



Sheffield Health
and Social Care
NHS Foundation Trust



Quality Account

2019/20



Proud to care in Sheffield



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Part one: Statement on quality from the Medical Director

This Quality Account aims to share with you our commitment to achieve improved outcomes and deliver better experiences for our service users, their carers and their families. We report within this document the progress we have made against the quality priorities we set last year, and look ahead to the areas where our focus will continue in the coming year.

In this statement our Medical Director, Dr Mike Hunter, gives an overview of our quality achievements and the challenges we've faced this year, and what the year ahead is likely to have in store for us.

Between January and February 2020 the Care Quality Commission (CQC) undertook a well-led inspection of our services. During this inspection, we received feedback that we needed to carry out some urgent work to address concerns they had raised. The CQC issued a Warning Notice in February 2020. We started work on this straight away and put plans in place to address the issues.

The CQC published the results of their inspection in April 2020 and we were rated overall as 'inadequate'. While our rating in the caring domain remained at 'good' our ratings in the effective and responsive domains fell from 'good' to 'requires improvement', and our ratings in the safe and well-led domains fell from 'requires improvement' to 'inadequate'. We are committed to making improvements to the care we provide for service users, and to get back to an overall rating of 'good' as soon as we can. You can find out more about the results of our April 2020 CQC inspection on page 18.

Since the CQC inspection, we have already made many changes and significant improvements in the areas of concern raised during the inspection. The CQC undertook a re-inspection of the main areas of concern in August 2020 and found improvements across these areas, which were reported in their re-inspection report, published in October 2020. We know that there is much more to do, and were encouraged that the CQC's Warning Notice from February 2020 was able to end. You can find out more about the results of our CQC inspection on page 18.

Our recent NHS Staff Survey results show that we still have some significant challenges to overcome. Our Listening into Action programme is challenging our organisation to be honest, share feedback and take collective responsibility for making changes that will benefit staff and service users alike.

You can read more on our NHS Staff Survey results on page 38.

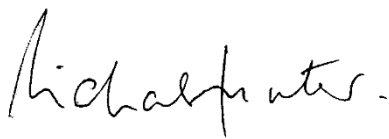
In our community mental health services, our survey results show that we remain 'about the same' as other mental health trusts. The results show a slightly improved position from the previous year, but we know there is still work to do to ensure the quality of what we provide is of a consistently high standard for every person.

We will learn from the actions we have taken during the COVID-19 pandemic and ensure that we don't go back to doing things that are no longer fit for purpose, and harness the innovation that has been a hallmark of this crisis.

Above all we will ensure that our service users, their carers and families, our partners and our colleagues all have a stake in the development and continuous improvement of the care we provide.

In publishing this Quality Account the Board of Directors have reviewed its content and verified the accuracy of the details contained in it. Information about how they have done this is outlined in Annexe B to this report.

To the best of our knowledge the information provided in this report is accurate and represents a balanced view of the quality of services that the Trust provides.

A handwritten signature in black ink, appearing to read "Michael Hunter". The signature is written in a cursive, flowing style.

Dr Mike Hunter
Medical Director



Part two (a): Priorities for improvement

2.1 Progress against our quality objectives in 2019/20

In setting our plans for 2019/20 the Board of Directors reviewed our priorities for quality improvement by:

- reviewing our performance against a range of quality indicators
- considering our broader vision and plans for service improvement
- exploring with our Council of Governors their views about what they felt was important
- engaging with our staff and service users to understand their views about what was important and what we should improve.

We then consulted on our proposed areas for quality improvement with a range of key stakeholders, including NHS Sheffield Clinical Commissioning Group, Sheffield City Council, Sheffield Healthwatch and our Council of Governors.

Quality objectives

Our quality objectives for 2019/20 were:

- **Quality objective one:** Improving access to services and treatment
- **Quality objective two:** Improving service user and carer experience, involvement and engagement
- **Quality objective three:** Improving physical, mental and social wellbeing outcomes for all service users

Quality objective one: Improving access to services and treatment

Why did we choose this priority?

Prompt access to effective treatment has a significant impact on outcomes for people.

The governors wanted the Trust to ensure that people were seen quickly when they needed us. Improving access is an area prioritised by our commissioners and they are supportive of improvements and service reconfigurations to help us achieve this. This continues to be a challenging agenda, but is one that the Trust welcomes and fully supports.

We said we would:

- Achieve an overall CQC rating of 'good' during 2019/20*
- Gain Royal College of Psychiatry CCQI accreditation within our Early Intervention in Psychosis, Home Treatment Team and Older Adults Community Mental Health services*
- Enable Endcliffe Ward and adult mental health recovery services to be ready to apply for accreditation*
- Achieve 'significant assurance' from our internal audit of system governance
- Meet all national access and waiting time standards
- Provide 75% of people routinely referred to the Single Point of Access with access to treatment within eight weeks (from October 2019 onwards).

How have we done?

- The CQC rated us overall as 'inadequate', and placed us into special measures
- We have increased the number of our teams who have gained accreditation:
 - Specialist Psychotherapy service achieved accreditation in April 2019
 - Early Intervention in Psychosis service submitted their evidence for accreditation during the year and are currently progressing their application
 - Older Adult Community Mental Health services are undergoing a peer review, ready to submit their application for accreditation
 - Electroconvulsive therapy (ECT) service was re-accredited in December 2019
 - Our Liaison Psychiatry service was re-accredited in March 2020
- Endcliffe Ward and adult mental health recovery services are working towards accreditation
- We received 'moderate' assurance from our internal audit of system governance
- We achieved and over-achieved the national access standards in respect of waiting times
- We are improving access to our recovery teams, but we know we still have work to do with our Emotional Wellbeing Service and the Sheffield Adult Autism and Neurodevelopmental Services (SAANS).

**signifies a measure that spans more than one quality objective*

Quality objective two: Improving service user and carer experience, involvement and engagement

Why did we choose this priority?

Understanding the experiences of the people who use our services, their carers and families is essential if we are to be successful in achieving quality improvement. Governors told us that we should continue to support staff to have an appreciation and awareness of what it is like to receive care and to improve how we gather feedback about people's experiences. The Trust revised its Service User Engagement and Experience Strategy in April 2018. This strategy sets our approach to improving and understanding the experience of the people who use our services, their carers and families.

We said we would:

- Achieve an overall CQC rating of 'good' during 2019/20*
- Ensure every person secluded will have a post-incident review completed (from October 2019 onwards)
- Ensure every person who has been secluded will have their physical health monitored in accordance with the Mental Health Act Code of Practice (from October 2019 onwards)
- Ensure every person who has received rapid tranquilisation will have their physical health monitored in accordance with NICE Guidance (from October 2019 onwards)
- Achieve a reduction in the use of restrictive interventions on Maple and Endcliffe Wards
- Achieve a reduction of incidents of violence where harm has occurred in all inpatient wards
- Ensure all patients within Early Intervention in Psychosis and patients within adult mental health recovery services on Care Programme Approach (CPA) will receive a cardio metabolic assessment (from October 2019 onwards).

How have we done?

- We have enabled staff to undertake post seclusion reviews and established a system to monitor this
- We have established a daily situational reporting mechanism that captures every inpatient ward's performance regarding physical health checks
- Two of our inpatient wards (Maple and Endcliffe) are members of the Reducing Restrictive Practice Collaborative working with the Royal College of Psychiatrists and the National Collaborating Centre for Mental Health, however, progress in this area was paused at the start of the COVID-19 pandemic
- Assaults on staff have reduced since December 2019
- Due to the pandemic, our audit programme was put on hold, however, physical health remains a priority area for us, which our results indicate
- We have worked with carers and families to re-launch our Carers Strategy
- We have included service users in the recruitment of key posts in the Trust.

Quality objective three: Improving physical, mental and social wellbeing outcomes for all service users

Why did we choose this priority?

People with a severe mental illness or learning disability have reduced life expectancy and greater morbidity, as do people who are homeless and people who misuse drugs and alcohol. Physical health was a priority for our governors and service users, as many of our service users are at higher risk of developing physical health problems. The need to deliver continued improvements in this area is a key priority across health and social care in Sheffield. It will help deliver improved outcomes and achieve a reduction in the gap in life expectancy for people with serious mental health illnesses and people with a learning disability.

We said we would:

- Achieve an overall CQC rating of 'good' during 2019/20*
- Ensure all inpatient and community teams will increase the feedback received from the Friends and Family Test (FFT) and Care Opinion (from October 2019 onwards) against their April to June (quarter one) baseline
- An increase in the use of Recovering Quality of Life (ReQoL) or an agreed equivalent outcome measure (from October 2019), against our quarter four 2018/19 baseline
- Gain Royal College of Psychiatry CCQI accreditation within our Early Intervention in Psychosis, Home Treatment Team and Older Adults Community Mental Health services*
- Enable Endcliffe Ward and adult mental health recovery services to be ready to apply for accreditation*

How have we done?

