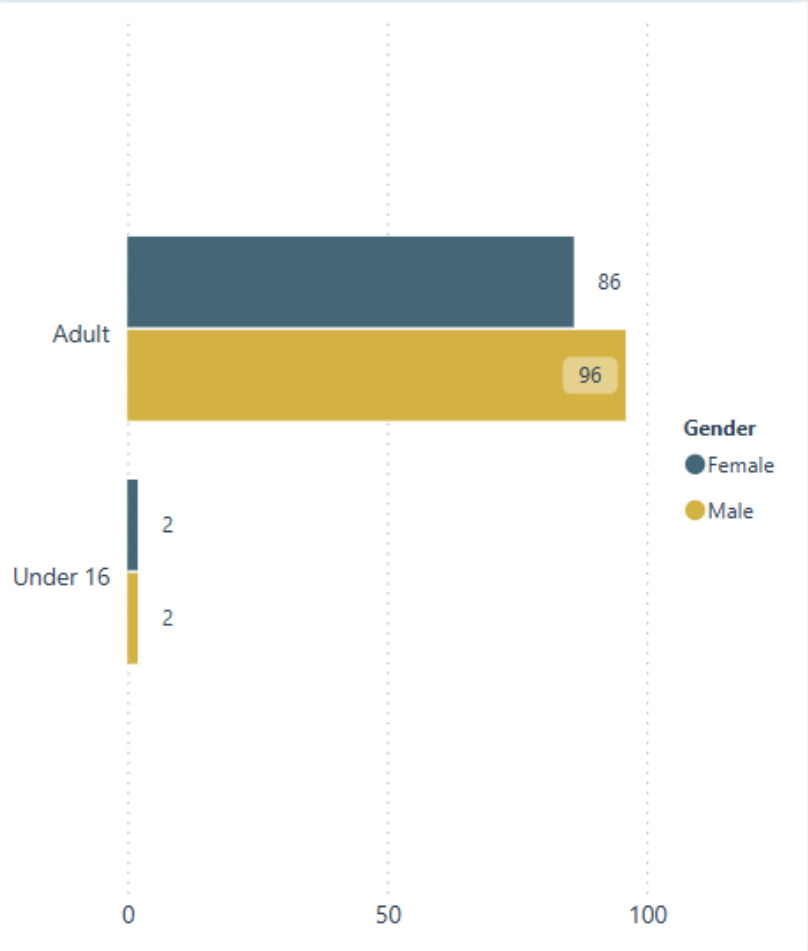
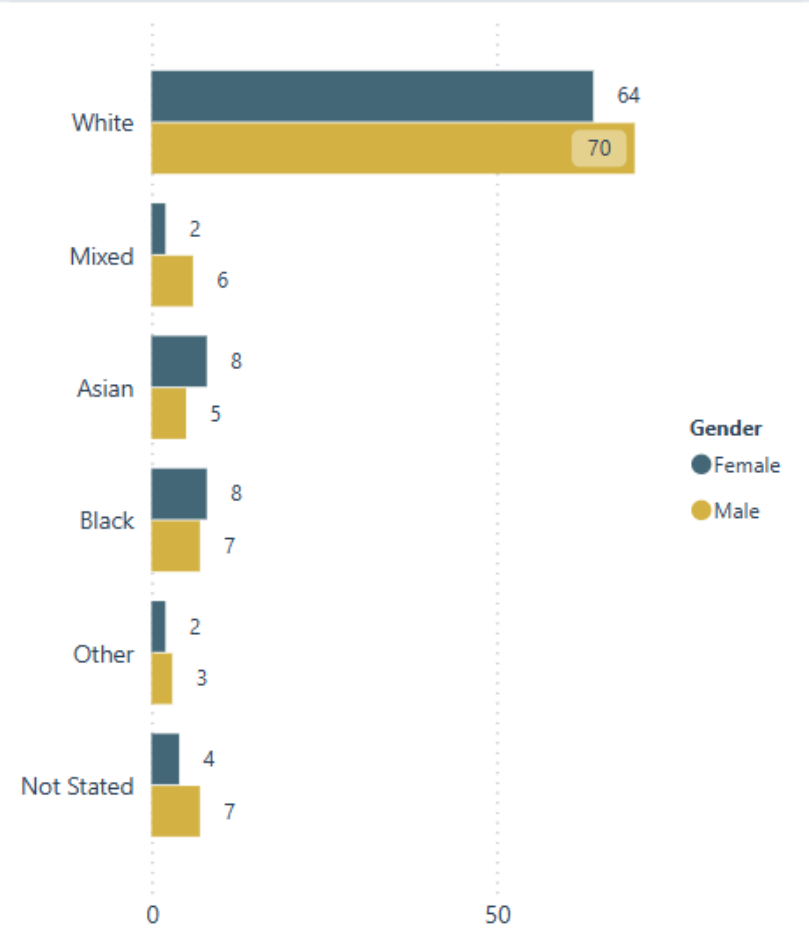


Indicator	Alt Ref	Metric	Value	Male	Female
OP01 (N)		People first episode in psychosis started treatment in 2 wks	84.95%	52.69%	47.31%

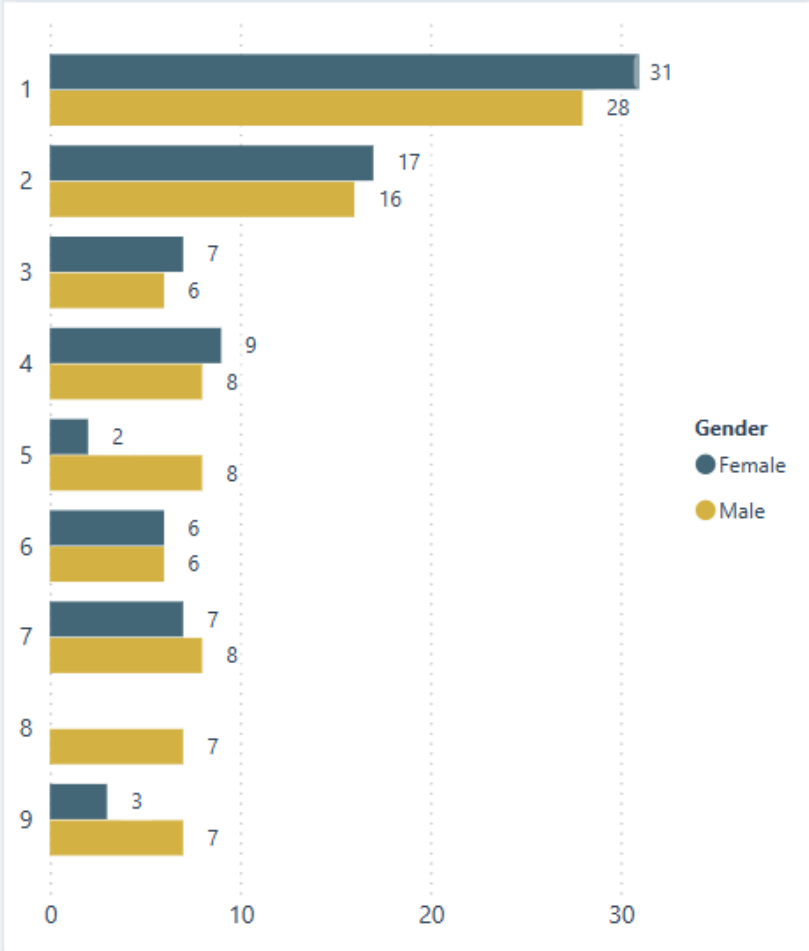
Gender By Age Group



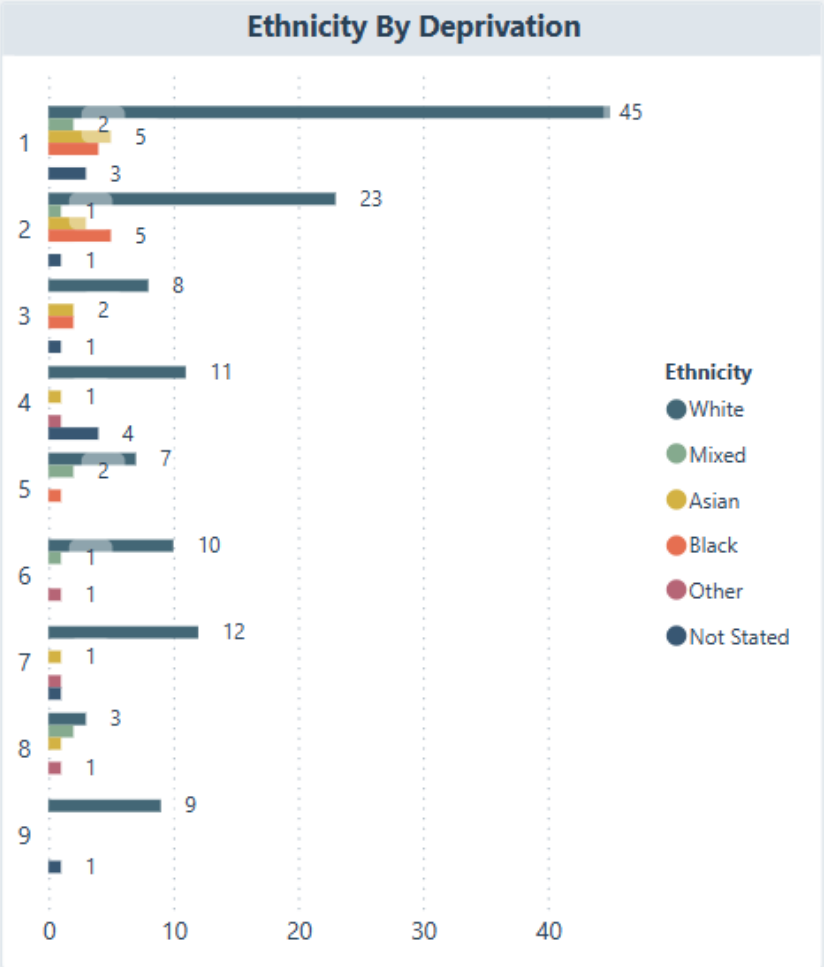
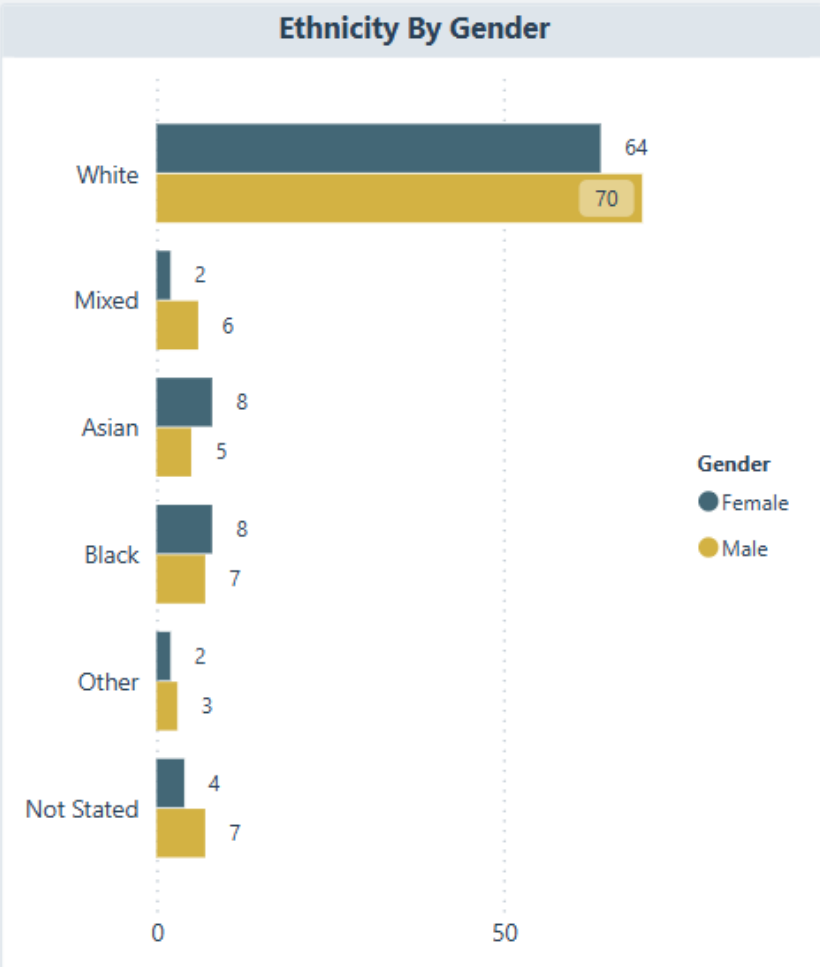
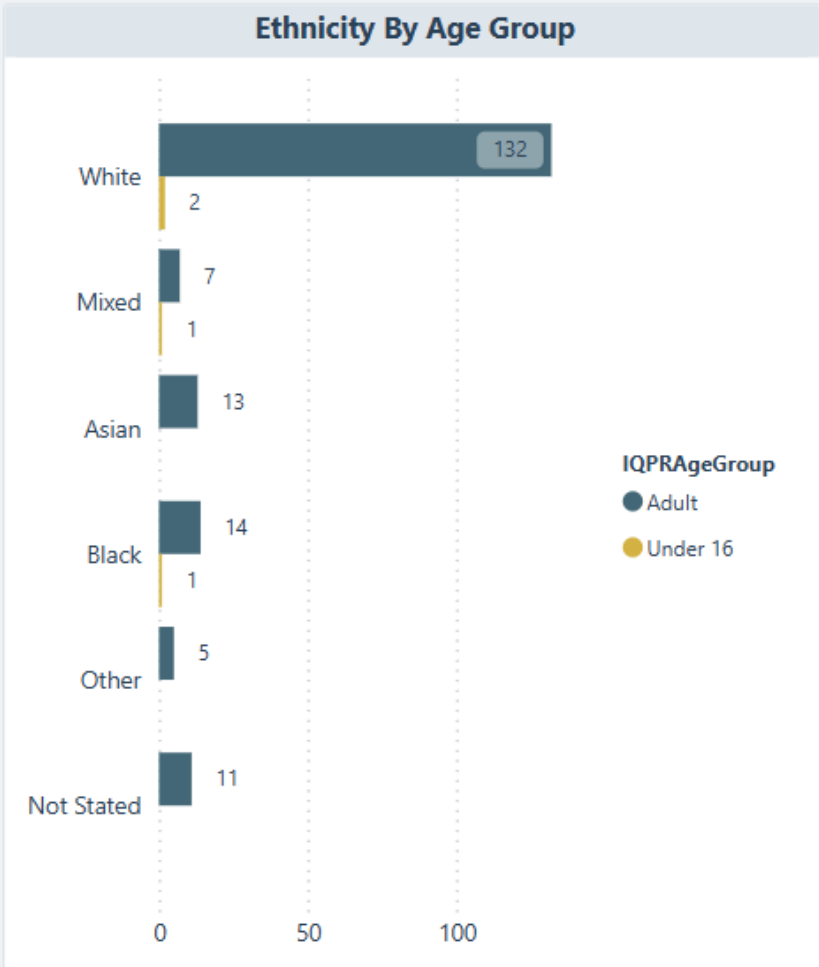
Gender By Ethnicity



Gender By Deprivation

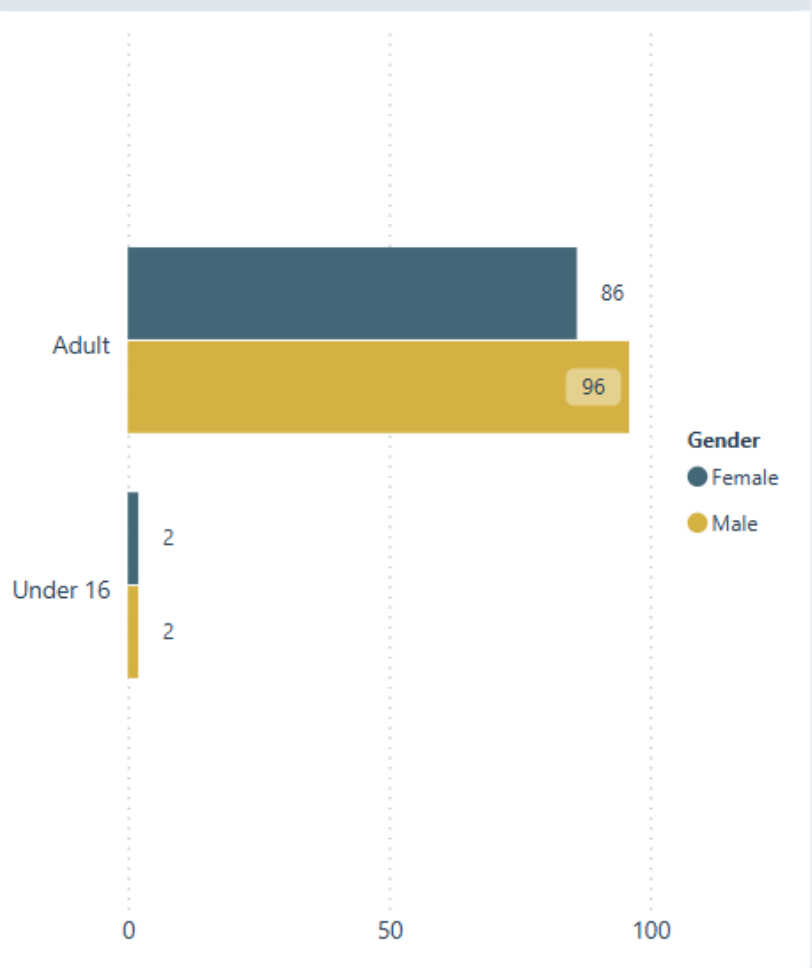


Indicator	Alt Ref	Metric	Value	White	Mixed	Asian	Black	Other	Not Stated
OP01 (N)		People first episode in psychosis started treatment in 2 wks	84.95%	72.04%	4.30%	6.99%	8.06%	2.69%	5.91%

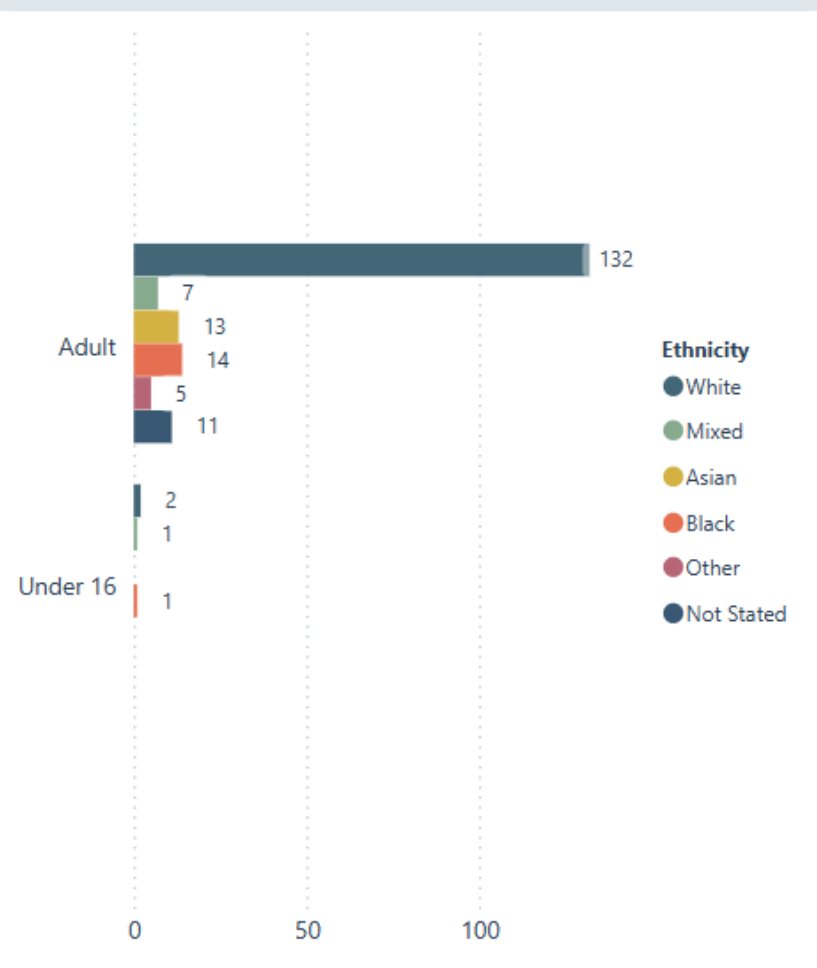


Indicator	Alt Ref	Metric	Value	Adult	Under 16
OP01 (N)		People first episode in psychosis started treatment in 2 wks	84.95%	97.85%	2.15%

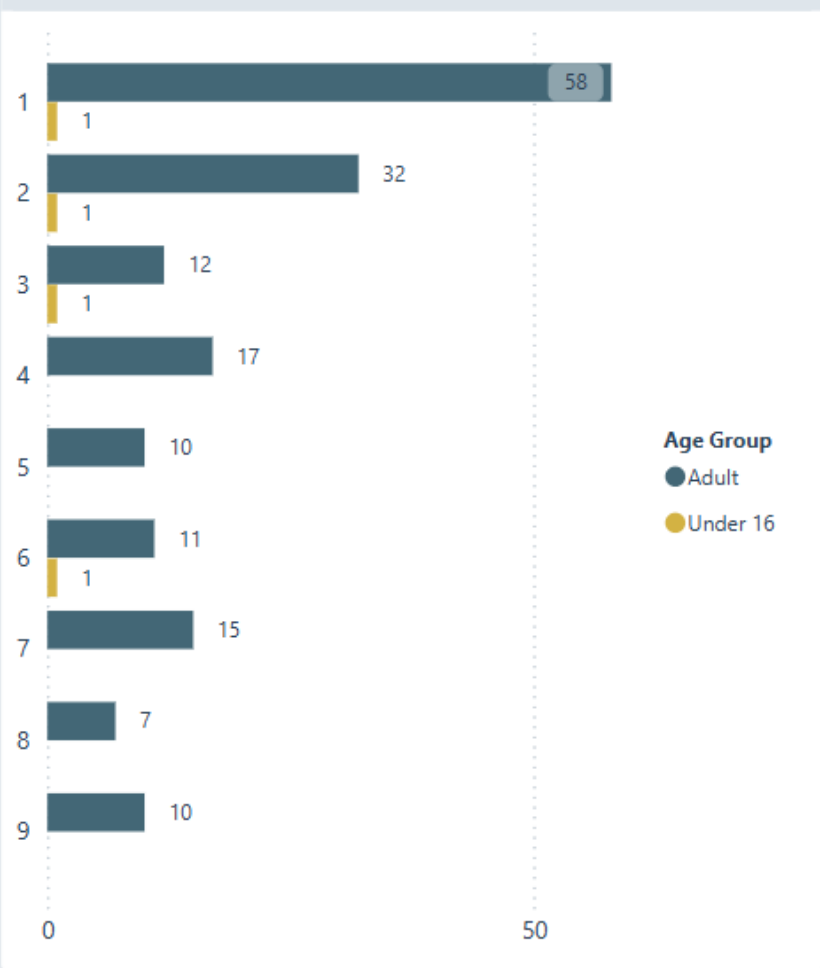
Age Group by Gender



Age Group By Ethnicity



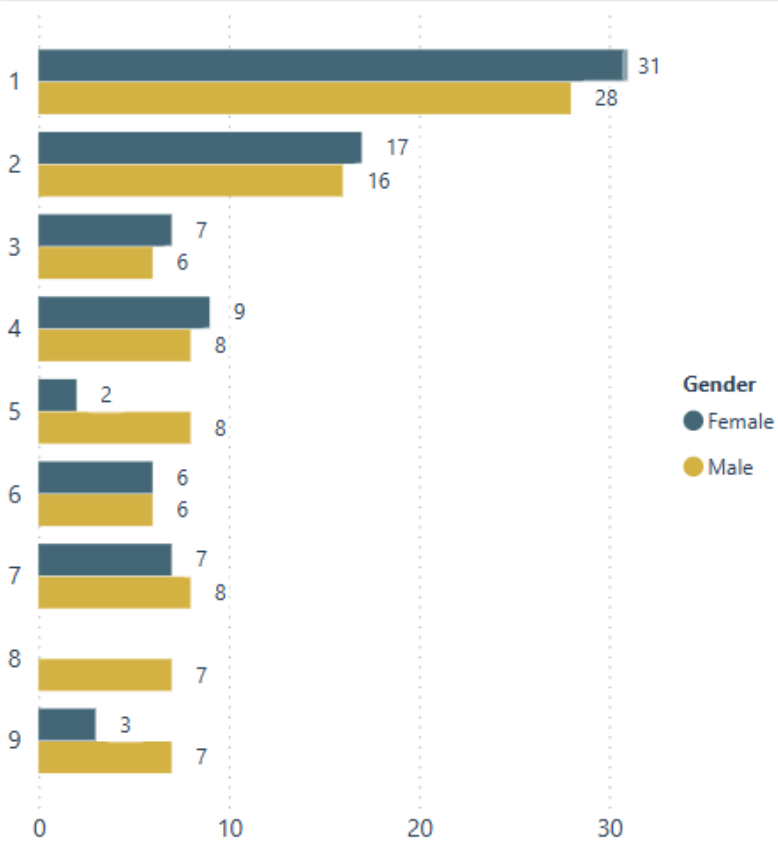
Age Group By Deprivation



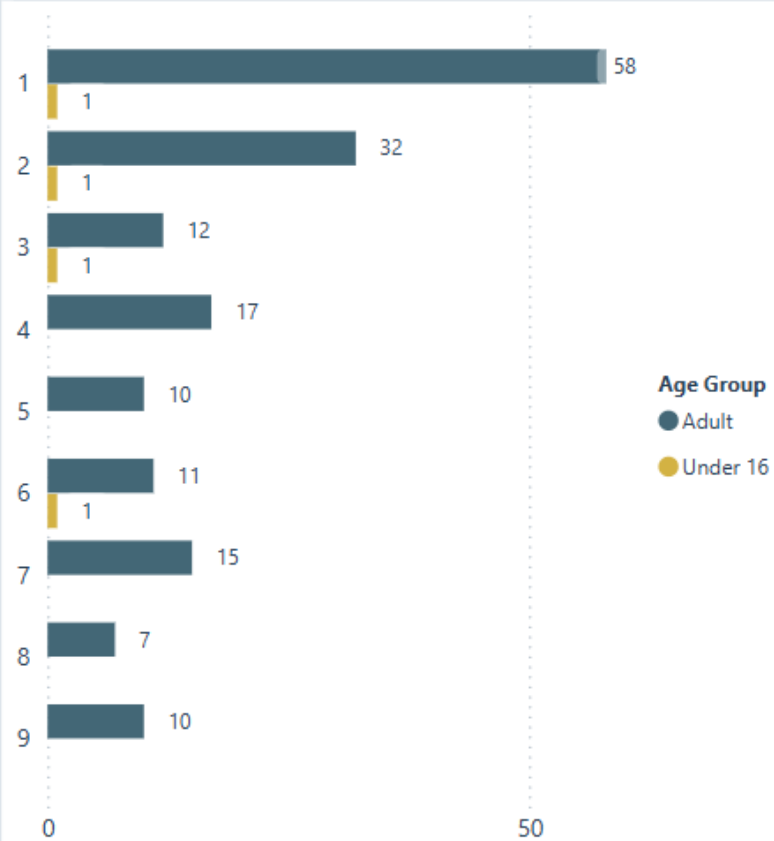
Indicator	Alt Ref	Metric	Value
OP01 (N)		People first episode in psychosis started treatment in 2 wks	84.95%

Not Recorded	1	2	3	4	5	6	7	8	9
5.38%	31.72%	17.74%	6.99%	9.14%	5.38%	6.45%	8.06%	3.76%	5.38%

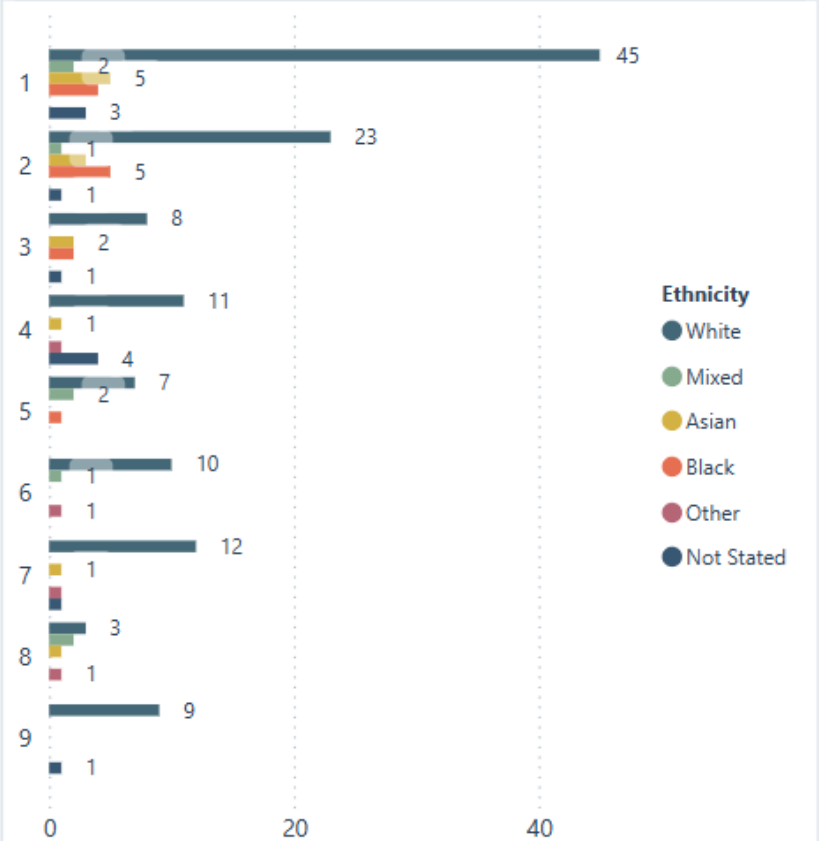
Deprivation By Gender



Deprivation by Age Group

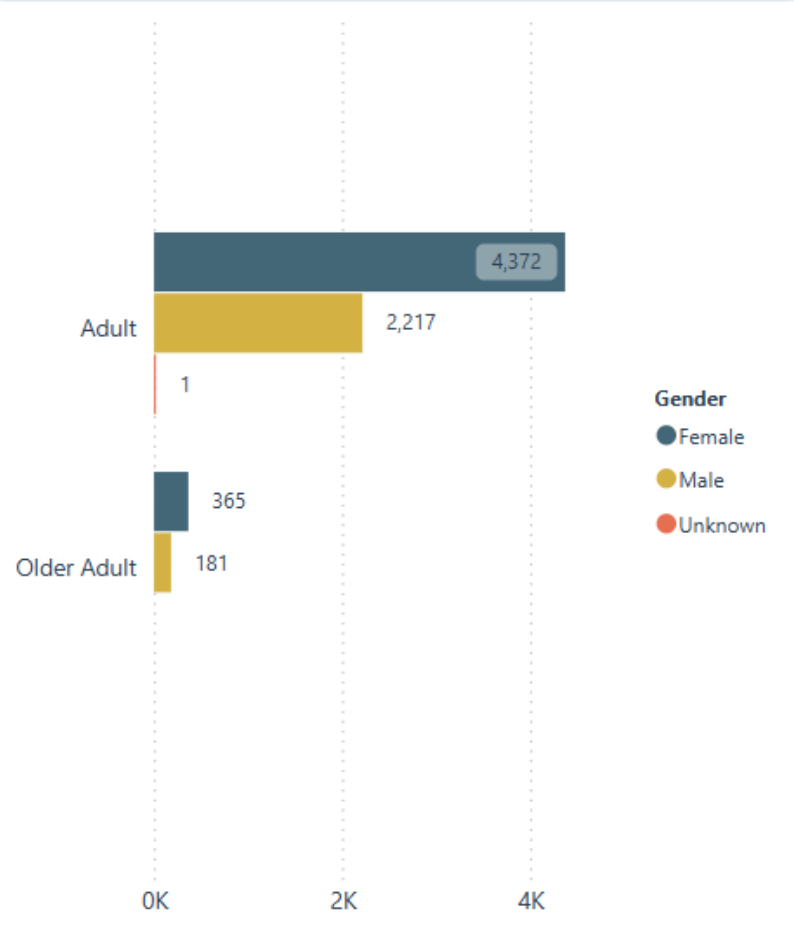


Deprivation By Ethnicity

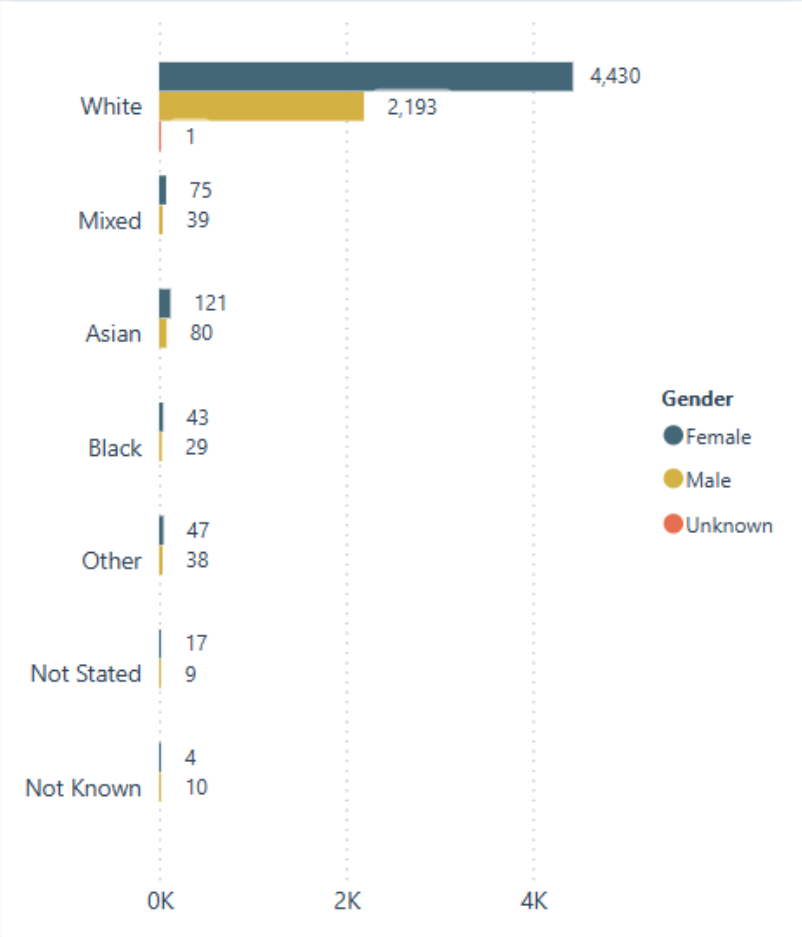


Indicator	Alt Ref	Metric	Value	Female	Male	Unknown
OP02 (N)		People completing Talking Therapies moving to recovery	48.96%	66.38%	33.60%	0.01%

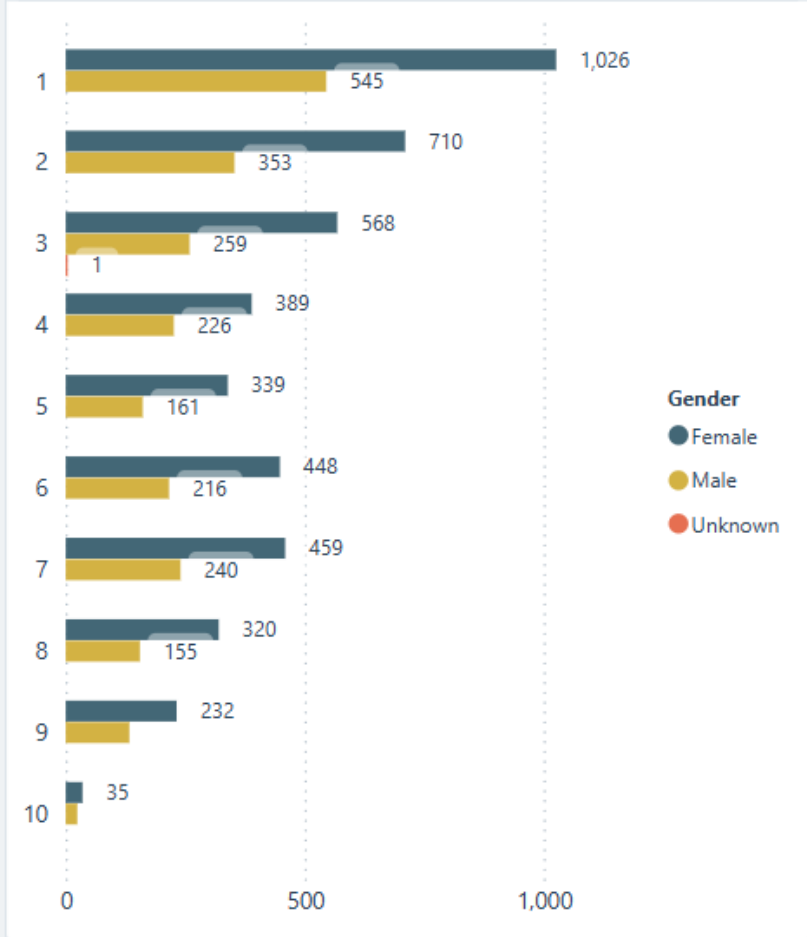
Gender By Age Group



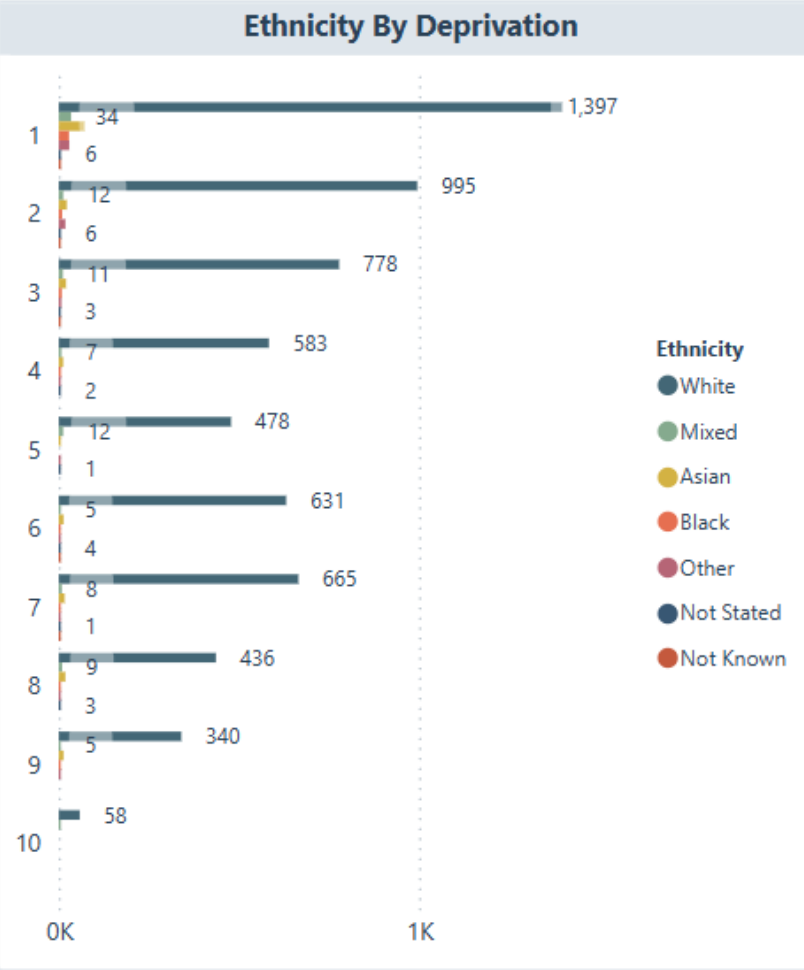
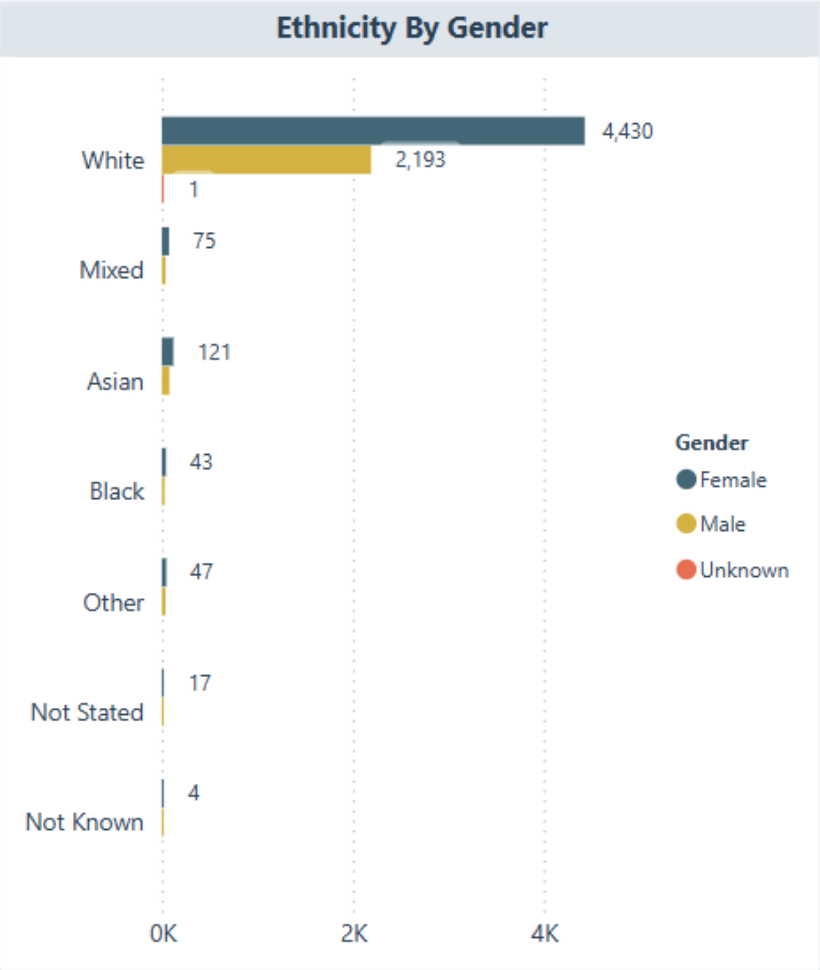
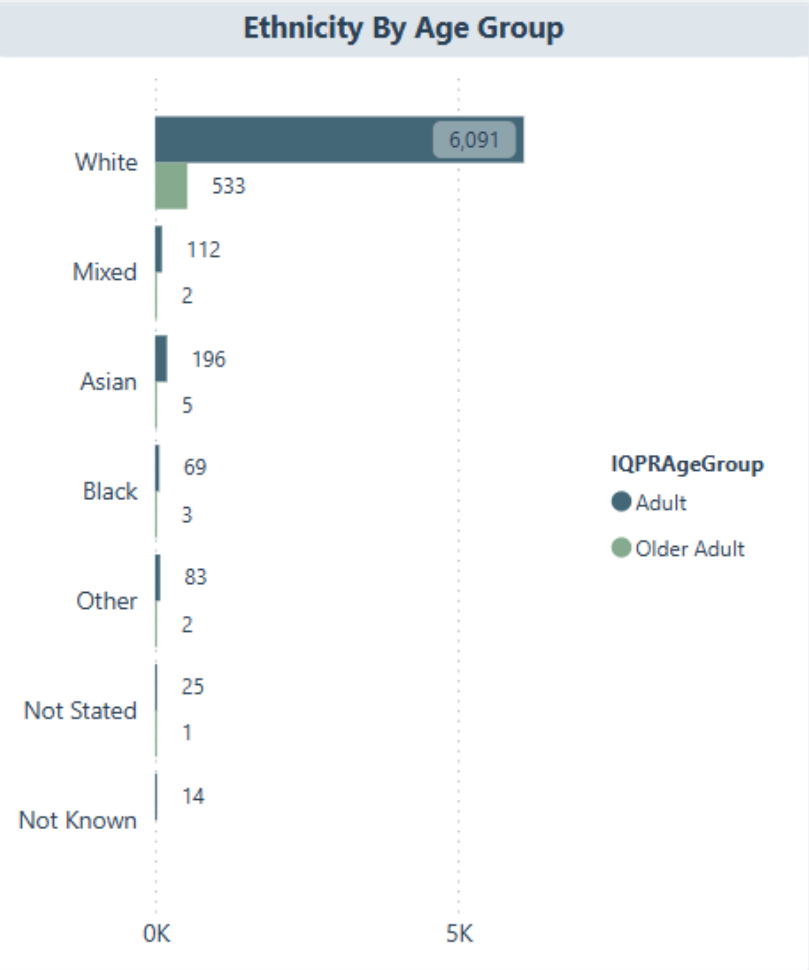
Gender By Ethnicity



Gender By Deprivation

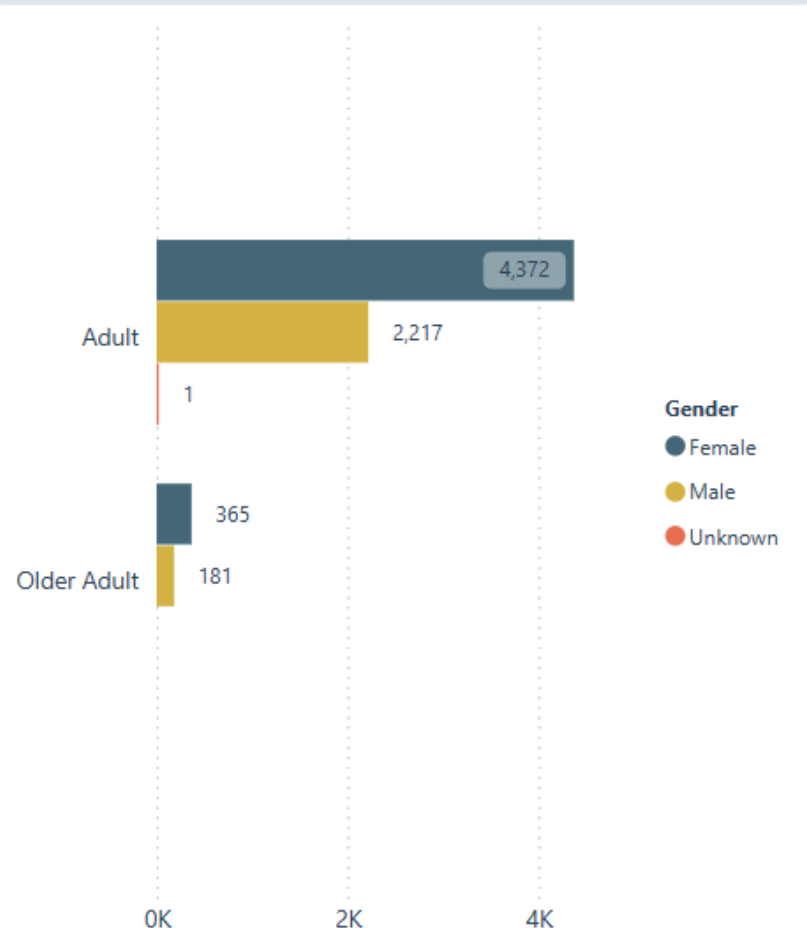


Indicator	Alt Ref	Metric	Value	White	Mixed	Asian	Black	Other	Not Stated	Not Known
OP02 (N)		People completing Talking Therapies moving to recovery	48.96%	92.83%	1.60%	2.82%	1.01%	1.19%	0.36%	0.20%

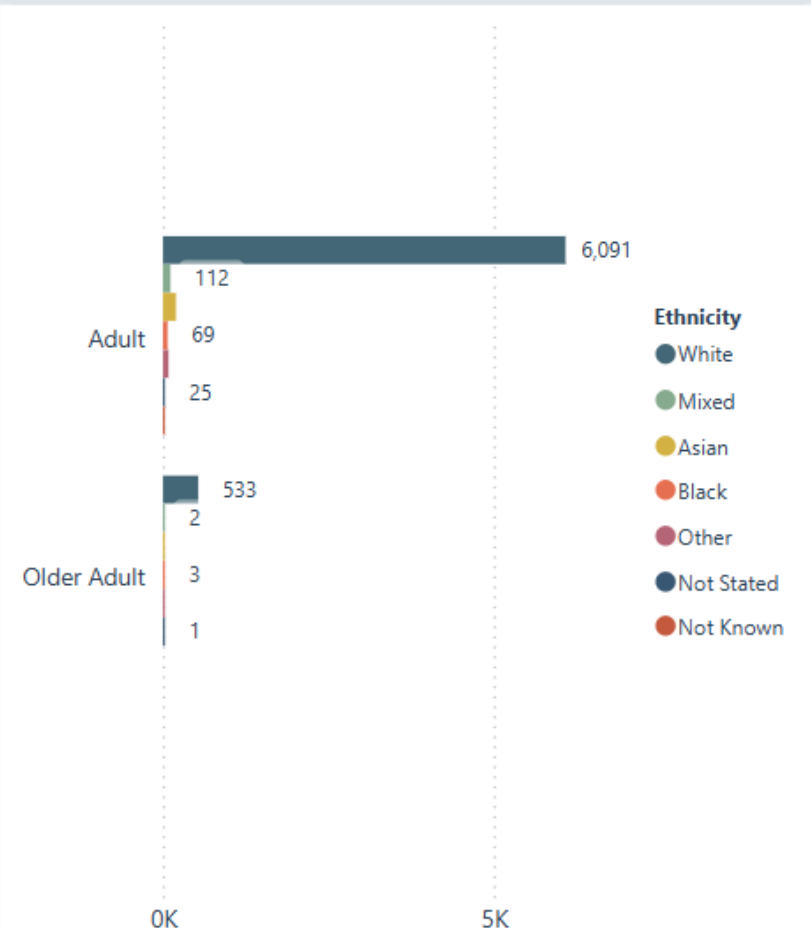


Indicator	Alt Ref	Metric	Value	Adult	Older Adult
OP02 (N)		People completing Talking Therapies moving to recovery	48.96%	92.35%	7.65%

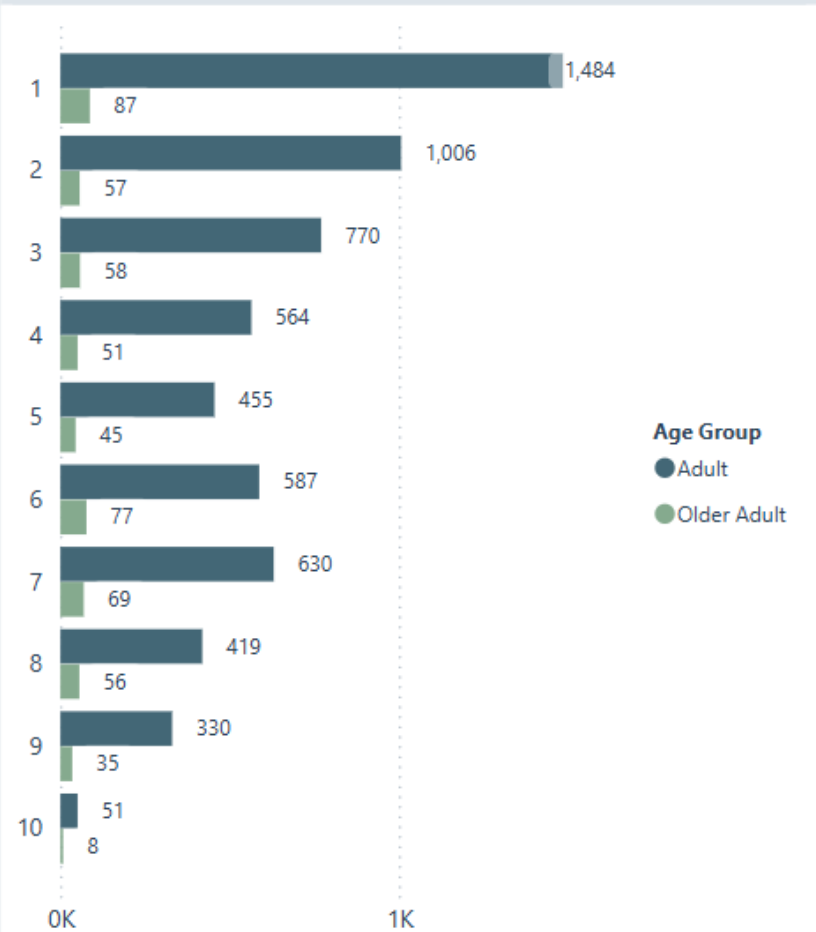
Age Group by Gender



Age Group By Ethnicity



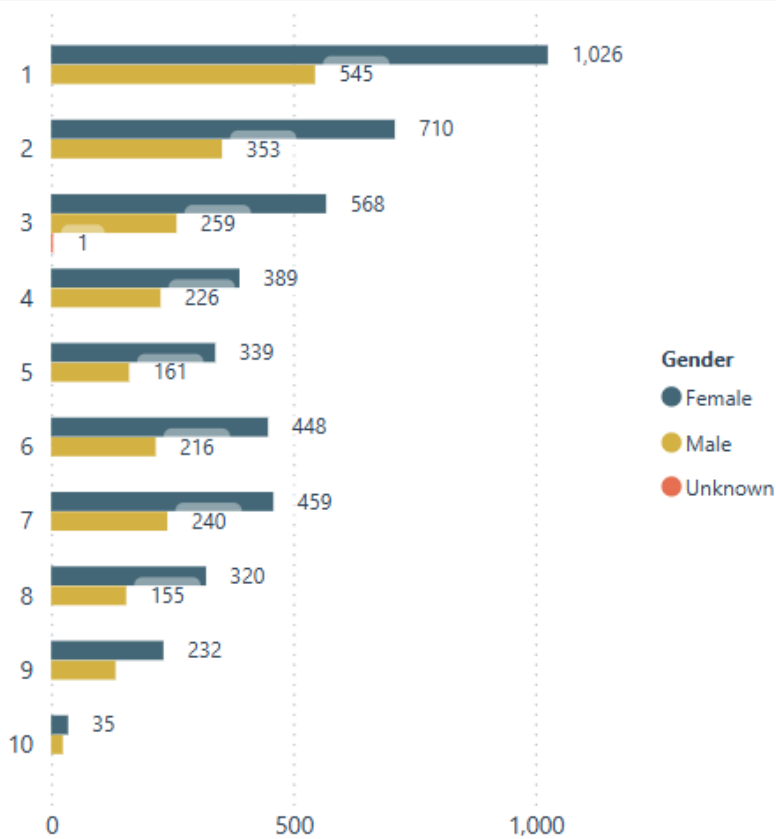
Age Group By Deprivation



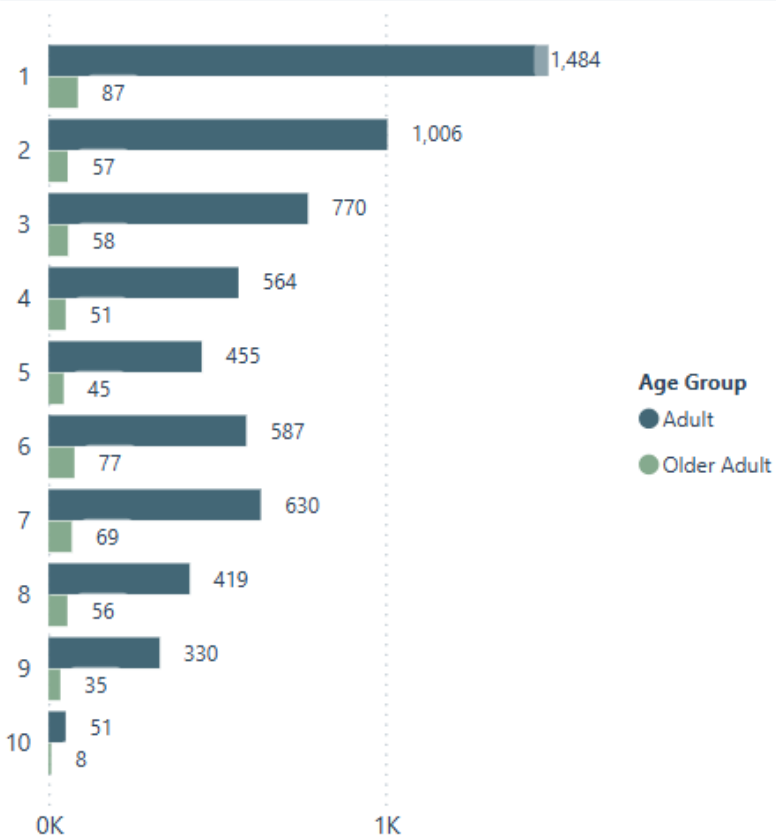
Indicator	Alt Ref	Metric	Value
OP02 (N)		People completing Talking Therapies moving to recovery	48.96%

Not Recorded	1	2	3	4	5	6	7	8	9	10
4.16%	22.02%	14.90%	11.60%	8.62%	7.01%	9.30%	9.80%	6.66%	5.11%	0.83%

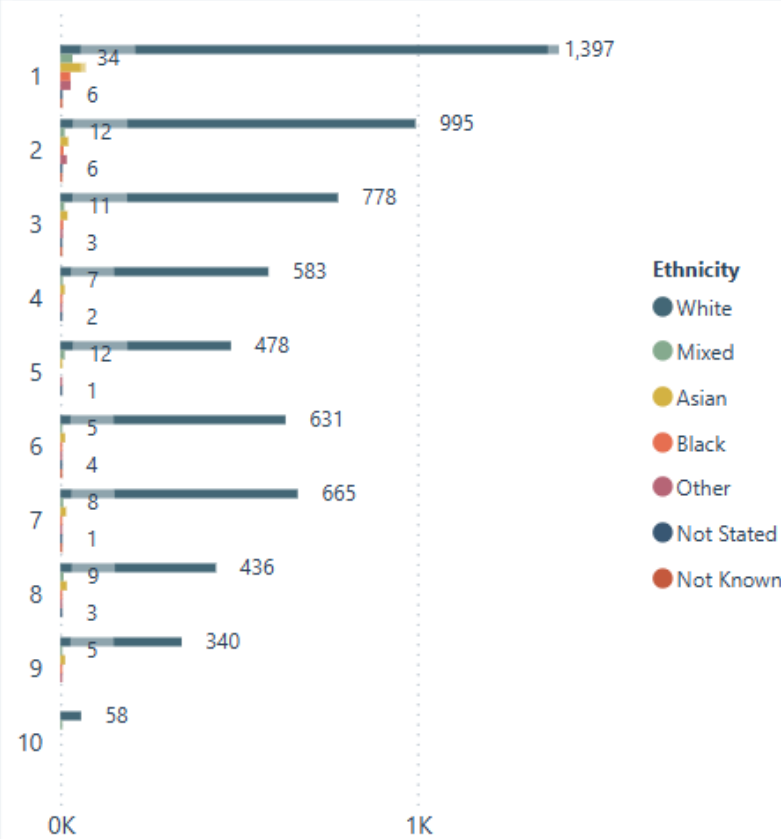
Deprivation By Gender



Deprivation by Age Group

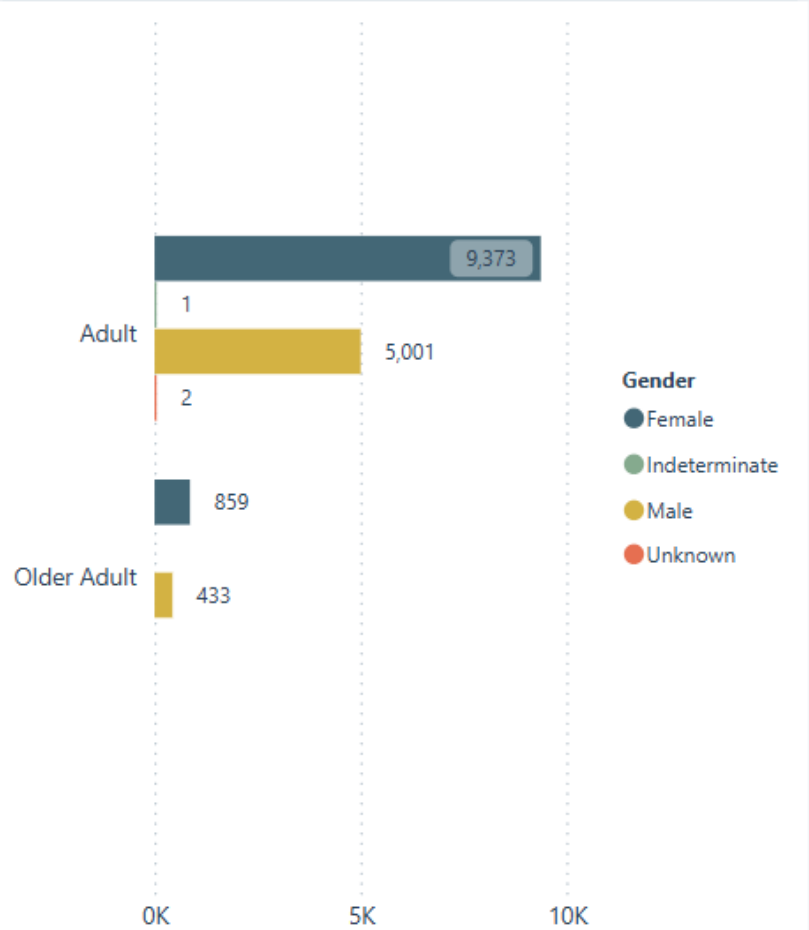


Deprivation By Ethnicity

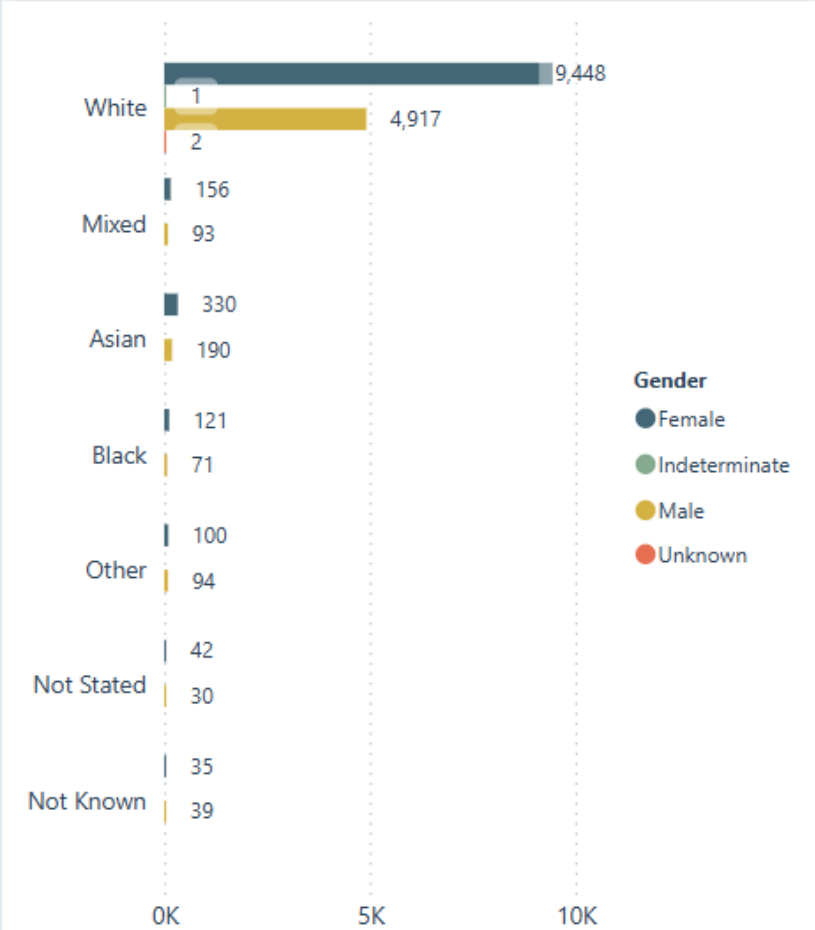


Indicator	Alt Ref	Metric	Value	Female	Male	Unknown	Indeterminate
OP03 (N)		People accessing Talking Therapies	15669	65.30%	34.68%	0.01%	0.01%

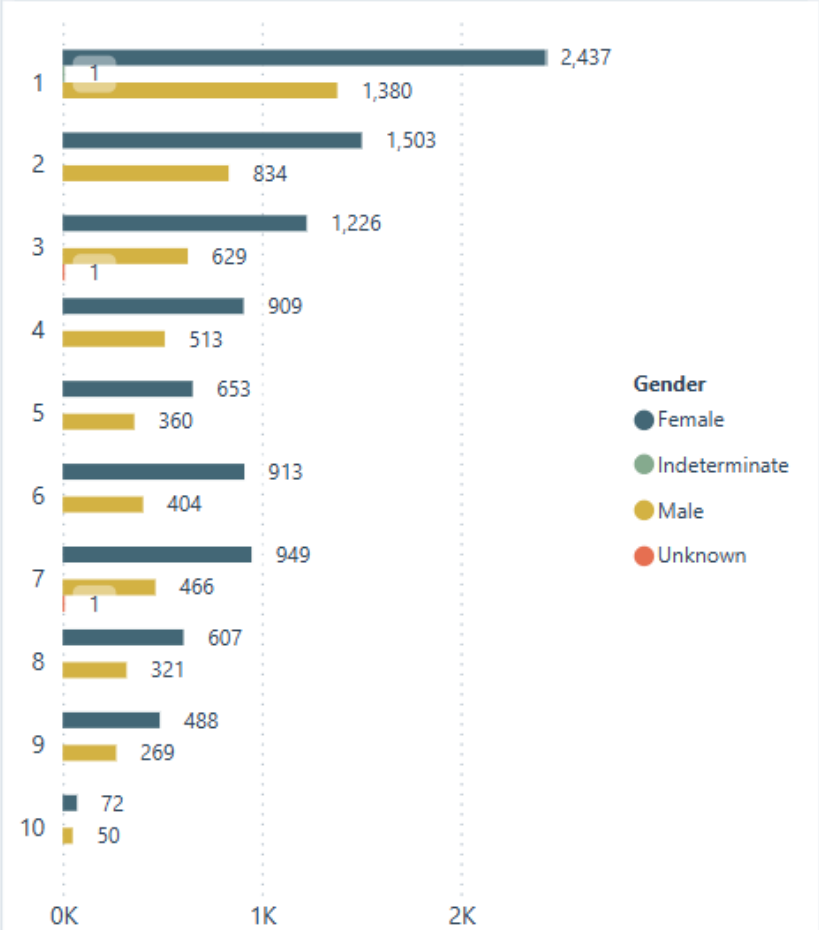
Gender By Age Group



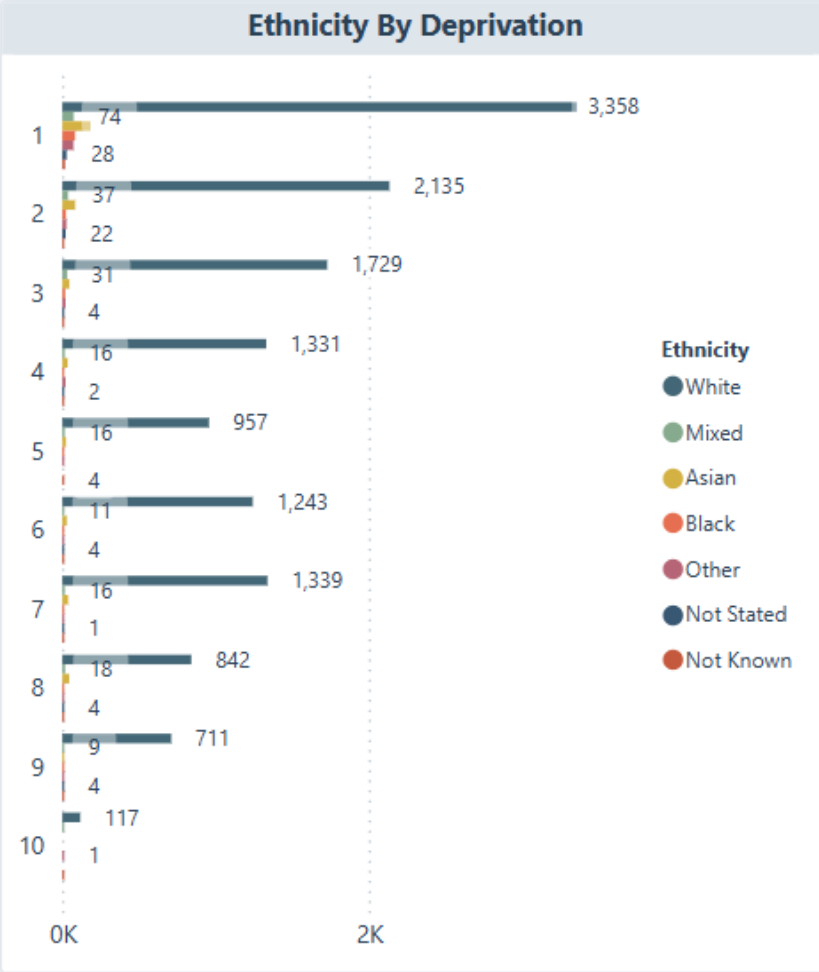
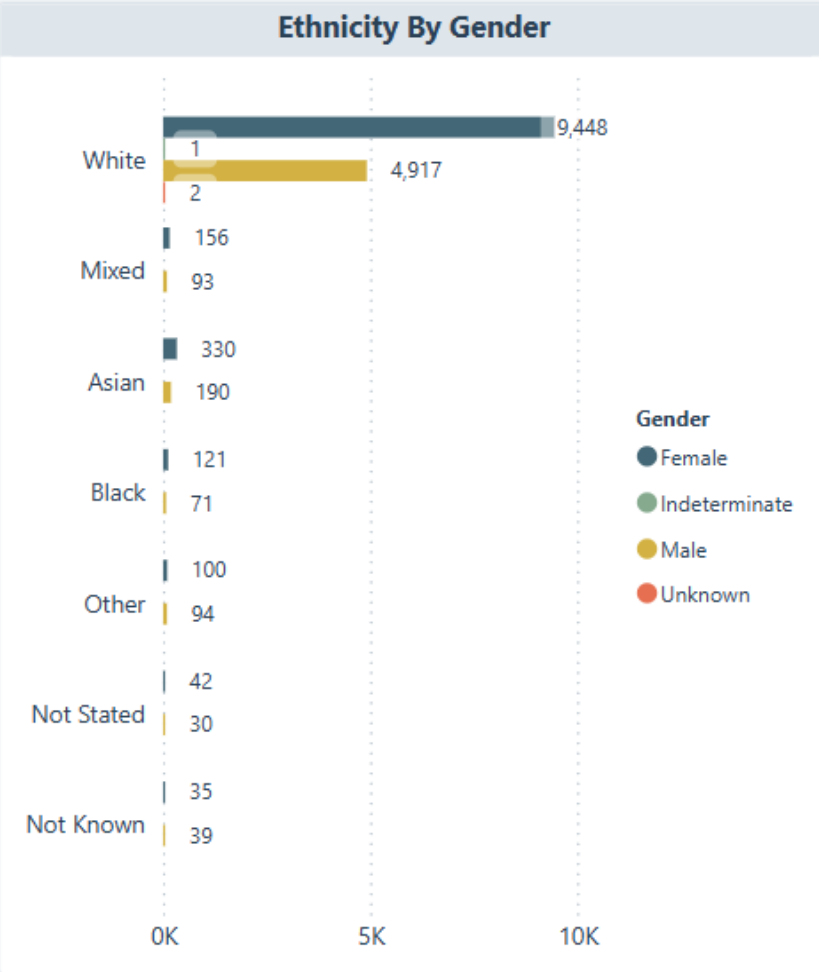
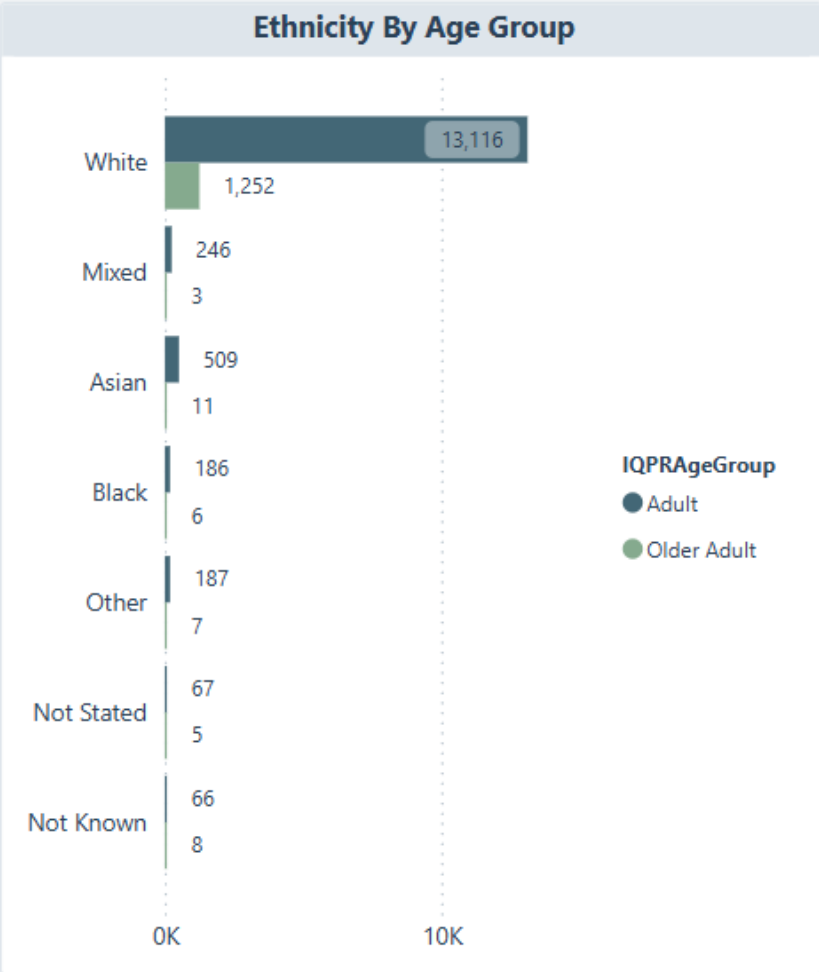
Gender By Ethnicity



Gender By Deprivation

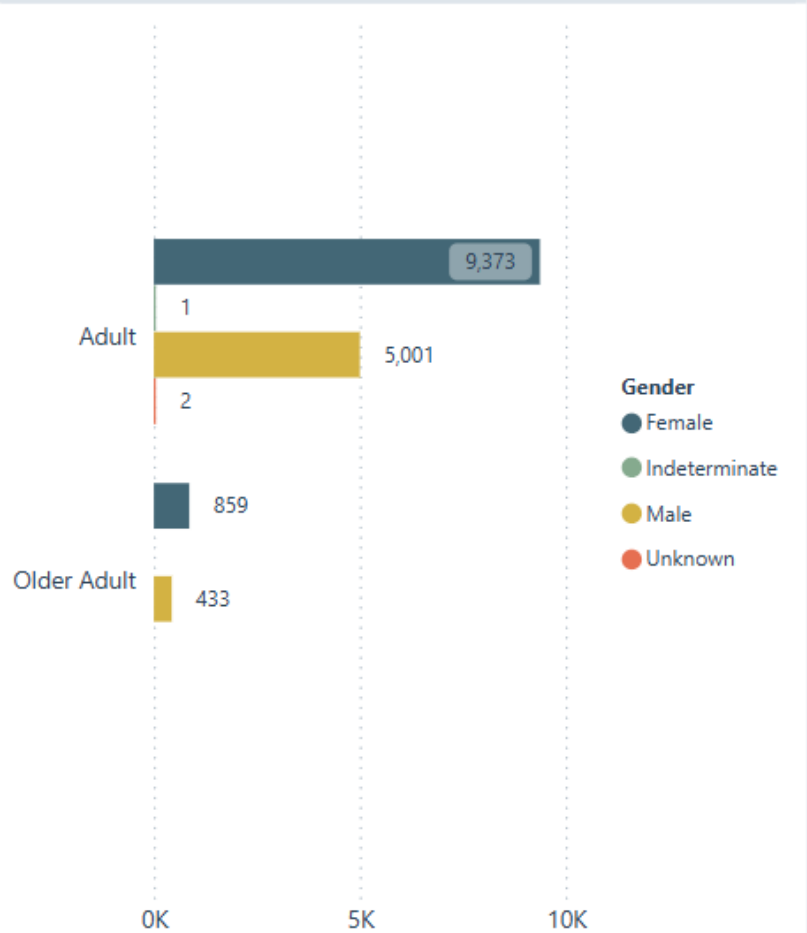


Indicator	Alt Ref	Metric	Value	White	Mixed	Asian	Black	Other	Not Stated	Not Known
OP03 (N)		People accessing Talking Therapies	15669	91.70%	1.59%	3.32%	1.23%	1.24%	0.46%	0.47%

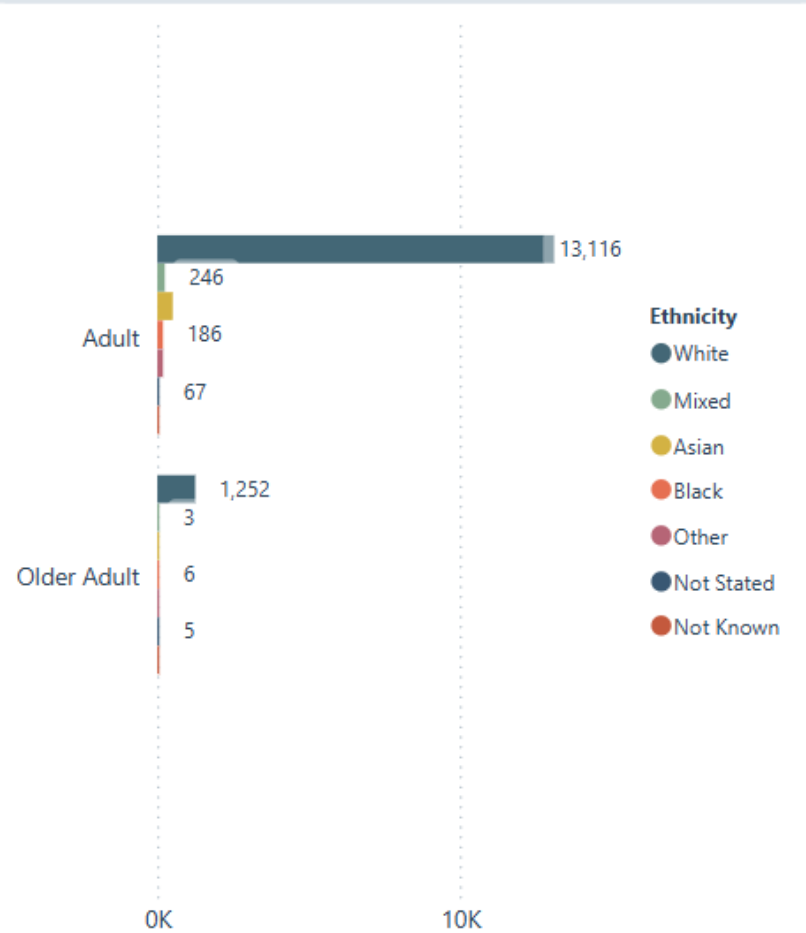


Indicator	Alt Ref	Metric	Value	Adult	Older Adult
OP03 (N)		People accessing Talking Therapies	15669	91.75%	8.25%

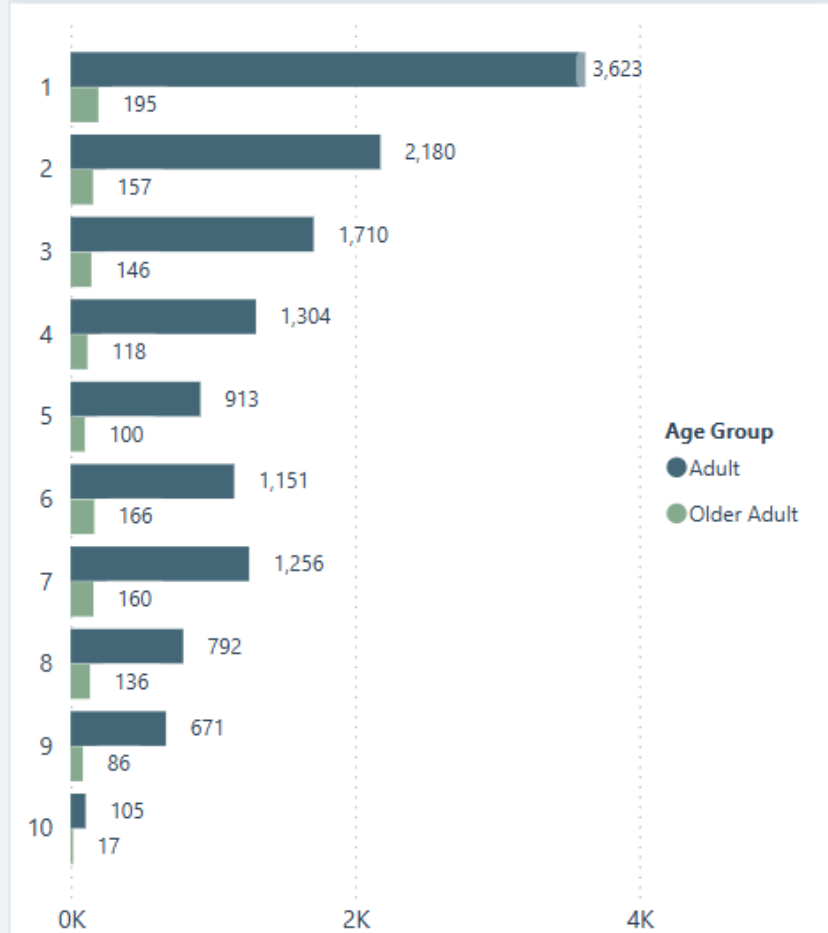
Age Group by Gender



Age Group By Ethnicity



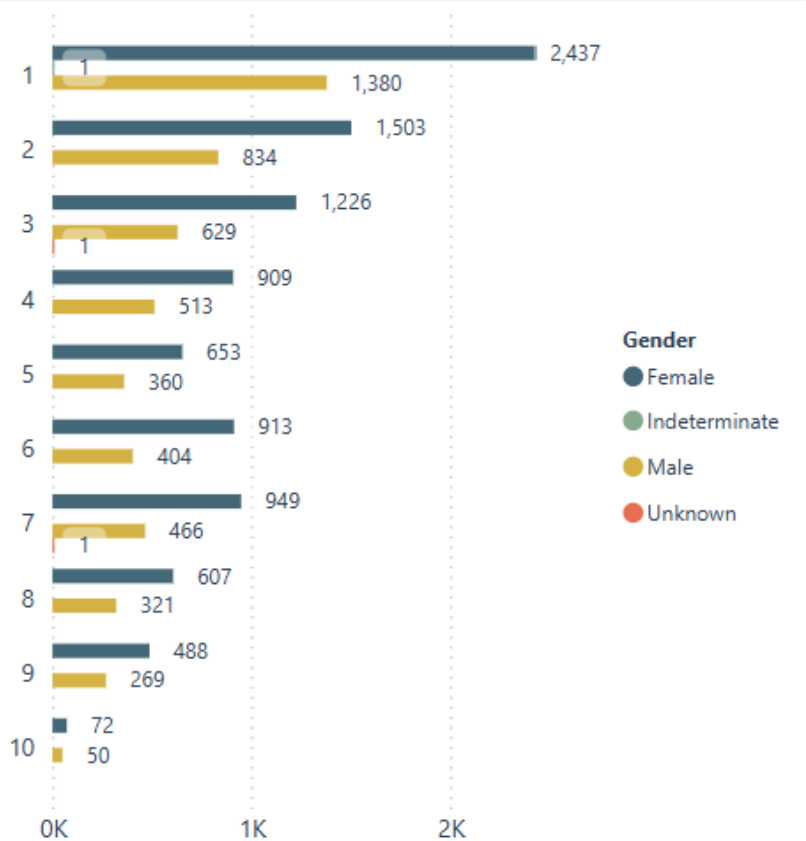
Age Group By Deprivation



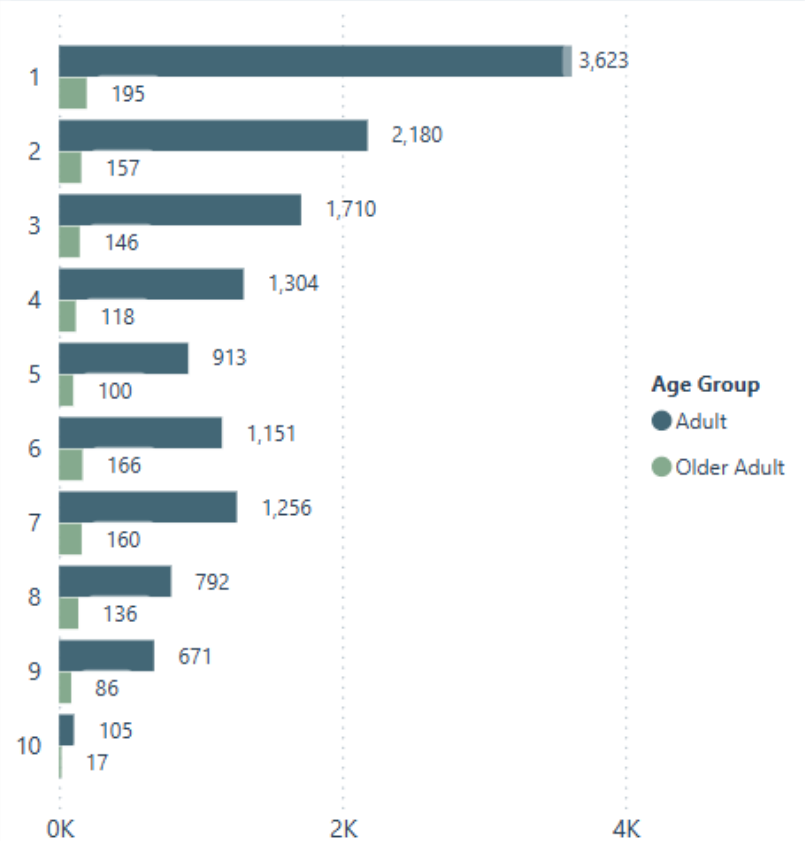
Indicator	Alt Ref	Metric	Value
OP03 (N)		People accessing Talking Therapies	15669

Not Recorded	1	2	3	4	5	6	7	8	9	10
4.36%	24.37%	14.91%	11.85%	9.08%	6.46%	8.41%	9.04%	5.92%	4.83%	0.78%

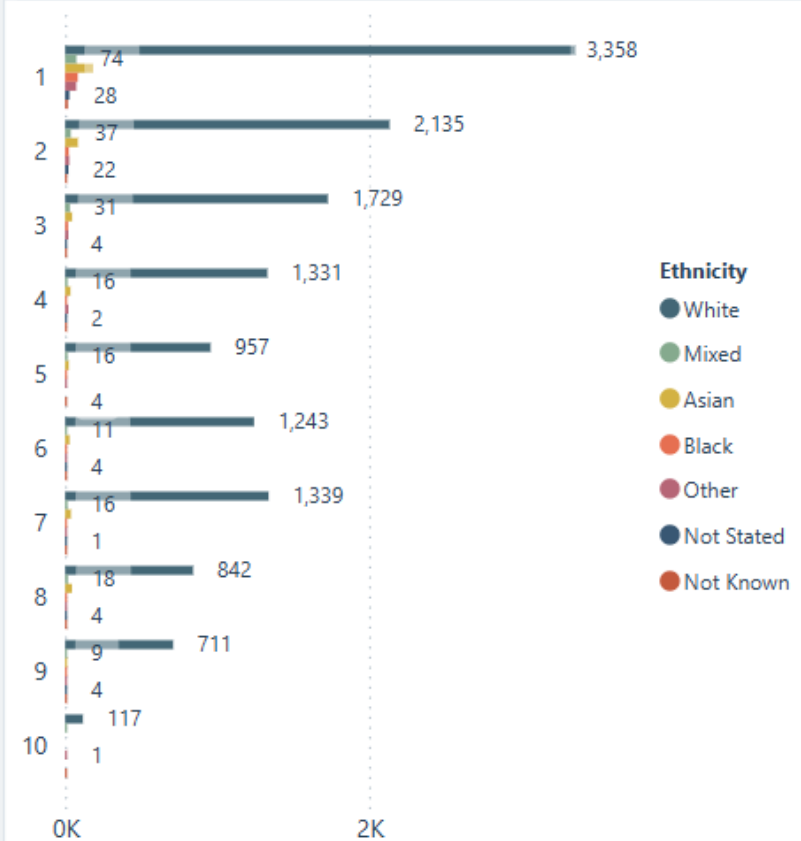
Deprivation By Gender



Deprivation by Age Group

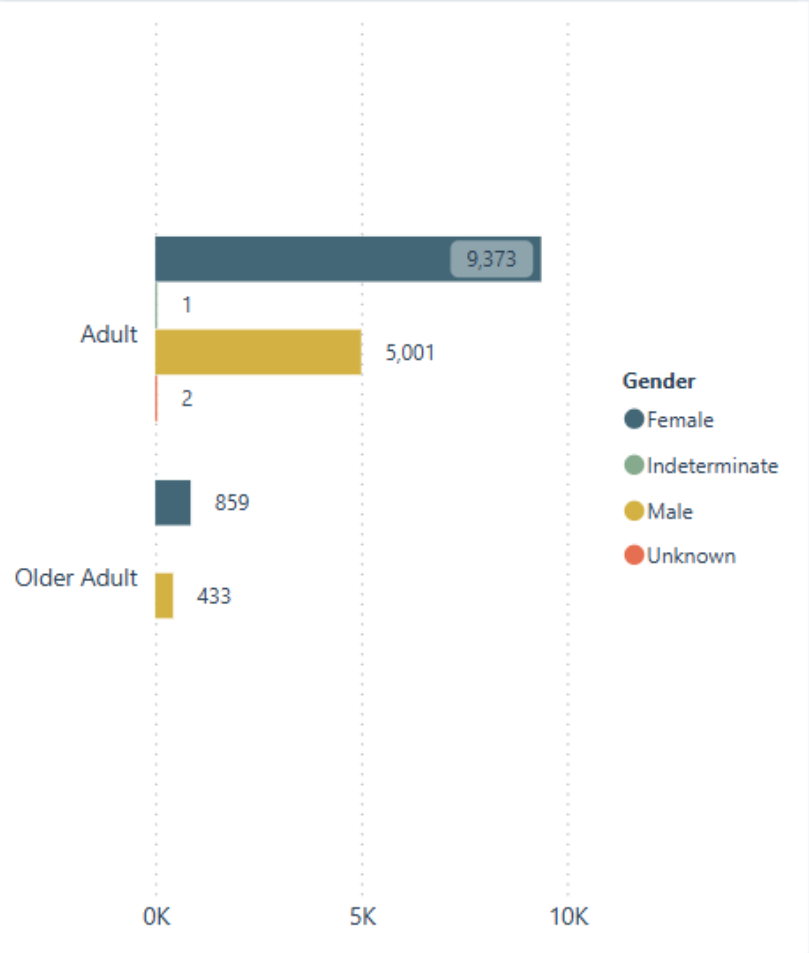


Deprivation By Ethnicity

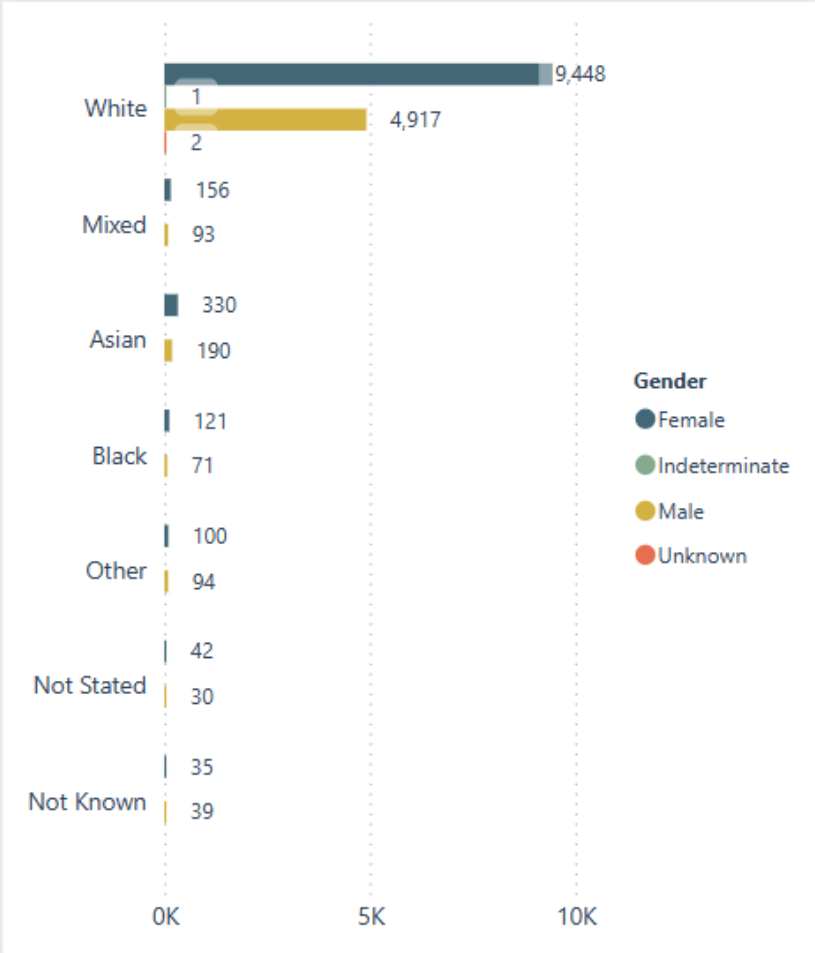


Indicator	Alt Ref	Metric	Value	Female	Male	Unknown	Indeterminate
OP03a (L)	LTP 02 a (i)	People accessing Talking Therapies - Cumulative Annual	15669	65.30%	34.68%	0.01%	0.01%

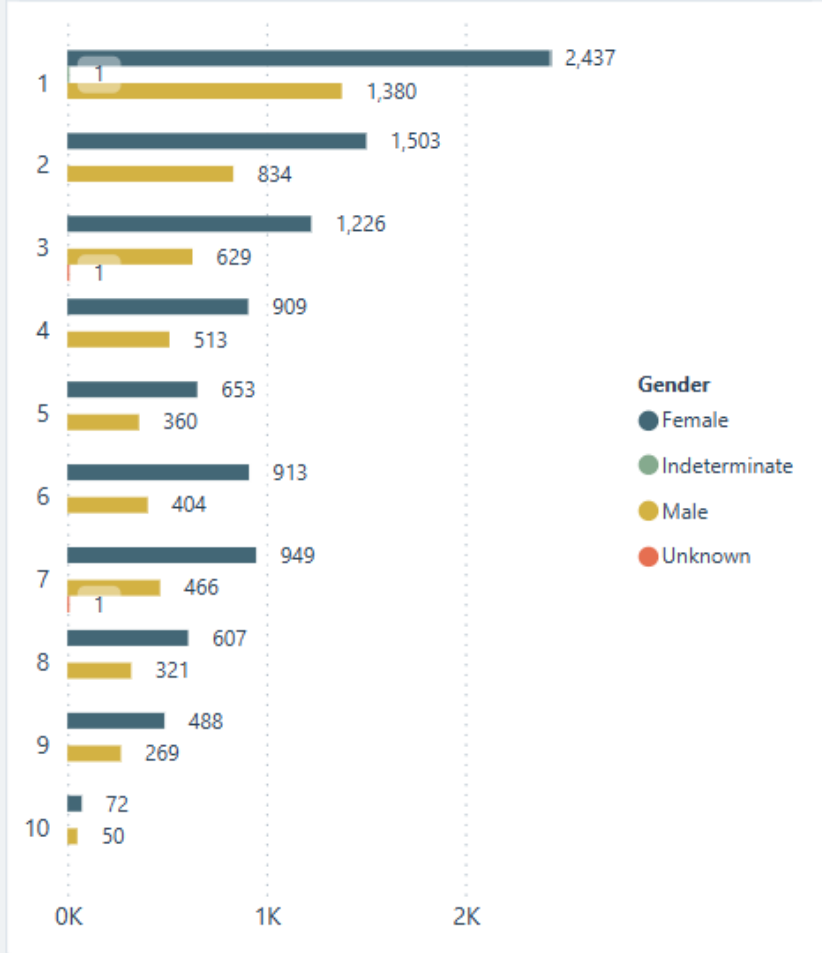
Gender By Age Group



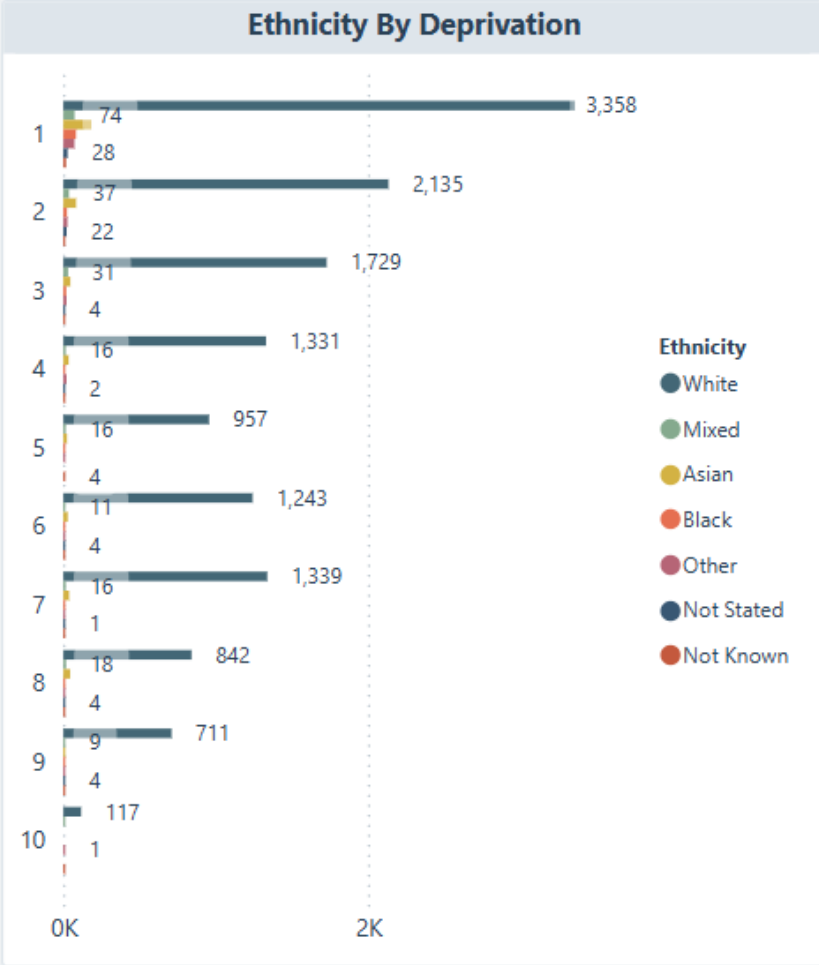
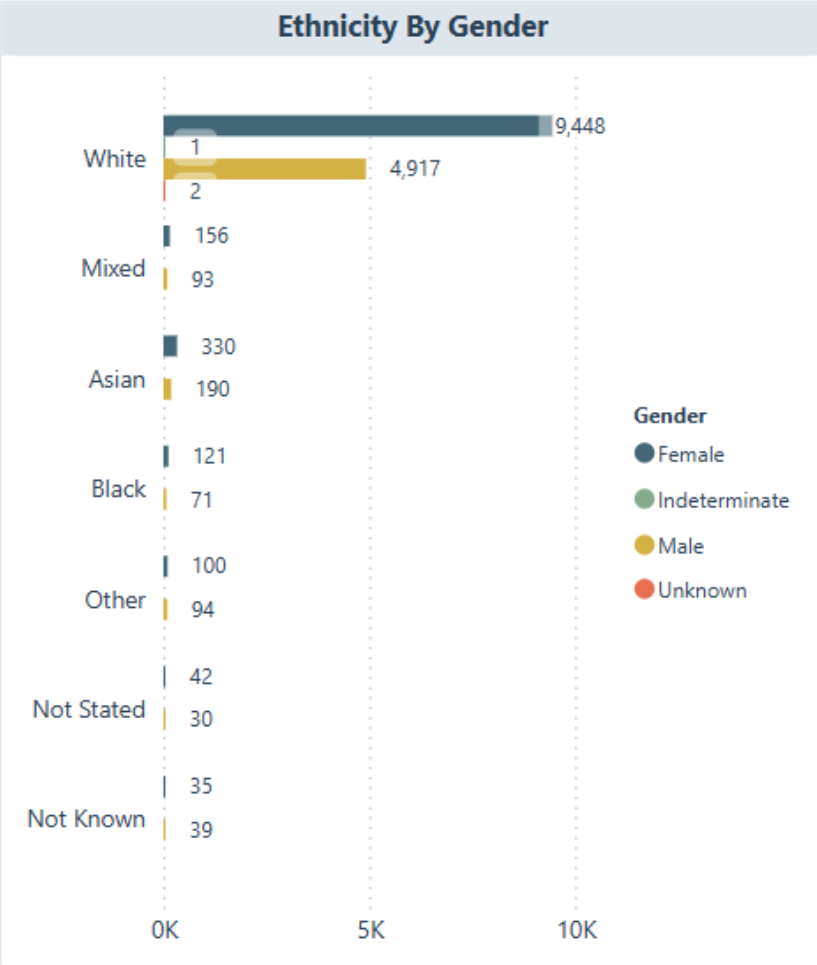
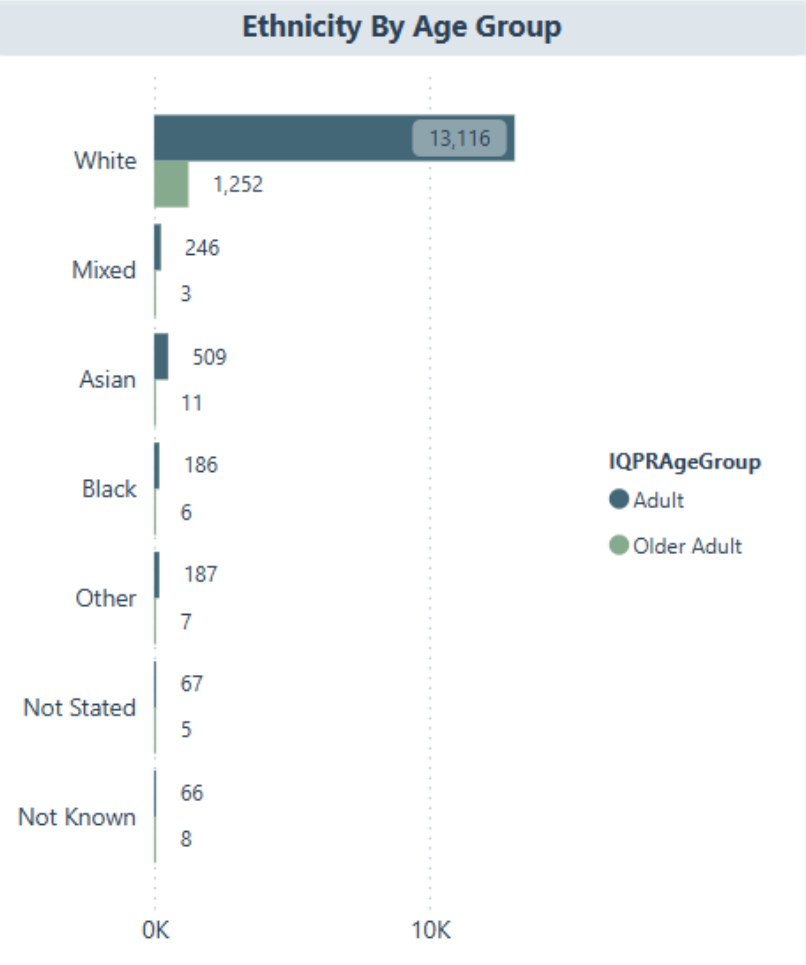
Gender By Ethnicity



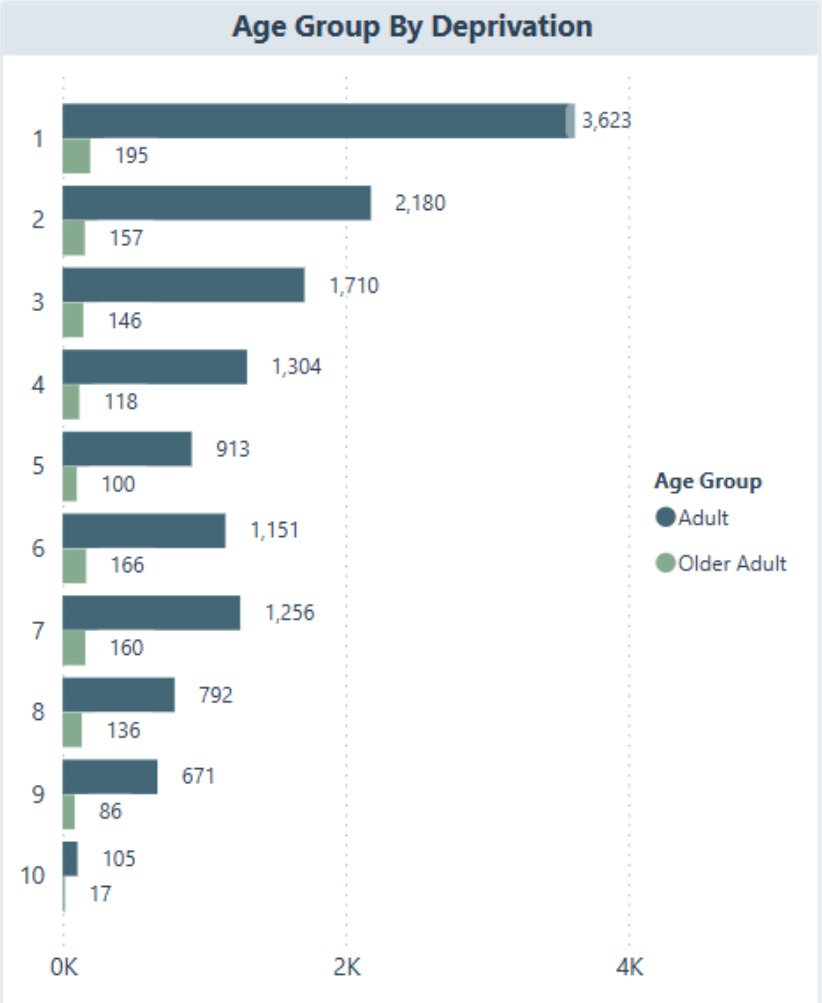
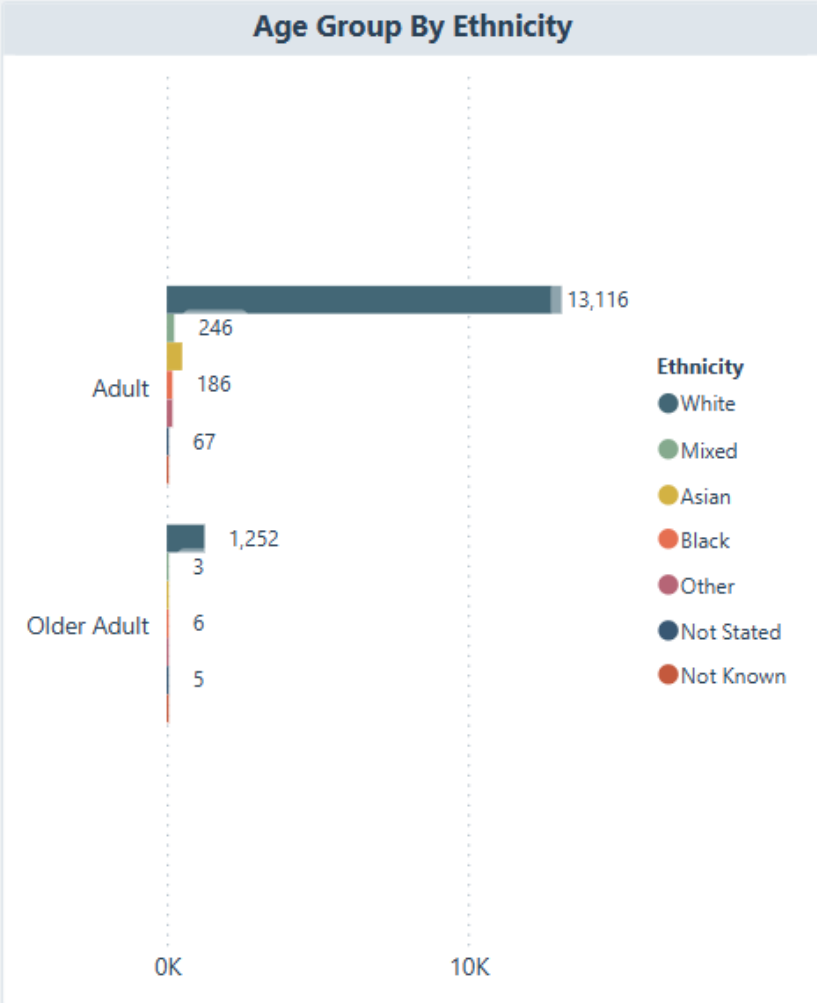
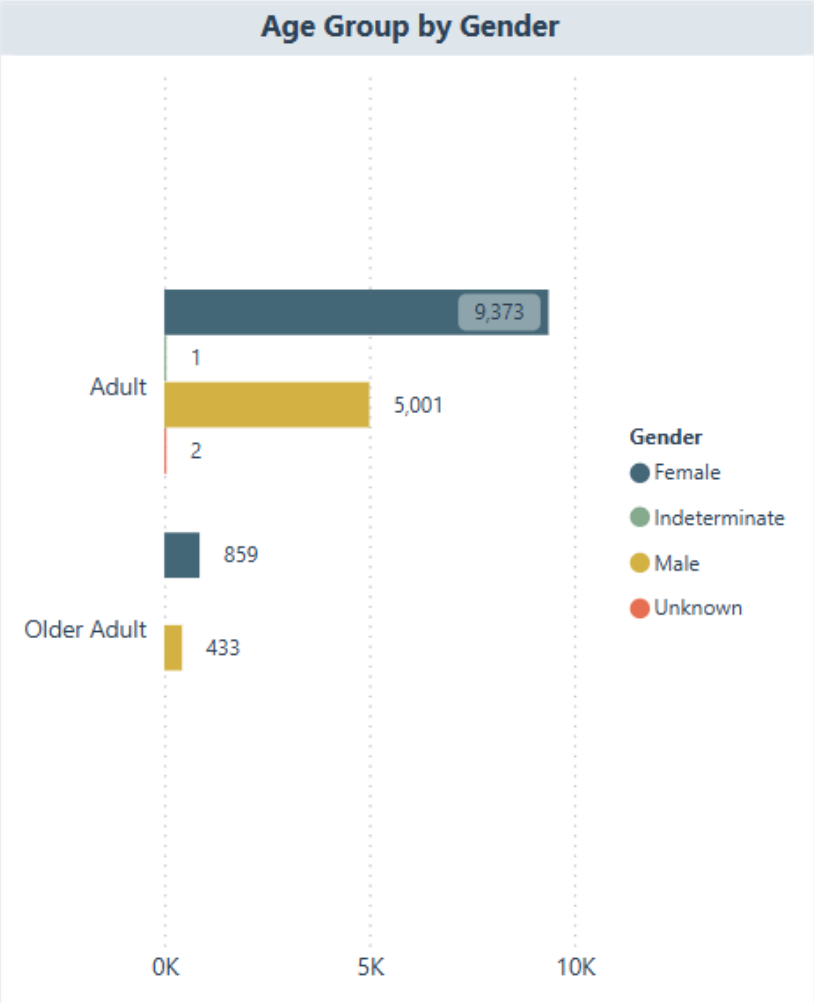
Gender By Deprivation



Indicator	Alt Ref	Metric	Value	White	Mixed	Asian	Black	Other	Not Stated	Not Known
OP03a (L)	LTP 02 a (i)	People accessing Talking Therapies - Cumulative Annual	15669	91.70%	1.59%	3.32%	1.23%	1.24%	0.46%	0.47%

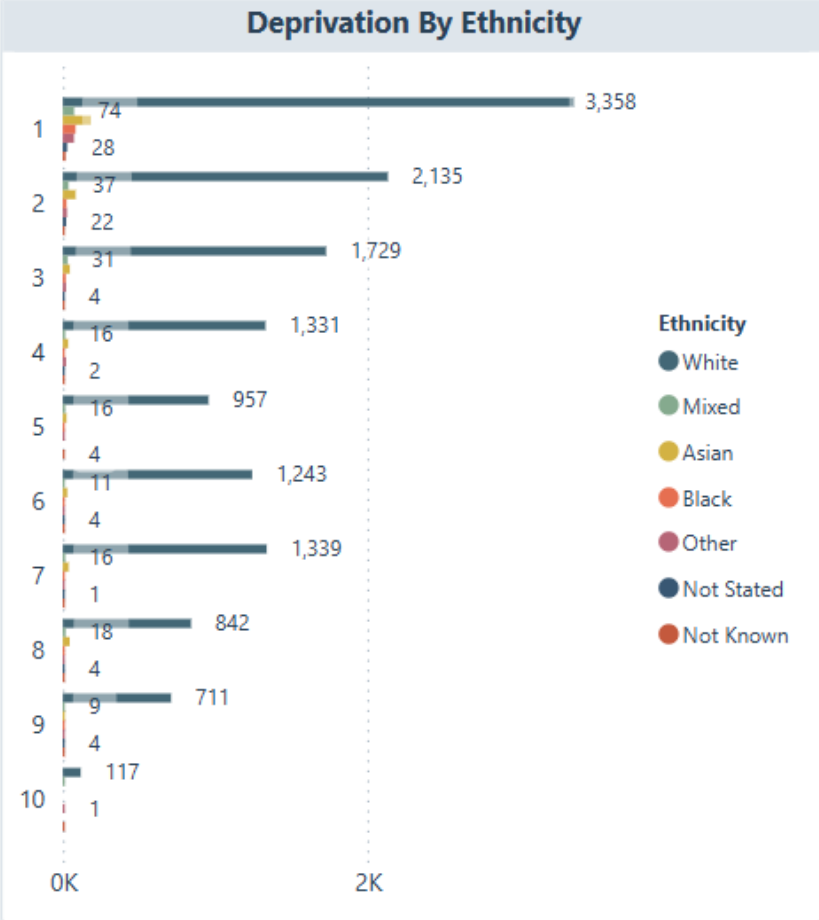
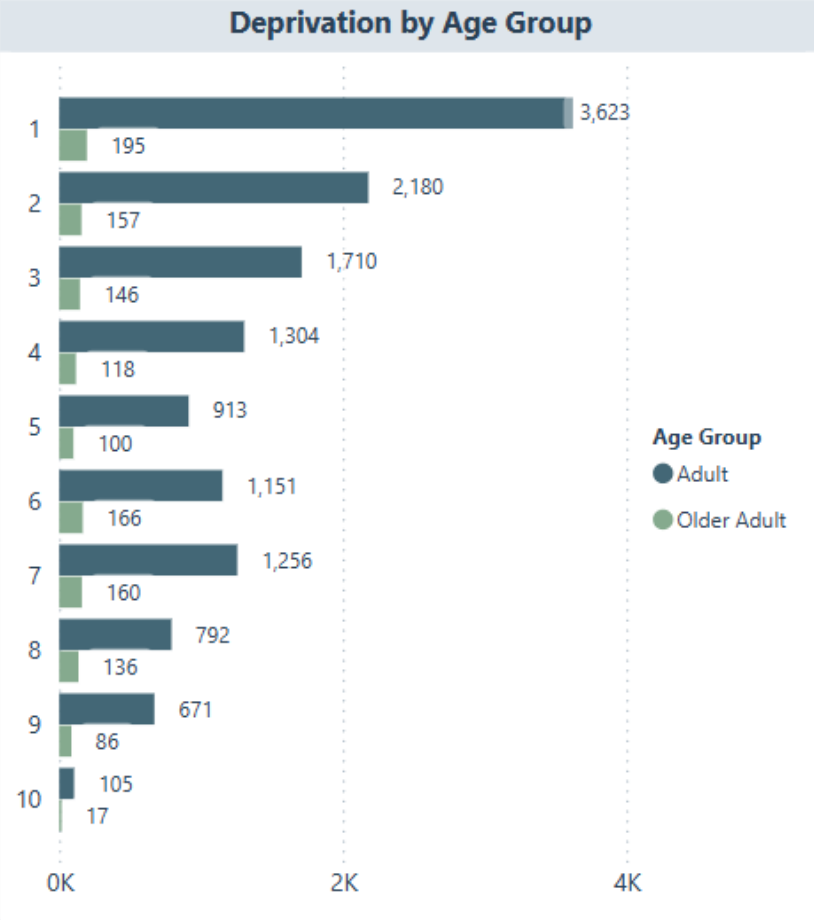
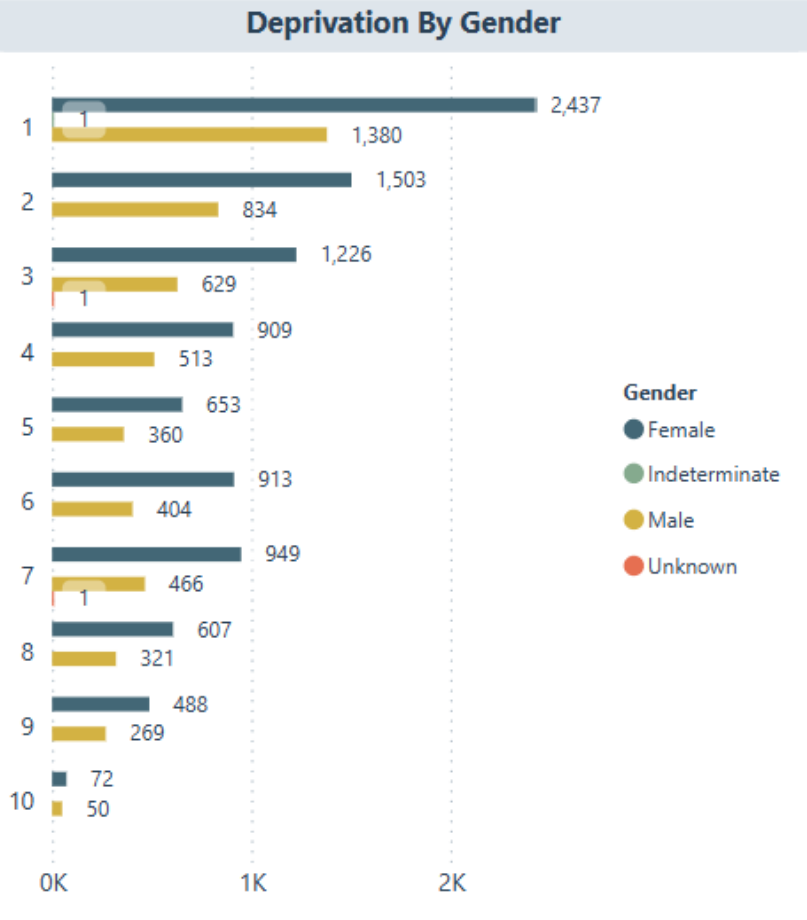


Indicator	Alt Ref	Metric	Value	Adult	Older Adult
OP03a (L)	LTP 02 a (i)	People accessing Talking Therapies - Cumulative Annual	15669	91.75%	8.25%



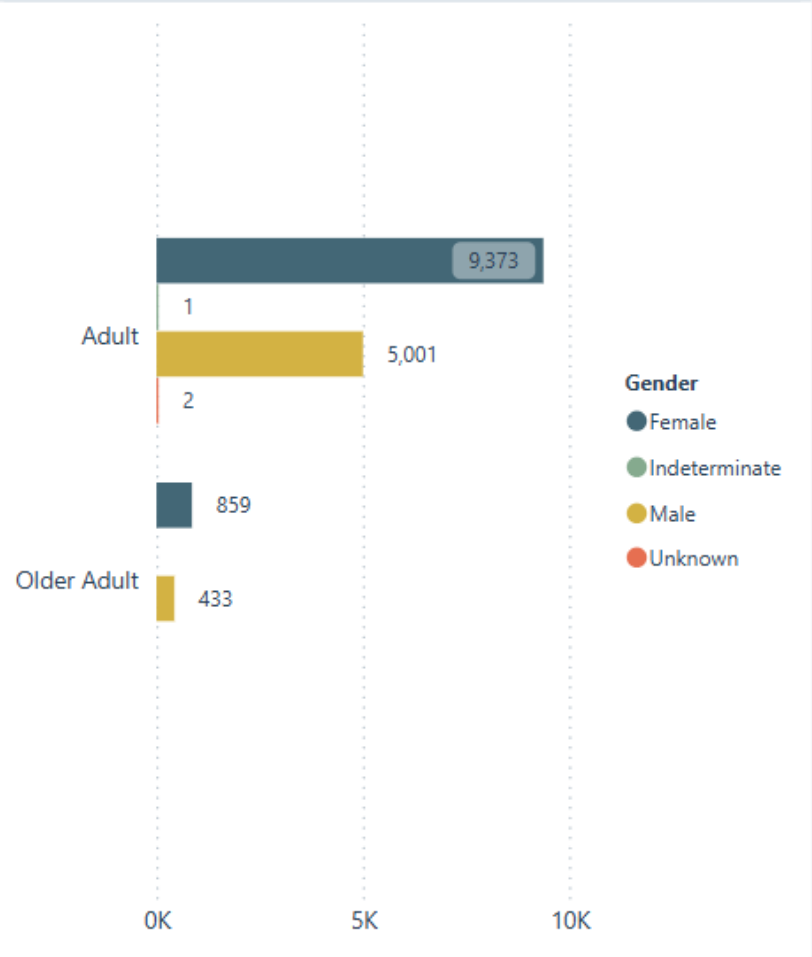
Indicator	Alt Ref	Metric	Value
OP03a (L)	LTP 02 a (i)	People accessing Talking Therapies - Cumulative Annual	15669

Not Recorded	1	2	3	4	5	6	7	8	9	10
4.36%	24.37%	14.91%	11.85%	9.08%	6.46%	8.41%	9.04%	5.92%	4.83%	0.78%

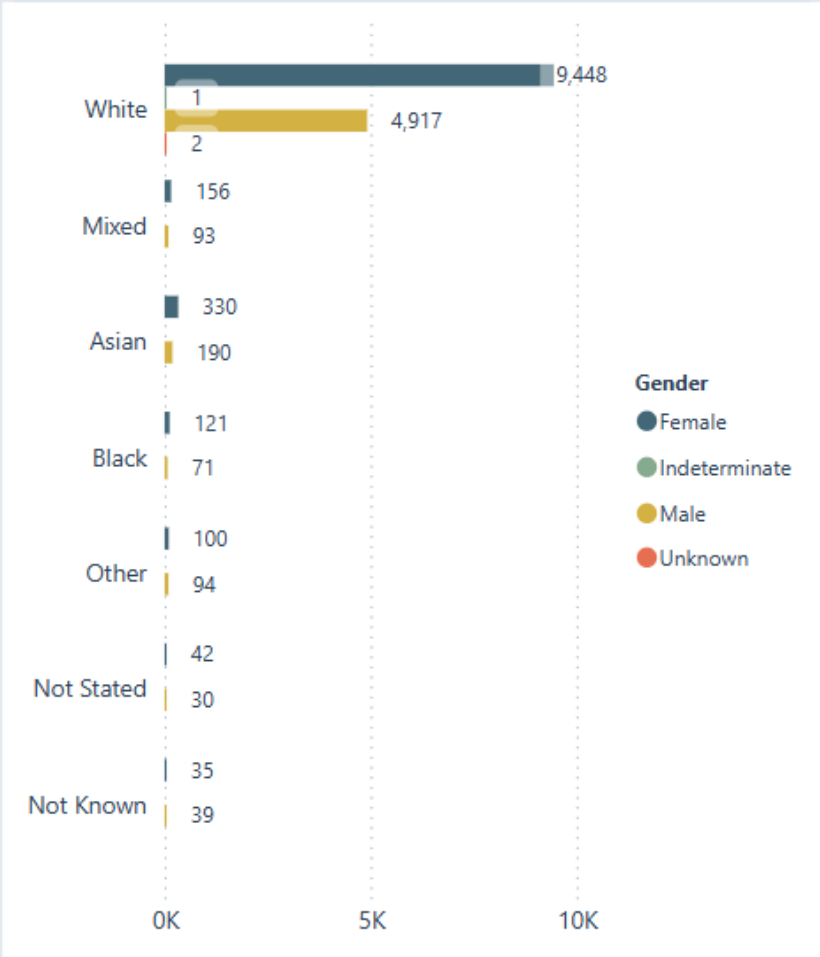


Indicator	Alt Ref	Metric	Value	Female	Male	Unknown	Indeterminate
OP03b (L)	LTP 02 a (ii)	People accessing Talking Therapies - Cumulative Quarterly	15669	65.30%	34.68%	0.01%	0.01%

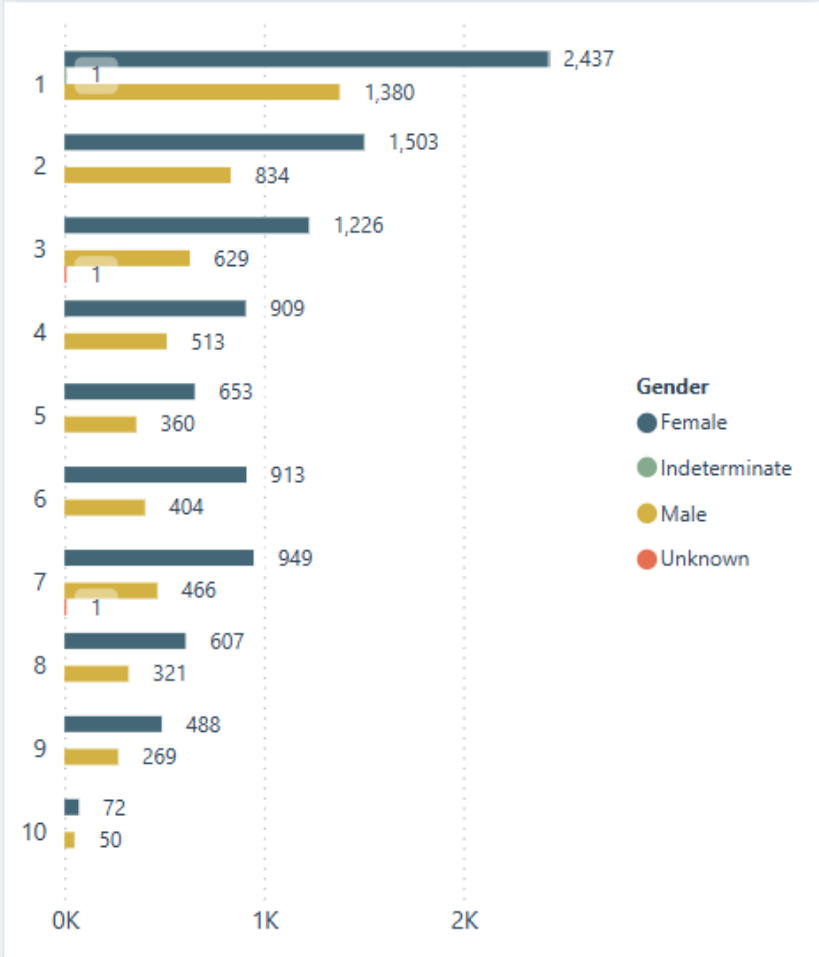
Gender By Age Group



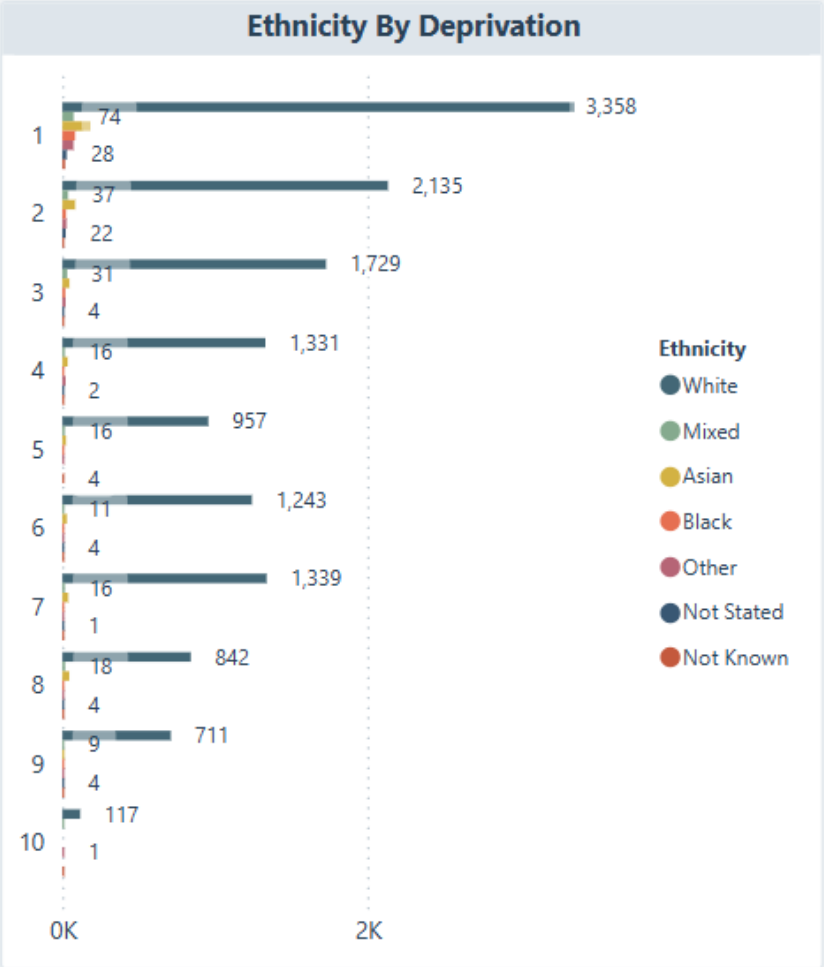
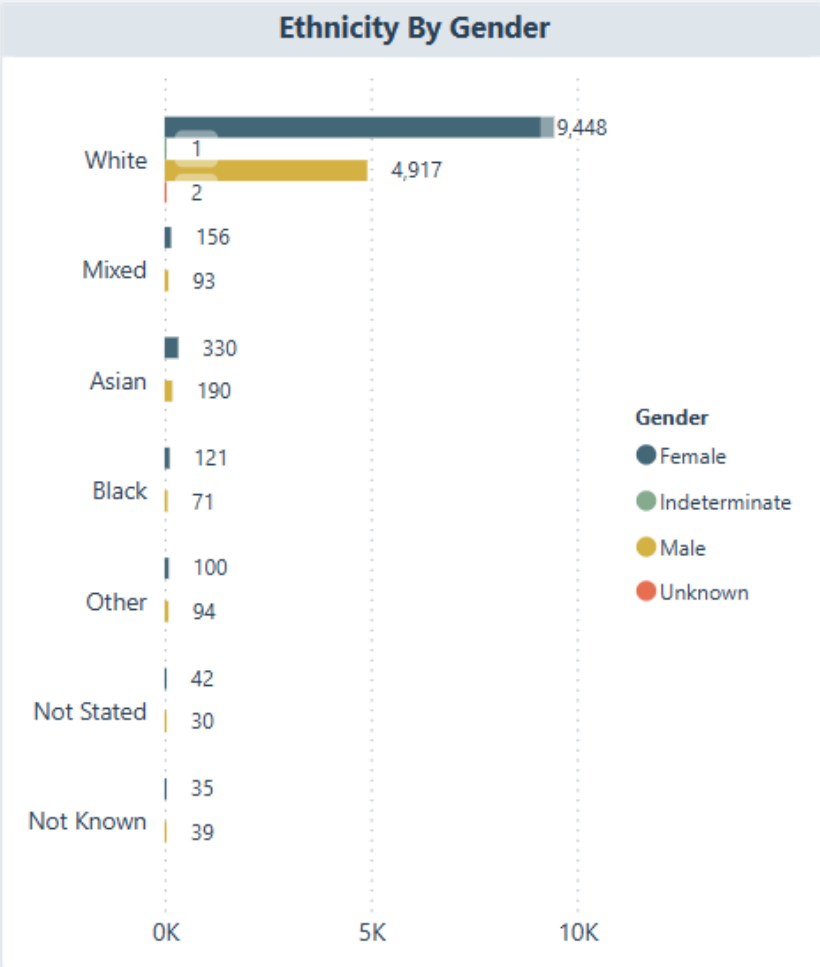
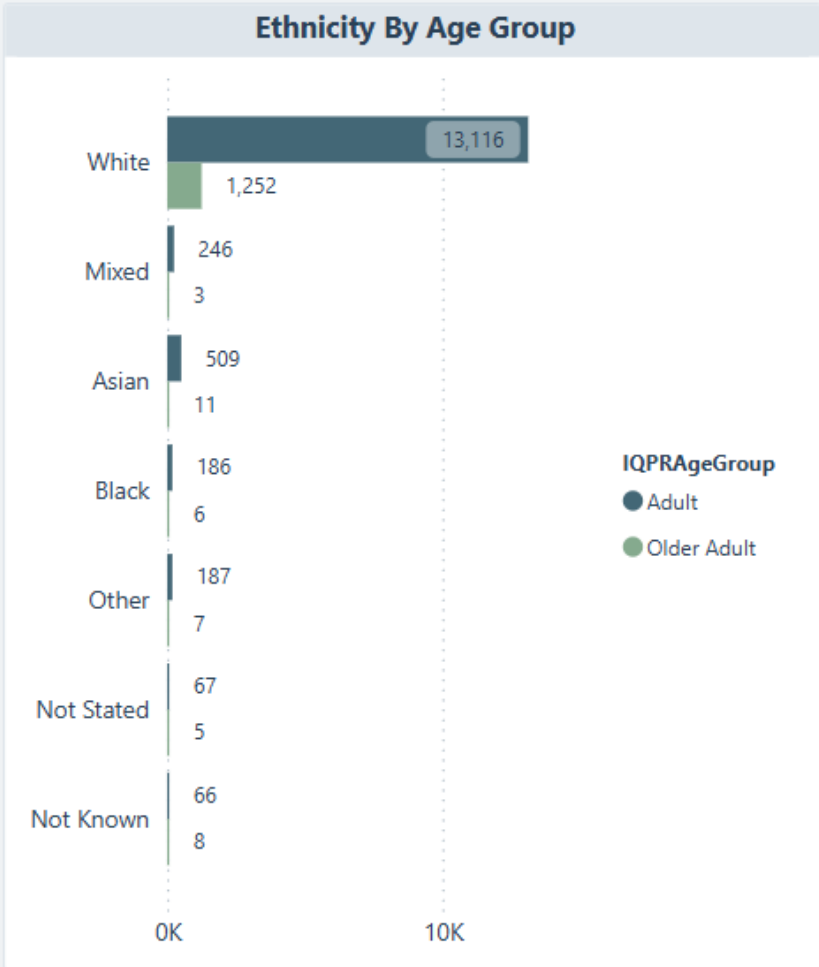
Gender By Ethnicity



