NHS
South West Yorkshire Partnership Teaching
NHS Foundation Trust

Insight Six-month Summary Report
January to June 2026

1.0 Purpose of the report

Our Involvement Approach – Nothing about me without me

The Trust has refreshed its previous Insight Report and introduced the *Nothing About Me Without Me – Involving People Report* to strengthen the connection between community voice, governance and action. While the former approach successfully captured feedback from service users, carers, staff, partners and communities, it was less effective at ensuring that themes and experiences consistently informed decision-making, service improvement and organisational priorities.

The revised reporting which will go LIVE in September 2026 is designed to move beyond collecting feedback to demonstrating how experiences influence change. It provides a structured framework for identifying themes, escalating priorities, and embedding learning within annual planning, governance and improvement processes. Recognising that "insight" encompasses clinical, performance and qualitative information, the new report focuses specifically on lived experience and community voice gathered through Trust involvement activity.

Aligned to the Trust's revised Involvement Approach and underpinned by the Involvement Ladder, the report ensures that involvement is purposeful, meaningful and action-oriented—supporting the principle that people should be actively involved in shaping the services they use, rather than simply being consulted about them.

The approach is underpinned by statutory duties including the Health and Social Care Act 2012, the Equality Act 2010 Public Sector Equality Duty, and the Patient and Carer Race Equality Framework (PCREF), all of which require organisations to demonstrate how people's experiences and views inform decisions and improvements.

The revised reporting model will:

- ✓ Gather feedback continuously from diverse internal and external sources.
- ✓ Produce quarterly reports, six-month reviews and an annual deep dive linked to Trust planning processes.
- ✓ Focus on themes over time rather than isolated comments.
- ✓ Use storytelling, lived experience and qualitative evidence alongside themes and actions.
- ✓ Strengthen accountability through governance oversight and "You Said, We Did" approaches.
- ✓ Support community conversations and co-production through existing involvement networks and partnerships.

Overall, the refreshed reporting process aims to embed the principle of “Nothing About Me Without Me” by ensuring involvement is meaningful, representative, and directly connected to service improvement, equality objectives, and organisational decision-making.

For now though this is an update on the Involvement feedback we have received through the period 1st Jan 2026 – 31st June 2026 provided in the historical template as we finalise the new template design.

1.1 Who’s voice?

A list of all the stakeholders the Trust have contact with are held centrally by the equality and involvement team. The stakeholder list describes who we capture views from and who we have a relationship with. As we contact groups, the insight report captures feedback and holds a record using a data capture form. By working this way, the team can further understand the reach, voice and influence across our local communities and address any under representation. The equality and involvement team update and review the list on a quarterly basis in line with the insight report.

1.2 Insight reporting cycle

This report is a summary from January to June 2026 whilst the E&I team are working with services and communities on formulating a new report template for capturing voices from July 2026 onwards. Reporting will go back to the usual quarterly cycle which will mean the next report will be due at the beginning of October for Q2 July – September 2026 activity:

Quarter	Reporting Period
Summary	January to June 2026
Q2	July to September 2026
Q3	October to December 2026
Q4	January to March 2027

Each report is shared with the EDI Operational Group prior to being presented to the Extended Management Team (EMT) quarterly and taken as a paper to the Board as requested.

The next phase of the “Nothing About Me Without Me” approach will focus on strengthening live feedback mechanisms, increasing community conversations, and demonstrating the impact of involvement on patient experience and service improvement.

Our priority is to ensure that insight from service users, carers, staff, and communities is not only heard but translated into measurable change, improving access, experience, outcomes, and trust for the populations we serve.

AREA	LEAD NAME
Advocacy Cloverleaf – Kirklees	TBC
Carer champions	Gill Cowell
Trust Members Council/ Governors	Andrew Lister
Community Connectors	Aboo Bhana/Yasmin Arshad
Customer Service	Ruth Foxcroft
Friends and Family Test responses	Suzie Barton-Pearson
Inpatient Experience Questionnaire	Suzie Barton-Pearson
Recovery Colleges (Kirklees)	Matt Ellis
Recovery Colleges (Wakefield)	Lindsey Taylor Crossley
Recovery Colleges (Barnsley)	Lisa Hart/ Georgina Williams
Healthwatch (Across the areas)	Alexis Ritchie
Inpatient wards (CofC)	Julie Asham (Bagwash)
Mental health alliance – Kirklees	Lynne Keady
Mental health alliance – Wakefield	Chris Lawton
Mental Health Alliance - Barnsley	TBC -
Mental Health Alliance – Calderdale	TBC -
One voice (Newton Lodge) & New Voices (Secure) - (Dialogue Groups)	Kimberley Somerford
Yorkshire and Humberside Low/Medium Secure Insight Group	Kimberely Somerford
PCREF advisory groups	Heather McKnight
Peer support workers	Dylan Degman
Quality governance leads	All service leads (Names)
Quality walkarounds	Liam Redican
Volunteers	Jane Milner
Ward Community meetings - Summary	Claire Wilkinson – inpatients
Cheswold Park	Emma Robinson – Anouska
Voluntary Sector (Kirklees)	Third Sector Leaders TBC

The EDI team will take lead role in collating the Experiences from these stakeholders and providing the Nothing about me without me – Involving People Report.