- We have worked with service users and partnered with Sheffield Flourish to increase the number and type of feedback we get about our services
- We have worked on using ReQoL to help us measure outcomes
- We have increased the number of our teams who have gained accreditation:
 - Our Specialist Psychotherapy service achieved accreditation in April 2019
 - Our Early Intervention in Psychosis service submitted their evidence for accreditation during the year and are resubmitting their application
 - Our Older Adults Community Mental Health services are undergoing their peer review, ready to submit their application for accreditation
 - Our Electroconvulsive therapy (ECT) service was re-accredited in December 2019
 - Our Liaison Psychiatry service was re-accredited in March 2020
- Endcliffe Ward and adult mental health recovery services are working towards accreditation
- We have developed a new Physical Health Strategy

**signifies a measure that spans more than one quality objective*

2.2 Our quality objectives for 2020/21

In considering our objectives for 2020/21 we have reviewed how we are performing.

The findings from the Care Quality Commission (CQC) well-led inspection

The CQC published the findings from its inspection of Trust services in April 2020. This is summarised in more detail in Section 2(b) of this report. The Trust's overall rating is 'inadequate'. We have used feedback from the inspection to align our quality priorities with the areas where fundamental standards were not met consistently.

National standards and priorities

During 2019/20 our Single Oversight Framework segment rating remained at 2. However, following the publication of the CQC inspection report at the end of April 2020, this was updated to segment 4 (special measures for quality of care).

We have again exceeded the national access standards for Improving Access to Psychological Therapies (IAPT) services during 2019/20, as well as exceeding the national access standard for people experiencing a first episode of psychosis. We performed well in all other national mental health service indicators. You can read more on this in part two (c) and part three.

Commissioning priorities for service developments

The focus is the continued development of sustainable community care systems that deliver quality care and experiences, positive outcomes and significant reduced demand on acute hospital based services. As part of this programme there is a focus on mental health and ensuring urgent and crisis care pathways and provision are accessible and effective and are easily accessible seven days a week, 24 hours a day.

Commissioning priorities are defined through the agreed Commissioning for Quality and Innovation (CQUIN) programmes. The focus for 2020/21 is to continue to use anxiety disorder specific measures in Improving Access to Psychological Therapies (IAPT) services, monitoring outcomes in community mental health services and ensuring staff with patient contact have a flu vaccination.

Governors also informed us of their priority areas going forwards into 2020/21, to ensure we incorporated these within our quality objectives.

Quality objective setting

In determining our specific quality objectives, the Board of Directors has been informed by the following considerations:

- We have a clear plan to deliver improvements from the CQC inspection
- We currently perform well against the current national standards
- Quality improvement priority areas highlighted through our governors.

The Trust has a range of development priorities and actions in place that are focussed on maintaining and improving the quality of care provided.

These priorities address our transformation priorities and a range of quality improvement programmes that focus on aspects of quality and safety, or build our capacity to deliver high standards of quality care.

The quality objectives we have agreed for 2020/21 are:

- **Quality objective one:** Getting 'Back to Good' in respect of our overall CQC rating.
- **Quality objective two:** Coming through COVID-19 safely.
- **Quality objective three:** Our transformation priorities – the key projects we must do to improve services for service users, carers and our staff.

What we want to achieve

Quality objective one: Getting 'Back to Good' in respect of our overall CQC rating

- Achieving an overall rating of 'good' from the CQC*
- Delivering our 'Back to Good' workstreams*
 - Person centred care records
 - A therapeutic and great place to work
 - Physical health
 - Everyone maintains high professional standards
 - Rapid improvement programme for acute services
 - Rapid improvement programme for recovery services
 - Well-led improvement programme

Quality objective two: Coming through COVID-19 safely

- Achieving an overall rating of 'good' from the CQC*
- Continuity of services
- Protecting staff by ensuring risk assessments and infection control procedures are in place and monitored
- Protecting patients through robust infection control procedures and risk assessments
- Organisational understanding of risk
- Achieving COVID-safe workspaces
- Undertake Quality Impact Assessments to ensure thorough evaluation of the impact of any proposed changes to services
- Review COVID-19 Quality Impact Assessments regularly

**signifies a measure that spans more than one quality objective*

Quality objective three: Our transformation priorities – the key projects we must do to improve services for service users, carers and our staff

- Achieving an overall rating of ‘good’ from the CQC*
- Delivering our ‘Back to Good’ workstreams*
 - Person centred care records
 - A therapeutic and great place to work
 - Physical health
 - Everyone maintains high professional standards
 - Rapid improvement programme for acute services
 - Rapid improvement programme for recovery services
 - Well-led improvement programme

**signifies a measure that spans more than one quality objective*

Monitoring progress

Progress against the achievement of our quality objectives is monitored on a quarterly basis through our clinical operational services care networks. Progress is reported through our Executive Directors to our Quality Assurance Committee. We also share our progress, together with any concerns on achievement, with external partners.

Quality governance arrangements

To promote quality, the Trust’s governance arrangements are summarised as follows:

Board of Directors

Sets the Trust’s strategic aims and ensures the necessary supporting strategies, operational plans, policy frameworks and financial and human resources are in place for the Trust to meet its objectives and review its performance. The Board of Directors receives assurance reports on compliance with CQC standards as well as the improvements necessary to achieve quality services.

Quality Assurance Committee

Brings together the governance and performance systems of the Trust in respect of quality. The committee provides oversight of Trust systems and the work of a range of committees that oversee Trust systems and performance in respect of key matters relating to quality and safety. The committee receives assurance reports on compliance with CQC standards as well as the improvements necessary to achieve quality services. This Committee oversees the delivery of the quality objectives.

Audit and Risk Committee

Reviews the existence and maintenance of an effective system of integrated governance, risk management and internal control across the organisation.

Executive Directors

Oversee the operational functioning and delivery of services, and programme management oversight of key transformation and improvement projects. The Executive Medical Director is the Trust's executive lead for quality improvement, and oversees the development and implementation of compliance plans.

Service User Safety Group

Monitors the Trust's performance around incident management, including serious incidents, learning from incidents, mortality, the patient safety thermometer, infection prevention and control, falls, restrictive practices and all matters of patient safety.

Clinical Effectiveness Group

Establishes our annual clinical audit programme (which includes national and locally agreed clinical audits), oversees the implementation of National Institute for Health and Care Excellence (NICE) guidance and embeds the routine use of outcome measures in clinical services.

Service User Engagement Group

Improves the quality of service user quality and experience, ensures that service user experience drives quality improvement and enables the clinical directorates to enhance how they engage with service users.

Systems of internal control

A range of policy and performance management frameworks (at individual and team level) as well as internal controls that are in place to protect and assure the safety of care and treatment, and the delivery of quality care in line with national policy and legislation.

The Trust triangulates service performance across a range of indicators relating to care standards, quality, workforce and finance at service, care network and Trust-wide level.

The Board's monthly and annual performance reporting processes ensure that the executive management team can scrutinise and manage the operational performance of services and that the Board can maintain overall oversight of the performance of the Trust. On an established bi-annual cycle, the performance of all services is reviewed through Care Network Service Reviews. The executive management team reviews with each operational care network their performance against planned objectives.

The above framework ensures that the Board of Directors can monitor and evaluate the performance of the Trust and its services and initiate improvement actions where required.

Our assurance processes

To deliver our strategy, it is essential that staff have the ability to engage with quality improvement techniques. Whilst we will use a range of quality improvement techniques as appropriate, the core Trust-wide approach that we will continue to embed will be the Microsystem improvement methodology.

Freedom to Speak Up

The Trust wants all staff to feel safe to raise concerns within their teams and for speaking to be considered 'business as usual'.

However, this is not the case in all areas and with some staff. We recognise that we need to continue to embed a speaking up culture and keep promoting all the different ways staff can speak up. This has been done in several ways including messages in the weekly staff newsletter, a poster campaign, a Freedom to Speak Up month, promotion in staff meetings, comments boxes and attendance at staff network groups.

Managers also have an open-door policy to encourage an open culture. There has also been extensive work to consult with staff to help understand issues with bullying and harassment. This feedback helped us to rewrite our Unacceptable Behaviours Policy.

When concerns are formally raised through the Freedom to Speak up Guardian, written feedback is provided where possible. The guardian also works with staff and managers to minimise the possibility of detriment arising from speaking up. Further information can be found in Freedom to Speak Up bi-annual reports to the Trust's Board of Directors, available in the Board papers section of our website (<https://www.shsc.nhs.uk/about-us/board-directors/meeting-minutes-and-agendas>).



