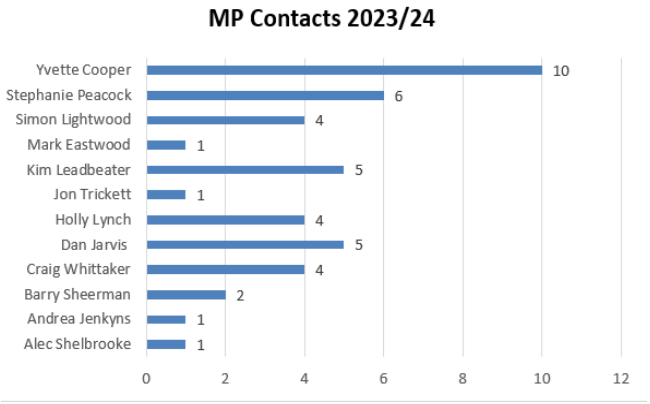
When a complaint is received via the CQC, the customer services team triangulate information with the quality improvement and assurance team (QIAT) and the safeguarding team to identify if other contact has been received from the service user/complainant. This ensures that investigations and responses are consistent.

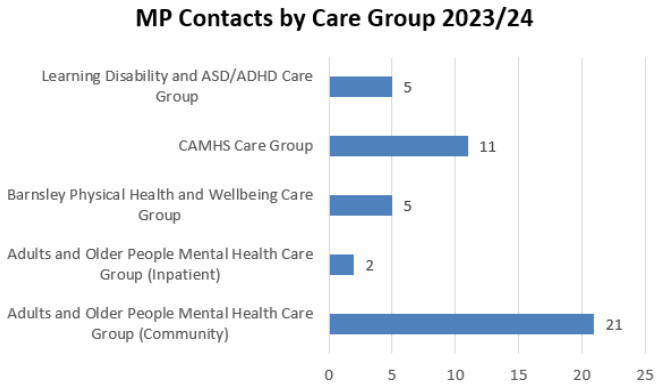
Customer services provide regular progress reports to the CQC's Mental Health Act complaints department on complaints they have shared or raised with us. The updates contain information including if the complaint has been concluded and if a response has been sent to the complainant. If a complaint is still under investigation, customer services will provide an update and an agreed timeframe of when a response will be provided. A copy of the response letter sent to the complainant is also shared with the CQC for their information.

4.13. Member of Parliament (MP) contacts

During 2023/24, the customer services team received 44 MP contacts which is a reduction from 59 in 2022/23. Yvette Cooper (Normanton, Pontefract and Castleford) submitted the majority (23%) of MP contacts in 2023/24 followed by Stephanie Peacock (Barnsley East) at 14% with Kim Leadbeater (Batley and Spen) and Dan Jarvis (Barnsley Central) ranked joint third at 11%.

Adults and Older People Mental Health Care Group (Community) received the most MP contacts in 2023/24 at 48% which is a new trend. In previous years, CAMHS Care Group consistently received the most MP feedback, and this is typically around access to treatment for children and young people. In 2023/24 CAMHS and Children's Care Group received the second highest number of MP contacts at 25%.





4.14. Joint working 2023/ 2024

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

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

Organisation	Formal complaint	Reopened formal complaint	Informal concern	Service issue (comment)	Total
Barnsley Hospital NHS Foundation Trust	2	1	2	0	5
Care Quality Commission	11	0	19	0	30

Health Watch	2	0	0	0	2
Kirklees Council	0	0	2	0	2
Leeds Teaching Hospital NHS Trust	1	0	0	0	1
Member of Parliament	9	0	32	3	44
Mid Yorkshire Hospital NHS Trust	1	0	0	0	1
NHS Barnsley CCG	2	0	0	0	2
NHS Bradford District CCG	2	0	0	0	2
NHS Calderdale CCG	1	0	0	0	1
NHS Wakefield CCG	1	0	0	0	1
Other	1	0	1	1	3
Sheffield Teaching Hospital	1	0	0	0	1
Yorkshire Ambulance Service NHS Trust	0	1	0	1	1
Total	**34**	**1**	**56**	**5**	**96**

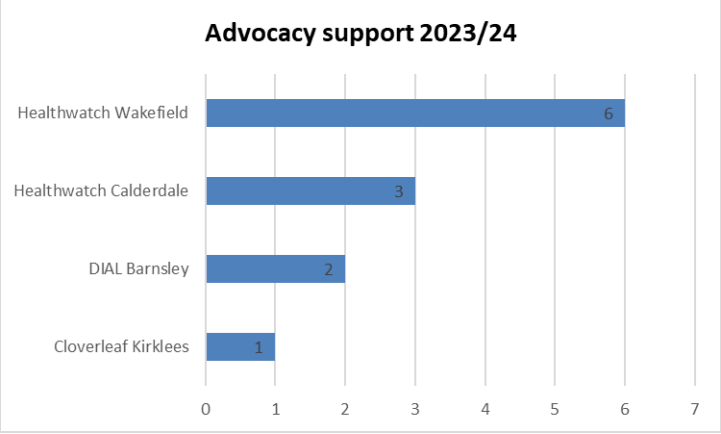
4.15. Independent Complaints Advocacy Services (ICAS)

The NHS complaints advocacy services provide practical support and information for those wishing to make a complaint about care and treatment within the NHS which they, or someone they know, has received. Advocates are independent from the Trust.

The customer services team provides all complainants with details of local advocacy services when the formal acknowledgement information pack is issued.

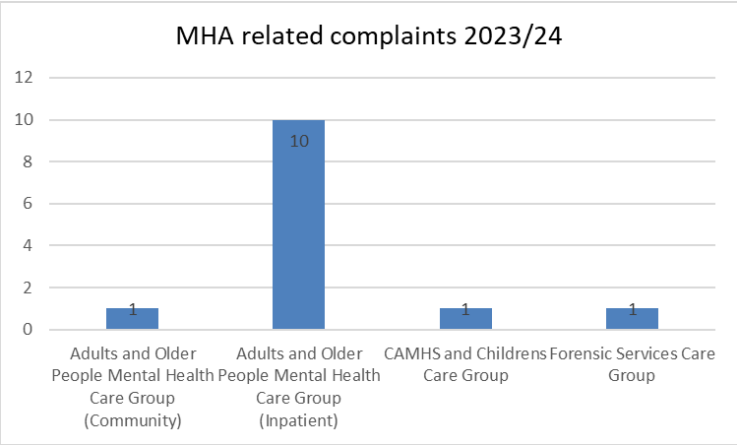
Advocates covering all areas of the Trust have attended customer services team meetings (virtually) in recent years to foster positive working relationships and enable them to provide feedback to support service improvements. During 2023/24 there were 12 complaints raised with/by an advocate. This is compared with 18 during 2022/23.

Advocacy support was provided by the following advocacy services:



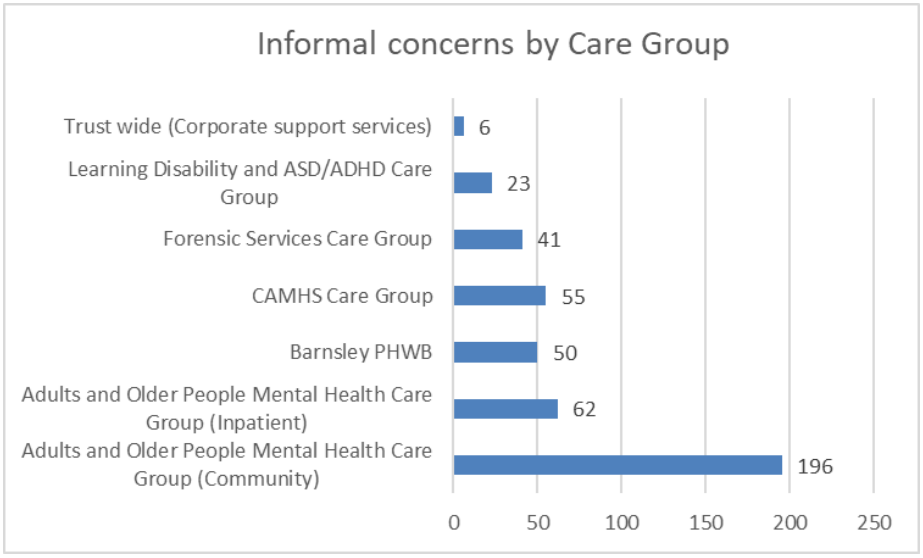
4.16. Mental Health Act complaints

Information on the numbers of complaints regarding application of the Mental Health Act (MHA) is routinely reported to the mental health act sub-committee of the Trust Board. In 2023/24 there were 13 pieces of feedback which included the MHA as one of the subjects/themes which is the same for 2022/23.



4.17. Number of informal concerns made into customer services

The Trust received 433 informal concerns in 2023/24, compared to 450 in 2022/23 which is a 4% reduction. Adults and older people mental health Care Group (community) received the most (n=196) informal concerns with 32% for Kirklees, 26% for Barnsley and 21% for Calderdale and Wakefield. These are concerns which are resolved by the service without the need for a complaint to be investigated formally.



Adults and older people mental health Care Group (inpatient) received the second highest number (n=62) of informal concerns in 2023/24 with the majority for Wakefield at 42%, 21% for Barnsley and Calderdale and 16% for Kirklees.

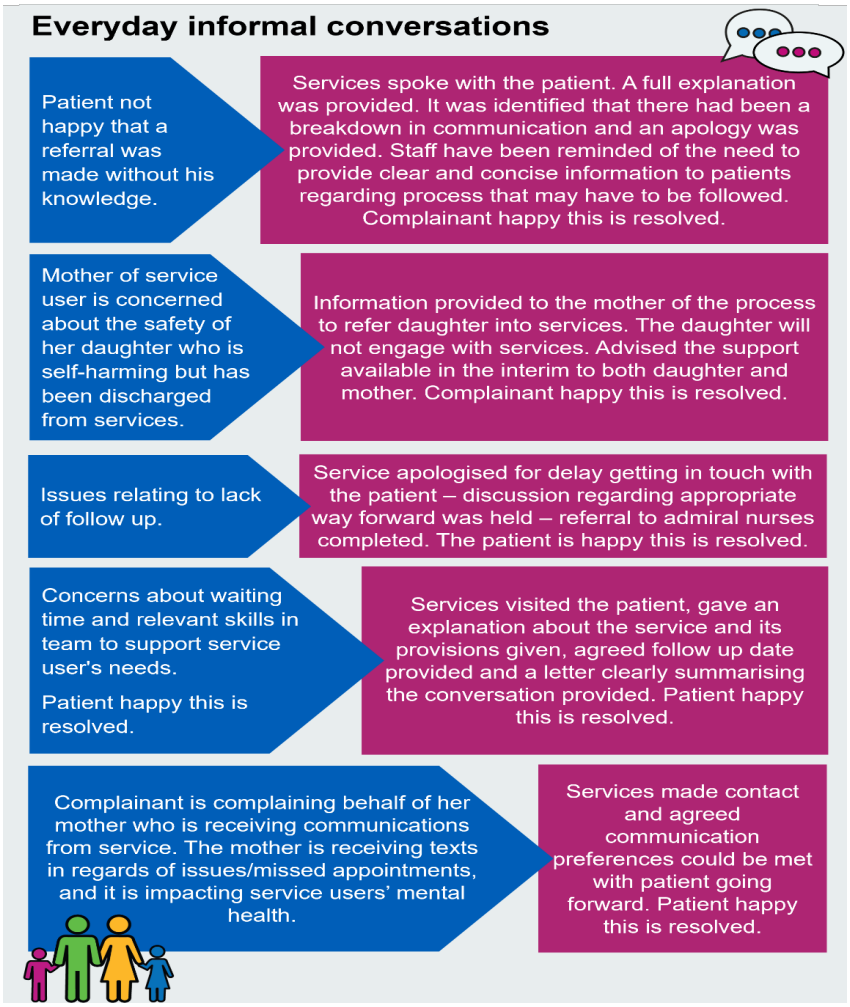
CAMHS Care Group received the third highest number (n=55) of informal concerns in 2023/24 although this was similar across geographic areas with Kirklees at 29%, Barnsley at 27%, Calderdale at 25% and Wakefield at 18%.

4.17.1. Response times for informal concerns

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

Of the 433 informal concerns dealt with in 2023/ 2024, 44% (n=191) were closed within 2 working days. Collaborative work between the customer services team and clinical services is underway to ensure the process for sharing feedback is robust. The ongoing work involves gathering feedback from our services, analysing themes and trends, and sharing best practices and resolution plans across the entire organisation.

Some examples of informal concerns received by customer services, and responded to by services:



4.18. Compliments

During 2023/24, 338 compliments were recorded in total which is an increase of 3% compared to 329 in 2022/23. Detail of compliments, broken down by Care Group are contained within appendix 3. This includes some specific examples.

Below are some examples of compliments received into the Trust during 2023/24:

4.19. Number of comments made into customer services

Comments are unrelated to care and treatment provision, and customer services received 40 comments in 2023/ 2024 compared to 46 in 2022/ 2023.

Examples of comments which were made into the customer services team in 2023/24;

You raised	We responded
Concerns about closure of Kirklees Recovery college.	Trust is exploring future options for the delivery of courses within our own estate and with partners within North Kirklees communities and hope to minimise impact

	on the planned courses for the Spring and Summer curriculum.
Waiting times to receive support from various services	Trust services are implementing waiting well volunteers to provide regular updates to people on our waiting lists
Noise disturbance from leaf blowing machines.	Reminder to staff in facilities to be mindful of times using noisy gardening equipment.
Son of service user unable to speak with services because he is overseas, and service is not allowed to make overseas call.	IT provision put in place - setting a window of time when patient/son can make a call/receive calls at a time that is mutually convenient.
Caller reporting that lights had been left on overnight at named site.	Staff are encouraged to change their behaviour and understand the benefits this can have for delivering energy saving improvements and reducing potential security issues for the wider Trust.
Unhappy with size of food portions on the ward.	Discussion with patient about healthy meal plans

4.20. Risk register

In August 2022, a risk was added to the Nursing Directorate risk register. The risk was described as follows:

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

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

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

This risk has been downgraded to a score of six and graded yellow due to the improvement work with regards to the waiting list and the allocation of complaints in real time. It remains on the risk register as two staff within the customer services team are in fixed term posts. The risk will be further reviewed during the early part of 2024/25, when it may be considered for closure.

4.21. Key improvements during 2023/24

Throughout 2023/24 following were achieved in relation to complaints, comments, concerns and compliments:

- Waiting list (backlog) of complaints waiting to be allocated has been completely eradicated and complaints are now handled in real time.
- The customer services policy has been refreshed and updated and now includes a robust section which supports complainants who present with persistent and unreasonable behaviour.
- Key performance indicators have been refreshed and performance data is reported on monthly in the IPR.
- Monthly reporting is shared with Care Groups which includes the number of complaints received, current status and highlights any actions needed. This is reviewed through Care Group governance meetings.
- Improved joined up working and sharing of learning from patient experience, with patient experience lead and involvement team.
- Development of Datix (incident reporting database) to enable robust capture and recording of all feedback received into the customer services team.
- Development of a complaints dashboard which uses a live Datix feed. This will allow for easy reporting and monitoring of complaints and complaint key performance indicators. This is still in progress and will be completed in 2024/25.
- Improvement in timeliness of complaint responses provided and continual improvement against the six-month target for responding and closing complaints.

4.22. Customer service priorities for 2024/25

Priority 1: Equality, inclusion and involvement

- Creation of an accessible information standard (AIS) and an equality, inclusion and involvement (EII) workstream within customer services to improve the experiences of all people using the service, to identify any barriers and promote the service.
- Understand feedback which relates to protected characteristics to support equality and involvement.
- Focus on less heard groups, such as those identified within the equality and inclusion section of this report, to ensure that feedback mechanisms are accessible to all.

Priority 2: Data

- Set up Care Group intelligence dashboards to support reporting and monitoring of various aspects of complaints management and reduce workload and time spent undertaking a manual pull from Datix. This will enable reporting and monitoring to be more robust and enable the impact of any changes to be easily identified.
- Develop a quarterly report, in collaboration with Care Groups to identify and share learning and identify how learning has been embedded into practice and/or influenced changes within services or across the organisation.

- Share complaint information with the quality oversight, monitoring support system (QOMSS) to support an overview of quality and culture within our services. This information will provide intelligence to support routine monitoring of quality of care and be triangulated to highlight any concerns which may need further exploration

Priority 3: Performance

- Continue to work collaboratively with Care Groups to ensure that the process for handling informal concerns is robust and allows for contact within two working days and that feedback is shared back to the customer services team following resolution of an informal concern.
- Continue to focus on improving the numbers of complaint responses provided within the six-month statutory timeframe.
- Work to identify barriers to proceeding with a formal complaint has been identified and will be started during 2024/25. This will include identifying any barriers for people with protected characteristics.
- Continue to work with care group to collate actions taken because of feedback.

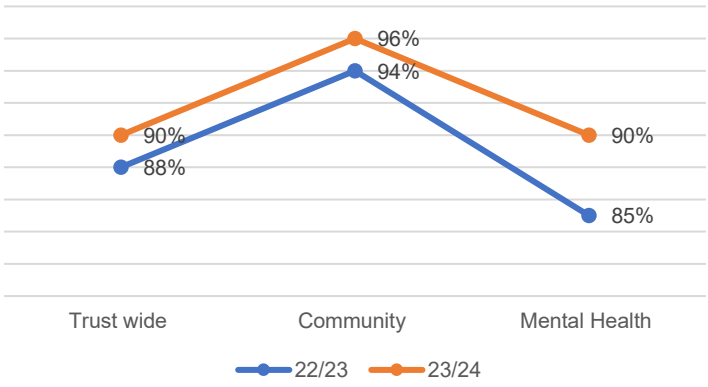
Priority 4: Quality

- Consider options for complaint resolution which may help efficiency, including use of internal and external mediation.
- Continue to work with the patient experience and involvement teams to ensure feedback received is triangulated and providing an overall picture of patient experience across the Trust.
- Working with staff across the Trust in helping them understand the complaints journey and understanding what further support might be helpful.
    - Introduction of a volunteer role to gather complainant, third party (including external agencies) and staff satisfaction surveys to identify improvements that are needed to the feedback process.
    - Make use of professional training for all staff involved in the complaints handling process via the Ombudsman as part of the Complaints Standard Framework.
    - Align the requirements of the Complaints Standard Framework with the Patient Safety Incident Response Framework (PSIRF); making use of the after-action review process to improve service user engagement in our approach to investigation and learning.
    - Update the customer services content on the Trust website, intranet pages, leaflets, and posters.
    - Creation of a new online contact/provide feedback form ‘Ask, Listen, do’ commitment - improving the experiences of people with a learning disability, autism or both when using the customer services function.

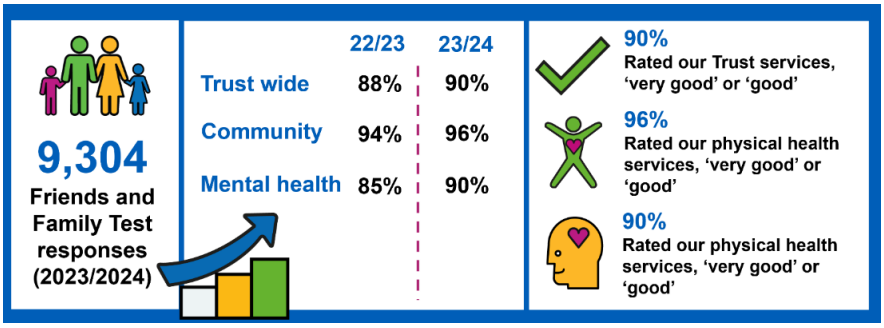
5. Friends and Family Test (FFT)

The FFT was launched in April 2013 by NHS England and is an important feedback tool to support service users and carers to provide feedback on the service. FFT asks people to rate the service *'very good'* to *'very poor'* with a supplementary free text question asking was *'good'* and what *'could be better'*.

The graph below shows the improvement in responses for 2023/24 for responses that rated services as 'good' or 'very good', when compared with 2022/23.



In 2023/24 the Trust received 9,304 FFT responses.



There was a decline in number of responses received during 2023/24, a reduction of 14% from 22/23 (2022/23 n=10813, 23/24 n=9304). This is believed to be due to the body of the FFT text message including a link for the user to click on to take them to the survey. People are understandably cautious about links sent to them in text messages and therefore often did not follow the link. This change was made as part of a quality improvement initiative and it has led to improvement in the qualitative data being received by text message, reduced the number of responses received for other NHS trusts and increased the equality data being collected to understand who was providing us feedback.

The new text message sends one message which includes a link to the Trust website where an online survey can be completed. In order to increase responses through the text message link the following actions have been taken:

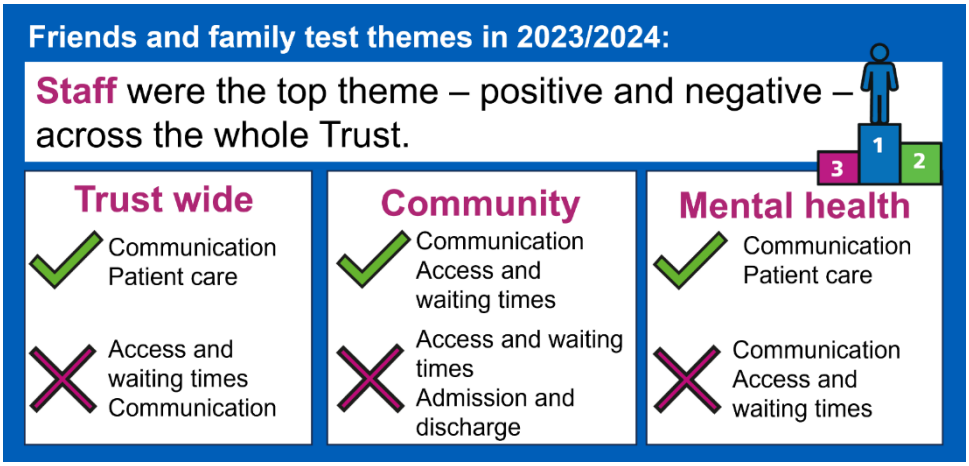
- New posters with a visual of the new text message have been created

- Contact details are available on the Trust website for service users and their carers to contact if they have any questions

Initially the Trust saw a decline in responses, however responses slowly increased, the qualitative data improved significantly, and the equality data collection has improved.

During 2023/24, 90% of all respondents rated Trust services as ‘very good’ or ‘good’. 96% of respondents rated physical health services as ‘very good’ and ‘good’ as well as 90% of respondents from mental health services. The rating across the Trust has increased since 2022/23.

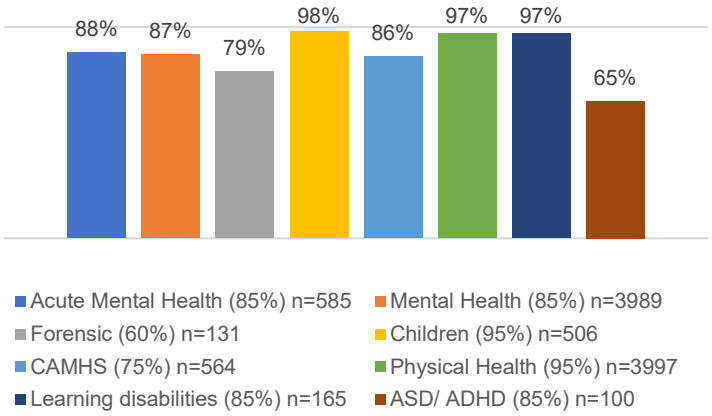
5.1. Themes from FFT feedback



Themes from FFT feedback have remained consistent over the reporting period. Staff, communication, and access and waiting times being the most consistent themes for both positive and negative feedback.

5.2 Care Group FFT results

Each Care Group has a target satisfaction rate. The graph below highlights that most service lines consistently achieve the target satisfaction rate, with the exception of autism spectrum disorder (ASD) and attention deficit hyperactivity disorder (ADHD) services.

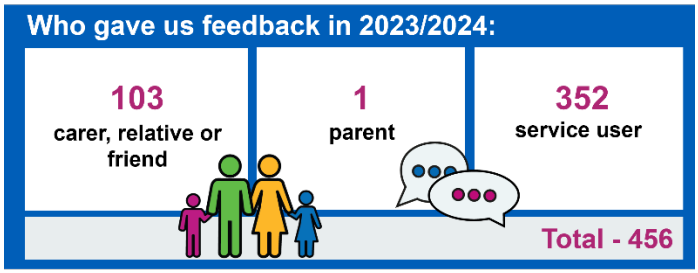


A detailed breakdown of ratings can be found in Appendix 4.

During 2023/24 the following has been implemented to support an increase in response rate from ASD/ADHD services:

- Regular project groups are being held with the service to provide support and guidance from Quality Improvement and Assurance Team (QIAT) and the involvement team.
- Research into other trusts' challenges around engaging service users from autism spectrum disorder (ASD) and attention deficit hyperactivity disorder (ADHD) services to provide a FFT response. This identified that this is not a local issue, and other trusts are struggling to engage service users in feedback.
- A service evaluation was developed to identify service improvements. A volunteer was identified to support service users to complete surveys face to face at the service's team base. The volunteer who was initially identified is no longer available, and the service is working with the volunteer services to identify another volunteer.
- A review of the comments made as part of the survey was completed and the following actions were taken (comments below are bullet points, with the action being the tick):
    - *Clearer instructions in initial pack, both about how to fill out the forms and about exactly what to expect of the process step by step.*
    - ✓ The service offers a telephone consultation to help with completing the initial pack.
    - *I was led to a room with horrible lights and lots of background noise of stomping of the stairs and clocks.*
    - ✓ The lighting has been changed within the rooms used at Manygates now have less harsh lighting, a dimmer switch and were possible natural light only. Additional carpet has been installed and soundproofing has been added to the stairs.
    - *The time between steps in the process was very long with little indication on what to expect until shortly before the appointment, could be improved in both areas.*
    - ✓ The service is working with commissioners to expand the capacity of the service as the demand is much higher than what is commissioned to be provided.
- The service has purchased a CHATpad (a computer tablet to facilitate feedback) to support the collection of friends and family test feedback.
- A patient experience survey is currently being developed with services.
- The involvement team is supporting the updating of the service's web page, which will include frequently asked question, resources for service users who are waiting, and what service users can expect from services.

5.3. Who's providing FFT feedback across the Trust? - Equality and protected characteristics



Not all respondents to the FFT during 2023/24 provided equality data, which is why the figures shown below are lower than the FFT returns for the year.

Changes have been made to the way that equality data is collected through FFT cards to ensure that we are consistent with the protected characteristics that are asked, including the collection of respondents postcode.

Not all those who provided equality data provided data for all the characteristic, which causes limitation on how the Trust can analyse the data, however what the Trust can identify is that 61% of respondents were female and 95% identified at heterosexual. 74% of respondents recorded having a disability and of the 3,563 respondents who provide their ethnicity 91% were from a white background. 70% of respondents were aged between 18-64.

Whilst the collection of data equality will continue to be a focus for 2023/24, data shows that the Trust continues to see that a diverse population provided feedback through FFT and although the data is not directly comparable to the overall Trust population, a review of the data suggests that the focus for 2024/25 should include that methods of feedback are accessible for those 65 and over.

A full breakdown of equality data for the FFT can be found in Appendix 3.

6. Patient Experience Surveys

6.1. Local Surveys

The Trust began to introduce patient experience survey across service lines in 2021/22. This was to increase the opportunity for service users and their families to provide feedback to help identify areas of good practice across the Trust and areas that require improvement.

Surveys are now embedded across forensic inpatient, mental health inpatient and physical health services. A carers' survey has also been developed, which supports the Triangle of Care (ToC) development that is being implemented across the Trust.

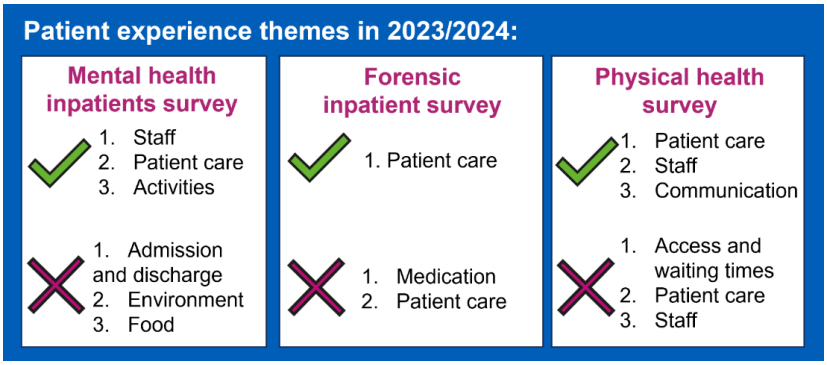
All surveys contain a core set of questions that score the Trust on key themes around service user experience of Trust services, including feeling safe, feeling involved, feeling listened to, being treated with dignity and respect, and knowing how to raise concerns. These also align to the CQC five lines of enquiry. Further surveys are being developed in 2024/25 for community mental health services, learning disability, ASD & ADHD and child and adolescent mental health services (CAMHS).

The Trust received feedback from 772 patients and carers through patient experience surveys in 2023/24.

Service users and carers across the Trust reported feeling safe, involved in their care and treatment, listened to, knew how to raise concerns, felt treated with dignity and respect, and their carers were involved in the care and treatment of those they cared for.

Trust wide (n=772)	%
feeling safe	98%
service user feeling involved	95%
carer being involved	91%
feeling listened to	97%
being treated with dignity & respect	99%
knowing how to raise concerns	90%

A detailed breakdown of scores by service line survey can be found in Appendix 6.
Care and staff were consistent themes raised in patient experience surveys for both positive and negative comments.



6.2. Community Mental Health Survey 2023

The community mental health survey is a mandated survey conducted each year by an external provider on behalf of the CQC. The survey looks at the experience of people receiving care in community mental health services. People aged over 16 are eligible for the survey if they were receiving care or treatment for a mental health condition and were seen between 1st April and 31st May 2023. The Trust received 247/1250 responses which was a 20% increase in responses from the 2022 survey.

In comparison to other trusts, one question scored ‘much better than expected’, five questions scored ‘better than expected’ and ‘somewhat better than expected’. These were in relation to service users’ medication being reviewed, service user getting the help they needed in a crisis, how long it took get through to their contact, and patients being treated with dignity and respect. Other questions showed the Trust as being in line with other similar trusts.

Compared with the national average, 20 questions scored for the Trust were in the top 20%, 11 scores were in the intermediate 60%, and only two were in the lower 20% range compared with the national results. Areas of improvement and decline in the questions are described in more detail on the next page.

The table above is taken from the IQVIA management report.

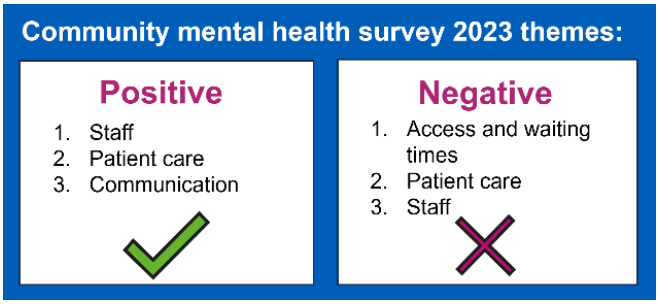
Based on a comparison to the national average, results for the Trust are as follows:

Where service user care **is best:**

- ✓ **Crisis care access:** length of time taken to get through to the crisis team
- ✓ **Crisis care support:** NHS mental health team provided support to family/carer when service users had a crisis
- ✓ **Crisis care support:** service users getting help needed when they last contacted the crisis team
- ✓ **Medication:** NHS mental health team checking how service users are getting on with medication
- ✓ **Support while waiting:** service users offered appropriate support while waiting

Where service user experience **could improve:**

- ○ **Support in other areas of your life:** service users being given help or advice with finding support for financial advice or benefits
- ○ **Support in accessing care:** support provided met service users' needs
- ○ **Crisis care access:** service users knowing who to contact out of hours in the NHS if they had a crisis
- ○ **Support in other areas of your life:** service users being given help or advice with finding support for the cost of living
- ○ **Planning care:** service users had care review meeting in the last 12 months



The recommendations outlined in the report provide by IQVIA (IQVIA is the company name which honours the legacy organisations IQVIA: I (IMS Health), Q (Quintiles), and VIA (by way of)) on behalf of the CQC include the following:

- Review the level of support offered to service users for accessing social security, other benefits, and financial advice. Review the materials that are available to service users and how information from external sources is signposted.
- Ensuring that all mental health team members are given, or have access to, the necessary treatment history of service users, Direct care team members to review this information prior to any appointments with service user so they do not repeat it.
- Review current support offered to assist service users with accessing their care and treatment (e.g. physical support such as ramps, language support, format of materials such as braille, accessing online appointments). Examine the data to identify which groups of service users do not feel the support meets their needs.
- Direct mental health teams to regularly check in with service users to offer resources and advice and support them with cost-of-living expenses. Review the materials that are available to service users and how information from external sources is signposted.
- Review arrangements for ensuring service users know who to contact within the NHS if they have a crisis outside of office hours. Consider ways to make this information more accessible and understandable.

Changes made to the collection methods provided an opportunity to revise and redesign the questionnaire as a result we were only able to provide a comparison of 20 out of the 45 questions in the 2023 survey could be compared to the Trust's results to the previous year. The Trust has seen a positive increase in the scores for 7 of the 20 questions and a decline in 13 questions that are comparable to the previous years (2022) results. Areas of improvement include reviewing medication, being asked for feedback on their care and providing support with physical health needs. Areas of decline include providing support to keep or find employment, providing advice with finding support or financial advice or benefits and considering how areas of your life impact on their mental health, all three areas have continued to decline over the past three years. Further

analysis is being undertaken locally to identify areas of good practice and areas that require improvement, which will form part of the priorities and developments for 2024/ 25. Improvement work will also include further promotion of the Individual Placement and Support (IPS) service.

A detailed breakdown of the community mental health survey results, including data on who took part in the survey, can be found in Appendix 7.

6.3. How patient experience feedback is gathered

A number of different methods are used across the Trust to collect FFT and patient experience surveys. Electronic collection methods from both FFT and patient experience surveys remain the most popular collection method. Online links and QR codes are used within services which are also available on the Trust website. Online surveys provide tools such as read aloud, screen mask and enlarged printed to support service users and carers providing feedback. Surveys and FFT cards are available in paper format in either standard or easy read version. Posters and leaflets are displayed in Trust settings, and staff are encouraged to offer opportunities to provide feedback throughout a service user's care and treatment.

6.4. Using feedback for learning and improvements

Feedback is shared with services monthly for them to review, to share with their team and service users, identify good practice and take the appropriate action where necessary. FFT results are displayed, where possible, within services along with 'you said, we did' posters, sharing learning with service users, and their carers. Feedback is also used and support other projects across the Trust such as consultations, quality monitoring visits and CQC inspections to ensure that experience of those accessing Trust services is included. Patient experience survey results are also shared with support services to identify any wider actions.

The table below outlines some of the changes and improvement made as a result of feedback received:

You Said	We Did	Location
The walls need painting.	All ward areas are currently being refreshed.	Forensic Inpatient Ward
You said the ward needed new furniture.	All wards have received new furniture.	Forensic Inpatient Wards
You asked for better quality and more choice in food.	The ward is working closely with the catering team to improve the service user dining experience.	Forensic Inpatient Wards
You would like to celebrate other cultural events.	Several cultural events have been planned throughout the year.	Forensic Inpatient Wards
You asked for improved access for IT.	Computers have been purchased for each ward to make access easier.	Forensic Inpatient Wards
You asked for more vegetarian options.	Catering have increased the vegetarian options available.	Nostell Ward

You asked for different cuisines to be available.	Catering and dietetics are considering other cuisines that can be made available.	Stanley Ward
You would like to be able to order your food in advance.	A new system will be trialled on the ward in the coming months. Service users will be asked for their feedback.	Stanley Ward
Clearer instructions in initial pack, both about how to fill out the forms and about exactly what to expect of the process step by step.	The service offers a telephone consultation to help with completing the initial pack.	ASD/ADHD
I was led to a room with horrible lights and lots of background noise of stomping of the stairs and clocks.	The lighting has been changed within the rooms used at Manygates now have less harsh lighting, a dimmer switch and were possible natural light only. Additional carpet has been installed and soundproofing has been added to the stairs.	ASD/ADHD
The time between steps in the process was very long with little indication on what to expect until shortly before the appointment, could be improved in both areas.	The service is working with commissioners to expand the capacity of the service as the demand is much higher than what can be provided.	ASD/ADHD
You would like more advanced craft courses.	We are introducing a craft course covering more advanced crafts, like card making.	Recovery College Wakefield
You told us that some of our venues were not private, and you were concerns about talking openly.	We picked this up with the venues and in our communications, our groups now have dedicated space.	Recovery College Wakefield
You were unable to carry out some activities in craft sessions due to dexterity issues.	We added a category our ILPs to determine any dexterity issues, ensuring craft activities work for all.	Recovery College Wakefield
You could not find Prosper House.	We added what three words to our building directions, a photo of the building and new signage to the front of the building.	Recovery College Wakefield
Cancelled courses were having a negative impact on your wellbeing.	We introduced a robust checking system before courses to confirm attendance earlier, worked heavily on promotion and reviewed the	Recovery College Wakefield

	frequency of sessions to align with demand.	
You asked us why our courses are only on certain days.	We agreed! So, we have started offering more variety, with a range of different tutors.	Recovery College Wakefield

6.5. Achievements and improvements during 2023/24

- Improvement in FFT satisfaction rates across the Trust
- Improved qualitative data being received through the FFT text message
- CHATpads are now embedded within mental health inpatients and Forensics inpatients
- Promoted and supported services submitting bids to the Trust charity to improve services, including resources for CAMHS and the purchase of CHATpads for some community services
- The CAMHS project group was re-established at the Children & Young People's Experience, Engagement & Involvement (CYP EEI) Action Group and now includes colleagues from children's services across the Trust. Meetings take place every eight weeks to look at increasing feedback from children and their families and demonstrating actions from feedback.
- A Physical Health and Wellbeing EEI (PH & WB EEI) Action Group has also been setup following the success of the CYP EEI.
- ASD/ ADHD Project Group continues to support the engagement of service user to increase feedback for the service to support service improvement.

6.6. Priorities and developments for 2024/25

- Continue to promote connectors to support the patient experience agenda.
- Work with volunteering services to place volunteers in services to collect patient experience feedback, focusing on those services with low response rate in community mental health services and ASD and ADHD services.
- Continue to work with Care Groups to collate actions taken as a result of feedback.
- Undertake a review of patient experience across the Trust using NHS England's patient experience improvement framework, which is due to be released In July.
- Expand the FFT text message function across physical health services to increase FFT responses.
- Continue to work with other support services to triangulate patient experience feedback, which will include reinstating the patient experience group (PEG).
- Continue to develop patient experience surveys across the remaining service lines.
- Continue to develop the patient experience dashboard.
- To consider how CHATpads might be used in community services.
- Continue to work with service's not meeting targets and identify quality improvement work.
- Continue to develop Children and Young People and Physical Health Experience, equality, and Involvement Action Groups.

- Develop a communications plan to promote FFT and patient experience feedback methods, share actions taken as a result of feedback, advice surgeries, FFT drop-ins and FFT and patient experience activity across the Trust.
- Continue to develop a survey to capture the experience of young people admitted to adult mental health wards.
- Identify local actions from the Community Mental Health Survey 2023 and along with recommendations made by IQVIA on behalf of the CQC and develop and improvement action plan with services.
- Continue to work with CAMHS on Was Not Brought project, looking at how we recognise families struggling financially with attending appointments and what the Trust can do to support them.
- Continue to work with Trust charities to promote use of charitable bids.
- Review equality data alongside collection methods to ensure that service users and their families cares have access to appropriate methods to provide feedback.
- Work with children's service to develop accessible age appropriate FFT cards.

7. Insight

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

7.1. Themes from insight

The top themes which are evident from the insight information are broadly in line with those identified in the other strands of patient experience, outlined in the previous sections. These are:

- Communication and accessible information
- Access to services

7.2. Communication and accessible information standard

7.2.1. Feedback from communities

As part of the Trust-wide approach to involvement we continue to capture and gather insight from our local community. Our involvement feedback continues to be collated into a series of reports which are published on our website. For more information go to: Engagement and consultation - South West Yorkshire Partnership NHS Foundation Trust.

The insight from all our involvement identified key themes which would improve the quality of services for our patients public and communities. This feedback was used to develop the quality strategy and for programmes of work such as personalised care and support planning (replacement for the Care Programme Approach (CPA)). From all the involvement we have received people told us what good quality services should look like.

Quality of access defined as:

- Getting the support people need when they need it
- Timely advocacy and support
- People want faster access to mental health services and a reduction in waiting times
- More support for people with ASD/ADHD
- Wait times for children to access mental health support needs to be reduced
- Services should be able to adapt and be flexible enough to meet the needs of different communities and individuals
- Reduce inequality by investing in targeting deprivation and funding Mental Health services so they can support those who need it most.
- Reduce racial disparities by learning from lived experience and their experience of seeking mental health support, coproducing new approaches to service delivery
- Mental health crisis services available 24/7
- Work with GPs (General Practitioner) so they can better support and understand mental health
- Services need to be joined up

Quality communication and information defined as:

- People want more information about the help and support available
- People want an honest, trusting, reciprocal relationship with us
- People want a relationship based on ongoing communication and information
- People wanted a human-to-human relationship built on dignity and respect
- People want to feel valued
- People want us to communicate in plain jargon free language
- People want us to listen and respond in a timely manner

Quality service delivery is defined as:

- People want a blended service offer – not all digital
- People want us to be accountable and demonstrate real improvements through complaints, concerns, compliments and friends and family
- People want us to address inequality in services and see staff who reflect the local population and have a good gender balance
- People want a service offer that is culturally and spiritually appropriate
- People want our estates to be bright and welcoming, accessible, clean, and comfortable with free accessible parking
- Co-production in care planning
- People want us to value the role of carers and ensure that all carers (adult, child, and parent) are supported and considered alongside the patient
- Staff who are carers want to be supported to balance caring and work roles
- Investment in peer support workers in service settings

This insight is used throughout work to improve quality of care across the Trust, which includes co-produced care plans, triangle of care implementation and changes to estates.

7.2.2. Accessible information action plans

There are a number of action plans which have been developed and are working to improve accessible information for all. These include:

- Equality and inclusion action plan and for 2023/24 this included embedding of the accessible information policy. Exception reports are shared through equality inclusion and involvement committee.
- Equality, diversity and inclusion annual report which highlights developments during 2023/24 including development of a short guide on AIS
- Reporting through the integrated performance report, in the strategic objectives and priorities section and include the action of ensuring that service information is in the right format and accessible

7.3. 'You told us, we listened'

As part of the Trust-wide approach to involvement we continue to capture and gather insight from our local community. This insight is shared through the voice networks who listen to feedback on an ongoing basis. The Trust has a good working relationship with Healthwatch in Barnsley,

Calderdale, Kirklees and Wakefield. Through this relationship Healthwatch send in quarterly insight from individuals who chose their services to raise a concern or issue. Feedback is also gathered from Trust Governors. Governors are elected members of the public who are the eyes and ears of the Trust and representative our local community.

A report of the insight gathered is reported each quarter and shared with our executive management team (EMT), Operational management group (OMG) and Care Groups. The triangulation of this insight means that the Trust can identify any patterns or key themes that may require collective approaches or action. A 'you told us; we listened' website page acknowledges this insight with assurance that this has been picked up through the usual resolution channels.

The information below provides an overview of last year's 2023-24 most reported service areas and highlights the key themes using governor or Healthwatch insight as well as any engagement activities delivered by community groups and/or partners. For more information go to: You told us, we listened - South West Yorkshire Partnership NHS Foundation Trust

- Single point of access – contact with the service and waiting times for call to be answered.
- Community mental health team assessment
- Lack of support for Post traumatic stress disorder (PTSD)
- Attention Deficit Hyperactivity Disorder (ADHD) – pathway for child/ adolescent services to adult service is not joined up.
- Talking Therapies: Interaction with staff reading from a script, would like face to face as well as online offer.
- Folly Hall - Appointments cancelled and poor communication.
- Intensive home-based treatment (IHBTT) - Different staff every visit, asking the same questions
- Children and Adolescent Mental Health Service (CAMHS):
    - Length of waiting times for Barnsley, Calderdale, and Kirklees
    - Review offers of face-to-face sessions in Kirklees.
    - Criteria to be accepted in Barnsley needs to be explained.

The Trust will continue to report quarterly on community insight and share with senior teams and services.

8. Matron monthly inspections – insight and learning

Across mental health inpatients a system called Tendable is used to record audits and gather patient feedback. This is generally completed on a weekly and/or monthly basis and results are used to support improvements.

On a monthly basis a patient discussion takes place and a number of questions are asked which provide insight into a patient's experience of their care and treatment. There are 15 questions and throughout the year the results summarise in the following way:

- Two questions scored less than expected (less than 70%) – involvement in writing care plans and offered a copy of care plans
- Five questions scored amber (70-90%) and these included 'how would you describe the care on the ward', having regular 1:1's with staff to discuss care and did the meals on the ward meet your dietary and cultural needs. Amber is not necessarily indicative of a poor performance. The Tendable system give options of 'excellent', 'good', 'ok' and 'poor' and when a response of 'good' is provided, Tendable records this as amber.
- Eight questions scored green (above 90%), and these included being able to discuss needs during the ward round, information provided about medication, staff understanding needs, feeling respected and feeling safe.

These results are produced on a monthly basis and discussed within the Care Group and within the individual wards. A 'you said, we did' approach is adopted and improvement plans put into place to support improving care and treatment.

A number of areas identified are supported through wider improvement work, such as care planning and risk assessment improvement group and implementing the triangle of care standards.

The Care Group are developing ways of recording sharing copies of care plans, using SystmOne (clinical record system) and having oversight within the Care Group governance meetings to monitor improvement.

The results from the last 12 months support new and ongoing improvement work which is happening either locally or across the Trust.

Moving forwards and through 2024/25 this intelligence will be triangulated with other information, data and intelligence which support the quality oversight, monitoring and support system and identifying hot spot areas, areas requiring improvement and areas for good practice.

9. Next steps

There are a number of areas of focus for 2024/25 which are outlined within this report. In addition to these, the three main areas for gathering patient experience feedback (customer services, friends and family test and insight) will work together to continue to gather, understand and support improvements in patient experience. This will include:

- Continuing to focus on gathering insight into service user experience and to support teams to develop action plans to change and improve services because of feedback, working in collaboration with the equality, inclusion and involvement team and patient experience lead
- Re-launching of the patient experience group (PEG) to support joined up working, triangulation of patient experience feedback and providing an overall picture of the experience of patients and service users across the Trust
- Using the themes which have been identified and described within this report to support services with improvement work in these areas and use patient experience feedback to support the quality oversight, monitoring and support system (QOMSS) in contributing to an overall picture of quality and culture within services and helping to identify areas for improvement

10. Conclusion

Patient experience is a key indicator of quality in healthcare and good patient experience is associated with improved clinical outcomes.

Throughout this report, feedback on the experience of patients, their families/carers and other people in our communities have been used to provide us with a picture of satisfaction and areas for improvement. The data provided demonstrates that the Trust receives feedback from a wide range of patients and service users, from across the communities we serve.

During 2023/24 we have seen an increase in the number of formal complaints (16%) which have been received and investigated by the Trust, and many of these have been resolved within the six-month target and very few of these have been re-opened, suggesting complainant satisfaction with the response they receive. We have also seen an increase in compliments and these are spread across services.

The FFT feedback shows an increase in satisfaction across the Trust and specifically within Care Groups. The qualitative data received through FFT has improved and this support improvements. This is also reflected in service line patient experience surveys.

Themes, both positive and negative are largely consistent with previous years and it is the specifics from these themes that support improvement of quality, safety and culture within individual services and teams.

This report demonstrates that feedback into the Trust is robust and provides us with rich information which the Trust as a whole, and Care Groups and services can take forward into improvement work and sharing good practice.

It is through the triangulation of patient experience feedback with other measures of quality, such as freedom to speak up, performance dashboards/measures, CQC cases and patient safety incident response framework (PSIRF) incidents that a robust picture of patient satisfaction will be formed and this work will develop further during 2024/25.

During 2023/24, a number of improvements have been made, including better response times for complaints, complaints being investigated in real time, improved satisfaction rates through friends and family tests and changes as a result of feedback.

