

4. Annual Quality Accounts

Part 1 – Statement on Quality from the Chief Executive

I am delighted to introduce the Trust's second annual quality report. The Trust is completely committed to providing high quality care and treatment.

The Trust published its Quality Framework in May 2009 (available on the Trust's website or hard copies are available from the Director of Quality.) In the Framework, the Trust re-affirms its core commitment to quality. It defines quality as *'health and social care that is service user centred, safe, effective and promotes equality and inclusion'*.

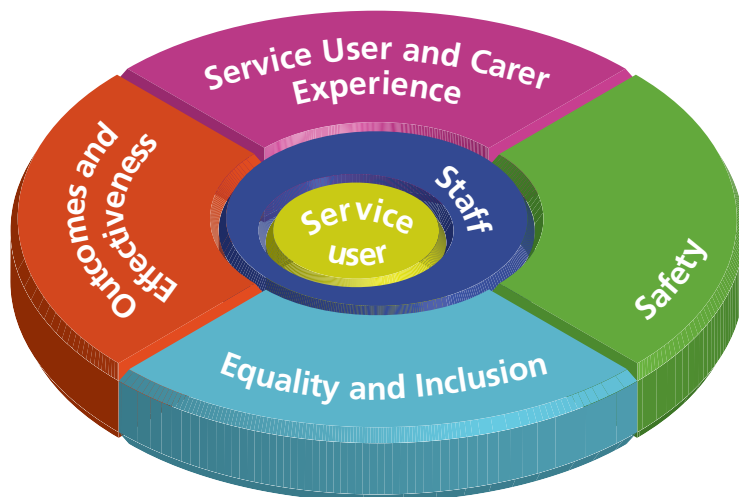


Diagram: The Trust's definition of quality

The service user is placed at the centre of this diagram, linked to staff, to indicate that the heart of quality lies in the interaction between service users and all the staff of the Trust.

All health and social care staff have a *duty of quality*: to meet standards and maintain a high standard of care, to strive to improve the quality of care.

I can show you many examples of good quality in the Trust's services, but I am not complacent and I know there is still work to do. For the last three or four years our Trust has developed robust procedures for the implementation of all NICE guidance relevant to mental health including establishing more than 20

implementation teams. This report will show you where we are doing well and where we need to make changes and improvements.

Some highlights in terms of quality improvements made over the last year have been

- The redesign of the acute care pathway with a focus on setting quality standards, measuring delivery and holding to account
- The successful development of the Productive Ward project on two wards has led to ward teams working together to find ways of working more efficiently so that more time is available for what staff really want to do – spend time working with service users. This project will be spread out to more wards over the next year
- Work in partnership with Sheffield Teaching Hospitals NHS Foundation Trust to make sure that when people with learning disabilities are admitted to hospital, their extra needs are identified and made known to staff on the wards
- The development of new models of care in recovery, rehabilitation and mental health with a much stronger focus on social inclusion, recovery and self directed support. The traditional day services are being replaced by the Sheffield Pathways and Access Community Engagement Service (SPACES) and will be changing more in the year ahead
- Service users of the Substance Misuse Service have worked with Patient Opinion to make sure that they can give feedback to the service – and the service has acted on what it has heard
- Many more people with dementia have been helped to live at home for longer, with a 27% reduction in admissions to long term care after the redesign of the dementia services, including closure of two wards and the successful development of a community based rapid response team
- Integration of the community teams working with older people with mental health problems means that services are more accessible, efficient and 'joined up' for the people who need them
- The programme of work aimed at preventing falls, led by the NICE Falls guidance implementation group, has included some innovative approaches such as engaging service users on older adults wards at risk of falling, through role play and other interactive approaches

- The great increase in the availability of psychological treatments in primary care for common mental health problems such as anxiety and depression through the new IAPT service – and the proven impact this service is having on people's mental health and wellbeing and their ability to return to work
- Team governance continues to thrive in the Trust, with every team producing a report on the quality of the service it provides at least annually. Service users and carers are involved in this work
- As you read through this Quality Account and the Trust's Annual Report, you will find other examples of work being done by staff, service users, carers and governors to improve the quality of care and treatment.

We have also been working to meet some challenges and improve our ability to make improvements to services in line with the requirements of external regulators and commissioners.

- During 2009/10, a new regulator for health and social care, the Care Quality Commission (CQC) came into being. The Trust prepared for registration with the CQC under its new regulations by informing and involving clinical staff and team managers in looking at the evidence for the quality of care and treatment, reporting at location level and not just Trust-wide. The Trust was fully registered for all activities in all areas from 1st April 2010 as a result of this work
- The final review of Trust services by the Care Quality Commission using the old 'Annual Health Check' process took place in Autumn 2009. The Trust scored 'good' for quality of care, which was a reduction from the previous year's score of 'excellent.' The reason for the lower score was underperformance in two areas:
 - Meeting the mental health needs of people with learning disabilities as measured on the 'Greenlight toolkit'
 - Delayed transfers of care
- Both issues were reviewed. The Trust has made significant progress on the Greenlight toolkit and is meeting the CQC expectations. It anticipates it will also meet the 'delayed transfers of care' measure, when this is announced by the CQC
- Work has begun to improve the serious incidents procedures in the Trust, to make sure that serious incidents are identified, reported, investigated and managed well, and that learning from serious incidents is shared effectively across all parts of the Trust. The aim of this important project is to reduce the overall harm caused by serious incidents and improve service user safety
- We will continue to work on the experience of safety, privacy and dignity on the wards by making sure we always have single sex sleeping and bathroom/toilet arrangements, women only lounges and safe and effective ways of managing any threat of violence or aggression. We will make sure that we ask service users about their experiences on the wards and that we learn from their feedback
- The Trust has set up five transformational Quality Innovation Productivity and Prevention projects to improve the efficiency and effectiveness of our services. These include reconfiguring in-patient services and community teams, improving our PICU facility and developing alternatives to acute admission. We have also developed new plans to improve efficiency and quality of care in dementia and learning disability services
- Following the agreement of the city wide Carers' Strategy, the Trust will be developing an action plan in 2010/11 to describe how it will take forward improvements to the support provided for carers.

The quality of the care and treatment we provide is reviewed by national regulators and by our commissioners.