Gender By Deprivation

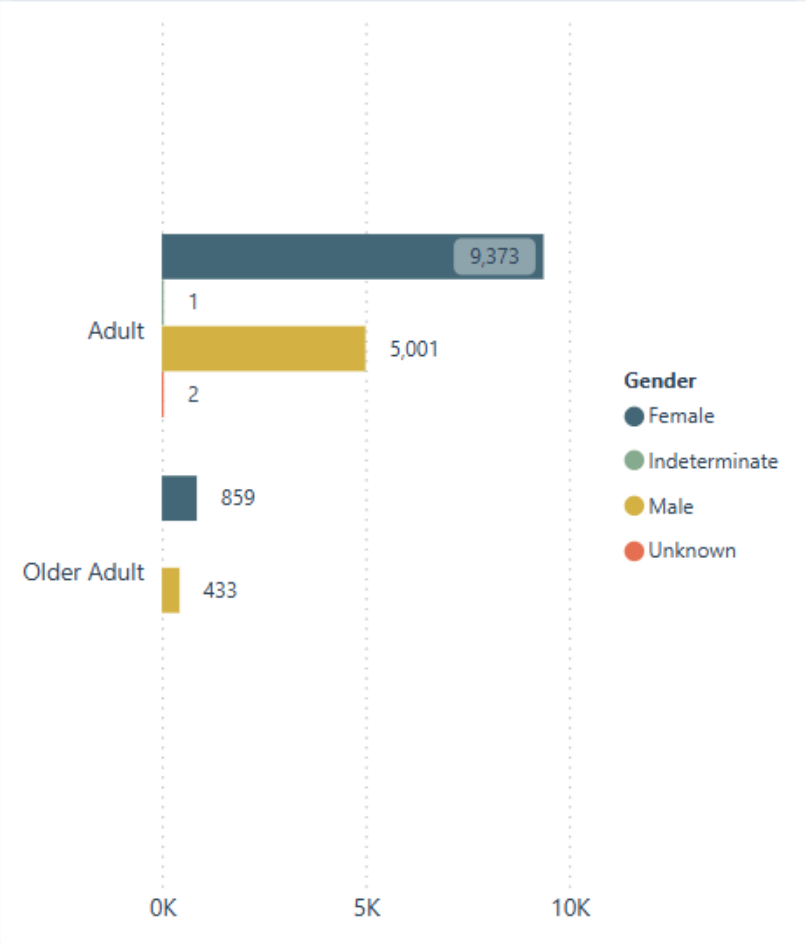


Indicator	Alt Ref	Metric	Value	White	Mixed	Asian	Black	Other	Not Stated	Not Known
OP03b (L)	LTP 02 a (ii)	People accessing Talking Therapies - Cumulative Quarterly	15669	91.70%	1.59%	3.32%	1.23%	1.24%	0.46%	0.47%

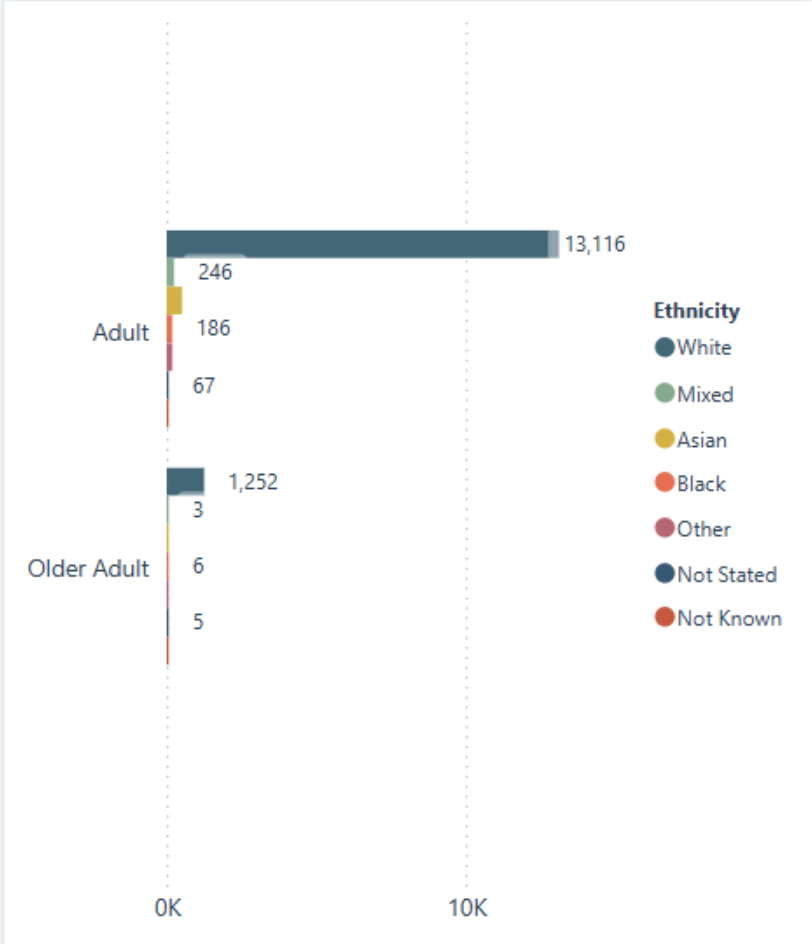


Indicator	Alt Ref	Metric	Value	Adult	Older Adult
OP03b (L)	LTP 02 a (ii)	People accessing Talking Therapies - Cumulative Quarterly	15669	91.75%	8.25%

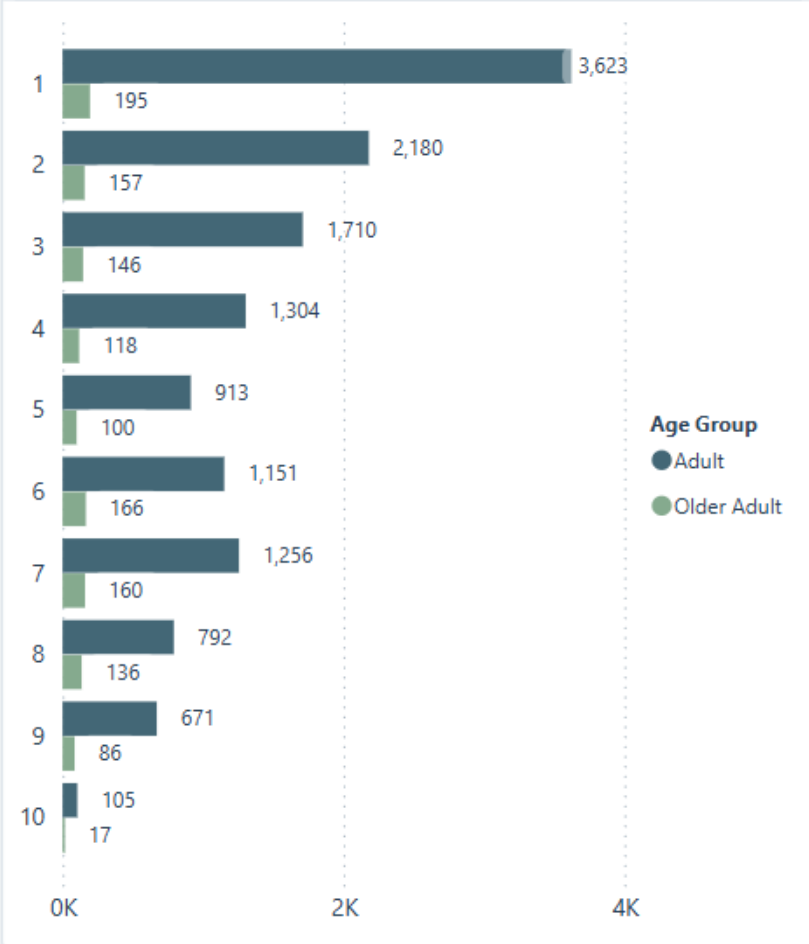
Age Group by Gender



Age Group By Ethnicity



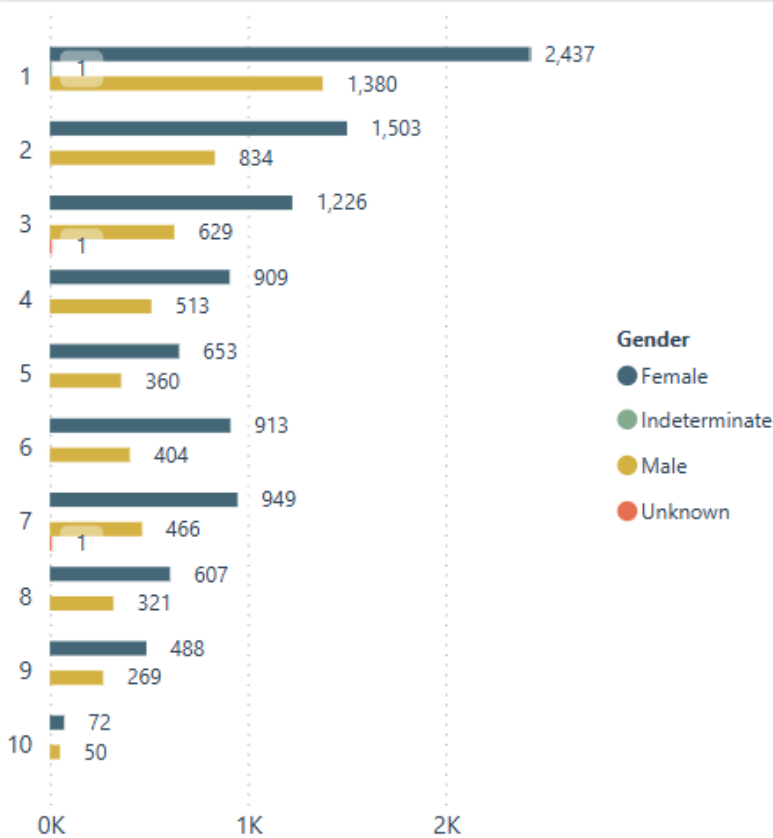
Age Group By Deprivation



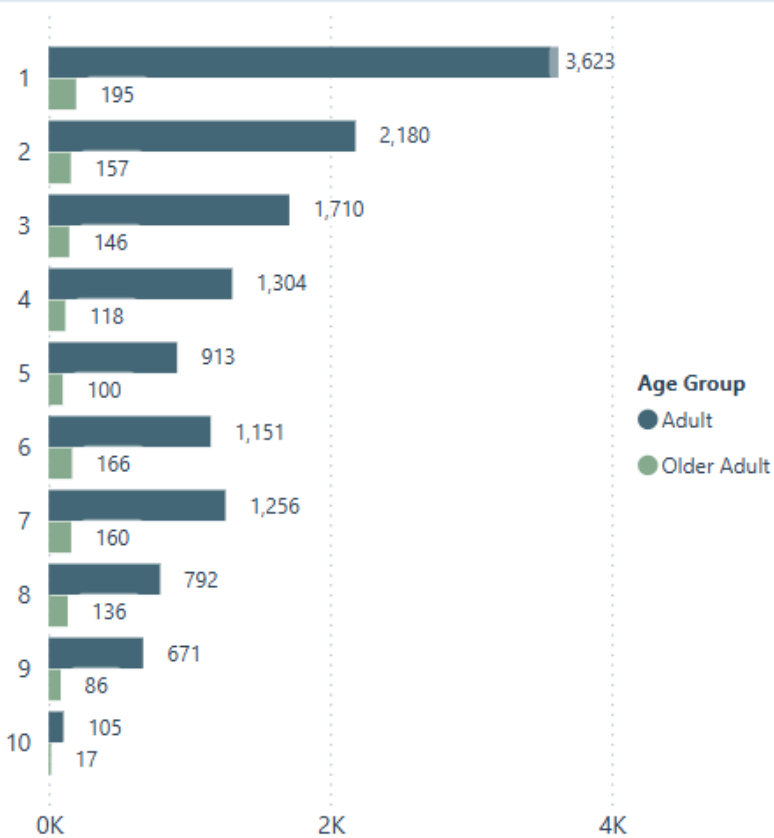
Indicator	Alt Ref	Metric	Value
OP03b (L)	LTP 02 a (ii)	People accessing Talking Therapies - Cumulative Quarterly	15669

Not Recorded	1	2	3	4	5	6	7	8	9	10
4.36%	24.37%	14.91%	11.85%	9.08%	6.46%	8.41%	9.04%	5.92%	4.83%	0.78%

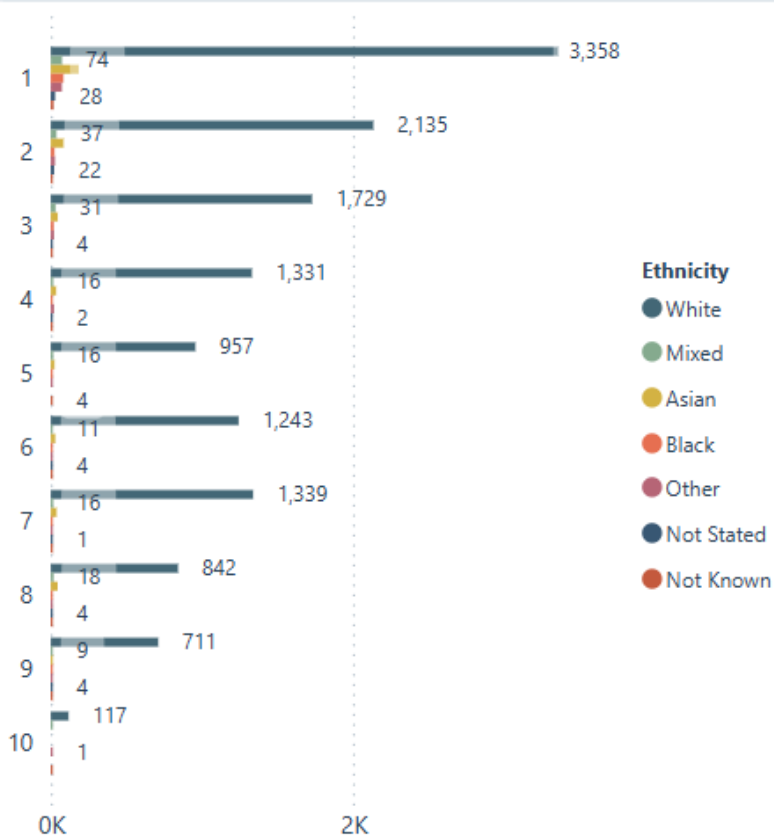
Deprivation By Gender



Deprivation by Age Group

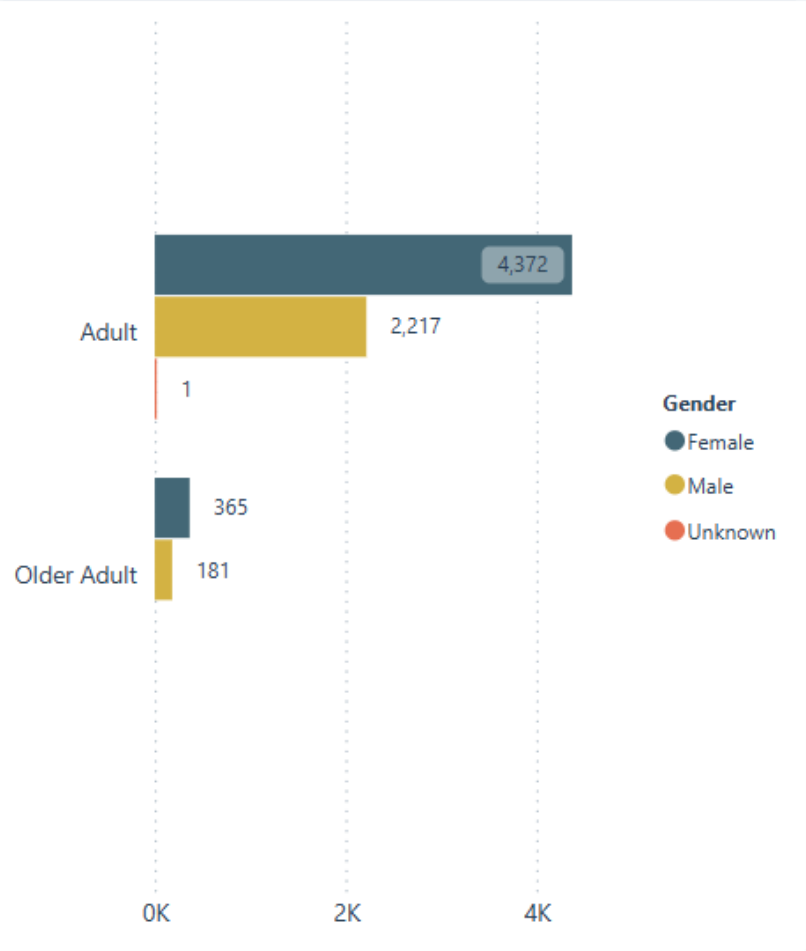


Deprivation By Ethnicity

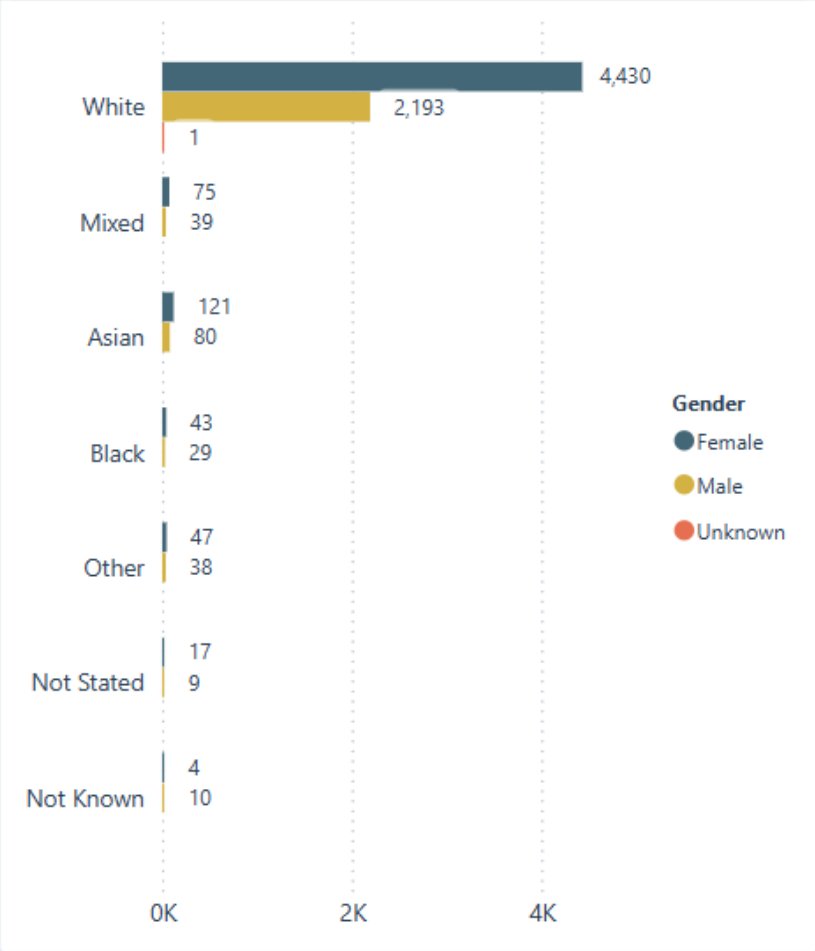


Indicator	Alt Ref	Metric	Value	Female	Male	Unknown
OP03c (N)	LTP 02 b	Reliable recovery rate within Talking Therapies	46.65%	66.38%	33.60%	0.01%

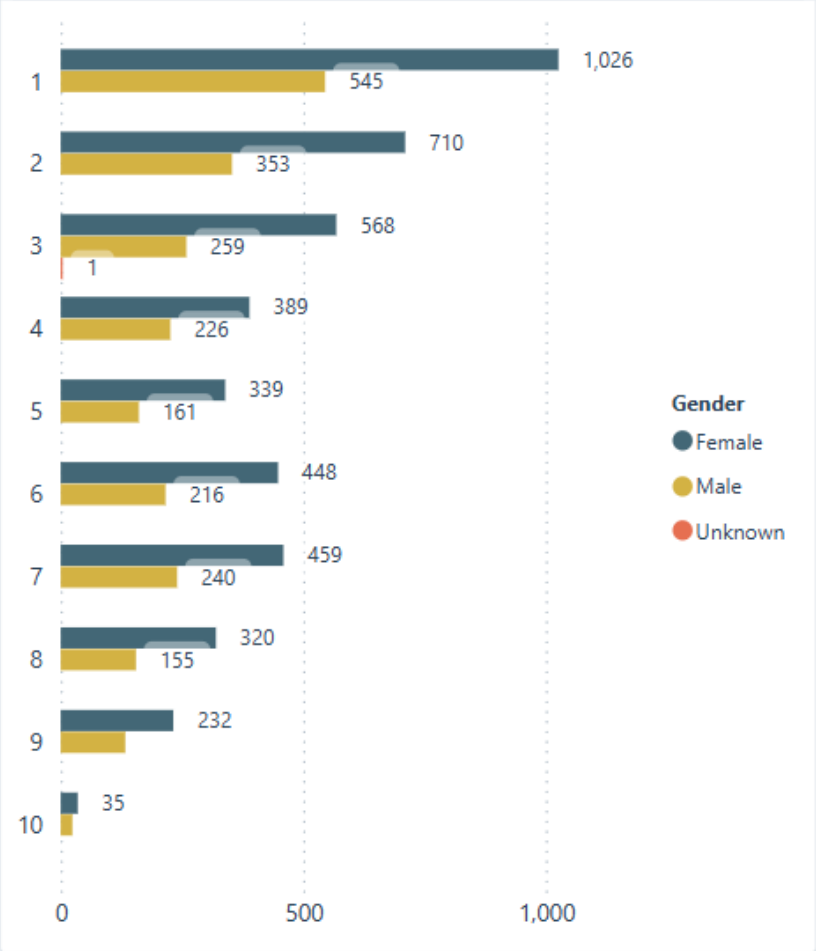
Gender By Age Group



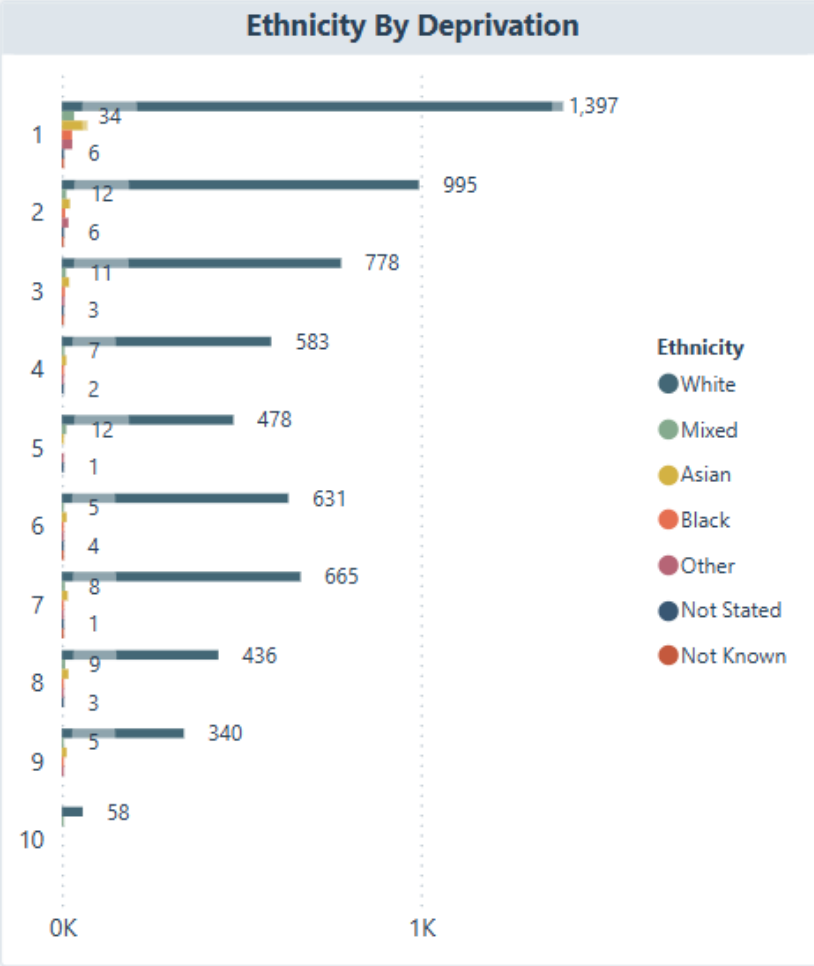
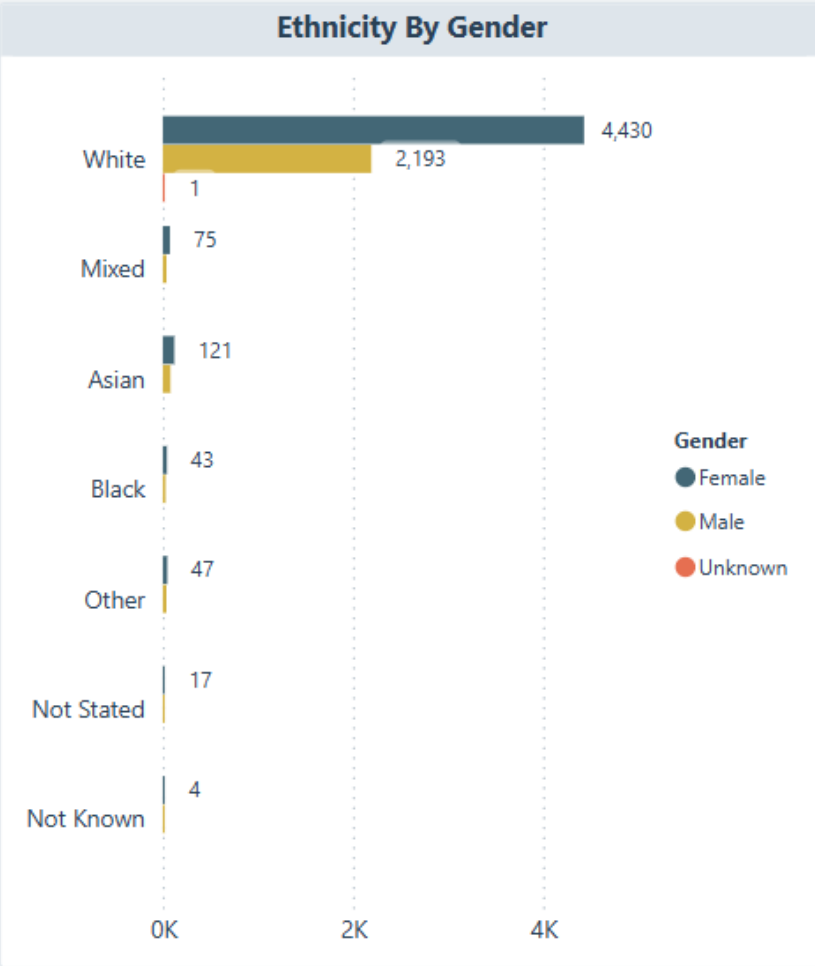
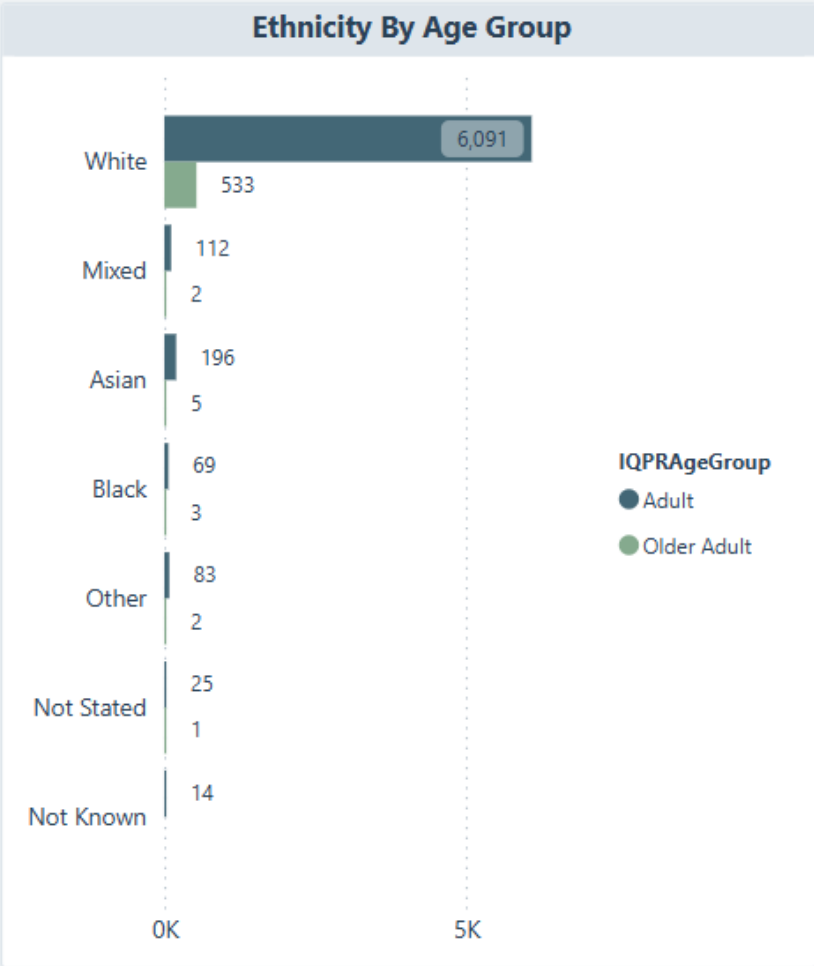
Gender By Ethnicity



Gender By Deprivation



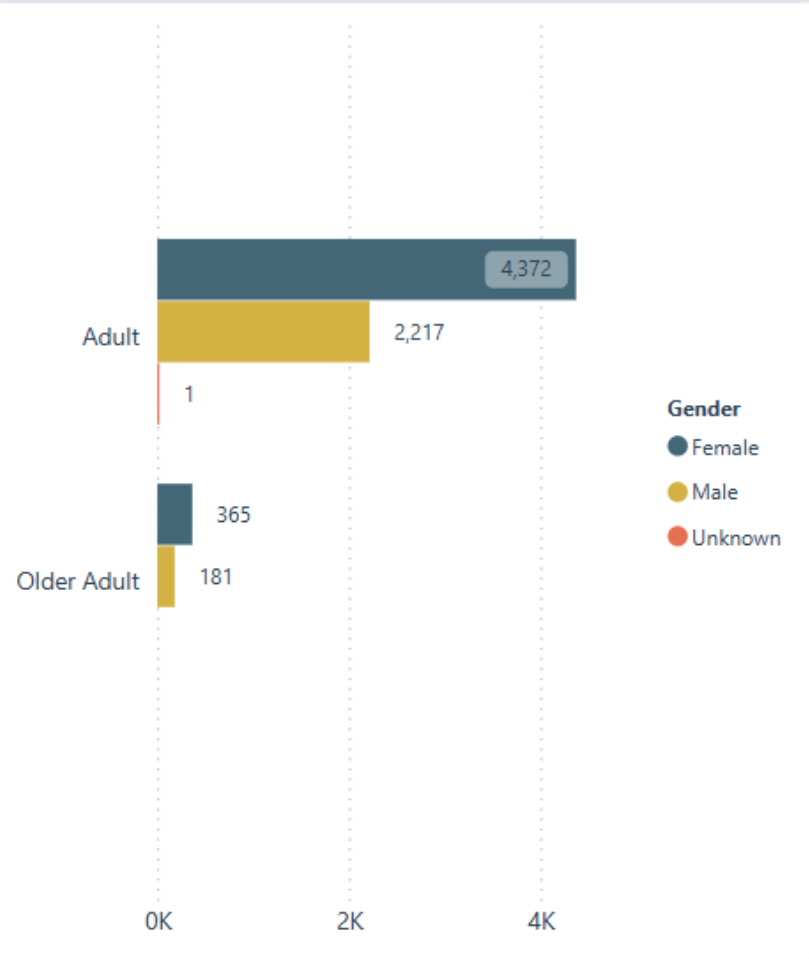
Indicator	Alt Ref	Metric	Value	White	Mixed	Asian	Black	Other	Not Stated	Not Known
OP03c (N)	LTP 02 b	Reliable recovery rate within Talking Therapies	46.65%	92.83%	1.60%	2.82%	1.01%	1.19%	0.36%	0.20%



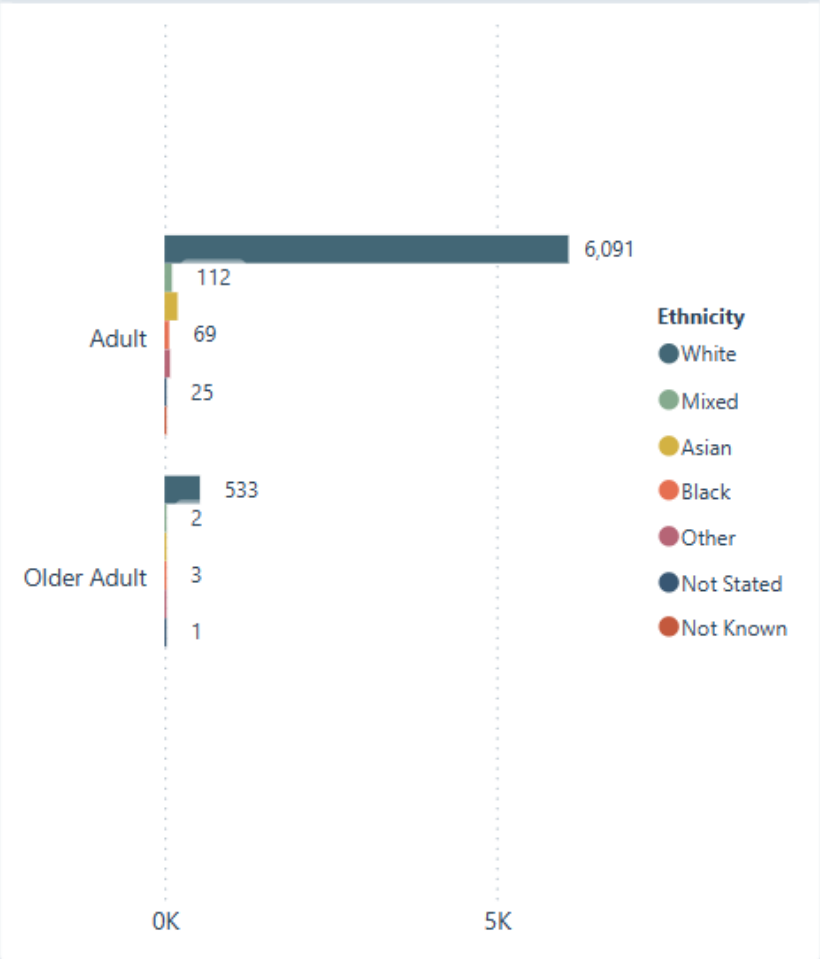
Indicator	Alt Ref	Metric	Value	Adult	Older Adult
OP03c (N)	LTP 02 b	Reliable recovery rate within Talking Therapies	46.65%	92.35%	7.65%

Age Group Selected

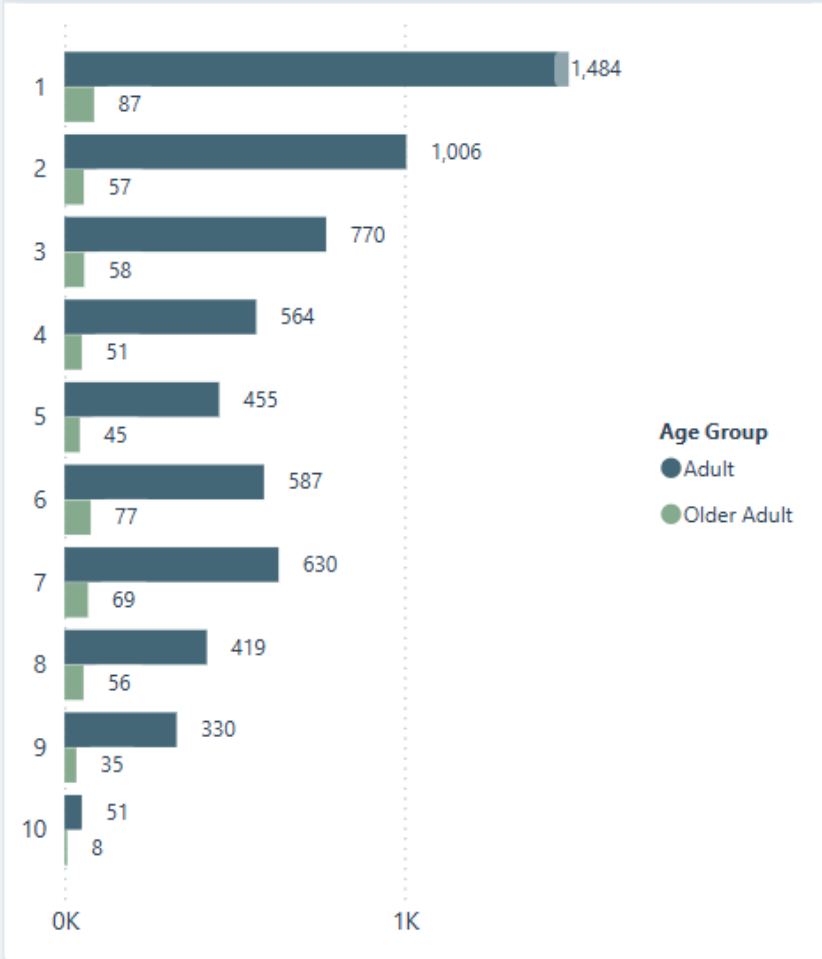
Age Group by Gender



Age Group By Ethnicity



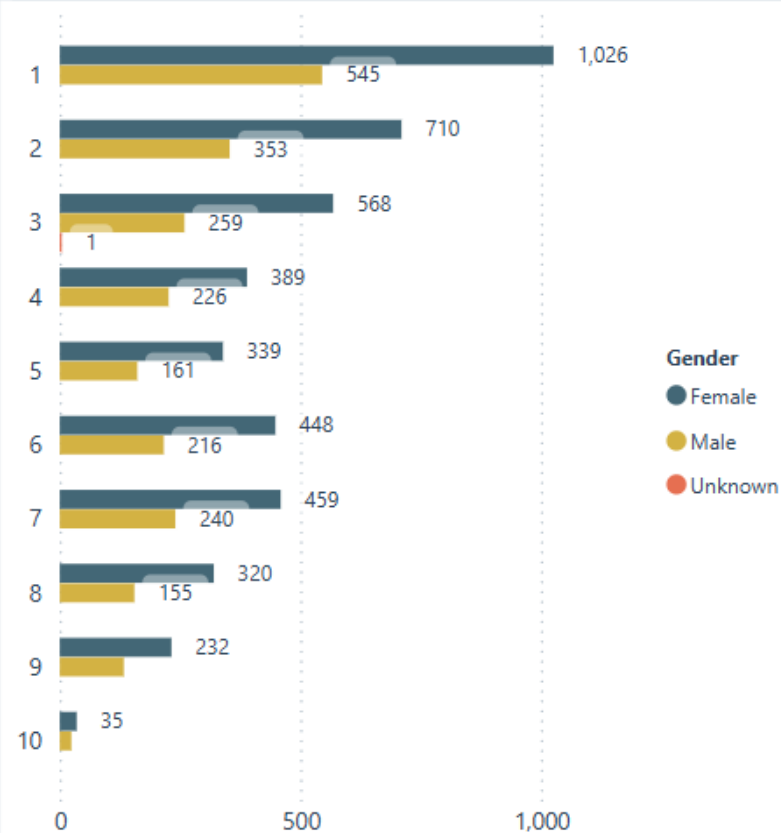
Age Group By Deprivation



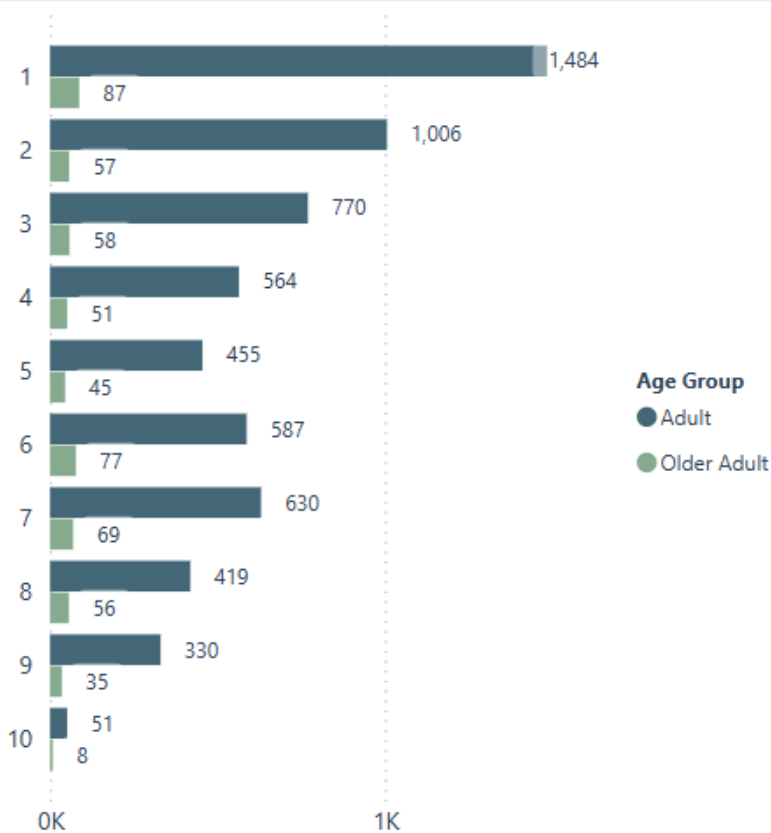
Indicator	Alt Ref	Metric	Value
OP03c (N)	LTP 02 b	Reliable recovery rate within Talking Therapies	46.65%

Not Recorded	1	2	3	4	5	6	7	8	9	10
4.16%	22.02%	14.90%	11.60%	8.62%	7.01%	9.30%	9.80%	6.66%	5.11%	0.83%

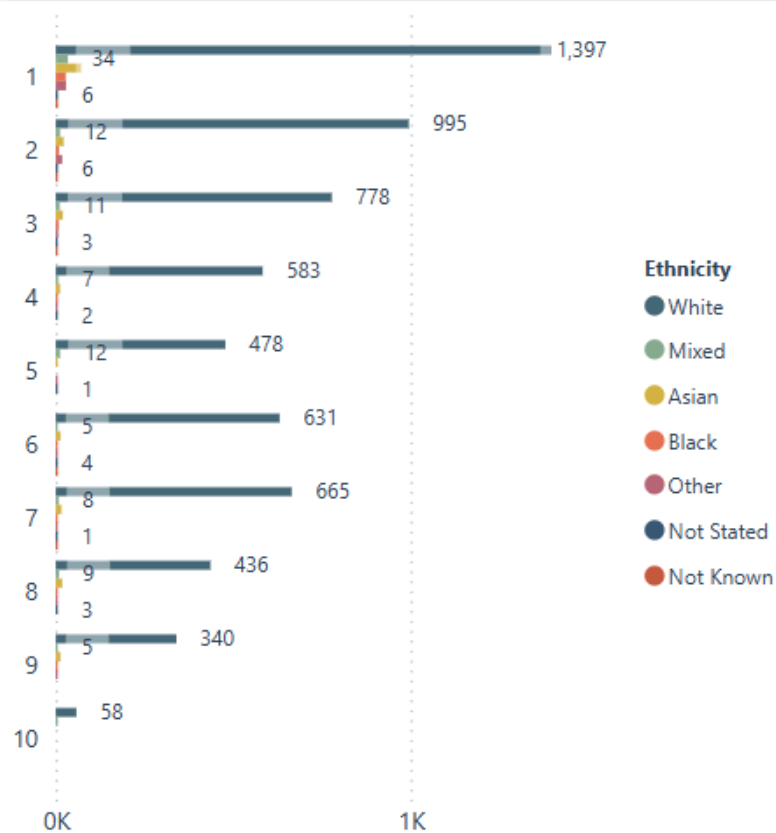
Deprivation By Gender



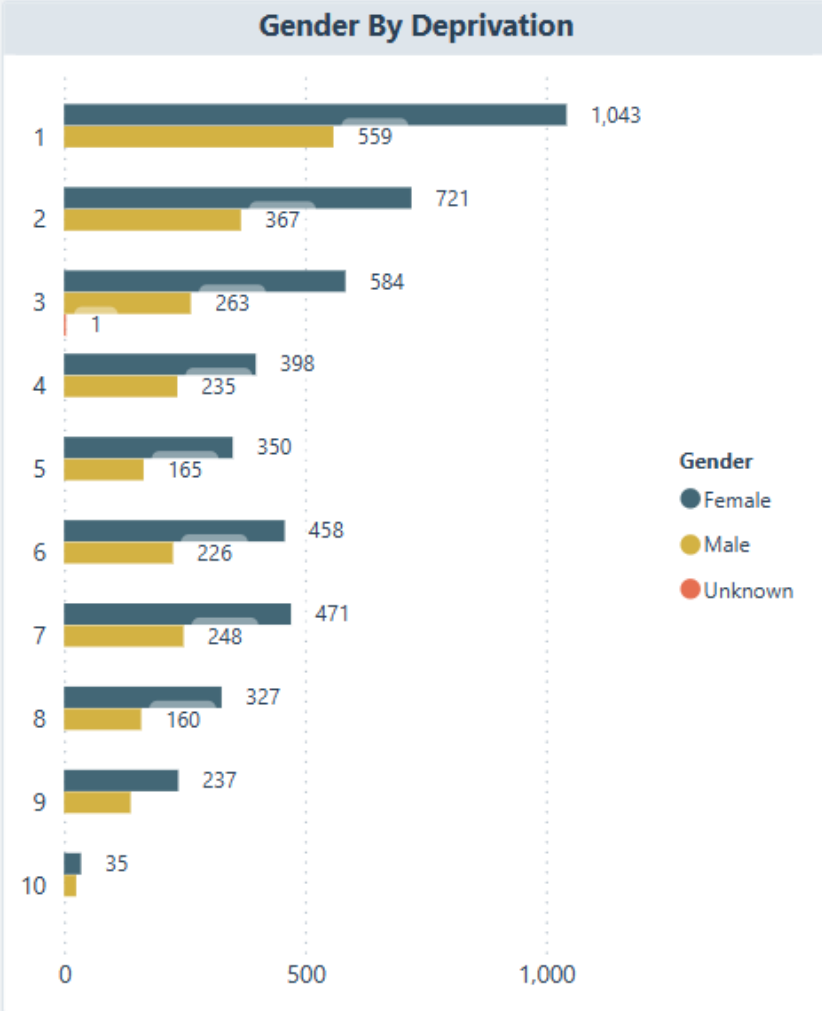
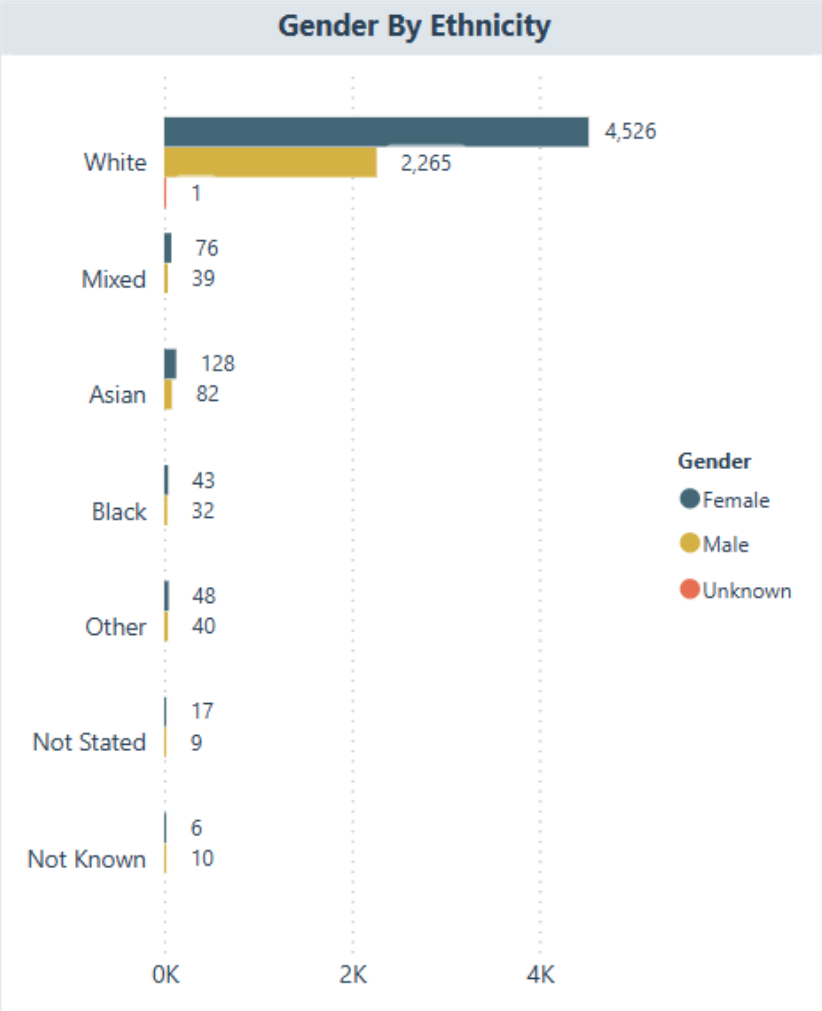
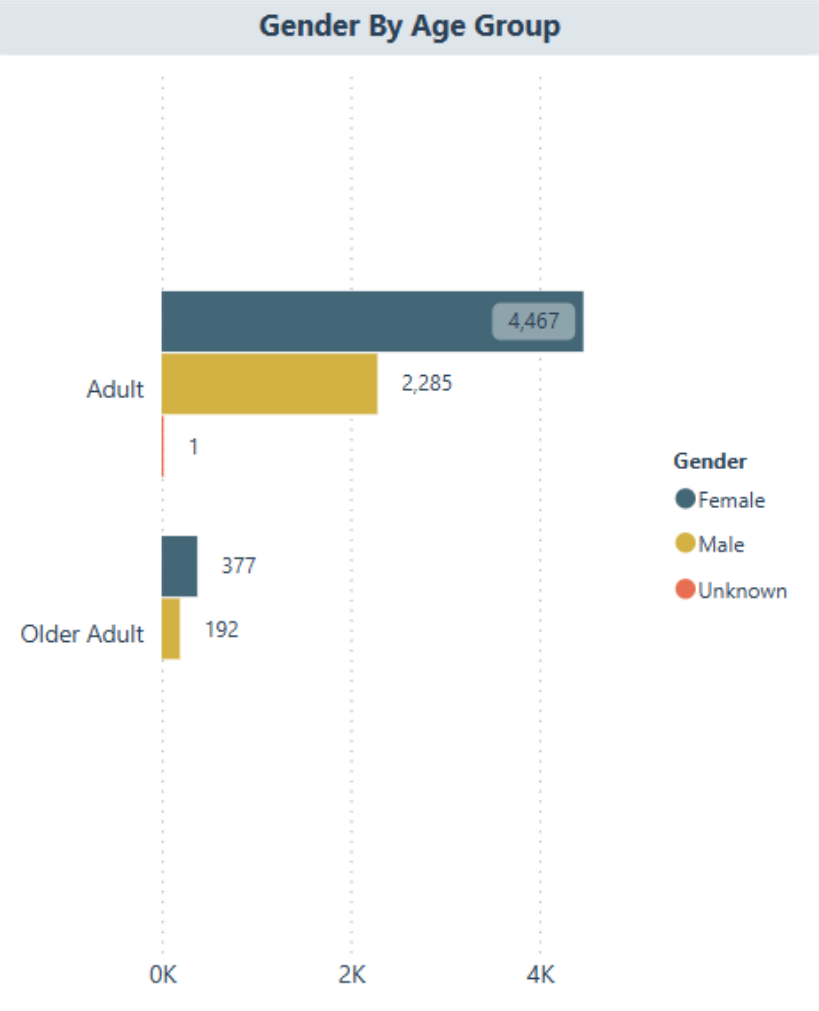
Deprivation by Age Group



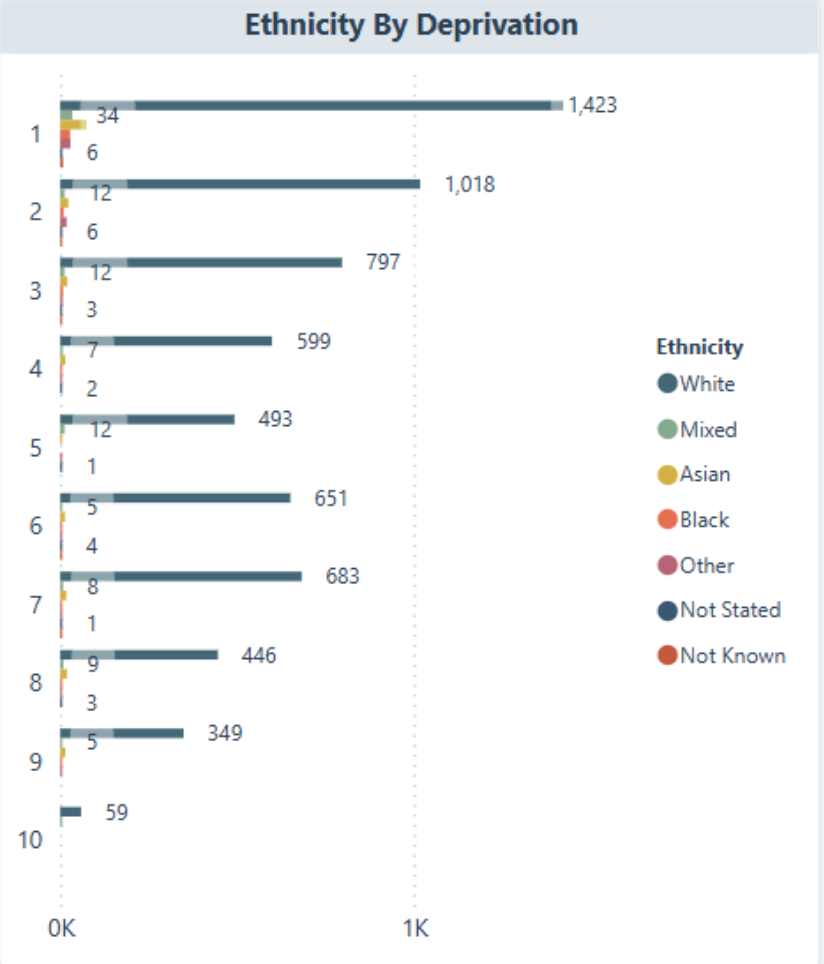
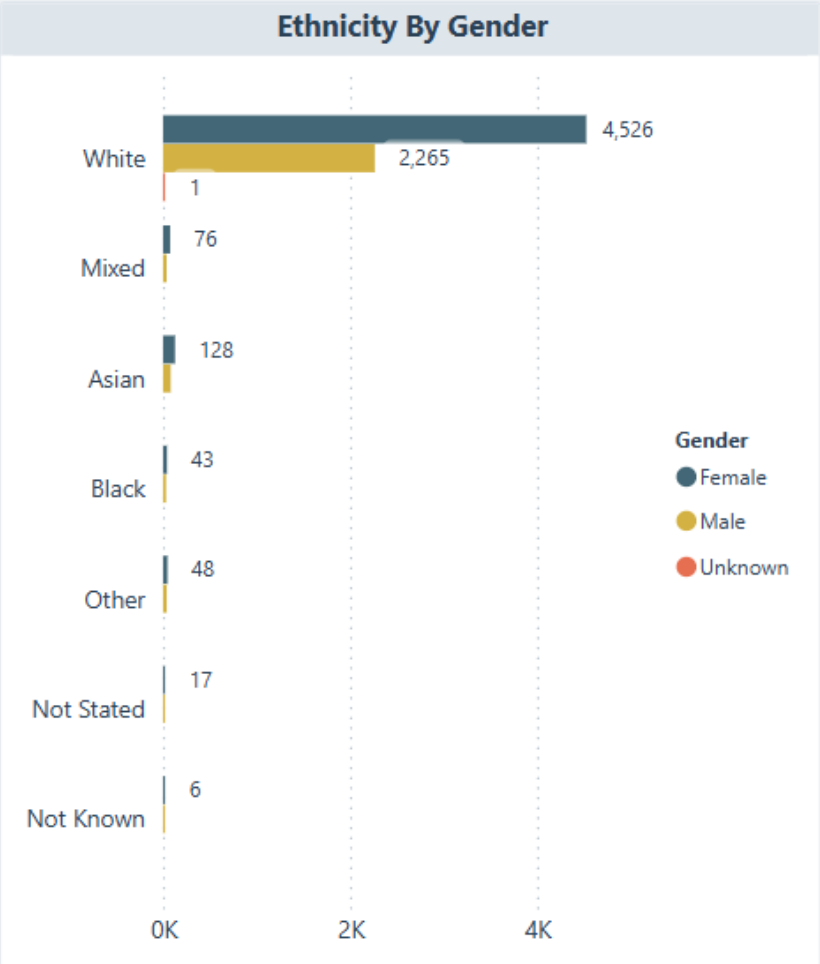
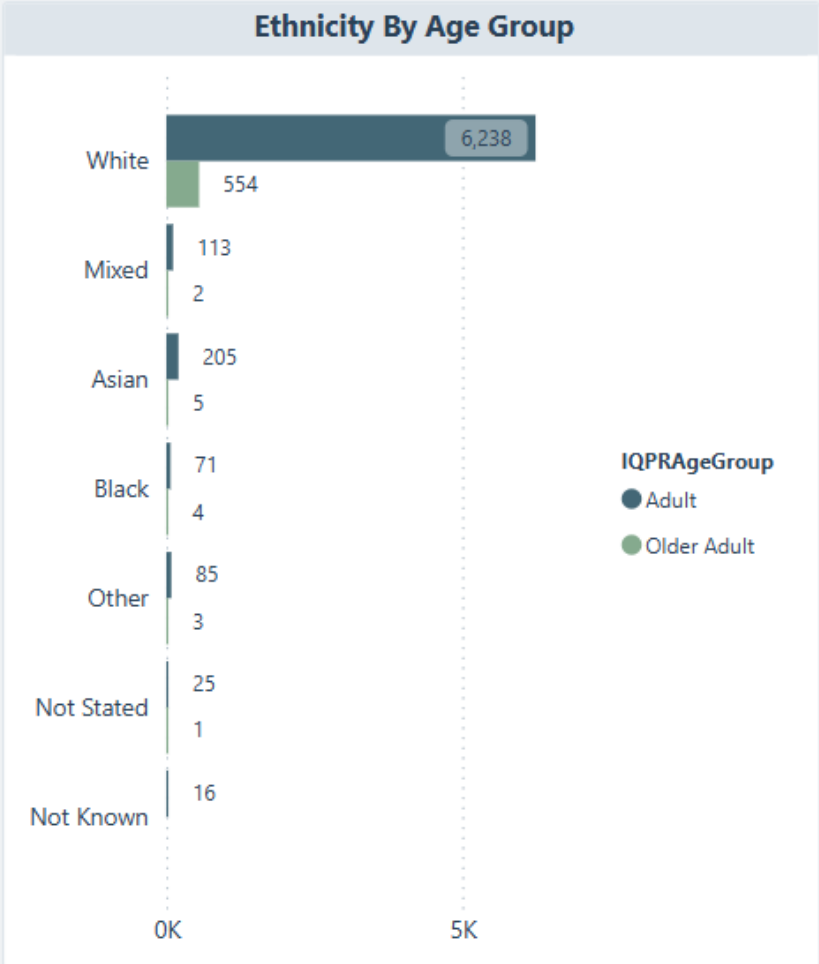
Deprivation By Ethnicity



Indicator	Alt Ref	Metric	Value	Female	Male	Unknown
OP03d (N)	LTP 02 c	Reliable Improvement rate within Talking Therapies	68.18%	66.16%	33.83%	0.01%

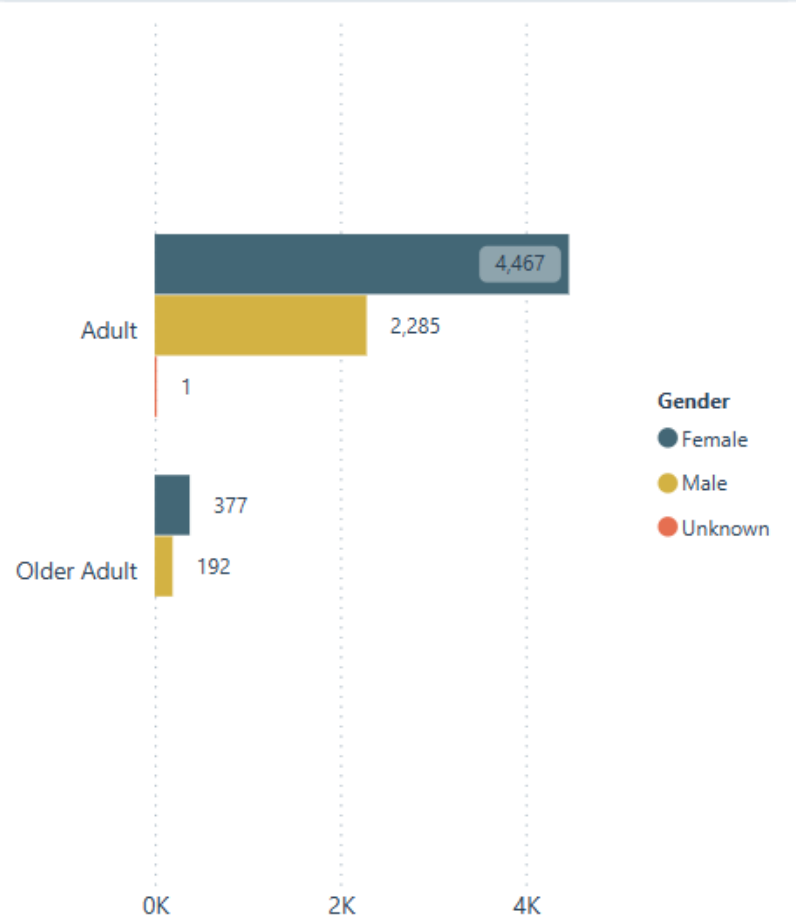


Indicator	Alt Ref	Metric	Value	White	Mixed	Asian	Black	Other	Not Stated	Not Known
OP03d (N)	LTP 02 c	Reliable Improvement rate within Talking Therapies	68.18%	92.76%	1.57%	2.87%	1.02%	1.20%	0.36%	0.22%

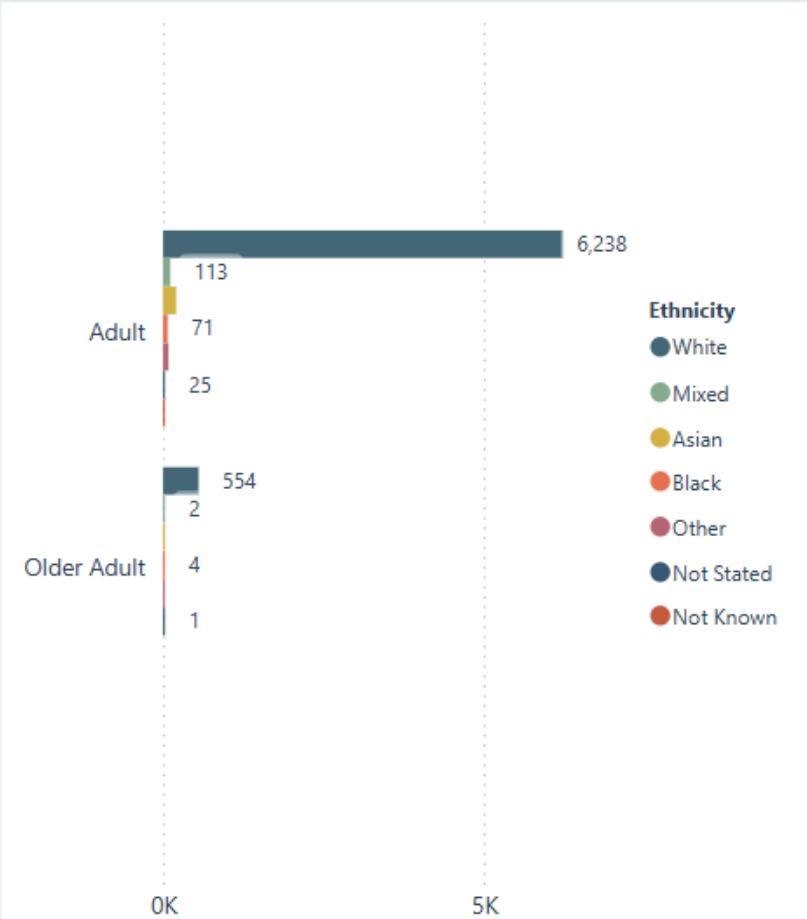


Indicator	Alt Ref	Metric	Value	Adult	Older Adult
OP03d (N)	LTP 02 c	Reliable Improvement rate within Talking Therapies	68.18%	92.23%	7.77%

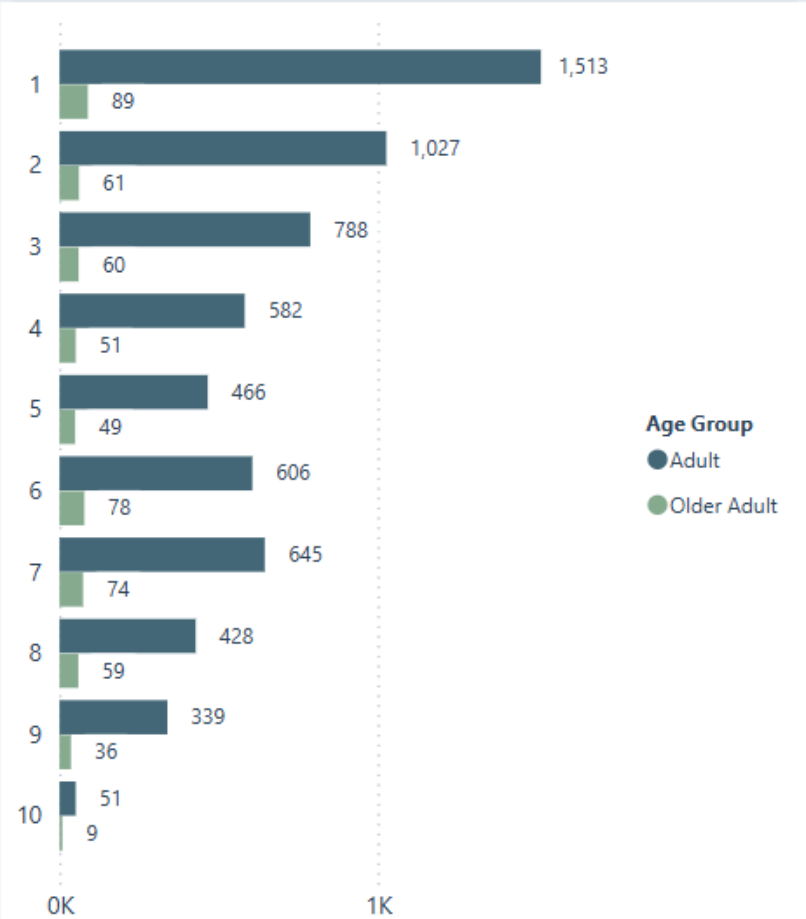
Age Group by Gender



Age Group By Ethnicity



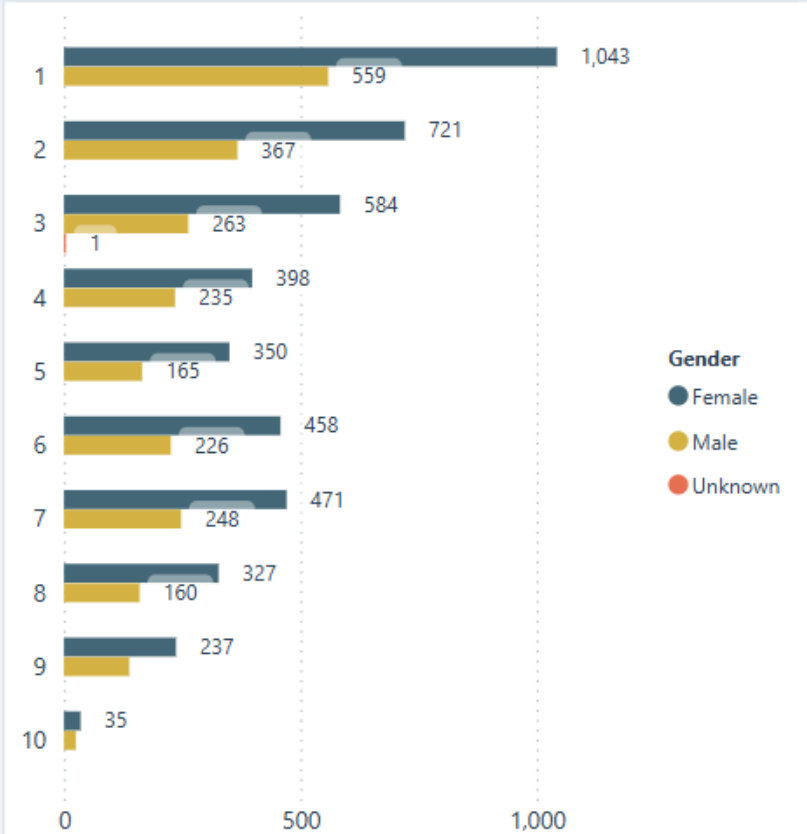
Age Group By Deprivation



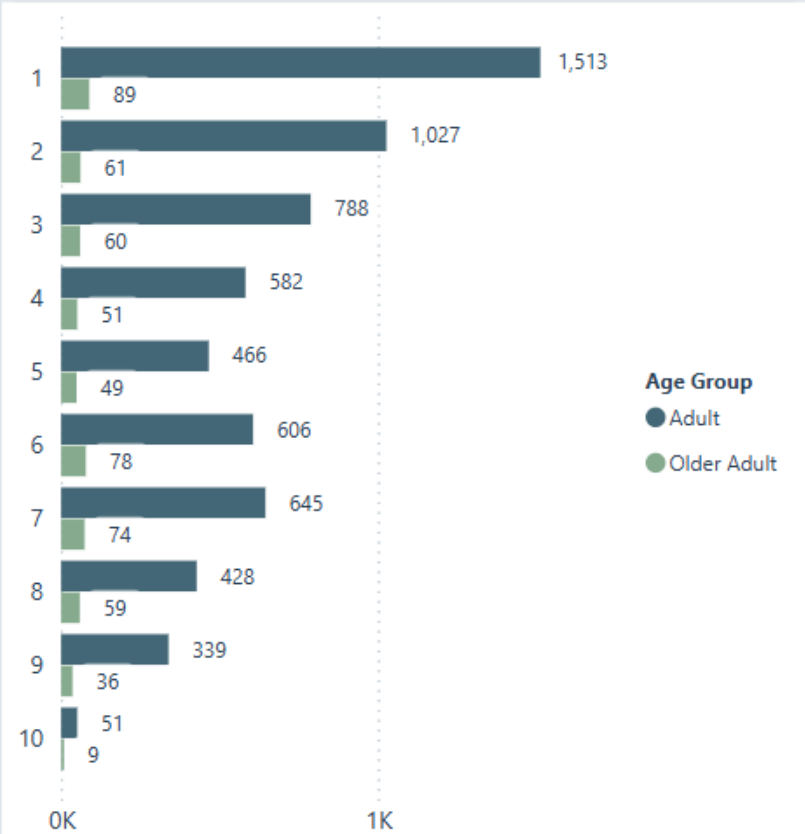
Indicator	Alt Ref	Metric	Value
OP03d (N)	LTP 02 c	Reliable Improvement rate within Talking Therapies	68.18%

Not Recorded	1	2	3	4	5	6	7	8	9	10
4.25%	21.88%	14.86%	11.58%	8.65%	7.03%	9.34%	9.82%	6.65%	5.12%	0.82%

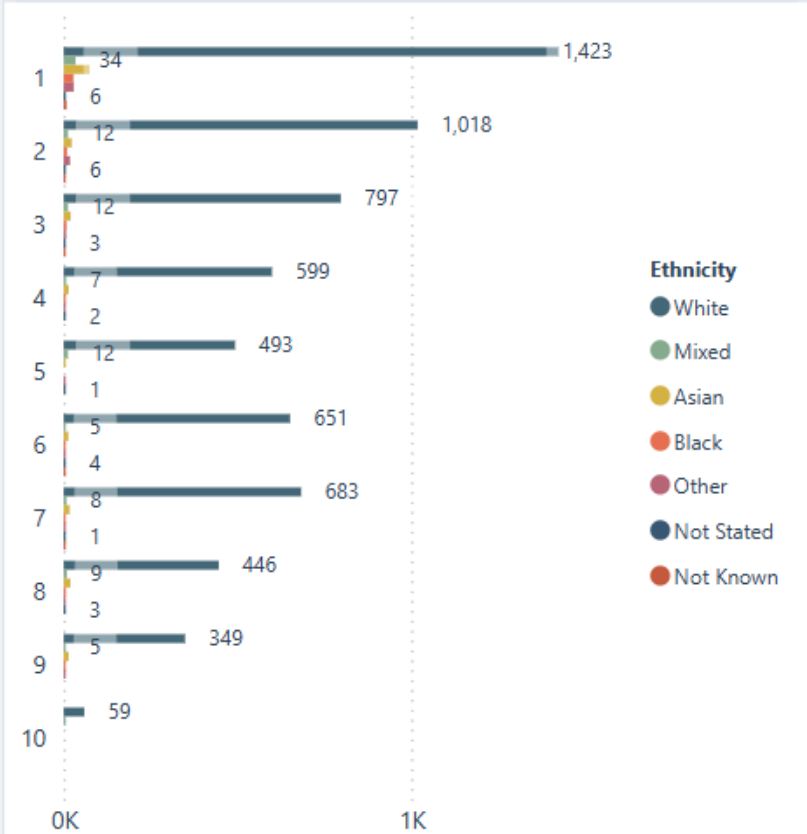
Deprivation By Gender



Deprivation by Age Group

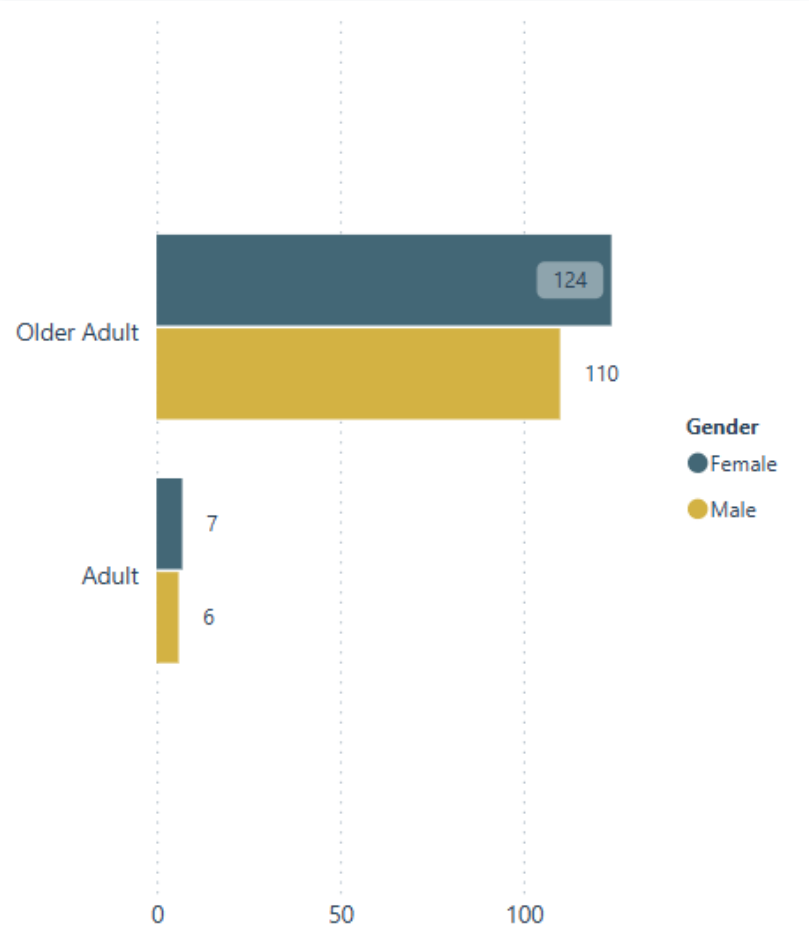


Deprivation By Ethnicity

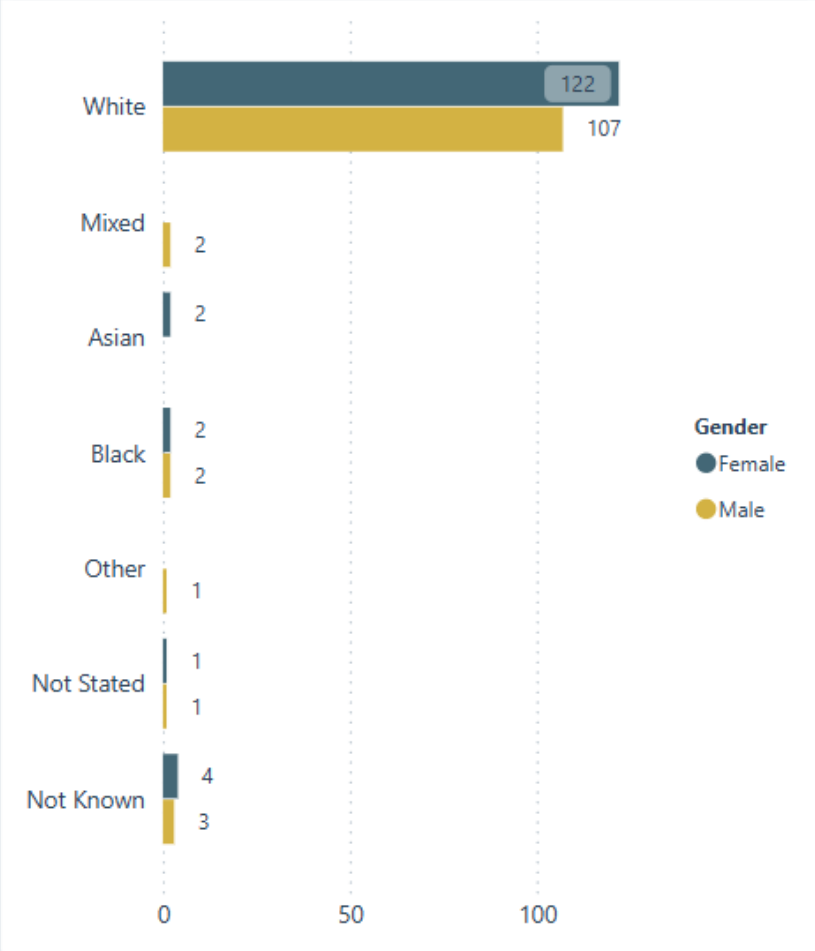


Indicator	Alt Ref	Metric	Value	Female	Male
OP05 (N)		People in physical health crisis assessed within 2 hours	70.04%	53.04%	46.96%

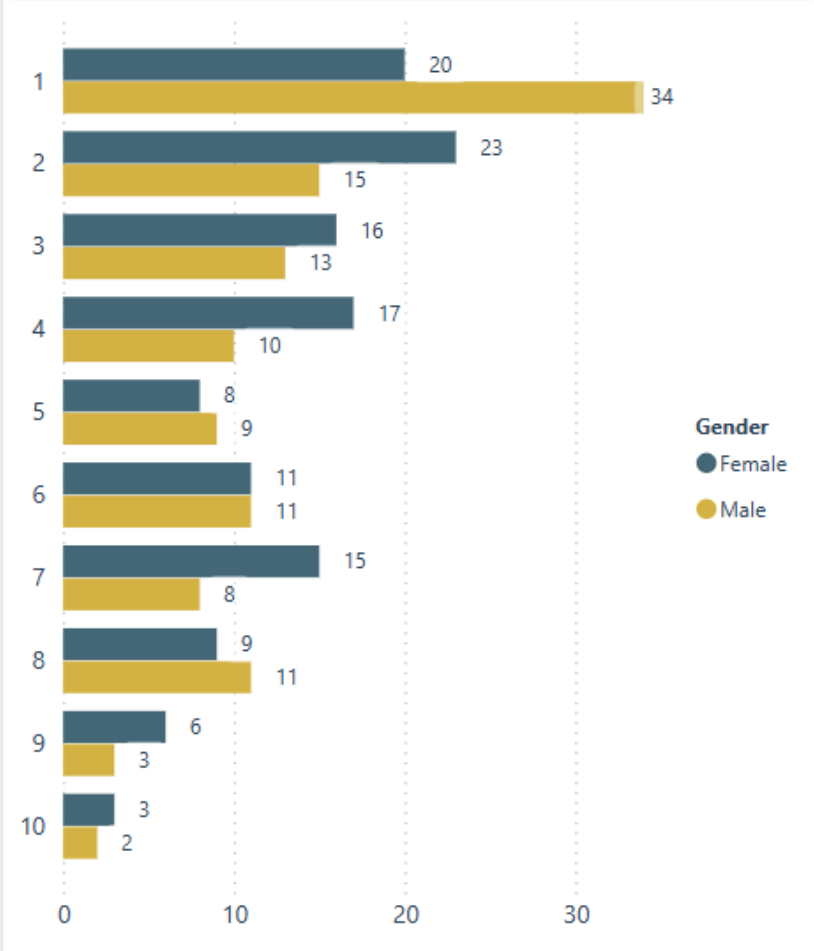
Gender By Age Group



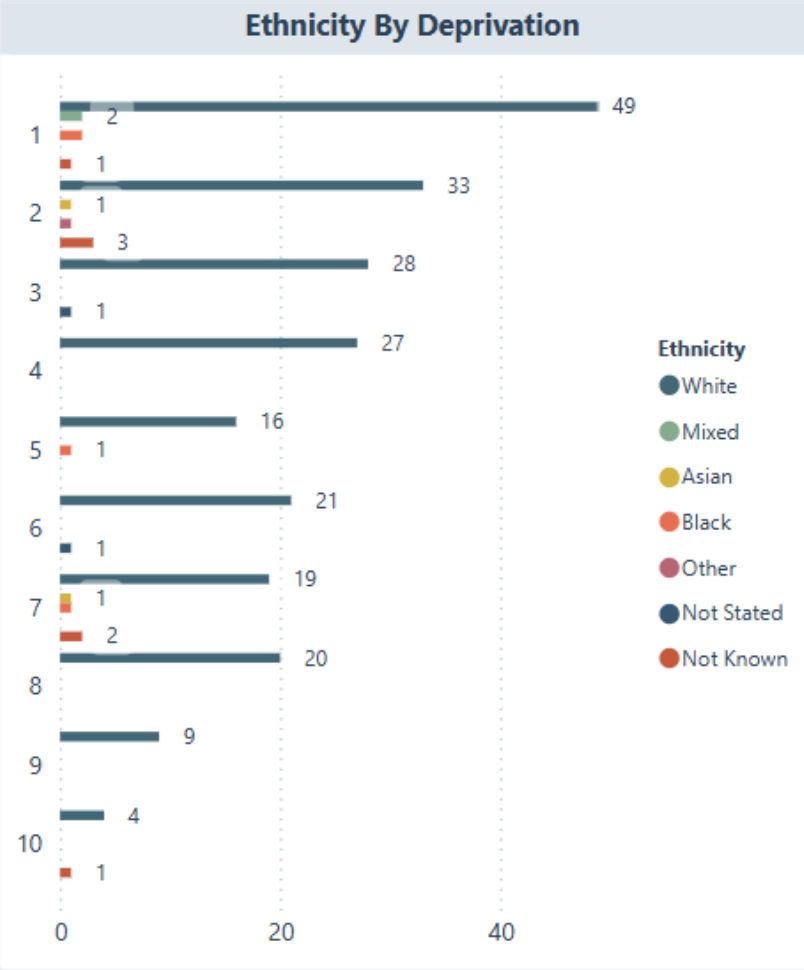
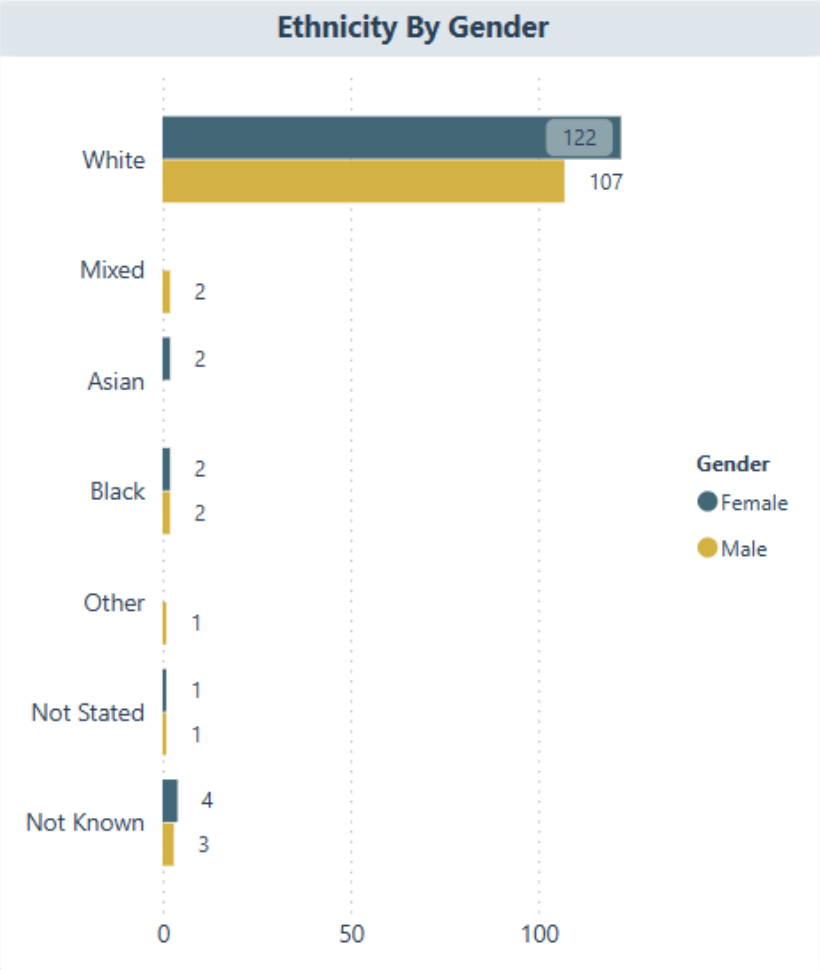
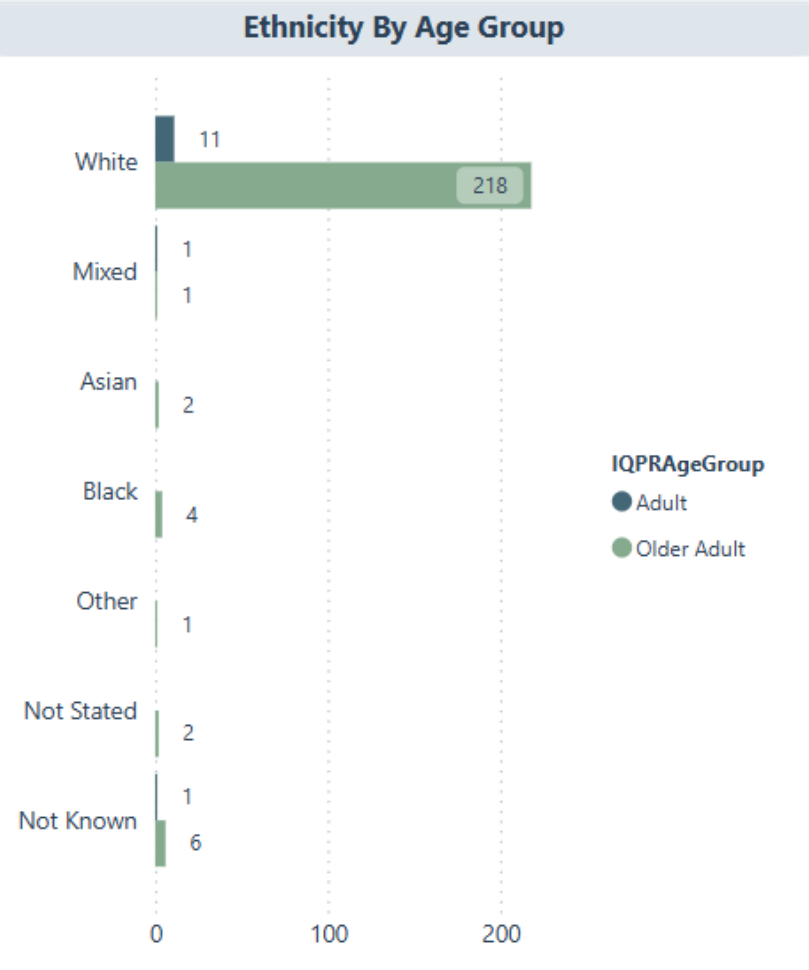
Gender By Ethnicity



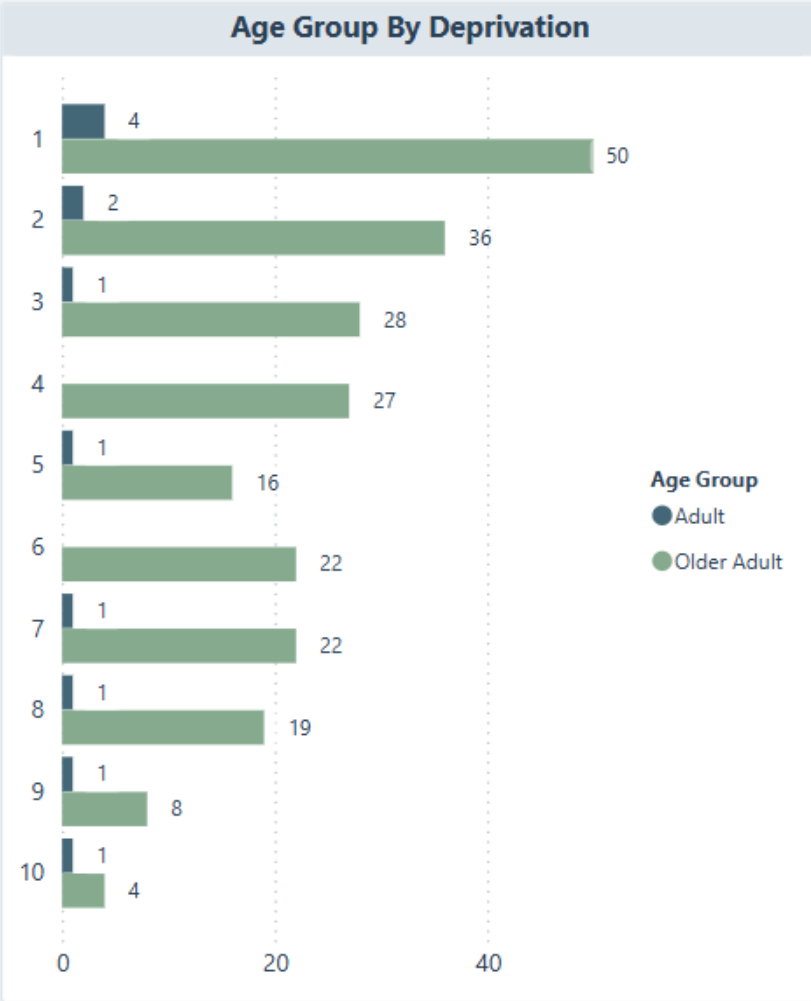
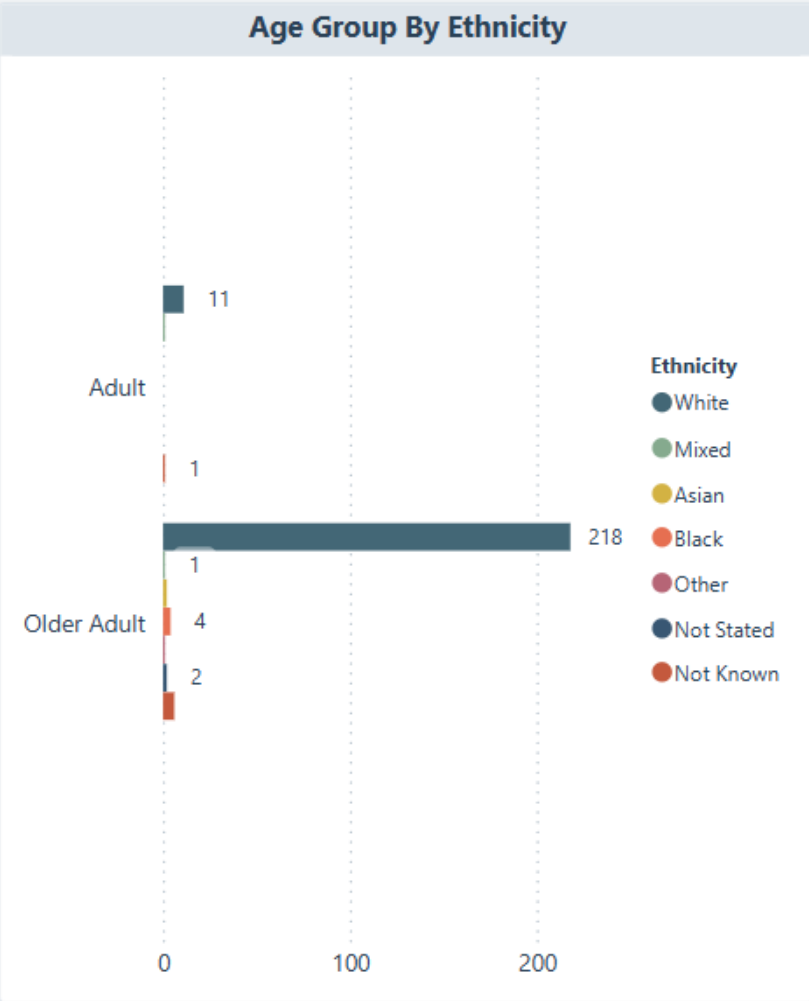
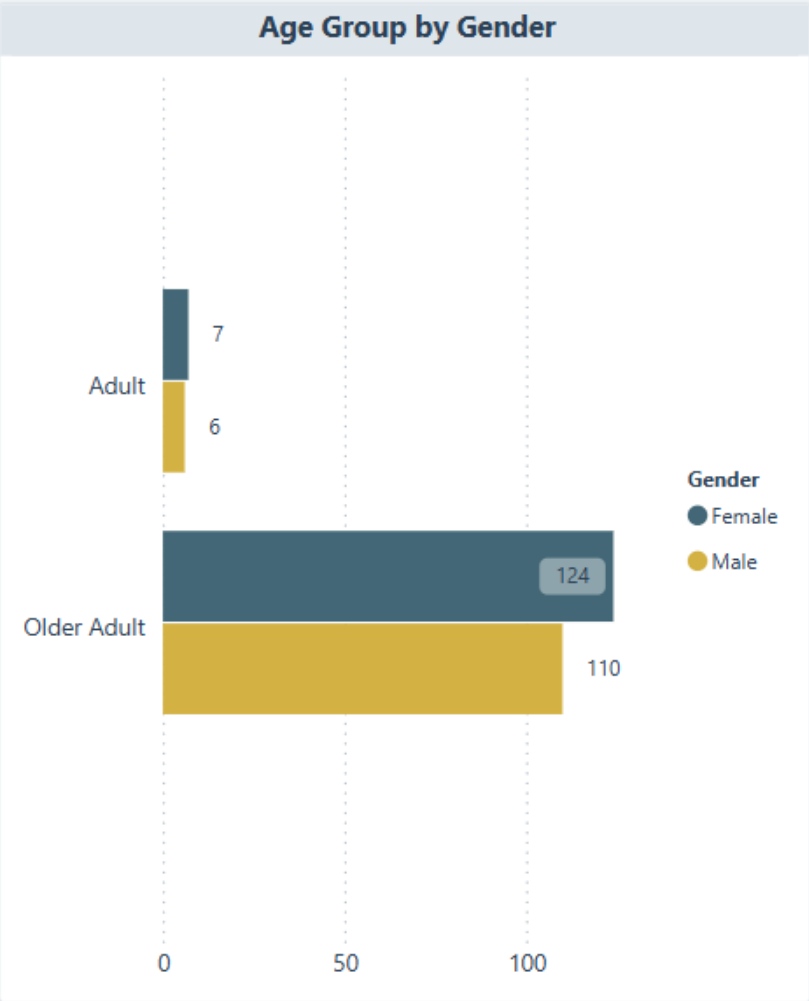
Gender By Deprivation



Indicator	Alt Ref	Metric	Value	White	Mixed	Asian	Black	Other	Not Stated	Not Known
OP05 (N)		People in physical health crisis assessed within 2 hours	70.04%	92.71%	0.81%	0.81%	1.62%	0.40%	0.81%	2.83%



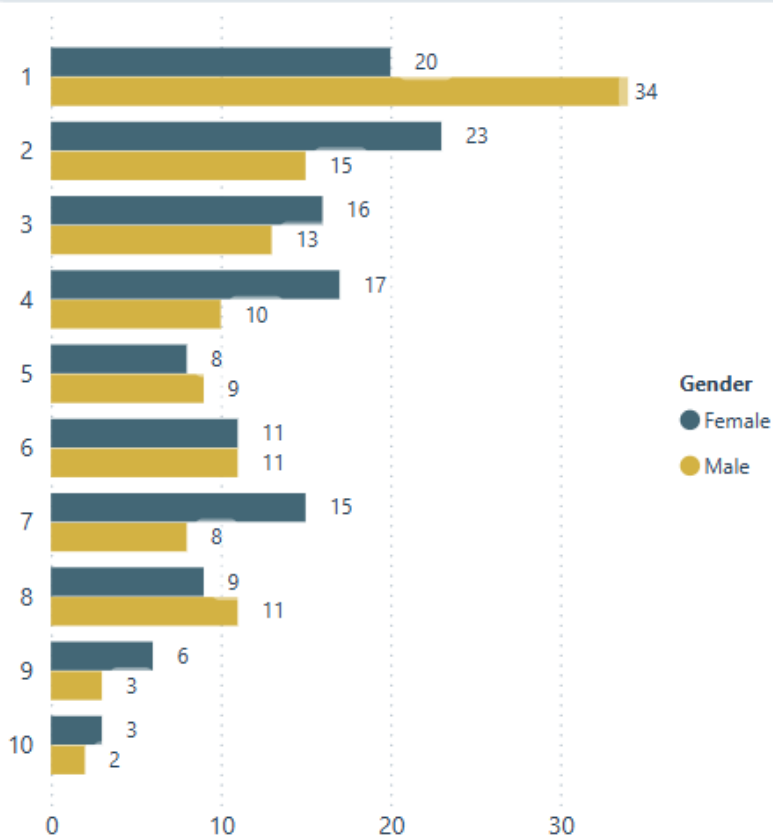
Indicator	Alt Ref	Metric	Value	Adult	Older Adult
OP05 (N)		People in physical health crisis assessed within 2 hours	70.04%	5.26%	94.74%



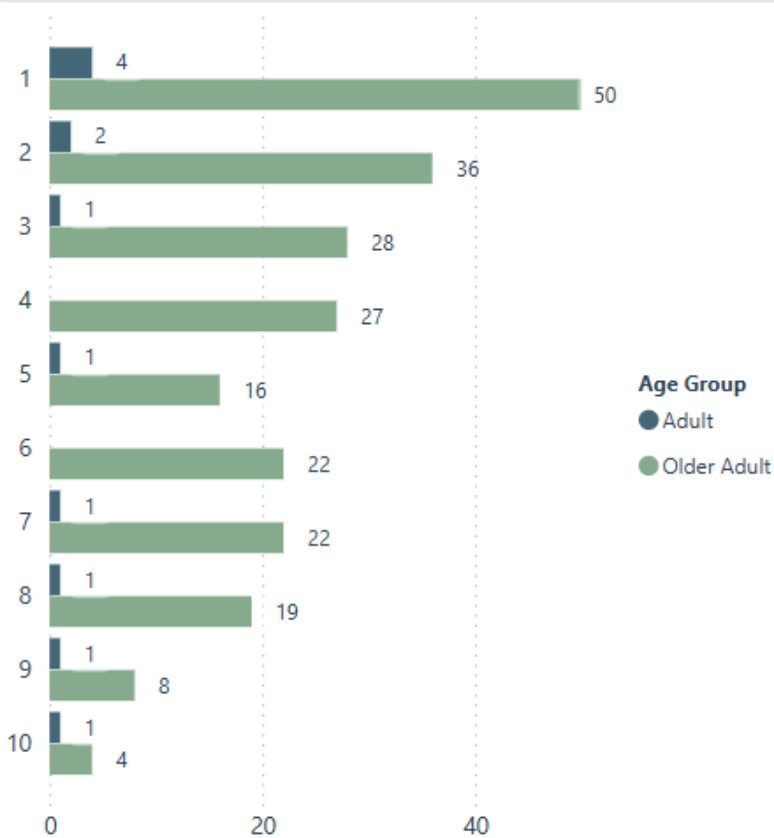
Indicator	Alt Ref	Metric	Value
OP05 (N)		People in physical health crisis assessed within 2 hours	70.04%

Not Recorded	1	2	3	4	5	6	7	8	9	10
1.21%	21.86%	15.38%	11.74%	10.93%	6.88%	8.91%	9.31%	8.10%	3.64%	2.02%

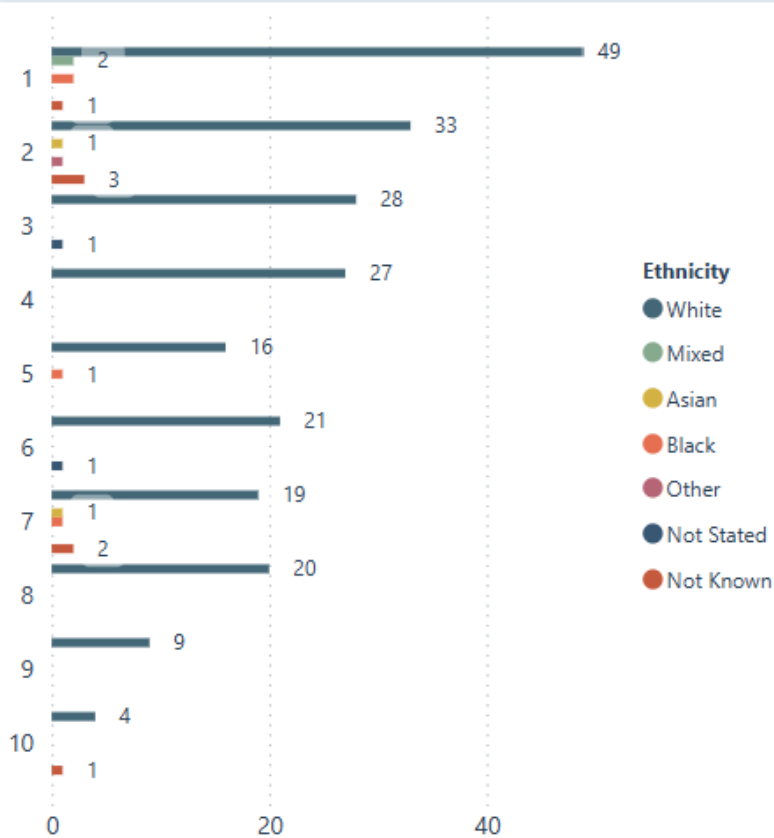
Deprivation By Gender



Deprivation by Age Group

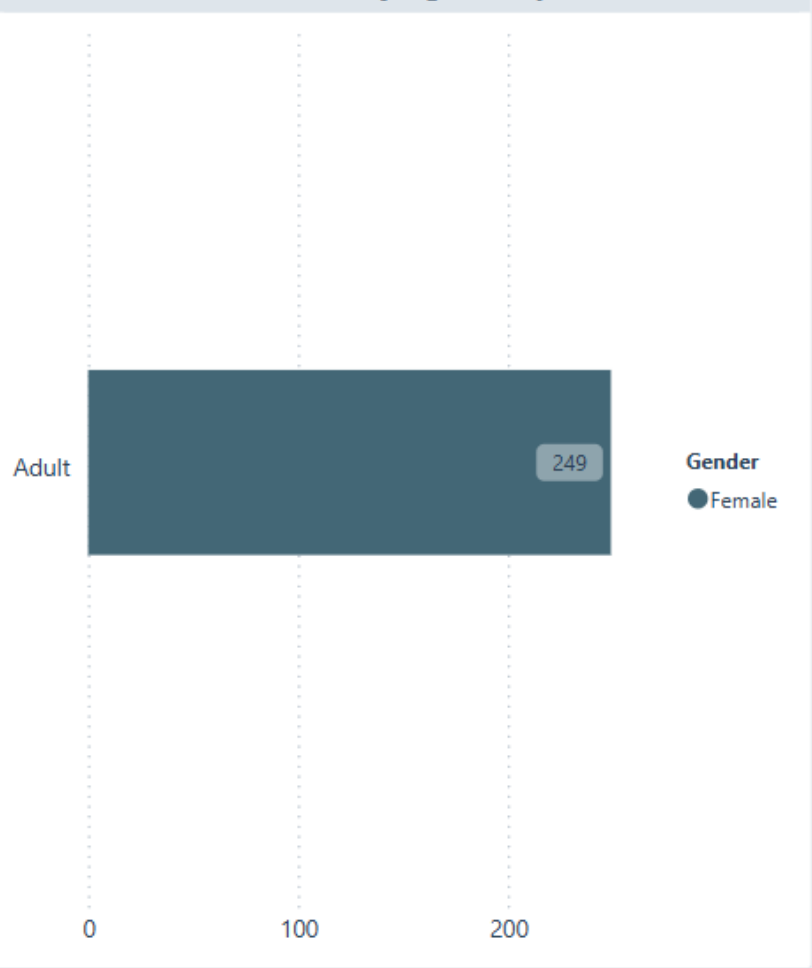


Deprivation By Ethnicity

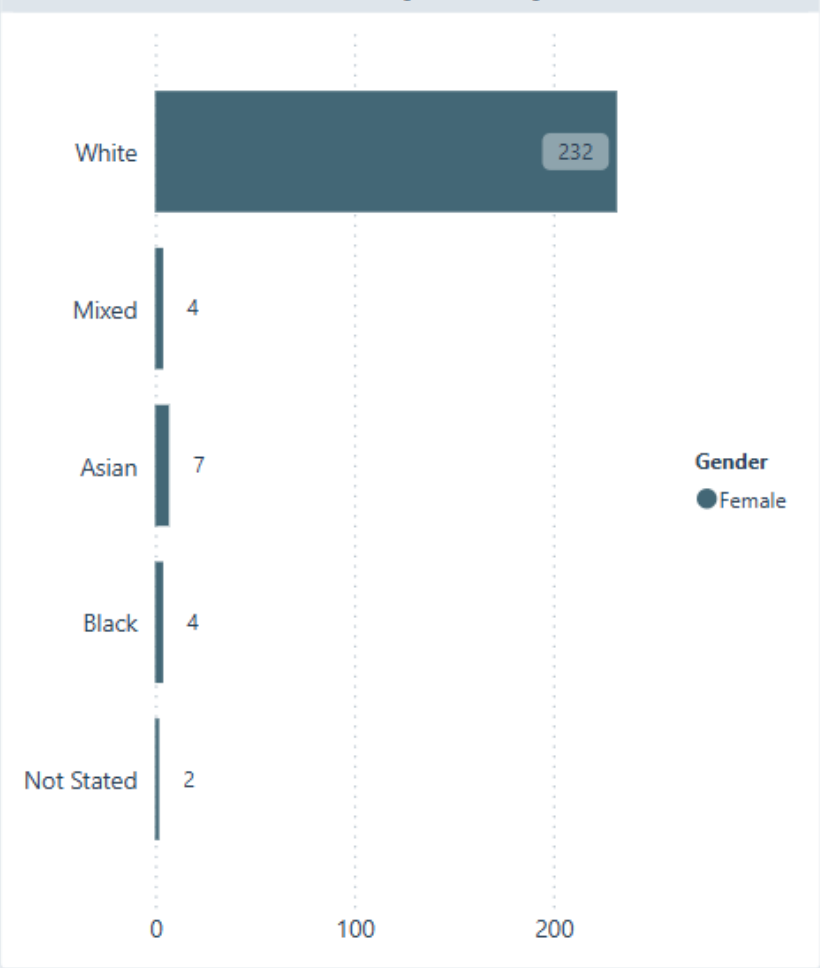


Indicator	Alt Ref	Metric	Value	Female
OP07 (N)		Women receiving support from perinatal mental health service	249	100.00%

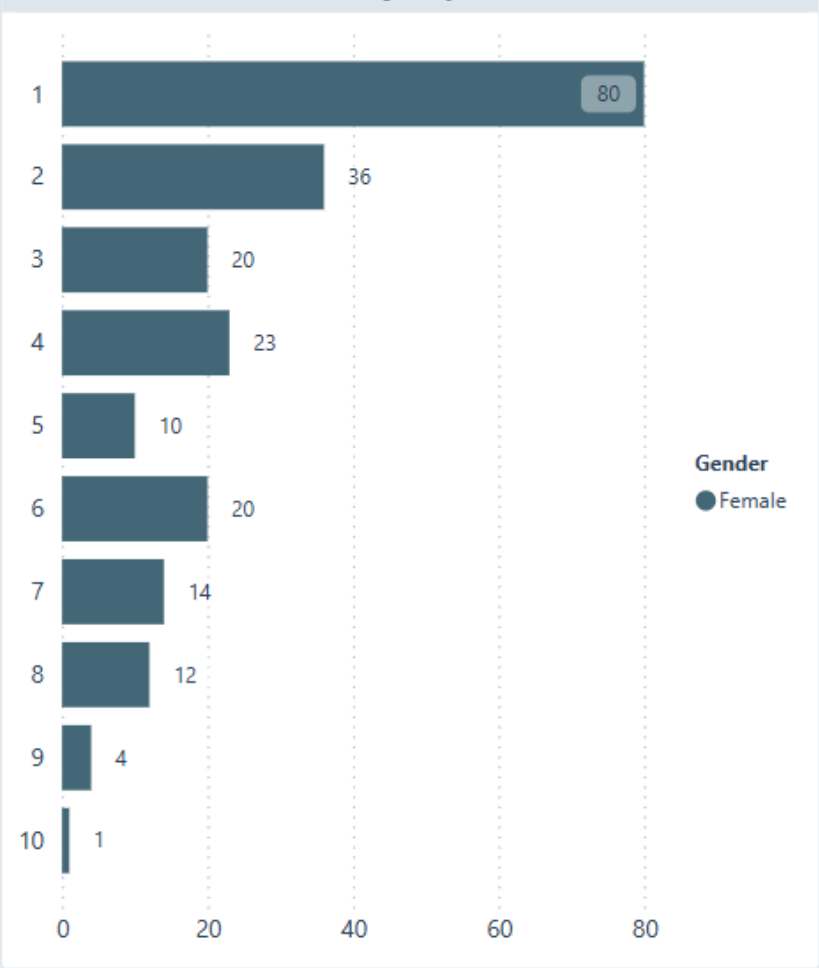
Gender By Age Group



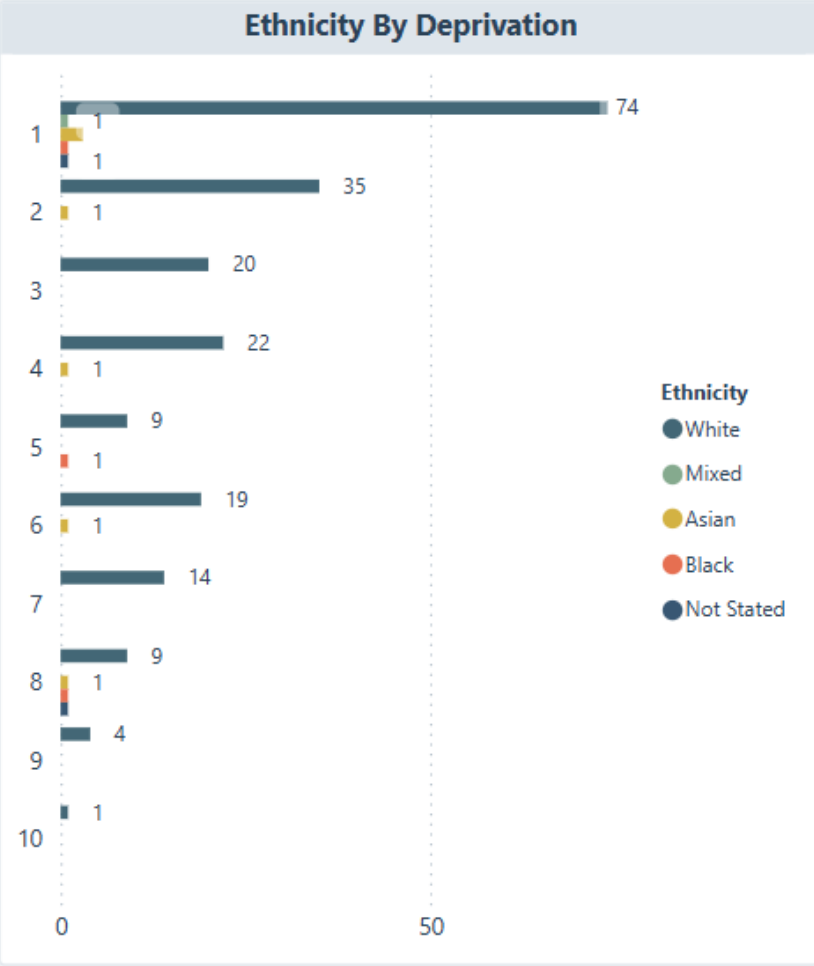
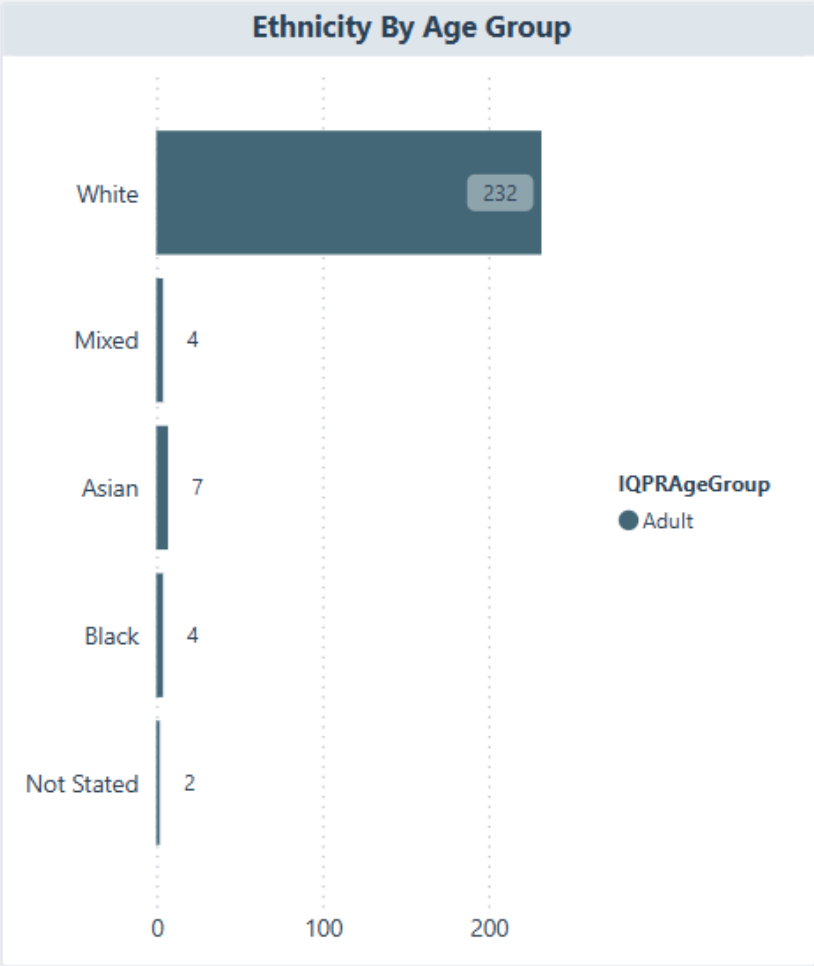
Gender By Ethnicity



Gender By Deprivation

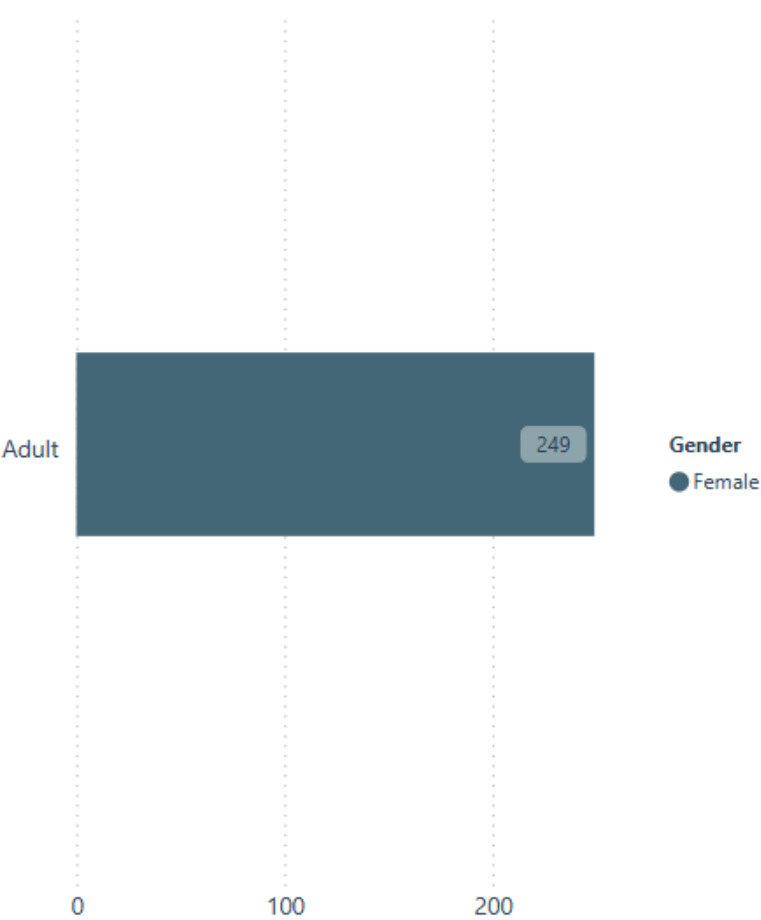


Indicator	Alt Ref	Metric	Value	White	Mixed	Asian	Black	Not Stated
OP07 (N)		Women receiving support from perinatal mental health service	249	93.17%	1.61%	2.81%	1.61%	0.80%

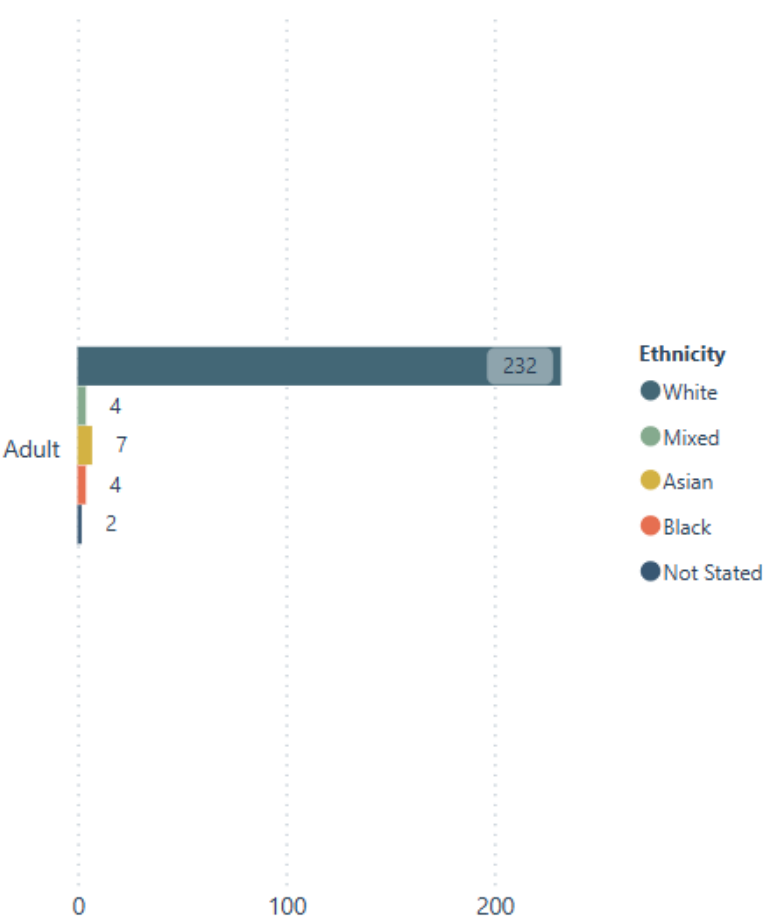


Indicator	Alt Ref	Metric	Value	Adult
OP07 (N)		Women receiving support from perinatal mental health service	249	100.00%

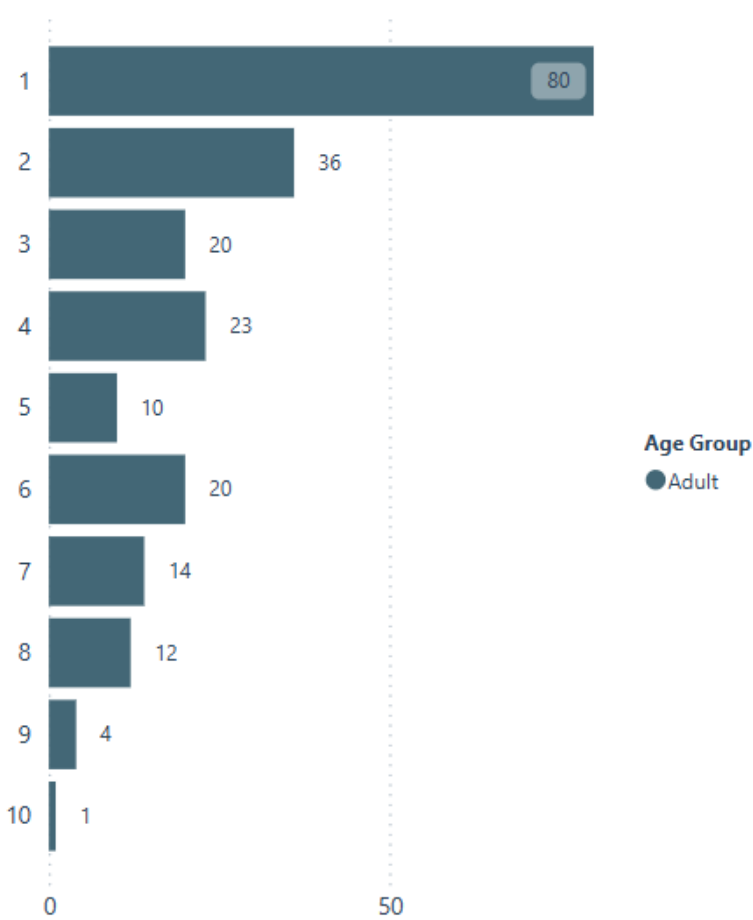
Age Group by Gender



Age Group By Ethnicity



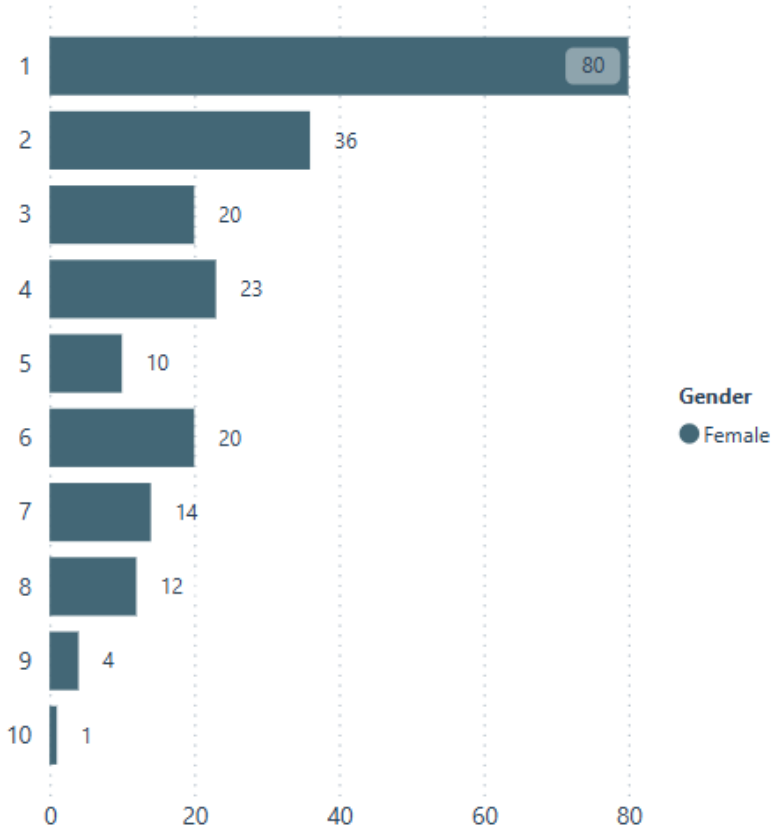
Age Group By Deprivation



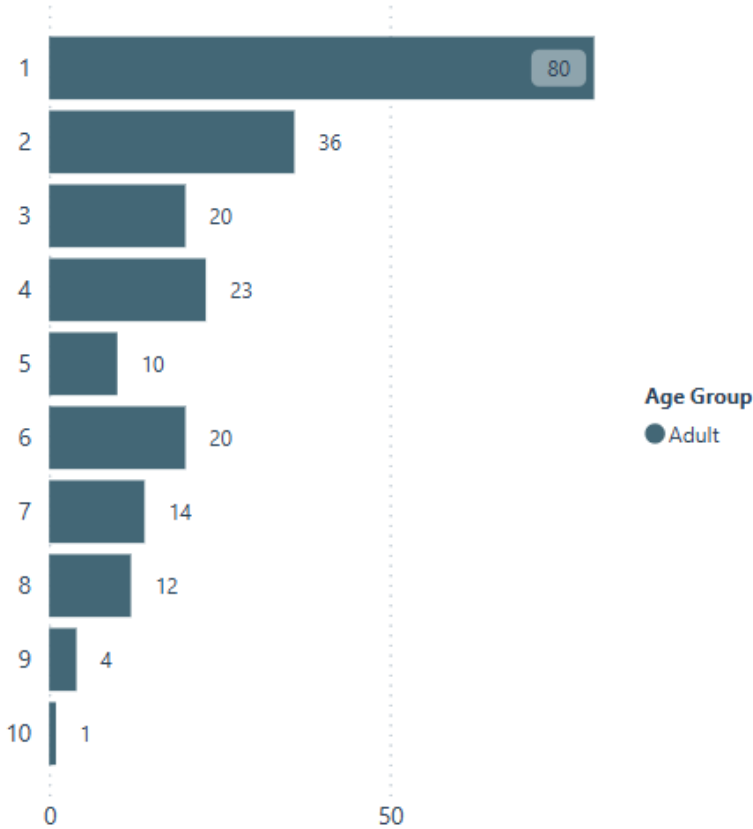
Indicator	Alt Ref	Metric	Value
OP07 (N)		Women receiving support from perinatal mental health service	249

Not Recorded	1	2	3	4	5	6	7	8	9	10
11.65%	32.13%	14.46%	8.03%	9.24%	4.02%	8.03%	5.62%	4.82%	1.61%	0.40%

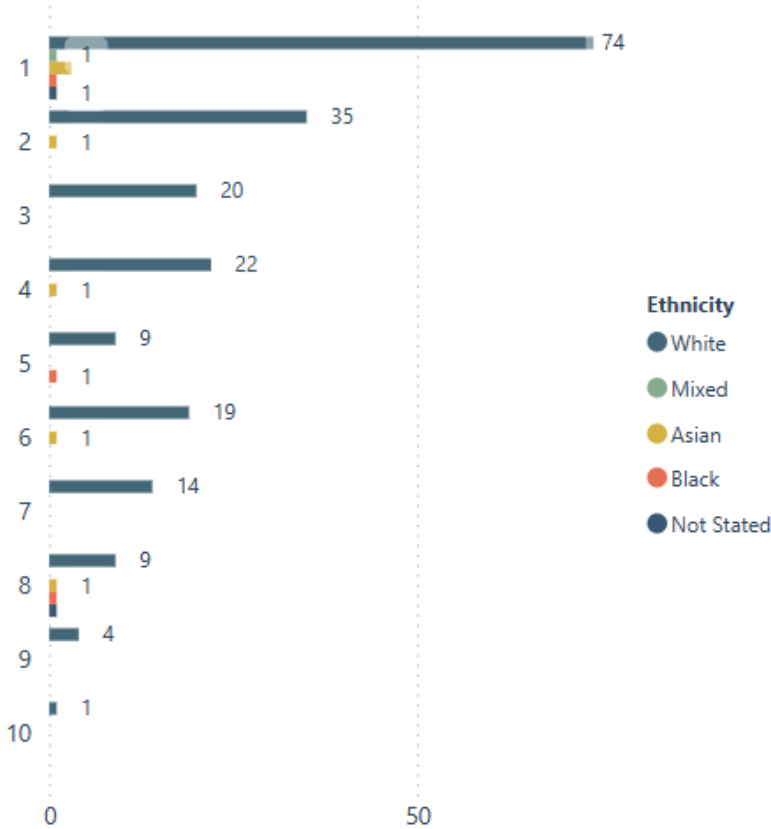
Deprivation By Gender



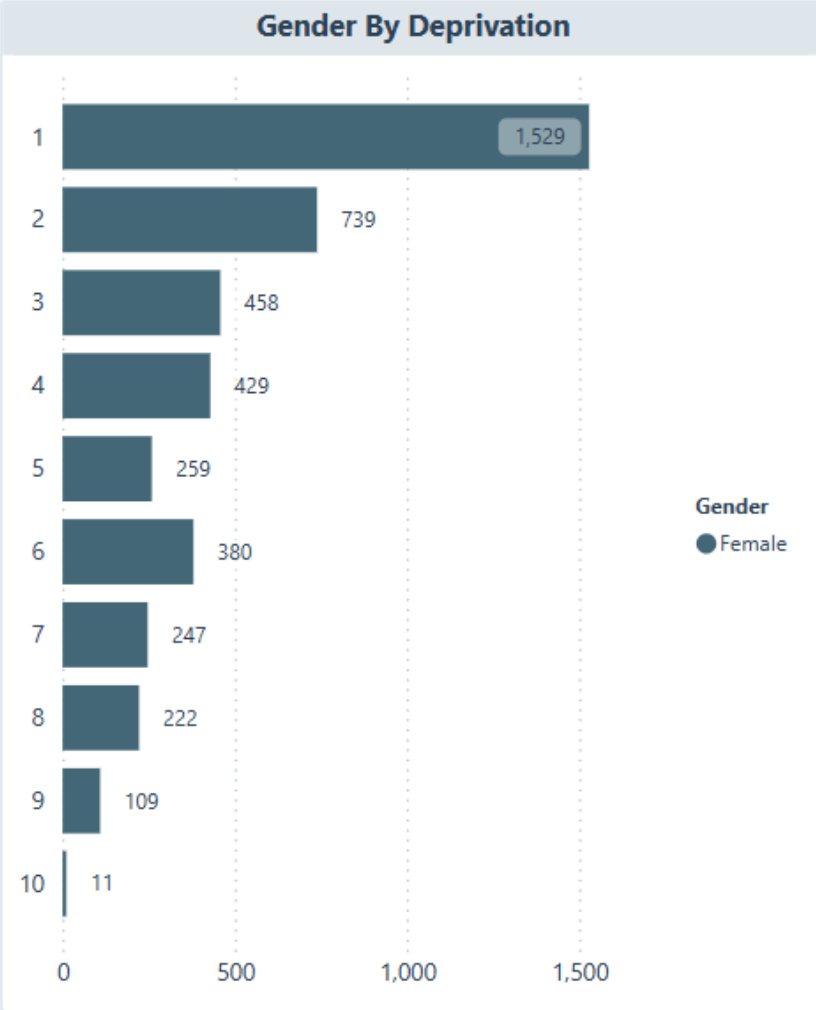
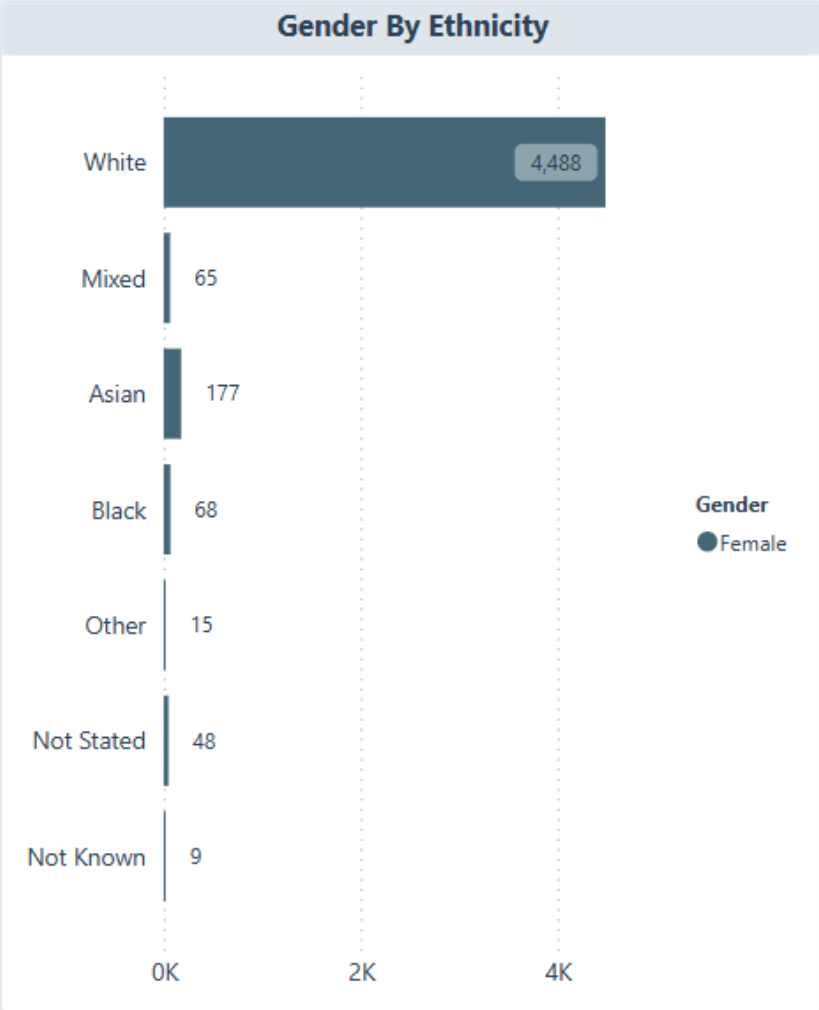
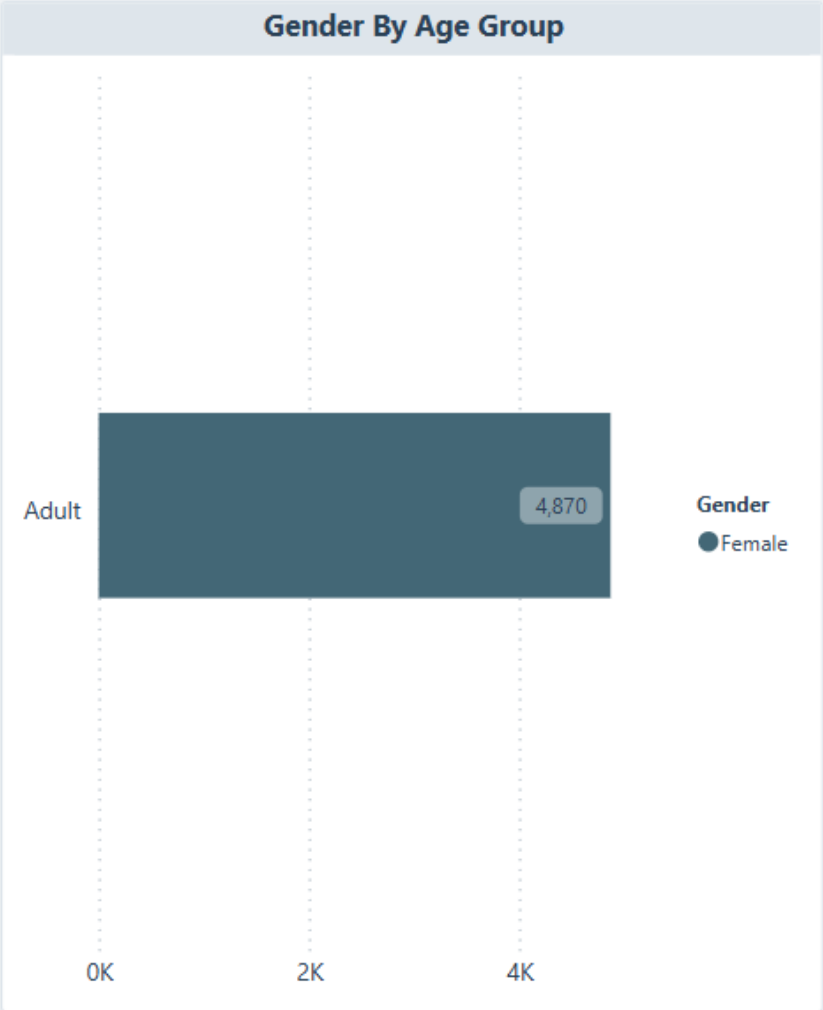
Deprivation by Age Group