Part two (b): Statements of assurance from the Board of Directors

Review of health services

During 2019/20 the Trust provided or sub-contracted 49 health services. The Trust has reviewed all available data on the quality of care of these services. The income generated by the relevant health services reviewed in 2019/20 represents 100% of the total income generated from the provision services by the organisation for 2019/20. Additional investment from baseline funding was received during the year as part of the NHS Mental Health Implementation Plan 2019/20 – 2023/24. We continue to bolster staffing in our community mental health services following this.

National clinical audits and national confidential enquiries

During 2019/20 seven national clinical audits and two national confidential enquiries covered relevant health services that Sheffield Health and Social Care NHS Foundation Trust provides.

During the period Sheffield Health and Social Care NHS Foundation Trust participated in 100% national clinical audits and 100% national confidential enquiries of the national clinical audits and national confidential enquiries which it was eligible to participate in.

The national clinical audits and national confidential enquiries that Sheffield Health and Social Care NHS Foundation Trust was eligible to participate in during 2019/20 are as follows:

National clinical audits and national confidential enquiries
Learning Disability Mortality Review Programme (LeDeR Programme)
National Clinical Audit of Psychosis (NCAP)
National Clinical Audit of Anxiety and Depression (NCAAD)
National Audit of Inpatient Falls (NAIF)
UK Parkinson's audit
Prescribing Observatory for Mental Health (POMH-UK): Topic 19: Prescribing for depression in adult mental health
Prescribing Observatory for Mental Health (POMH-UK): Topic 17: Use of depot/LA antipsychotic injections for relapse prevention
Prescribing Observatory for Mental Health (POMH-UK): Topic 9: Antipsychotic prescribing in people with a learning disability

The national clinical audits and national confidential enquiries that Sheffield Health and Social Care NHS Foundation Trust participated in during 2019/20 are as follows:

National clinical audits and national confidential enquiries
Learning Disability Mortality Review Programme (LeDeR Programme)
National Clinical Audit of Psychosis (NCAP)
National Clinical Audit of Anxiety and Depression (NCAAD)
National Audit of Inpatient Falls (NAIF)
UK Parkinson's audit
Prescribing Observatory for Mental Health (POMH-UK): Topic 19: Prescribing for depression in adult mental health
Prescribing Observatory for Mental Health (POMH-UK): Topic 17: Use of depot/LA antipsychotic injections for relapse prevention
Prescribing Observatory for Mental Health (POMH-UK): Topic 9: Antipsychotic prescribing in people with a learning disability

The national clinical audits and national confidential enquiries that Sheffield Health and Social Care NHS Foundation Trust participated in, and for which data collection was completed during 2019/20, are listed below alongside the number of cases submitted to each audit or enquiry as a percentage of the number of registered cases required by the terms of that audit or enquiry.

National clinical audits and national confidential enquiries	Number of cases submitted as a percentage of those asked for
Learning Disability Mortality Review Programme (LeDeR Programme)	100%
National Clinical Audit of Psychosis (NCAP)	100%
National Clinical Audit of Anxiety and Depression (NCAAD)	No further data collection during 2019/20
National Audit of Inpatient Falls (NAIF)	No cases requested
UK Parkinson's audit	100%
Prescribing Observatory for Mental Health (POMH-UK): Topic 19: Prescribing for depression in adult mental health	100%

Prescribing Observatory for Mental Health (POMH-UK): Topic 17: Use of depot/LA antipsychotic injections for relapse prevention.	100%
Prescribing Observatory for Mental Health (POMH-UK): Topic 9: Antipsychotic prescribing in people with a learning disability	100%

Note one: The percentage figure represents the numbers of people who we reported as having prior involvement with.

Note two: Submission of data for quarters three and four of each year takes place within the reporting period of the following year. Therefore, this figure includes quarters three and four of 2018/19 and quarters one and two of 2019/20.

Note three: In some cases, reporting had not occurred before the end of the 2019/20 reporting period due to the timeframe between the relevant death occurring and the end of the reporting period. All relevant cases will be reported in due course.

The reports of eight* national clinical audits were reviewed in 2019/20 and Sheffield Health and Social Care NHS Foundation Trust intends to take the following actions to improve the quality of healthcare provided:

- We have used the results of the Prescribing Observatory for Mental Health audits to further improve prescribing guidelines and to feed in to significant developments on improving physical screening and interventions.
- The results of the National Clinical Audit of Psychosis and National Clinical Audit of Anxiety and Depression have been used to help shape service improvements for the Early Intervention in Psychosis team and psychological therapies services.

** The national clinical audit reports published and reviewed during 2019/20 included audits participated in during the reporting periods 2017/18, 2018/19 and 2019/20. In addition, a number of the national clinical audits participated in during 2019/20 will be publishing their reports during 2020/21.*

The reports of 10* local clinical audits were reviewed in 2019/20 and Sheffield Health and Social Care NHS Foundation Trust intends to take the following actions to improve the quality of healthcare provided:

- We are continuing to make improvements to our care planning and risk assessment processes and documentation in community and inpatient mental health services.
- We have focused a number of audits, and related actions, on improving physical health screening and interventions in mental health service settings.
- We have taken action to improve mental health act documentation.

The findings of many local clinical audits are reviewed at team-level and therefore individual teams will identify their own areas for improvement and actions to take.

** There were a number of local clinical audits where data collection took place during 2019/20 but the audits were not completed at the end of the year. The reports from these will be reviewed during 2020/21.*

Participation in clinical research

The number of patients receiving relevant health services provided, or sub-contracted by, the Trust in 2019/20 that were recruited during that period to participate in research on the National Institute for Health Research (NIHR) portfolio was 645. These are research studies considered by the NIHR to be of high quality and demonstrating clear benefit to the NHS, social care or public health.

2.3 Goals under the Commissioning for Quality and Innovation (CQUIN) payment framework

A proportion of the Trust's income in 2019/20 was conditional on achieving quality improvement and innovation goals.

These goals are agreed between the Trust and any person or body they entered into a contract, agreement or arrangement with for the provision of relevant health services, through the CQUIN payment framework.

For 2019/20, £1,081,647 of the Trust's contracted income was conditional on the achievement of these indicators.

It should be noted that due to the COVID-19 pandemic, CQUIN schemes were suspended and commissioners were instructed by NHS England/NHS Improvement to pay providers in full, irrespective of achievement levels at the time of the scheme suspension.

We achieved the majority of the targets and improvement goals that we agreed with our commissioners.

We received £1,081,647 (100%) of the income that was conditional on these indicators.

For the previous year (2018/19) the associated monetary payment received by the Trust was £821,998 (71.5%).

The five indicators agreed with our main local health commissioner NHS Sheffield Clinical Commissioning Group for 2019/20 are shown below.

CQUIN	Performance
1. Staff flu vaccinations Achieving an 80% uptake of flu vaccinations by frontline clinical staff.	Not achieved
2. Alcohol and tobacco a) Alcohol and tobacco screening – achieving 80% of inpatients admitted for more than 24 hours screened. b) Tobacco brief advice – achieving 90% of identified smokers given brief advice. c) Alcohol brief advice – achieving 90% of identified drinking above low risk levels given brief advice or referral.	Achieved Achieved Achieved
3. 72 hour follow-up post discharge Achieving 80% of mental health inpatient discharges receiving a follow up within 72 hours of discharge.	Achieved
4. Mental health data quality a) Data Quality Maturity Index – achieving a score of 95% in the Data Quality Maturity Index. b) Interventions – achieving 70% of referrals with at least one interventions code recorded.	Not achieved Achieved
5. Use of anxiety disorder specific measures in IAPT Achieving 65% of referrals having paired scores recorded.	Achieved

Further details of the agreed goals for 2019/20 and for the following 12-month period are available online at www.shsc.nhs.uk/about-us/corporate-information/publications/

2.4 Registration with the Care Quality Commission (CQC)

Sheffield Health and Social Care NHS Foundation Trust is required to register with the Care Quality Commission and its current registration status is registered with conditions.

The Trust has the following conditions on registration:

- The registered provider must only accommodate a maximum of 12 service users at Wainwright Crescent.
- The registered provider must only accommodate a maximum of 30 service users at Woodland View.

Following the Trust's well-led inspection, the Trust has been placed in special measures for quality of care.

Well-led inspection

In April 2020 the CQC published its findings from the well-led inspection of the Trust that took place between January and February 2020.

The Trust was assessed against the five key questions, 'Is it safe, effective, caring, response and well-led?'. They inspected the following mental health services that we are registered to provide:

- Acute wards for adults of working age and psychiatric intensive care unit
- Forensic inpatient and secure wards
- Wards for older people with mental health problems
- Community-based mental health services for adults of working age
- Mental health crisis services and health based places of safety.

In February 2020, following the CQC's inspection, the Trust received a Section 29A Warning Notice which informed the Trust that the CQC had formed the view that the quality of health care provided by Sheffield Health and Social Care NHS Foundation Trust required significant improvement.