Actions will include:

- Continue to meet 6 weekly as a collaborative network and gain feedback quarterly from this list of stakeholders (see table)
- Continue to sustain and where needed develop the Internal Ward system feedback mechanisms
- Strengthen the LIVE Community feedback Loop through the development of our External Advisory group and Community connectors to create “Community conversations”
- Move from Individualised projects to system wide learning through our Quality Improvement Approach
- Continue Involvement as business as usual inline with our Trust Involvement Approach
- Make sure the Report feeds through into our EDI Operational Group and then via EMT for information/ escalation.
- Review all of this approach in line with the revised NHS England Experiences of Care Framework alongside the Self Assessment Model.

1.3 Acting on and providing feedback

It is important that we demonstrate how we are reviewing and acting on any insight we receive as a Trust. The report contains key themes that will need to be reviewed by the relevant lead. Following each quarterly insight report a section on the involvement page of the website headed ‘You told us, we listened’ can provide a platform to demonstrate how we are using insight to inform our approach. The insight we receive can often be from a single source and is recorded as verbatim statements or views.

It is vital that we demonstrate to our communities, stakeholders, staff, service users, carers, and families that we are continually listening to feedback and improving services. The ‘You told us, we listened’ section of the website provides an update on insight and this section is updated in the month of April, July, October, and January following each insight report.

2. What people have told us this quarter.

It is worth noting that this section contains the submissions from each of our communities and is dependent on individuals sharing insight with us. In addition, the equality and involvement team add any additional insight they are aware of. Any gaps in local area submission do not pose a concern but the team do make contact to ensure channels of communication remain open and our relationships with those who contribute content remain established.

2.1 Emerging themes based on feedback

Emerging themes	Trustwide	Care Groups	Communities
A&E	· Staff kind and supportive and felt listened to during MH assessments · Some staff communication contributed to heightened anxiety/paranoia · Long waiting periods without updates.	·	·
Estates & facilities	· Provide good quality food, variety of options. · Service embraces cultural choices. · Snacks are restricted. · Mealtimes are rushed · Little attention to dining room · Some aren't involved in meal planning or cultural options	·	·
Mother and baby psychiatric unit	·	· Staff felt deskilled and frightened providing support to autistic person in crisis. · Reflection session around the culture of care was held to review patient experience and staff skills.	·
Deaf inclusivity	· Feeling invisible and language barriers – the Trust is strengthening communication systems, enhanced staff training and consistent support	·	·
Trauma informed care	· Use of patient experience for specialist support and around the discharge process for survivors of honour based abuse.	· Barnsley HIT used QI approach to improve communication and environmental barriers for CYP eg redesign of appointment letter.	·

South Kirklees insight team	·	· Reflection space set up to consider emotions that arise in therapeutic relationships – embedding the culture of care principles.	·
Dementia service	·	·	· Allow double time at appointment and provide written summary of discussion. · Diagnostic process excellent. · Concern about staffing levels for Admiral nurses who are extremely valuable. · Carers support is a gap.
Talking therapies	·	·	· Form to complete is via a bot and it doesn't always understand context of replies. · Content on course vague and lacked practical guidance. · Never felt rushed with same therapist throughout – real impact on my mental health.
CAMHS	·	·	· Care changed when turned 16 – lack of contact, feels keen to discharge to adult service despite having complex needs and told she could stay in care until 18. · Incredibly difficult to access, only respond to crisis situations.
Autism	·	·	· CAMHS only work from 5 year old but 4 year old son struggling at nursery. · Seen by CAMHS no formal diagnosis or support given. · Delays at Manygates for assessment.
Folly Hall	·	·	· Concern been discharged without support. · Given group therapy instead of 121. · Delays with assessment and support due to not been listened to. · ADHD wait is 3 years – cases that need immediate help cannot wait this long.

SPA	·	·	· Contacted for support- told to have a brew. · Staff dismissive and disrespectful. · Delays accessing support. · Told not unwell enough for support – GP referred back as condition not fully recognised.

3. Equality and diversity

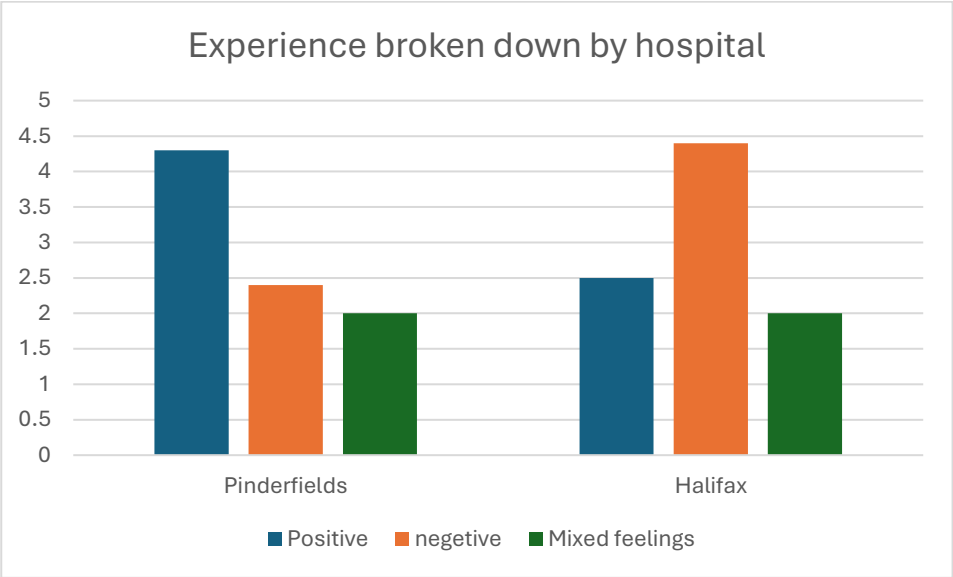
The table below highlights emerging themes from the insight relating to protected characteristics.