A number of areas have been identified for focus during 2024/25 and these will form the basis of team work plans and targets for the coming 12 months. There will be a focus on supporting improvement across the Trust in the three key areas of communication, access and waiting times and staff, alongside celebrating positive feedback and improvements.

Appendices

Appendix 1 – ALL feedback equality data

Ethnicity	Number	%
White English / Welsh / Scottish / NI/ British	1,548	41%
White British	1,164	31%
White	728	19%
Asian / Asian British	82	2%
Black / African / Caribbean / Black British	27	1%
Mixed/multiple ethnic groups	31	1%
Other ethnic group	31	1%
Pakistani	26	1%
White any other	26	1%
African	2	0%
Any other Asian background	4	0%
Any other black background	2	0%
Any other ethnic group	16	0%
Any other mixed background	5	0%
Any other white background	13	0%
Bangladeshi	1	0%
Caribbean	3	0%
Chinese	3	0%
Indian	7	0%
White and Asia	4	0%
White and Black Caribbean	10	0%
White Irish	8	0%

3,743 in total

Disability	Number	%
Mental health condition	795	45%
I do not have a disability	311	18%
Physical impairment	165	9%
I prefer not to say	157	9%
Long standing illness	106	6%
Cognitive impairment	67	4%
Learning disability	59	3%
Other	54	3%
Multiple disabilities	44	2%
Speech impairment	10	1%

1,768 in total

Gender	Number	%
Female	2,375	61%
Male	1,486	38%
Other	14	0%
Prefer not to say	7	0%
Transgender male	1	0%
Gender other than assigned at birth	8	0%

3,891 in total

Religion	Number	%
Agnostic	4	2%
Christian	157	61%
Methodist	1	0%
Orthodox	1	0%
Other	2	1%
Muslim	3	1%
Prefer not to say	15	6%
None	74	27%
Spiritual	1	0%

258 in total

Age	Number	%
6-17	183	6%
18-25	315	8%
26-55	1,851	46%
56-64	643	16%
65-74	523	13%
75+	483	12%

3,998 in total

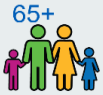
Sexual orientation	Number	%
Bisexual	6	1%
Heterosexual	431	95%
Gay	5	1%
Lesbian	9	2%
Other	5	1%

456 in total

Appendix 2 - Customer services equality data

Customer services – age data

Age group	Complaints	service users %	service users number
Under 18	0.5%	15.1%	23,978
18 - 64	89.2%	47.9%	75,904
65+	10.3%	37%	58,549



Total – 158,431

Customer services – gender data

Gender	complaints number	complaints %	service users
Female	132	55.5%	87,898
Male	77	44.5%	70,536
Prefer not to say	5	0%	6
Unknown	7	0%	29

Total – 158,469

Customer services – disability data

	service users	% complaints
Not specified	5,524	3.5%
Not given - refusal	3,615	2.3%
Not disabled	64,920	41%
Not recorded	71,300	45%
Registered disabled	13,110	8.3%

Total – 158,469

Customer services – sexual orientation data

	Complaints	service users %	service users number
Bisexual	1.8%	0.5%	863
Male homosexual	1.8%	0.4%	659
Heterosexual	63.8%	51.7%	81,986
Not recorded	1.4%	44.4 %	70,362
Female homosexual	0.5%	0.7%	1,095
Other	0.5%	0%	-
Not given - refusal	13.1%	1.1%	1,668
Unknown	17.2%	1.2%	1,836

Total – 158,469

Customer services – ethnicity data

Ethnic group	Complaints	service users %	service users number
White	75.6%	87.5%	138,609
Asian	1.8%	2.7%	4,239
Black	0.5%	1.1%	1,782
Mixed	3.2%	1%	1,518
Other	0.5%	0.7%	1,156
Not recorded	18.6%	7%	11,615

Total – 158,469

Appendix 3 – Friends and Family Test equality data

Ethnicity	Number	%
White English / Welsh / Scottish / NI/ British	1,548	43%
White British	1,004	28%
White	728	20%
Asian / Asian British	82	2%
Black / African / Caribbean / Black British	26	1%
Mixed/multiple ethnic groups	31	1%
Other ethnic group	31	1%
Pakistani	24	1%
White any other	26	1%
African	2	0%
Any other Asian background	3	0%
Any other black background	1	0%
Any other ethnic group	16	0%
Any other mixed background	4	0%
Any other white background	7	0%
Bangladeshi	1	0%
Caribbean	3	0%
Chinese	3	0%
Indian	6	0%
White and Asia	4	0%
White and Black Caribbean	4	0%
White Irish	7	0%

3,563 in total

Disability	Number	%
Mental health condition	757	47%
I do not have a disability	294	18%
Physical impairment	148	9%
I prefer not to say	135	8%
Long standing illness	102	6%
Cognitive impairment	67	4%
Learning disability	58	4%
Other	54	3%
Speech impairment	10	1%

1,625 in total

26-55	1,677	45%
56-64	612	17%
65-74	504	14%
75+	425	11%

3,708 in total

Gender	Number	%
Female	2,243	61%
Male	1,409	38%
Other	14	0%
Prefer not to say	2	0%
Transgender male	1	0%
Gender other than assigned at birth	8	0%

3,677 in total

Sexual orientation	Number	%
Bisexual	2	1%
Heterosexual	290	95%
Gay	1	0%
Lesbian	8	3%
Other	4	1%

305 in total

Appendix 4 - Friends and Family Test Breakdown by care group/ service line/ area

Care Group (target)	FFT (overall) n	FFT (overall) %
Acute Mental Health (85%)	**585**	**88%**
Barnsley	80	72%
Calderdale	88	81%
Kirklees	304	92%
Wakefield	135	90%
Mental Health (85%)	**3989**	**87%**
Barnsley	1523	78%
Calderdale & Kirklees	1719	91%
Wakefield	747	92%
Forensic (60%)	**131**	**79%**
All age community	149	78%
Low	10	66%
Medium	40	82%
Children and Families	**1069**	**-**
Children (95%)	506	98%
CAMHS (75%)	564	86%
Physical Health (95%)	**3997**	**97%**
Inpatient	46	93%
Nursing	48	96%
Long term conditions	415	95%
Health & wellbeing	1238	97%
Therapy / primary care & prevention	1427	95%
Learning Disability/ ASD/ ADHD (85%)	**-**	**-**
Learning disabilities	165	97%
ASD/ ADHD	100	65%

Appendix 5 - Friends and Family Test Breakdown by care group/ service line/ area

Care Group	Card %	Kiosk (CHATpad) %	Online Link %
Acute Mental Health	**10%**	**43%**	**47%**
Barnsley	2%		98%
Calderdale	20%	40%	40%
Kirklees	11%	51%	38%
Wakefield	4%	43%	53%
Mental Health	**35%**		**65%**
Barnsley	43%		57%
Calderdale & Kirklees	29%		71%
Wakefield	32%		68%
Forensic	**37%**	**11%**	**52%**
All age community	49%	17%	34%
Low			100%
Medium	11%		89%
Children and Families	**43%**	**14%**	**42%**
Children	56%	22%	22%
CAMHS	38%	11%	50%
Physical Health	**10%**	**8%**	**82%**
Inpatient	50%	50%	
Nursing		79%	21%
Long term conditions	9%	32%	59%
Health & wellbeing	2%		98%
Therapy	17%	5%	78%
Learning Disability/ ASD/ ADHD	**18%**		**82%**
Learning disabilities	18%		44%
ASD/ ADHD			38%

Appendix 6 - Patient Experience Surveys broken down by service line.

Care Group (target)	PE	Safe	involved - service user	involved - carer/ families	listened to	dignity & respect	how to raise concerns
	n	%	%	%	%	%	%
Acute Mental Health	**199**	**96%**	**87%**	**82%**	**93%**	**98%**	**91%**
Barnsley	7	71%	86%	100%	85%	86%	100%
Calderdale	5	100%	60%	100%	80%	100%	80%
Kirklees	55	96%	85%	74%	95%	96%	87%
Wakefield	96	97%	91%	85%	94%	100%	94%
Mental Health	-	-	-	-	-	-	-
Barnsley	-	-	-	-	-	-	-
Calderdale & Kirklees	-	-	-	-	-	-	-
Wakefield	-	-	-	-	-	-	-
Forensic	**30**	**90%**	**90%**	**77%**	**68%**	**83%**	**90%**
All age community	-	-	-	-	-	-	-
Low	3	100%	100%	100%	100%	100%	100%
Medium	27	89%	89%	74%	65%	81%	88%
Children and Families	**153**	-	-	-	-	-	-
Children	153	99%	98%	96%	98%	100%	84%
CAMHS	-	-	-	-	-	-	-
Physical Health	**390**	**100%**	**99%**	**95%**	**100%**	**99%**	**93%**
Inpatient	4	50%	100%	100%	75%	75%	100%
Nursing	32	100%	100%	100%	97%	97%	97%
Long term conditions	167	99%	99%	94%	99%	100%	95%
Health & wellbeing	-	-	-	-	-	-	-
Therapy	187	99%	98%	96%	96%	99%	90%
Learning Disability/ ASD/ ADHD	-	-	-	-	-	-	-
Learning disabilities	-	-	-	-	-	-	-
ASD/ ADHD	-	-	-	-	-	-	-

Appendix 7 - Community Mental Health Survey Results 2023

Community Mental Health 2023 local comparison with the previous year

Who took part in the survey?

This slide is included to help you interpret responses and to provide information about the population of service users who took part in the survey.

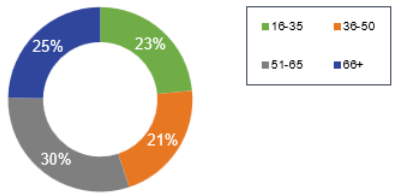
1250 invited to take part

247 completed

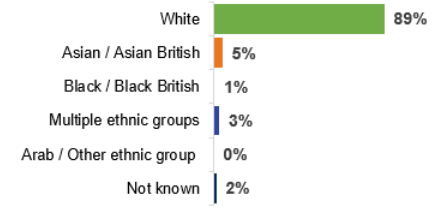
20% response rate

20% average response rate for all trusts

AGE



ETHNICITY



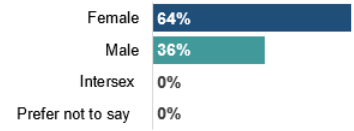
LONG-TERM CONDITIONS

97% of service users have a **physical or mental health condition or illness that has lasted or is expected to last for 12 months or more.**

Number of long-term conditions reported:

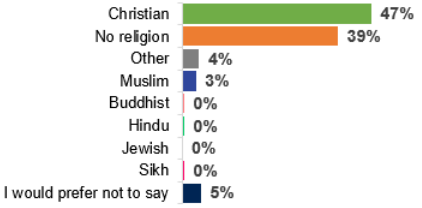
SEX

At birth were you registered as…



2% of service users said their **gender is different from the sex they were registered with at birth.**

RELIGION

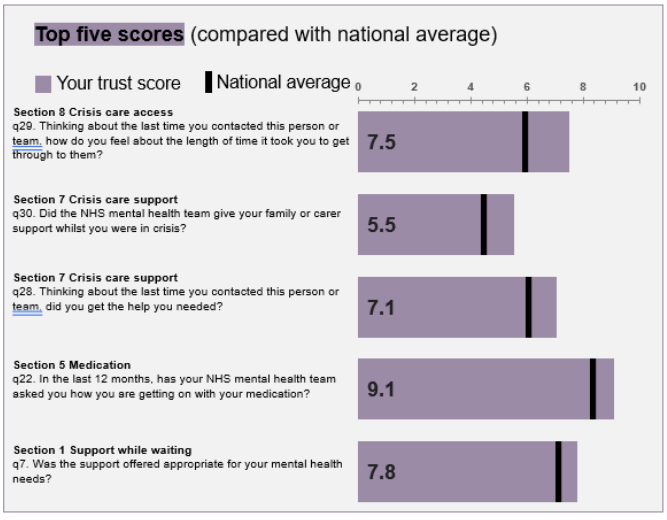


Best and worst performance relative to the national average

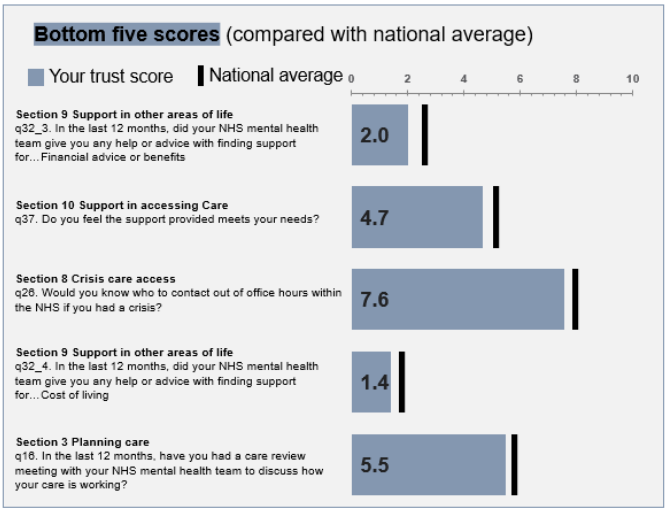
These five questions are calculated by comparing your trust's results to the national average.

- **Top five scores**: These are the five results for your trust that are highest compared with the national average. If none of the results for your trust are above the national average, then the results that are closest to the national average have been chosen, meaning a trust's best performance may be worse than the national average.
- **Bottom five scores:** These are the five results for your trust that are lowest compared with the national average. If none of the results for your trust are below the national average, then the results that are closest to the national average have been chosen, meaning a trust's worst performance may be better than the national average.

Top five scores (compared with national average)



Bottom five scores (compared with national average)



Overall Trust percentage by question with previous year comparison.

Heading	Number 2023	Question	2022	2023	change
Support and wellbeing	32b	In the last 12 months, did NHS mental health services give you any help or advice with finding support for finding or keeping work? *(yes, definitely & yes, to some extent)*	52%	24%	-28%
Support and wellbeing	32c	In the last 12 months, did NHS mental health services give you help or advice with finding support for financial advice or benefits? *(yes, definitely & yes, to some extent)*	49%	26%	-23%
Your mental health team	10	Did your NHS mental health team consider how areas of your life impact your mental health? *(yes, definitely & yes, to some extent)*	86%	67%	-19%
Your care	17	Has your mental health team supported you to make decisions about your care and treatment? *(yes, definitely & yes, to some extent)*	97%	79%	-18%
Your mental health team	11	Did you have to repeat your mental health history to your mental health team? *(yes, often & yes, sometimes)*	89%	73%	-16%
Your treatment	21c	Have any of the following been discussed with you about your medication? Side effects of medication? *(yes, definitely & yes, to some extent)*	80%	67%	-13%
Your mental health team	9	Did you get the help you needed? *(yes, definitely & yes, to some extent)*	95%	86%	-9%
Support and wellbeing	33	Have NHS mental health services involved a member of your family or someone else close to you as much as you would like? *(yes, definitely & yes, to some extent)*	82%	73%	-9%
Crisis care	26	Would you know who to contact out of the office hours within the NHS if you had a crisis? *(no)*	29%	24%	-5%
Your care	16	In the last 12 months, have you had a care review meeting with your NHS mental health teams to discuss how your care is working? *(yes)*	59%	56%	-3%
Crisis care	28	Thinking about the last time you tried to contact this person or team, did you get the help needed? *(yes, definitely & yes, to some extent)*	87%	85%	-2%
Your treatment	22	Thinking about the last time you contacted this person or team; how do you feel about the length of time it took you to get through to them? *(I got through straight way/ I had to wait but not too long)*	93%	92%	-1%
Your treatment	21a	Have any of the following be discussed with you about your medication? Purpose of medication? *(yes, definitely & yes, to some extent)*	93%	92%	-1%
Overall	39	Overall, in the last 12 months, did you feel that you were treated with respect and dignity by NHS mental health services? *(yes, always & yes, sometimes)*	94%	95%	1%
Overall	38	Overall… [I have very poor - I had a very good experience]	73%	76%	3%

Your care	14	Have you and your NHS mental health team decided together what care and treatment you will receive? *(yes, definitely & yes, to some extent)*	78%	82%	4%
Your mental health team	8	Were you given enough time to discuss your needs and treatment? *(yes, definitely & yes, to some extent)*	85%	89%	4%
Support and wellbeing	31	In the last 12 months, did NHS mental health services support you with your physical health needs? *(yes, definitely & yes, to some extent)*	60%	66%	6%
Overall	40	Aside from this questionnaire, in the past 12 months, have you been asked by NHS mental health services to give your views on the quality of your care? *(yes)*	24%	32%	8%
Your treatment	22	In the last 12 months, has the NHS mental health worker checked with you about how you are getting on with your medication? *(yes, definitely & yes, to some extent)*	72%	84%	12%

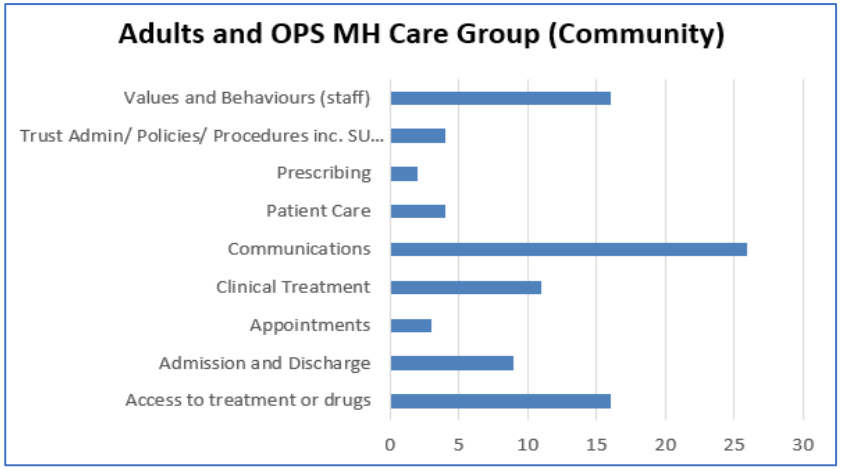
Appendix 8 - Customer services feedback by Care Group

Adults and Older People Mental Health Care Group (Community)

Top three complaint themes:

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

During 202023/ 2024 Adults and Older People Mental Health Care Group (Community) received 91 complaints and 58 compliments

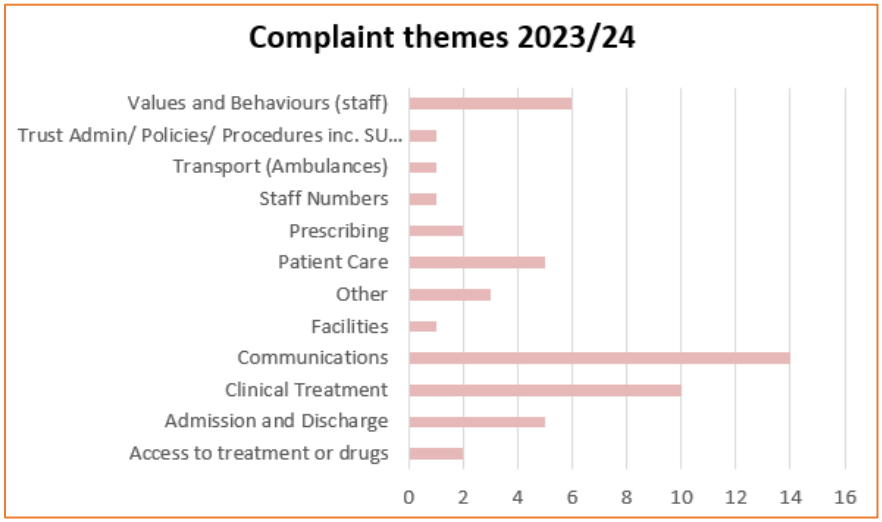


- **Compliment examples.**
- "Just wanted to thank you so much for looking after myself and dad. You have been a great help to both of us."
- "To everyone in the team, thank you so much. We hope you know how much it is appreciated. Thank you so much for all care, support, and time you have given me. I honestly do not think I would be here without you. You have given my husband his wife and my daughter her mother back. You are all amazing and we cannot thank you enough."

Complaint examples

- **Mother concerned that son turned up at Fieldhead in desperation and stated he was dismissed by services even though he was bleeding from cuts on his arms.**
- **Service user unhappy with community services and the difficulties accessing a referral to the service.**
- **Service user unhappy that diagnosis added to her healthcare records without discussing with her.**

Adults and Older People Mental Health Care Group (Inpatient)



During 202023/ 2024 Adults and Older People Mental Health Care Group (Inpatient) received 51 complaints and 79 compliments.

Top three complaint themes:

1) Communications
2) Clinical treatment
3) Values & behaviours (staff)

Complaint examples:

- Service user unhappy with the care she received on the ward. Disputes her section. Unhappy with the tribunal process. Unhappy with the prescribed medication on discharge.
- Sister of service user has questions about the care and support received by her sister who was refused support and took her own life.
- Service user was an informal inpatient and need to access treatment for a physical health condition and was denied leave to get the treatment.

Compliment examples:

- **We would like to thank all the wonderful staff for the care and kindness you have showed.**
- **You're awesome! Many, many thanks to all you wonderful people in the service. It was a privilege to work with you guys and I will miss you all. It feels like family here!**
- **Thank you all for helping to make my stay so pleasant. I am feeling better every day and I have settled back into my home nicely. Love and best wishes to you all.**

Barnsley Physical Health and Wellbeing Care Group

Top three complaint themes:

1) Patient care
2) Communications, Clinical treatment, End of life care

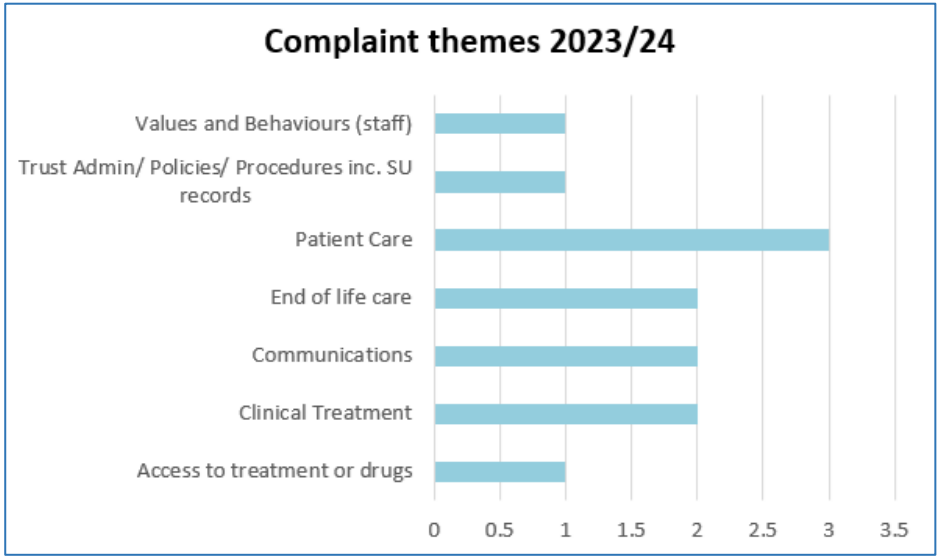
During 202023/ 2024 Barnsley Physical Health and Wellbeing Care Group received 12 complaints and 63 compliments

Complaint examples:

- Service user concerned about care and treatment and data breach.
- Service user was treated roughly and rudely by a practitioner at his routine appointment.
- Complaint regarding continuity of care and having to pay for own dressings.

Compliment examples:

- "Thank you from the bottom of our hearts for all the help and support you have given us over the past few weeks, words cannot express how grateful we all are. Thank you so much!"
- "I just want to send a quick message to thank the team in the service who see me every month and their support and kindness is amazing."
- "Thank you so much for helping me to understand my leg condition in a much simpler way and being very kind and caring."

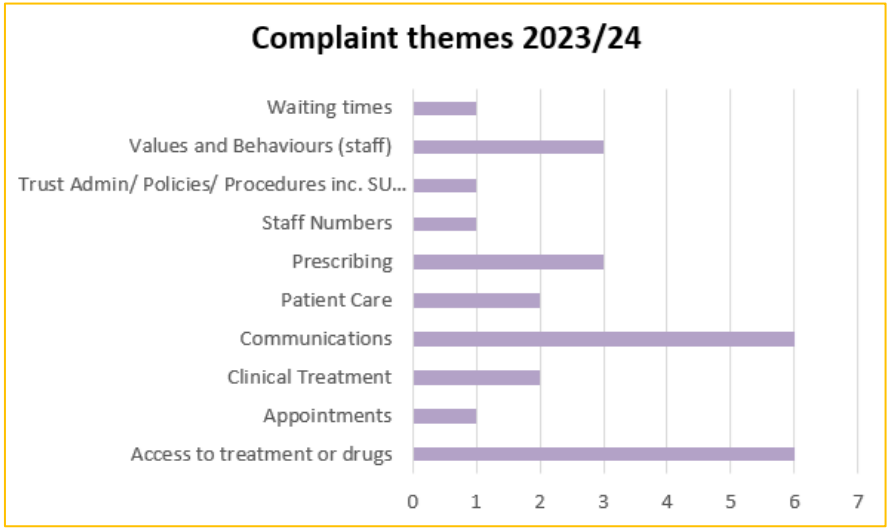


CAMHS and Children's Care Group

During 202023/ 2024 CAMHS and Childrens Care Group received 26 complaints and 68 compliments

Top three complaint themes:

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



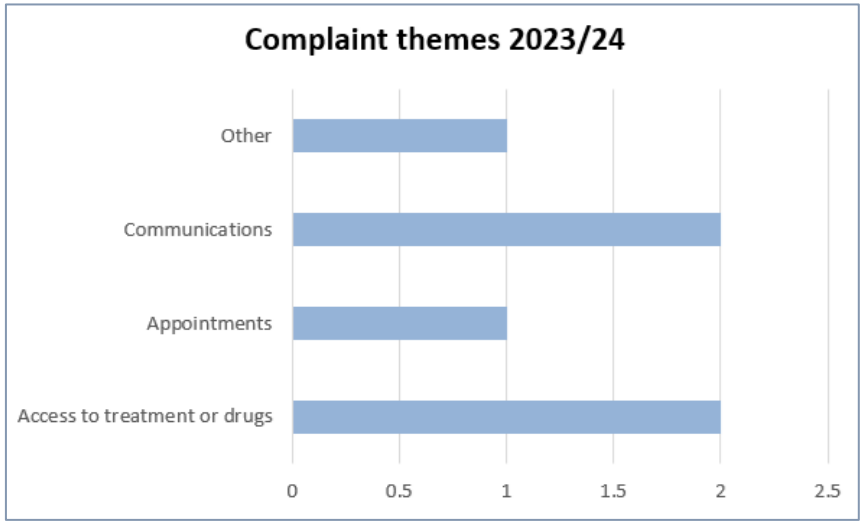
Complaint examples:

- Complaint about type of flu vaccination given to her sons.
- Mother of service user who was assessed by services. Service user originally assessed by another trust and a diagnosis was reached. Our Trust has declined to reach the same diagnosis. The Trust clinician and support workers for the child have advised mother to challenge the outcome.
- Stepdad of young person very concerned that condition is deteriorating and unable to wait until appointment to review medication is likely to be offered.

Compliment examples:

- "Our son has Autism, sensory issues, and has suffered with anxiety and trauma for many years and it was a challenge keeping up with routine appointments for him. Member of staff has been amazing with our son, so patient, polite, caring and communicated lovely with our son, going at his pace, always accommodating whatever time and place he felt ready for his vaccinations."
- "As a mum, I will always be grateful for the service she received."
- "Never ever forget, not even for one moment, how truly amazing you are."

Forensic Services Care Group



During 202023/ 2024 Forensic Services Care Group received 6 complaints and 39 compliments

Top complaint themes:

1) Communications
2) Access to treatment or drugs

Compliment examples:

- **"Thank you for the love and care."**
- **"Staff member is very hard working in the service, he goes above and beyond to help service users."**
- **"I wanted to extend my heartfelt gratitude for the invaluable learning opportunities you have provided me during my placement. I am also deeply appreciative of the exceptional assistance and encouragement I received from the staff members."**

Complaint examples:

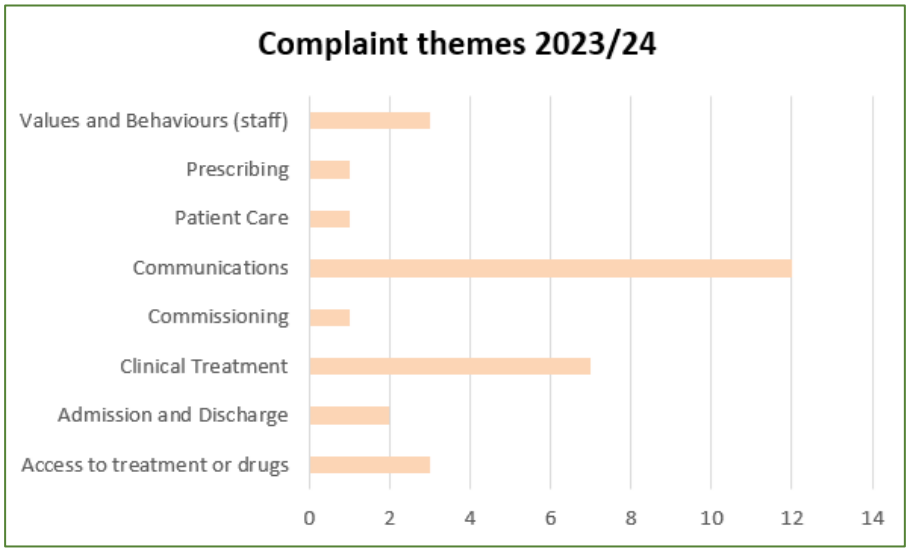
- **Service user not happy with the care and treatment he received from the ward when he experienced a cardiac event.**
- **Service user raised concerns via CQC relating to an assault by another service user and stealing money from them. Concerns about leave being refused.**
- **Issues relating to length of wait for an assessment.**

Learning Disability and ASD/ADHD Care Group

During 202023/ 2024 there were 30 complaints and 14 compliments

Top three complaint themes:

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



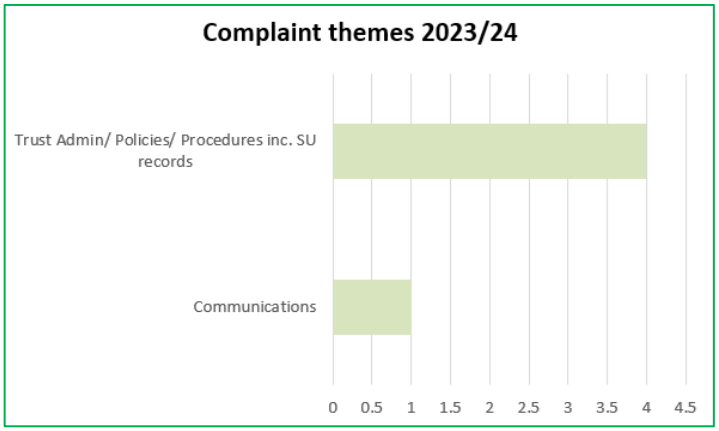
Complaint examples:

- Service user had diagnosis through private assessment and cannot access medication that was helping without being assessed by the Trust which has a lengthy waiting list.
- Unhappy with the assessment process and result.
- Service user's father frustrated with the level of care and support he receives as the carer and feels service put too much pressure on him in this role.

Compliment examples:

- "The doctor is not only highly professional but also incredibly compassionate. She listened attentively to any concerns and addressed them with expertise and empathy. Her warmth and genuine concern made me feel valued as a patient."
- "I would like to thank you all in the service. You guys are amazing in the work you do for people who have needs."
- "I have struggled with the symptoms of ADHD for as long as I can remember. I feel like I have been given my life back... I am starting to see the person, that I lost sight of many years ago because of the anxiety, I am happy to wake up each day and get my life back to where I want it to be, and I could not have done that without a referral to you guys."

Trust wide (Corporate support services)



During 202023/ 2024 there were 5 complaints and 17 compliments

Due to the small sample size, it is not possible to meaningfully analyse the themes although Trust Admin/ Policies/Procedures inc. SU records were the highest category.

Complaint examples:

- Concerns raised about way private and confidential information was delivered and safeguarding referral made to employer.
- Issues relating to interaction with service.
- Issues with timescales for investigation of original complaint.

Compliment examples:

- "Thank you very much for your patience and dedication in providing training to our staff. Everyone feels very empowered."
- "Thank you very much for this, you have been very helpful! I will certainly come for help and advice again if we have similar issues."
- "The panel were considering a CTO renewal which whilst not being contested, was not a welcome feature of the patient's life. The patient has been on a very long road to recovery and is now approaching discharge albeit not yet. The panel were highly impressed with the empathetic and balanced reasoning put forward by the consultant which is worthy of recognition."

South West Yorkshire Partnership NHS Foundation Trust

Members' Council
15 November 2024
Agenda item 7.2

Private/Public paper:	**Public**		
Title:	**Incident management annual report 2023/24**		
Paper presented by:	Darryl Thompson, Chief Nurse and Director of Nursing, Quality and Professions		
Paper prepared by:	Helen Roberts, Patient Safety Manager		
Mission/values:	The report demonstrates the Trust's commitment to delivering safe and effective services and upholding our values.		
Purpose:	The purpose of the paper is to provide assurance to Members' Council that robust incident management arrangements are in place and to provide an overview of all incidents that take place within the Trust. The report includes data on Learning from Healthcare Deaths and learning from experience.		
Strategic objectives:	Improve Health	✓	
	Improve Care	✓	
	Improve Resources		
	Make this a great place to work	✓	
BAF Risk(s):	2.2 Failure to create a learning environment leading to lack of innovation and to repeat incidents. 2.3 Increased demand for services and acuity of service users exceeds supply and resources available leading to a negative impact on quality of care.		
Contribution to the objectives of the Integrated Care System/Integrated Care Board/Place based partnerships	Delivering safe and effective services is a priority of all health and social care providers. This is a shared priority across the integrated care systems, integrated care boards, and place based partnerships in which we provide services, and is a regular feature of our shared objectives and actions. Ensuring there is understanding of the incidents which take place within our services, the impact of these and the learning to ensure future risk or harm can be avoided, or reduced is essential. Sharing learning and best practice, themes, trends and analysis can help to identify opportunities to work together to address concerns or celebrate good practice. Learning from incidents can support to improve patient safety, staff, and service user/carer experience and to provide assurance of good governance and risk management processes. All of which are required to deliver safe and effective services.		

Any background papers / previously considered by:	Quality and Safety Committee and Trust Board have received quarterly and annual Incident Management reports. This report was reviewed in detail at the Quality and Safety Committee on 11 June 2024. It was considered to be an assuring report and was recommended to be presented to Trust Board. It was received by Trust Board on 2 July 2024, and then reviewed in the Members' Council Quality Group on 10 July 2024.
Executive summary:	• The Trust continues to have a robust incident management process, maintained through a high level of scrutiny and governance. • We continue to focus on improving the quality of incident recording, and to strengthen our data quality processes for incident data to ensure accuracy. • We have also continued to develop the capture of protected characteristics for people affected by incidents. • Datix continues to capture abuse/hate related to any protected characteristic and this is reported into Clinical Risk Panel each week. • We have continued to develop our work to improve sexual safety. • We have continued to promote falls prevention, with promotion of falls assessments and post-fall protocol, and the Trust has a dedicated Falls Coordinator. • The report includes achievements in the past year, and a summary of our work plan which aligns with the Quality Account areas for improvement and primarily focusses on work related to implementation of the Patient Safety Incident Response Framework (PSIRF) and Learn from Patient Safety Events. • The number of incidents reported across the Trust (15,141) has increased by 5% on the previous year. Analysis of the data has shown that harm levels have not overly increased despite the overall increase. • The definition of serious incidents no longer applies from 1 December 2023 with the introduction of PSIRF. The number of SIs in the year to 30 November 2023 was low (7) as we started to embed PSIRF principles during our development phase, to ensure we used our resources to investigate the right incidents. • We have continued to raise awareness of and promote incident reporting through our learning sessions this year. • Commentary on the top 10 incident categories has been provided by specialist advisors to ensure explanation for changes in reporting figures and improvement work could be share, and to ensure alignment with their reports. • 96% of all incidents reported resulted in no harm or low harm to patients and staff or were external to the Trust's care. A high level of incident reports, particularly of less severe incidents is an indication of a strong safety culture. • There were no 'Never Events' recorded during 2023/24. • As part of our usual processes, we have reviewed 285 deaths of service users who were in our 'learning from healthcare deaths' scope. This

	compares with 253 deaths in 2022/2023. These figures are carefully monitored to ensure awareness of any trend change over time. From a statistical point of view they are within normal variation. The reviews ranged from accepting the death certification, case record reviews through to investigations, in line with the National Quality Board levels. We publish our quarterly data on deaths on the Trust's internet page. • We incorporate 'learning from experience' into the report (Section 5). This illustrates our learning systems and examples of learning in practice and reflections on our PSIRF learning responses so far. Throughout 2023/24, this has been produced quarterly. • Identified work to improve the analysis of protected characteristics for incident types. **Risk appetite** • Risk identified – the Trust continues to have a good governance system of reporting and investigating incidents including serious incidents and of reporting, analysing, and investigating healthcare deaths. • This report covers assurance for compliance risk for health and safety legislation and compliance with CQC standards for incident reporting. This meets the risk appetite –low and the risk target 1-6. • The clinical risk – risk to service user/public safety and risk to staff safety which is again low risk appetite and a risk target of 1-6. Members' Council can take assurance that the Trust's incident management process supports the drive to reduce harm and learn from incidents, to reduce risk and prevent recurrence in the future. For learning from healthcare deaths, we continue to meet the national guidance, and make revisions as needed. We are also progressing as required with regards to the national patent safety incident response framework.
Recommendation:	**Members' Council are asked to:** **RECEIVE** the incident management annual report 2023/24.

South West Yorkshire Partnership NHS Foundation Trust

Incident Management Annual Report

April 2023 to March 2024

Patient Safety Support Team

May 2024

With **all of us** in mind.

Executive Summary

This report provides an overview of **all** the incidents reported in the Trust during 2023/2024. It also includes further analysis of Serious Incidents reported and action themes arising from completed Serious Incident investigations submitted to commissioners for the period of 1 April 2023 to 30 November 2023 (data as at 2/4/2024). The report includes a summary of our learning from deaths activity and has our learning report embedded.

- **15,141** incidents reported
- **5%** increase in reporting on 2022/2023
- **96%** of incidents resulted in no/low harm
- **7** Serious incidents reported
- No Never Events
- Serious Incidents account for **0.04%** of reported incidents
- High reporting rate with high proportion of no/low harm is indicative of a positive safety culture[1]

The Trust reported **15,141** incidents during the year: a 5% increase on 2022/2023. Of these, 96% of the reported incidents resulted in low or no harm to patients, service users and staff, or were external to the Trust care. This compares with 97% in 2022/2023. The Trust has a risk based and good reporting culture where staff feel able to report incidents and near misses. Analysis of incident reporting rates and levels of harm are reviewed regularly in the patient safety support team to examine variation using Statistical Process Control (SPC); the percentage of incidents resulting in no/low harm remains within normal variation. NHS England (2021[1]) note that a high level of incident reporting, particularly of less severe incidents is an indication of a strong safety reporting culture. The patient safety support team continue to promote the need to report incidents and near misses across the Trust. There has been much more focus on reporting patient safety incidents during 2023/24 due to the promotion of the Patient Safety Incident Response Framework (PSIRF) and Learn from Patient Safety Events (LFPSE), which, along with our network for sharing learning, may, in some part, have promoted the increase in incident reporting.

There were **7** serious incidents reported during the year, accounting for 0.04% of all incidents. The highest overall category of serious incident is apparent suicide of service users in inpatient care - current episode (2). It should be noted that not all suicides are investigated as serious incidents (see pages 20-21).

No 'Never Events' (Department of Health, DOH) incidents were reported by the Trust in 2023/2024. The last Never Event reported by the Trust was in 2010/2011. A Never Event is a list of serious, largely preventable patient safety incidents that should not occur if the available, preventative measures have been implemented.

Recent developments

The Trust transitioned to working under the Patient Safety Incident Response Framework (PSIRF) from 1 December 2023. This moves the focus to learning and improvement. Further details on this transition are included in the report.

As we have transitioned during 2023/2024, for completeness, we have concluded the 2023/2024 report in line with previous annual reports with the intention to review content for quarterly and annual reports in 2024/2025 to reflect PSIRF and the move to focus on learning and improvement.

Contents

Introduction

This incident management annual report focusses on incidents and serious incidents reported within the Trust during 2023/2024 and incorporates Learning from Healthcare Deaths reporting and learning from incidents. It provides an overview of all incidents reported however does not include detail of specific incident types. Specialist advisors produce separate annual reporting for this purpose. The report does not cover incidents that are managed through other processes such as safeguarding (including Serious Case Reviews (now known as Safeguarding Child Practice Reviews), Domestic Homicide Reviews) or whistleblowing (staff survey). The information in this report is high level, and further breakdown is possible on Datix. Further information can be provided on request.

The patient safety support team have prepared a separate 'Apparent suicide report' for deaths occurring in 2022/2023. This was presented to Quality and Safety Committee for review in May 2024.

The report is structured into the following sections:

Section 1 includes a summary of all reported incidents occurring from 1 April 2023 to 31 March 2024. It should be noted that this report provides only an overview; further reports are prepared for covering more breakdown through the year, and specialist advisors run/analyse incident reports.

Section 2 focusses on incidents reported as Serious Incidents during 2023/2024. This is broken down into two sections, The incident type, and then the detail.

Section 3 sets out an analysis of the serious incident investigations that have been completed and sent to commissioners during 2023/2024. It includes an analysis of the themes arising from serious incident recommendations.

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

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

Section 6 is an overview of incident management plans for 2023/2024.

What we did in the past 12 months

Throughout 2023/2024, 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 role links to patient safety leadership and delivery. Some of the Trust's 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 quality of incident reporting

- Continued to focus on improving the quality of incident recording.
- Continued to strengthen our data quality processes for incident data to ensure accuracy.
- Developed a new Incident Reporting, Management and Learning Response Procedure and associated guidance to reflect PSIRF and LFPSE. Our incident reporting system (Datix) was also updated to reflect capturing new processes.
- Updated our systems to reflect changes in care group organisational structures.
- Improved the collection of information for incidents to enhance the quality of information that supports decision making in the Trust.
- Improved data collection for incidents relating to safer staffing, sexual safety and falls.

Improving safety culture

Overall numbers of incidents and levels of severity and harm are monitored by the patient safety support team, at Care Group level and also in quarterly incident management reporting to the Quality and Safety Committee and Trust Board. The Trust continues to work to increase overall incident and near miss reporting as part of safety culture work. In 2023/2024, 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 resulting in harm or a near miss.

This year the Trust has seen a 5% increase on 2022/2023. 96% of the reported incidents resulted in low or no harm to patients, service users and staff, or were external to the Trust care. This compares with 97% in 2022/2023. NHS England (2021) note that a high level of incident reporting, particularly of less severe incidents is an indication of a strong safety reporting culture.

Analysis of the data has shown that harm levels have not increased significantly (reviewed using SPC), despite the overall increase in incident total. This may, in some part, be due to the promotion of incident reporting through implementation of PSIRF and LFPSE and learning sessions the patient safety support team have delivered. The Trust has not seen any other major changes to Datix (e.g., no new types of incidents added, nor any major new services added).

In addition, the Trust has 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. It 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 2023/2024, 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 has 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).
- We have provided education to staff to support them using the LFPSE function.
- We have produced guidance documents for staff to support reporting and developed processes within the Patient Safety Support Team for monitoring patient safety incidents and LFPSE submissions.

Patient Safety Incident Response Framework (PSIRF) implemented.

The Trust transitioned to working under the 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 we continue with our implementation, we continue to learn and evolve as we progress. We are now in a period of learning as we are implementing the changes.

Our preparations during 2023/2024 included:

- Thematic analysis of multiple data sources to enable richer understanding of patient safety themes. This included detailed incident data, serious incidents and actions as included in this report.
- Identified our patient safety priorities and suggested learning responses
- Received training on PSIRF approach from nationally accredited provider which included oversight.
- Delivered in-house training to managers across the Trust to raise awareness
- Held questions and answer sessions for all staff throughout December and January
- Continued networking to learn and share with colleagues in other trusts.
- Reviewed our processes to ensure they transition towards alignment with PSIRF (patient safety oversight group and patient safety improvement group)
- Continued our liaison with Integrated Care Board (ICB) and provider collaborative colleagues regarding oversight of the process.

The culmination of this work was publishing our Patient safety incident response plan and policy, which are available on our website.

Our **PSIRF policy** describes the overarching systems and processes we will use to learn and improve following our selected patient safety incidents. The PSIRF policy contains the foundations for effective incident response and outlines how it links to other procedures.

Our **PSIRF plan** sets out how we intend to respond to patient safety incidents. It outlines our improvement work and which patient safety incidents will require a learning response to help us find new learning. A learning response is the new name for our range of review methods that we can use. Our learning responses for patient safety incidents will be based on the following activity types, either:

- Learning to inform improvement
- Improvement based on learning
- Assessment to determine if a response is required.

Further details about our learning responses are available on our intranet page.

The PSIRF plan includes details of patient safety incidents which may need to have a patient safety incident investigation (PSII), this is one of the range of learning responses. We will do only a very

small number of PSIIs and they will be based on a nationally defined list or defined locally. We will use PSII methodologies to look at three aeras in thematic manner. These are related to:

- Suicide prevention
- Clinical risk assessment (Formulation Informed Risk Management [FIRM])
- Clinical documentation of pressure ulcers

Responding to National Patient Safety Alerts

We continue to distribute and respond to National Patient Safety Alerts.

Improving patient safety education and training

We have progress patient safety training at various levels during the year:

- Patient safety training level 1 essentials for all staff became mandatory in November 2023 after a 12-month transition period. This is currently at 96%. Level 1 for senior managers and board members is at 90%.
- 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

In December 2023 we were excited to welcome three Patient Safety Partners (PSPs) who will contribute alongside our staff, patients, families and carers to improving and influencing patient safety across our range of services. Our patient safety partners have developed profiles which are available on our website. The Trust sees their role as a true partnership, drawing on their experience and having an active role in highlighting good practice and challenging where care, treatment or our processes are not as we would hope for, to ensure that the patient voice is heard throughout.

The benefits of Patient safety partners include:

- promoting openness and transparency
- supporting us to consider how processes appear and feel to patients
- helping us with knowing what is important to patients
- helping us identify risk by hearing what feels unsafe to patients
- supporting the prioritisation of risks that need to be addressed and subsequent improvement programmes
- supporting the developing actions that address the needs of patients
- helping us produce patient information that patients understand and can access.

Implementing Medical examiners

During 2023/2024 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.

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 for the future.
- Recruited a Family Liaison Officer and established related systems (see details on page 40).

- Facilitated a working group to develop material to support staff with fulfilling the Duty of Candour.
- Continued our implementation of electronic prescribing system to aid medication safety.
- Re-aligned our quarterly patient safety improvement group to fit with wider patient safety activity. We have provided our 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.

Learning
Through the year, we have continued to develop our learning systems. Our learning summary is included in Section 5 Learning from Experience and Appendix 1.

Section 1 - Incident Reporting Analysis

Headlines

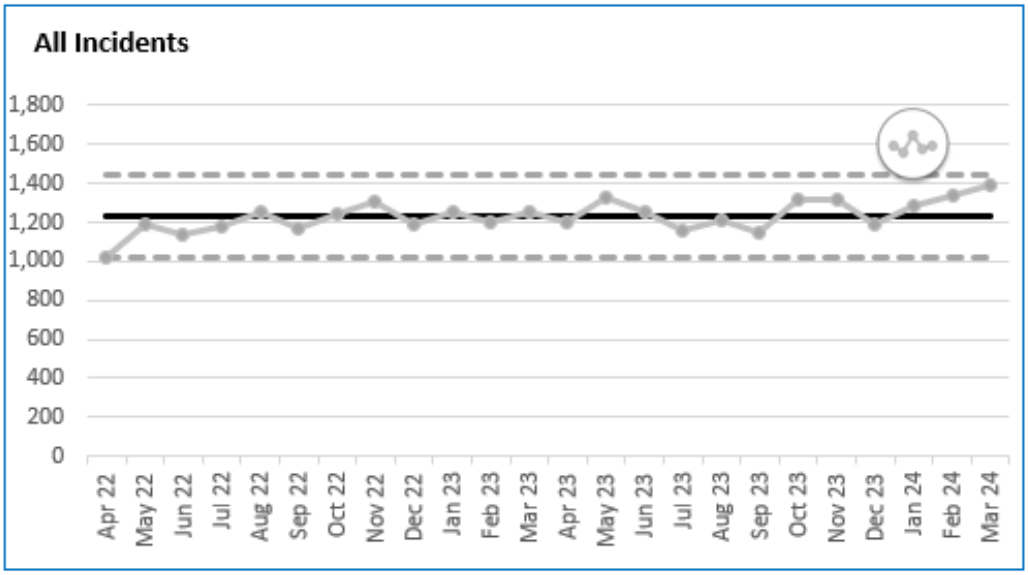
The Trust reported **15,141** incidents of all severities during the year, a **5%** increase on 2022/2023 (14352). This is a demonstration of our reporting culture, where staff feel able to report incidents and near misses. Analysis of the data has shown that harm levels have not overly increased despite the overall increase, and our Serious Incidents have reduced[1]. This may, in some part, be due to the promotion of incident reporting through our learning sessions.