Four areas were identified as requiring significant improvement:

- Staffing of the acute wards, particularly the imbalance of experience and newly qualified staff
- Compliance with mandatory training and supervision across the Trust
- The management of physical health needs and understanding the side effects of medications prescribed
- Ineffectiveness of systems within the Trust to identify and alert us to risks that required mitigation and action.

A dashboard was developed to show progress with the four points of the notice, together with additional actions in relation to improvements of our environments and estates, as these were deemed priority actions for the Trust.

Overall the CQC assessed our Trust as 'inadequate', with 'good' achieved in the caring domain, 'requires improvement' for effective and responsive and 'inadequate' for safety and well-led. During our previous inspection in February 2018 the Trust was rated as 'requires improvement' overall, with 'inadequate' in one key question for safety.

Overall Trust rating from the last inspection

Inspection area of focus	Rating
Safety	Inadequate
Effectiveness	Requires improvement
Caring	Good
Responsiveness	Requires improvement
Well-led	Inadequate
Overall Trust rating	Inadequate

The inspectors found areas of good practice, however, they also identified areas we must improve. We are confident that we will continue to improve services and will work with staff, service users, carers, volunteers, governors, commissioners and partners to address the areas where standards were not as expected.

Improvement plan

The Trust was required to complete an improvement plan addressing all the requirements in the final inspection report, together with an improvement plan that had been developed for the Section 29A Warning Notice.

In addition to clearly evidencing delivery of the required actions, a wider programme of change and improvement is required. The Trust is taking a programme management approach to this and a 'Back to Good' Board, chaired by the Executive Medical Director and the Executive Director of Operations, Nursing and Professions who will oversee this programme of work.

There are seven overarching workstreams which are:

- 1) Person centred care records
- 2) A therapeutic and great place to work
- 3) Physical health
- 4) Everyone maintains high professional standards
- 5) Rapid improvement programme for acute
- 6) Rapid improvement programme for recovery
- 7) Well-led improvement programme

All CQC requirements have been mapped to these workstreams.

Mental Health Act reviews

During 2019/20 the CQC has undertaken eight visits to services to inspect how we deliver care and treatment for inpatients detained under the Mental Health Act. The services they visited during the year were:

- **Michael Carlisle Centre** - Stanage Ward, Dovedale Ward and Burbage Ward
- **Longley Centre** - Maple Ward and Endcliffe Wad (PICU)
- **Firshill Rise** - Assessment and Treatment Unit
- **Grenoside Grange** - G1 Ward

Matters of concern varied from ward-to-ward. Local issues, such as patient access to a key for their bedroom, provision of information in respect of activities, providing the rationale for blanket restrictions and the closing of viewing panels, were easily addressed.

Themes emerging more widely across wards concerned seclusion facilities and practice with regard to the recording of seclusion reviews, as well as patient involvement in care-planning.

The Trust's Standard Operating Procedure for seclusion has been amended to ensure timely recording of seclusion reviews and the seclusion facilities are to be upgraded to meet the standard required by the Mental Health Act Code of Practice.

Although face-to-face training in the use of the Trust’s Collaborative Care Plan document was suspended due to COVID-19, work has been undertaken at ward level to address concerns, and this is being augmented by the work of the ‘person centred care record’ workstream instigated as part of the Trust’s ‘Back to Good’ programme of work.

2.5 Data Quality

Sheffield Health and Social Care NHS Foundation Trust did not submit records during 2019/20 to the Secondary Uses Service for inclusion in the Hospital Episode Statistics which are included in the latest published data.

The Trust submitted data to the Mental Health Services Data Set (MHSDS). The latest published data regarding data quality under the Mental Health Services Data Set is for June 2020.

The Trust’s performance on data quality compares well to national averages and is summarised as follows:

Percentage of valid records	Data quality 2017/18	Data quality 2018/19	Data quality 2019/20	National average March 2020
NHS Number	100%	100%	100%	88.9%
Date of birth	100%	100%	100%	99.5%
Gender	100%	100%	100%	96.1%
Ethnicity	88.7%	86%	84%	88.9%
Postcode	100%	100%	100%	95.6%
GP code	98.0%	99%	99%	81.8%
Overall Score	N/A	97.4%	88.7%	65.8%

Source: NHS Digital, Digital Quality Maturity Index and MHSDS Reports

Information Governance

We aim to deliver best practice standards in information governance by ensuring that information is dealt with legally, securely and effectively in order to deliver the best possible care to our service users.

We continue to make submissions to the Data Security and Protection Toolkit, which replaced the former Information Governance Toolkit.

The Trust’s Data Security and Protection Toolkit overall rating for 2019/20 is ‘standards not fully met (plan agreed)’. We developed an improvement plan to meet the required standards and this has been accepted by NHS Digital.

The Trust’s scores for the Data Security and Protection Toolkit scores for the last two years are in the table on the next page.

Data Security and Protection Toolkit – National Data Guardian Standards	2018/19	2019/20
Personal confidential data	88% complete	100% complete
Staff responsibilities	100% complete	100% complete
Training	100% complete	75% complete
Managing data access	100% complete	100% complete
Process reviews	100% complete	100% complete
Responding to incidents	100% complete	100% complete
Continuity planning	50% complete	100% complete
Unsupported systems	100% complete	100% complete
IT protection	67% complete	100% complete
Accountable suppliers	100% complete	100% complete
Overall	94% complete	97.5% complete

Source: NHS Digital, Data Security and Protection Toolkit Assessment Results

The Trust is considering ways to improve our training score performance within the toolkit.

One of the possible solutions we are exploring is to block the IT access of staff who have not undertaken their information governing training, until they have completed it.

Clinical coding

Sheffield Health and Social Care NHS Foundation Trust was not subject to the Payment by Results clinical coding audit during 2019/20 by the Audit Commission.

We did, however, commission a clinical coding audit in February 2020 as part of the Data Security and Protection Toolkit which found that the required coding standards had been exceeded.

2.6 Learning from deaths

During 2019/20, 717 of Sheffield Health and Social Care NHS Foundation Trust's patients died.

The number of deaths occurring in each quarter of the year are given in the table below for the past three years.

	Quarter one	Quarter two	Quarter three	Quarter four
Number of deaths 2017/18	190	135	185	203
Number of deaths 2018/19	177	144	172	177
Number of deaths 2019/2020	157	174	202	184

All patients whose patient records are recorded on our Insight system and had contact with any of our services within six months of the date of death, have been included in the figures above.

Between 01 April 2019 and 31 March 2020, 376 case record reviews and 71 investigations had been carried out in relation to 717 of the deaths included in the table above.

In 0 (zero) cases, a death was subjected to both a case record review and an investigation.

The number of deaths in each quarter for which a case record review or an investigation was carried out for the past three years is provided in the table below.

2017/18	Quarter one	Quarter two	Quarter three	Quarter four
Number of deaths reported above subject to review or case record review	77	63	57	71
Number of deaths reported above subject to serious incident investigation processes	14	15	13	12
2018/19	Quarter one	Quarter two	Quarter three	Quarter four
Number of deaths reported above subject to review or case record review	75	53	77	90
Number of deaths reported above subject to serious incident investigation processes	8	14	16	11
2019/20	Quarter one	Quarter two	Quarter three	Quarter four
Number of deaths reported above subject to review or case record review	91	86	92	107
Number of deaths reported above subject to serious incident investigation processes	14	21	18	18

The table above provides information on the number of case record reviews that have been undertaken as part of our Mortality Review Group, together with numbers of Structured Judgement Reviews and investigations that have been carried out within the reporting period.

Note: There have been no reviews completed within the reporting period for deaths occurring outside of the reporting period.

0 (zero) representing 0% of the patient deaths during the reporting period are judged to be more likely than not to have been due to problems in the care provided to the patient.

The table below provides the breakdown of these cases per quarter for the past three years.

2017/18	Quarter one	Quarter two	Quarter three	Quarter four
Number of deaths	0	1	0	0
As a percentage of all deaths	0%	0%*	0%	0%
2018/19	Quarter one	Quarter two	Quarter three	Quarter four
Number of deaths	0	0	0	0
As a percentage of all deaths	0%	0%	0%	0%
2019/20	Quarter one	Quarter two	Quarter three	Quarter four
Number of deaths	0	0	0	0
As a percentage of all deaths	0%	0%	0%	0%

**1 death in 713 deaths (equivalent to 0.001403%)*

From the case record reviews, we have undertaken this year, we have found one example where care was found to be below an acceptable standard. However, it is considered unlikely that this alone led to harm. The individual was well supported in the community and had a full care package which their carer thought would be unhelpful to change. The individual was deemed to have capacity and made choices that had a negative impact on their physical health.

From the reviews undertaken positive practice was identified relating to collaborative care plans, risk assessments, the monitoring of medications and maintaining positive relationships and contact with family members. There were occasions where physical health needs appear to have been less well-managed, and there was a clear distinction that showed inpatient areas tended to manage physical health needs better than community services.