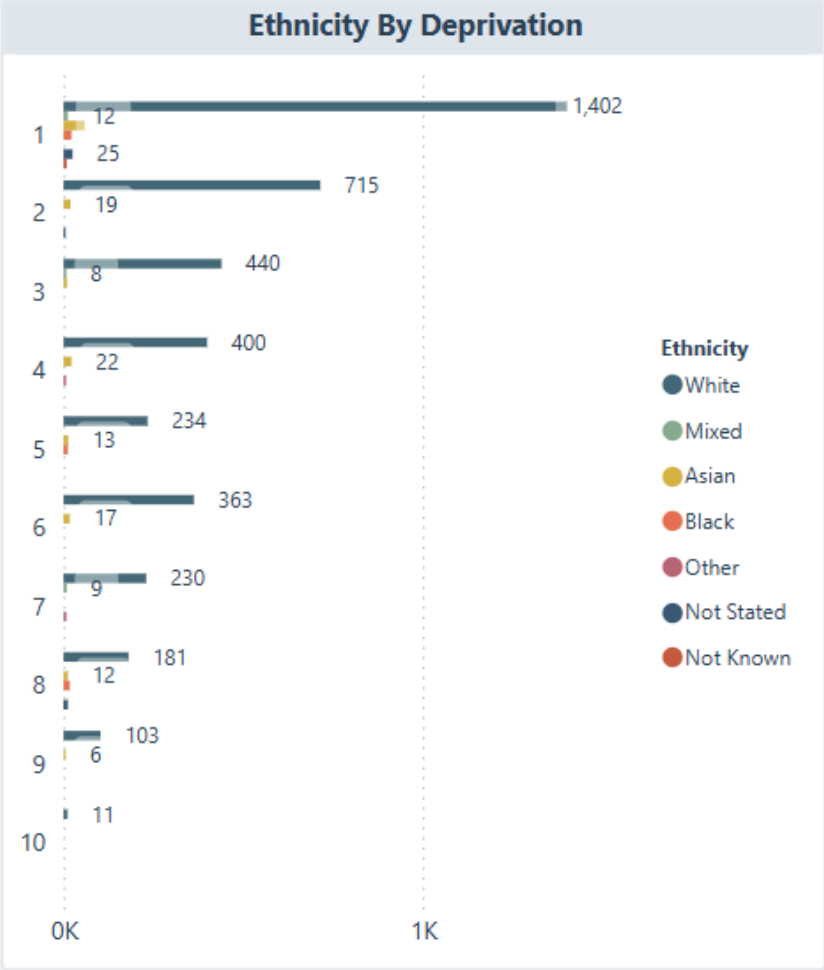
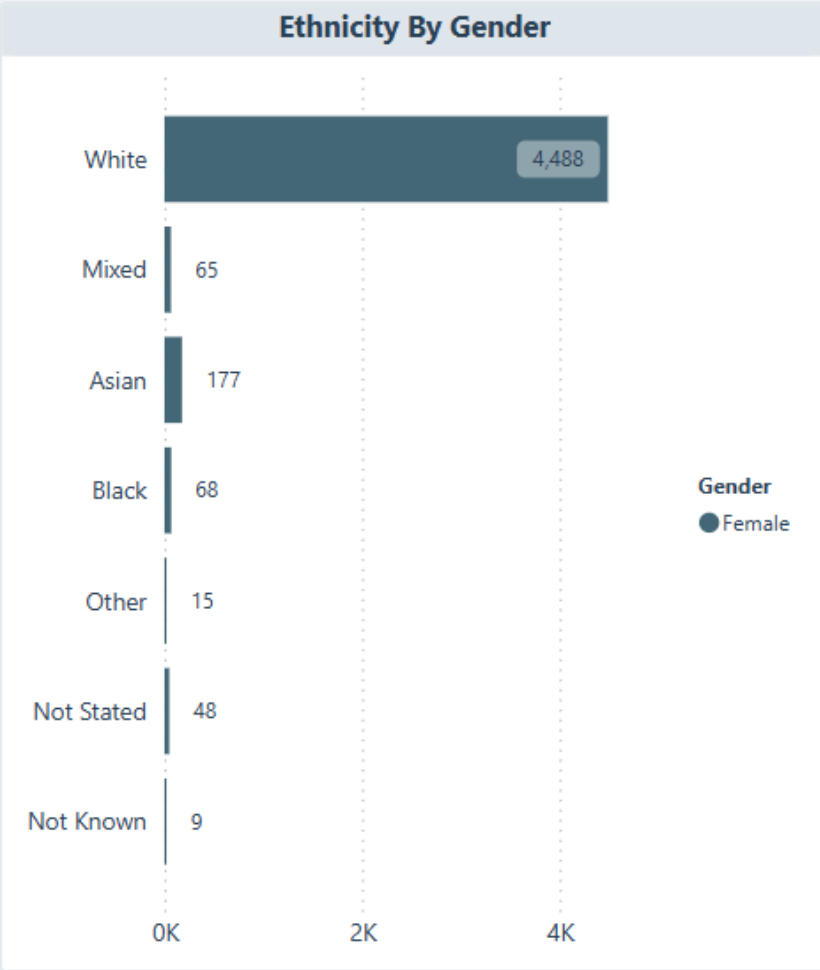
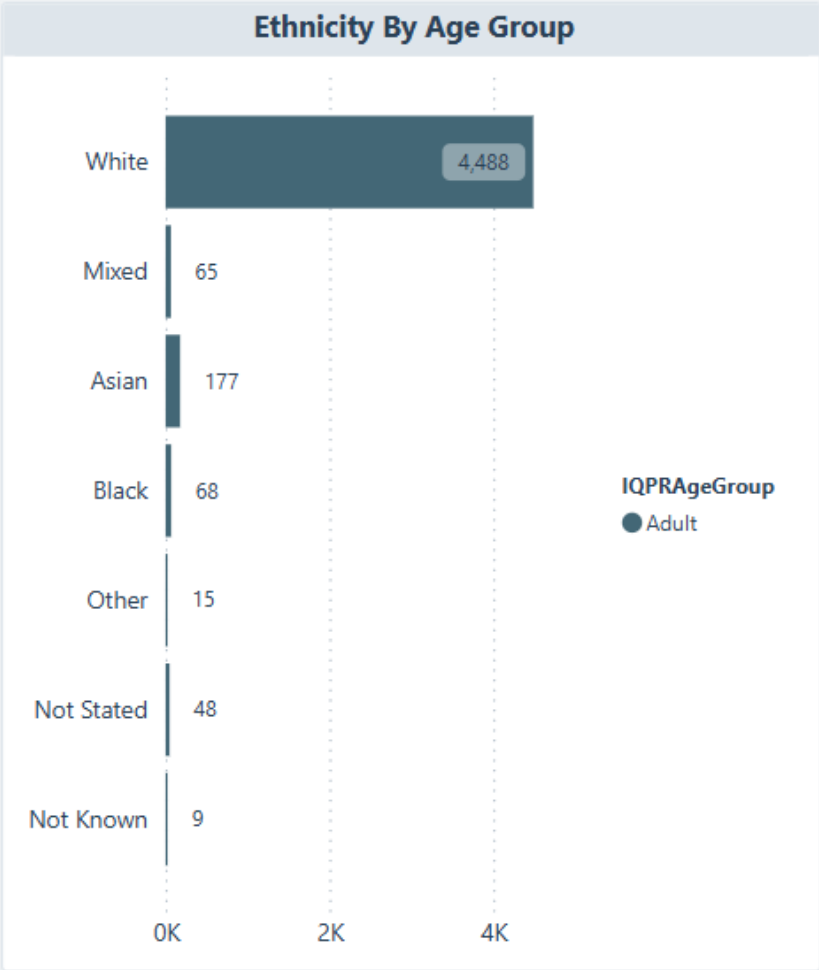
Deprivation By Ethnicity



Indicator	Alt Ref	Metric	Value	Female
OP07b (L)	LTP 03 b	Women supported by perinatal MH service (Rolling 12M)	4870	100.00%



Indicator	Alt Ref	Metric	Value	White	Mixed	Asian	Black	Other	Not Stated	Not Known
OP07b (L)	LTP 03 b	Women supported by perinatal MH service (Rolling 12M)	4870	92.16%	1.33%	3.63%	1.40%	0.31%	0.99%	0.18%

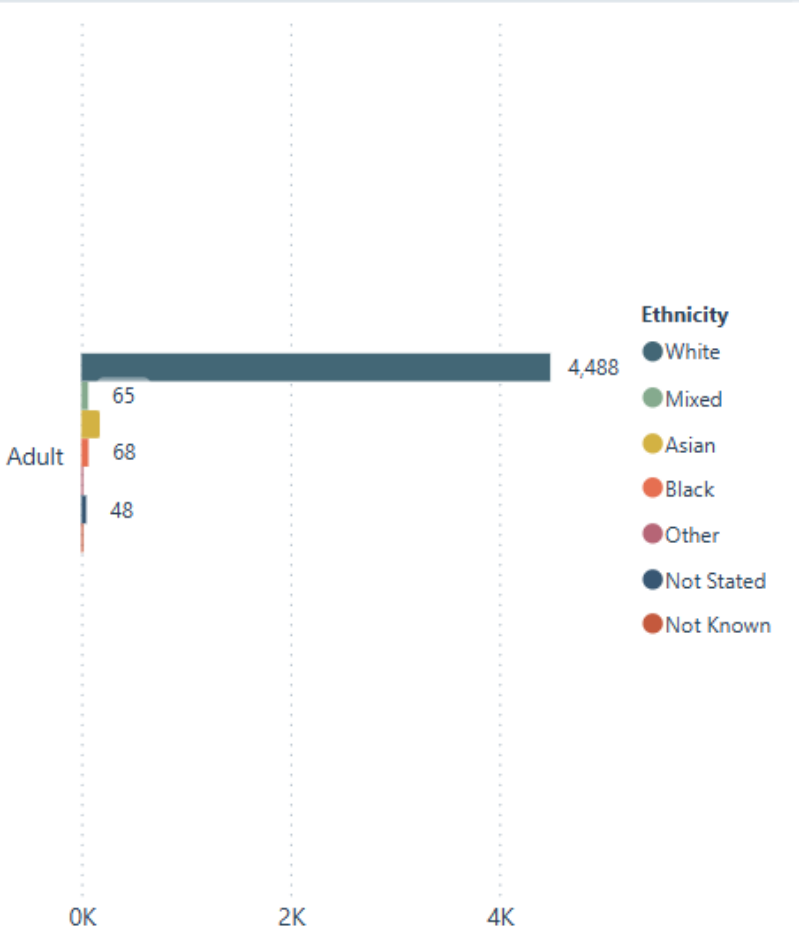


Indicator	Alt Ref	Metric	Value	Adult
OP07b (L)	LTP 03 b	Women supported by perinatal MH service (Rolling 12M)	4870	100.00%

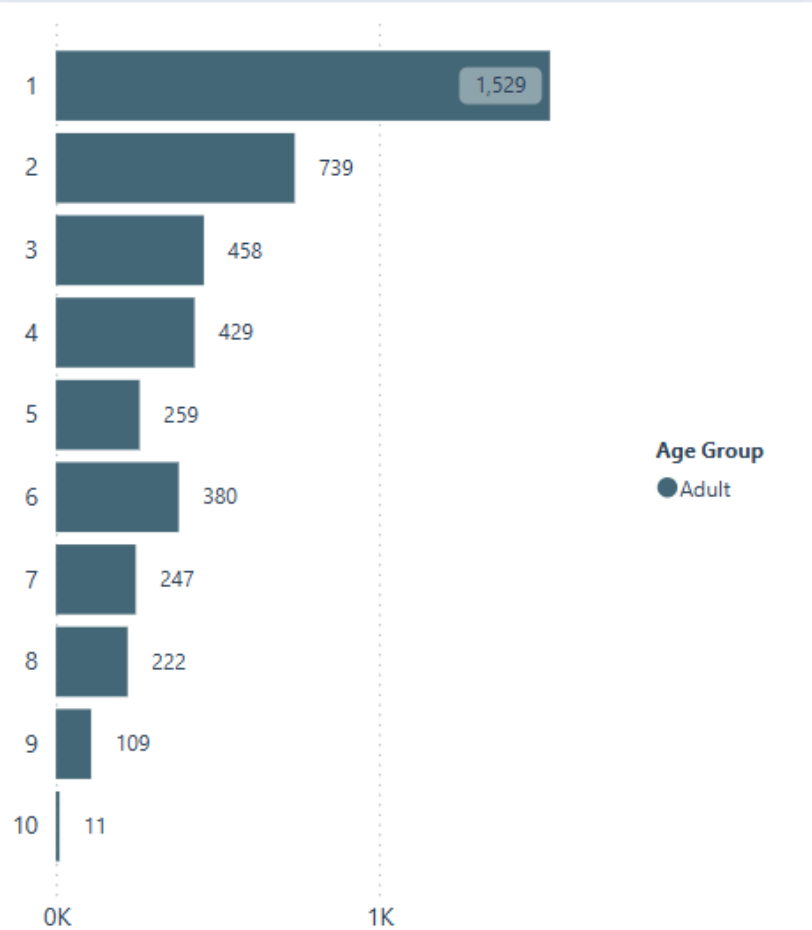
Age Group by Gender



Age Group By Ethnicity



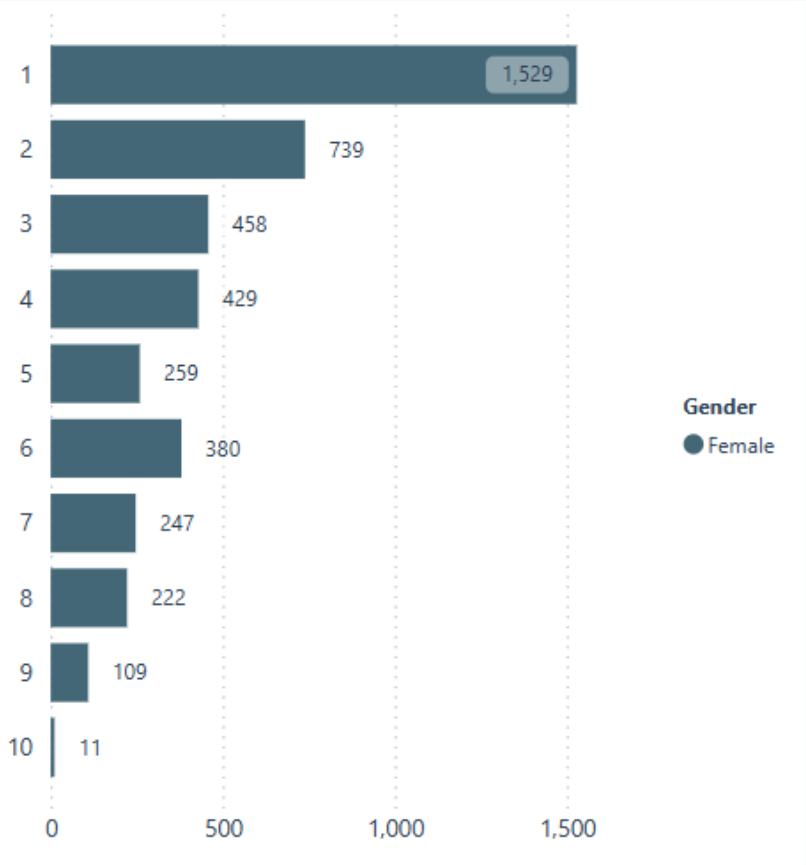
Age Group By Deprivation



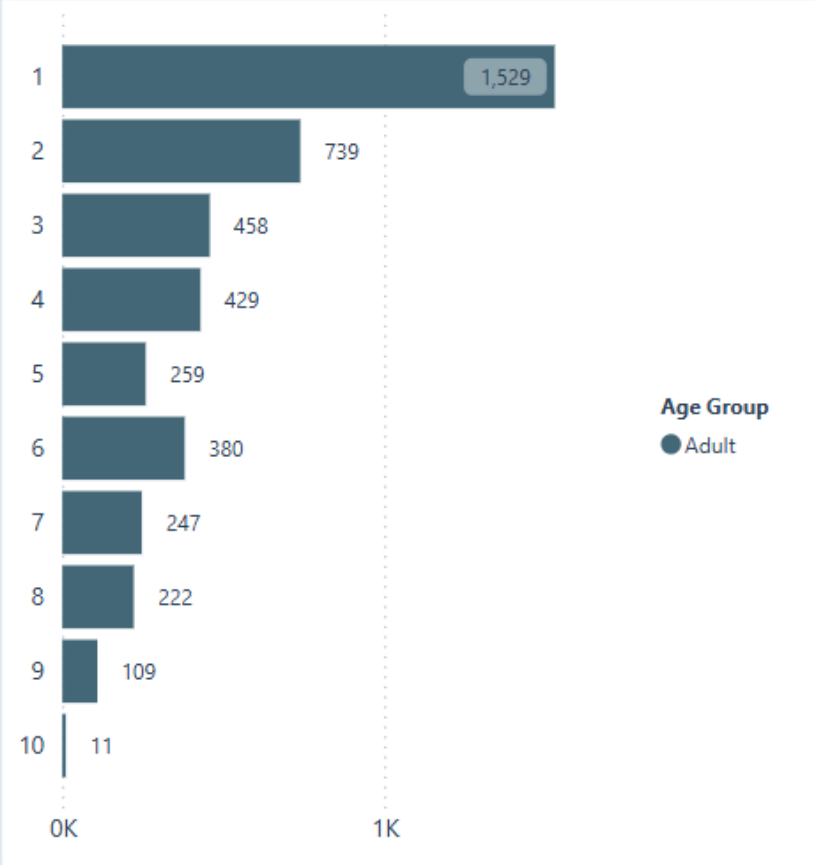
Indicator	Alt Ref	Metric	Value
OP07b (L)	LTP 03 b	Women supported by perinatal MH service (Rolling 12M)	4870

Not Recorded	1	2	3	4	5	6	7	8	9	10
10.00%	31.40%	15.17%	9.40%	8.81%	5.32%	7.80%	5.07%	4.56%	2.24%	0.23%

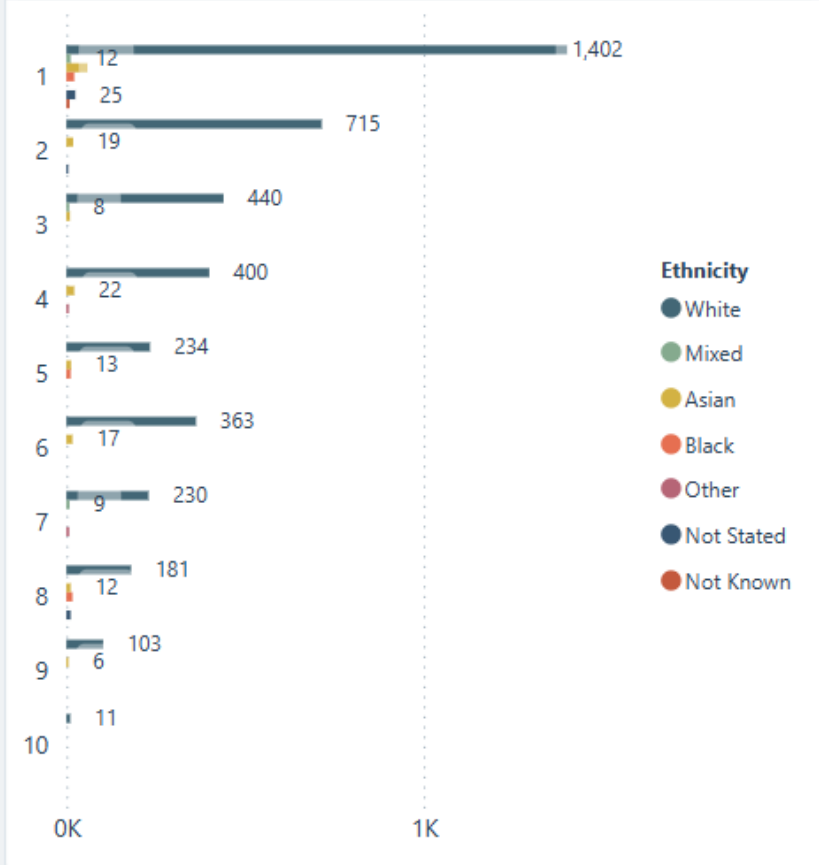
Deprivation By Gender



Deprivation by Age Group

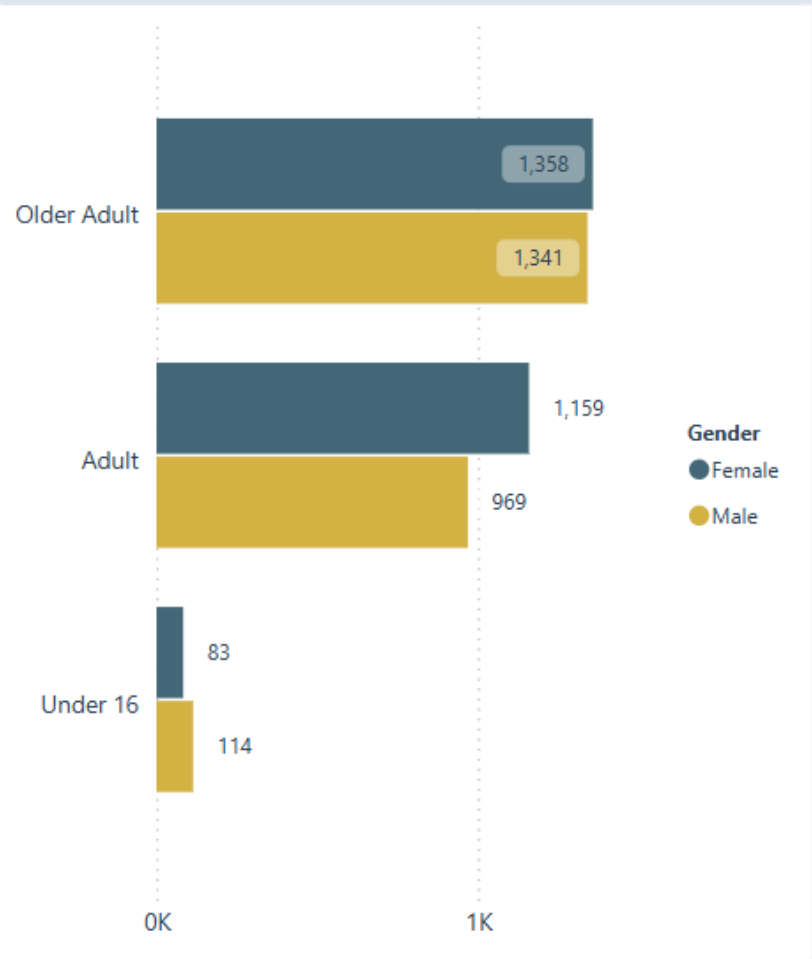


Deprivation By Ethnicity

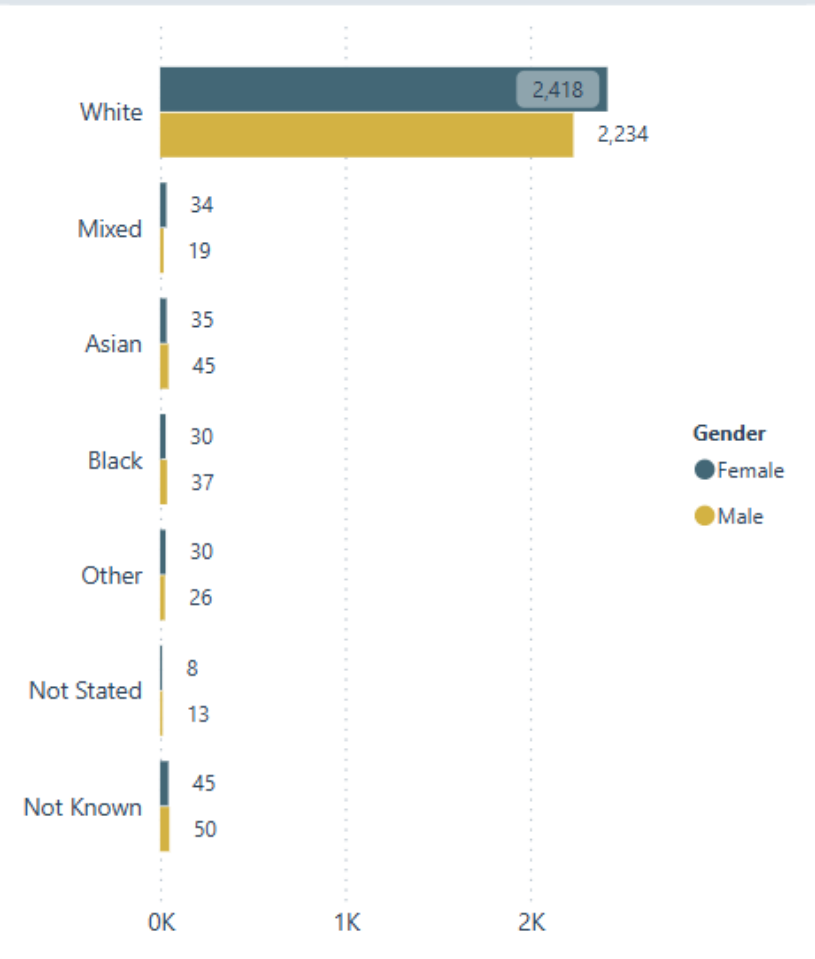


Indicator	Alt Ref	Metric	Value	Female	Male
OP08b (L)		18 wks RTT for AHP led Physical Services	97.37%	51.75%	48.25%

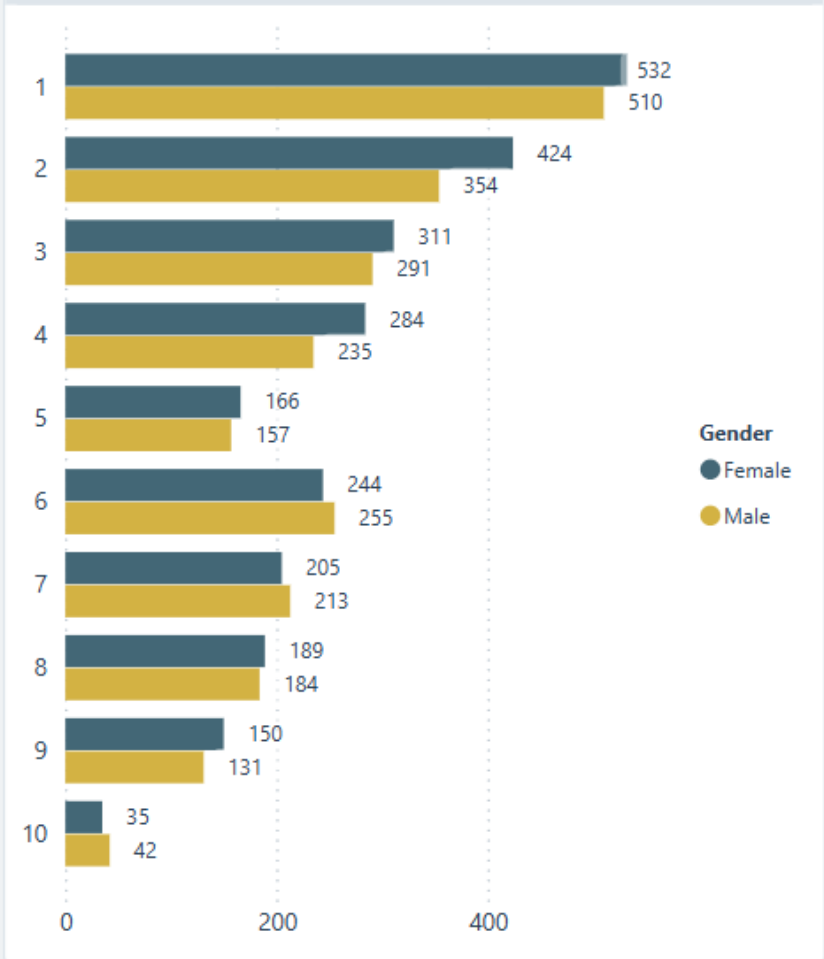
Gender By Age Group



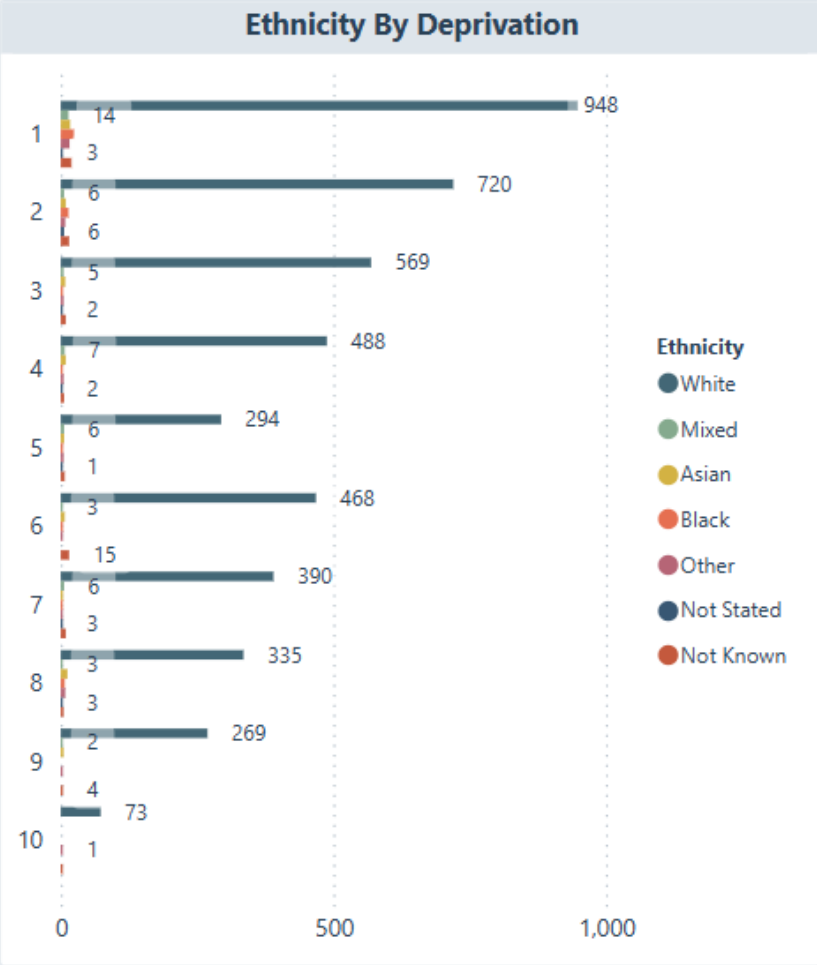
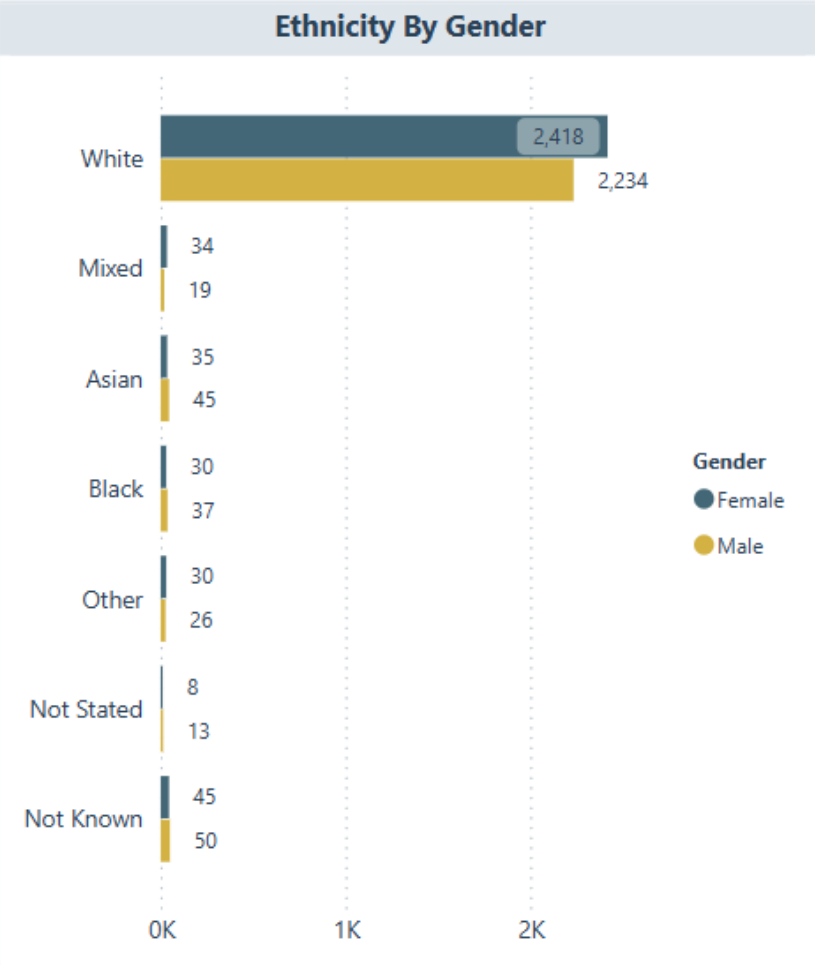
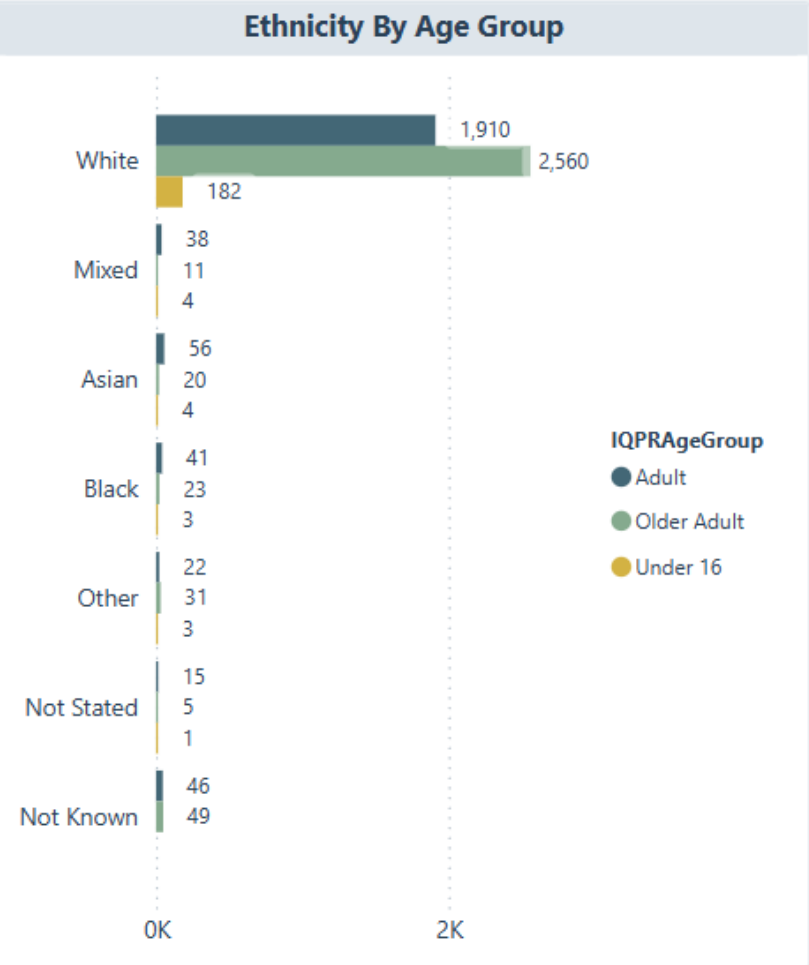
Gender By Ethnicity



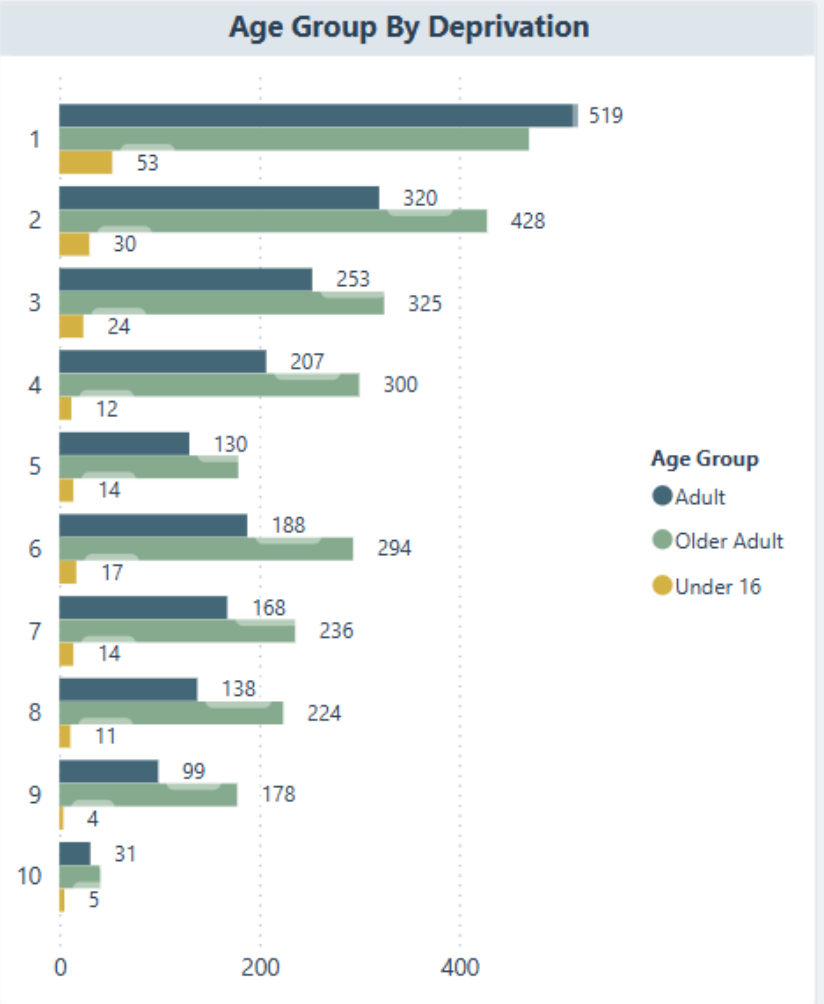
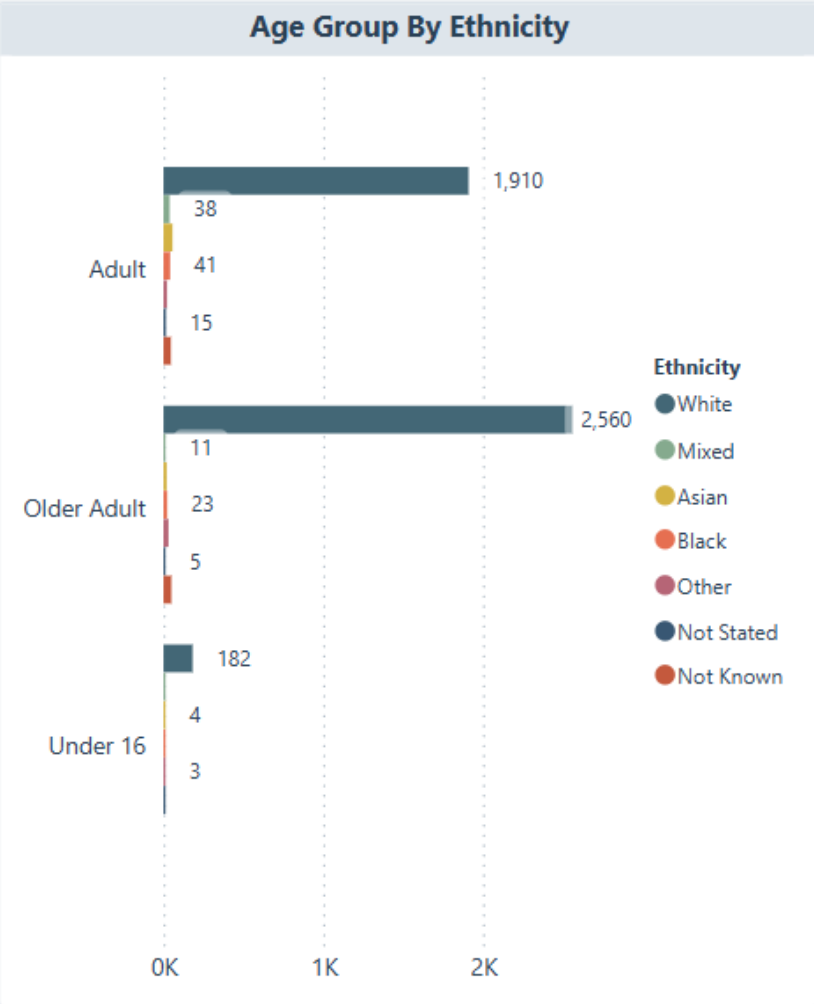
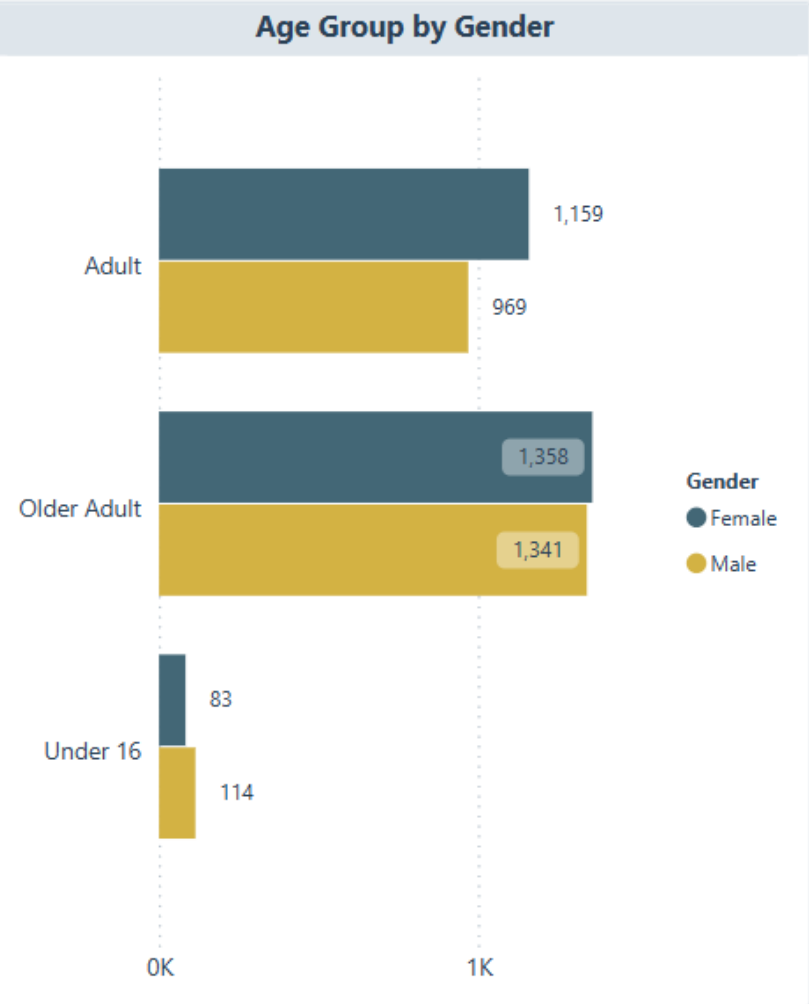
Gender By Deprivation



Indicator	Alt Ref	Metric	Value	White	Mixed	Asian	Black	Other	Not Stated	Not Known
OP08b (L)		18 wks RTT for AHP led Physical Services	97.37%	92.60%	1.05%	1.59%	1.33%	1.11%	0.42%	1.89%



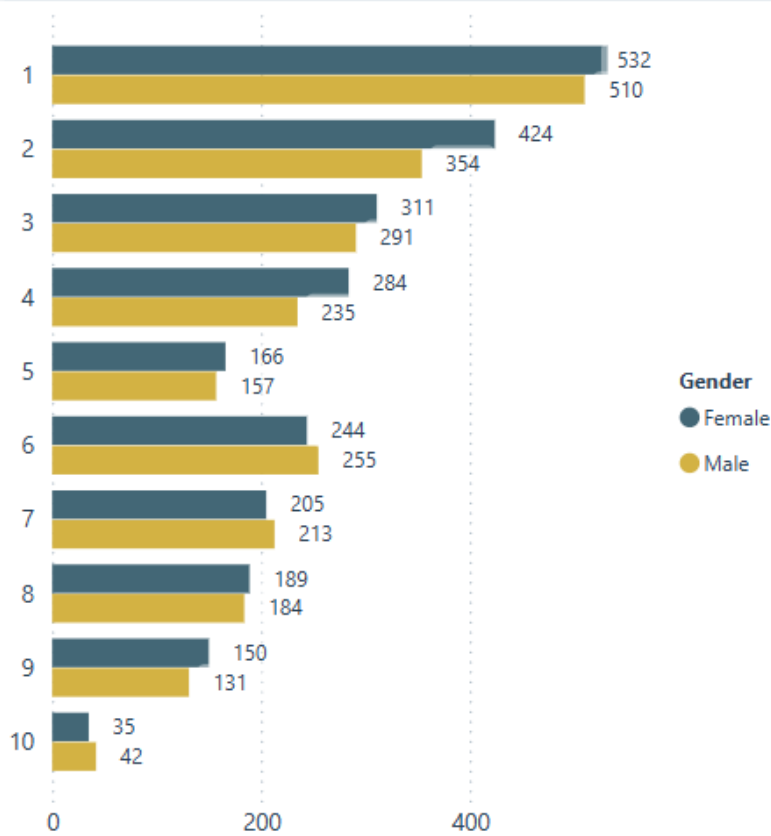
Indicator	Alt Ref	Metric	Value	Adult	Older Adult	Under 16
OP08b (L)		18 wks RTT for AHP led Physical Services	97.37%	42.36%	53.72%	3.92%



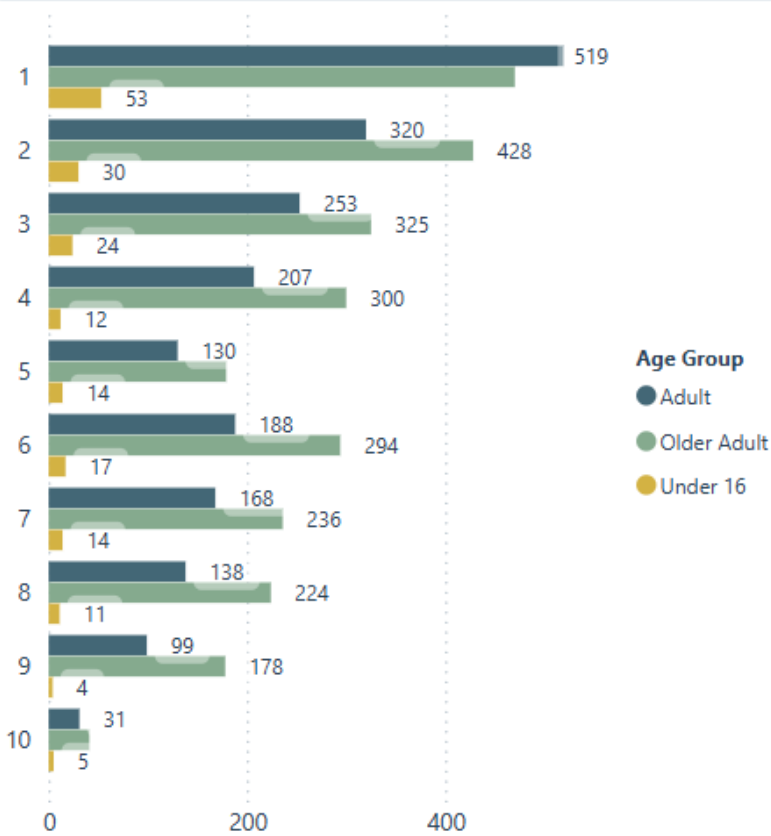
Indicator	Alt Ref	Metric	Value
OP08b (L)		18 wks RTT for AHP led Physical Services	97.37%

Not Recorded	1	2	3	4	5	6	7	8	9	10
2.23%	20.74%	15.49%	11.98%	10.33%	6.43%	9.93%	8.32%	7.42%	5.59%	1.53%

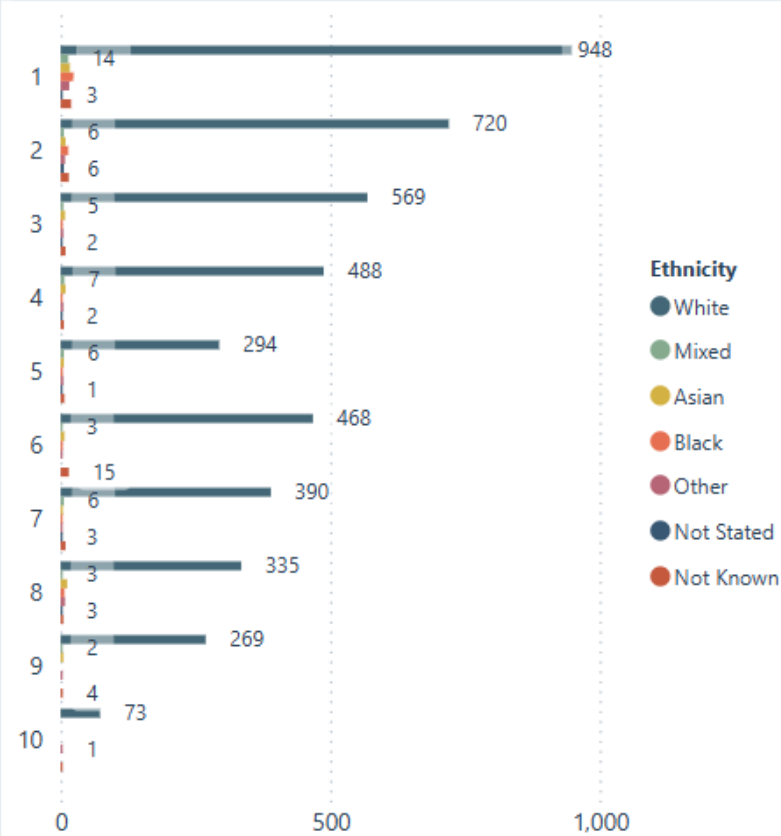
Deprivation By Gender



Deprivation by Age Group

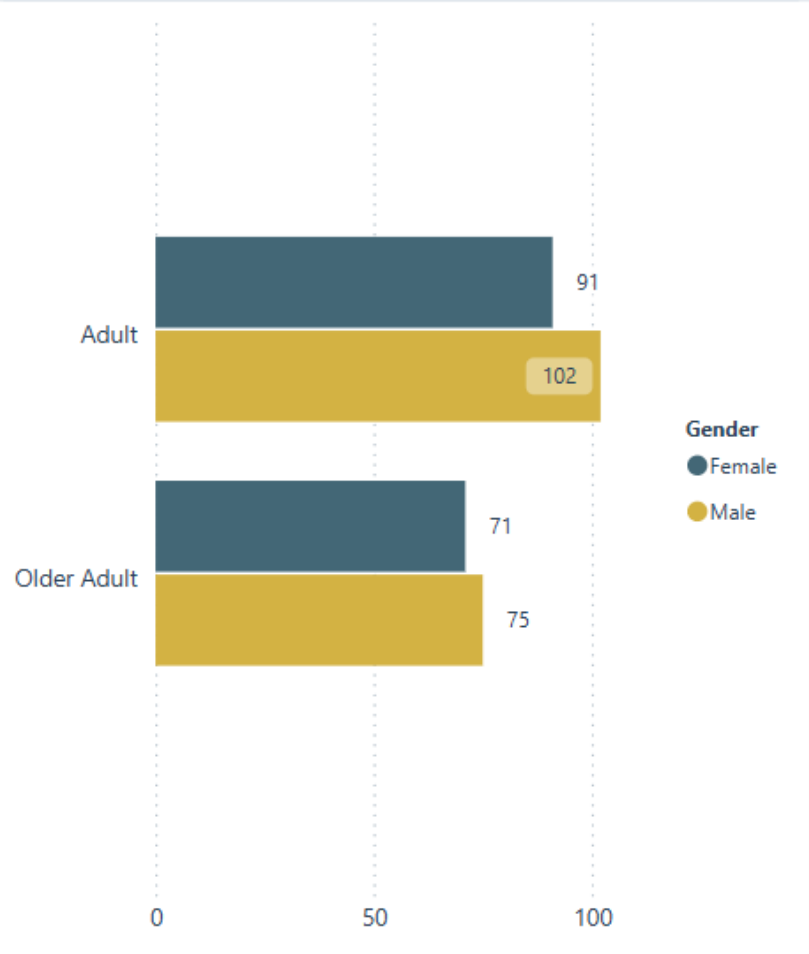


Deprivation By Ethnicity

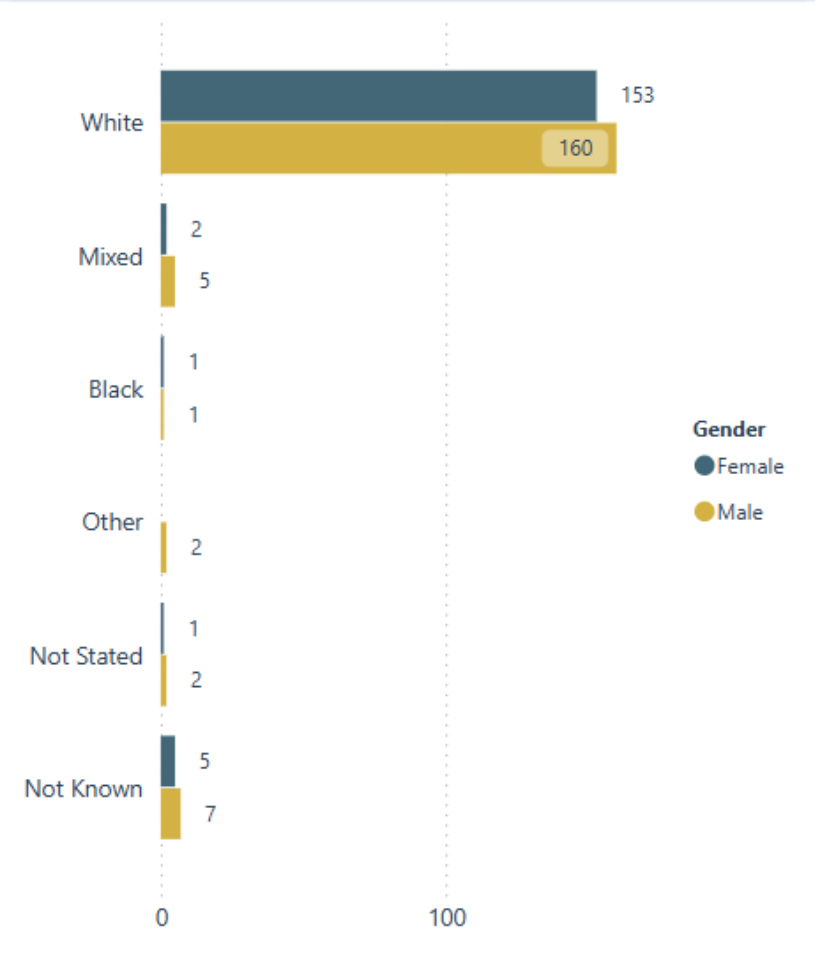


Indicator	Alt Ref	Metric	Value	Male	Female
OP08c (N)		18 weeks RTT for consultant led Physical Health services	89.68%	52.21%	47.79%

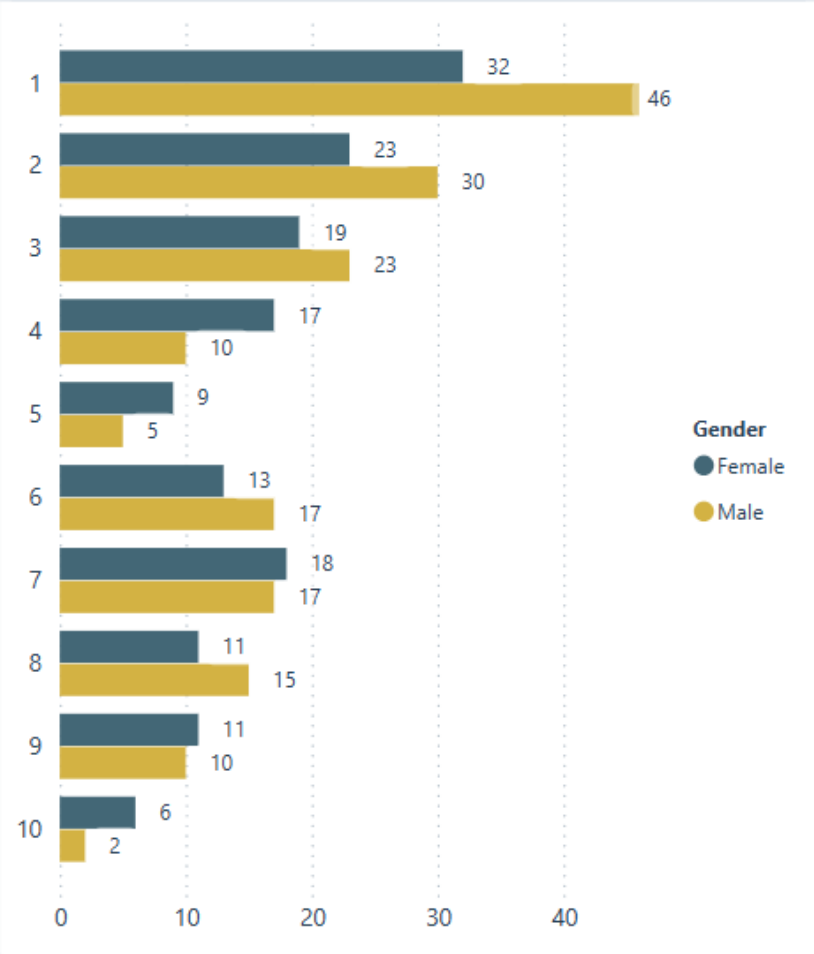
Gender By Age Group



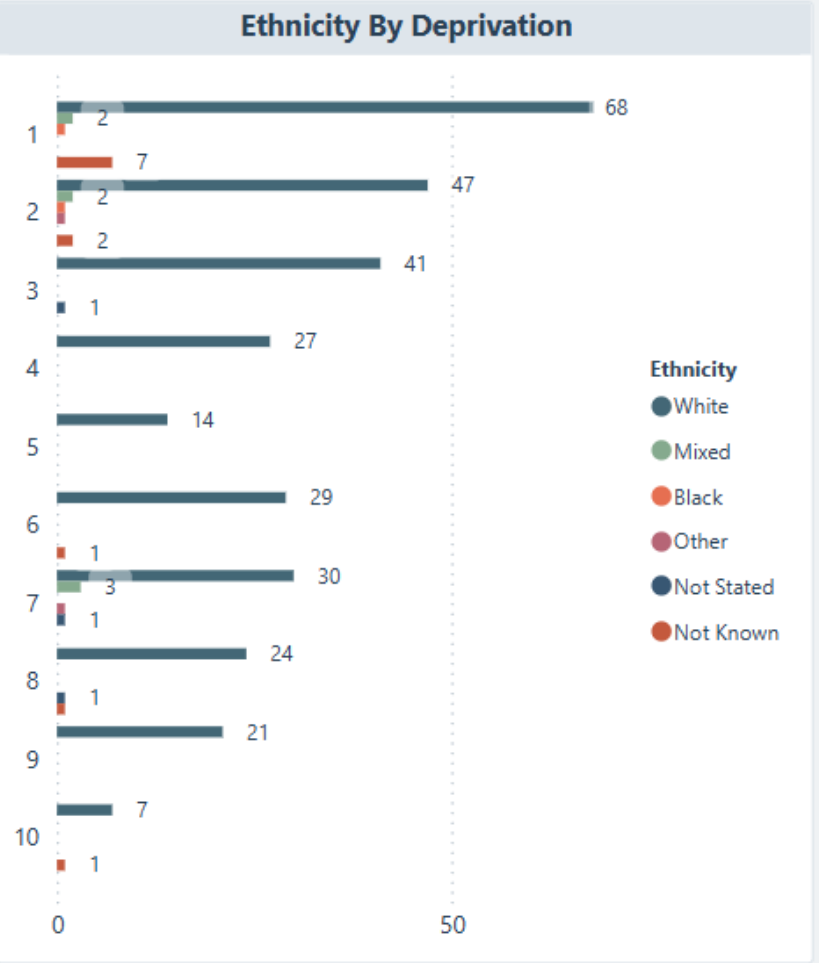
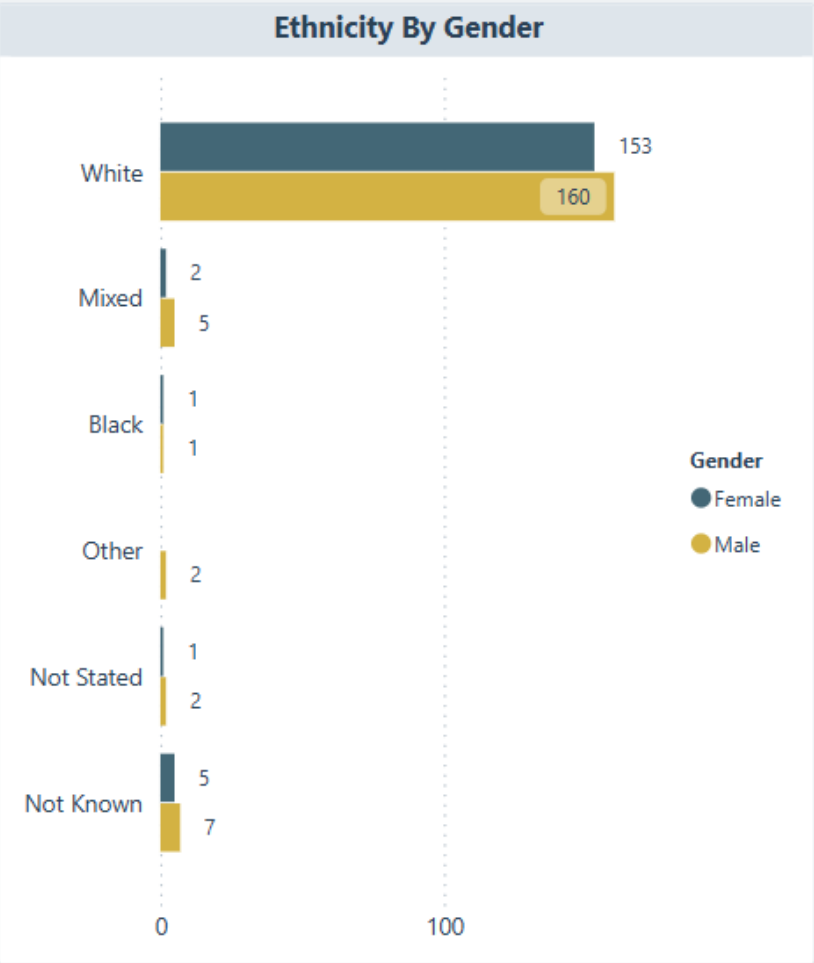
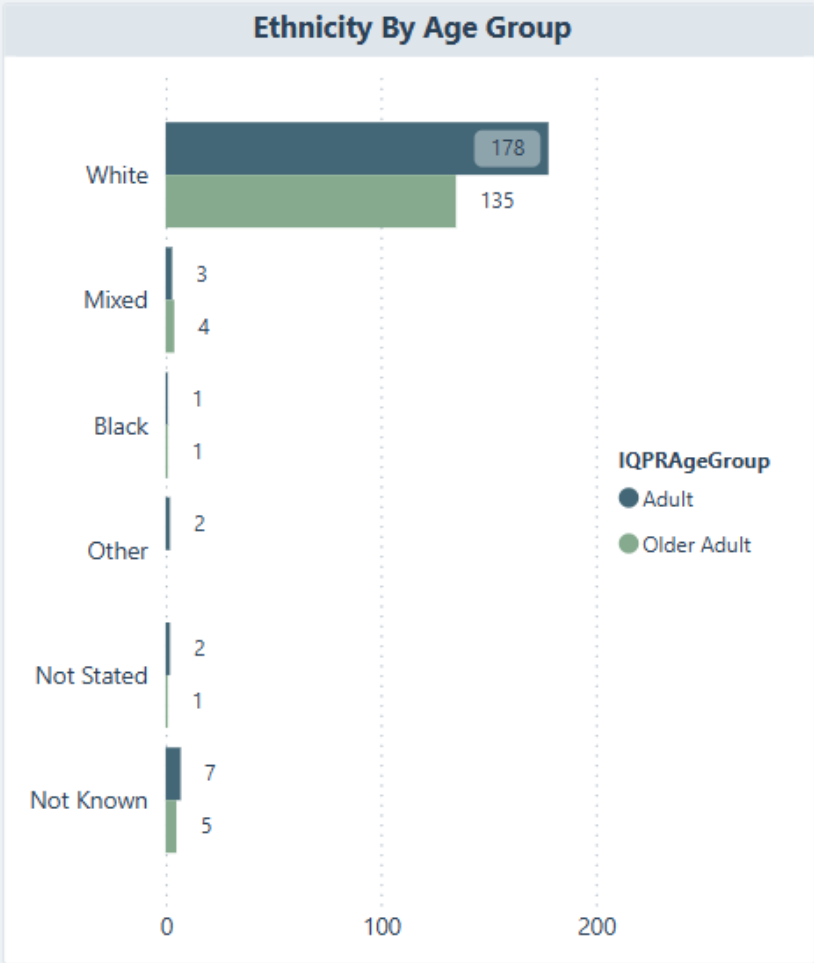
Gender By Ethnicity



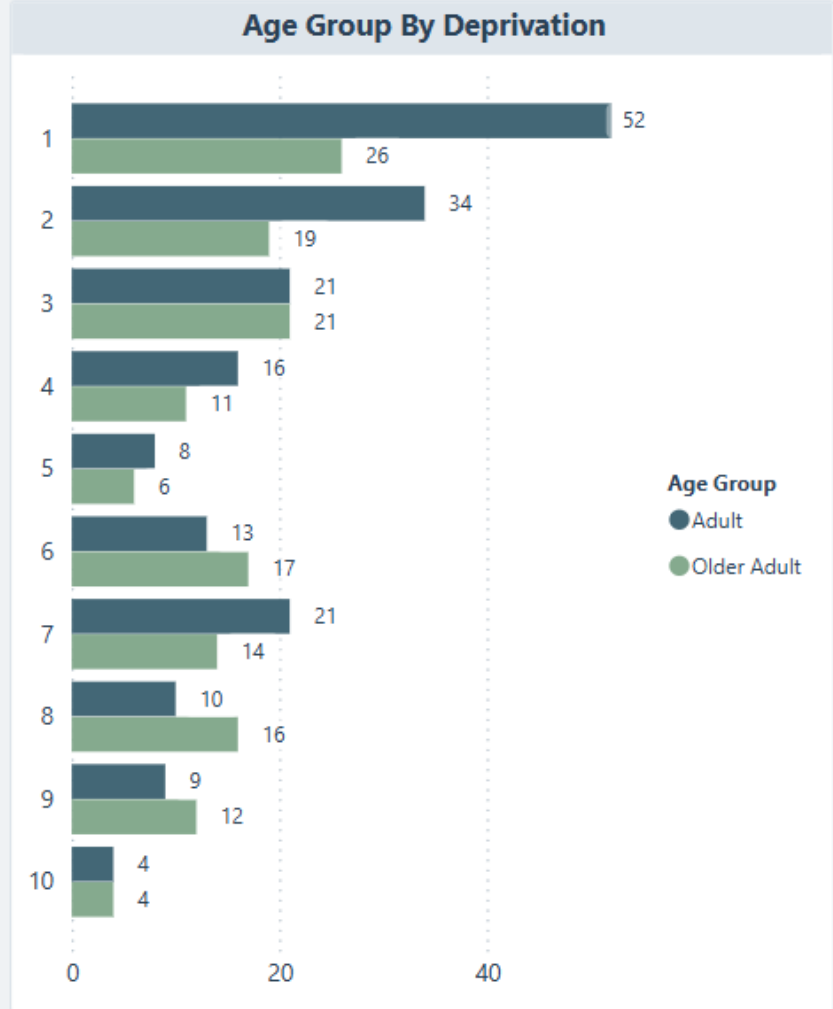
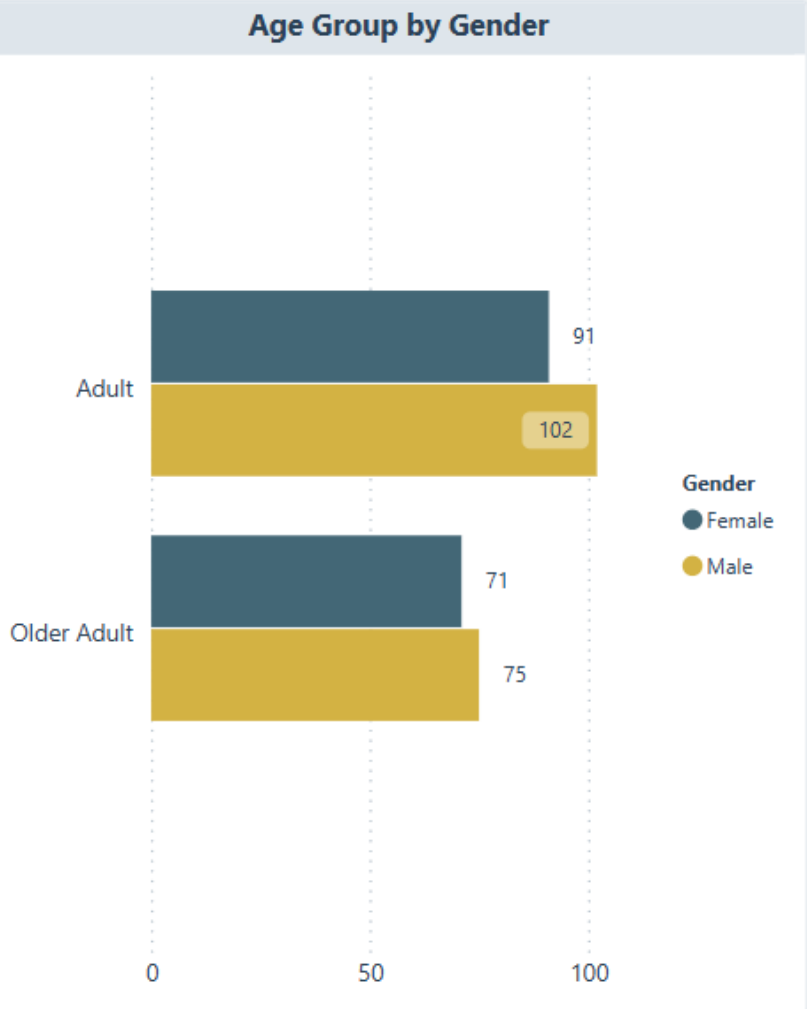
Gender By Deprivation



Indicator	Alt Ref	Metric	Value	White	Mixed	Black	Other	Not Stated	Not Known
OP08c (N)		18 weeks RTT for consultant led Physical Health services	89.68%	92.33%	2.06%	0.59%	0.59%	0.88%	3.54%



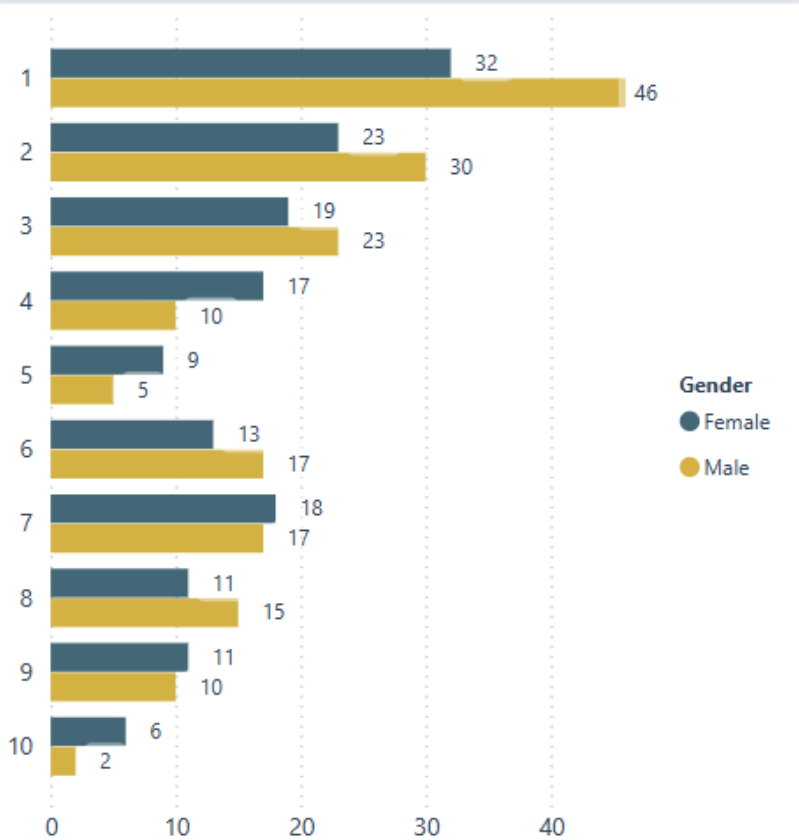
Indicator	Alt Ref	Metric	Value	Adult	Older Adult
OP08c (N)		18 weeks RTT for consultant led Physical Health services	89.68%	56.93%	43.07%



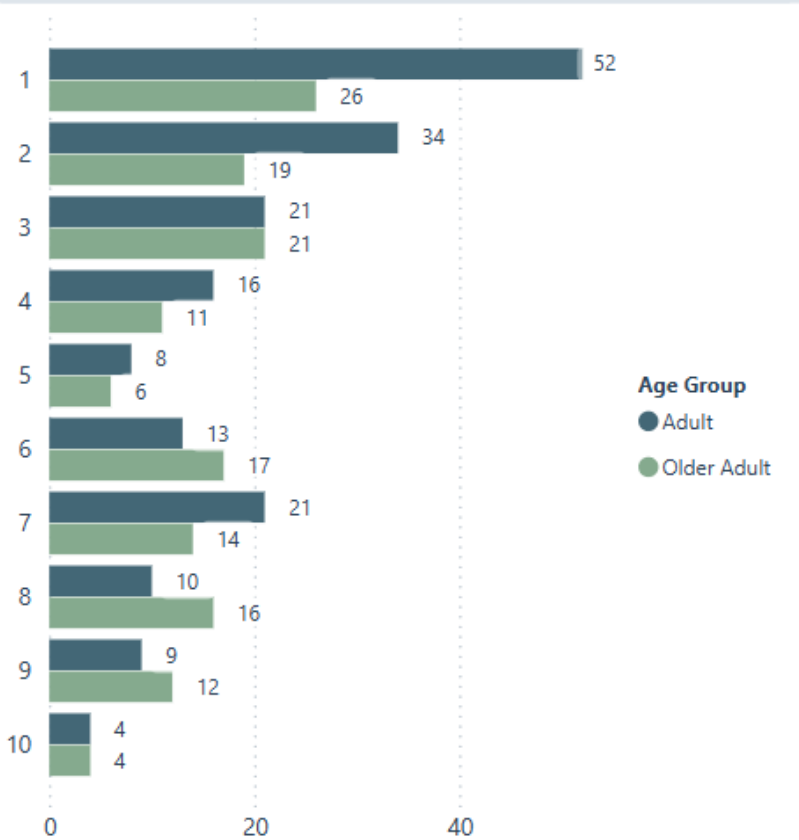
Indicator	Alt Ref	Metric	Value
OP08c (N)		18 weeks RTT for consultant led Physical Health services	89.68%

Not Recorded	1	2	3	4	5	6	7	8	9	10
1.47%	23.01%	15.63%	12.39%	7.96%	4.13%	8.85%	10.32%	7.67%	6.19%	2.36%

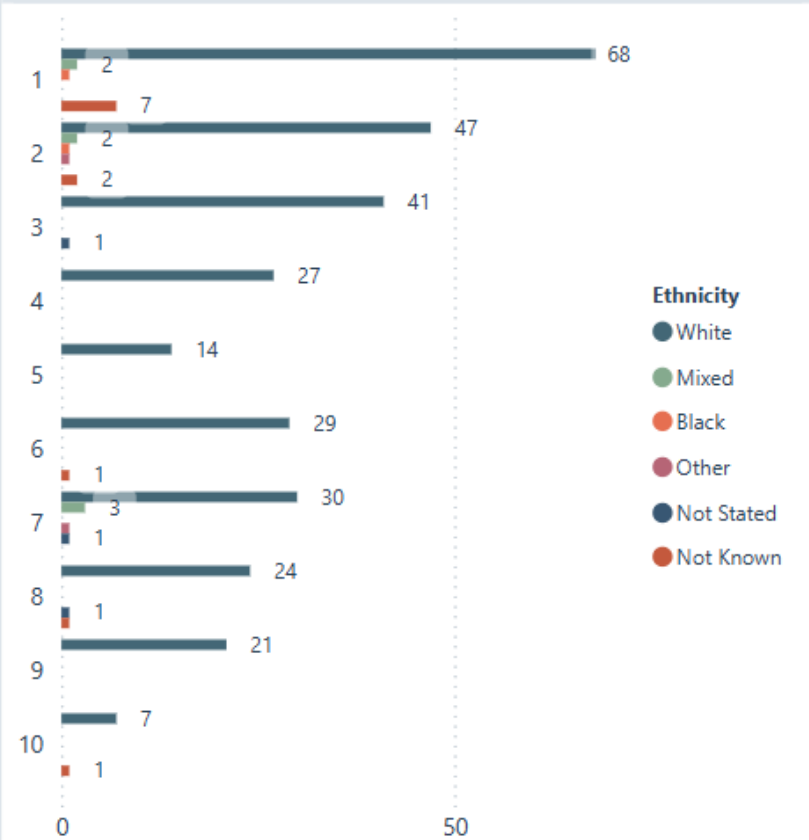
Deprivation By Gender



Deprivation by Age Group

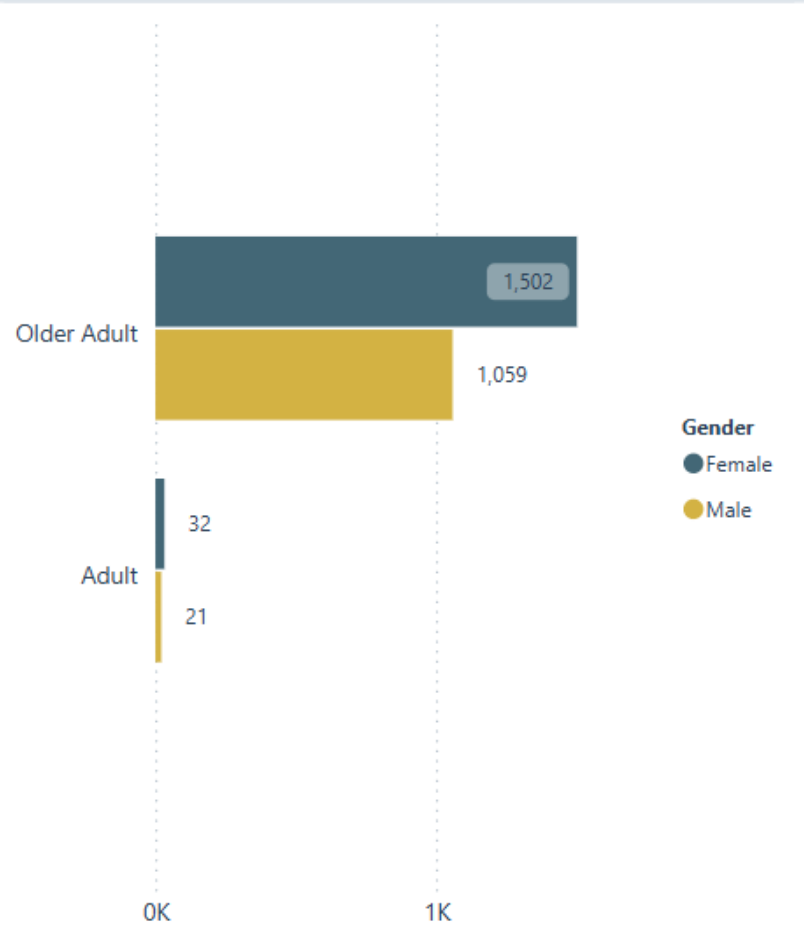


Deprivation By Ethnicity

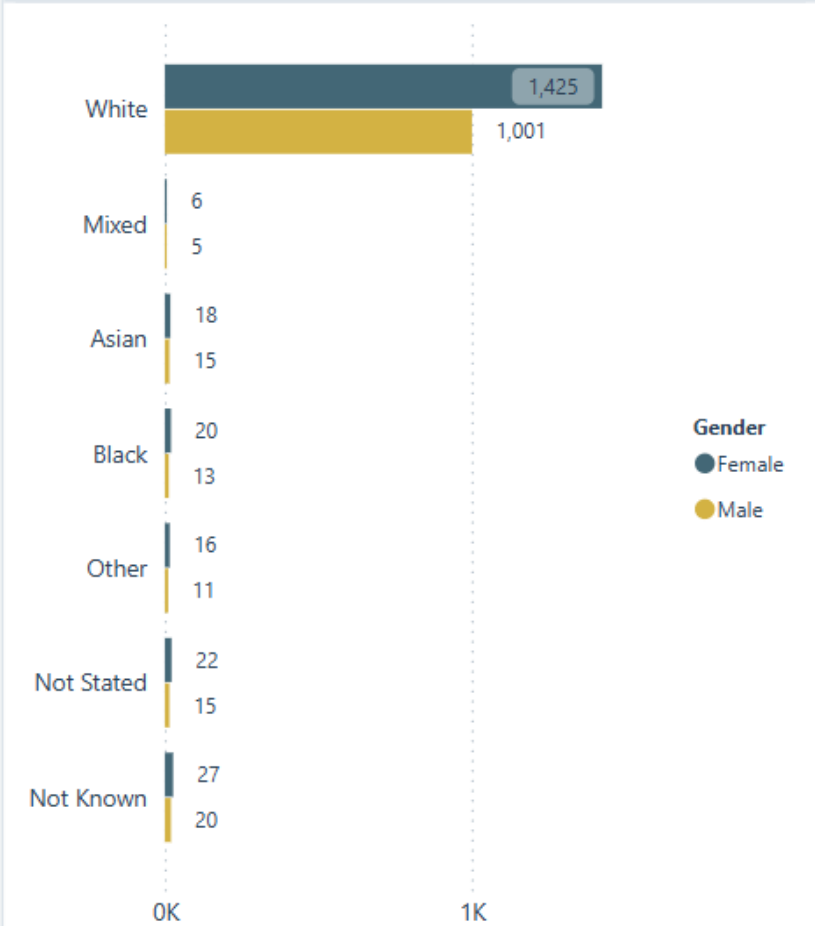


Indicator	Alt Ref	Metric	Value	Female	Male
OP08d (N)		18 weeks RTT for consultant led Mental Health services	80.72%	58.68%	41.32%

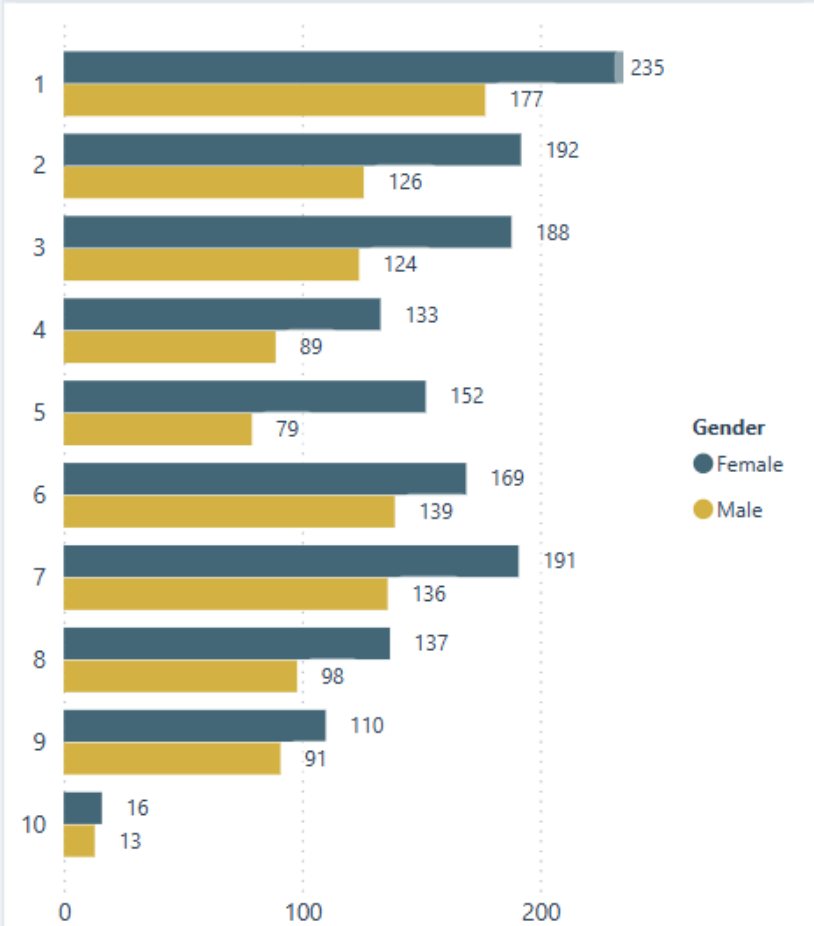
Gender By Age Group



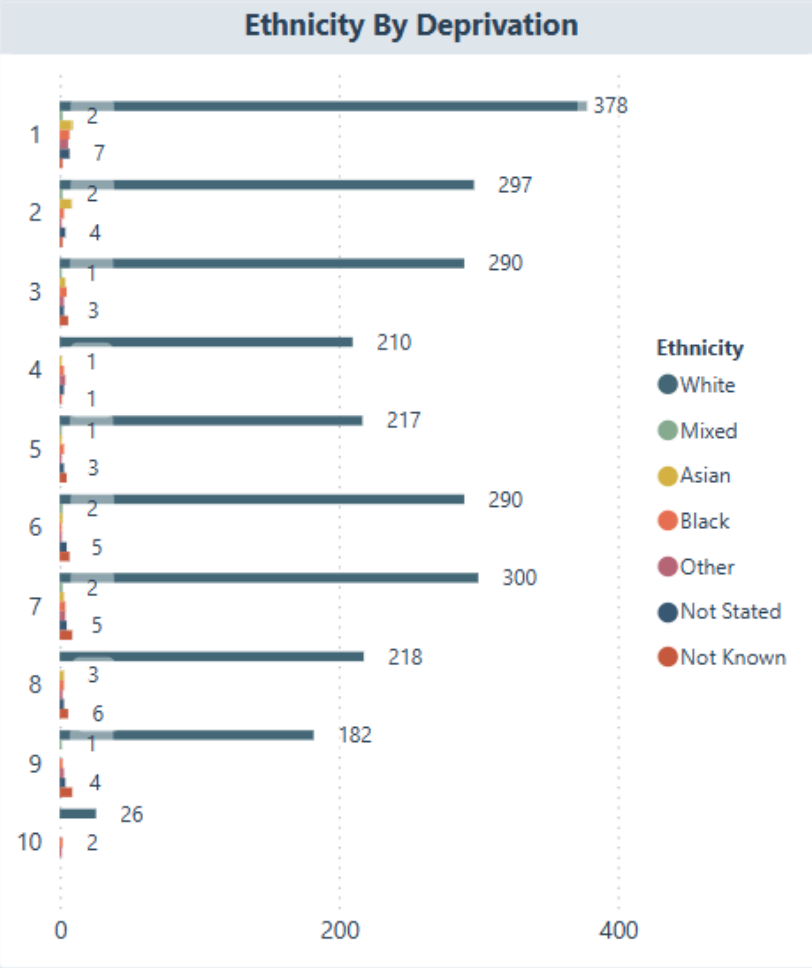
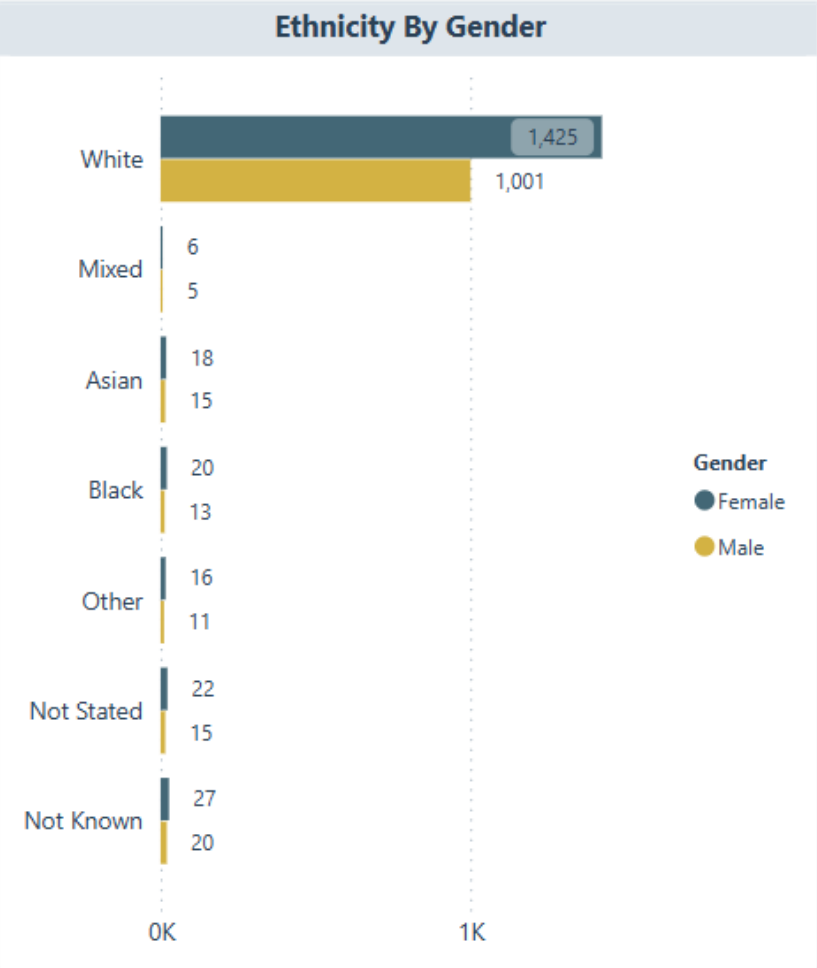
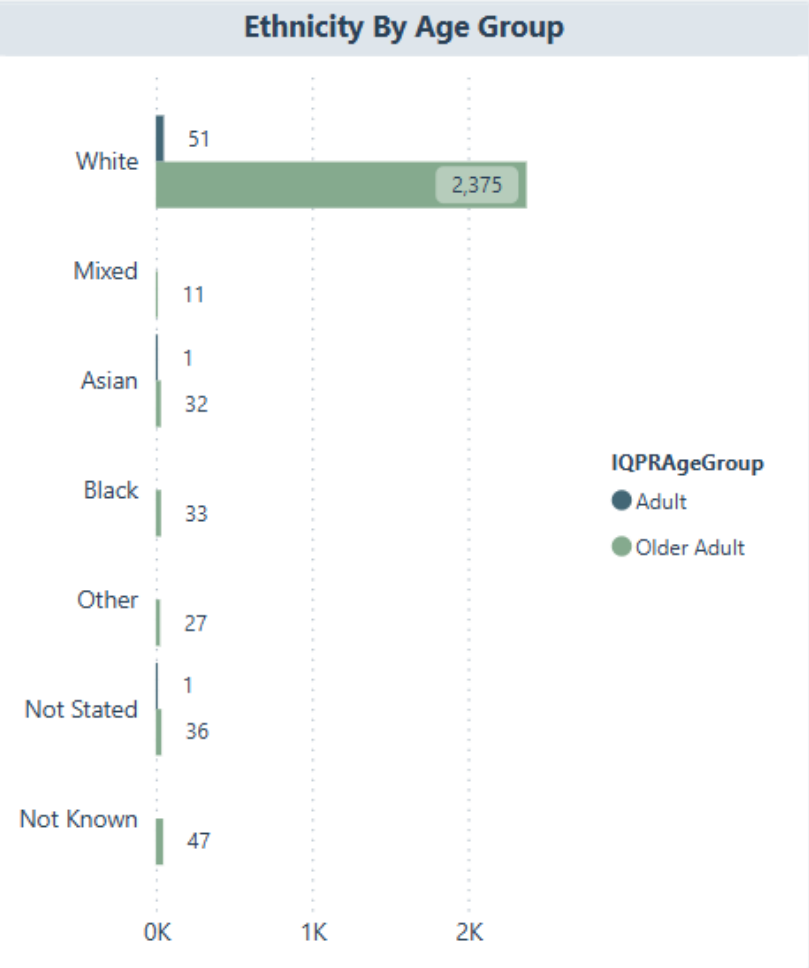
Gender By Ethnicity



Gender By Deprivation

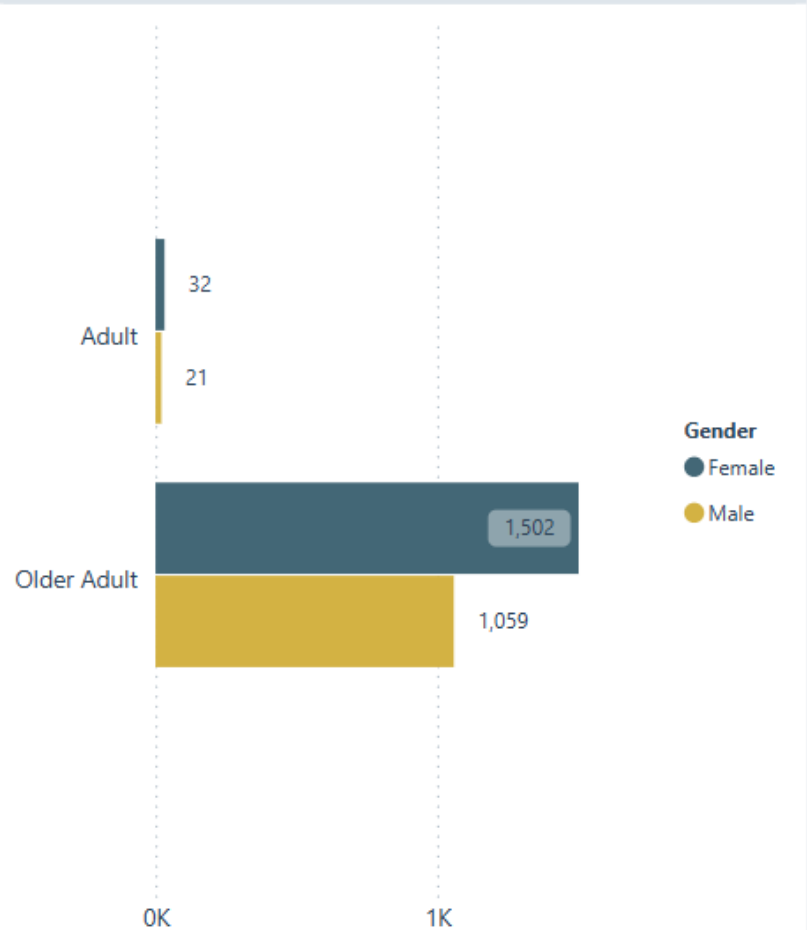


Indicator	Alt Ref	Metric	Value	White	Mixed	Asian	Black	Other	Not Stated	Not Known
OP08d (N)		18 weeks RTT for consultant led Mental Health services	80.72%	92.81%	0.42%	1.26%	1.26%	1.03%	1.42%	1.80%

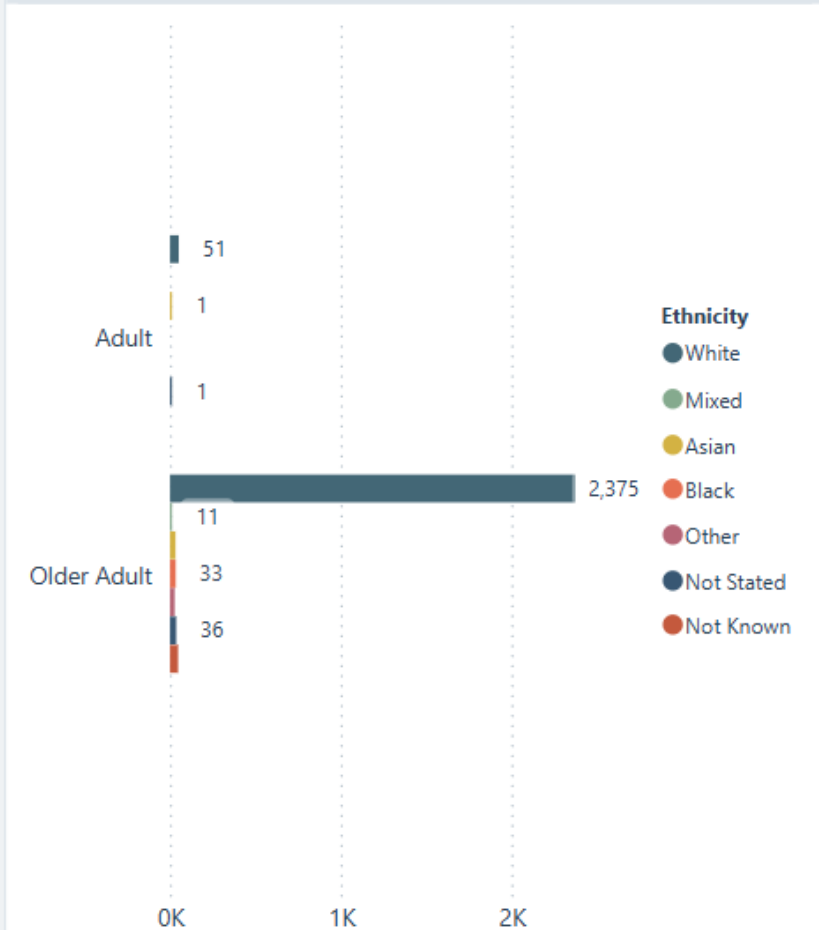


Indicator	Alt Ref	Metric	Value	Adult	Older Adult
OP08d (N)		18 weeks RTT for consultant led Mental Health services	80.72%	2.03%	97.97%

Age Group by Gender



Age Group By Ethnicity

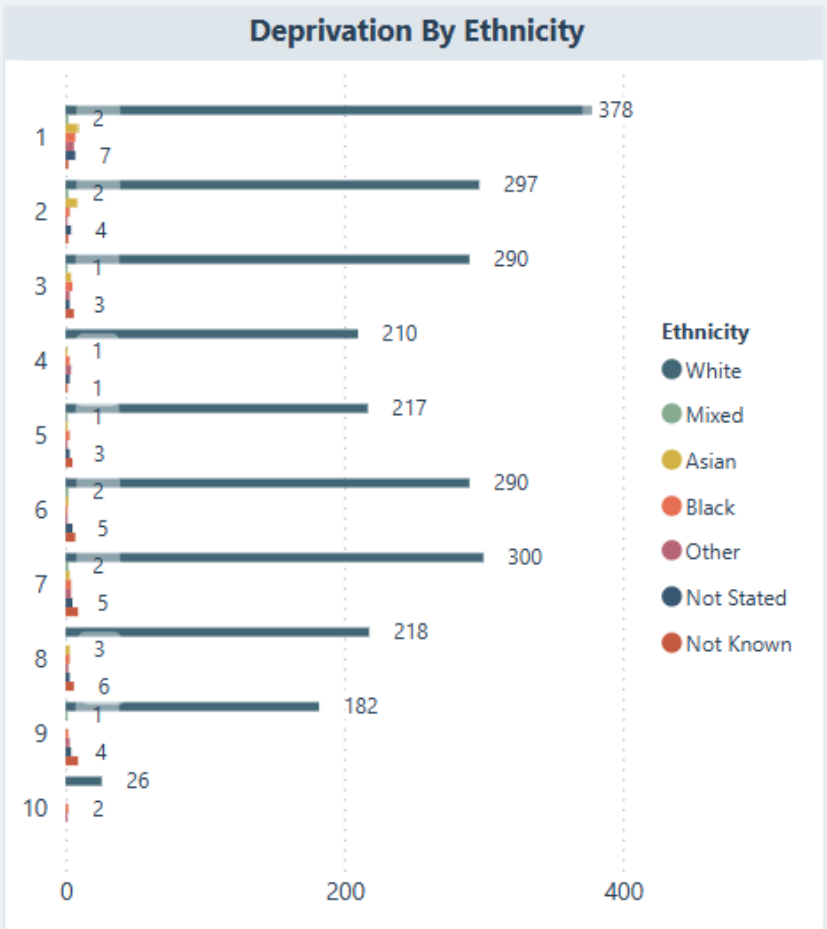
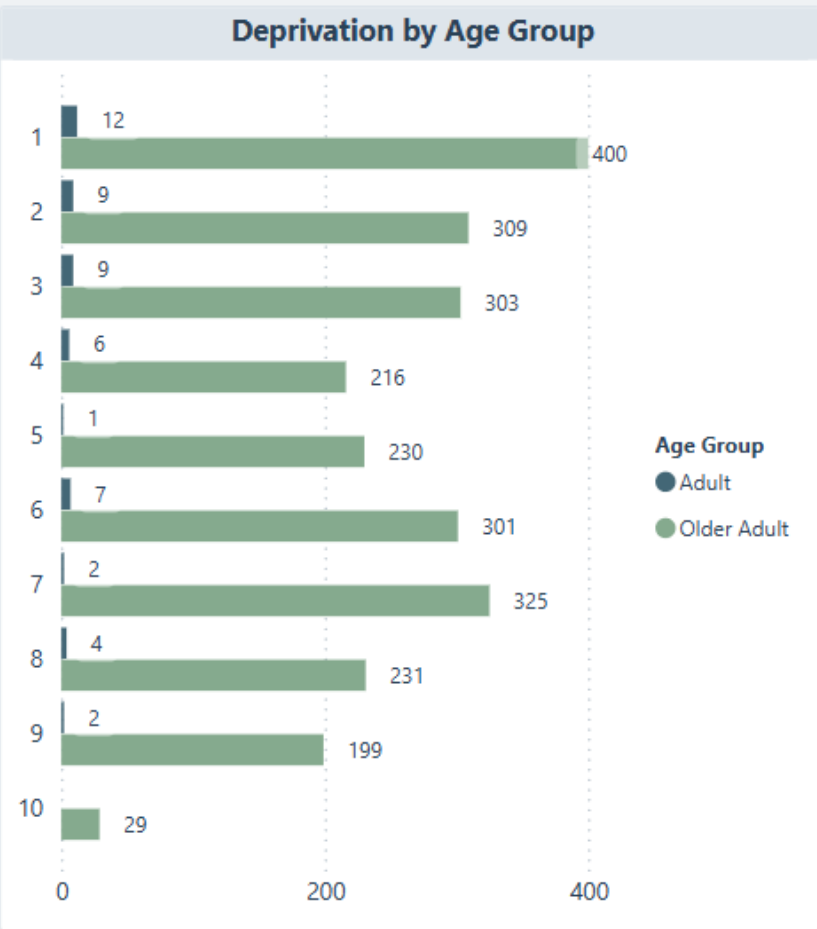
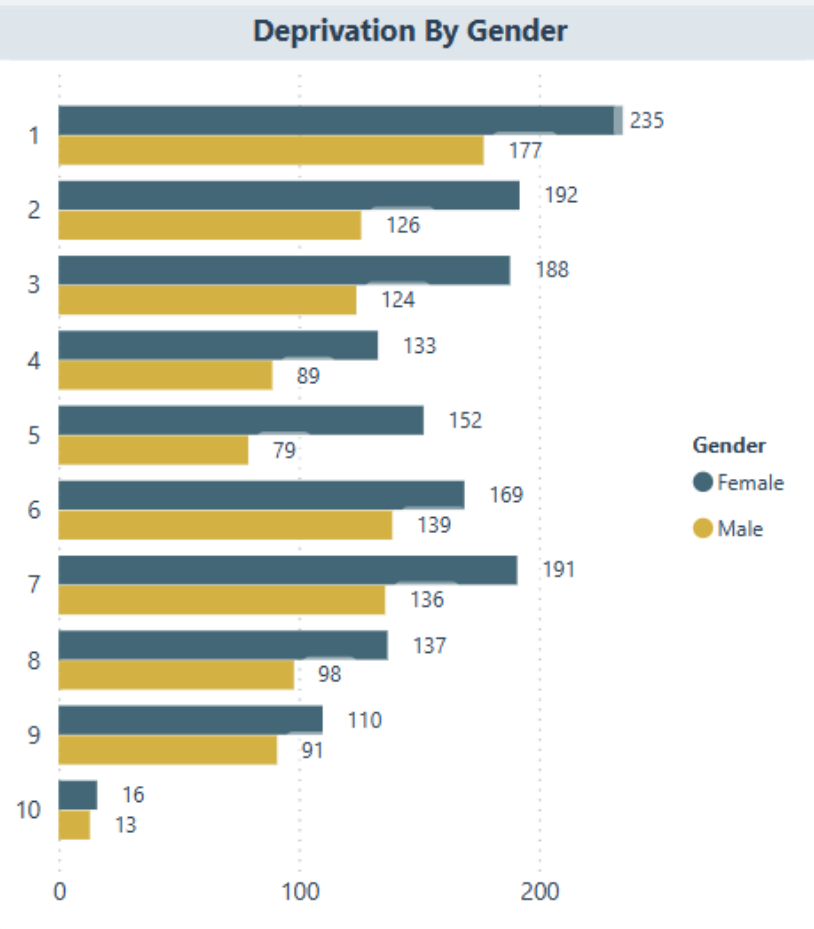


Age Group By Deprivation

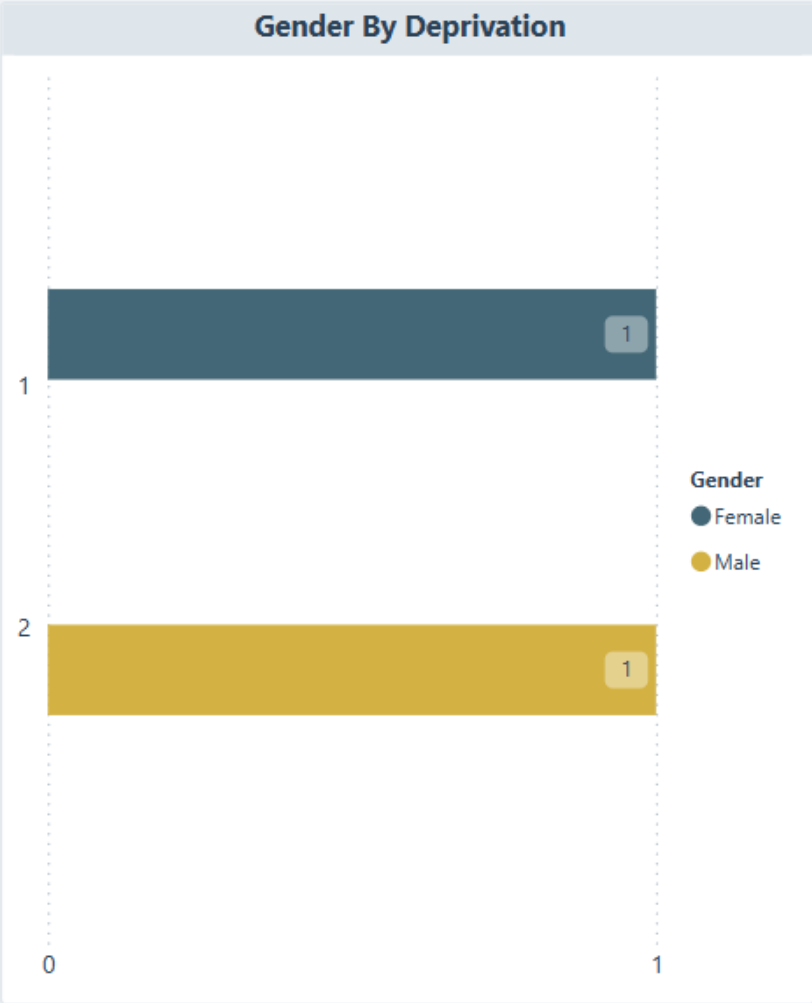
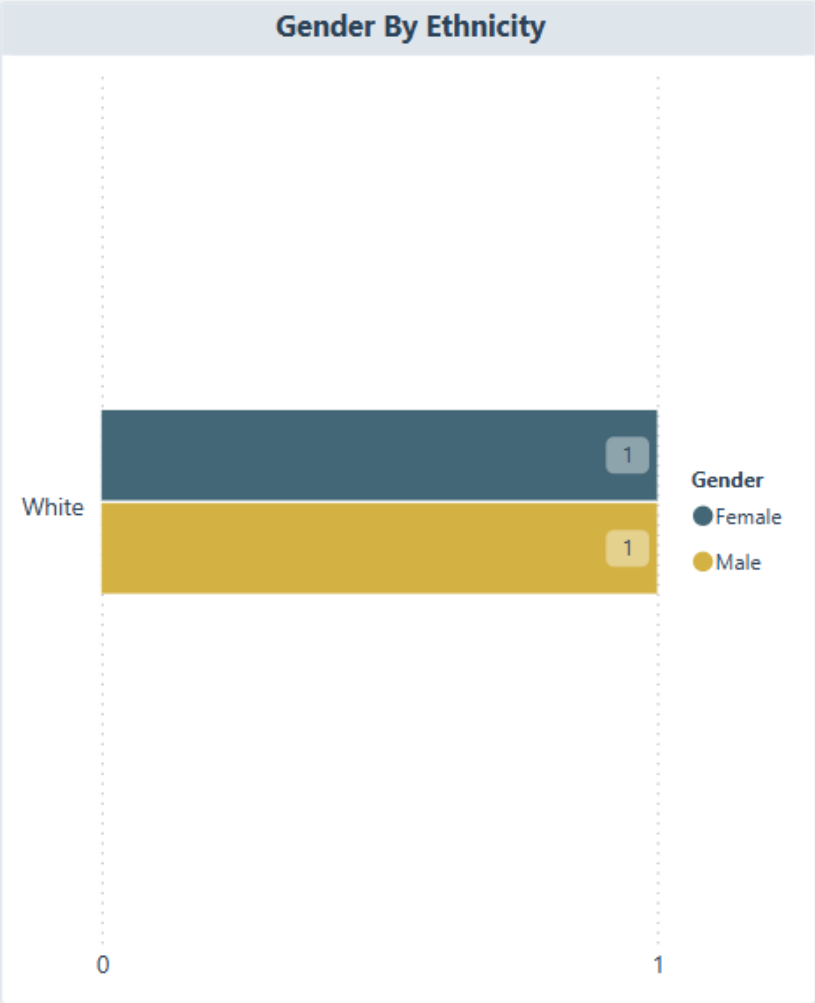
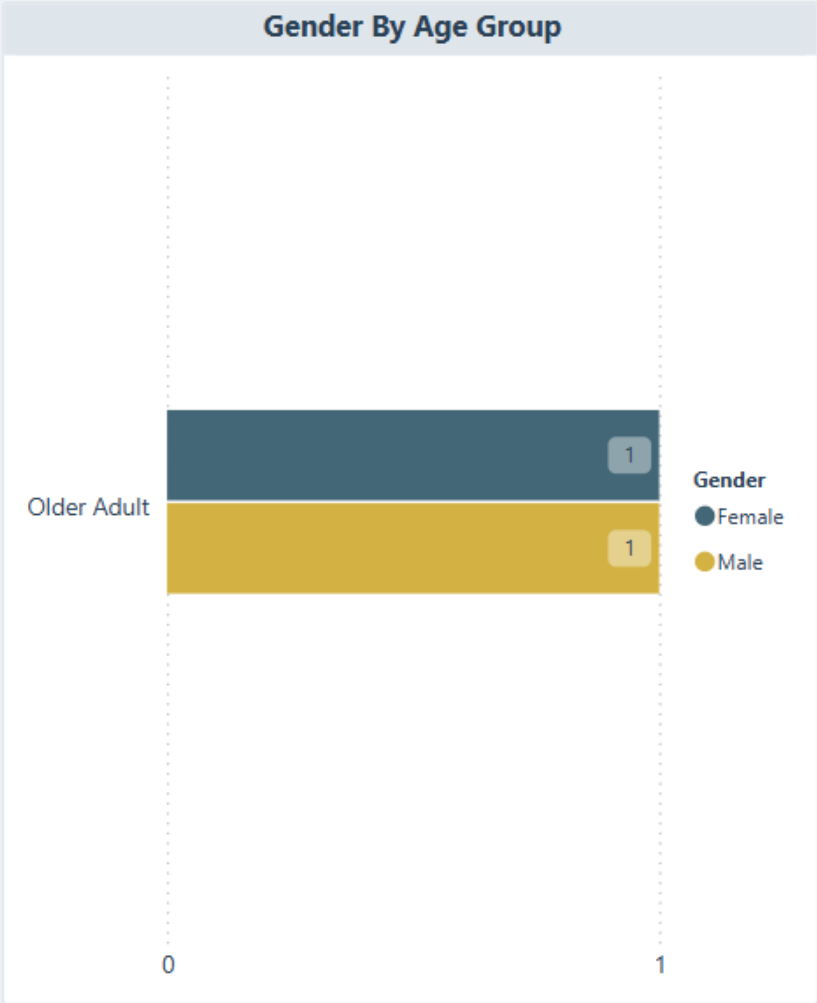


Indicator	Alt Ref	Metric	Value
OP08d (N)		18 weeks RTT for consultant led Mental Health services	80.72%

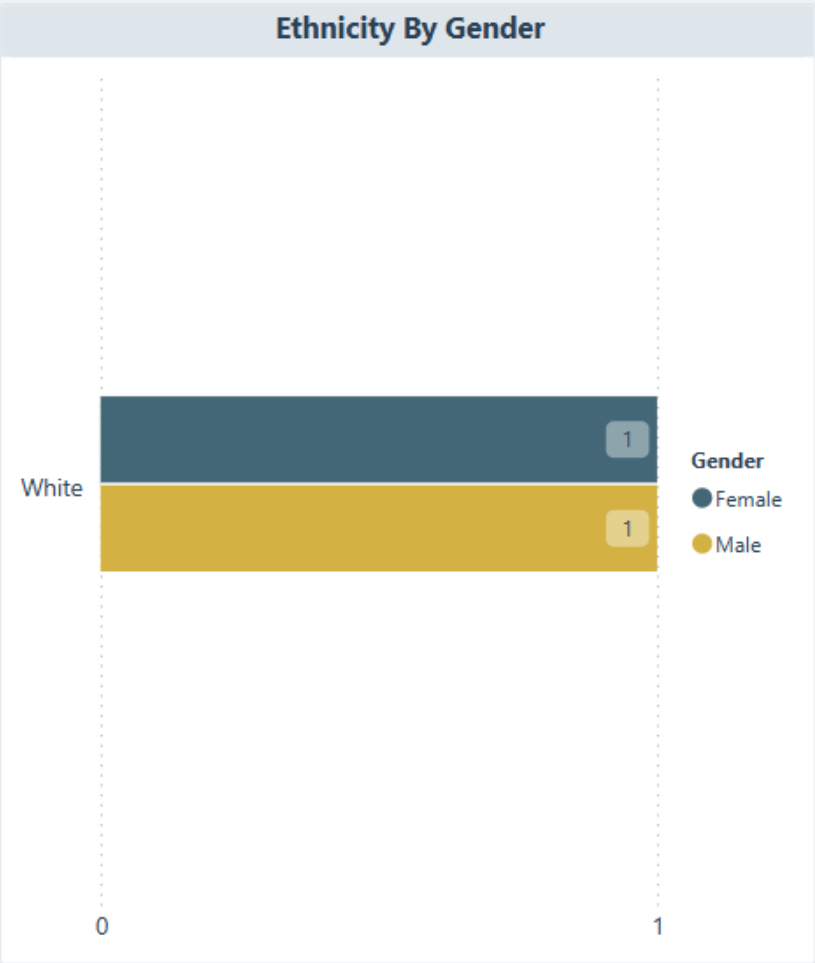
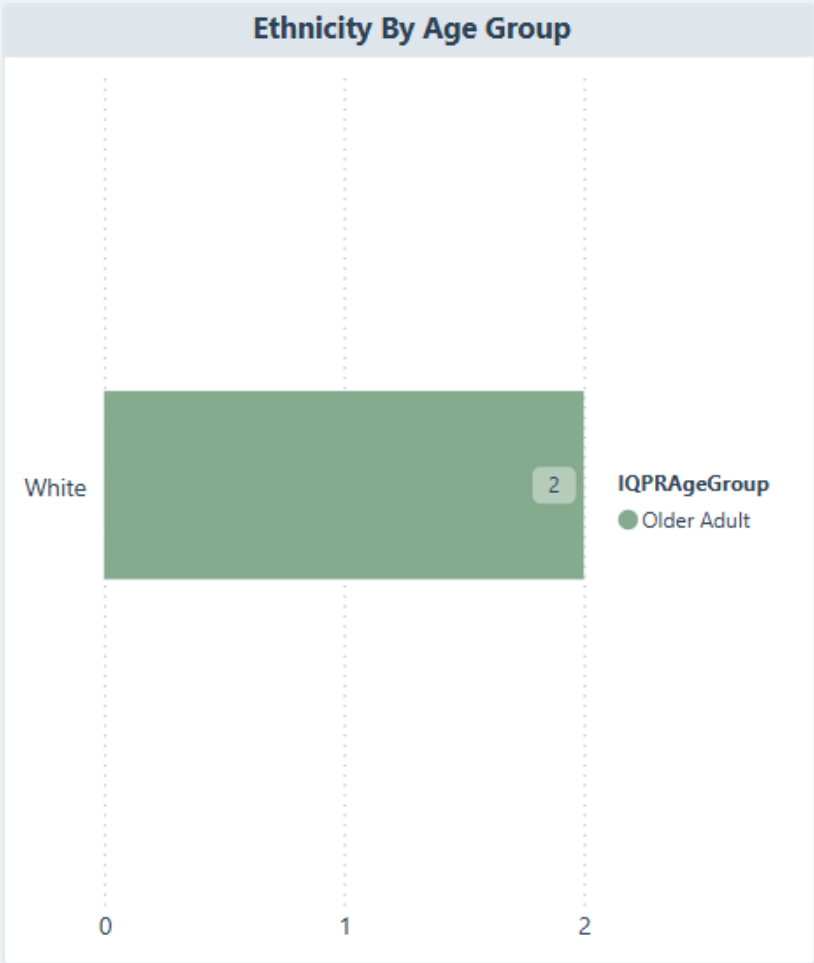
Not Recorded	1	2	3	4	5	6	7	8	9	10
0.73%	15.76%	12.17%	11.94%	8.49%	8.84%	11.78%	12.51%	8.99%	7.69%	1.11%



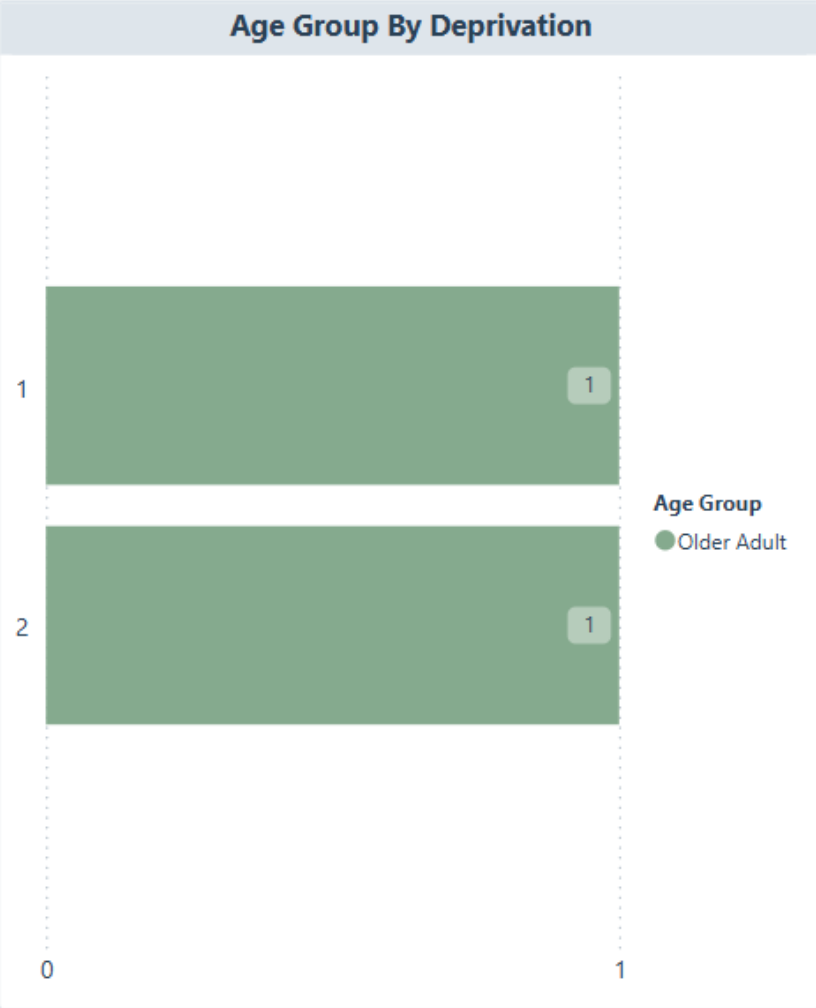
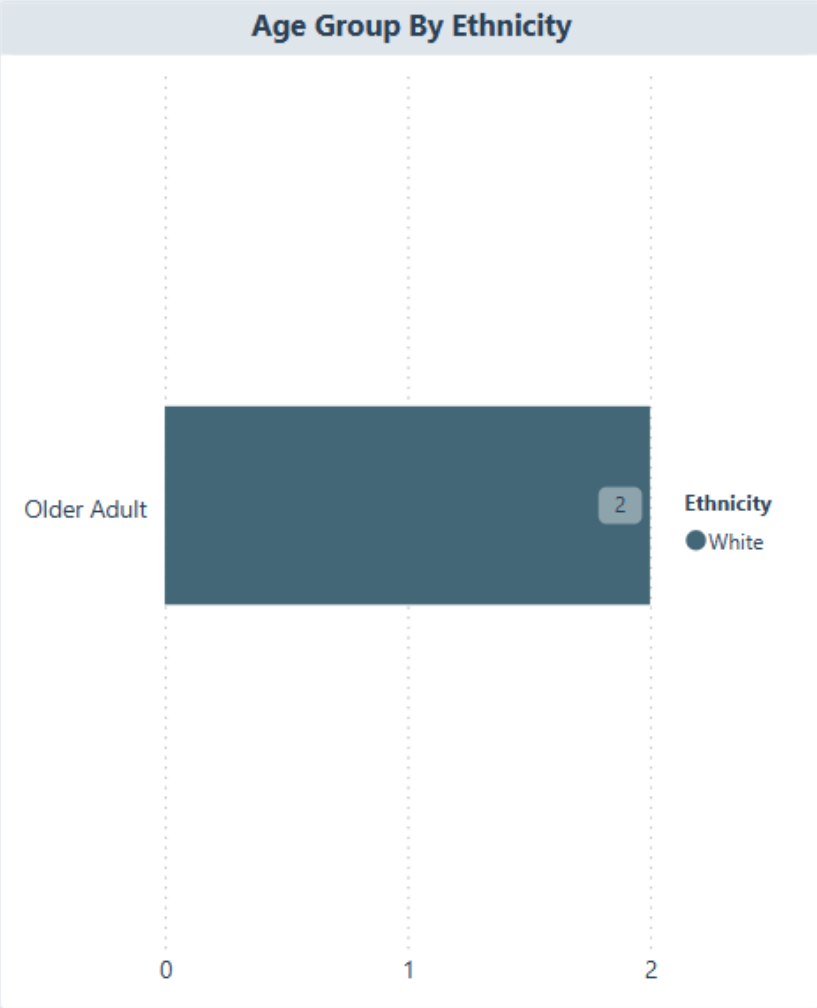
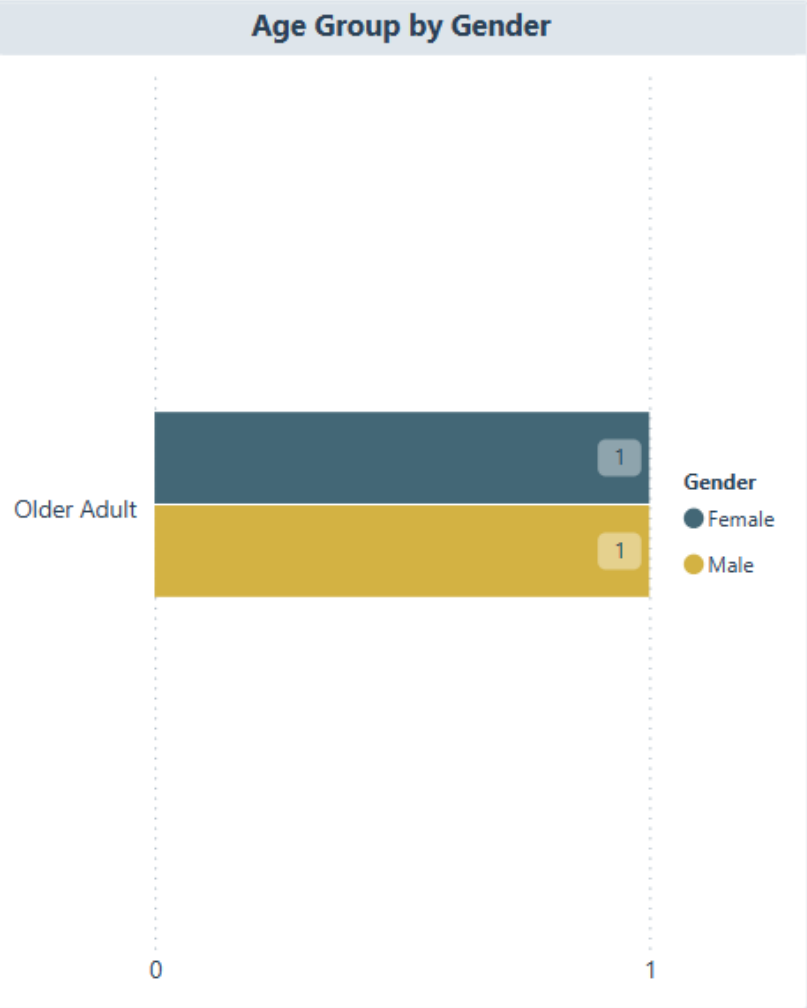
Indicator	Alt Ref	Metric	Value	Female	Male
OP10b (L)		>65 wks waits for AHP led Physical Services	2	50.00%	50.00%



Indicator	Alt Ref	Metric	Value	White
OP10b (L)		>65 wks waits for AHP led Physical Services	2	100.00%



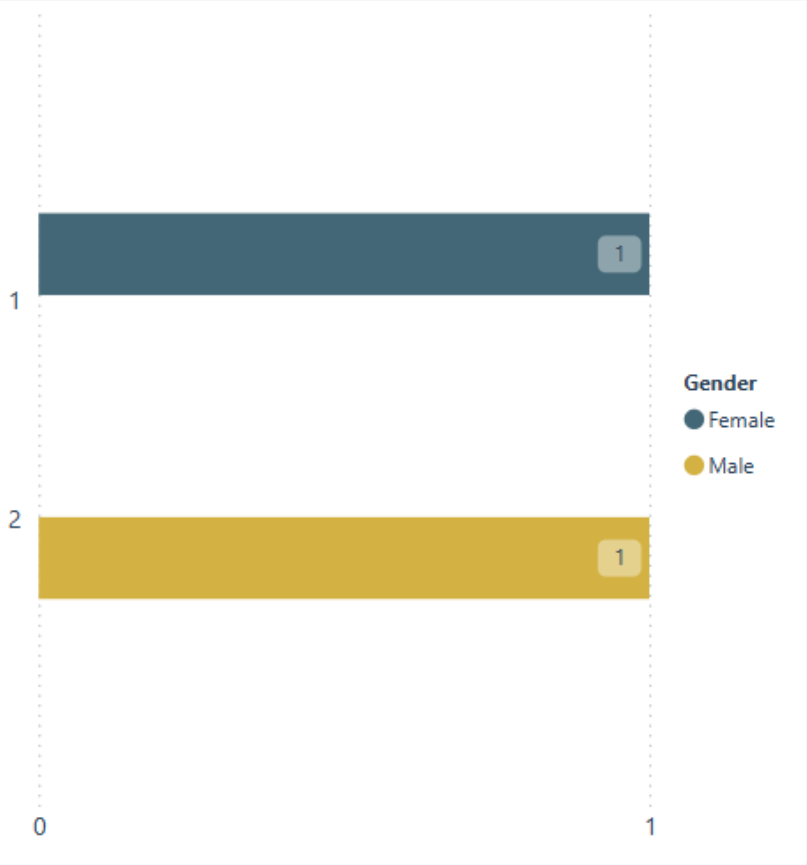
Indicator	Alt Ref	Metric	Value	Older Adult
OP10b (L)		>65 wks waits for AHP led Physical Services	2	100.00%