- **15,141** incidents reported
- **5%** increase in reported incidents compared with 2022/23
- **96%** of incidents resulted in **no/low harm**
- **7** Serious incidents reported (0.04% of all incidents)
- High reporting rate with high proportion of no/low harm is indicative of a positive safety culture

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

[1] NaPSIR 2021 (england.nhs.uk)

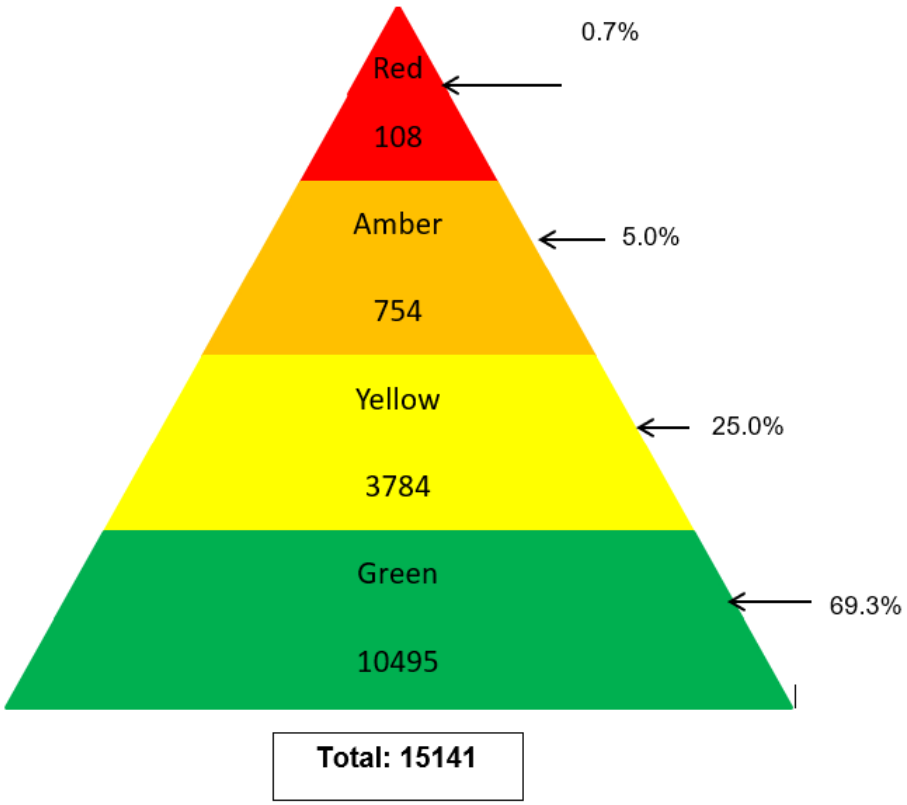
Figure 1 Comparative number of incidents reported by financial quarter 2022/2023 to 2023/2024



Severity

Severity is how we grade incidents locally in the Trust. Incident severity considers actual and potential harm caused and the likelihood of reoccurrence (based on the Trust's risk grading matrix). The distribution of these incidents in terms of severity is pyramid-shaped (figure 2) with red incidents being fewest in number; and 69.3% being graded green.

Figure 2 Incidents reported by severity 2023/2024



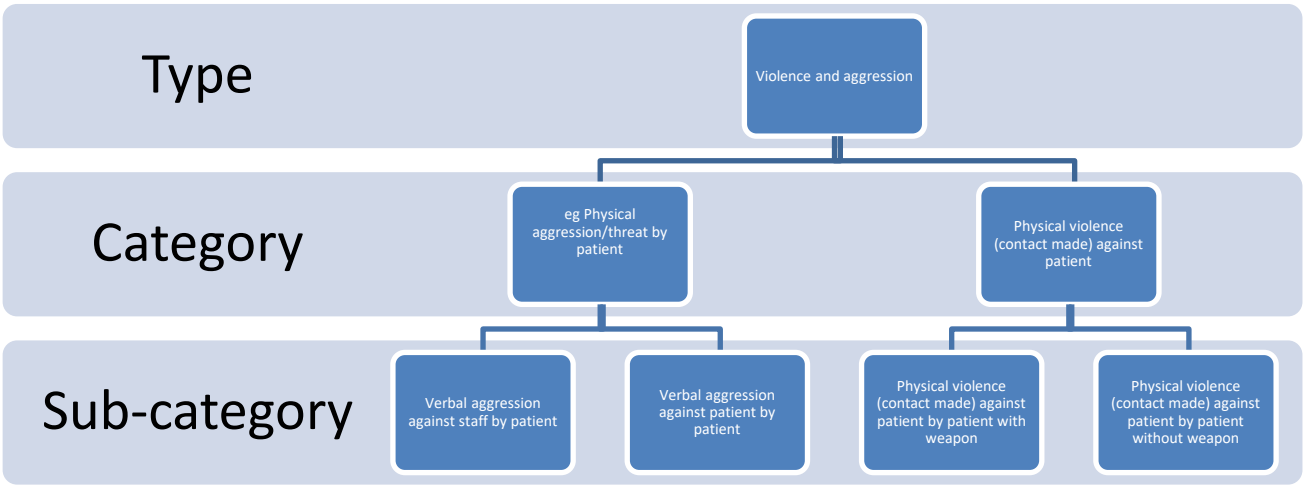
Actual harm

In addition to the severity of incidents, we also record the level of harm that was caused by an incident, irrespective of the severity. This is called the degree of harm. In 2023/2024, 96% of incidents resulted in no harm or low harm to patients and staff or were external to the Trust's care. The proportion of no/low harm incidents has remained consistent with previous years. An organisation with a high reporting rate, particularly with a high proportion of no/low harm is indicative of a positive safety culture where staff are encouraged to report incidents and near misses.

Type and category of incidents

All incidents are coded using a three-tier method to enable detailed analysis. Type is the broadest and highest grouping (18 options), with each Type breaking into its own multiple categories, and then onwards into its own multiple subcategories. This has been illustrated below with a small group of incidents.

Figure 3 Illustration of one of the Datix types of incidents with relationship to category and subcategory levels



This report provides two levels of this data:

- Number of incidents per each type of incident (figure 4)
- Top 10 categories of incidents overall (from all types of incident) (figure 5)

The Patient Safety Support Team review incident data monthly through the production of the integrated performance report (IPR) and clinical risk report for Operational Management Group (OMG). Where any potential changes in incident reporting patterns are identified, these are raised with the relevant specialist advisor for investigation and/or explanation, as they also review patterns and trends. The team has dedicated time to review incident types using statistical process control to look for changes in data.

During 2023/2024, the recording of safer staffing incidents has been changed. A new type of incident has been created and incidents moved from within Health and Safety figures.

Figure 4 below shows all reported incidents in 2023/2024 by the type of incident. Violence and aggression incidents are the highest type of incident.

Figure 4 Trust-wide incidents reported by type of incident during 2023/2024

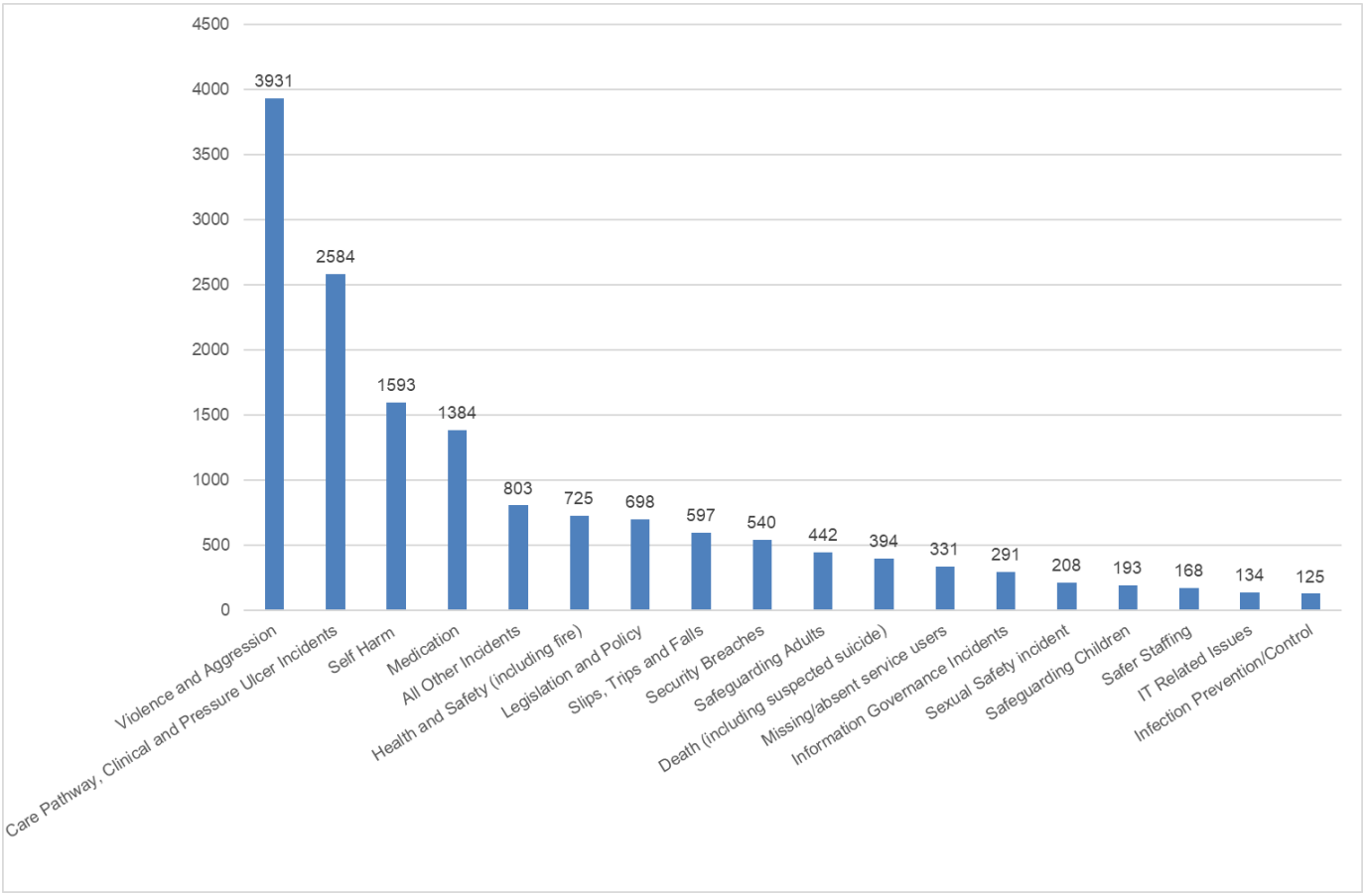
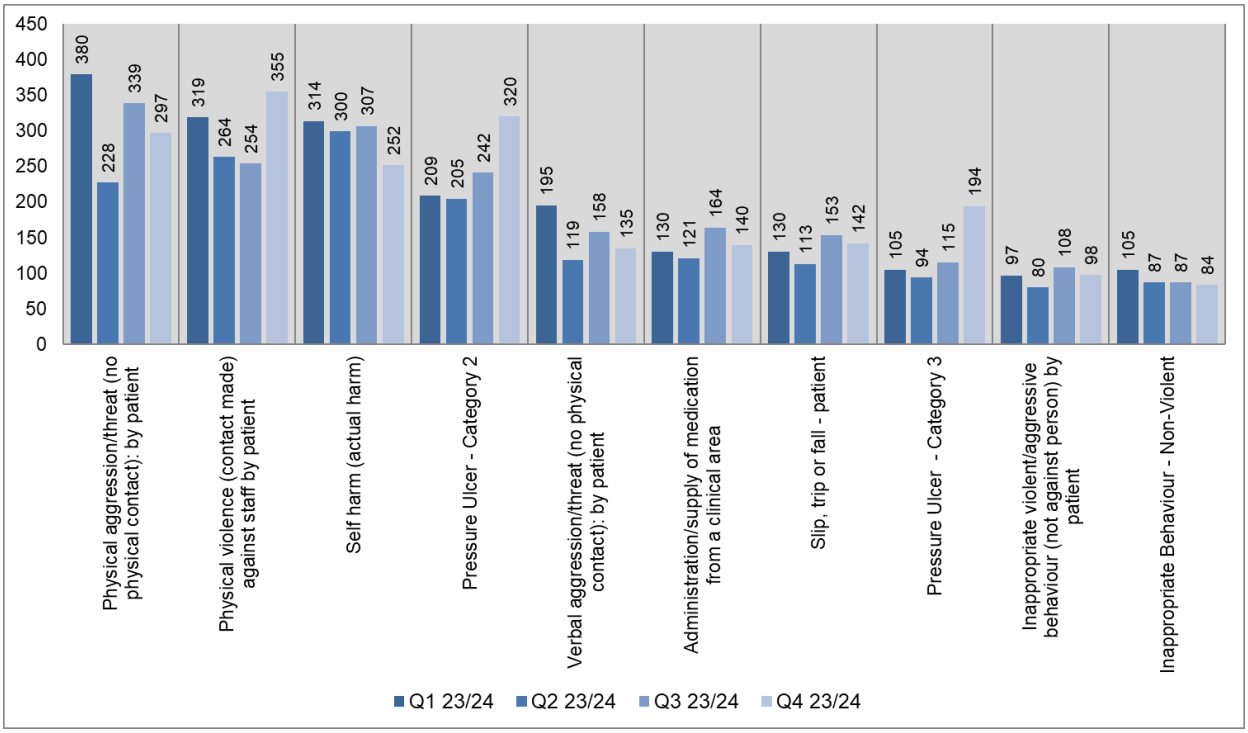


Figure 5 shows the top 10 highest reported categories of incidents across the Trust during 2023/2024. During 2023/2024 incidents were reported against 164 different categories of incident. The top 10 categories account for 50% of all incidents reported, which is consistent with the proportion in previous years.

Figure 5 Trust-wide Top 10 most frequently reported incident categories in year 2023/2024



Analysis:

Information in this section of the report has been supplied by the respective specialist advisors, where applicable.

Physical aggression/threat

Q4

'Physical aggression/threat (no physical contact): by patient' was the highest reported incident category in 2023/2024 with a total of 1,244 incidents, accounting for 8% of all incidents reported. This has decrease from 2022/2023 (1,434) but this has remained the top reported category in the last six years. This includes incidents such as threatening behaviour against others or where physical violence was prevented.

The Trust is working towards a violence reduction strategy driven by national guidance, best evidence-based practice, and legal frameworks such as the Mental health unit Use of Force Act, Human Rights Act all of which are incorporated within policy and procedure.

The Reducing Restrictive Physical Interventions team collect data regarding protected characteristics for the Use of Force which is included in their specialist reports.

In addition, influenced within policy and procedure is a trauma informed lens, with the Trust's key ambition of becoming a trauma informed and responsive organisation by 2030.

Th risk reduction strategies include the promotion of positive behaviour support plans, at a glance sheet, de-escalation checklist service user social stories. The emphasis of these approaches is the use of primary strategies to avoid minimise the use of physical and restrictive interventions.

This is reflected within the data:

Physical aggression physical (no contact) by patient resulted Q1 – Q4 total number of incidents =1,244, 49% of these incidents avoided the use of physical interventions.

This is further reflected within physical violence (contact made) against staff by patient total number of incidents 1,192 out of which 47% of physical interventions were avoided.

Q4 Assaults (contact made) by patient on staff:

A deeper dive into the data demonstrates the three areas where the largest increase occurred were the Horizon Centre, Poplars Ward, and Ward 19.

A further dive into the data around the assaults determines that the three areas had a core of admissions and transfers between that led to these increases.

The service users accounting for the increases in incidents were all experiencing severe cognitive impairment and challenging behaviours and required intense nursing interventions to support with personal cares and activities of daily living. Due to the nature of care given, staff are placed at a more vulnerable position and are inevitable within proximity of the service users therefore have less time to react and move away from any sudden form of escalation in the service user's presentation.

For service users who require any form of restriction, they will have a support plan in situ identifying any known triggers and what primary strategies can be implemented by the nursing team to help support the individual service users remain on baseline and avoid/minimise crisis interventions. In addition, this will form part of the service user's risk assessment.

To summarise the data for Q4:

- The Horizon Centre had two service users who accounted for 76 of their 87 (87.3%) incidents in Q4.

- Poplars Ward had three service users who accounted for 40 of their 61 (65.5%) incidents in Q4.
- Ward 19 had three service users who accounted for 21 of their 29 (72.4%) incidents in Q4.

The data illustrates a small number of seriously unwell service users significantly impacted on the number of assaults.

The total number of verbal aggression/threats by patient was 607, which resulted in 8.5% of physical interventions been utilised.

The team are doing proactive work in training focussing on the use of the safety pod for administration of intra-muscular medication. The Reducing Restrictive Physical Interventions team have offered bespoke training to Horizon Centre colleagues, reinforcing the use of the safety pod and aiding staff to have confidence in the techniques and looking at individual bespoke techniques for individuals nursed on the unit.

Inpatient areas are requesting advice for physical complexities in individual service users including diabetes, pregnancy, limb, and joint complications where multi-disciplinary team (MDT) specific care plans have been required.

Taking a service user's blood under restraint has been discussed with some teams including community teams for individuals who may need some support, looking at legal frameworks and being involved in professional meetings and in reach work for blood taking.

The Reducing Restrictive Physical Interventions team have seen an increase in teams sending seclusion care plans when a service user has been in seclusion for 72 hours, to aid in reviewing care plans and offering support about using seclusion in a flexible manner and terminating at the earliest opportunity. This is openly discussed in training to get views on the success of this in clinical practice. The use of seclusion is also discussed in training and the emphasis on and the reduction of seclusion and how other options can be explored.

Self-Harm (actual)

The third highest category of incident is 'self-harm (actual)'. In 2023/2024 there were 1173 actual self-harm incidents which is an increase from 2022/2023 (1067). The figures for self-harm fluctuate through the year and numbers are closely affected by individual service user presentation.

As part of our Patient Safety Incident Response plan, we have improvement work around this area.

Pressure Ulcers

Pressure ulcer category 2 and 3 appears in the top 10, this has increased to 1484 incidents in 2023/2024 from 1328 incidents in 2022/2023 which is a 10% increase. It should be noted these are incidents that are generally identified by staff in the general community services, and many are attributable to other agencies. The Datix system is used as good practice to capture the identification and actions taken by our staff.

The surge in pressure ulcers over the last two years has not only led to an increase in patients being referred to the Trust but also in the number of patients already under the care of the Trust developing pressure ulcers. The Barnsley neighbourhood nursing teams, in particular, have reported a higher incidence of category 2 pressure ulcers, as the care and treatment of these wounds fall within the remit of these teams.

Across the Barnsley physical health care services, there has been a notable increase in referrals and demand across all specialties, resulting in longer service waiting times. The delay in treatments, consultations, and reviews has a significant impact on individuals managing long-term conditions. These delays can lead to a decline in health, reduced mobility, increased reliance on polypharmacy, and the implementation of temporary measures while patients wait for essential treatments.

It is important to acknowledge that, despite the rising numbers of pressure ulcers, the percentage of patients on caseloads who are at risk of pressure damage and have a preventative care plan in place has stabilised compared to previous years.

To address these challenges, the tissue viability team has been proactive in training care home and agency staff bi-annually and additional bespoke training sessions. They have also created pressure ulcer classification leaflets and guides to enhance awareness and understanding of prevention and management strategies alongside the National Wound Care Strategy Group Best Practice guidelines.

As part of our Patient Safety Incident Response plan, we have improvement work around this area and we are also undertaking a thematic Patient safety systematic safety improvement project to improve understanding of clinical documentation around pressure ulcers.

In Quarter 4 there has been an increase in pressure ulcers. Three incidents have been identified with areas for improvement in the care that was delivered. These incidents are reviewed on a weekly basis and the team are currently working on these areas of improvement.

Patient Falls

Patient falls appears in the top 10, as it has done in previous years. The reporting remains relatively consistent through the year and is smaller to previous years. The degree of harm has remained similar to 2022/2023 with 96% of patient falls resulting in no harm or low harm or were external to the Trust's care.

When a fall happens, it is often not related to one factor, but is very complex. It can be linked to physical deconditioning, mental health, agitation, environment, and much more. Staff and services are often supporting patients with several significant needs.

Our Trust has employed a Trust-wide falls coordinator for inpatient wards, and units since 20 February 2023. This is a newly defined post and the falls coordinator has spent time implementing the role within inpatient wards, specialist advisor meetings, and developing close links with falls leads across Yorkshire, the Midlands, and South England. There have been several quality improvement initiatives such as improved completion of post falls protocol documentation, a development of a falls Standard Operating Procedure and governance pathway, falls and bone health eLearning, up-dated SharePoint, bi-monthly Focus of Falls staff education, environmental falls checklist, and offering assessment and support for wards with complex patients.

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.

Between 1 April 2023 – 31 March 2024 our Trust has had 599 reported Slip, Trip & Falls via our Datix reporting system. Our Trust average falls rate is 3.11 falls per 1000 bed days. We continue to be within the National average of 3-5 falls per 1000 bed days, with some months dropping below this.

Reviewing an extended period between 1 April 2022 – 31 December 2023 we saw a generalised and sustained reduction in falls occurring on our inpatient wards. Between October – December 2023, our Trust did have a small increase in falls, but when compared to the same time the previous year, it continued to show a 22% reduction in falls on inpatient wards and units.

As part of our Patient Safety Incident Response plan, we have improvement work around this area.

Administration/supply of medication from a clinical area

Administration/supply of medication from a clinical area appears in the top 10, as it has done in previous years. This is the only incident category which has increased in the top 10. In 2023/2024 555 incidents were reported compared with 2022/2023 530 incidents were reported.

The introduction of electronic prescribing and medicines administration across in-patient mental health and learning disability areas has seen a reduction in missed doses and duplicate doses in in patient areas. This is going to be rolled out to neuro rehabilitation unit and surgical reception unit in Barnsley in June 2024. However we are seeing an increase in administration incidents across community teams. A review of insulin administration incidents is being undertaken by the Barnsley Health and Wellbeing Care group.

It is also worth noting that administration incidents will always be the highest in terms of medication incidents because for each time a medicine is prescribed and dispensed in a one-month period it will be administered a minimum of 28 times (more if the person is taking it more than once a day) so the risk of incident is higher. Also, it is last part of the process before it reaches the patient so sometimes prescribing and dispensing errors are recorded as administration errors if it reaches the patient.

All medication incidents are reviewed on two monthly basis by the Safe Medicines Practice Group.

As part of our Patient Safety Incident Response plan, we have improvement work around this area.

Affected Party Demographics

Appendix 2 provides an update and actions in relation to protected characteristics of those affected in the incidents.

External reporting of patient safety incidents

The Trust uploaded patient safety incidents[2] (which are a subset of all incidents reported) during 2023/2024 to national reporting systems. The national systems share patient safety incidents with the Care Quality Commission (CQC), who may contact the Trust to enquire further about specific incidents.

Patient Safety incidents do not include non-clinical incidents, or where staff were the affected party (e.g., violence against staff incidents). These are not reportable externally as the harm was not to a patient.

During 2023/2024 the Trust has transitioned from reporting to the National Reporting and Learning System (NRLS) to Learn From Patient Safety Events (LFPSE), this took place on 14th February 2024.

LFPSE is a new national database where patient safety incidents stream direct from our local system into the national LFPSE system. 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

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

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 on 14th February 2024 were submitted to NRLS as an exception in line with LFPSE transition guidance.

In 2023/2024 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 2023/2024 period reflected the above transition, data is not comparable with previous years.

Duty of Candour

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

The CQC Regulation 20* sets out three questions that assist with identifying Notifiable Safety Incidents. The incident must meet all three of the following criteria for Duty of Candour to apply:

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

If all three questions are answered yes, then the incident is a Notifiable Safety Incident, and the Duty of Candour process should be followed.

*Further guidance on the questions is available in the Regulation 20 document.

If any of these three criteria are not met, it is not a Notifiable Safety Incident. However, in these cases, we still have a duty to be open, honest and transparent with those affected. This is what we call Being Open.

The data contained in this section of the report was correct at the time of reporting (12/4/2024). The data is extracted from a live system and is subject to change.

During 2023/2024, there were 282 potentially applicable Notifiable Safety Incidents (1.8% of all incidents reported; a decrease of 2.6% in 2022/2023).

Monitoring of Notifiable Safety Incidents is reported to Integrated Performance Report and Operational Management Group on a monthly basis.

Figure 7 shows the 282 incidents by Care Group with the highest number of potentially applicable incidents in Barnsley Physical Health and Wellbeing Care Group with 124 incidents (a decrease on 2022/2023 245). A high proportion of these were pressure ulcers, category 3.

[3] Care Quality Commission. Duty of Candour guidance

Figure 7 Duty of Candour applicable incidents in 2023/2024 by Care Group and financial quarter

Care Group	Quarter 1 2023/2024	Quarter 2 2023/2024	Quarter 3 2023/2024	Quarter 4 2023/2024	Total
Barnsley Physical Health and Wellbeing Care Group	51	46	11	16	124
Adults and Older People Mental Health Care Group (Inpatient)	17	18	24	16	75
Adults and Older People Mental Health Care Group (Community)	15	14	24	16	69
Forensic Services Care Group	2	3	3	2	10
CAMHS and Childrens Care Group		2	2		4
Total	85	83	64	50	282

Compliance with Duty of Candour

Each Care Group should have identified lead/s who are responsible for reviewing their Care Group's compliance with Duty of Candour and for supporting their staff with decision making and recording. All Trio managers/leaders have access to live data on Datix Dashboards to aid monitoring. Further breakdowns are provided to deputy/service directors when required.

Patient Safety Support Team routinely provide information on Notifiable Safety Incidents and Duty of Candour compliance to the Operational Management Group to enable them to monitor Care Groups compliance. The number of incidents achieving compliance, breaches and exceptions are provided in the Integrated Performance Report each month. The annual figures are summarised below.

Figure 6 shows the monitoring position which breaks down as below:

- In 74% of cases (210), a verbal conversation has happened with the patient and/or family within 10 working days of the incident occurring or being identified (as per the contract).
- There were 28 cases where Duty of Candour was not completed but exception reasons were given (9%).
- There were 38 cases (13%) where the Duty of Candour monitoring was not yet completed by the Care Group (at 12/04/2024), (including waiting for further clarification from the manager) these could include possible breaches.
- There were six breaches of Duty of Candour reported, representing 2% of all applicable incidents.

These incidents all involved community patients. Five incidents were in relation to self-harme resulting in moderate harm. There was one patient death. Details of the six breaches are below:

Death of a community patient due to suspected suicide. There were no next of kin (NOK) details recorded on SystmOne. Contact made with GP surgery and no record of NOK either.

A community patient self-harmed at home. Patient was intubated and transferred to acute hospital intensive care overnight. The apology was not given in the right timescale. Learning for managers in the service has been taken from this incident.

A community patient had been injured in a physical attack. Alleged perpetrator had been staying with the patient's family. This was against the safety plan agreed by social care. Police were informed of the incident. Clinician had tried to make contact to give the apology, but to no success. Breach due to lack of contact and therefore no ability to apologise for experiences due to incident.

A community patient self-harmed at home. The patient was transferred to the acute hospital and had surgery following the incident. Duty of Candour was completed when the patient was medically fit enough for this to take place.

A community patient self-harmed at home. Patient was transferred to acute hospital. Delay in giving Duty of Candour due to patient being taken into the acute hospital.

A community patient self-harmed. Patient was taken to acute hospital via ambulance and was admitted to the Intensive Care Unit (ICU). There was a delay in the apology being given to the patient. A training issue was identified and supported. The team where not aware Duty of Candour was applicable in this instance.

Figure 8 Duty of Candour compliance 2023/2024

Duty of Candour compliance	Stage 1 Duty of Candour - verbal apology completed within 10 days	Stage 1 Duty of Candour - not completed (exception)	Stage 1 Duty of Candour verbal apology not given following MDT decision (exception)	Stage 1 Duty of Candour - verbal apology completed after 10 days (breach but exception reason)	Stage 1 Duty of Candour - verbal apology completed after 10 days (breach)	Stage 1 Duty of Candour - not completed (breach)	Stage 1 Duty of Candour - underway	Awaiting Care Group monitoring	Total
Barnsley Physical Health and Wellbeing Care Group	101	1	7	0	0	0	0	15	**124**
Adults and Older People Mental Health Care Group (Inpatient)	62	2	0	3	0	0	1	7	**75**
Adults and Older People Mental Health Care Group (Community)	35	8	5	2	3	1	0	15	**69**
Forensic Services Care Group	10	0	0	0	0	0	0	0	**10**
CAMHS and Childrens Care Group	2	0	0	0	0	2	0	0	**4**
Total	**210**	**11**	**12**	**5**	**3**	**3**	**1**	**37**	**282**

Exception reasons include verbal apology not being given following multi-disciplinary team (MDT) decision due to clinical presentation or being detrimental to patient's wellbeing, unable to make verbal contact with service user or next of kin therefore a letter was sent as an alternative and patient admitted to general hospital. In other cases, Duty of Candour was not possible with the patient as they were too unwell.

35% of the exceptions related to self-harm incidents.

Section 2 - Serious Incidents reported during 2023/24

Background context

The Trust worked under the Serious Incident Framework up until 30 November 2023. After this date, the Trust transitioned to working under the new Patient Safety Incident Response Framework (PSIRF). From 1 December 2023, the Serious Incident Framework no longer applied for new incidents and serious incident (SI) reporting ceased.

For the purposes of this report, the criteria for serious incident reporting is detailed in Appendix 3.

There is no direct replacement under PSIRF for serious incidents. During 2023/2024 we will develop reports that reflect the PSIRF approach.

This section of the report focusses on serious incidents reported in 2023/2024 up to 30 November 2023.

Serious Incidents reported during 2023/24 (up to 30/11/2023)

Headlines

During 2023/24, 7 Serious Incidents were reported to the relevant commissioning body via the NHS England Strategic Executive Information System (StEIS).

- 7 serious incidents reported
- Apparent suicide is the highest serious incident category (4)
- No homicides
- No Never Events

Never Events

No 'Never Event[4]' incidents were reported by the Trust in 2023/24. The last Never Event reported by the Trust was in 2010/11. Never Events are serious, largely preventable patient safety incidents that should not occur if the available preventative measures have been implemented. There is a list of Never Events defined by NHS England. Examples of Never Events relevant to the Trust include failure to install functional collapsible shower or curtain rails in mental health settings; and in all settings, overdose of insulin due to abbreviations or incorrect device; falls from poorly restricted windows; chest or neck entrapment in bed rails; scalding of patients; unintentional connection of a patient requiring oxygen to an air flowmeter. A list of current Never Events is available on the Trust intranet. There is specific guidance for circumstances of each Never Event.

[4] NHS Improvement. Never Event policy and framework 2018
^ Mental health homicide which will be removed from SI figures, investigation led by NHS England

NHS England undertook a consultation of the Never Events framework in Spring 2024. The consultation is asking if Trusts think the Never Events framework is an effective mechanism to drive patient safety improvement; and to select an option from the following:

Option 1: No change; continue with the current framework
Option 2: Abolish the Never Events framework and list
Option 3: Revise the list of Never Events to only include those with current barriers that are 'strong, systemic, protective'
Option 4: Revise the definition of and process for Never Events to create a new system that does not require all relevant incidents to be 'wholly preventable'.

The patient safety support team has reviewed the options and provided feedback to NHS England, making a suggestion of option three in the first instance to align the never event list with PSIRF principles. It was also recommended that we felt that eventually never events could be phased out (Option two).

Serious Incident Analysis

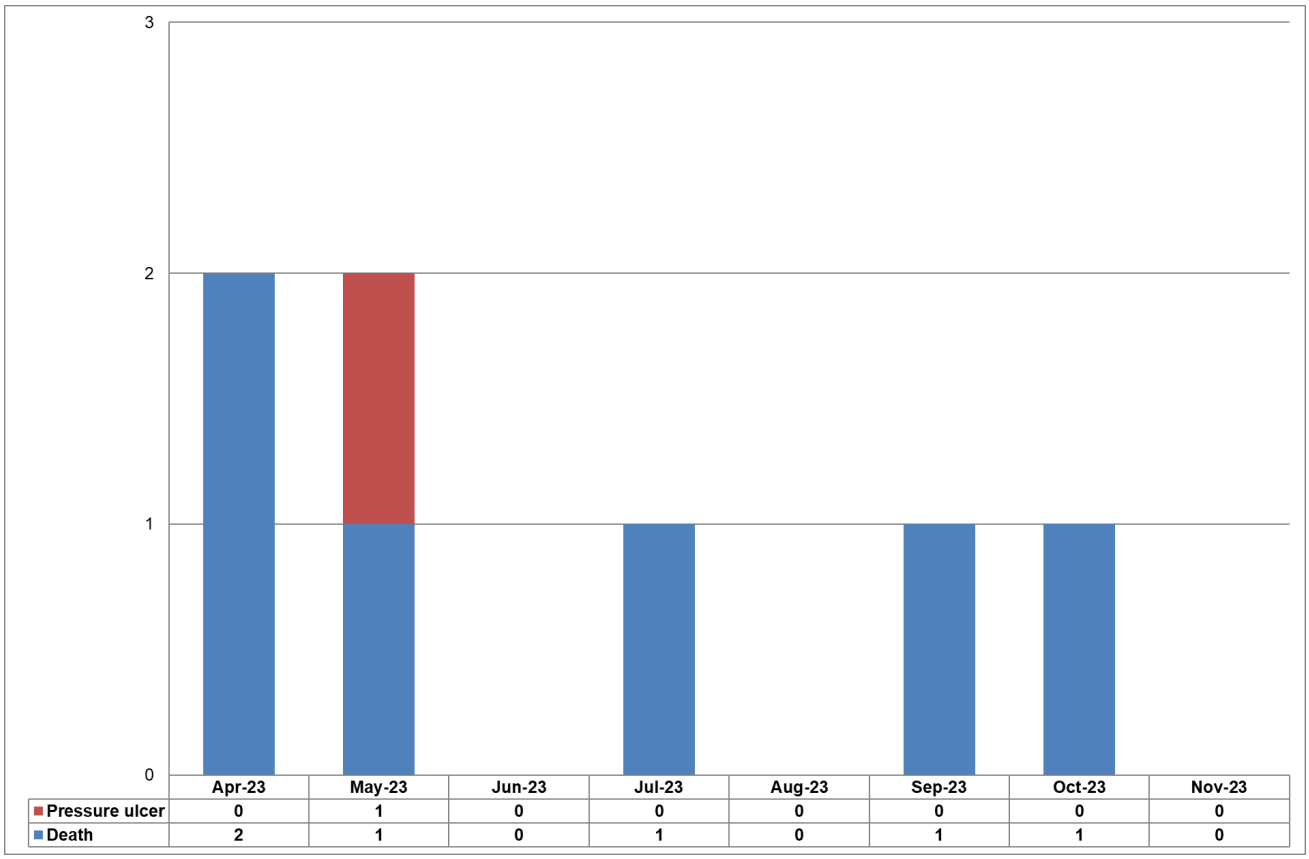
During 2023/2024, as we planned for our transition to the Patient Safety Incident Response Framework (PSIRF), we have had the PSIRF principles of proportionate response and using resources to seek new opportunities to learn and improve in mind as we worked towards our implementation date. We were supported by our commissioners to use other approaches to learn and improve. As such, the number of serious incidents reported in the year to 30/11/2024 was lower than previous years, and it was not felt to be helpful to compare figures with previous years due to the above differences.

We have continued to review all amber and red severity incidents at our weekly patient safety oversight group (formerly called clinical risk panel) where we discuss learning opportunities, improvements underway and decide on any review process required to explore further learning.

We encourage staff to report incidents, and it is recognised that a high reporting rate with high proportion of no/low harm is indicative of a positive safety culture where we are proactive in reporting incidents and near misses. We continue to work on reducing suicides through our suicide prevention work. We learn lessons from incidents to prevent incidents becoming more serious in future. We actively share learning through the Learning Library and Learning Network and where urgent risks are identified, shared through Bluelight alerts. Our processes are strengthened by the introduction of Patient Safety Incident Response Framework (PSIRF) from 1 December 2023 with a focus on learning and improvement.

Figure 9 shows a breakdown of the 7 serious incidents reported between 1 April 2023 and 30 November 2023 by the type of incident and month reported.

Figure 9 Types of All Serious Incidents reported in 2023/2024 by date reported on StEIS and type of incident



	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23
Pressure ulcer	0	1	0	0	0	0	0	0
Death	2	1	0	1	0	1	1	0

The highest type of serious incident is death of a service user (6) including death by apparent suicide or unexpected death. This is consistent with previous years.

Figures 10 and 11 show the breakdown of the reported serious incidents by category and care group. The category of incident (a subset of 'type', as shown in figure 9) provides more detail of what occurred.

Figure 10 Serious Incidents reported during 2023/2024 by reported category and Care Group

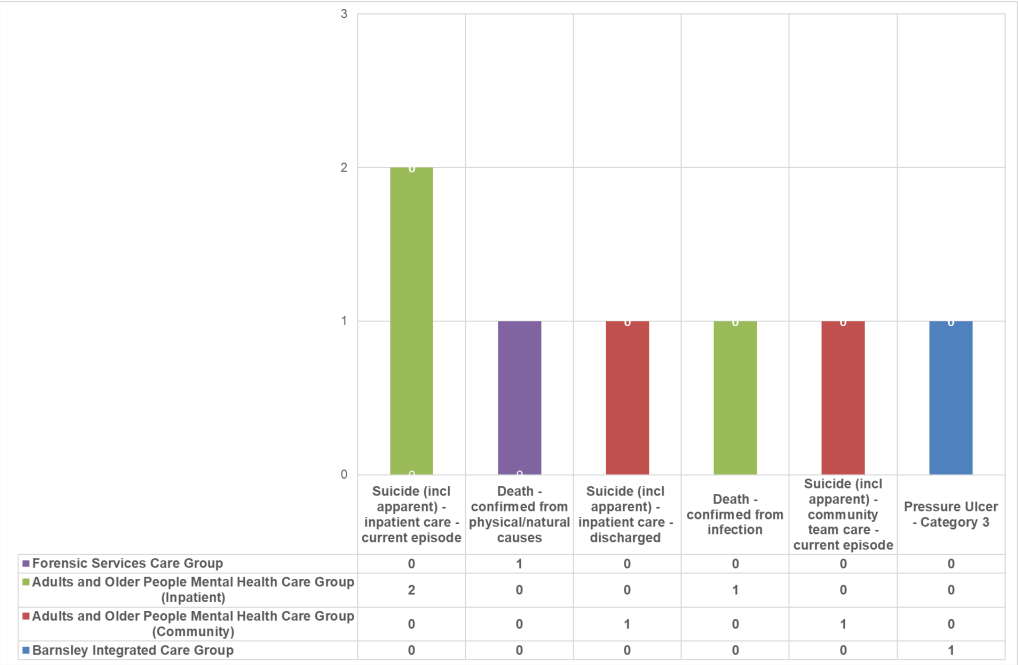


Figure 11 shows all reported serious incidents by reporting team (primary involvement at the time of the incident) and financial quarter. These have been grouped by Care Group. It should be noted that some incidents involve several other teams.

Figure 11 Serious Incidents reported by Care group, Team, and financial quarter

Care Group	Team	Q1 2023/2024	Q2 2023/2024	Q3 2023/2024	Q4 2023/2024	Total
Barnsley Physical Health care group	Neighbourhood Team - North East (Barnsley)	1	0	0	n/a	1
Adults and Older People Mental Health Care Group (Community)	Enhanced Team East - Lundwood, Barnsley	0	1	0	n/a	1
	Intensive Home Based Treatment Team - Calderdale	1	0	0	n/a	1
Adults and Older People Mental Health Care Group (Inpatient)	Beechdale Ward, The Dales Unit	2	0	0	n/a	2
	Ashdale Ward	0	0	1	n/a	1
Forensic Services Care Group	Johnson Ward Rehab (Newton Lodge)	0	1	0	n/a	1
	Total	**4**	**2**	**1**	**n/a**	**7**

Breakdown of all Serious Incidents

Deaths

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

Figure 10 shows the apparent category of death. This is extracted from Datix and was correct at the time of writing. This is subject to change as more information comes to light or inquest conclusions are received. Apparent suicide is based on the circumstances of death not HM Coroner's

conclusion. Not all apparent suicides will be reported as a serious incident, as other review processes can be used (as detailed in the learning from death section of this report).

At the time of reporting as a serious incident, the Forensic services death, the cause of death was unknown, but has since been confirmed to be from a physical health cause.

Five of the deaths occurred within Mental Health Care group, four of which were apparent suicides. Two were under the care of Inpatient services at the time of death. The teams can be seen in Figure 11.

Further detailed analysis is included in the Trust's apparent suicide reports.

Pressure ulcers

During 2023/2024 there was one category 3 pressure ulcer reported as Serious Incident where areas for improvement were identified.

Section 3 - Findings from Serious Incident Investigations completed during 2023/24

This section of the report focusses on the 15 serious incident investigation reports which were completed and submitted to the relevant commissioner during the period 1 April 2023 to 31 March 2024. Please note this is not the same data as those reported in this period (see Section 2) as investigations take a number of months to complete. The term 'completed' is used in this section to describe this.

- 15 serious incident investigations completed (18 2022/23)
- 62 associated actions (107 in 2022/23)
- All investigations include a recommendation to share learning
- Top three action themes:
  1) Staff education, training, and supervision
  2) Record keeping
  3) Carer/family issues

Up until the end of November 2023, the Trust worked to the national guidance on serious incident reporting and management (Serious Incident Framework 2015, NHS England). From 1 December 2023, we transitioned to the Patient Safety Incident Response Framework.

We try to complete SI investigations in a timely manner; however, we have the support of commissioners to complete a quality report above a timely report. The Trust captures if an investigation is within the timeframe agreed with the patient/family.

Data on ongoing serious incident investigations are reported weekly into Patient Safety Oversight Group (formerly Clinical Risk Panel) and progress is monitored at the weekly investigator meeting.

There are a number of reasons why delays can occur, including family engagement in the SI process, including listening to the family's voice to defer discussions about investigation process until after anniversary dates, and ensuring families have sight of the draft report before organisational approval; and sign off process. Families are kept informed of any delay.

Staff support

There are a range of support mechanisms in place to support staff involved in or affected by serious incidents. The service has the responsibility to provide support, this is explored through the investigation process and any unmet needs are shared with the service.

Our staff support arrangements have been reviewed as part of our preparations for the Patient Safety Incident Response Framework and this will continue to evolve as we progress.

Serious Incident learning and themes

Of the 15 serious incident investigation reports completed and submitted to the relevant commissioner between 1 April 2023 and 31 March 2024, there were 62 actions made to improve the system or process to prevent recurrence.

The number of actions above excludes a standard recommendation to share learning. This is to support learning being shared across the teams, service, care group, Trust, and wider health economy. These recommendations have been removed from the analysis below.

In line with the new approaches within PSIRF, we have aligned some areas for improvement identified in investigations with existing improvement work. For this reason, we have not made comparison with previous years.

It should be noted that one incident investigation can generate a high number of actions. The breakdown by Care Group and team type is shown in figures 12 and 13.

Figure 12 Breakdown of the number of serious incidents completed in 2023/2024 per Care Group, compared with the number of actions

Care Group	SI investigations completed	SI actions
Barnsley Physical Health and Wellbeing Care Group	2	7
Adults and Older People Mental Health Care Group (Community)	9	39
Adults and Older People Mental Health Care Group (Inpatient)	1	6
Forensic Services Care Group	2	7
Trust wide (Corporate support services)	1	3
Total	**15**	**62**

Figure 13 Breakdown of the number of serious incidents completed in 2023/2024 per team type, compared with the number of actions

Specialty	SI investigations completed	SI actions
IHBTT/Police Liaison (Adult)	4	22
Enhanced Pathway	3	11
PICU/Acute inpatient units - Bronte, Hepworth (FOR)	1	7
District Nursing	2	7
Inpatient Service (OPS)	1	6
Core pathway	2	6
Finance and Resource Directorate	1	3
Total	**15**	**62**

Over the last three years the highest numbers of actions have arisen from apparent suicide incidents. This correlates with this being the largest type of serious incident reported.

Categorisation of recommendations/actions

Each action is given a theme to capture the issue/theme that best matches the action from a pre-designed list of approximately 20 themes, this supports analysis of the actions. A sub-theme is also added to group similar issues together.

The recording of themes and sub-themes is subjective and is not always straightforward to identify which theme/sub-theme an action should be given. Some do not easily fit into any one theme and could be included under more than one. The analysis undertaken has included each action under the issue/theme that seemed the best match. To gain consistency, the theming of actions is undertaken by the Lead Serious Incident Investigators.

Many actions take some time to implement. These are monitored through the Operational Management Group and Care Group governance groups.

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

Figure 14 of the number of serious incidents completed in 2023/2024 per team type, compared with the number of actions

	Suicide including apparent (community team care)	Violence and Aggression	Pressure Ulcer	Suicide including apparent (inpatient)	Information Governance	Total
Staff education, training and supervision	4	3	3	0	2	12
Record keeping	5	0	0	3	0	8
Carers/family	7	0	0	0	0	7
Communication	5	0	1	0	0	6
Risk assessment	3	1	0	1	0	5
Care delivery	3	1	0	0	0	4
Policy and procedure - in place but not adhered to	3	0	0	0	0	3
Team service systems, roles and management	1	0	1	0	1	3
Organisational systems, management issues	3	0	0	0	0	3
Care pathway	1	0	0	1	0	2
Environmental	0	2	0	0	0	2
Policy and procedures, not in place	1	0	1	0	0	2
Other	1	0	0	0	0	1
Care coordination	1	0	0	0	0	1
Physical healthcare (MH patients)	1	0	0	0	0	1
Discharge/follow up	0	0	1	0	0	1
Medicine management	0	0	0	1	0	1
Total	**39**	**7**	**7**	**6**	**3**	**62**

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

considered to be causal to the incident occurring. The majority of the recommendations from serious incident investigations apply directly to the team or Care Group involved.

Top 3 themes

In 2023/2024 the top three most common action themes were 'staff education, training and supervision', 'record keeping', and 'carers/family' as shown in figure 14.

'Risk assessment' has not appeared in the top three themes since 2021/2022.

Below is a summary of the recommendations identified within the top 3 themes; these have been grouped together (subthemes). There is natural overlap between themes and subthemes. Data can be extracted from Datix by subtheme and drilled into.

1) Staff education, Training and Supervision:

Staff education, training and supervision has been in the top three in the last ten years. There were 12 actions relating to staff education, training and supervision. These have been grouped by broad sub-theme below with the detail provided:

Figure 15 Staff education, training and supervision- Subtheme by Care Group

	Barnsley Physical Health and Wellbeing Care Group	Adults and Older People Mental Health Care Group (Community)	Adults and Older People Mental Health Care Group (Inpatient)	Forensic Services Care Group	Trust wide (Corporate support services)	Total
Risk assessment	0	1	0	2	0	3
Tissue Viability and Associated Practices	3	0	0	0	0	3
Safeguarding	0	2	0	0	0	2
Various Training (Violence and Aggression)	0	0	0	1	0	1
Information Governance	0	0	0	0	1	1
Supervision	0	1	0	0	0	1
Induction	0	0	0	0	1	1
Total	**3**	**4**	**0**	**3**	**2**	**12**

Below is a summary of the actions identified:

Risk assessment

- It is recommended that further training with respect to collaborative assessment of suicide risks is undertaken. The investigator acknowledges that care was taken to record the patient's risk of suicide.
- It is recommended that the Forensic Service and Estates and Facilities ensure staff awareness of potential weapons or assault is maintained through regular reminders of potential weapons or aggression/assaults through team meetings, posters, and toolbox talks.