Protected characteristic	Key Theme
Equality and involvement	· Some cultural choices are not included in meal planning
Age	· Dementia: allow double time for appointments · CAMHS: incredibly difficult to access
Carers	· Dementia support is a gap

4. Insight

4.1 A&E service user experience – June 2026

Six service (5 male, 1 female) users provided feedback on their recent experiences in A&E departments at Pinderfields and Halifax.



Positive Themes

- Staff were kind and supportive.
- Service users felt listened to and treated with care during mental health assessments.

Negative Themes

- Feeling ignored or spoken about rather than spoken to.
- Environmental concerns including dirty rooms and presence of wood lice.
- Long waiting periods without check-ins or updates.
- Loss of personal belongings during transfer between departments.
- Staff communication styles contributing to heightened anxiety or paranoia.

Mixed Themes

- Good mental health care overshadowed by practical or environmental issues such as loss of belongings, long waits or poor room conditions.

4.2 Estates and facilities

Catering asked how are people supported to eat and drink enough to maintain a balanced diet to our inpatients across our services in the Trust. The following feedback was collected and shows what was rated as outstanding/good/inadequate/requires improvement.

Outstanding

- Services provide good quality food with a vareity of different options each day.
- People are involved in planning meals with staff, taking nutrtitional advice into account.
- Flexibility is given to individual preferences, patterns of eating/drinking.
- Creative ways have been used to help food be attractive when on specific diets, eg modified food textures.
- Innovative ways and posistive staff relationships used to encourage those who have difficulty eating/drinking.
- Service embraces different cultural, religious, ethical needs around choice of food to make sure wishes are respected.
- Creative ways are used to celebrate food from different cultures.

- Positive feedback from dietetic professionals that the service asks for advice and applies it properly.

Good

- People have choice and access to sufficient food and drink during the day. Mealtimes are set around individual needs and personal support provided by staff.
- Dining environment is pleasant and food well presented. Staff aware of safe temperatures for food to be served.
- Service embraces different cultural, religious, ethical needs when planning meals and healthy options are available.
- People feel involved with the service and regularly give feedback.
- Service protects those with complex needs (risk of poor nutrition/dehydration/swallowing problems) and regular monitioring is carried out.

Inadequate

- Service does not ensure people have enough to eat and drink during the day and snacks are restricted.
- Mealtimes are often rushed with insufficient staff with the rights skills to support people. Meals are often served too hot/cold to enjoy.
- Little attention to the dining room.
- Service does not involve people in decisions about what they eat/drink. Specialist and cultural dietary needs are not catered for.
- No support from dietary specialists putting people at risk because of poor monitoring of food and fluid intake.

Requires improvement

- Some people may not always get enough to eat/drink. They are not always encouraged to eat a healthy balanced diet, as options are limited.
- Service does not always involve people in planning meals, nor act on feedback recevied.
- Service does not always understand people's cultural/ethical/religious needs.
- Dining environment not always pleasant or food well presented.
- Service does not monitor risks associated with poor hydration/nutrition or ensure acess to dietary specialists when needed.

Examples of you said we did posters responding to feedback

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Trust Facilities Catering Service
Fieldhead
Date: Q1 April May June 26

You said...	We did...
Feedback from Nostell 15/04/26 "Meals are good" 15/04/26 "Can we have more access to fruit?"	We are glad the changes are being received well. We have implemented a seasonal extra fruit offering to increase variety (Start date TBC)
Feedback from Stanley 14/04/26 'It is nice to have a cooked breakfast option' 28/04/26 "'Food is good'	We are glad you enjoy the cooked breakfast option.
Feedback from Horizon 26/05/26 "Due to service user diverse needs, bottled cordial drinks are needed to ensure hydration"	We met this need by ordering individual bottles with no added sugar to ensure this had been met.
Feedback from Crofton 18/06/26 "buffets are do not offer enough variety"	We implemented changes to the offering by adding new items such as garlic bread, cheese and crackers which have gone down well.

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Trust Facilities Catering Service
Kendray
Date: Q1 Spring April/ May / June 26

You said...	We did...
Eid (Dewsbury) "Enjoyed all the food, was very tasty and made a change." "Chicken korma was very good".	Thanks for the feedback, shared with the team and always learning. We can now use this again on different menus.
Easter (Beamshaw) Enjoyed the easter meal. Positive feedback about the chicken burgers. "Want available all the time" Gammon and pineapple feedback good, "meat cooked beautiful"	Thank you for the feedback. We will look to review this in future seasonal and special menus.
I am emailing to share feedback on behalf of PX who is working towards discharge having made excellent rehab recovery. 'Thanks catering team – really enjoyed meals and a good wide variety of meals / dishes. Admitted clinically significant unintentional weight loss, informing us that the primary reason was due to poor quality food and choice in previous hospital. During admission with us all prescribed oral nutritional supplements were discontinued and progressed to eating full portions. All dietetic needs have been fully resolved. Please extend my thanks to all catering team for hard work on improving quality of food. It really has an impact on nutrition, health and recovery.	Thanks for this feedback. Shared with the team and was rewarded by receiving this news.
After the taste testing meeting all the staff commented on how lovely the food was and the cauliflower cheese went down well. It was very tasty.	Thanks for this feedback. The team was thrilled with the feedback.
Hi both, we participated in the quality walk round on Clark yesterday and just wanted to feedback comments that were made by service users during the visit. Food is varied, enjoyable and not repetitive, Cultural needs are met, enjoy theme nights, such as curry night but would like a Chinese themed evening (not sure if catering do the theme nights or the ward).	Thanks for this feedback. The team was thrilled with the feedback.