- The Care Quality Commission said the quality of our care was 'good' in 2009/10 and registered us fully without conditions under their new registration system
- Monitor scored us as 'green' for governance and we met their quality of care indicators
- We scored 100% with the new indicators for quality improvement set by NHS Sheffield following the guidance of NHS Yorkshire and Humber (the 'CQUINs')
- We have met all the quality requirements of our commissioners during the year
- We meet regularly with NHS Sheffield and Sheffield City Council and we review safety and quality of services at these meetings

We will continue to work with service users and carers, our staff, members and governors and our partners in the city of Sheffield in the year ahead to make sure all our services are of the best possible quality.



This is how we will do it:

- We will listen to feedback from service users and carers. Whether complaints or compliments, patient meetings on wards or responses on questionnaires or surveys, we will listen to what you tell us and take action to make improvements
- We will include service users, carers, governors and LINKS in our new Quality Check meetings and visits to service areas
- We will equip our staff through training and professional development to provide good, safe, accessible care and effective treatment
- We are setting up a new web-based system called the Intelligent Board which brings together information about service user care and treatment, staff, safety and finances into a single system. The Intelligent Board will produce reports for the Trust Board of Directors, for our commissioners, for teams and directorates which can be used to measure quality, safety, effectiveness and efficiency

- We will continue to support and develop team governance
- We will increase our efforts to implement NICE guidance across all services in our Trust and extend the routine collection of data on outcomes and the experience of care.

I declare that to the best of my knowledge the information included in the 2009/10 Quality Account provides an accurate picture of quality in the Trust.

I commend the Quality Account to you.

Kevan Taylor.

Kevan Taylor
Chief Executive Officer
May 2010

Part 2 – Priorities for Improvement and Statement of Assurance from the Board

What we did last year

As an NHS Foundation Trust we were part of the annual quality account pilot group so we produced a quality account for 2008/09.

Sheffield Health and Social Care NHS Foundation Trust set four quality objectives for 2009/10 in June 2009.

The Trust Board developed these objectives using the 5 step process described in the Trust's Quality Framework:

- Reviewed information gathered during the year from consultation with the Council of Governors and from two Trust-wide Improving Quality events for service users and carers. From this process it was determined what the priorities for quality improvement were for service users, carers, staff, members and governors
- Reviewed Trust data regarding quality performance, from both internal reports and reports from regulators and auditors
- As a result of details gained from this information, together with additional corporate knowledge, two questions required answering:
 - What do we *need* to change?
 - What do we *want* to change?

- From a series of iterations of these specific questions, four priority areas for quality improvement were agreed
- Finally these priority areas were turned into more specific, measurable objectives as noted below :

The four quality objectives for 2009/10 were:

- To achieve a target of four hours from referral to assessment for crisis referrals for service users in adult and older adult mental health care including dementia services
- To improve the satisfaction of people from black and minority ethnic groups with the cultural appropriateness and respect of the services they receive
- To improve the experience of privacy and dignity of people on the acute mental health wards (all ages) as reported by service users
- To reduce potential harm to service users from them being given the wrong drugs or wrong dosage when they move to a new team or ward.

How we performed on last year's objectives

1. Four hours wait from referral to assessment for crisis referral**Why we chose this objective:**

Improving access to services, especially at times of crisis, is a priority for governors, service users and carers more generally (this was identified from Governors' meetings and Improving Quality events).

This information has been collected throughout the Yorkshire and Humber region during 2009/10 as part of the regional Commissioning for Quality and Innovation scheme (CQUINs). It reflects the Strategic Health Authority's vision of 'no waits for mental health' described in its Healthy Ambitions Plan. In future, therefore, the Trust's performance will be able to be compared with other trusts providing the same kind of service in the region.

There has been considerable work in the region throughout the year to agree clarity and a shared definition of the indicator. Initially other trusts were defining the target in very different ways which reflect the variety in which crisis care is provided. The first comparator data reported through CQUINs reflects this. For this reason, the Trust has chosen not to publish the benchmarking data for 2009/10.

While this work was in progress for adult mental health the Trust did not expand its reporting to include older people and those people referred to the dementia rapid response team. It intends to do so in 2010/11. Making sure there is no age discrimination against older adults is a priority for the Trust, its governors and members.

Action taken to deliver improvement target

The acute care pathway redesign is aimed at improving access to crisis services and includes monitoring performance on this target. An aim of the redesign is to ensure people in crisis are seen as quickly as possible by the right person. The new care pathway came into force in December 2009.

Outcome

Table 1 – % of service users meeting the 4 hour waiting time target

Trust	Quarter 1 09/10	Quarter 2 09/10	Quarter 3 09/10	Quarter 4 09/10
Sheffield Health and Social Care	Data not collected	47%	50%	59%

Comments

These figures should be seen as the initial baseline figures, to be built on in subsequent years. **It is proposed to continue and expand work to improve access to assessment in a crisis in 2010/11.**

2. To improve the satisfaction of people from black and minority ethnic (BME) groups with the cultural appropriateness and respect of the services they receive

Why we chose this objective:

Analysis of the demographic data on Insight and annual CQC census returns indicate a number of areas where black and minority ethnic service users are under, or over, represented. For example, men from African Caribbean backgrounds are more likely to be diagnosed with psychosis, admitted to acute wards and more likely to be detained under the Mental Health Act. A similar pattern is found nationally [see for example the Aetiology and Ethnicity in Schizophrenia and Other Psychoses (AESOP) studies reported by Fearon and his colleagues in 2006].

Improving the experience of people from BME communities was identified as a priority by service users and carers at an Improving Quality event.

Action taken to deliver improvement target

A series of programmes of work are underway to improve access and enhance the quality of care received by people from different BME groups:

1. Three Enhancing Pathways into Care (EPIC) programmes targeting the Pakistani, African Caribbean and Somali communities and their access to acute care
2. Emotional Wellbeing Service supporting Pakistani women and Yemeni men in mental health awareness and access to services in the community
3. Transcultural team delivering a clinical service and also building the capacity of colleagues in working with service users from minority ethnic groups.

A new BME Community Engagement Group, chaired by the Executive Director of Operations, has been set up to co-ordinate and prioritise the different work in the Trust in this area.

During the year, the Multi-Agency Assessment Template (MAAT) Probe voluntary sector group reviewed the quality of care for African-Caribbean people on the wards of this and other trusts in the North of England. They have presented their results to the Trust and received a commitment from the Chief Executive that their concerns will be addressed. An action plan has been drafted to deliver improvements in the use and application of restraint techniques and to make sure that there is greater use of occupational therapy and talking treatments.