- It is recommended that there is information and learning within the induction process around the likelihood of risks posed and the overall nature of those service users within the Forensic Inpatient settings.

Tissue Viability and Associated Practices

- Wound Assessment Training for categories and how to document arranged/planned
- Initial training to be provided to new starters within the Care Group. Regular training to be provided to Neighbourhood Nursing teams, tailored to their needs, by the Tissue Viability Team link nurse. Periodic training events in various aspects of wound care offered by the Tissue Viability team
- Compliance with Wound Care Policy to be reinforced at Neighbourhood Nursing team meetings, Integrated team meetings and via ongoing training. An audit tool to be developed to enable targeted audits of compliance with the Wound Care Policy.

Safeguarding

- It is recommended that when safeguarding concerns are raised in an inpatient setting that these are communicated with the community team so that assurances can be made that the safeguarding issues have been resolved and/or give the community team the scope to explore any outstanding actions.
- It is recommended that the workforce would benefit from bespoke domestic abuse training, in particular to increase awareness and understanding in regard to the dynamics of an abusive relationship and insight to the complexities of this and associated risks.

Various Training (Violence and Aggression)

- It is recommended that ward orderly staff undertake situational awareness training. Discussions have taken place between the Reducing Restrictive Physical Intervention Team (RRPI), Estates team and the investigator to facilitate the foundations for this work and this will be continued going forwards, including roll out across the Trusts other inpatient services. A collaborative approach to safety and training between the services and directorates is recommended.

Information Governance (IG)

- Staff to be trained to recognise an IG breach that needs to be reported. To reduce the risk of IG breaches being missed, and the appropriate actions being taken to mitigate harm from them in a timely manner. This would also ensure that the Trust adherence to statutory responsibilities continued.

Supervision

- The supervision process of all staff within the Psychiatric Liaison Team should ensure that the requirement for Team Practitioners to lead on communicating information across services for key clinical detail on care decisions is embedded in practice. This learning and that of the earlier 2019 incident investigation action plan for the Psychiatric Liaison Team in Wakefield should be reviewed and re-distributed, to embed learning and understanding on how and why this part of the care pathway process is essential. Learning should be shared Trust wide.

Induction

- To ensure that the local induction reflects the need for staff on placement or working within the service, to disclose any prior knowledge of a service user to the ward manager. To reduce the risk of staff being on placement where there is a risk of personal connections between themselves, and service users and alternative provisions can be made in a timely manner once risk is identified.

2) Record keeping:

Record keeping has remained within the top three action themes in the last ten years. There were eight actions relating to record keeping. These have been grouped by broad sub-theme:

Figure 16 Record Keeping - Subtheme by Care Group

	Barnsley Physical Health and Wellbeing Care Group	Adults and Older People Mental Health Care Group (Community)	Adults and Older People Mental Health Care Group (Inpatient)	Forensic Services Care Group	Trust wide (Corporate support services)	Total
NEWS chart	0	0	2	0	0	2
Communication with other agencies	0	2	0	0	0	2
Monitoring Compliance of the Clinical Record Keeping	0	1	0	0	0	1
Clinical Record Keeping - The System	0	0	1	0	0	1
Medical plan	0	1	0	0	0	1
Contemporaneous recording	0	1	0	0	0	1
Total	**0**	**5**	**3**	**0**	**0**	**8**

Below is a summary of the actions identified:

NEWS chart (National Early Warning Score systems that alert to deteriorating physical health)

- The service to continue to work with system developers to expedite the trial of electronic NEWS recording and reduce duplication of work.
- The service to ensure that staff are aware of the appropriate completion of contemporaneous paper NEWS charts and that the monitoring of these charts is included within a schedule of monitoring and assurance checks.

Communication with other agencies

- Discussions should be held between the Local Authority Information Technology (IT) services and the NHS IT services for any electronic solutions that can aid record keeping in the community when completing Mental Health Act assessments and read or read/write access to neighbouring electronic records care first and system One for those requiring it.
- It is recommended that when teams are communicating with external agencies such as the police or another Trust, a clear rationale for decisions made with respect to an individual's care is documented.

Monitoring Compliance of the Clinical Record Keeping

- A) The Intensive Home Based Treatment Team should consult with the Quality Improvement and Assurance team for additional input on improvements that can be made to the current audit process in place so that the process of mapping against gaps in clinical record completion can be improved and knowledge and learning shared across the team to further enhance insights. This information should be utilised to inform future thinking on the need for consistency across the Trust in record keeping practice across all Intensive Home Based Treatment Teams. Variance should be considered alongside best practice and evidence based insights.

B) The Intensive Home Based Treatment Team Dashboards or other alert systems utilised to help inform staff on record keeping completion should be reviewed. Any barriers to application across the team ought to be considered and used to inform changes that represent best practice and organisational standards in record keeping. Consideration should also be given to the quality of the completion and insights mapped for future actions.

Clinical Record Keeping - The System

- The service should ensure that all staff are aware of the minimum standards for patient identifiable information when completing clinical records.

Medical plan

- The learning from this investigation should be shared across the Doctors and medical community for South West Yorkshire Partnership NHS Foundation Trust on the importance of progress note entries when completing Mental Health Act assessments and ensuring clarity on who will make the entry, what access the Doctor has to the electronic system and to ensure when recommendations are made days apart that where possible additional entries are made.

Contemporaneous recording

- When an inpatient has been missing and is returned to the ward there must be a thorough review of the reasons the person failed to return, and where appropriate care plans should be reviewed.

3) Carer/family issues:

Carer/family issues is new in the top three action themes. There were seven actions relating to this. These have been grouped by broad sub-theme below:

Figure 17 Carer/family issues - Subtheme by Care Group

	Barnsley Physical Health and Wellbeing Care Group	Adults and Older People Mental Health Care Group (Community)	Adults and Older People Mental Health Care Group (Inpatient)	Forensic Services Care Group	Trust wide (Corporate support services)	Total
Involving Service User and Families and Carers in Care Planning	0	4	0	0	0	4
Accessible Information	0	2	0	0	0	2
Communication with family and carers	0	1	0	0	0	1
Total	**0**	**7**	**0**	**0**	**0**	**7**

Below is a summary of the actions identified:

Involving Service User and Families and Carers in Care Planning

- It is recommended that family and carers are proactively engaged at key points throughout the journey with mental health service, in order that the Trust Charter and family engagement work is visible and championed across team discussion and decision making.
- It is recommended that family are engaged proactively at key points throughout the person's journey with mental health services, including when seeking an inpatient bed or when a person is discharged into a community mental health team.
- It is recommended that family are engaged proactively at key points through the journey with mental health services and they are aware of an individual's risks and how to access support.
- It is recommended that family are engaged proactively at key points through the journey with mental health services, including when seeking an inpatient bed.

Accessible Information

- The development work should also include a specific family information leaflet of supporting loved ones with suicidal ideation/at risk of suicide, the leaflet development should align with the Trust Suicide prevention strategy and adaptable for Trust Wide use, consideration to the inclusion of the Trust Communications Team should be given.
- The Intensive Home Based Treatment Team led by the Quality and Governance Leads in the Care Groups should explore the use of innovation and technology to create ease of access to information that can be shared with families. A review should be conducted on the present use of any information packs that are specifically prepared for information sharing.

Communication with family and carers

- A) The Intensive Home Based Treatment Team led by the Quality and Governance Leads in the Care Groups should explore the use of innovation and technology to create ease of access to information that can be shared with families. A review should be conducted on the present use of any information packs that are specifically prepared for information sharing.
  B) The development work should also include a specific family information leaflet of supporting loved ones with suicidal ideation/at risk of suicide, the leaflet development should align with the Trust Suicide Prevention Strategy and adaptable for Trust wide use, consideration to the inclusion of the Trust Communications Team should be given.

Completion of Actions

Between 1 April 2023 and 31 March 2024 there were 62 actions, arising from 15 completed serious incidents investigations. On 30 April 2024:

- 46 actions had been completed (74%)
- 5 actions were not yet due (8%)
- 11 actions had passed the due date (overdue) at the time of reporting (18%).

Care Groups are asked for rationale for actions not completed in the timescale given and record this on Datix in the progress and monitoring section on Datix within the action record. Actions are reviewed and progress monitored at Care Group governance groups/sub groups. Overdue actions are also reported into and risk assessed through the Trust Operational Management Group (OMG).

Learning and Improvement

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

- Investigators contact policy leads to raise issues and discuss when identified.

- Data from all themes from actions is extracted from Datix on a three-monthly basis and is available to use as a data resource for policy leads to use through the Trust's Clinical Policy Ratification Group.
- Data was used as part of our developments for Patient Safety Incident Response Framework (PSIRF) and previous learning from serious incidents and actions has fed into our data analysis and improvement work to help shape our PSIRF plan.

Future direction

The Patient Safety Incident Response Framework (PSIRF) implementation from 1 December 2023 includes a Trust improvement plan with workstreams around agreed areas. The Trust improvement plan is available on the Trust's intranet.

Where we identify areas for improvement in the future, we will move from creating new individual/team actions to moving learning into improvement work. Themes from our historic SIs including those above has been and will be considered in improvement workstreams.

We will also have three Thematic patient safety incident investigation (PSII) analysis projects around three main themes:

- Suicide prevention
- Clinical risk assessment (Formulation Informed Risk Management [FIRM])
- Clinical documentation of pressure ulcers

Section 4 - Learning from healthcare deaths report 2023/2024

Annual Cumulative Report (covering the period 1/4/2023 – 31/3/2024)

Background context

Introduction

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

Nationally, most people will be in receipt of care from the NHS in the weeks, months or years leading up to their death. However, for some people, their experience is of poor quality care for a number of reasons including system failure.

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

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

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

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

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

Scope

The Trust has systems that identify and capture the known deaths of its service users on its electronic clinical information system and on its Datix system where the death requires reporting.

The Trust Learning from Deaths policy sets out how deaths should be responded to, which deaths are reportable, how we should engage families and how reportable deaths will be reviewed. Each reported death that meets the scope criteria is reviewed in line with the three levels of scrutiny the Trust has adopted in line with the National Quality Board guidance (Figure 1). The table has been updated to reflect some of the newer learning response methods introduced with the Patient Safety Incident Response Framework (PSIRF) from 1 December 2023:

Figure 1 National Quality Board Levels of mortality scrutiny

In scope deaths should be reviewed using one of the 3 levels of scrutiny:		
Level 1	Death Certification	Details of the cause of death as certified by the attending doctor. In some cases, we may only be aware that death was certified (or reported to the coroner), without any information about the specific cause of death.
Level 2	Case record review	Includes: (1) Managers 48-hour review (first stage case note review) (2) Structured Judgement Review (3) Case note review
Level 3	Investigation / learning response	Up to 30/11/2023, this included: (a) Service Level Investigation (b) Serious Incident Investigation (reported on STEIS) (c) Other reviews e.g., Learning Disability Review Programme (LeDeR), safeguarding. From 01/12/2023, the Trust commencing working under the Patient Safety Incident Response Framework which removed the use of (a) and (b) above and introduced: (d) Patient Safety Incident Investigation (PSII) (e) After Action Review (f) Specialist Learning Review (g) Retrospective Thematic Review

Learning from Healthcare Deaths reporting

During 2023/2024, 2127 deaths (row one in Figure 2) were recorded on our clinical systems (figure correct at 04/04/2024). 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 through Business Intelligence software. This includes services such as end of life, district nursing and care home liaison services.

Figure 6 Summary of 2023/24 Annual Death reporting by financial quarter*

	2022/2023 total	2023/2024 Q1	2023/2024 Q2	2023/2024 Q3	2023/2024 Q4	2023/24 total
1) Total number of deaths reported on Trust clinical systems where there has been system activity within 180 days of date of death[5]	2918	555	508	548	516	2127
2) Total number of deaths reported on Datix by staff (by reported date, not date of death) and reviewed	379	94	97	93	125	409
3) Total Number of deaths which were in scope	253	66	73	69	77	285
4) Total Number of deaths reported on Datix that were not in the Trust's scope	126	28	24	24	48	124

Not all these deaths were reportable as incidents on Datix. Row 2 in Figure 2 shows that 409 deaths were reported on Datix in the year, with the quarterly breakdown. Row 4 shows those deaths that were reported but did not meet the Learning from Deaths criteria. The second column of the table shows the comparative figures from 2022/2023. The total number of deaths reported remains

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

within normal variation. We have noted delays in data being updated from the national NHS clinical record system (spine). The number of deaths reported and which were in scope have increased. Data was accurate at the time of reporting but may be subject to change in the future.

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

All deaths reported on Datix are reviewed by the patient safety support team to ensure they meet the scope criteria. For 2023/2024, 285 deaths were in scope and subject to one of the three levels of scrutiny the Trust has adopted in line with the National Quality Board guidance (figure 1).

Deaths that were reported between 1 April 2022 and 31 March 2024 have been analysed using Statistical Process Control [SPC] to identify any areas of special cause variation (figure 3). Reporting of deaths remains within normal variation.

For the purpose of the learning from deaths data in this report, the date of reporting on Datix is used rather than the date of death. This is to ensure all deaths are systematically reviewed. The figures may differ from other sections of the report. This can also result in increased figures some months, for example where a team may do an audit on the clinical system, and they identify service users who have passed away, which are subsequently reported in the same month.

Figure 7 Statistical Process Control Report of all deaths reported 1/4/2022 – 31/3/2024 by date reported

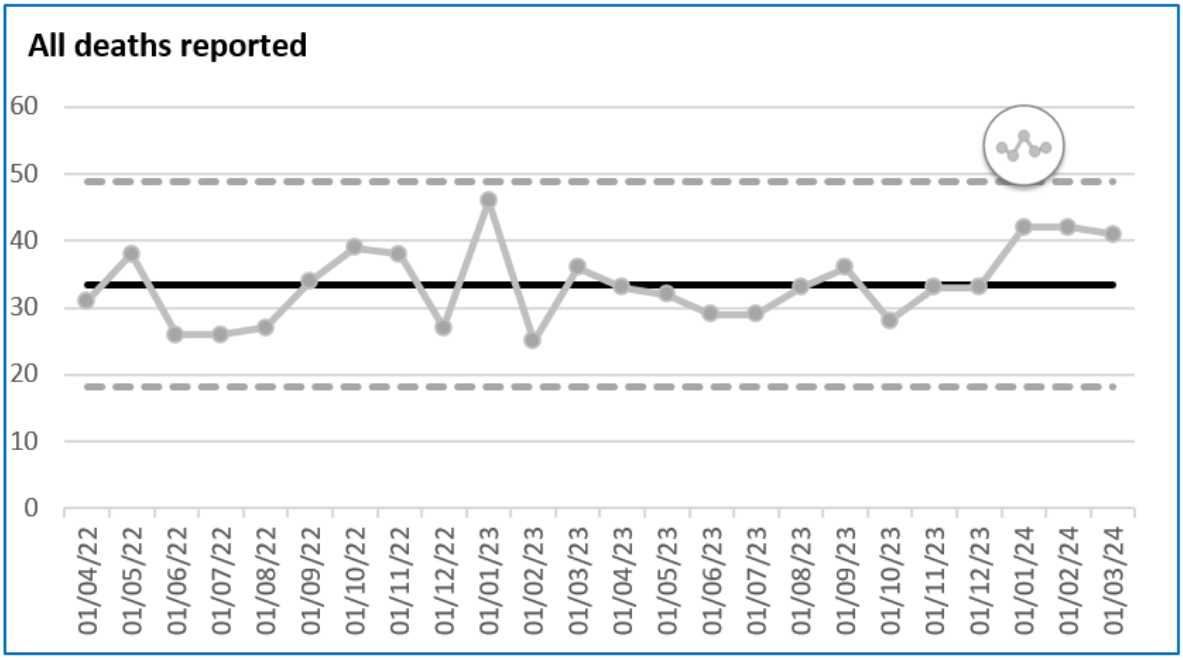


Figure 4 show the 285 in scope deaths reported by Care group, and Figure 5 by the review process followed in line with the National Quality Board levels of scrutiny, described earlier. These are reported against the financial quarter in which the death was reported.

Figure 8 In scope deaths reported during 2023/2024 by financial quarter and Care Group

Financial quarter - date reported	Barnsley Physical Health and Wellbeing Care Group	Mental Health Care Group	Learning Disability and ASD/ADHD Care Group	Forensic Services Care Group	CAMHS and Childrens Care Group	total
Quarter 1	2	55	8	1	0	66
Quarter 2	0	62	10	0	1	73
Quarter 3	0	60	9	0	0	69
Quarter 4	2	55	20	0	0	77
Total	**4**	**232**	**47**	**1**	**1**	**285**

Figure 9 Learning from Healthcare Deaths during 2023/2024 by financial quarter and mortality review process

Financial quarter – date reported	Level 1	Level 2			Level 3			Total
	Death certified	Manager's 48-hour review	Structured Judgement Review (SJR)	Case Note Review	Serious Incident Investigation*	Learning Disability Review (LeDeR)	Child Death Review process	
Quarter 1	39	8	8	0	3	8	0	66
Quarter 2	45	10	3	4	1	9	1	73
Quarter 3	40	13	4	0	1	11	0	69
Quarter 4	27	22	3	0	0	23	2	77
Total	**151**	**53**	**18***	**4**	**5**	**51**	**3**	**285**

*One Structured judgement review (SJR) was also reported to LeDeR[6] but is counted under SJR figures.

Figure 5 above, shows there were 51 deaths reported to LeDeR. An additional death was reviewed using Structured Judgement Review (SJR) but was also reported to LeDeR. In this table, it appears under SJR. The total reported to LeDeR is therefore 52.

Three deaths of people with a learning disability were not reported to LeDeR as they were under the age range for reporting (under 18 years). It is expected that the three deaths would be reviewed under the Child Death Review processes.

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

- The mortality data in this report is based on when deaths were reported, not when they occurred.
- The use of the date reported on Datix for reporting ensures no deaths that are retrospectively reported are missed, in line with other mental health trusts.
- Incidents reported may have occurred at an earlier date, but the report reflects when they were reported on Datix as teams became aware.

[6] Learning Disability deaths reportable to Learning from Life and Death Reviews (LeDeR)

- Teams report deaths in line with the Learning from deaths policy; reporting deaths irrespective of the cause of death where there is/has been a package of care given in the previous six months prior to death occurring.
- Teams report deaths of discharged patients, when they are informed/identified if they have provided care in the last 6 months prior to death, e.g. request for coroner's report for a discharged patient.

Learning disability deaths

The Learning from lives and deaths – People with a learning disability and autistic people (LeDeR) programme was previously known as the Learning Disabilities Mortality Review. The LeDeR work originated from the Confidential Inquiry into the Premature deaths of people with Learning Disabilities (CIPOLD). Information available here: https://www.england.nhs.uk/wp-content/uploads/2021/03/B0428-LeDeR-policy-2021.pdf

The death of any patient with a Learning Disability has to be reported to LeDeR. It should be noted that the figures may not tally with numbers in Figure 5. This is because we identify Learning Disability not just through the reporting team, but by a field on Datix to determine if any patient who died had a learning disability irrespective of where they were cared for.

Figure 6 shows the number of deaths of people with a learning disability and the status of being reported to LeDeR.

Figure 10 Learning disability deaths and status of reporting to LeDeR at 04/04/2024

	Reported to LeDeR by the Trust	Reported on LeDeR by another organisation	Not reportable to LeDeR (under 18)	Total
2023/2024 Q1	9	0	0	9
2023/2024 Q2	8	1	1	10
2023/2024 Q3	11	0	0	11
2023/2024 Q4	23	0	2	25
Total	**51**	**1**	**3**	**55**

Figure 6 above shows the figures for 2023/2024 by financial quarter whether reported to LeDeR. This is based on the date the death was reported on Datix, and review has shown that all but one occurred in Quarter 4. The figures for Quarter 4 are higher than previous quarters. Analysis of this has revealed that there was a higher number of deaths reported where it was noted that the person had a learning disability but the care team was general mental health or specialist physical health teams rather than learning disability teams. Two of the deaths were not reportable to LeDeR due to being under the age of 18. These were in children's speech and language therapy. In many cases, the Trust was informed of the deaths through other providers or updates on the SystmOne clinical information system and deaths reported retrospectively. The patient safety support team will explore reporting further with care groups and review using Statistical Process Control to look at variation over time. This will include exploring the presence of suicide in autistic people, given the higher risk in this population.

The table shows that 52 deaths were reported to LeDeR either by the Trust or another organisation. This includes two cases where the deceased was under assessment for diagnosis with the learning disability teams, however, they had not been accepted for care at the time of death. These have been reported to LeDeR, as advised by LeDeR.

Three Learning disability deaths were not reported to LeDeR because the deceased's age was below the threshold (18 years). These were all under the care of Speech and Language Therapy Team. These will be reviewed via Child Death Review processes.

Of the 52 deaths reported to LeDeR (excluding those that were out of LeDeR scope), 46 were under the care of learning disability teams (including those individuals under assessment). Six deaths were reported of people under the care of other teams (not Learning Disability Services); these include Core teams (4), Enhanced teams (1) and Older People's Community Mental Health Team (1).

Over the period 1 April 2023 to 31 March 2024, of the 52 deaths of people with a Learning Disability (or under assessment), 22 died in an acute hospital, 12 died at home, 12 died in residential care/nursing home and four in a hospice, one in a public place (road traffic accident), and one it was unknown. 39 deaths were noted to be from physical /natural cause, with 18 of these being noted to be expected deaths. One death was as a result of a road traffic accident. At the time of reporting (4/4/24) the cause of death was not known for the remaining 12 deaths, other than in eight cases information suggests a physical cause was suspected but was not confirmed.

There were no apparent suicides for learning disability deaths, and none reported by Autism teams. The Trust is aware of the information in the national suicide prevention plan and will be updating the Trust suicide prevention plan to align to this.

Inpatient deaths

Figure 7 below shows that over the year 2023/2024, there were 16 inpatient deaths reported. There were no inpatient deaths relating to Learning Disability Services. It should be noted that inpatient deaths can include where a death has occurred within 30 days of discharge from the unit.

Figure 11 Trust wide Inpatient deaths in 2023/24 by date reported

Care Group	Ward	Financial quarter - date reported				Total
		Q1 2023-2024	Q2 2023-2024	Q3 2023-2024	Q4 2023-2024	
Mental Health Care Group	Ward 19 (OPS)	1	0	2	3	6
	Ashdale Ward	1	0	2	0	3
	Beechdale Ward, The Dales Unit	1	1	0	0	2
	Poplars Unit, Wakefield	0	1	1	0	2
	Elmdale Ward	0	0	0	1	1
Forensic Services Care Group	Johnson Ward	1	0	0	0	1
Barnsley Physical Health & Wellbeing Care Group	Stroke Unit, Barnsley	1	0	0	0	1
Total		**5**	**2**	**5**	**4**	**16**

Of the 16 deaths that occurred related to the Trust inpatient settings:

- Seven deaths occurred at the Trust inpatient wards, five deaths occurred in an acute hospital setting and two deaths were in the patient's home (both were on leave from a ward), and two died in a public place, one whilst on leave from the ward, and another whilst absent without leave from the ward.
- Four deaths were apparent suicide.
- Four deaths were expected.
- 12 deaths were unexpected deaths, eight being from physical causes due to sudden deterioration in health (some are awaiting confirmation)
- Three of the deaths were investigated as Serious Incidents.

Location of deaths

Figure 8 below shows the locations where patients died (where this was recorded). Acute/general hospital is the highest noted location at 37%.

Figure 12 Location of deaths that were reported during 2023/2024

	2023/2024 Q1	2023/2024 Q2	2023/2024 Q3	2023/2024 Q4	Total
Acute Trust / General Hospital	23	27	26	29	105
Patient's home	27	19	21	25	92
Care/Residential Home	9	14	6	6	35
Public place	2	6	4	6	18
Unknown	1	4	5	2	12
Hospice	1	2	1	5	9
Inpatient facility (Trust)	2	0	3	3	8
Family or friends' home	0	1	2	1	4
On holiday	0	0	1	0	1
Other mental health provider (not Trust)	1	0	0	0	1
Total	66	73	69	77	285

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

Causes of death

In terms of causes of death, figure 9 below shows the broad cause of death for the 285 patients who died. The highest type of cause of death recorded was from a physical cause, which will include expected and unexpected deaths. Where possible, records where end of life/palliative care was noted have been captured separately.

Figure 13 Causes of death for in scope deaths recorded during 2023/24 by geographical area (note this is not Care group)

	Barnsley Physical Health and Wellbeing Care Group	Menta l Health Inpatient and Community care group	Forensic Services Care Group	Learning Disability and ASD/ADHD Care Group	CAMHS and Childrens Care Group	Total
Physical/natural cause	2	90	1	18	0	111
Physical/natural cause - end of life	0	51	0	15	0	66
Unknown	1	25	0	5	0	31
Apparent suicide	0	27	0	0	1	28
Unknown - physical cause suspected	1	17	0	7	0	25
Drug toxicity	0	9	0	0	0	9
Unknown - end of life	0	4	0	1	0	5
Natural cause suspected	0	4	0	0	0	4
Unexpected	0	2	0	0	0	2

Alcohol related	0	2	0	0	0	2
Accident	0	1	0	1	0	2
Total	4	232	1	47	1	285

Apparent suicides

The apparent suicides is reported on further in the apparent suicide annual report which is available separately. The figures will be based on the real-time data, so may not match figures in this report.

Next Steps

Our work to support learning from deaths continues, and includes:

- The recently appointed Family Liaison Officer (FLO) commenced in post in August 2023. This role focusses on engaging, involving and supporting bereaved families through the incident learning response process and ensuring families are linked into the support of the Coroner's court. The FLO is also working closely with Care Groups and the Lead Investigators from the Patient Safety Support Team in response of this new way of working.

- We are attending Regional Mortality Meetings hosted by the Improvement Academy; the Northern alliance of mental health trusts and West Yorkshire ICB (Kirklees and Calderdale) to share best practice in relation to the scrutiny/review/learning from deaths. Workshops have been hosted by the West Yorkshire ICB within Kirklees and Calderdale relating to a focused theme on learning from end-of-life discharges. The SWYFPT representatives in attendance were from the Patient Safety Support Team, the Dales (Matron for mental health inpatients), Priestley Unit at Dewsbury Hospital (Consultant Psychiatrist for Older People's mental health, and a Speciality trainee).

- The Learning from Healthcare Deaths policy has been reviewed and approved by the Clinical Policies Ratification Review Group in May 2024. The policy was reviewed to reflect the implementation of the Patient Safety Incident Response Framework, Medical Examiner's office process, family engagement and Policy for procedural documents. The Learning from deaths processes for reviewing deaths remain unchanged, however discussions have commenced with the Northern Alliance group of mental health trusts in regard to this.

- The Mortality Review Group met in January and April 2024 after re-establishing in October 2023. The group received an update on the Lampard Independent Inquiry into mental health inpatient deaths from 2000 to 2023 and noted concern in the trend of LeDeR death rates in Quarter 4 in comparison to previous quarters. This was escalated to the Patient Safety Oversight Group and will be reviewed further within the Learning Disabilities Care Group. The group continues to meet quarterly, with the next meeting scheduled in July 2024.

- The Department of Health & Social Care announced that from 9 September 2024 all deaths not referred to a coroner will be examined by a medical examiner. This replaces the original date of the statutory roll out for medical examiners to review all community deaths by April 2024, in a move designed to improve transparency and safety.

- Three members of the Patient Safety Support Team are booked onto Structured Judgement Review (SJR) training hosted by the Yorkshire and Humber Improvement Academy, in July 2024. This will provide additional support and education for review of internal SJR training.

Section 5 - Learning from Experience 2023/2024

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.

Patient Safety Incident Response Framework implemented

In December 2023, we implemented Patient Safety Incident Response Framework (PSIRF) as described in the patient safety section of the report. During the year as our plans for PSIRF developed, we have focused on the development and maintenance of an effective patient safety incident response system that focus on learning for improvement.

We have been developing our new systems-based learning response approaches to help us respond proportionately where contributory factors are not well understood and local improvement work is minimal.

These include learning responses to:

- **Learn to inform improvement** – where contributory factors are not well understood and local improvement work is minimal, 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 better directed at improvement rather than repeat 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, ensuring action can be taken reduce risk, for example through NHS England issuing patient safety alerts.

During 2023/2024, we continued to host our learning network, and increased the frequency due to 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. 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 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:

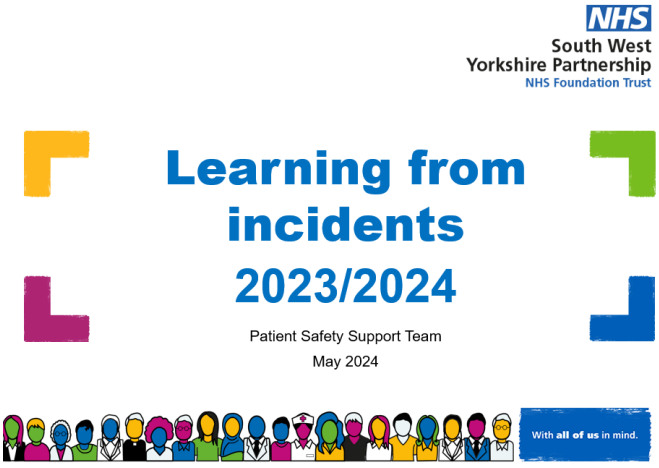
- Continued to hold learning events as part of our remaining serious incident investigation process where staff involved are invited to hear the feedback and contribute to safety action planning. This supportive approach will continue with other learning responses under PSIRF.
- Continued to share our learning with families.
- Continued to share data on serious incidents action themes and incident equality data with policy authors so that learning can be incorporated into future policy revisions.

- Continued our complex case review group to ensure close overview of serious incidents, with direct reporting to Trust Board.
- Continued to share Bluelight Alerts across the Trust, in response to urgent learning where there are safety concerns identified either locally or nationally.
- Continued to share learning through the year through our learning library.
- Developed a quarterly learning journey presentation to share our learning from the above across the Trust.

Learning from incidents presentation

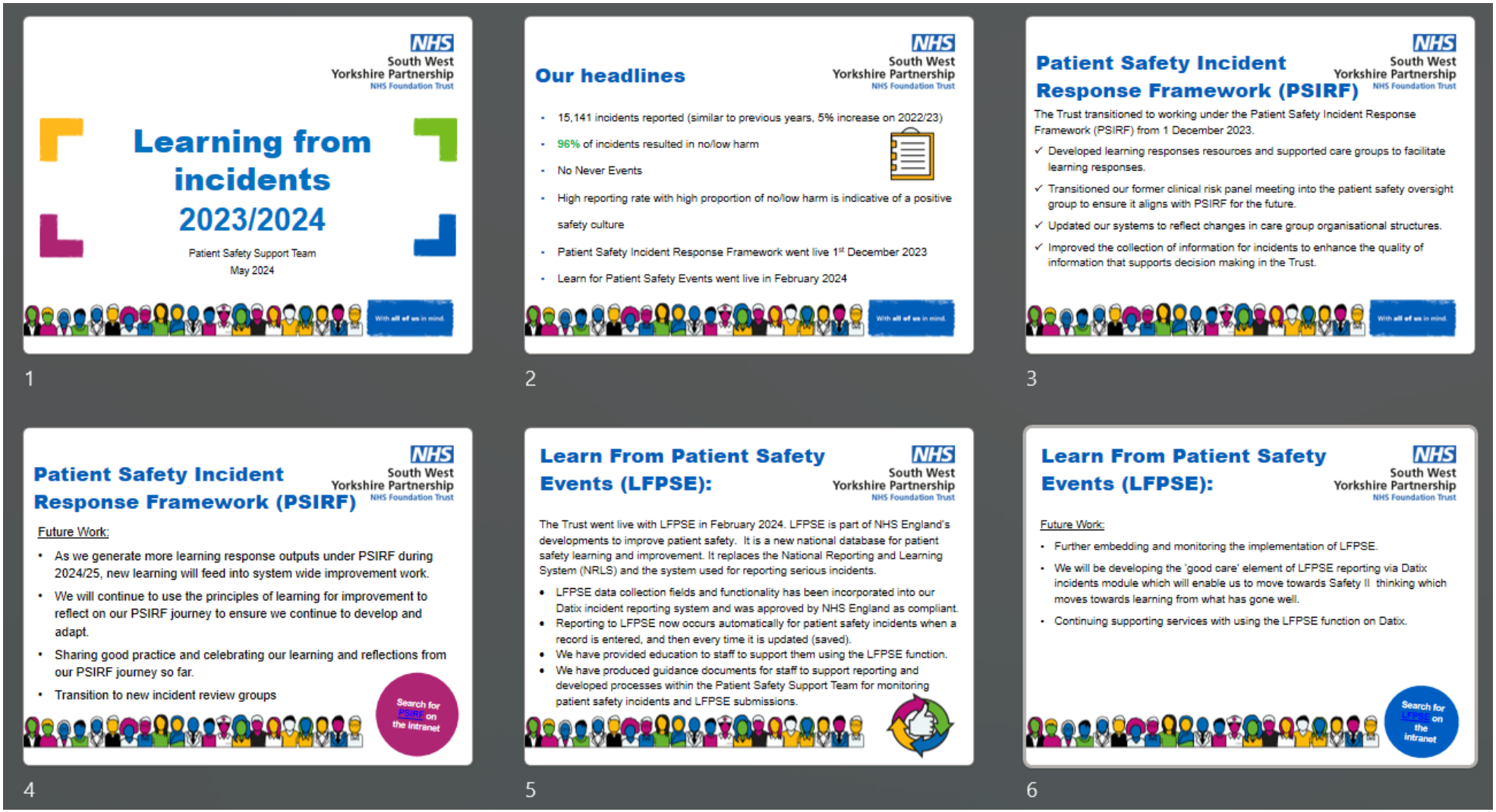
Appendix 1 gives an illustration of our Learning presentation that brings together some of the learning from 2023/2024. During 2023/2024 we have produced this presentation on a quarterly basis and shared through our quarterly incident reports.

Internally, the full set of slides are available on the Trust's intranet pages for staff in wards and teams, along with previous learning.



Appendix 1 – Learning from Experience slides

Below is an illustration of our Learning presentation that brings together some of the learning from 2023/2024 and reflections on implementation of Patient Safety Incident Response Framework to date.



Learning to inform improvements

NHS South West Yorkshire Partnership NHS Foundation Trust

Identifying new learning- where contributory factors are not well understood and local improvement work is minimal, a learning response may be required to fully understand the context and underlying factors that influenced the outcome.

- Debrief
- After Action Review
- Specialist Learning Review
- Patient Safety Incident Investigation (PSII)

Search for Learning Responses on the intranet

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48 hour review

NHS South West Yorkshire Partnership NHS Foundation Trust

A 48 hours is a review that is completed on Datix for certain incidents. It is a first stage case note review which is completed by the reviewing manager.

As part of PSIRF implementation the 48-hour review template was updated to;

- Improve quality information from services
- Include systems thinking
- Support helping make decisions in patient oversight group

With all of us in mind.

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Debrief

NHS South West Yorkshire Partnership NHS Foundation Trust

A Debrief is a team-based discussion initiated as soon as possible after an incident with staff involved to ensure continued safety and support needs are met.

A debrief section has been created on Datix. The services are able to use this to directly input the debrief information.

Further engagement and training for staff around the debrief learning response.

With all of us in mind.

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Debrief key themes

NHS South West Yorkshire Partnership NHS Foundation Trust

Main over all theme:
Wellbeing check in for staff after an incident.

Medication Incident Type:

- Discussed immediate actions that could improve the dispensing error this was around human factors.

Violence and Aggression Type:

- Time for reflection and support for staff

With all of us in mind.

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After Action Review

NHS South West Yorkshire Partnership NHS Foundation Trust

An after action review is a team based facilitated discussion of an incident which gives individuals involved the ability to reflect on and contribute to the understanding about what happened for learning

- The first Trust after action review was undertaken with the Barnsley Community teams in March and was in relation to a medication error. The team were very receptive to the process and fed back that despite this being a new learning response, it felt supportive, and meaningful as a way of capturing the learning.
- Staff have shown a shift in adopting a more systems thinking approach to learning and a positive cultural shift in the teams.
- Produced an after action review toolkit to support consistency of delivery.

With all of us in mind.

11

Specialist learning review

NHS South West Yorkshire Partnership NHS Foundation Trust

A specialist learning review is used to identify learning from multiple patient safety incidents and explore a safety theme, pathway and process.

- The first Trust specialist learning review was undertaken with the Barnsley Community teams in February with a further four commissioned across the Trust since. It was in relation to a series of four incidents.
- Teams and staff were identified from the review, including stakeholders external to the Trust to analyse themes of the incidents, with the aim of applying systems thinking to identify areas of improvement. The session was well attended with 22 members of staff attending this exciting new learning approach.
- Staff responded well to the application of systems thinking using the Systems engineering initiative for patient safety (SEIPS) model and adapted well to a new way of thinking, with the focus on identifying the gaps between 'work as done' vs 'work as imagined', to support in the identification of areas of improvement and related safety actions.
- Throughout the commissioning of all the specialist learning reviews, the enthusiasm and buy in from care group colleagues to undertake these systems-based reviews has been positive.
- Produced a specialist learning review toolkit to support consistency.

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Patient Safety Incident Investigation (PSII)

NHS South West Yorkshire Partnership NHS Foundation Trust

An in-depth systems analysis review of specific patient safety incidents which are defined in the Trust's Patient Safety Incident Response Plan. Led by patient safety support team.

*Individual patient safety incident investigation

* Thematic PSII - focused on systematic safety improvement project (regarding a theme or safety concern)
  - Clinical risk assessment (FIRM)
  - Suicide prevention
  - Pressure Ulcer clinical documentation

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Improving patient safety

NHS South West Yorkshire Partnership NHS Foundation Trust

Since going live with the PSIRF, the patient safety team have heard some positive feedback about how we have implemented the significant change to how the NHS responds to patient safety incidents.

PSIRF has been helping teams and services to:
- Discuss system thinking and identify how this can be applied to learn from incidents.
- Support a just culture (where we treat staff involved in a patient safety incident in a consistent, constructive and fair way).
- Apply systems thinking in Datix incident records and manager's 48-hour reviews.

Happening next:
- We will be looking at patient safety incident data to ensure we focus on learning and improvement rather than numbers.
- Teams have asked for a learning response input so they could apply systems thinking and consider how they could improve patient safety.
- Local groups are being setup within care groups to support the weekly patient safety oversight group where we review significant incidents, ensuring we align with the PSIRF principles.

What have teams and services said?

Following a learning response - "everyone involved highlighted that they found the process really helpful, positive and supportive".

Matrons have told us that input from patient safety colleagues over recent weeks has been really supportive and helpful.

The patient safety team would like to say thank you to our teams and services for their support and hard work in moving to PSIRF.

Search for PSIRF on the Intranet

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Family Liaison Officer

NHS South West Yorkshire Partnership NHS Foundation Trust

Yvonne Robinson, Family Liaison Officer started work with patient safety in August 2023.

Through 2023-24 we have:
- ✓ A dashboard has been created on Datix, this incorporates;
  - preferred method contact (telephone/ Text)
  - dates to avoid contacting the family – birthday / anniversaries
- ✓ Yvonne has built up the relationship with services in the trust, and networked with other family liaisons officers throughout the country.
- ✓ Support with setting up smaller networking groups, for support and sharing ideas and good practices.
- ✓ Involved in the created engaging and involving service users, families and carers following a patient safety incident guidance.

Search for Engaging and involving patients and families on the Intranet

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Family Liaison Officer

NHS South West Yorkshire Partnership NHS Foundation Trust

Future work:
- Coproduce gaining feedback from families and significant others with the involvement from patient safety partners.
- Produce case studies
- Development of the engaging with family's intranet pages
- Developing a Bereavement standard for the Trust

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Forensic Services Care Group (including LD)

NHS South West Yorkshire Partnership NHS Foundation Trust

- The Forensic services have introduced a weekly incident monitoring group to support a review of amber and red incidents, and any other incidents that the care group have identified as needing discussion. Incidents from this group have been escalated to Trustwide Patient Safety Oversight Group, with recommended actions.
- The weekly incident monitoring group are in the process of establishing terms of reference. Consideration for how this can be done in collaboration with other care groups for consistent approach is underway.
- The care group have been receptive to embedding this new practice of incident review, and applying systems based thinking to the reviews in order to identify if further learning responses are needed.
- Ward managers and team managers attend the meeting and provide frontline updates around the incidents to ensure that all learning and actions taken are captured.

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Falls Improvement work

NHS South West Yorkshire Partnership NHS Foundation Trust

Through 2023-24 we have:
- ✓ Created an inpatient falls review and learning pathway to support falls reduction
- ✓ Implemented an environmental checklist
- ✓ Provided complex case reviews for patients having repeated falls, supporting falls reduction and trauma informed care provision
- ✓ Improved access to education through Falls & Bone health eLearning, monthly shared staff brief, and bi-monthly focus on falls newsletter
- ✓ Improved patient safety and recorded an approximate 18% reduction in falls from the previous year's data

Future work:
- To continue reviewing all falls to assess for themes and what further patient safety improvements can be implemented
- To review the use of safety huddles on wards with the highest incidence of falls
- Review bone health screening, and developing a governance pathway to assure that we are following best practice guidance
- A training review is being completed at present to benchmark and guide targets for the future

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Serious incidents

NHS South West Yorkshire Partnership NHS Foundation Trust

The Trust transitioned to working under the new Patient Safety Incident Response Framework (PSIRF). From 1 December 2023, the Serious Incident Framework no longer applied for new incidents and serious incident (SI) reporting ceased.

15 investigations completed – all include a recommendation to share learning (18 during 2022/23)

- 62 associated actions (107 during 2022/23)
- This year, completed Serious Incident investigations have related to apparent suicides, unexpected deaths, security incident and pressure ulcers
- The most common Serious Incident relates to apparent suicide and generates the most actions

With all of us in mind.

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Serious incident – top themes

NHS South West Yorkshire Partnership NHS Foundation Trust

Top action themes:

1) Staff education, training & supervision

2) Record keeping

3) Care/family issues

In line with the Trust Patient Safety Incident Response Framework (PSIRF) we have quality improvement work underway around several high frequency themes which will strengthen further systems, rather than focusing on individual actions.

With all of us in mind.

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Serious incidents – action themes

Staff education, training and supervision

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- In the top three action themes in the last eight years (with varying subthemes)
- 12 actions, grouped by broad sub-theme:
  - Supervision
  - Information Governance
  - Various training
  - Safeguarding
  - Tissue Viability and Associated Practices
  - Risk Assessment
  - Induction

Note: one Serious Investigation may produce actions under the same theme, that relate to different aspects of a contributory factor.

With all of us in mind.

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Serious incidents – action themes

Record keeping

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- One of the top three action themes in the last nine years
- 8 actions, grouped by broad sub-theme:
  - Contemporaneous recording
  - NEWS chart
  - Clinical recording keeping (system)
  - Monitoring Compliance of the Clinical Record Keeping
  - Communication with other agencies
  - Medical plan

With all of us in mind.

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Serious incidents – action themes

Care/family issues

NHS South West Yorkshire Partnership NHS Foundation Trust

- One of the top three action themes in the last nine years
- 7 actions, grouped by broad sub-theme:
  - Involving Service User and Families and Carers in Care Planning
  - Accessible Information
  - Communication with family and carers

With all of us in mind.

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Learning and improvement

NHS South West Yorkshire Partnership NHS Foundation Trust

Some key examples of lessons learned and action outcomes from across our geographical areas, Care Groups and Specialists.

With all of us in mind.

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Learning from Serious Incidents – Risk Assessment

Outcomes from Serious incident investigations highlighted;-

Learning from the National Confidential Inquiry for Suicide (NCISH) identified risk assessments tools should not be used as a means to predict suicide and that the aims for mitigation of risk in suicide lie in the collaboration with the individual, for example with thoughts of suicide, building a therapeutic relationship, the active involvement and engagement of people who are close to the person (family/carer or significant others).

https://sites.manchester.ac.uk/ncish/reports/the-assessment-of-clinical-risk-in-mental-health-services/

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Learning from Serious Incidents – Risk Assessment continued

Individuals bereaved through suicide are at a greater risk of loss of life through suicide, Information previously shared through the Trust Learning Library had identified that the Trust's own review into apparent suicides (March 2020 - April 2021) demonstrated that out of 61% of people experiencing several life events, bereavement had been one of the key themes. There is learning to share across all teams in ensuring the impact of the loss on the meaning and purpose of the bereaved person's life is captured within the risk assessment process and active referral for bereavement support (in particular for suicide bereavement) is undertaken.

Bereavement and Suicide

With all of us in mind.

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Learning from Serious Incidents – Record Keeping

Outcomes from Serious incident investigations highlighted;-

- The importance of contemporaneous record keeping, in particular discussions with service users, families/carers, medication and care plans.
- Telephone calls made from family/carers in respect to service user progress should be robustly recorded and be used to consider wider family connections as part of assessment, evaluation and care planning.
- Multi-disciplinary team meeting discussions should be documented with outcomes added to SystmOne records.
- Level of access to information/records held by external partnership organisations requires a joined up approach for service users that present to different organisations, with the nature of involvement accurately recorded.

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Learning from Serious Incidents – Record Keeping continued

- As a part of the safety planning process in the community, consideration should be given to the discussion and documentation of access to means. Although access to means in the community cannot be eliminated, it is advisable to document that it has been asked for removal.

- Should a service user identify a specific drug they are prescribed as a means to harm themselves consideration should be taken at assessment to manage these drugs to reduce access and/or availability and this should be recorded. Additional information can be located in the removal of means guidance, and the SBAR which has also been updated

With all of us in mind.

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Learning from SLIs

- Learning has been identified around education and awareness raising on the risk to suicide amongst family members, this had led to the creation of a suicide prevention leaflet a guide for families and carers being developed. leaflet for families and carers
- Learning had been identified on the needs for families and carers and ensuring support information is shared with them through the use of the carers passports and that all teams complete the Trust wide carers training, supporting the triangle of care ambition. carers passport
- Learning has been identified in the need to develop QR codes for easy to access information that can be shared with service users, families and carers, examples of this development can be located in the carers leaflets and the suicide prevention leaflet

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Learning from SLIs

- There was learning identified to ensure that knowledge gained from the safer discharge project is shared to ensure collaboration with families and carers in discharge planning and leave arrangements is active and documented.
- There was learning in respect to Trust staff mandatory attendance on the Level 2 People Handling training, focusing on the basic principles of the safe handling of service users in non-restraint situations. This had also highlighted additional clarification on the use of Ski pads, the training and the knowledge of the workforce around use.
- There has been additional learning that has been shared into existing workstreams such as
  a. FIRM risk assessment work streams with the additional care planning for keeping safe and keeping well.
  b. The SPA transformation review workstream which includes review of operational guidance for teams.
  c. The Trust wide partnership on co-existing substance misuse and mental health.
  d. The Care Programme Approach workstreams.

With all of us in mind.