4.3 Service user stories

M's Story: Neurotypical – Neurodivergent

M was an inpatient on a mother and baby psychiatric unit in 2022 and gained her autism diagnosis in 2024. M shares her experience of navigating mental health care while neurodivergent. M realises that many of her experiences during that time were misunderstood; behaviours seen as symptoms of mental illness were actually responses to an environment unsuited to her needs.

What have we done and how has M helped us shift some of this thinking

In February 2025 as part of the Autistic Informed Approach Equity principle within the Culture of Care Programme a dedicated reflection session was held to bridge the gap between M's experience and the staff's perspective.

This was a co-produced session between SWYPFT and Wakefield Mental Health Panel of which M is an active member.

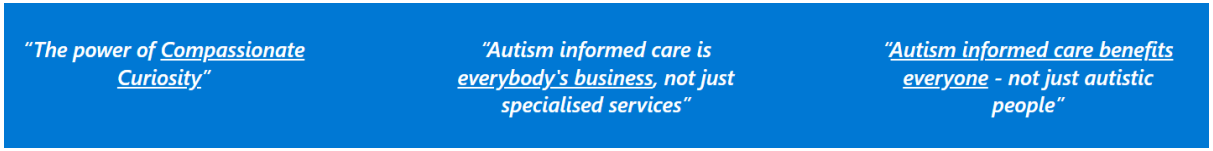
This was not a complaint meeting, but a collaborative forum attended by key figures including the Ward Manager, Matron, General Manager, and the Inpatient Consultant.

Key Findings: The session uncovered a critical "lightbulb moment" regarding why M's care had initially failed. The findings revealed that the disconnect was not caused by a lack of caring, but by a mutual cycle of fear and misunderstanding:

- The Staff's Perspective: Staff admitted that they were "frightened" and felt "deskilled" when trying to support M. They explained that their rigid enforcement of rules or use of medication wasn't done out of being unkind, but because they feared doing the wrong thing and lacked the specific training to support an autistic patient in crisis.
- M's Perspective: M was able to explain that her "challenging behaviours" (hiding, rocking, refusing to speak) were safety-seeking behaviours and meltdowns caused by sensory overwhelm, not psychiatric symptoms.
- Mutual Validation: The session allowed staff the opportunity to reflect upon practice and understand that this isn't "rocket science", some simple changes in perspective or environment might go a long way to support individuals who are Neurodivergent.

Outcomes: From Reflection to Action This collaboration has led to tangible reflections on the Culture of Care Ward Environments but also within other discussion taking place within other programmes. The aim being to move from a "one size fits all" model to an individualised approach:

- Some examples of service Improvements: The Culture of Care wards have implemented information boards with simple yet essential information on them to allow processing time for individuals. Other examples around how patients are introduced to the ward, preparation for important meetings such as CPA's etc
- Trust Culture Change: Some examples are around the development with staff working on Neuro-affirming language guidance; the AIS policy has a specific reference to Neurodivergence. Our Health Inequalities toolkit has been written to accommodate an easier read.



What now

M is currently working with us at the Recovery College, which is supportive of her as Autistic.

M recently had a difficult experience applying for a job with the Trust because her autistic needs weren't supported. Instead of letting this stop her, M shared her feedback with People Services. As a result, on 21st November, a reflection email was sent to all recruitment specialists with key points to improve the process

- **Clear Communication:** Provide upfront details about the interview format to reduce anxiety and help candidates prepare.
- **Supportive Environment:** Ensure rooms are neat, quiet, and offer seating choices to create psychological safety.
- **Orientation & Practical Help:** Give advance information on parking, directions, and consider meeting candidates at reception.
- **Encourage Notes:** Allow candidates to bring notes to aid memory and confidence.

For the Trust this story forms the basis of reflective work being continued post Culture of Care that feeds into our Womens Pathway work and continued focus on Neuro Divergence approaches.

Deaf Inclusivity - Pauls Story

When Paul was initially admitted to Rampton Hospital, he found himself in an environment where he was effectively silenced. With only one other deaf patient and poor communication across the ward, basic rights were overlooked. Paul's experience shifted significantly when he moved to Cygnet Hospital and later to Sign health. This transition highlighted the difference between being "managed" and being "understood".

The Role of the Specialist Community Forensic Team (SCFT) within SWYPFT

Paul views the SCFT as "massively helpful" because they provide the consistency he lacked in the past:

- Organised Care: Appointments are planned, regular, and reliable, allowing him to feel secure in his care plan.
- Strong Relationships: Good communication has fostered a positive relationship with the team.

- Trauma Informed: Paul doesn’t have to repeat his story with new people he has the connection and the consistency to make sure his story and his way of communicating are heard and understood
- Consistency: Key to this has been consistency with Interpreter and Laura his SCFT worker

Paul can feel “seen and heard” in the true meaning of this within our communication and response to him.

Responding to the Insight

The challenges Paul faced, such as feeling "invisible" and facing language barriers, mirror the key findings from the Trust’s Deaf Inclusivity Project insight.