An Improving Quality event took place in April 2010 and reported back to service users, carers and governors on what the Trust is doing to improve the quality of care and experience of BME service users.

Baseline data has been collected during the year so that the impact of these improvement initiatives can be measured. Measures being collected include the use of the Mental Health Act, restraint and seclusion for different ethnic groups.

Outcome

The Trust maintains good records of the ethnicity of service users so that it can analyse quality indicators by different ethnic groups, and is performing best in region on the CQUINs indicator for ethnicity recording (CQUINs Quarter 3 data).

Having this data is not an end in itself however, it allows the Trust to analyse other aspects of care which may be of concern, such as detention under the Mental Health Act and the use of restraint or seclusion.

The Trust monitors the use of restraint and seclusion on wards by ethnicity.

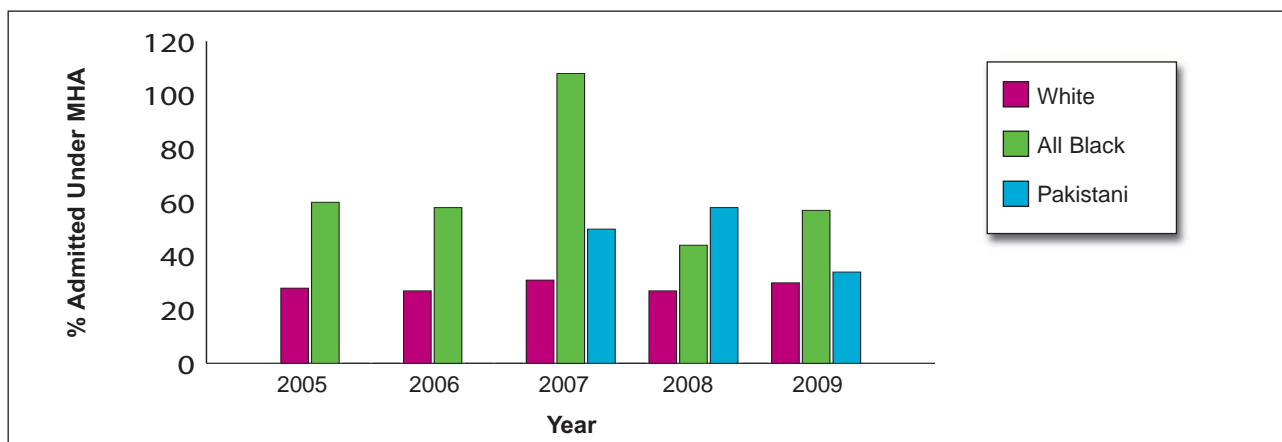
Table 2 – Use of seclusion on in-patient wards, by ethnicity, from SHSC records with 2001 census figures for Sheffield as comparator

Ethnic Group	2007-08	2008-09	2009-10	3 Yr Average %	2001 Census
White British	66.2%	67.4%	54.3%	62.7%	89.64%
Black African	13.5%	6.1%	9.5%	9.0%	0.59%
Black Caribbean	1.4%	6.8%	5.7%	5.1%	1.12%
Ethnicity Not Stated	1.4%	0.8%	13.3%	5.1%	
Other	0.0%	4.5%	7.6%	4.5%	0.44%
Mixed White & Asian	4.1%	2.3%	6.7%	4.2%	0.30%
Pakistani	4.1%	3.8%	1.9%	3.2%	2.71%
White Other	1.4%	4.5%	0.0%	2.3%	1.57%
Asian Other	2.7%	0.8%	1.0%	1.3%	0.48%
White Irish	1.4%	2.3%	0.0%	1.3%	0.72%
Chinese	2.7%	0.0%	0.0%	0.6%	0.52%
Black Other	1.4%	0.0%	0.0%	0.3%	0.13%
Mixed Other	0.0%	0.8%	0.0%	0.3%	0.26%

More information about the experience of people from BME communities in in-patient services for both mental health and learning disabilities services comes from an annual Census. This is carried out by the CQC (formerly the Mental Health Act Commission) on 31 March each year and began in 2005.

The national figures from the census indicate a rise in the number of people overall detained under the Mental Health Act since 2005. Service users who are detained under the Act formed 31.8% of admissions in 2009. For people from Black and Black British groups, the proportion of service users who are detained rises to 53.8% of admissions (MHMDS data NHS IC 2009). This difference is also found in Sheffield over the last five years:

Diagram 2 – People admitted under the Mental Health Act – percentage of all people admitted who were detained under the Act, for 3 main ethnic groups (information from annual CQC Census)



Comments

It is proposed to continue and expand work to improve access to assessment in a crisis in 2010/11. Early in 2010/11, the BME Community Engagement group will set clear and measurable objectives for improvement in the year ahead.

3. To improve the experience of privacy and dignity of people on the acute mental health wards (all ages) as reported by service users

Why we chose this objective

This area did not score well in a review of adult mental health in-patient services in 2008 and actions have been taken since then to improve service user experience of privacy and dignity on the wards. All the actions in the plan following the Healthcare Commission (HCC) Review have been completed. The Board wished to ensure that the experience of privacy and dignity was good for all ages and included people with learning disabilities.

During the year the annual CQC Patient Survey of in-patients highlighted that the Trust fell in the bottom 20% of mental health trusts nationally on sharing accommodation with a person of the opposite sex:

During your most recent stay, did you ever share a sleeping area, for example a room or bay, with patients of the opposite sex?

The Trust was concerned by the response and asked the Head of Practice Development and Safeguarding to investigate what might lie behind it.

Actions to deliver improvements

The Trust has assured that all its accommodation is single sex and sharing with members of the opposite sex does not happen. It has declared full compliance with Delivering Same Sex Accommodation census requirement. (March 2010).

Two project leads, a nurse and a service user, were employed on an innovative 'privacy and dignity' project. They engaged with service users and staff to identify and share good practice, highlight areas in need of development and design, in partnership, strategies to improve the service user experience. Additionally they talked to service users to try to understand what perceptions might lay behind the responses on the Annual Patient Survey. The survey was carried out in November 2009 and repeated in February 2010 and March 2010 (March results are not yet available).