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Learning from SLIs

- There was systems based learning around the recognition of VTE risk across mental health inpatients and the access to knowledge/skills training available within the Trust
- There was systems based learning around medication reconciliation processes and access to service user own medications, knowledge of section 13 of the medicines code and the practical use of the code in day to day tasks
- There was learning identified in respect to Allied Health Professionals assessment templates and consistency in recording Trust wide that could aid staff awareness on VTE risks. This was also linked to wider Allied Health Professionals review taking place Trust wide, supporting the improvements in recruitment and retention of AHP's across the Trust and the value add to physical health assessment and management in long term conditions/pain management.
- There was learning around SystmOne capacity to record detail on menopausal changes in biological females and the impact on mental health and suicide risk
- There was learning on SystmOne capacity to aid consideration to VTE risk in other physical health assessment documentation

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Learning Library

- Adults who are not brought to appointments
- Referral process improved by PDSA cycle
- Learning Library Ealing thematic child safeguarding practice review
- Management of Physical Health Care Plans on SystmOne during an inpatient admission
- Seclusion and Safety Pod
- Choking as a form of self-harm
- Lewisham Safeguarding Adults Review
- Police portal Update June 2023 V2
- See it say it report it poster
- When falls become a safeguarding concern
- AWOL Incidents from inpatient courtyard areas
- Seclusion in secure services
- Out of hours pharmacy support
- For children with disabilities in residential settings -Government response

Search for SBARs on the intranet

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Learning Library

- Pressure area care
- Inpatient leave and physical-mobility needs review
- Domestic abuse in older people
- Visiting professionals
- ICON strategy and ICON week
- Barnsley 'Neglect Matters'
- Death by insulin management of self-harm and suicide in diabetes
- Seclusion in secure services
- Learning from a service user death in the community
- Illicit drugs and visits
- Counter Allegations of Domestic Abuse
- For PEWS
- Learning Missing Dictaphone Incident
- Child in Need Plans

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Learning Network

3rd May

- Stanley – Learning from an Amber Datix (Patient incident during episode of leave)
- Under 18 Pregnancy Safeguarding Proforma SBAR
- Learning from the experience of family's, carers, and significant others – a thematic review of 3 years incident investigations

9th August

- Medication error in the community
- AWOL Incidents
- Service user enable to sleep on safety pod in seclusion

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Learning Network

24th October

- Fall improvement work
- Propranolol in overdose

12th December

- Barnsley CAMHS – Discharge letter
- Customer Service
- Learning from an inpatient covid related death

8th March

- PSIRF – Systems thinking
- Apparent Suicide Report 2021/2022

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Learning from healthcare deaths

An overview of themes identified from reviews and investigations that have been completed during 2023/24 will be included in the next learning Journey.

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Appendix 2 Demographic data for patients affected in all incidents

Period: 1 April 2023 and 31 March 2024

In line with the Equality Impact Assessments in the incident reporting, management and learning response procedures, we have provided data for all incidents occurring during 2023/2024. This is to aid discussion in care groups to give insight into improvement opportunities. Further detail is available from patient safety support team or on Datix at local level.

Data relating to a limited number of protected characteristics for individuals involved in incidents (age, gender, ethnicity) is available on Datix for reported incidents. More recently, we have also started to collect data on sexuality. It should be noted that each person linked to an incident will have some level of demographic data recorded, but for the purposes of this report, we have focussed on the person affected. NHS England and Improvement have developed a new Learning from Patient Safety Events system (LFPSE) that will bring together patient safety incident reporting. NHs England hope that this system will hopefully strengthen data collection in a standardised format across the NHS. The collection of equality data cannot be mandated locally on Datix because information on any protected characteristics of the patients or staff involved in an incident may not be immediately available to the reporter (as identified by NHSE). Making its collection mandatory could act as a barrier to reporting and lead to fewer incidents being reported. As with the national position, we consider it is more important to collect incomplete information about risks to patients and staff than to potentially block reporting of that information by mandating the inclusion of information that reporters may not have or record inaccurately.

The Trust went live with reporting to LFPSE on 14 February 2024. It is hoped that information collected for LFPSE on protected characteristics will provide improved quality of information. Data should always be checked at the managerial review stage of adverse events rather than incident reporting stage. The new LFPSE system as a whole will improve safety for all patients and further developments in data linkage and collection should make it possible to identify any patient safety concerns that may disproportionately impact on groups with protected characteristics.

Staff are reminded through the above procedures to ensure that the equality data fields on the incident report form are completed and when managers are checking for matching contacts in the database that this information is updated to that held in staff and clinical records.

For the purposes of analysing data that we do hold on Datix (age band, gender, ethnicity), we have provided data to breakdown the 15,141 incidents reported during 2023/2024 by the person/s affected by the incident - this has been separated into incidents affecting staff and those affecting patients. This accounts for 15,237 affected contacts (please note this is not the number of unique individuals involved, i.e., one person may be linked to multiple incidents).

A review of the data has prompted the following areas for improvement:

- Explore the feasibility of developing performance dashboards where Care Groups and specialists can drill into data by types of incidents and team to compare data of those affected to aid discussion and give insight into improvement opportunities and support any equality issues identified through analysis of the data.
- Review how improvements can be made to ensure gaps in data are addressed now that LFPSE is in place.
- Continuing to share incident data with policy leads to ensure equality data related to incidents is considered when reviewing policies and procedures. This will be revisited to ensure this remains suitable.
- Guidance for managers to be developed on reviewing the demographic data for those linked to incidents, to ensure this is completed, and accurate as this pulls through to future incidents.
- Review incident reports to ensure that any equality issues are highlighted.

Demographic data for 2023/2024 is available on the intranet for managers and specialist use.

Appendix 3 – Serious Incident criteria to 30/11/2023

Serious incidents were defined by NHS England in the Serious incident framework as;

> "…events in health care where the potential for learning is so great, or the consequences to patients, families and carers, staff or organisations are so significant, that they warrant using additional resources to mount a comprehensive response. Serious incidents can extend beyond incidents which affect patients directly and include incidents which may indirectly impact patient safety or an organisation's ability to deliver ongoing healthcare." [7]

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

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

- The unexpected or avoidable death of one or more patients, staff, visitors, or members of the public
- Serious harm to one or more patients, staff, visitors, or members of the public or where outcome requires life-saving intervention, major surgical/medical intervention, permanent harm or will shorten life expectancy or result in prolonged pain or psychological harm (this includes incidents graded under the NPSA definition of severe harm)
- A scenario that prevents, or threatens to prevent, a provider organisation's ability to continue to deliver health care services, for example, actual or potential loss of personal/organisational information, damage to property, reputation, or the environment. IT failure or incidents in population programmes like screening and immunisation where harm potentially may extend to a larger population
- Allegations of abuse
- Adverse media coverage or public concern for the organisation or the wider NHS
- One of the core sets of *Never Events*[8]

In line with the serious incident framework, investigations were initiated for all serious incidents in the Trust to identify any systems failure or other learning, using the principles of systems analysis. The Trust also undertakes a range of reviews to identify any themes or underlying reasons for any peaks. Most serious incidents are graded amber or red on the Trust's severity grading matrix, although not all amber/red incidents are classed as serious incidents and reported on the Strategic Executive Information System (StEIS). Some incidents are reported, investigated and later de-logged from StEIS following additional information. Conversely, some incidents are reported as serious incidents on StEIS after local investigation such as where significant care and service delivery issues are identified.

The Serious Incident Framework ceased to apply to the Trust when we transferred to work under Patient Safety Incident Response Framework from 1/12/2023.

Staff support

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

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

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

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

The serious incident investigators will:

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

South West Yorkshire Partnership NHS Foundation Trust

Members Council
15 November 2024
Agenda item 7.3

Private/Public paper:	**Public**		
Title:	**Freedom to Speak up annual report**		
Paper presented by:	**Estelle Myers, Freedom to speak up guardian**		
Paper prepared by:	Estelle Myers, Freedom to speak up guardian		
Mission/values:	We put the person first and in the centre We are respectful, honest, open and transparent We improve and aim to be outstanding We are relevant today and ready for tomorrow		
Purpose:	To provide an update of activity against the Freedom to speak up (FTSU) action plan		
Strategic objectives:	Improve Health	✓	
	Improve Care	✓	
	Improve Resources		
	Make this a great place to work	✓	
BAF Risk(s):	Risk 2.4 - Failure to take measures to identify and address discrimination across the Trust may result in poor patient care and poor staff experience		
Contribution to the objectives of the Integrated Care System/Integrated Care Board/Place based partnerships	The Trust having a robust system and structure for Freedom to Speak Up is crucial to ensuring that the needs and concerns of our patients and staff are identified, listened to and acted on.		
Any background papers / previously considered by:	Previous verbal updates to committee FTSU annual report (July 2023) FTSU biannual update report (January 2024) FTSU update to PRC (March 2024) FTSU update to PRC (May 2024) FTSU update to PRC (July 2024)		
Executive summary:	This is the annual report to the Trust Board on FTSU governance, activity and progress during 2023/24. 2023/24 FTSU Data:		

The Trust has maintained its position in quartile 2 for national FTSU numbers of cases in a 12-month rolling average. There is one peer trust below us in quartile 1 and one other Trust that sits in quartile 2, and two in quartile 3 and three in quartile 4.

2023/24 Trust data shows that concerns have come from all Care Groups, with the majority still in mental health, followed by Barnsley physical health and wellbeing, then Support services, then CAMHS, then Forensics, then Learning Disabilities and ASD/ADHD. This helps show that the message about speaking up has reached all areas of the Trust.

2023/24 Trust data shows that concerns have been raised from all staff professional groups apart from healthcare scientists. Numbers of concerns from medical professionals continue to be low although this was an increase from 2022/23.

The FTSUG continues to attend the Junior Doctor Forum and the Chief Medical Officer meetings and is now also linked into the medical student inductions to further raise awareness of the role. In addition, the Trust also has a raising concerns forum for medical staff through which issues can be raised.

The FTUSG is also engaged with international nurses and has a monthly keeping in touch meeting with them to increase visibility of the FTSUG role, and to listen and signpost as appropriate.

The Trust has seen an increase in the percentage of concerns coming from nurses, administrative/clerical and medical and dental practitioners in 2023/24. The issues raised were team or individual issues rather than related to professional staff groups.

<u>Feedback surveys:</u>

Analysis of Trust equality monitoring data against national data is shown in the table below:

FTSU equality monitoring data		Trust equality monitoring data
35%	Age 31-40	24.5%
20%	Age 51-65	25.1%
85%	White	85.4%
15%	Minority ethnic background	14.2%
35%	Christian	45.7%
40%	Married	50%
10%	Divorced	7.8%
21%	Have a disability	11.5%
85%	Female	79.3%
95%	Straight/Heterosexual	81.7%

	Detriment: There have been two self-reported cases of detriment in 2023/24 which are under investigation at the time of writing the report. The cases relate to the same team. The Trust is an outlier to the national report which shows zero for other organisations. Cases are under investigation and updates will be reported to committee as they progress, as permitted without breaching individuals confidentiality. Previous learning from detriment cases has been a complex case review which has not been required to be convened since the last report. The self-assessment action plan demonstrates the Trust's commitment to its learning and improvement journey and how FTSU interconnects with the wider Trust journey to become a trauma informed organisation. The FTSU newsletter, shared week commencing 24 June 2024 incorporated positive messages to share across the organisation. A communication plan and events for speak up month in October 2024 has been coordinated. The steering group members are ensuring action plan implementation across care groups and corporate services, which includes sessions with the people directorate on strategy alignment to ensure that FTSU is integral to the people strategy, policies, procedures and ways of working. The steering group meet on a bimonthly basis to look at the themes and capture the learning from FTSU concerns and share this with their directorates. Members have supported ward and team visits to carry out the FTSU survey with staff. There is continued FTSUG attendance at welcome events and training is provided to junior doctors, care certificate students and volunteers by the FTSUGs. Ongoing promotion of the role is via a screen saver, posters, banners, quarterly newsletters, business cards, intranet, presence at team meetings and on wards occurs on a rolling basis, operational managers group, junior doctor's forum and medical forum, student medical induction, internationally educated nurses meeting, forensics induction training. "Speak up" training is mandatory and was at 95.43% as at the end of March 2024 this continues to increase. This annual report highlights the Trust's continued commitment to Freedom to Speak Up and the strengthening of the governance systems. Themes are shared at the FTSU steering group to ensure learning. The report provides assurance that the organisation has the appropriate policy, systems and processes in place for the oversight and management of FTSU across the Trust.
Recommendation:	**Members' Council are asked to:** **RECEIVE** and **APPROVE** the Freedom to Speak Up annual report.

Making **Freedom to Speak Up** business as usual.

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Freedom to Speak Up (FTSU) – annual report September 2024

1. Introduction

As part of FTSU governance process, this report provides an annual update to the Trust Board and includes Trust and National data for 2023/24.

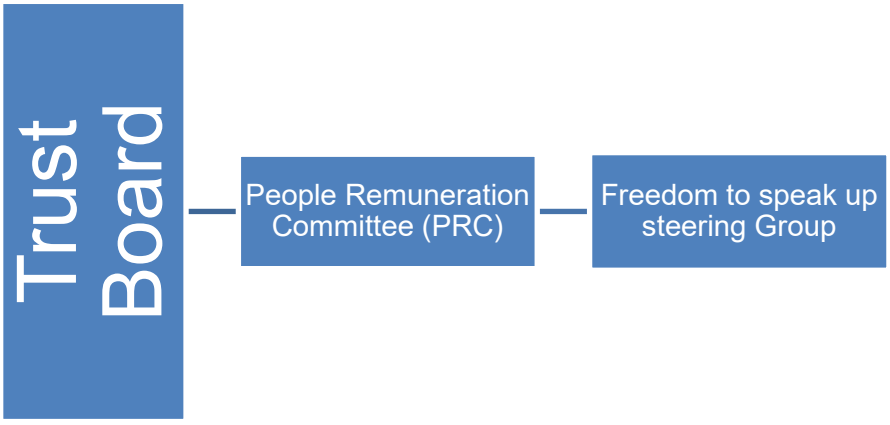
The National guardian's office (NGO) annual data report encourages the leadership of organisations to continue to ask curious questions.

2. FTSU Guardian update

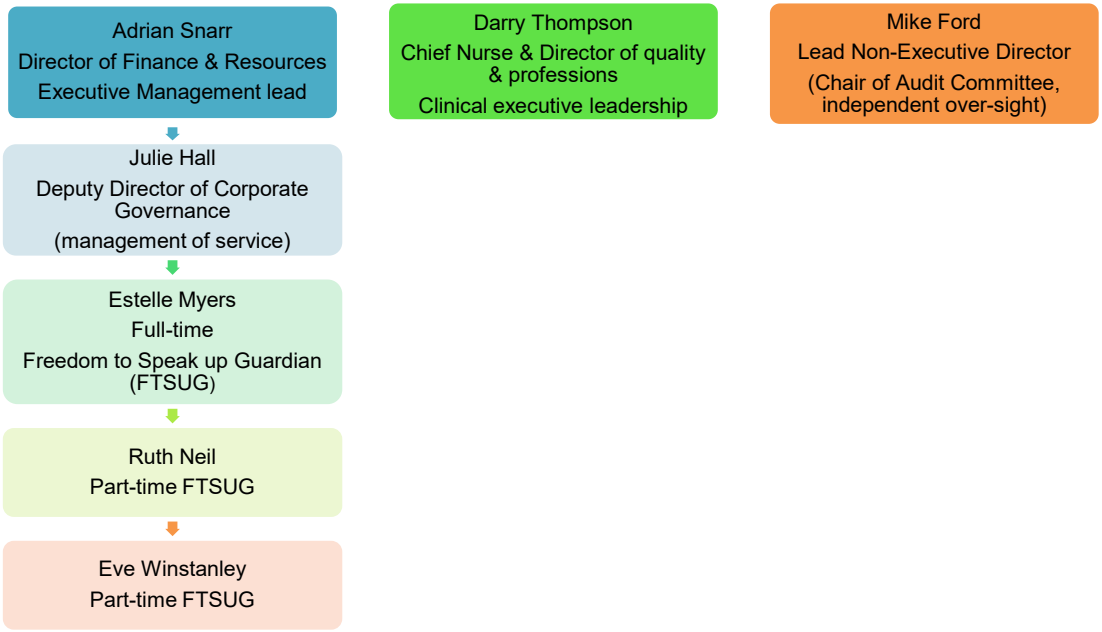
- The lead Freedom to Speak Up Guardian (FTUSG) for the Trust continues to chair quarterly meetings for the Northeast and Yorkshire regional Freedom to speak up network.
- Since the last Board report in January 2024, two additional guardians have been recruited, (Ruth Neil and Eve Winstanley) who have been trained and joined the team. This strengthens FTSU capacity across the Trust.

3. Governance Systems and Processes

The Trust FTSU governance structure is depicted below:



This is supported by a robust leadership and over-sight structure overleaf



In addition to the leadership and over-sight structure, the full-time FTSUG has direct access to the Chair and Chief Executive as required.

The FTSU reflection and planning tool self-assessment has been completed, reviewed and approved by the FTSU steering group, EMT, and People and Remuneration Committee (PRC) in November 2023 ahead of the January 2024 deadline stipulated by NHS England. The action plan is presented to Trust Board as an appendix to this report. The action plan will be monitored via the above groups and updates presented to Trust Board in this report and the biannual report in 2024/25. There continues to be strong organisational commitment to supporting staff to raise concerns.

The Board has also been provided with the following papers during the year:

- Response to Lucy Letby trial verdict Board paper (September 2023)
- Trust-wide Incident Management Quarterly Reports (September and November 2023, March 2024.
- Independent review of and learning from Greater Manchester NHS Foundation Trust, April 2024.

All of these document patient, carer and staff experience, and are triangulated by the FTSUG for themes and learning. In addition, the Trust has in place:

- Meetings every six weeks with the lead Non-Executive Director (NED) for speaking up, Interim Chief People Officer, Chief Nurse / Director of Quality and Professions, Deputy Director of Corporate Governance and the FTSUG's, to review cases and themes, and support case management.
- Regular reports on strategy and action plans are provided to the People and Remuneration Committee (PRC) and assurance is provided to Trust Board via the Assure, Alert Advise report.
- The FTSU steering group meets bimonthly.
- In this reporting period there has not been a requirement for a complex case review to be convened.
- The lead FTSUG attends Operational Management Group (OMG) on a quarterly basis to provide updates to the group.
- The lead FTSUG attends partnership meetings for care groups.

Further evidence of the Trusts commitment to FTSU includes the addition of a risk on the organisational risk register “Risk that teams and individual members of staff do not feel confident that the Trust has a culture in which ‘Speaking Up’, is encouraged, that individual are not supportively heard, do not suffer personal detriment and that they do not receive feedback on action(s) taken which demonstrate listening and learning.”. This risk is monitored by Quality and Safety Committee, and the People and Remuneration Committee. The Trusts risk register is presented to Trust Board quarterly every January, April, July and October and can be viewed on the Trust website within the Board papers at the following link:
Meetings and papers - South West Yorkshire Partnership NHS Foundation Trust

4. 2023/24 Activity report

The FTSUG is required to report on all contacts made to the team. Out of a total of the 54 people contacting FTSU from April 2023 to the end of March 2024, only seven cases have been taken onto the FTSU caseload, five of which are closed and two are currently under investigation. All other contacts have been appropriately signposted outside of FTSU.

Since April 2023 the timescales for closure of Trust FTSU cases was varied between 38 days and 130 days. The cases which were over the timescale of 35 working days (Trust target, no national target in place) were due to the complexity of the issues raised about the teams or individual issue, and the need to ensure all actions were complete. For cases outside of the 35-working day timeline there was regular communication between staff involved, the FTSUG, and the relevant manager.

The two remaining open cases outside of the 35-working day timescale are due to the complex issues raised and meetings are booked to capture the learning.

5. The nature of the concerns and cases

Patient Related Cases

One FTSU case related to culture on a ward impacting on patient care which resulted in a culture review for the service.

Themes from the patient safety related concerns that were signposted:

- Historical issues raised and resolved at the time with union support.
- Allegation of alteration of documentation.
- Lack of multidisciplinary team working.
- Issue with a process around security on a ward.
- Staff attitudes towards patients.
- Pressures in managing patients in the community.
- Keeping key safe codes secure.
- Fair access to services not currently commissioned

Public Interest Disclosure at work (PIDA) cases

To date 2023/24 no cases have met the definition of disclosures of public interest at work.

Detriment

In 2023/24, two cases of detriment have been reported in Q3 2023/2024, nationally we are an outlier as the national value for this same period is zero. Detriment is defined by the national guardian’s office as including such as the person being ostracised, given unfavourable shifts, being overlooked for promotion, or moved from a team. Due to confidentiality, we are unable to provide information on ongoing investigations, however, Chief Nurse and Director of Quality and Professions, the Executive Management Team (EMT) and FTSU lead non-executive director (NED) review all previous cases of detriment for learning. The organisation has a great place to work strategy in place, which is aligned with the freedom to speak up strategy.

The Trust's journey to become trauma informed organisation will also help to improve the organisational culture with regards to speaking up as it a move to asking, "What happened to you?" rather than "What is wrong with you?". The lead FTSUG works closely with the people directorate business partners and the Trusts organisational development team to support learning and prevention of detriment. All cases of detriment are fully investigated with oversight from the Non-executive Director champion for freedom to speak up and concerned individuals are supported through the Trusts occupational health service.

Previous learning from detriment cases has included the introduction of a complex case review process. This is convened when multiple teams are involved in a speak up case to ensure that appropriate responses are in place and co-ordinated. This learning has been shared with Trust care groups via the FTSU steering group.

6. Data and benchmarking Information

This annual report contains the national data which is provided in detail at appendix 1.

Below is a breakdown about the numbers of different staff groups coming forward showing the Trust against the National picture:

Staff group	National change	Trust change
Nurses and midwives	Decrease	Increase
Administrative and clerical	Increase	Increase
Allied health professionals	Decrease	Decrease
Additional professional scientific and technical	Decrease	Remained the same
Medical and dental professionals	Decrease	Increase
Additional clinical services	Increase	Decrease
Estates and ancillary	Decrease	Decrease
Not known	Increase	Increase
Other	Decrease	Decrease

2023/24 Trust data shows that concerns have come from all Care Groups, but the majority remain in the mental health service line, followed by Barnsley physical health and wellbeing, support services, Children and Adolescent Mental Health Services, Forensics, Learning Disabilities and lastly autism spectrum disorder (ASD)/attention deficit and hyperactivity disorder (ADHD). This helps evidence that there is widespread knowledge of the Freedom to Speak Up process across all areas of the Trust.

2023/24 Trust data shows that concerns have been raised by all staff professional groups apart from healthcare scientists. Numbers of concerns from medical professionals continue to be low but numbers have increased from 2022/23, this is in contrast to national data where concerns from medical professionals have decreased.

The FTSUG continues to attend the Junior Doctor Forum and the Chief Medical Officer meetings and is now also linked into the medical student inductions to continue raise awareness of the role and the Trust also has a medical raising concerns forum.

The FTUSG is also linked in with internationally educated nurses and has a monthly keeping in touch meeting with them; to increase visibility of the FTSUG role, this also occurs in our neighbouring organisations as it is recognised that they may need more support to feel safe to speak up.

The Trust has seen an increase in the percentage of concerns raised by nurses, administrative/clerical and medical and dental practitioners in 2023/24 and "not known".

The issues raised were team or individual issues rather than related to professional staff groups.

The Trust has seen a difference in the professional staff groups coming forward compared to the national data, the main one being the increase in Nurses and Medical staff coming forwards with concerns via FTSU in 2023/24.

There was a decrease in the number of additional clinical services coming forwards compared to the national data. The reasons for the changes in demographics will be explored via the FTSU steering group.

FTSU cases are closed in agreement with the person coming forward (unless the concern has been raised anonymously) and the investigating manager. The manager's template also highlights any opportunity for lessons learned.

Previous feedback from closed cases has been limited and a new method for collecting data has been agreed in conjunction with the FTSU steering group. Surveys are completed at the start of the process, when the case is closed, and 3-, 6- and 12-months following closure. See appendix 4, 5 and 6.

The feedback survey from cases upon opening the case. It shows that the majority of people responding to the feedback part 1 survey found out about the FTSU role via the Trust intranet, it was easy to make contact, and concerns were taken seriously. Further detail is in appendix 4.

The majority of cases are reported by those that are aged 31-40, white British, have English as a main language, no religion, no disability, straight, female, no caring responsibility, not pregnant or had a baby in the last 12months and are married. See the table below.

Feedback part 1 table.

FTSU equality monitoring data		Trust equality monitoring data
35%	Age 31-40	24.5%
20%	Age 51-65	25.1%
85%	White	85.4%
15%	Minority ethnic background	14.2%
35%	Christian	45.7%
40%	Married	50%
10%	Divorced	7.8%
21%	Have a disability	11.5%
85%	Female	79.3%
95%	Straight/Heterosexual	81.7%

Data from closed cases (feedback part 2) is included in appendix 5, and shows that the 93% of reporters received regular feedback, 56% said their concern was partially addressed, all were treated confidentially,95% have not suffered as a result of raising concerns, 75% feel that there was nothing further the FTSUG could have done for them, and would raise a concern again, 93% and were thanked for raising their concern.

Data from 3 months following closure (feedback part 3) is included in appendix 6. It shows that the 88% of people responding to the survey did not experience detriment, comments show that for some the issue was resolved for others not the majority are aged 51-65, white British, have English as a main language, no religion, no disability, straight, female, no caring responsibility, not pregnant or had a baby in the last 12-months and are married. (It should be noted that no responses were received for other age ranges). See table below.

Feedback Part 3 table.

FTSU equality monitoring data		Trust equality monitoring data
44%	Age 31-40	24.5%
55%	Age 51-65	25.1%
88%	White	85.4%
11%	Minority ethnic background	14.2%
33%	Christian	45.7%
37%	Married	50%
12%	Divorced	7.8%
33%	Have a disability	11.5%
66%	Female	79.3%
77%	Straight/Heterosexual	81.7%

Due to the relatively low numbers of concerns the Trust receives via the FTSU process further feedback results for 6 and 12months following closure will be included in the annual report for 2025/26.Consent from persons completing feedback for information to be shared anonymously for use in reports has been gained.

The staff survey results 2023 for the raising concerns data are included in appendix 7 and show that we score the 5th highest compared with our peers. Staff from minority ethnic backgrounds continue to have a less favourable experience. Where staff experience is lower in particular areas or groups of staff the FTSUG uses the staff survey data to drive targeted pieces of work which help improve organisational culture.

FTSU Quarter 3 data 2023/24 from model hospitals shows the Trust both nationally and regionally, sits in quartile 1. The data is separated into quartiles where quartile 1 is low reporting numbers and quartile 4 is higher reported numbers. We have moved down into quartile 1 from quartile 2.

Looking at the total cases reported in a 12-month rolling average, the Trust is below the national value and peer averages for total cases reported and continues to sit within quartile 2. This has been maintained from the last update report (this means that we report fewer cases compared to our peer Trusts). Our peer Trusts are Bradford District Care NHS Foundation Trust, Derbyshire Healthcare NHS Foundation Trust, Greater Manchester Mental Health NHS Foundation Trust, Humber Teaching NHS Foundation Trust, Leeds and York Partnership NHS Foundation Trust, Nottinghamshire Healthcare NHS Foundation Trust, Rotherham Doncaster and South Humber NHS Foundation Trust, Sheffield Health and Social Care NHS Foundation Trust, Tees, Esk and Wear Valleys NHS Foundation Trust.
There is one peer trust below us in quartile 1 and one that sits in quartile 2 with us, two in quartile 3 and three in quartile 4.

7. Communication engagement and training

One of the key activities of the Guardian is to increase visibility and promote speaking up channels for staff. The Guardian does this through face-to-face visits into services, developing posters and promotional materials, one to one meetings, attending the Trust's welcome events, providing training to the individuals joining the Trust through the care certificate programme, junior doctors forums and continuing to be visible on the forensic wards.
In addition to speaking to staff, the FTSUG has:

- Worked with communications colleagues to ensure the continued update of the FTSU intranet page.
- Worked with information and technology management colleagues to develop the screensaver, to include the new guardian details and biographies on the intranet.
- Produced quarterly newsletters to help promote FTSU.
- A feedback survey was completed in real time whilst visits were undertaken to wards and services between January and March 2024. See appendix 8.
- Production of a plan of events for speak up month.

- Attended inductions for new medical students.
- Face to face training “speak up” for volunteers.

8. Training completeness

Freedom to Speak Up training has been developed by Health Education England and contains three modules, Speak Up, Listen Up and Follow Up. The Trust has adopted Speak up training as mandatory training and the two other modules are on an “as required” basis for managers and senior leaders.

Training figures show that mandatory training for Speak up training is at 95.43% against a target of 85% as at the end of March 2024. Currently the Trust “Listen up” training is voluntary with no set target. At the time of writing this report 41 people have completed the listen up training and 20 people have been trained in “Follow up”.

Ongoing promotion of these optional modules via FTSUG attendance at OMG and via comms will continue and a proposal to make these essential to job role is being taken through a number of governance groups prior to submission to the executive management team for approval in September 2024. The proposal has been supported at mandatory and essential to job role group and clinical governance group but with a note that the Trust has a large amount of essential to job role training and the pressures this puts onto staff.

9. Lessons Learned

Following feedback and evaluation of cases and learning, the following lessons learnt have been identified and will be used as case studies with managers and senior leaders and are shared via the FTSU steering group. Below are managers’ learning and reflections from the cases.

- ”Staff satisfaction/morale has clearly been affected in recent months. Further discussions are currently taking place to identify actions. Some of the changes needed to be autocratic to start with and can now move to be more staff led and the wellbeing groups are up and running.”
- “Work was already planned about looking into microaggressions and racist incidents, but the scope will be extended to include staff to staff wording as well as patient to staff words and how this can make you feel.”
- “Sometimes the Quality Monitoring Visits are on days when staff are not in and are potentially not able to contribute. A reflection on the way that we ask people to work in a different way and make sure the rationale of this is explained in a different way. Support from the Chief Psychologist on the development day.”
- “To keep trying different ways of communicating with staff as they may not have seen the communication. As manager accepting that our staff may need information numerous times and in a variety of ways to be able to process this.”
- “With the concern coming in anonymously it is difficult for us to gain specific details. The concern was discussed in the team meeting and the whole team feel they treat all staff equally and fairly. We have able to have open conversations in our team with all staff. Bank and agency staff continue to be invited to the team meetings. Last 6months friends and family tests are always positive.”

Work is also ongoing to improve organisational awareness of, and learning from, people speaking up, including:

- work is ongoing with the nursing, quality and professions directorate to pull together a quality oversight monitoring and support system (QOMSS) to triangulate issues from complaints, incidents, quality monitoring visits and patient feedback, the output of which will be used to develop targeted pieces of work with teams,
- continue to deliver the reflection and planning tool action plan,

- team visits across the Trust,
- quarterly FTSU staff newsletter,
- FTSU steering group helps to disseminate learning,
- through partnership meetings across the trust to help share themes.
- links with trust trauma informed work, patient safety incident response framework and sexual safety work.

10. Themes from cases since April 2023 to March 2024.

The FTSUG is required to report on all contacts made to the team. The majority require signposting and only 15 cases have been taken through the full FTSU process. Since April 2023, of the 72 people who have contacted FTSUG, three cases are currently being managed as open FTSU cases. These cases relate to patient safety and staff attitudes and behaviours and staff wellbeing and issues around protected characteristics. (218 & 213 & 223).

The themes from cases accepted were; team dynamics and culture within teams, reported detriment as a result of a process and attitudes and behaviours relating to protected characteristics,

There were 47 reports received which were not taken forward as FTSU cases. These related to team dynamics, issue with one individual, protected characteristics, bullying and harassment, undergoing a process, debt, skill mix, management style, secondment, personal safety and communication. These have been signposted to having conversations with the individual concerned or a manager above, use of unions for support with the issue, or to seek advice from advisors from the people directorate.

Seven of 54 reported cases one had an element of patient safety, and was taken through the FTSU process; the rest were resolved locally and signposted to support and themes were; historical issue that was not reported at the time, staff attitudes and behaviours towards patients, service gap identified, patient management due to increased complexity of patients, staffing levels and record keeping.

11. Cases raised through FTSU process since April 2023- March 2024

For 2023/24, seven cases were taken through the FTSU process two were closed within a 35-working day timescale. Those over timescale were more complex issues around team dynamics, protected characteristics and patient safety related issues.

This compared to 2022/23, where six out of eleven cases that were taken through the FTSU process were closed within a 35-working day timescale, which is our Trust target. Those over timescale were more complex team issues and required support from organisational development colleagues to resolve. The themes of these cases were staffing issues, bullying in teams, staff working environment and patient safety related issues.

12. Reflection and planning tool action plan update

As part of the action plan a mapping exercise was conducted with colleagues from the people directorate and communications team to list all the ways the Trust supports and encourages the open culture within the organisation and the output of which is contained in appendix 3.
A survey was conducted whilst the FTSUG visited wards and community areas across the Trust 175 people were surveyed. 77.0% were aware of the Trust FTSU policy and 93.2% found it easy to find, 76.0% know how to raise concerns with a FTSUG and 6.8% had raised a concern to a FTSUG 78.6% felt listened too.

FTSU survey equality monitoring data		Trust equality monitoring data
22.5%	Age 31-40	24.5%

27.2%	Age 51-65	25.1%
67.8%	White	85.4%
32.2%	Minority ethnic background	14.2%
43.7%	Christian	45.7%
39.3%	Married	50%
7.87%	Divorced	7.8%
39.2%	Have a disability	11.5%
72.6%	Female	79.3%
84.8%	Straight/Heterosexual	81.7%

From the table above, of the 175 surveyed more people fell into the 51-65 age category, more were from a minority ethnic background, more described themselves as having a disability and straight or heterosexual and fewer were married and from a White background compared with Trust data.

An update on the actions required as part of the FTSU reflection and planning tool is contained in appendix 2.

13. Summary

This annual report highlights the Trust's continued commitment to Freedom to Speak Up and the strengthening of the governance systems. Themes are shared at the FTSU steering group to ensure shared learning. The report provides assurance that the organisation has the appropriate policy, systems and processes in place for the oversight and management of FTSU across the Trust.

The raising concerns subset for the latest national staff survey 2023 where our Trust continues to be slightly higher scoring than the sector average it shows that we need to improve the outcome for our staff from minority ethnic backgrounds.

Our FTSU data shows that all care groups within our organisation have raised concerns demonstrating that the message about speaking up continues to be received by staff. The data from the survey completed during visits also demonstrated awareness of the FTSU role across the Trust. The Trust has maintained its position in quartile 2 for FTSU numbers of cases in a 12month rolling average. There is one peer trust below us in quartile 1 and one that sits in quartile 2 with us, two in quartile 3 and three in quartile 4.

The reflection and planning tool action plan demonstrates the Trust's commitment to its learning and improvement journey and how FTSU interconnects with the wider Trust journey to become a trauma informed organisation. Ongoing actions have a plan in place for completion and this will be updated in reports to committee and board.

It is further planned that for 2025/6, the reporting timetable is brought in line with financial years, to enable better comparison of data and the annual report continues to be presented to Board in September to allow data from the National guardian's office to be incorporated.

14. Recommendation

The Trust Board are asked to receive and note this annual report.

Appendix 1

Information and data

Case number comparisons over last 2 years.

Each year the number of cases received is continuing to rise, reflecting how the message about speaking up has been received across the Trust and the continued impact of having Speak up training as a mandatory subject.

Date period	Time period	Number of concerns
2022/23	Year	53
2023/24	Year	54

Concerns broken down by Care Groups

Concerns per area **22/23**	Number	Number of staff in locality	Concerns per area **23/24**	Number	Number of staff in locality
Barnsley Integrated Services	7	1179	Barnsley Physical health and Wellbeing	9 ⇑	800
Adult and Older people mental health	16	1755	Mental health	16 ⇔	2289
CAMHS	8	386	CAMHS	7 ⇓	506
Forensic Services	3	447	Forensic Services	6 ⇑	460
Learning disabilities and Adult ASD and ADHS	12	219	Learning disabilities and Adult ASD and ADHS	5 ⇓	235
Support services	4	811	Support services	8 ⇑	853
Unknown	3	0	Unknown	3 ⇔	0
Total	**53**	**4797**	**Total**	**54**	**5143**

Over time it can been seen that awareness has increased, as the latest data shows reporting from all Care Groups, which was the same for the previous year. There has been a decrease in Learning Disabilities and Adult ASD and ADHD and CAMHS in 2023/24 compared to 2022/23.

An increase in numbers of concerns from Forensics, Barnsley Physical health and wellbeing and Support services in 2023/24 compared to 2022/23. Which were individual issues.

Concern numbers have remained the same in the Mental health care group in 2023/24 compared to 2022/23.

Number of cases reported during 2022/23

2022/23	Q1 2022/23	Q2 2022/23	Q3 2022/23	Q4 2022/23	**Total Numbers to date**
No of FTSU cases	11	11	12	19	**53**
No related to patient safety	2	2	5	9	**18**
No related to bullying and harassment	1	0	0	5	**6**
No of cases suffering a detriment	0	1	1	0	**2**

No of cases submitted anonymously	1	1	1	1	**4**
No related to worker safety	10	10	6	10	**36**
No related to inappropriate attitudes or behaviours	4	3	5	4	**16**

2023/24	Q1 2023/24	Q2 2023/24	Q3 2023/24	Q4 2023/24	**Total Numbers to date**
No of FTSU cases	17	15	14	8	**54**
No related to patient safety	6	0	0	4	**10**
No related to bullying and harassment	6	3	6	1	**16**
No of cases suffering a detriment	0	0	2	0	**2**
No of cases submitted anonymously	5	3	3	1	**12**
No related to worker safety	12	12	6	3	**33**
No related to inappropriate attitudes or behaviours	9	5	5	1	**20**

Data trends for 2023/24 show that over the peak time for concerns is in Q1 and then the numbers of FTSU cases have decreased over each quarter with Q4 having the lowest number of concerns.

Currently there are two cases of reported detriment which are under investigation at the time of writing this report, the issues raised are complex and there is ongoing input from the FTSUG.

During speak up month in October 2023/24 there was a slight increase in the number of cases, from two in 2022/23 to five in 2023/24.

Concerns by professions

Overleaf is the table with the data.

Profession 2022/23	**% nationally**	**SWYPFT number and %**	**Profession 2023/24**	**% nationally**	**SWYPFT number and %**
Registered Nurses/Midwives	29.0%	12 (22.6%)	Registered Nurses/Midwives	28.3%	17 (31.48%) ⇑
Administrative/clerical	20.2%	5 (9.43%)	Administrative/clerical	21.3%	11 (20.37%) ⇑
Allied Health Professionals	11.2%	8 (15.1%)	Allied Health Professionals	10.4%	4 (7.40%) ⇓
Additional clinical services	9.8%	15 (28.3%)	Additional clinical services	11.3%	4 (7.40%) ⇓
Medical and Dental	6.5%	0 (0%)	Medical and Dental	6.1%	1 (1.85%) ⇑
Healthcare scientists	1.4%	0 (0%)	Healthcare scientists	1.2%	0 (0%) ⇔

Ambulance (operational)	1.3%	0 (0%)	Ambulance (operational)	1.3%	0 (0%)
Additional professional scientific and technical	4.0%	5 (9.43%)	Additional professional scientific and technical	3.6%	5 (9.26%) ⟺
Estates and ancillary	4.3%	2 (3.77%)	Estates and ancillary	4.2%	1 (1.85%) ⇩
Students	0.9%	1 (1.89%)	Students	0.9%	0 (0%) ⇩
Not known	6.3%	3 (5.66%)	Not known	7.4%	11 (20.37%) ⇧
Other	5.2%	2 (3.77%)	Other	4.1%	0 (0%) ⇩

Numbers of staff per professional group

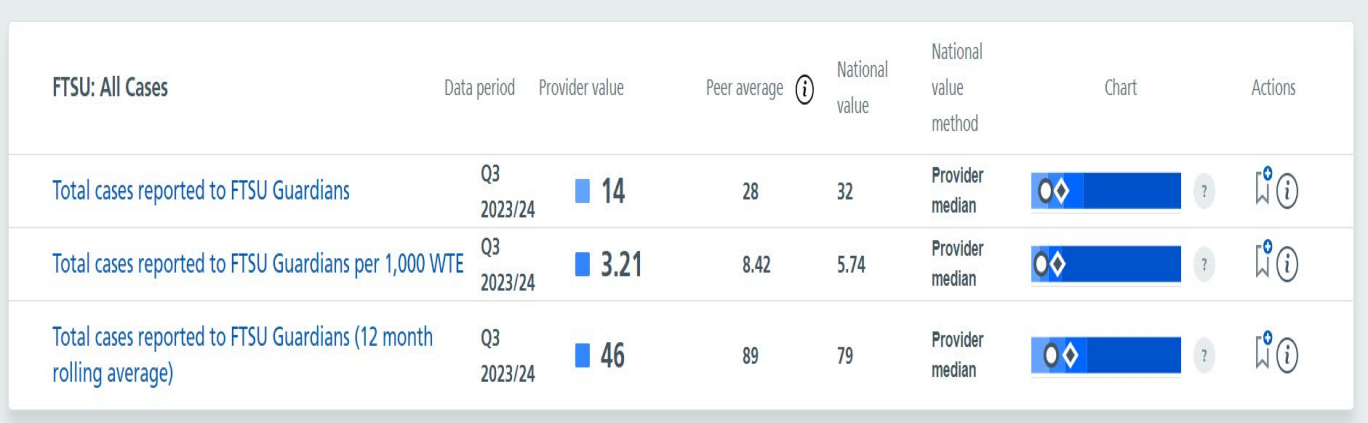
Staff group 2022/23	Headcount	Number of staff that raised a concern	%	Staff group 2023/24	Headcount	Number of staff that raised a concern	%
Additional scientific and professional	405	5	1.23	Additional scientific and professional	436	5	1.15
Additional clinical services	1116	15	1.34	Additional clinical services	1191	4	0.34
Administrative and clerical	991	5	0.50	Administrative and clerical	1051	11	1.04
Allied Health Professionals	362	8	2.21	Allied Health Professionals	395	4	1.01
Estates and Ancillary	333	2	0.60	Estates and Ancillary	326	1	0.31
Healthcare Scientists	2	0	0.00	Healthcare Scientists	2	0	0.00
Medical and Dental	175	0	0.00	Medical and Dental	190	1	0.53
Nursing and Midwifery registered	1408	12	0.85	Nursing and Midwifery registered	1549	17	1.10
Students*	0	1		Students*	0	0	
Not known	0	2		Not known	0	11	
Other	0	1		Other	0	0	
Total	**4792**	**53**		**Total**	**5140**	**54**	

*headcount not available

Some variance in the patterns is shared with professional leads via Operational Managers Group (OMG). The highest percentage per staff group has moved from allied health professionals last year to Additional scientific and professional. As described earlier in the report this were service rather than professional issues.

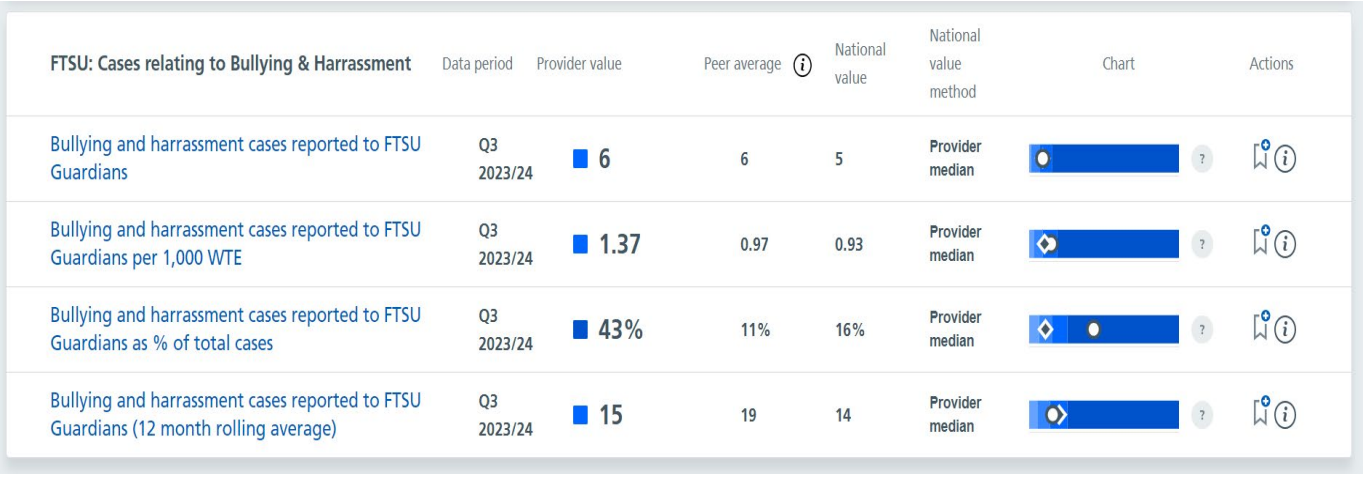
Model Hospitals data
Quarter 3 data 2023/24 can be seen below. Nationally and regionally, we sit in quartile 1. The data is separated into quartiles where quartile 1 is low numbers and quartile 4 is higher reported numbers. We have moved down into quartile 1 from quartile 2.

This shows that although our numbers go up each year other Trusts have more substantial increases. Our peer Trusts are Bradford District Care NHS Foundation Trust, Derbyshire Healthcare NHS Foundation Trust, Greater Manchester Mental Health NHS Foundation Trust, Humber Teaching NHS Foundation Trust, Leeds and York Partnership NHS Foundation Trust, Nottinghamshire Healthcare NHS Foundation Trust, Rotherham Doncaster and South Humber NHS Foundation Trust, Sheffield Health and Social Care NHS Foundation Trust, Tees, Esk and Wear Valleys NHS Foundation Trust.



FTSU: All Cases	Data period	Provider value	Peer average	National value	National value method	Chart	Actions
Total cases reported to FTSU Guardians	Q3 2023/24	14	28	32	Provider median		
Total cases reported to FTSU Guardians per 1,000 WTE	Q3 2023/24	3.21	8.42	5.74	Provider median		
Total cases reported to FTSU Guardians (12 month rolling average)	Q3 2023/24	46	89	79	Provider median		

The Trust is below peer average and national value with a total of 14 cases reported in Quarter 3 2023/24 and sits in quartile 1.
Looking at the total cases reported in a 12-month rolling average, the Trust is below the national value and peer averages for total cases reported and sits within quartile 2 (this means that we report fewer cases compared to our peer Trusts). The Trust has maintained its position in quartile 2 for FTSU numbers of cases in a 12month rolling average. There is one peer trust below us in quartile 1 and one that sits in quartile 2 with us, two in quartile 3 and three in quartile 4.



FTSU: Cases relating to Bullying & Harrassment	Data period	Provider value	Peer average	National value	National value method	Chart	Actions
Bullying and harrassment cases reported to FTSU Guardians	Q3 2023/24	6	6	5	Provider median		
Bullying and harrassment cases reported to FTSU Guardians per 1,000 WTE	Q3 2023/24	1.37	0.97	0.93	Provider median		
Bullying and harrassment cases reported to FTSU Guardians as % of total cases	Q3 2023/24	43%	11%	16%	Provider median		
Bullying and harrassment cases reported to FTSU Guardians (12 month rolling average)	Q3 2023/24	15	19	14	Provider median		

The Trust sits in quartile 3 with the same as the peer average and just above national value for total bullying and harassment cases in quarter 3 2023/24. The Trust is below peer average but above the national value when looking at cases in a rolling 12month period.
There is one peer trust below us in quartile 2, three within quartile 3 and two in quartile 4.

FTSU: Cases relating to Patient Safety & Quality	Data period	Provider value	Peer average	National value	National value method	Chart	Actions
Patient safety and quality cases reported to Freedom To Speak Up Guardians	Q3 2023/24	0	5	5	Provider median		
Patient safety and quality cases reported to FTSU Guardians per 1,000 WTE	Q3 2023/24	0.00	1.32	0.77	Provider median		
Patient safety and quality cases reported to FTSU Guardians as % of total cases	Q3 2023/24	0%	17%	14%	Provider median		
Patient safety and quality cases reported to FTSU Guardians (12 month rolling average)	Q3 2023/24	6	16	13	Provider median		

The Trust is below the national value and peer average for quarter 3 2023/24 for patient safety and quality cases. The Trust is below peer average and national value for cases reported over a 12-month rolling average.

The Trust is in quartile 1 for this with a total of 0, with three peer Trusts also in quartile 2, two peer trusts in quartile 3 and three in quartile 4.

FTSU: Cases relating to Detriment as a result of Speaking Up	Data period	Provider value	Peer average	National value	National value method	Chart	Actions
Cases of Detriment as a result of Speaking Up reported to FTSU Guardians	Q3 2023/24	2	0	0	Provider median		
Cases of Detriment as a result of Speaking Up reported to FTSU Guardians per 1,000 WTE	Q3 2023/24	0.46	0.00	0.00	Provider median		
Cases of Detriment as a result of Speaking Up reported to FTSU Guardians as % of total cases	Q3 2023/24	14%	0%	0%	Provider median		
Cases of Detriment as a result of Speaking Up reported to FTSU Guardians (12 month rolling average)	Q3 2023/24	2	1	1	Provider median		

The Trust reported 2 cases of detriment as a result of speaking up in quarter 2023/24. This is above the below the peer average and national value.

The Trust is in quartile 4 above the national value and below the peer average in a 12-month rolling average. This demonstrates that people who have spoken up have not suffered as a result.

