



How we improved services in 2013-14



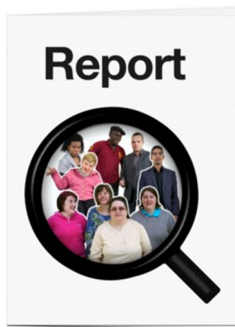
Easy Read version of Sheffield Health & Social Care NHS Foundation Trust Quality Account 2013-2014

Introduction



Sheffield Health & Social Care NHS Foundation Trust is responsible for:

- Learning Disability Services (Health)
- Mental Health Services (Adult and Older Adults)
- Dementia Services
- Drug and Alcohol Services
- Some GP Services
- We also have lots of small, specialist services.



This is our quality account.

It will tell you how we have made services better this year.

It will tell you what we are going to do over the next few years.



We want to know what you think about our services. There is information later on about how to give us your views.

What is in this Quality Account

Page
5



What we wanted to make better



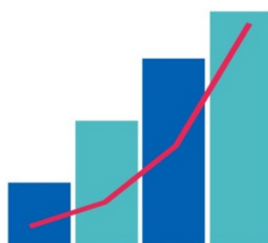
What we are working on making better

6



What we want to do over the next 2 years

22



Checking how we are doing

23



This year's targets

26

Next year's targets

29



More information

32

Contact us

33

Words to explain

34

What we wanted to make better



With the help of our service users and members we set ourselves targets for 2012-14.

These are:



- Making services safer
- Making sure we check that we are doing things well
- Making services better so that our service users are happier
- Making it easier for people to use our services.

We want:



- People to have less falls. When people do fall we want to make sure they hurt themselves less.



- To make sure there is less violence in our hospitals and our homes. We also want to use seclusion and restraint less.



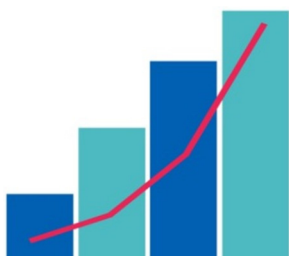
- To make sure we look after the physical health of our service users, particularly those who are elderly or have a learning disability.



- To make sure people who see us for the first time are happy with the service they get.



- To make sure people with dementia can get the right care.



This report will show how well we have done over the last 2 years.

We will then tell you what we want to do over the next 2 years.

Quality Objective 1

**We want our service users to have fewer falls.
If people do fall, we want them to hurt
themselves less.**

What we said we would do



When older people come into our hospitals we will assess them to see if they are likely to fall.

We will do a falls risk assessment in all our hospitals and homes.

We will train our staff.

What we did



We are making good progress.

The number of falls has dropped by 25%.

When people do fall, they are getting less hurt. This is good news.

We are using alarms and sensors in beds and chairs to help us stop people from falling.

What we will do next



We will keep assessing older people when they come into our hospitals.



We will keep training our staff to make sure we are stopping people having falls.

Quality Objective 2

We want to have less incidents of violence and aggression. We want to use restraint and seclusion less.

What we said we would do



We will train our staff in RESPECT techniques – this helps us to help people when they are angry or upset.

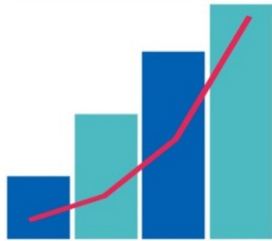


We will use relaxing spaces and activities to stop people getting so stressed.



We will look at how we can support our staff better.

What we did



The number of reported incidents went up.



But the number of incidents that hurt people went down.



This is a difficult issue to report on but overall we are happy that we are looking at violence and how we can protect our staff and our service users.

What we will do next



We will look at how we use seclusion in all our services and try to use seclusion less. Seclusion is where to keep someone safe we put them in a calm, quiet room.



We will build a new Psychiatric Intensive Care Unit (PICU) which will be better for service users.



We will keep training staff in the RESPECT techniques.

Quality Objective 3

Making sure we look after the physical health of our service users, particularly those who are elderly or have a learning disability.

What we said we would do



We will help our service users to stop smoking.



We will help people who want to stop drinking alcohol or who need support with alcohol.



We will give information and support about healthy eating and exercise.



We will make sure we know which service users might develop diabetes.



We will get better access to dental care for our service users.



We will have physical health checks for our vulnerable service users (for example elderly people or people with a learning disability).

What we did



We have helped people to stop smoking.



We have worked with other people to give better advice and support for alcohol use.



We have a dietician and assistant dietician who make sure that people in our hospitals and homes are getting good food and plenty of drinks.



We have trained our staff about diabetes and other physical health problems.



We are working with the dental team to get better oral health care for our service users.



We are supporting our service users with their physical health care.

What we will do next



We have written a document to help us improve people's physical health.



We will keep getting better at supporting our service users with their physical health care.