These in summary are:

- Systemic Health Inequity: Nationally and regionally, Deaf individuals often face longer waiting times and poorer health outcomes due to inaccessible pathways and a lack of tailored support.
- Interpreting Service Deficiencies: There is a significant lack of interpreter availability, particularly for emergency access, and a shortage of interpreters with specialised Mental Health BSL knowledge.
- Communication vs. Translation: Insights highlight a critical gap where services focus on literal translation rather than effective, two-way communication.
- Exclusion from Engagement: BSL users are frequently excluded from mainstream consultation and engagement processes, leading to them feeling "invisible" within the healthcare system.
- Barriers to Information: Heavy reliance on written English, which may not be the primary language for BSL users, complicated letters, and auditory-only appointment systems create significant barriers to access.
- Paul as an example received letters from PIP stating “call us back”, and trying to get the system to understand this is not possible and even with interpretation is still inadequate is difficult for us as services to challenge
- Lack of Cultural Competence: A limited understanding of Deaf culture and the impact of language deprivation among healthcare staff increases the risk of clinical misdiagnosis.
- Inconsistent AIS Implementation: Implementation of the Accessible Information Standard is often poor across organisations, characterized by low staff awareness, insufficient training, and inaccurate recording of specific communication needs.
- Fragmented Responses: While some local teams make individual efforts to support Deaf patients, these are often isolated initiatives rather than a consistent, organisational approach, leading to a fragmented patient experience.

To ensure Paul’s positive experience with the SCFT becomes the standard rather than the exception, the Trust is addressing several systemic themes:

1. Moving from Isolated Success to Consistent Support
2. Strengthening Communication Systems
3. Enhancing Staff Training and Awareness examples being Deaf Champion Roles; and Intranet resource

U's Story: Detained under Section 2 with restrictive eating disorder

Reflecting on her hospitalisation under Section 2 in the summer of 2024, U shares her experience navigating mental health care while struggling with a restrictive eating disorder and the complexities of the hospital environment. U is a survivor of lifelong honour-based abuse, physical and emotional harm from childhood, to escaping as a teenager after refusing a forced marriage.

U was hospitalised in 2024 due to a low BMI and declining physical state. Looking back, she realises that the environments she was placed in, first a medical gastric ward and later an Inpatient ward, were often unsuited to her specific recovery needs. During her stay, many of U behaviours were viewed through the lens of non-compliance rather than as responses to trauma or her illness.

U's thoughts for the future

U advocates for a collaborative and empathetic approach to patient care, moving away from a "one size fits all" model, whilst noting that staff are not always to blame for these experiences, as the systems and processes in place can unintentionally restrict their ability to respond to patients' unique needs.

U lived experience highlights the importance of trauma-informed, culturally aware, and relationally consistent care. Her journey with Karma Nirvana demonstrates the importance of specialist support for survivors of honour-based abuse, while her hospital experiences reveal the gaps that persist when systems do not fully understand the impact of trauma on behaviour, safety, and healing.

U now has no contact with her parents family but has gone on to rebuild her life and has created her own family. She is proactive in supporting others and now delivers training to agencies around her experiences. More recently LYPFT are commissioning U to provide experiential support on their discharge processes, and in line with this we have asked Uto support our Acute Pathways and Inpatient Improvement Group experiences from an Emergency Department viewpoint.

She said: **"*We're using our pain to empower other people, to give them the knowledge, to give them the understanding not to use culture and religion as excuses to do nothing, but reminding people that everybody has the same human rights*."**

CASE STUDY: Improving Trauma-Informed Engagement in the Health Inclusion Team (HIT) the 6 Step Approach.

The Health Inclusion Team at SWYPFT is a specialist service providing targeted health support for children, young people, and families across Barnsley. The team works with people living in temporary accommodation, Gypsy and Traveller communities, asylum seekers, refugees, and individuals affected by domestic abuse or trafficking. They prioritise flexible, person-centred engagement, meeting service users wherever feels most comfortable, whether at home, with extended family, in schools, GP practices, or other agreed locations. The team offers support for those with literacy needs and routinely works with interpreters to ensure clear communication. New referrals are usually contacted within two weeks. All interactions are grounded in openness, honesty, and a strong commitment to privacy and information security.

The Health Inclusion team have been working to improve levels of access and reduce the number of did not attend appointments for refugees, asylum seekers, and migrants. In undertaking this work they used the Trusts 6 step QI methodology.

Communication Barriers

- Brown envelopes acted as a trauma trigger, prompting fear of immigration decisions.
- Many service users came from countries where formal letter systems do not exist.
- Translation apps led to misinterpretation or incomplete understanding.
- Lack of clarity on the NHS, healthcare processes, or potential costs.

Environmental Barriers

- Cold, clinical appearance of the reception area heightened anxiety.
- Notice boards were cluttered, and information wasn't relevant to service users.
- No toys or child-friendly space for families.
- Staff break areas lacked calm, restorative space.

These insights clarified the root causes behind disengagement and low appointment attendance.