There are four peer trusts who also sit in quartile 4 one who has reported more cases of detriment than our Trust.

FTSU: Cases reported anonymously	Data period	Provider value	Peer average	National value	National value method	Chart	Actions
Cases reported to FTSU Guardians anonymously	Q3 2023/24	3	2	1	Provider median		
Cases reported to FTSU Guardians anonymously per 1,000 WTE	Q3 2023/24	0.69	0.36	0.23	Provider median		
Cases reported to FTSU Guardians anonymously as % of total cases	Q3 2023/24	21%	3%	3%	Provider median		
Cases reported to FTSU Guardians anonymously (12 month rolling average)	Q3 2023/24	11	6	4	Provider median		

The Trust is above both peer average and national value for cases being reported anonymously in quarter 3 2023/24. The Trust is above peer average and national value for cases being reported in a rolling 12-month average with a score of 11 and sits in quartile 3. There are six peer trusts that are also in quartile 3 and one peer trust in quartile 4.

FTSU: Cases relating to Worker Safety	Data period	Provider value	Peer average	National value	National value method	Chart	Actions
Worker safety cases reported to FTSU Guardians	Q3 2023/24	6	10	7	Provider median		
Worker safety cases reported to FTSU Guardians per 1,000 WTE	Q3 2023/24	1.37	2.05	1.33	Provider median		
Worker safety cases reported to FTSU Guardians as % of total cases	Q3 2023/24	43%	36%	24%	Provider median		
Worker safety cases reported to FTSU Guardians (12 month rolling average)	Q3 2023/24	30	30	21	Provider median		

The Trust is below the national value and peer average for cases related to worker safety in quarter 3 2023/24. This category is about how safe an individual feels, not just physically but also psychologically. Our Trust sits within quartile 2. For worker safety cases within a rolling 12-month average, with four peer trusts in the same quartile, three peer trusts above us in quartile 3 and two peer trusts above us in quartile 4.

FTSU: Cases relating to other Inappropriate Attitudes and Behaviours	Data period	Provider value	Peer average	National value	National value method	Chart	Actions
Other Inappropriate Attitudes and Behaviours cases reported to FTSU	Q3 2023/24	5	9	11	Provider median		
Other Inappropriate Attitudes and Behaviours cases reported to FTSU per 1,000 WTE	Q3 2023/24	19	33	24	Provider median		
Other Inappropriate Attitudes and Behaviours cases reported to FTSU % of total cases	Q3 2023/24	36%	41%	34%	Provider median		
Other Inappropriate Attitudes and Behaviours cases reported to FTSU (12 Month Rolling Average)	Q3 2023/24	1.15	1.69	1.99	Provider median		

The Trust is below peer average and national value for numbers of cases related to attitudes and behaviours in quarter 2 2023/24. The Trust is below peer average national value in a rolling 12-month average.
The Trust sits within quartile 2 for number of cases related to attitudes and behaviours, with one peer trust. One peer trust above us in quartile 3 and three peer trusts sitting above us in quartile 4, and three peer trusts below us in quartile 1.

The tables above indicate that the Trust continues to support and champion freedom to speak up across the Trust.

Appendix 2

Reflection and Planning Tool Action plan update

Blue complete, Green within timescale

	Development areas to address in the next 6–12 months	Target date	Action owner	Progress
1.	To review the barriers to speaking up and the solutions following October 2023 speak up month, share this via the FTSU steering group and by developing a communications plan.	31 July 2024	FTSUG/Deputy Director Corporate Governance	Shared November 2023 via FTSU Steering group
2.	Raising awareness of what detriment is and how to prevent it occurring and learning from events. Restorative conversations within teams. EMT paper presented.	30 September 2023	FTSUG/Deputy Director Corporate Governance	Paper presented to EMT September 2023
3.	To undertake a review of local induction with the People directorate to ensure that new starters are informed about the FTSU process within the Trust.	31 January 24	FTSUG/Deputy Director Corporate Governance	FTSU question is on local induction page 4 for all staff complete 28 December 2023
4.	Follow up survey 3-, 6-, and 12-months following closure of case to ascertain and assure if any detriment suffered as a result of raising a concern, and report on actions taken as a result. Review data after in place after 12months.	31 March 24	FTSUG/Deputy Director Corporate Governance	Survey is sent out to staff and results to be collated at end of March. Data provided in Appendix 6 for 3month follow up. Update to be provided in next report to PRC January 2025.
5.	Review the staff survey results for 2022/23 and 2023/24 and benchmark against our peers, to identify best practice and areas for improvement.	30 April 24	FTSUG/Interim Chief People Officer	Staff survey results are being reviewed by People directorate on track for completion. Report in Appendix 7
6.	Ensure FTSU strategy aligns and informs the great place to work delivery plan, to continue improve the speaking up culture within the organisation.	30 April 24	FTSUG/Interim Chief People Officer	Current strategy aligns to Great place to work delivery plan. Staff engagement living our values planned for March 24 and a review of both strategies to be completed after this. Update to be provided in next PRC report January 2025.

7.	To explore inclusion of a question on FTSU policy awareness in 2023/24 staff survey to ascertain if staff are aware.	30 April 24	FTSUG/Interim Chief People Officer	This is to be included as part of questions when visiting sites to explore Flair survey as a possibility. Results in Appendix 7.
8.	Develop a 3 key questions survey awareness questionnaire for be used during visits to teams and wards. To be able to receive real time feedback.	30 April 24	FTSUG/Deputy Director Corporate Governance	Questions currently being developed – visits January to March to be organised. Results in Appendix 7.
9.	Continue to review FTSU arrangements on an annual basis and utilise feedback from those who have used the service as part of the annual reporting to People and Remuneration committee (PRC) and Trust Board. Act upon the results of the review and learn from the review to inform next year's improvement plan.	31 July 24	FTSUG/Deputy Director Corporate Governance	Review on track to be submitted to July 24 Board paper. Arrangements have been reviewed and the multiple FTSUG approach is working, and this model has been approved via FTSU steering group. Complete August 2024.
10.	To undertake an annual review of training needs and explore further opportunities for board engagement, to ensure the board continues to meet their obligations.	31 July 24	Non-Executive Director Lead/Interim Chief People Officer	On track to be completed for July 24 paper to Board. Board is to complete listen up and follow up training, proposal for essential to job role training going August 2024 to mandatory and essential to job role training group where it was approved for next steps. Clinical governance group approved the proposal for next steps in August 2024.
11.	Continue to take part in raising awareness of the role and promoting the role as Lead Non-Executive Director for Freedom to speak up. Continuing to promote the role of Lead Non-Executive director.	31 July 24	Chair/Non-Executive Director Lead	On track to be completed for July 24 paper to Board. Complete communication via The View shared 2 August 2024.
12.	A robust communications plan to be produced annually to take account of reviews that have taken place, using staff survey data, Datix, exit interviews, civility and respect champions and FTSU steering group. To include	31 July 24	FTSUG/Deputy Director Corporate Governance	Current communication plan in place to promote FTSU. Updated communication plan completed June 2024. A plan for October

	improvements at a service level in team brief and meetings.			2024 has been developed in August 2024.
13.	Mapping all the ways in which the Trust encourages and supports this open culture and listens to the workforce, this forms part of the annual communications plan	31 August 24	FTSUG/Deputy Director Corporate Governance	Completed August 2024 see appendix 3
14.	Increase the diversity of the representation of FTSUG in line with workforce. To recruit 2 more guardians. Ensure that new guardians are supported in the role and access support from National guardians' office as well as internal support. Lead guardian with other supporting FTSUGs with an inclusive sustainable model.	31 October 24	FTSUG/Deputy Director Corporate Governance	3 new guardians in place and trained 31 October 2023.

	Development areas to address in the next 12–24 months	**Target date**	**Action owner**	**Progress**
1.	Introduce the Plan Do Study Act approach and anonymous case studies to share the learning and work with Quality Assurance and improvement team to facilitate this, sharing learning via the FTSU steering group.	31 Dec 2024	FTSUG/Deputy Director Corporate Governance	December 2023 meeting has been held on track – to be incorporated into report writing.
2.	Continue to raise awareness of Listen up and follow up training uptake, via promotion in Operational Management Group and the communications plan.	31 Dec 2024	FTSUG/Deputy Director Corporate Governance	FTSUG regular attendance at Operational management group Essential to job role training proposal August 2024.
3.	Continue the development and use of equality data and any patterns of impact to be picked up through performance and remuneration committee to identify any Trust wide approaches to address and monitor this via the FTSU steering group.	31 Dec 2024	FTSUG/Deputy Director Corporate Governance	To be reviewed following 12month data set. A review of staff equality data against data received from persons accessing the FTSU service.
4.	Continue the use of equality monitor training data to ensure specific groups that may need targeted trust	31 Dec 2024	FTSUG/ Associate Director Communication,	To be reviewed following 12month data set. Both Equality diversity and Inclusion training and speak up training

	communications to encourage the use of FTSUG are identified and supported.		Involvement, Equality & Inclusion	consistently continue to be above the trust mandatory requirements and this is monitored via committee. A review of equality data against number of staff who have completed training is to be undertaken.

Stage 3: Summary of areas of strength to share and promote.

	High-level actions needed to share and promote areas of strength (focus on scores 4 and 5)	Target date	Action owner	Progress
1.	The Trust has a communications plan that will continue to promote the areas of strength below. The FTSUG will also ensure these are shared as appropriate externally for example as part of the regional network:	31 March 2024	Estelle Myers	FTSU communication plan in place completed 26 February 2024 newsletter shared
2.	Recruitment of FTSUG via fair and transparent process from REACH network	31 March 2024	Estelle Myers	FTSU communication plan in place completed 26 February 2024 newsletter shared
3.	Clear process for addressing detriment, all cases are independently investigated and overseen by lead NED.	31 March 2024	Estelle Myers	FTSU communication plan in place completed 26 February 2024 newsletter shared
4.	Feedback on ease of finding policy has been received by FTSUG.	31 March 2024	Estelle Myers	FTSU communication plan in place completed 26 February 2024

				newsletter shared
5.	Speak up training is mandatory.	31 March 2024	Estelle Myers	FTSU communication plan in place completed 26 February 2024 newsletter shared
6.	Emotional support in place for FTSUG	31 March 2024	Estelle Myers	FTSU communication plan in place completed 26 February 2024 newsletter shared
7.	New policy contains process for speaking up.	31 March 2024	Estelle Myers	FTSU communication plan in place completed 26 February 2024 newsletter shared

All the ways in which the Trust encourages and supports this open culture and listens to the workforce

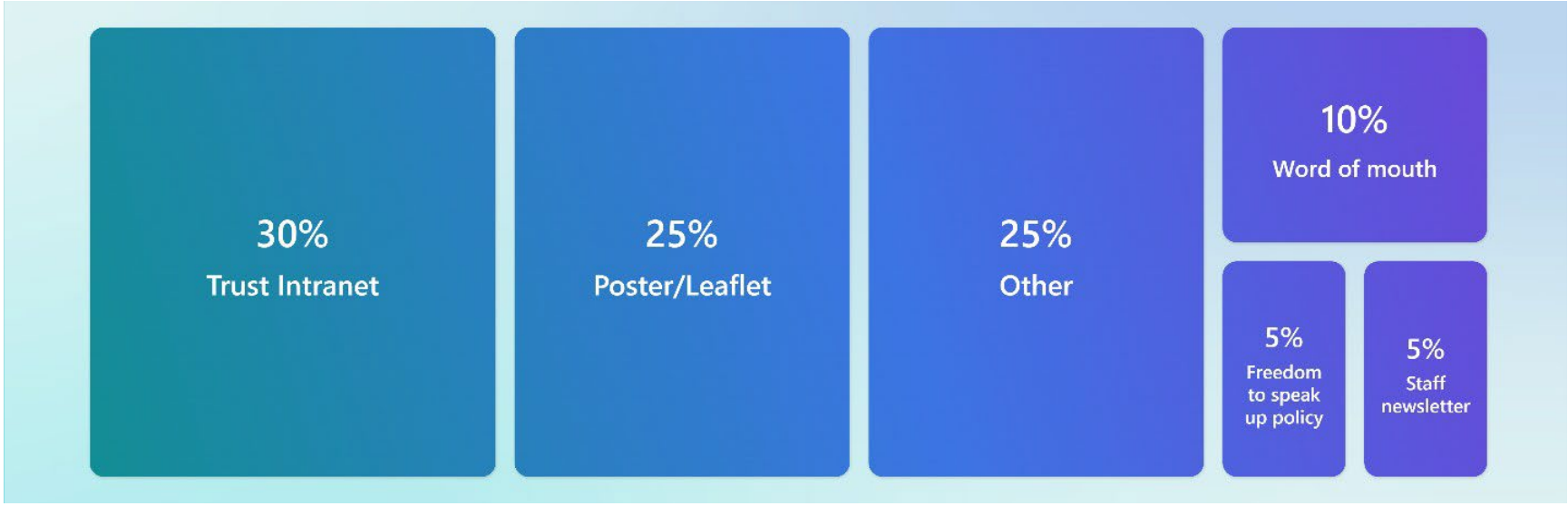
- Face to face conversations
- Welcome events
- Local induction
- Digital surveys
- Staff surveys
- Headlines
- The view
- Email
- Posters
- Screensavers
- Improvement network
- Flair survey
- Spaces at extended EMT for staff networks
- Line management training
- The Brief
- The intranet and website
- The Staff App
- Equity guardians
- Annual appraisals, which include discussions about wellbeing
- Supported access to ICB staff wellbeing hubs
- Newletters
- Training and continuous professional development
- Management conversations
- Supervision
- Strategy refresh
- Consultation around service changes
- Trauma informed care
- Health and wellbeing champions
- People advisors
- Freedom to speak up guardians
- Staff side
- Civility and respect champions
- Just and learning culture
- Key behaviours of managers
- Staff networks
- Social media
- General involvement and engagement events
- ‘Tea to Improve Quality’ sessions
- ‘Talk to the Trio’ sessions (on pause at the moment but we have held these monthly for the past year)
- ‘Getting to know SWYPFT’ booklets given to all new inductees and available online
- Staff notice boards
- Cultural advisors
- External consultants brought in for workstreams

Freedom to speak up guardian feedback part 1

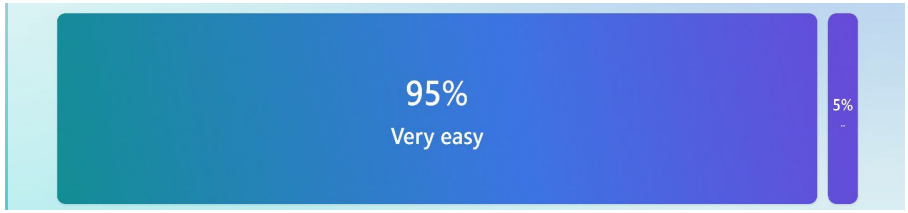
20 responses received 31st March 2024

Making **Freedom to Speak Up** business as usual.

How did you find out about the Freedom to speak up guardian role?



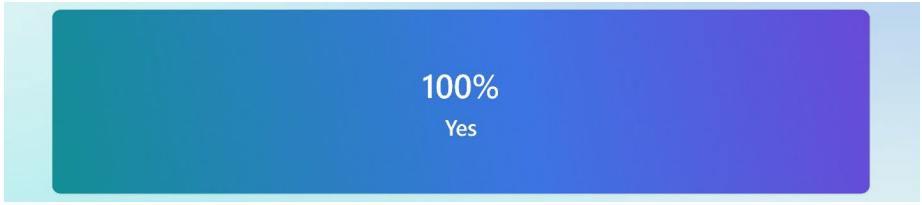
How easy was it to make first contact?



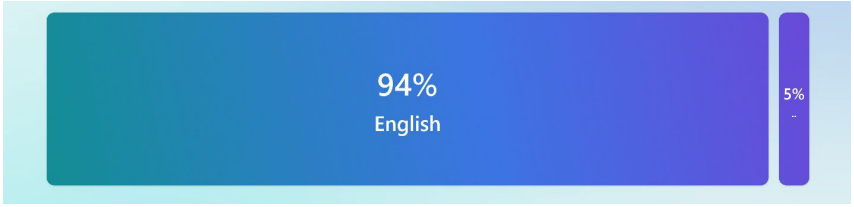
5% reasonably easy

Did you feel you your concerns were taken seriously?

Can we use the answers you have provided anonymously to help publicise the impact of speaking up?

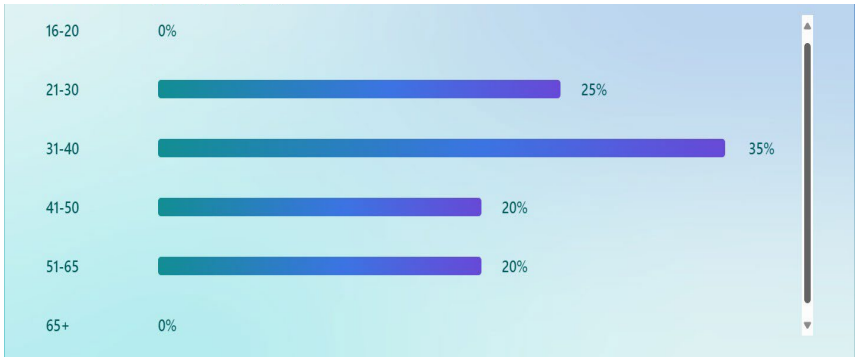


What is your main language?

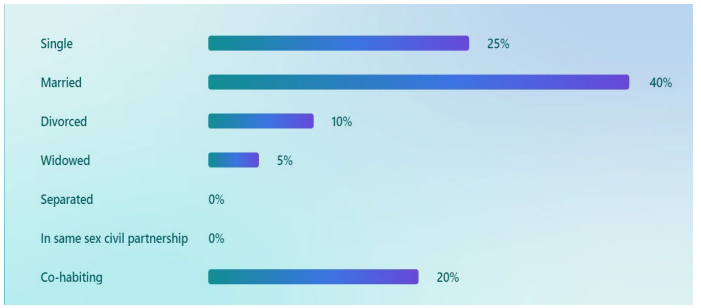


5% other

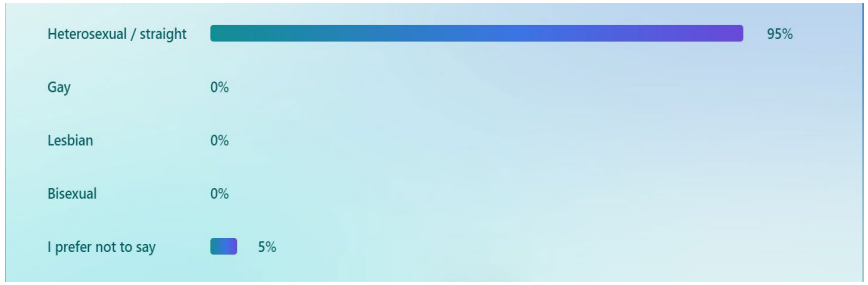
Age



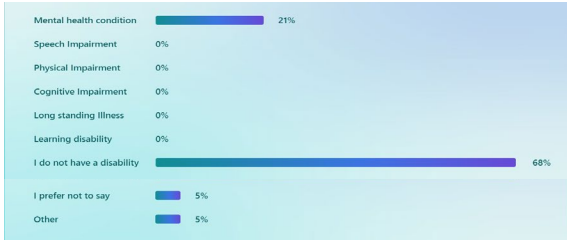
Marriage and civil partnership



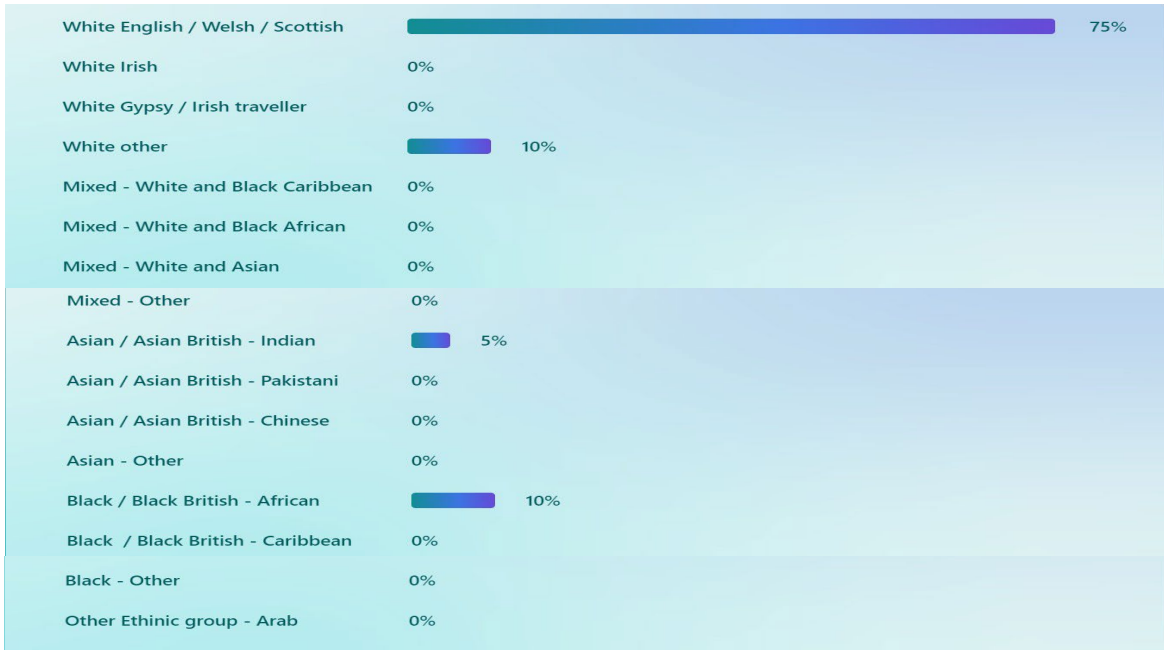
Sexual Orientation?



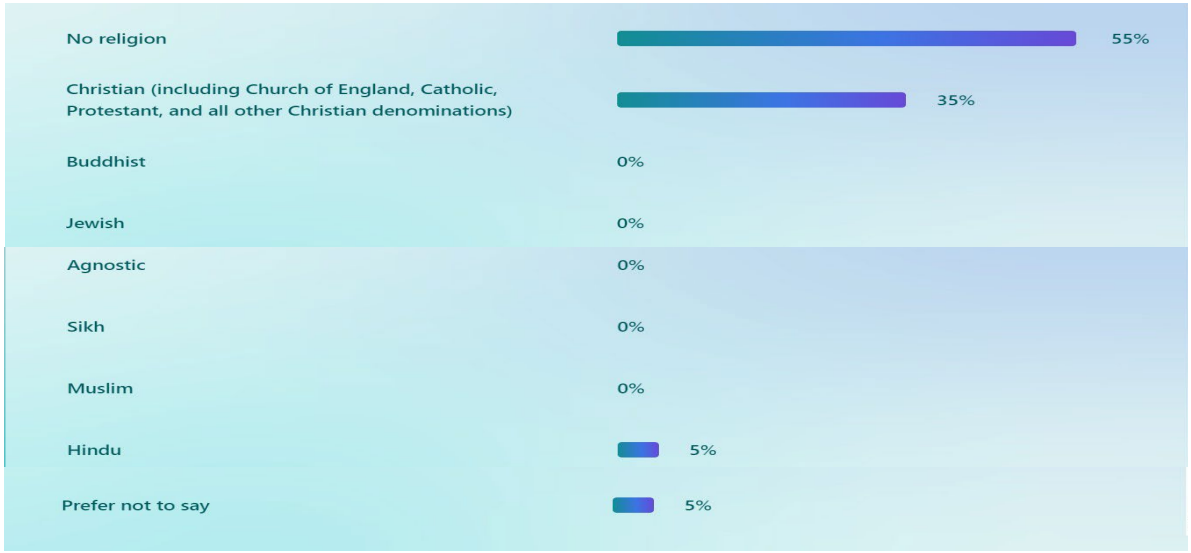
Disability: Do you consider yourself to have a disability?



What best describes your Ethnic Background? (taken from census categories 2011)



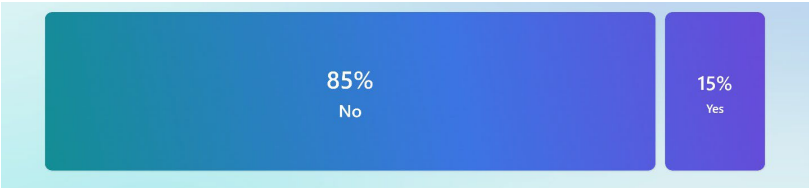
What best describes your Religion?



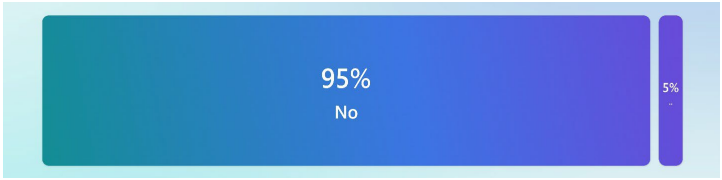
How well can you speak English?

5% well

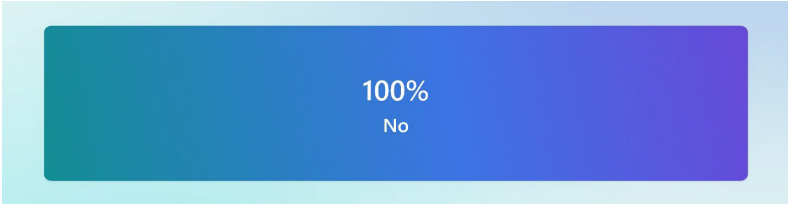
Caring responsibilities? Do you currently look after a relative, neighbour, or friend who is ill, disabled, frail or in need of emotional support?



Pregnancy and Maternity: Are you pregnant?



Have you had a baby in the last 12 months



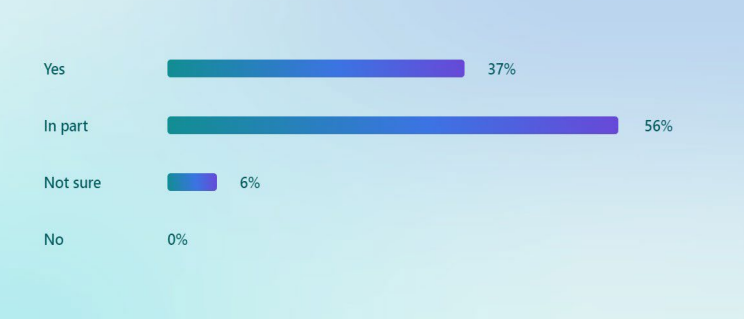
Freedom to speak up guardian feedback part 2 (when case closed)

16 responses received 31st March 2024

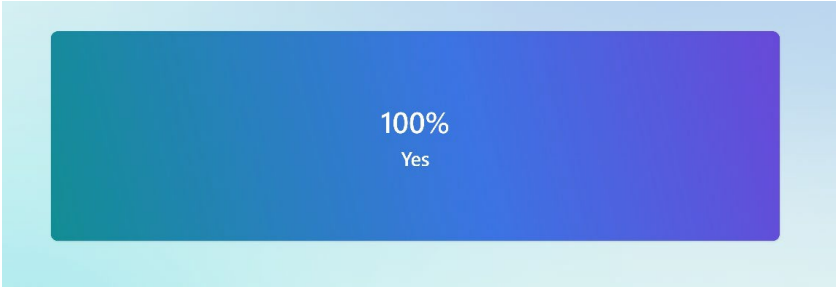
Making **Freedom to Speak Up** business as usual.

Did you receive regular feedback from the Freedom to speak up guardian?

Has your concern been addressed?

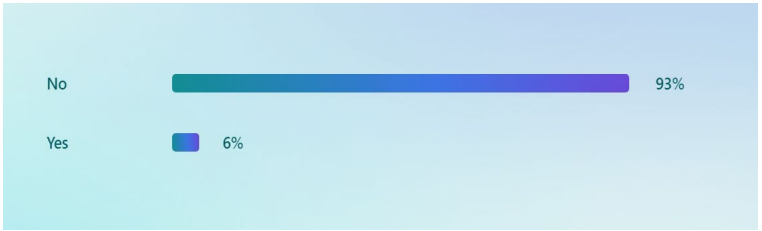


Did you feel you were treated confidentially?

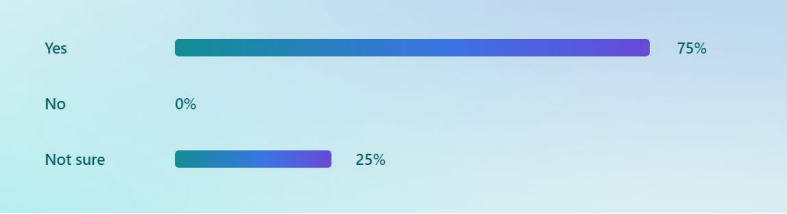


Have you suffered any detriment as a result of raising your concern?

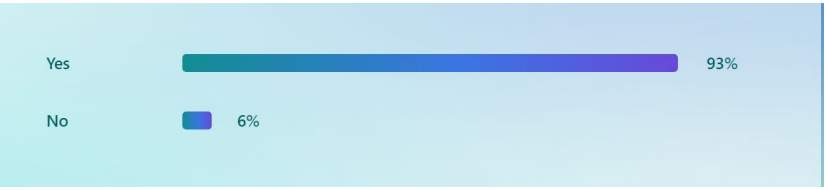
Detriment is the harm experienced by the person who has spoken up, even if this harm was not intended.



Based on your experience of raising a concern, would you do it again?



Were you thanked for raising a concern?



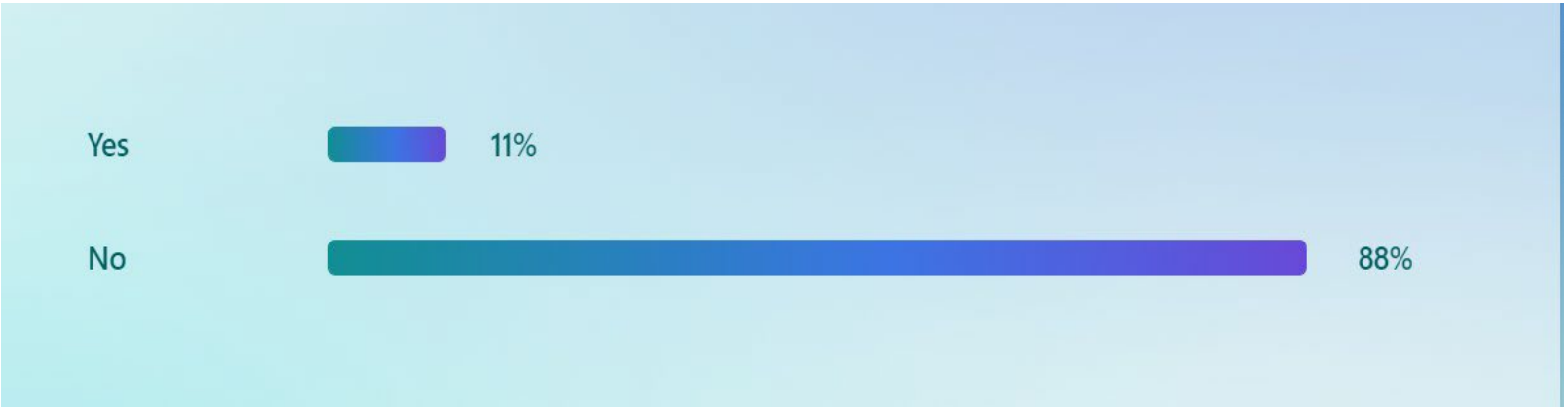
Freedom to speak up guardian feedback part 3 (3months after closure)

9 responses received 31st March 2024

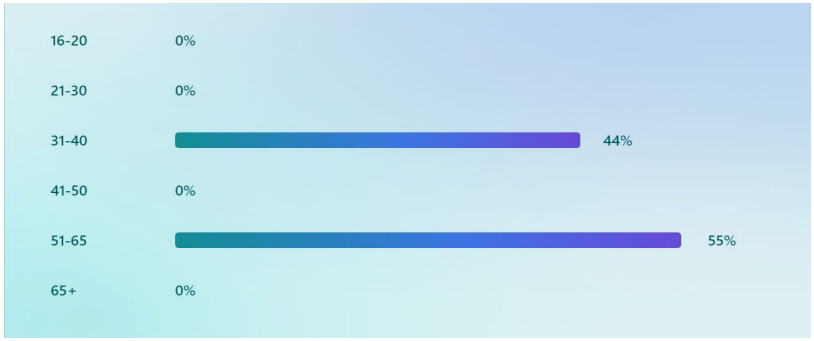
Making **Freedom to Speak Up** business as usual.

Have you suffered any detriment as a result of raising your concern?

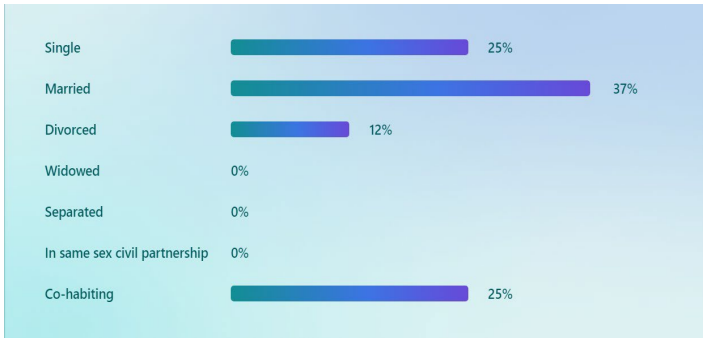
Detriment is the harm experienced by the person who has spoken up, even if this harm was not intended.



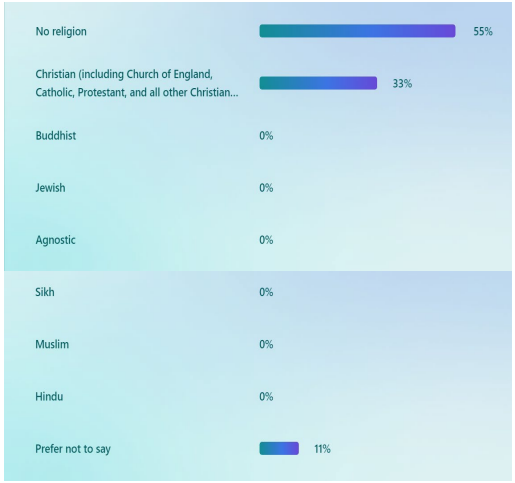
Age



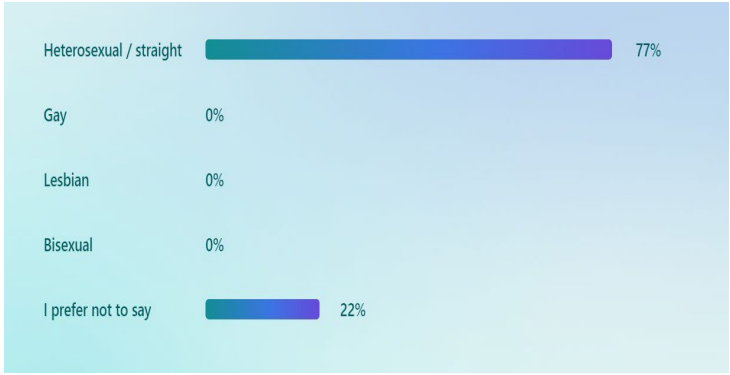
Marriage and civil partnership



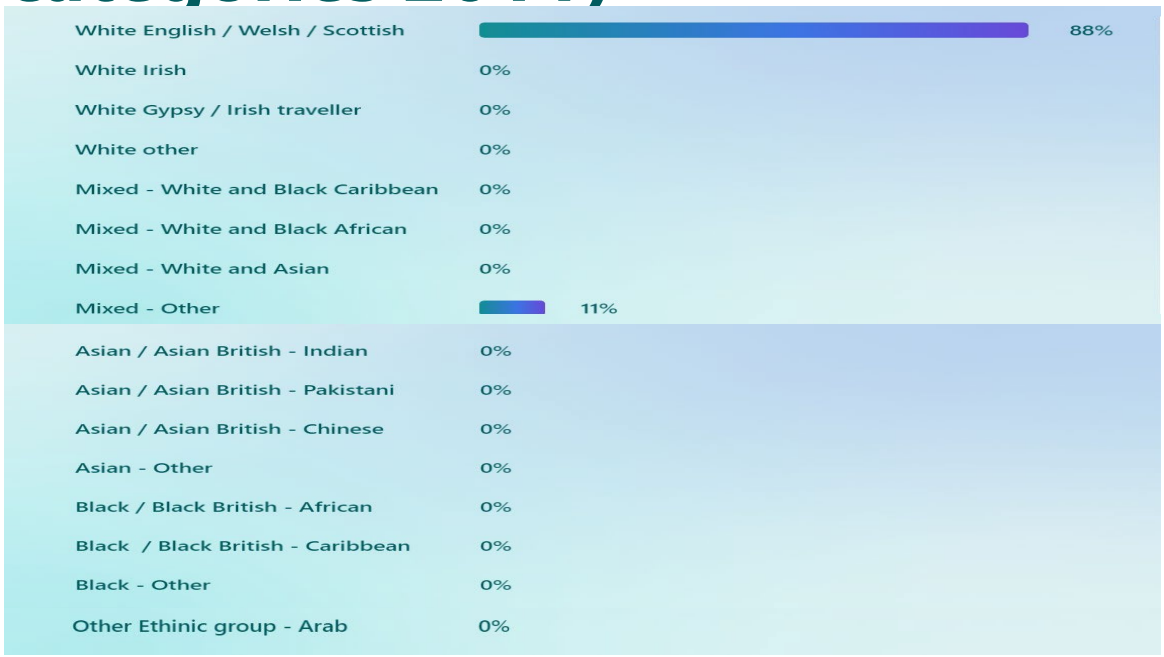
What best describes your Religion?



Sexual Orientation?



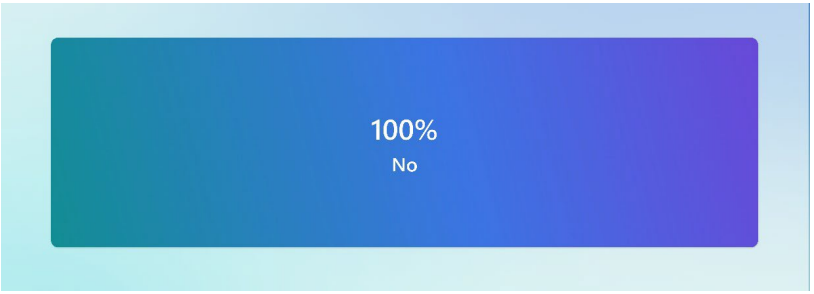
What best describes your Ethnic Background? (taken from census categories 2011)



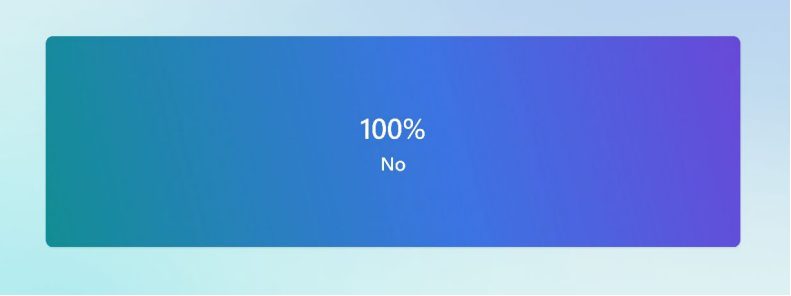
What is your main language?

How well can you speak English?

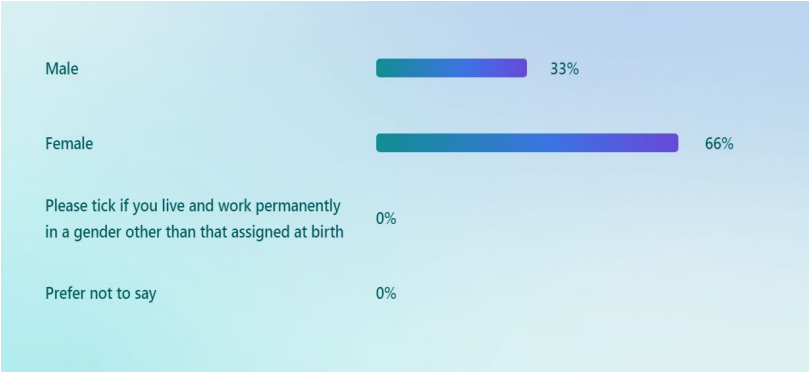
Pregnancy and Maternity: Are you pregnant?



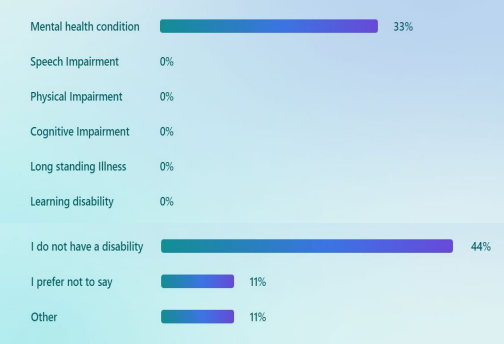
Have you had a baby in the last 12 months



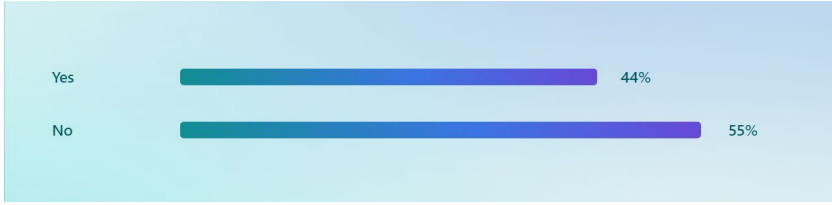
Gender



Disability: Do you consider yourself to have a disability?



Caring responsibilities? Do you currently look after a relative, neighbour, or friend who is ill, disabled, frail or in need of emotional support?



NHS
South West
Yorkshire Partnership
NHS Foundation Trust

National NHS Survey 2023
Freedom to Speak Up/Raising Concerns

1. Introduction

This report summarises the Trust's 2023 NHS Staff Survey results for the 'raising concerns' sub scale of the 'We each have a voice that counts' NHS people promise theme.

Freedom to speak up is a key priority for the Trust, and these results will inform our work to ensure staff feel safe and confident to raise concerns. This report details results for the Trust, care group/services, staff groups and equality groups.

2. Trust results

For the 2023 administration of the staff survey, the Trust achieved a response rate of 51% (2442 completed surveys), an increase of 1% when compared to the 2022 response rate. A response rate of 51% is 1% below the national average of 52%.

2.1 Sub scale score substantive staff

A summary of the result for the raising concerns' sub scale is provided below compared to other community, mental health and learning disability Trusts (sector average). A higher score indicates a more positive result:

Sub scale	Trust score 2023 0-10	Trust score 2022 0-10	Trust score 2021 0-10	Sector Average 2023	Worst 2023	Best 2023
Raising Concerns	6.87	6.88	6.85	6.80	5.76	7.31

We can see that the sub scale score has been stable since 2021, the changes are unlikely to be statistically significant. The Trust's score of 6.87 is slightly better than the sector average of 6.80.

2.2 Question level results

The sub scale score is determined by answers to the following questions:

Question	Trust average 2023	Trust average 2022	Trust average 2021	Sector average 2023
Q20a I would feel secure raising concerns about unsafe clinical practice.	76.40%	78.78%	77.83%	76.82%
Q20b I am confident that my organisation would address my concern.	63.53%	63.64%	64.22%	61.79%
Q25e, I feel safe to speak up about anything that concerns me in this organisation.	69.84%	71.04%	68.88%	68.14%
Q25f If I spoke up about something that concerned me, I am confident my organisation would address my concern.	58.66%	57.85%	57.32%	56.06%

We can see that our question level results are stable over the last three years. Three question scores, 20b, 25e and 25f are slightly better than the sector average and one, 20a, is slightly worse.

2.3 How do our results compare with other Trusts?

We can compare our 'raising concerns' sub scale score with those of other Trusts. In our NHS region, Northeast and Yorkshire, looking at all provider Trusts, we have the fifth highest score, and third for MH/LD and community Trusts:

- SWYPFT 6.87 (MH/LD and Community)
- Leeds Community Healthcare 7.20 (Community)
- Northumbria Healthcare 7.12 (Acute and Acute and Community)
- Rotherham, Doncaster and South Humber 6.91 (MH/LD and Community)
- Humber Teaching NHS FT 6.92 (MH/LD and Community)

Looking nationally at MH/LD and community Trusts the following have the highest scores:

- Solent NHS FT 7.31

- Midlands Partnership 7.23
- Berkshire Healthcare 7.16
- Lincolnshire Partnership 7.05
- Northamptonshire Healthcare 7.05

3. Care Group/Service results.

The care group scores for the 'raising concerns' sub scale are as follows:

SWYPFT average	**6.87**
Adult and Older people's MH	6.82
Barnsley	7.01
CAMHS and children	7.01
Forensics	6.25
Learning Disability and ADHD/ASD	7.36
Support Services	6.77

3.1 The following services have the most positive sub scale scores:

- Directors and support 9.15
- Barnsley Health and Wellbeing services 8.0
- ADHD/ASD 7.98
- Barnsley children's physical health 7.70
- Wetherby and Adel beck CAMHS 7.35
- IT 7.35
- Finance 7.31
- Learning Disabilities 7.21

3.1 The following services have the worst sub scale scores:

- Newhaven 5.66
- Other Forensic Services 5.88

- Forensics Low Secure 6.09
- Calderdale and Kirklees Gatekeeping and Liaison 6.11
- Barnsley Inpatient Acute MH 6.32
- Forensics Medium Secure 6.36
- Communication and Involvement 6.41
- Estates and facilities 6.49

See attached excel spreadsheet shared with Estelle Myers, FSUG lead for all service scores.

4. Staff group results

The care group scores for the 'raising concerns' sub scale are as follows:

SWYPFT average	**6.87**
Clinical support workers	6.96
Registered nurses	7.00
Medical	6.66
Allied health professionals	6.84
Estates and ancillary	6.33
Admin and clerical (includes staff working in Support Services)	6.86
Therapy, psychology and pharmacy	6.63

We can see that registered nurses and clinical support workers have the most positive scores, but estates and ancillary have the worst score. Therapy, psychology and pharmacy, and medical have below average scores.

5. Equality group results

The equality group scores for the 'raising concerns' sub scale are as follows:

SWYPFT average	**6.87**
Black, Asian and ethnic minority staff 6.82	White 6.89
Carers of children 6.94	Non carers 6.98
Carers of adults 6.70	Non carers 6.83
Age group	No significant differences, age groups 21-30 and 66+ are the most positive the lowest score is 51-65 at 6.80 and 41-50 6.83
LGBT+ 6.71	Heterosexual 6.95
Disabled staff 6.58	Nondisabled 6.98

Looking at results by ethnicity the following groups have the lowest scores:

- Any other ethnic background 6.03
- Any other Asian background 6.32
- Did not provide 6.10.
- White and Black Caribbean 6.38
- Caribbean 6.46
- Pakistani 6.59

We can see that some ethnic groups have the worst scores, followed by disabled staff carers of adults and LGBT+ colleagues.

6. Qualitative comments

Please see separate information regarding the qualitative comments we have received for both substantive (n=412) and bank staff (n=149).

These are being reviewed but key themes emerging are:

- Concerns around staffing levels
- Concerns regarding line management support
- Concerns regarding international recruitment

Eleven comments were found with a search for ‘speak/speaking up’, 6 from substantive staff and 3 from bank only staff:

‘We are encouraged to speak up but when we do our card is marked and no action is taken. We have no voice. Staff turnover is not addressed, and excuses are made for why people leave. We are taught to reflect on our work so why aren't managers reflective too?’

‘The FTSU process is not independent and, in my experience, blatantly biased, resulting in an obvious cover up. Managers frequently either don't know trust policies or ignore them and HR managers seem incompetent and very defensive’.

‘I have strong concerns that our systems to respond to bullying are insufficient. I witnessed chronic discrimination and reported it to line managers. The Freedom to Speak Up listened but impotent to manage systemic bullying. Managers around me stated they needed to be approached directly to act and this was impossible as they were part of the problem for victims. Instead my valued colleagues with some characteristics [details removed] left the organisation and I felt incredibly powerless and angry on their behalf. We need to consider how we ensure bullying is responded to proactively and help retain a diverse workforce’.