Quality Objective 4

Making sure people who see us for the first time are happy with the service they get.

What we said we would do

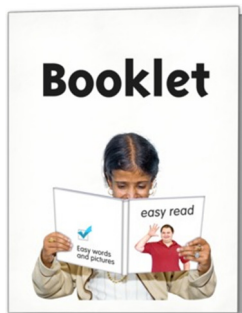


We will keep the RESPECT training programme for all staff.



We will introduce the 15 step challenge to help us to see services from your point of view.

We will use surveys to find out what our service users think about our services.



We will check the information we provide to service users and make this better.



We will make it easier for people to get help faster – especially in the IAPT Service, the Community Mental Health Teams and the Memory Service.

What we did



We opened a crisis house (with Rethink Mental Illness). People could go here instead of into hospital.



We opened a telephone support helpline for our service users which people can use 24 hours a day, 7 days a week.



All staff in our hospitals are trained in the RESPECT techniques.



Service users are helping us to start the 15 Step Challenge – we have tried this out on two wards and are now going to do it on all our wards.



We are doing well in reducing the waiting times for the IAPT Service and the Community Mental Health Teams.



We are not doing well in reducing the waiting times for the Memory Service.

What we will do next



We will put the 15 Steps Challenge in place in all our hospital wards.



We will keep working on reducing waiting times.

Quality Objective 5

Making sure people with dementia can access the right care.

What we said we would do



We will reduce the waiting list for people needing the Memory Service.



We will help more people with dementia get care from their GP so they don't have to come to a special clinic.



We will look at the results of a pilot we did with the general hospital.

We will find out more about what people with dementia think about our services.



We will use the 'Voices of Dementia' film to tell people about dementia and to help with training.

What we did



We did not reduce the waiting times for the Memory Service.



More people are getting support and treatment but they have to wait longer. This is not good.



We are doing better at finding out what people with dementia think about our services and making things better.



The 'Voices of Dementia' film is being used to train staff in the general hospital.

What we will do next



We will work try to have more appointments in GP surgeries and at community venues.



We want to see more people and offer more help.



We want to reduce the waiting time to 6-8 weeks.

What we want to do over the next 2 years



We asked our members and our staff what they wanted us to do over the next 2 years and then we added our own ideas.

We will look at 3 things:



We will make sure that people can be seen faster when they come into our services.



We will get better at supporting our service users with their physical health care.



We will set up a Service User Experiencing Monitoring Unit (SUEMU). This will help us to make our services better and make it easier for our service users to tell us how they feel about their care.

Checking how we are doing



Our performance was assessed by Monitor, our independent regulator, as 'Green'. This is good news.

Monitor also gave us a Continuity of Service Rating of 4. This is good news.



We met the terms of our registration with the Care Quality Commission. This is good news.

We closed Rutland Road (a respite care unit for people with a learning disability) and Bolehill View (a respite care unit for people with dementia). We provide the services at different places now.

We registered 136 Warminster Road as a respite care unit for people with a learning disability.



The Care Quality Commission visited lots of our services and were happy with what they found.



The Care Quality Commission had concerns about record keeping at Beighton Road and Mansfield View.

They had concerns about how we support staff at Mansfield View and Cottam Road.

We took some action straight away and we will do some more work to make things better.



The Care Quality Commission also made 10 visits to see how we deliver care and treatment to people who are detained under the Mental Health Act.



They also reviewed how we manage Community Treatment Orders.

They gave us a good report on these visits.



We had a problem with one of our targets for this year.



This was about making sure people on the Care Programme Approach had a review within 12 months.



We made some changes to the way we do things and we met the target by the end of the year.

This year's targets



This year NHS Sheffield Clinical Commissioning Group (our NHS Commissioners) set us lots of targets.



If we met the targets we would receive £1,814,117.



We met all the targets.

The targets were:



- To make sure people have less falls. When they do fall, we want them to hurt themselves less.



- To make sure people don't have to wait so long for the IAPT Service.



- To give better care in the community so that older people don't have to come into hospital.



- To make sure there is less violence in our hospitals and our homes. We also want to use seclusion and restraint less.



- To make sure more service users have risk reduction plans in place after we have assessed them.



- To see people in the Community Mental Health Teams (CMHTs) much faster. We want to see them within 2 weeks being referred.



- To put care plans in place within 6 weeks of people being assessed by the CMHTs.



- To get better at telling GPs when people are discharged from hospital.



- To get better at asking people what they think about our services.

Next year's targets

We have agreed to keep the following targets with our Commissioners for next year:



- To make sure people have less falls. If people do fall, we want them to hurt themselves less.



- To make sure people don't have to wait for long to see staff in the IAPT Service.

- To make sure people who need to see the Community Mental Health Teams (CMHTs) are seen within 2 weeks.



- To put care plans in place within 6 weeks of people being assessed by the CMHTs.