What changes were made

- ✓ The appointment letter was redesigned switching to white envelopes with a co-produced logo, removing clinical jargon and applying easy-read.
- ✓ An appointment support leaflet was drafted using, principles from the Trust Accessible Information Standards Policy and explained what would happen at the appointment.
- ✓ Environment changes: softer lighting, open blinds, new toys and play area, decluttering, local artwork and houseplants to improve air and calmness.
- ✓ Updated leaflets to ensure relevant and culturally appropriate.
- ✓ Staff 'lavender room; created as a calm wellbeing space.
- ✓ Co-designed entrance poster area which built Trust with the team and the young people as their work was represented and continued engagement

By bringing together the Trust's 6-Step Quality Improvement methodology with the Involvement Approach, the Health Inclusion Team has demonstrated how meaningful, person-centred improvement can transform both experiences and outcomes. Through working alongside refugees, asylum seekers, migrants, and partner organisations, the team uncovered the real barriers affecting engagement, from fear triggered by brown envelopes to complex language in letters, to clinical and unwelcoming environments.

SOUTH KIRKLEES INSIGHT TEAM

The team work with individuals and their families who are experiencing psychosis. A reflection group was set up to consider the relationships that the service enters with clients and their families as professionals. The forum provides a useful space for the service to share perspectives and consider some of the emotions that can arise in therapeutic working relationships. Often the service can feel "stuck" or experience increased stress when despite all efforts, we don't feel able to connect or facilitate positive change with those we work with. Alternatively, we may experience positive outcomes that we can share together to promote learning and reflection.

The diagram represents some of the areas that can impact on how the service can relate and connect with other people. As well as being professionals, we are also people with our own identities, experiences, beliefs, and roles.

When we meet with others, whether in our personal or professional lives, these areas can intersect and impact on how we relate and communicate with other people. Having the chance to explore and share perspective with others can allow us to develop a broader awareness and understanding of what we may be experiencing.

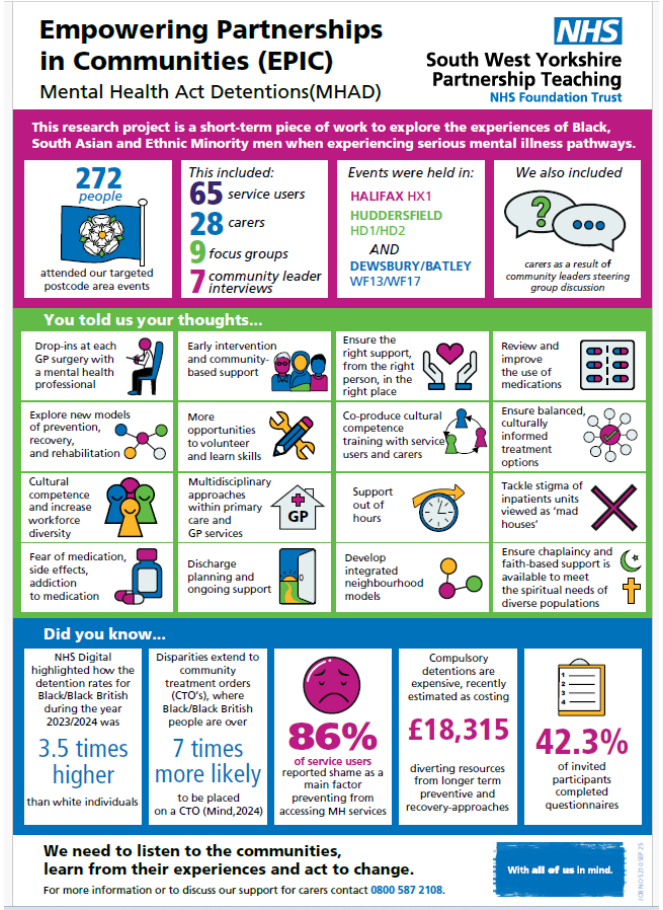
Having a safe space to share how we may think and feel about cases can offer an invitation to be curious about what may be driving how we relate to clients / families.

The aim is not to discover 'the truth', but to allow us access to view cases through 'different lenses.'

The NHS England Culture of Care standards are built on key commitments and principles, including Staff Support, Safety, Relationships, and Equality. The Reflection Group directly supports these commitments by cultivating a psychologically safe and relationship-focused environment for staff.

The Reflection Group is more than a supplementary intervention; it is a mechanism for embedding the core principles of a Culture of Care. By providing a safe space to process complex relational dynamics, it directly supports the professional development and psychological well-being of staff. The body of evidence confirms that this type of support is vital for minimising staff burnout and attrition. Therefore, the continued and protected integration of this model is not simply beneficial, but a necessity for the organisation to review and develop outside of the early work in the South Kirklees Insight team.

MENTAL HEALTH ACT DETENTION (EPIC)



The EPIC project was commissioned to improve the outcomes for patients across the serious mental illness pathway in South West Yorkshire; this can be implemented by improving the efficiency of the mental health pathway. It also aimed to promote the co-development of clinically, culturally and socially appropriate alternatives to detentions under the Mental Health Act and reduce disparities that may be present between population groups in access, experience and outcomes of these services. By doing so, it aims to create a sustainable approach to keeping people well in the community.

Themes and trends were identified as follows:

- Accessing services
- Contact/Experience with services
- Crisis Point
- Admission to hospital
- Discharge

Following the community steering group, we developed the Carer questionnaire and conducted interviews with Community Connector Leads as a response to the feedback received.

The clinical focus areas of the project are males with a Black, Asian and Mixed Ethnic background, aged between 18-65, who have had or who are currently experiencing a serious mental illness based in the following areas: Huddersfield HD1, HD2, HX1 Halifax and WF13 Dewsbury. Prior to this research project taking place, the Trust developed a clinical expert reference group which was initially developed to look at the data of service users on their case load whom had been sectioned in a Black or South Asian community, it looked at how many of these came under crisis and this provided the foundation for identifying post-code areas to conduct this research in.