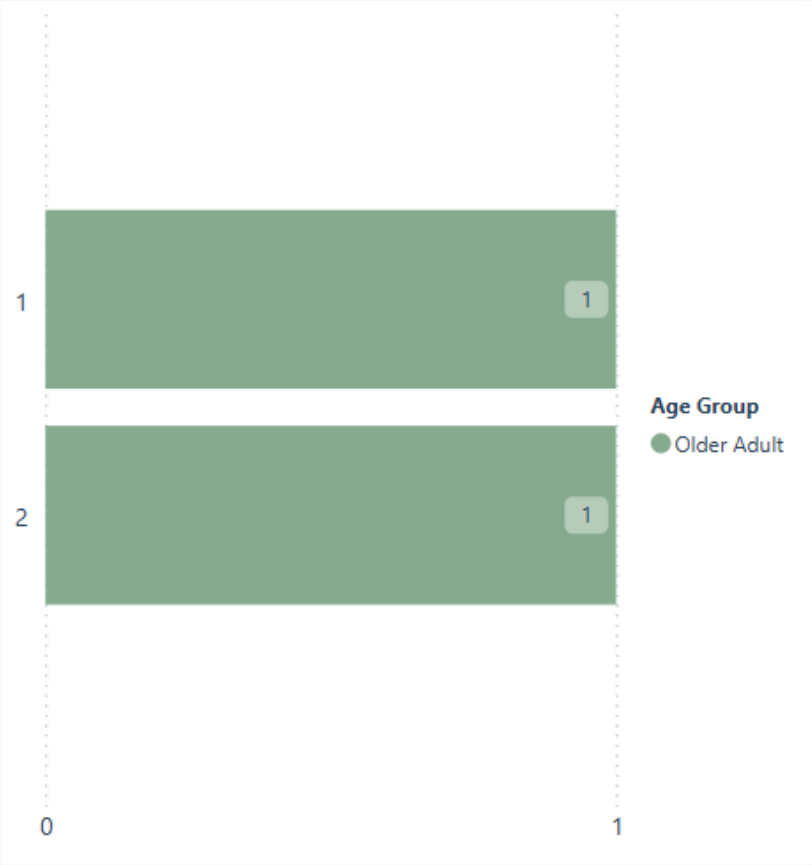
Indicator	Alt Ref	Metric	Value
OP10b (L)		>65 wks waits for AHP led Physical Services	2

1	2
50.00%	50.00%

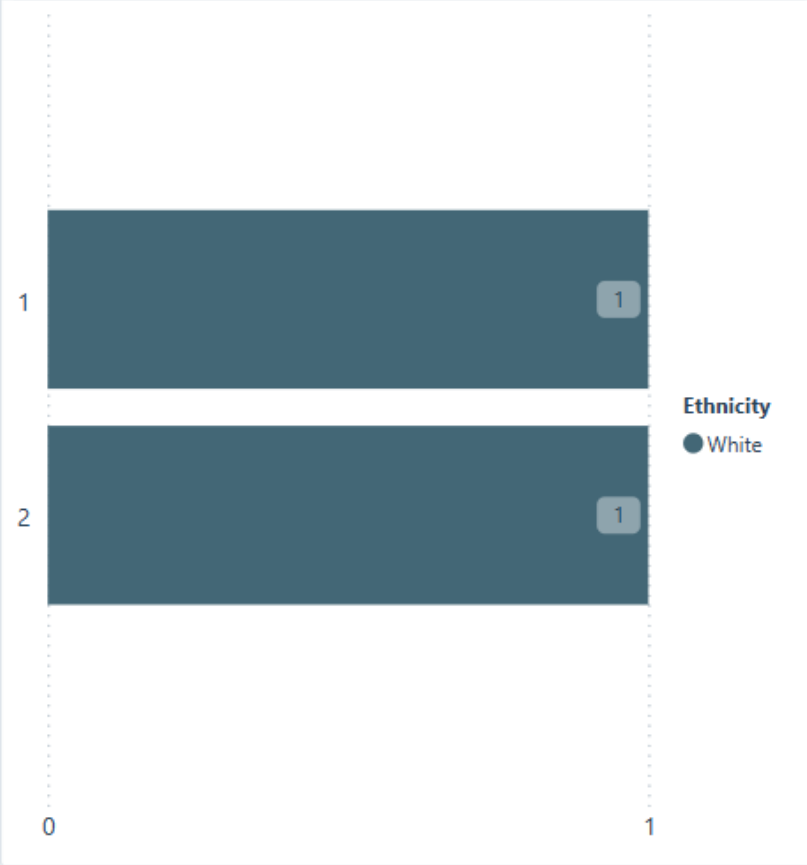
Deprivation By Gender



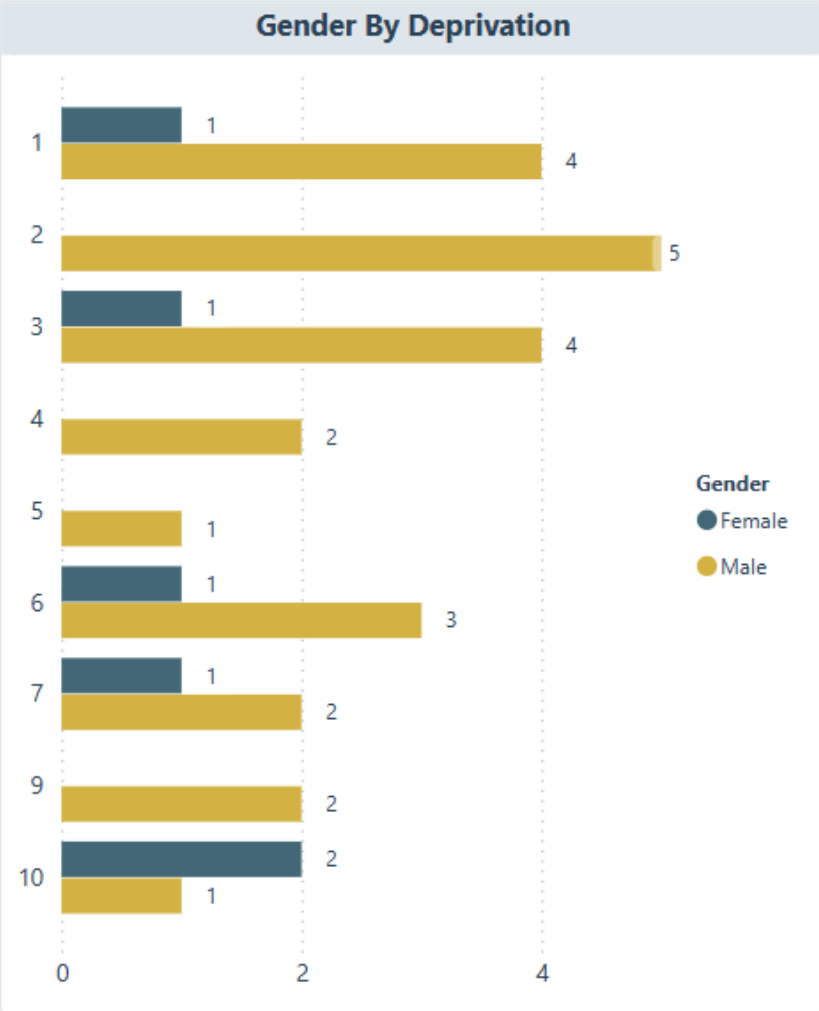
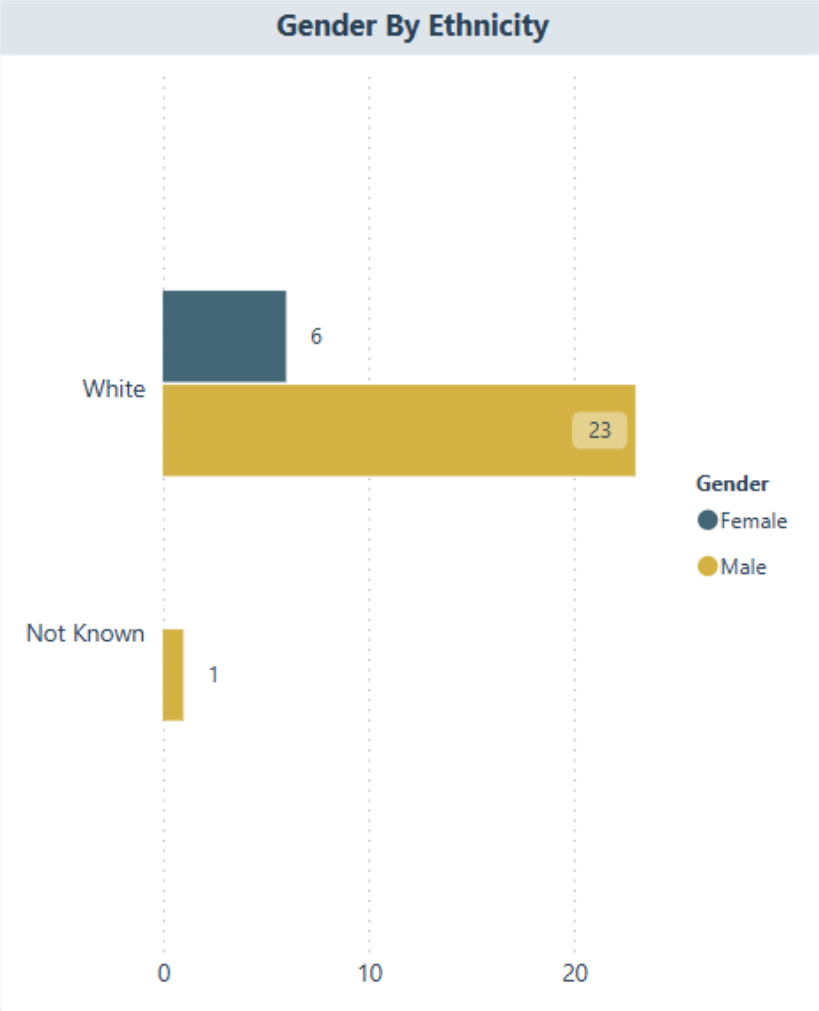
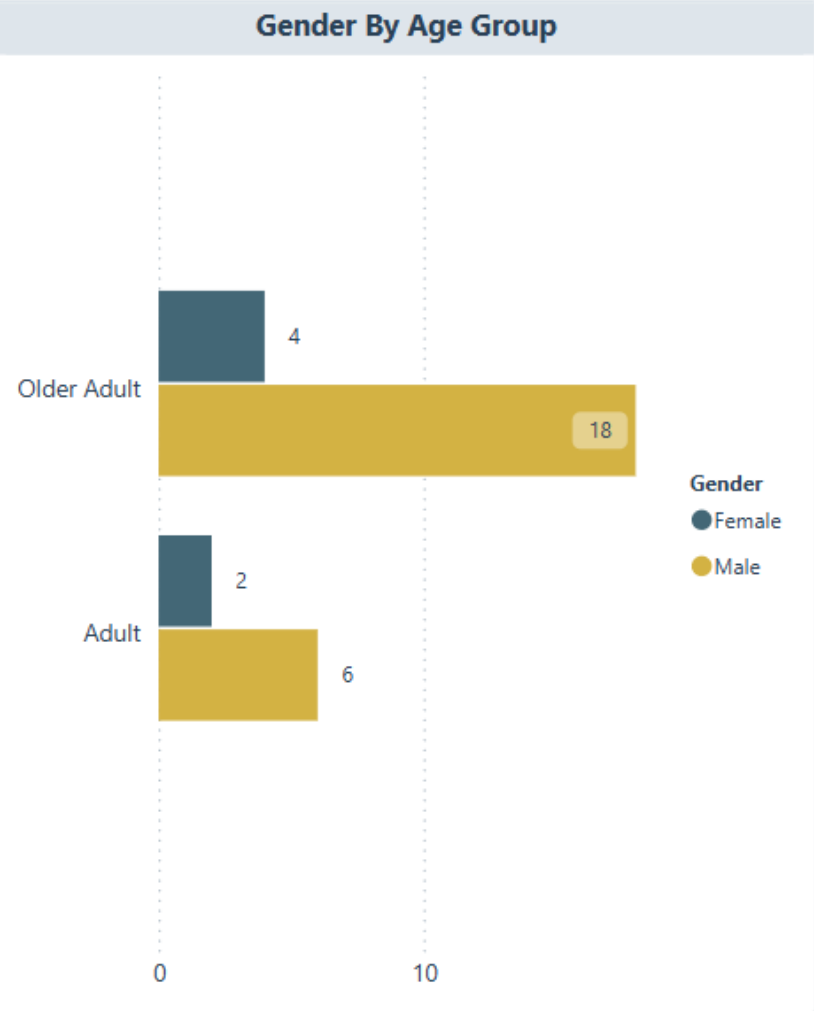
Deprivation by Age Group



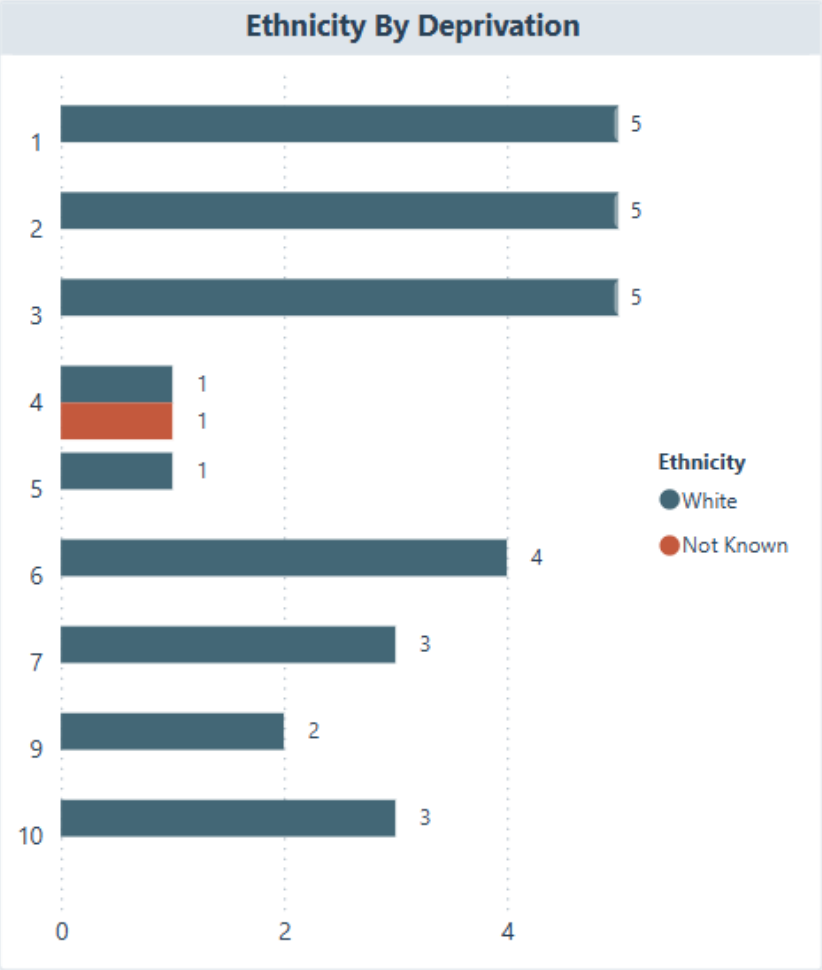
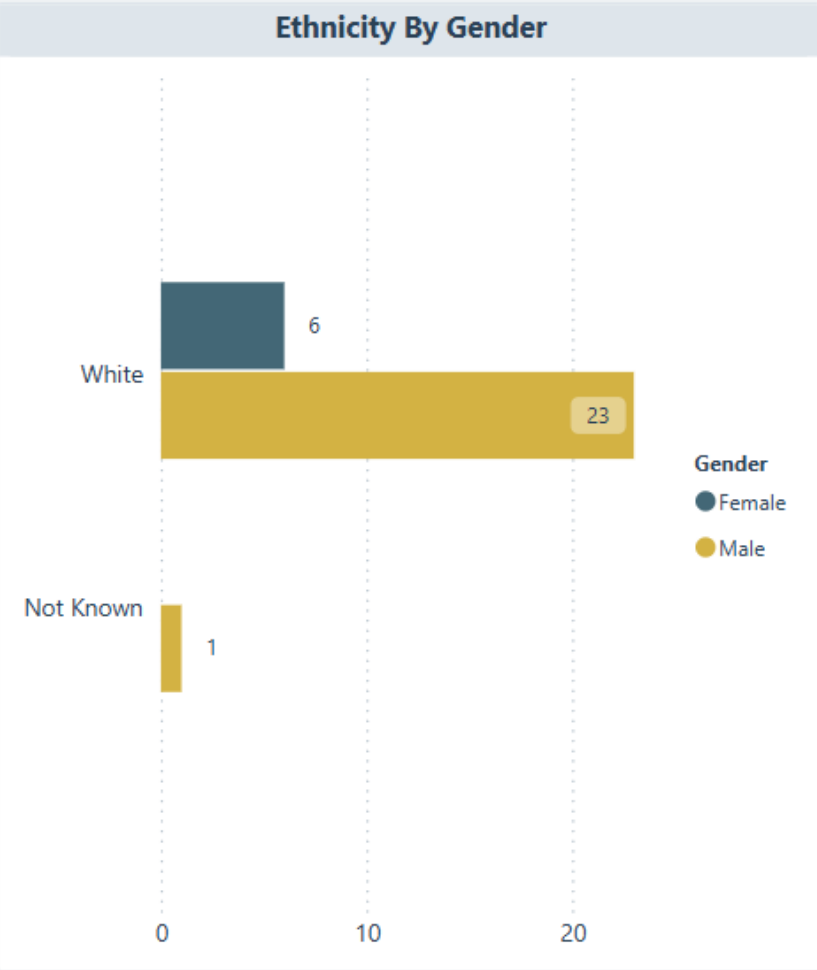
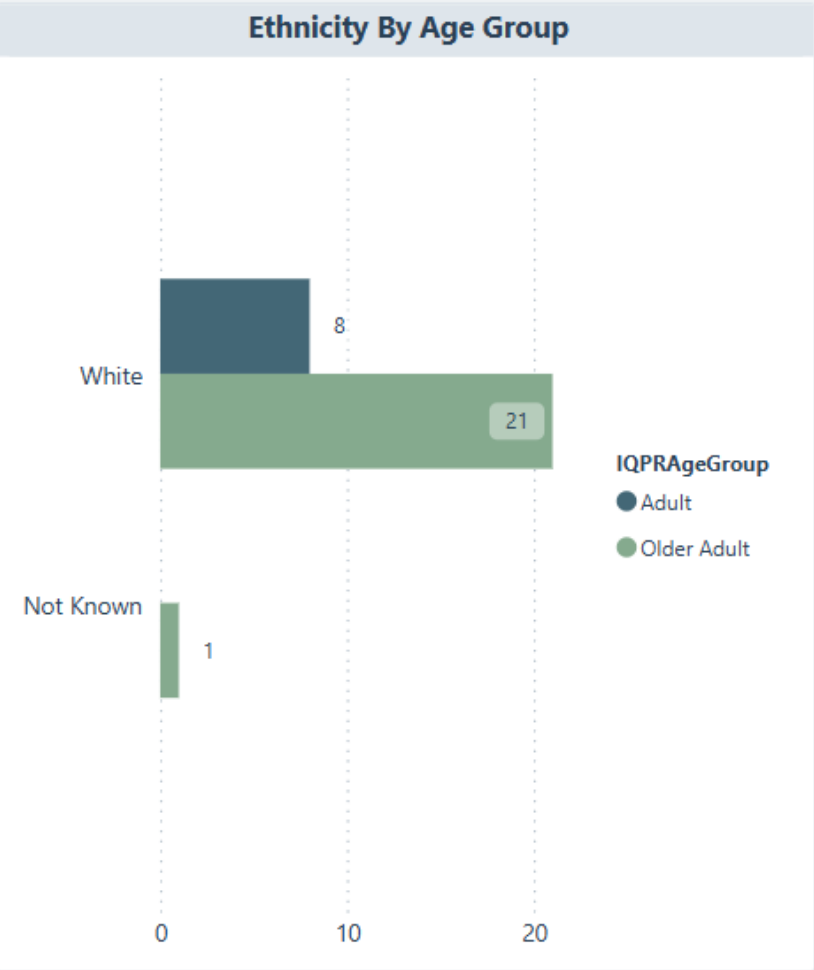
Deprivation By Ethnicity



Indicator	Alt Ref	Metric	Value	Male	Female
OP10c (N)		Waiting 52 weeks or more for a consultant led PH service	30	80.00%	20.00%

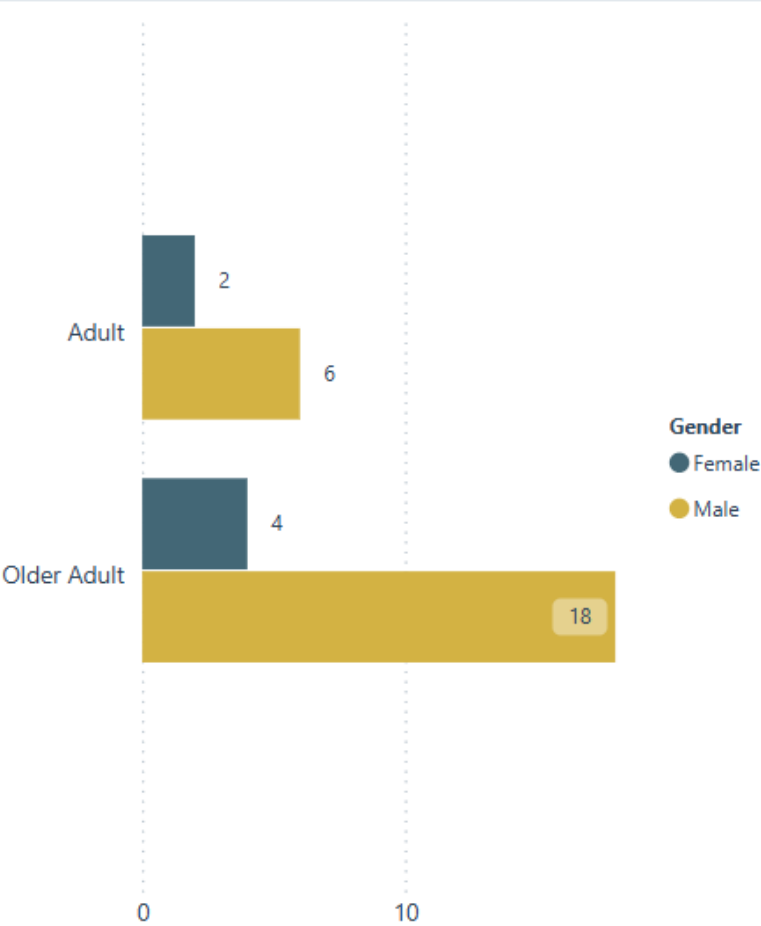


Indicator	Alt Ref	Metric	Value	White	Not Known
OP10c (N)		Waiting 52 weeks or more for a consultant led PH service	30	96.67%	3.33%

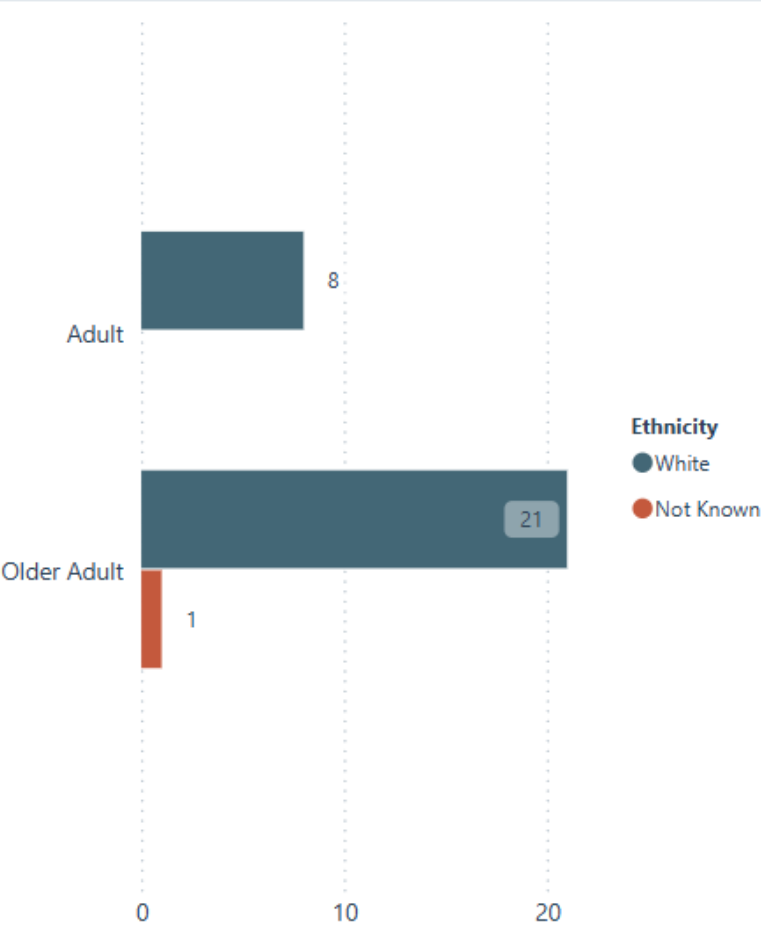


Indicator	Alt Ref	Metric	Value	Adult	Older Adult
OP10c (N)		Waiting 52 weeks or more for a consultant led PH service	30	26.67%	73.33%

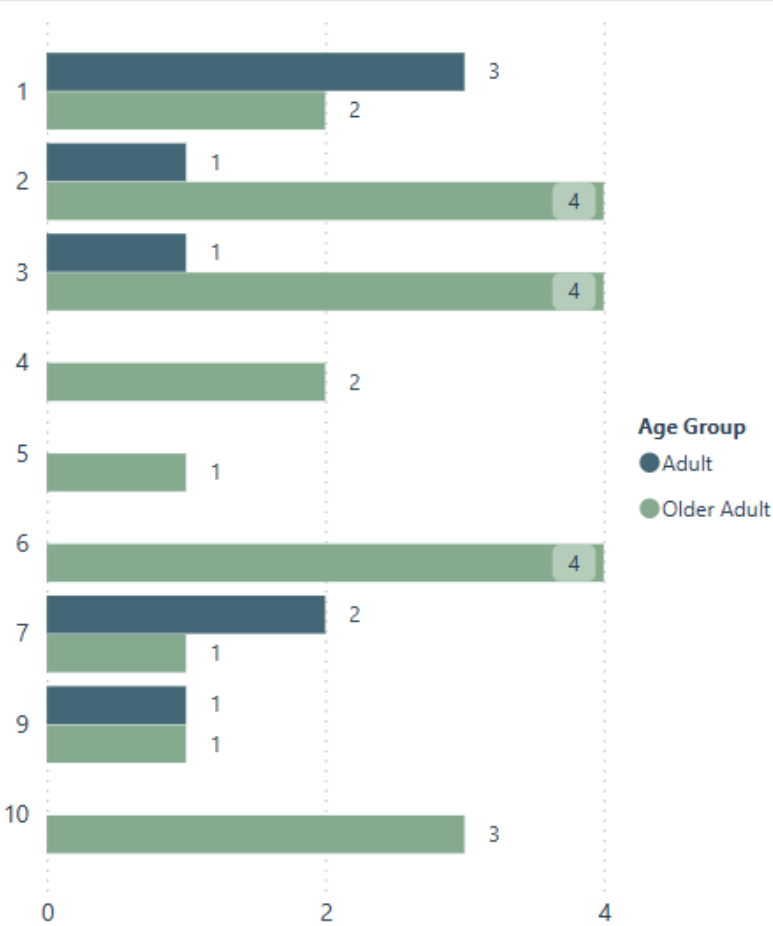
Age Group by Gender



Age Group By Ethnicity



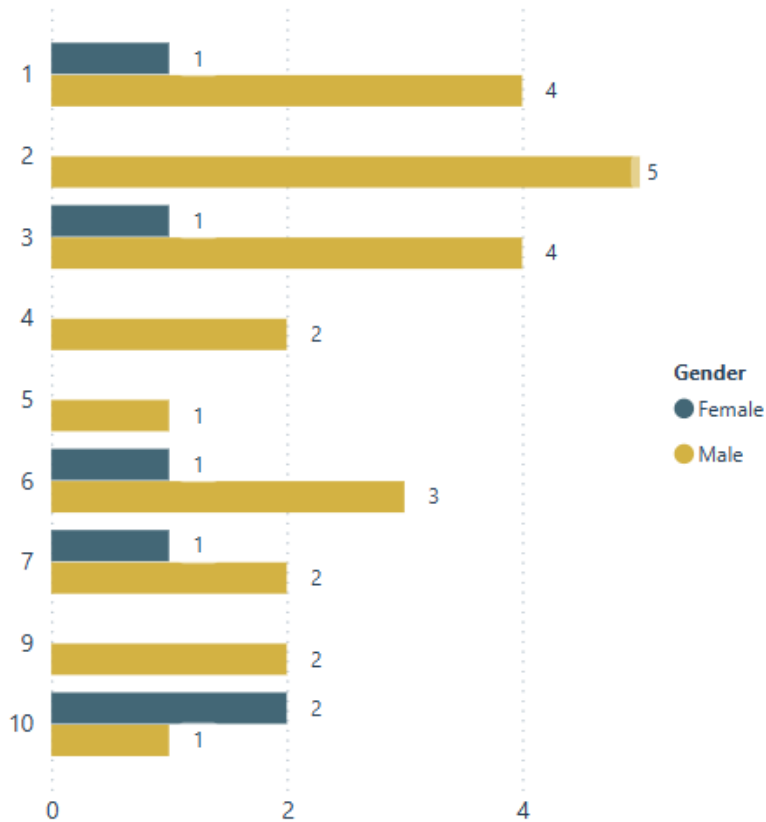
Age Group By Deprivation



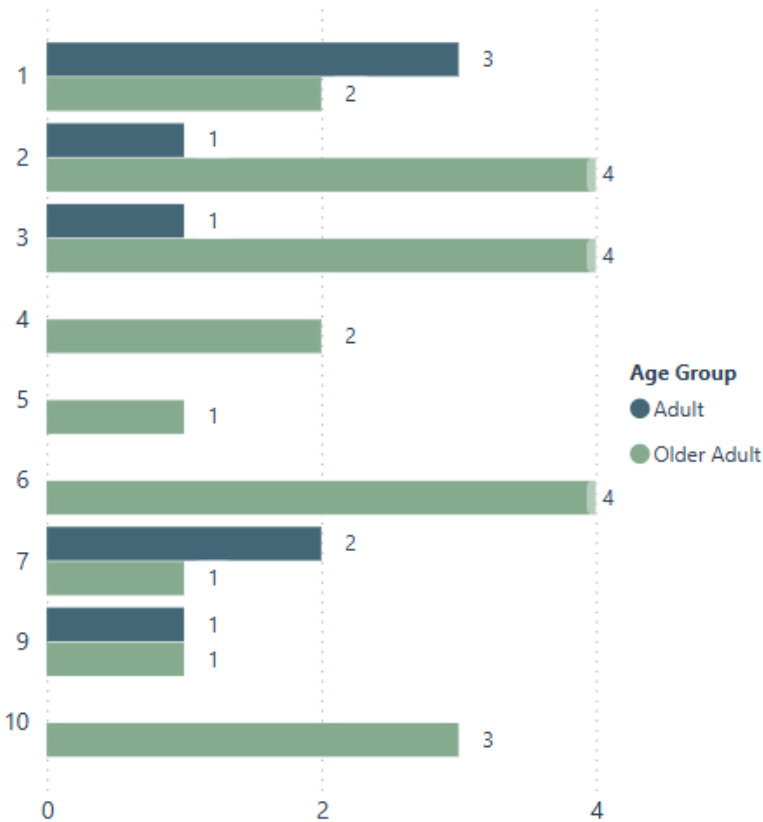
Indicator	Alt Ref	Metric	Value
OP10c (N)		Waiting 52 weeks or more for a consultant led PH service	30

1	2	3	4	5	6	7	9	10
16.67%	16.67%	16.67%	6.67%	3.33%	13.33%	10.00%	6.67%	10.00%

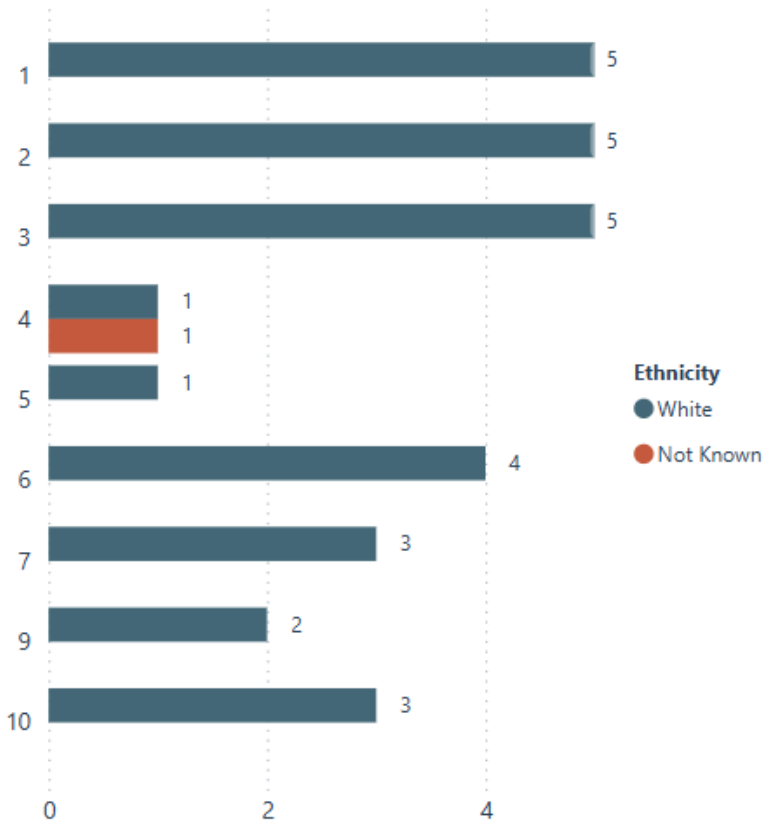
Deprivation By Gender



Deprivation by Age Group

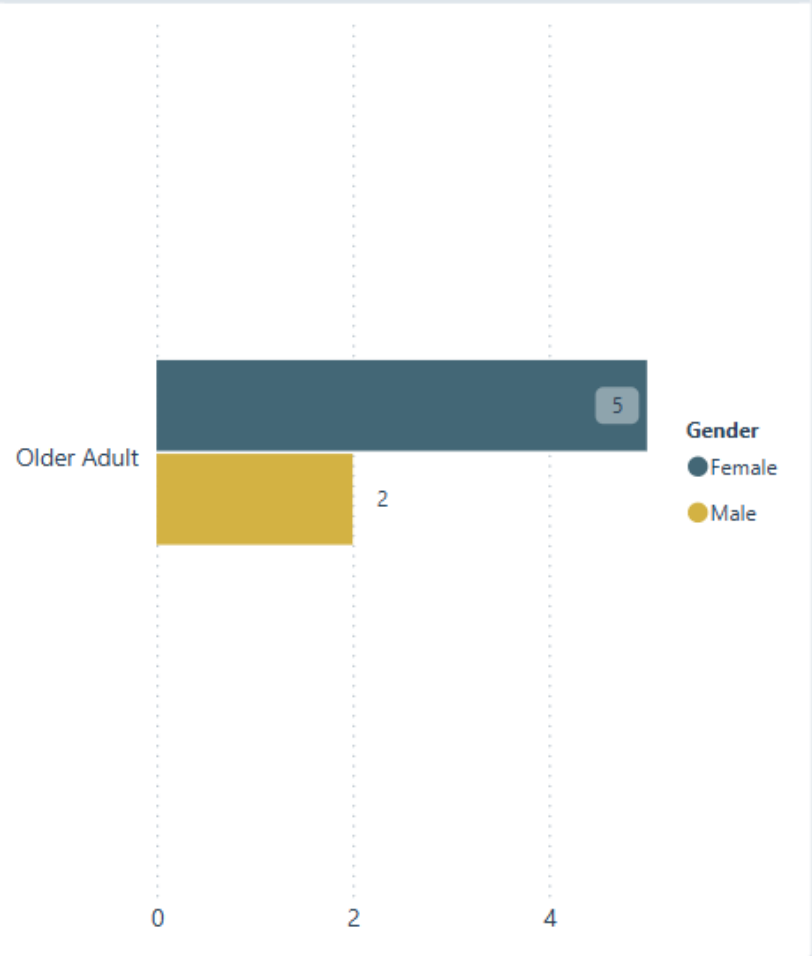


Deprivation By Ethnicity

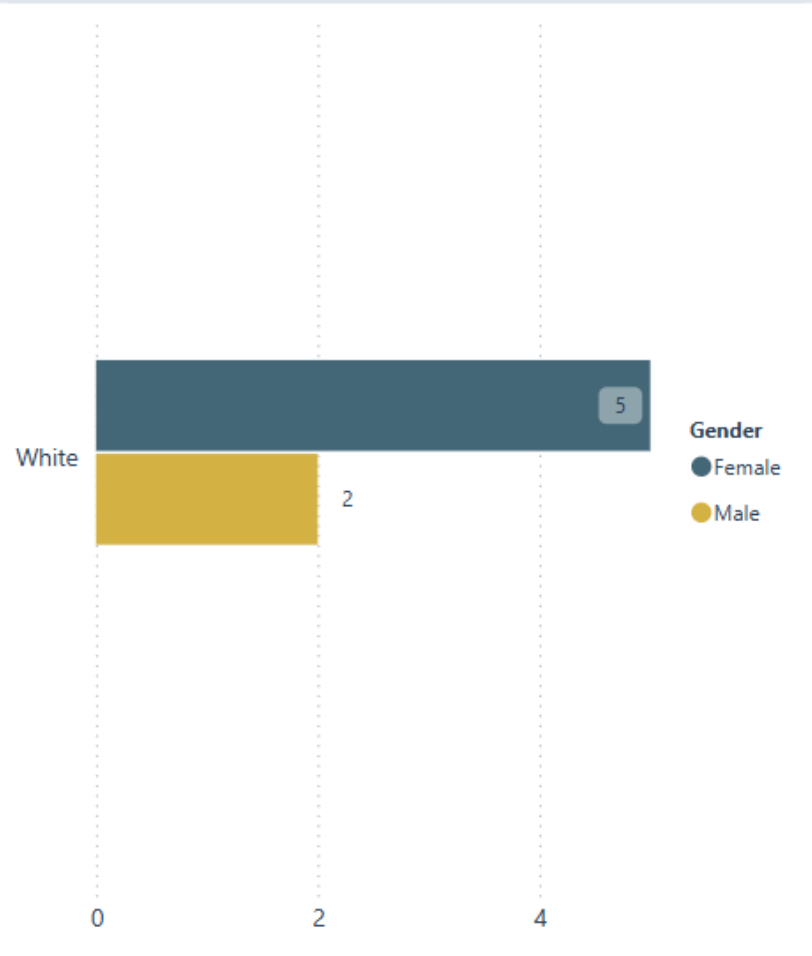


Indicator	Alt Ref	Metric	Value	Female	Male
OP10d (N)		Waiting 52 weeks or more for a consultant led MH service	7	71.43%	28.57%

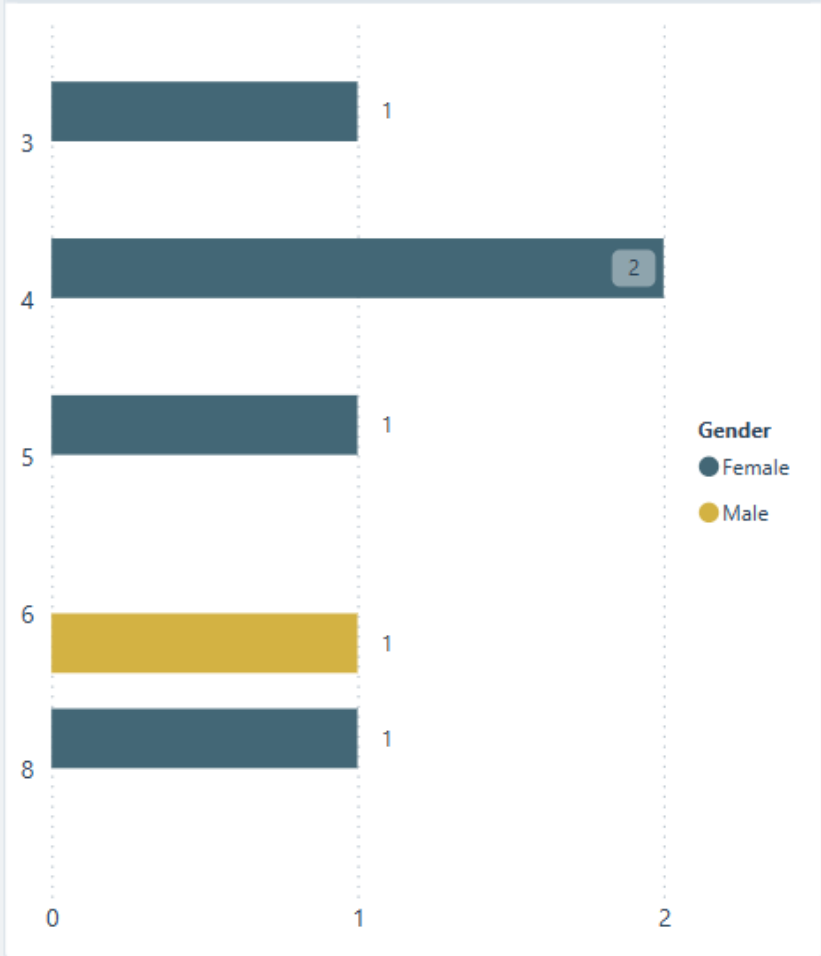
Gender By Age Group



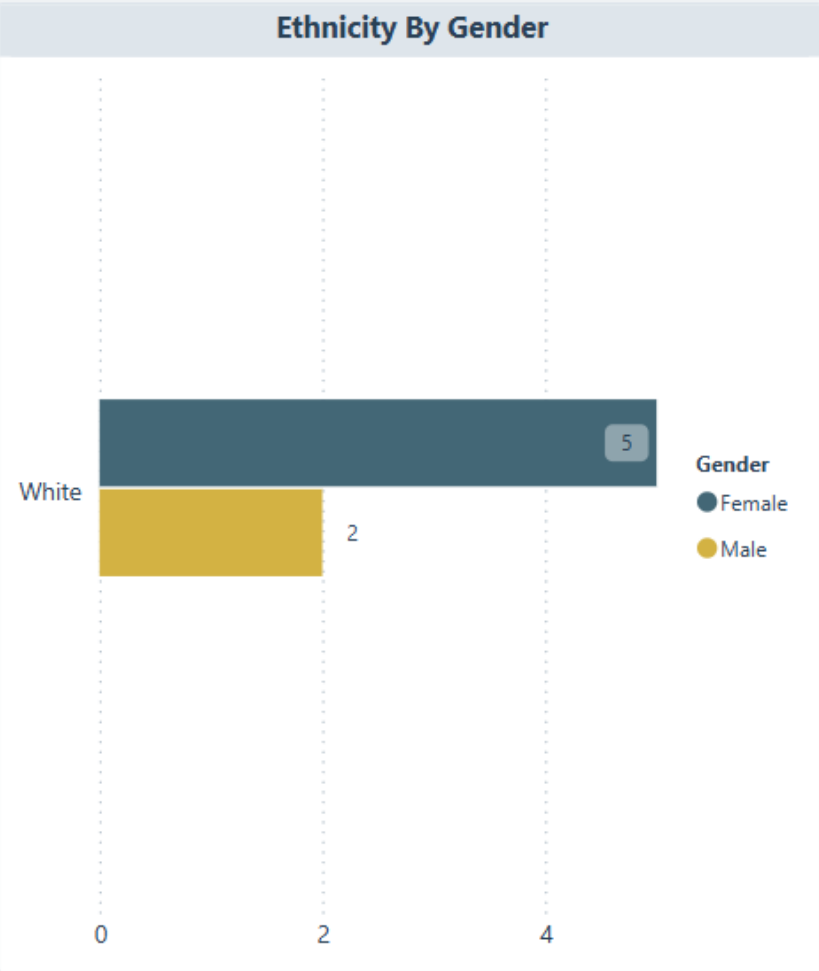
Gender By Ethnicity



Gender By Deprivation

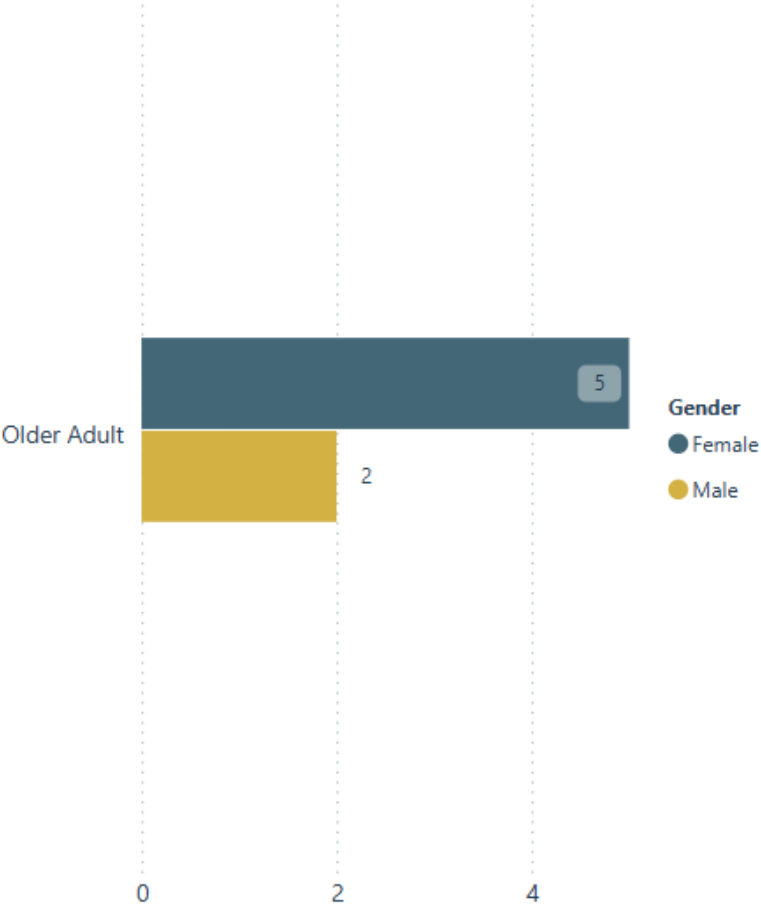


Indicator	Alt Ref	Metric	Value	White
OP10d (N)		Waiting 52 weeks or more for a consultant led MH service	7	100.00%

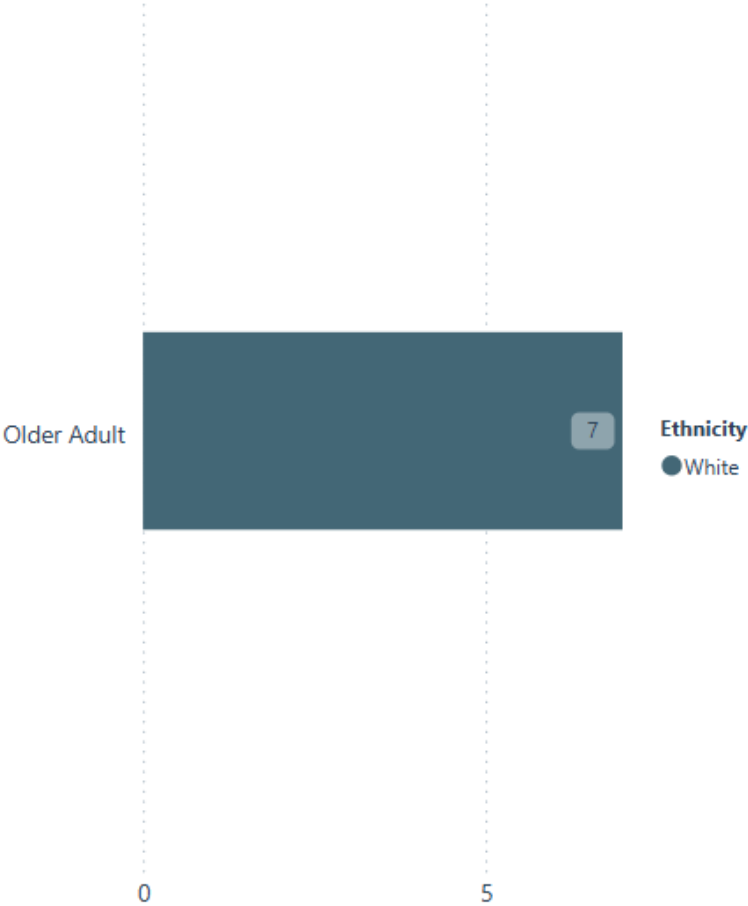


Indicator	Alt Ref	Metric	Value	Older Adult
OP10d (N)		Waiting 52 weeks or more for a consultant led MH service	7	100.00%

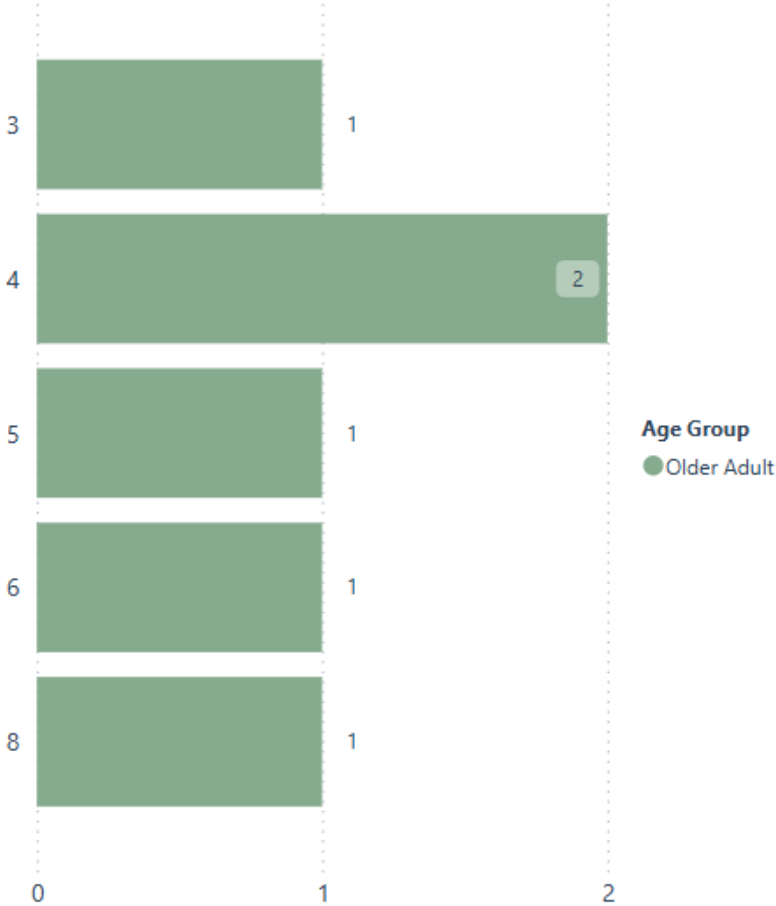
Age Group by Gender



Age Group By Ethnicity

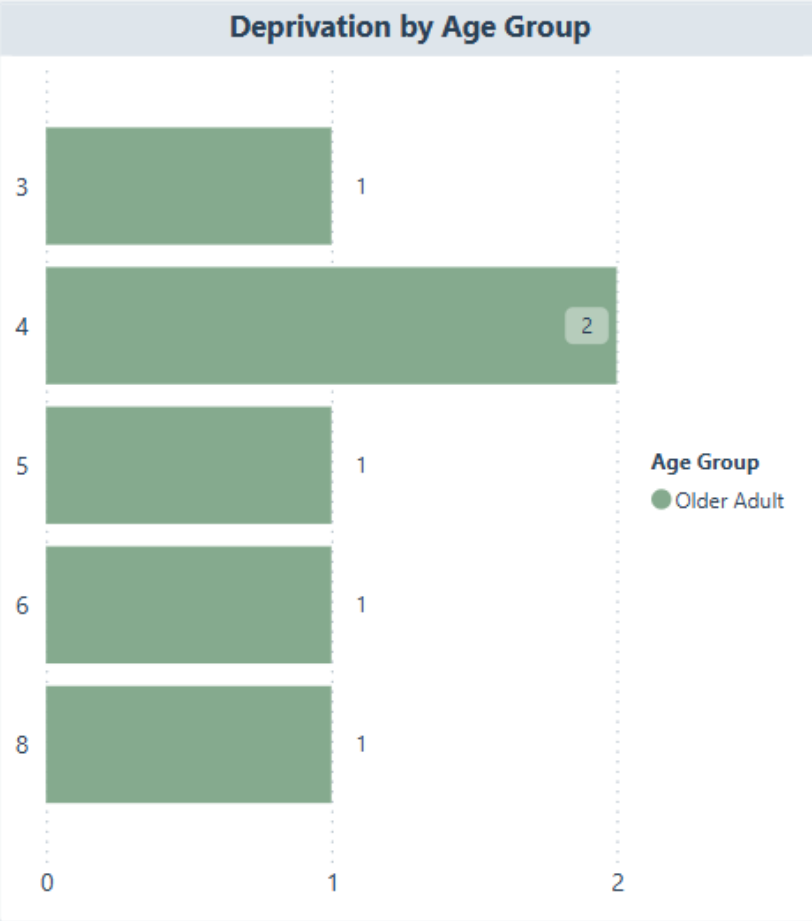
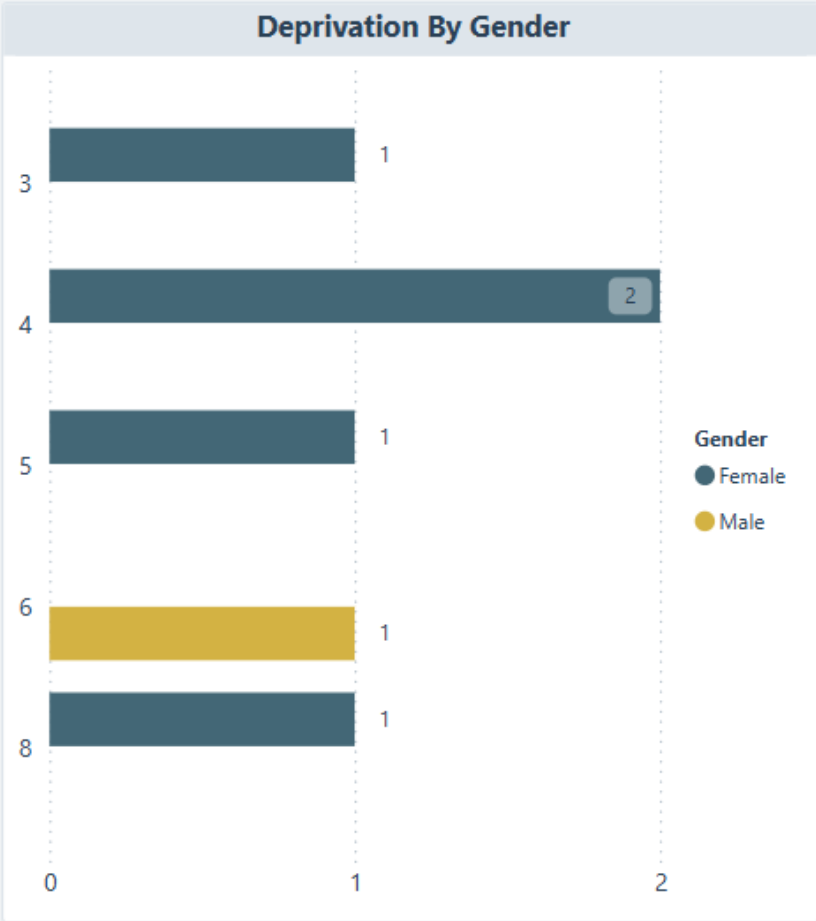


Age Group By Deprivation

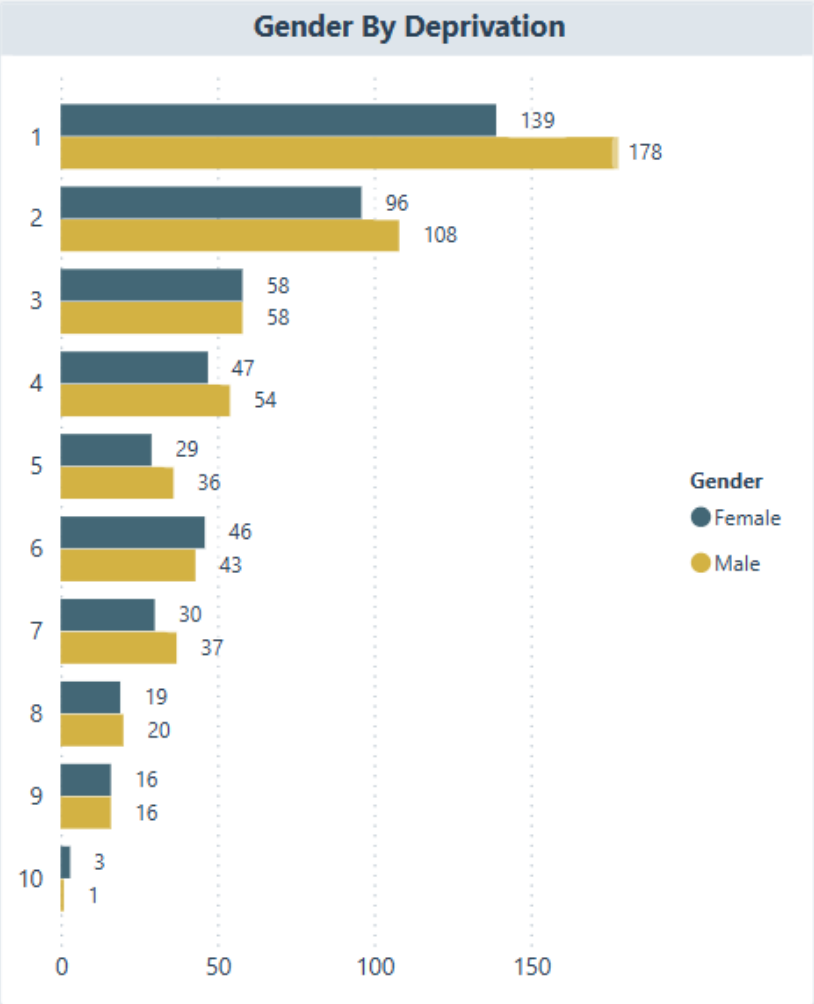
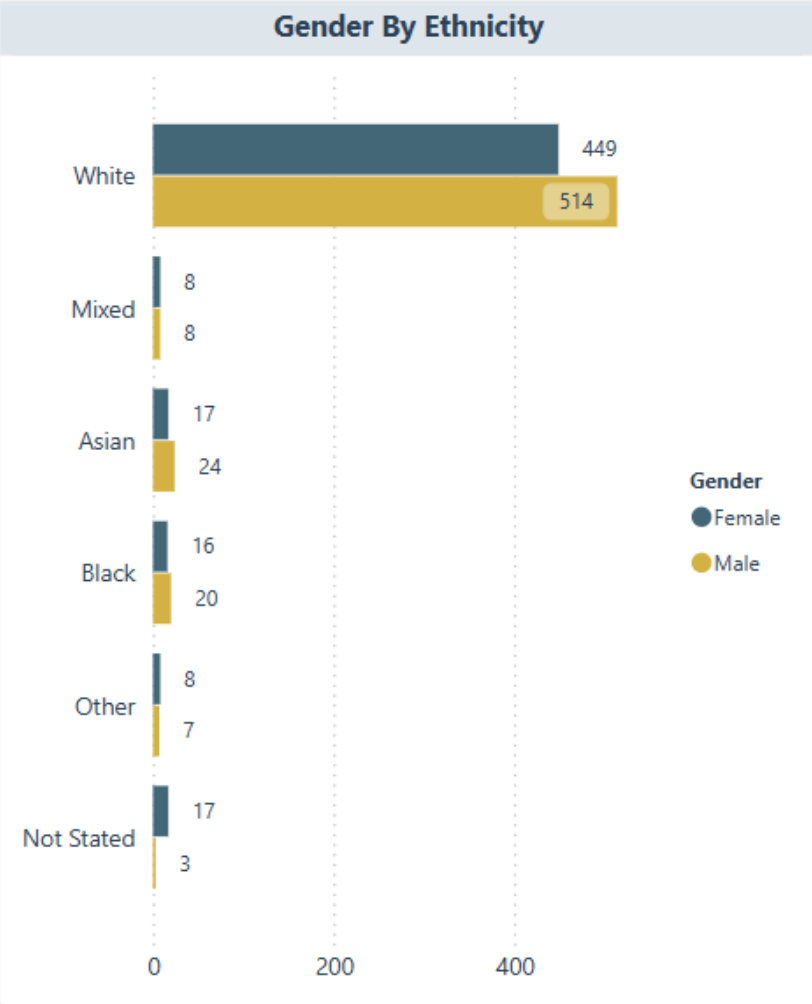
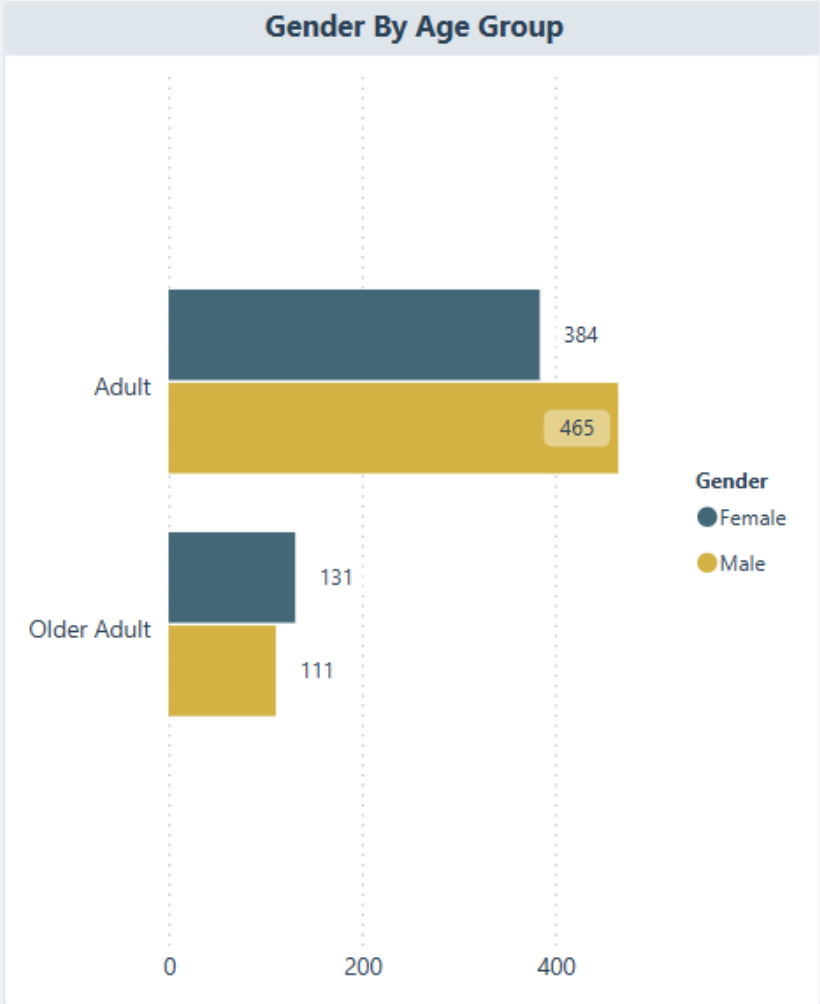


Indicator	Alt Ref	Metric	Value
OP10d (N)		Waiting 52 weeks or more for a consultant led MH service	7

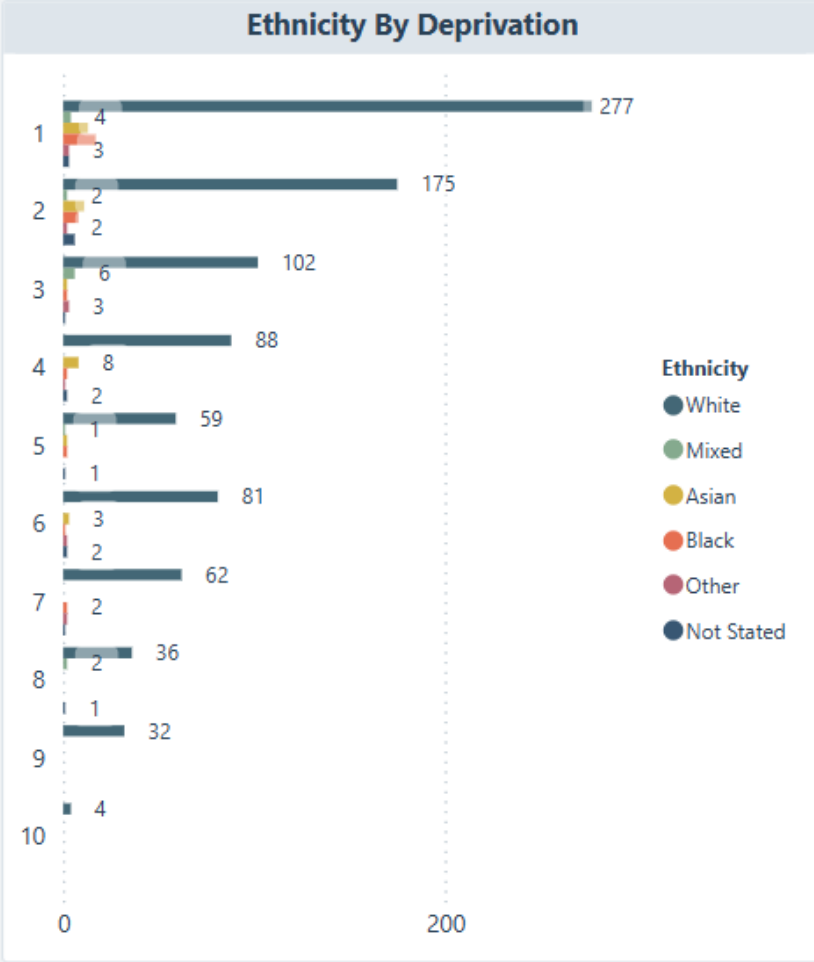
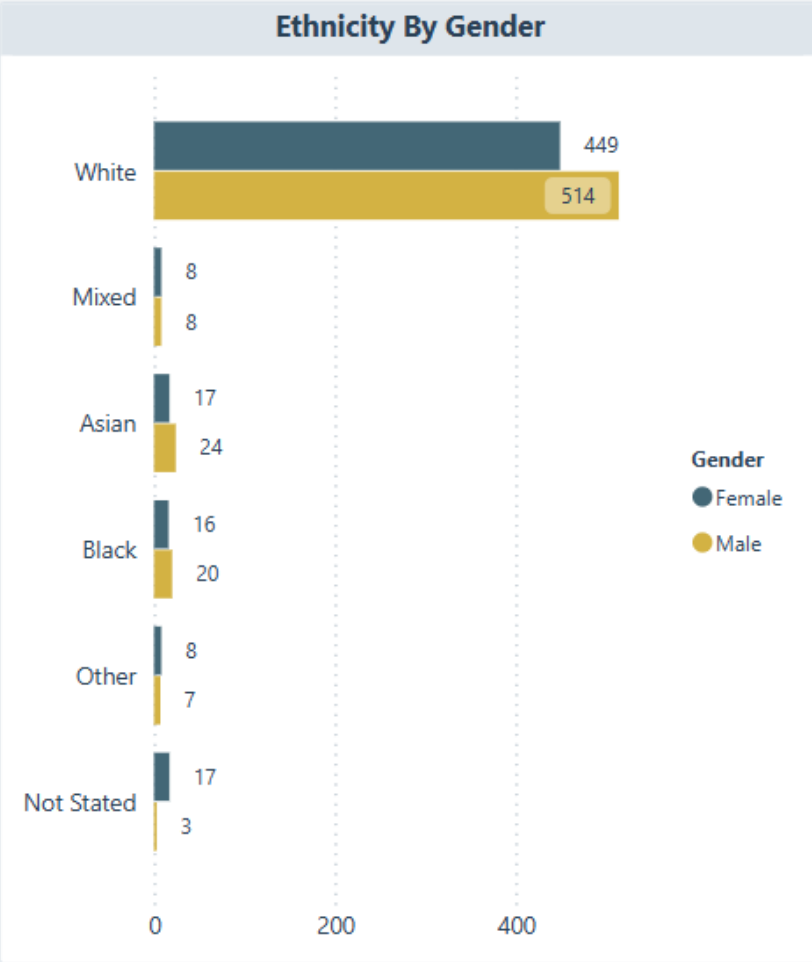
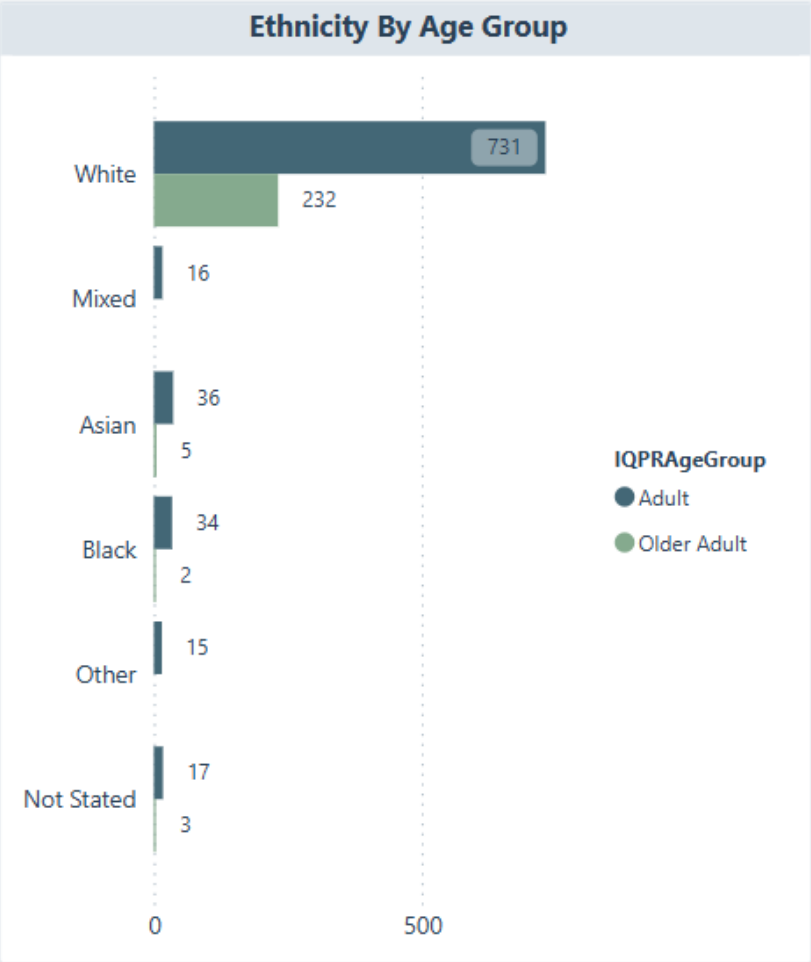
Not Recorded	3	4	5	6	8
14.29%	14.29%	28.57%	14.29%	14.29%	14.29%



Indicator	Alt Ref	Metric	Value	Male	Female
OP12 (N)		People discharged from MH inpatients followed up in 72 hrs	70.85%	52.80%	47.20%

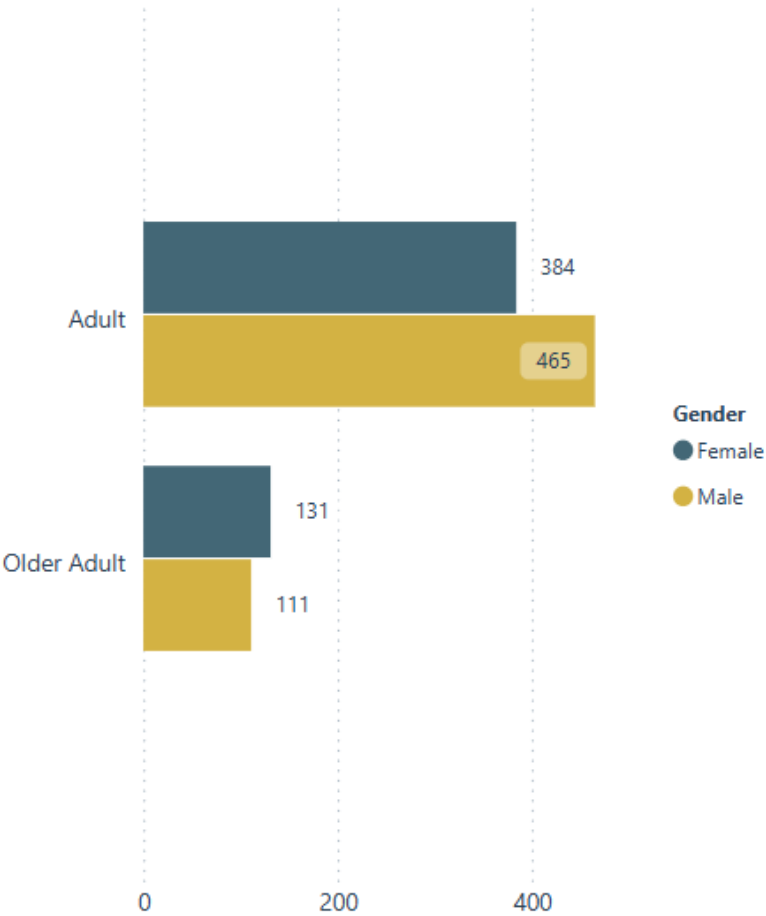


Indicator	Alt Ref	Metric	Value	White	Mixed	Asian	Black	Other	Not Stated
OP12 (N)		People discharged from MH inpatients followed up in 72 hrs	70.85%	88.27%	1.47%	3.76%	3.30%	1.37%	1.83%

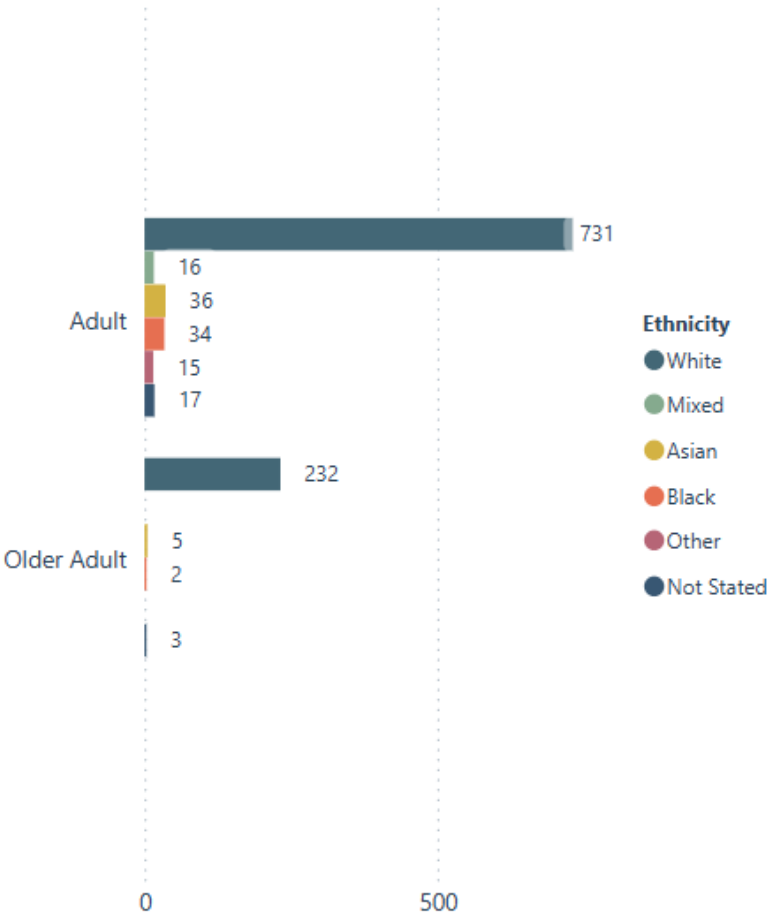


Indicator	Alt Ref	Metric	Value	Adult	Older Adult
OP12 (N)		People discharged from MH inpatients followed up in 72 hrs	70.85%	77.82%	22.18%

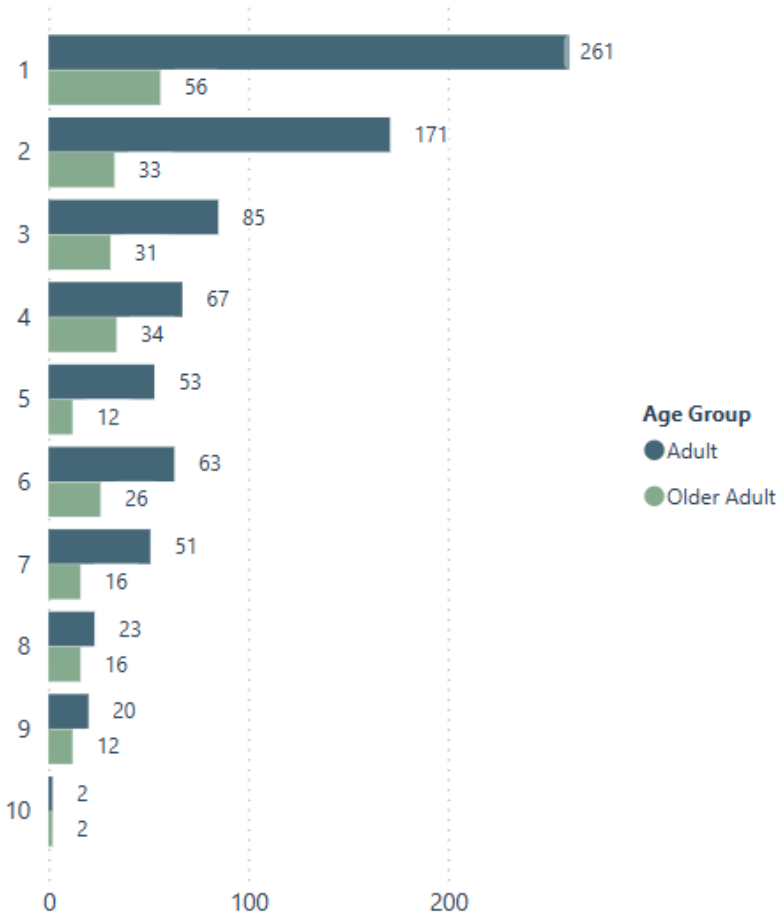
Age Group by Gender



Age Group By Ethnicity



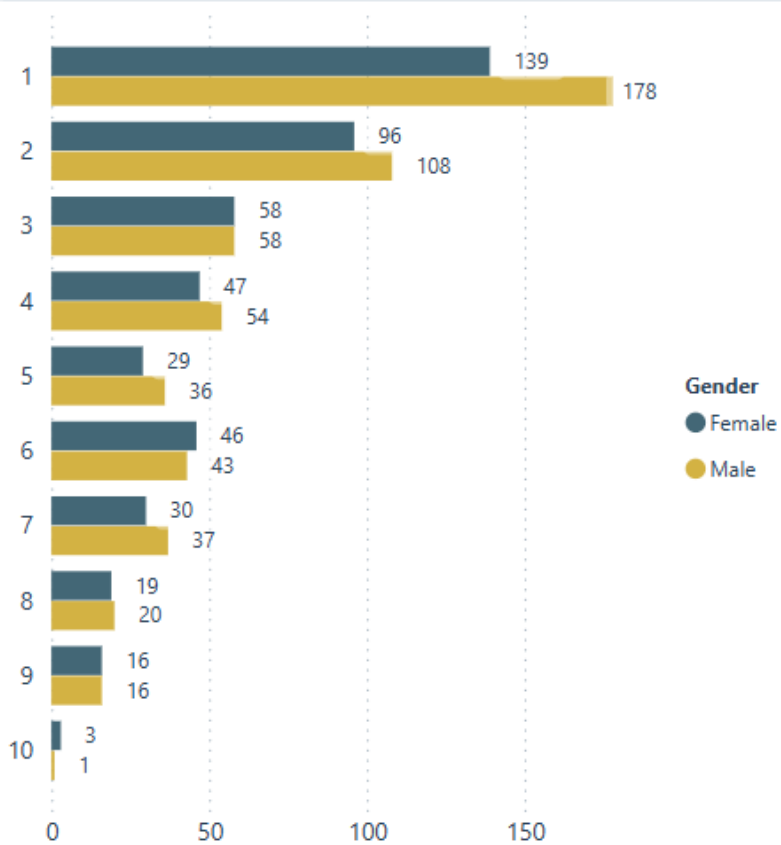
Age Group By Deprivation



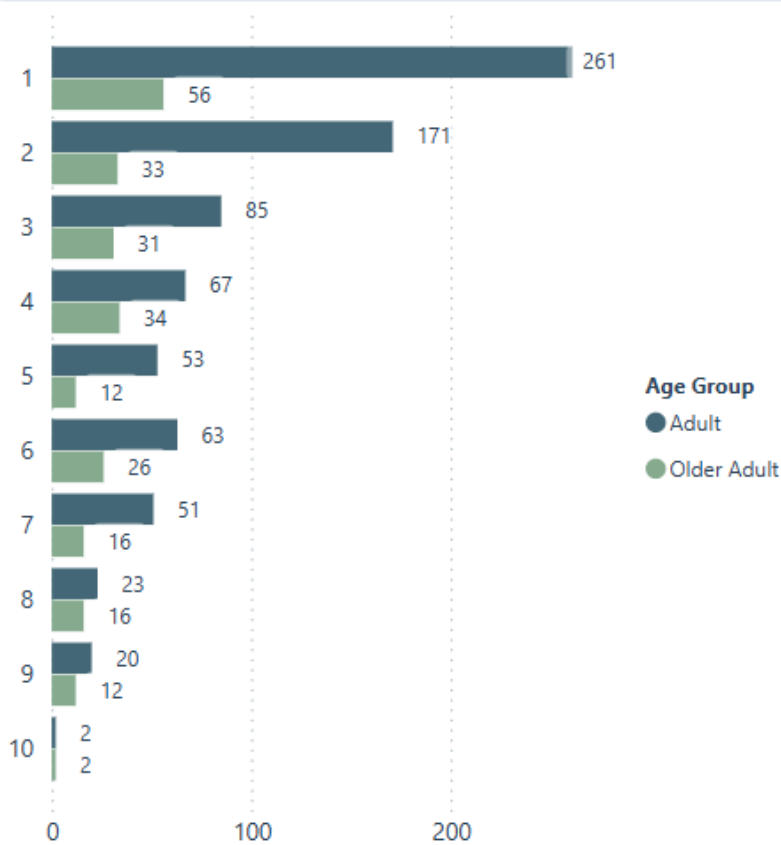
Indicator	Alt Ref	Metric	Value
OP12 (N)		People discharged from MH inpatients followed up in 72 hrs	70.85%

Not Recorded	1	2	3	4	5	6	7	8	9	10
5.22%	29.06%	18.70%	10.63%	9.26%	5.96%	8.16%	6.14%	3.57%	2.93%	0.37%

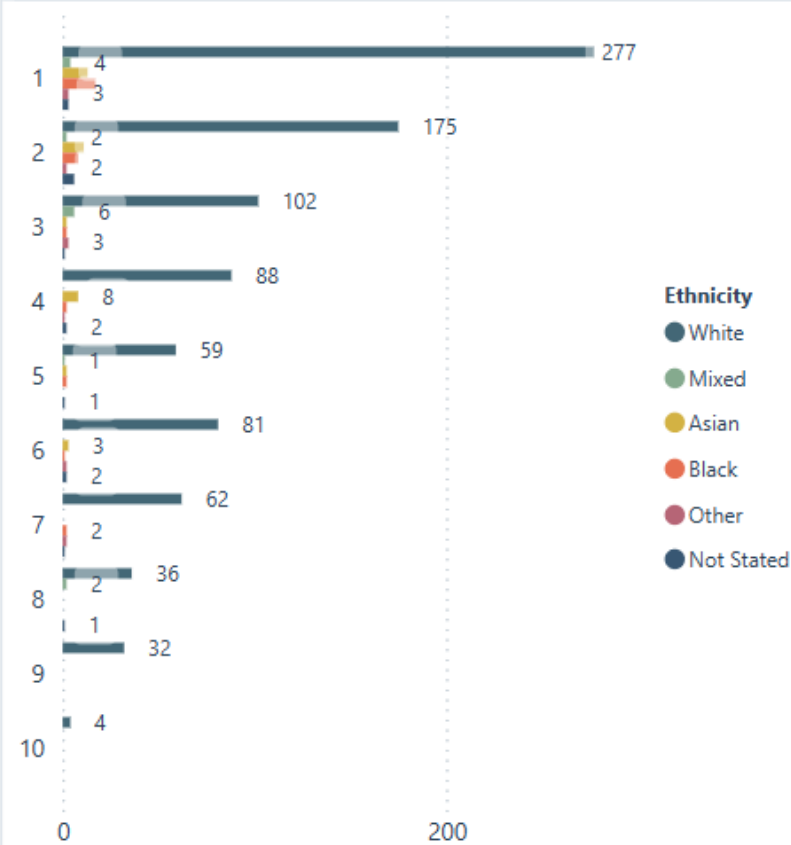
Deprivation By Gender



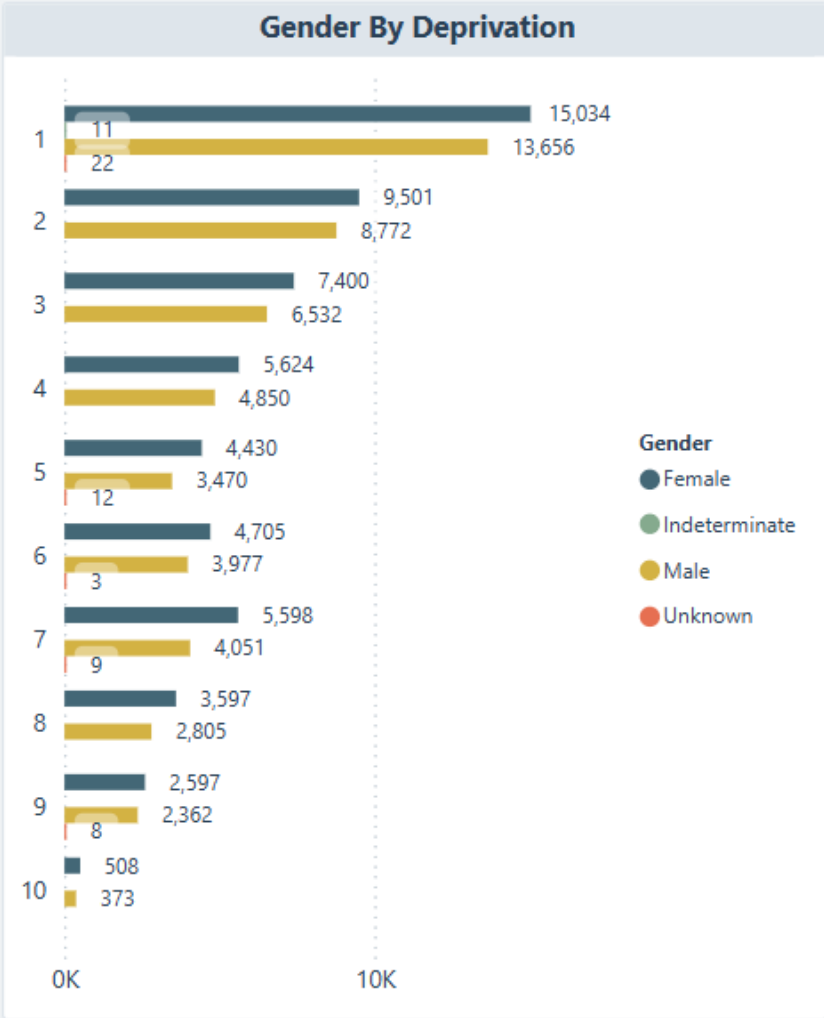
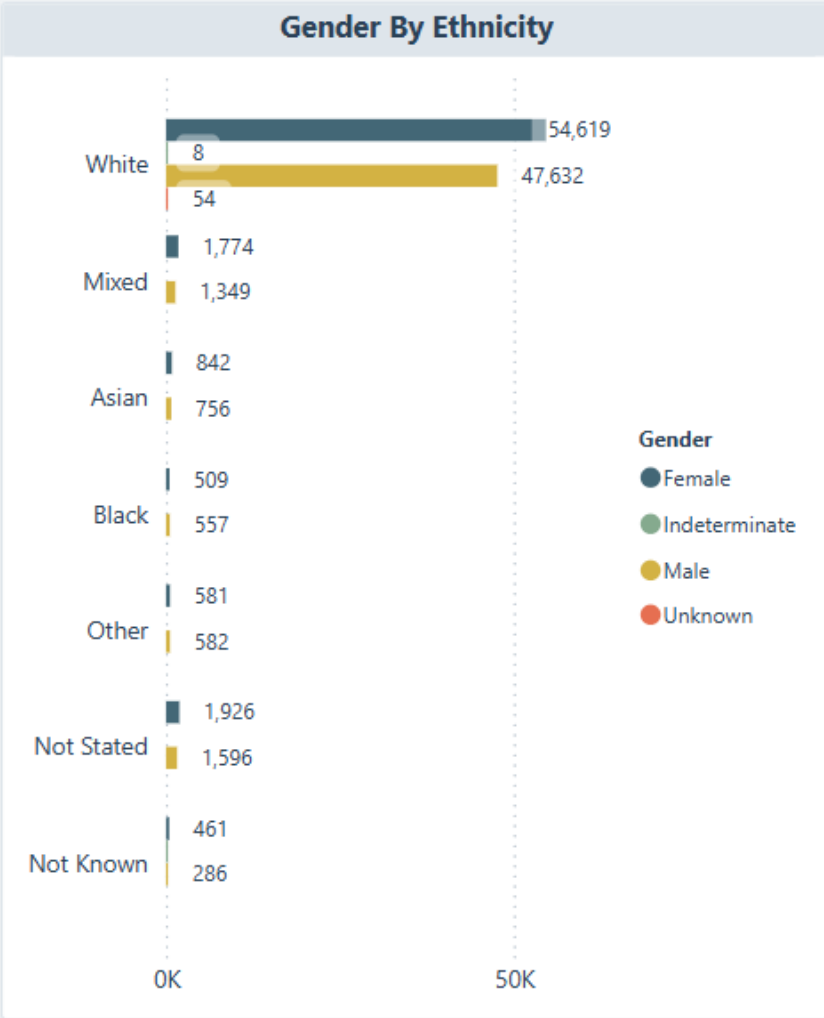
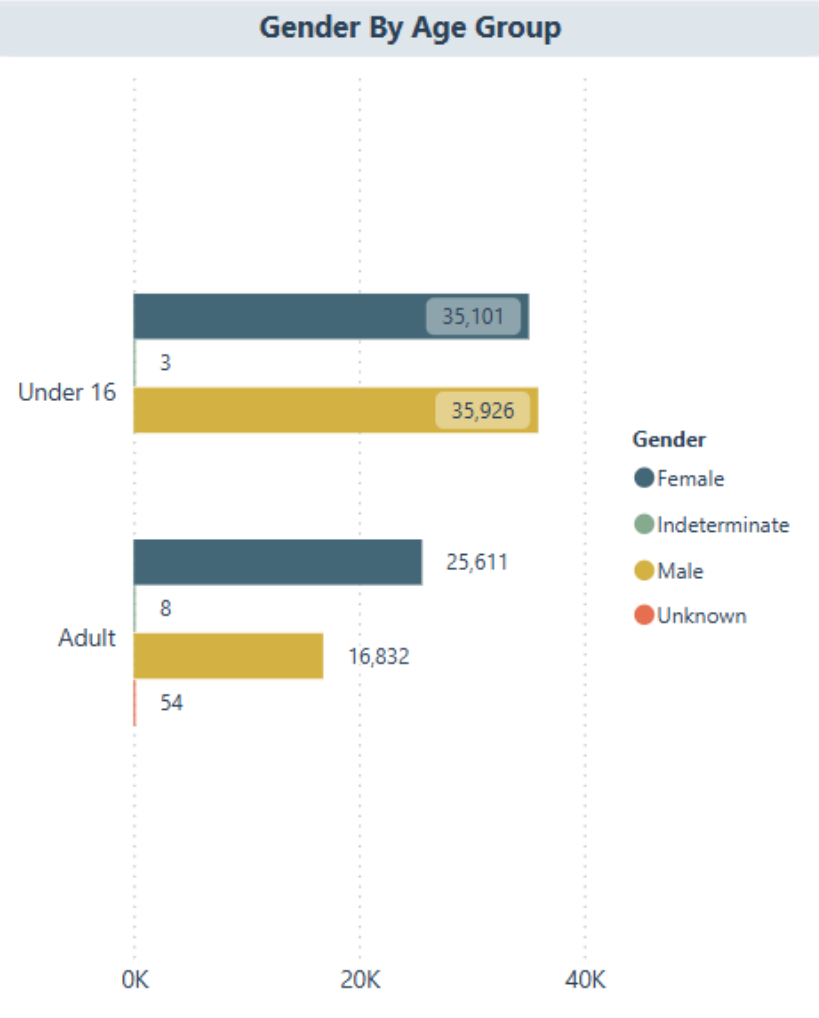
Deprivation by Age Group



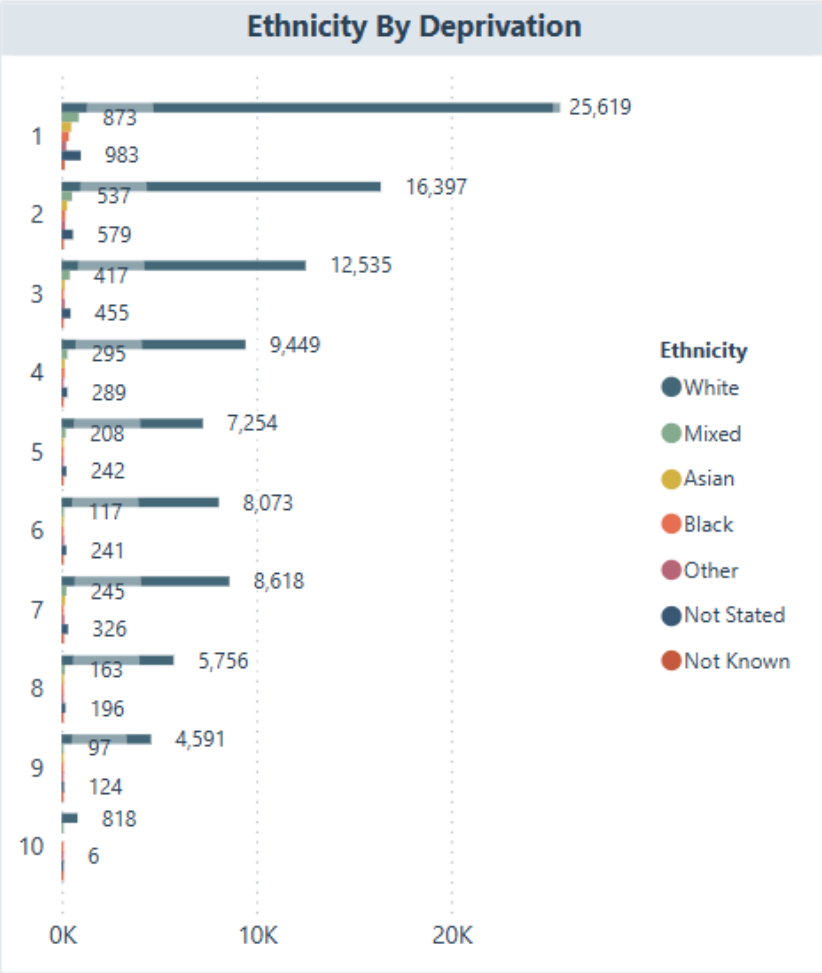
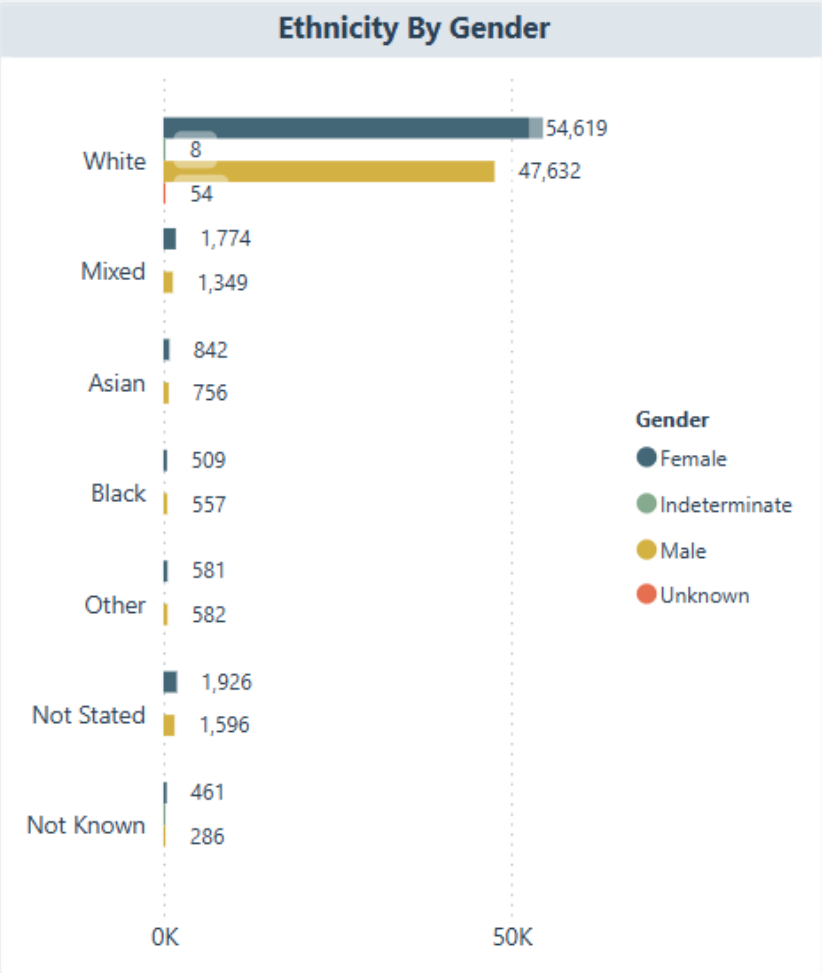
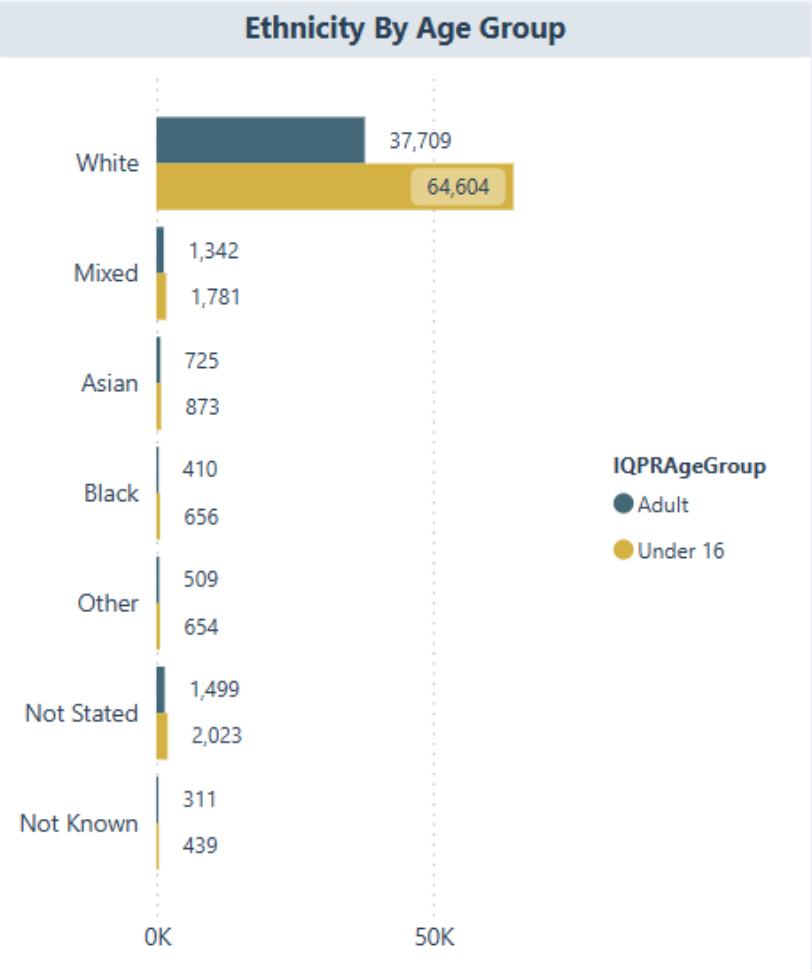
Deprivation By Ethnicity



Indicator	Alt Ref	Metric	Value	Female	Male	Unknown	Indeterminate
OP13a (N)	LTP 04	People accessing CYP services with >= 1 contact	113535	53.47%	46.47%	0.05%	0.01%

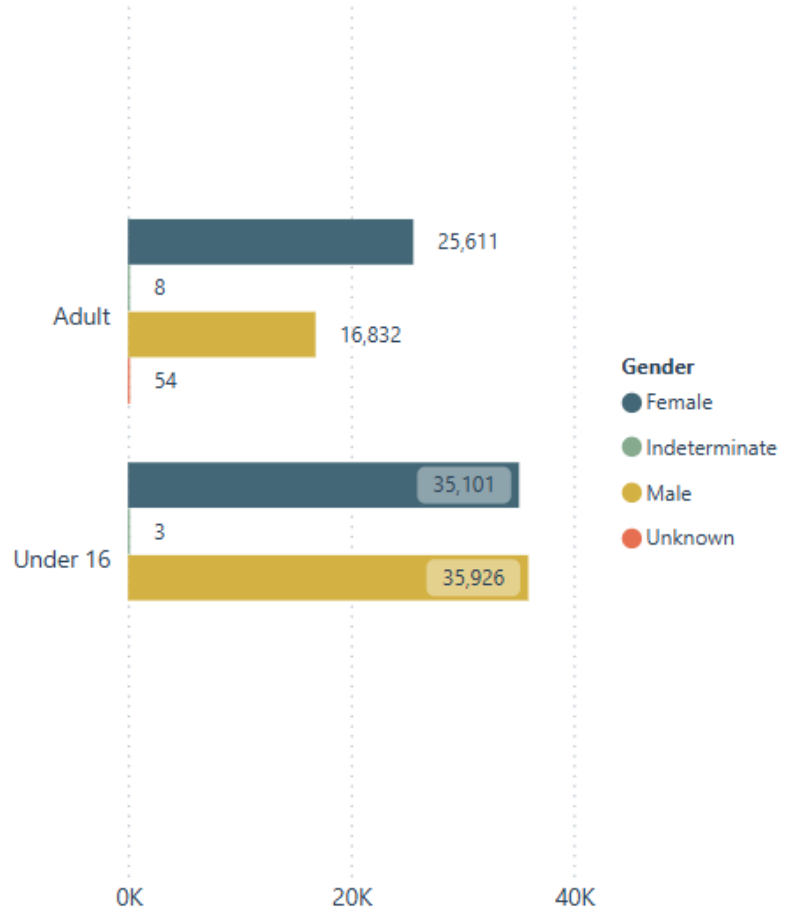


Indicator	Alt Ref	Metric	Value	White	Mixed	Asian	Black	Other	Not Stated	Not Known
OP13a (N)	LTP 04	People accessing CYP services with >= 1 contact	113535	90.12%	2.75%	1.41%	0.94%	1.02%	3.10%	0.66%

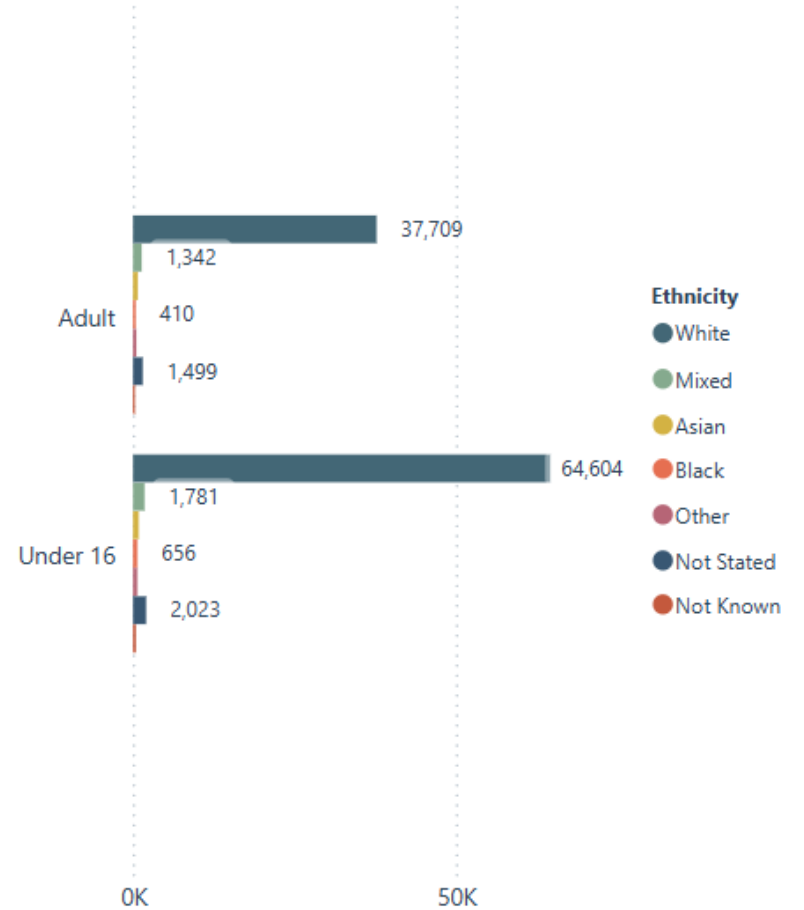


Indicator	Alt Ref	Metric	Value	Adult	Under 16
OP13a (N)	LTP 04	People accessing CYP services with >= 1 contact	113535	37.44%	62.56%

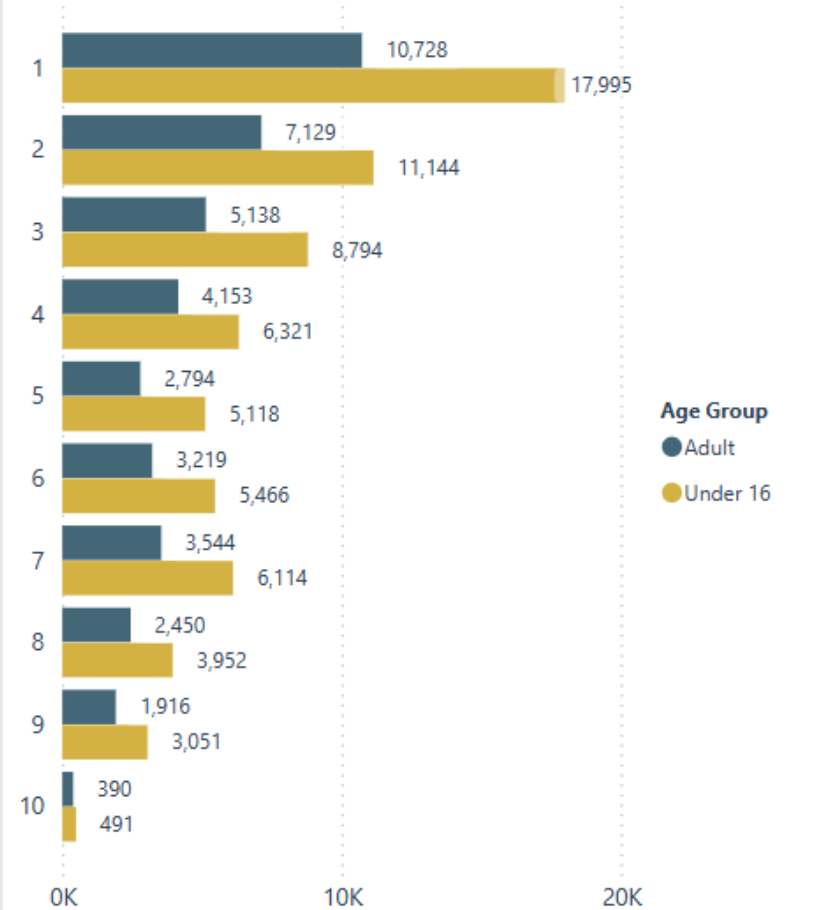
Age Group by Gender



Age Group By Ethnicity



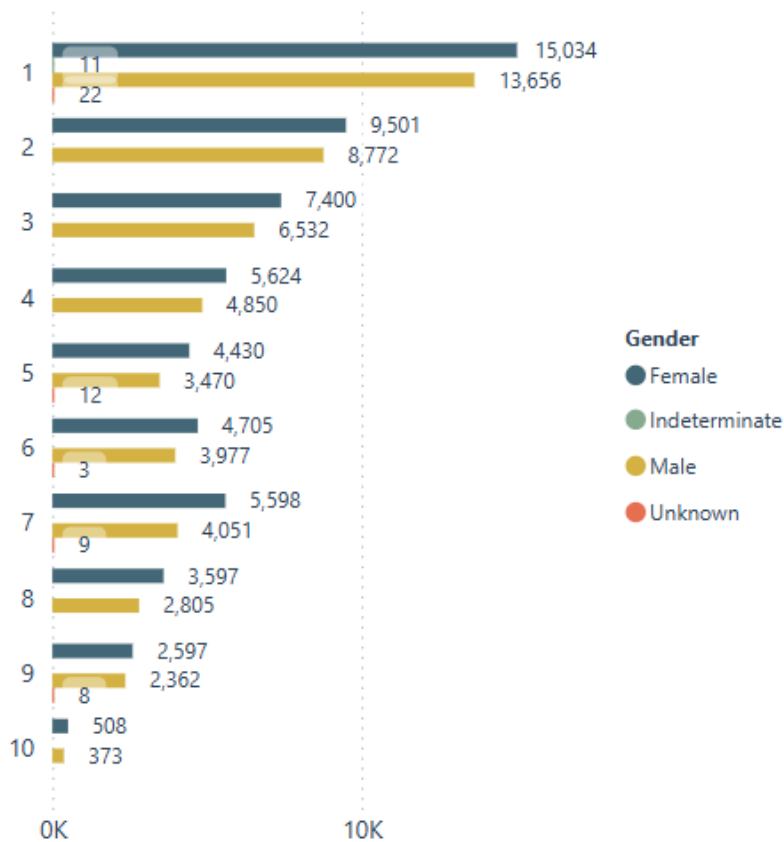
Age Group By Deprivation



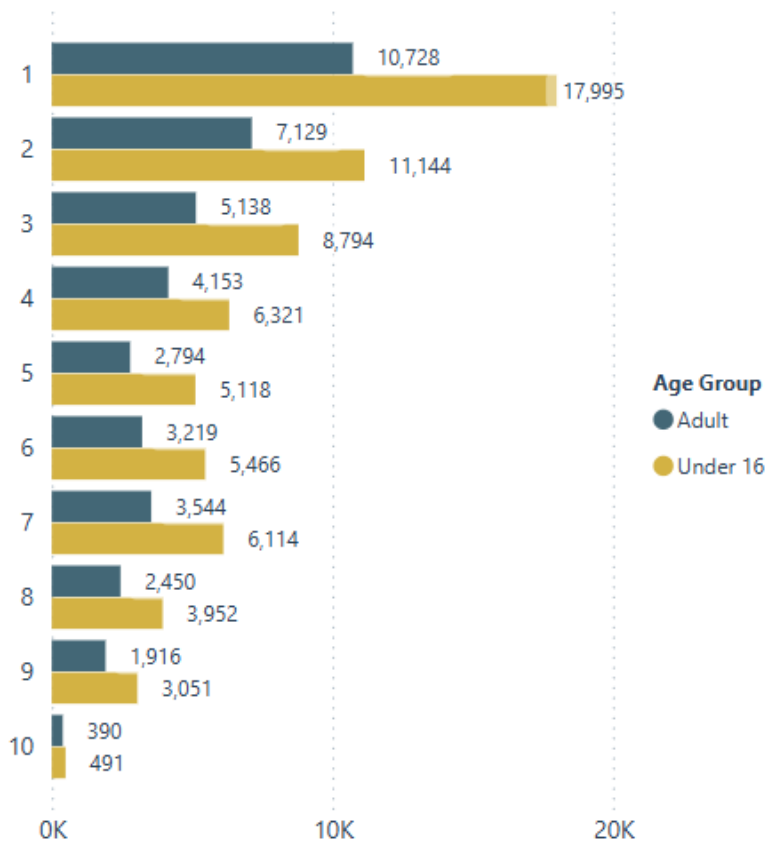
Indicator	Alt Ref	Metric	Value
OP13a (N)	LTP 04	People accessing CYP services with >= 1 contact	113535

Not Recorded	1	2	3	4	5	6	7	8	9	10
3.20%	25.30%	16.09%	12.27%	9.23%	6.97%	7.65%	8.51%	5.64%	4.37%	0.78%

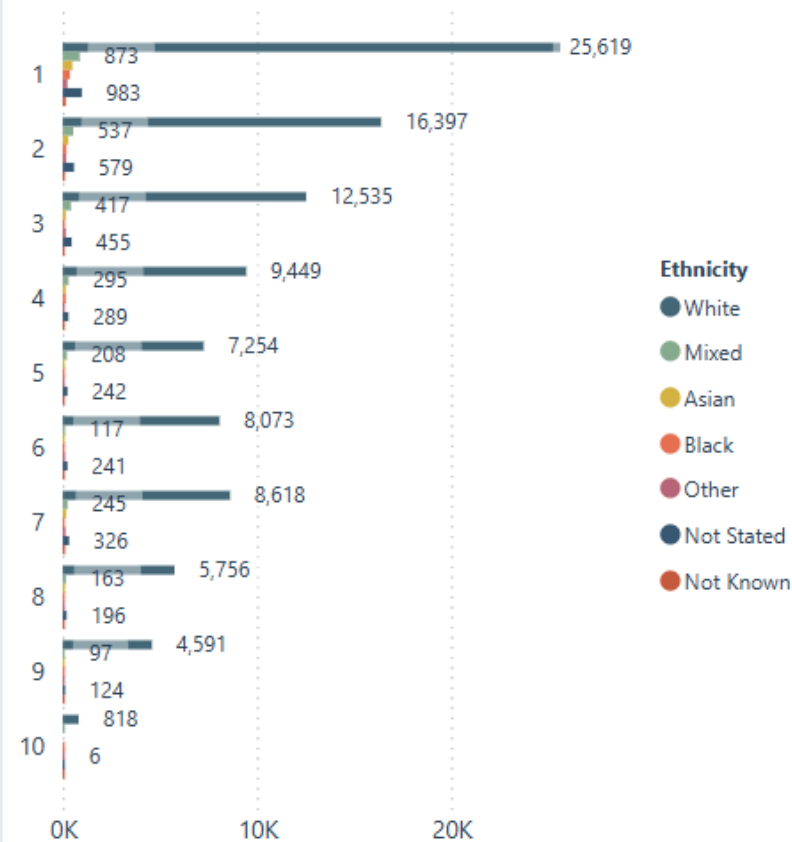
Deprivation By Gender



Deprivation by Age Group

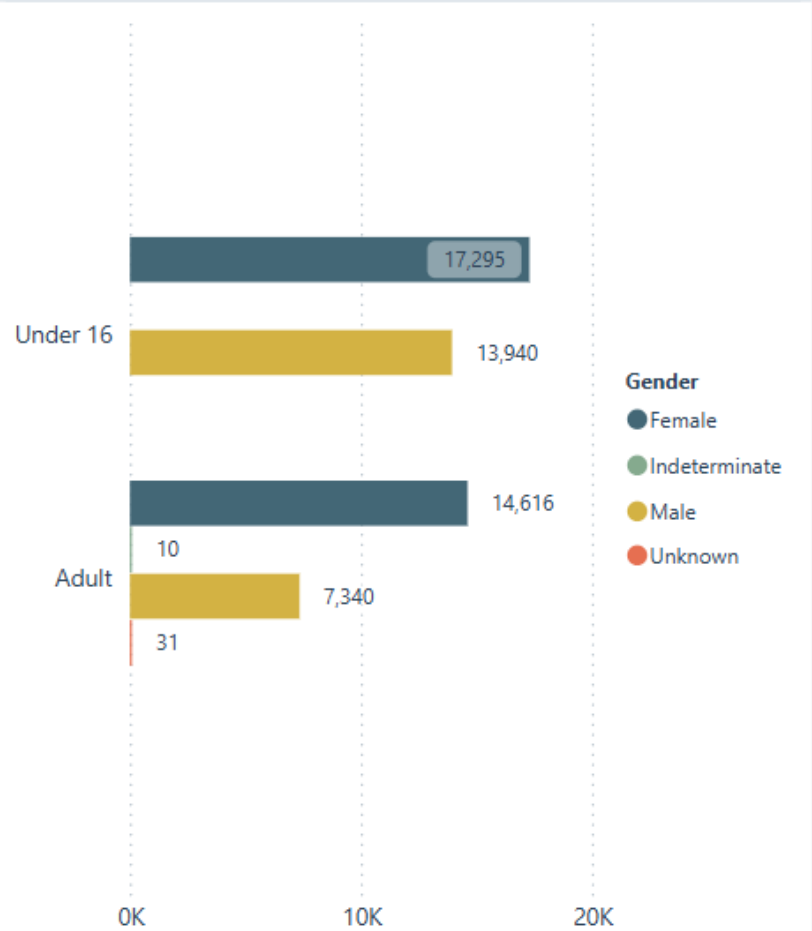


Deprivation By Ethnicity

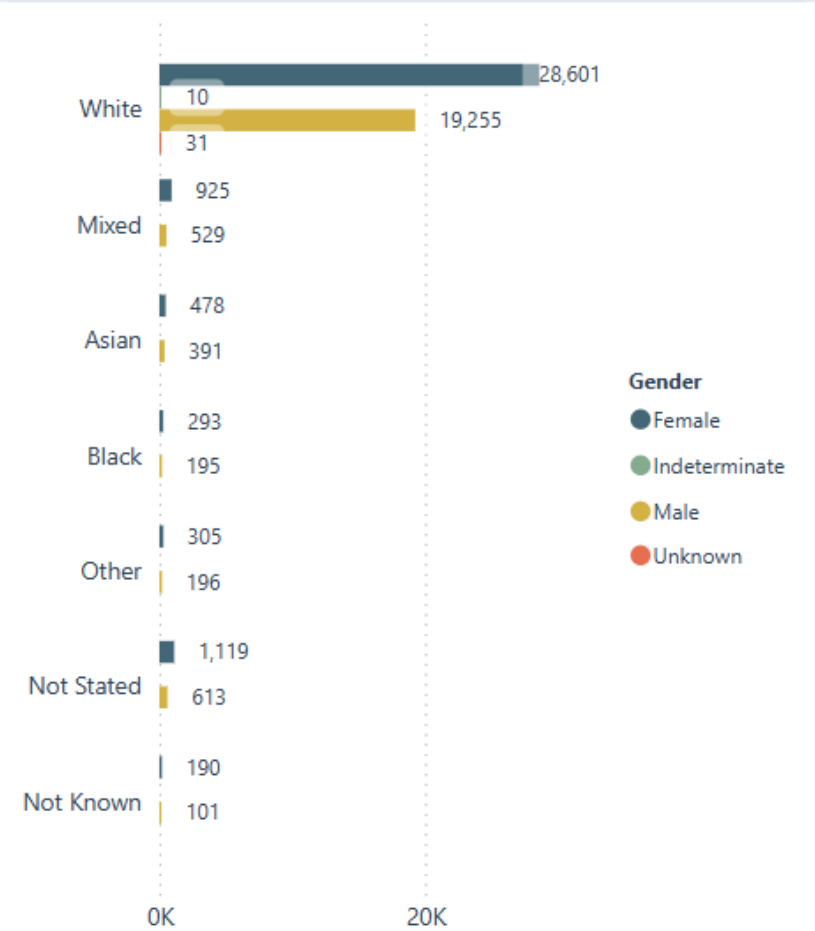


Indicator	Alt Ref	Metric	Value	Female	Male	Unknown	Indeterminate
OP13b (N)		People accessing CYP services >= 2 contacts and paired score	10.65%	59.95%	39.98%	0.06%	0.02%

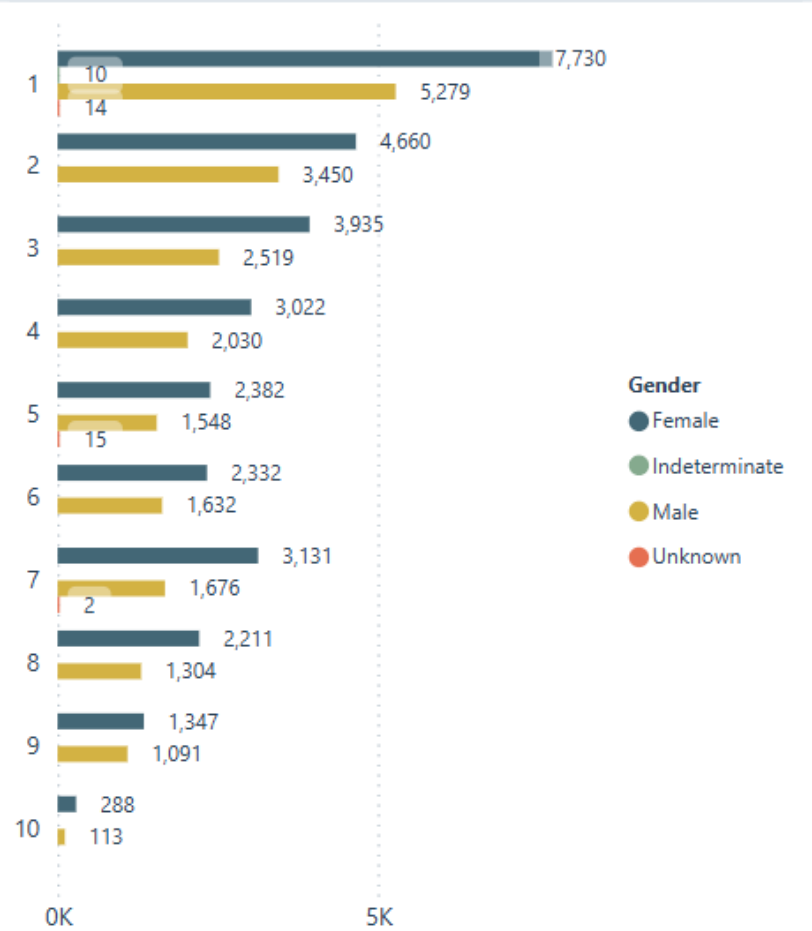
Gender By Age Group



Gender By Ethnicity



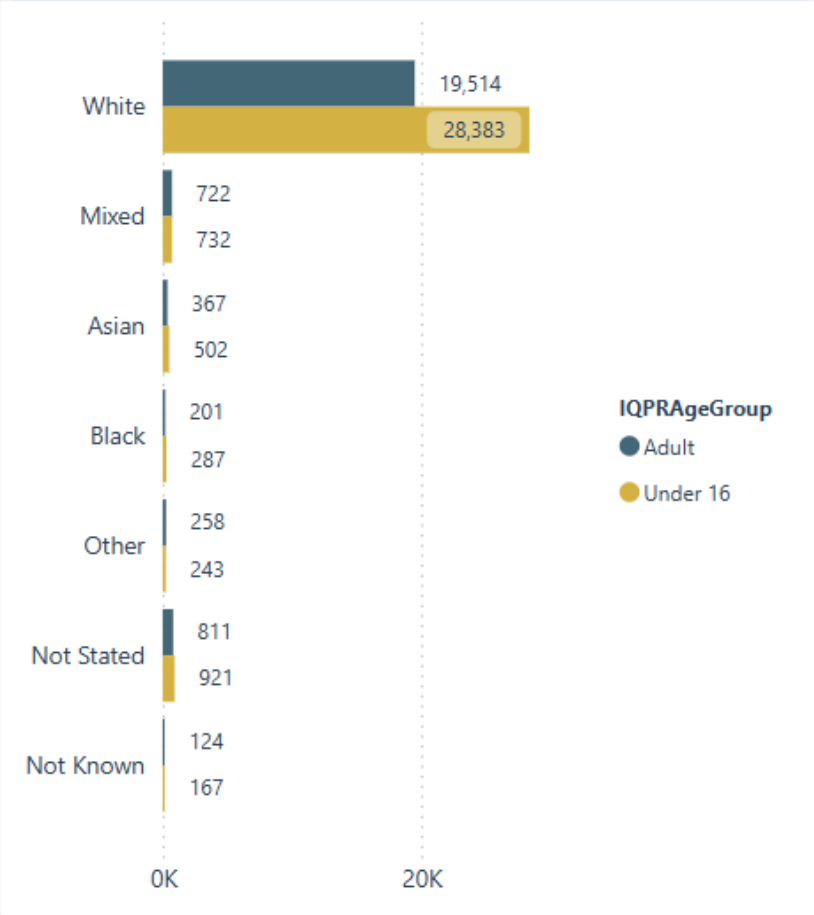
Gender By Deprivation



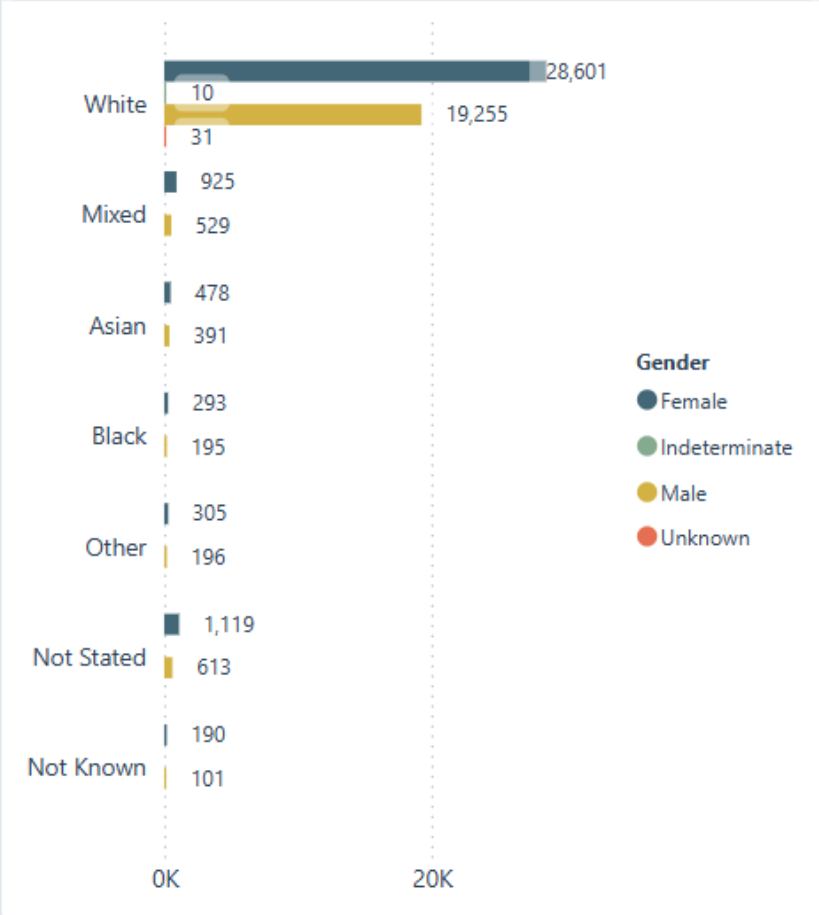
Indicator	Alt Ref	Metric	Value	White	Mixed	Asian	Black	Other	Not Stated	Not Known
OP13b (N)		People accessing CYP services >= 2 contacts and paired score	10.65%	89.98%	2.73%	1.63%	0.92%	0.94%	3.25%	0.55%



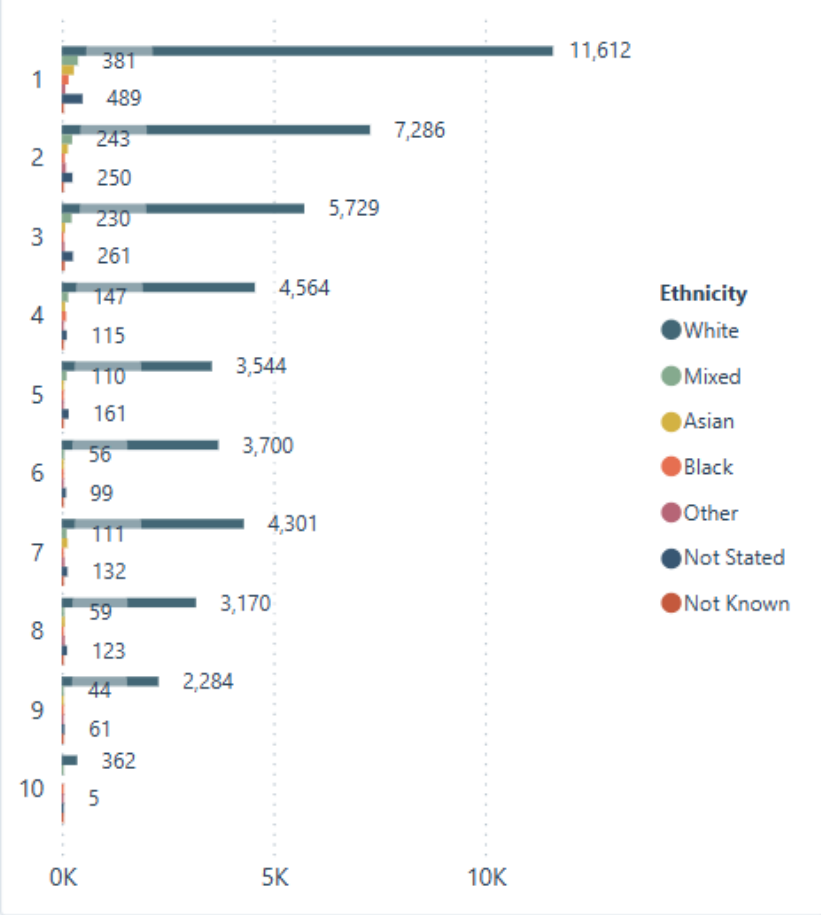
Ethnicity By Age Group



Ethnicity By Gender

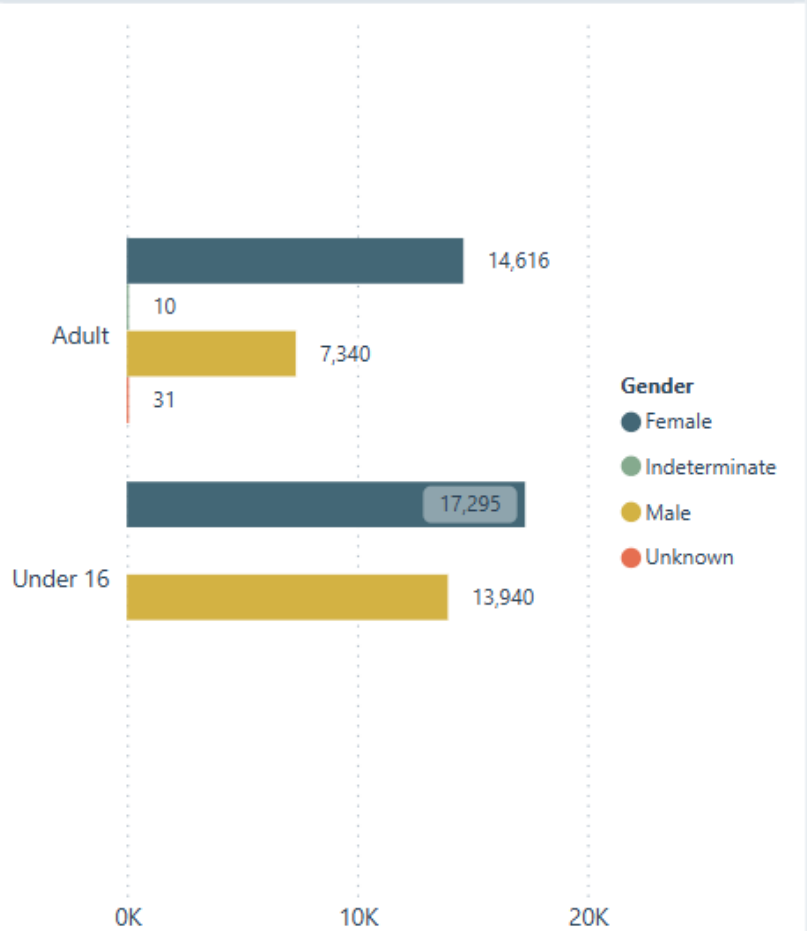


Ethnicity By Deprivation

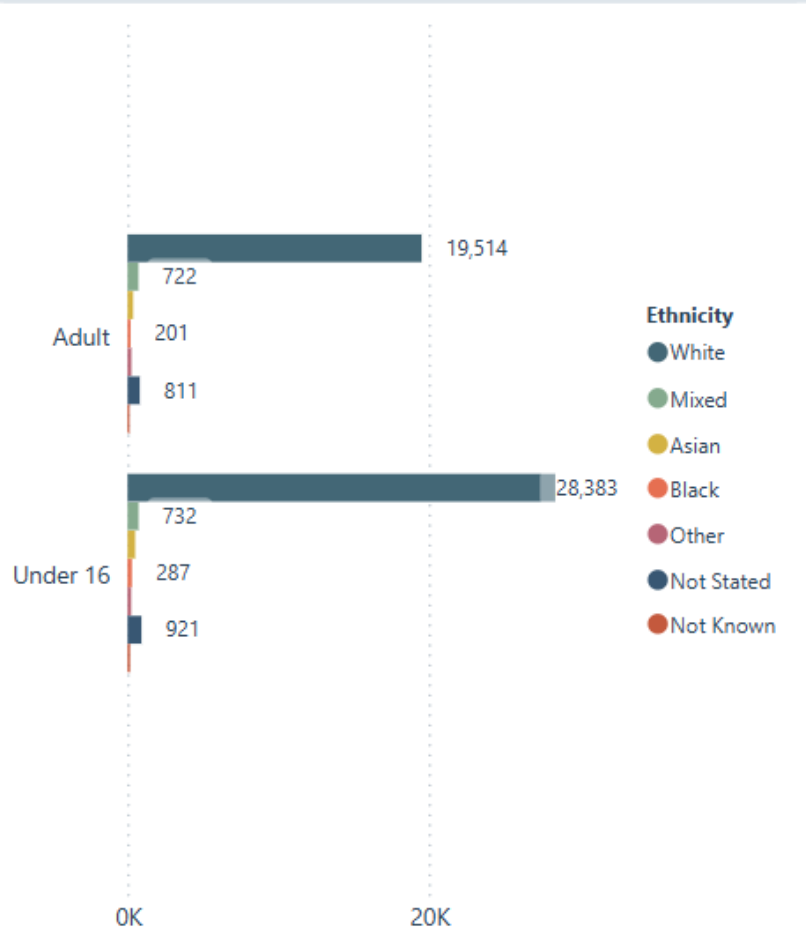


Indicator	Alt Ref	Metric	Value	Adult	Under 16
OP13b (N)		People accessing CYP services >= 2 contacts and paired score	10.65%	41.32%	58.68%