Outcomes

Table 3 – Survey on in-patient service users

	Results - Nov 09	Results - Feb 10
Number of questionnaires issued	104	58
Number of questionnaires returned	47 (45%)	17 (39%)
Survey questions		
When you were first admitted to a bed on a ward, did you share a sleeping area with patients of the opposite sex?	Yes – 2 No – 44 No response – 1	Yes – 17 No – 0
While you were staying in hospital, did you ever share the same bathroom or shower area as patients of the opposite sex?	Yes – 3 No – 44	Yes – 2 No – 15
During your most recent stay, did you feel safe?	Yes – 38 No – 9	Yes – 13 No – 4

For all respondents who said they had shared a sleeping area or bathroom with a person of the opposite sex, the ward records were checked and it was found that this was not the case. There were indications from the interviews that some service users had been confused by or misunderstood the questions, for example

interpreting a question as to whether they would *mind* sharing with a person of the opposite sex. Further exploration in the interviews showed that in some cases, service users had chosen to use bathrooms allocated to the opposite sex, or that they had to go past members of the opposite sex to reach a bathroom or shower area. In November the ward had been undergoing bathroom refurbishment at the time of the survey, and no instances of sharing a bathroom or shower area were reported in the February survey.

The issues raised in response to the question about 'feeling safe' were:

- Concerns about safety of belongings
- Physical safety when other service users become agitated and aggressive
- Physical safety including female patients walking past male patients while in their nightwear
- Fears about sexual safety.

A second project, led by the Mental Health Citizens Advice Bureau, has seen a group of service users interviewing people on wards about their experience of care on the wards.

The Trust will continue to work with service users in the year ahead to understand why service users may not feel safe in hospital and agree ways to address the issue where possible.

4. To reduce potential harm to service users from them being given the wrong drugs or wrong dosage when they move to a new team or ward

Rationale

Medication errors present a significant risk of harm to service users and are more likely to occur on transfer between services and at the point of admission to acute care. The National Institute for Clinical Excellence (NICE) and the National Patient Safety Agency (NPSA) issued joint guidance on medicines reconciliation in 2007, as an important patient safety issue.

Actions to deliver improvement

The Trust is participating in the national Prescribing Observatory for Mental Health (POMH-UK) audit for medicines reconciliation. Baseline data has been collected and reported to the national audit group.

Outcomes

The results from the first POMH-UK baseline study show that the Trust was in the top quarter of the 42 mental health trusts nationally who participated in the study for documenting the medication prescribed prior to admission. The notes of 32 service users from eight clinical teams were audited. All service users had some record of their medication in their notes. Just under 60% of the service users had a record noting whether or not they were taking their medication as prescribed – this percentage is above the average in comparison with the other trusts. The study looked at different sources of information about medication, these were service users themselves, carers, GPs, community teams, also checking the actual medication brought into the ward etc. Where two or more sources were checked, discrepancies were found in about a quarter of the cases nationally, and a similar result was also found in Sheffield Health and Social Care NHS Foundation Trust information. The authors of the report point out that in most cases these discrepancies were not clinically significant.

Participation in studies like this assists staff to be vigilant about possible errors in medication on admission to acute wards, encourages them to check different sources of information and make sure people are given the right medication. The Trust will repeat this study in future years to see if it has made a real difference.



What we will do in the year ahead

Priorities for improvement for 2010/11

The Trust Board is proposing four quality objectives for 2010/11. It has built on last year's work to develop the first annual quality objectives and the consultation carried out with services users, carers, staff, members and governors. The Board and governors have reviewed all the Trusts priorities for development as part of the annual planning cycle. The quality accounts and priorities for quality objectives in 2010/11 were discussed at two meetings of the governors in April and May 2010.

SHSC defines quality as 'health and social care that is service user centred, safe, effective and promotes equality and inclusion'.

The Board wishes to set four quality objectives and to make sure these reflect the Trust's four components

of quality. Two are a continuation from 2009/10 and two are new ones. The four objectives are:

- To achieve a target of 4 hours from referral to assessment for crisis referrals for service users in adult and older adult mental health care including dementia services
- To improve the satisfaction of people from BME groups with the cultural appropriateness and respect of the services they receive
- To make sure we are collecting, listening to and acting on views and feedback from service users and carers
- To improve the support, advice and care we provide to service users with regard to their nutritional needs.

Following feedback from the governors and the City Council Scrutiny Board, which was attended by LINKs members, the Trust will also prioritise the question of access to a 24-hour phone line for service users, including people with dementia and their carers, through its business planning processes.

1. To achieve a target of 4 hours from referral to assessment for crisis referrals for service users in adult and older adult mental health care including dementia services

Lead: Jason Rowlands, Director of Planning and Performance

Why we chose this objective

Service users, carers and governors have told us how important it is to them that our services are accessible and that people do not have to wait for long when they most need help i.e. in a crisis. The acute care pathway has been redesigned with a new pathway implemented from December 2009 in an attempt to reduce the times people in an acute mental health crisis have to wait from being referred to when they are assessed.

It is also important to our NHS Sheffield commissioners, who have chosen to set it as a CQUIN (quality measure.)

The number of people (working age adults with acute mental health problems) waiting for less than four hours from referral to assessment was 59% at the end of 2009/10.

During the consultation on choice of objectives, there were strong representations from governors and LINKs about the inclusion of people with dementia in the target, and the Trust has agreed that they will be included. Older people with mental health problems and people with learning disabilities will also be included from 2010/11.

Current situation:

Work began on this first objective last year with sound foundations laid which will be built on during the year ahead. The four hour wait from referral to assessment in a crisis was a CQUIN target for working age adults and considerable effort was put into the work regionally and in the Trust to define how the waiting time would be measured and make sure it could be measured. The Board wishes to see the impact of the recent changes to the acute care pathway in terms of reducing the waiting time for assessment in a crisis.

The Trust, in collaboration with NHS Sheffield, will set targets for year on year reductions in the waits for assessment in a crisis. For working age adults, the target for 2010/11 will be 80%.

At present, the waiting times from referral to assessment are not routinely collected for service users with dementia, older people or people with learning disabilities.

Actions planned:

The acute care pathway has been redesigned and is showing a positive impact on reducing waiting times in a crisis. For adults of working age, reports will be produced monitoring the performance of teams against the 80% target. Appropriate action will be taken by managers to address any shortfall.

During 2010/11 systems and procedures will be put in place and baseline figures established, so that targets for waits for older service users, including those with dementia, and for people with learning disabilities, can be set for 2011/12.

How we will measure success

For working age adults quarterly CQUIN reports will demonstrate whether or not the Trust meets the 80% target during the year.