The experiences of services from service users from these backgrounds were gathered by a series of questionnaires and focus groups using guided questions and appreciative enquiry in conversation. Throughout the duration of the project, we also sought the experiences of carers, family, friends and community leaders.

A continued piece of work from the EPIC findings is currently being undertaken whereby all recommendations for action are being aligned against current Priority programmes to make sure they are connected, and where gaps exist this will be taken back through to the Mental Health Act detention Governance Group.

HEALTHWATCH

Service name	Sentiment & Theme	Feedback detail
Mental health support	Negative – access to services	Unable to access therapy or advocacy for PTSD unless go private.
Dementia service	Neutral – experience of assessment	Need a clear structure of what to expect at the appointment and double the time allowed. Provide a written summary to reflect on what was discussed.
Complaint	Negative – access to services	Various concerns about access to services and support following diagnosis of PTSD and long waiting times for advocacy.
Dementia service	Mixed – process/ staff attitude	Husband diagnosed in 2019 via the memory clinic and the diagnostic process itself went smoothly. However, when confirming the diagnosis, the consultant made a flippant remark about my future which made me feel anxious.
Dementia service	Positive – access to service and support	Diagnosed at Laura Mitchell Memory Clinic and received an excellent service throughout the process. Following the diagnosis, I was referred to the Dementia Hub through Age UK
Dementia service	Positive – access to service and support	The diagnosis process was very swift from GP to memory clinic at Laura Mitchell Health Centre. Test and scans prompt and diagnosed after 2 months. Started on medication, remained under consultant for a year, then back to GP for ongoing monitoring.
Talking therapies	Negative – access to services	Completing form to access service which is answering questions via a bot – some of the responses it understood and others it did not. No option for not applicable when answering questions – made completing it frustrating.
Dementia service	Mixed – access to service and support	Dementia Hub and dementia-friendly cafes are a goldmine of information and the social support is invaluable. GP and memory clinic treated Mum like an old person and not fully seeing what she was going through – now on list for assessment.

Dementia service	Negative – access to services	Concern about staffing levels in the Admiral Nurses and a more consistent referral process following diagnosis.
Dementia service	Positive – access to service and support	The Admiral Nurses service is extremely valuable. Once assigned, they act as a case worker and help coordinate care and support for both the individual and their carer, ensuring that important issues do not get overlooked.
CAMHS	Negative – access to service	Daughter diagnosed at age 6 and received excellent care up until she was 16. Despite being told she would remain under the team until she was 18, her care has now changed significantly from virtual appointments to waiting for someone to return calls. We have now begun discussions about transferring to adult services, even though she still has two years left as a child. This feels as though the service is keen to discharge her despite her ongoing complex needs.
Talking therapies	Negative – unhelpful support	I attended a talking therapies pain management course, which I did not find particularly useful. The content was vague and lacked practical guidance.
Dementia service	Mixed – access to service and support	Dementia care for patients is brilliant locally, but for carers it's a gap and problematic.
Autism	Negative – access to services	4 year old son having difficulty access support until he's at school, when he is struggling. Nursery recognise he is neurodiverse but CAMHS state they only work from 5 years old.
Autism	Negative – access to service	Referred for autism assessment 4 years ago, seen 2 years ago by CAMHS – no formal diagnosis recorded and left without support.
SPA	Negative – access to support	Contacted SPA for support – told to have a brew.
Talking therapies	Positive – access to service and support	Regular phone appt with same therapist – given booklet on how to understand my triggers. Never felt rushed or dismissed - made a real impact on my mental health.

Silver cloud therapy	Negative – access to support	Difficulty with rearranging appointments. Inappropriate advice for panic attacks shared.
Folly Hall	Negative – access to support	Concern over suicide rates for people under mental health services in this area.
SPA	Negative – access to services/staff attitude	Concern over delays to accessing support from the Mental Health Team / SPA. Staff reported as dismissive and disrespectful.
Folly Hall	Negative – access to services and support	Concerned that following a referral to Folly Hall, they have been discharged without treatment, support or further referral.
CAMHS, Laura Mitchell	Negative – access to services	CAMHS is incredibly difficult to access and only when a crisis situation happened, they responded.
Priestley unit, Dewsbury	Negative – personal property	Experienced loss of belongings and damage to belongings whilst an inpatient.
Folly Hall	Negative – access to services	Given group therapy instead of 121 support. Delays with assessment and support due to not been listened to.
Manygates	Negative – access to services	Concerned at delay to son's autism and ADHD assessments with Manygates.
SPA	Negative – access to services and support	Contacted SPA in crisis and given telephone assessment. SPA rang a few days later and was told you're not unwell enough to require support. GP has referred back for support as condition was not fully recognised.
Folly Hall – CAMHS	Negative – access to services and support	Waiting list for appointment for ADHD assessment is 3 years – cases that need immediate help cannot wait this long.

5. Recommendations for 'You told us, we listened'.

From all the insight shared, there are a number of themes we recommend be included in the 'You told us, we listened' website publication.