Although some areas for learning were identified within the reviews, none of them suggested that patient harm was caused, or that the deaths were considered to have been more likely than not to have resulted from problems in care delivery or service provision.

We have also identified 95 actions, as part of our serious incident investigations, that are likely to result in improvements in practice. The learning and actions arising from these incidents are reported within our quarterly incident management reports and published on our intranet.

Doctors in training

As part of the conditions of service for NHS doctors in training, we are required to produce an annual report on rota gaps and our plan for improvement to reduce these. This report is produced by our Guardian of Safe Working and is presented to our Board of Directors. Below is a summary of the findings within this report.

The Trust calls upon internal and external (agency) locums to cover gaps in our rota. Gaps are mainly caused by sickness and maternity or paternity leave.

The table below shows the gaps that were filled either by internal or agency locums throughout the year.

Reporting period	Internal locum cover	Agency locum cover
April, May, June 2019	22 rota gaps	25 rota gaps
July, August, Sept 2019	17 rota gaps	17 rota gaps
Oct, Nov, Dec 2019	26 rota gaps	28 rota gaps
Jan, Feb, March 2020	42 rota gaps*	36 rota gaps*

** The increase this quarter was a result of doctors shielding due to the COVID-19 pandemic*

In the last 12 months, we have required SAS doctors and consultants to act down to ensure the city-wide out of hours service is properly staffed.

The Trust also conducts recruitment initiatives with the Royal College of Psychiatrists such as 'Choose Psychiatry' to increase the numbers of trainees to increase the fill rate of training posts and meet the needs of on-call shifts.

Our Guardian of Safe Working, Dr Raihan Talukdar, is constantly working with trainees to ensure they are working safely and within limits.



Part two (c): Reporting against core indicators

The Trust considers that the data provided earlier within this report and below is as described for the following reasons. External auditors have previously tested the accuracy of the data and our systems used to report our performance on the following indicators:

- **Early Intervention in Psychosis (EIP):** people experiencing a first episode of psychosis treated with a National Institute for Health and Care Excellence (NICE)-approved care package within two weeks of referral
- **Improving Access to Psychological Therapies (IAPT):** waiting time to begin treatment (from IAPT minimum dataset): within six weeks of referral
- Mortality data.

These audits confirmed the validity and accuracy of the data used within the Trust to monitor, assess and report our performance. The Trust will continue to monitor and take corrective action where targets are not met to improve the quality of its services.

Mental health services	This year's target	How did we do?			
		2017/18	2018/19	This year 2019/20	
Seven day follow up Everyone discharged from hospital on CPA should receive support at home within seven days of being discharged	95% of patients on CPA to be followed up in seven days	93.2% (Q4)	94.4% (Q4)	95.6% (Q3)	Achieved
<i>National average</i>		95.5% (Q4)	95.8% (Q4)	95.5% (Q3)	
<i>Best performing</i>		100% (Q4)	100% (Q4)	100% (Q3)	
<i>Lowest performing</i>		68.8% (Q4)	83.5% (Q4)	86.3% (Q3)	

'Gate keeping' Everyone admitted to hospital is assessed and considered for home treatment	95% of admissions to be gate-kept	99.3% (Q4)	100% (Q4)	99.1% (Q3)	Achieved
<i>National average</i>		98.7% (Q4)	98.1% (Q4)	97.1% (Q3)	
<i>Best performing</i>		100% (Q4)	100% (Q4)	100% (Q3)	
<i>Lowest performing</i>		99.7% (Q4)	88.2% (Q4)	80% (Q3)	
Emergency re-admissions Percentage of service users discharged from acute inpatient wards who are admitted within 28 days.	5% National benchmark Average is 9%	3.9%	4.1%	5.88%	Achieved
Community Mental Health Services Experience: Service users' overall experience of contact with a health or social care worker during 2019/20.	<i>Our score</i>	2017 Survey 7.5/10	2018 Survey 7.2/10	2019 Survey 6.8/10	About the same as other Trusts
<i>Best performing</i>		8.1/10	7.7/10	7.7/10	
<i>Lowest performing</i>		6.4/10	5.9/10	6.0/10	
Q. Were you given enough time to discuss your needs and treatment?	<i>Our score</i>	7.5/10	7.2/10	7.1/10	About the same as other Trusts
<i>Best performing</i>		8.1/10	8.0/10	8.2/10	
<i>Lowest performing</i>		6.2/10	6.2/10	6.4/10	
Q. Did the person or people you saw understand how your mental health needs affect other areas of your life?	<i>Our score</i>	7.0/10	7.2/10	6.5/10	About the same as other Trusts
<i>Best performing</i>		7.8/10	7.5/10	7.7/10	
<i>Lowest performing</i>		5.8/10	5.7/10	6.0/10	

Q. Did the person or people you saw appear to be aware of your treatment history?	<i>Our score</i>	N/A	N/A	6.8/10	About the same as other Trusts
<i>Best performing</i>				7.7/10	
<i>Lowest performing</i>				5.6/10	
Patient safety incidents		2017/18	2018/19	2019/20	National percentage of patient safety incidents resulting in severe harm or death is 1.0%
Number of patient safety incidents reported to NRLS (note one)		3989	3346 (note two)	3097	
Rate of patient safety incidents per 1000 bed days		76.41	64.01 (note two)	59.25	
Number of patient safety incidents resulting in severe harm or death	N/A	37	29 (note two)	34	
Percentage of patient safety incidents resulting in severe harm or death		0.9%	0.9% (note two)	1.1%	

Information source: Insight, NRLS, CQC Community Mental Health Survey results. Comparative information from NHS Digital, NRLS and NHS England.

Note one: The NRLS is the National Reporting Learning System, a comprehensive database set up by the former National Patient Safety Agency that captures patient safety information.

Note two: Information differs from Quality Report 2018/19 as previously only reported first six months of 2018/19.

The Trust has performed well against the national standards and targets. We have met, and in some cases over-performed, in them. Our IAPT service has over-achieved its six and 18 week waiting targets, as well as the number of people who have moved to recovery. Our Early Intervention Service access within two weeks, the seven day follow up following admission and ensuring all admissions are considered for home treatment (gatekeeping) targets have all been achieved this year. We know that being ‘about the same’ as other mental health trusts insofar as our community mental health service user feedback is not what we aspire to, but we are already progressing with our improvements in this area. This work is being overseen through the ‘Back to Good’ rapid improvement in recovery workstream, reporting into the Back to Good Board.

Part three: Other quality information

3.1 Safety indicators

Self-harm and suicide incidents

The risk of self-harm or suicide is always a serious concern for mental health and substance misuse services.

The Trust has historically been below national averages for this type of incident reporting. The latest National Reporting Learning System (NRLS) figures show 11.6% of all patient safety incidents reported by the Trust were related to self-harm, in comparison with 23.6% for mental health trusts nationally.

Our self-harm incidents for the last three years are summarised in the table below:

Proportion of incidents due to self-harm/suicide	Number of incidents reported	Our incidents as a percentage of all our incidents	National incidents as a percentage of all incidents
Apr 17 to Sept 17	243	11.4%	21.8%
Oct 17 to Mar 18	239	12.9%	23.8%
Apr 18 to Sept 18	189	10.3%	23.2%
Oct 18 to Mar 19	175	11.5%	23.4%
Apr 19 to Sept 19	168	10.5%	24.2%
Oct 19 to Mar 20	175	11.6%	23.6%

Source: National Reporting Learning System

Disruptive, aggressive behaviour incidents

As a Trust we take disruptive, aggressive behaviour extremely seriously and encourage our staff to report all occurrences.

Our RESPECT programme has also affirmed the need to report this kind of unwanted behaviour. We remain a high reporter of this type of incident, compared to other mental health trusts nationally. It should be noted that over 93% of all incidents reported by the Trust resulted in 'no' or 'low' harm.

Several measures have been taken by the Trust to improve safety and to reduce incidences of assault, including the introduction of body worn cameras and the presence of security staff in our inpatient areas. We must review our approach to restrictive care.

Our disruptive, aggressive behaviour incidents for the last three years are summarised in the table on the next page.

Proportion of incidents due to disruptive behaviour	Number of incidents reported	Our incidents as a percentage of all our incidents	National incidents as a percentage of all incidents
Apr 17 to Sept 17	511	24.0%	13.0%
Oct 17 to Mar 18	505	27.2%	13.0%
Apr 18 to Sept 18	488	26.7%	12.4%
Oct 18 to Mar 19	459	30.2%	11.6%
Apr 19 to Sept 19	458	28.7%	11.5%
Oct 19 to Mar 20	489	32.5%	11.0%

Source: National Reporting Learning System

Medication errors and near miss incidents

Medicines safety is everyone's business and it is essential that people obtain the best possible outcomes from their medicines.