For other groups of service users, progress on implementation of the plan will be reported quarterly to the Board. Robust baseline data will be produced by the end of the year so that an improvement target can be set for 2011/12.

2. To improve the satisfaction of people from BME groups with the cultural appropriateness and respect of the services they receive

Lead: Liz Johnson, Head of Patient Experience, Inclusion and Diversity with support from Clive Clarke as Executive Sponsor and chair of BME/Community Engagement group.

Why we chose this objective

This second objective also continues from 2009/10 so that there will be sufficient time to demonstrate an improvement. The reasons from last year remain valid, but the work already undertaken has clarified which areas need to be prioritised.

These are:

- To make sure people from BME communities are accessing services at an early stage and not only in crisis or when detained under the Mental Health Act
- To reduce the negative experiences of people from BME communities, specifically to reduce the use of restraint and seclusion, and to reduce the length of stay on acute wards
- To increase the positive experiences of people from BME communities, e.g. access to talking therapies and constructive activities.

We will also analyse the service user satisfaction measures and feedback we receive by ethnicity, to see if there are any differences for people from different ethnic groups that may need further attention.

Actions planned

1. Access at an early stage
 - Analysis of the information shows that people from BME groups are already making good use of the Trust's Early Intervention services. This will continue to be monitored in 2010/11
 - The IAPT service has reviewed its information and taken a number of actions to increase the uptake of talking therapies by people from BME groups, including partnership working and running talking therapies in voluntary and community organisations. It has also set up a city centre walk in service, as the national evidence has shown that that kind of initiative can improve access by people from BME groups. The impact of this work will be reported during 2010/11.
2. Reduction of negative experiences
 - Following the Maat Probe feedback, the Trust is reviewing and improving its approach to the management of violence and aggression and the use of restraint

- An analysis of the reasons for people from BME groups having a longer stay in hospital will be completed during the year.
3. Increase of positive experiences
 - Building on the IAPT work (described above) access to talking therapies in other trust services and their uptake by people from BME communities will be considered during the year
 - Access to constructive activities, including access to employment, for people from different ethnic groups will be reviewed.
 4. Staff training
 - To deliver more training to staff on equality and on working with people from different cultures.

How we will measure success

A quarterly report to Board will measure the following

- Access to early intervention services by ethnicity
- Access to IAPT by ethnicity
- Progress on the review of Trust training in the management of violence and aggression, including use of restraint
- CQUIN results on – comparative use of restraint, seclusion, length of stay and detention under the Mental Health Act.

Measures on the uptake of talking therapies and constructive activities will be confirmed and added during the year.

We will analyse the service user satisfaction measures and feedback we receive by ethnicity, to see if there are any differences for people from different ethnic groups that may need further attention. Gender and age will also be considered.

Reports on numbers of staff receiving equality and cultural competence training will go to HR and Workforce Group quarterly. Results on the CQC staff survey will be analysed to see if there is an improvement in the numbers of staff reporting that they have received equality and diversity training.

3. To make sure we are collecting, listening to and acting on views and feedback from service users and carers

Lead: Tina Ball, Director of Quality

Why we chose this objective

Service user and carer feedback is essential for us to learn and improve as an organisation. We want to measure what people think of our services.

Current situation

We use the feedback we get from people raising complaints or concerns, and the positive feedback we receive too. We produce an annual report on complaints, copies of which are available from the Complaints and Litigation lead. The CQC Annual Patient Survey provides useful feedback for the Trust and action has been taken to try to improve in areas where the Trust scores relatively low in comparison with other trusts.

Many teams in the Trust collect feedback from service users via questionnaires, quick surveys or group meetings, which they use to inform practices to improve the quality of care and treatment. However, this does not happen in all teams in the Trust, and questionnaires or surveys are not always repeated.

Actions planned

The plan for 2010/11 is to ensure that all teams collect and make use of service user feedback, and that consistent measures are used for similar services. This will enable the formation of a strong foundation for improvement in future years.

A 'sharing good practice' event will be held in the year to demonstrate how service user feedback from questionnaires or outcome measures can be used to make a difference for service users, carers and staff.

Exit interviews for service users leaving the wards will be implemented.

Teams will be asked to use the information received from service user and carer feedback in their team governance reports and improvement plans.

How we will measure success

We will survey all teams early in the year to establish a baseline for the use of service user questionnaires or interviews at present.

Following the audit of current practice, good practice will be shared across the organisation and all teams will be expected to have carried out at least one set of questionnaires, surveys or interviews by the end of the year. The delivery of these questionnaires and the results found will be reported to the Board.

Team governance reports will be audited towards the end of the year for evidence that the service user feedback has been used in their production and for any improvement actions that have resulted from service user or carer feedback.

4. To improve the support, advice and care we provide to service users with regard to their nutritional needs

Leads: Tony Flatley, Lead Nurse supported by Jane Mckeown, Senior Nurse and Chair of NICE Nutrition Guideline implementation group

Why we chose this objective

Nutrition, the fourth objective, is a top priority for the Board and governors, with a strong belief that healthy eating is essential for both mental and physical health.

Our aims are:

- To prevent the malnutrition of vulnerable people in our acute or residential services
- To prevent or reduce obesity of people who may be at greater risk because of medication, their health condition or disability
- To improve the health and wellbeing of service users both physically and mentally
- To offer a choice of good and healthy food (where we provide it) as an important part of a positive experience for people using our services.

Current situation

The Trust already measures the use of nutritional screening tools for people admitted to acute care and it has achieved a figure of 90% for acute adult mental health in-patients and 84% overall in 2009/10. In 2008/09 the figures were 92% of adult inpatients and 81% across the Trust as a whole. The Trust will hope to see this improve in 2010/11. The provision of healthy menus is measured as part of the Patient Environment Action Teams (PEAT) assessments and all sites surveyed are currently scoring good or above on the food dimension.

Actions planned

Extend nutritional screening and assessment to all service areas.

Provide staff development programme for targeted areas relating to nutrition.

Improve menu planning and meal provision.

Improve the environment to support mealtime experiences in targeted areas.

How we will measure success

95% of in-patients aged 65 and over will have a nutritional needs assessment on admission and discharge.

A baseline will be established in 2010/11 from patient feedback regarding menus and meals provided.

There will be improved feedback from patient surveys regarding menus and meals provided in 2011/12.