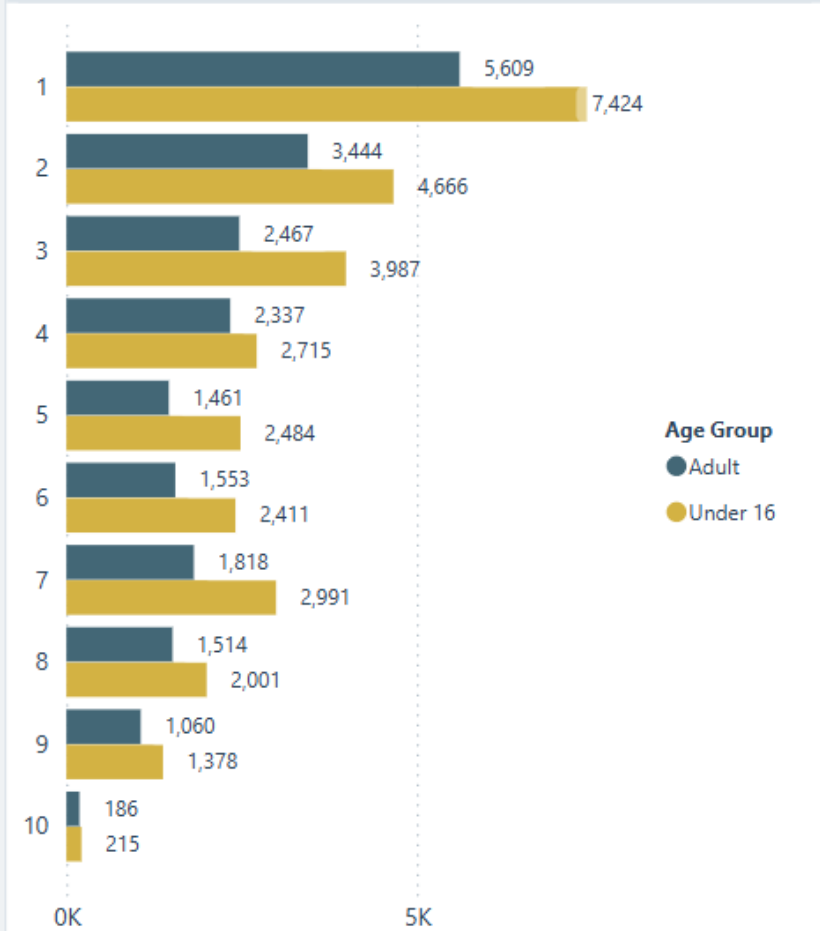
Age Group by Gender



Age Group By Ethnicity



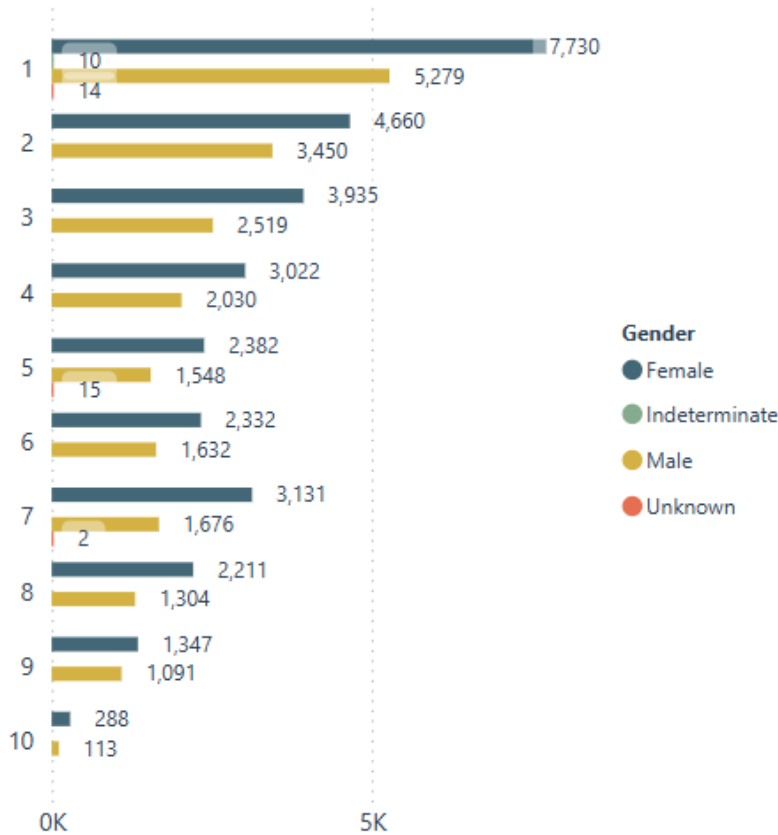
Age Group By Deprivation



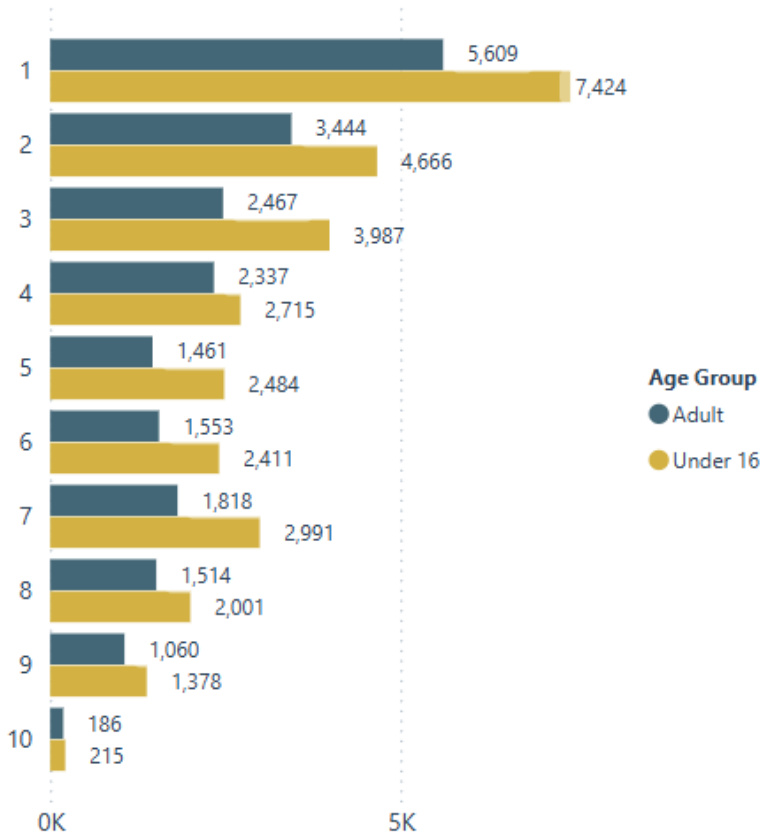
Indicator	Alt Ref	Metric	Value
OP13b (N)		People accessing CYP services >= 2 contacts and paired score	10.65%

Not Recorded	1	2	3	4	5	6	7	8	9	10
2.84%	24.48%	15.24%	12.12%	9.49%	7.41%	7.45%	9.03%	6.60%	4.58%	0.75%

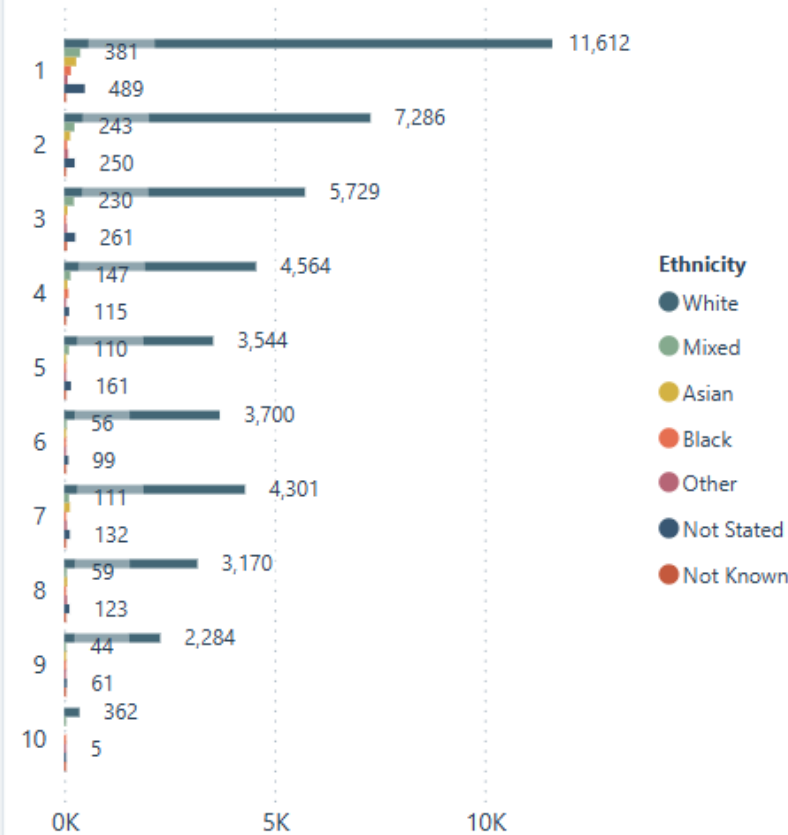
Deprivation By Gender



Deprivation by Age Group

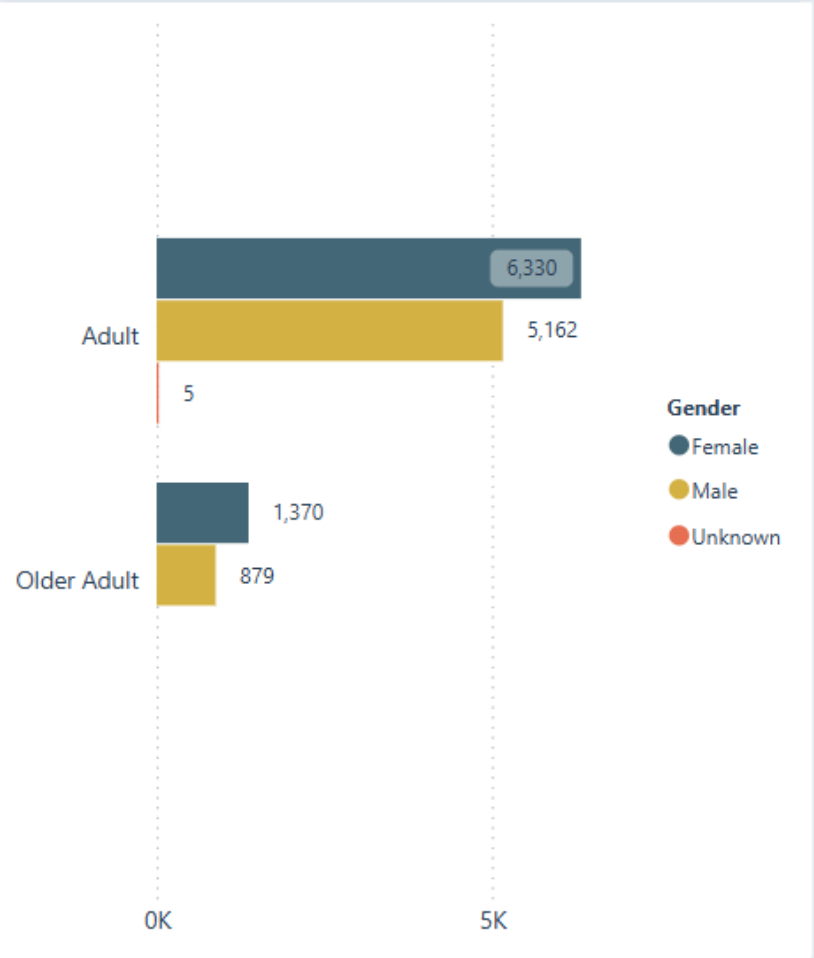


Deprivation By Ethnicity

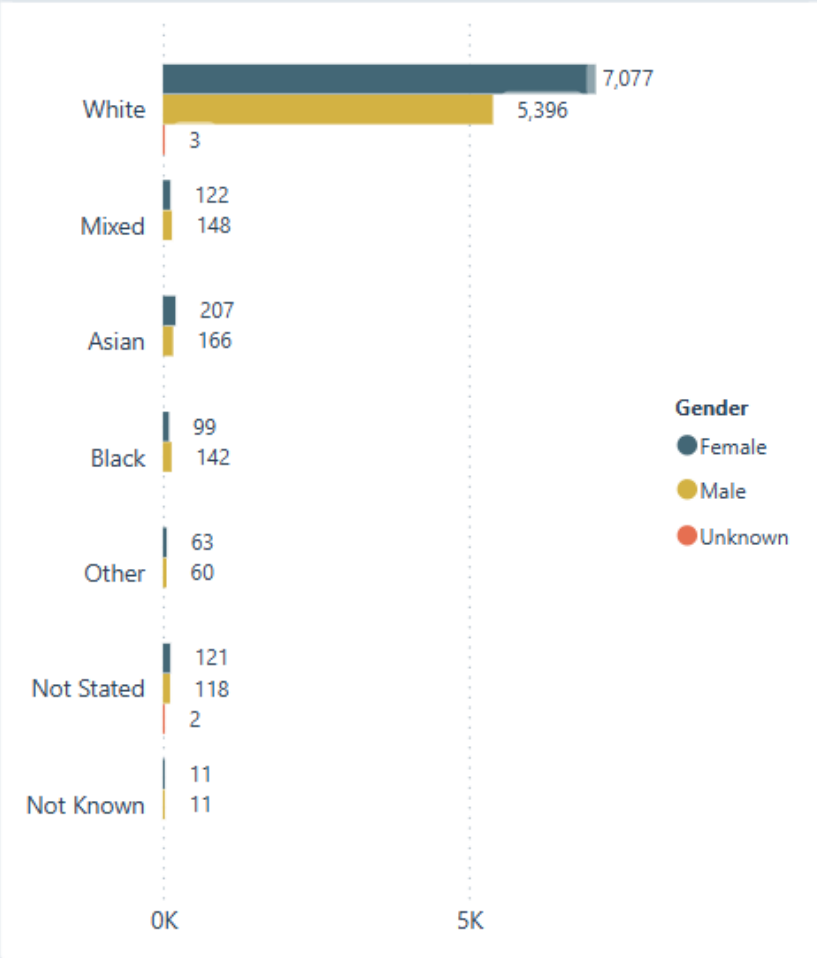


Indicator	Alt Ref	Metric	Value	Female	Male	Unknown
OP13c (N)		Adults accessing community mental health services	13746	56.02%	43.95%	0.04%

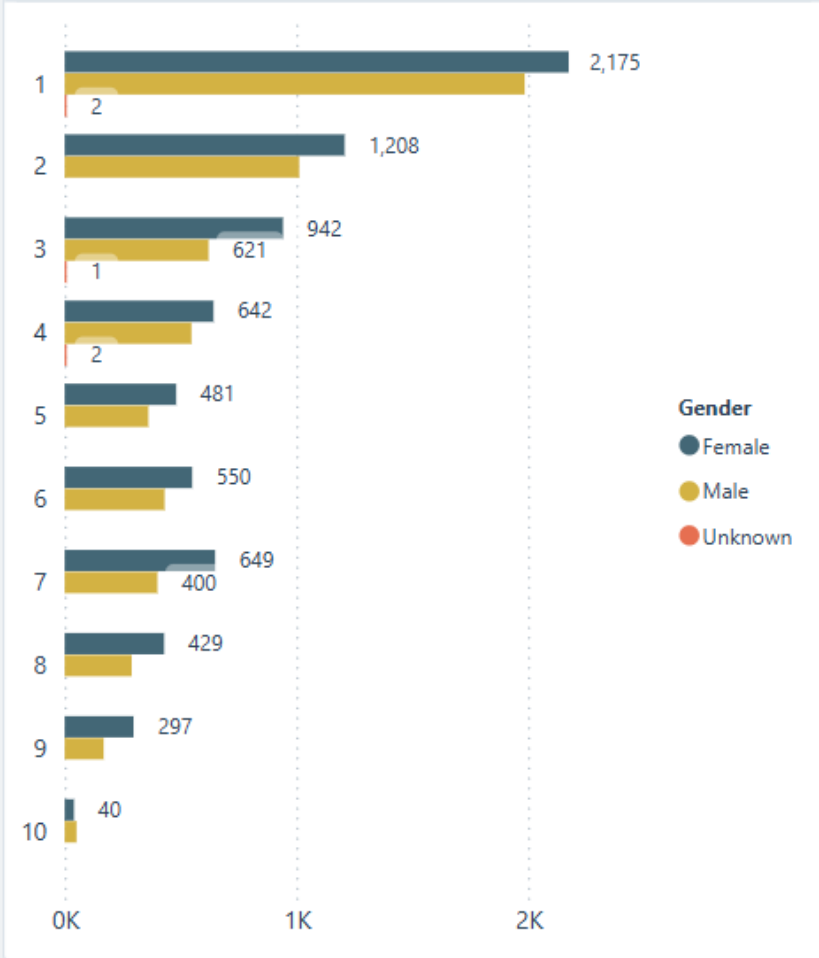
Gender By Age Group



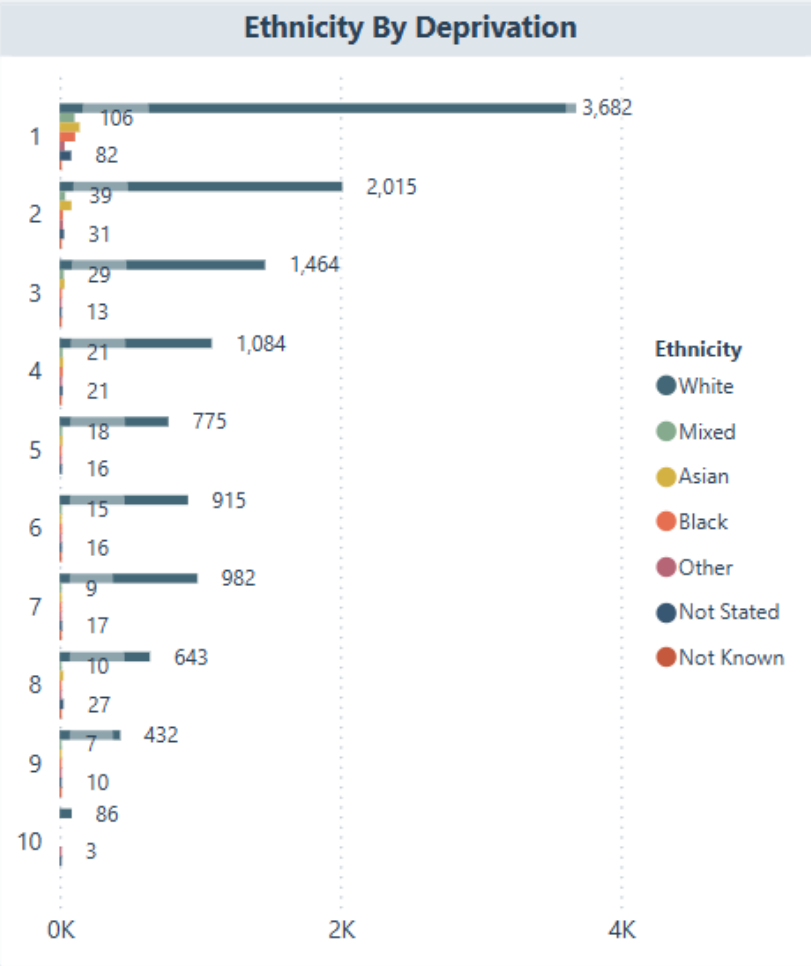
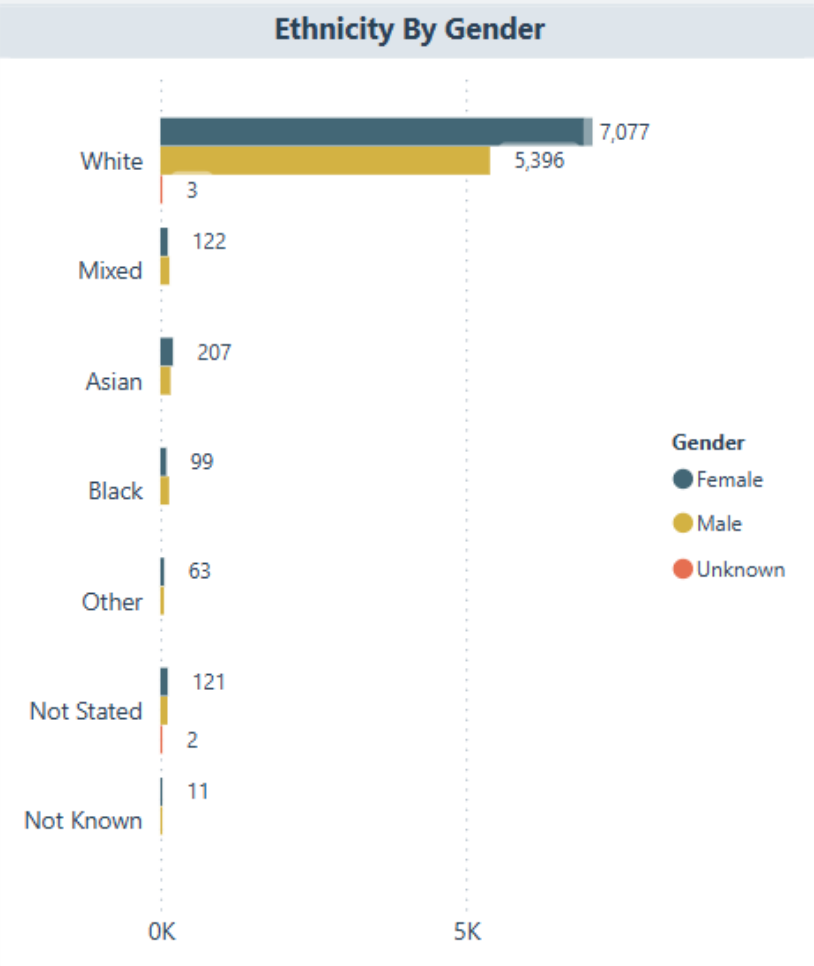
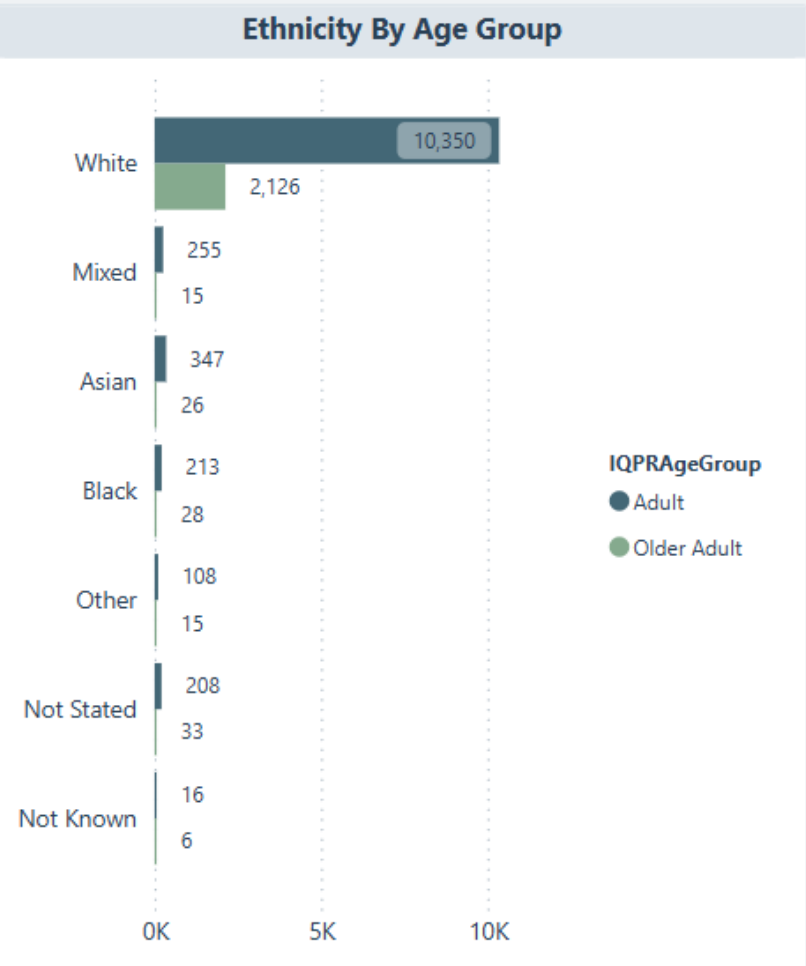
Gender By Ethnicity



Gender By Deprivation

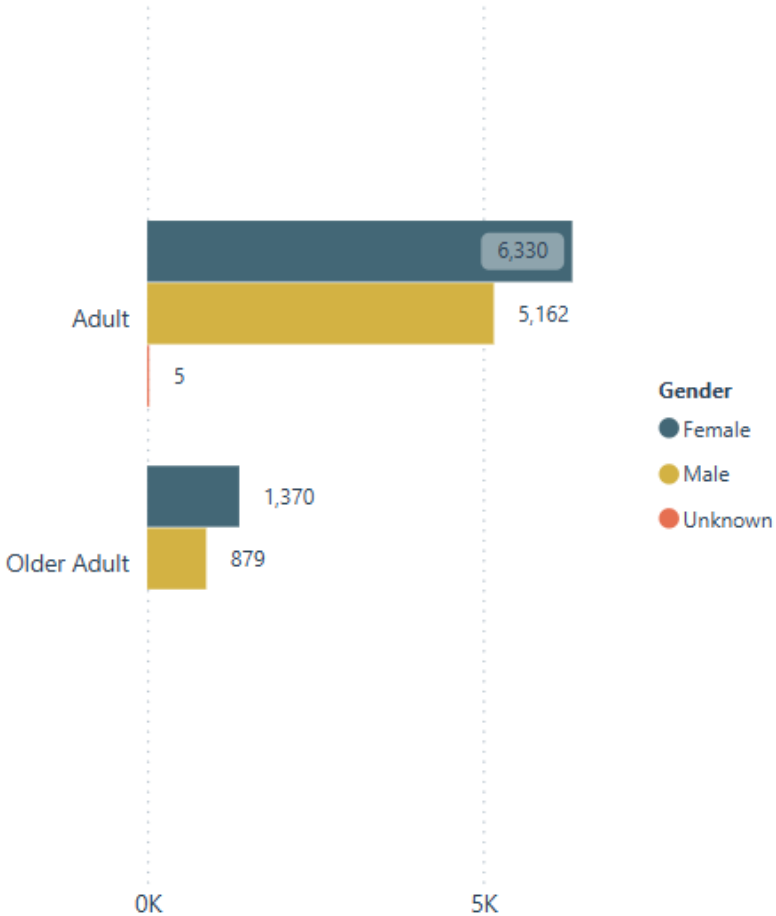


Indicator	Alt Ref	Metric	Value	White	Mixed	Asian	Black	Other	Not Stated	Not Known
OP13c (N)		Adults accessing community mental health services	13746	90.76%	1.96%	2.71%	1.75%	0.89%	1.75%	0.16%

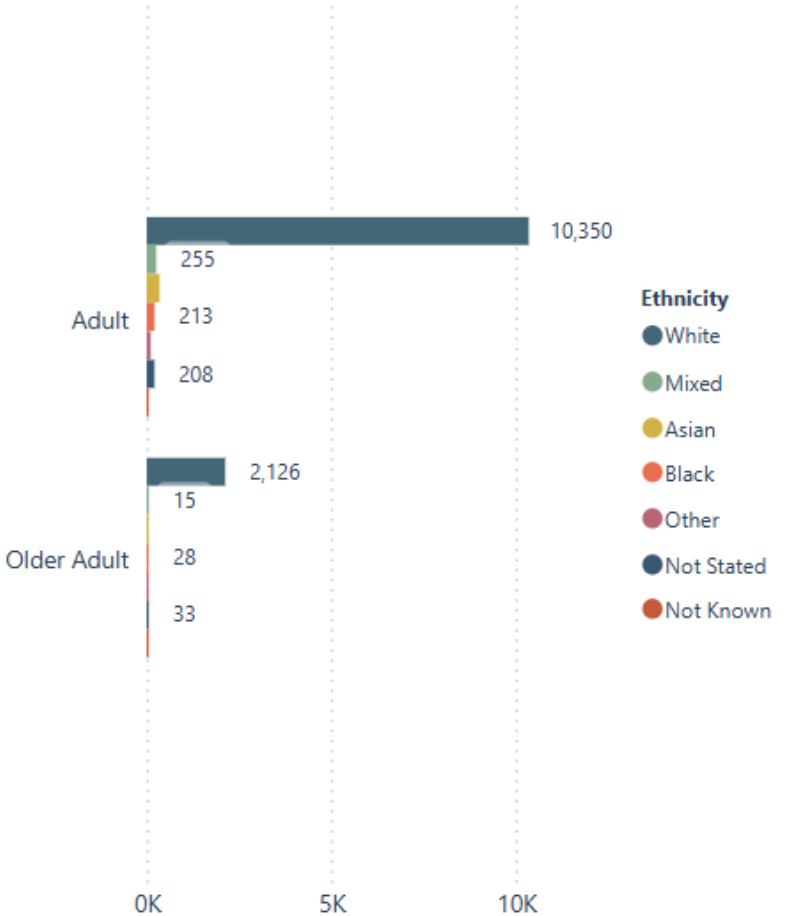


Indicator	Alt Ref	Metric	Value	Adult	Older Adult
OP13c (N)		Adults accessing community mental health services	13746	83.64%	16.36%

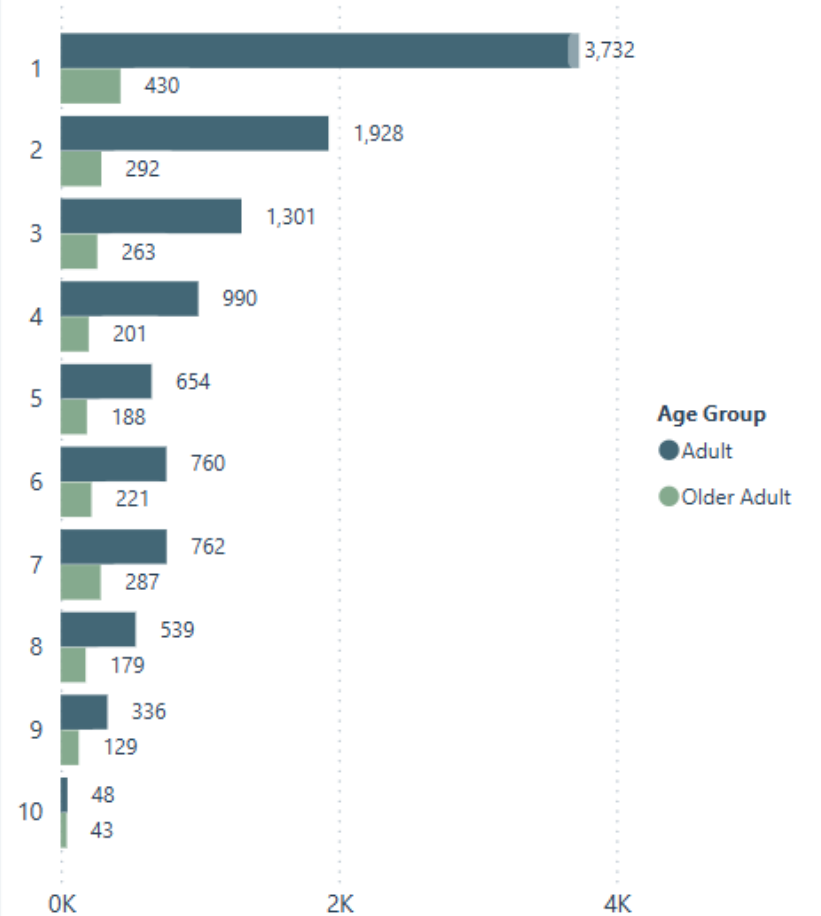
Age Group by Gender



Age Group By Ethnicity



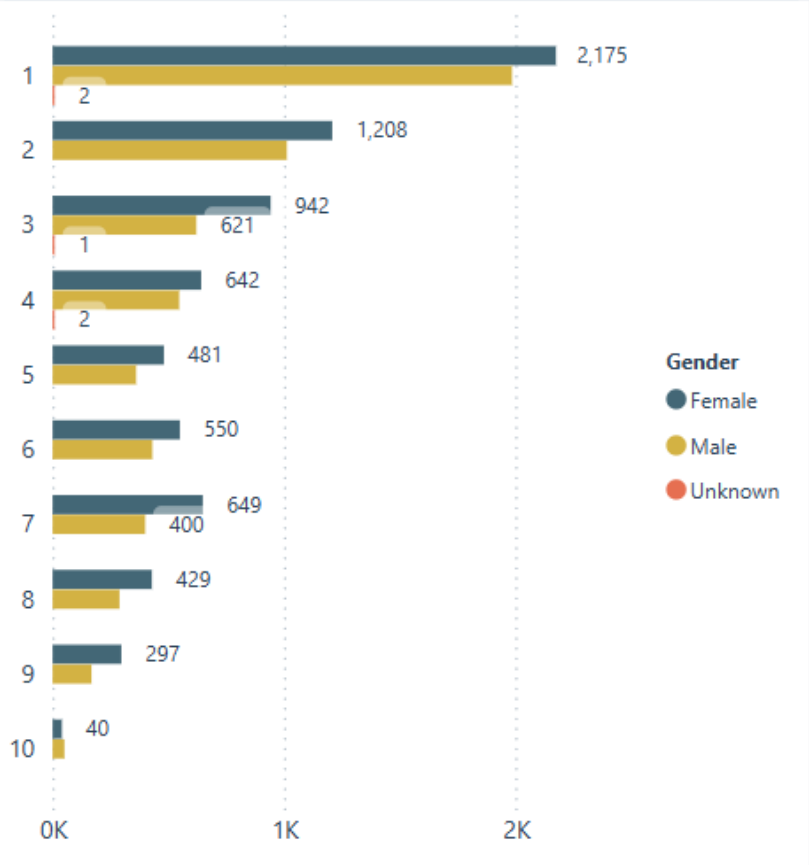
Age Group By Deprivation



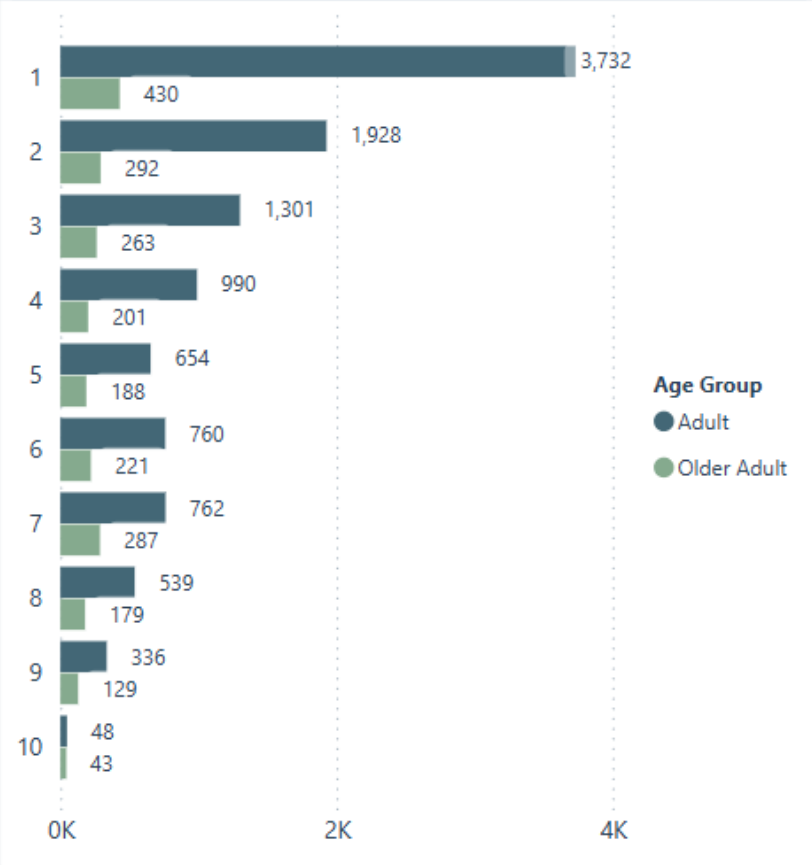
Indicator	Alt Ref	Metric	Value
OP13c (N)		Adults accessing community mental health services	13746

Not Recorded	1	2	3	4	5	6	7	8	9	10
3.37%	30.28%	16.15%	11.38%	8.66%	6.13%	7.14%	7.63%	5.22%	3.38%	0.66%

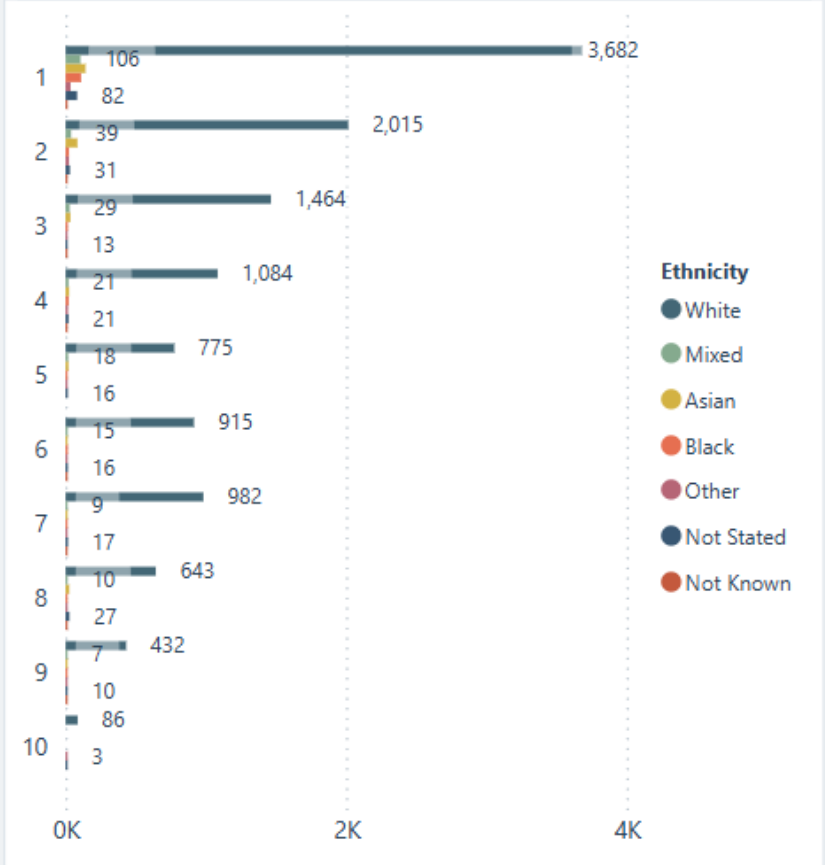
Deprivation By Gender



Deprivation by Age Group

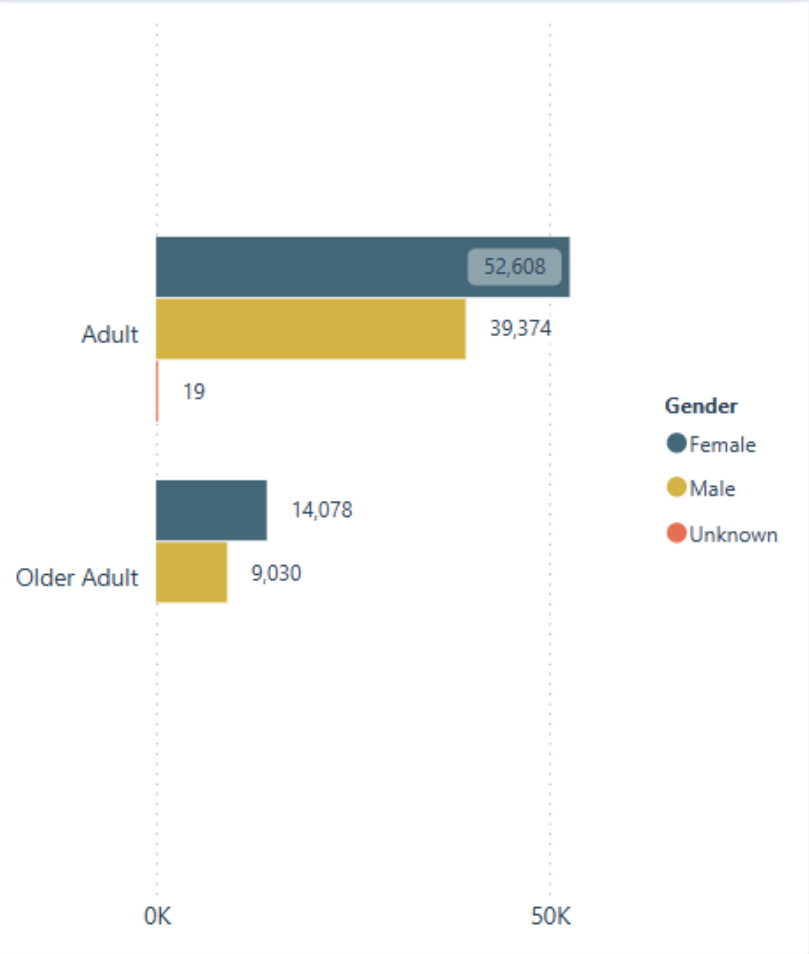


Deprivation By Ethnicity

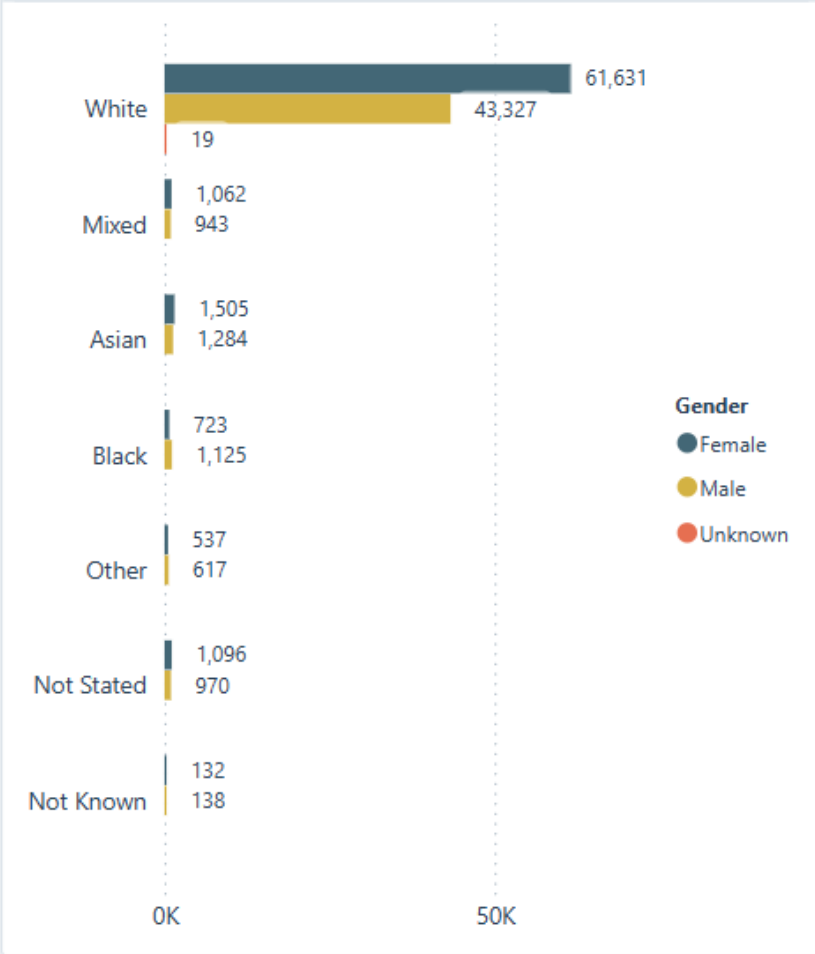


Indicator	Alt Ref	Metric	Value	Female	Male	Unknown
OP13d (L)	LTP 01 a	Adults accessing community mental health services (DW)	115109	57.93%	42.05%	0.02%

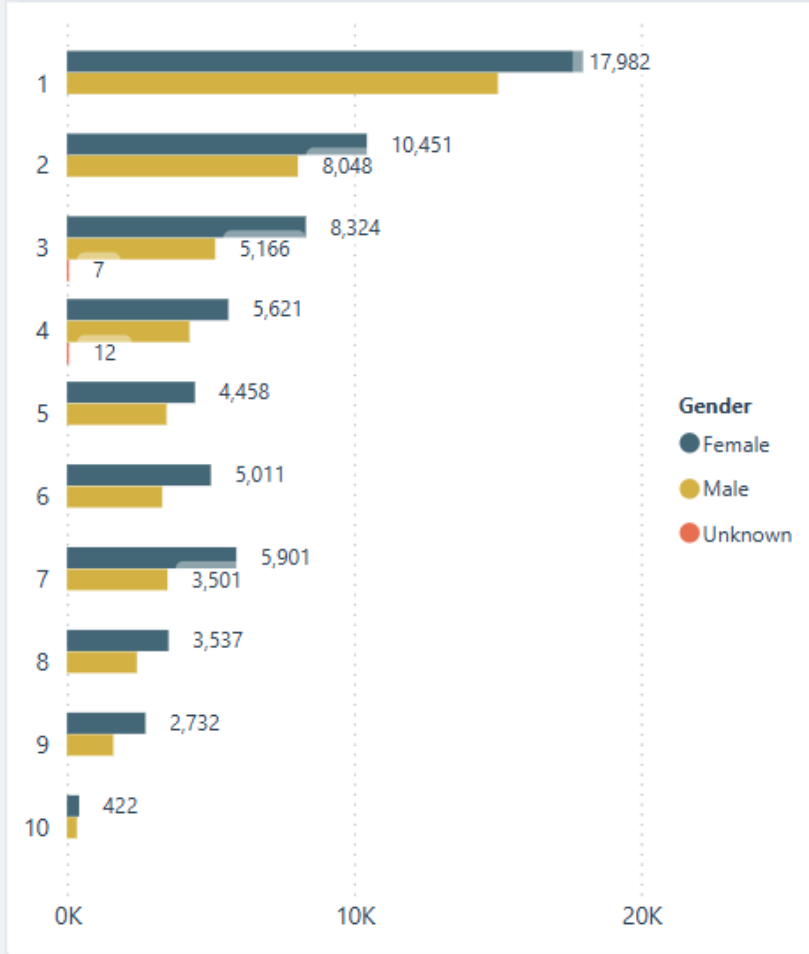
Gender By Age Group



Gender By Ethnicity

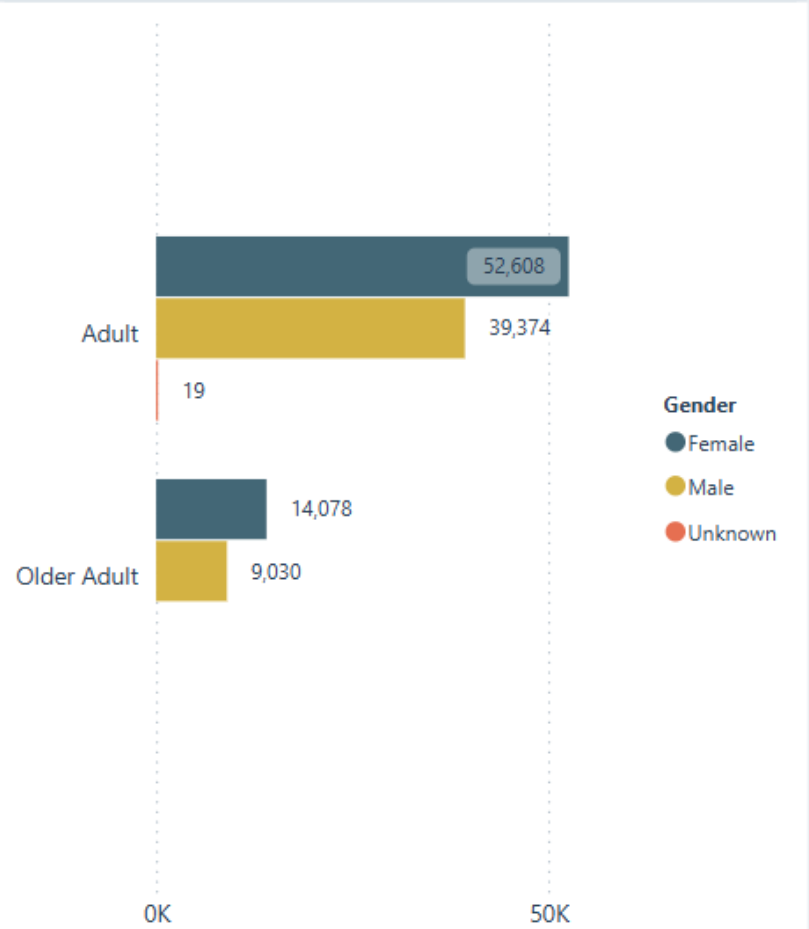


Gender By Deprivation

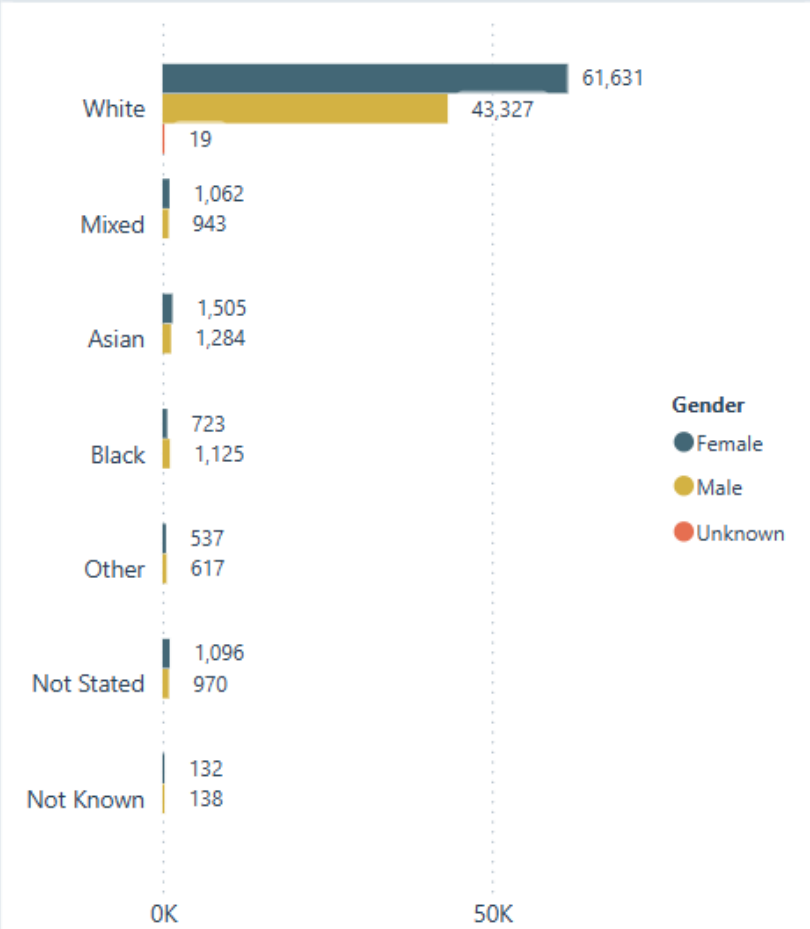


Indicator	Alt Ref	Metric	Value	Female	Male	Unknown
OP13e (N)	LTP 01 b	CMHT access rate (DW not MHSDS) (>=1 Contact)	115109	57.93%	42.05%	0.02%

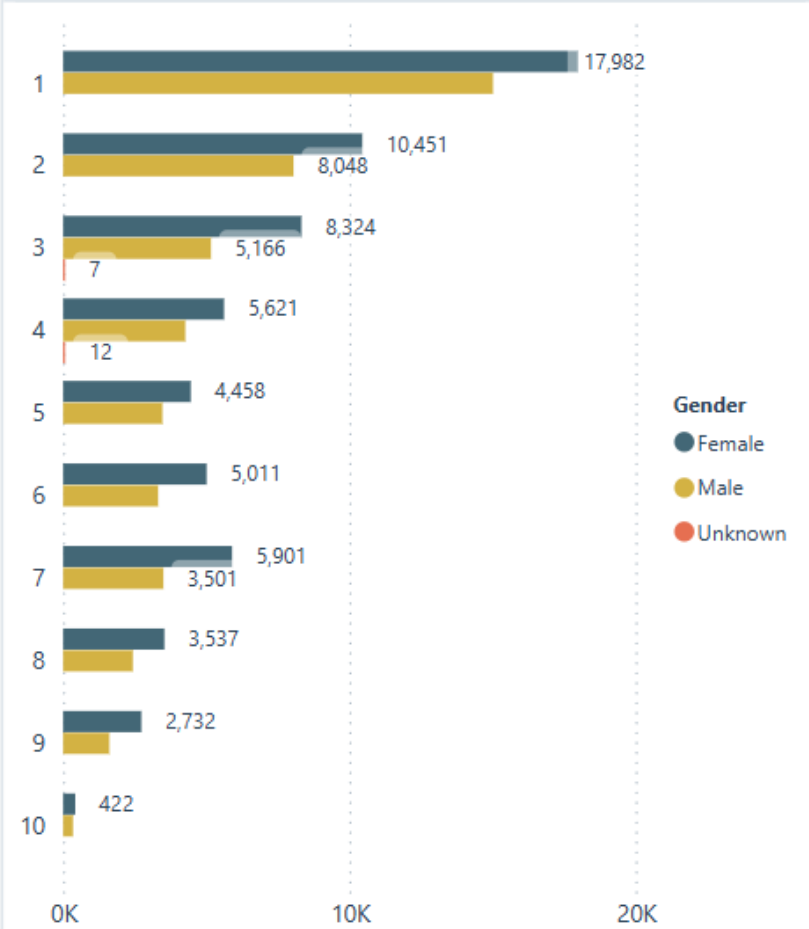
Gender By Age Group



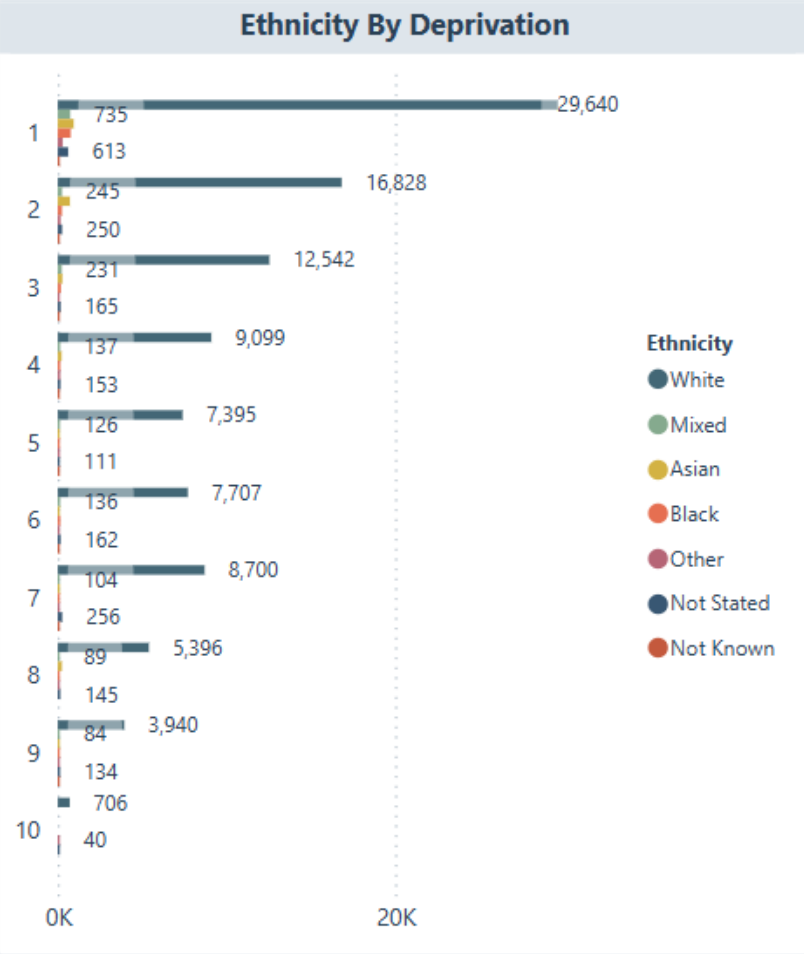
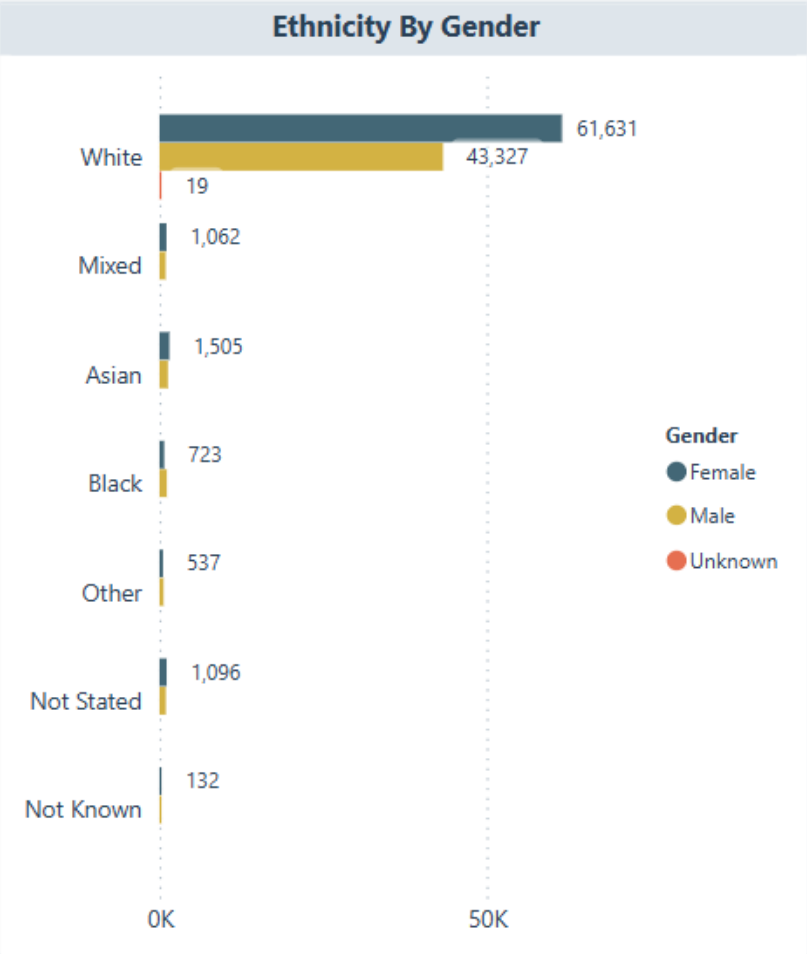
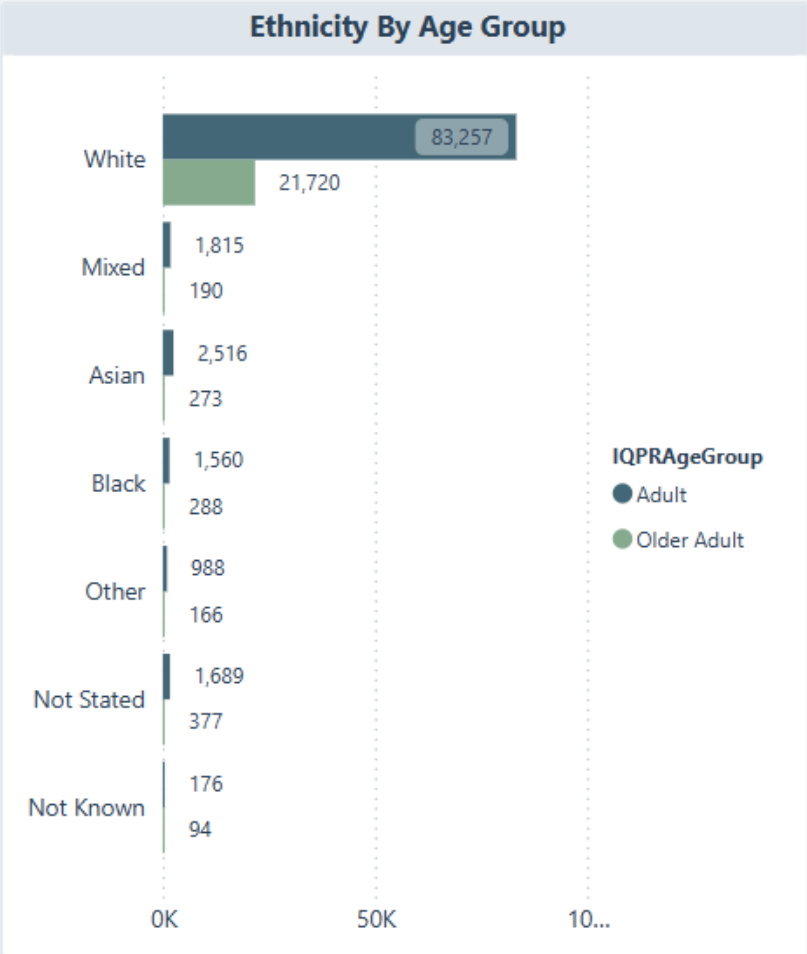
Gender By Ethnicity



Gender By Deprivation

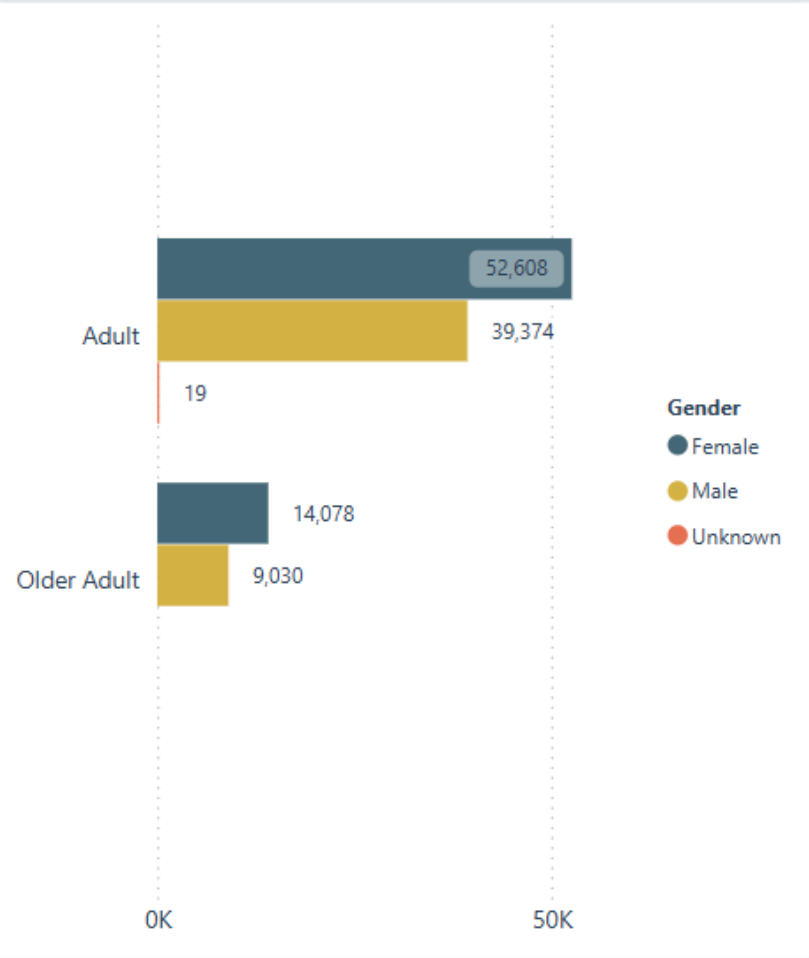


Indicator	Alt Ref	Metric	Value	White	Mixed	Asian	Black	Other	Not Stated	Not Known
OP13e (N)	LTP 01 b	CMHT access rate (DW not MHSDS) (>=1 Contact)	115109	91.20%	1.74%	2.42%	1.61%	1.00%	1.79%	0.23%

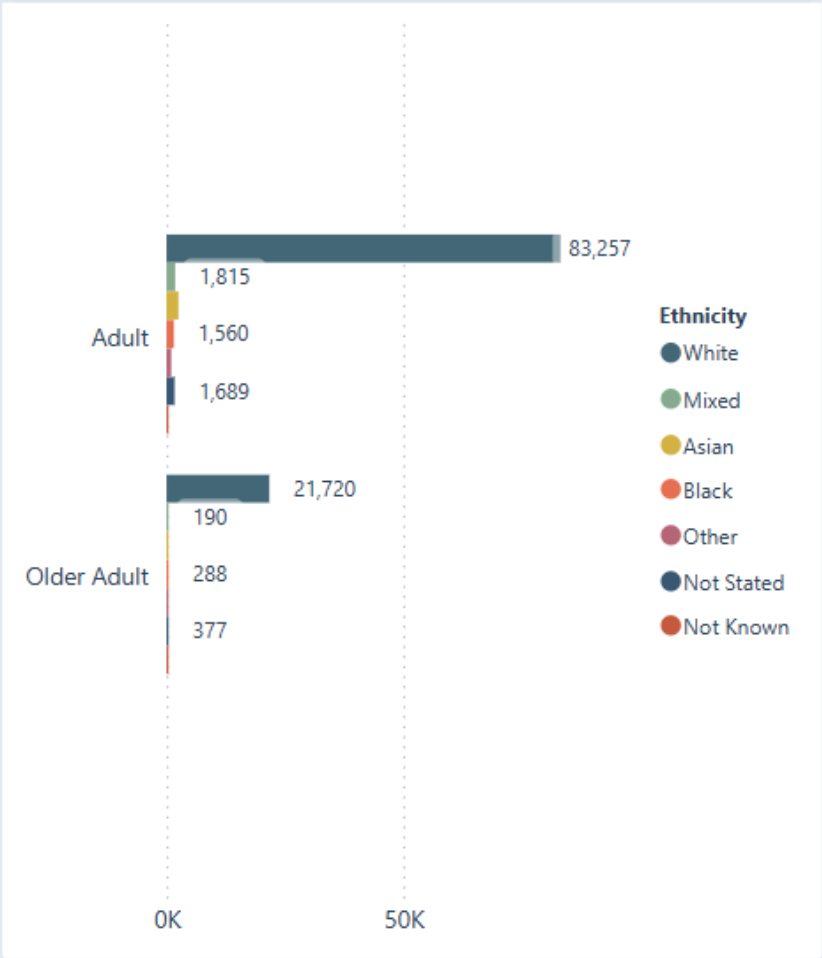


Indicator	Alt Ref	Metric	Value	Adult	Older Adult
OP13e (N)	LTP 01 b	CMHT access rate (DW not MHSDS) (>=1 Contact)	115109	79.93%	20.07%

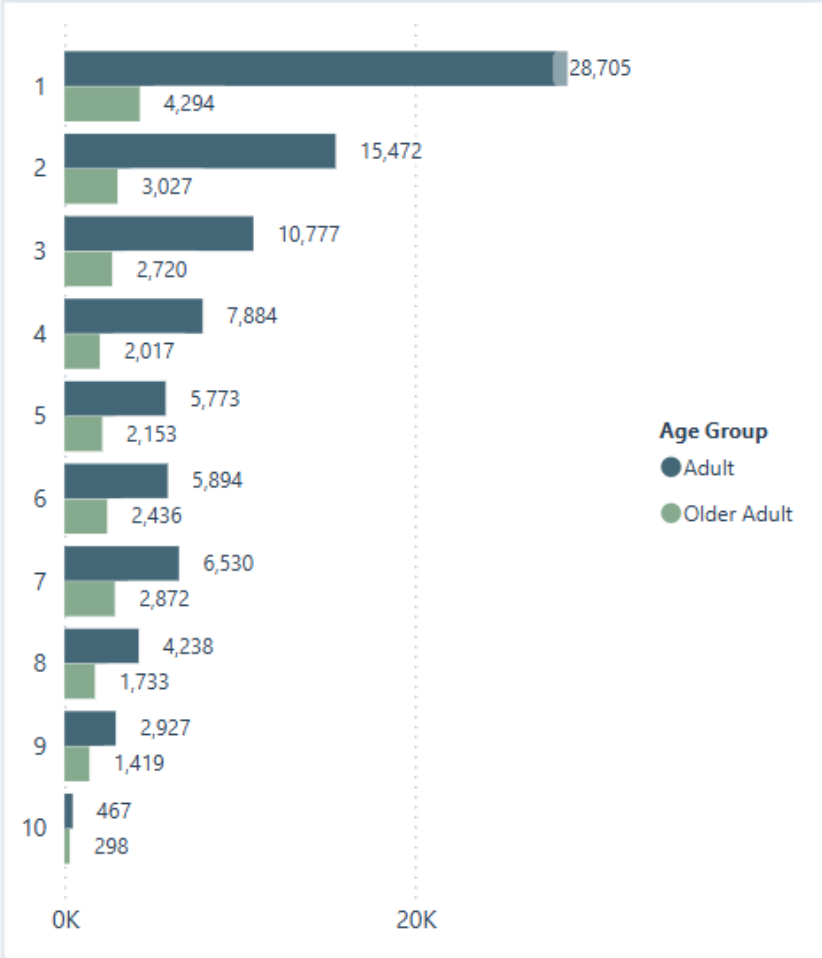
Age Group by Gender



Age Group By Ethnicity



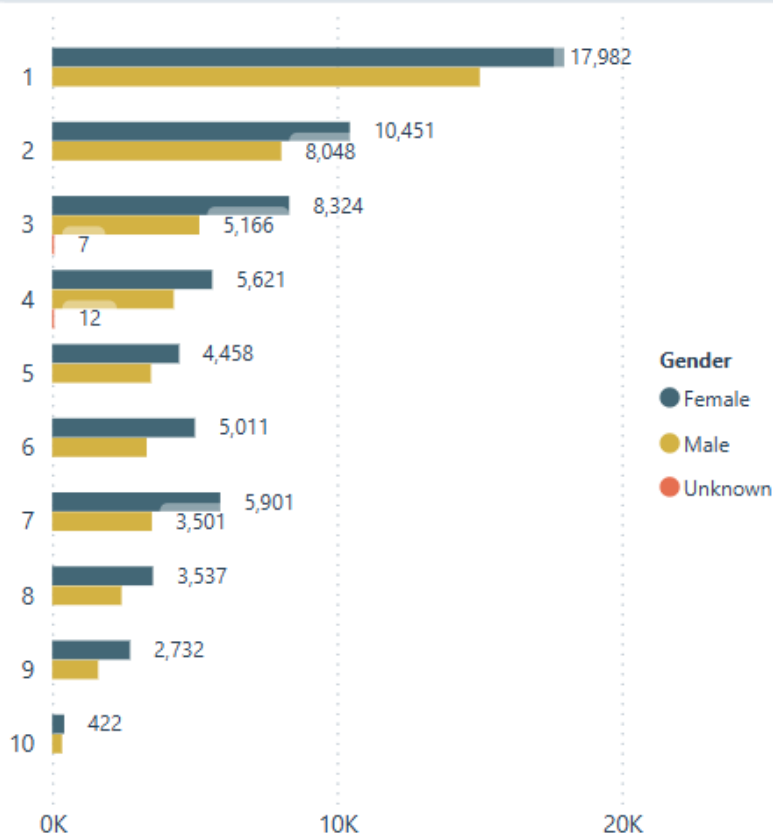
Age Group By Deprivation



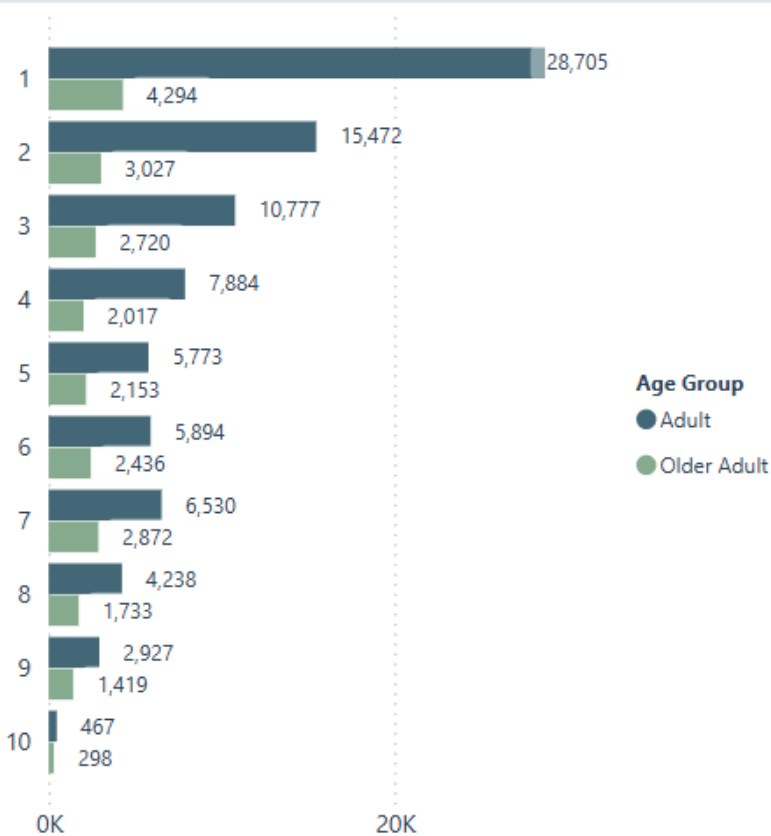
Indicator	Alt Ref	Metric	Value
OP13e (N)	LTP 01 b	CMHT access rate (DW not MHSDS) (>=1 Contact)	115109

Not Recorded	1	2	3	4	5	6	7	8	9	10
3.02%	28.67%	16.07%	11.73%	8.60%	6.89%	7.24%	8.17%	5.19%	3.78%	0.66%

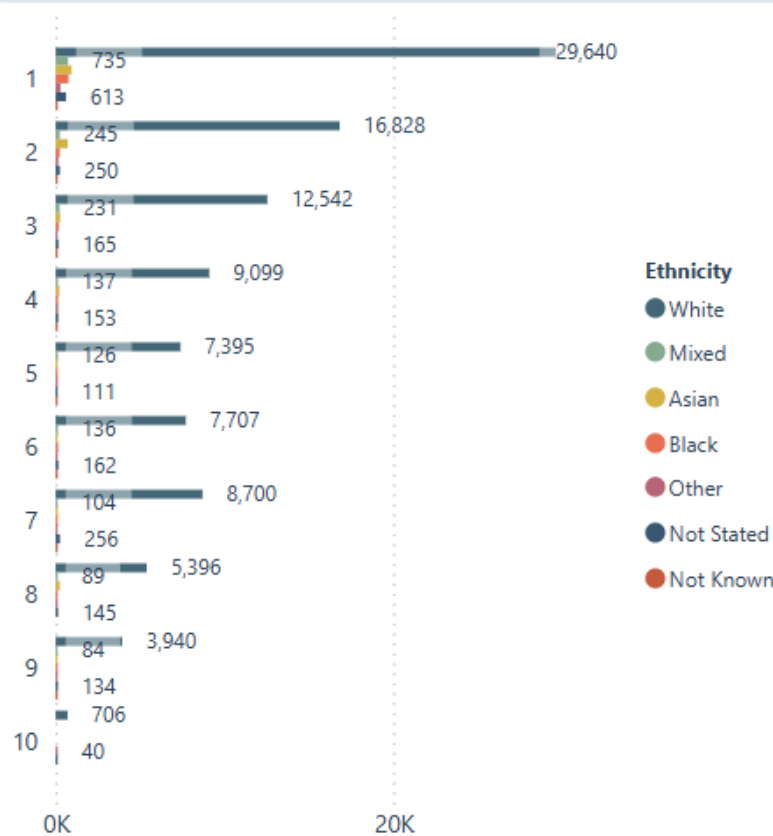
Deprivation By Gender



Deprivation by Age Group



Deprivation By Ethnicity

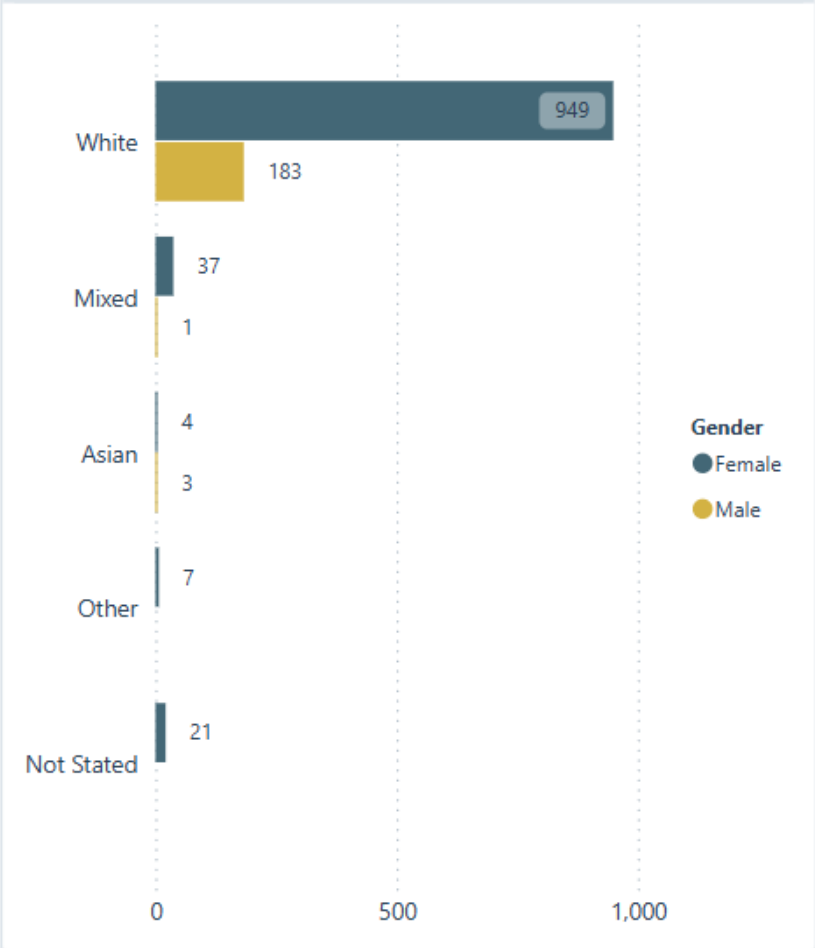


Indicator	Alt Ref	Metric	Value	Female	Male
OP14 (N)		People (CYP) with routine eating disorders seen within 4 wks	92.95%	84.48%	15.52%

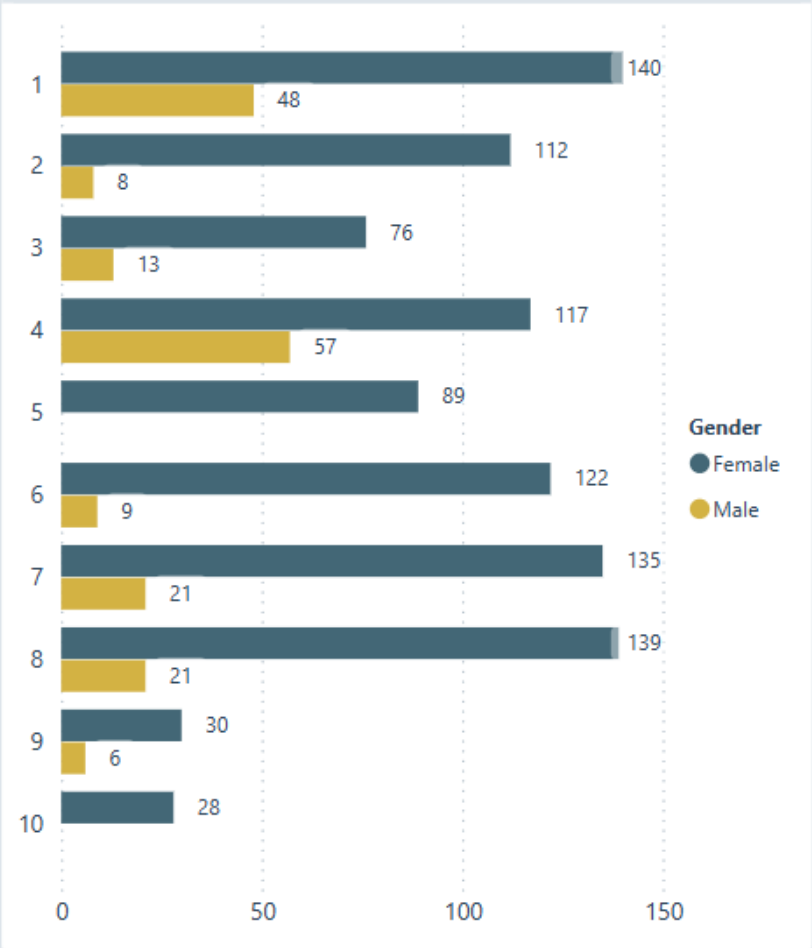
Gender By Age Group



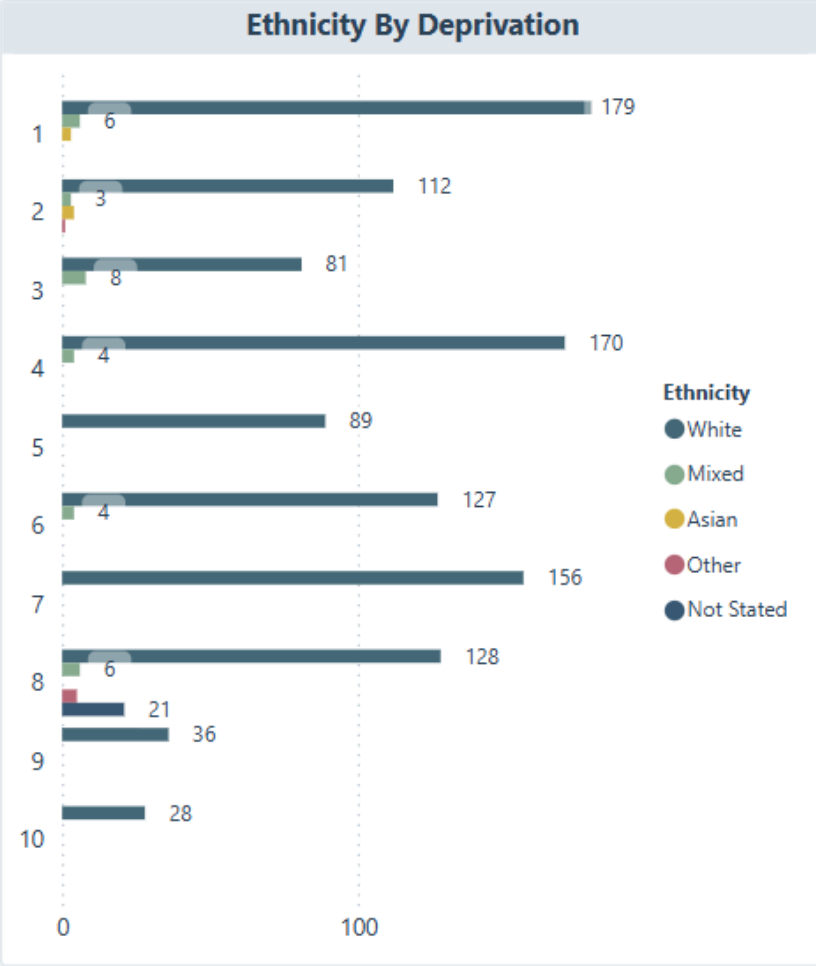
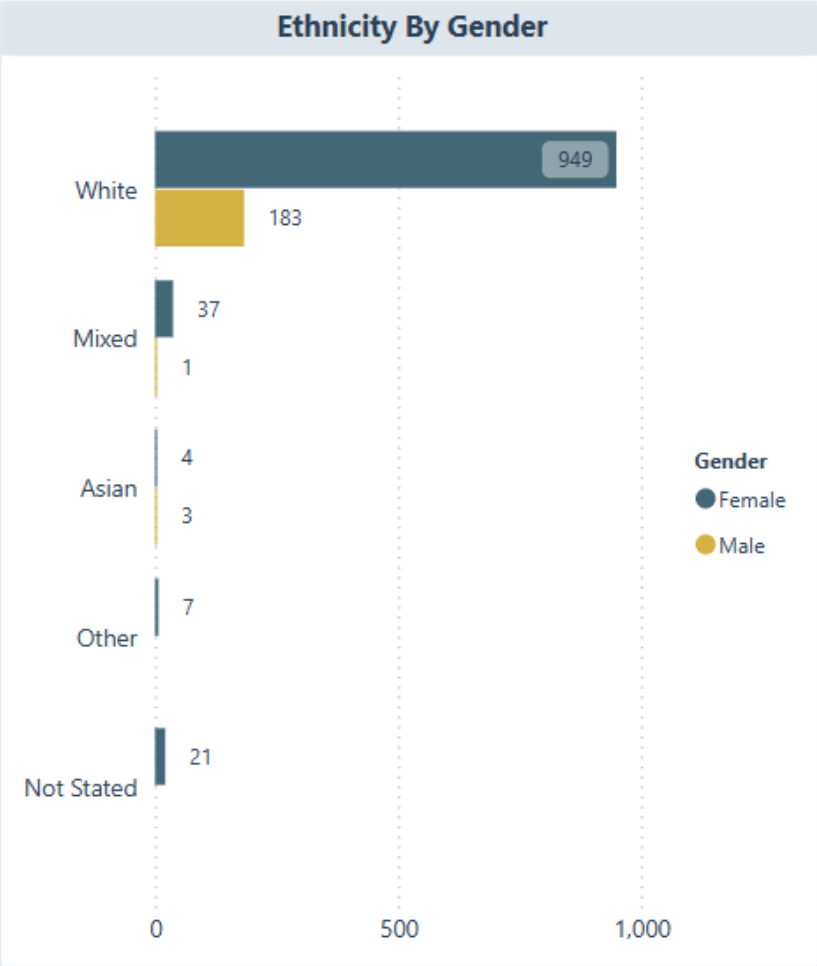
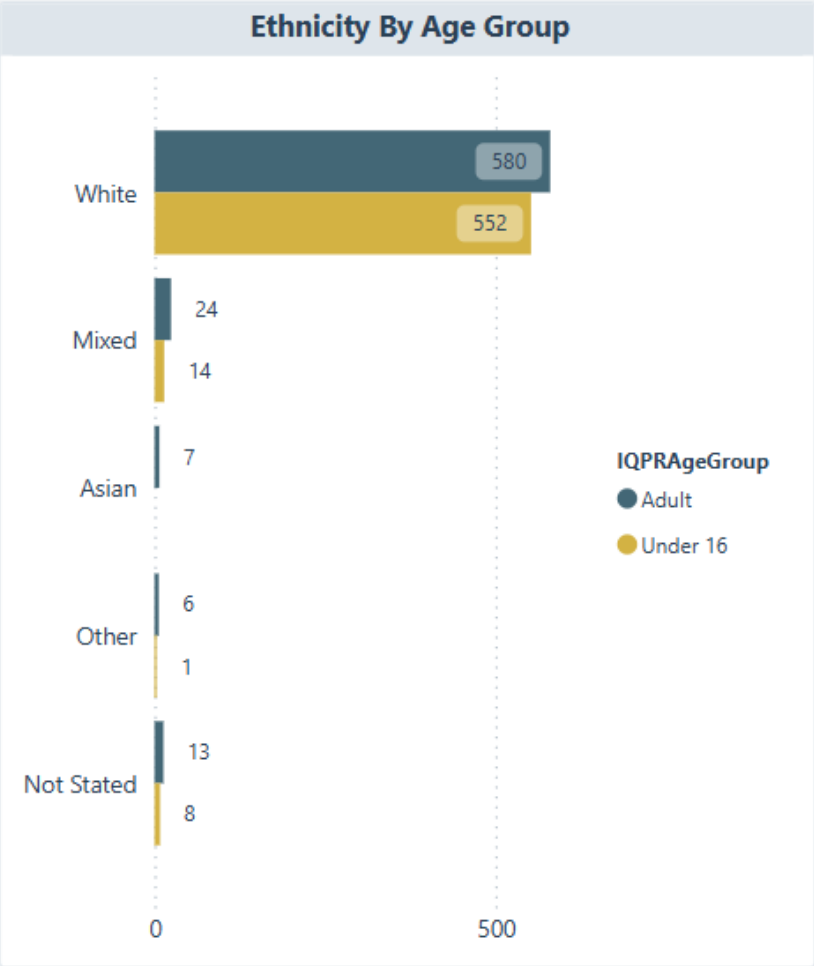
Gender By Ethnicity



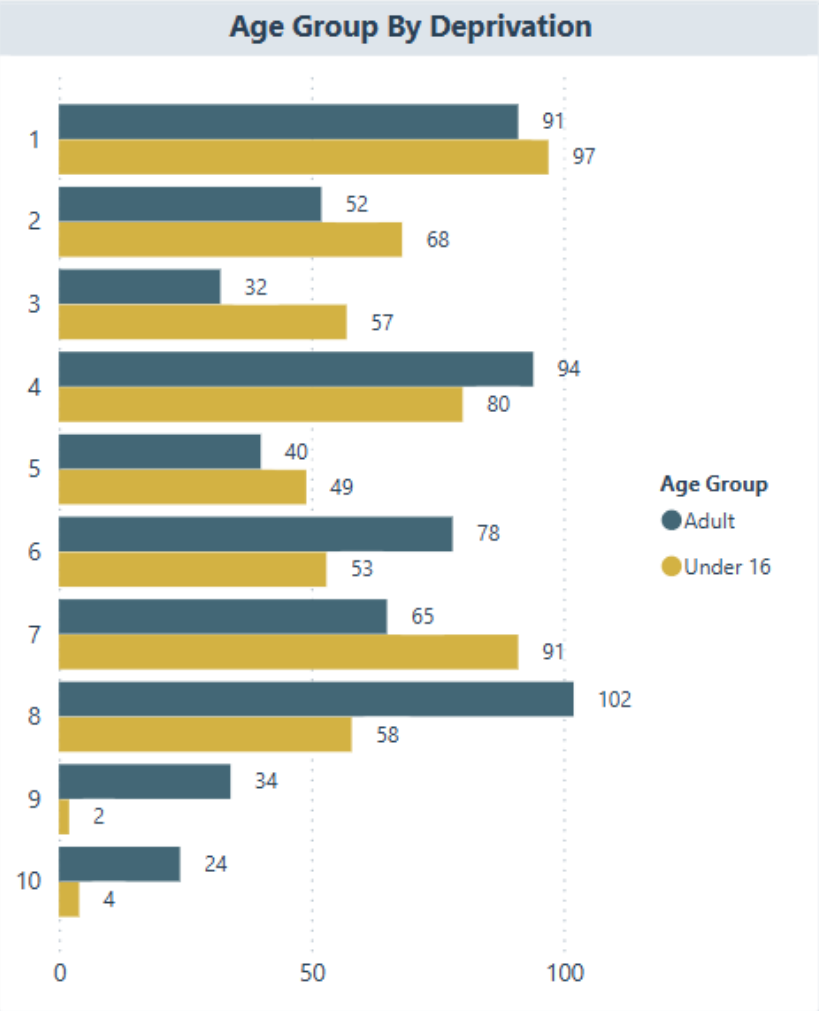
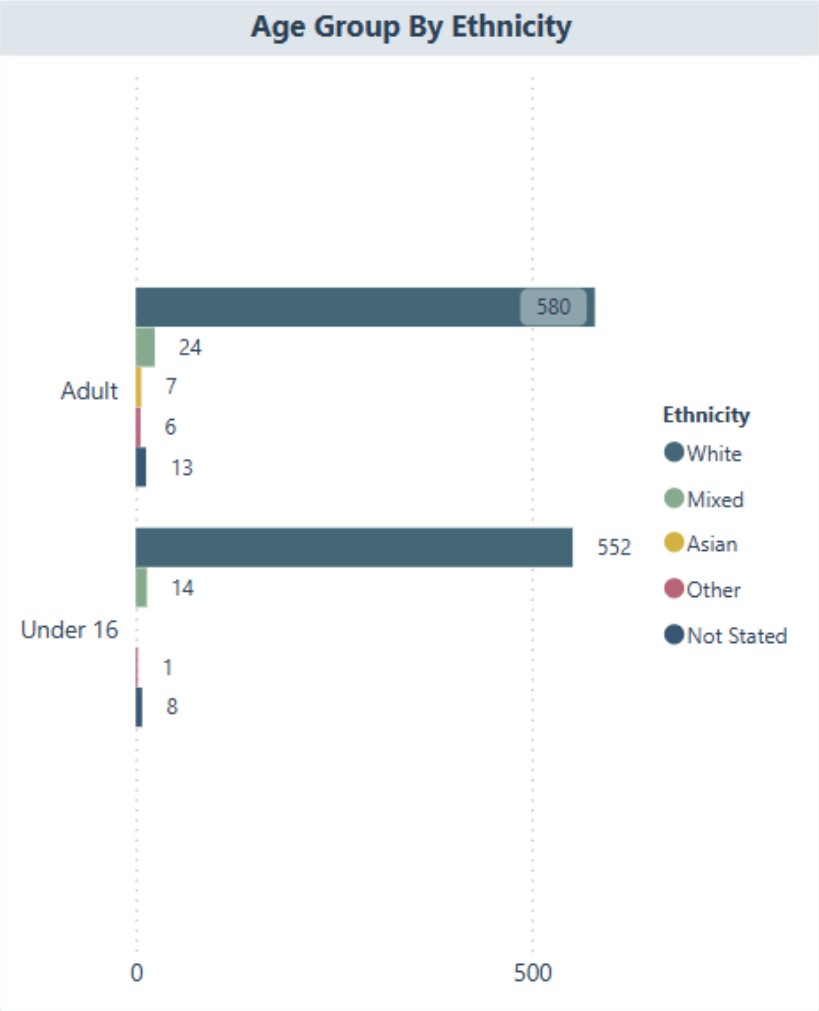
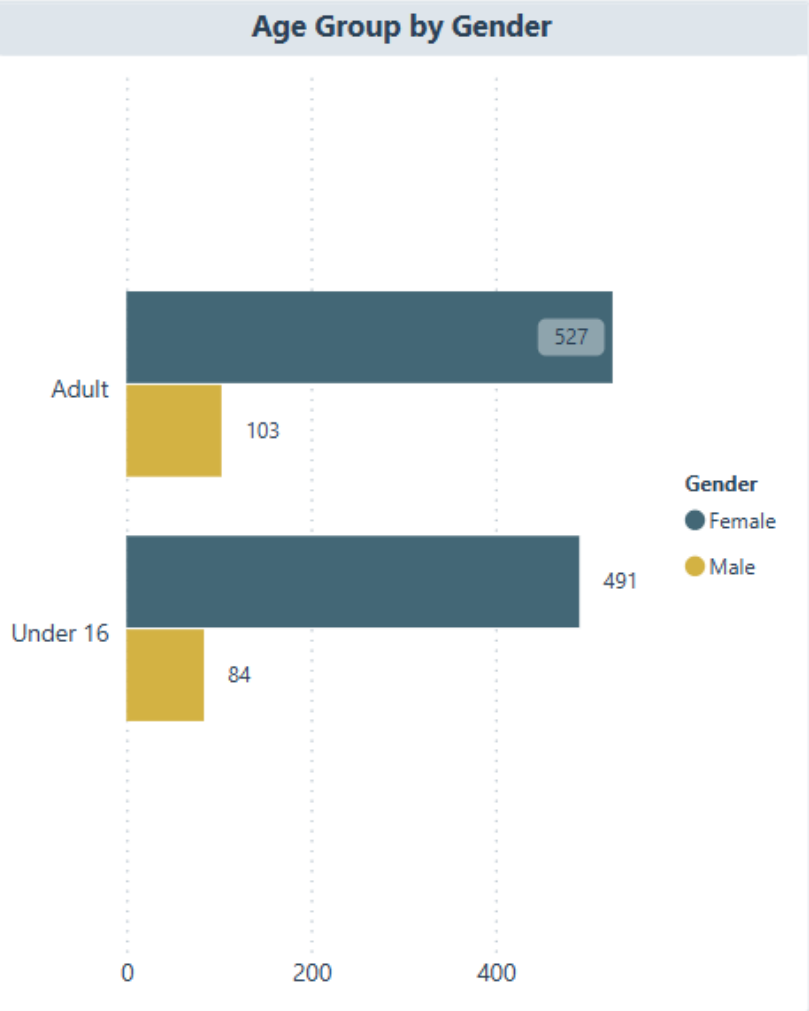
Gender By Deprivation



Indicator	Alt Ref	Metric	Value	White	Mixed	Asian	Other	Not Stated
OP14 (N)		People (CYP) with routine eating disorders seen within 4 wks	92.95%	93.94%	3.15%	0.58%	0.58%	1.74%



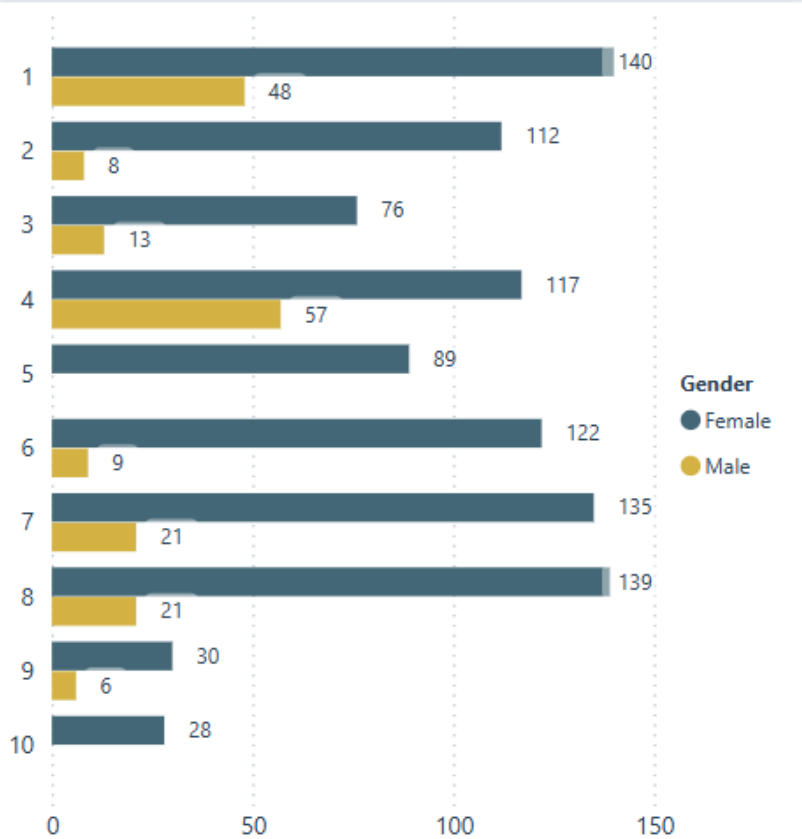
Indicator	Alt Ref	Metric	Value	Adult	Under 16
OP14 (N)		People (CYP) with routine eating disorders seen within 4 wks	92.95%	52.28%	47.72%



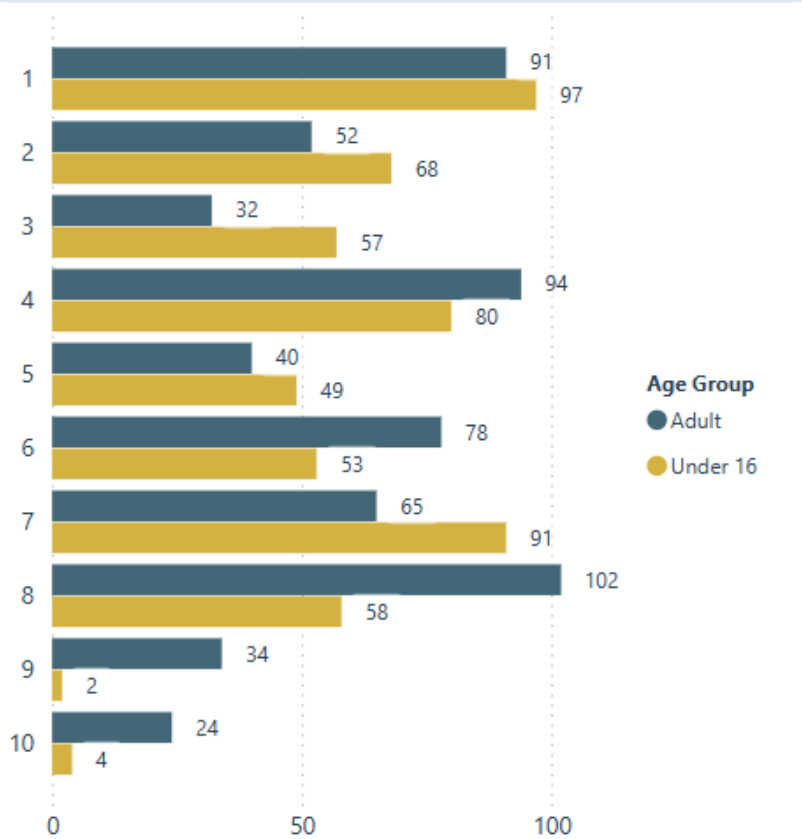
Indicator	Alt Ref	Metric	Value
OP14 (N)		People (CYP) with routine eating disorders seen within 4 wks	92.95%

Not Recorded	1	2	3	4	5	6	7	8	9	10
2.82%	15.60%	9.96%	7.39%	14.44%	7.39%	10.87%	12.95%	13.28%	2.99%	2.32%

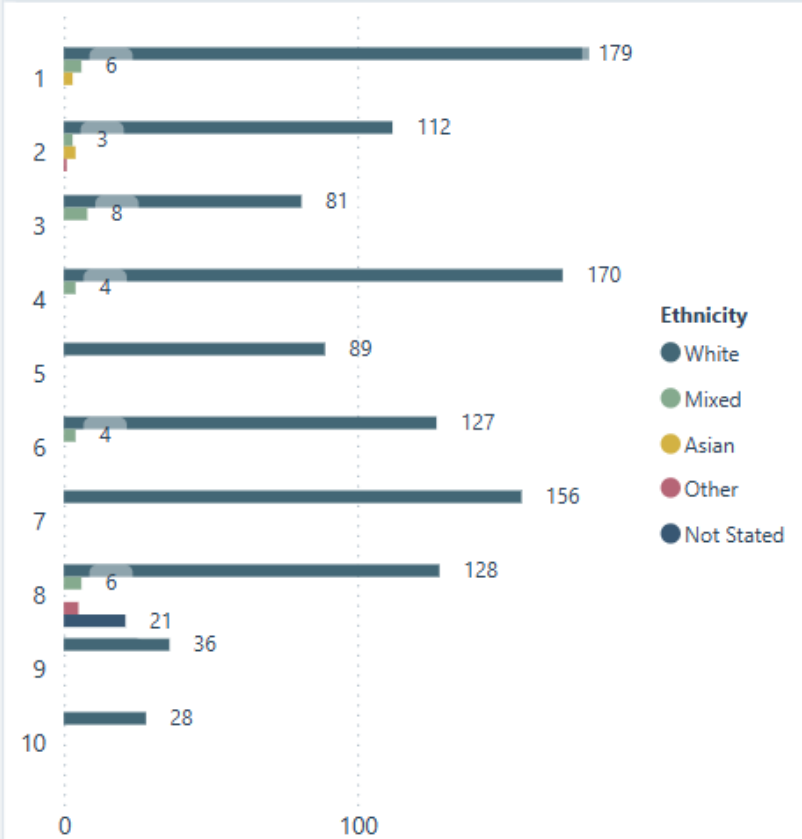
Deprivation By Gender



Deprivation by Age Group

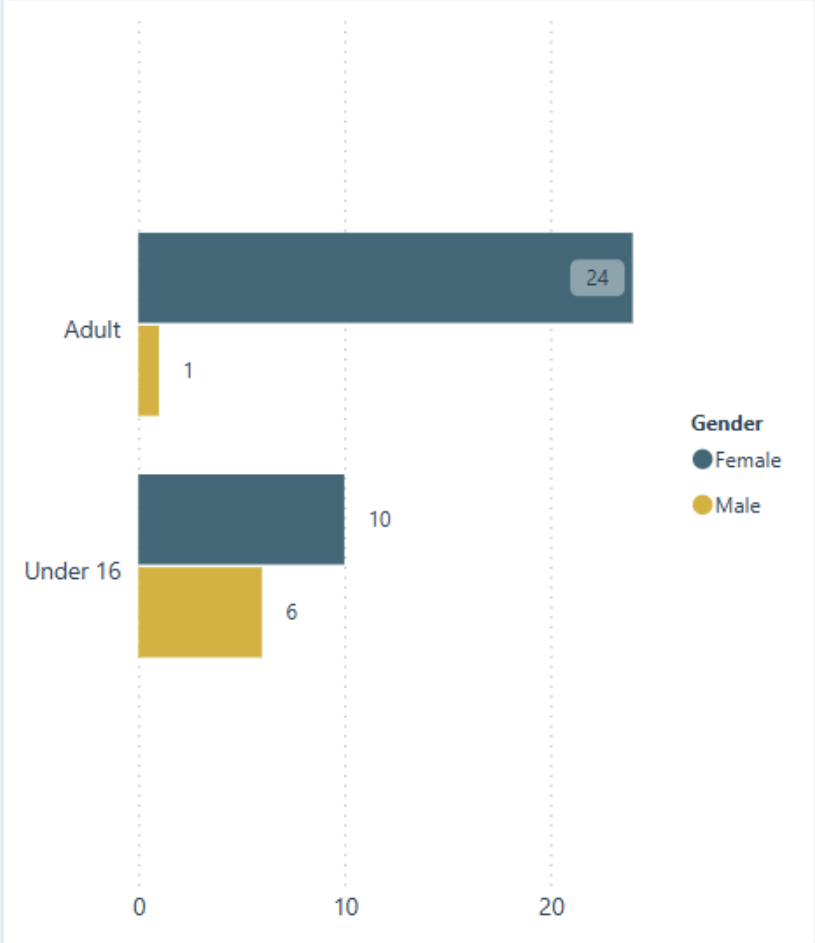


Deprivation By Ethnicity

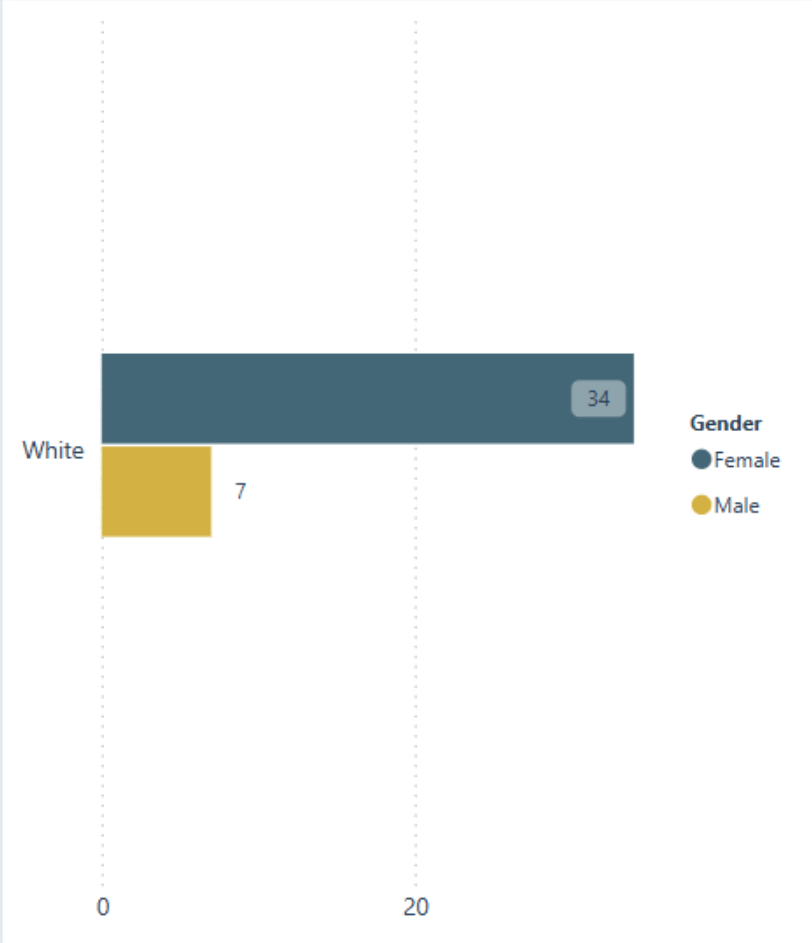


Indicator	Alt Ref	Metric	Value	Female	Male
OP15 (N)		People (CYP) with urgent eating disorders seen within 1 wk	100.00%	82.93%	17.07%

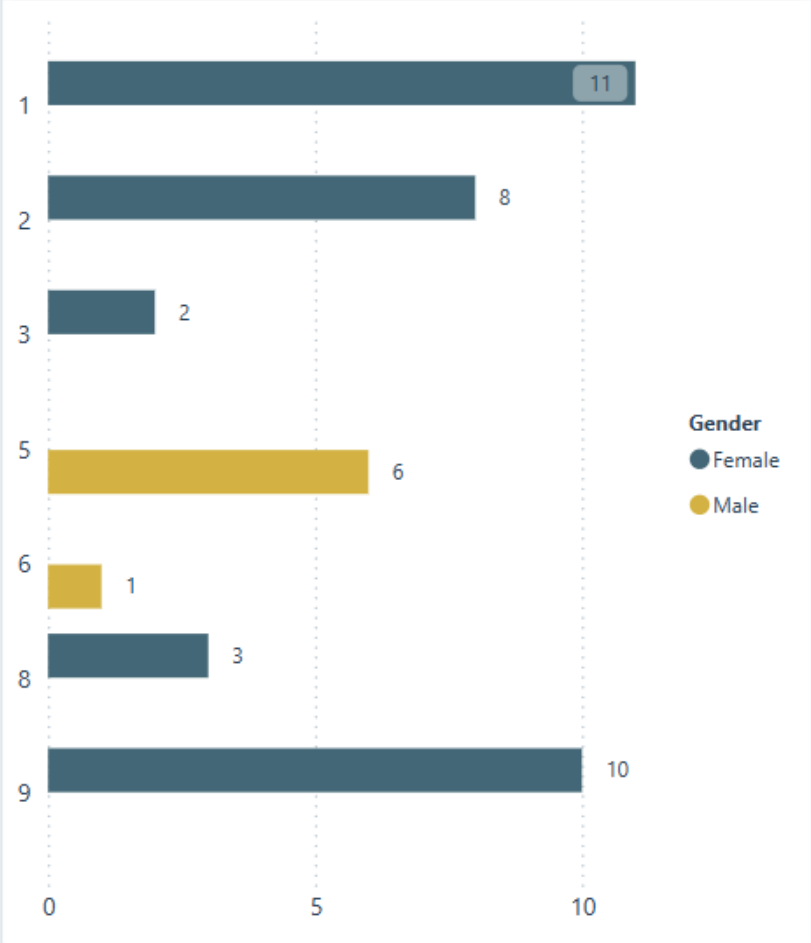
Gender By Age Group



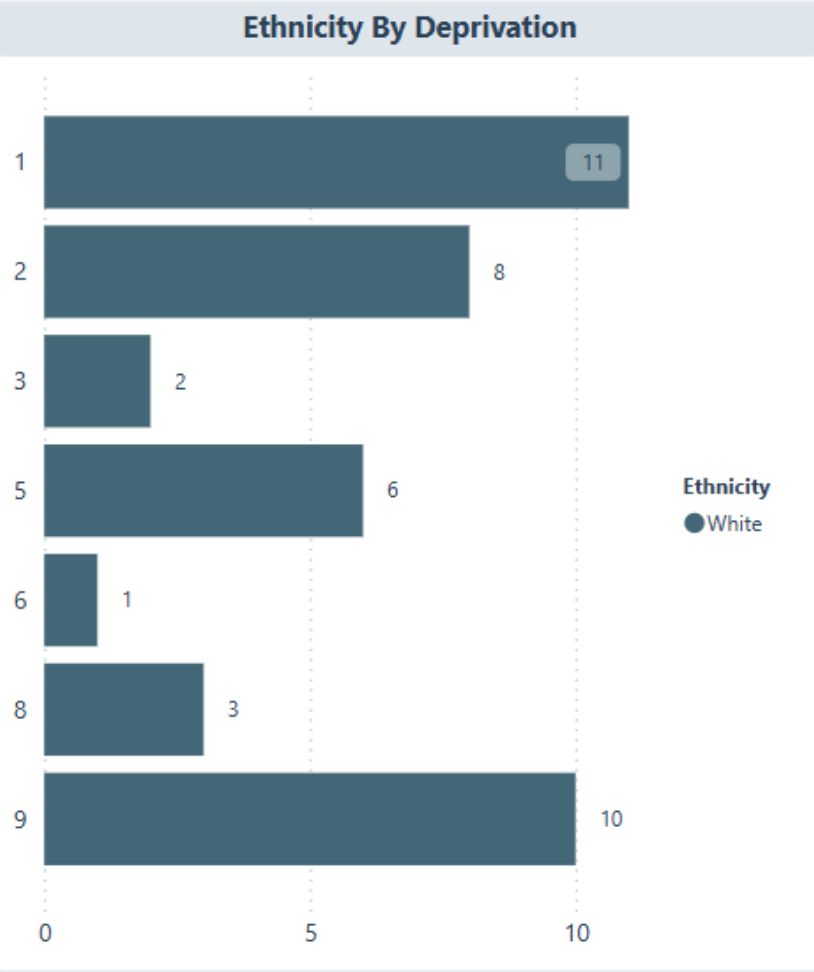
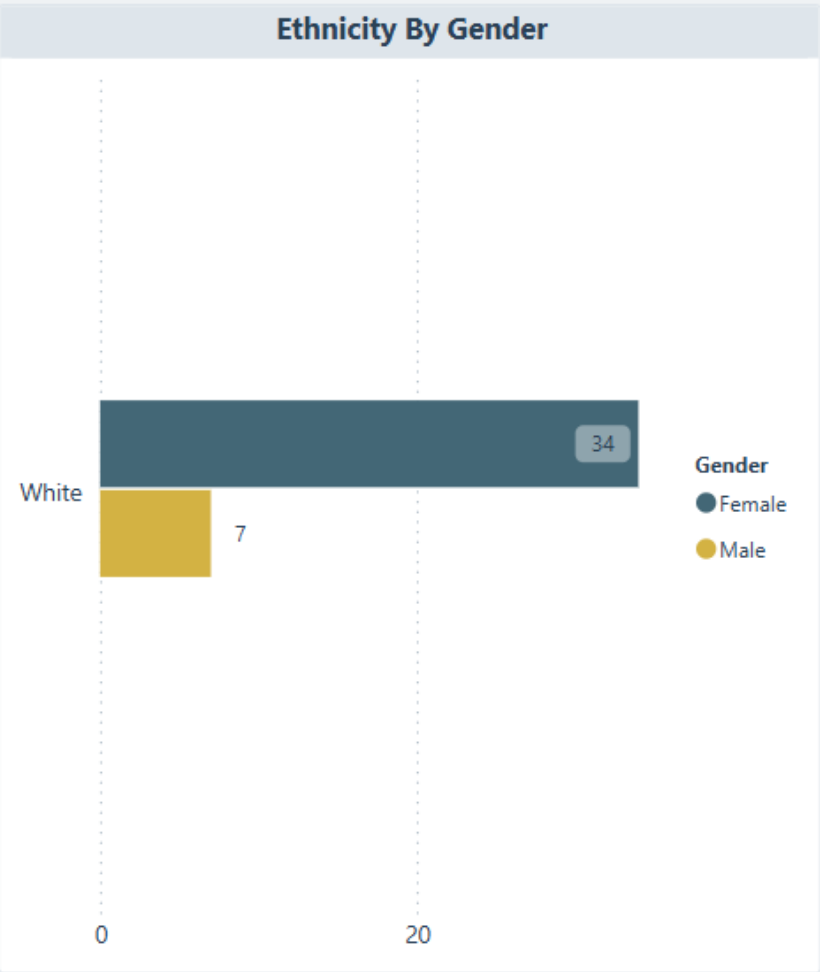
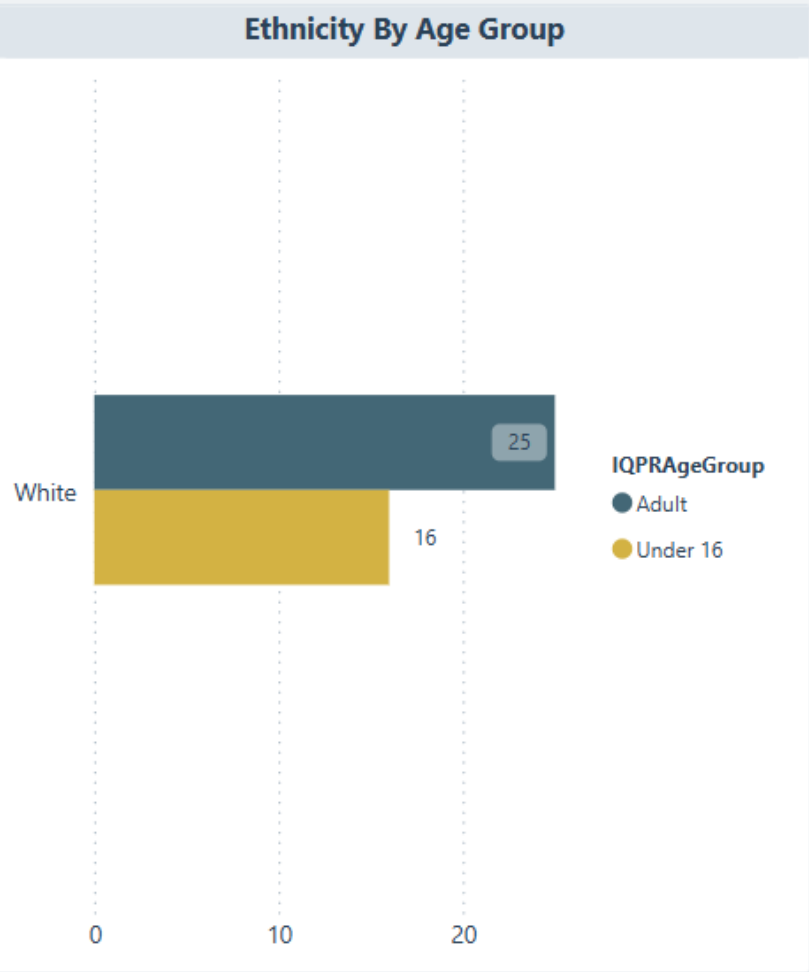
Gender By Ethnicity



Gender By Deprivation

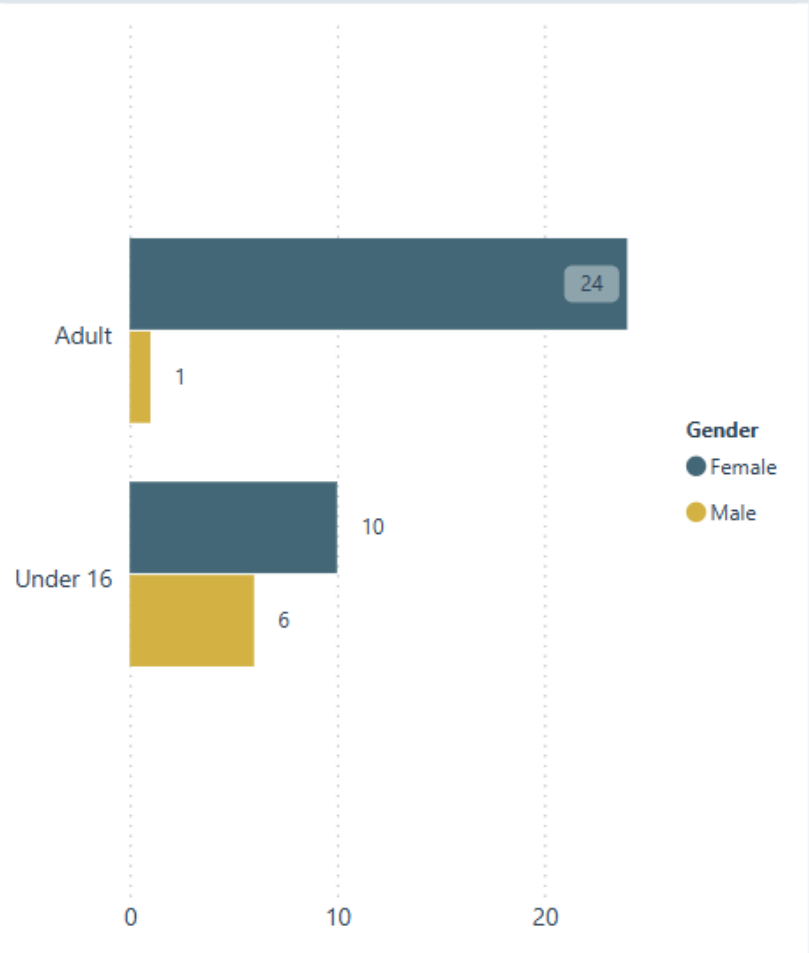


Indicator	Alt Ref	Metric	Value	White
OP15 (N)		People (CYP) with urgent eating disorders seen within 1 wk	100.00 %	100.00%

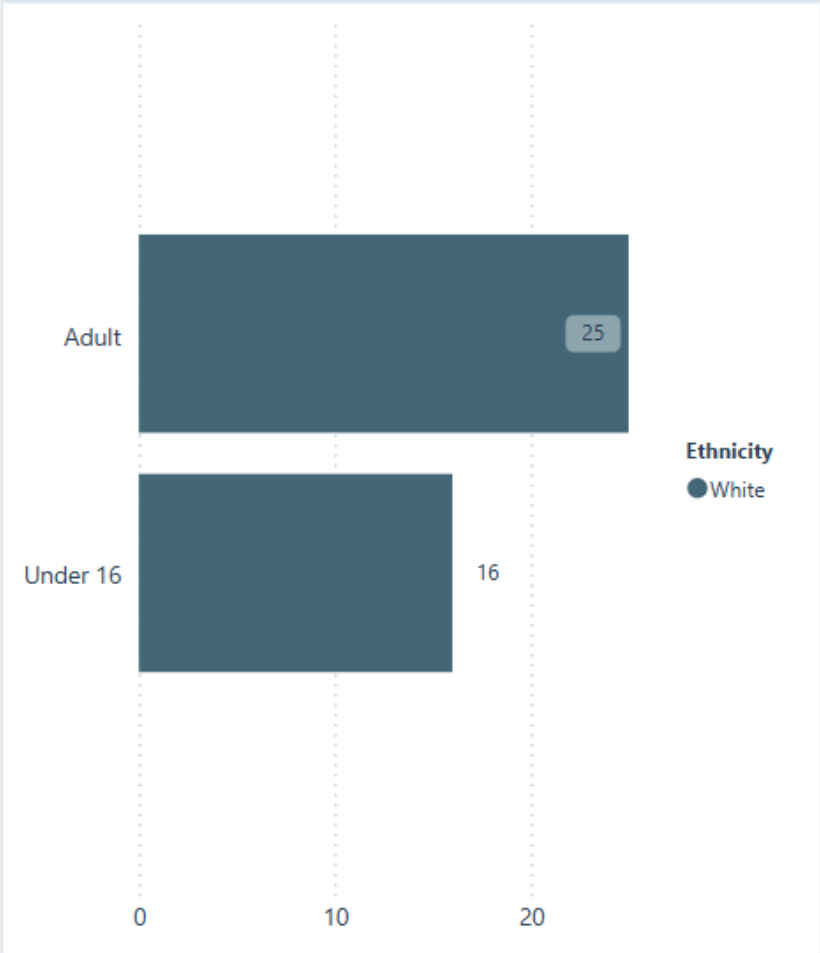


Indicator	Alt Ref	Metric	Value	Adult	Under 16
OP15 (N)		People (CYP) with urgent eating disorders seen within 1 wk	100.00 %	60.98%	39.02%

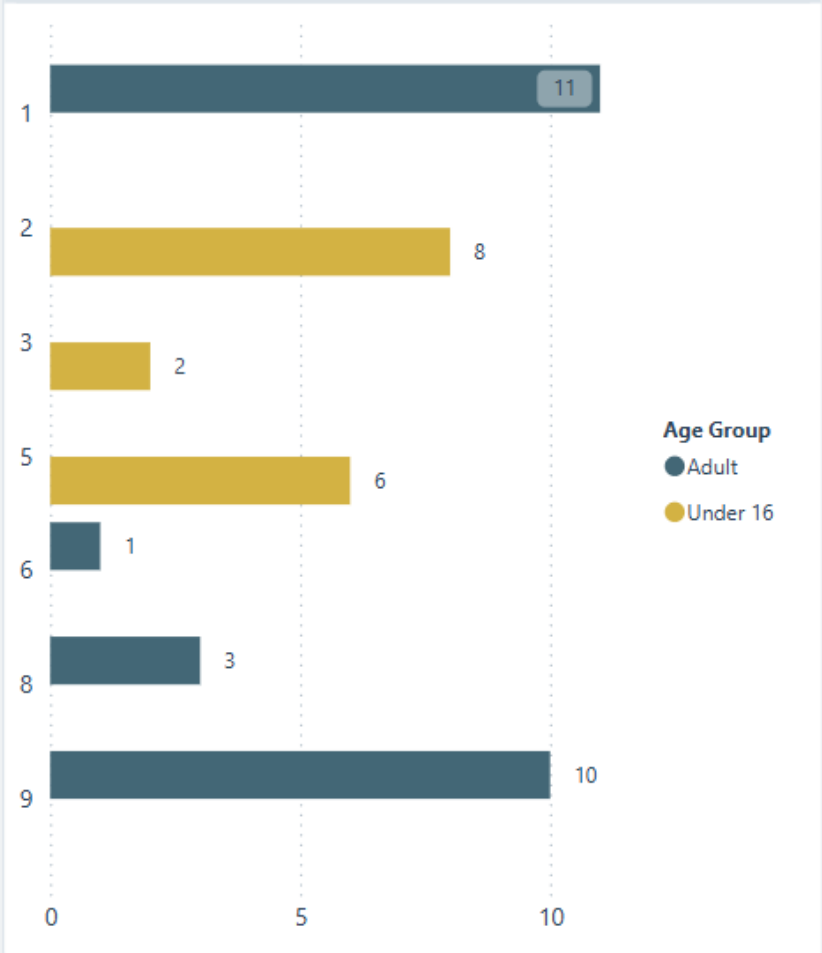
Age Group by Gender



Age Group By Ethnicity



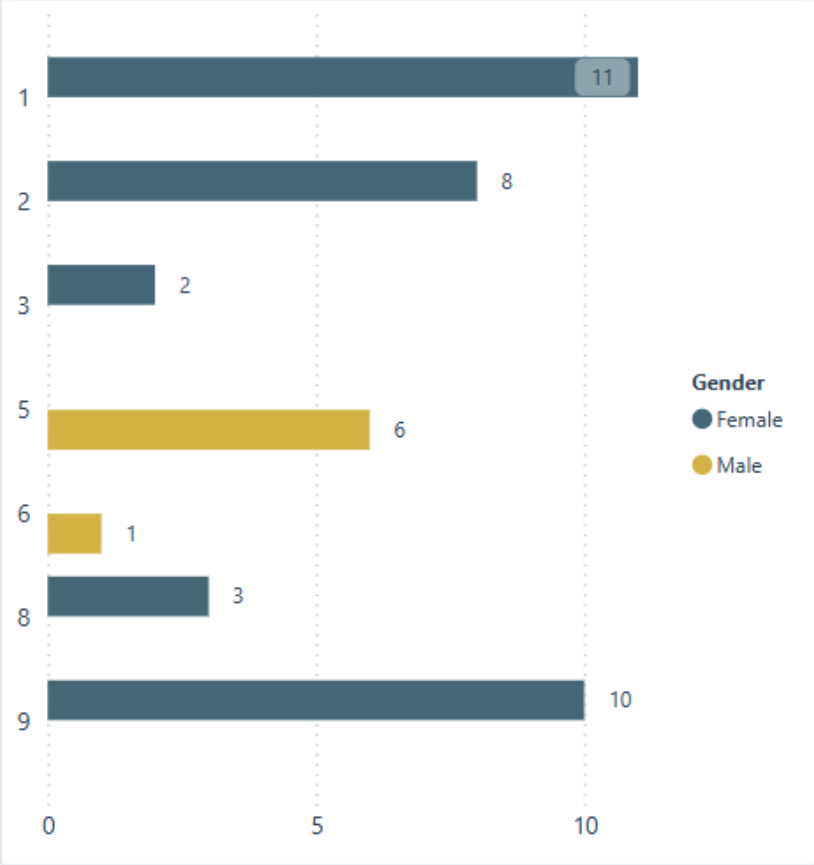
Age Group By Deprivation



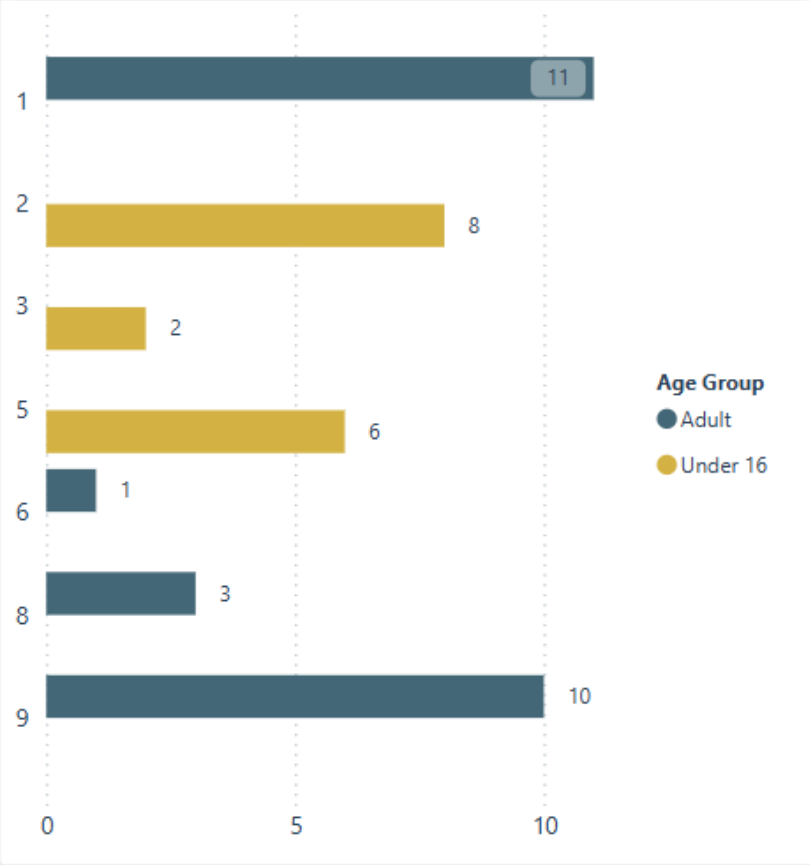
Indicator	Alt Ref	Metric	Value
OP15 (N)		People (CYP) with urgent eating disorders seen within 1 wk	100.00%