The safety of medicines can be a continual challenge. It is crucial that the Trust understands why these medicines incidents occur; why they occur when they do and what actions can be taken to reduce the impact and reoccurrence of such incidents.

Staff are encouraged to report near misses and errors to make sure that we can share lessons learnt, and make our systems as safe and effective as possible. Our medication incidents for last three years are summarised in the table below:

Proportion of incidents due to medication errors	Number of incidents reported	Our incidents as a percentage of all our incidents	National Incidents as a percentage of all incidents
Apr 17 to Sept 17	198	9.3%	7.9%
Oct 17 to Mar 18	180	9.7%	7.8%
Apr 18 to Sept 18	208	11.4%	7.7%
Oct 18 to Mar 19	104	6.9%	7.5%
Apr 19 to Sept 19	115	7.2%	7.2%
Oct 19 to Mar 20	83	5.5%	7.0%

Source: National Reporting Learning System

3.2 Clinical effectiveness indicators

As the Trust provides both primary care, in the form of GP practices and IAPT services, as well as secondary care services, for example community, residential and inpatient services, we have selected the three clinical effectiveness indicators below to ensure our Quality Account reflects the breadth of the care we provide to our service users.

Primary care Quality Outcomes Framework – GP practices

The Quality Outcomes Framework (QOF) is one of the main quality indicators of primary care and provides a range of good practice quality standards for the delivery of GP services.

The table below shows the achievement against the QOF for this year, in comparison with the previous two years. The outbreak of COVID-19 in the last quarter of 2019-20 has led to unprecedented changes in the work and behaviour of GP practices and consequently the data in this publication may have been impacted. As such, caution should be taken in drawing any conclusions from this data without due consideration of the circumstances both locally and nationally.

It should be noted that the Clover Group QOF covers Darnall Primary Care Centre, Highgate Surgery, Jordanthorpe Health Centre and Mulberry Practice.

Year	Clover Group	City	Heeley Green	Buchanan Road
2017/18	92.4%	91.4%	93.6%	90.6% (not our service at this point)
2018/19	91.1%	91.8%	95.2%	94.3%
2019/20	88.8%	82.1%	94.6%	92.4%

Source: NHS Digital

Accessing Substance Misuse Services

The commissioned services continue to prioritise ensuring timely access to treatment.

The service aims to ensure all of Sheffield's population that would benefit from the range of services provided in drug and alcohol treatment are able to access support.

The service adopts a range of approaches to engage with people from this vulnerable service user group.

Drug and alcohol services waiting times	This year's target	2017/18	2018/19	2019/20
Opiates service Referral to booked assessment within seven days (local monitoring)	N/A	99.7%	99.2%	96.4%
Referral to start of tier three treatment within 21 days (local and National target)	95%	100%	99.9%	99.7%

Non-opiates service				
Referral to booked assessment within seven days (local monitoring)	N/A	96.9%	98%	95.4%
Referral to start of tier three treatment within 21 days (local and National target)	95%	99%	96.7%	98.6%
Alcohol service				
Referral to booked assessment within seven days (local monitoring)	N/A	100%	100%	100%
Referral to start of tier three treatment within 21 days (local and national target)	95%	100%	100%	100%

Source: National Drug Treatment Monitoring System and local performance data

Our substance misuse services have continued to perform well above the national targets.

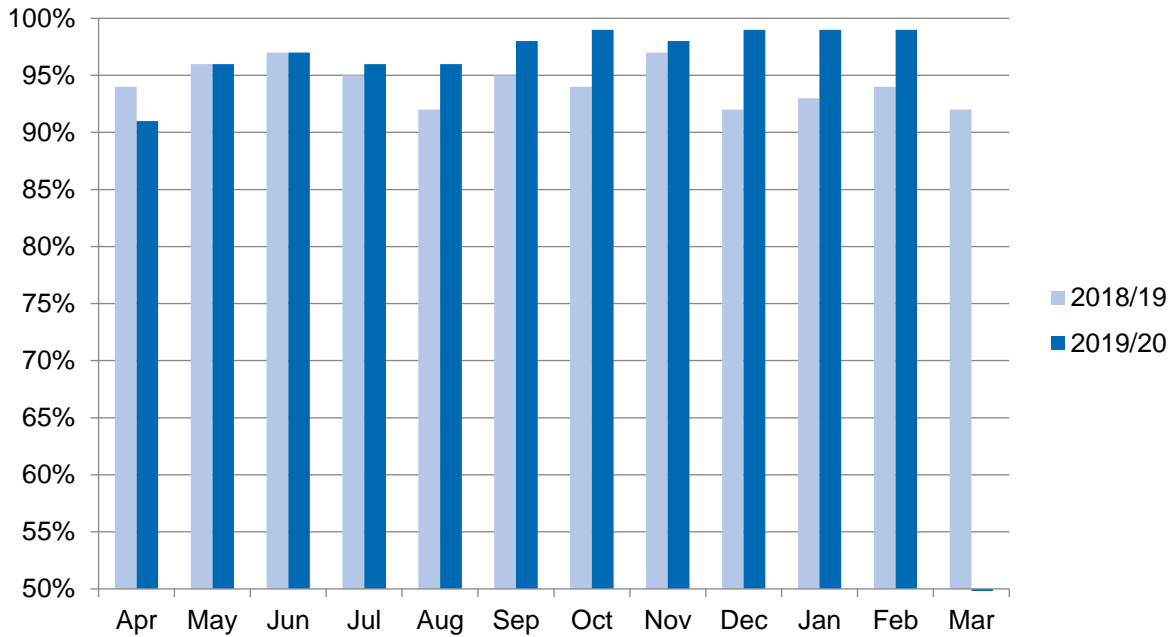
Mental Health Act compliance

Many service users within Trust services are subject to the Mental Health Act.

It is imperative, therefore, for the Trust to ensure service user rights are protected and they are aware of their rights under the Act. The trust undertakes weekly audits within all inpatient areas to ensure service user rights are protected and our practice is in line with legislation.

The graph and the next page shows the percentages of detained patients whose rights have been given for the last two years.

Percentage of detained patients whose rights have been given



Source: Weekly Trust audit results of Insight records and MHA papers

It should be noted that there are no results for March 2020, as this weekly audit was suspended as part of the Trust’s COVID-19 management plans.

The Trust does not have any major concerns regarding its performance in this area. However, plans are in place to ensure that inpatient wards can see in ‘real time’ what actions are required to be compliant with the Mental Health Act at all times.

Mental health service indicators

Mental health services	This year’s target	2017/18	2018/19	This year 2019/20	
Early intervention People should have access to early intervention services when experiencing a first episode of psychosis and receive a NICE-approved care package within two weeks of approval.	53%	48.3%	74.6%	73.2%	Achieved

<p>Improving Access to Psychological Therapies (IAPT)</p> <p>a) Proportion of people completing treatment who move to recovery</p> <p>b) Waiting time to begin treatment</p> <p> i. Within six weeks of referral</p> <p> ii. Within 18 weeks of referral</p>	<p>50%</p> <p>75%</p> <p>95%</p>	<p>48.96%</p> <p>90.5% (Q4)</p> <p>99.2% (Q4)</p>	<p>50.41%</p> <p>90.3% (Q4)</p> <p>98.5% (Q4)</p>	<p>50.64%</p> <p>88.1%</p> <p>99.2%</p>	<p>Achieved</p>
<p>Inappropriate out-of-area placements for adult mental health services</p>	<p>The Trust is not required to disclose performance against this indicator as we have fewer than seven average bed days per month.</p>				

Information source: Insight and Trust internal clinical information systems. Comparative information from NHS Digital.

Performance issues - IAPT

A recovery plan for our IAPT services was submitted to NHS England and NHS Improvement that agreed access targets for January 2020 to March 2020.

Although the service achieved this in January and February, the impact of COVID-19 meant that courses starting in March had to be cancelled.

The service has over-performed throughout the year 2019/20 on both 18 and six week waiting time targets for treatment start, and has met the 50% recovery rate target for the full year.

3.3 Experience indicators

Service user Friends and Family Test

The tables below shows the results from the service user Friends and Family Test (FFT) this year, compared to the previous two years. It should be noted that the FFT was suspended from February 2020 due to the COVID-19 pandemic.

The tables below shows the results from the service user Friends and Family Test (FFT) this year, compared to the previous two years. It should be noted that the FFT was suspended from February 2020 due to the Covid-19 pandemic.

April 2017 to March 2018	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
Percentage of Trust service users who would recommend the service they received	96	98	97	100	97	98	96	94	94	95	97	95
National average for mental health trusts (1)	89	89	88	89	88	89	88	88	88	89	89	89
April 2018 to March 2019	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
Percentage of Trust service users who would recommend the service they received	96	97	95	93	95	94	99	95	95	93	90	92
National average for mental health trusts (1)	89	89	89	89	90	90	90	89	89	90	89	90

April 2019 to Feb 2020	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb
Percentage of Trust service users who would recommend the service they received	96	98	94	98	95	95	93	97	94	96	98
National average for mental health trusts ⁽¹⁾	89	90	89	89	89	89	89	89	89	89	89

Source: NHS England, Friends and family test data reports

⁽¹⁾ NHS England FFT results should not be used to directly compare providers, the national averages are provided for information purposes only.