How the 2010/11 priorities will be monitored, measured and reported

Action plans will be written to deliver each of these objectives, and will include clear outcomes, targets and time-scales. Leads have been identified for each objective.

Delivery of the action plans will be monitored by the Quality and Risk Group, reporting to the Board. Progress on the outcomes will form part of the Quality and Risk Dashboard report, which is presented on a monthly basis to the Board and Commissioners.

Statements of assurance from the Board

The following six statements serve to provide assurance that Sheffield Health and Social Care as a whole is:

- Performing to essential standards
- Measuring clinical processes and performance
- Is involved in national projects and initiatives aimed at improving quality.

Statement 1. Information on the review of services

During 2009/10 SHSC provided and/or sub-contracted 115 NHS services. SHSC has reviewed all the data available to it on the quality of care in seven of these NHS services. The income generated by the NHS services reviewed in 2009/10, represents 88% of the total income generated from the provision of NHS services by SHSC for 2009/10.

These figures are derived from the specific service headings in contracts with the Trust's commissioners. Contracts for training and those with a value of less than £100,000 have been excluded – some of the latter may not be covered by a formal contract.

The Trust reviews data on the quality of care with NHS Sheffield, Sheffield City Council and the specialist commissioners in regular contract and performance meetings. The other PCT commissioners who have relatively small contracts with the Trust have agreed to accept the quality review provided through NHS Sheffield as

Commissioner	Services commissioned	Number of services commissioned	Services formally reviewed with Commissioners	Services reviewed by Board
NHS Sheffield – mental health and learning disabilities	Directly commissioned patient services	37	37	37
NHS Sheffield – substance misuse commissioned via DAAT	Directly commissioned patient services	3	3	3
Sheffield Local Authority	Directly commissioned patient services	5	5	5
Other NHS PCTs	Directly commissioned patient services	60 + cost per case	0 – review of quality is via NHS Sheffield	60
Specialist Commissioners	Directly commissioned patient services	2	2	2
Housing Associations	Residential care services	8	0	0

assurance of the quality of service provided. The housing associations are responsible for the quality of care provided on their sites and registered as such under the Care Services Act.

We are actively working to develop and improve reporting on quality with the commissioners, for example by the use of CQUINs and other quality indicators.

In addition, the quality of care in all healthcare services was reviewed by the Trust Board as part of the process for CQC registration early in 2010. The quality of care for social care provision, currently registered under the Care Services Act, will be reviewed by the Trust Board in 2010/11.

All health and social care teams in the Trust produce annual team governance reports which are reviewed by their directorate senior management teams. Directorates' quality and performance is reviewed by the Trust's executive team in quarterly service reviews.

The data reviewed covers the Trust's four dimensions of quality – patient safety, clinical effectiveness, patient experience and equality & inclusion. Work is taking place to improve data collation and reporting through the new Trust web-based Intelligent Board system. However, it should be noted that to date, the amount of data available for review has not impeded effective review of the quality of care and treatment provided.

Statement 2. Participation in clinical audits and national confidential inquiries

During 2009/10, 13 national clinical audits and one national confidential enquiry covered NHS services that SHSC provides.

During that period the Trust participated in 92% of national clinical audits and 100% national confidential enquiries of the national clinical audits and national confidential enquiries in which it was eligible to participate.

The national clinical audits and national confidential enquiries that Sheffield Health and Social Care NHS Foundation Trust was eligible to participate in during 2009/10 were as follows:

- Medication prescribed – POMH UK
- Side effects of depot antipsychotics – POMH UK
- Lithium Monitoring – POMH UK
- Metabolic side effects of antipsychotics – POMH UK
- Medicines reconciliation – POMH UK
- National Physical Health Audit
- Antipsychotic use in Learning Disabilities – POMH UK
- National Falls Audit
- Dementia
- Psychological therapies
- National Continence Audit
- National Health Service Litigation Authority (NHSLA) record keeping – standard 4
- National Electroconvulsive Therapy (ECT) Audit
- National Confidential Enquiry into Suicide and Homicide by people with mental illness

The Trust chose not to participate in the National Continence Audit.

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 2009/10, 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. The Trust interprets this to mean as a percentage of the number of cases required nationally.

Name of audit / enquiry	Number of cases submitted	Number of cases submitted as % of number of registered cases required
POMH-UK – Medication prescribed	72	2%
POMH UK – Side effects of depot anti-psychotics	102	2%
POMH UK - Lithium Monitoring	560	19%
POMH UK - Metabolic side effects of anti-psychotics	125	3%
POMH UK - Medicines reconciliation	32	2%
National Physical Health Audit	30	2%
Antipsychotic use in Learning Disabilities – POMH UK	21	1%
National Falls Audit	Self assessment	1/173 Trusts
Dementia	30 patients / 20 carers / 20 staff = 70	2%
Psychological therapies	947	18%
NHSLA record keeping – standard 4	318	No target specified
National ECT Audit	12	1%
National Confidential Enquiry into Suicide and Homicide by people with mental illness	9 reported	No target – all cases meeting criteria were reported

The reports of 10 national clinical audits were reviewed by the provider in 2009/10 and SHSC intends to take the following actions to improve the quality of healthcare provided:

- All of the POMH UK audits were presented at the Trust-wide Audit Meetings where recommendations were made, e.g. sending out BNF prescribing cards. Re-audits are planned for all of these projects
- In terms of the Falls project, the Trust is currently benchmarking its falls data with other trusts. This audit was recently presented at a Regional Audit Conference in Wakefield
- A report has been received from the Royal College for the ECT audit and shows good compliance to the standards
- With regard to record keeping all teams received their results on laminated cards and the project was presented at a number of forums. A re-audit is almost done for this
- The national audit of psychological therapies is currently being written up.

The reports of 39 local clinical audits were reviewed by the provider in 2009/10 and SHSC intends to take the following actions to improve the quality of healthcare provided:

For example:

Compliance to NICE guidelines – Schizophrenia (Recovery & Rehabilitation)

- Assessment of occupational health needs
- Improvement of written information for service users
- Improvement in documentation of advance directives
- Increase the offer of family therapy and cognitive behaviour therapy.

A re-audit this year has shown that there has been an increase in the compliance to these guidelines in all these areas.

Suicide Audit

- Care Programme Approach (CPA) documentation in case notes
- Allocation to CPA (previously, to right level of CPA)
- Joint case review with Community Mental Health Teams (CMHTs) prior to discharge
- Explanations to service users about their medication
- Improved documentation of observations.