‘I feel fully supported by my direct manager, [name removed]. They always have time to listen and give me constructive feedback/support. They work so hard every day and still has time for everyone. I have worked for SWYPFT for many years. I see how much excellent work all the staff achieve, and I have always felt that I can speak up and be listened to. I am fully confident in the great work our Trust does’.

‘Police stopping welfare checks is having a negative impact on my role. I want to retire but need to carry on working to pay off [details removed]. I do not agree with the BMA strike but feel I cannot speak up about it; know of consultants who encourage trainees to go on strike, so they get big extra payments to cover. Trust should do more exit interviews.

‘There is very little flexibility for carers and people with responsibilities outside of work. Policies and procedures are not adhered to by management but yet as employees we have to follow these procedures, when you speak up your concerns aren't listened to, and it leaves you feeling extremely frustrated’.

‘My trust is guilty of responding to concerns being raised by staff, in exactly the same way that happened in the Lucy Letby case. I was [details removed] giving me no notice of this and failing to give me a chance to put forward a defence. As a complainant I was told that our complaint was upheld in every aspect. This included extensive evidence of bullying by a SWYFT manager, including discrimination regarding race and disability. Since then, the trust has reneged on all promises to act and has instead initiated a wholesale cover up. This has been achieved by it hiding behind the issue of confidentiality. Their priority was not to carry out a fair investigation but to protect the reputation of the senior managers implicated and to prevent the trust receiving poor publicity. The managers involved in our joint complaint completely failed to protect us and instead waged a covert war against all complainants. I am now the only one of the [number removed] of us left and I fully intent to not be working for this corrupt and bullying trust within the next 12 months. What is the NHS going to do to bring NHS managers to account? We acted in line with their policies, what they tell all staff about speaking up, and were all punished for it? And this is in spite of their platitudes about upholding our complaint! Truly disgusting. SWYFT hierarchy should be investigated and held responsible for their despicable actions!’

‘After a [number removed] year career in the NHS, over [number removed] of which I have spent in the organisation, I have been forced out of my job for speaking up about bullying, harassment and discrimination. I was victimised and gaslighted by senior Trust managers despite them acknowledging that staff were bullied and discriminated against based on race, sexual orientation, and disability. The Trust likes to portray themselves as an organisation that values its staff but the initiatives are pure window dressing and in my experience they go into self-preservation mode if they hear something they don't like. My experience has been similar to those who raised concerns at Mid Staffs and Countess of Chester Hospital. Fortunately, my concerns were of a less serious nature. I have already obtained alternate employment outside of the NHS and healthcare. This isn't isolated to me, many of my colleagues feel the same’.

‘More channel for bank staff to complain or raise concerns. (bank only staff)

‘Listen to our concerns and act on our behalf, especially when falsely accused at work or mistreated’. (bank only staff)

‘Familiar face and office to direct all concerns and queries. (bank only staff)

7. Summary of hotspot insights

- As stated above, at an organisational level the staff survey results are positive and slightly above the sector average.
- We can see there are hotspots however, particularly Forensic services.
- Looking at staff groups Therapy, psychology, and pharmacy, and medical have below average scores.
- Looking at equality groups there are some staff from specific ethnic backgrounds with below average scores, disabled staff, carers of adults and LGBT+ colleagues.
- There are a small number of negative comments from staff regarding speaking up.

8. NHS Staff Survey – Bank Staff only

A separate survey was administered to bank only colleagues who had completed at least one shift between 1st March and 30th August 2023. 135 responses were received from 580 eligible staff, a 23% response, down from 28% in 2022.

Two questions are asked to bank only staff.

Question	Trust average 2023	Trust average 2022	SWYPFT staff tor average 2023
Q20a I would feel secure raising concerns about unsafe clinical practice.	73.9%	65.3%	76.40%
Q20b I am confident that my organisation would address my concern.	63.90%	54.90%	63.53%

9. NHS Staff Survey – Recommendations

The following actions are recommended.

- The guardians review these results and in particular the hotspot areas to target those services/groups (including staff networks) with less positive responses.
- We engage staff in these groups to ask what would help them feel more confident and safe to raise concerns.
- We review the 2024 staff survey results to check for progress.
- We network and share learning with high performing Trusts.

Ashley Hambling

Senior Organisation Development Practitioner, The People Directorate

During January February and March 2024.

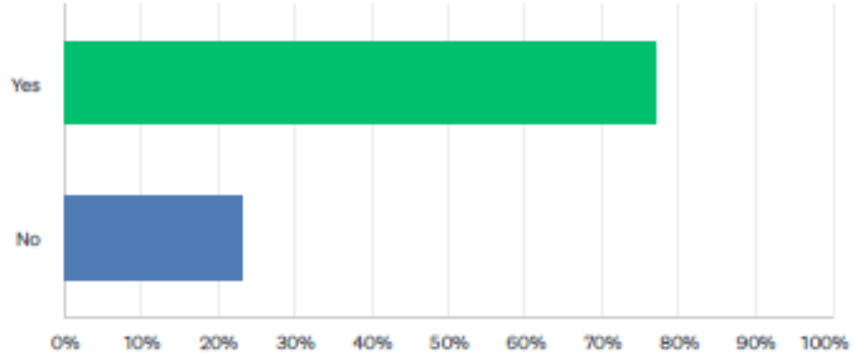
All 33 wards were visited across the Trust, memory services, CAMHS, SPA, rapid access and Dietetics.

A total 175 people were surveyed in real time.

Age	% Surveyed
16-20	1.18%
21-30	26.01%
31-40	22.49%
41-50	19.53%
51-65	27.22%
65+	3.55%

Q2 Are you aware of the FTSU Policy?

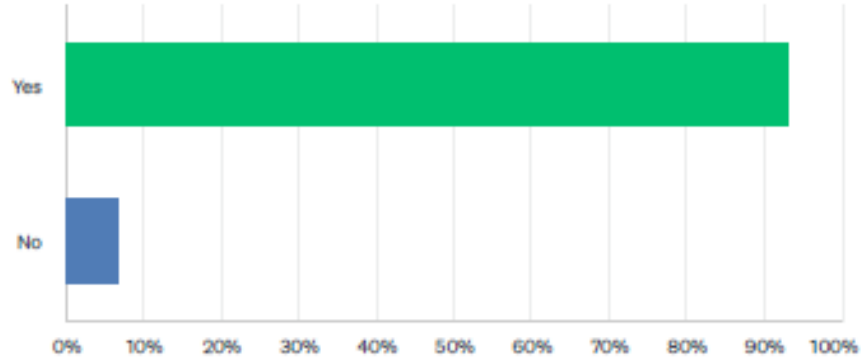
Answered: 191 Skipped: 5



ANSWER CHOICES	RESPONSES	
Yes	76.96%	147
No	23.04%	44
TOTAL		191

Q3 Was it easy to find the FTSU Policy?

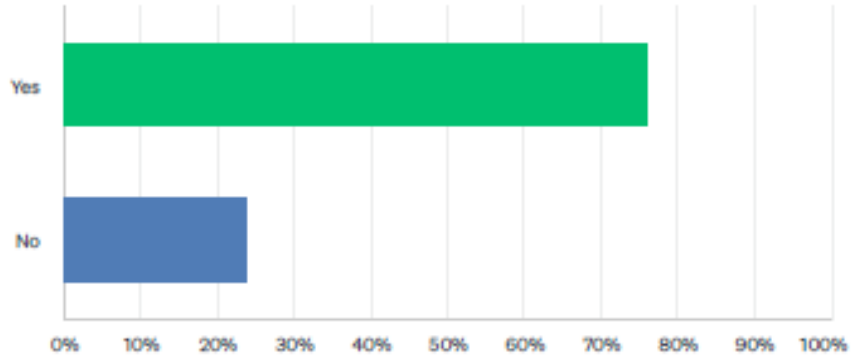
Answered: 148 Skipped: 48



ANSWER CHOICES	RESPONSES	
Yes	93.24%	138
No	6.76%	10
TOTAL		148

Q4 Do you know how to raise concerns with a FTSU Guardian?

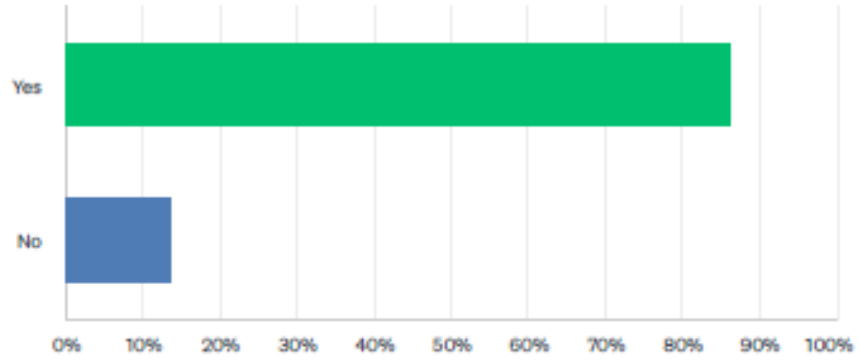
Answered: 192 Skipped: 4



ANSWER CHOICES	RESPONSES	
Yes	76.04%	146
No	23.96%	46
TOTAL		192

Q5 Do you know the other routes that you can raise concerns in work?

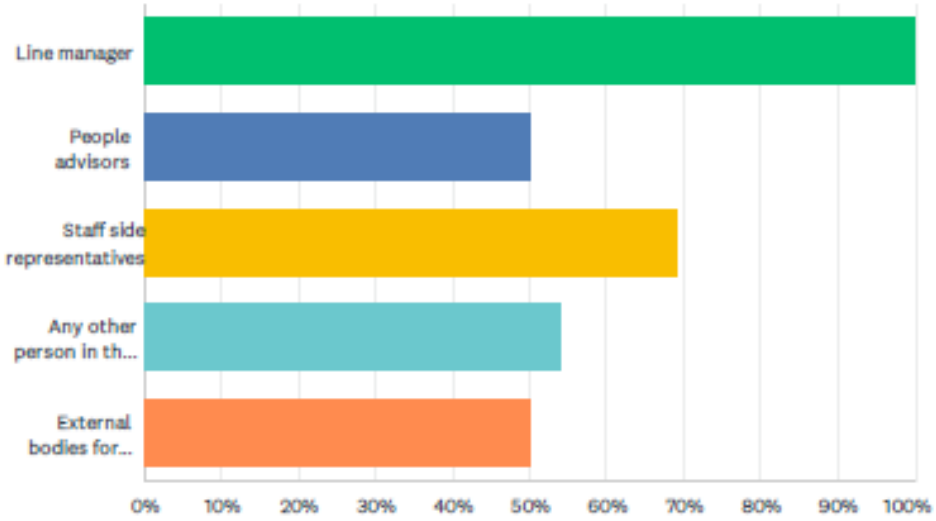
Answered: 191 Skipped: 5



ANSWER CHOICES	RESPONSES	
Yes	86.39%	165
No	13.61%	26
TOTAL		191

Q6 These are all the routes that you can raise concerns. (please select all options)

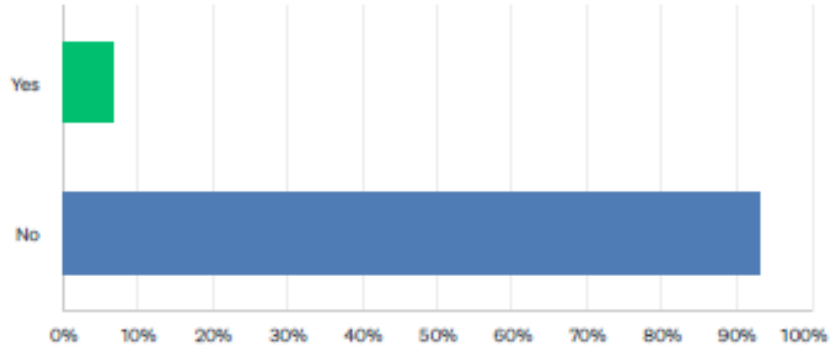
Answered: 26 Skipped: 170



ANSWER CHOICES	RESPONSES	
Line manager	100.00%	26
People advisors	50.00%	13
Staff side representatives	69.23%	18
Any other person in the organisation that you trust	53.85%	14
External bodies for example CQC	50.00%	13
Total Respondents: 26		

Q7 Have you ever raised a concern to a FTSU Guardian.

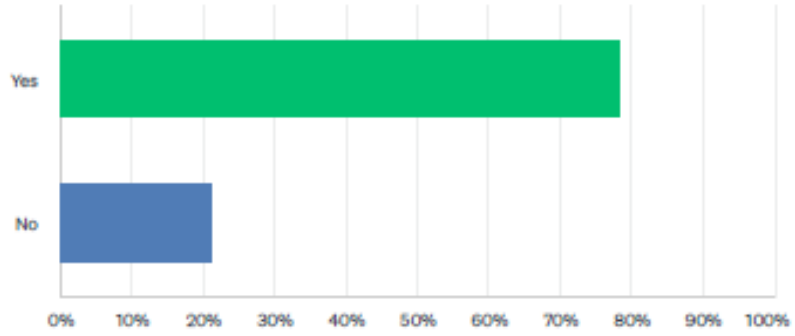
Answered: 191 Skipped: 5



ANSWER CHOICES	RESPONSES	
Yes	6.81%	13
No	93.19%	178
TOTAL		191

Q8 Did you feel listened to?

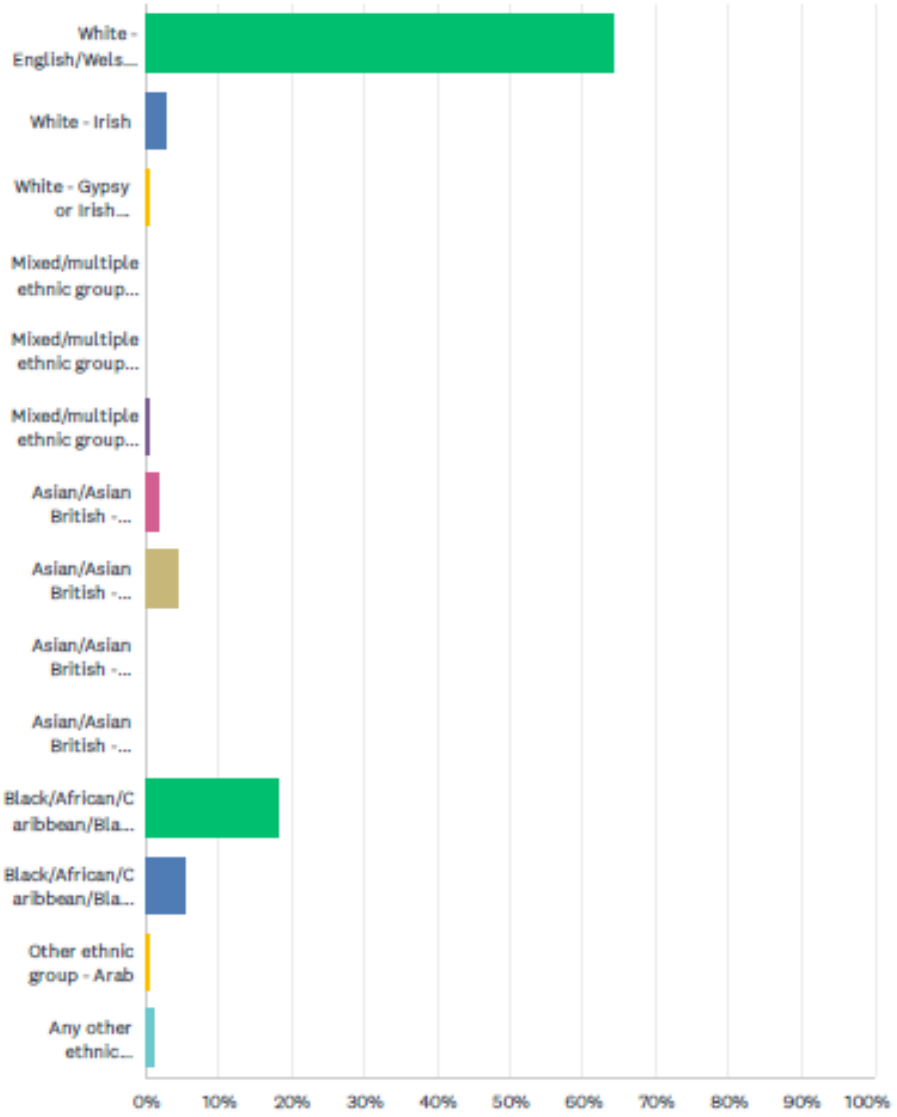
Answered: 14 Skipped: 182



ANSWER CHOICES	RESPONSES	
Yes	78.57%	11
No	21.43%	3
TOTAL		14

Q10 Race (please select from the list)

Answered: 180 Skipped: 16

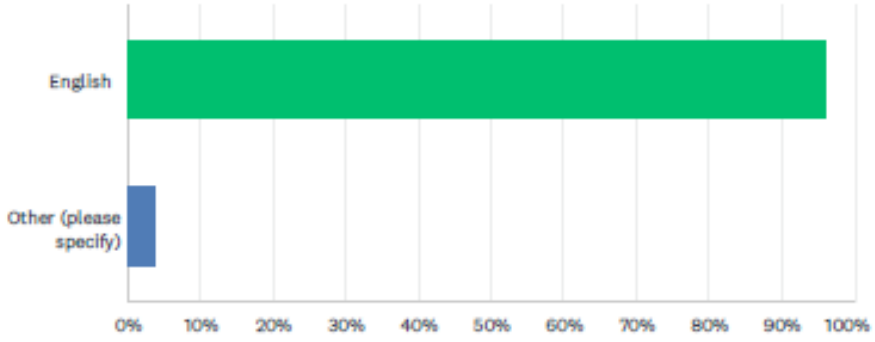


ANSWER CHOICES	RESPONSES	
White - English/Welsh/Scottish/Northern Irish/British	64.44%	116
White - Irish	2.78%	5
White - Gypsy or Irish Traveller	0.56%	1
Mixed/multiple ethnic group - White and Black Caribbean	0.00%	0
Mixed/multiple ethnic group - White and Black African	0.00%	0
Mixed/multiple ethnic group - White and Asian	0.56%	1
Asian/Asian British - Indian	1.67%	3
Asian/Asian British - Pakistani	4.44%	8
Asian/Asian British - Bangladeshi	0.00%	0
Asian/Asian British - Chinese	0.00%	0
Black/African/Caribbean/Black British - African	18.33%	33
Black/African/Caribbean/Black British - Caribbean	5.56%	10
Other ethnic group - Arab	0.56%	1
Any other ethnic background, write in:	1.11%	2
TOTAL		180

#	ANY OTHER ETHNIC BACKGROUND, WRITE IN:	DATE
1	Ashkenazi	2/14/2024 8:35 AM
2	Filipino	1/29/2024 2:50 PM

Q11 What is your language?

Answered: 180 Skipped: 16



ANSWER CHOICES	RESPONSES	
English	96.11%	173
Other (please specify)	3.89%	7
TOTAL		180

#	OTHER (PLEASE SPECIFY)	DATE
1	Shona	3/7/2024 11:13 AM
2	Setswana	2/28/2024 9:48 AM
3	Setswana	2/28/2024 9:42 AM
4	Malayalam	2/21/2024 4:01 PM
5	Swahili	2/12/2024 4:29 PM
6	Shona	2/12/2024 2:25 PM
7	punjabi	1/31/2024 9:58 AM

Q12 How well can you speak English?

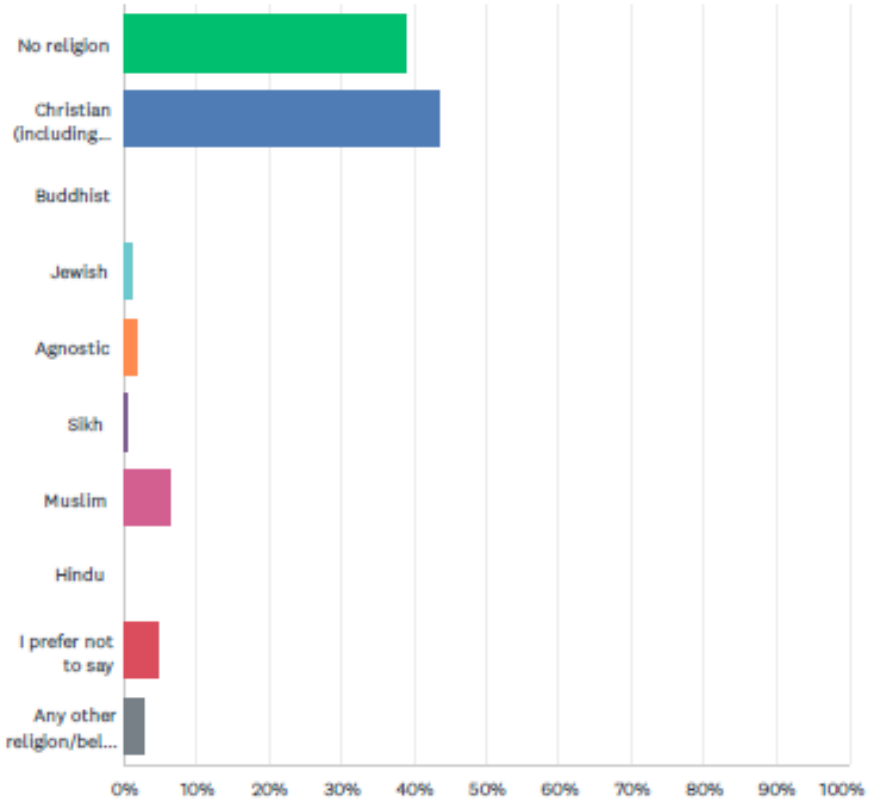
Answered: 179 Skipped: 17

3.9★
average rating

	NOT AT ALL	NOT VERY WELL	WELL	VERY WELL	TOTAL	WEIGHTED AVERAGE
☆	0.56% 1	0.00% 0	8.38% 15	91.06% 163	179	3.90

Q13 Religion/belief (please select from the list)

Answered: 174 Skipped: 22

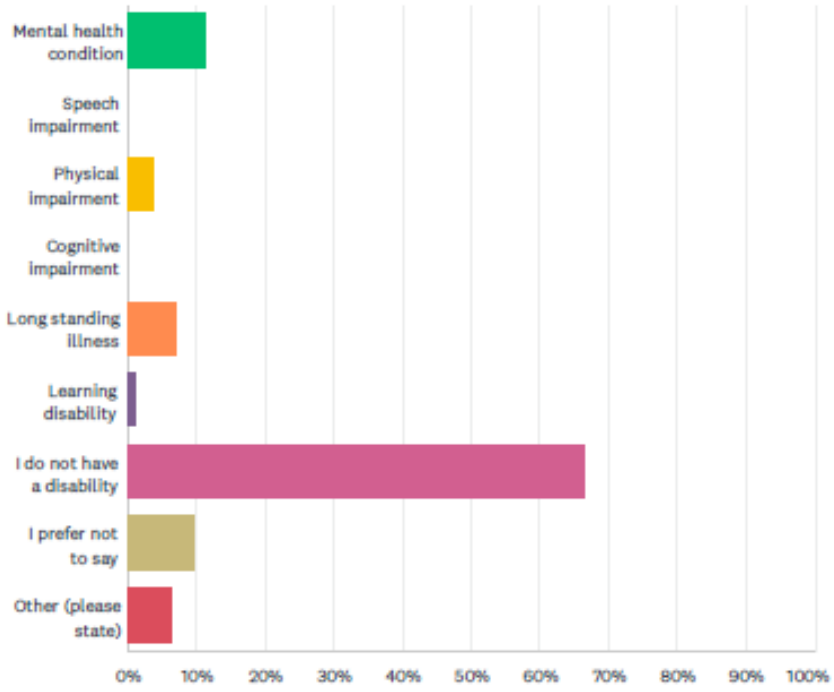


ANSWER CHOICES	RESPONSES	
No religion	39.08%	68
Christian (including Church of England, Catholic, Protestant and all other Christian denominations)	43.68%	76
Buddhist	0.00%	0
Jewish	1.15%	2
Agnostic	1.72%	3
Sikh	0.57%	1
Muslim	6.32%	11
Hindu	0.00%	0
I prefer not to say	4.60%	8
Any other religion/belief (please write in):	2.87%	5
TOTAL		174

#	ANY OTHER RELIGION/BELIEF (PLEASE WRITE IN):	DATE
1	Roman catholic	3/7/2024 10:02 AM
2	Jehovahs Witness	2/15/2024 10:00 AM
3	Methodist	1/29/2024 1:25 PM
4	Methodist	1/22/2024 3:26 PM
5	Jehovahs Witness	1/22/2024 2:01 PM

Q14 Do you consider yourself to have any of the following? (Please tick all that apply)

Answered: 158 Skipped: 38



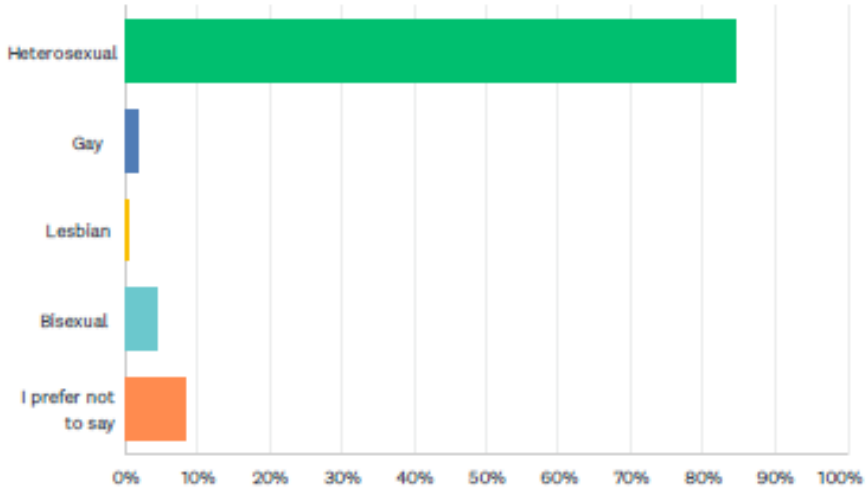
ANSWER CHOICES	RESPONSES	
Mental health condition	11.39%	18
Speech impairment	0.00%	0
Physical impairment	3.80%	6
Cognitive impairment	0.00%	0
Long standing illness	6.96%	11
Learning disability	1.27%	2
I do not have a disability	66.46%	105
I prefer not to say	9.49%	15
Other (please state)	6.33%	10
Total Respondents: 158		

#	OTHER (PLEASE STATE)	DATE

1	N/A	3/7/2024 10:02 AM
2	Arthritis	2/28/2024 11:38 AM
3	Musculoskeletal skeletal	2/28/2024 9:42 AM
4	7	2/21/2024 10:33 AM
5	None	2/15/2024 10:56 AM
6	None	2/14/2024 10:19 AM
7	Disability	2/12/2024 3:05 PM
8	N/A	1/30/2024 2:17 PM
9	Visual impairment	1/29/2024 1:39 PM
10	N/A	1/22/2024 2:37 PM

Q15 What is your sexual orientation?

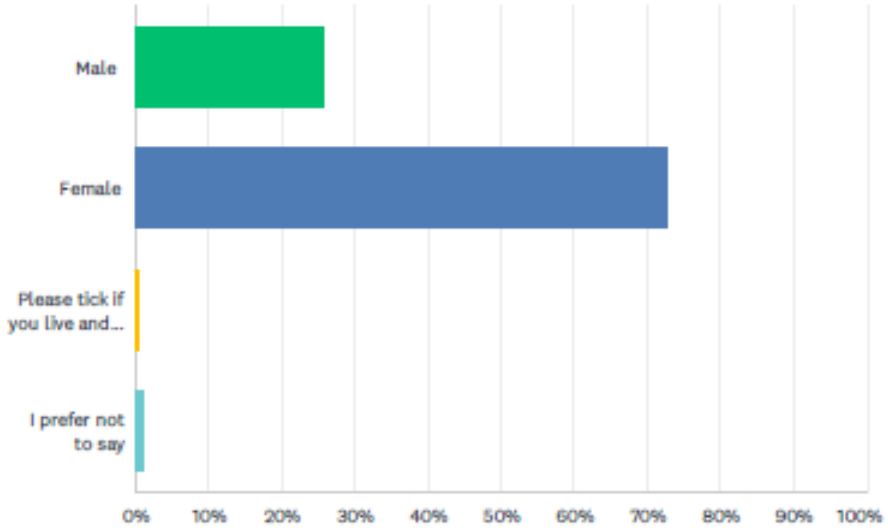
Answered: 177 Skipped: 19



ANSWER CHOICES	RESPONSES	
Heterosexual	84.75%	150
Gay	1.69%	3
Lesbian	0.56%	1
Bisexual	4.52%	8
I prefer not to say	8.47%	15
TOTAL		177

Q16 What is your sex?

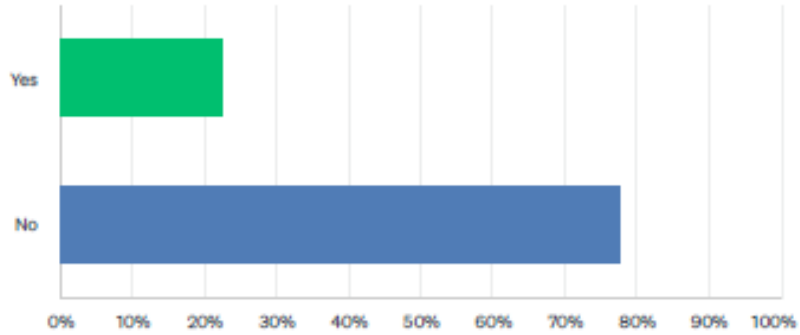
Answered: 179 Skipped: 17



ANSWER CHOICES	RESPONSES	
Male	25.70%	46
Female	72.63%	130
Please tick if you live and work permanently in a gender other than that assigned at birth	0.56%	1
I prefer not to say	1.12%	2
TOTAL		179

Q17 Do you currently look after a relative, neighbour or friend who is ill, disabled, frail or in need of emotional support?

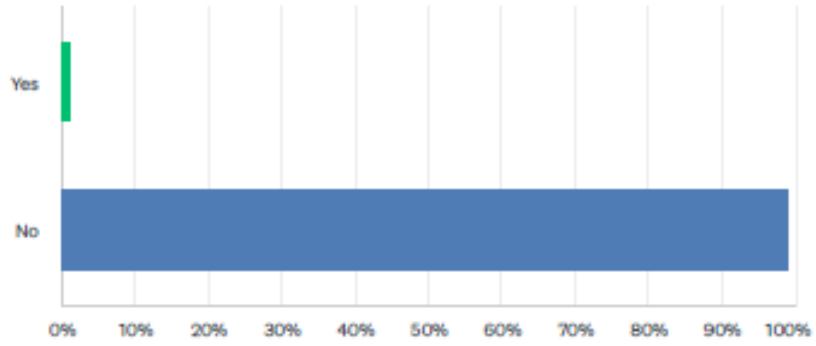
Answered: 179 Skipped: 17



ANSWER CHOICES	RESPONSES	
Yes	22.35%	40
No	77.65%	139
TOTAL		179

Q18 Are you pregnant?

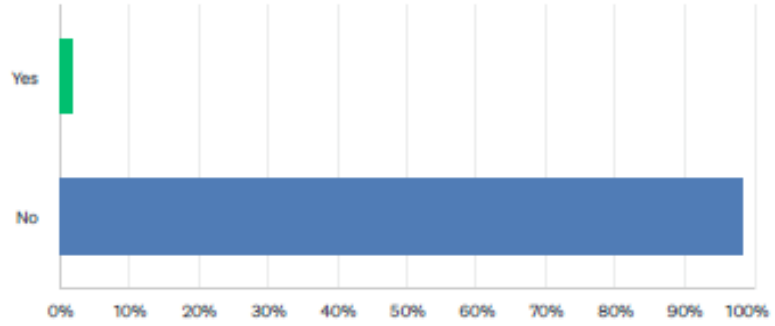
Answered: 179 Skipped: 17



ANSWER CHOICES	RESPONSES	
Yes	1.12%	2
No	98.88%	177
TOTAL		179

Q19 Have you had a baby in the last 12 months?

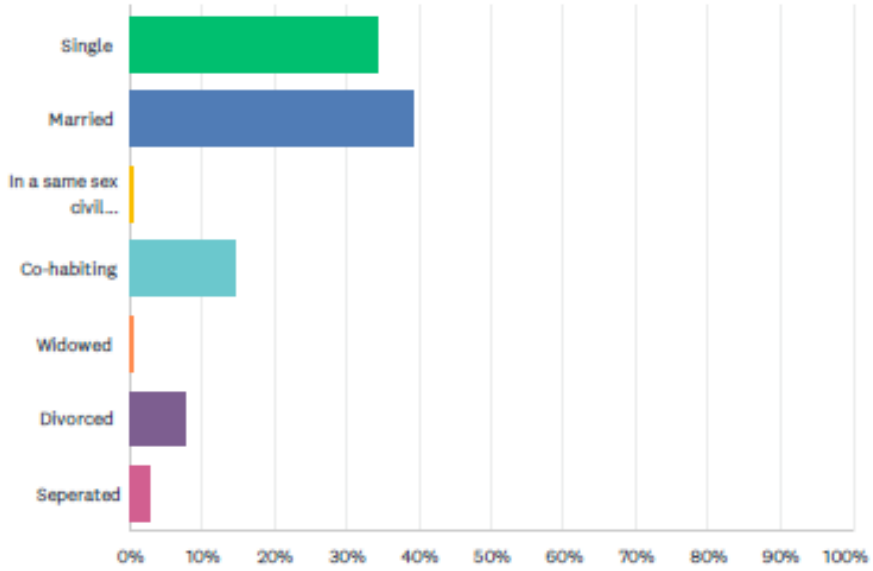
Answered: 175 Skipped: 21



ANSWER CHOICES	RESPONSES	
Yes	1.71%	3
No	98.29%	172
TOTAL		175

Q20 Marriage and Civil Partnership (please tick one box)

Answered: 178 Skipped: 18



ANSWER CHOICES	RESPONSES	
Single	34.27%	61
Married	39.33%	70
In a same sex civil partnership	0.56%	1
Co-habiting	14.61%	26
Widowed	0.56%	1
Divorced	7.87%	14
Seperated	2.81%	5
TOTAL		178

NHS
South West
Yorkshire Partnership
NHS Foundation Trust

Members' Council
15 November 2024
Agenda item 8.1

Private / Public	**Public**
Title:	**Appointment of Deputy Chair / Senior Independent Director**
Paper presented by:	Andy Lister, Head of Corporate governance (Company Secretary)
Paper prepared by:	Andy Lister, Head of Corporate governance (Company Secretary)
Purpose:	To consider the appointment of the Deputy Chair / Senior Independent Director and make a recommendation to the Members' Council.
Mission/values:	Good governance supports the Trust to deliver its mission and adhere to its values.
Any background papers / previously considered by:	Not applicable.
Executive summary:	**Background** The role of the Nominations Committee is to ensure the right composition and balance of the Board and, secondly, to oversee the process for the identification, nomination and appointment of the Chair and Non-Executive Directors (NEDs), Deputy Chair/Senior Independent Director (SID), and the Lead Governor and Deputy Lead Governor. The Deputy Chair pro-actively supports the work of the Chair and stands in for the Chair, in managing Board decisions and their development, ensuring that 'due process' has been applied at all stages of decision making and that full and complete consideration has been given to all options. The SID provides independent counsel to the Chair and serves as an intermediary for the other Directors when necessary. The SID is available to Governors if they have concerns that the normal channels of the Chair, Chief Executive, Director of Finance, Estates & Resources, Assistant Director of Corporate Governance or Head of Corporate Governance (Company Secretary) have failed to resolve, or for matters where such contact is inappropriate. Further details of both roles is shown in the attached role description. **Process** Under the Nominations Committee Terms of Reference, the Committee has the duty to ensure there is a formal, rigorous and transparent procedure for the appointment of the Chair and Non-Executive Directors of the Board.

	On 30 September 2024, Mandy Rayner, Deputy Chair/ Senior Independent Director left the Trust. **Recommendation for appointment** Natalie McMillan was first appointed as Non-Executive Director from 1 May 2021 to 30 April 2024. Natalie was re-appointed for a second three year term from 1 May 2024 until 30 April 2027 by the Members' Council on 23 February 2024. A discussion has taken place between the Chair and the Non-Executive Directors. It was agreed that Natalie McMillan should be nominated for the combined role of Deputy Chair and Senior Independent Director attracting an additional remuneration of £2,000 subject to approval from the Members' Council. Natalie's profile and the deputy chair and senior independent role profiles are attached for information. On 9 October 2024, Nominations Committee supported the proposal and recommended the approval of the appointment of Natalie McMillan to be Deputy Chair and Senior Independent Director.
Recommendation:	**Members' Council is asked to:** **APPROVE** the appointment of Natalie McMillan as the Deputy Chair and Senior Independent Director of the Trust.

South West Yorkshire Partnership NHS Foundation Trust

Members' Council
Supporting paper – 15 November 2024

Natalie McMillan

Background
Nat was appointed as a Non-Executive Director of SWYPFT on 1 May 2021 and her first term ended on 30 April 2023. Natalie was re-appointed to a second three-year term from 1 May 2024 until 30 April 2027 at the Members' Council meeting on 23 February 2024.

Nat is a Human Resources (HR) and Organisational Development (OD) professional with significant board-level experience across the NHS. She has previously enjoyed over 10 years at York Hospitals Foundation Trust and more recently at Locala Community Partnerships.

Nat runs her own business specialising in HR and OD. Nat continues to play a role in the West Yorkshire Health and Care Partnership as chair of the Primary Care Workforce group.

She is passionate about reducing inequalities and growing diverse representation. This has led her to her current role of as Chair of Kyra, a women's project based in York.

Roles

During her term of office, Nat has been:
- Chair of the Quality and Safety Committee
- Member of the People and Remuneration Committee
- Member of the Finance, Investment and Performance Committee

From 1 October 2024, Nat is:
- Chair of the People and Remuneration Committee
- Member of the Audit Committee
- Member of the Quality and Safety Committee

Other Trust activities
Nat is hard working and performs above and beyond her role as a Non-Executive Director. She is a regular attender at Members' Council meetings. Nat has also supported / attended a range of Trust meetings including improvement network meetings, board development meetings, finance and performance training, supporting new colleagues and she has attended and spoke at People Directorate away days.

Nat has also visited a number of Trust service areas including The Dales in Calderdale, and the Mental Health Museum at Fieldhead, amongst others.

Externally, Nat has attended a number of events including the 360 Assurance Risk Management meeting, a Corporate Trustee training event, and the Yorkshire and Humber training hub connect event.

Performance

Nat's appraisal was conducted, and her objectives set in the summer of 2024. As with all Non-Executive Directors the Chair has regular one to ones with each of them to manage and monitor their performance against specific objectives.

The Chair is delighted to report Nat's progress continues to exceed the objectives set and one area of strength is her ability to effectively challenge in Board meetings which has, on many occasions, enabled the Board to consider different perspectives during their discussions, as well as making sure patients are at the heart of what the Trust delivers.

In her role as Chair of the Quality and Safety Committee, Nat performed as an effective Chair and made valuable contributions to all other committees where she is a member. Following the appointment of two Non-Executive Directors and a review of the Board Committees, Natalie now Chairs the People and Remuneration Committee and is a member of the Audit Committee and the Quality and Safety Committee.

Nat is up to date with all her mandatory training and has successfully met all of her objectives to date.

Nat is a very effective NED who makes a strong contribution to the Trust Board.

Role Descriptions

Deputy Chair job description

Essential expertise

- Has embraced and lived the values of the organisation.
- Has demonstrated commitment and effective participation in the Board / Committees of South West Yorkshire Partnership NHS Foundation Trust (SWYPFT).
- Has commercial or high-level public-sector background and an understanding of governance arrangements in a highly regulated and complex environment.
- Has demonstrated a clear sense of strategic direction and a previous track record of performance management.
- Has undertaken challenge and support appropriate to the Board.
- Has established and managed complex relationships internally and across a number of organisational boundaries.
- Has displayed the ability to be a strong ambassador for the Trust and support the work of the Chair.

Desirable experience

- Has experience of working as a Non-Executive Director in other sectors, such as private, community or voluntary organisations.
- Has established an understanding of the needs of the people who use our services and health inequalities in the populations served by our Trust.

Essential competences

Competence	Explanation
Strategic thinking	Has been able to look ahead and work with others to develop practice and ambitious plans.
Patient, service user and community focus	Has shown commitment to supporting people's expectations of healthcare in the local community, through the public, voluntary or private sector.
Self-belief and drive	Has shown the ability to challenge constructively with the motivation to improve NHS performance and the confidence to take on challenges.
Intellectual flexibility	Has been a sharp and clear thinker who can weigh up other people's ideas and have ideas of their own.
Team working ability	Has built constructive relationships and worked effectively in a team of people whilst enabling others to take on the operational work.
Effective influencing and communication skills	Has gained respect through a personal empowering style supported by effective communication and influencing skills.

Competence	Explanation
Sound understanding of corporate governance and high standards of personal conduct	Has been tough enough to hold others to account for their performance but also to accept being held to account for their own performance.

Responsibilities

Strategy

- Provides deputy leadership to the Members' Council and Trust Board, supporting their effectiveness in all aspects of their role and agenda.
- Works with the Chair and Board members in developing and promoting the Trust's vision, values, aims and strategic objectives.
- Pro-actively supports the work of the Chair / stands in for the Chair, in managing Board decisions and their development ensuring that 'due process' has been applied at all stages of decision making and that full and complete consideration has been given to all options.
- Supports direct work of the Trust in leading with the Chair and other non-executives, the Chief Executive and other executive directors.

Human Resources

- Supports, encourages and, if appropriate, mentors other Board members and senior executives.
- Supports and participates in the regular evaluation of the performance of the Members' Council and the Board of directors, Committees and individual directors, and facilitates the effective contribution of non-executive directors, directors and governors and ensure constructive relations.
- Takes responsibility for own personal development and ensures that this remains a priority.

Operations

- Supports the Chair in taking responsibility for ensuring the Board monitors the progress of the business against planned objectives.
- Uses leadership skills and experience to advise and support the work of the Trust, the operation of the Board and the work of the governors.
- Supports the Chair in ensuring the Board establishes clear objectives to deliver agreed plans and meets the terms of its authorisation, regularly reviewing performance against the objectives.
- Supports the Chair in planning and conducting Board meetings.
- Encourages the best use of resources including the development of effective risk and performance management processes.
- Shares and uses relevant experience with senior managers and clinicians in a changing healthcare environment.
- Promotes appropriate processes and procedures to deliver high standards of professional, clinical, administrative and personal behaviours across the Trust.
- Is aware and understands relevant regulatory and central government policies.
- Complies at all times with the Trust's published health and safety policies and procedures, following agreed safe working procedures and reporting incidents using the Trust's reporting systems.

Communication and relationships

- Support the effectiveness, constructive dialogue and harmonious relations with a number of bodies including the board of directors, the board of governors, stakeholders

in the Trust's community, national healthcare stakeholders, regulators such as NHS England / Improvement and the Care Quality Commission.

- Ensures the provision of accurate, timely and clear information to directors and governors and maintain appropriate links with the Chief Executive and individual directors as well as with the wider local and national health and social care community.
- Will liaise with the Chair and the Trust secretary in setting the agenda for the Members' Council.
- Will support the Members' Council Nominations Committee chair when the succession to the role of Trust Chair is being considered.
- Develops high level relationships with key stakeholders, including the Trust's financiers but ensuring that the interests of all stakeholders are fairly balanced at all times.
- Represents the Trust's views with national, regional and local bodies or individuals.
- Upholds the values of the Trust, as an appropriate role model and to ensure that the Board promotes equality and diversity for all its patients, staff and other stakeholders.
- Is an ambassador for the Trust, is knowledgeable about local issues, and assists the Trust to support local regeneration as a major employer.
- Sets an example on all policies and procedures designed to ensure equality of employment, to ensure staff, patients and visitors are treated equally irrespective of gender, age, disability, sexual orientation, religion, etc.

Senior Independent Director job description

The **Senior Independent Director role involves the following responsibilities:**

- Is able to act independently of the Chair on behalf of the organisation.
- Is available to staff and governors if they have concerns relating to the Chair, Chief Executive or Director of Finance & Resources or the board of directors as a whole, compliance with the terms of authorisation, or the welfare of the Trust and, which contact through the normal channels have failed to resolve or for which such contact is inappropriate.
- Has a key role in acting as a sounding board and source of advice for the Chair, Chief Executive, executive directors and other non-executive directors.
- Will lead the evaluation of the Chair, from governors, executives and non-executives in consultation with the Members' Council and the setting of the Chair's objectives.
- Will attend sufficient meetings of the governors to enable them to have a balanced understanding of the issues and concerns.
- Will liaise with the Lead Governor and Deputy Lead Governor and provide support and advice where there are concerns about the Chair or other issues where it would be inappropriate to involve the Chair.
- Will work with the Lead Governor, Deputy Lead Governor and others involved by intervening to help resolve the issues of concern such as the Chair's performance, issues between the Chair and the Chief Executive (too close or not harmonious), where the strategy is not supported by the whole Members' Council or where key decisions are being made without reference to the board or where succession planning is being ignored.
- Will act as a source of reference for the staff governors / Freedom to Speak Up Guardians where there are concerns about the Chair or the Chief Executive.
- Is part of the Formal (Stage 2) process in the Whistleblowing Policy where referral to the Designated Senior Manager (the Director of Nursing and Quality) is inappropriate due to the nature of the issue (such as a concern about a director or senior manager). On receiving the referral, the Senior Independent Director will meet with the individual, discuss their concerns and agree a timescale for a response, normally within 15 working days. (See paragraph 8.5 of the Whistleblowing policy).

- Other duties could be added to the role if required providing they are in keeping with the principle of independence and review.

Person specification

Area	Essential	Desirable
Qualifications	A non-executive director	
Knowledge and experience	Knowledge and experience of undertaking appraisals	
	Knowledge of governance and compliance	Experience of dispute resolution
Skills	Highly developed communication and negotiation skills	
Personal qualities	Open, engaging and approachable	
	Independent	
	Candid and has integrity	
Additional requirements	Willingness to attend meetings of the council of governors	

NHS
South West Yorkshire Partnership
NHS Foundation Trust

Members' Council
15 November 2024
Agenda item 8.2

<table>
<tr><td>Title:</td><td>Governor appointments to the Members' Council and Trust Board Groups and Committees</td></tr>
<tr><td>Paper presented by:</td><td>Andy Lister, Head of Corporate Governance/Company Secretary</td></tr>
<tr><td>Paper prepared by:</td><td>Andy Lister, Head of Corporate Governance/Company Secretary</td></tr>
<tr><td>Purpose:</td><td>The purpose of the paper is to support the appointment of governors to the Members' Council groups, Nominations Committee and Trust Board Equality, Inclusion and Involvement Committee (EIIC).</td></tr>
<tr><td>Mission/values:</td><td>Good governance supports the Trust to deliver its mission and adhere to its values.</td></tr>
<tr><td>Any background papers / previously considered by:</td><td>Background
1. The Members' Council has the following process for appointing governors to the Members' Council groups and committees (full process is attached):

<table><tr><td>Step 1</td><td>When a vacancy arises, governors are invited to self-nominate, supported by a brief verbal or written statement about why they are putting themselves forward.
If only one self-nomination is received, they will automatically fill the vacancy, otherwise the process will move to Step 2.</td></tr><tr><td>Step 2</td><td>If more than one self-nomination is received for a vacancy, the Members' Council Co-ordination Group will discuss the self-nominations, supported by input from the Chair, and make a recommendation to the full Members' Council.</td></tr></table>
2. It is expected that governors are a member of only one group to allow opportunities for more governors to be involved. However, if sufficient membership is not reached through the self-nomination process this would be extended to two. It is noted that the one group rule does not apply to the Lead Governor, Deputy Lead Governor and the representative for the Rest of Yorkshire and the Humber representatives.</td></tr>
<tr><td>Executive summary:</td><td>An email was sent to all governors on 16 August 2024 and again on 19 September 2024, inviting self-nomination for the vacancies listed below, accompanied by a personal brief statement.