The Trust continues to achieve above the national average for the percentage of service users who would recommend our services to family or friends. The Trust has been actively promoting Care Opinion as a platform for recording service user and carer feedback this year. Although the data collection for the FFT was paused due to COVID-19, we have been incorporating the FFT question in other surveys to increase feedback.

National Community Mental Health Survey

The table below shows the Trust's scores for the national Community Mental Health Survey for this year, compared with the previous two years.

What did service users feel and experience regarding:	2017 survey	2018 survey	2019 survey	
	Service user responses			How did we compare with other Trusts
Their health and social care workers	7.5 / 10	7.2/10	6.8/10	About the same
The way their care was organised	7.8 / 10	8.1/10	8.2/10	About the same
The planning of their care	6.7 / 10	6.9/10	6.5/10	About the same
Reviewing their care	6.7 / 10	6.8/10	7.1/10	About the same
Crisis care	5.5 / 10	6.5/10	6.3/10	About the same
Medicines	N/A	7.1/10	6.8/10	About the same
Treatments	7.3 / 10	7.3/10	7.6/10	About the same
Support and wellbeing	4.7 / 10	4.3/10	4.7/10	About the same
Feedback	N/A	N/A	2.4/10	About the same
Overall views of care and services	6.9 / 10	6.9/10	6.9/10	About the same
Overall experiences	6.6 / 10	6.6/10	6.7/10	About the same

Source: CQC Community Mental Health Survey Reports

The 2019 survey results above show a slight improvement across five sections of the survey, with others staying the same and four sections declining.

The Trust scored 'about the same' as all other mental health trusts in all questions across each section, with none of them scoring significantly different to the previous year's score.

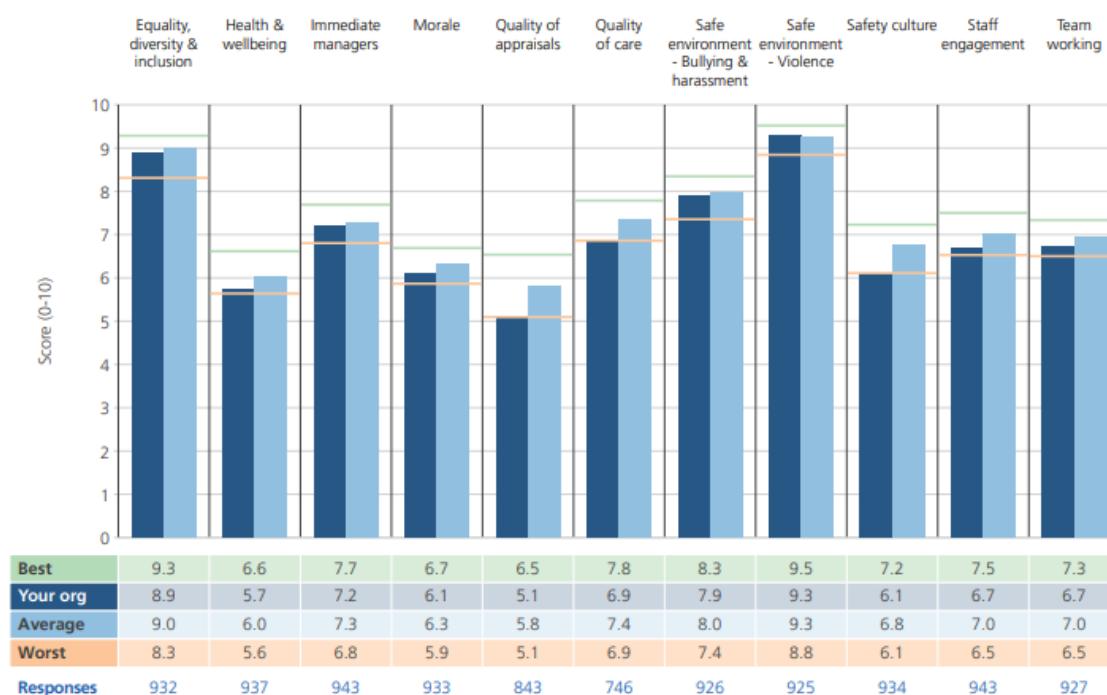
While this offers some assurance about the quality of the services we provide, we want to do better than this. The areas that we need to improve in our community services have been incorporated into our 'Back to Good' work programme.

National NHS Staff Survey

From 2018 the results from questions from the National NHS Staff Survey have been grouped to give scores against theme areas.

Scores for each indicator, together with that of the survey benchmarking group (mental health and learning disability) are presented below. The theme 'team working' has been added for 2019.

National NHS Staff Survey 2019 theme results - overview



Source: National NHS Staff Survey Results Benchmarking Report 2019

National NHS Staff Survey 2019 theme results - significance test

Theme	2018 score	2018 respondents	2019 score	2019 respondents	Statistically significant change?
Equality, diversity & inclusion	9.0	821	8.9	932	Not significant
Health & wellbeing	5.7	828	5.7	937	Not significant
Immediate managers	7.2	830	7.2	943	Not significant
Morale	6.0	808	6.1	933	Not significant
Quality of appraisals	5.1	758	5.1	843	Not significant
Quality of care	6.6	658	6.9	746	Not significant
Safe environment - Bullying & harassment	7.9	823	7.9	926	Not significant
Safe environment - Violence	9.3	819	9.3	925	Not significant
Safety culture	6.2	816	6.1	934	Not significant
Staff engagement	6.7	834	6.7	943	Not significant
Team working	6.8	825	6.7	927	Not significant

Source: National NHS Staff Survey Results Benchmarking Report 2019

For all themes, the changes in scores from 2019 are not statistically significantly different to the 2018 scores.

In 2019 the Trust introduced Listening into Action. This is a new way of working that the Trust is adopting which is clinically-led from the frontline. It is an evidence-based, simple way to empower staff and teams to take immediate, local actions which make a real difference for staff, service users and carers, with the backing of senior leaders.

This initiative has been successful in engaging staff and introducing improvements based on staff feedback. The Trust also appointed a Director of Organisational Development to lead our approach to staff engagement.

The Trust continues to develop a systemic approach to action in response to the results from the National NHS Staff Survey with the introduction of a Staff Survey Steering Group with membership from across the organisation.

Annexe A

Statements from local networks, overview and scrutiny committees and Clinical Commissioning Groups

Healthwatch Sheffield Statement

Thank you for sharing this report with us. We would also like to take this opportunity to thank staff at the Trust who have been working hard throughout the Covid-19 pandemic.

Our response to the report includes feedback from volunteers, who were able to offer a public perspective to the findings; it is also informed by the feedback that we heard during 2019-20 which related to services provided by the Trust.

With regards to progress against last year's objectives, the list of actions against each target helps to see the progress that was made. However, it would be helpful to see the Trust's overall analysis of whether the target has been achieved (eg 'fully achieved', 'partially achieved', 'not achieved') and whether work will continue on these objectives or the Trust has moved on from them.

For the first objective from 2019-20 ('Improving access to services and treatment') we note that the Trust reports achieving and over-achieving national access standards for waiting times. It's unclear at what point a service user is considered to be 'waiting', and whether this analysis includes the first time that a person attempts to access the service. We regularly hear from people who have been struggling to make initial appointments or whose referrals to a service have not been accepted, who feel that they have been waiting a long time for treatment. These people's experiences may not be reflected in the national standard.

The second objective from 2019-20 ('Improving service user and carer experience, involvement and engagement') is of particular interest to us, as understanding experience is key to support the service to work better for people and achieve outcomes for individuals. However, the detail of the objective appears to be entirely focussed on the inpatient experience, and clinical pathways. This is really important, but people's experiences of one aspect of care should not only be seen in isolation from the care that received before and after that point. As well as looking at specific experiences, we would welcome an approach which looked at things more widely, and started with the person, not the service.

We also note that for some time, there has been discussion around the approach to patient and service user involvement in the Trust, which continues to be unresolved – there remain very limited routes for citizens to be involved in shaping services. In 2019 a commitment was made to establish a Mental Health Collaborative, a partnership for individuals and organisations to share views and experiences, and work with the Trust to improve involvement, and shape services.

Regrettably, barriers to establishing this mean that there is still no such forum, and routes for citizens to influence service delivery remain limited; we consider this a significant gap which needs to be addressed as a matter of urgency as part of a commitment to improving experience, engagement and involvement.