- To get better at telling GPs about people being discharged from hospital.

We will use e-mail to help us with this.



- To get better at how we ask people what they think about our services.

We have agreed 2 new targets for next year



- To begin the Friends and Family Test for service users and staff.



- To get better at supporting the physical health care of people with severe mental illness.

More information



We have an Infection Prevention and Control programme to keep our hospitals, wards and units clean and to stop infections.



We provide separate bedrooms for men and women in hospital and residential units.



We have a duty to safeguard vulnerable adults and children and we have a Safeguarding team who monitor this.

We train our staff so they can help us keep people safe.



We have a complaints policy which anyone can access to raise concerns about our services and our staff.

We look at all complaints to see where things have gone wrong and how we can put things right.



We also tell staff when people have said nice things about them and the services they provide.

We want to know what you think about our services



If you would like to make a comment about our services or say thank you, you can:

Phone us on 0114 2718956



E-mail us at: complaints@shsc.nhs.uk



Write to us at:
Corporate Affairs Team
SHSC, Fulwood House
Old Fulwood Road
Sheffield S10 3TH

Words to explain

15 Steps Challenge	This is a project. It means that when we walk onto our wards we look at them as if we were walking onto them for the first time and see what we can do to make it better within the first 15 steps.
Agency staff	These are people who don't work for the Trust but we may bring in when we are short of staff. They will have been checked before they come to work for us.
Bid	Sometimes we have to put in a bid for a service. The Commissioners might ask us if we can provide a service and we put together a 'bid' which tells them what we can do and how we will do it. They then decide if they want us to run the service.
Care Programme Approach	This helps us to make sure that people with mental health problems get help and that we check that they are getting the right help.
CMHTs	CMHTs stands for Community Mental Health Teams. These are teams of staff who work with people with mental health problems. They work with people who are not in hospital. In CMHTs there are: <ul style="list-style-type: none">• Psychiatrists (Doctors)• Psychologists• Nurses• Social Workers• Support Workers• Occupational Therapists

Commissioners These are the people who give us money to provide services.

For some of our services, the Commissioner is Sheffield City Council.

For other services, the Commissioner is NHS Sheffield Clinical Commissioning Group or NHS England.

Continuity of Service Rating This is how Monitor decide whether the Trust is handling its money well and whether they are any problems. We have a Rating of 4 which is good.

Diversity This means understanding that each person is unique, and recognising individual differences as well as the things we have in common.

Friends and Family Test This is a simple test that has been put in place by NHS England. We ask people who use our services if they would tell their friends and family to use our services if they needed to.

We ask the same question to our staff. We ask our staff a second question, would they tell their friends and family to come and work for the Trust.

We put the results of the Friends and Family Test on our website so people can see what our service users and staff think about us.

Forum This is a group where people can discuss things that are important to them.

Gender Identity Service This service helps people who want to change their gender. It may be a man who wants to be a woman or a woman who wants to be a man.

Governance	This is how we check how well we are doing and whether there are any problems that we need to fix.
Head of Corporate Affairs	This is the lady who looks after complaints, concerns and thank yous. She makes sure all complaints and concerns are looked into and that people get an answer. Her name is Wendy Hedland.
IAPT	IAPT stands for Improving Access to Psychological Therapies. The staff work in GP Practices and talk to people who have mental health problems and help them get better.
Independent regulator	These are the people who check that we are running safe services, that we are not overspending our money and that our staff and service users are happy. Their name is Monitor.
Objectives	This is when we say what we want to do.
Pathway and Care Pathway	This makes sure that everyone in a service gets support that helps them with their problems. It shows what they should get when they join a service until they leave a service.
Project	This is a task or a plan that has a start and finish date. It has a clear goal, for example, to reduce a waiting list or to redecorate a ward.
Psychosis	This is when someone is ill and might be hearing voices or seeing things which aren't there.
Quality improvement priorities	This helps us to make sure our services get better. We say what we want to do and then we check whether we are doing it.

Recovery based care plans	This is a plan that describes the way a person's ongoing care is managed
Recovery College	The Recovery College will have lots of courses, seminars and workshops for people who use adult mental health services. Carers and relatives can attend. So can our staff. The courses will be free. The courses will help people to make better choices and get better.
Recovery Education Programme	This is a course run by SPACES for people who use adult mental health services. It helps them to learn about their illness and helps them get better.
RESPECT	This is the name of the training programme we use to help our staff look after people when they are angry or upset.
Seclusion and restraint	Sometimes when people are very angry or upset we may need to help keep them safe. Sometimes this means holding them and stopping them from hurting themselves or others. This is restraint. Sometimes this means putting them in a safe room so they do not hurt themselves or others. This is seclusion. If we do this, we make sure we check on them and let them out as soon as they feel better.
Targets	We set these to help us make sure we do what we say we want to do.