Since last year there have been improvements in these standards.

Physical Health Needs

The NICE guidance for Schizophrenia states that service users should have a Physical Health Check. This should happen in primary and secondary care.

- Physical health checks to be provided by the Sheffield Outreach Team (SORT), Hospital or GP
- Increase number of service users that have seen a dentist.

The re-audit has shown that:

- The total number of patients having a physical health check (either in hospital, by GP or SORT doctor) has increased from 77% to 83% in 2008.
- The percentage of patients that had seen a dentist has increased from 37% to 47%.

Violence and Aggression – NICE guideline

- Improve communication between staff and service users, especially at times of dissent
- Improvements to the environment.

Re-audit has shown improvement in the following areas:

- Handling dissent issues between healthcare staff and patients
- Patients seem more able to communicate with ward staff
- There have been some small improvements in aspects of the environment
- There has been a significant increase in staff that see the environment as more comfortable.

Further information on these and other local audits is available in the Trust's Annual Clinical Audit Report, available from the Trust's Clinical Audit Manager (jim.chapman@shsc.nhs.uk).

Statement 3. Participation in clinical research

The number of patients receiving NHS services provided or sub-contracted by SHSC in 2009/10 that were recruited during that period to participate in research approved by a research ethics committee was 403.

(Please note that some studies' figures are the ones estimated in researchers' applications.)

Statement 4. Use of the CQUIN framework

A proportion of SHSC income in 2009/10 was conditional on achieving quality improvement and innovation goals agreed between the SHSC and any person or body with whom they entered into a contract, agreement or arrangement for the provision of NHS services, through the CQUIN payment framework.

The amount of income in 2009/10 conditional on achieving CQUINs goals was £313,000. The associated payment received in 2009/10 was £313,000 as all agreed goals were met.

These goals were set as part of NHS Yorkshire and Humber 2009/10 regional CQUINs plan, which enabled the development of some regional benchmarking information.

During 2010 there has been the opportunity to develop more locally based CQUINs with NHS Sheffield, which the Trust has welcomed. Issues identified for prioritisation in 2010/11 include:

- Service user experience and quality of care, including aspects of physical health care
- Equality of access to services
- Improving access by reducing waits
- Pathway developments for dementia and for people with learning disabilities.

Further details of the agreed goals for 2009/10 and for the following 12 month period are available on request from the Executive Director of Finance.

Statement 5. Registration with the Care Quality Commission and periodic/special reviews

SHSC is required to register with the CQC and its current registration status is full registration for all activities across all locations. It has no conditions on registration. The CQC has not taken enforcement action against SHSC during 2009/10.

For the 2009/10 periodic review, the CQC will assess this Trust and other NHS providers on three assessments:

- Registration status, which will be constantly monitored and updated
- Achievement of the national priorities for 2009/10 which will be scored
- Quality of financial management in 2009/10 which will be scored.

The Trust has full registration for all activities across all locations, with no conditions. The scores for the last two elements are not yet available.

The periodic review replaces the previous Annual Health Check (AHC) – the AHC results for 2009 are reported in the section on compliance later in the report.

The Trust is subject to periodic reviews by the Care Quality Commission and the last review was in December 2009.

The CQC's assessment of SHSC following that review (Annual Health Check) was:

- good for quality of care, and
- good for use of resources.

The Trust intends to take the following action to address the points made in the CQC's assessment:

- Improve performance on the Greenlight toolkit (mental healthcare for people with learning disabilities)
- Reduce delayed discharges from in-patient services.

SHSC has made the following progress by 31 March 2010 in taking such action:

- Greenlight toolkit score is now reaching the CQC requirement
- Delayed discharges have been reduced to meet the CQC requirement.

SHSC has not participated in any special reviews or investigations by the CQC during the reporting period.

Statement 6. Information on data quality

SHSC submitted records during 2009/10 to the Secondary Uses service for inclusion in the Hospital Episode Statistics which are included in the latest published data. The percentage of records in the published data:

- which included the patients' valid NHS number was 99.8% for admitted patient care;
- which included the patients' valid General Medical Practice Code was 99.4% for admitted patient care (14 patients out of 2,238 were not registered with a GP).

The Sheffield Health and Social Care NHS Foundation Trust score for 2009/10 for Information Quality and Records Management, assessed using the Information Governance Toolkit was 72%.

SHSC was not subject to the Payment by Results clinical coding audit during 2009/10 by the Audit Commission.

Part 3 – Other information

Overview of the quality of care

Progress on quality measures selected by the Board in consultation with stakeholders

Last year, the Trust chose a number of quality measures to assess itself. These reflected national priorities and the Trust's own priorities for quality improvement.

Quality measures for patient safety

The Trust has chosen to report on Healthcare Acquired Infections (HCAs), deaths by suicide of service users and falls resulting in an injury to a service user, as well as the national 'never events'.

Rationale

- MRSA and Clostridium-difficile infection rates continue to be very low on all Trust sites. Infections overall e.g. of diarrhoea and vomiting viruses are reducing.
- As a Trust working with people with serious mental health problems, we recognise that death from suicide or self harm presents a serious risk for a number of service users each year and is a source of fear for their families and friends. We have systems in place to assess and manage the risk of suicide or self harm. We also carry out a detailed investigation of all deaths from suicide and of serious self harm, to see if there is anything the Trust could do better and to learn for the future. These systems are currently being revised and

improved. Information from the serious incident investigations is shared across the NHS and recommendations for improving the safety of services are made by the National Patient Safety Agency as a result. From this work, recommendations have been made for improving the safety of service users at times when they may be most at risk and most ill – in particular on the in-patient wards and in the seven days after leaving hospital.

- 'Never events' are very serious incidents that may have been preventable and are defined by the NPSA. The two that most apply to mental health and learning disabilities trusts are the death by hanging of an in-patient and misplaced naso-gastric tubes for feeding.
- Falls are the commonest cause of harm resulting to service users in this Trust and nationally for trusts working with older people, mental health and learning disabilities. The Trust has active work in progress to reduce the amount of harm suffered by service users as a result of falls.

All these measures are the same as last year, with one addition:

- The measure of whether service users received a seven day follow-up after discharge from hospital has been added to the patient safety indicators because this is a key recommendation from the NPSA to reduce the risk of suicide for people recently discharged from hospital care. It was reported as a clinical outcome last year.