1	2	3	5	6	8	9
26.83%	19.51%	4.88%	14.63%	2.44%	7.32%	24.39%

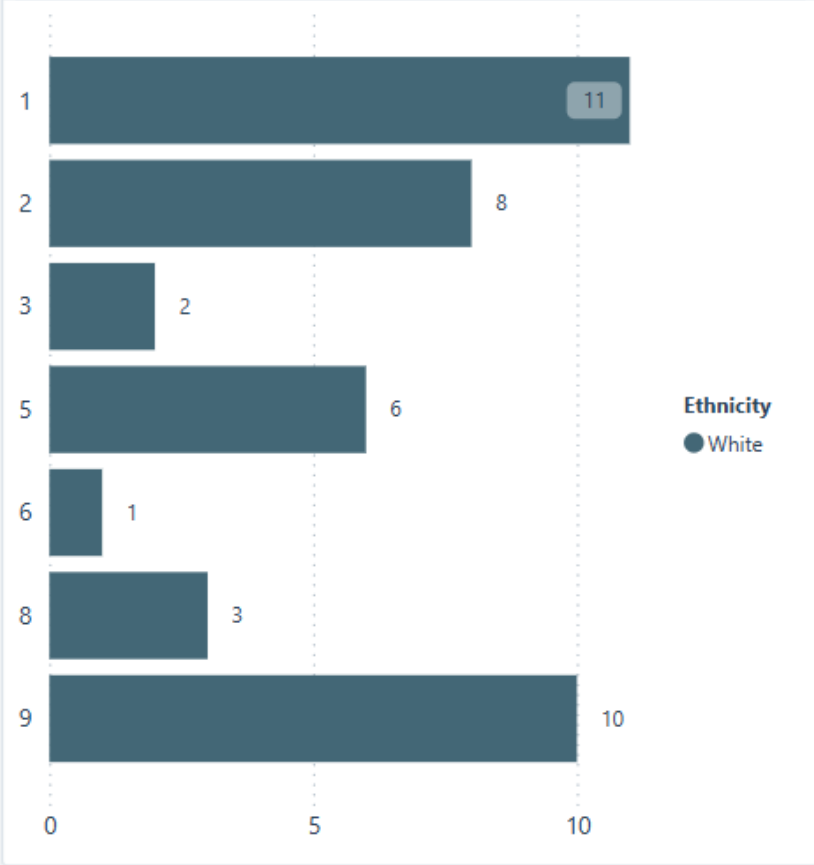
Deprivation By Gender



Deprivation by Age Group

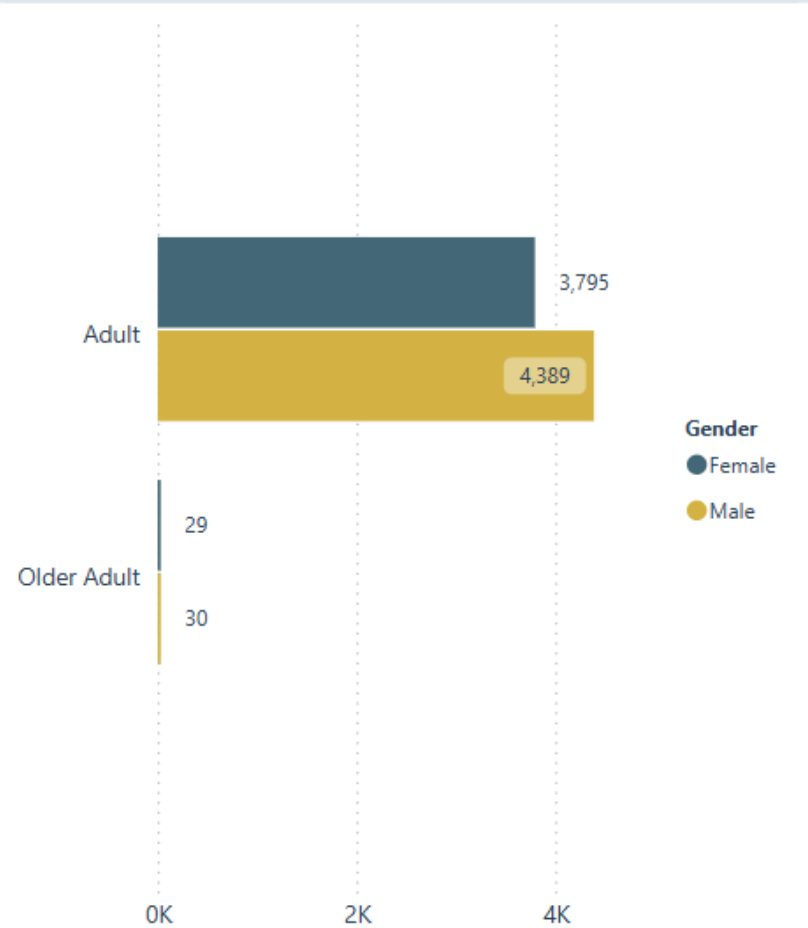


Deprivation By Ethnicity

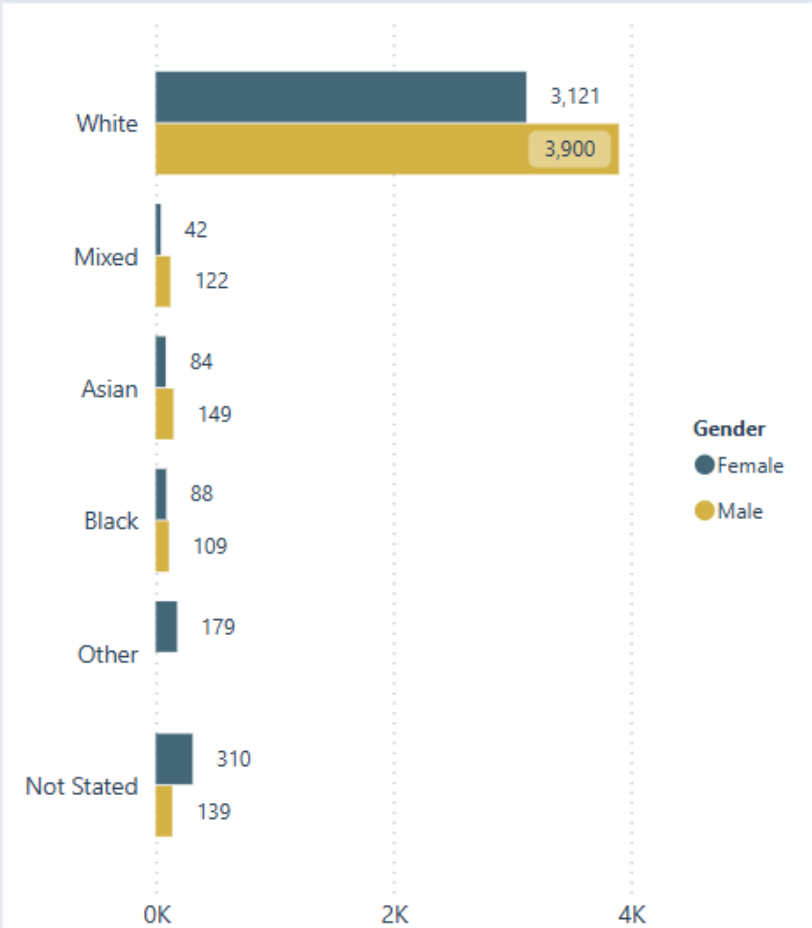


Indicator	Alt Ref	Metric	Value	Male	Female
OP17 (N)		Inappropriate out of area acute mental health bed days	8243	53.61%	46.39%

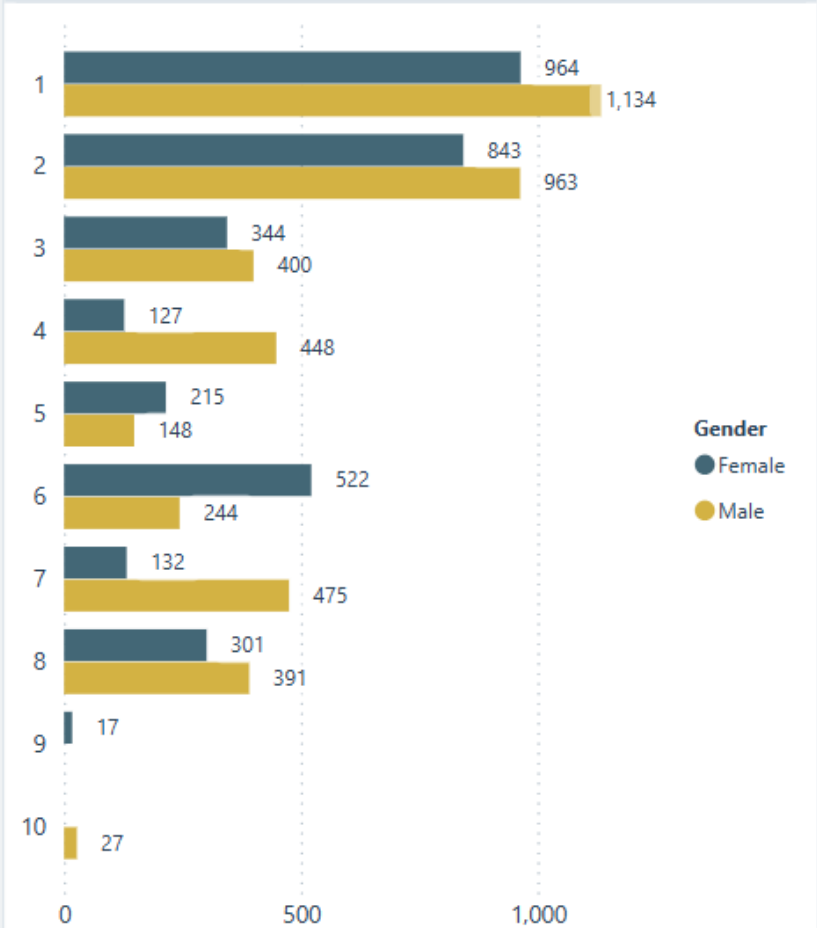
Gender By Age Group



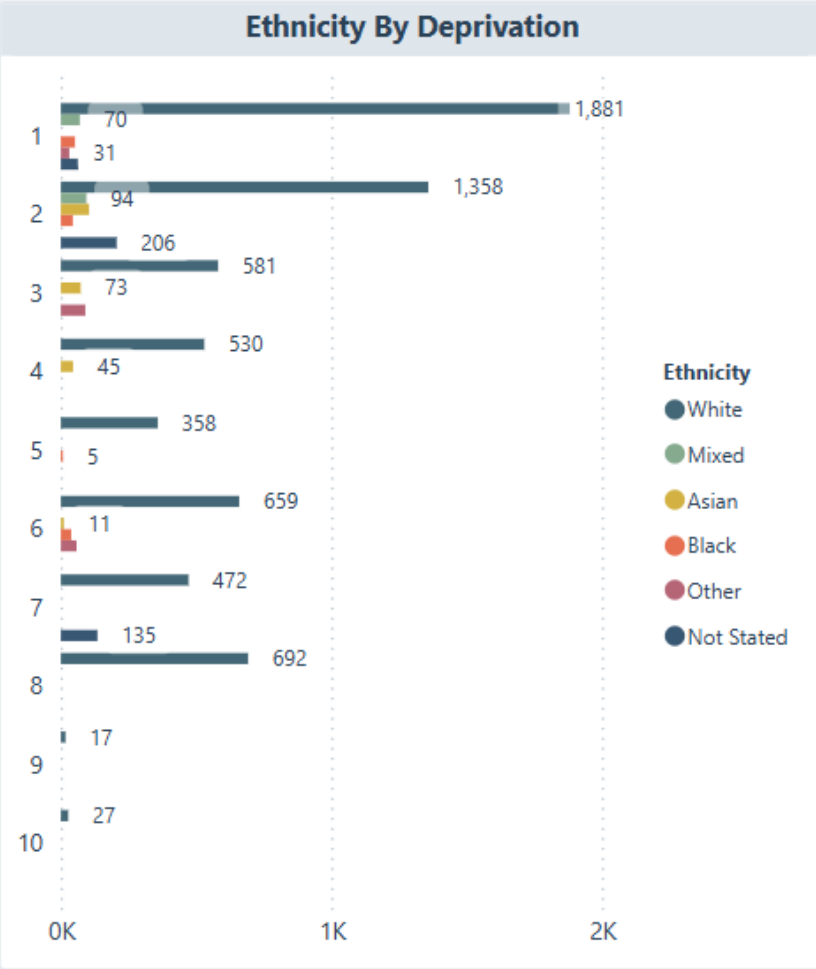
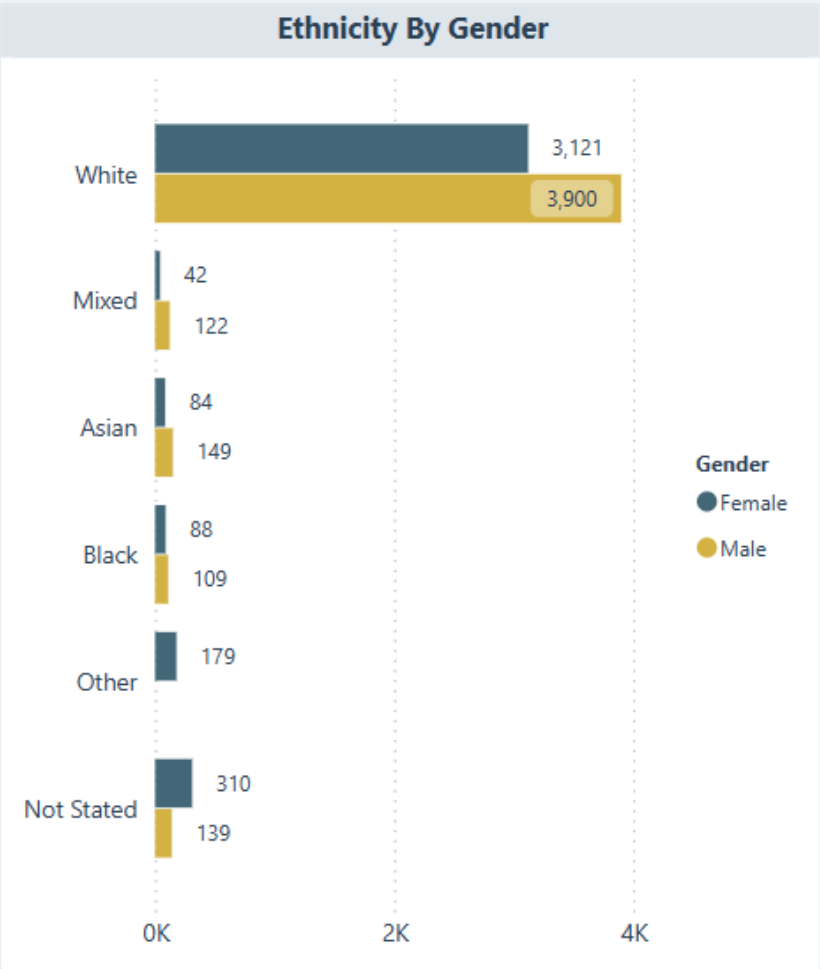
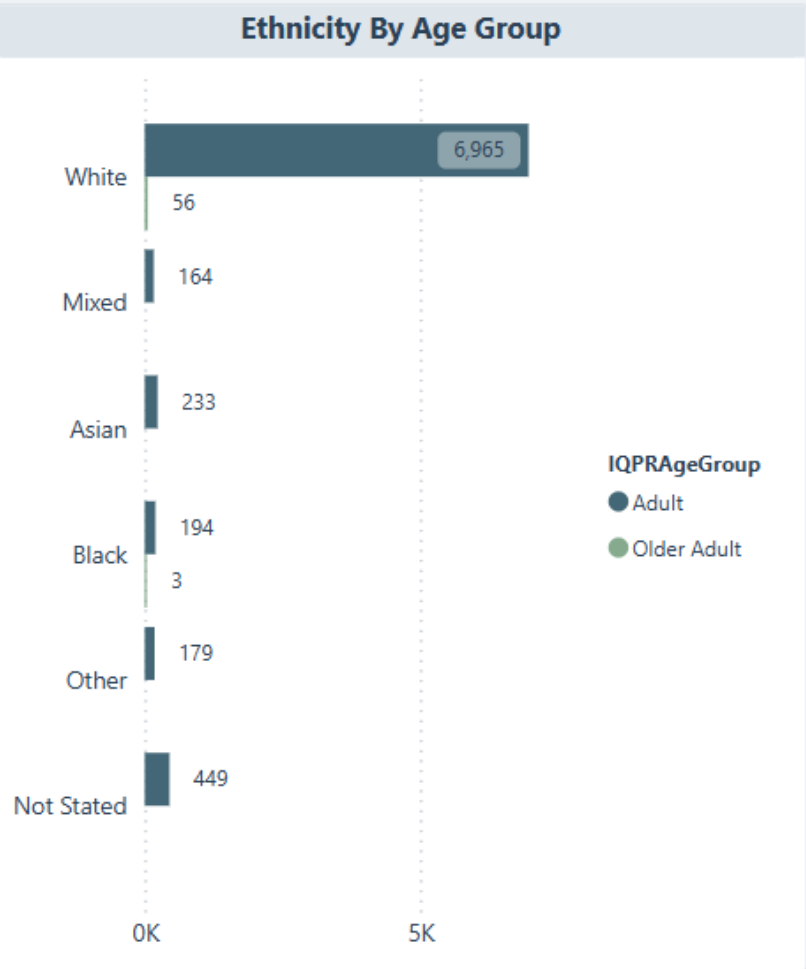
Gender By Ethnicity



Gender By Deprivation

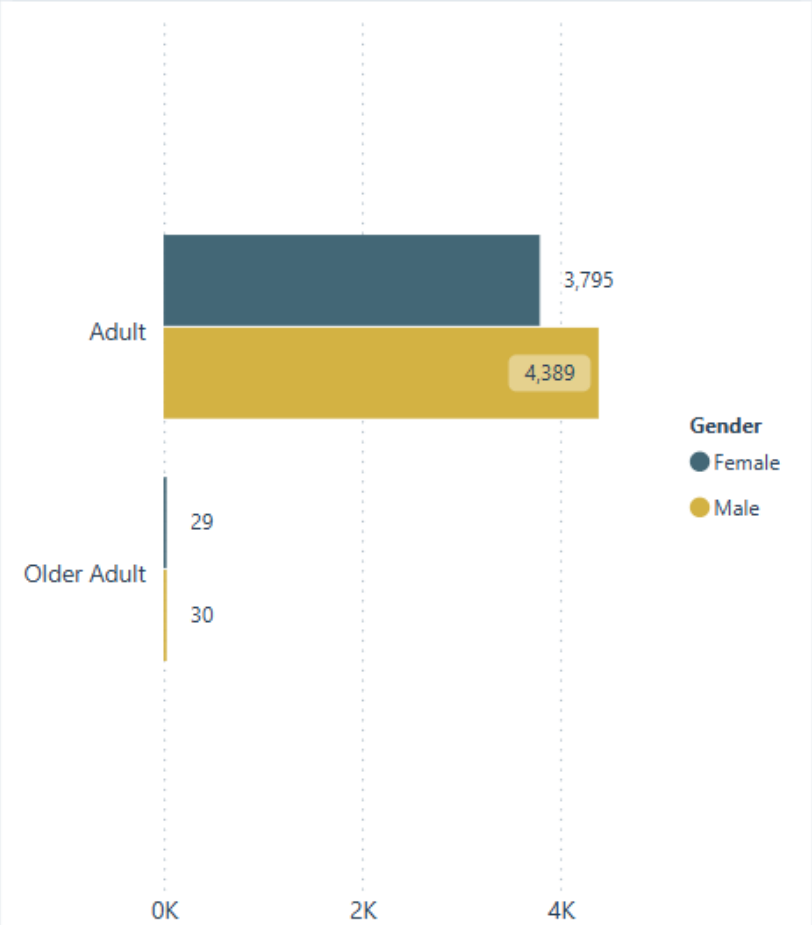


Indicator	Alt Ref	Metric	Value	White	Mixed	Asian	Black	Other	Not Stated
OP17 (N)		Inappropriate out of area acute mental health bed days	8243	85.18%	1.99%	2.83%	2.39%	2.17%	5.45%

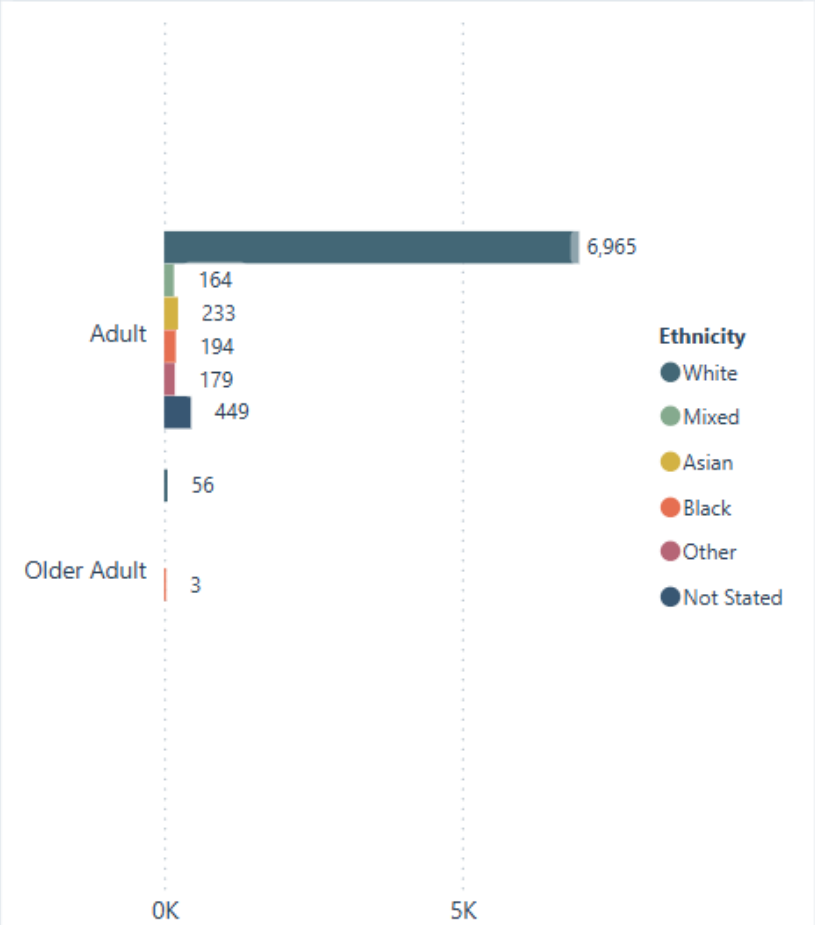


Indicator	Alt Ref	Metric	Value	Adult	Older Adult
OP17 (N)		Inappropriate out of area acute mental health bed days	8243	99.28%	0.72%

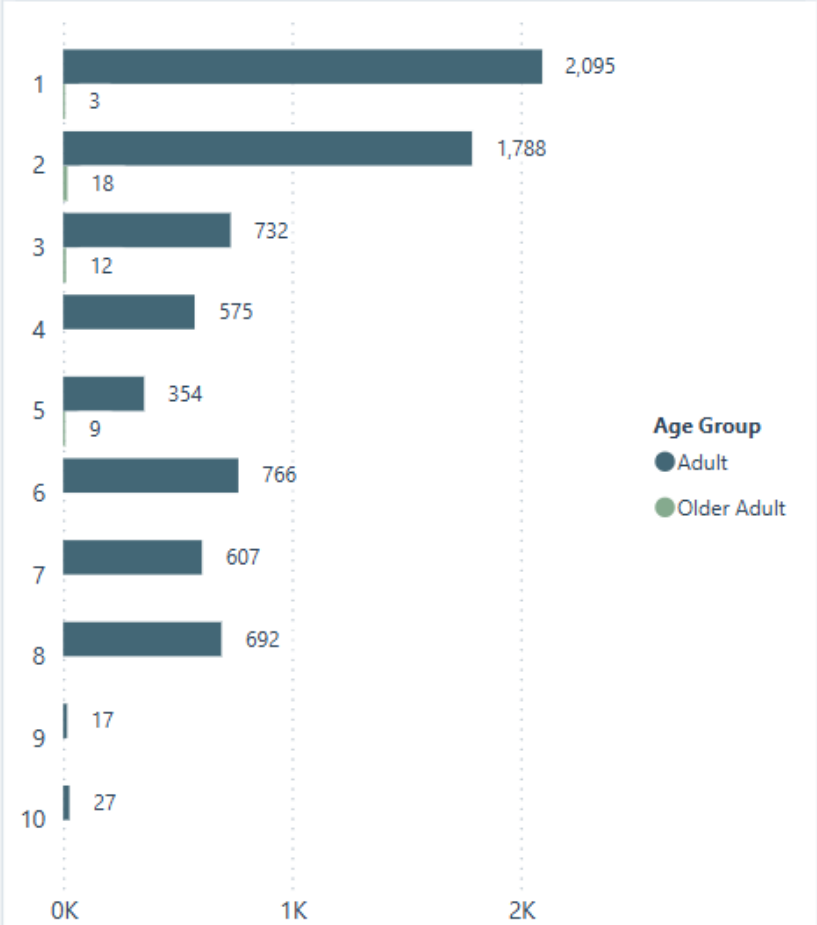
Age Group by Gender



Age Group By Ethnicity



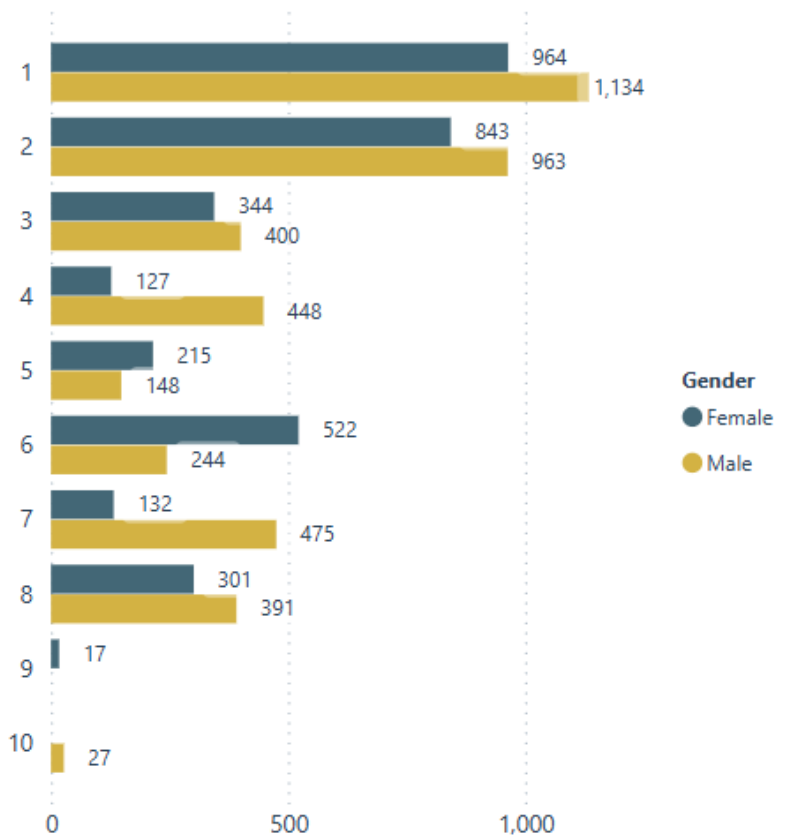
Age Group By Deprivation



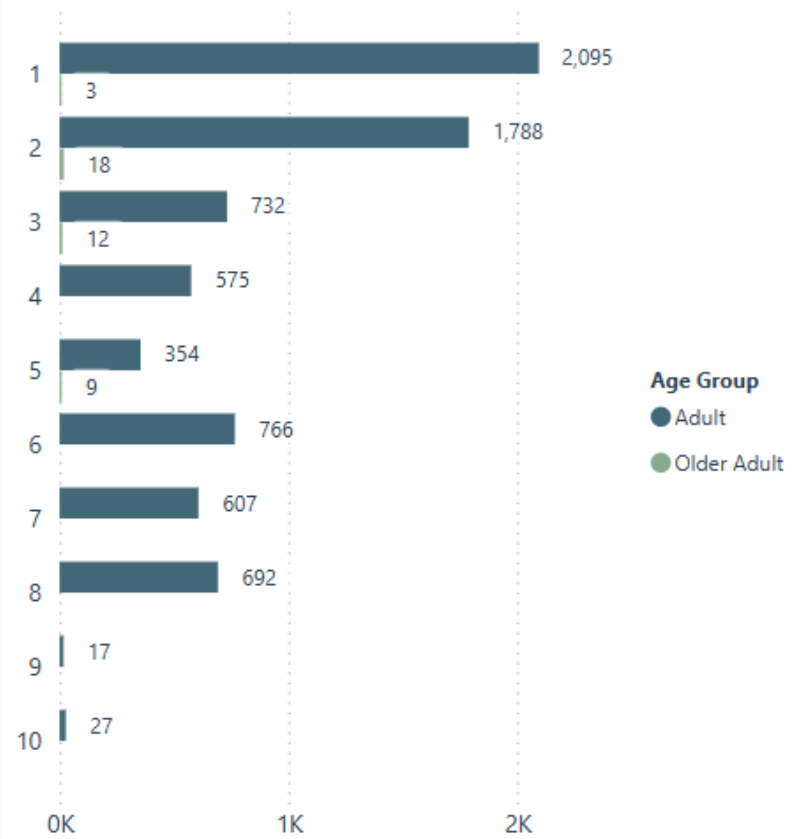
Indicator	Alt Ref	Metric	Value
OP17 (N)		Inappropriate out of area acute mental health bed days	8243

Not Recorded	1	2	3	4	5	6	7	8	9	10
6.65%	25.45%	21.91%	9.03%	6.98%	4.40%	9.29%	7.36%	8.40%	0.21%	0.33%

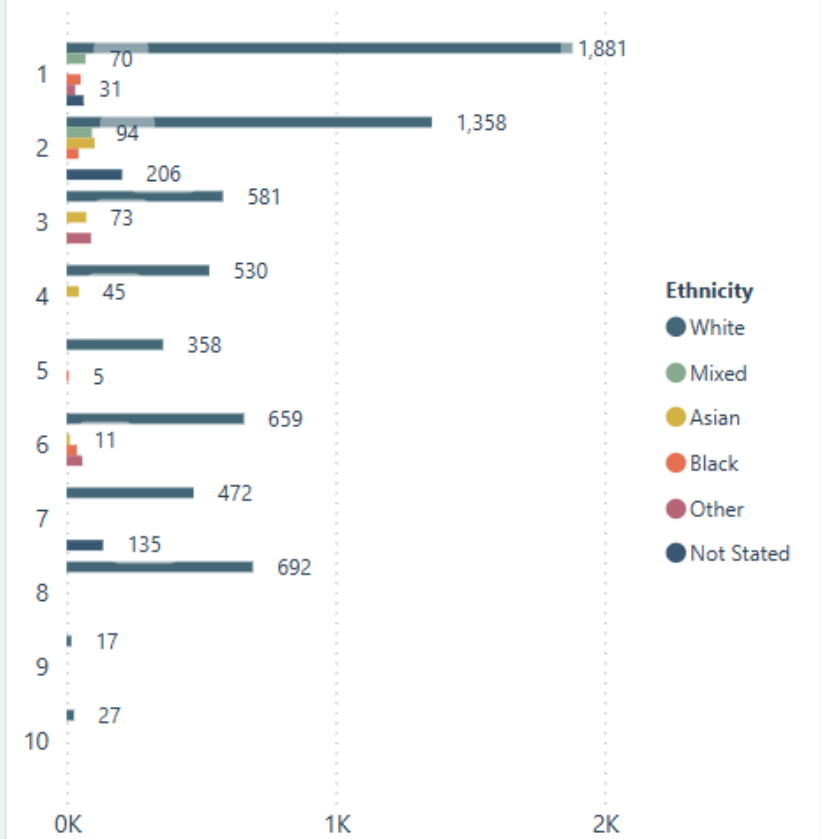
Deprivation By Gender



Deprivation by Age Group

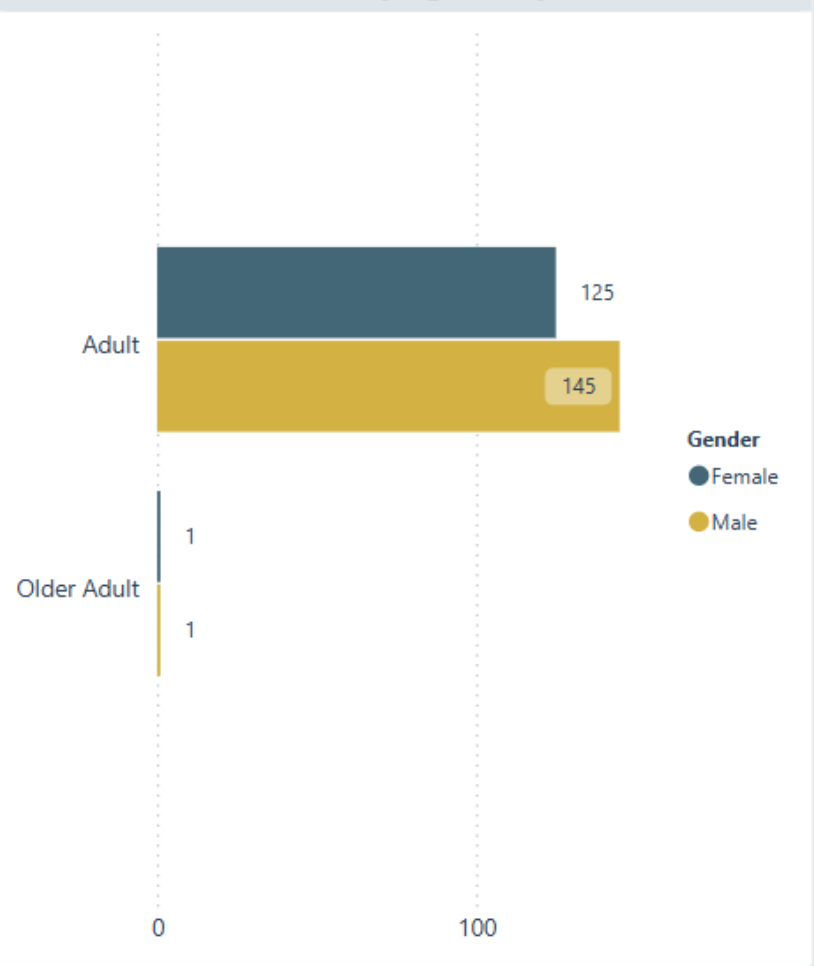


Deprivation By Ethnicity

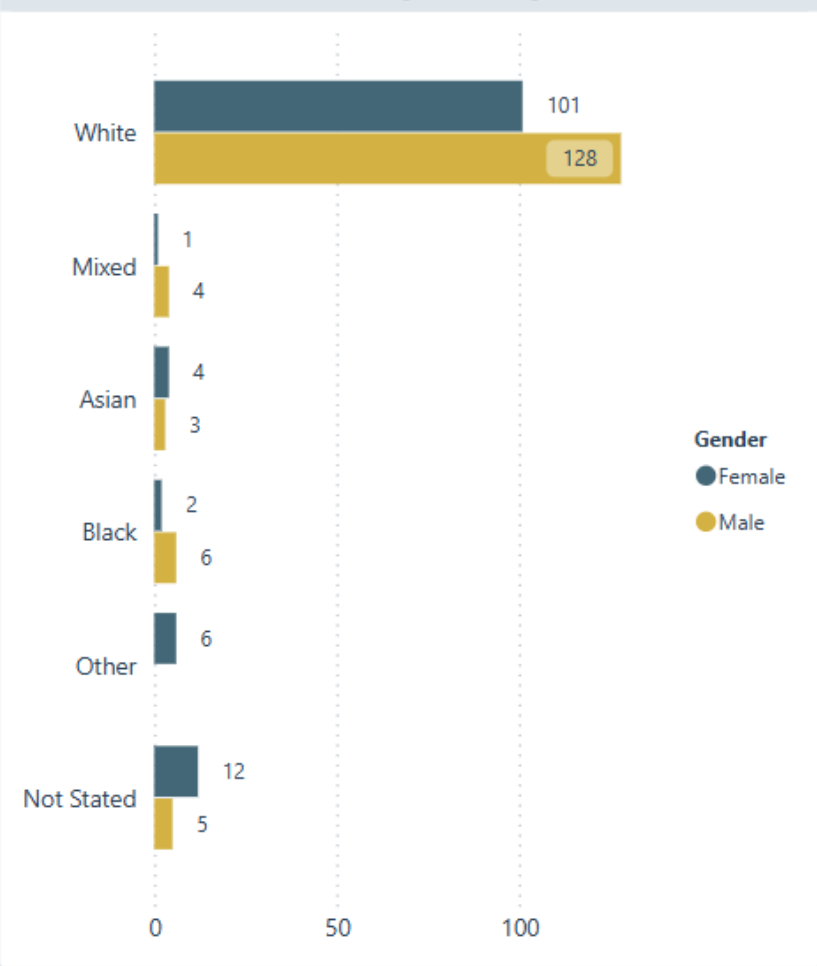


Indicator	Alt Ref	Metric	Value	Male	Female
OP17c (N)	LTP 05 a	The number of active inappropriate adult acute OAPs	272	53.68%	46.32%

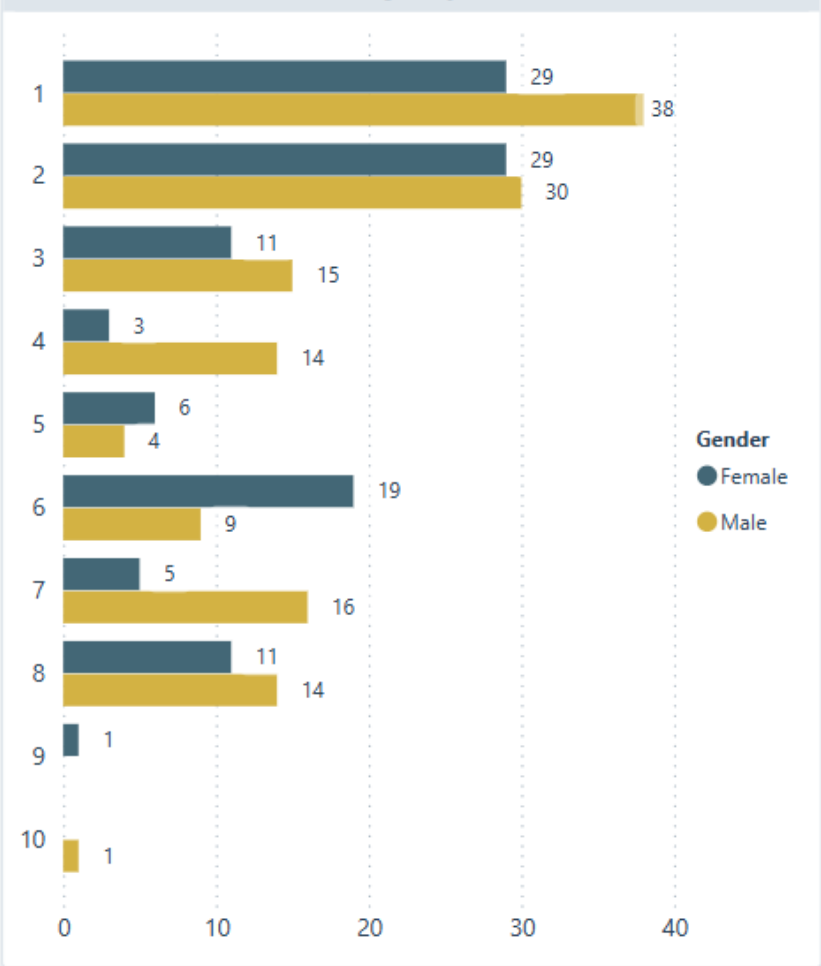
Gender By Age Group



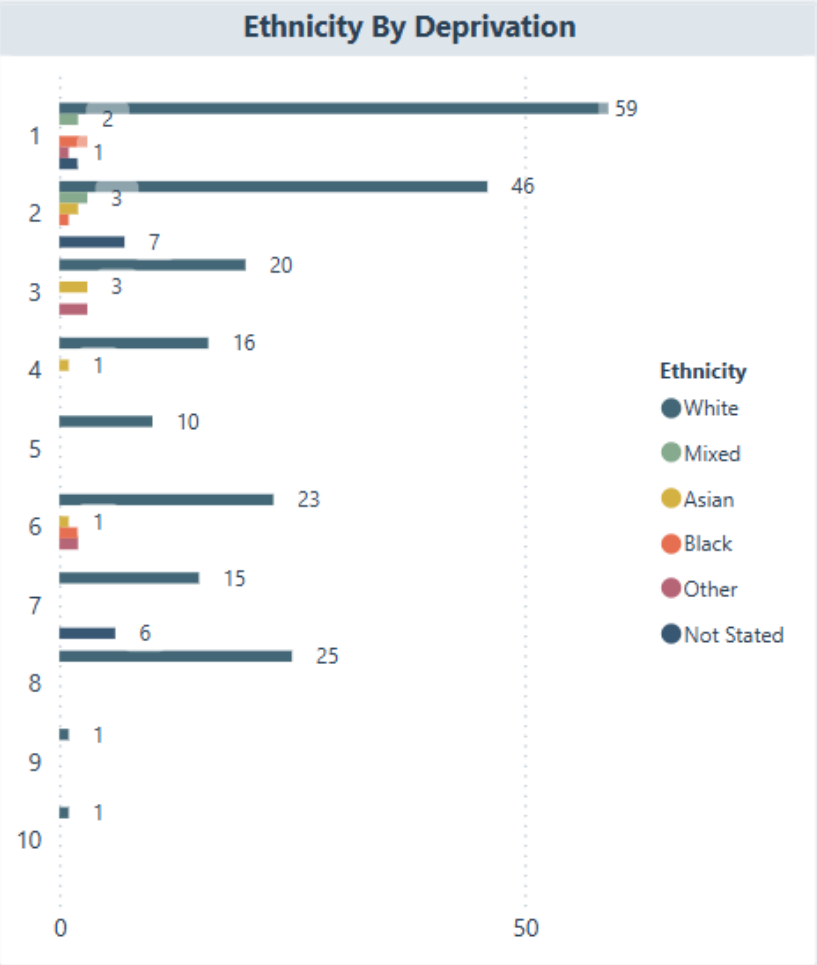
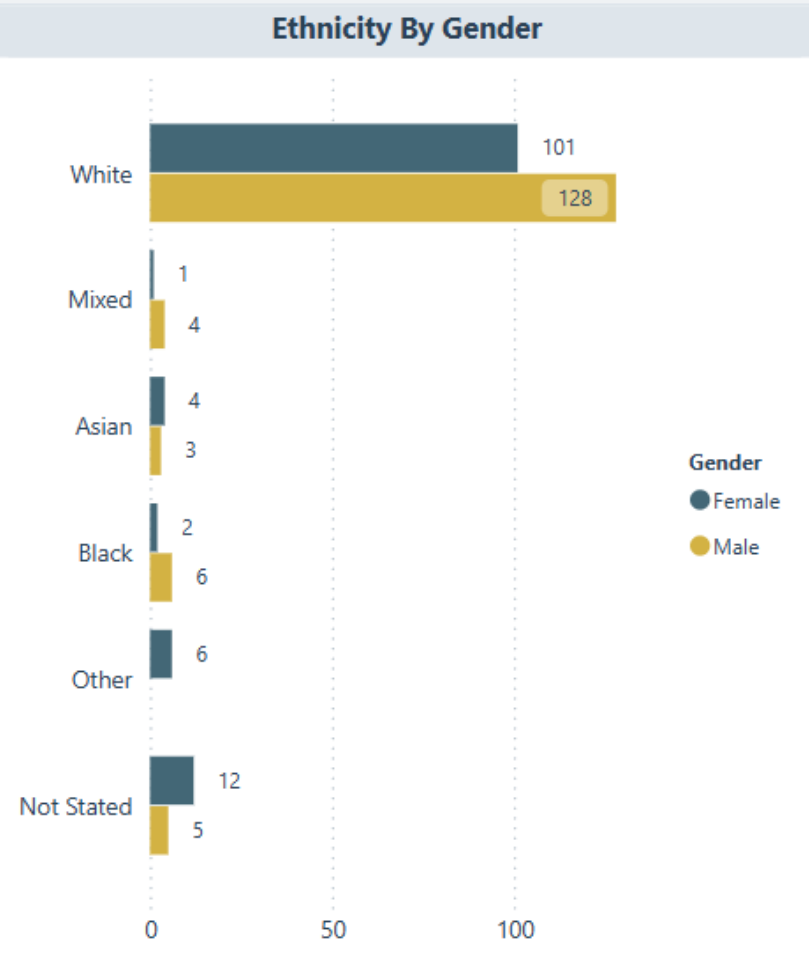
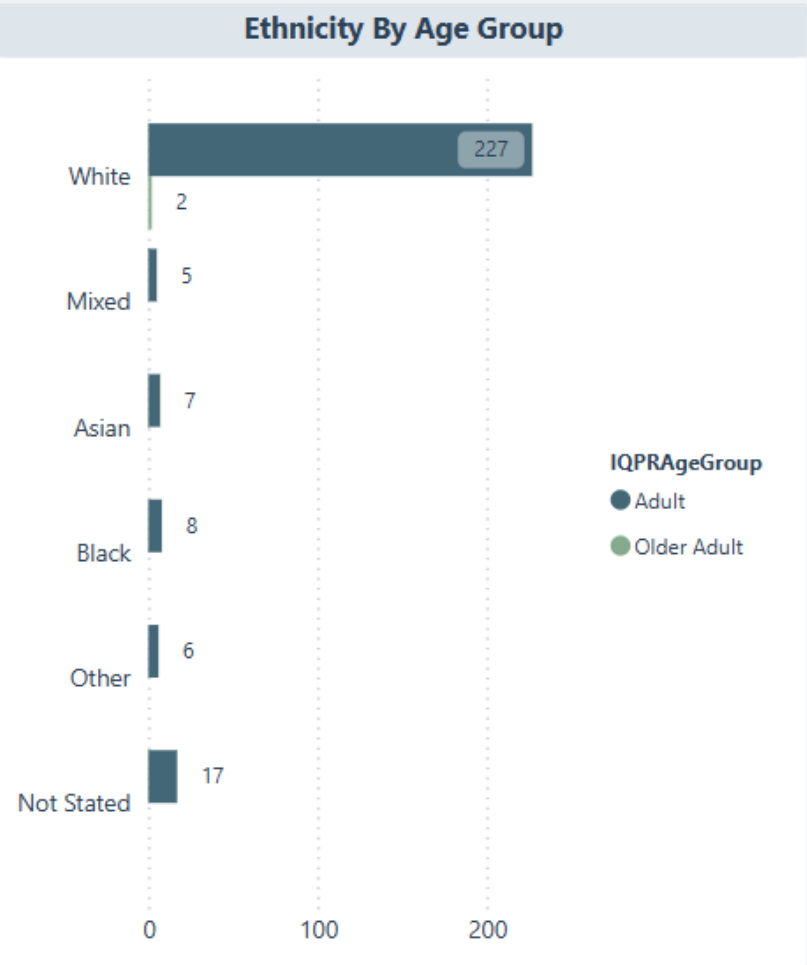
Gender By Ethnicity



Gender By Deprivation

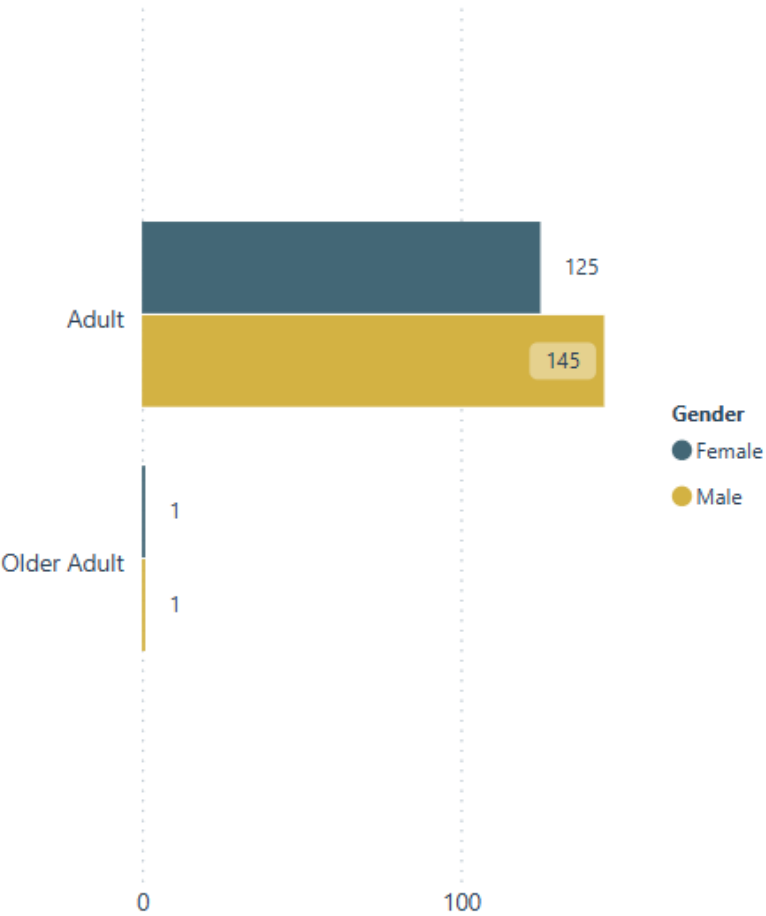


Indicator	Alt Ref	Metric	Value	White	Mixed	Asian	Black	Other	Not Stated
OP17c (N)	LTP 05 a	The number of active inappropriate adult acute OAPs	272	84.19%	1.84%	2.57%	2.94%	2.21%	6.25%

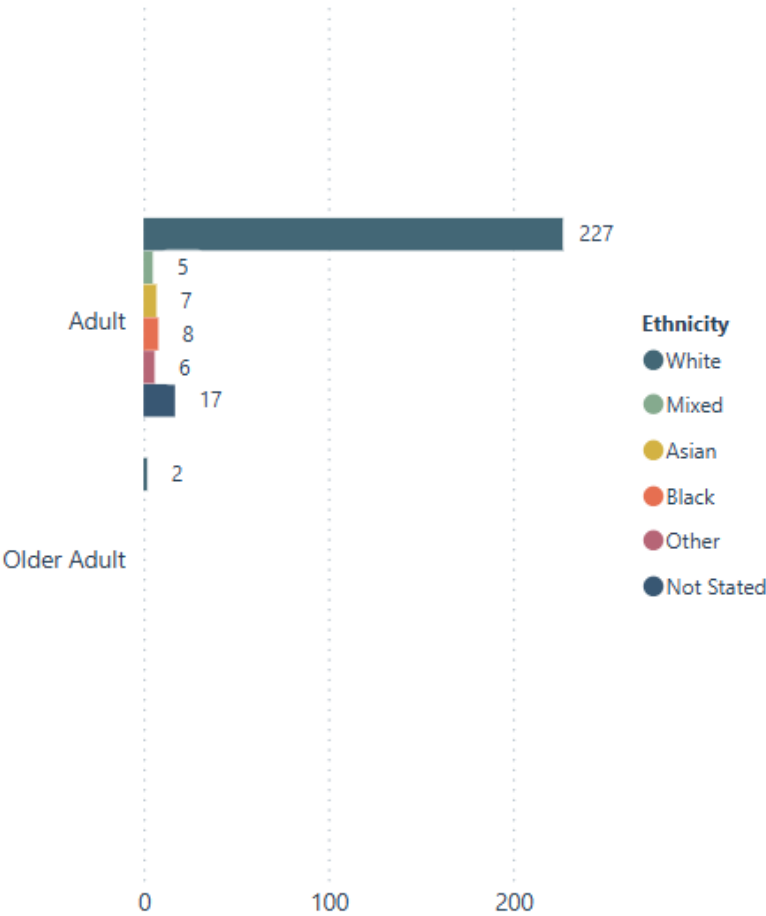


Indicator	Alt Ref	Metric	Value	Adult	Older Adult
OP17c (N)	LTP 05 a	The number of active inappropriate adult acute OAPs	272	99.26%	0.74%

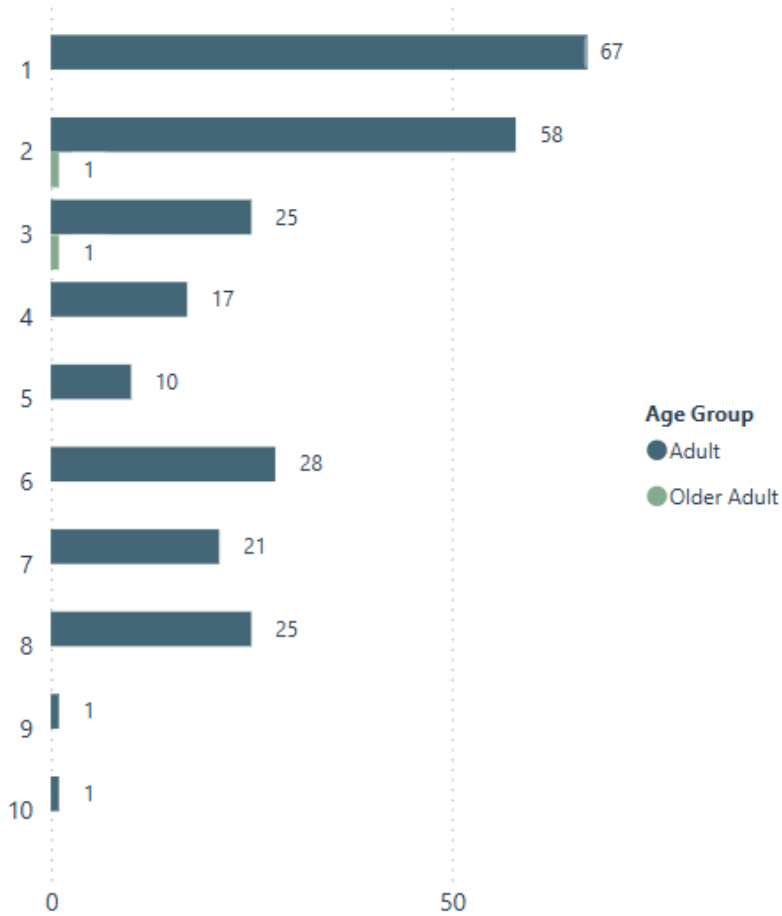
Age Group by Gender



Age Group By Ethnicity



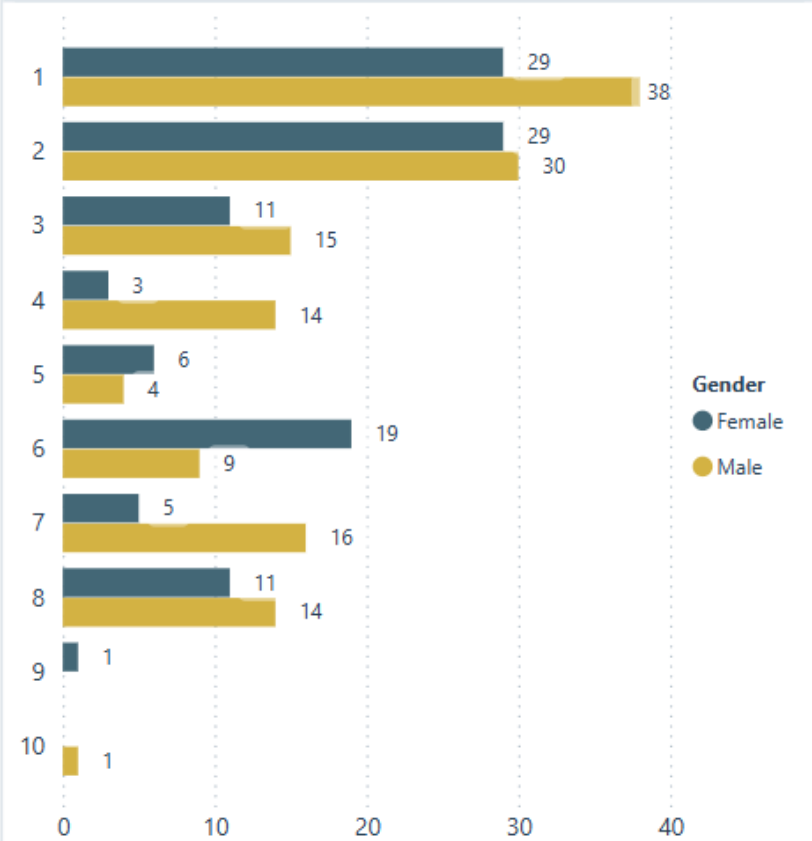
Age Group By Deprivation



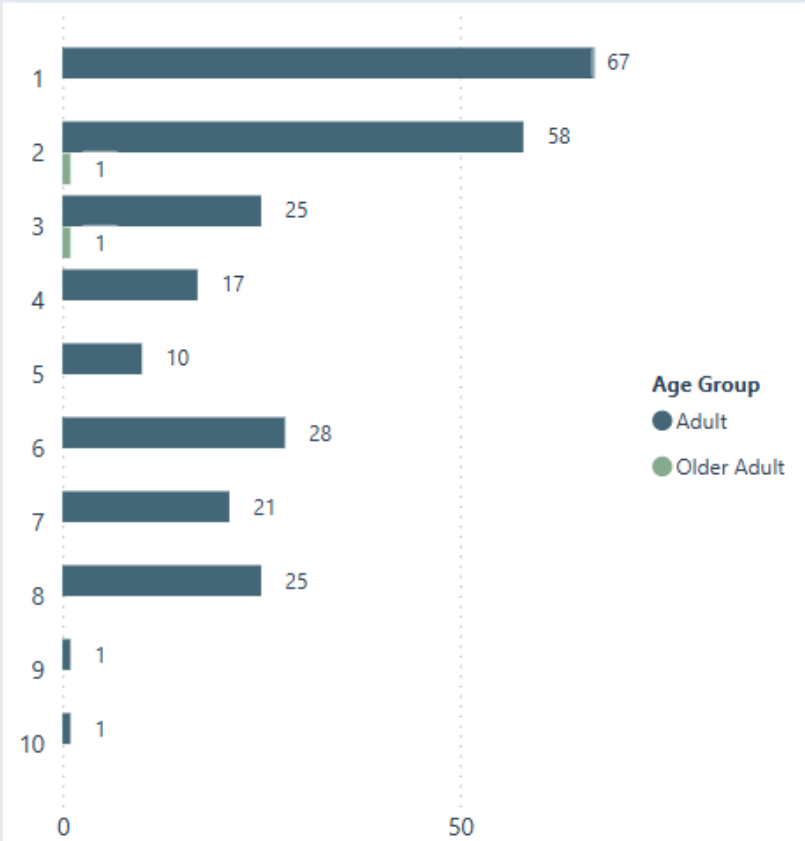
Indicator	Alt Ref	Metric	Value
OP17c (N)	LTP 05 a	The number of active inappropriate adult acute OAPs	272

Not Recorded	1	2	3	4	5	6	7	8	9	10
6.25%	24.63%	21.69%	9.56%	6.25%	3.68%	10.29%	7.72%	9.19%	0.37%	0.37%

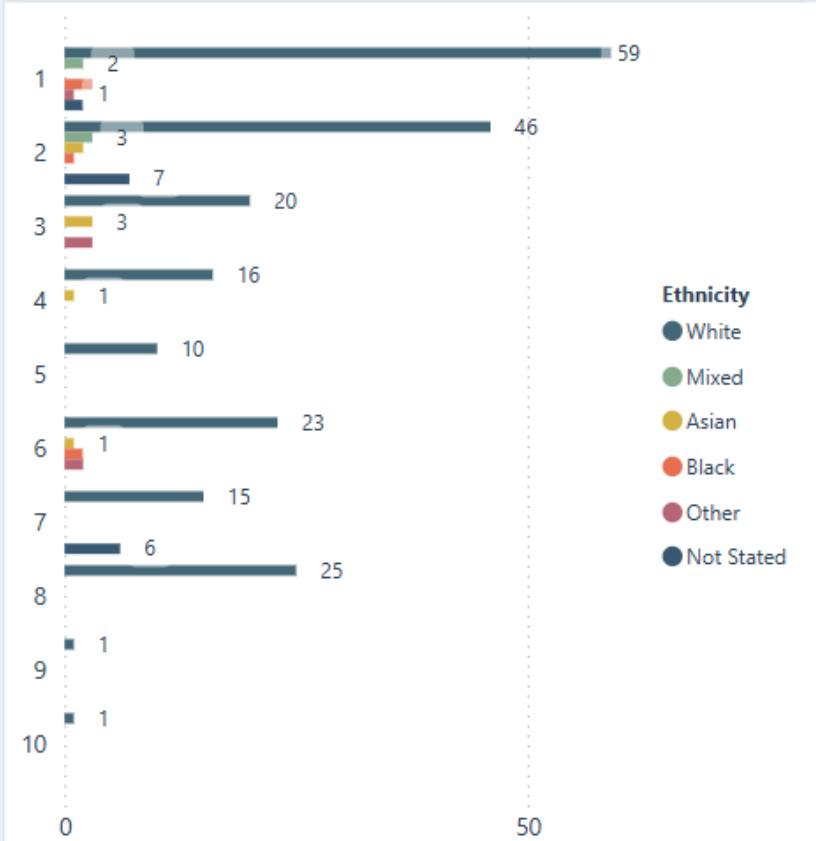
Deprivation By Gender



Deprivation by Age Group

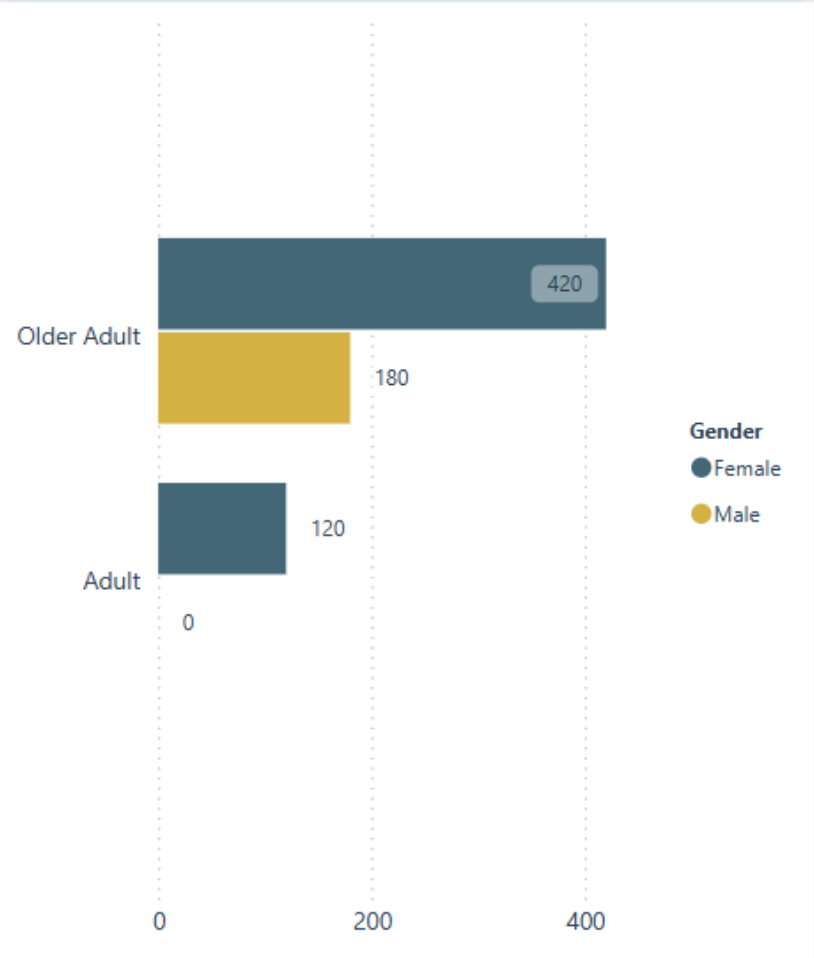


Deprivation By Ethnicity

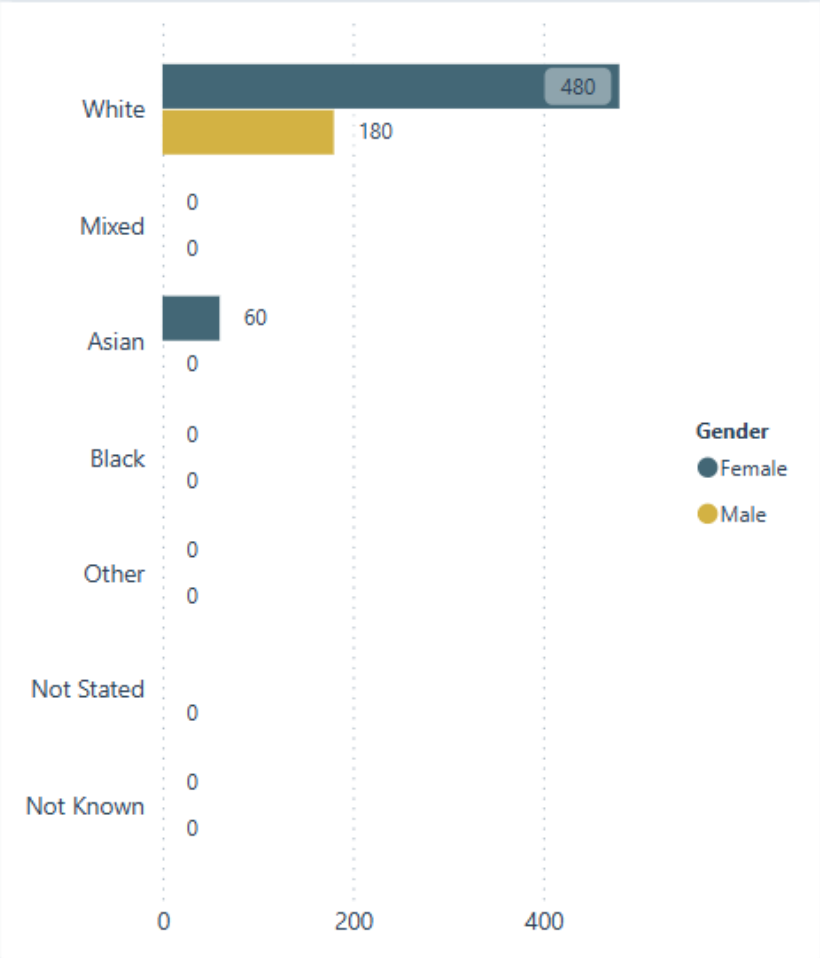


Indicator	Alt Ref	Metric	Value	Female	Male
OP54a (L)	LTO 06 a (i)	Virtual ward occupancy - on day 1	78.89%	75.00%	25.00%

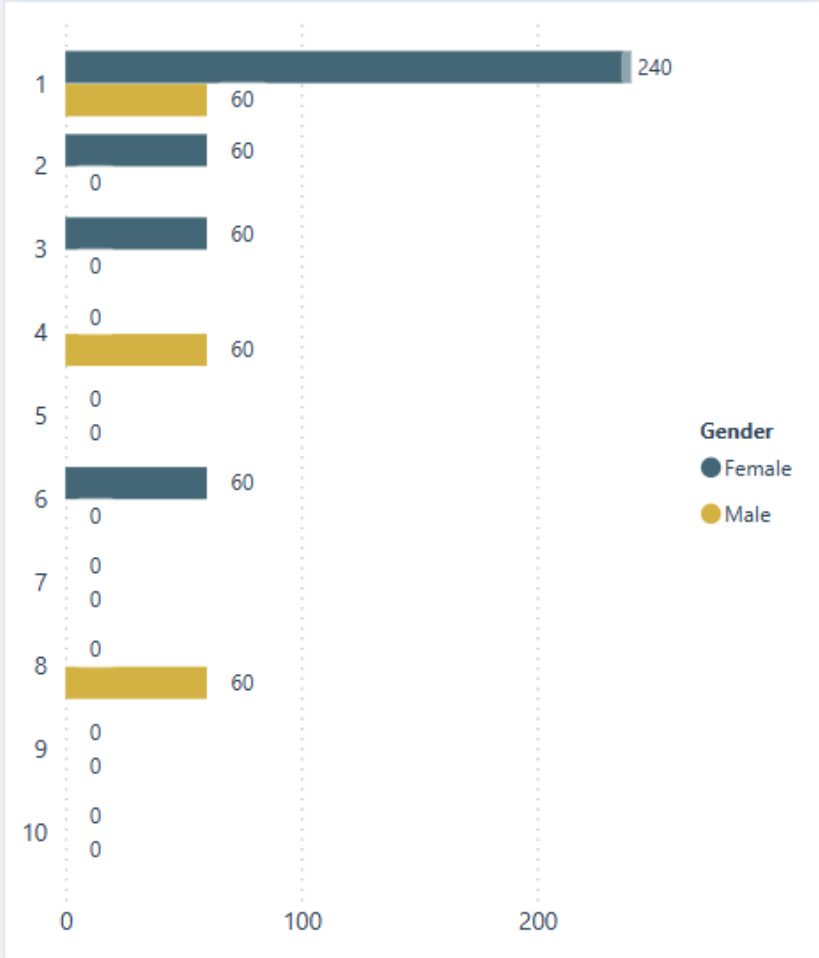
Gender By Age Group



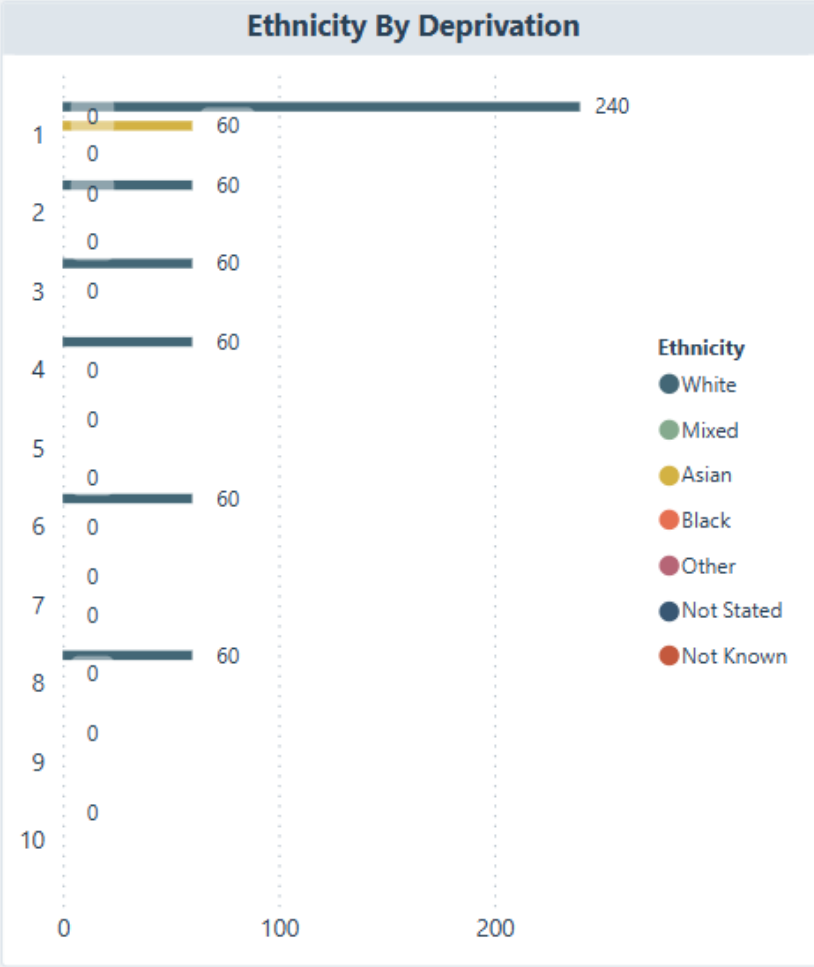
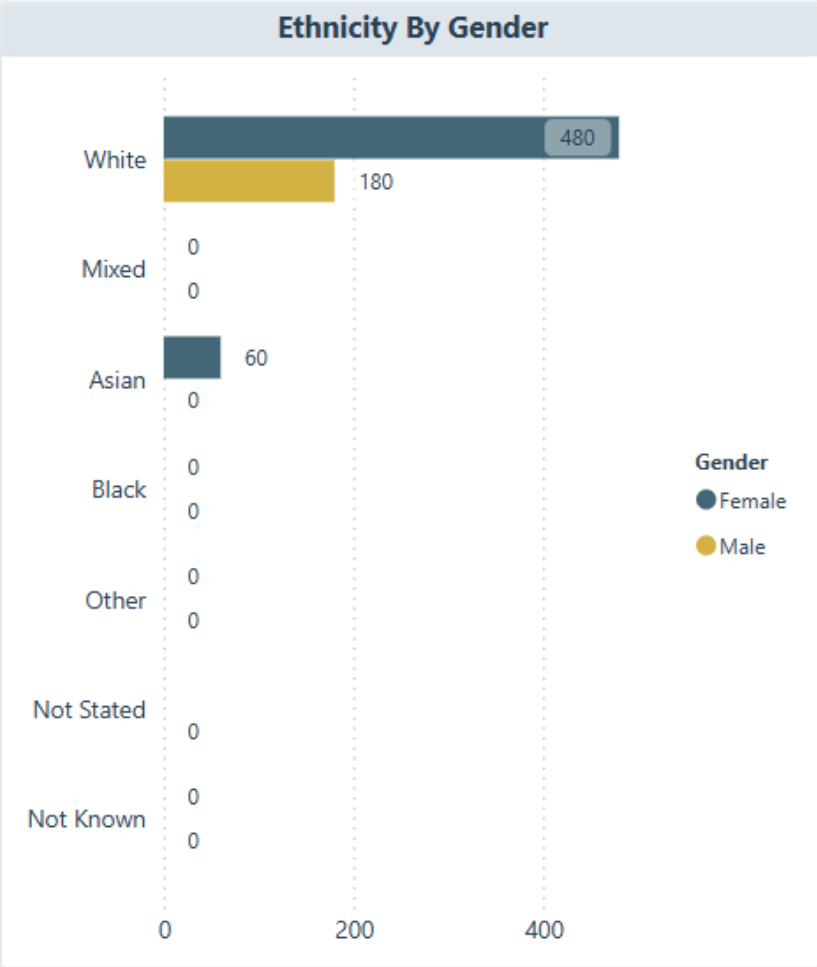
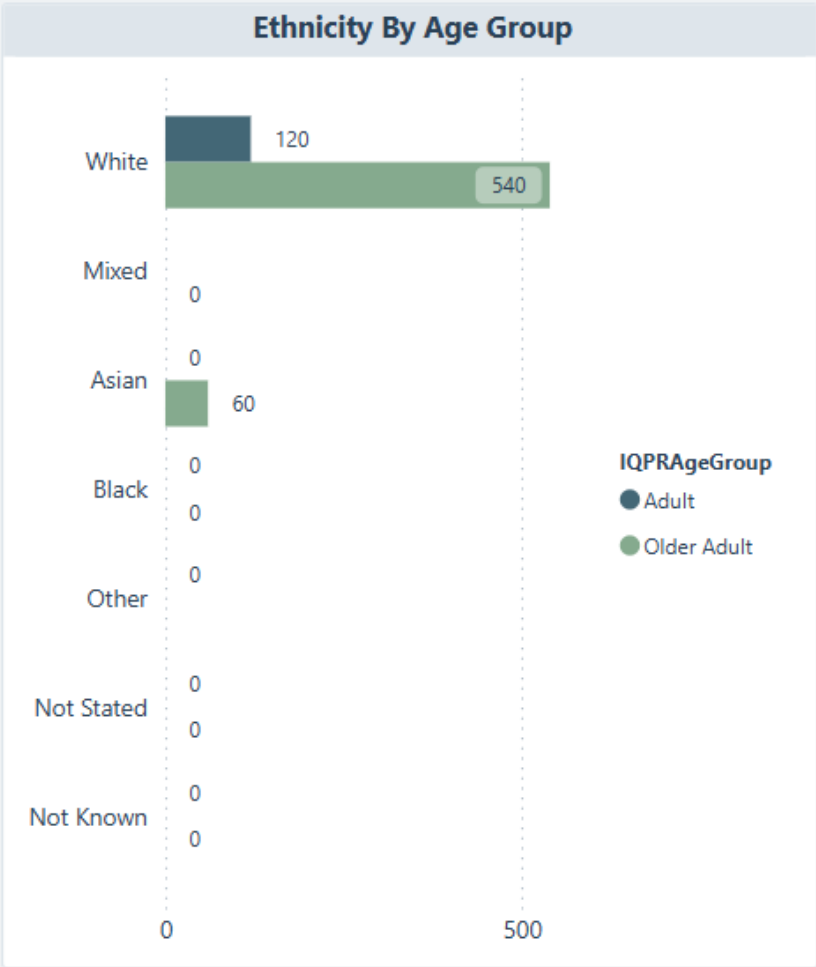
Gender By Ethnicity



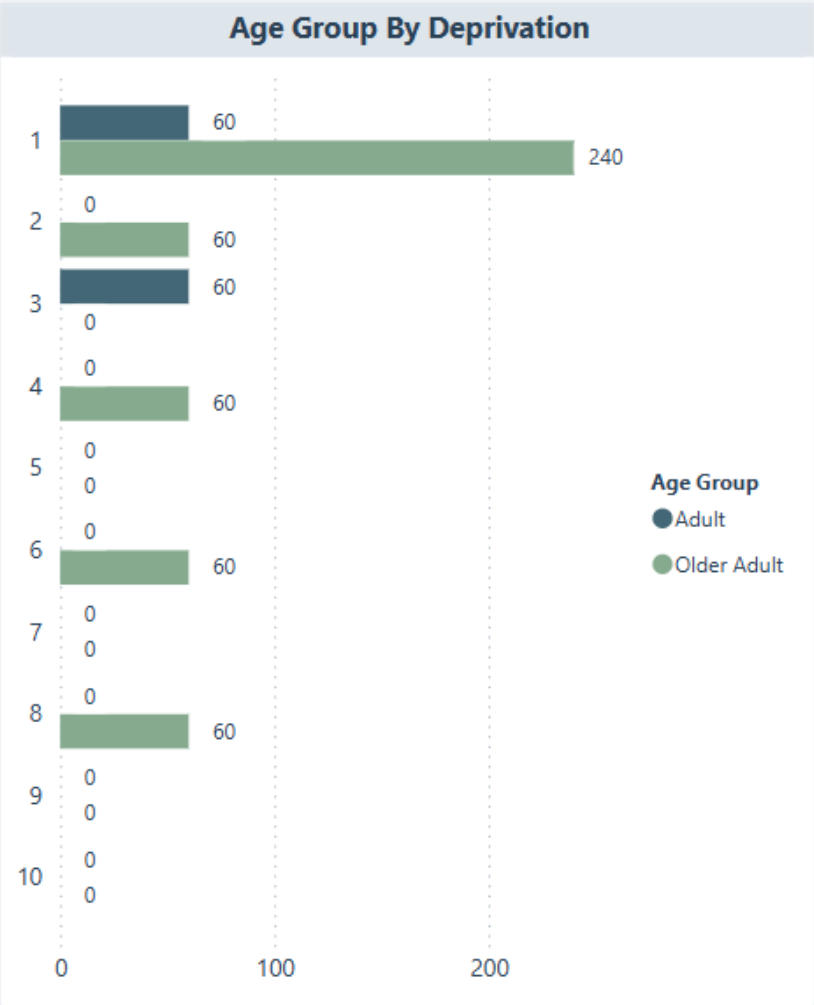
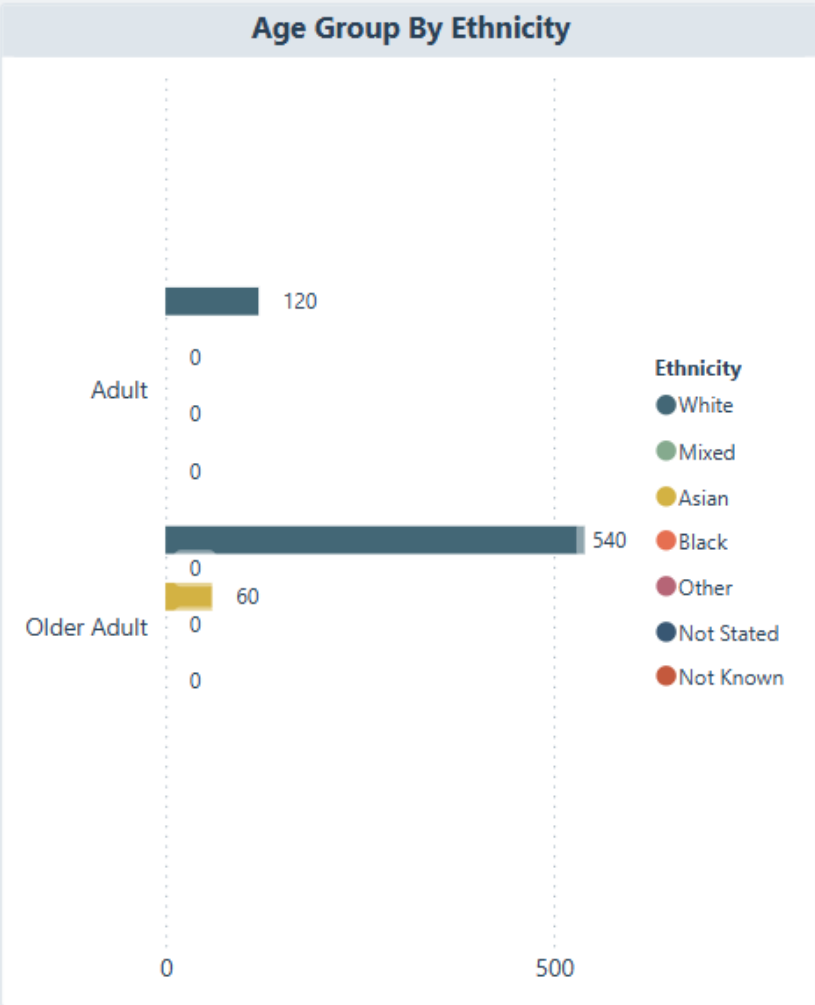
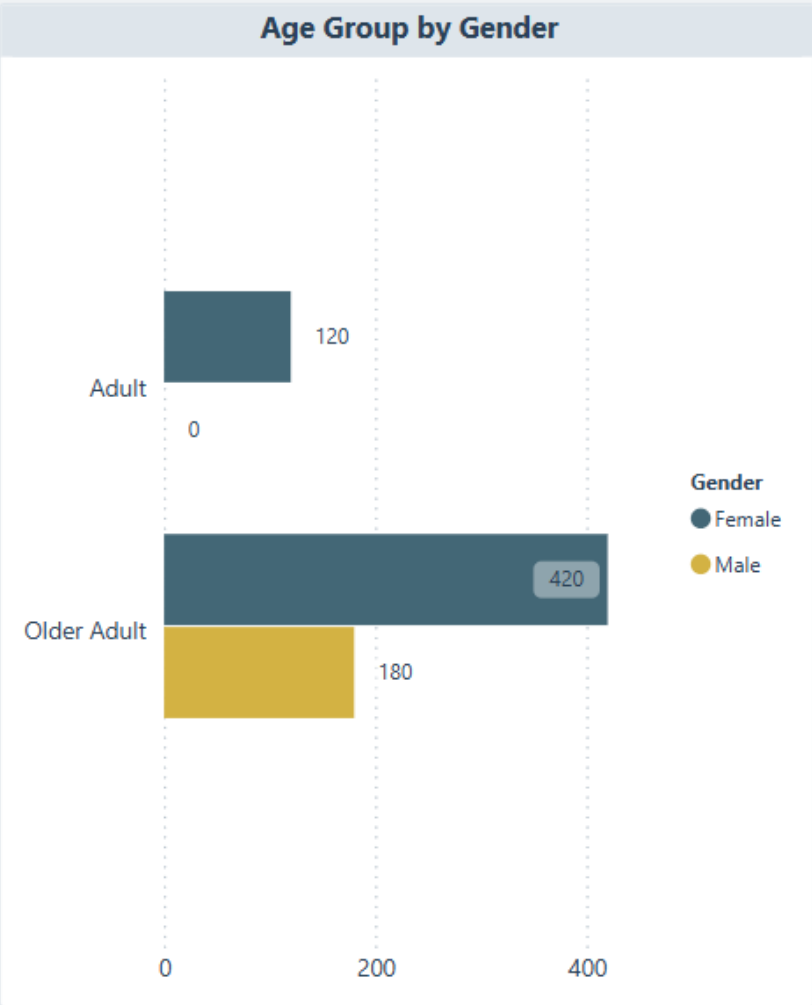
Gender By Deprivation



Indicator	Alt Ref	Metric	Value	White	Mixed	Asian	Black	Other	Not Stated	Not Known
OP54a (L)	LTO 06 a (i)	Virtual ward occupancy - on day 1	78.89%	91.67%	0.00%	8.33%	0.00%	0.00%	0.00%	0.00%

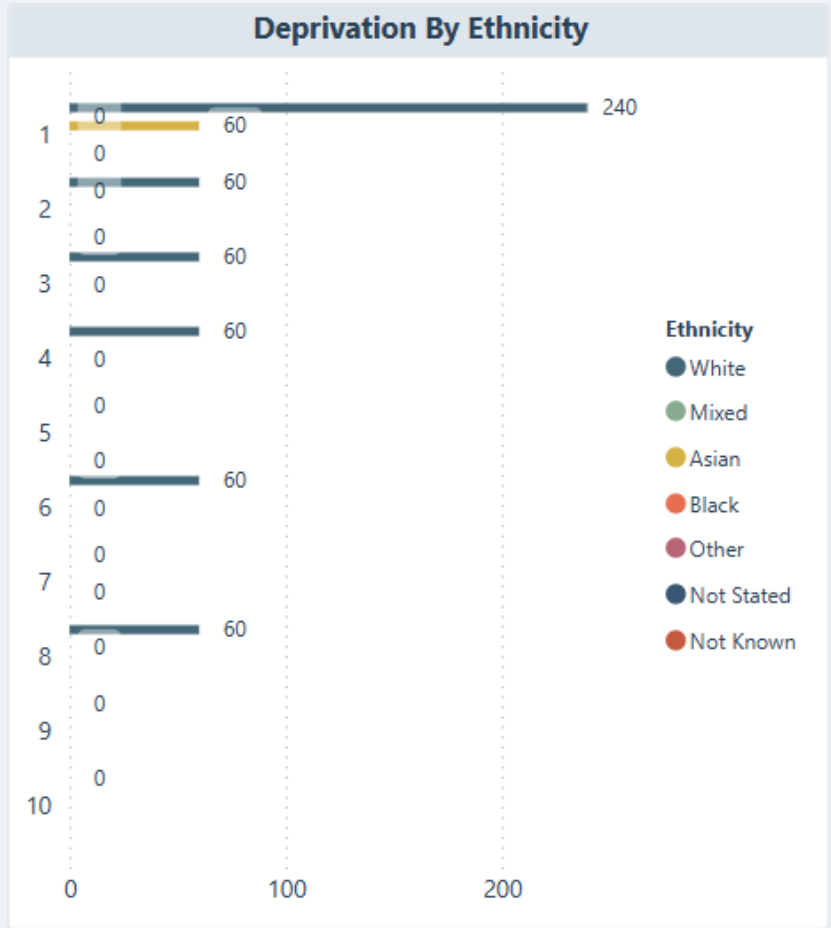
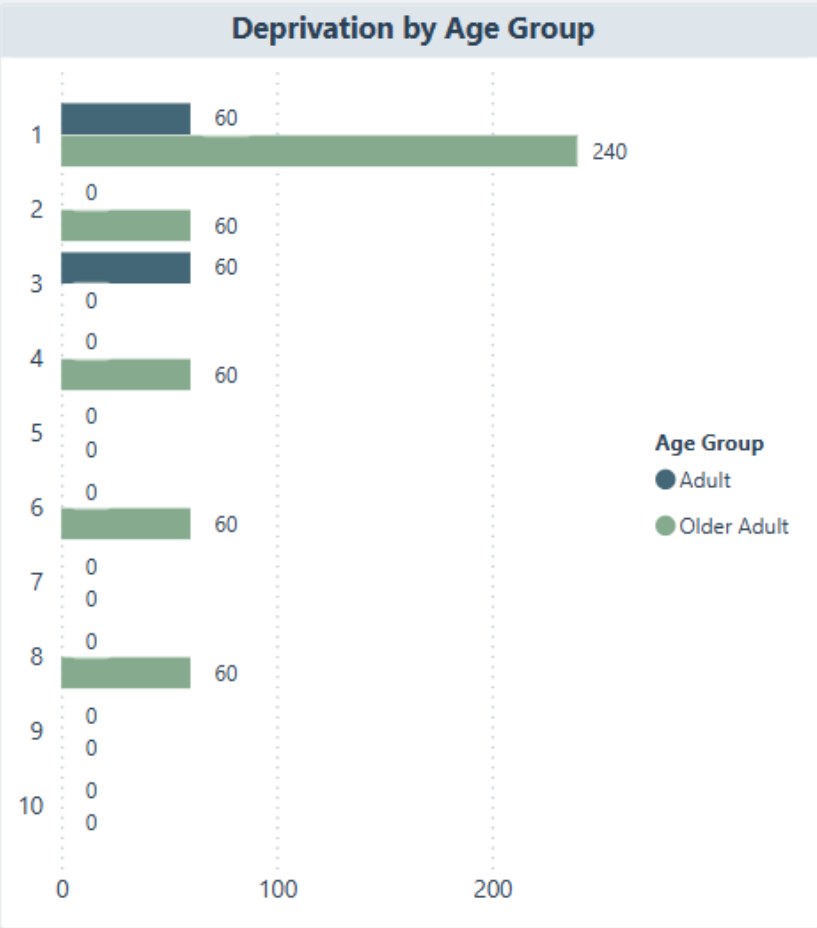
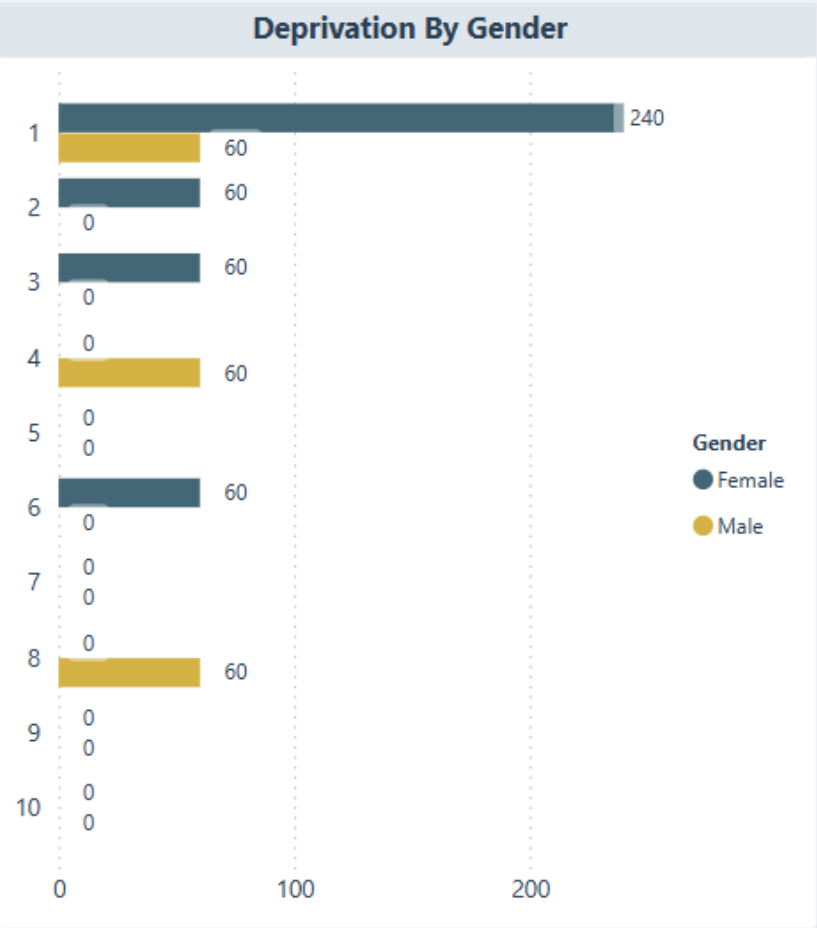


Indicator	Alt Ref	Metric	Value	Adult	Older Adult
OP54a (L)	LTO 06 a (i)	Virtual ward occupancy - on day 1	78.89%	16.67%	83.33%

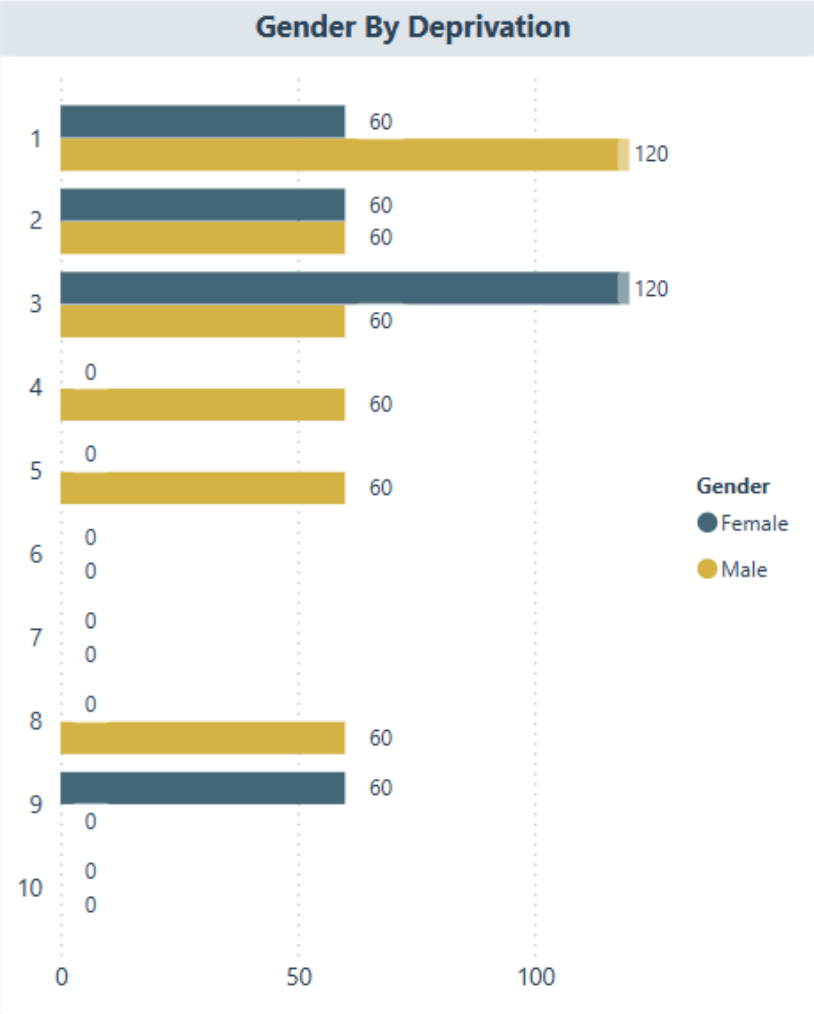
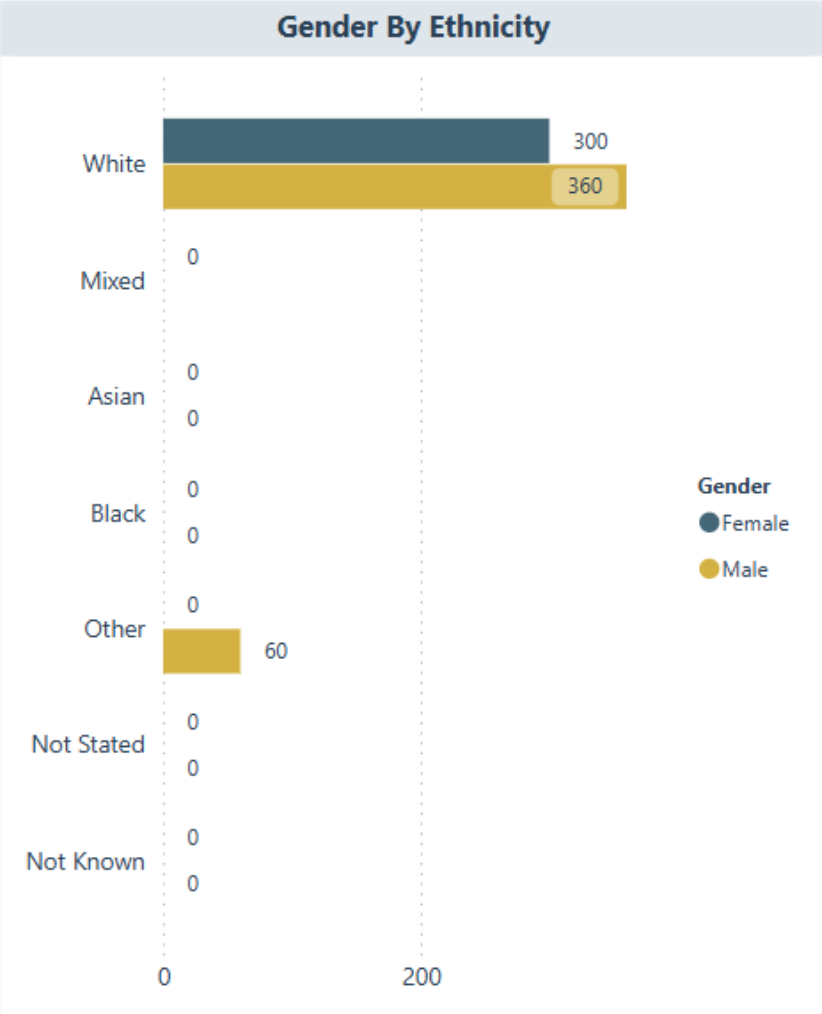
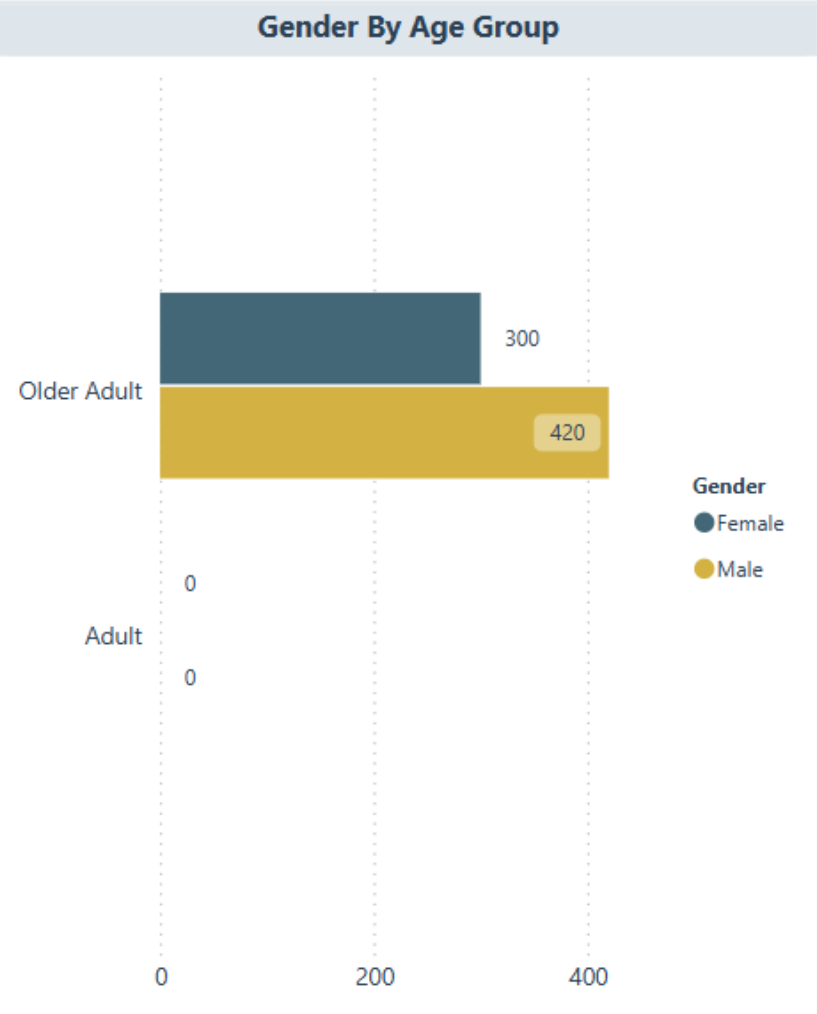


Indicator	Alt Ref	Metric	Value
OP54a (L)	LTO 06 a (i)	Virtual ward occupancy - on day 1	78.89%

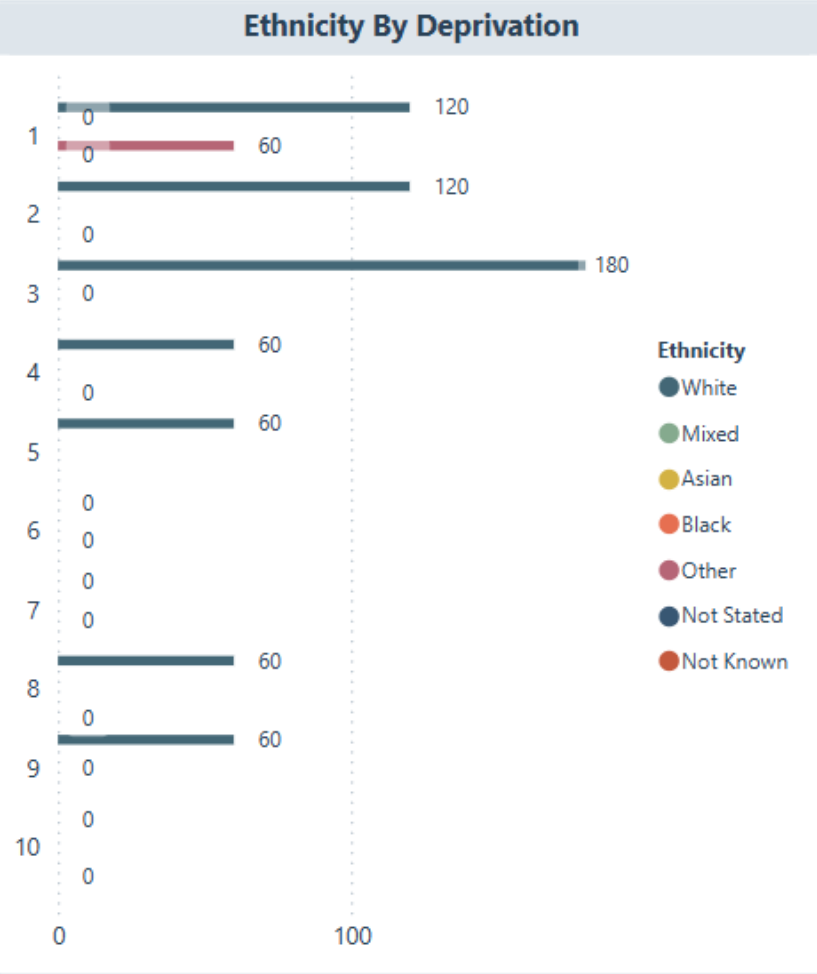
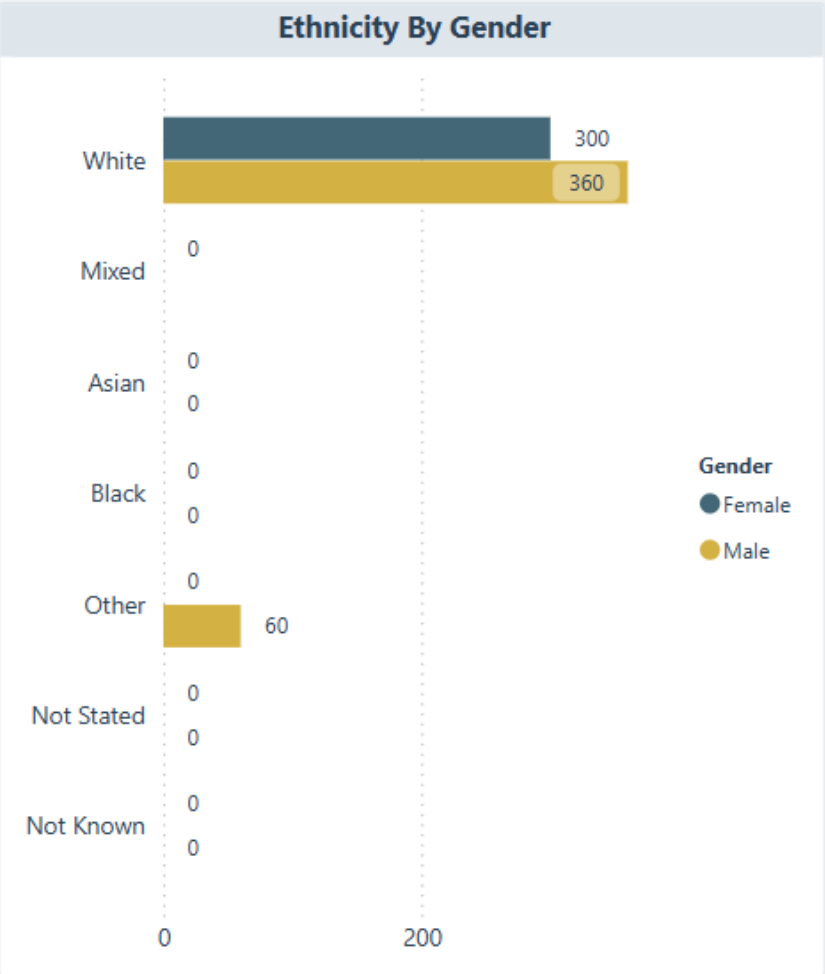
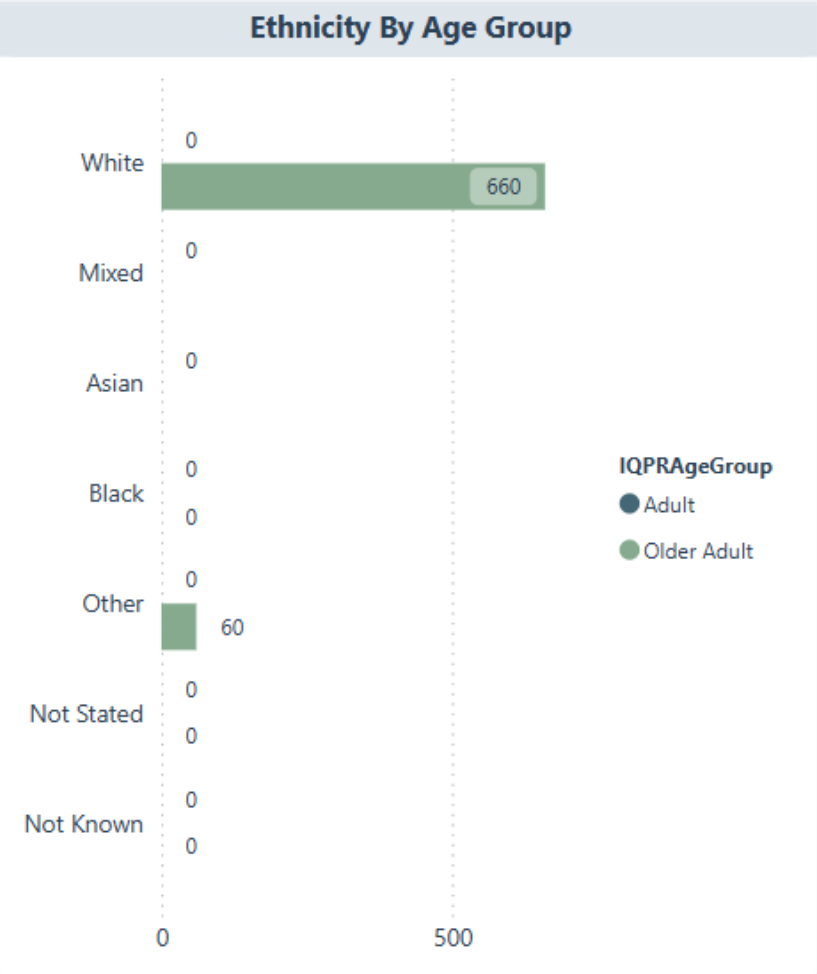
Not Recorded	1	2	3	4	5	6	7	8	9	10
16.67%	41.67%	8.33%	8.33%	8.33%	0.00%	8.33%	0.00%	8.33%	0.00%	0.00%



Indicator	Alt Ref	Metric	Value	Male	Female
OP54b (L)	LTO 06 a (ii)	Virtual ward occupancy - on day 15	64.31%	58.33%	41.67%

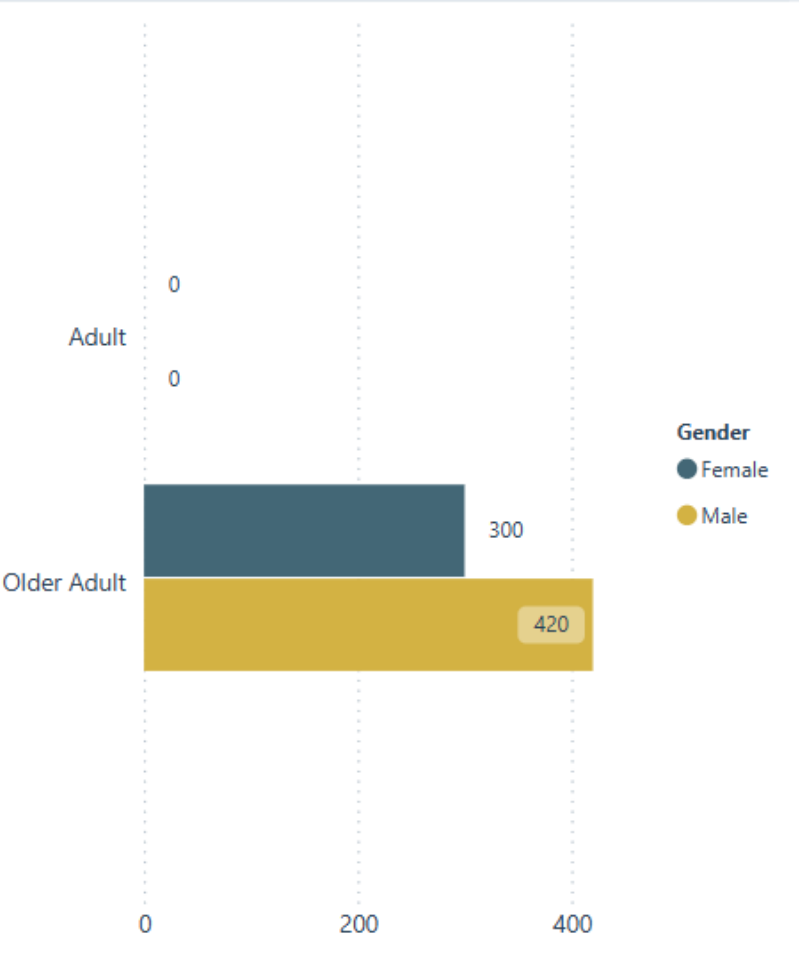


Indicator	Alt Ref	Metric	Value	White	Mixed	Asian	Black	Other	Not Stated	Not Known
OP54b (L)	LTO 06 a (ii)	Virtual ward occupancy - on day 15	64.31%	91.67%	0.00%	0.00%	0.00%	8.33%	0.00%	0.00%

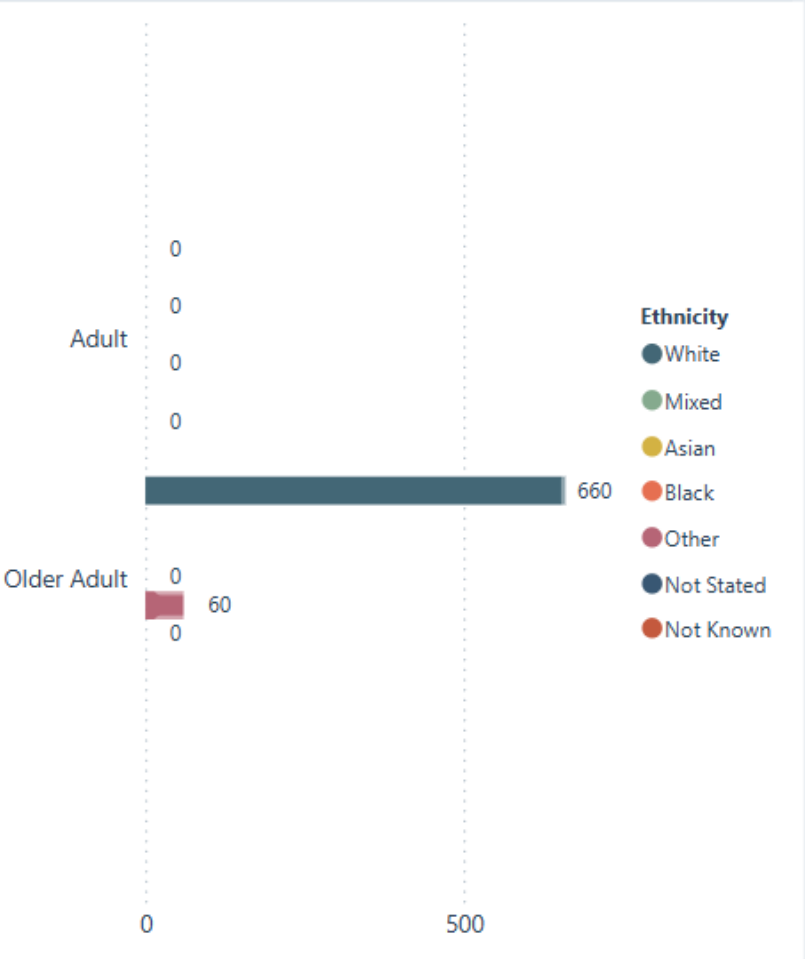


Indicator	Alt Ref	Metric	Value	Adult	Older Adult
OP54b (L)	LTO 06 a (ii)	Virtual ward occupancy - on day 15	64.31%	0.00%	100.00%

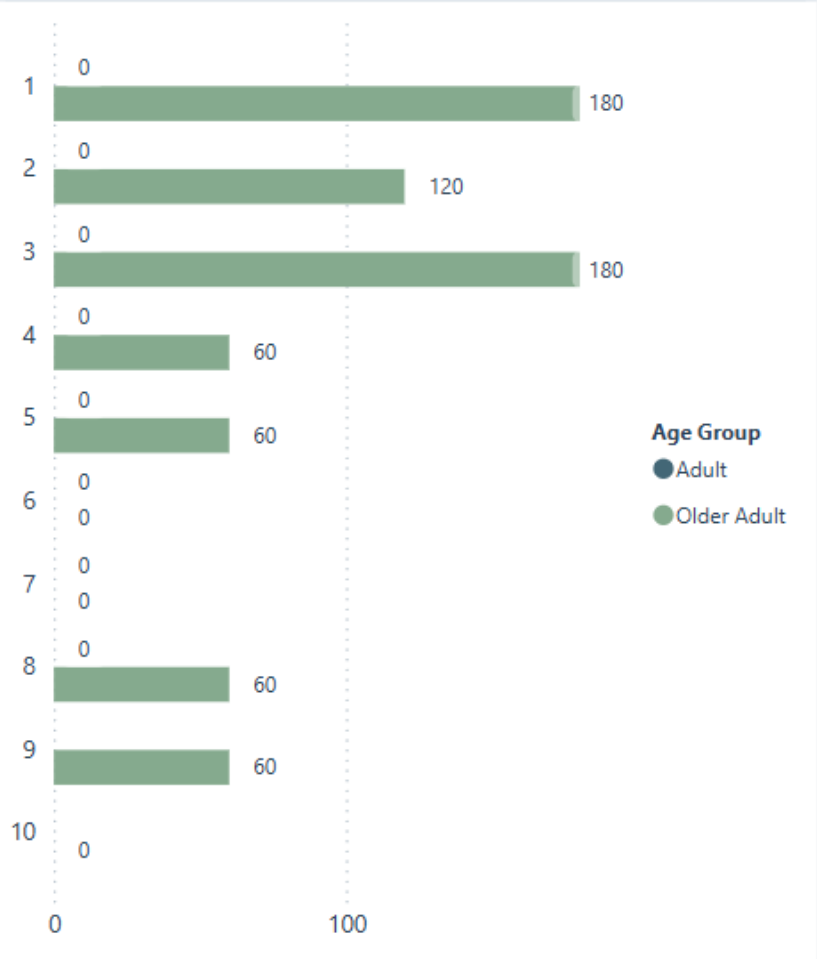
Age Group by Gender



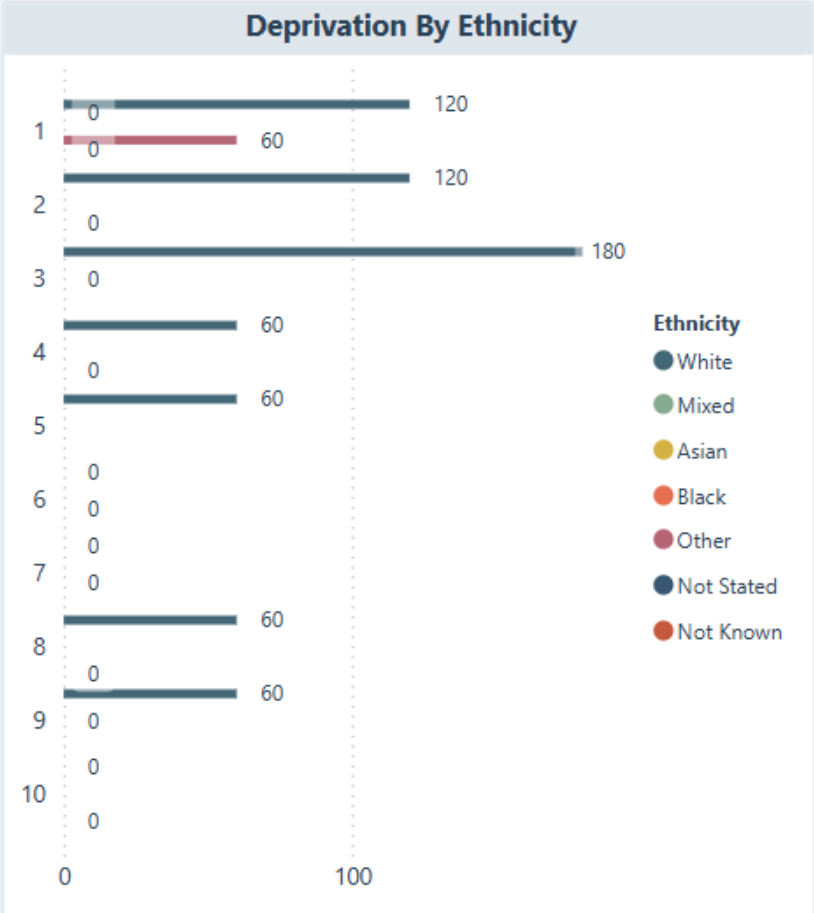
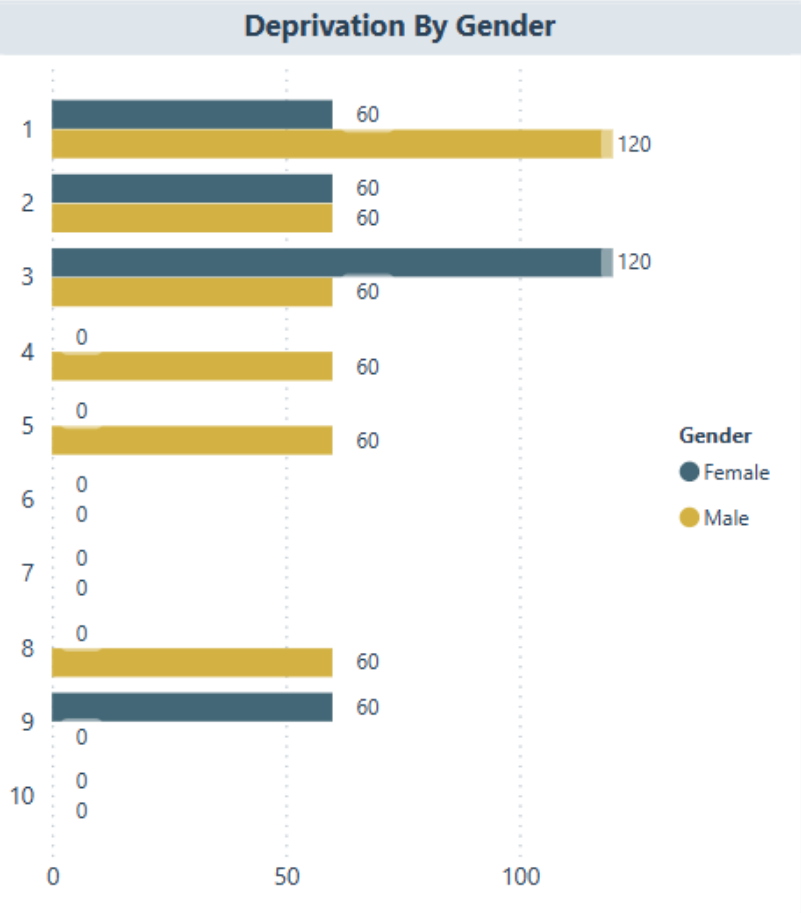
Age Group By Ethnicity



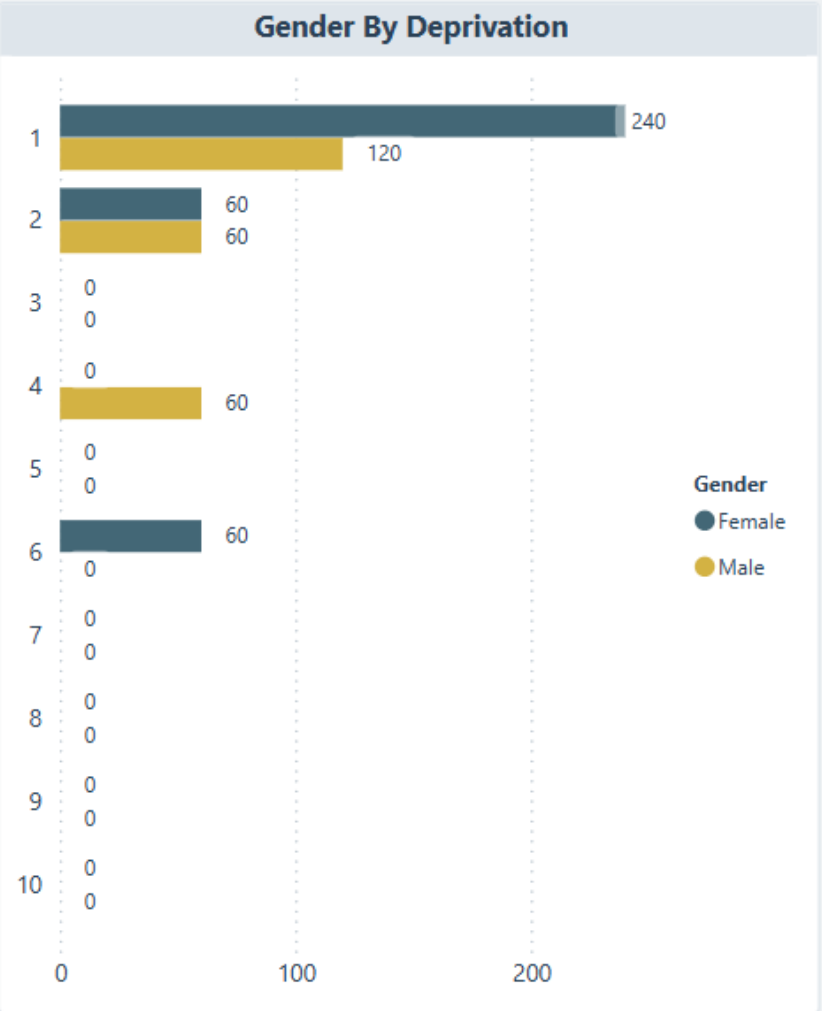
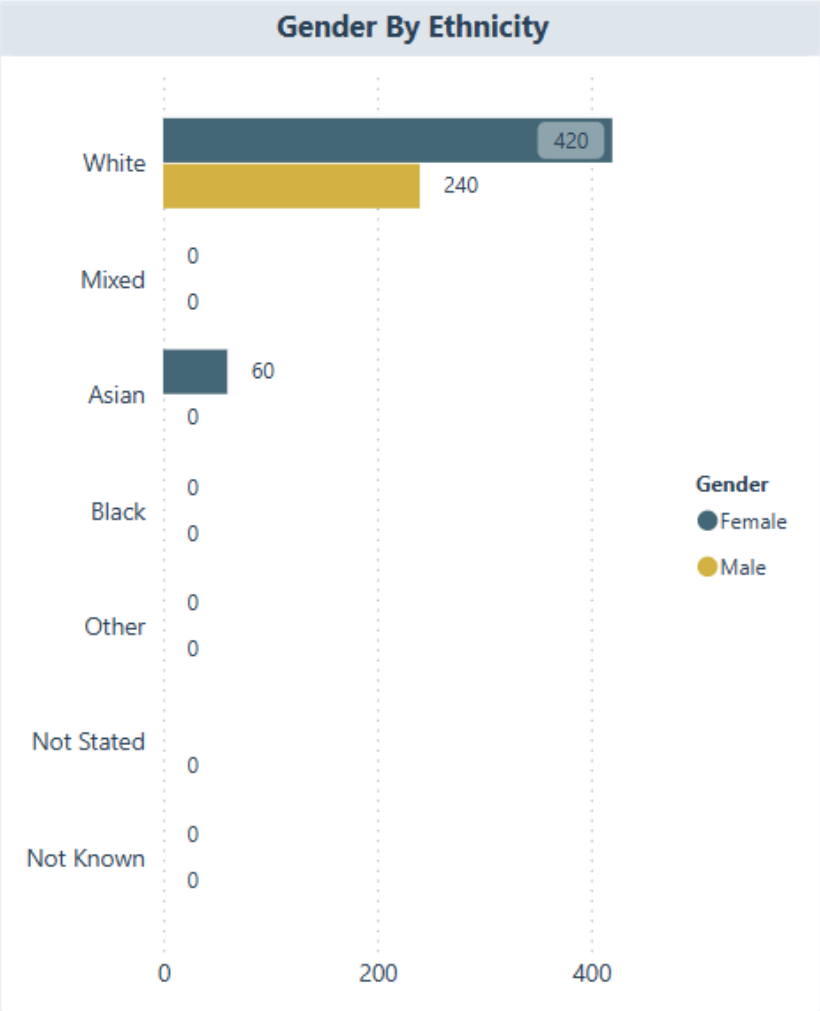
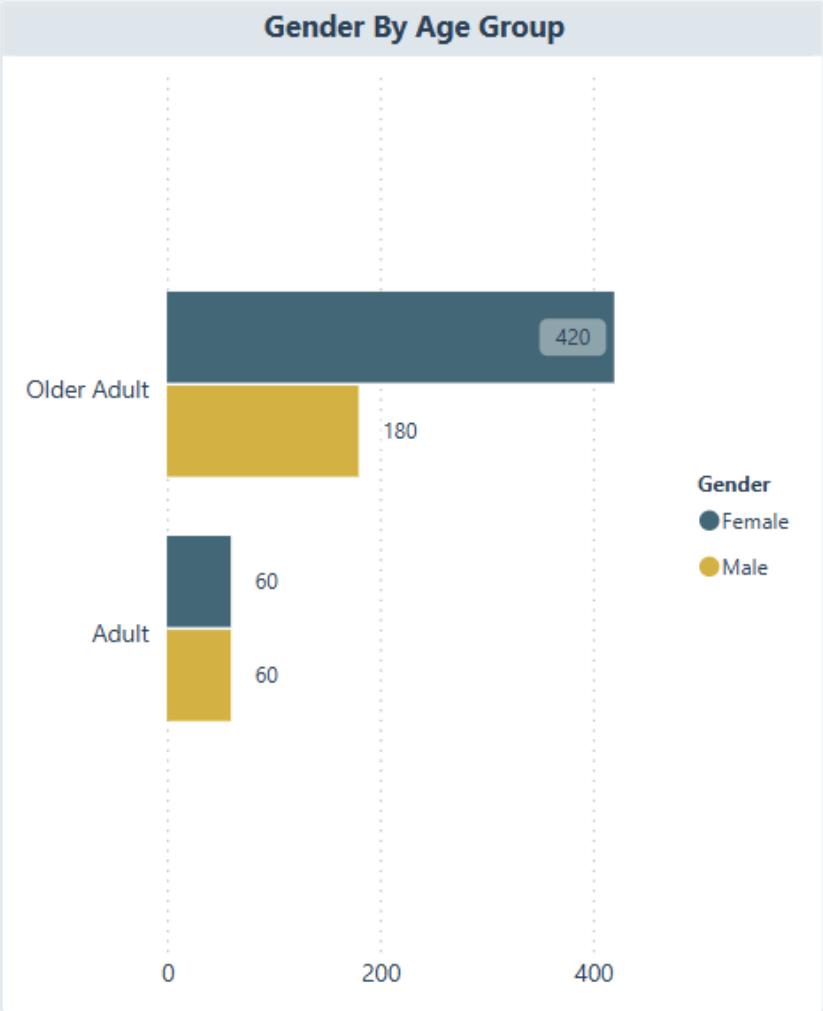
Age Group By Deprivation



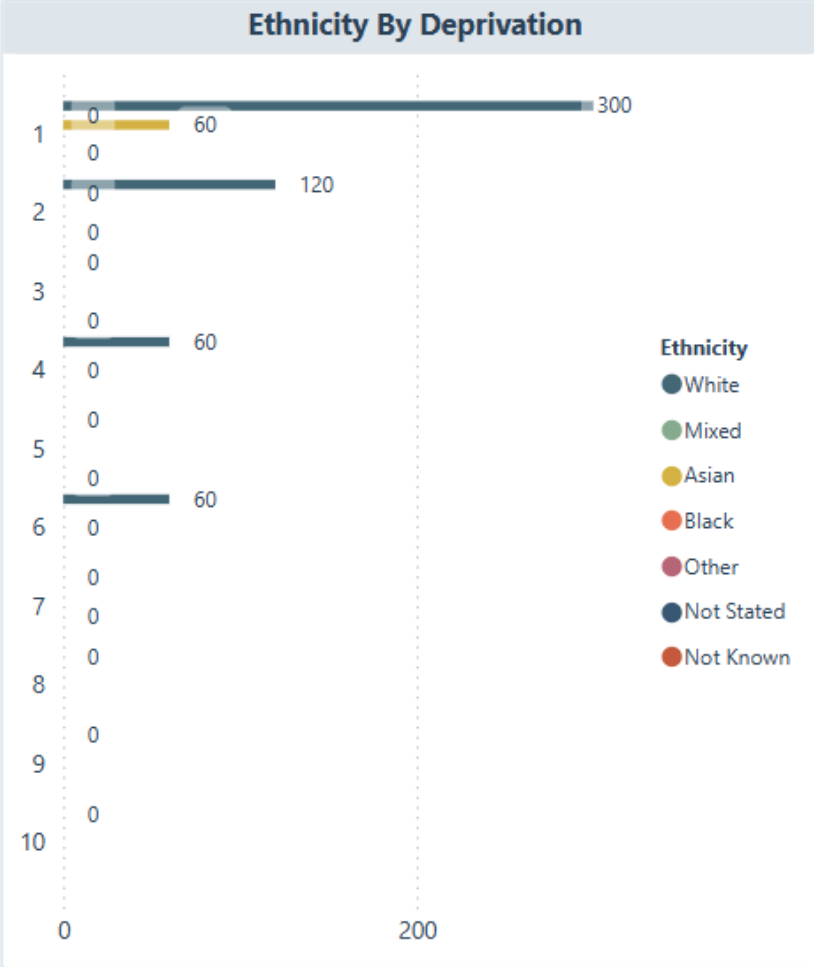
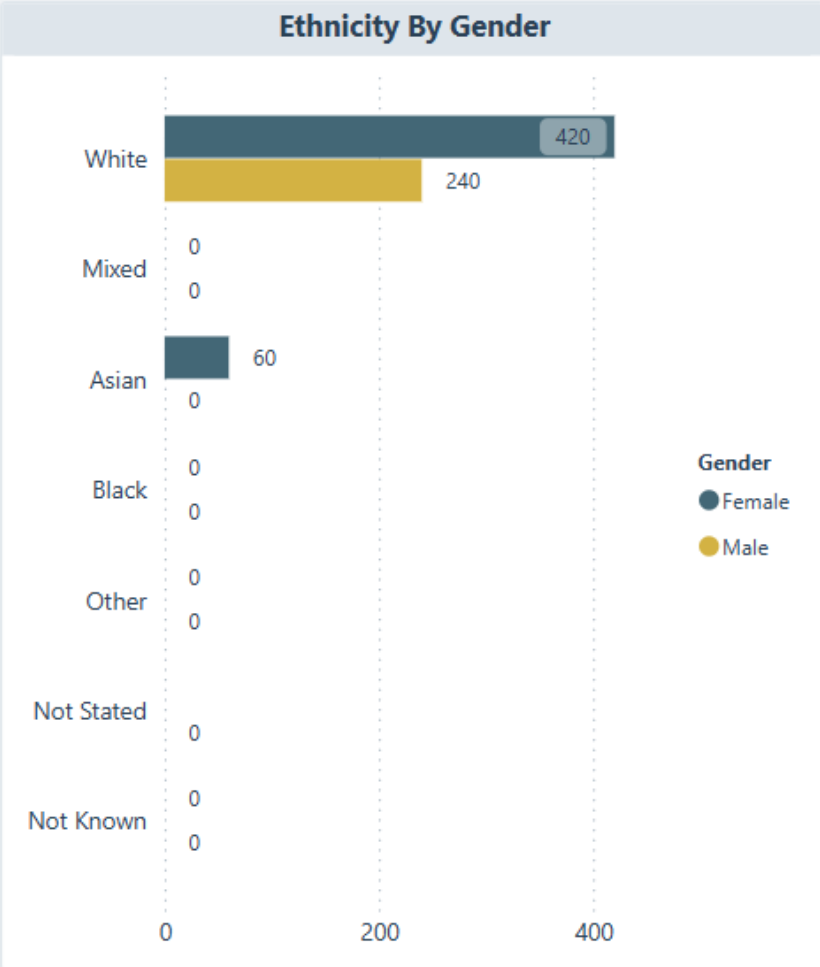
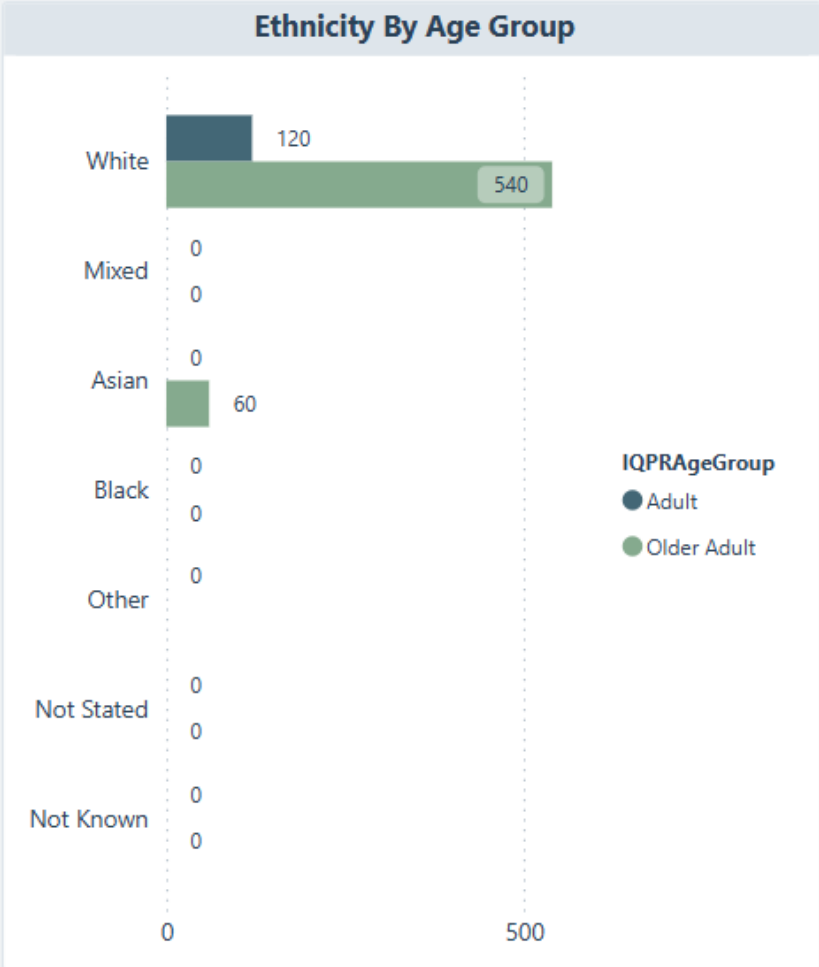
Indicator	Alt Ref	Metric	Value									
OP54b (L)	LTO 06 a (ii)	Virtual ward occupancy - on day 15	64.31%									
Not Recorded			1	2	3	4	5	6	7	8	9	10
0.00%			25.00%	16.67%	25.00%	8.33%	8.33%	0.00%	0.00%	8.33%	8.33%	0.00%



