



## How we improved services in 2014-15



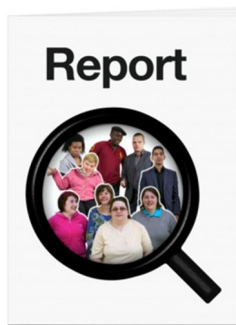
Easy Read version of Sheffield Health & Social Care NHS Foundation Trust Quality Account 2014-2015

# Introduction



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

- Learning Disability Services (Health and Social Care)
- 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

7



What we want to do over the next 2 years

18



Checking how we are doing

19



This year's targets

20

Next year's targets

23



More information

25

Contact us

26

Health and technical words

27

# What we wanted to make better



With the help of our service users and members we set ourselves targets for 2014/15.

These were:



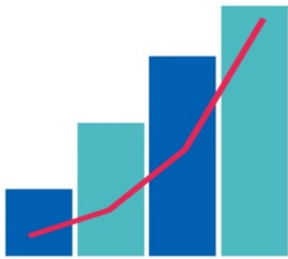
- Making it easier for people to access our services



- Improving the physical health care given to our service users



- Improving the service user experience across all our services.



This report will show how well we have done over the past.

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

# Quality Objective 1

## Making it easier for people to access our services

### What we said we would do



Reduce the time it takes for people to be assessed when they are referred to three of our services

- The Improving Access to Psychological Therapies (IAPT) Service
- Adult Community Mental Health Teams
- The Memory Service

### What we did



We have reduced the waiting time in the IAPT Service to 3.5 weeks.

We had some GP Practices where the waiting time was very long (nearly 10 weeks). The waiting time in these Practices are now 1.9 weeks.



In our Adult Community Mental Health Teams we have changed the way we manage referrals, the way we offer appointments and how we use clinics. The wait to be seen is now much shorter.



We didn't do so well in the Memory Service. We have agreed plans to provide more follow-up appointments closer to home. This is better for patients and should improve waiting times.

## What we will do next



We will keep making improvements to waiting times for the Adult Community Mental Health Teams.

We will agree plans for the Memory Service. More people are being referred to the Service so we need to include this in our plans.



We will set waiting time standards for all our services and share information about how we are doing.



## Quality Objective 2

### Improving the physical health care given to our service users

#### 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. As a Trust we have agreed to go smoke free. This will mean that we support service users and staff to stop smoking and will not allow smoking anywhere on our premises.



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

On our wards we make sure we assess for alcohol use. We will start doing this in our community teams.



We have improved the quality of food available in our residential services. Advice on diet is being made readily available to service users. We have looked at how we help people to lose weight.



We have introduced a wide range of training programmes about diabetes.



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



We are supporting our service users with their physical health care. How we record physical health assessments on our wards has improved but we want to do more.

## What we will do next



We will make sure that nicotine replacement treatments and patches are available for service users. We will also train staff to help people to stop smoking



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

## Quality Objective 3

### Improving the service user experience across all our services.

▪

#### What we said we would do



Set up a service user led unit to lead on work within the Trust to understand the service user experience



Review our existing plans to make sure they were focussed on the right issues.

#### What we did



We appointed a service user to lead the service user experience monitoring unit.



We put together a programme to:

- Make sure we collect information about the service user experience across all services
- Make sure that when we are taking important decisions we involve service users
- Make sure that we check how we get service user feedback and that we share this with the right people
- Make sure we have good computer systems to help us collect feedback
- Develop targets for to make sure we support recovery in certain services.

## **What we will do next**

We will what we have said we will do and we will let you know how we get on next year.

# How are we doing on previous years' Quality Objectives?

Last year we said that as we had made such good progress with two of our Quality Objectives, they would no longer be part of our formal Quality Objectives. This does not mean that we have stopped working on them. We are still working on them.

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



We have a new project group working on this across the whole Trust.

They are working to:

- Put together a report which shows all the use of restraint and seclusion across the Trust
- Look at what causes challenging behaviour
- Reduce the need for restraint and seclusion
- End all face down physical restraint
- Provide support to service user in a way that means we don't need to use seclusion





- Train staff so they feel able to deliver care in a safe and supportive way.

So far the group has achieved:

- Only one incident of face down restraint during the whole year
- The introduction of an electronic reporting system
- A better understanding of the way restraint and seclusion are being used (as a result of better reporting).
- We will continue working to reduce incidents of violence and aggression and to use restraint and seclusion less.





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



In last year's Quality Account we said that the number of falls that resulted in harm had reduced by 25% over the previous 3 years.



This year the number of falls that resulted in harm increased. We looked at where this was happening – Woodland View Nursing Home.



The people being admitted to Woodland View Nursing Home has changed and the residents now have more complex needs.

We have put in place special training for staff at Woodland View (and other residential services).



We are making improvements to how we assess and screen for falls when someone is admitted to one of our wards or units.

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

## 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. All service users receiving on-going care and treatment will have an assessment and plan to meet their physical health needs.



From April 2015 onwards, all services will ask for service user feedback. They will also share what action they have taken in response to the feedback.

## 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 became the registered provider of the Brierley Medical Centre in Barnsley.



The Care Quality Commission visited lots of our services as part of a planned inspection. We are waiting for their report on what they found.



The Care Quality Commission also made 7 visits to see how we deliver care and treatment to people who are detained under the Mental Health Act.

## 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 £1,780,537.



We met most of the targets and received 83% of the money.

The targets were:



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

We achieved this.



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

We achieved this.



- To implement the Friends and Family Test.

We achieved this.



- To improve physical healthcare to reduce premature mortality in people with severe mental illness.

We partially achieved this.



- To make sure people who are referred for a routine assessment will be assessed within 2 weeks.

We partially achieved this.



- To make sure people using mental health services should have a care plan agreed with them and in place within 4 weeks of assessment.

We achieved this.



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

We partially achieved this.

## Next year's targets

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



To improve physical healthcare to reduce premature mortality in people with severe mental illness.



For 80% of people referred to the IAPT Service to start treatment within 6 weeks of being referred.



To improve access to dental care for people who need hospital care for longer than a year.



To make sure people have access to support to help them stop smoking.



For 80% of cluster reviews to be undertaken within the agreed timescales.



To continue to use the e-discharge care plans and extend its use to other services in the Trust.



To improve our screening and assessment of people's alcohol use.



To improve the information we collect about if people have a copy of their care plan, the advice and support provided to carers and the use of recovery and relapse prevention plans.



## 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](mailto:complaints@shsc.nhs.uk)



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

## Health and technical words

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.
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	<p>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:</p> <ul style="list-style-type: none"><li>• Psychiatrists (Doctors)</li><li>• Psychologists</li><li>• Nurses</li><li>• Social Workers</li><li>• Support Workers</li><li>• Occupational Therapists</li></ul>
Commissioners	<p>These are the people who give us money to provide services.</p> <p>For some of our services, the Commissioner is Sheffield City Council.</p> <p>For other services, the Commissioner is NHS Sheffield Clinical Commissioning Group or NHS England.</p>
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.

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.

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.
Quality improvement	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
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.