To support the work the Trust, need to:

- Agree that the themes identified below are the right themes.
- Analyse the themes and identify if any of these areas require further action or involvement support.
- Publish these on our website

The themes are set out below:

Theme	The Feedback – you told us	Our action – we listened
Environmental Adaptations and Sensory Vulnerabilities	Clinical and ward environments can inadvertently trigger severe distress if they fail to account for neurodiversity, trauma, or physical health conditions. For instance, loud noises and busy ward settings have historically led to autism-related meltdowns being misidentified as acute psychiatric panic or psychosis. Similarly, standard clinical environments can feel unwelcoming or unsafe for trauma survivors and migrant communities.	We understand that when we make targeted environmental adjustments (such as introducing neuro-affirming supports or creating trauma-informed clinical spaces), we significantly reduce patient anxiety and lower appointment "Did Not Attend" (DNA) rates. We have therefore created several workstreams undertaking activity in this regards. ○ A specific project is testing out Change ideas through the Culture of Care methodology on Ward 18, following from successes in our Sandal Ward environment. ○ The findings from our Culture of Care programme have been fed through to the Women's Pathway which is a programme currently being led by NFST as a peer review, findings of which will create further work. ○ We are developing a specific programme reviewing the feedback on our MH Act Detention work.
Communication, Clarity, and Relational Consistency	Service users report extreme vulnerability when communication is broken or inconsistent. Non English speaking service users have historically experienced gaps in care, such as being given medication without explanation or consent due to	We have implementing tools like "About Me" flags on SystmOne to redefine how we respond to Reasonable Adjustments, utilising consistent communication methods through a review of our Interpretation services contract, and co-designing simplified, accessible information materials. Key

	inconsistent interpreter provision. Furthermore, standard administrative communication (such as official brown envelopes or complex language in letters) can trigger intense anxiety or fear for asylum seekers and refugees.	to this has been a review of Our Accessible Information Standards Policy (AIS).
Patient Care vs. Operational Pressures	Service users consistently praise the care, kindness, and therapeutic relationships built with ward staff and Occupational Therapy (OT) teams. However, staffing shortages and use of Agency or Bank heavily impact this, with patients noticing that staff are often "always running around and really busy," which directly limits access to therapeutic activities and outdoor time. The lack of consistency gained from non direct employed staff is also noted as a concern within feedback.	The Trust has moved to zero Agency use through to the Financial year end 2025, and sustains this to date. Bank use is currently a key priority within the Trust alongside a key commitment to undertaking a full establishment review and recruitment into fixed roles throughout 2026.
Food Quality as a Clinical Intervention for Recovery	Patient feedback demonstrates that poor food quality in previous healthcare settings directly causes clinically significant, unintentional weight loss and reliance on oral nutritional supplements.	Investing in quality, varied, non-repetitive meals allows patients to completely discontinue prescribed supplements, progress to eating full portions, and entirely resolve long-standing dietetic complications. We understand that excellent food directly accelerates rehabilitation and discharge preparation and have reviewed our offer to Patients in this regards.
Culturally Inappropriate Models vs. Culturally Informed Support	Traditional clinical structures often fail to accommodate different cultural paradigms of mental wellness, leading to systemic biases, unconscious assumptions, and an over-reliance on coercive practices or involuntary detentions under the Mental Health Act.	We understand that when we actively Involve individuals in alternatives to detention and design culturally appropriate care models, we lower the need for restrictive interventions and build a framework where individuals feel safe, validated, and respected. We have a Trust focus on Personalised Care, which we measure though Co-produced care plans which at date is at 95%; we also have continued to develop and invest in our Community Connector model to bridge the gap between services and community voice. Key to this approach is our organisational EDI strategy deployment and our Patient Care Race Equality Framework commitments.

Access to Timely Support	People reported long waits for autism, ADHD and mental health assessments, difficulty accessing CAMHS support before crisis point, delays in referrals, and uncertainty after discharge.	We are reviewing pathways with the greatest reported waiting times, using insight to inform service redesign and escalation through operational and governance routes. We are also strengthening early intervention, transition arrangements and communication with people waiting for support.
Supporting Carers and Families	Carers provide essential support but often struggle to access information, advice and ongoing support.	We continue our Triangle of Care Programme across the Trust services. We are reviewing carer pathways and ensuring carer voices are incorporated into service redesign, involvement work and future reporting.
Feeling Seen, Heard and Involved in Decisions	People told us that their experience of care is shaped not only by the support they receive, but by whether they feel listened to, understood and involved in decisions about their care. Some people described feeling ignored, dismissed or spoken about rather than spoken to. Others shared experiences where their concerns were not fully recognised, resulting in delays in accessing appropriate support. For Deaf service users, communication barriers contributed to feeling invisible within the healthcare system. For autistic and trauma-experienced individuals, behaviours and needs were sometimes misunderstood, leaving them feeling unheard or excluded from decisions affecting their care. At the same time, people consistently described positive experiences when staff took time to build relationships, listen, explain, and involve them in decisions. These experiences helped people feel safe, respected and understood.	We recognise that being heard is fundamental to high-quality, person-centred care. Through our Patient Carer Race Equality Framework (PCREF); Our continuation of the Culture of Care programme principles; Accessible Information Standards work, Trauma-Informed Care approach and Involvement Approach including but not exclusively our Community Connector model, we are strengthening how we listen to, understand and respond to individual needs. We are continuing to: • Promote personalised care and shared decision-making. • Strengthen staff awareness of neurodiversity, trauma and communication needs. • Improve the identification and delivery of reasonable adjustments. • Use lived experience to shape service improvement and staff learning. • Ensure involvement activities directly influence service development and organisational decision-making. Our aim is that every person using our services feels seen, heard, respected and actively involved in decisions about their care. This report is the continuation of providing evidence of that aim.