Indicator	Alt Ref	Metric	Value	Female	Male
OP54c (L)	LTO 06 a (iii)	Virtual ward occupancy - on day 30	82.22%	66.67%	33.33%



Indicator	Alt Ref	Metric	Value	White	Mixed	Asian	Black	Other	Not Stated	Not Known
OP54c (L)	LTO 06 a (iii)	Virtual ward occupancy - on day 30	82.22%	91.67%	0.00%	8.33%	0.00%	0.00%	0.00%	0.00%

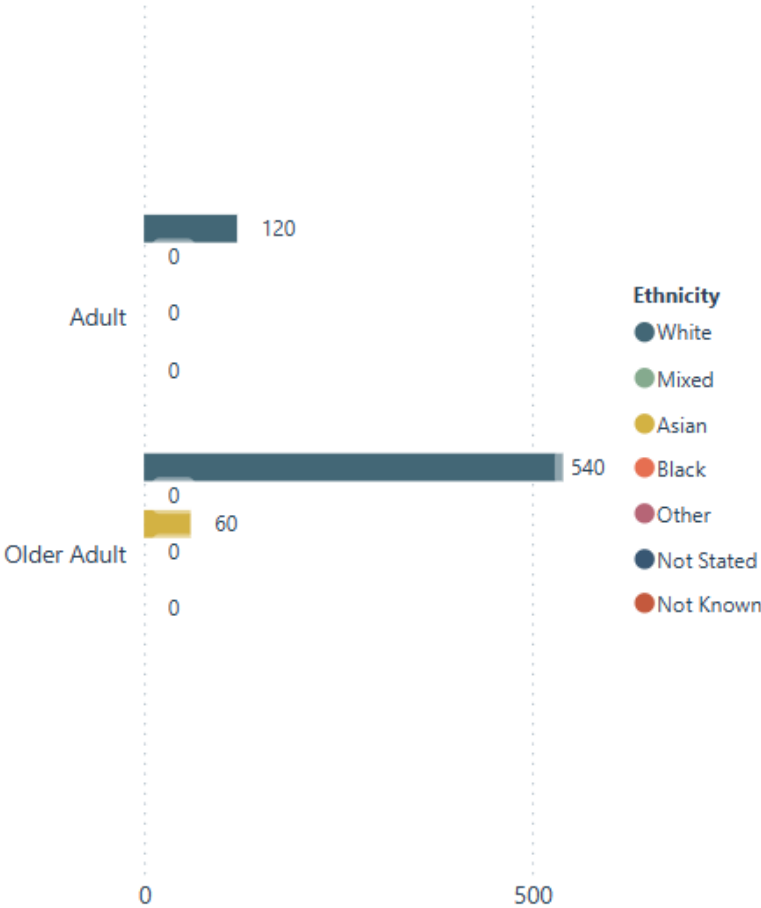


Indicator	Alt Ref	Metric	Value	Adult	Older Adult
OP54c (L)	LTO 06 a (iii)	Virtual ward occupancy - on day 30	82.22%	16.67%	83.33%

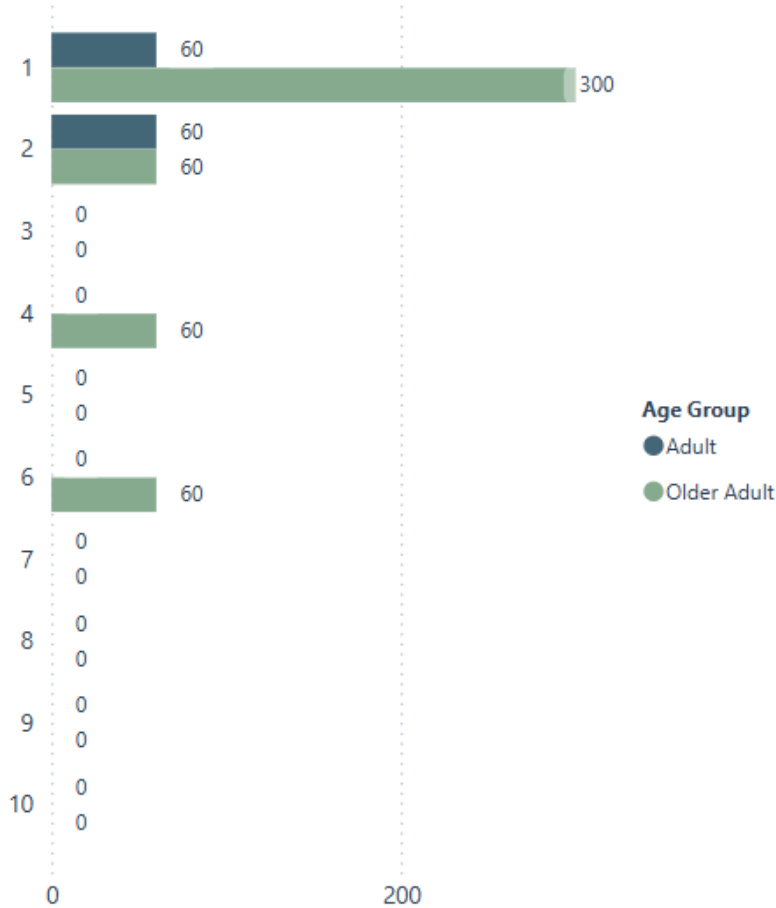
Age Group by Gender



Age Group By Ethnicity

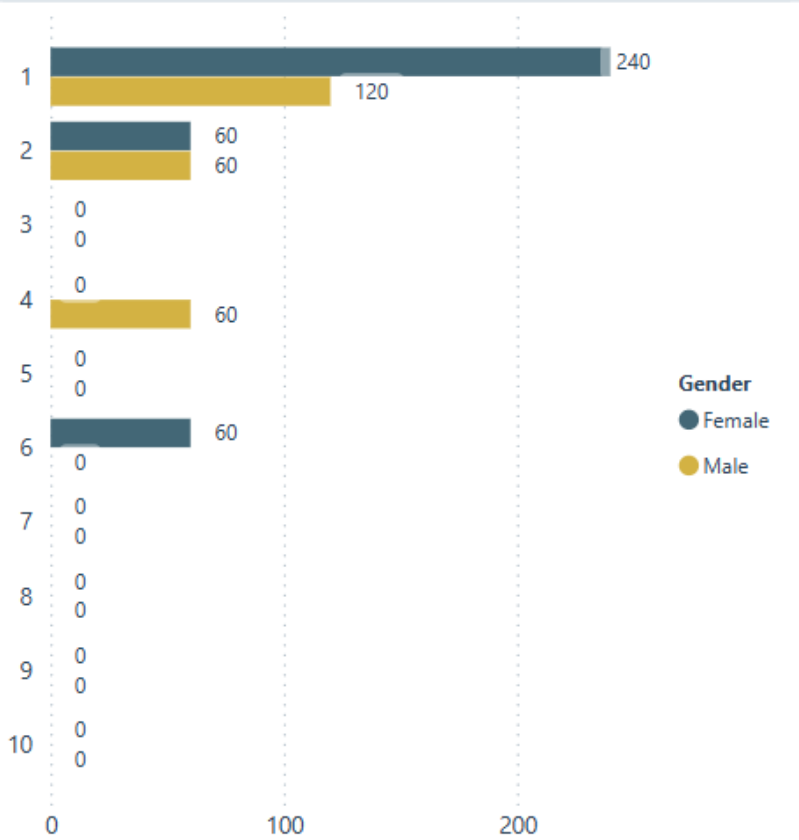


Age Group By Deprivation

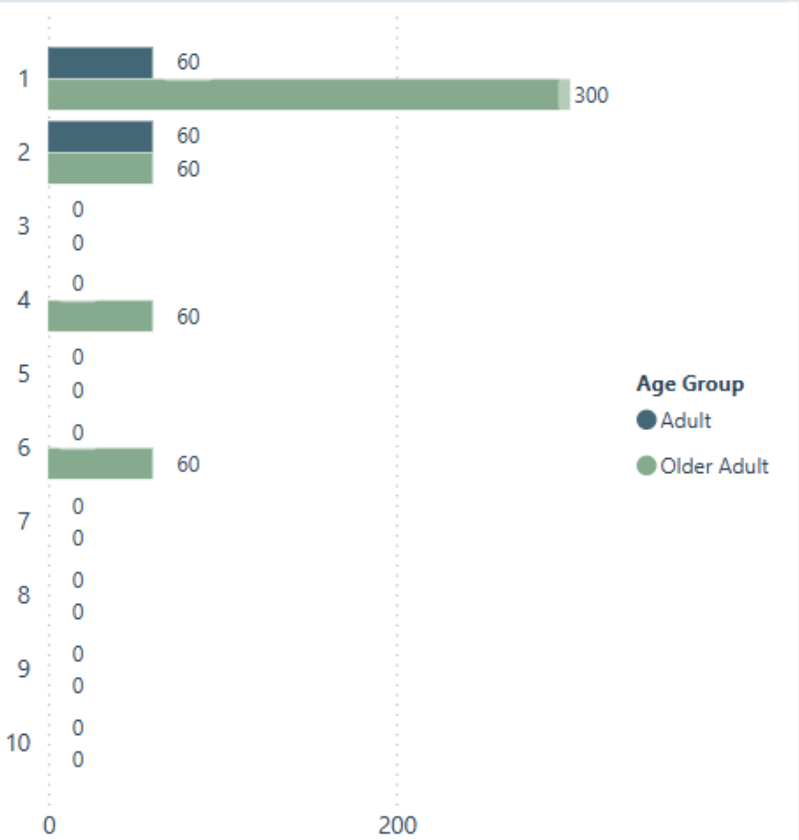


Indicator	Alt Ref	Metric	Value									
OP54c (L)	LTO 06 a (iii)	Virtual ward occupancy - on day 30	82.22%									
Not Recorded			1	2	3	4	5	6	7	8	9	10
16.67%			50.00%	16.67%	0.00%	8.33%	0.00%	8.33%	0.00%	0.00%	0.00%	0.00%

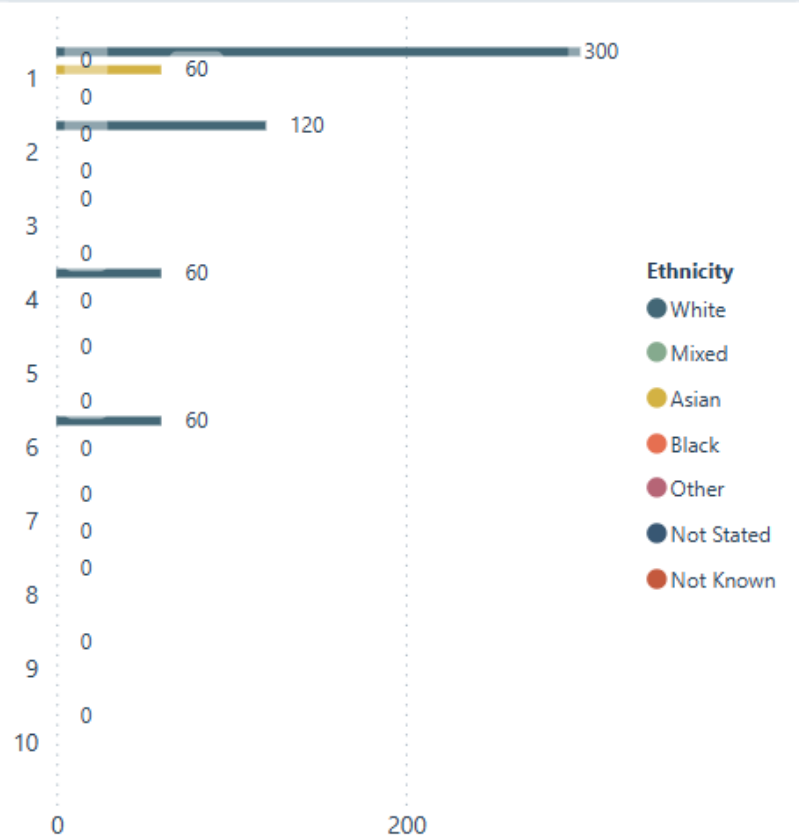
Deprivation By Gender



Deprivation by Age Group

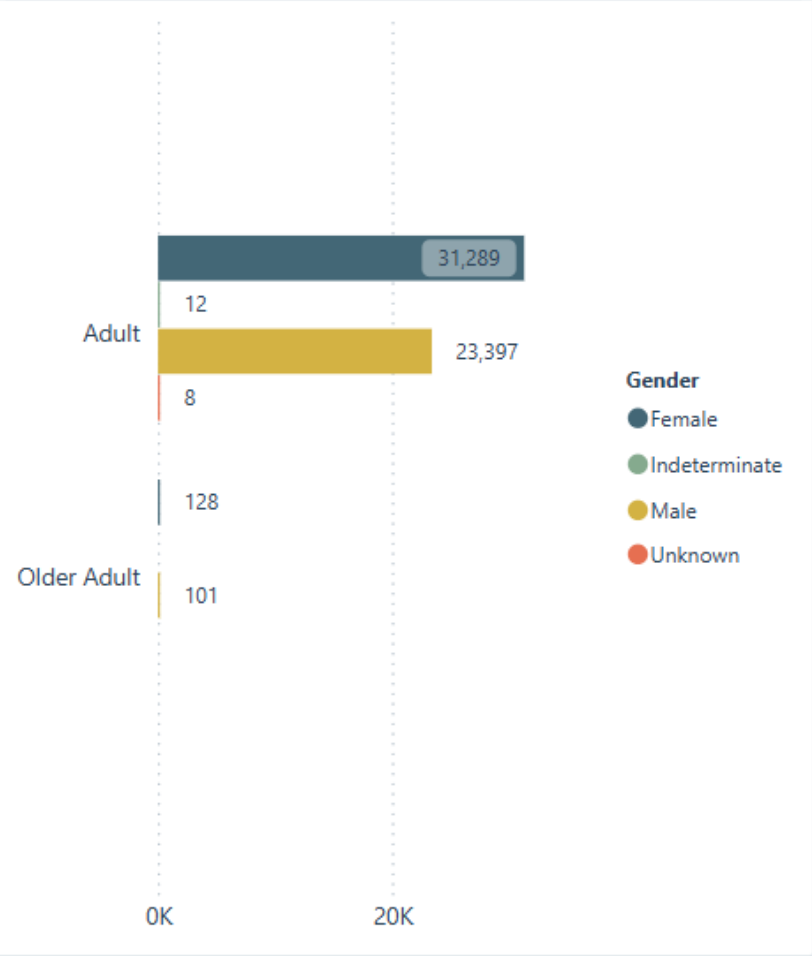


Deprivation By Ethnicity

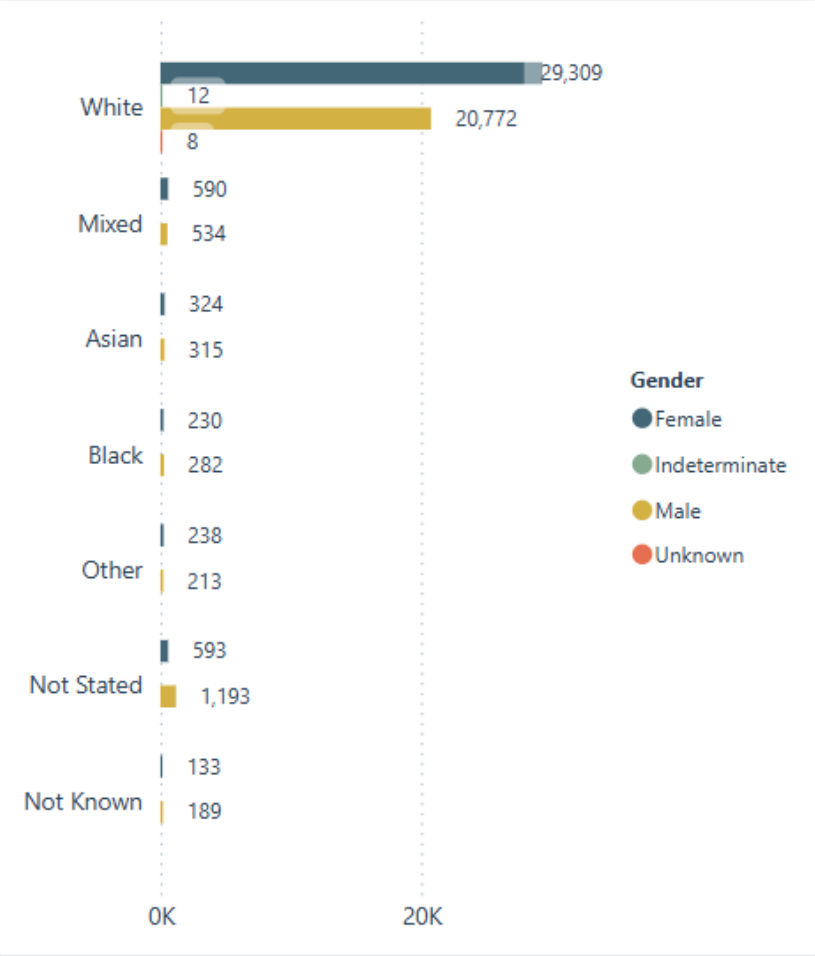


Indicator	Alt Ref	Metric	Value	Female	Male	Indeterminate	Unknown
OP59a (L)	LTP 09 (i)	Waiting List - Adult ADHD	54935	57.19%	42.77%	0.02%	0.01%

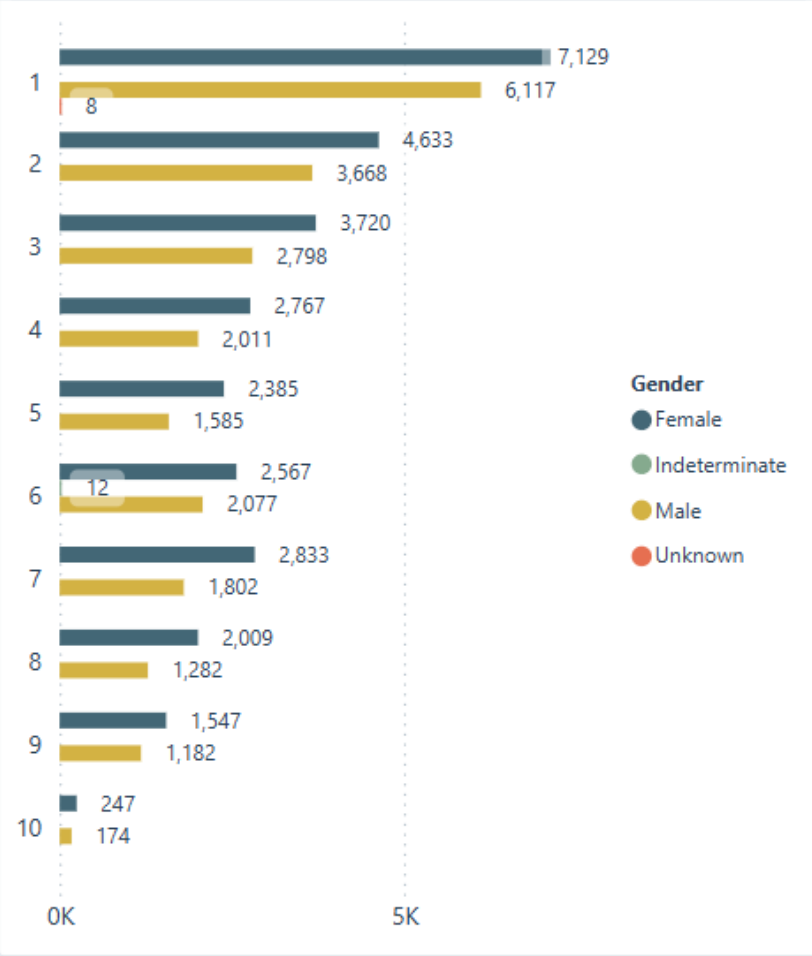
Gender By Age Group



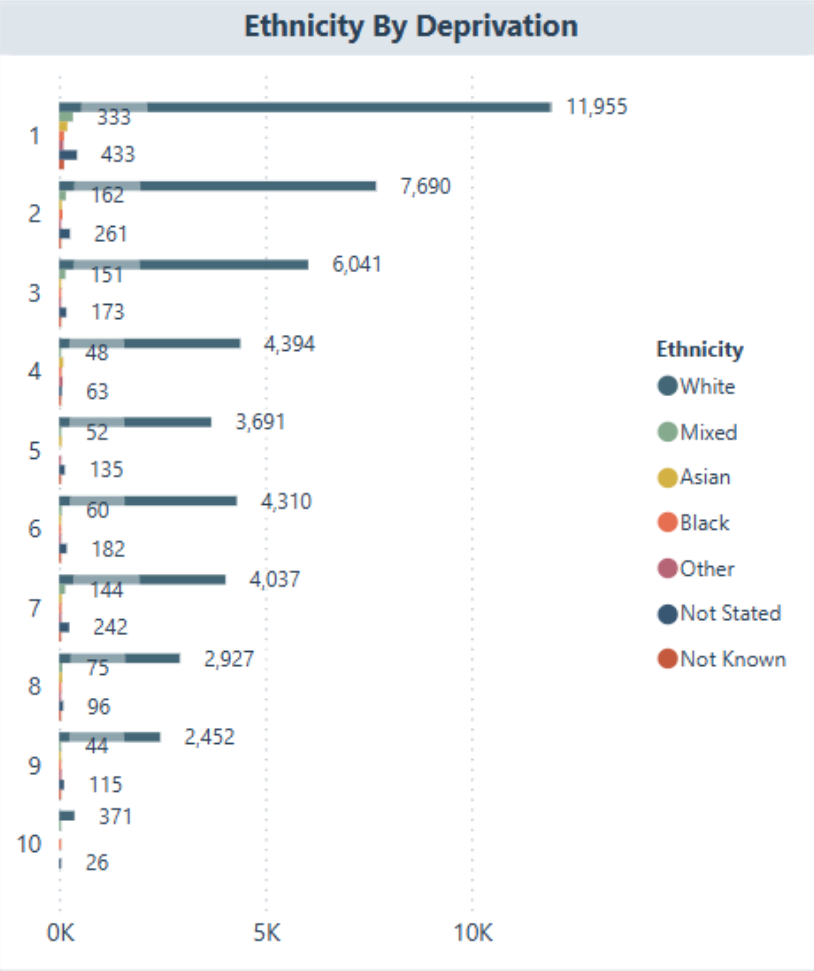
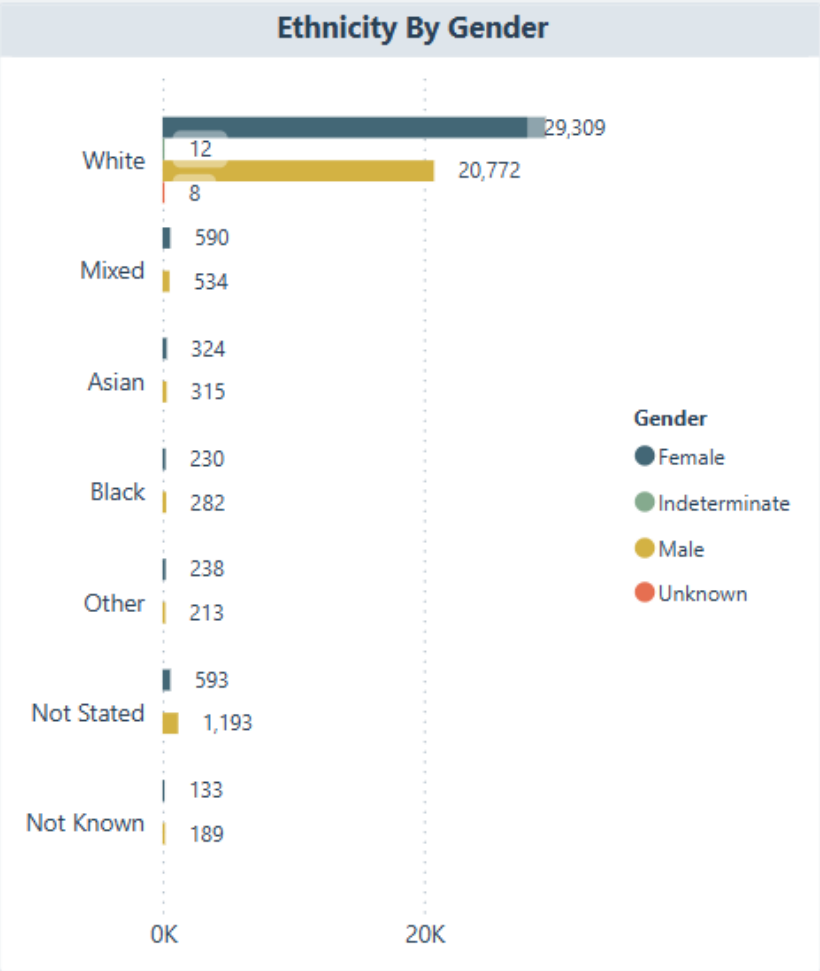
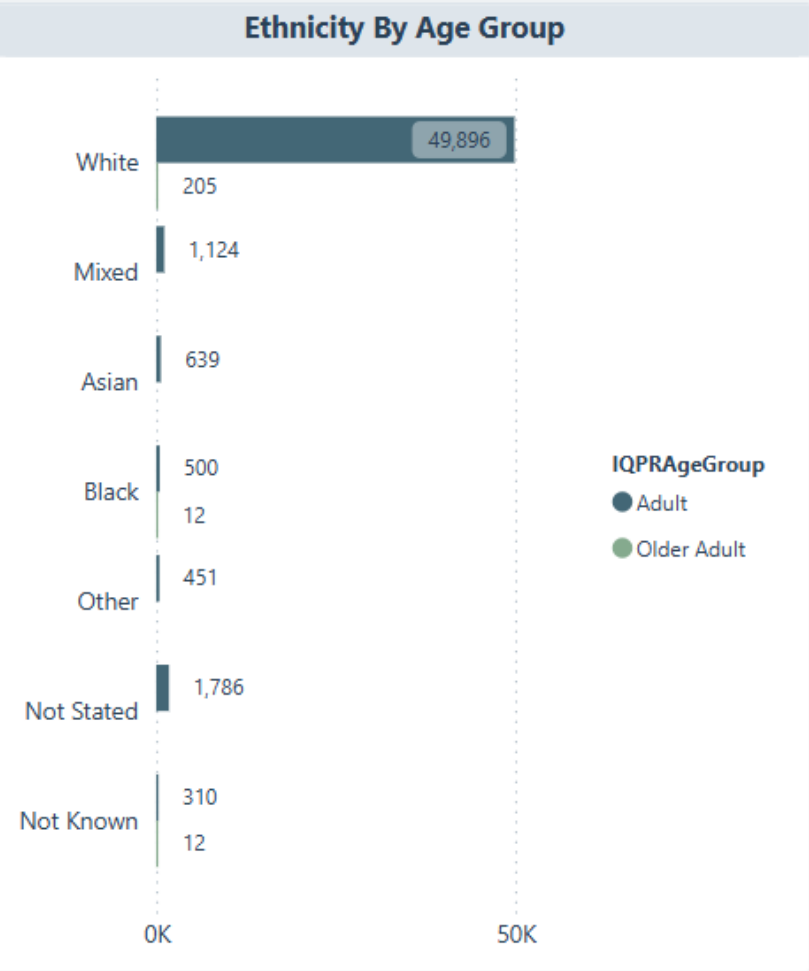
Gender By Ethnicity



Gender By Deprivation

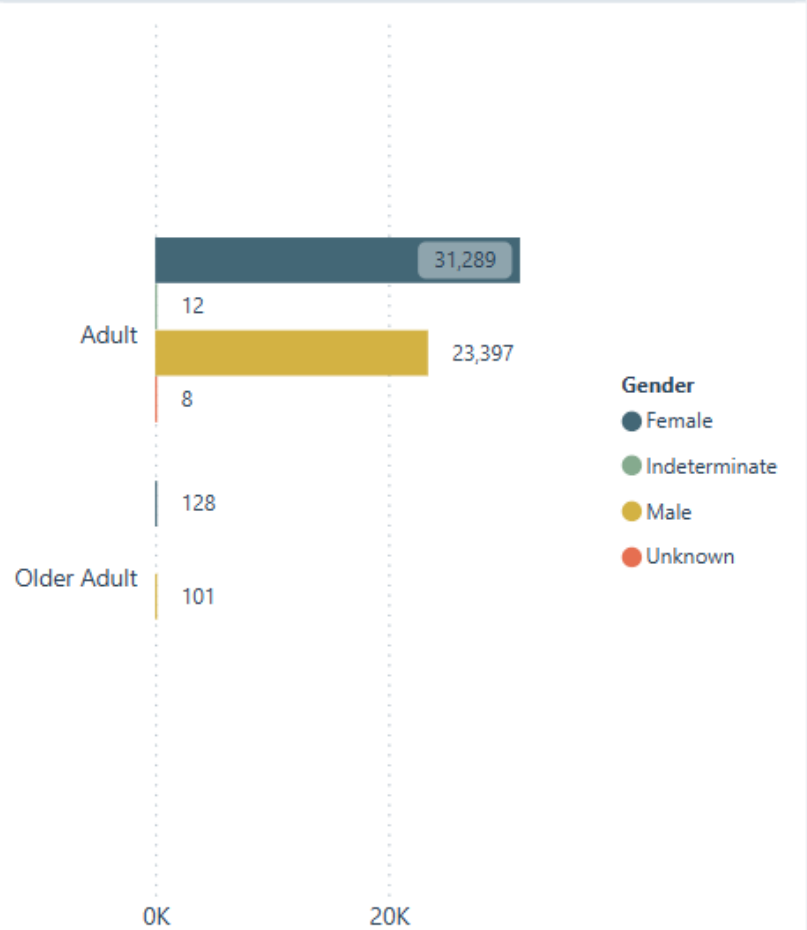


Indicator	Alt Ref	Metric	Value	White	Mixed	Asian	Black	Other	Not Stated	Not Known
OP59a (L)	LTP 09 (i)	Waiting List - Adult ADHD	54935	91.20%	2.05%	1.16%	0.93%	0.82%	3.25%	0.59%

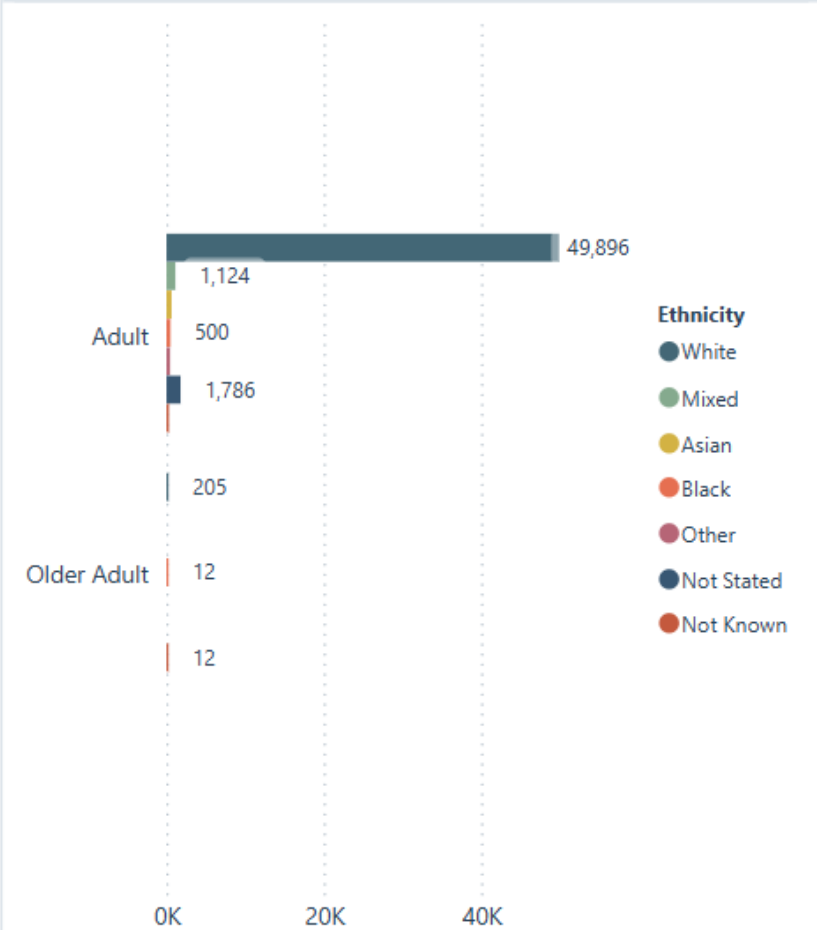


Indicator	Alt Ref	Metric	Value	Adult	Older Adult
OP59a (L)	LTP 09 (i)	Waiting List - Adult ADHD	54935	99.58%	0.42%

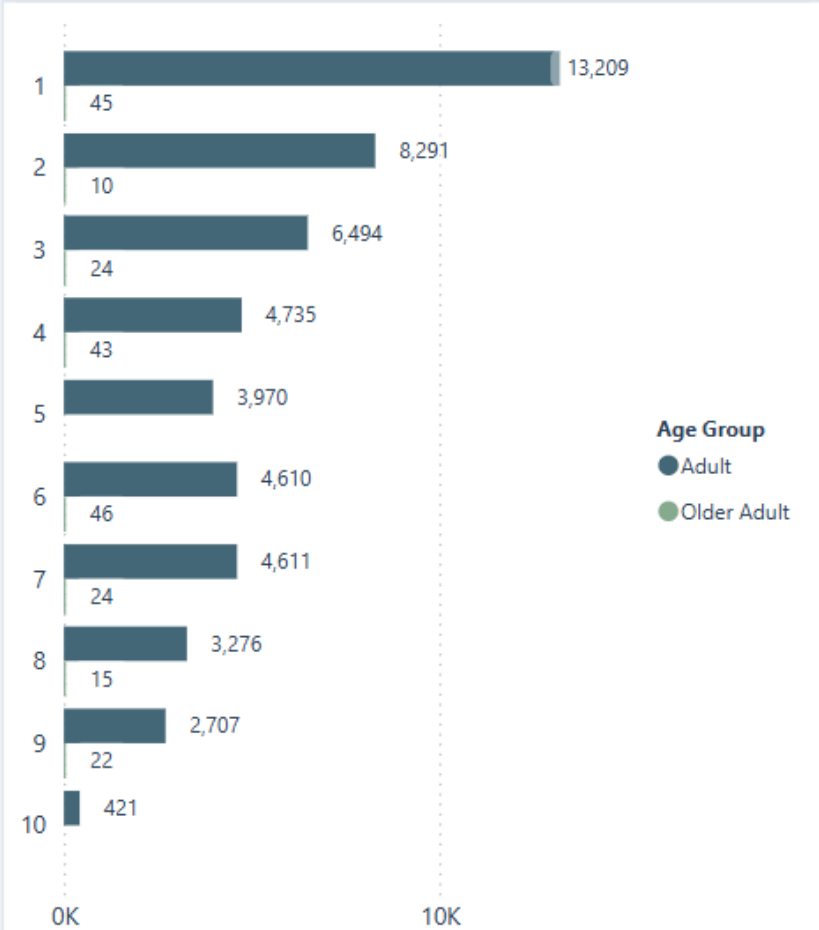
Age Group by Gender



Age Group By Ethnicity



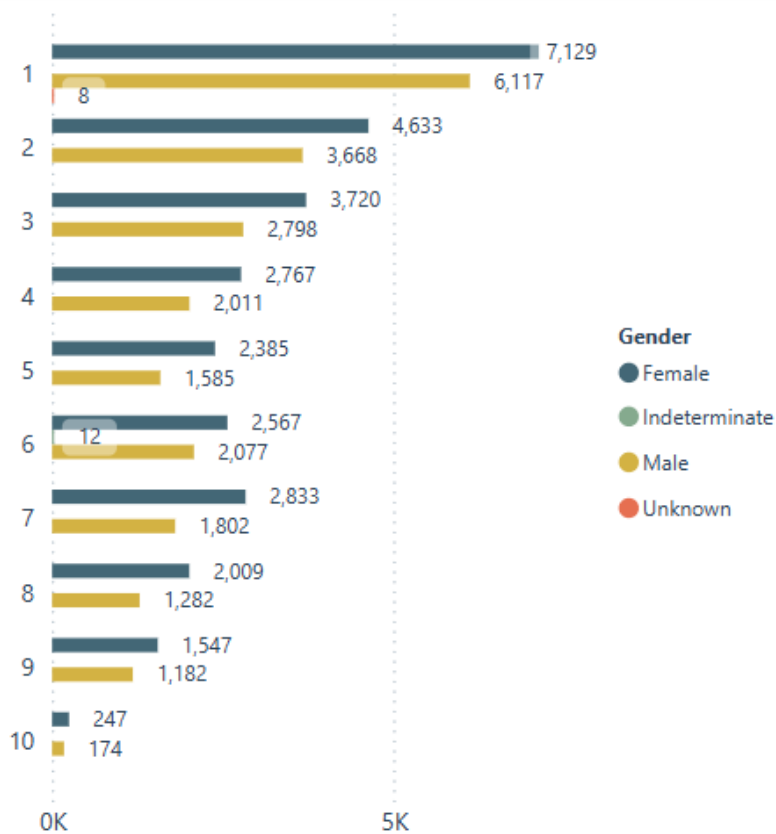
Age Group By Deprivation



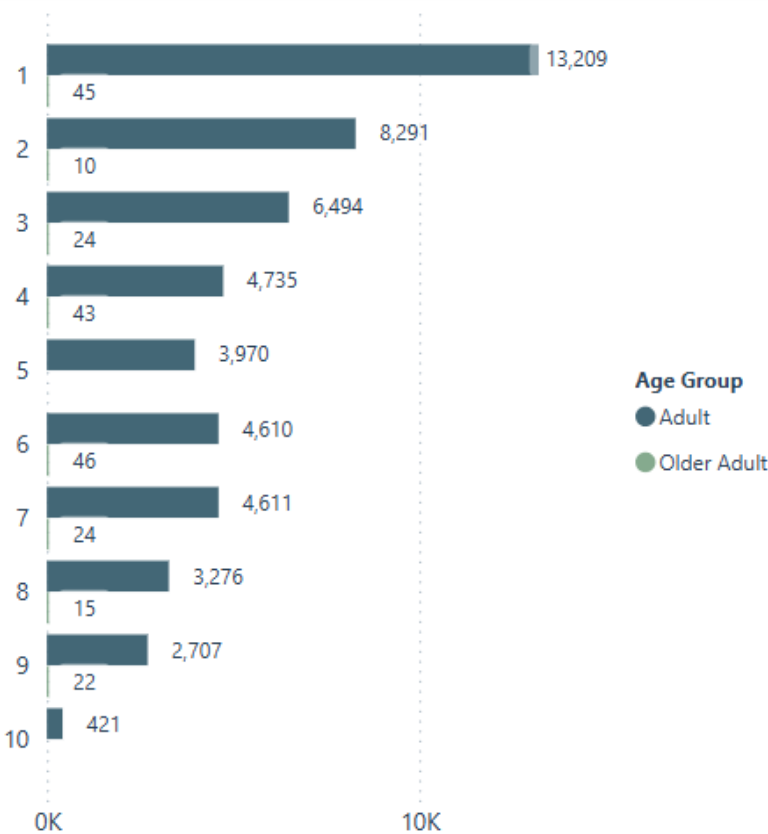
Indicator	Alt Ref	Metric	Value
OP59a (L)	LTP 09 (i)	Waiting List - Adult ADHD	54935

Not Recorded	1	2	3	4	5	6	7	8	9	10
4.34%	24.13%	15.11%	11.86%	8.70%	7.23%	8.48%	8.44%	5.99%	4.97%	0.77%

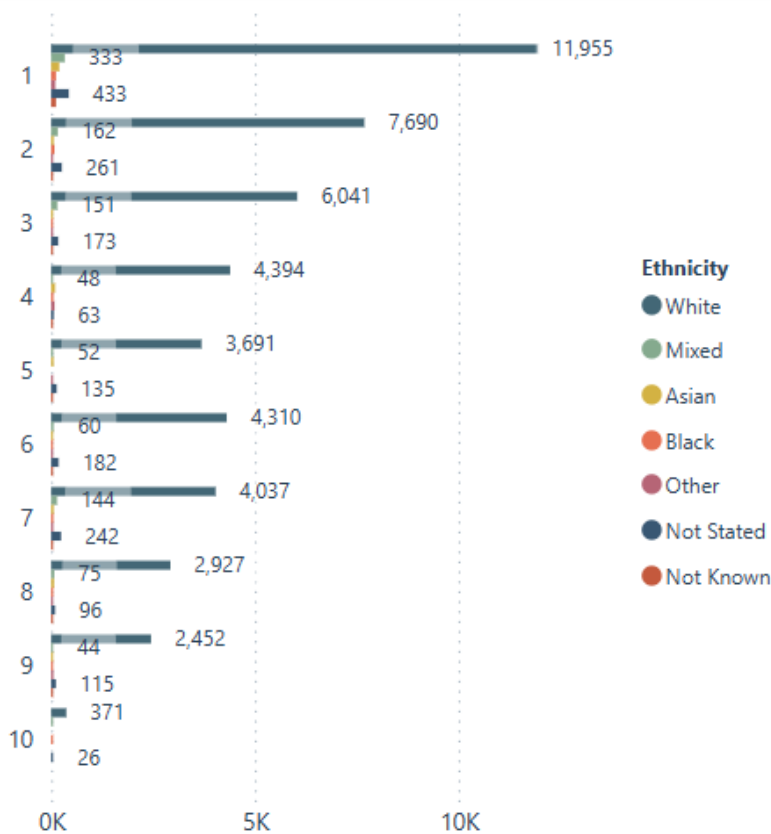
Deprivation By Gender



Deprivation by Age Group

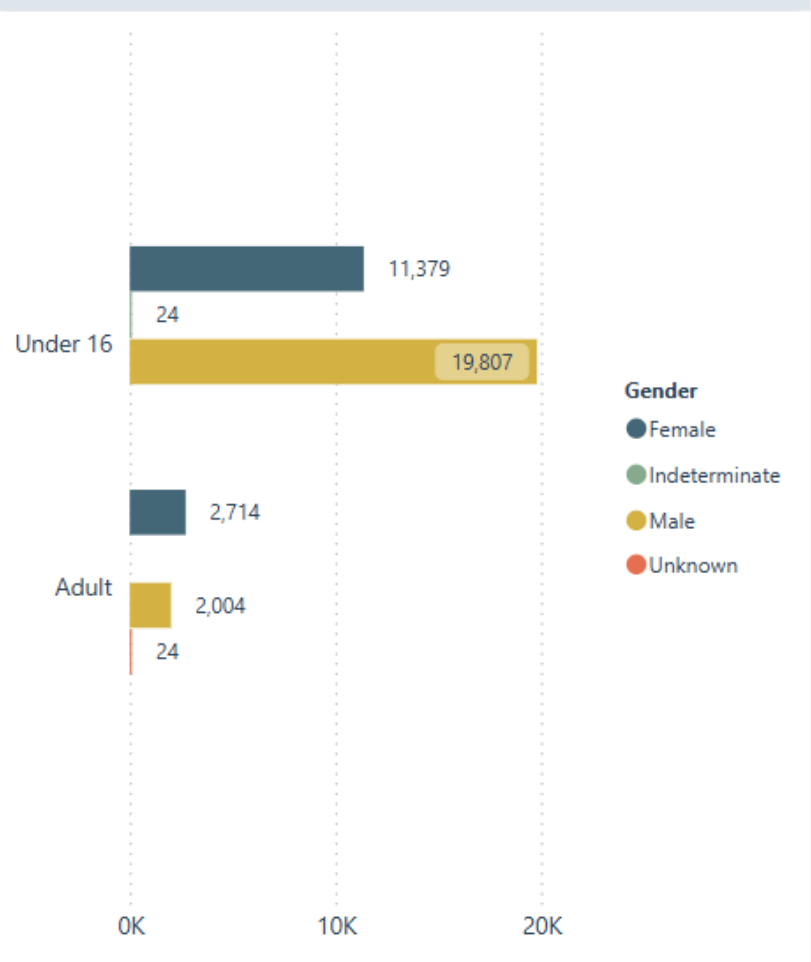


Deprivation By Ethnicity

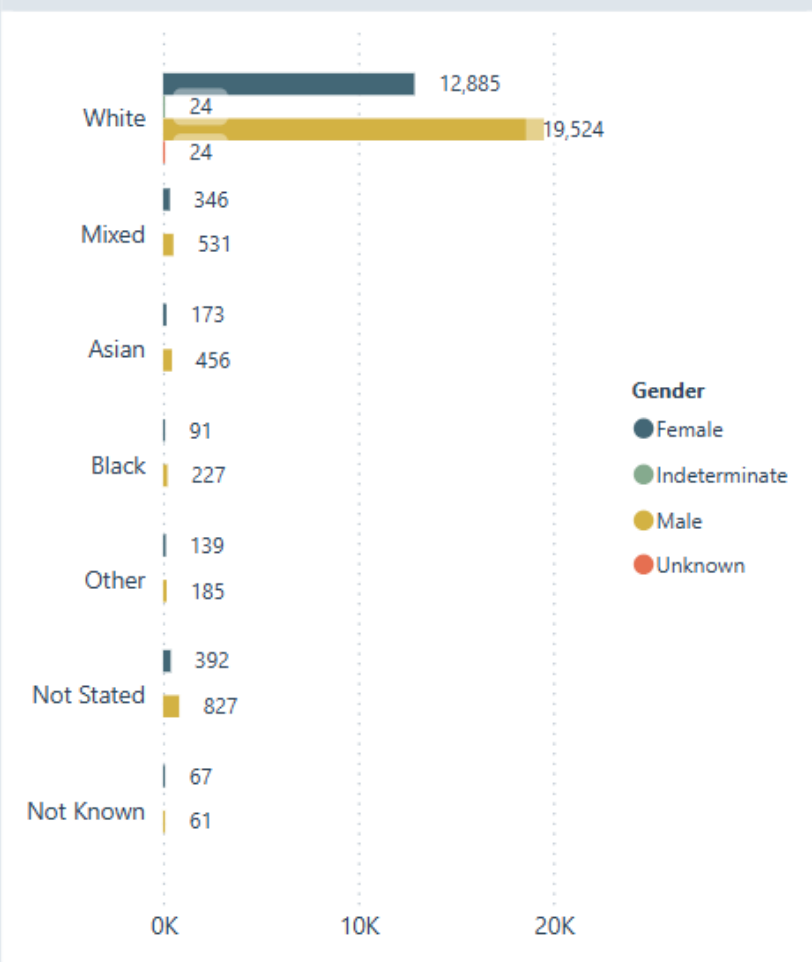


Indicator	Alt Ref	Metric	Value	Male	Female	Indeterminate	Unknown
OP59b (L)	LTP 09 (ii)	Waiting List - CYP Neurodevelopment	35952	60.67%	39.20%	0.07%	0.07%

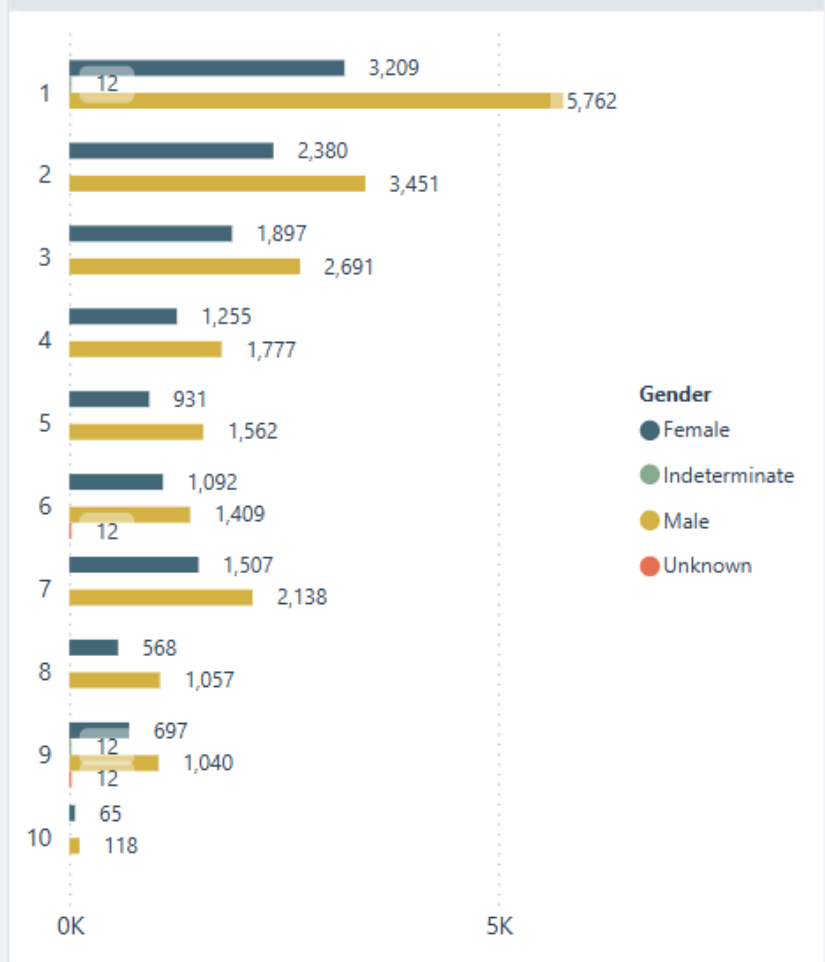
Gender By Age Group



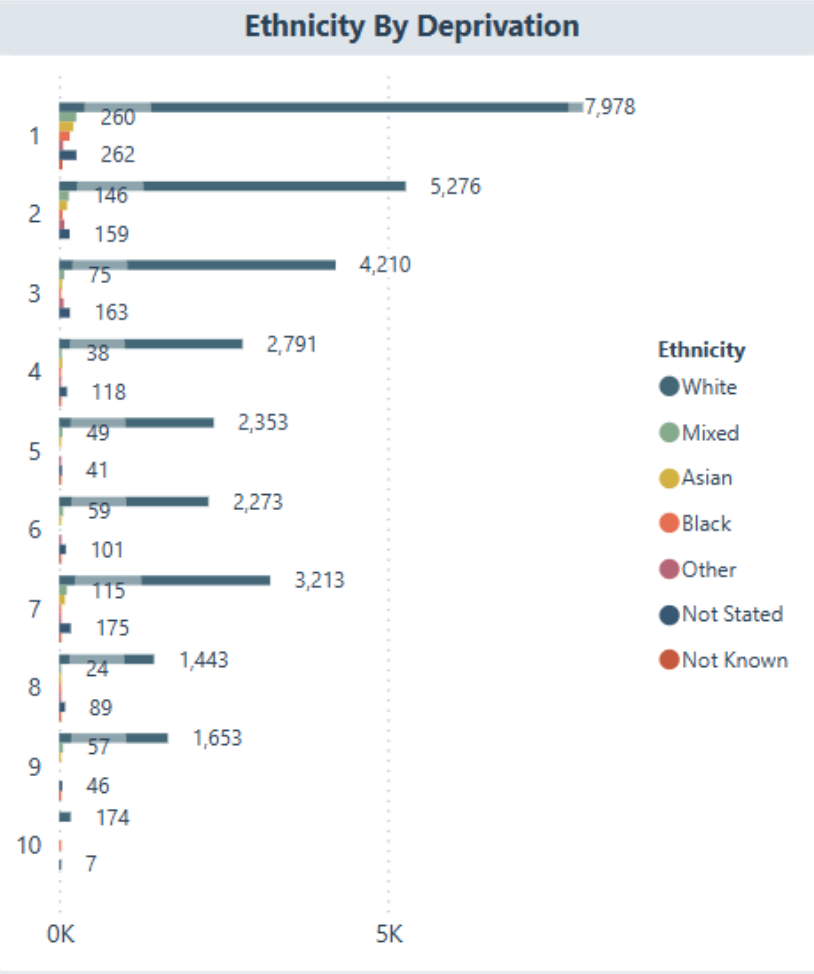
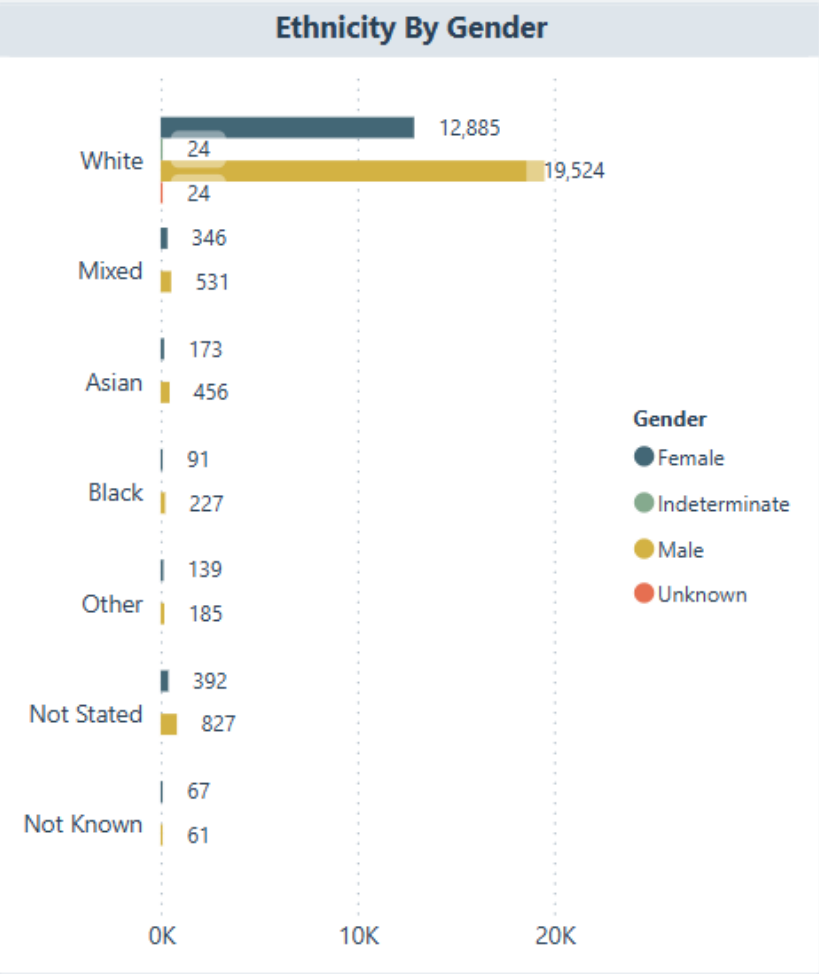
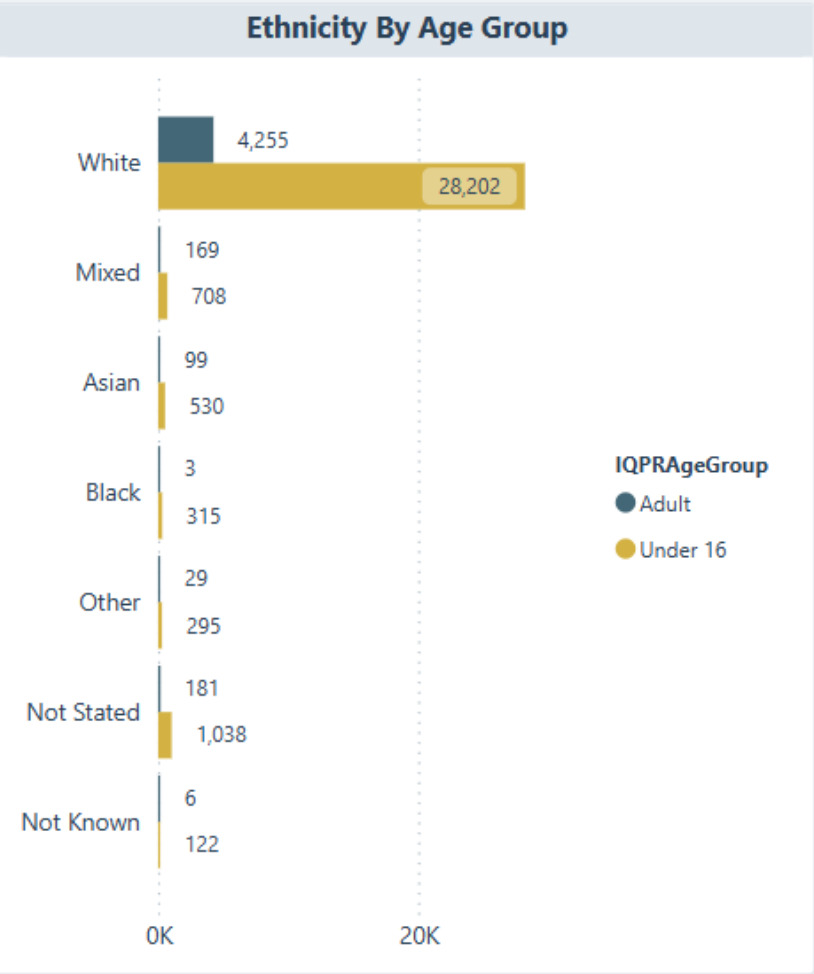
Gender By Ethnicity



Gender By Deprivation

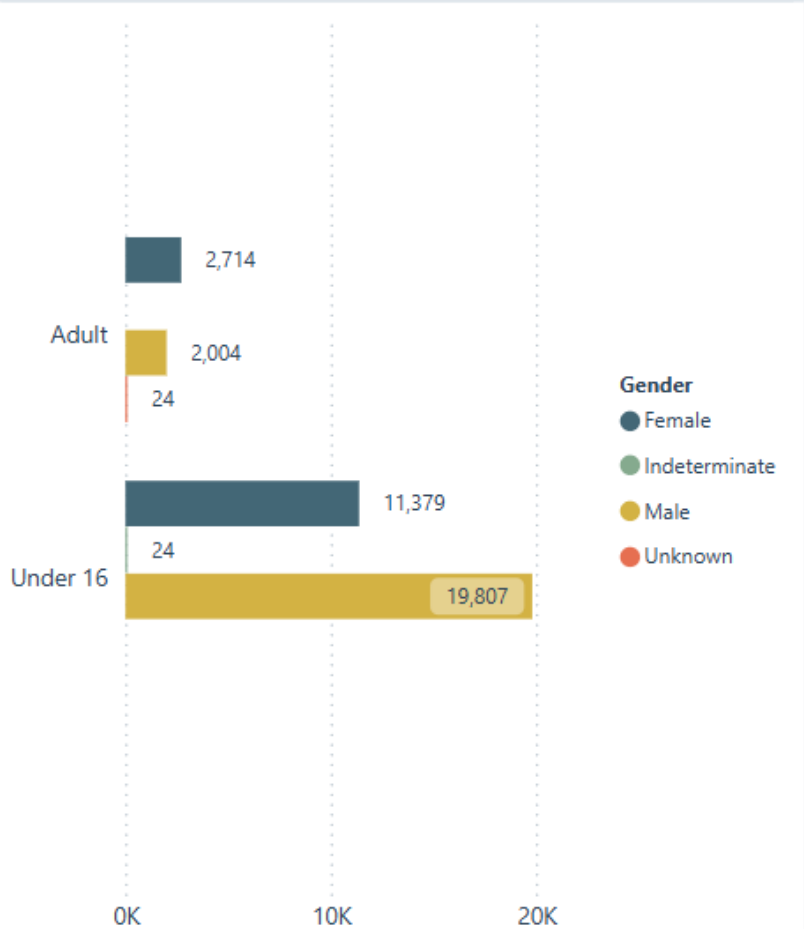


Indicator	Alt Ref	Metric	Value	White	Mixed	Asian	Black	Other	Not Stated	Not Known
OP59b (L)	LTP 09 (ii)	Waiting List - CYP Neurodevelopment	35952	90.28%	2.44%	1.75%	0.88%	0.90%	3.39%	0.36%

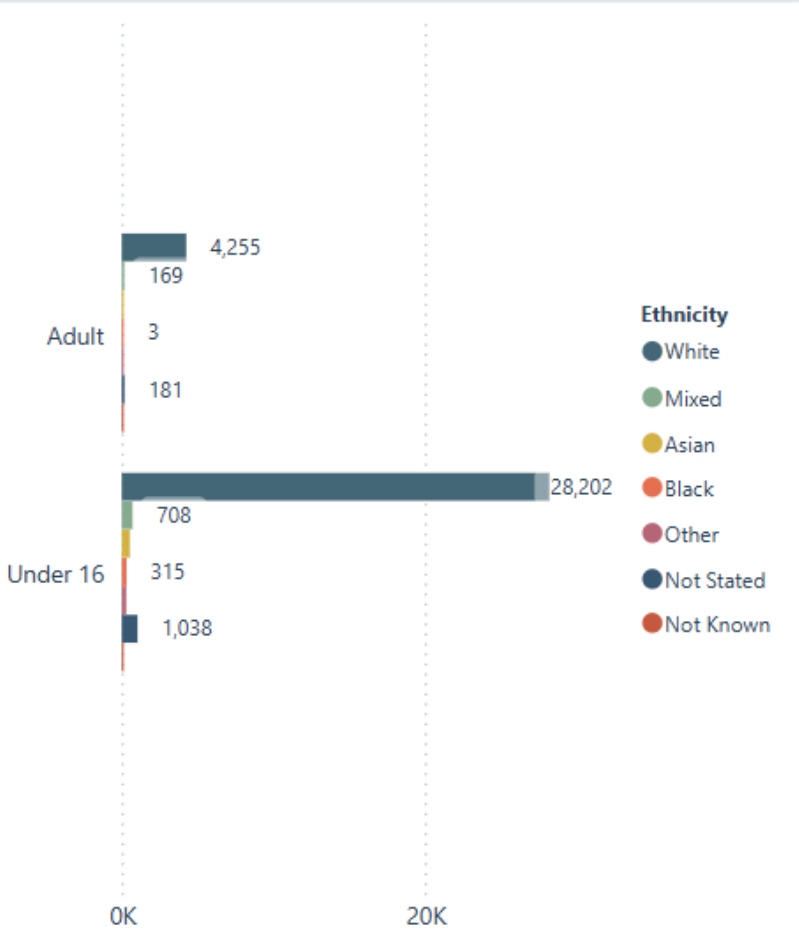


Indicator	Alt Ref	Metric	Value	Adult	Under 16
OP59b (L)	LTP 09 (ii)	Waiting List - CYP Neurodevelopment	35952	13.19%	86.81%

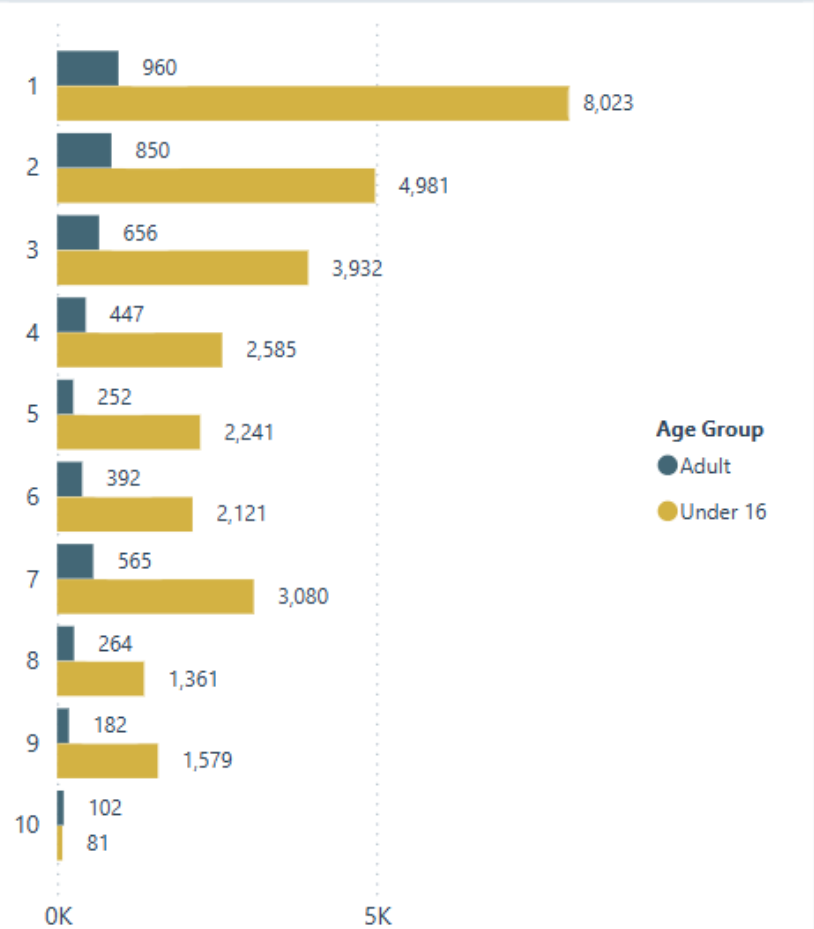
Age Group by Gender



Age Group By Ethnicity



Age Group By Deprivation

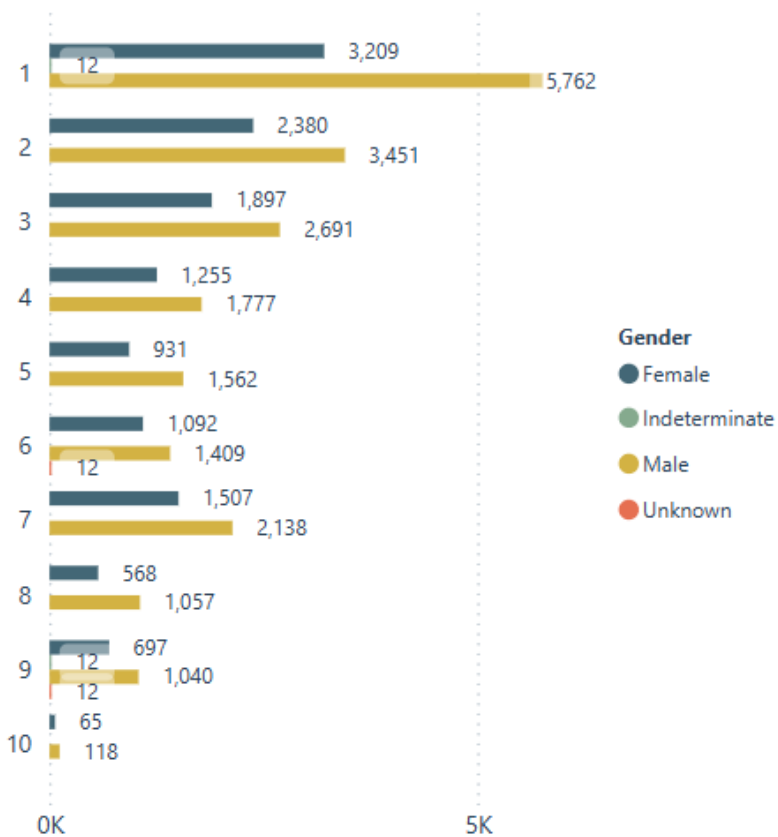


Indicator	Alt Ref	Metric	Value
OP59b (L)	LTP 09 (ii)	Waiting List - CYP Neurodevelopment	35952

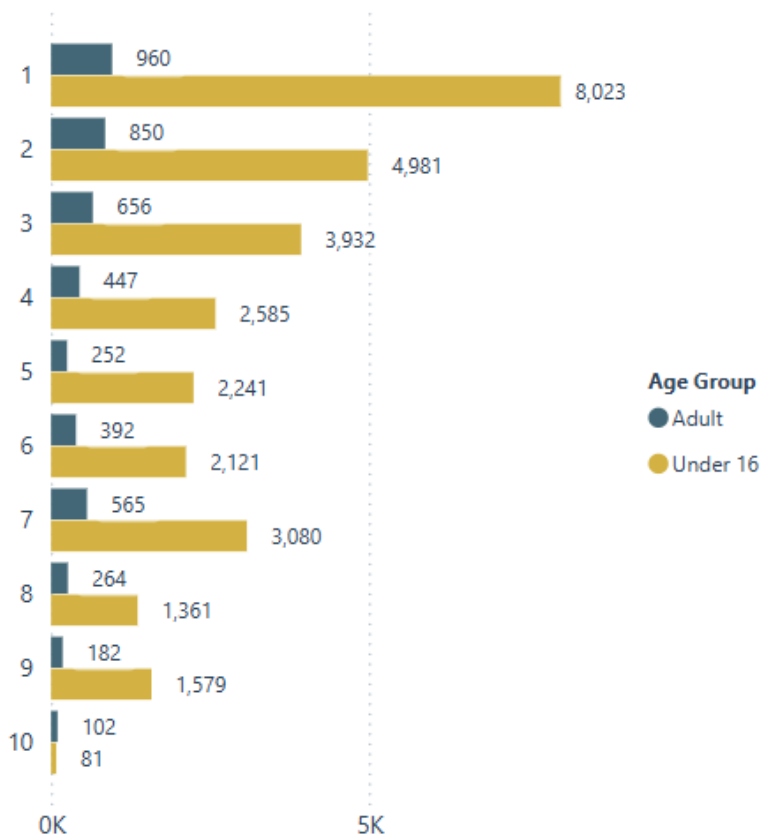
Not Recorded	1	2	3	4	5	6	7	8	9	10
3.61%	24.99%	16.22%	12.76%	8.43%	6.93%	6.99%	10.14%	4.52%	4.90%	0.51%

Deprivation Selected

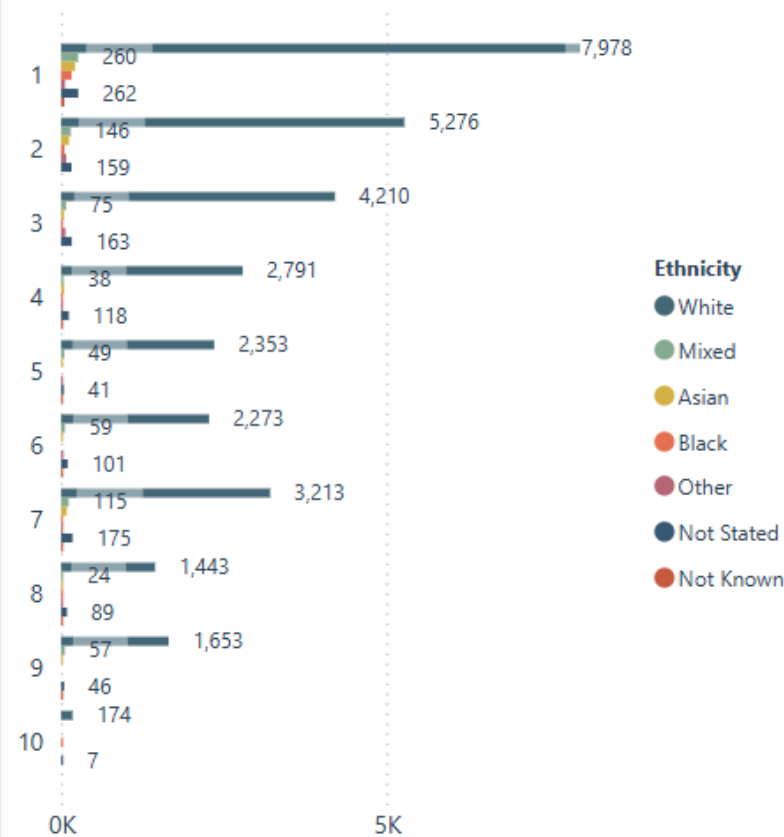
Deprivation By Gender



Deprivation by Age Group

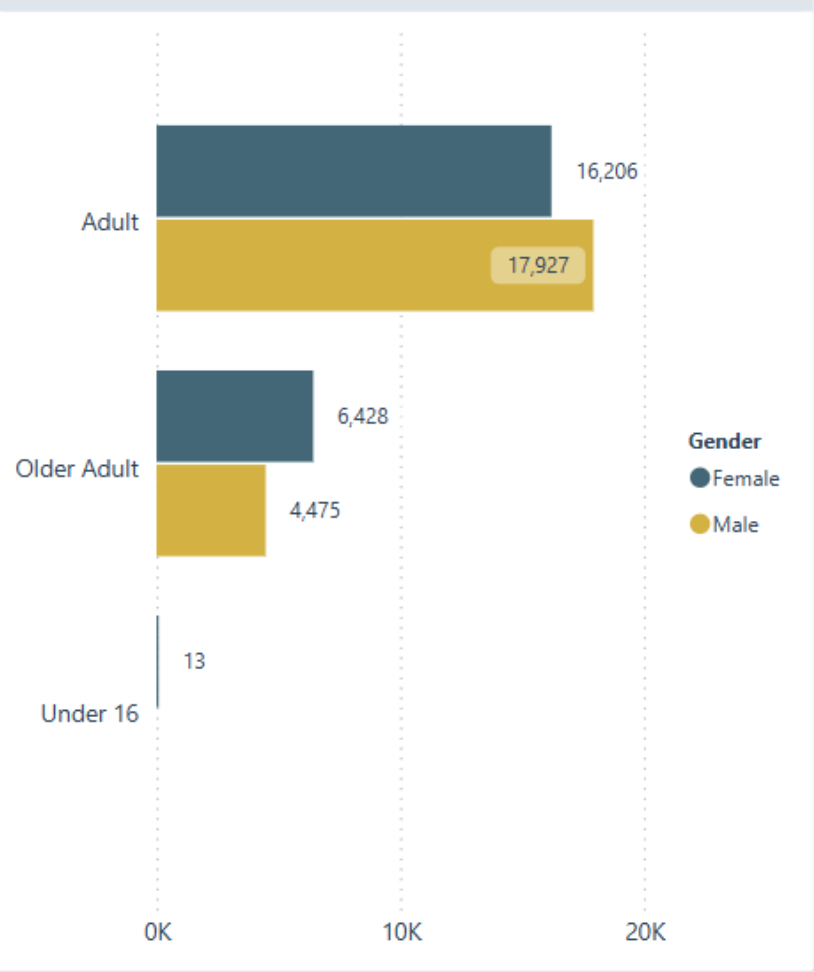


Deprivation By Ethnicity

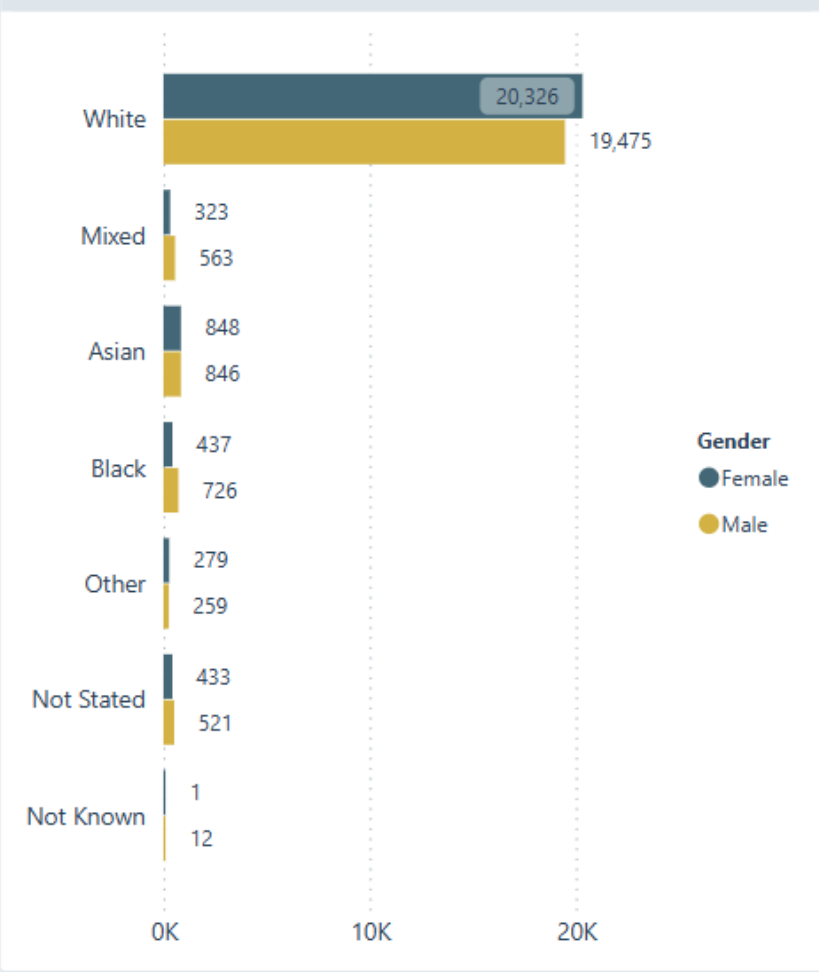


Indicator	Alt Ref	Metric	Value	Female	Male
OP61b (L)	LTP08b	SMI Patients having full annual PH check (includes declines)	36.95%	50.27%	49.73%

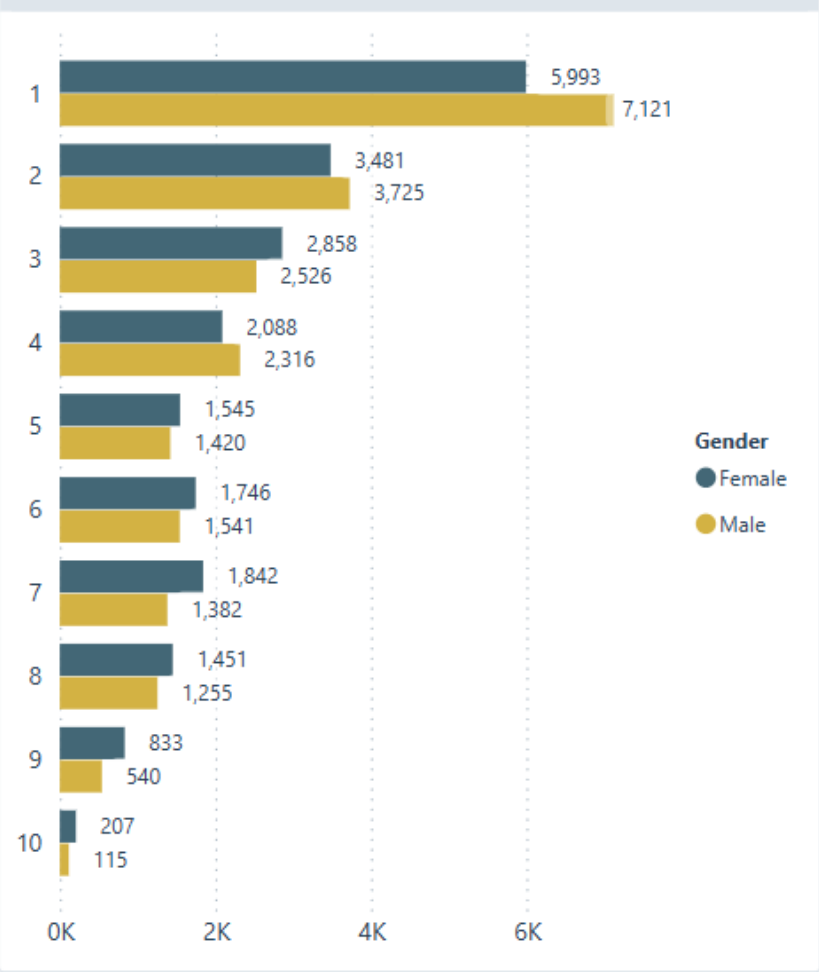
Gender By Age Group



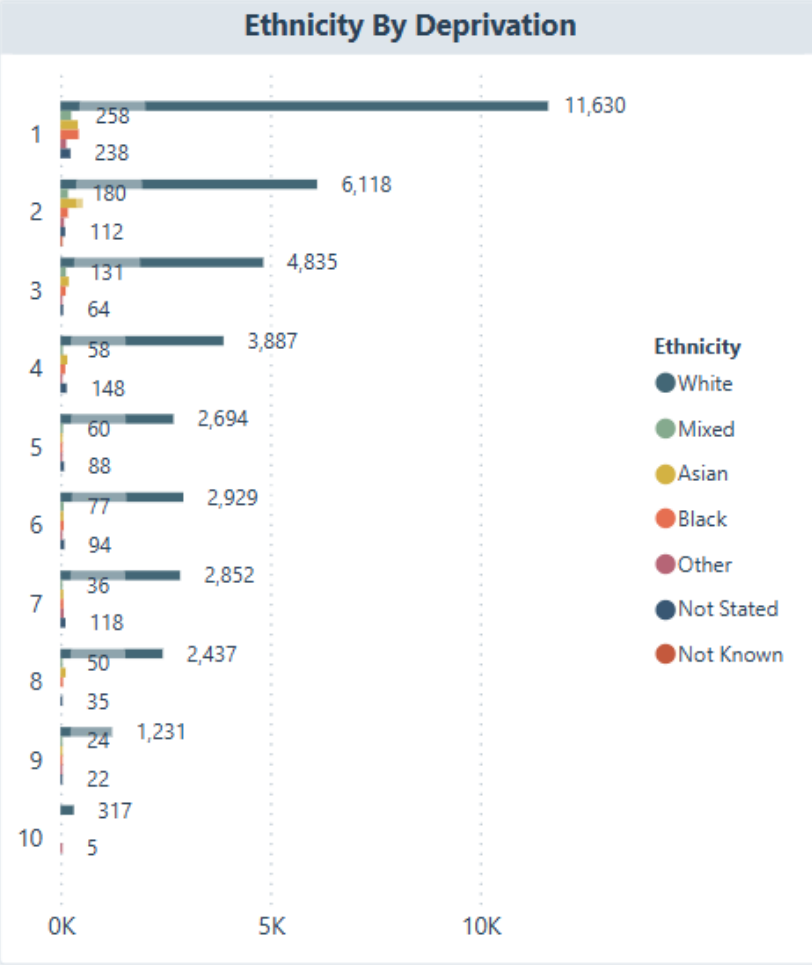
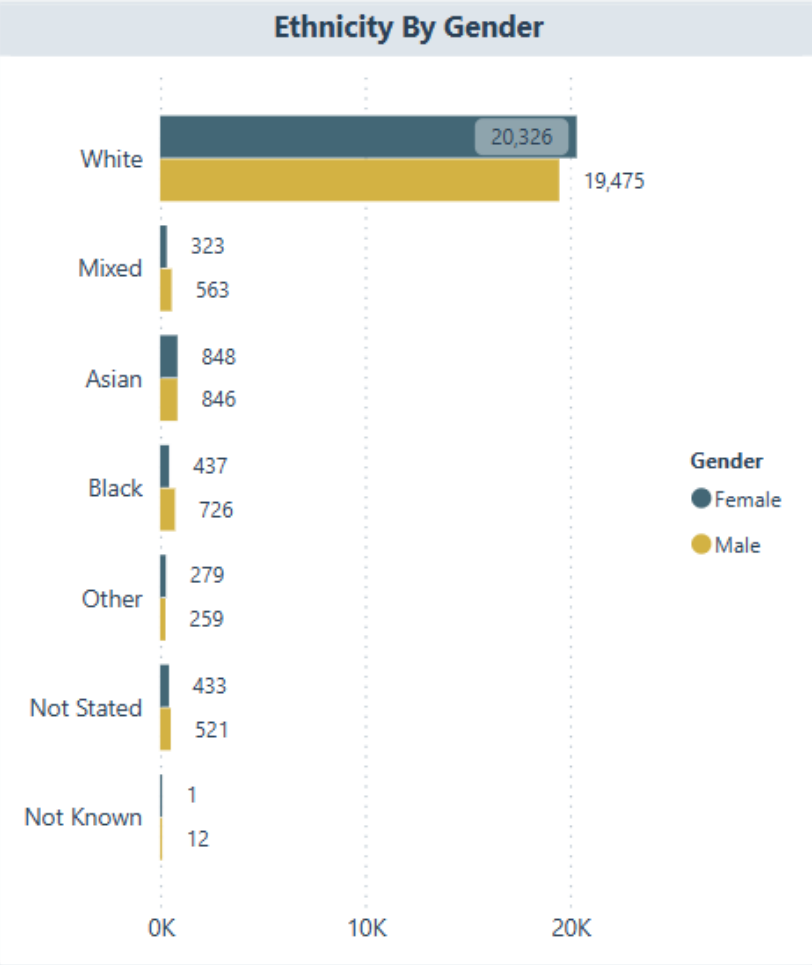
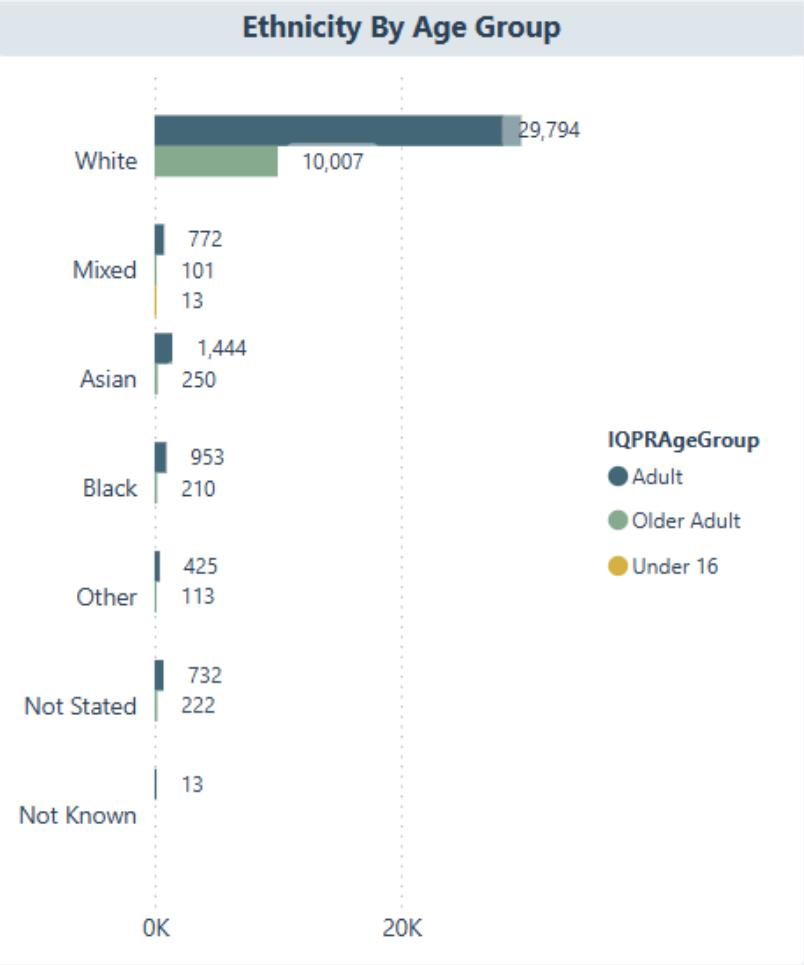
Gender By Ethnicity



Gender By Deprivation

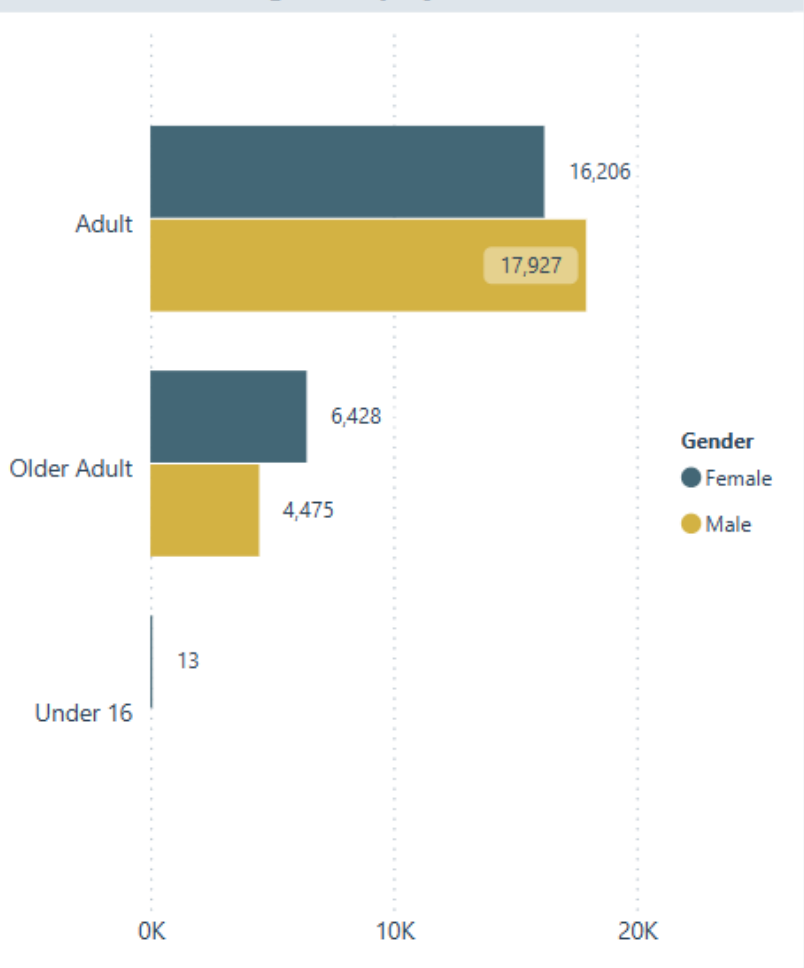


Indicator	Alt Ref	Metric	Value	White	Mixed	Asian	Black	Other	Not Stated	Not Known
OP61b (L)	LTP08b	SMI Patients having full annual PH check (includes declines)	36.95%	88.35%	1.97%	3.76%	2.58%	1.19%	2.12%	0.03%

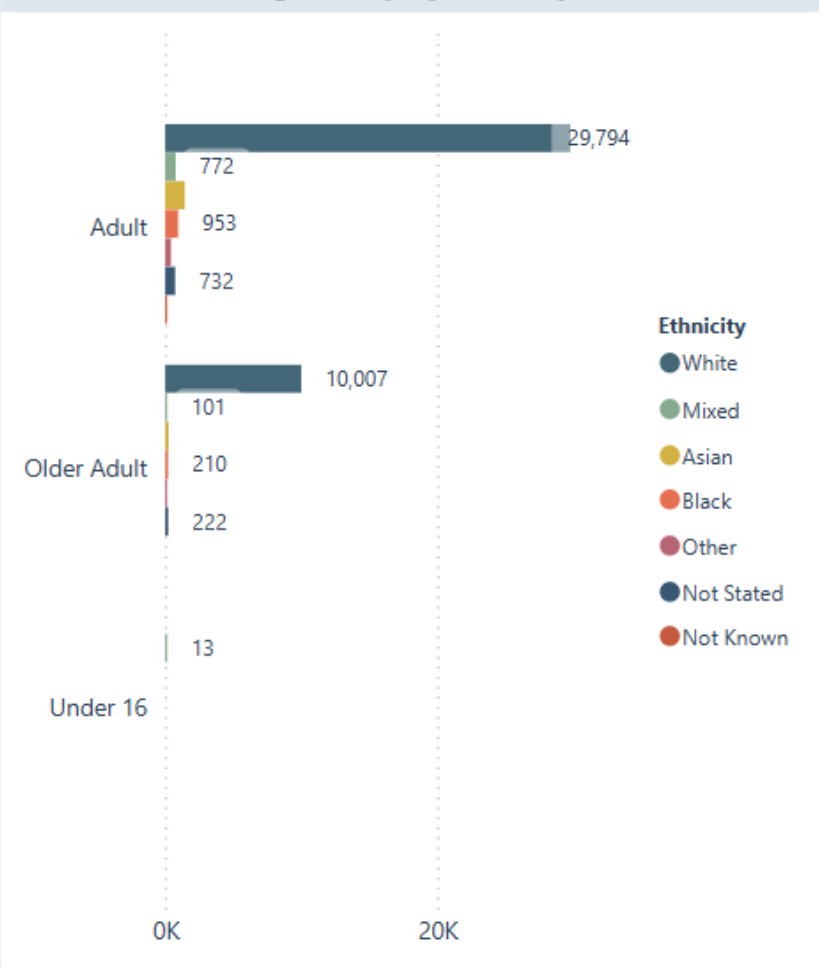


Indicator	Alt Ref	Metric	Value	Adult	Older Adult	Under 16
OP61b (L)	LTP08b	SMI Patients having full annual PH check (includes declines)	36.95%	75.77%	24.20%	0.03%

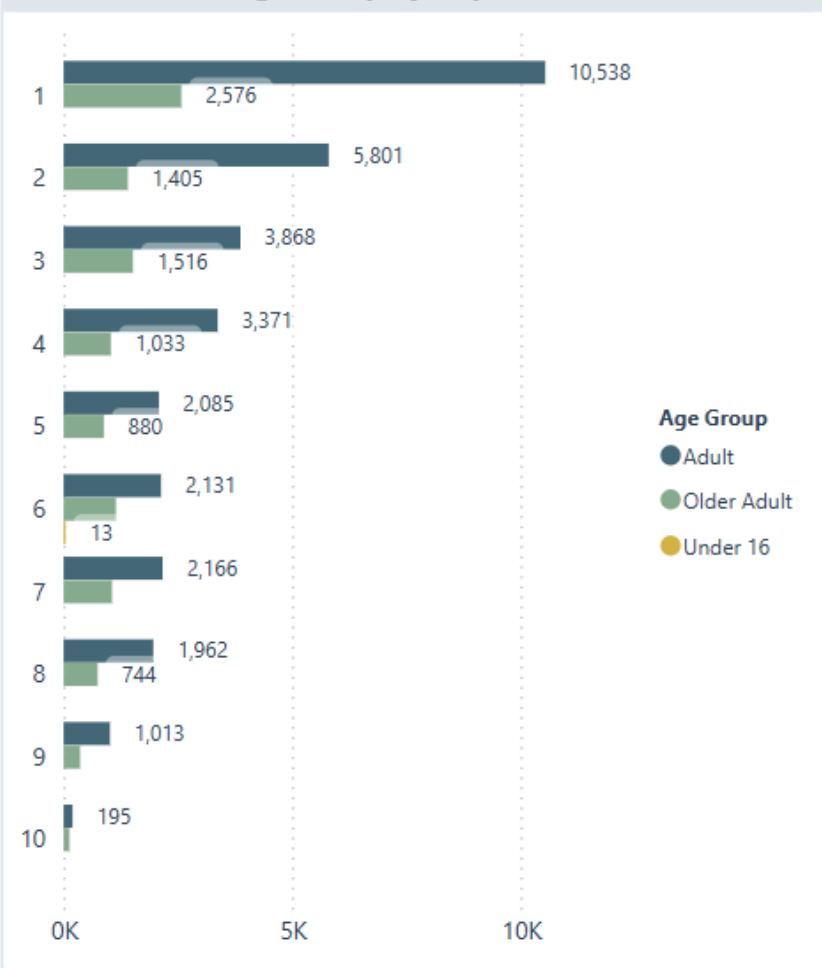
Age Group by Gender



Age Group By Ethnicity



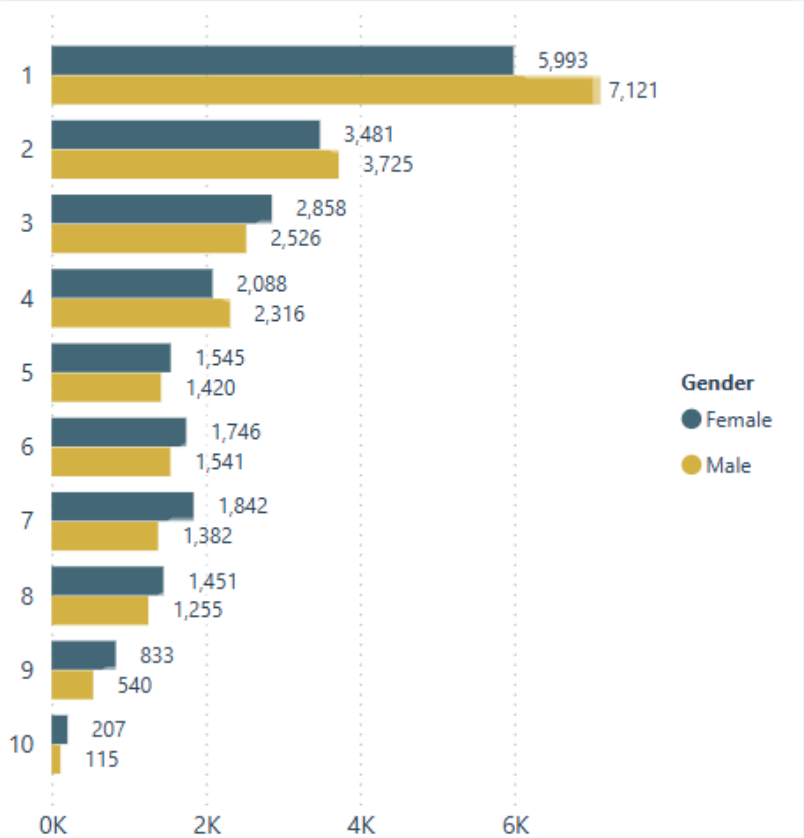
Age Group By Deprivation



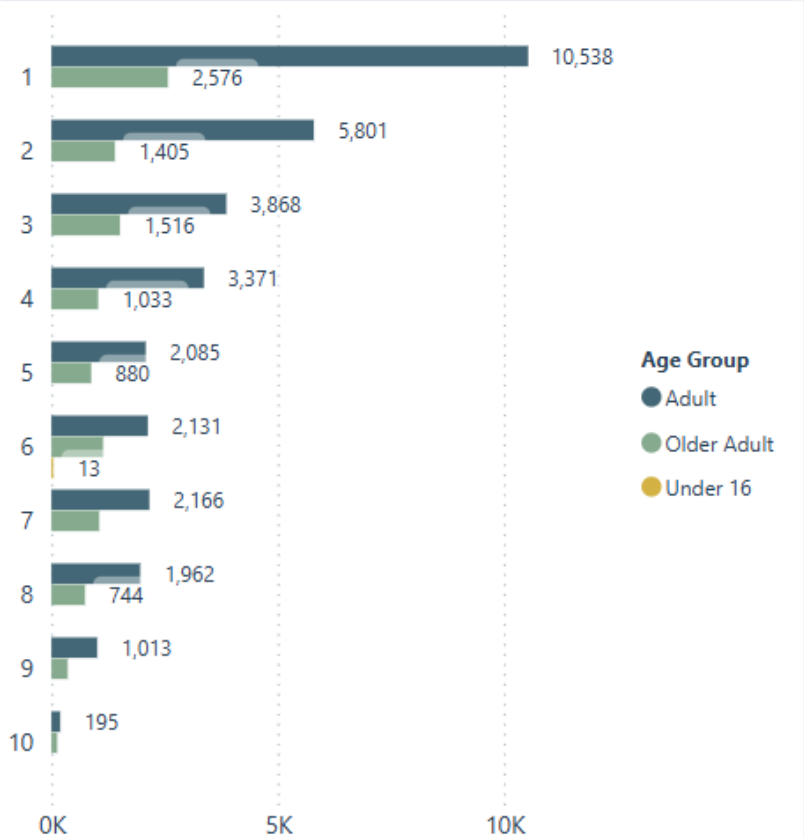
Indicator	Alt Ref	Metric	Value
OP61b (L)	LTP08b	SMI Patients having full annual PH check (includes declines)	36.95%

Not Recorded	1	2	3	4	5	6	7	8	9	10
2.36%	29.11%	16.00%	11.95%	9.78%	6.58%	7.30%	7.16%	6.01%	3.05%	0.71%

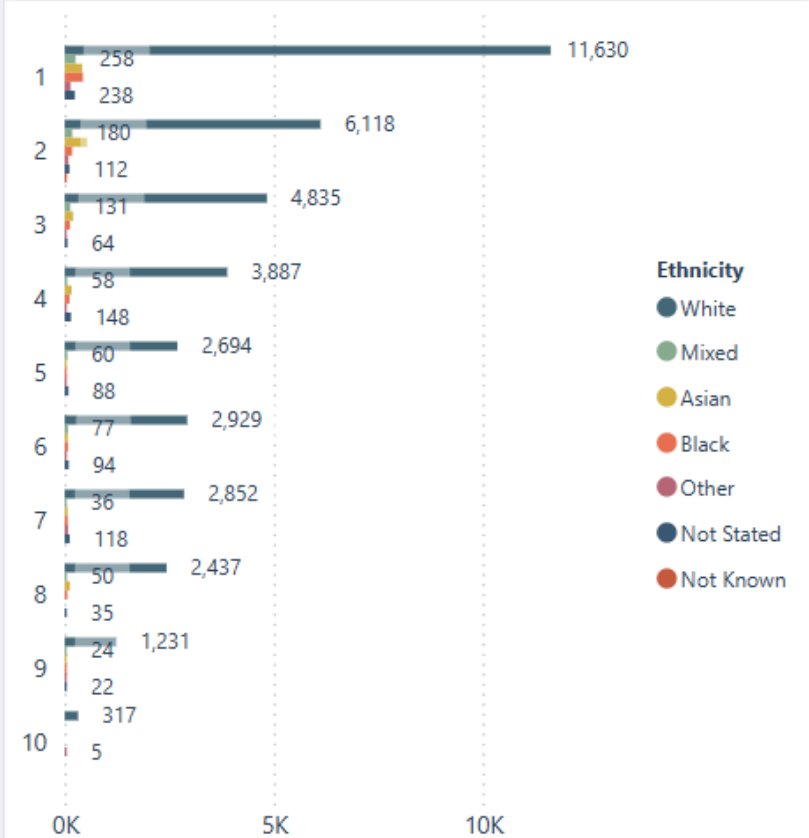
Deprivation By Gender



Deprivation by Age Group

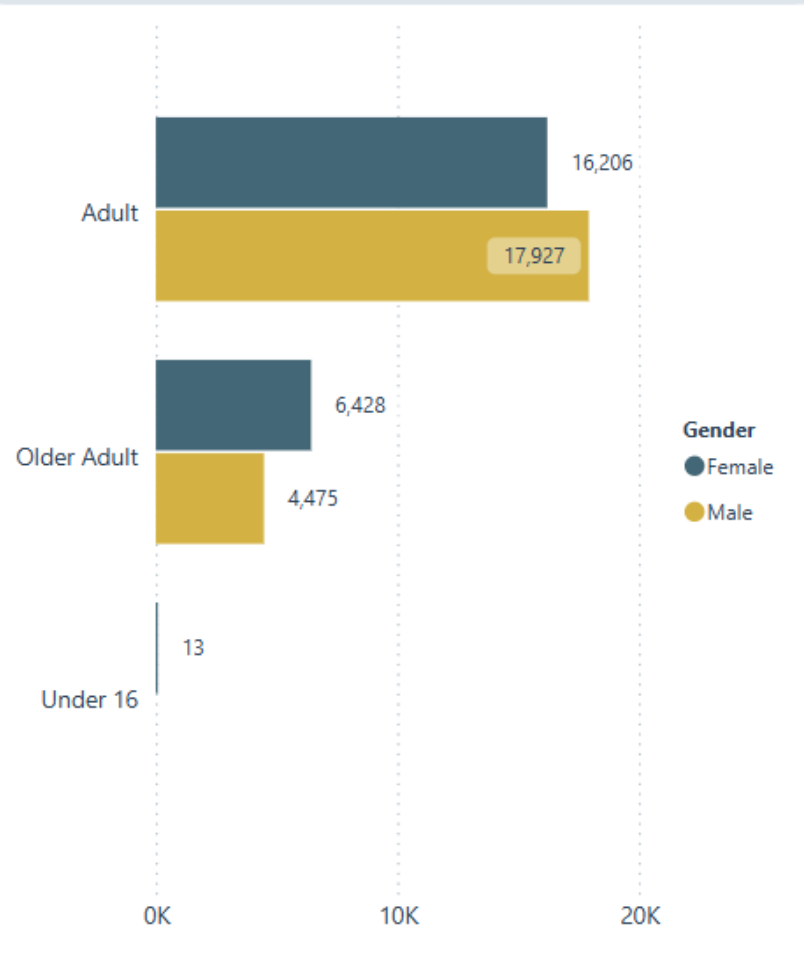


Deprivation By Ethnicity

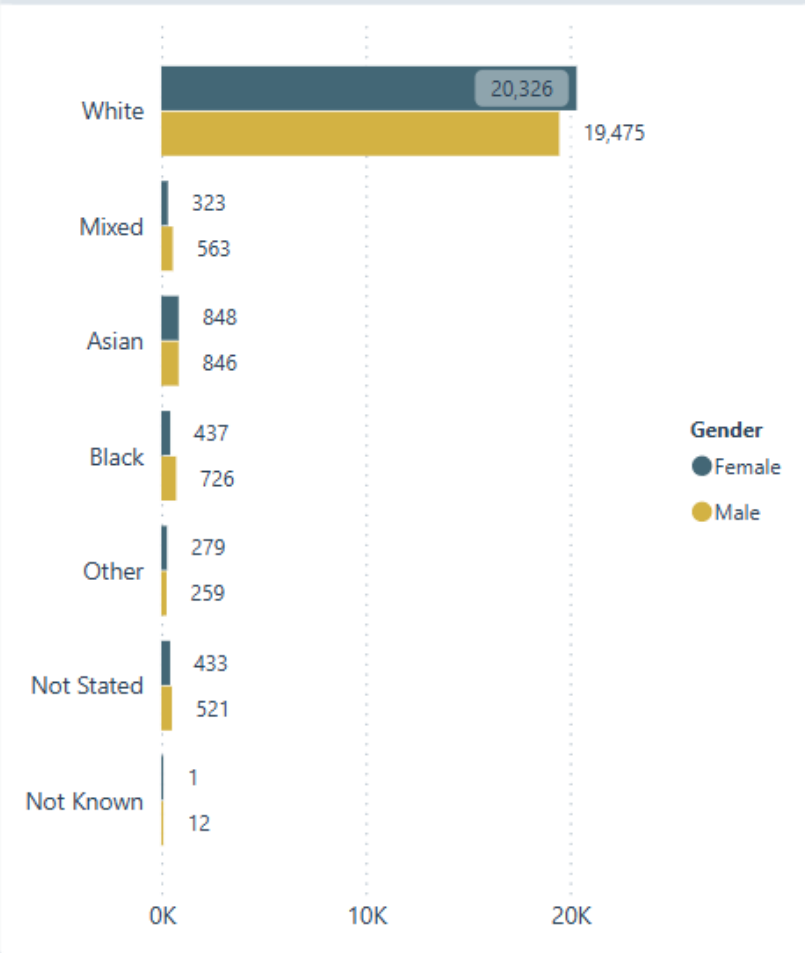


Indicator	Alt Ref	Metric	Value	Female	Male
OP61c (N)	LTP08c	Patients with SMI having full annual physical health check	19.45%	50.27%	49.73%

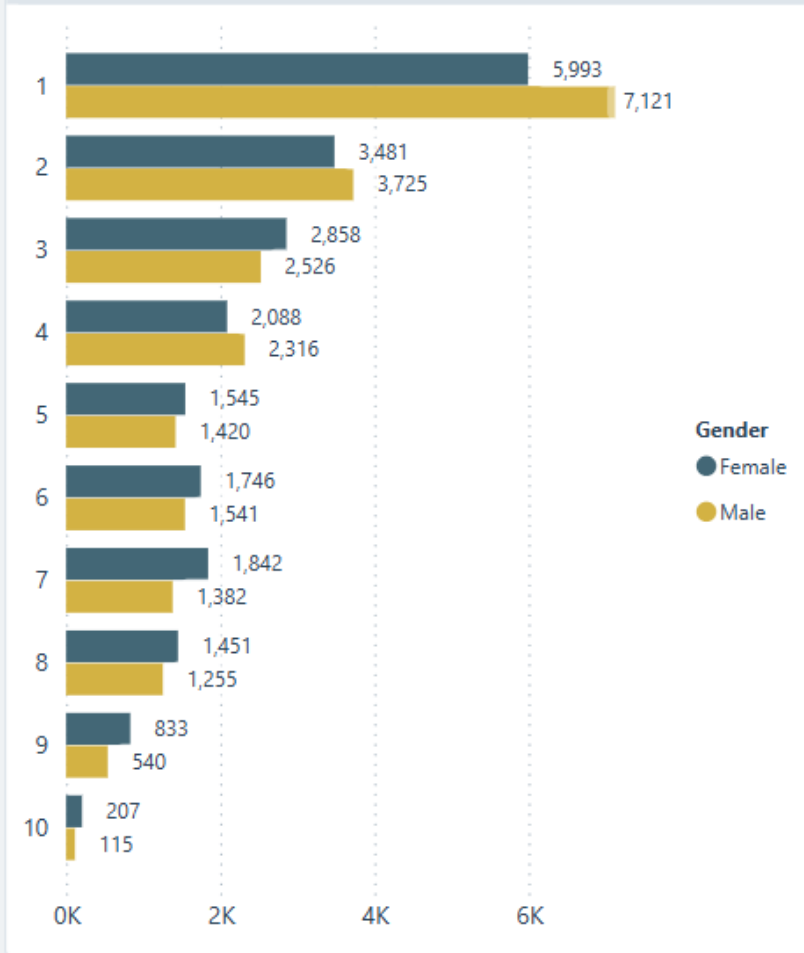
Gender By Age Group



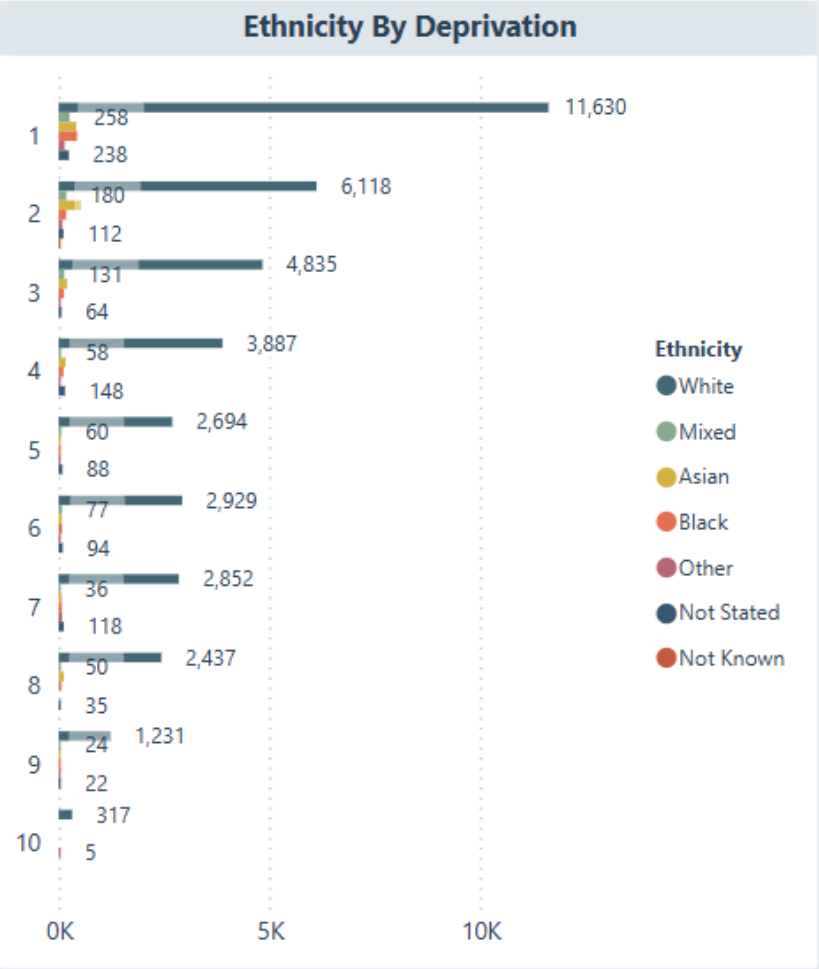
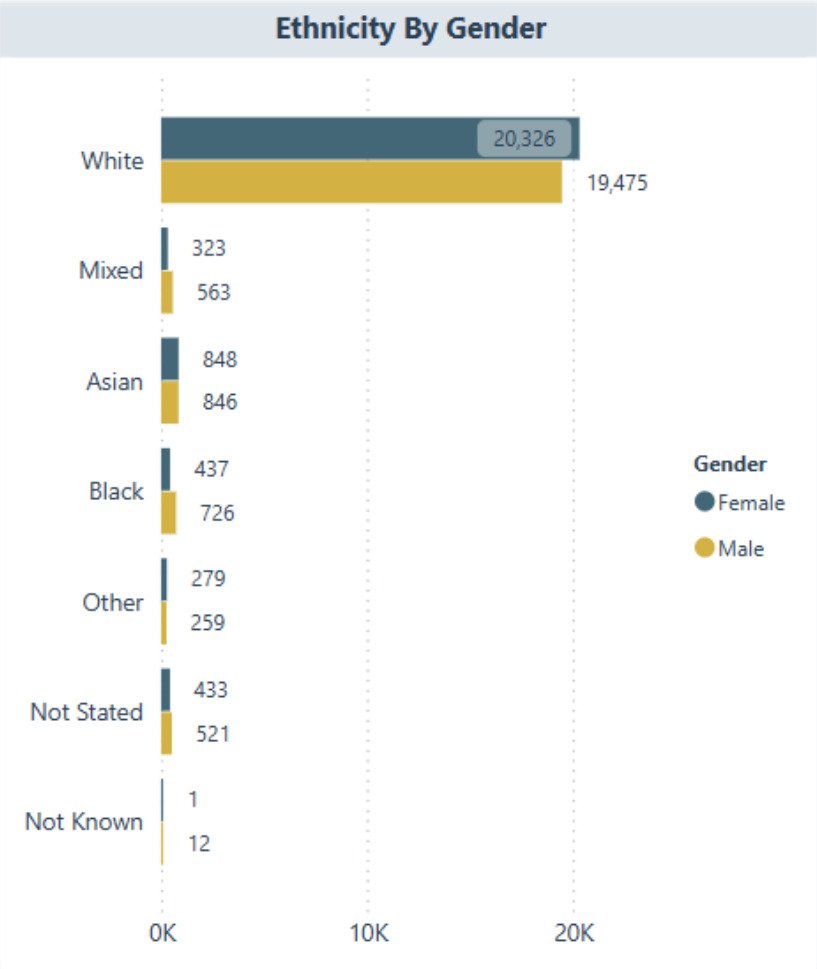
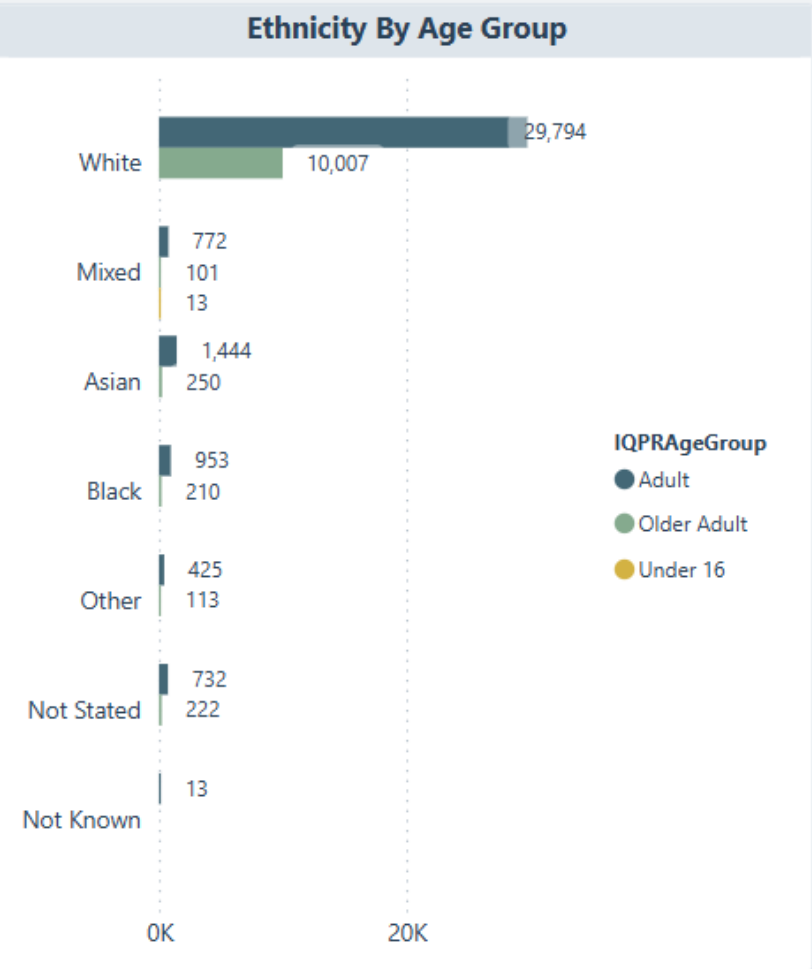
Gender By Ethnicity



Gender By Deprivation

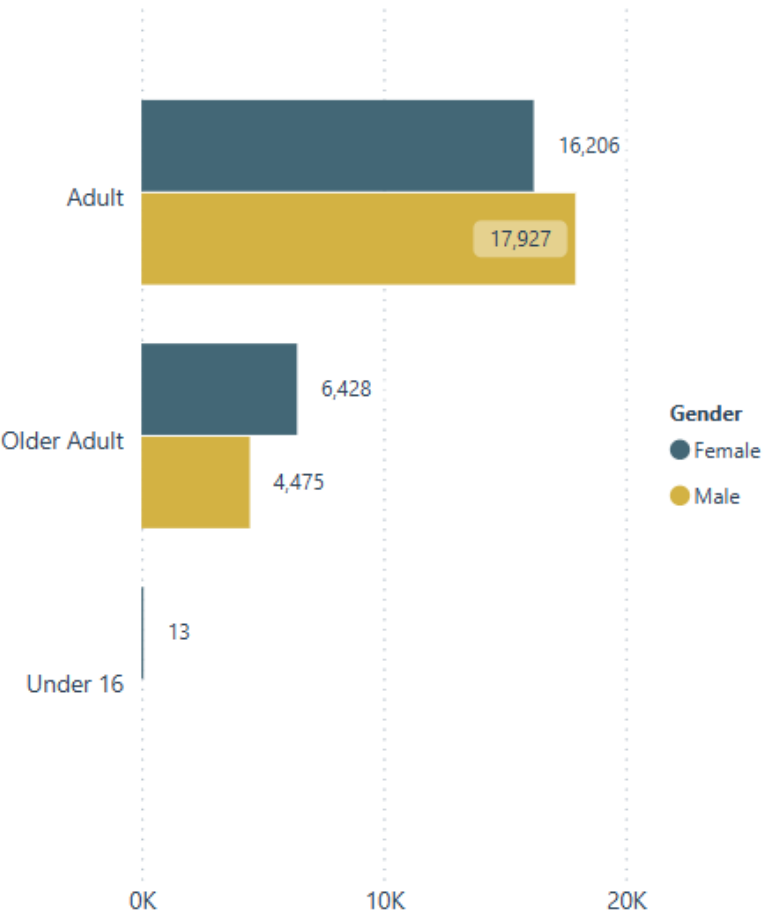


Indicator	Alt Ref	Metric	Value	White	Mixed	Asian	Black	Other	Not Stated	Not Known
OP61c (N)	LTP08c	Patients with SMI having full annual physical health check	19.45%	88.35%	1.97%	3.76%	2.58%	1.19%	2.12%	0.03%

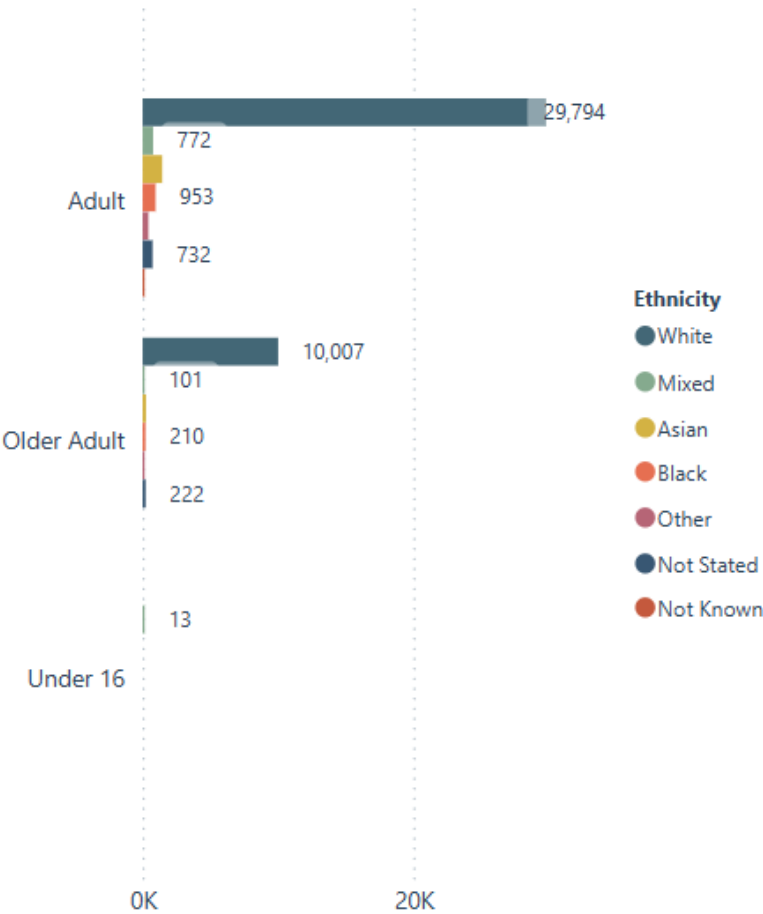


Indicator	Alt Ref	Metric	Value	Adult	Older Adult	Under 16
OP61c (N)	LTP08c	Patients with SMI having full annual physical health check	19.45%	75.77%	24.20%	0.03%

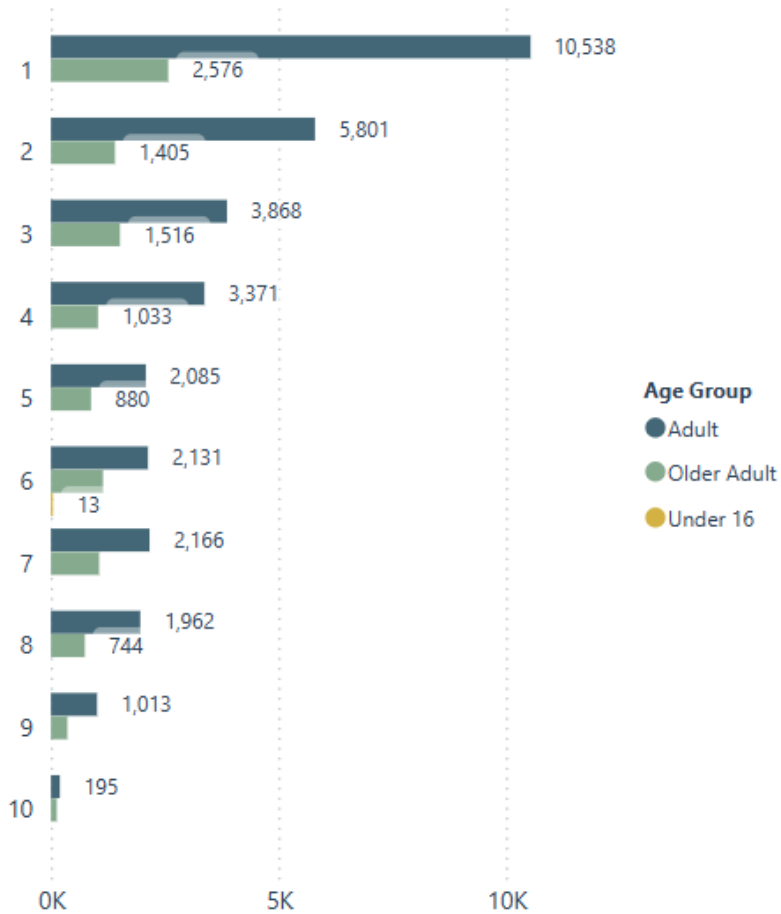
Age Group by Gender



Age Group By Ethnicity

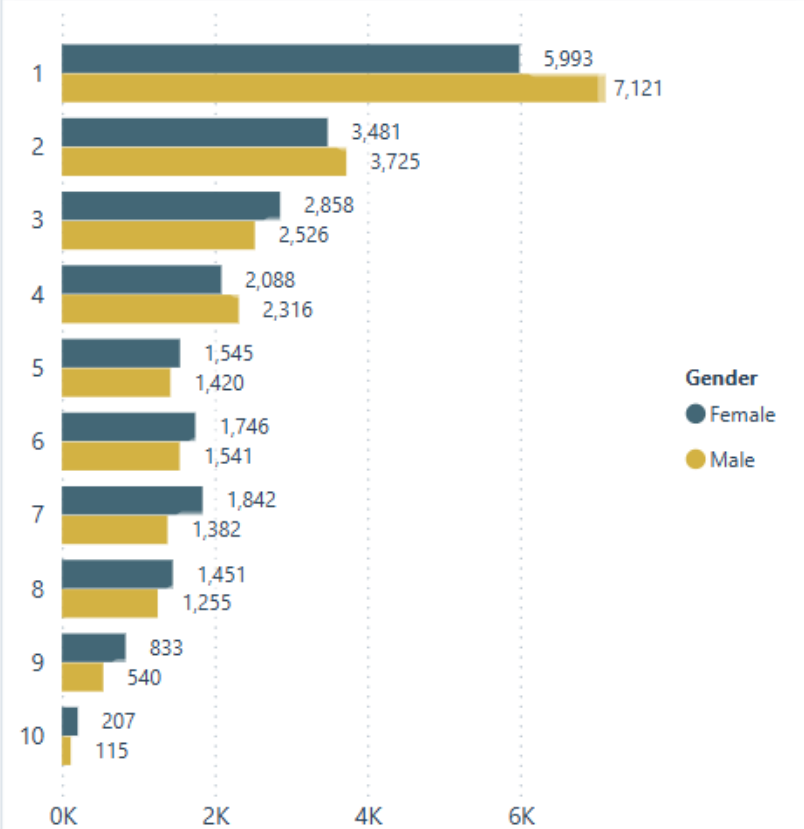


Age Group By Deprivation

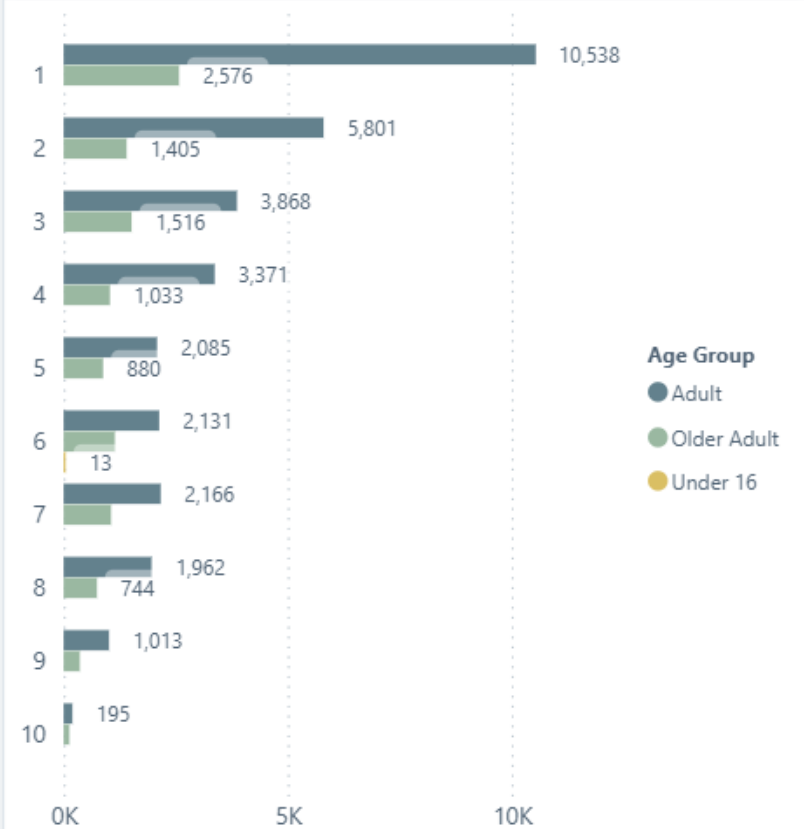


Indicator	Alt Ref	Metric	Value
OP61c (N)	LTP08c	Patients with SMI having full annual physical health check	19.45%

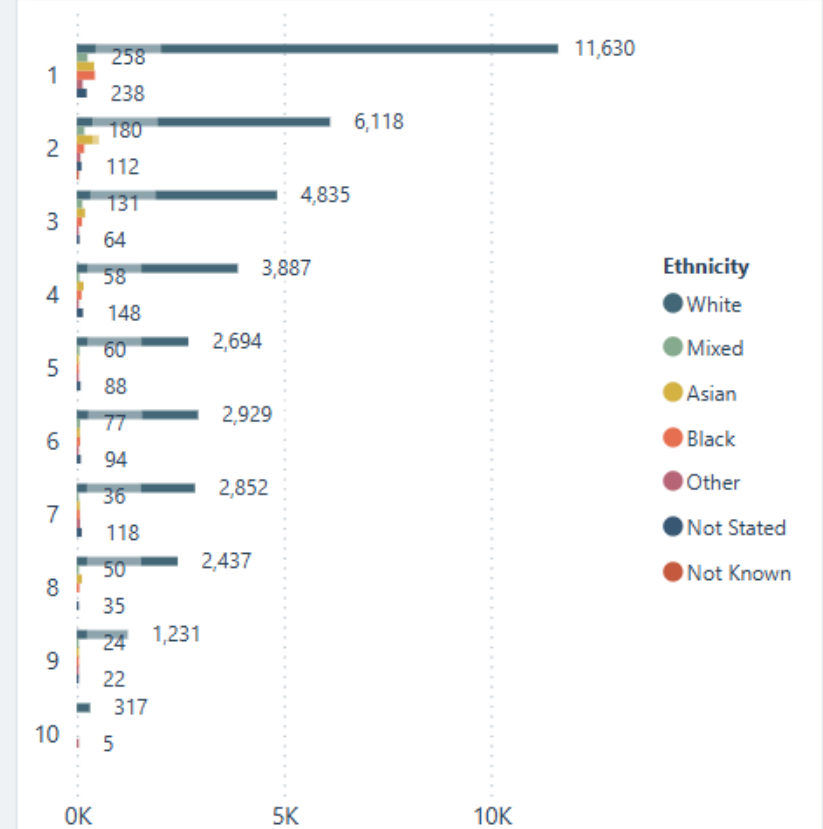
Deprivation By Gender



Deprivation by Age Group

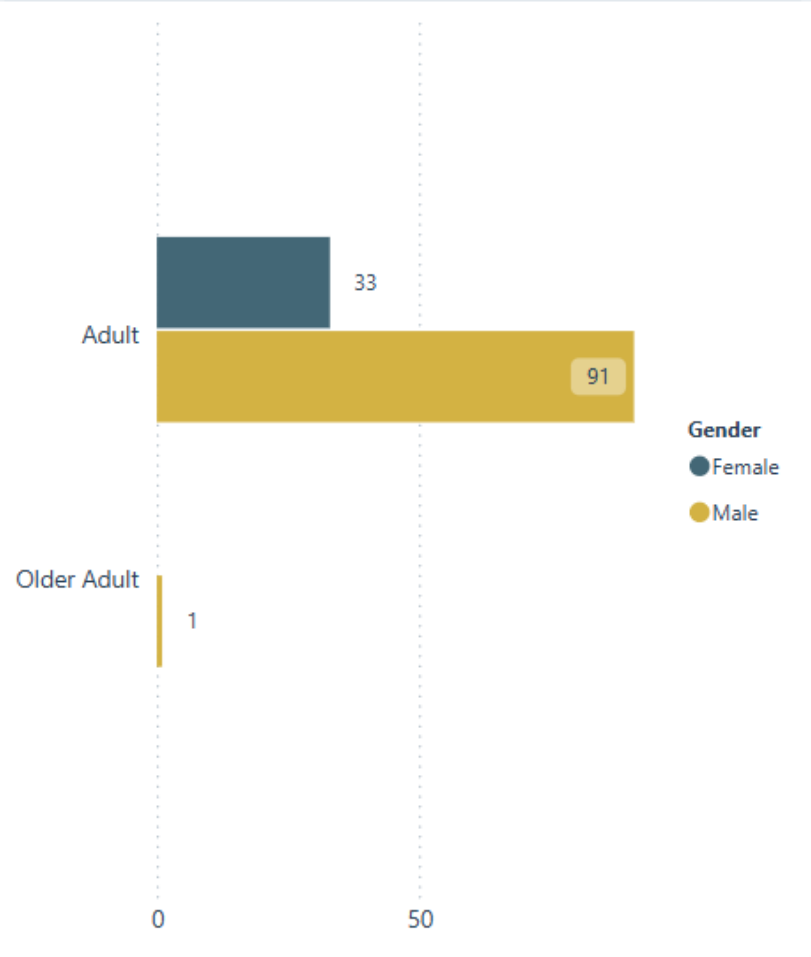


Deprivation By Ethnicity

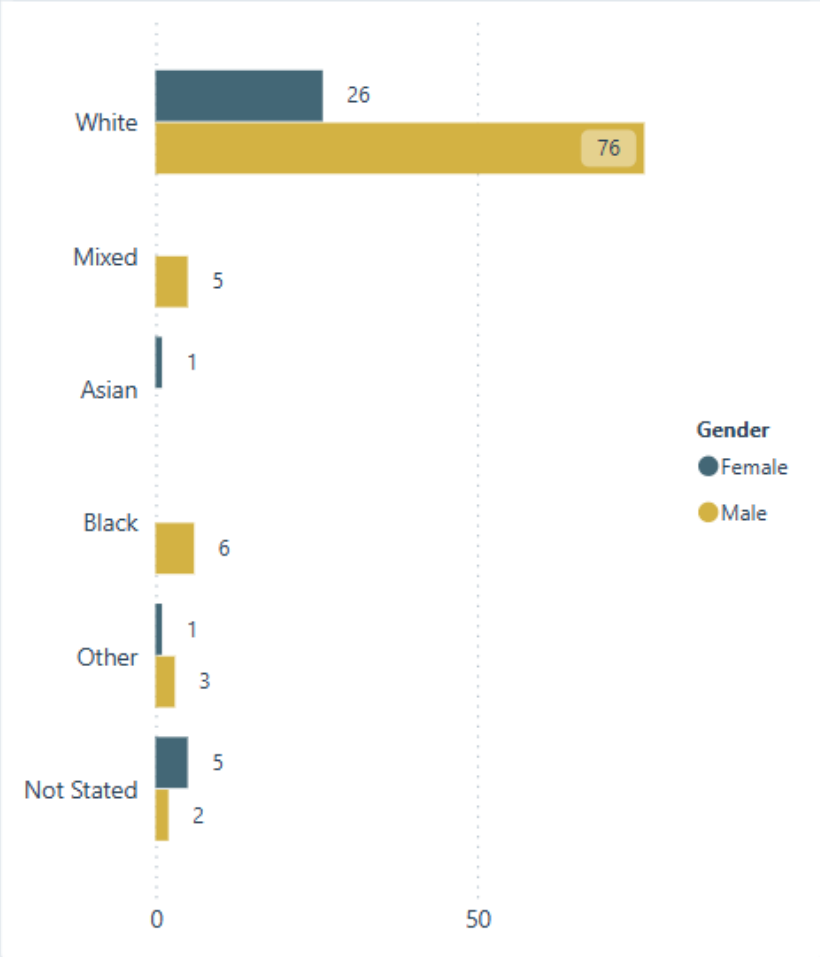


Indicator	Alt Ref	Metric	Value	Male	Female
QS31 (L)		Episodes of Seclusion - Internal MDT within 5 hours	61.60%	73.60%	26.40%