In terms of the objectives for next year (2020-21), we broadly support the priority areas that the Trust has chosen, which do seem to be guided by the Care Quality Commission (CQC) report, and appreciate the challenges that lie ahead both in terms of working through the pandemic, and implementing the CQC action plan. We do note that the Trust doesn't include patient or public consultation as one of the key drivers for setting their priorities. Given that a priority last year was around involvement and engagement, we would expect the Trust to hold some learning about what patients and carers would like to see them focus on.

The CQC inspection and subsequent rating of the Trust as 'inadequate' is explained clearly in the report, and we support the openness with which the Trust acknowledges the weaknesses found by the inspection. We know that an improvement plan has now been produced, and would encourage the Trust to be open and transparent about this as well – an ongoing public dialogue about progress made against the plan will help service users, carers, and the public to see that the Trust is taking real steps to improve.

Under 'Experience Indicators', it is good to see that the quantitative data from the Friends and Family Test (FFT) is largely positive. However, we don't see any learning that has been gathered from the qualitative data, which would help to show that the Trust is hearing people's stories and acting on them. The report does mention encouraging the use of Care Opinion to share stories, and we support the recent integration of this tool into their website to encourage feedback, but would again like to see how the Trust plans to engage with this feedback and use it to inform change. We would overall like to see that effort is being made to incorporate patient voice through other workstreams, especially considering the work that the Trust needs to do against its CQC improvement plan.

In the other comparative data tables across sections 2 and 3 of the report, we note that the Trust often reports data which is 'about the same' as other Trusts, or that data has 'no significant change'. Meeting targets consistently is important, but it would be good to see that the Trust has higher ambitions in line with its overall aims towards improvement. We especially note that the National Community Mental Health Survey results show low levels of satisfaction for support and wellbeing, and for feedback.

Overall, we thank the Trust for their open and clear report, which is written in plain English where possible, making it quite accessible to the public. We would urge the Trust to continue to be open and transparent throughout the year ahead, and that the measures in place will lead to significant improvement, especially as this year carries significant challenges both in terms of the pandemic, and the improvements required by the CQC.

By engaging in regular public dialogue about improvements and changes that the Trust plans to make, they can capture crucial and timely patient and public feedback, which will show the impact that actions for improvement are having, and will ensure that service users, their families, and carers feel heard. We would encourage the Trust to think carefully about how they can embed patient, family/carer, and public engagement into all aspects of their work, including service planning, designing, and monitoring.

*Chief Officer
Healthwatch Sheffield
20th November 2020*

Our response

We welcome the feedback from Healthwatch Sheffield and the praise of our staff. We look forward to continuing our work with them next year and aim to build on the feedback received and embed engagement in more aspects of our work.

Sheffield City Council's Healthier Communities and Adult Social Care Scrutiny Committee Statement

Thank you for sending me a copy of the Trust's Quality Report. Please find below the comments of the Healthier Communities and Adult Social Care Scrutiny Committee. I appreciate that this report is by and large an historical document which has been overtaken by the dual impact of Covid and the CQC inspection. These comments reflect this context.

First and foremost, please pass on the thanks of the Committee to all front-line staff for all their efforts and sacrifices during the on-going Covid pandemic.

Progress on 2019/20 Quality Objectives

We note those areas where progress has been achieved such as increasing the number of teams gaining RCP Accreditation, reduction in staff assaults, the relaunch of the Trust's Carer Strategy.

We look forward to seeing further progress on these and evidence of the impact on outcomes for service users.

Quality Objectives for 2020/21

It is clear that these relate to the Trust's Improvement Plan. We support the overarching aim of the Trust to achieve a 'Good' CQC rating.

However, the desired outcomes are not clearly defined. Consequently, it is not explicit how the Trust and the people of Sheffield will know whether these objectives have been achieved or what the impact will be in terms of outcomes.

Performance Indicators

We note that overall, the performance of the Trust is comparable to, or better than, other Trusts on most indicators. It is good to see improved performance in areas, including:

- Seven day follow up
- Assessment for home treatment.
- IAPT waiting times

We look forward to continued engagement with the Trust over the coming year, on implementation of the Improvement Plan.

*Cllr Cate McDonald, Chair, Healthier Communities and Adult Social Care Scrutiny Committee
19th November 2020*

Our response

We welcome the feedback from the Committee and the praise and thanks of our staff. We look forward to continuing to work with the Committee and sharing progress on our Improvement Plan.

NHS Sheffield Clinical Commissioning Group Statement

NHS Sheffield Clinical Commissioning Group (CCG) commissions Sheffield Health and Social Care NHS Foundation Trust (Trust) to provide a range of mental health, specialist mental health and learning disability services, in which we seek to continually innovate and improve the quality of services provided by the Trust and the experience of those individuals who access them. We do this by reviewing and assessing the Trust's performance against a series of key performance and quality indicators and evaluating contractual performance via the appropriate governance forums i.e. Contract Management Group, Quality Review Group and Contract Management Board meetings. We work closely with the Care Quality Commission and NHS Improvement, who are regulators of health (and social care) services in England.

The CCG has had the opportunity to review and comment on the information contained within this Quality Report prior to its publication and is confident that to the best of our knowledge the information supplied within this report is an accurate and a true record, reflecting the Trust's performance over the period April 2019 – March 2020.

The CCG and Trust were working jointly to agree priority areas for Commissioning in 2020/21, however this work was put on hold while the system focussed efforts on Covid-19 recovery. Our aim is still to pro-actively address issues relating to clinical quality so that standards of care are upheld while services recover from the impact of the Covid-19 pandemic and the Trust continues work on getting 'Back to Good' following the recent CQC rating of 'inadequate'.

Therefore the CCG will continue to work with the Trust to support its identified quality objectives for 2020/21 which are:

Quality objective one: Getting 'Back to Good' in respect of our overall CQC rating.

Quality objective two: Coming through COVID-19 safely.

Quality objective three: Our transformation priorities – the key projects we must do to improve services for service users, carers and our staff.

Alun Windle
Deputy Chief Nurse

Rachael Hague
Senior Contracts Manager

NHS Sheffield Clinical Commissioning Group
18th November 2020

Our response

We welcome the response from NHS Sheffield Clinical Commissioning Group and look forward to working with them next year as we continue to improve the quality of services provided.

ANNEXE B

2019/20 STATEMENT OF DIRECTORS' RESPONSIBILITIES IN RESPECT OF THE QUALITY REPORT

The directors are required under the Health Act 2009 and the National Health Service (Quality Accounts) Regulations to prepare Quality Accounts for each financial year.

NHS Improvement has issued guidance to NHS foundation trust boards on the form and content of annual quality reports (which incorporate the above legal requirements) and on the arrangements that NHS foundation trust boards should put in place to support the data quality for the preparation of the quality account.

In preparing the quality account, directors are required to take steps to satisfy themselves that:

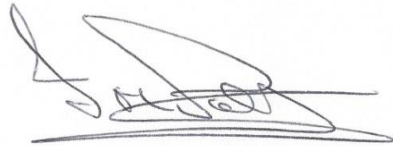
- the content of the quality account meets the requirements set out in the NHS foundation trust annual reporting manual 2019/20 and supporting guidance Detailed requirements for quality reports 2019/20
- the content of the quality account is not inconsistent with internal and external sources of information including:
 - board minutes and papers for the period April 2019 to March 2020
 - papers relating to quality reported to the Board over the period April 2019 to March 2020
 - feedback from commissioners dated 18/11/2020
 - feedback from governors dated 27/02/2020
 - feedback from local Healthwatch organisations dated 20/11/2020
 - feedback from overview and scrutiny committee dated 19/11/2020
 - the trust's complaints report published under Regulation 18 of the Local Authority Social Services and NHS Complaints Regulations 2009, dated 27/07/2020
 - the national patient survey 13/12/2019
 - the national staff survey 18/02/2020
 - the Head of Internal Audit's annual opinion of the trust's control environment dated June 2020
 - CQC inspection reports dated 30/04/2020 and 22/10/2020
- the quality report presents a balanced picture of the NHS foundation trust's performance over the period covered
- the performance information reported in the quality report is reliable and accurate
- there are proper internal controls over the collection and reporting of the measures of performance included in the quality account, and these controls are subject to review to confirm that they are working effectively in practice
- the data underpinning the measures of performance reported in the quality report is robust and reliable, conforms to specified data quality standards and prescribed definitions, is subject to appropriate scrutiny and review

- the quality account has been prepared in accordance with NHS Improvement's annual reporting manual and supporting guidance (which incorporates the quality accounts regulations) as well as the standards to support data quality for the preparation of the quality account.

The directors confirm to the best of their knowledge and belief they have complied with the above requirements in preparing the quality account.

By order of the Board:

9 December 2020

A handwritten signature in black ink, appearing to read 'Mike Potts', written over a horizontal line.

Mike Potts, Chair

9 December 2020

A handwritten signature in black ink, clearly legible as 'Jan Ditheridge'.

Jan Ditheridge, Chief Executive