<u>Members' Council Co-ordination Group (One vacancy)</u></td></tr>
</table>

	Vacancy - Appointed governor Members' Council Quality Group (One Vacancy) Vacancy – Public governor Wakefield. A self-nomination has been received from Nesar Rafiq by e-mail for the Wakefield public governor vacancy on the Members' Council Quality Group. This is the only self-nomination and as such Nesar will fill the vacancy. No nominations have been received for the appointed governor vacancy on the Members Council Coordination Group.
Recommendation:	**The Members' Council is asked to:** **RECEIVE** Nesar Rafiq's self-nomination to the Members' Council Quality Group**.**

South West Yorkshire Partnership NHS Foundation Trust

Members' Council
15 November 2024
Agenda item 8.3

Title:	**Assurance from Members' Council Groups and Nominations Committee (to be taken as read)**
Paper prepared by:	Corporate Governance Manager on behalf: • Members' Council Co-ordination Group • Members' Council Quality Group • Nominations Committee
Paper presented by:	Marie Burnham, Chair
Purpose:	The purpose of this paper is to provide assurance to the Members' Council that their Co-ordination Group, Quality Group and the Nominations Committee are fulfilling their remit and meeting their terms of reference through the quarterly assurance update (below).
Mission/values:	Good governance supports the Trust to deliver its mission and adhere to its values.
Any background papers / previously considered by:	Not applicable.
Executive summary:	**Members' Council Co-ordination Group (MCCG)** The Co-ordination Group co-ordinates the work and development of the Members' Council and: • with the Chair, develops and agrees the agendas for Members' Council meetings. • Works with the Trust to develop an appropriate development programme for governors both as ongoing development and as induction for new governors. • Acts as a forum for more detailed discussion of issues and opportunities where the Trust seeks the involvement of the Members' Council.

Date	**9 October 2024**
Presented by	John Laville, Lead Governor (Chair)
Key items for Members' Council to note	• The group received an update for governor attendance at Members' Council meetings • The group received the annual training programme for 2024/25 • The group received the action log of the Members' Council Biennial Evaluation. • The group received a verbal and paper update of the progress against Members' Council Objectives.

	• The group received updates from governors only meetings. • The group discussed and approved the agenda for the joint Trust Board and Members' Council meeting to be held on 15 November 2024. • The group received the Members' Council Co-ordination Group work programme 2024 – 2025.
Approved notes of previous meeting to be received	Approved notes of the meeting held on **12 June 2024** *Please note these notes may be redacted if they contain personal, sensitive or confidential information.*

Members' Council Quality Group (MCQG)

The Quality Group supports the Trust in its approach to quality through the Trust's quality priorities and:

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

Date	**15 October 2024**
Presented by	Phil Shire, Public Governor Calderdale (Chair)
Key items for Members' Council to note	• The group received and discussed the Integrated Performance Report (IPR). • The group received a update on the Quality Oversight, Monitoring and Support System (QOMSS) • The group received an update on the Quality Strategy • The group received a paper outlining the culture of care response to national learning around the Edenfield Inquiry • The group received an overview of the Barnsley Physical Health and Wellbeing Care Group. • The group reviewed the Members' Council Quality Group work programme for 2024/25
Approved Minutes of previous meeting to be received.	Approved notes of the meeting held on **10 July 2024.** *Please note these notes may be redacted if they contain personal, sensitive or confidential information.*

Nominations Committee

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

- identification, nomination and appointment of the Chair and Non-Executive Directors of the Trust.

<table>
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identification, nomination and appointment of the Deputy Chair and Senior Independent Director of the Board.
identification, nomination and appointment of the Lead Governor and Deputy Lead Governor of the Members' Council.

<table>
<tr><td>Dates</td><td>9 October 2024</td></tr>
<tr><td>Presented by</td><td>Marie Burnham, Chair</td></tr>
<tr><td>Key items for Members' Council to note</td><td>The Committee supported the appointment of the Deputy Chair and Senior Independent Director
The Committee received the Nominations Committee work programme for 2024/25.</td></tr>
<tr><td>Approved Minutes of previous meeting/s for receiving</td><td>Approved notes of the meeting held on;
19 July 2024

Please note these notes may be redacted if they contain personal, sensitive or confidential information.</td></tr>
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<tr>
<td>Recommendation:</td>
<td>The Members' Council are asked to:

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

</td>
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Notes of the Members' Council Co-ordination Group
12 June 2024, 10.00 - 11.35
Meeting held virtually by Microsoft Teams

Present:	John Laville (JL)	Public Governor – Kirklees (Lead Governor) Chair of the Group
	Marie Burnham (MBu)	Chair of the Trust
	Bob Clayden (BC)	Public Governor - Wakefield
	Leonie Gleadall (LG)	Staff Governor – Non-clinical support
	Mandy Rayner (MR)	Non-Executive Director / Deputy Chair and Senior Independent Director
	Claire Den Burger-Green (CDBG)	Deputy lead governor/ publicly elected governor – Kirklees
In attendance:	Andy Lister (AL)	Head of Corporate Governance (Company Secretary)
	Asma Sacha (AS)	Corporate Governance Manager
Apologies (members):	Bob Morse (BM)	Public Governor - Kirklees
	Adam Jhugroo (AJh)	Public Governor – Calderdale
	Fatima Shahzad (FS)	Public Governor - Rest of Yorkshire and the Humber. Cumbria, Durham, Lancashire, Greater Manchester, Derbyshire, Nottinghamshire, and Lincolnshire
Apologies (in attendance):	Andrew Betteridge (AB)	Corporate Governance Administrator (author)

1. Welcome, introductions and apologies (agenda item 1)
John Laville (JL) welcomed everyone to the meeting. Introductions were made and apologies, as above, were noted. The meeting was noted at quorate.

2. Declarations of interest (agenda item 2)
There were no declarations of interest.

3. Notes of the previous meeting held on 19 March 2024 (agenda item 3)
The notes of the meeting which was held on 19 March 2024 were agreed as a true and accurate record.

4. Action log from previous Co-ordination Group meetings (agenda item 4)
The Members' Council Co-ordination Group members reviewed any outstanding actions. Andy Lister (AL) reminded governors that all actions in blue were noted as complete.

Item 5.5 – John Laville (JL) asked for self-nomination to arrange a focus group to review the actions from the biennial evaluation. AL highlighted this will be discussed under item 5.4.

Item 10 – Andy Lister (AL) has spoken to Rob Adamson from the finance team in relation to governor expenses for use of their broadband internet.

AL updated governors on the complexity of the expenses claim, in relation to the internet and broadband packages it would need to be proved that additional expense has been incurred on top of normal expenditure of the broadband package.

5. Members' Council Development (agenda item 5)

5.1. Governor appointments to the Members' Council and Trust Board Groups and Committees (agenda item 5.1)

AL updated the group on nominations received from governors to Members' Council groups and committees;

- Members' Council Co-ordination Group – John Lycett (uncontested)
- Members' Council Quality Group – Elaine Lane (uncontested)
- Nominations Committee – Jacob Agoro (uncontested)

Governors approved the nominations which will be presented to the full Members' Council meeting in August 2024.

Action: Corporate governance team

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

JL informed the group that no issues were raised.

5.3. Governor training - update (agenda item 5.3)

AL presented the updated training schedule, this included the new Quality Oversight, Monitoring and Support System (QOMSS).

JL raised concerns about the amount of training that governors are required to attend. He asked for further details about the QOMSS and how this was different to the Quality Monitoring Visits (QMVs).

Marie Burnham (MBu) stated that the QMV's will still be held but they will be targeted at those areas which required a deep dive due to concerns that have been raised by inspections. The QOMSS takes less preparation. These visits are easier to arrange and not as structured as the QMV's and more governors can be involved in this work.

Asma Sacha (AS) relayed she has been in touch with Sarah Whiterod (SW) in relation to the QOMSS training. This will be a 30-minute session to be arranged at the end of June/ beginning of July 2024.

Action: Corporate governance team

Mandy Rayner (MR) noted she has recently completed a QOMSS visit and had a positive experience.

Claire Den Burger-Green (CDBG) would like governors to be informed of the differences between the QMV and QOMSS visits as she feels this is not widely known.

Bob Clayden (BC) asked for further clarification on the training recommended from the Involvement Team regarding linking with working groups. He explained as governors they are here to oversee the work of the Non-Executive Directors and not get involved in the day to day running of the Trust. AL stated that the team will clarify the request and report back to governors.

JL agrees that clarification is needed on the role of governors in relation to supporting this piece

of work.

Action: Corporate governance team/ Involvement Team

5.4. Members' Council Co-ordination Group action log from the Biennial Evaluation and Members' Council engagement session (agenda item 5.4)

AL presented the updates on the Members' Council Biennial Evaluation Action Log and feedback provided under the progress section.

Feedback from Members' Council Engagement Session has been added to the Biennial evaluation log.

AL informed governors that the action log will be managed by the corporate governance team and an update will be provided to the Members' Council Co-ordination Group. Governors agreed with this plan. The corporate governance team will also review for any duplicate action points and check where they can be amalgamated.

Action: Corporate governance team

BC asked about action point 22 in relation to barriers and asked for further clarification. AL explained that the team have reviewed this action, and the meetings are hybrid if governors cannot attend face to face. All Trust venues are also fully accessible.

AL highlighted that action point 25 was in relation to governor consultation of dates prior to setting up the main Members' Council meetings. AL confirmed the consultation on meeting dates start in October/November each year for the following year, this includes a discussion with governors and the Chair. Agreed this action can be closed.

Action: Corporate governance team

JL discussed there are barriers for young governors who are in full time education, they struggle to access meetings held during work hours. JL said he will be meeting with young governors to discuss this further.

Action: Corporate governance team/ John Laville, Lead Governor

Claire Den Burger-Green (CDBG) asked about Action 23 in relation to the Members' Council meeting held in different places. AL confirmed the team are using sites in Wakefield and Barnsley but unfortunately the Kirklees site at Folly Hall is not big enough. AL confirmed the team are continuing to look at other locations in Kirklees to hold the meeting. AL highlighted there are concerns regarding the cost of booking a non-Trust venue, but the team are looking at sites.

Leonie Gleadall (LG) highlighted that the team can assist young governors by contacting Colleges and Universities and informing them about their governor roles and to gain consent about allowing them time to take part in scheduled meetings.

5.5. Members' Council Objectives 2023 – 2025 - update (agenda item 5.5)

JL presented the update on the Members' Council Objectives 2023 – 2025.

Action 1.7 - JL informed the team that he has discussed this action with public governor, Sara Javid (SJ) has expressed a wish to create a survey to liaise with the South Asian community in North Kirklees to see how well the Trust is doing in the community and their opinions based on the services they receive.

Action 2.3 – JL highlighted he will require support to develop governor networks with the wider Integrated Care System (ICS) partners.

Action 3.4 – JL informed the group that staff governors are to develop a wider network in all Trust locations in order that they may fully represent the views of their staff constituency colleagues across the Trust. AL informed the group that he was unaware of any issues raised by staff governors which was hindering them from completing their role.

Action 3.2 – JL said in relation to governors attending public Trust board meetings, he would like to see a rota of governors who are scheduled to attend. JL said he has also discussed this with governors in the virtual governor only meetings. He asked for the future Trust Board dates to be circulated to all governors.

Action: Corporate governance team

5.6. Governor feedback – issues emerging from governor forums (agenda item 5.6)

JL summarised the discussion from the virtual governor only meetings;

- Change in parking charges across the Trust.
- Re-structure at Huddersfield University due to lack of foreign students. With some redeployment.
- Nursing numbers are positive.
- There are concerns with nursing numbers in learning disability services.
- Health Innovation centre opens in September 2024.
- Quality monitoring visit changes.
- Feeback two tier response in Single Point of Access, concerns about gaps in contact.
- Calderdale – Waiting times in ADHD, Autism and Psychological therapies.
- Calderdale – Nurse banding.
- Kirklees's - GP awareness of mental health support.
- Core waiting times. Incident with 9 months wait for appointment.

6. Members' Council agenda, discussion items for consideration (agenda item 6)

AL presented the draft Members' Council meeting agenda for the August meeting.

MBu asked for the update on Cheswold Park to be added as a private session, this was agreed.

BC asked if governors could receive a copy of the Integrated Performance Report (IPR) presentation before the meeting, so they had time to review the content. AL confirmed this paper will be circulated in advance of the meeting.

The group discussed a potential deep dive item, the group agreed on the Trust providing an update on Adult and Children ADHD and Autism service.

Action: Corporate governance team

7. Annual Members' meeting (agenda item 7)

AL informed the group that the next Annual Members' meeting has been tentatively scheduled for Wednesday 18 September 2024 in the Large Conference Room, Fieldhead Hospital, Wakefield. AL informed the group that potentially this date could change due to submission dates and the date the annual report and accounts will be approved by parliament.

8. Members' Council Elections update – mid-year elections (agenda item 8)
AL updated the group on the list of vacancies in the Members' Council;

- One Public Governor vacancy- Calderdale.
- One Public Governor vacancy - Kirklees.
- One Staff governor vacancy - Nursing Support.
-

The election company called Civica have been informed and they have proposed the following timeline;

- Information to be sent to Civica 15 July 2024.
- Nominations to open on 29 July 2024.
- Final withdrawal 30 August 2024.
- Electoral data and notice of pole 17 September 2024.
- Close of election 11 October 2024.
- Declaration of results 14 October 2024.

9. Governor Advisory Committee (GAC) (NHS Providers) – governor nomination update (agenda item 9)
AL informed the group that the GAC use to comprise of eight governors elected by member Trusts, and two chairs who were NHS Providers board members. The committee use to oversee governor support work and give NHS provider valuable advice on governor-specific issues. The elections use to be held every three years.

As of July 2023, The NHS provider board approved a number of changes to the way in which they work with Foundation Trust governors, including the status of the Governor Advisory Committee (GAC). It was agreed that they would move from having a small, fixed group of elected governors to a larger group, which would offer greater flexibility in terms of their background, Trust type, governor type, etc., this group would be convened specifically when they have issues to engage with governors on. The GAC has therefore ceased to operate in its previous iteration and NHS provider will contact Trusts to convene governors in this new format as and when required via the Trust Company Secretary.

It was agreed for this item to remain on the work programme for future reference.

10. Members' Council Co-ordination group work programme 2024 – 2025 (agenda item 10)
JL asked about the Freedom to Speak Up and annual survey results on the Members' Council work programme. AL informed the group that this has been deferred as the report will not be ready to present, this has also been deferred for Trust Board as well.

JL highlighted if the Members' Council can have two Focus items for the Members' Council strategy meetings. AL explained that the report from Auditors will be the second Focus item in August and he will update this when he has received further information.

Action: Corporate governance team

11. Any other business (agenda item 11)
BC informed the group that there is a Wellbeing Day arranged at Fieldhead Hospital caring gardens on the 19 June 2024. BC said he is attending and encouraged people to attend.

12. Date of future Co-ordination Group meetings for 2024 (agenda item 13)
- 2 October 2024, 10.00 – 12.00, virtual - MS teams
- 11 December 2024, 10.30 – 12.30, virtual - MS teams

JL closed the meeting.

South West Yorkshire Partnership NHS Foundation Trust

Notes of the Members' Council Quality Group
Held on 10 July 2024 from 14:00 to 16:00
Virtual meeting *on Microsoft Teams*

Present:	Phil Shire (PS)	Public Governor – Calderdale (Chair)
	Sarah Whiterod (SW)	Associate Director of nursing, quality and professions
	Emma Cox (EC)	Associate Director of Nursing, Quality and Professions
	Bob Morse (BM)	Governor (publicly elected Kirklees)
	Elaine Lane (EL)	Governor (Staff elected Allied Health Professionals)
In attendance:	John Lycett (JLy)	Governor (Public elected Barnsley)
	Anne Magee (AM)	Governor (Appointed Staff side organisations)
	Asma Sacha (AS)	Corporate governance manager
	Andrew Betteridge (AB)	Corporate governance Administrator (author)
Apologies (members):	Darryl Thompson (DT)	Chief Nurse and Director of Quality and Professions
	Daniel Goff (DG)	Public Governor – Barnsley
	Claire Den Burger-Green (CDBG)	Public Governor – Kirklees (Deputy Lead Governor)
	Fatima Shahzad (FS)	Governor (publicly elected Rest of Yorkshire and the Humber)
	Julie Hall (JH)	Deputy Director of Corporate Governance
	John Laville (JL)	Lead Governor / Public governor (Kirklees)
	Susan Spencer (SS)	Governor (Appointed Barnsley Hospital NHS foundation trust)
Apologies: Attendance		

1. Welcome, introductions and apologies (agenda item 1)
Phil Shire (PS) welcomed everyone to the meeting. Introductions were made and the apologies, as above, were noted. The meeting was noted to be quorate.

2. Declarations of interest (agenda item 2)
Nothing Declared.

3. Notes and actions of previous meeting held on 17 October 2023 (agenda item 3)
The notes were agreed as a true and accurate record of the meeting. The group reviewed the action log noting the following.

Agenda Item 8: Learning points from Edenfield enquiry
This has been deferred as the report as not yet been published.

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

PS asked the Members' Council Quality Group if they had any questions.

PS asked about issues raised in the section "Strategic Objectives & Priorities" in relation to the deterioration of Risk Assessments within the community. Emma Cox (EC) updated the group on the improvement work in this area but there has been issues with reporting of Risk Assessments. EC stated that changes within management have caused delays, and there will be a further update in October 2024.

Elaine Lane (EL) raised the issue of pressure ulcers in the section "Quality". EC responded that the increase in pressure ulcers is attributed to changes in process. The Trust has improved the reporting process and increased the use of Datix to report incidents and alongside this there has been an increase of pressure ulcers in care homes. The training offered to care homes has increased to assist with this. Elaine Lane (EL) asked from an Allied Health Professionals prospective what assurances can be given in relation to nutrition, hydration and the movement of service users. EC quoted a recent report that shows over 700 visits have been done by nursing staff in regard to talking to service users and showing best practice to reduce the chances of being affected. A new system has been implemented calls ASSKIN which monitors the full assessment within Datix.

PS raised a question about appraisals in the section marked "People". He informed that although it shows an increase in completed appraisals the report shows the Trust is moving the completion date further back. Sarah Whiterod (SW) stated there is improvement in the completion of appraisals, but there have been issues with the system updating the appraisal records which is currently being reviewed.

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

Sarah Whiterod (SW) provided an overview of the CQC update. She explained the purpose of the paper was to provide the Members Council Quality Group with an update and assurance regarding the Trust approach to CQC concerns, inspections and that identified actions are being responded to in a timely manner.

EL asked in relation to maintaining the standards and how this will be implemented. SW stated that this will be monitored via clinical governance.

Bob Morse (BM) informed the group that it was important not to be complacent if things are going well. BM asked about the sharing of care plans. SW stated that there is always room for improvement and processes are being set up that will allow the Trust to monitor the sharing of care plans. EC stated that regular audits are completed to ensure data is available to show areas which require support.

BM raised concerns about information being understood by families, for example the use of NHS language and abbreviations. SW and EC informed that it was important that information was inclusive to everyone.

6. Quality Oversight, Monitoring and Support System (QOMSS) – update and learning (agenda item 6)

SW explained the purpose of the paper was to provide the Members Council Quality Group with an update on the quality oversight, monitoring and support system (QOMSS).

PS asked about how QOMSS visits (quality and safety walkarounds) will deal with sites like the Horizon centre at Fieldhead. SW confirmed that there will be a lighter touch visit to wards and departments, but a deep dive visit (a quality monitoring visit) can be made if required.

7. Final Quality Account (agenda item 7)

PS asked the Members' Council Quality Group to confirm they had read the report (which was not circulated with the meeting papers). This was confirmed.

There was no executive summary, but SW stated that she has received a summary version which will be circulated to governors.

Action: Corporate governance team

8. Incident Management Annual Report (agenda item 8)

EC provided an overview of the incident management annual report. She explained the purpose of the paper is to provide assurance to the Members Council Quality Group that robust incident management arrangements are in place and to provide an overview of all incidents that take place within the Trust. The report includes data on Learning from Healthcare Deaths and learning from experience.

PS asked about the process of reporting incidents. EC informed that if a front-line practitioner reports a green or yellow incident (low harm), this would be reviewed by their line manager and patient safety team. If it is a red or amber incident the management team would have to complete a 48-hour report. The learning and feedback is then sent back to the reporting manager and staff.

PS asked about the high numbers of violence and aggression incidents, and if there were any patterns. EC said most of the incidents are in a clinical situation which is categorised as minor or major. The Trust has put a lot of work into supporting staff that work in these areas, this includes training, staffing levels and equipment.

BC asked about the 5% increase in reporting, what does this stand for, is this down to provision or reporting. EC said the Trust has increased the availability of services which could contribute to the 5%. EC informed the group that the Trust offers support with training in areas where violence is a major concern, and support is offered to the service users to deescalate situations that could lead to violence.

BC asked why the care pathway and pressure ulcers are linked together. EC said this has been linked together as pressure ulcers is more prevalent outside of hospital and is therefore part of the care pathway.

9. Patient experience Annual Report (agenda item 9)

SW provided an overview of the Patient experience Annual Report.

PS raised concerns regarding the timescale for dealing with complaints, stating that the Trust has a 6-month statutory response time for complaints which is lengthy. SW reassured that the Trust is undertaking a 360 audit in relation to the complaint process. Some of the backlog had been due to the Covid-19 pandemic and this is being addressed. SW pointed out that the IPR shows the improvement in complaint responses being completed within 6 months.

BC asked if the Trust obtains information from those who don't fully engage with the service due to extenuating circumstances. SW said the Trust involvement team also work with providing easy

read and information in other languages. She explained surveys are also sent out to the public and service users for their feedback.

PS asked about the friends and family test and asked about the care group satisfaction rate. SW stated that the figures show this is positive. PS asked if the Trust receive comparative data between neighbouring Trusts to check the benchmark. SW said she will consider this for future reports.

10. Feedback from Eating Disorder Team visit (agenda item 10)

PS explained that he was accompanied by BM and John Laville (JL) to a site visit to the Eating Disorder Service in Drury Lane, Wakefield.

He explained they first joined a virtual meeting with the mother of a young patient who had struggled with other agencies to get the help she needed. She was impressed with how our eating disorder service had helped her, and her experience with the team was positive.

PS said governors spoke to staff members who explained their role and how they were trying to keep service users out of an inpatient setting and do a lot of work in the community which was beneficial to the service user. There was a feeling among staff that they had a high caseload of work. They did raise some concerns;

- Once a service user became an adult you are moved to another team based in Leeds as the team only work with young service users. There needs to be improvement in the movement between teams.
- When a service user steps down from the service, the support offered may not be appropriate.

BM was impressed with the diversity of the Team at Drury Lane and staff were very supportive of each other and the service itself. He explained they have a positively high output despite having staffing difficulties.

SW and EC said they will feedback to the management team in relation to the concerns they had about the transition between teams, they thanked governors for visiting this area of the Trust.

11. Members' Council Quality Group Work Programme 2024/25 (agenda item 11)

PS explained there is currently a discussion about holding the October meeting in Kendray Hospital and the Deep Dive will be general community services. The group agreed with this plan. It was agreed to contact Barnsley general community services.

12. Any other business (agenda item 12)

None.

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

None.

14. Future dates for 2023/24 (agenda item 14)

- 15 October 2024 from 10.00 – 12.00
- 3 February 2025 from 10.00 – 12.00

PS closed the meeting.

NHS
South West
Yorkshire Partnership
NHS Foundation Trust

Extraordinary Nominations Committee
3 July 2024 11:00am
Virtual meeting via Microsoft Teams

Present: Marie Burnham (MBu) - Trust Chair (Chair)
Jacob Agoro (JA) – Staff governor – Nursing support
John Laville (JL) - Lead Governor, Publicly Elected Governor, Kirklees Governor, Kirklees
Andrea McCourt (AM) - Appointed Governor – Calderdale and Huddersfield NHS Foundation Trust

Apologies: Claire Den Burger Green – Deputy Lead Governor, Publicly Elected
Phil Shire – Public Governor – Calderdale
Mark Brooks (MBr) – Chief Executive
Lindsay Jensen (LJ) – Deputy Chief People Officer

In attendance: Andy Lister (AL) - Head of Corporate Governance (Company Secretary)
Sandy Stones (SS) – HR Manager
Gemma Lockwood – Corporate Governance Admin Manager (Author)

NC/24/26 Welcome, introductions and apologies (agenda item 1)
Marie Burnham (MBu) welcomed everyone to the meeting and introductions were made. Apologies were noted and the meeting was declared to be quorate and could proceed.

NC/24/27 Declarations of Interests (agenda item 2)
None.

NC/24/28 Non-Executive Director recruitment (agenda item 3)
Sandy Stones (SS) gave an update on non-executive director (NED) recruitment now that interviews have taken place.

In April 2024, it was agreed by the Members' Council to recruit two new non-executive directors, one from a clinical background and one from a general background.

The closing date was 6 June 2024, and six shortlisted candidates were agreed by Nominations Committee on 20 June 2024. Four from a general background and two from a clinical background. Final interviews were held on 26 June 2024.

The interview panel recommendations to the Nominations Committee are Margaret Kitching who has a clinical background. The panel felt Margaret would bring value and challenge to the Board and has a very good understanding of the Trust and its values.

There were two candidates considered for appointment to the non-clinical position with the panel reflecting overnight. The decision was taken to recommend Gary Ellis to the Nominations Committee for the post due to his strengths around community engagement and health inequalities.

AL confirmed that Nominations Committee will make a recommendation to Members' Council in August, subject to fit and proper persons tests being complete with a view to the non-executives taking up post on 1 October 2024.

Andrea McCourt (AM) queried if the time commitment has been discussed with the candidates and are committee members satisfied that candidates have capacity to take on the role.

MBu confirmed the selected candidates have given assurance they can commit to the role.

MBu added that the recruitment process has been a great success with a very strong field of applicants.

It was RESOLVED to SUPPORT the recommendation from the final interview panel for the Members' Council to approve the appointment of Margaret Kitching as a Non-Executive director (clinical role) and Gary Ellis as a Non-Executive director (non-clinical role) with South West Yorkshire Partnership NHS Foundation Trust for a three year term.

NC/24/29 Any other business (agenda item 4)
Nil

NC/24/30 Dates of future Nominations Committee meetings (agenda item 5)

19 July 2024, 10.00 – 12.00
9 October 2024, 10.00 – 12.00
15 January 2025, 14.00 – 16.00

NHS
South West
Yorkshire Partnership
NHS Foundation Trust

Members' Council
15 November 2024
Agenda item 8.4

Title:	**Members' Council Elections – outcome of mid-year elections 2024 and elections process for governors to be appointed on 1 May 2025**
Paper presented by:	Andy Lister - Head of corporate governance / Company Secretary
Paper prepared by:	Andy Lister - Head of corporate governance / Company Secretary
Purpose:	The purpose of this paper is to update the Members' Council on the outcome of the election process for 2024.
Mission/values:	Good governance supports the Trust to deliver its mission and adhere to its values.
Any background papers / previously considered by:	Not applicable.
Executive summary:	**Background** The Trust holds elections every year during the spring for terms of office starting on 1 May each year. On 31 May 2024, three vacancies arose on the Members' Council as a result of governors stepping down from their role. In the line with the Trust Constitution a mid-year election was held for the following vacancies: **Public governors** Kirklees – 1 vacancy Calderdale – 1 vacancy **Staff governor** Nursing support – 1 vacancy Election process Civica Election Services (CES) manages the election process on behalf of the Trust. This is to make sure that the elections are managed impartially and fairly and that the process is independent and transparent. Elections are held in accordance with the Model Election Rules which are included as an appendix within the Trust's Constitution. The Nominations process opened on 29 July 2024 and closed on 27 August 2024. Nominations were received as follows:

Constituency	Number of vacancies	Number of nominations
Public, Kirklees	1	2
Public, Calderdale	1	1
Staff, Nursing Support	1	1

Outcome
As a result of the nominations process, the following were elected unopposed from 17 August 2024 for a period of two and a half years. (See uncontested report attached from CES).

Constituency	Elected Governor/s
Public, Calderdale	Stephen Baines
Staff, Nursing Support	Helen Dale

The election process took place between 18 September 2024 and 11 October 2024. The results of the election are as follows (report of voting attached):

Constituency	Elected Governor/s
Public, Kirklees	Valentina McParland

Elections process for Governors to be appointed on 1 May 2025
The Chair will write to governors later in the year to advise further on the process and to confirm which public and staff governors' current term end on 30 April 2025.

As at December 2024, elections will be held for the following seats:

Public:
Barnsley: 1
Calderdale: 2
Kirklees: 1
Wakefield: 1

The timetable for the election is still to be confirmed but will follow a similar process to previous years. Exact dates will be confirmed as soon as possible:

- December 2024 – correspondence from the Chair to governors regarding the election process and vacancies.
- Nominations to open in early January 2025
- Nominations to close early February 2025
- Candidates will be able to withdraw their nomination up to 3 days after closing.
- Election voting opens early March 2025.
- Election voting closes early April 2025.
- Results declared the day after votes close.
- Terms of office begin on 1 May 2025.

NB. If there are uncontested seats in one or more of the constituencies and an election is not required, results may be available before April 2025.

The election process for publicly elected governors will be a mixture of paper and electronic options. For staff governors, the process will be electronic for both the nominations and election stages.

Governors are asked to assist by engaging people who might be interested in putting

	themselves forward for election or to let the Trust know if they think someone would be worth approaching, as well as promoting voting by members.
Recommendation:	**The Members' Council are asked to:** • **RECEIVE** the update on mid-year elections 2024 and the elections process for governors to be appointed on 1 May 2025.

UNCONTESTED REPORT

SOUTH WEST YORKSHIRE PARTNERSHIP NHS FOUNDATION TRUST

ELECTION TO THE MEMBERS' COUNCIL

CLOSE OF NOMINATIONS: 5PM ON 27 AUGUST 2024

Further to the deadline for nominations for the above election, the following constituencies are uncontested:

PUBLIC: CALDERDATEL 1 TO ELECT
The following candidate is elected unopposed: Stephen Baines

STAFF: NURSING SUPPORT 1 TO ELECT
The following candidate is elected unopposed: Helen Dale

Ciara Hutchinson
Returning Officer
On behalf of South West Yorkshire Partnership NHS Foundation Trust

The Election Centre • 33 Clarendon Road • London • N8 0NW • 020 8365 8909 • civica.com/electionservices • support@cesvotes.com

Report of Voting

SOUTH WEST YORKSHIRE PARTNERSHIP NSH FOUNDATION TRUST

ELECTION TO THE MEMBERS' COUNCIL

CLOSE OF VOTING: 5PM ON 11 OCTOBER 2024

CONTEST: Public: Kirklees

The election was conducted using the single transferable vote electoral system.
The following candidate was elected:

ELECTED
Valentina McParland

Number of eligible voters		3,022
Votes cast by post:	41	
Votes cast online:	46	
Total number of votes cast:		87
Turnout:		2.9%
Number of votes found to be invalid:		3
Total number of valid votes to be counted:		84

The result sheet for the election form the Appendix to this report. It details:-

- the quota required for election
- each candidate's voting figures, and
- the stage at which the successful candidate was elected.

Civica Election Services can confirm that, as far as reasonably practicable, every person whose name appeared on the electoral roll supplied to us for the purpose of the election:-

a) was sent the details of the election and

b) if they chose to participate in the election, had their vote fairly and accurately recorded

The elections were conducted in accordance with the rules and constitutional arrangements as set out previously by the Trust, and CES is satisfied that these were in accordance with accepted good electoral practice.

All voting material will be stored for 12 months.

Ciara Hutchinson
Returning Officer
On behalf of South West Yorkshire Partnership NHS Foundation Trust

South West Yorkshire Partnership NHS Foundation Trust

Integrated Performance Report Quarter 2 - 2024/25

Members' Council

15 November 2024

With all of us in mind.

Agenda

South West Yorkshire Partnership NHS Foundation Trust

- Summary Performance Metrics
- Quality
- National metrics
- Workforce
- Finance

With **all of us** in mind.

Summary Performance Metrics – Improving Health

South West Yorkshire Partnership NHS Foundation Trust

Improving health				
Metrics	**Threshold**	**Jul-24**	**Aug-24**	**Sep-24**
Percentage of service users who have had their equality data recorded - ethnicity	90%	96.3%	95.9%	95.4%
Percentage of service users who have had their equality data recorded - disability	50%	47.1%	46.1%	45.0%
Percentage of service users who have had their equality data recorded - sexual orientation		58.6%	57.8%	56.9%
Percentage of service users who have had their equality data recorded - deprivation (postcode)	90%	99.5%	99.5%	99.6%
Timely completion of equality impact assessments (EIAs) in services and for policies	Service - 75% Policy - 95%	71.9% Service	81.7% Service	76.7% Service
		97.8% Policy	97.8% Policy	97.8% Policy
Completion of equality mandatory training	>=80%	95.6%	97.1%	96.5%
Carbon Impact (tonnes CO2e) - business miles	76	67	61	67
Smoking Quit rates for patients seen by SWYPFT Stop Smoking services (4 weeks)	55%	Due Dec 24		

With **all of us** in mind.

Summary Performance Metrics – Improving Care

South West Yorkshire Partnership NHS Foundation Trust

Improve Care				
Metrics	**Threshold**	**Jul-24**	**Aug-24**	**Sep-24**
The number of people with a risk assessment/staying safe plan in place within 24 hours of admission - Inpatient	95% Improvement trajectory Inpatient - July 95% Community - Aug 80% Sept 82.5% Oct 85% Nov 87.5% Dec 90% Jan 92.5% Feb 95%	93.1%	91.9%	*89.7%**
The number of people with a risk assessment/staying safe plan in place within 7 working days of first contact - Community		84.9%	76.2%	*76.6%**
% Service users on care programme approach (CPA) offered a copy of their care plan	85%	96.2%	96.3%	96.4%
Inappropriate out of area bed placements (days)	July - 155 Aug - 155 Sept - 150	111	124	138
% service users clinically ready for discharge	<=3.5%	3.8%	4.9%	4.8%

* Figures in italics are provisional

With **all of us** in mind.

Summary Performance Metrics – Improving Resources

South West Yorkshire Partnership NHS Foundation Trust

Improve resources				
Metrics	**Threshold**	**Jul-24**	**Aug-24**	**Sep-24**
Surplus/(deficit) against plan (monthly)	Breakeven	(£1,513k)	(£1,813k)	(£1,009k)
Capital spend against plan (monthly)	£8.1m	£1,656k	£1,674k	£1,894k
Agency spend managed within the overall workforce (Monthly)	3.5% £6.7m	£550k	£507k	£492k
Financial sustainability and efficiencies delivered over time (monthly)	£22m	£1,366k	£1,758k	£2,066k
Number of RIDDOR incidents (reporting of injuries, diseases and dangerous occurrences regulations)	0	6		
Estates Urgent Response Times - Service Level Agreement	95%	95.0%	96.0%	96.8%
Statutory Compliance	100%	100.0%	100.0%	100.0%
% of ligature jobs completed within timeframe	100%	100.0%	100.0%	100.0%

With **all of us** in mind.

Summary Performance Metrics – Making SWYPFT a great place to work

South West Yorkshire Partnership NHS Foundation Trust

Make SWYPFT a great place to work				
Metrics	**Threshold**	**Jul-24**	**Aug-24**	**Sep-24**
Turnover external (12 month rolling)	>12% - 13%<	9.7%	8.0%	8.2%
Registered workforce	0% 2024/25	2.2%		
Sickness absence - rolling 12 months	<=5%	4.9%	5.0%	5.1%
Workpal appraisals - rolling 12 months	Jun 24 89% Jul 24 91% Aug 24 93% Sep 24 onwards 95%	85.0%	86.7%	89.1%
Mandatory training - Cardiopulmonary	80%	80.2%	80.7%	82.0%
Mandatory training - Reducing restrictive	80%	74.9%	75.8%	76.1%
Mandatory training - Fire	85%	91.1%	90.8%	90.4%
Mandatory training - Information governance	95%	95.7%	95.5%	94.7%

With **all of us** in mind.

Quality Update 2024/25 – Quarter 2

South West Yorkshire Partnership NHS Foundation Trust

Patient Experience – Friends and Family Test (FFT)

- 97% of respondents in September 2024 would recommend community health services
- 90% of respondents in September 2024 would recommend mental health services
- We continue to explore other creative ways of gaining feedback on our services

Out of area placements

- Continued use of out of area beds but at a lower level than last year. Reasons for continued use include staffing pressures across the wards, increased acuity, outbreaks and challenges to discharging people in a timely way.
- The inpatient improvement programme continues to work through impacting issues including workforce challenges.
- The Trust had 4 people placed in out of area beds at the end of September 2024 due to increased acuity and challenges to timely discharge.

With **all of us** in mind.

Quality Update 2024/25 – Quarter 2

South West Yorkshire Partnership NHS Foundation Trust

Safer Staffing (inpatient wards)

• There was a decrease in September on demand.

• The overall fill rate decreased by 1.9% to 129.4%. The day fill rate for registered nurses increased by 3.4% to 99.1%. Two wards in the Forensic Care Group, fell below the 90% registered nurse day fill rate. They were supported through local escalation plans.

• In September, no wards fell below the 90% overall fill rate threshold.

The fill rate figures (%) for September 2024:

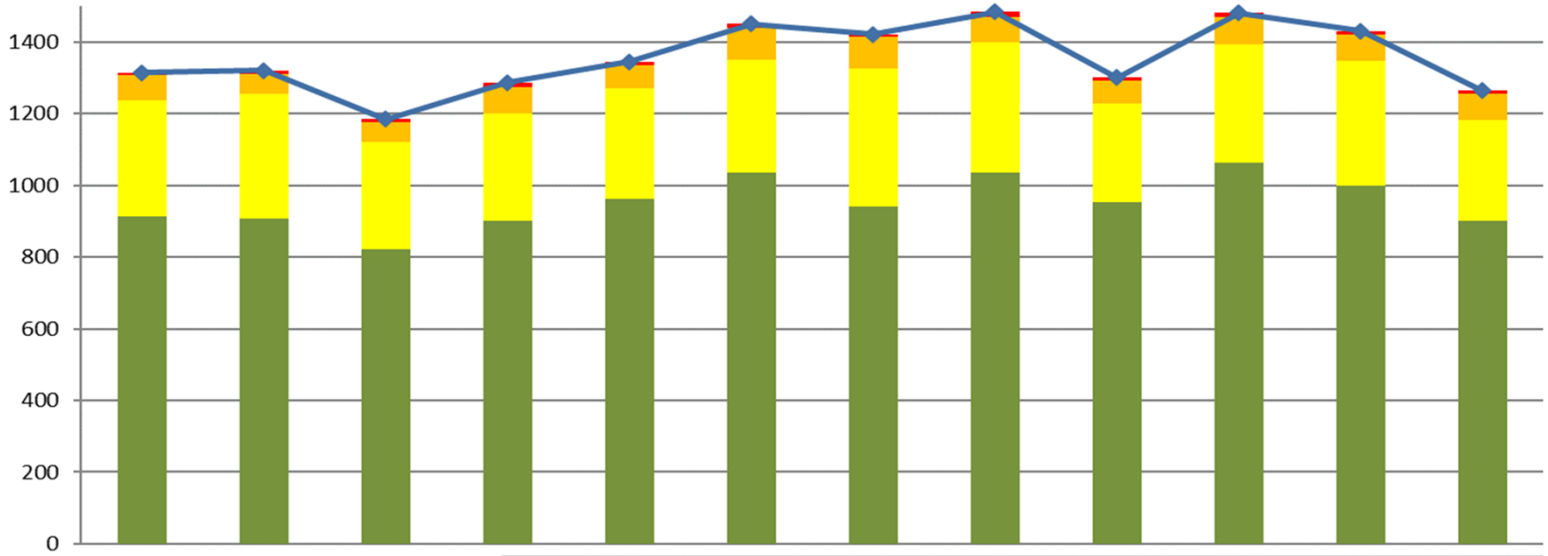
- Registered staff – Days 99.1%
- Registered staff - Nights 114.1%
- Registered average fill rate – Days and nights 100.6%
- Overall average fill rate all staff – 129.4%
- Fill rate does not provide blunt assurance as it might not reflect acuity.
- Where gaps cannot be filled by registered staff, we will utilise unregistered colleagues where possible to maintain safety.
- These fill rates reflect the acuity and challenges that clinical areas are facing

With **all of us** in mind.

Quality Update 2024/25 – Quarter 2

South West Yorkshire Partnership NHS Foundation Trust

Incident Reporting



	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24
Red (should not be compared with SIs)	8	9	9	14	10	12	9	14	8	11	10	8
Amber	69	56	54	73	65	90	88	71	65	76	73	74
Yellow	324	349	301	300	309	313	384	362	275	330	349	281
Green	914	907	821	900	961	1036	941	1037	952	1064	999	901
Total	1315	1321	1185	1287	1345	1451	1422	1484	1300	1481	1431	1264

- All serious incidents investigated using route cause analysis techniques.
- The weekly risk panel scans for themes that require further review or enquiry.
- No ‘Never Events’ reported in September 2024.
- 95% of incidents reported in September 2024 resulted in no harm or low harm or were not under the care of SWYPFT.

With **all of us** in mind.

National metrics

South West Yorkshire Partnership NHS Foundation Trust

Access standards and Outcomes – Trust Performance

KPI	Threshold	Q3 23/24 (Dec 23)	Q4 23/24 (March 24)	Q1 24/25 (June 24)	Q2 24/25 (Sept 24)
Maximum time of 18 weeks from point of referral to treatment – Incomplete pathway	**92%**	99.7%	99.9%	99.9%	99.5%
% Admissions Gatekept by Crisis Response Teams	**95%**	100%	96%	95.6%	97.5%
% Service Users followed up within 72 hours of discharge	**80%**	91.2%	87.5%	89.0%	94.2%
NHS Talking Therapies - Treatment within 6 weeks of referral	**75%**	98.6%	99.0%	98.7%	99.0%
NHS Talking Therapies - Treatment within 18 weeks of referral	**95%**	99.8%	99.8%	100.0%	100.0%
Early Intervention in Psychosis – 2 weeks (NICE approved care package) Clock Stops	**50%**	82.9%	83.8%	92.3%	90.3%
Maximum 6 week wait for diagnostic procedures	**99%**	64.3%	66.3%	66.7%	41.9%
NHS Talking Therapies – Proportion of people completing treatment who move to recovery	**50%**	54.6%	53.0%	51.2%	54.0%
Community health services two hour urgent response standard	**70%**	85.3%	88.2%	89.9%	91.6%

With **all of us** in mind.

Workforce

South West Yorkshire Partnership NHS Foundation Trust

- Our Turnover for September 2024 remains low at 8.2%
- There was sustained reduction in agency spend in 2023/24. Spend in 2024/25 has fluctuated around a similar level. Spend is £14k less than last month. The adult secure provider collaborative spend in month was £58k.
- Registered workforce growth to end September 2024 was 2.2% for the year to date.
- The sickness absence rate for the month of September 2024 was 5.5% and 5.1% for the rolling 12-month period.

With **all of us** in mind.

Financial Performance

NHS
South West Yorkshire Partnership
NHS Foundation Trust

Key performance indicators

Performance Indicator		Year to Date	Forecast 2024/25
1	Surplus / (Deficit)	(£0.9m)	£0m
2	Agency Spend	£1.4m	£5.3m
3	Financial sustainability and efficiencies	£4m	£20.3m
4	Cash	£63.5m	£59.9m
5	Capital	£1.2m	£8.1m
6	Better Payment Practice Code	99%	

With **all of us** in mind.

Financial Performance – Highlights

South West Yorkshire Partnership NHS Foundation Trust

- The Trust financial target for 2024/25 is breakeven. Overall, in month performance is worse than plan which has increased the year-to-date variance to £2.1m worse than plan.
- Actions continue to maximise the Trust cash position. This has been reducing in recent months but is broadly the same level in September. This is positive in month as the bi-annual Public Dividend Capital payment has been made and additional cash has been utilised for the Trust asset purchase. Actions will continue.
- The Trust financial sustainability programme for 2024/25 has a target of £22.0m. Year to date performance is below plan and additional mitigation plans are being developed to cover this shortfall.
- The Trust capital allocation for 2024/25 is £8.1m. Expenditure for the year to date is £1.8m which is now behind plan. The delivery of schemes in year are being assessed and mitigations identified to ensure that the allocation is appropriately utilised in full.
- 95% of all valid invoices have been paid within 30 days of receipt. Our performance continues to demonstrate compliance with this target.

With **all of us** in mind.


With all of us in mind.

Members' Council annual work programme 2024/25

Key
O – take as read submit questions in advance
✘ - statutory item
- deferred

	Strategy	Business	Strategy	Annual Members' Meeting	Joint Members' Council and Trust Board meeting	Strategy
Agenda item/issue	**23 Feb 2024**	**15 May 2024**	**14 Aug 2024**	**18 Sept 2024**	**15 Nov 2024**	**14 Feb 2025**
Declaration of interests	✘	✘	✘		✘	✘
Minutes of the previous Members' Council meeting	✘	✘	✘		✘	✘
Matters arising from the previous meeting and action log	✘	✘	✘		✘	✘
Chair's report and feedback from Trust Board	O	✘	O		✘	O
Chief Executive's comments on the operating context		✘	✘		✘	
Governor feedback and appointment to groups and Committees	O	✘	O		✘	O
Assurance from Member's Council groups and Nominations	O	O	O		O	O

	Strategy	Business	Strategy	Annual Members' Meeting	Joint Members' Council and Trust Board meeting	Strategy
Agenda item/issue	**23 Feb 2024**	**15 May 2024**	**14 Aug 2024**	**18 Sept 2024**	**15 Nov 2024**	**14 Feb 2025**
Committee						
Integrated performance report	✘	✘	✘		✘	✘
Appointment / Re-appointment of Non-Executive Directors and Associate Non-Executive Directors *(if required)*	✘	✘	✘			✘
Ratification of Chief Executive appointment *(if required)*			✘			
Review of Chair and Non-Executive Directors' remuneration (subject to NHSE guidance and appraisal)	✘				✘ *recommend-dation for Chair's remuneration only	✘
Evaluation / Development session *(will take place outside MC meetings through the year)*						
Annual report unannounced / planned visits		✘				
Care Quality Commission (CQC) action plan - update		✘	✘			✘
Private patient income (against £1 million threshold) *not required if under threshold						
Annual report and accounts			#			

	Strategy	Business	Strategy	Annual Members' Meeting	Joint Members' Council and Trust Board meeting	Strategy
Agenda item/issue	**23 Feb 2024**	**15 May 2024**	**14 Aug 2024**	**18 Sept 2024**	**15 Nov 2024**	**14 Feb 2025**
Quality account and external assurance			✘			
Freedom to Speak Up – Annual survey results and planning tool	✘		#		✘	
Patient Experience annual report					✘	
Incident Management annual report					✘	
Strategic meeting with Trust Board					✘ PM	
Trust annual plans and budgets, including analysis of cost improvements					#	
Fit and Proper Person Test (FPPT) for Board members (annual – May)		✘				
Members' Council elections	✘ *update	✘ *outcome	✘ (mid year election – process)		✘ *process	✘ *update
Chair's appraisal	✘ *process	✘ Appraisal input from governors (private)	✘ Final appraisal (private)			✘ *process

	Strategy	Business	Strategy	Annual Members' Meeting	Joint Members' Council and Trust Board meeting	Strategy
Agenda item/issue	**23 Feb 2024**	**15 May 2024**	**14 Aug 2024**	**18 Sept 2024**	**15 Nov 2024**	**14 Feb 2025**
Biennial evaluation (2023) *Next evaluation will be scheduled for 2025.*	✘					
Review and approval of Trust Constitution		✘				✘
Consultation / review of Audit Committee terms of reference		✘				
Members' Council Co-ordination Group annual report		✘				
Members' Council Quality Group annual report		✘				
Nominations' Committee annual report		✘				
Appointment of Lead Governor (every three years)						
Appointment of Trust's external auditor – to review 2025						
Review of Members' Council objectives (every three years)						✘
Review of Members' Council declaration and register of interests (including gifts and hospitality policy)		✘				
Members' Council meeting dates and annual work programme	✘					✘

	Strategy	Business	Strategy	Annual Members' Meeting	Joint Members' Council and Trust Board meeting	Strategy
Agenda item/issue	**23 Feb 2024**	**15 May 2024**	**14 Aug 2024**	**18 Sept 2024**	**15 Nov 2024**	**14 Feb 2025**
Focus on items to be discussed and agreed at Co-ordination Group meetings to ensure relevant and topical items are included.	✘ **Biennial evaluation (1 item)**	✘ **(1 item)**	✘ **(1 item)**		✘ **(1 item)**	✘ **(2 items)**