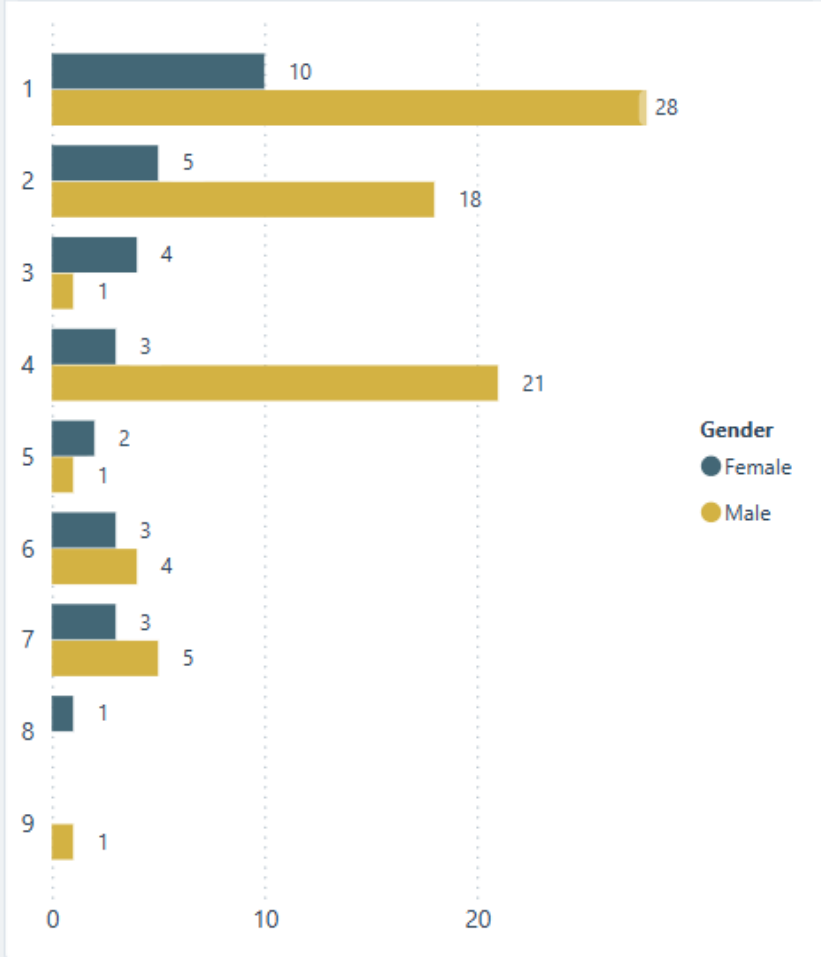
Gender By Age Group



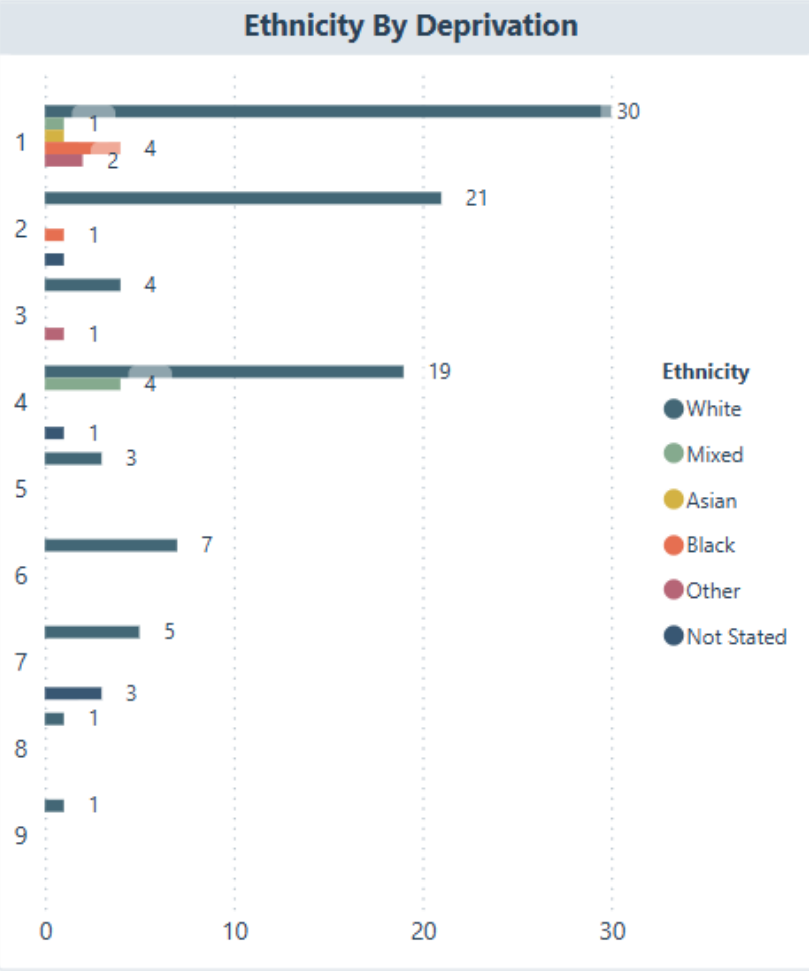
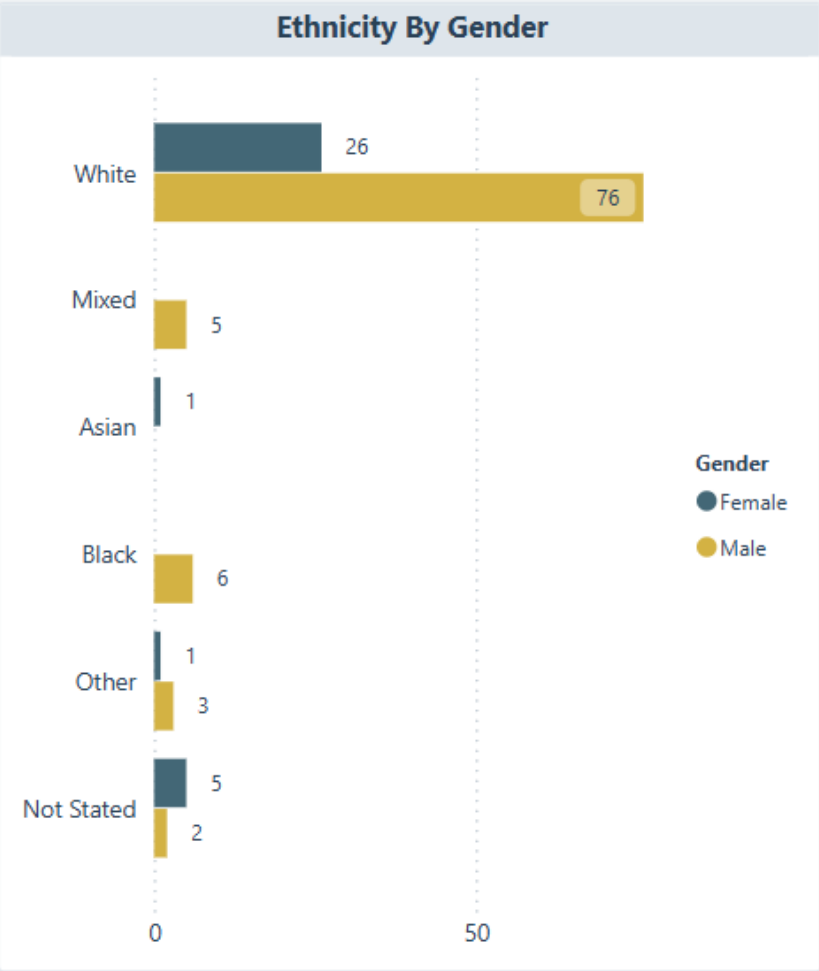
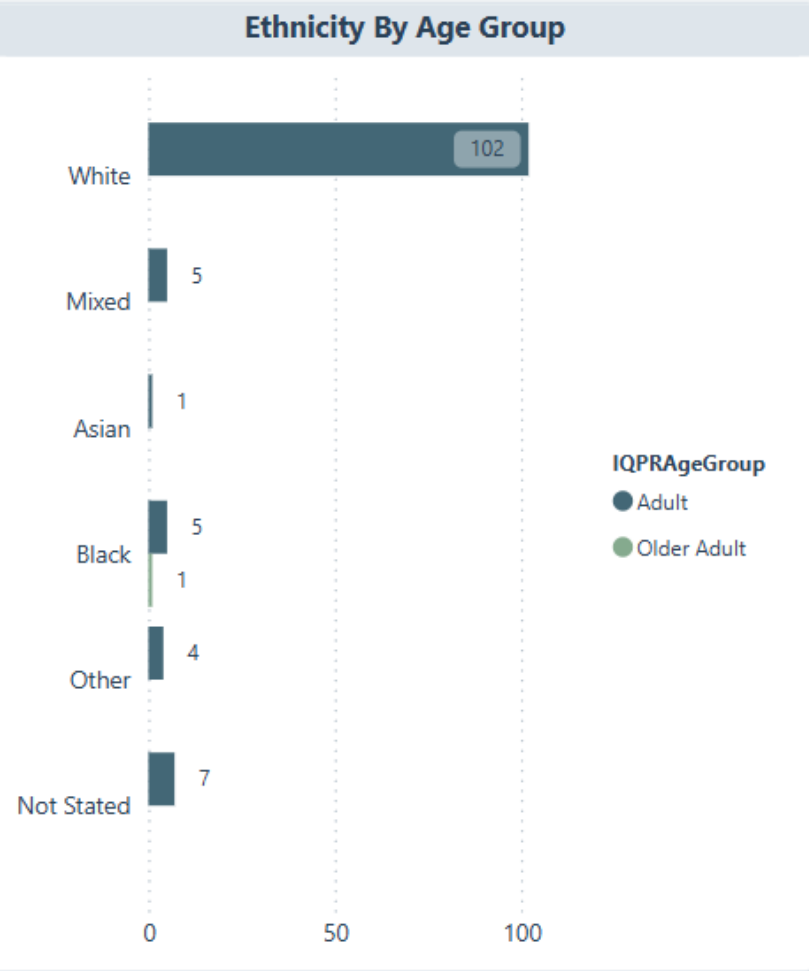
Gender By Ethnicity



Gender By Deprivation

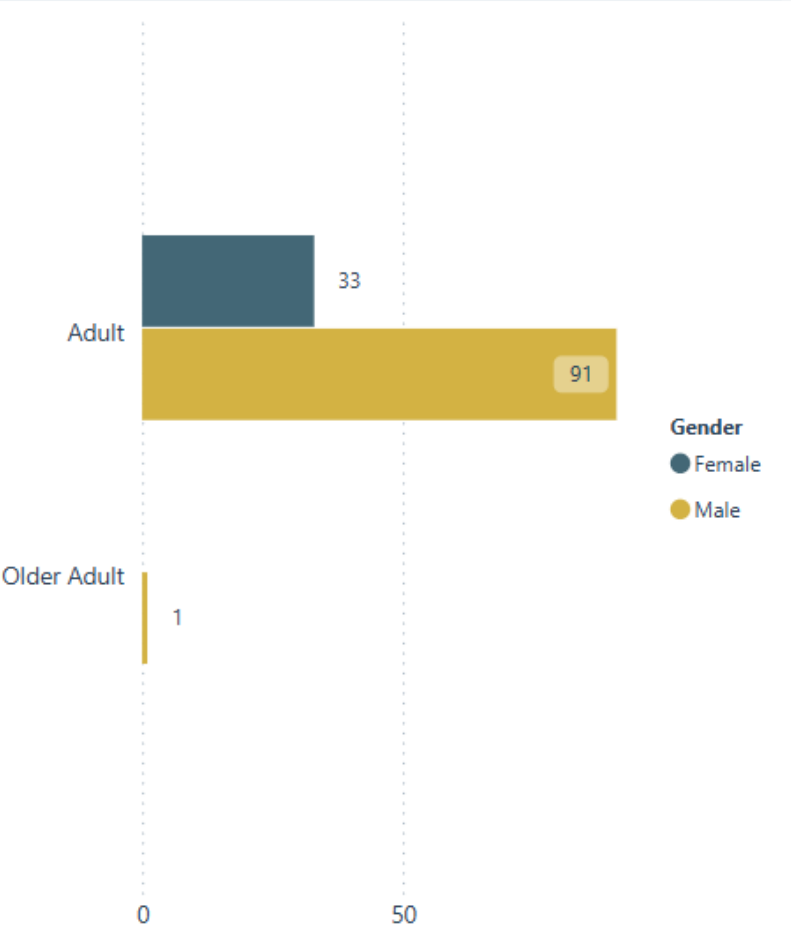


Indicator	Alt Ref	Metric	Value	White	Mixed	Asian	Black	Other	Not Stated
QS31 (L)		Episodes of Seclusion - Internal MDT within 5 hours	61.60%	81.60%	4.00%	0.80%	4.80%	3.20%	5.60%

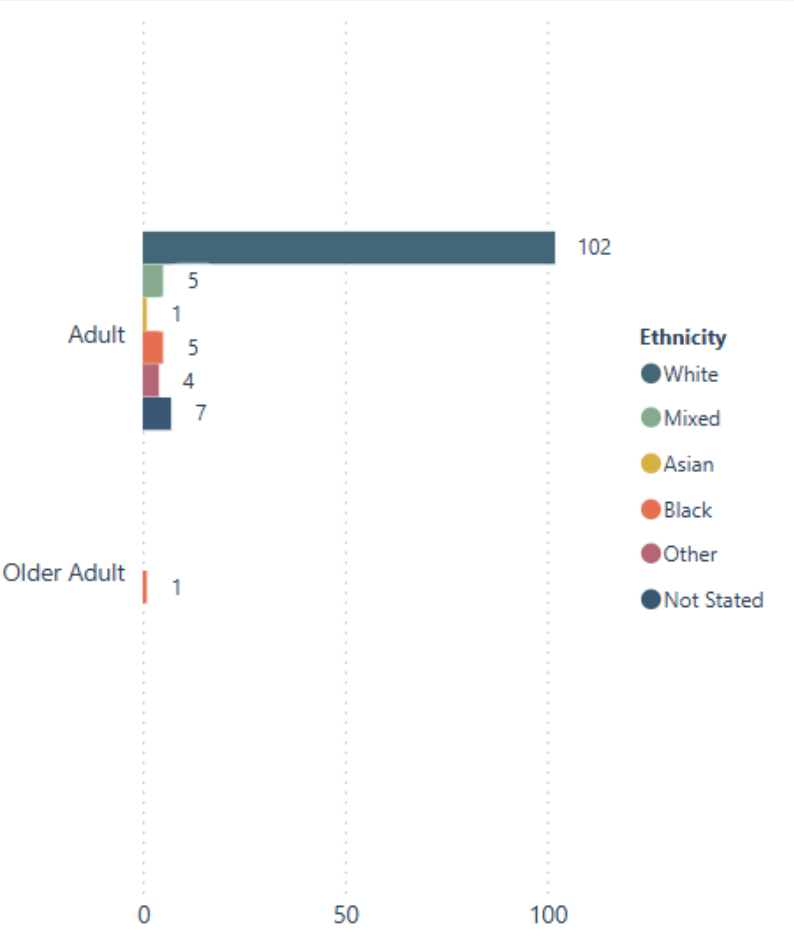


Indicator	Alt Ref	Metric	Value	Adult	Older Adult
QS31 (L)		Episodes of Seclusion - Internal MDT within 5 hours	61.60%	99.20%	0.80%

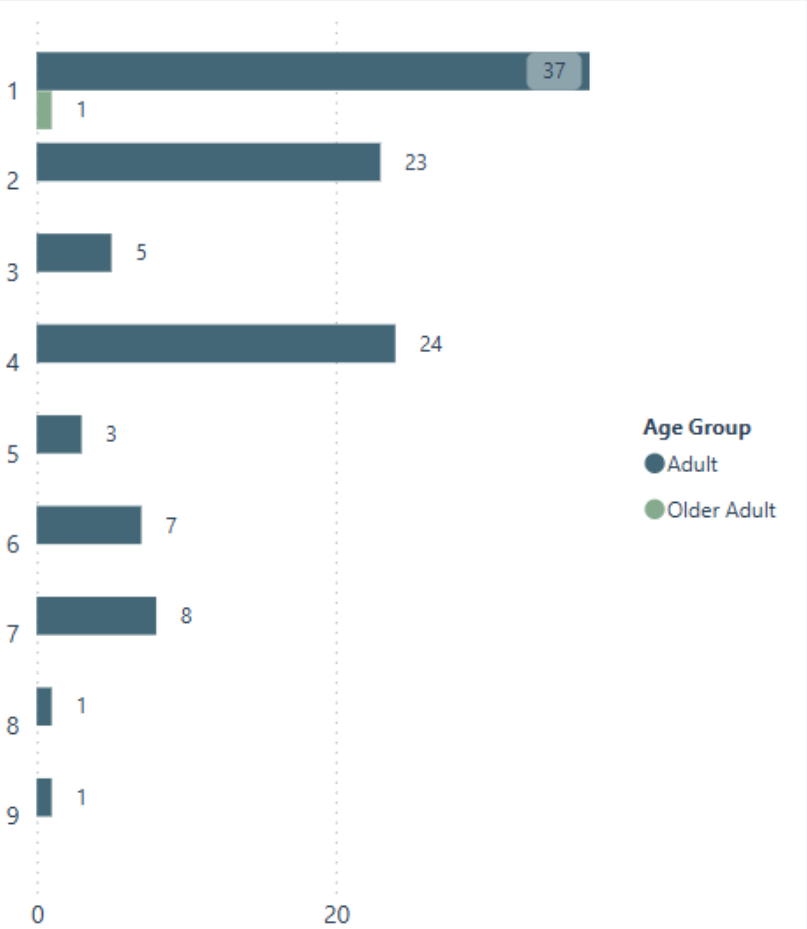
Age Group by Gender



Age Group By Ethnicity



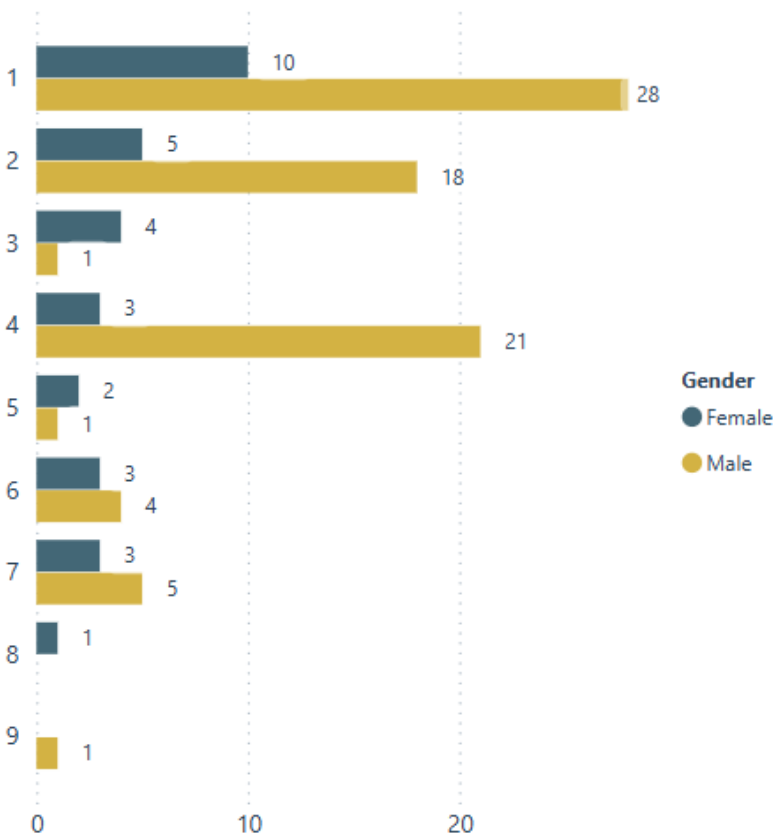
Age Group By Deprivation



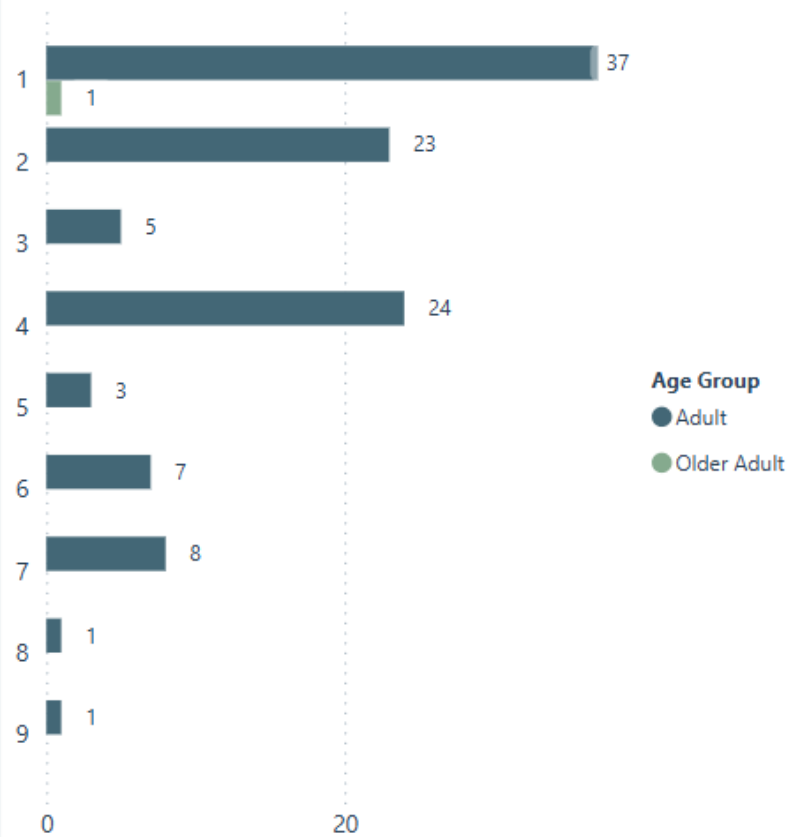
Indicator	Alt Ref	Metric	Value
QS31 (L)		Episodes of Seclusion - Internal MDT within 5 hours	61.60%

Not Recorded	1	2	3	4	5	6	7	8	9
12.00%	30.40%	18.40%	4.00%	19.20%	2.40%	5.60%	6.40%	0.80%	0.80%

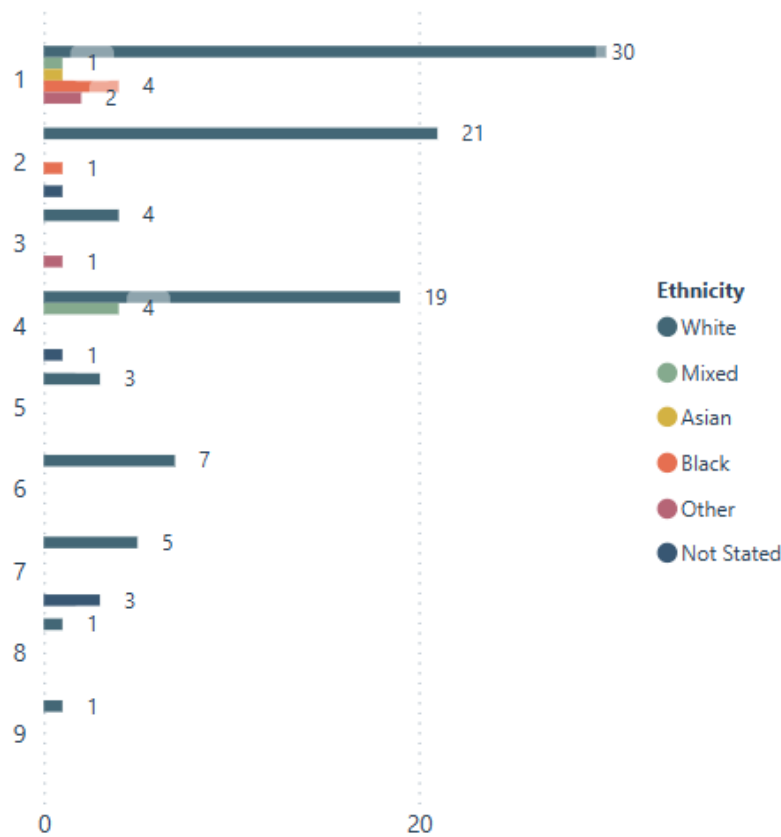
Deprivation By Gender



Deprivation by Age Group



Deprivation By Ethnicity



ROTHERHAM DONCASTER AND SOUTH HUMBER NHS FOUNDATION TRUST

Report Title	Committee Supporting Paper	Agenda Item	Paper Z	
Sponsoring Executive	Kathryn Lavery, Chair			
Report Author	Various			
Meeting	Board of Directors	Date	24 July 2025	
Suggested discussion points (two or three issues for the meeting to focus on)				
The following reports, received and discussed by the People and Organisational Development Committee and Quality Committee, is presented today to be noted by the Board of Directors: Accountable Officer for Controlled Drugs Annual Report 2024/25 – The Quality Committee were assured regarding governance arrangements in place supporting safe use of Controlled Drugs. Health, Safety and Security Annual Report 2024/25 – The Quality Committee noted the work undertaken in 2024-2025 and that the trust is meeting its statutory duties and required national standards regarding Health, Safety, Security and Fire. Learning from Deaths – The Quality Committee were assured that the organisation is fully sighted on Learning from Deaths. Guardian of Safeguarding Hours Report – The People and Organisational Development Committee was assured on the work of the Guardian of Safe Working Hours and the adherence to national requirements.				
Previous consideration (where has this paper previously been discussed – and what was the outcome?)				
People and Organisational Development Committee held 18 June 2025 and Quality Committee held 16 July 2025				
Recommendation (delete options as appropriate and elaborate as required)				
The Board of Directors is asked to:				
NOTE and CONSIDER the appended report for information				
Alignment to strategic objectives (indicate those that the paper supports)				
SO4: Deliver high quality and therapeutic bed-based care on our own sites and in other settings			X	
Alignment to the plans: (indicate those that this paper supports)				
People and teams plan			X	
Quality and safety plan			X	
Trust Risk Register (indicate the risk references this matter relates to against the appropriate risk appetite)				
People risks	Capacity	Low Tolerance	We accept only minimal risk in having the right number and mix of staff; unsafe or inadequate coverage must be escalated immediately.	016 / 020
	Well-being and Retention	Low Tolerance	We have low tolerance for working conditions or practices that may compromise staff wellbeing, morale, or retention.	024
	Capability and Performance	Low Tolerance	We accept only minimal risk that staff lack the skills, training, or supervision required to meet clinical or operational standards.	026 / 014 / 031 / 017

Financial risks	Counter Fraud	Averse	We have no tolerance for fraud, bribery, or corruption; all suspicions must be reported and addressed.	070																
Patient care risk	Clinical Safety	Averse	We do not tolerate risks that could result in avoidable harm or serious compromise to patient safety.	038 / 084 / 221 / 203 / 197 / 221																
	Quality Improvement	High Tolerance	We support innovation and experimentation in quality improvement, accepting some controlled risk in pursuit of better outcomes.	087																
	Learning and Oversight	Low Tolerance	We accept minimal risk in the operation of governance, audit, and learning systems that assure care quality.	015 / 216																
	Patient Experience	Moderate Tolerance	We are willing to take limited risk to improve experience where dignity, communication, and outcomes are protected.	001																
Performance risks	Emergency Preparedness	Moderate Tolerance	We tolerate limited, well-managed risk to improve resilience and emergency response capability through ongoing learning and stress-testing.	029 / 009																
	Estates, Equipment & Supply Chain	Moderate Tolerance	We accept limited risk while modernising our estate or reconfiguring supply chains, provided patient safety is not compromised.	211 / 021 / 025 / 006 / 008 / 051 / 023																
	Information Governance	Averse	We do not tolerate breaches of information confidentiality, integrity, or availability.	083 / 091																
	Legal & Governance	Averse	We do not tolerate breaches of legal duties, regulatory obligations, or governance standards.	007 / 160																
External and partners in risks	Regulatory	Averse	We do not tolerate non-compliance with regulatory standards and reporting obligations.	077																
	Strategic Delivery Risks (list which strategic delivery risks reference this matter relates to)																			
System / Place impact (advise which ICB or place that this matter relates to)																				
<table border="1"> <tr> <td>Equality Impact Assessment</td> <td>Is this required?</td> <td>Y</td> <td></td> <td>N</td> <td></td> <td>If 'Y' date completed</td> <td></td> </tr> <tr> <td>Quality Impact Assessment</td> <td>Is this required?</td> <td>Y</td> <td></td> <td>N</td> <td></td> <td>If 'Y' date completed</td> <td></td> </tr> </table>					Equality Impact Assessment	Is this required?	Y		N		If 'Y' date completed		Quality Impact Assessment	Is this required?	Y		N		If 'Y' date completed	
Equality Impact Assessment	Is this required?	Y		N		If 'Y' date completed														
Quality Impact Assessment	Is this required?	Y		N		If 'Y' date completed														
Appendix (please list)																				
Refer to Agenda Pack B																				

Purpose of the report

- To ensure that safe management of controlled drugs (CDs) is maintained as an organisational priority.
- To provide assurance on the systems and processes within RDaSH that lead to the safe management of controlled drugs.
- To describe the range of incidents reported to the CDAO over the 12 month period April 2024 to March 2025

Controlled Drugs

In August 2012 the legislation covering medicines for human use was revised and consolidated into a new act – The Human Medicines Regulations 2012. This legislation updated the 1968 Medicines Act and incorporated various changes introduced by EU legislation together with all the updates and variations to the original act.

There is a degree of complexity surrounding the laws relating to medicines and CDs, but in general terms the main legislative points to note are:

The Misuse of Drugs Act 1971 (MDA 1971)

This act primarily covers the illegal use of drugs and provides a schedule system for classification of these drugs. This system of classification provides the courts with guidance on the maximum sentences to be imposed if this law is broken (Schedules A, B & C).

The Misuse of Drugs Regulations 2001 (MDR 2001) (and subsequent amendments)

Covers the medical use of those drugs listed within the MDA 1971. Within the context of MDR 2001 the classification system for the medical use of these drugs defines the drugs by a different system of schedules (1, 2, 3, 4 & 5). Within this context these drugs are classified according to their likelihood of harm versus therapeutic benefit. With Schedule 1 drugs being the most tightly controlled in terms of prescribing, dispensing, storage & transportation and Schedule 5 having the least control. Schedule 4 also includes anabolic steroids.

Within RDaSH services the schedules for oversight are

S2 – strong opioids and major stimulants

S3 – less potent analgesics, minor stimulants, temazepam, midazolam, gabapentin and pregabalin

S4 – benzodiazepines (also includes anabolic steroids)

S5 – low potency opioid products (codeine, low strength morphine solution)

The British National Formulary (BNF) gives details of the legal status of most of the medicines used in the UK. Although the full list of controlled drugs remains under review, the Chief Pharmacist/CDAO would be expected to intervene in all cases where there may be a concern about the use of these drugs by relevant people. Further details can be found on the home office website

<https://www.gov.uk/government/publications/controlled-drugs-list--2>

Management of Controlled Drugs (CD's)

Following the activities of Harold Shipman in the 1990's it became clear that the systems and process of control that were in place at the time to govern the use of CD's were inadequate. Following the fourth report of the Shipman enquiry in 2004, the chairman Dame Janet Smith concluded that the governance arrangements for these drugs needed to be strengthened.

Many of her recommendations from the enquiry were incorporated into part three of the 2007 Health Act and statutory instrument No. 3148 The Controlled Drugs (Supervision of Management and Use) Regulations.

One of the key changes introduced by the 2007 Health Act was the statutory requirement for NHS trusts (and other relevant bodies) to appoint an Accountable Officer for controlled drugs (CDAO).

In December 2015 further changes to legislation took place which enforced the use of new controlled stationary by anyone ordering stocks of controlled drugs. While these arrangements were aimed at primary care, an unintended consequence of this legislation has resulted in an additional bureaucratic requirement for NHS trusts who obtain controlled drug stock from another provider.

- Arrangements with our third party providers are in place to ensure that RDaSH meet the legal requirement to use DoH CD requisition forms to underwrite our ordering for stock controlled drugs.
- The Trust Medical Director is the agreed signatory to these requisitions.

In April 2016 the National Institute of Health and Care Excellence (NICE) published guidance (NG46) supporting the safe use and management of controlled drugs.

Statutory role of the controlled drugs accountable officer (CDAO)

The requirement for designated bodies to appoint a CDAO was made in the 2007 Health act and has been reiterated in subsequent legislation. The CDAO must ensure that his designated body has adequate arrangements for the safe and legal management and use of controlled drugs throughout the organisation.

The overriding concern of the CDAO is to protect the patients and public from harm due to controlled drugs by relevant people. There are a number of specific duties of the CDAO. Full details of the duties of the CDAO are laid down in Part 2 of The Controlled Drugs (Supervision of Management and Use) Regulations 2013 (<https://www.legislation.gov.uk/uksi/2013/373/part/2/made>).

The CQC are required to hold a record of all CD accountable officer (and ensure all relevant organisations are registered with them. See <https://www.cqc.org.uk/guidance-providers/controlled-drugs/controlled-drugs-accountable-officers>

Duties of the CDAO include ensuring that:

- The organisation is following “adequate and up-to-date” standard operating procedures (SOPs).
 - The organisation has a range of SOPs governing the management of controlled drugs for inpatient, community services and St John’s hospice. They are reviewed in line with Trust Policy. The current SOPs are in date and reviews are planned for December 2026.
- Appropriate arrangements for monitoring and auditing the management and use of controlled drugs.
 - Regular audits are conducted for regarding adherence to the SOPs. During the period two audits were conducted and reported to MMC, with no concerns of significance regarding storage and process.
- Systems exist to alert the accountable officer of any complaints or concerns involving the management or use of controlled drugs.
 - All medicines related IR1s and complaints are sent to the Chief Pharmacist and reviewed through the Trust patient safety incident reporting framework (PSIRF) process
 - Additionally wards and teams are visited on a regular basis by the pharmacy department with any concerns raised within the department
 - The Trust is due to change incident reporting to RADAR which has a built in notification process.
- The incident reporting system captures untoward incidents involving the management or use of controlled drugs.
 - All controlled drug IR1s are reviewed and form part of the monthly medicines incident review and reporting process through the MMC, a section of which is specifically for controlled drugs.
 - Pharmacy technicians regularly review ward stock for unexpected usage, shortages and CD register issues
- Appropriate arrangements in place for analysing and responding to untoward incidents involving the management or use of controlled drugs
 - Pharmacy follow-up relevant IR1 reports to support teams in investigations and mitigation
 - The Medicines Management Committee receive monthly reports on CD incidents

- Relevant individuals receive appropriate training in relation to controlled drugs.
 - Training on controlled drugs is delivered by the pharmacy to ward and teams
 - Additionally, it is part of induction training for prescribers
 - Through the year there have been 45 training sessions provided, an increase of 125% from the 20 in the previous year.
 - All training has been provided in face to face sessions.
- Arrangements are appropriate for monitoring and auditing the management and use of controlled drugs by relevant individuals and assessing their performance.
 - Prescribing information is periodically reviewed for inappropriate quantities or use
 - Bespoke refresher training is conducted with individuals where necessary
- The recording of any concerns raised in relation to the management or use of controlled drugs by a relevant individual.
 - This is part of any investigation undertaken and would form part of the IR1 reporting and PSIRF process
- The assessment and investigating of any concerns raised regarding the management or use of controlled drugs by a relevant individual. The CDAO must determine whether these concerns should be shared with a responsible body.
 - While this has not had to be done within this period, there are good links between pharmacy and the other professional groups involved with CDs within the Trust and through to their regulatory body.
 - The Chief pharmacist additionally reserves the ability to contact any regulatory body as part of their role as Accountable Officer
- Appropriate action is taken to protect patients or members of the public in cases where concerns in relation to the management or use of controlled drugs by a relevant person appear to be well-founded.
 - This has not been needed to be done within this period, however it would form part of the follow-up from an investigation.
 - Where misappropriation, by family or others, is suspected by community teams, the incident/suspicion is referred to the police.
 - Historically the Chief Pharmacist has visited community pharmacies dispensing our substance misuse prescriptions to review their SOPs and processes in response to IR1 reporting. This has not been needed to be done within this period.
- Appropriate arrangements for ensuring the proper sharing of information.
 - Trust incidents are reported through the national reporting website
 - The Trust CDAO participates in and contributes to regional and national CDAO Intelligence Networks (LINs)

For RDaSH the CDAO is the Chief Pharmacist, this is acknowledged in The Safe and Secure Handling of Medicines Policy, Trust Control Drugs SOPs and training provided for staff. Additionally the CQC hold details (through the period and at June 2025) of the CDAO for RDaSH as Stephen Davies along with accurate contact details.

The last CQC Controlled Drug Annual Report was published in July 2024 with a single recommendation –

- **Share information about concerns in relation to controlled drugs with the right organisations as soon as possible, including with NHS England controlled drugs local intelligence networks.** This may include sharing appropriate information about persons of concern. One of the key findings of the Inquiry into the crimes of Harold Shipman was that failure to connect key pieces of intelligence meant that his actions were not identified earlier. This is why proactive membership of CDLINs is crucial. The Controlled Drugs (Supervision of management and use) Regulations 2013 emphasise the importance of sharing information. They also take account of data protection legislation. If you are concerned about whether it is appropriate to share information, your NHS England CDAO can support you with this.
 - RDaSH submits incidents directly onto the national database supporting the network
 - RDaSH participate in all regional and national intelligence network events

Incidents reported to the CDAO during April 23 to March 24

A total of 326 incidents were reported to the CDAO throughout the period. This represents an decrease of 1.5% on the previous year (272). This increase has been specifically related to Schedule 2 and 3 drugs.

Table 1 (Breakdown of reports by CD schedule and quarter)

2024-25	Q1	Q2	Q3	Q4	Grand Total	Change from 2023-24 (#)
CONTROLLED DRUG (S2/S3)	73	40	57	96	266	-19
CONTROLLED DRUG (S4/S5)	13	8	20	19	60	14
Grand Total	86	48	77	115	326	-5

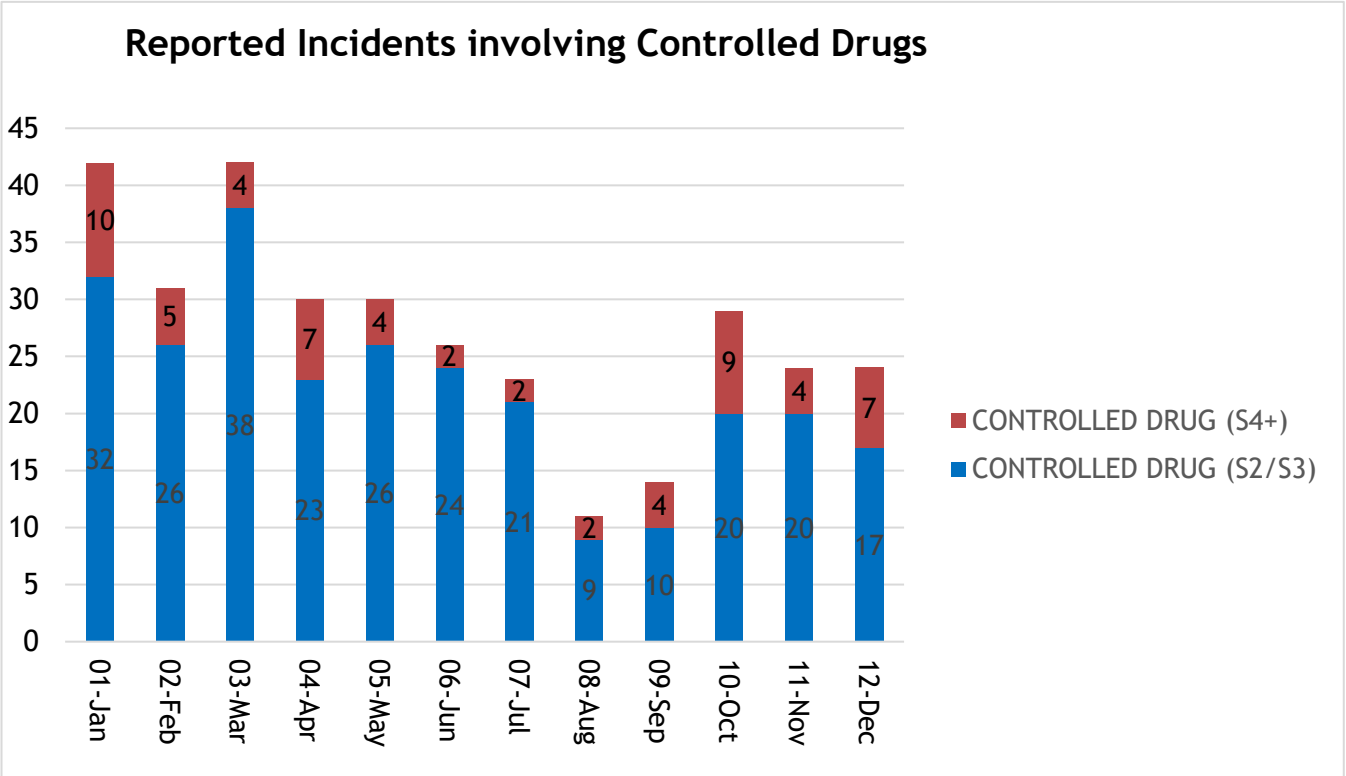


Table 2 (RDaSH involvement in the reported incident by Care Group)

RDaSH involvement	CHILDRENS CG	DONCASTER CG	NTH LINC'S CG	ROTHERHAM CG	Grand Total
RESPONSIBLE		30	3	2	35
AFFECTED		13	2		15
IMPLICATED		37	7	9	53
NOT		187	18	18	223
Grand Total	0	267	30	29	326

At the moment data is coming from a data warehouse database. We are awaiting team changes based on the new taxonomy.

Table 3 (Standardised reporting sub-groups used for Intelligence Network (LIN) reporting)

Reported Sub-grouping	CHILDRENS CG	DONCASTER CG	NTH Lincs CG	ROTHERHAM CG	Grand Total
1.PATIENT SAFETY - ADMINISTRATION		61	6	6	73
1.PRESCRIBING - OTHER PROVIDER		1			1
2.PATIENT SAFETY - DISPENSING		8	2	1	11
3.PATIENT SAFETY - PRESCRIBING		66	6	6	78
4.PATIENT SAFETY - OTHER		29	4	5	38
5.UNACCOUNTED FOR LOSSES		15	1	3	19
6.ACCOUNTED FOR LOSSES		27		1	28
9.GOVERNANCE		24	8	6	38
10.RECORD KEEPING		36	3	1	40
Grand Total	0	267	30	29	326

At the moment data is coming from a data warehouse database. We are awaiting team changes based on the new taxonomy.

Of note from the figures in tables 2 and 3

- Doncaster remains the highest reporting Care Group of the Trust accounting for 82% of the reported incidents (roughly the same as the previous year). This largely reflects the breadth and size of the services which it provides – in particular the substance misuse team and the community nursing teams.
 - Doncaster substance misuse team have seen a reduction of 10% in the reported incidents from the previous year but still represents a significant 25% of the Doncaster reports and is an increase on the previous year. Main issues relate to prescribing, delays in scripts getting to pharmacies, pharmacies not consistently reporting a patients non-attendance for dosing and reflect
 - The complexity of the prescription management and the need to often change prescription midway through its course. During this period there has been an increased level of reporting around prescription generation, which has been reviewed as part of the PSIRF process. Aspire has substantive SOPs governing their processes which created a safety net and no prescriptions got to patients.
 - The substantial dispensing and observation burden conducted in community pharmacies. All incidents involving community pharmacy are referred to NHSE who hold the community pharmacy contracts, who in turn ensure appropriate investigations take place.
 - Doncaster Community nursing has seen an increase in reporting of 20% the previous year and accounts for 27% of the Doncaster figure.
 - Main reporting is through the intermediate care teams – particularly the unplanned teams and commonly relate to
 - In-correct dose of medication being administered (misread of the instruction or old care plan used). Delayed or missed doses due to supplies of medication. There has been no reported patient harm as a result of these incidents.
 - Our staff administering a patient's own medicines in the home and the difficulty that presents with respects accurate control over storage and access to the drugs by others leading to minor stock discrepancies.
- Rotherham Care Group
 - There has been a very similar reporting number and pattern to last year reflecting a sustained improvement
 - The principal issue has been record keeping and register maintenance
- North Lincolnshire Care Group
 - There has been a significant reduction of 25% in the number of reports compared to last year
 - This is principally due to the additional training and better compliance record keeping and register maintenance
- Children's Care Group
 - There were no controlled drugs incidents reported through regarding Children's Care Group teams. This is a reduction from 5 in the previous year.

- Regarding responsibility,
 - there has been a continued decline in the number of “NOT” (or incidental’ reports) from the previous year and is roughly at half the level of 2 years ago. This may reflect time pressures of teams.
 - Both numbers and proportion of reports categorised as “responsible” whereby roughly two thirds of the reported incidents Trust staff have been responsible. The great majority of this increase has been in the reporting of record keeping, register maintenance and not strictly following SOPs.
- The Trust maintains a strong reporting culture although there appears to be a shift away from “incidental” reporting.

Investigations and Reporting

All these incidents have been reviewed and where necessary investigated. Additionally they have all been shared with the respective LINs and CDAO network.

The Trust had completed ONE investigations within this time period.

- September 2024 – Brambles Ward IR: 169424 –
 - Diazepam 5mg tablets (2x28 tablets) were unaccounted for. Identified when ward based technician returned from annual leave. Ward staff interviewed however timespan and rota did not allow for determination of the reason for the loss. Diazepam stock management was moved to full CD register recording for a period. Having relaxed this restriction, there has been no further unaccounted for losses. .
- Numerous Controlled Drug register entry issues that have been investigated locally at the point of reporting. These are commonly
 - Administrations are usually entered on to the SystmOne record but not in the register or there has been a missing witness signature.
 - Arithmetic error

The revised training provided by pharmacy is more practically based, face to face and focuses heavily on the appropriate maintenance of records and registers

There have been no reports to the police during the period.

Security and Storage

Ward and relevant community teams have been reviewed by pharmacy technicians during the year.

Wards are on a six monthly cycle and re-audited in September 2024 and March 2025.

These have shown sustained improvement with an overall rating of GOOD against all standards for record keeping and security of storage. Compliance has remained high at 96% and 98% respectively.

All community teams have been visited through 2024-25 and no stock controlled drugs are retained by community teams, on the odd occasion a team may hold a named patient supply however this is stored and record accordingly.

During the period pharmacy destroyed unwanted or out of date CDs. The team made 171 visits and destroyed 1,062 items (compared to 127 visits and 794 items last year). This has been a significant increase on the year before.

As part of these destruction visits Pharmacy staff check CD cupboards and registers (involving a balance and register reconciliation) of all remaining items in the cupboard (with the exception of Hospice where there is a monthly visit for destruction and 5 items are chosen at random to check). Any discrepancies discovered at the time are highlighted and reviewed.

Conclusion

As a Trust, RDaSH meets its statutory requirements.

There is an accountable officer in place and registered with the CQC

There is demonstrable oversight of ordering, storage, prescribing and investigation of incidents related to controlled drugs

The Trust plays an active role in Local Intelligence Networks.

There are no significant concerns relating to the use of controlled drugs in the Trust.

Stephen Davies
GPC number 2030713
Chief Pharmacist RDaSH
CD Accountable Officer
July 2025

Health, Safety, Security and Fire Annual Report 2024/2025

Executive Summary

This report is intended to provide assurance that the Trust is meeting its legal requirements in relation to health, safety, fire and security. The report provides an analysis of incidents, training and monitoring activities carried out in 2024/25 and action taken since 2023/24 to address issues highlighted in the 2024 health and safety annual report.

The 2023/24 report identified a number of gaps in assurance, which formulated a detailed action plan, led by the health, safety and security group, and overseen by the Quality Committee. Specific actions following presenting the previous report to the Quality Committee oversight were in relation to:

1. Violence prevention and reduction standards.
2. Fire safety / compliance information was missing from the report however verbal update provided and revised report including fire information was circulated post meeting.
3. Concluding recommendations identified gaps in compliance and needed further consideration to ensure timely completion.

A further update paper was provided to the Board of Directors in March 2025 detailing the progress made since the annual report of 2023/24, alongside this, a recent 360 audit reviewing violence and aggression against staff returned an opinion of significant assurance.

It is positive to note that all health and safety, security and fire inspections were completed within the year and that the 2025/26 programme has commenced. As a result of the action taken by the Health and Safety Team to support lockdown drills, highlighted as an issue in 2023/24, there is increased knowledge of what it is and what the local arrangements are. This has meant a more rapid and structured response to on-site incidents. A recent incident clearly demonstrates the importance of employee awareness of the procedure, and the Trust lockdown response was described by Police in attendance as exemplary.

Compliance with statutory training in health and safety increased by 3% to 97.7%, whilst fire training compliance was also at a high level of 98.3%, a 5.9% improvement on 2023/24 figures.

Staff incident numbers have increased by 70% mainly due to increases in reported staff shortage incidents. If these incidents are removed from the total the increase in incident numbers is much lower and is in line with usual year on year numbers. Staffing issues should be reduced in 2025/26 as unfilled vacancy levels are lower than in recent years. RIDDOR incidents increased by 4 incidents, but the numbers remain in line with the trend over the last 5 years. The main causes are employee falls and violence from mental health patients, in line with the most recent Health and Safety Executive incident statistics for health and social care.

The Trust has a focus on the personal safety of lone workers and has trialled an alternative lone working device, with a change in emphasis from risk-based to automatic provision of devices to known lone working employee groups. This should have a positive impact on employee safety.

The activities described indicate good compliance with the legal requirements of health and safety legislation, notably:

- Appropriate policies
- Suitable and sufficient training
- Consultation with employees – notably through the Health, Safety and Security Forum
- Monitoring of risk controls, through audit and inspection

Introduction

The management of occupational health, safety and wellbeing is central to the effective running of the NHS and the Trust. There is strong evidence linking patient safety, patient experiences and the quality of care with the safety, health and wellbeing of the workforce. Employees are the Trust's most important resource. The health, safety and welfare of staff directly contributes to organisational success as workplace injuries and poor workforce health has a high cost.

As well as the moral and financial benefits of effective health and safety management there are clear legal requirements to ensure the health, safety and wellbeing of employees and others affected by the Trust's activities. The primary legislation is the Health and Safety at Work Act which sets out the framework for managing workplace health and safety in the UK. It defines the general duties of employers (section 2) and employees (sections 7 and 8) as well as owners. The other main legislation is the Management of Health and Safety at Work Regulations 1999. There are also several topic specific regulations some of which are applicable to the Trust's activities.

Fire safety is an ongoing process to maintain life safety and ensure legal compliance with the Regulatory Reform (Fire Safety) Order 2005. A suitable and robust fire risk assessment, maintenance and testing regime needs to be embedded. This report reviews health, safety and fire performance throughout the Trust during the financial year 1st April 2024 to 31st March 2025. Its intention is to provide assurance around legal compliance and to highlight any areas for improvement.

Governance and leadership

The Health and Safety Team is made up of a diverse and multi-professional team who provide expert advice, support and training to all Trust employees to fulfil their health, safety and security responsibilities and duties. The Fire Safety Advisor sits separately from the Health and Safety Team. The Chief Nurse is the Executive Lead for Health and Safety, and the Director of Finance and Estates is the accountable director for security and fire. Directors remain liable for health and safety failings even if responsibility is delegated to a third party.

The Health, Safety and Security Forum provides challenge and assurance about the health, safety and fire arrangements within the Trust and allows the Trust to meet its legal requirements to consult employees about health and safety. Key issues are escalated to the Risk Management Group. Details of serious incidents and incident trends are provided on a quarterly basis to the People and Organisational Development Committee. Internal assurance is provided through inspections, audit and self-assessment.

Progress against priorities

The table below details actions identified in the 2024 annual health and safety report and progress against these.

Identified action	Progress
Risk assessments for first aid, lone working, DSE and working at height (where relevant) were not always in place.	All inspection data regarding outstanding assessments forwarded to care groups for oversight and action. Health and Safety inspections will continue to monitor compliance.
Employees in some areas were not aware of local lockdown procedures.	The Security Advisor has been supporting managers to carry out the physical 5 yearly Lockdown action drill for their areas. Good progress has been made, but there are still some premises, mainly non-Trust buildings, requiring completion and work is continuing to ensure full compliance. All teams report making employees aware of the local lockdown procedure and during a recent security incident the Police fed back that the lockdown of the building was exemplary.
Security of some areas was not adequate and could potentially allow access to unauthorised persons and the theft of property or equipment.	Where repairs are necessary these are reported by the local contact and reported to Estates. Security is included in health and safety training and regular updates and reminders about security are provided to employees via internal communications.
Review required on task specific training that has not been completed. E.g. Oxygen training and safe use of ladders.	Details of online oxygen training added to the Learning and Development programme. Where this is considered to be too detailed for requirements it is proposed that a booklet is created and signed off by a manager as read on ESR.
Review of availability of mandatory training to meet service needs due to increased reporting of employees being unable to book onto training.	Reported incidents are discussed at the incident meeting with Learning and Development. Ward acuity staffing levels also impacted on the employee ability to attend training. Additional training dates were provided to accommodate demand
The capacity of the team to carry out the required activities to ensure legal compliance should be reviewed as it can be difficult to meet current demand.	Temporary admin staff appointed for a short period to support the team. Further review following restructure and 1 x Band 5 H&S now has increased hours to full time working.
A new security standard will be implemented in the NHS in 2025, requiring completion of a self-assessment, similar to that required for emergency planning.	The standard has not yet been published by NHS England.
Triangulation of H & S, Security and Fire – Reporting and workstream cohesiveness.	The Fire Safety Advisor provides a regular fire safety update paper to the Health, Safety and Security Forum and contributes to health and safety reports.

Other activities

FFP3 Face masks

Following a reported national increase in the occurrence of measles in 2024 there was a requirement to ensure resilience around the fitting, use and provision of face masks, specifically FFP3 type masks. Measles is highly contagious and any employees who are working with patients who have or are suspected of having measles must wear a mask to prevent infection.

The Health and Safety Team worked with the Infection Prevention and Control Team to source and arrange employee training in the fitting of face masks, allowing each Care Group to test their own employees. This has provided a high level of resilience both in terms of protecting employees from measles but also in terms of the future emergence of any serious respiratory infection. There is now a high level of assurance that relevant employees have a suitable mask to provide protection against infection.

Lone working

The Trust already provide personal lone working devices where the risk assessment identifies that this is required as a risk control. However, it has been suggested that rather than relying on the risk assessment certain staff groups, such as community-based colleagues, should automatically receive a lone working device. A trial involving 20 employees in a number of different services has recently taken place. A 4G ID badge type device, that differs from the 250+ devices currently used in the Trust was piloted. A report summarising user feedback is being compiled before a final decision is made about device and user group.

The Health and Safety Lead developed a comprehensive risk assessment for Trust events, including the annual fun day and employee attendance at external events.

The Health and Safety Team remain integral to the review and completion of ligature risk assessments.

Health, Safety and Fire Arrangements

The Trust has a variety of processes and arrangements in place in line with the legal requirements to manage and monitor health and safety in the workplace. These include policies and procedures, training and information, incident review and investigation and audit and inspection.

Policies

Most policies remain current and relevant, however a number are past their review date, notably security-related policies. Review extensions have been requested for these as the content and guidance around the Terrorism (Protection of Premises) Act 2025 ('Martyn's Law') will have a significant impact on the content of these policies. The Act received Royal Assent on 3rd April 2025, but Home Office guidance is not yet available. A working group will be established as a

sub-group to the Health, Safety and Security Group to oversee the trusts implementation of Martyn's Law. NHS England were due to publish new security standards in April which have also resulted in delays to security policy updates. The proposed abolishment of NHS England is likely to have caused the re-prioritisation of issues within that organisation and the standards have yet to be published.

A review of the Fire Safety Policy has been completed. Recommendations have been made to reflect current practices and to ensure legal requirements are met. It is currently out for consultation and feedback.

Training

In 2023, the Health and Safety Team resumed delivery of face to face training in order to meet the legal requirement of delivering 'suitable and sufficient' training. The training incorporates sharps training which was a requirement of a Health and Safety Executive (HSE) inspection of the Trust in 2022 and waste management. Overall compliance with health and safety training was 97.7% in 2024/25. This is a 3% increase compared to 2023/24. The table illustrates an improvement across all areas since last year.

Care Group	% Compliance Health and Safety Training		% Compliance Fire Safety Training	
	2023/24	2024/25	2023/24	2024/25
Backbone Directorates	91.2%	95.7%	87.7%	94.8%
Children's Care Group	95.7%	98.6%	93.7%	99.6%
Doncaster Mental Health & Learning Disabilities Group	93.7%	97.6%	90.9%	98.5%
North Lincs Mental Health & Talking Therapies Group	97.3%	97.9%	94.5%	99.4%
Physical Health & Neurodiversity Care Group	96.0%	98.6%	94.5%	98.7%
Rotherham Care Group	95.1%	97.6%	92.9%	98.7%

Analysis of employee feedback indicates that not all employees are aware that sharps training is included in safety training. The delivery of a standalone sharps course is being considered, working in partnership with Infection Prevention and Control colleagues. This should ensure all relevant staff attend and allow easier compliance reporting. The majority of fire awareness training is delivered via E-Learning which recently moved to a 2-year frequency. Completion rates are shown in the table below. Fire safety training compliance numbers have improved by 5.9% since 2023/24.

Inspections indicated that some first aiders needed refresher training so that their knowledge remains current. The Health and Safety Team are working collaboratively with Learning and Development to ensure training provision to address the requirements.

Incident review

Staff incidents

Accidents or incidents provide opportunities for organisational learning and improvement. Incident causes and trends are reviewed on a regular basis and the findings provided in a number of reports to a variety of meetings and committees. There were 712 incidents reported as 'staff incidents' in 2024/25. This represents a significant increase of 70% (294 incidents) from 2023/24.

A large proportion of the increase (245) was due to staff shortages. There were shortages reported across the Trust, but the most frequent reports were from the Crisis Teams in both Doncaster and Rotherham, Home Liaison and St John's Hospice. Going forward the number of reports should reduce as unfilled vacancies are at their lowest level in recent history. Aside from staff shortage incidents the top 3 staff incident causes were:

- Unsafe environment (light, temperature, noise)
- Slip, trip fall on same level
- Road traffic accident

The unsafe environment incidents range from building issues, such as lighting and heating to infection control issues, such as vomit stained items submitted to the laundry. There is no specific trend in terms of incident causation, but **36%** of the incidents occurred in the community and in patient's homes where issues are more difficult to control. Slip, trip and fall incidents have increased by 50% (12) since 2023/24. Approximately a third of these incidents occurred in community settings offsite, including at or outside patient residences. There are no trends in relation to location or employees involved in the remaining incidents. A proposal to work with community-based colleagues to assess the risks and provide training is included in the health and safety workplan for 2025/26.

Where traffic collisions occurred 70% of incidents were the fault of other drivers hitting employee vehicles, frequently whilst vehicles were stationary in queues of traffic. As might be expected, a high proportion (61%) of road traffic incidents involved employees who work in the community, with 39% (16) of incidents involving colleagues from the Community and Long-Term Conditions Directorate. There were 2 traffic incidents on the Tickhill Road site, both resulting in injuries to employees. One of the incidents appears to involve speed exceeding the site speed limit and possible reduced vision due to low sun. An internal investigation has been carried out. There have also been 2 near miss reports of vehicles driving at speed on the site.

A total of 93% of staff incidents resulted in minimal harm or less. There were 6 incidents reported as major harm (not permanent harm). One of these was a fall resulting in a fracture and is detailed in section 5.10. None of the others resulted in physical injury. One involved a needlestick injury which was regraded once the injured patient's blood sample showed no evidence of infection, 3 related to staff shortages and 1 was a customer choking on food in the

café who came to no harm, following intervention by catering employees. There has been an increase in the number of incidents relating to vehicle thefts, vehicular damage and poor parking practices across the Tickhill Road site. Employees in electric vehicles report an inability to charge their vehicles due to non-electric vehicles parked in charging bays. There are regular internal communications about security and site security patrols and a recent review of the location of CCTV cameras, but the site is accessible to the public so there are regularly unknown persons on site.

Monitoring and inspections

Fire

All fire risk assessments were completed by the end of March 2025. The Trust continues to work closely with South Yorkshire Fire & Rescue Service for advice and guidance in areas of fire safety and will review the frequency of fire risk assessments in 2025/26 to reflect building risk and guidance from the fire service on best practice. Assessments carried out in 2024/25 show a high level of compliance with carrying out daily fire safety checks in buildings.

There is a common theme of sporadic completion internally of basic fire alarm functional testing, resulting in a gap in compliance with legislation, NHS guidance and BS 5839, the British standard for fire detection and alarm systems. A risk-based approach will be utilised where all in patient areas, high risk areas (laundry, commercial kitchen, workshops, stores) and buildings with more than 2 floors will be tested weekly. All other small single storey buildings will be tested on a monthly basis. This should ensure all call points are tested over a 12-month period. This will be monitored and reviewed to ensure it remains suitable and sufficient. A gap was identified in the structural and condition checks of external fire escape stairs. This was rectified and structural surveys were completed on all stairs. No significant issues were found. An agreement has been reached to schedule condition checks using the new maintenance reporting system.

A daily fire check is carried out by building occupants. This is used to establish that fire routes and exits are clear, fire extinguishers are in place and in date and that there are no risks that would prevent the safe exit of building occupants. The fire risk assessment inspection has identified that there is excellent compliance.

Health, safety and security

All health and safety and security inspections had also been completed by the end of the 2024/25 financial year. Issues with building defects or wear and tear issues are regularly identified due to the age of the estate. These are reported through the Estates reporting system. There can be some issues with obtaining funding via Estates to address remediation works for issues that pose a safety risk. However, a process of internal escalation is in place to resolve any outstanding safety concerns with the built environment.

Lone working risk assessments are sometimes not completed. However, when requested by the Health and Safety Team, these are promptly completed and reviewed by the Team. If the risk identifies the need for a lone working device, this is provided alongside suitable training in its use.

There is raised awareness of the lone working policy through its inclusion in new employee inductions and encouragement to complete a risk assessment. This should increase levels of compliance with the policy. There is improved compliance with the Lockdown Policy following the actions taken by the Health and Safety Team to support employees with the process. Volunteers in some areas expressed a fear of undertaking on-line training, due to lack of computer skills. This was escalated to the Head of Quality and Promises and options discussed to support volunteers to complete training, including face to face or supported computer sessions.

External inspections

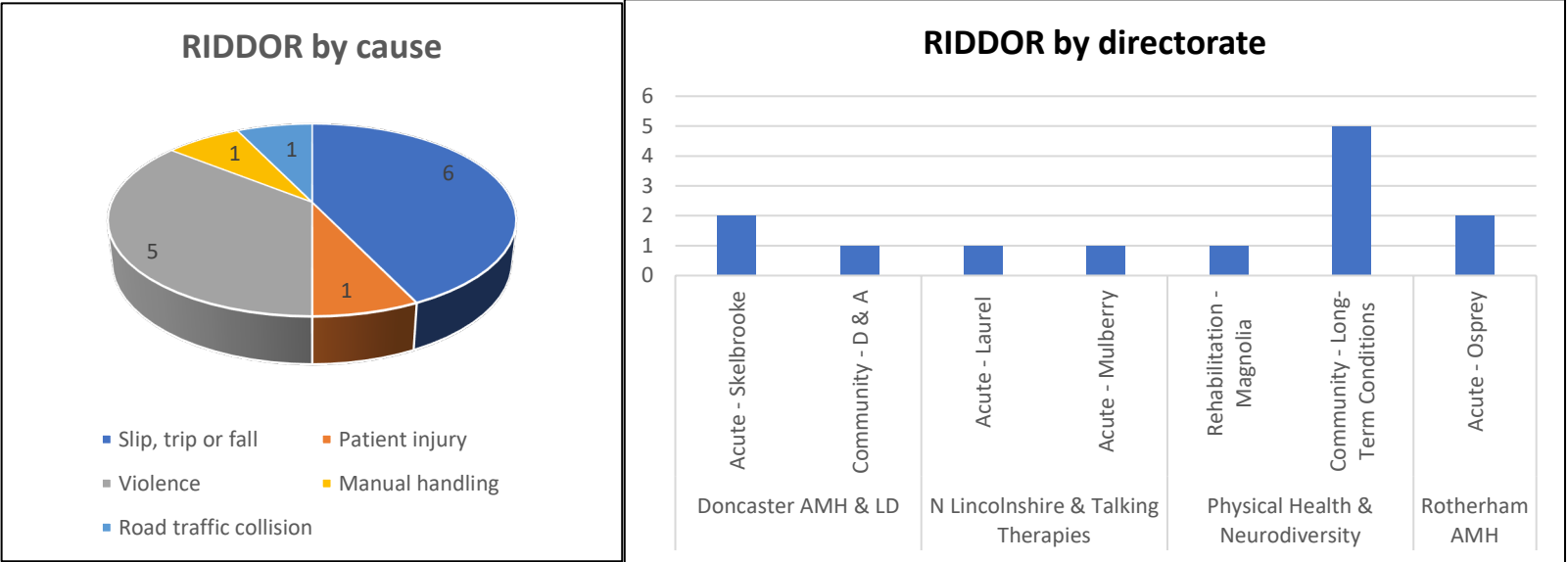
Fire safety audits were carried out by South Yorkshire and Humberside Fire and Rescue Services at St Johns Hospice, St Johns Information and Support Centre, Emerald Lodge, Jade Centre, Great Oaks, Danescourt and New Beginnings. The audits did not highlight any significant issues and no revisit was required. The exception was New Beginnings where 14 minor points of concern were raised. Many of these were outstanding actions from the internal fire risk assessment. A revisit was undertaken and an action plan developed which has now been completed to the satisfaction of the Fire Service.

RIDDOR reportable incidents

RIDDOR is the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013. These Regulations require employers, the self-employed and those in control of premises to report serious workplace incidents to the Health and Safety Executive (HSE). There were 14 RIDDOR reportable incidents in 2024/25, 4 more than in 2023/24. The table provides details of the incidents.

Incident date	Cause	Location	RIDDOR reason
01/04/2024	An employee was vigorously shaken by a patient whilst personal care was being delivered. Whiplash suffered.	Magnolia Lodge (Physical Health Rehabilitation)	Over 7-day absence
22/04/2024	A patient punched 2 employees in the face. Concussion suffered by both employees.	Mulberry House (North Lincolnshire Acute Directorate)	Over 7-day absence
26/04/2024	An employee turned around in a small space and fell causing a fractured femur.	New Beginnings (Community - Drug & Alcohol)	Specified injury
10/06/2024	Whilst checking on a patient who had recently been assessed in the 136 suite, an employee was punched in the face.	Skelbrooke Ward (Doncaster Acute)	Over 7-day absence
09/08/2024	An employee suffered a ligament injury to their finger during a patient restraint.	Osprey Ward (Rotherham Acute)	Over 7-day absence
13/09/2024	A patient asked to arm wrestle with an employee and suffered an arm fracture.	Skelbrooke Ward (Doncaster Acute)	Member of the public taken to hospital
16/09/2024	Employee struck on the head by patient with walking stick. Suffered concussion.	Laurel Ward (North Lincolnshire Acute Directorate)	Over 7-day absence
03/10/2024	An employee fell when leaving a patient's property and suffered a sprained ankle.	Community Long-Term Conditions	Over 7-day absence
07/12/2024	An employee responded to an alarm and slipped on a wet floor. They suffered an elbow fracture.	Osprey Ward (Rotherham Acute)	Specified injury
18/12/2024	An employee fell outside a patient's home and suffered a fractured wrist.	Community Long-Term Conditions	Specified injury
18/12/2024	An employee was struck by a vehicle whilst on a Trust site and fractured a vertebra.	Community Long-Term Conditions	Specified injury
26/02/2025	An employee missed their footing on stairs in a patient's home. Ligature damage to knee.	Community Long-Term Conditions	Over 7-day absence
12/03/2025	An employee fell outside a patient's property and suffered an ankle fracture.	Community Long-Term Conditions	Specified injury
22/03/2025	An employee attempted to move an anti-ligature chair (heavy) and strained their shoulder, upper arm and neck.	The Glade (Rotherham Acute)	Over 7-day absence

As the table illustrates the majority of incidents are caused by either falls or patient violence towards employees. This aligns with the trends identified by HSE in their 2024 statistics for human health and social work activities in Great Britain. Incidents of violence mainly occur on mental health wards as might be expected, as violence is often, but not always, linked to patients being acutely unwell. There is also a trend of community employees falling on patient’s premises, although all incidents involved different people and occurred in different locations.



There are 2 incidents that are outside of the usual over 7-day absence and fracture injuries that are usually reported by the Trust. One is a road traffic incident which was not felt to meet the criteria for RIDDOR but was reported to HSE at the request of the Board, despite HSE considering this to be a ‘grey area’ in the regulations. The other is a patient incident, which is reportable as the injured patient is classed as a member of the public in the legislation and was taken to hospital to be treated for their injuries.

Forward planning

Items identified for action in 2025/26 are detailed in the table.

Future Priorities	How they will be achieved
On publication of new NHS England Security Standards review Trust compliance.	Review of current security arrangements and identify actions to improve or maintain compliance.
Work with community services to identify work risks and support teams with risk reduction	Review current risks and identify support. E.g. Training and information.
Review and update security-related policies to ensure the requirements of the Terrorism (Protection of Premises) Act ('Martyn's Law') are met.	Policies reviewed and updated.
Evaluate the effectiveness of health and safety training delivered by the Trust	Audit and review of content and delivery options.
Maintain the health and safety and security inspection programme	Regular review and Health, Safety and Security Forum oversight.

Conclusion

The Health and Safety Team and Fire Safety Advisor have continued to progress the health, safety, fire and security agendas in 2024/25 and will continue to actively respond and contribute to Trust requirements to ensure legal compliance.

Mortality Report

April and May 2025

June 2025

Kimberley Gostolo, Structured Judgement Reviewer / Coroner Liaison

Melanie Ketton, Structured Judgement Reviewer / Coroner Liaison

Mortality Report – PLFD

(Data focus March – April 2025)

1 Situation

The Chief Medical Officer for the Trust chairs the bimonthly Prevention of & Learning from Deaths Group, (PLFDG) previously the Mortality Surveillance Group (MSG).

A report is then provided to the Quality Committee (QC) and forms part of the Chief Medical Officers Quarterly report to the Board of Directors (Public).

2 Background

This report provides the Quality Committee with salient features and issues in relation to mortality surveillance management with a focus on data for March and April 2025

3 Assessment

3.1 Mortality Reporting and Management

During the months of March and April 2025, 79 deaths were reported.

Table 1 – Status of Deaths reported during March and April 2025

Outcome of review	Number
Reviewed by MOG and were closed as no problem in care was identified	61
Reviewed by MOG but require further information and have been returned to the author	7
Reviewed and requires a Structured Judgement Review (SJR)	4
Reviewed and requires a Patient Safety Incident Investigation on STEIS or further patient safety review	5
Awaiting further information from the coroner on cause of death	1
Adverse outcome	1
Awaiting review by MOG	0
Total	79

Review of the Trusts Data by the Mortality Operational Group (MOG) for March 2025 identified that there were 43 deaths reported on the mortality system in total. The following key points can be noted :

March 2025

- 31 of the deaths required the screening tool only
- 3 of the deaths required a Structured Judgement Review (SJR)
- 4 of the deaths were reported as one of the following - Patient Safety Incident Investigation, After Action Review, or MDT.
- 4 Had been subject to an initial review by the Mortality Operational Group (MOG) and required further information to be able to reach a decision regarding the next steps
- 1 is waiting on further information from the coroner, or requires a cause of death awaiting review by MOG

Review of data by MOG for April 2025 identified there were 36 deaths reported on the mortality system in total. The following key points can be noted.

- 30 of deaths required the screening tool only for the review of the deaths
- 1 of the deaths required an SJR
- 1 of the deaths were reported as a Patient Safety Incident
- 4 had been subject to an initial review by MOG and which required further information to be able to reach a decision regarding the next steps
- 0 are waiting further information from the coroner or require a cause of death and awaiting further review by MOG

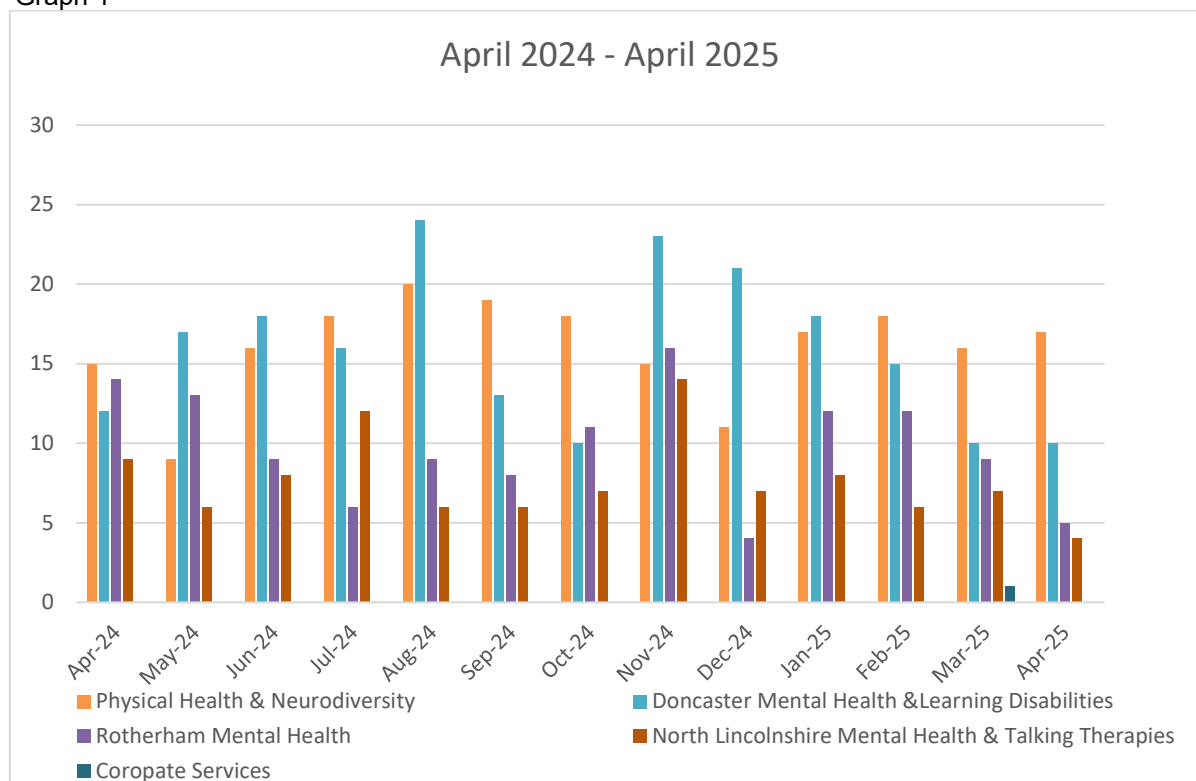
3.2 Longitudinal graphical data:

Figures within the following graphs in this paper may differ from previously presented data because of delays in reporting, or, obtaining some information, therefore the graphs are dynamic and updated each month to ensure that data is captured

Deaths by Care Group from April 2024 – April 2025

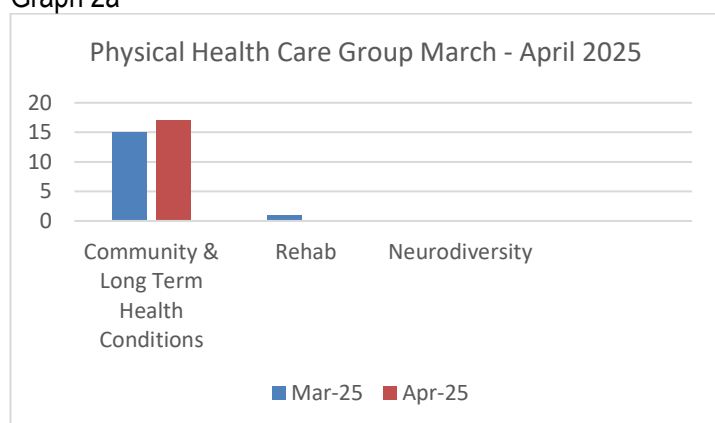
Graph 1 - During March 2025 data, 1 death was reported through the Corporate Directorate from psychology services.

Graph 1

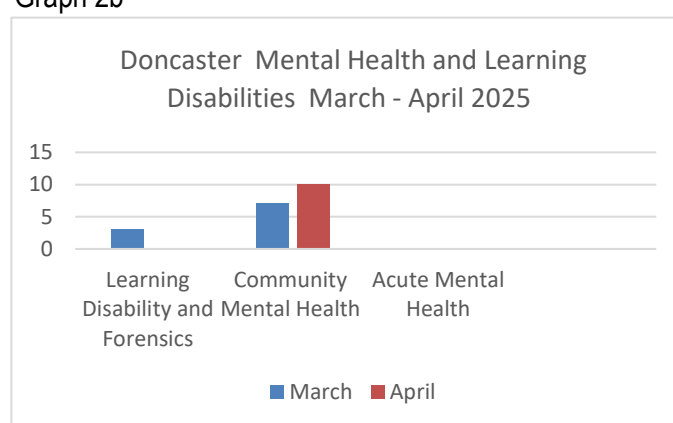


Graph 2a -2d – Deaths per Care Group March and April 2025

Graph 2a



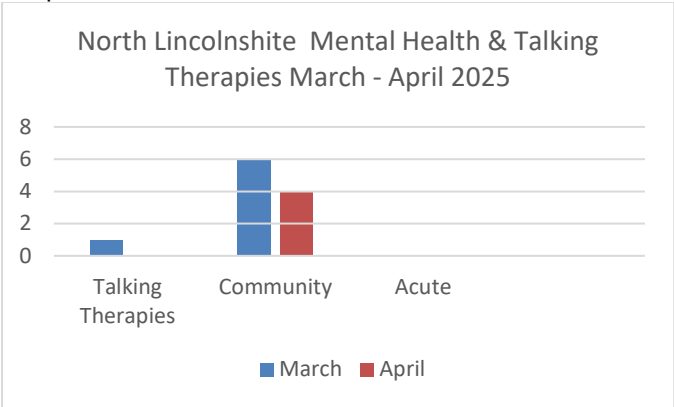
Graph 2b



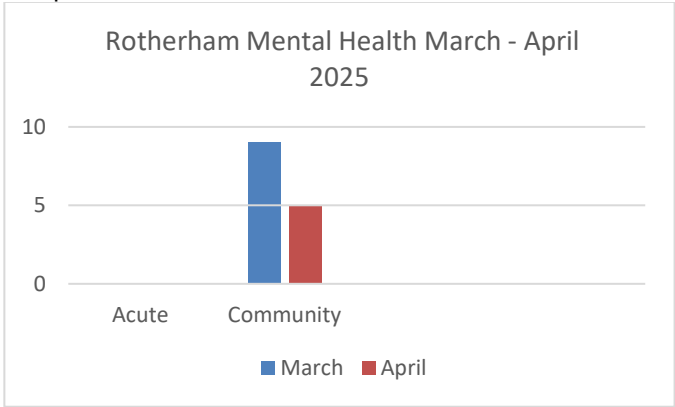
Data in graph 2a shows that 94% of the deaths in March 2025 and 100% of the deaths reported in April 2025 were recorded from St Johns Hospice.

Data in graph 2b shows that during March 2025, 30% of the deaths reported were from the older peoples community mental health teams and 50% of the deaths in April 2025.

Graph 2c



Graph 2d



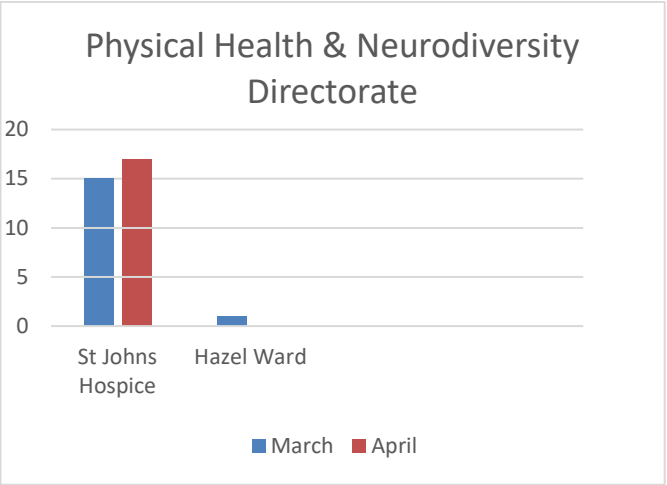
Graph 2c displays that 57% of deaths in March 2025 were reported from the Memory Assessment and Treatment Services in North Lincolnshire and that 50% were recorded from the Recovery Team in April 2025.

Graph 2d shows that 22% of deaths from the Rotherham Mental Health Services were reported from the South Community Mental Health Team and 22% from the Safer Neighbourhood Teams.

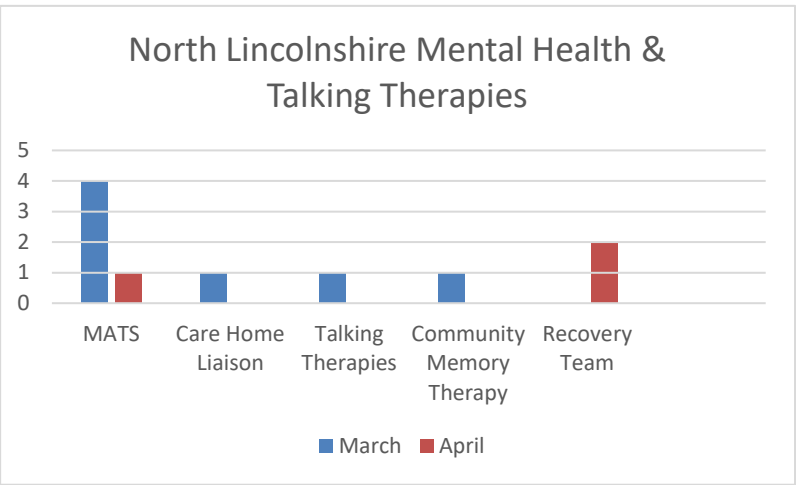
Deaths per Directorate March and April 2025.

Graphs 3a -3d show the number of deaths reported by specialities across the Trust for March and April 2025. The graphs detail specific teams within the Trust who recorded the death using the Ulysses reporting system.

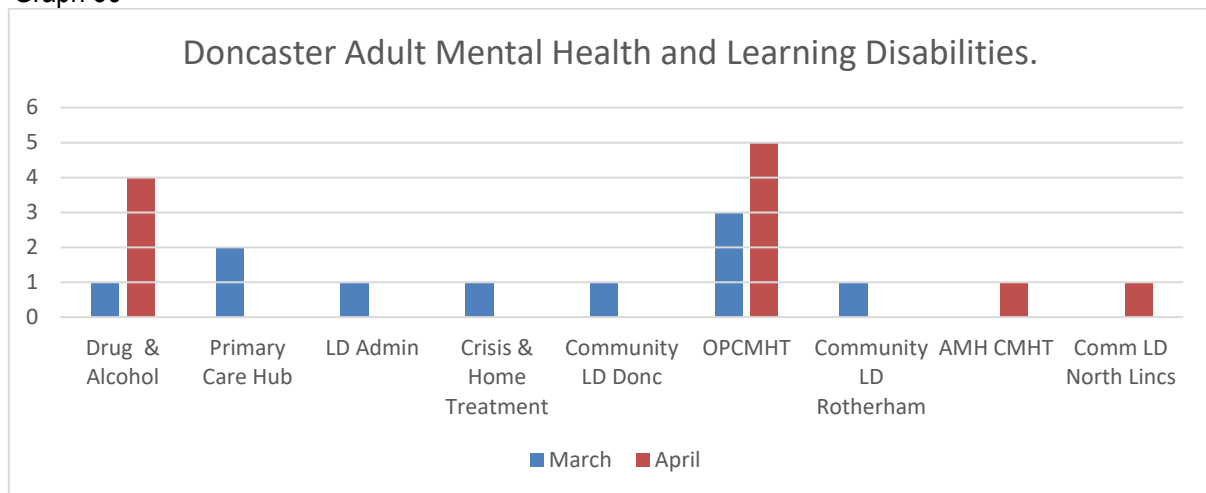
Graph 3a



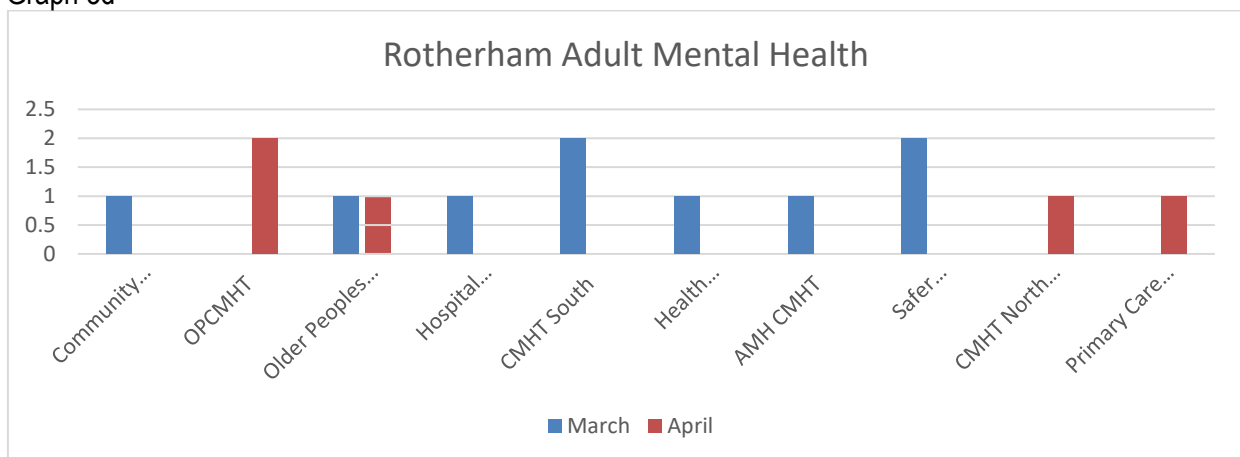
Graph 3b



Graph 3c

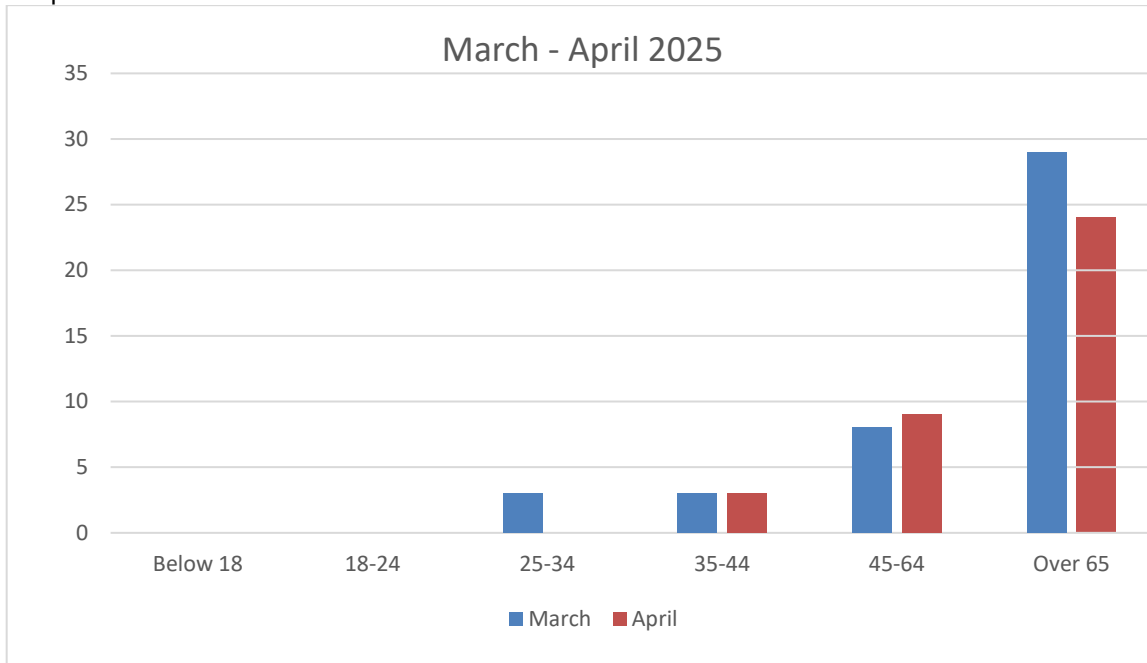


Graph 3d



Deaths Reported by Age.

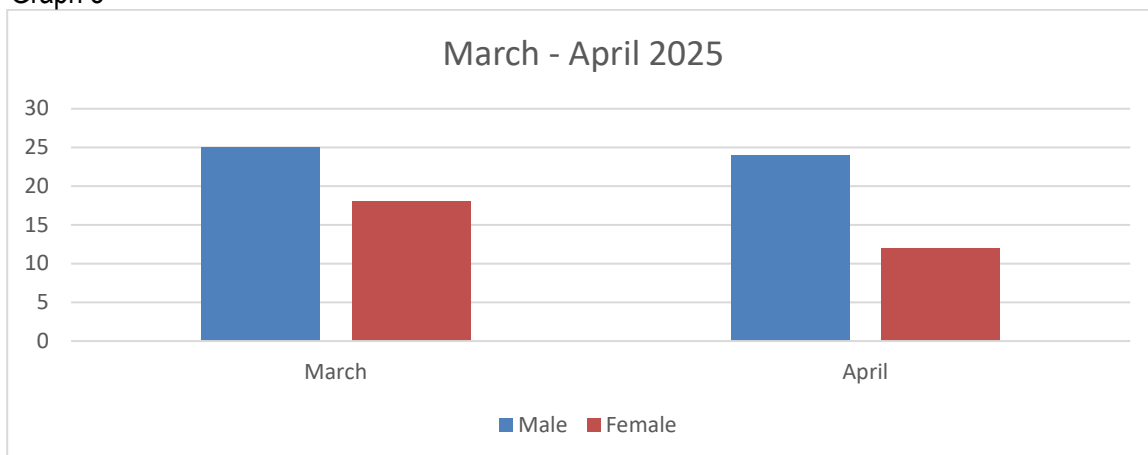
Graph 4



March 2025 data shows that 67% of deaths were for people over the age of 65, which dropped slightly to 66% in April. However, these figures are slightly higher than those reported for this age group in February at 55%, but a drop on January's 69%.

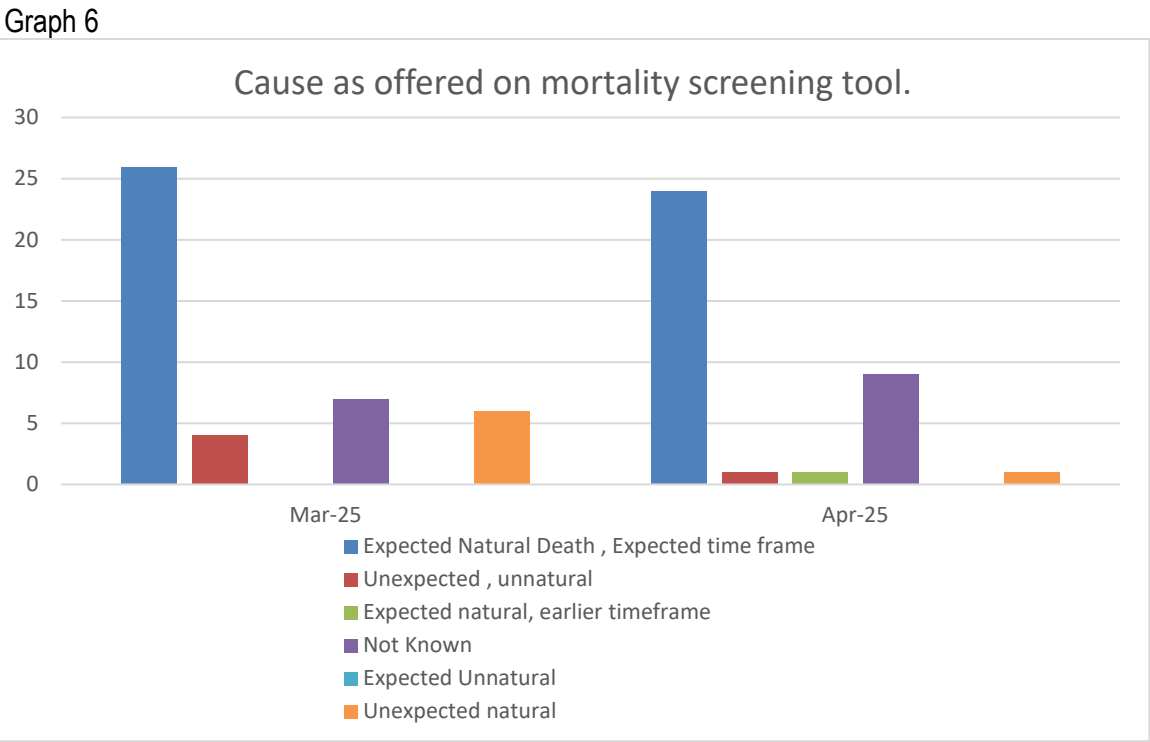
Deaths by Gender

Graph 5



Male deaths were at 62% (49) compared to female deaths at 38% (30).

Graph 6: Offers detail of cause as directed from mortality screening tool available during March and April 2025 from Ulysses.



3.3 Structured Judgement Review Process

All deaths recorded in the Trust are reviewed by the Mortality Operational Group (MOG). During the process, if there are any 'Red Flags' identified the incident is escalated for a Structured Judgement Review or it is discussed with the representative from the Patient Safety Team present at the MOG meeting.

From March the two structured judgement reviewers have worked additional hours in addressing the backlog of outstanding reports to complete.

There are approximately 68 reviews waiting to be completed (data up to end of April 2025) This figure may alter due to SJR's continuing to be added following each MOG review.

In March and April at MOG, 67 SJR's have been reviewed and closed. This was also in support of the implementation of the RADAR reporting system being introduced, and the coronial work.

Table 2 – The table below indicates the monthly reviews of each death reported by the IR1 incident mortality form with detail of specific information for March and April 2025.

Month	March	April
Total number of deaths reported	43	36
Total No of deaths reported by Care Group		
Donc AMH & LD	10	10
Physical Health and Neurodiversity	16	17
Rotherham AMH	9	5
North Lincs & Talking Therapies	7	4
Children's services	0	0
Corporate Services	1	0
Cause group		
Expected natural death	26	24
Expected natural death , earlier than expected timeframe	0	1
Expected unnatural death	0	0
Not known	7	9
Unexpected natural death	6	1

Unexpected Unnatural death	4	1
Gender		
Male	25	18
Female	24	12
Age Group		
<18	0	0
18- 24	0	0
25-34	3	0
35-44	3	3
45-64	8	9
>65	29	24
MOG data	March	April
Incident appraisal screening tool only	31	30
Await further information	4	4
SJR Inc for LeDer report	3	1
Escalated to Patient Safety Team	4	1
Await info from coroner re Cause of Death	1	0
Await review by MOG	0	0

3.4 LeDer reports and Structured Judgement Reviews

The current Trust policy states that all deaths where it is known the deceased had a learning disability is automatically escalated to an SJR

All Learning Disability deaths have a LeDer completed for people with a learning disability and for autistic people. These reviews are completed using a standardised review process. The reviews are not an investigation or part of the complaints process. Neither are they restricted to the last episode of care before the persons death.

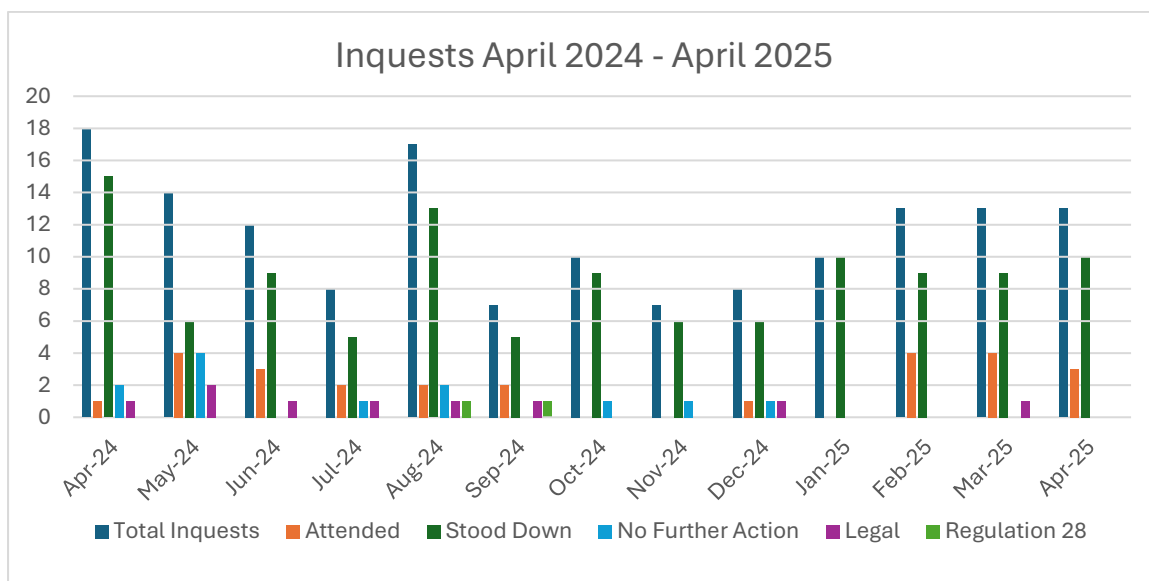
Currently the Trust has representation at all three localities for LeDer reviews, Doncaster, North Lincolnshire and Rotherham.

This learning is brought back to the Clinical Quality Meeting held every six weeks which is held within the LD directorate. There is no update from the LD Directorate.

4 Learning from deaths

4.1 Inquests from March 2025 -April 2025

Graph 7 This graph offers information for the number of inquests since April 2024 – April 2025 where the Coroners have made formal requests to the Trust



The data shows that during March and April 2025 , the coroner stood down witnesses for the Trust on 73% of the scheduled inquests.

The coroner made the decision that the witness statements and reports could be read out in court under Rule 23

Legal representations were in attendance in court on one occasion for the Trust during March.

During March, the SJR / Coroner & Mortality Support staff attended court in Doncaster on four occasions(one of which legal were in attendance for the Trust) and a Pre Inquest Hearing (PIRH) in Sheffield on one occasion. This was for an upcoming inquest scheduled for later in the year.

During April they attended two inquests in Doncaster, one of which was adjourned by the coroner due to further information being requested to assist in the inquest.

A further two-day inquest was attended in Sheffield during April where there had been two PIRH meetings held previously at court. The SJR / Coroner & Mortality Support staff were present for both meetings and for the two-day inquest.

No legal representation attended court for the Trust during April.

Table 3 The information below details the conclusions of the coroner of the inquest attended in Doncaster and Sheffield during March and April 2025.

Of the inquests attended in March and April, the coroner concluded the following .
2 deaths concluded as suicide
1 death concluded as an accidental death
2 deaths due to natural causes.
1 death the coroner offered a narrative conclusion

4.2 Prevention of Future Deaths, Regulation 28

The Trust were not issued with any Regulation 28 Prevention of Future Deaths during March and April 2025

A Regulation 28 notice was issued to the South West Yorkshire Partnership NHS Foundation Trust in March 2025

The Coroner raised concerns that the Enhanced Community Mental Health Team for which the person was known made only two attempts to see the person over a period of seven weeks.

The Coroner highlighted that training on the effect of substance misuse on mental health conditions was not mandatory for all staff and would be of assistance when caring for similar patients.

A Regulation 28 was issued to Bradford Doistinct Care NHS Trust in March 2025 and identified waiting times, particularly for psychological therapies, as being an issue.

The Coroner also raised issues around the lack of evidence of any overarching management tool to provide scrutiny of the care given to the deceased which could have offered a measure of success or efficacy of care previously provided. Therefore this led to many lost opportunities to provide the deceased and the family with a sufficient and consistent level of care.

During March and April where the Structured Judgement Reviewers / Coroners & Mortality Support staff have attended inquests, the coroners has mentioned the following points

A recent inquest relating to a drug and alcohol patient, the coroner noted and praised the efforts of the staff to engage this patient in the treatment plan. The coroner also praised the knowledge of the witness providing evidence and the clear level of expertise provided to the court of the service provision and individual care offered.

Inquest attended with witnesses from physical health services. Lessons learned and already implemented by the service prevented the coroner exercising their right in issuing a Regulation 28 notice to the Trust. This provided the coroner with reassurance of the immediate actions the Trust had taken in recognising and implementing change.

At the two day inquest attended in Sheffield the coroner thanked the witness for their expertise and being able to provide the court with a high level of specialism for work carried out with the deaf community and people with mental health concerns.

No legal representation was instructed for this inquest, and the coroner offered their comments and praise to the Trust representative in attendance.

Medical Examiners

We have not had any issues or concerns highlighted to us from the Medical

Examiner officers.

Closer work has been ongoing with the local Medical Examiners since September 2024.



**Rotherham Doncaster
and South Humber**
NHS Foundation Trust

Guardian of Safe Working Hours (GoSWH)'s Report on Doctors in Training

**01 February 2025
to
31 May 2025**

Dr Babur Yusufi
Guardian of Safe Working Hours

June 2025

Executive Summary

This report covers a period of four months; from 1 February to 31 May 2025.

In this report, Guardian of Safe Working Hours (GoSWH) provide details of trainees currently subject to TCS 2016/2019 and information on; exception reporting and current trends, GoSWH's fines and account balance, a summary of key issues discussed at recent Junior Doctors' Forum and any other relevant feedback.

Since April 2025, there are fifty-seven trainees working in the Trust, with four-vacant posts.

A total of 9 exceptions were reported, over a four-month period: 3 each from Doncaster, North Lincs and Rotherham. This is four times less than those reported in preceding two months and coincides with the implementation of Hybrid First On-Call arrangement across the Trust. Most Exception Reports were for Working beyond Contracted Hours i.e.1700hrs (n=6), followed by Contractual Rest Breach for Second On-Call (n=1), working beyond On-Call Night Shift (n=1) and working longer hours than work scheduled for On-Call (n=1).

Time-off in Lieu (TOIL) was agreed for the Contractual Rest Breach and in one instance of working longer than work-scheduled hours. .

There were no reports for Immediate Safety Concern, Missing Natural Breaks or Missed Educational Opportunity.

There were no major gaps in the Rota.

Areas discussed in May's JDF were; **(1)** The impact of changes in Older Adult Inpatient Service in Rotherham on training **(2)** Out-Of-hours Section 12(2) Mental Health Act Work Policy for Higher Resident Doctors **(3)** Backpay Concerns **(4)** Locum On-Call Payment for 30 minutes; overlapping with Daytime Work **(5)** Change of JDF Title **(6)** Consultant Cross-cover and Clinical Supervision of Residents in North Lincs **(7)** Recruitment of Specialty Doctor/ Consultant, Cross-cover and Residents' Supervision in Doncaster **(8)** Disbursement of GoSWH's Fines' Money – Decision has been taken to use a major amount on funding educational sessions and courses for the residents and a smaller amount of funding induction lunches and buying psychotherapy books.

Other feedback includes **(1)** First On-Call monitoring data collection completed on 8 June and data input and analysis will be underway shortly **(2)** Finalization of Hybrid On-Call agreement document **(3)** Country wide changes to Exception Reporting Process and its implementation in RDaSH **(4)** Admin Support for GoSWH.

The overall picture is that of an improvement in the First On-Call Rota arrangements and Resident Doctors' Supervision, Safety and Experience.

Introduction

The 2016 Terms and Conditions of Service for NHS Doctors and Dentists in Training England (TCS 2016) were introduced nationally on 05 October 2016. Since August 2017 the Trust has had higher trainees, core trainees, foundation trainees and GPVT trainees taking up TCS 2016. Most trainees are now subject to TCS 2016.

This report covers a period of two months; from 1 December 2024 to 31 January 2025.

In this report, Guardian of Safe Working Hours (GoSWH) provides details of trainees currently subject to TCS 2016/2019 and information on; exception reporting and current trends, GoSWH's fines and account balance, a summary of key issues discussed at recent Junior Doctors' Forum and any other feedback.

Current RDASH Doctors in Training

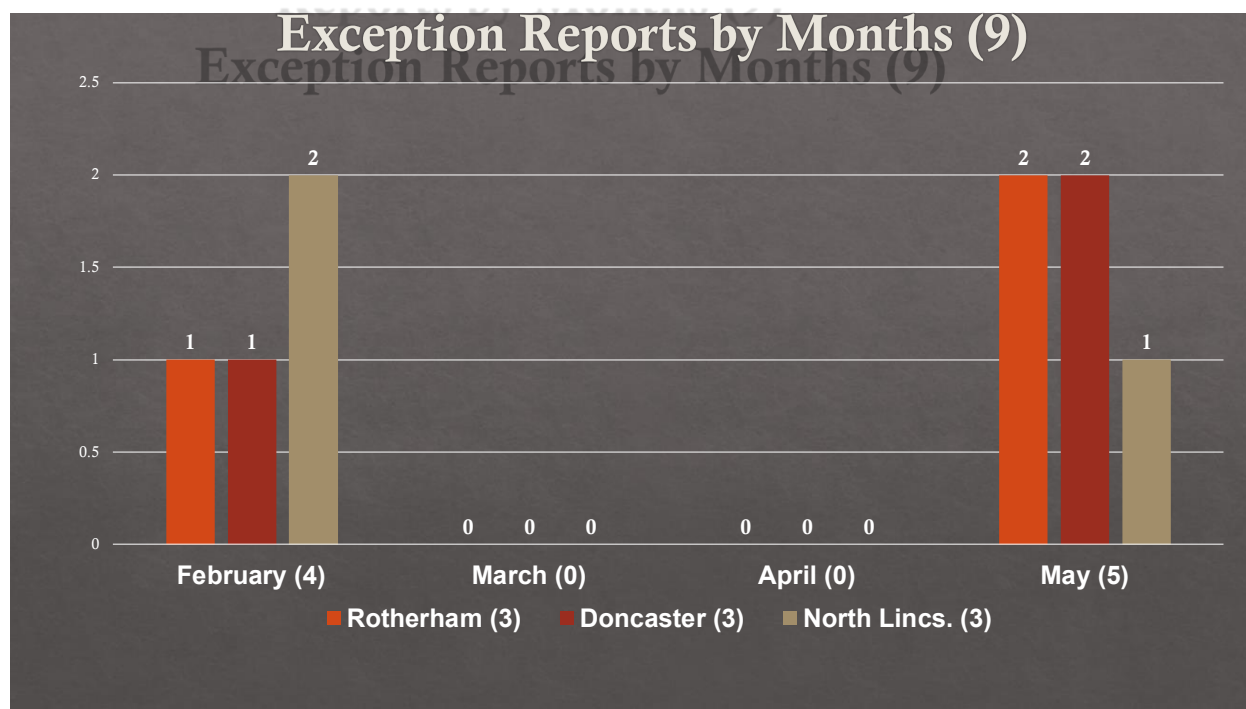
There are **57 trainees** (including the Hospice) working in the trust with **4 vacant posts**, from the start of the new rotation in **April 2025**. A breakdown of their grades is as follows:

	GP	CT	F2	F1	HT ST	Total	Vacant
Doncaster	3	3	3	4	3	16	1
Rotherham	2	11	3	4	8	28	1
North Lincolnshire	3	2	1	4	3	13	2
TOTAL	8	16	7	12	14	57	4

There are two doctors in St. John's Hospice; GPST and HT.

Exception Reports (ERs)

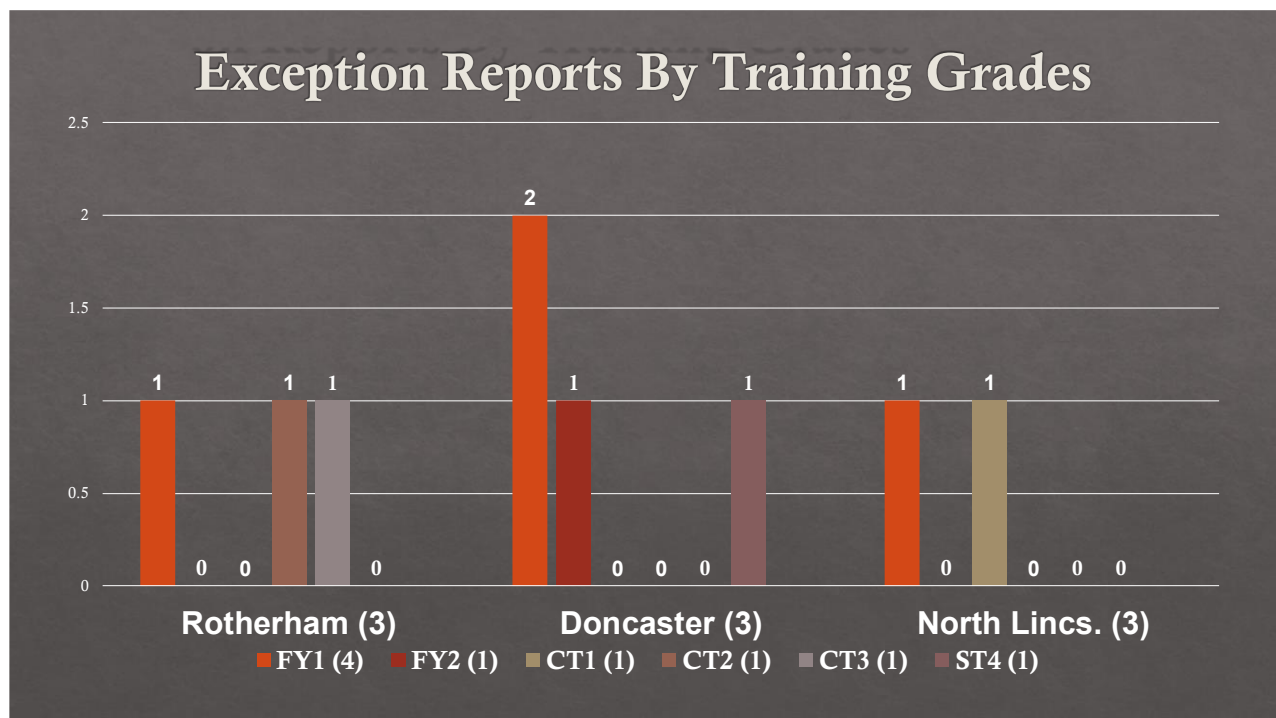
There was a total of 9 Exceptions reported from 1 February to 31 May 2025.



There has been a significant drop in ERs over the last four months (n=9) as against those over preceding two months (n=16). This is about 4 times less. There were no ERs reported in March and April.

This seems to coincide with the introduction of Hybrid Rota Model in the Trust, from February this year.

An equal number of ERs (n=3) was reported from three localities.



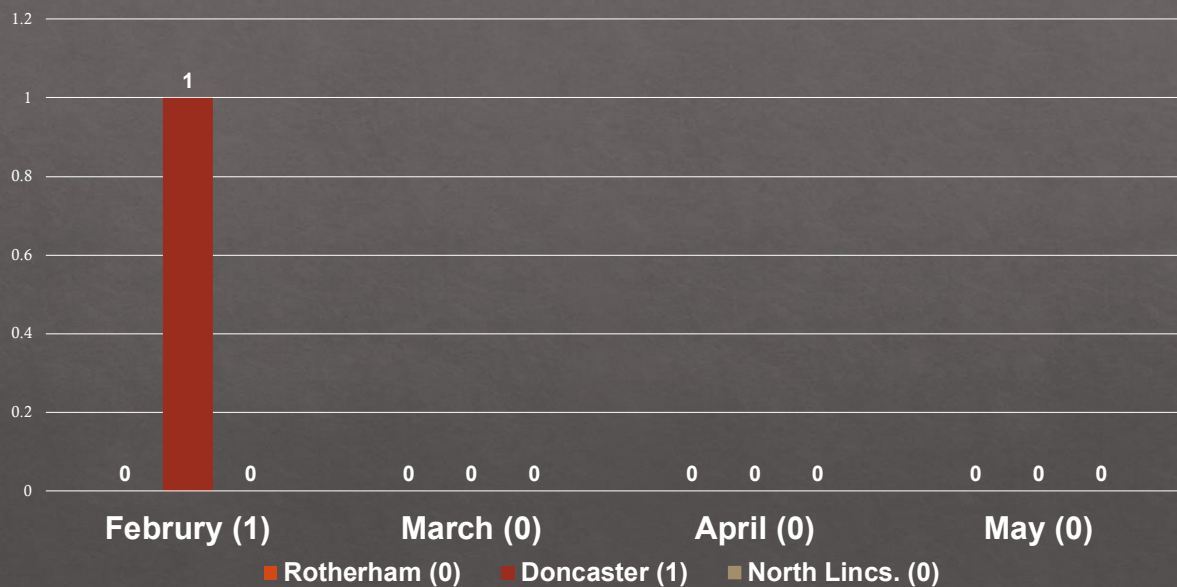
Most ERs were initiated by FY1 (45%), followed by FY2/ CT1/ CT2/ CT3/ST4 (11% each).

Immediate Safety Concern (0)

	Rotherham	Doncaster	North Lincs.
February	0	0	0
March	0	0	0
April	0	0	0
May	0	0	0

There were no reports of Immediate Safety Concern over the last four months.

Contractual Rest Breaches (1)



There are Contractual Rest Requirements for the Non-resident On-Call Rota i.e. the On-Call doctor to avail 8 hours of rest in 24 hours, 5 hours of which should be continuous between 2200hrs and 0700hrs. Breach in these conditions results in Time Off in Lieu (within 24 hours of On-Call) or Payment in exceptional circumstances. This breach also attracts GoSWH's fine.

With Hybrid First On-Call Rota in the Trust, the above is no more applicable.

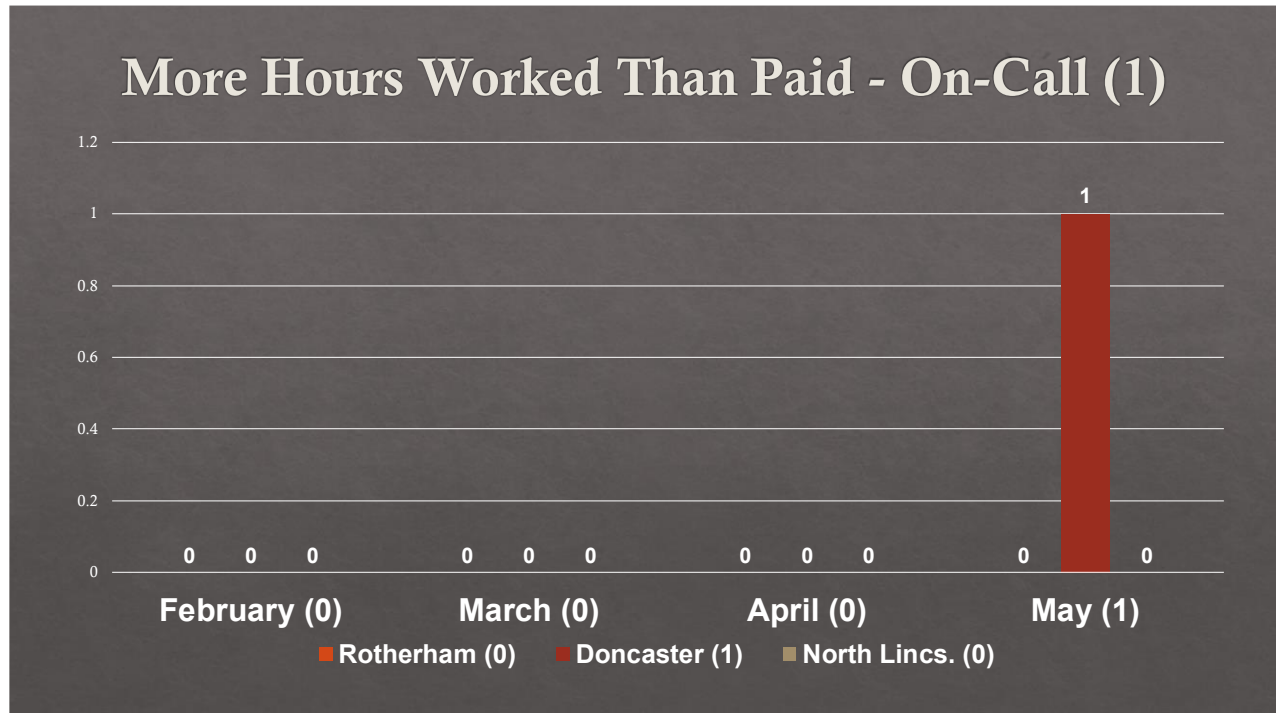
However, the On-Call Rota for the Higher Resident Doctors remains Non-Resident with the contractual rest conditions in place.

There was only one ER of breach of mandatory 5-hour rest at night, resulting from two inappropriate calls, for which 2 IR-1s were filed. The doctor received Time-off in Lieu the next day.

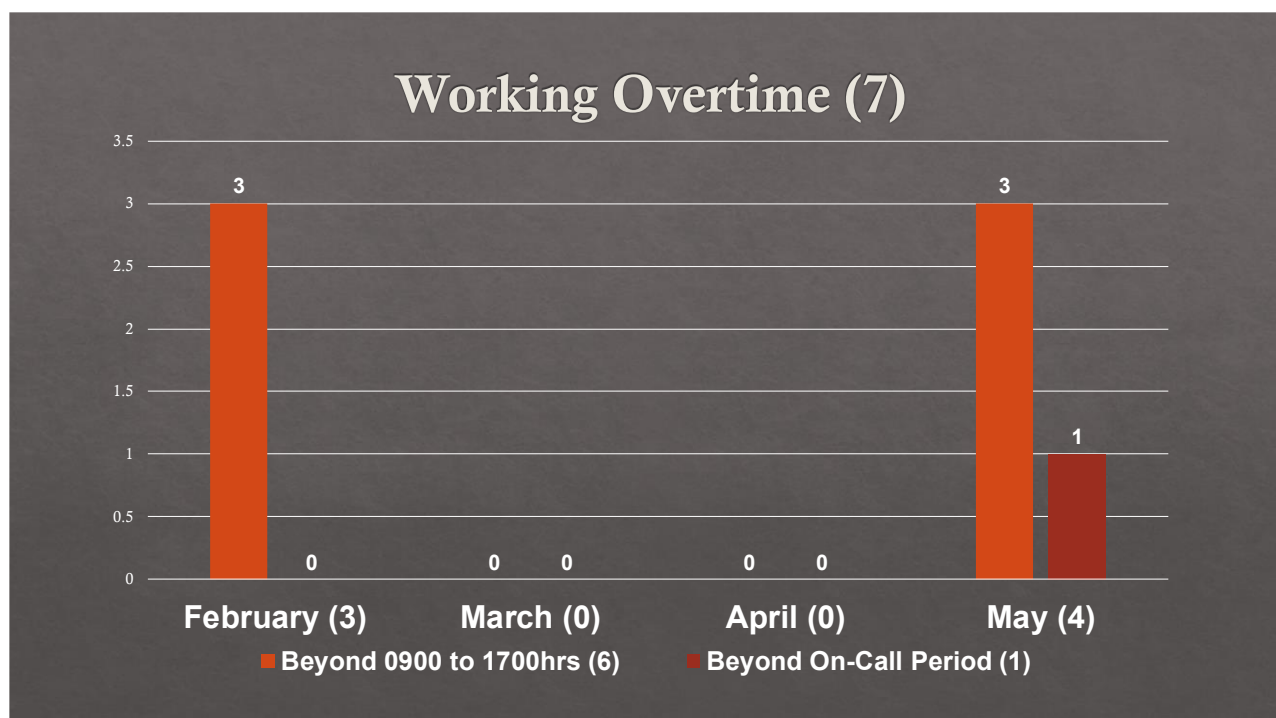
Inappropriate Calls (2)

	Rotherham	Doncaster	North Lincs.
February	0	2	0
March	0	0	0
April	0	0	0
May	0	0	0

There were only two reports of inappropriate calls over the last four months, details of which have been given above.



There was only one ER from a Resident Doctor on First On-Call Rota, for working 5 hours during the night shift, instead of 3, as given in the Work Schedule. This ER is for information purposes only and helps GoSWH to monitor On-Call workload, which is calculated as the average number of hours worked per On-Call over the entire duration of placement.



There were 6 reports of working beyond normal working hours (from 30 to 90 minutes); two each from Rotherham, Doncaster and North Lincs. While No Action Required has been mentioned, Time-off in Lieu was agreed on one occasion.

There was one incident of a Resident Doctor On-Call working 45 minutes beyond their night On-Call shift. TOIL was agreed on this occasion.

Exception Reports Outcomes

	ROTHERHAM				DONCASTER				NORTH Lincs.			
	TOIL	Pay.	NA	NR	TOIL	Pay.	NA	NR	TOIL	Pay.	NA	NR
Breach of Rest (1)	X	X	X	X	1	X	X	X	X	X	X	X
Overtime (Beyond Regular Work Hrs) (6)	X	X	X	2	1	X	X	1	X	X	X	2
Overtime (Beyond On-Call Hrs) (1)	1	X	X	X	X	X	X	X	X	X	X	X
More Hours Worked (During On-Call) (1)	X	X	1	X	X	X	X	X	X	X	X	X

LEGEND:

TOIL = (Time Off in Lieu)

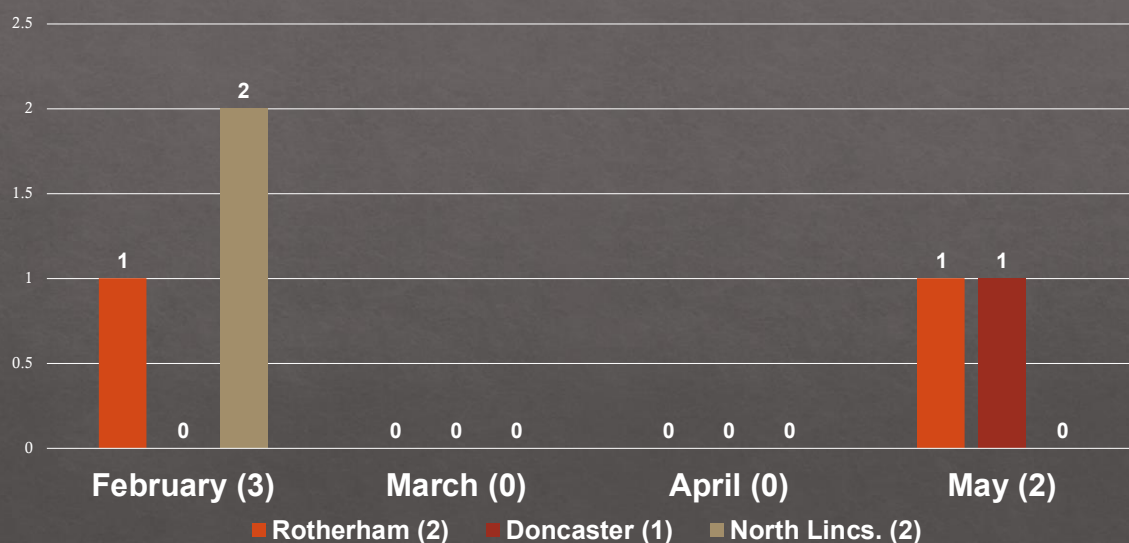
Pay. = Payment

NA = Not Applicable – No Outcome required but for Information Only

NR = Outcome Not Recorded

For the Contractual Rest Breach, Time off Lieu (TOIL) was the documented outcome. for all ERs. No outcome was recorded for 5 ERs about working beyond daytime work hours, while TOIL was agreed on one occasion. The On-Call Resident Doctor who worked longer their Night Shift, also obtained TOIL.

Incomplete Exception Reports (5)



There were five ERs which were not properly processed and closed by the Clinical Supervisors and Resident Doctors.

Trends in Exception Reporting

Following trends have been observed:

1. There were no Immediate Safety Concerns, Missed Breaks and Missed Educational Opportunity reports.
2. Introduction of Hybrid First On-Call Rotas in the Trust seems to coincide with a significant drop in ERs, given the bulk of ERs in the past were about Non-resident On-Call Rest Breaches.
3. There has also been a significant reduction in ERs related to First On-Call Resident Doctors working more hours than mentioned in the Work Schedule.
4. There are a number of ERs which haven't been processed by the Resident Doctors and their Clinical Supervisors.

Overall, the picture which emerges from the Exception Reporting data over the last four months is a positive one.

There were no rota gaps identified.

GoSWH's fines and Account balance

WTE Budget	WTE Cont	WTE Cont Variance	WTE Worked	Subjective Code	Subjective Description	Current Month Budget	Current Month Actual	Current Month Variance	Year to date Budget	Year to date Actual	Year to date Variance
0.00	0.00	0.00	0.00	489-9000	OTHER MISCELLANEOUS INCOME	0	-734	-734	0	-16,638	-16,638
0.00	0.00	0.00	0.00		SUBTOTAL: OTHER OPERATING INCOME	0	-734	-734	0	-16,638	-16,638
0.00	0.00	0.00	0.00	728-0000	PROVISIONS	0	-15,672	-15,672	0	231	231
0.00	0.00	0.00	0.00		SUBTOTAL: OP EXP EXC EMPLOYEE EXPENSES	0	-15,672	-15,672	0	231	231
0.00	0.00	0.00	0.00			0	-16,407	-16,407	0	-16,407	-16,407

GoSWH's fine has been applied upon all breaches of Mandatory Rest on First On-Call Rota, till the start of current rotation in February 2025. Since the start of Hybrid On-Call in the Trust, this will not be applicable.

Since Second On-Call is still Non-resident, contractual rest breaches will still be subject to GoSWH's fines.

Current balance in the account is £16,407, which is to be spent within the current financial year.

A decision has been reached in the recent JDF, to spend the money on:

1. Funding a number of Educational Sessions/ Courses/ Workshops for the Resident Doctors in RDaSH, to be delivered by the experts from Andrew Simms Centre, Leeds, during the current and following rotations. Major sum of money will be spent on this project. It has been considered that advance payment for these activities is likely to attract discounts, with the likelihood to squeezing some extra sessions.

One of the JDF members is negotiating with the Andrew Sims Centre around this.

2. A small portion of money will be used to fund lunches during new resident doctors' inductions and purchase of a couple of Psychotherapy books, as suggested by Dr Micheal Milmore.

Work is ongoing to finalise the above.

Junior Doctors' Forum (JDF) on Thursday 22 May 2025

1. Matters Arising:

- a. Changes in Older Adult Inpatient Service in Rotherham and Impact on Training
Impact of Older Adults' Wards' merger on Resident Doctors' Clinical Work and Training was discussed. Following a meeting of the CEO, DPGME and Deanery, the situation is being monitored, and further discussions will take place.
- b. Out-of-hours Section 12(2) Mental Health Act Assessment Policy for Higher Resident Doctors:
The policy has already been signed off by the Trust S T and will be circulated soon.
- c. Back Pay Concerns:
Some Resident Doctors raised concerns about the amount of monies paid as back pay. Medical Staffing will look into this.
- d. Locum On-Call Payment for 30 minutes; overlapping with Daytime Work:
Night on-Call Shift runs 30 minutes into the Day Shift, resulting in an overlap. It was queried if Resident Doctors doing locum Night on-Call Shifts should claim for 30 minutes, while they are already being paid for those, as a part of routine Day Shift. The emphasis is to avoid double payment.

It was agreed this was a matter best suited for JLNC.

- e. Change of "JDF" Title:
Since "Junior Doctors" are now called "Resident Doctors", it was queried if the title of "Junior Doctors Forum" be changed to "Resident Doctors Forum".

BMA Industrial Relations Officers offered to seek further information and offer advice.

2. Locality Feedback

- a. North Hincs:
There hasn't been a substantive Consultant at Laurel Ward for the last couple of months and cross-cover was being provided by a Community Consultant.

The forum was informed that all Resident Doctors were receiving weekly clinical supervision and recruitment of a substantive consultant was underway.

b. Doncaster:

Recruitment process for Trust Grade/ Speciality Doctor for PICU, following the loss of previous postholder, is underway. It was advised there were no plans to replace the CT Grade which covered the Adult Inpatient Wards.

Recruitment of a Substantive Consultant for the unit, is on the cards as well.

Resident Doctors were encouraged to exception report when excess workload meant leaving late.

At present, Dr Heighton, who is managing inpatient wards, is offering regular supervision session to the resident doctors. Group supervision was being offered to the FY and GP trainees, while more time could be arranged on as and when required basis. Dr Heighton also offers a condensed individual supervision where necessary.

It was recognised that there was the need for an allocated cross-cover rota and additional support from nursing colleagues for physical health investigations especially for FY Doctors.

Deputy Chief Operating Officer agreed to discuss the cross-cover and support for the resident doctors with the Chief Operating Officer and Doncaster Care Group Director and provide feedback. The goal was to find solutions to address the ongoing challenges and ensure adequate support for trainees.

c. Rotherham:

No topics for discussion were put forth.

3. Disbursement of oS H's Fine Mone

Details given above.

Other Feedback:

1. First On-Call Rota Monitoring:

Data Collection was concluded on 8 June, and data input and analysis will be underway, soon. Outcomes from this monitoring will be provided in the next report.

2. Hybrid Shift Local Agreement:

This document provides details of Trust wide Local Agreement for Hybrid On-Call/ Shift System.

Jeanette Marvin, Head of Human Resources (Medical Staffing, Employee Relations and E-Roster), Dr Simon Mullins, JLNC Chair and Resident Doctors' representatives are finalising the document.

3. Changes to Exception Reporting Process:

A new Exception Reporting Framework was agreed on 31 March 2025, which becomes a part of the 2016 Terms and Conditions of Service (TCS) in England. By 12 September 2025, following changes will be implemented by all employers in England.

- a. Employers will provide residents access to Exception Reporting mechanism within 7 days of starting the job. Access should be validated by submission of a 'test' ER within those seven days, monitored by the GOSWH and their deputies.
- b. A list of all eligible employed residents, their contract type and grade must be generated by HR from Electronic Staff Record data (ESR) within a month of major rotation dates and circulated to the GOSWH for cross-validation with a list of doctors with access to ER systems.
- c. Window to submit an exception report has been increased to 28 days.
- d. All submitted exception reports should be reviewed and actioned as soon as possible but no later than 10 days.
- e. All educational exception reports will go to the directors of medical education (DME) for approval.
- f. All other exception reports to go to HR or medical workforce HR for approval.
- g. The guardian of safe working hours (GoSWH) will retain oversight of all exception reports.
- h. A three-tier system will be used to determine if hours were indeed worked.
- i. All residents must receive their choice of either Payment or Time-off in Lieu (TOIL) for all time worked above contracted hours following ER, except when a breach of safe working hours mandates the award of TOIL., which will be taken immediately. TOIL must be arranged (that is booked and agreed) within one day of award if mandatory, and 10 days of award if requested.
- j. Additional fines: fines will be introduced to ensure that doctors have timely access to systems and are not prevented from exception reporting. Employers will face additional fines to ensure that doctors are not adversely affected by the unnecessary sharing of exception reporting information.

Meetings between relevant stakeholders within RDaSH have been organised in June to prepare for the implementation of the above.

4. Admin Support for GoSWH

While a temporary arrangement has been made through Corporate Admin Support Team (CAST), a permanent solution must be implemented.

Dr Babur Yusufi

Guardian of Safe Working Hours (GoSWH) for RDaSH

10 June 2025