All the figures are derived from Trust records.

Patient safety measures – results

Safety measure reported	2009/2010	2008/2009	2007/2008	Target if applicable	National benchmark	Data source	Standard national definition
MRSA bacteraemia cases acquired on residential and in-patient sites	0	0	0	Less than 1	N/A	Trust records	Yes
C-difficile cases acquired on residential and in-patient sites	0	2	3	To reduce		Trust records	Yes
'Never' events	0	0	1	0	N/A	Trust records	Yes
Suicide of in-patient or within 7 days of discharge from in-patient ward	1	0	1+1 narrative verdict	N/A	N/A	Trust records	
7 day follow-up of service users on CPA discharged from hospital – working age adults	97%	97%	95%	95%	N/A	Trust records	Yes
7 day follow-up of service users on CPA discharged from hospital – older adults	84%	96%	89%	N/A	N/A	Trust records	
Falls resulting in injury	490	503	539	N/A	N/A	Trust records	

Quality measures for clinical outcomes

The Trust has chosen to report on early intervention in psychosis, physical health checks for people with mental health problems, the number of people receiving Improving Access to Psychological Therapies (IAPT) and the effectiveness of IAPT treatments, and (new this year) minimising the delays in people being discharged from hospital and reducing emergency re-admissions.

Rationale

Early intervention is a critical part of getting effective treatment for psychosis – earlier specialist treatment has been shown to be associated with a better outcome for people who may be experiencing their first serious mental health problem.

There has been increasing recognition in recent years of the importance of maintaining good physical health when people have mental health problems. The Trust is committed to making sure that when people may be at their most vulnerable on admission to hospital, their physical health is assessed and treated as well as their mental health.

Two measures are provided to show the growth in the provision of effective, evidence based psychological therapies in primary care. The first is the number of

people seen by the Improving Access to Psychological Therapies (IAPT) service, introduced in 2008. The second is the recovery rate – people who report that they have made a significant improvement on a series of standardised clinical outcome measures after treatment by the IAPT service.

Service user experience measures

The following information comes from the CQC Annual Patient Survey. The full survey results are published on the CQC website www.cqc.org.uk. Please note that the survey in 2009 was of in-patients only - in previous years there was a random sample of all service users with mental health problems. For this reason, we are not presenting historical figures in this part of the report, but the results from previous surveys are available on the CQC website. The Trust is not using the same service user experience measures selected from the Annual Patient Survey last year because several of them were not included in the 2009 survey report.

In 2009, the Trust scored in the top 20% on 11 questions and the bottom 20% on six items (out of a total of 38). The areas of underperformance were in response to the questions:

- Did you have a contact number for someone from your local mental health services to phone out of office hours?

Clinical outcome measures – results

Clinical outcome reported	2009/10	2008/09	2007/08	Target if applicable	Benchmark	Data source	Standard national definition
New cases receiving early intervention service	313	147	115	90		Trust records	
Physical health checks of acute adult mental health in-patients	90%	92%	82%	100%		Trust records audit	
Physical health checks – all Trust	84%	81%	Not measured	100%		Trust records audit	
Number of people treated by IAPT	6292		N/A	5357		Trust records	
IAPT recovery rate	47%	48% (part year)	N/A	N/A	50% achieved in national pilots	Trust records	Yes – clinical measure of ‘caseness’ as defined in IAPT outcomes guidance

- During your most recent stay, did you ever share a sleeping area, for example a room or bay, with patients of the opposite sex?
- In your opinion, how clean was the hospital room or ward you were in?
- Was enough care taken of any physical health problems you may have?
- Notice of discharge from hospital
- Delayed discharge

The contact number for out-of-hours is a long-standing item where the Trust scores poorly. Action taken to address it includes giving service users contact details in their 'recovery folders' or on cards. The recovery folders have also enabled service users and staff to work together more closely around the discharge from the ward.

Actions to address the reports of sharing accommodation with a person of the opposite sex have been described in more detail earlier in this report, as this was the focus for a Trust quality objective for 2009/10.

A new physical health policy has been developed this year with greater emphasis on ensuring service users' physical health is checked and any concerns addressed.

The Trust plans to introduce service user experience measures or outcomes on a routine basis in 2010/11. A pilot study has taken place in learning disability services in 2009/10.

There was also a second pilot project in partnership with the CAB Mental Health Advocacy Service, this involved service user volunteers completing satisfaction questionnaires with in-patients. This has generated 110 completed questionnaires since December 2009 and plans are in place to use the results to support quality improvements on the wards.

Survey of in-patient service users	Based on service users responses to the survey, this Trust scored	How this score compares with other trusts
For questions about introduction to the ward	6.7/10	About the same
For questions about the ward	7.1/10	About the same
For questions about Psychiatrists	7.2/10	About the same
For questions about Nurses	7.1/10	About the same
For questions about medications	6.3/10	Better
For questions about care and treatment	6.9/10	About the same
For questions about talking therapies	6.9/10	About the same
For questions about activities	5.2/10	Better
For questions about physical health checks	6.9/10	About the same
For questions about rights	7.1/10	About the same
For questions about leaving hospital	6.9/10	About the same
For questions about overall care	6/10	About the same

Performance against Key National Priorities and National Core Standards

Performance against indicators and thresholds in the Monitor Compliance Framework

As an NHS Foundation Trust, we are required to deliver our services in line with the following key quality standards. The following table summarises how we have performed over the year 2009/10.

Monitor Target	Threshold	2009/10 performance – Q3 figures to be updated
100% CPA patients receiving follow-up contact within 7 days of discharge from hospital	95%	97.2%
Minimising delayed transfers of care	No more than 7.5%	6.4%
Admissions to in-patient services who had access to crisis resolution home treatment teams	90% of all admissions	94.6%
Maintaining levels of crisis resolution teams set in 2003/06 planning round or subsequently contracted with PCT	Agreed levels	Met
New home treatment episodes	1,202	1,365

As a provider of health and social care services, responsible for the delivery of a range of statutory functions for the Local Authority under a Section 75 Partnership Agreement, we also assess our performance against a range of national priorities for social care and social services.

The Trust continues to perform well across a range of social care indicators. Our strong performance contributed to the Local Authority achieving three stars for its last review undertaken in 2008 for the year 2007/08, and levels of performance have been maintained.

Standards	Target / Aim	How We Did
Adults with mental health problems helped to live at home ● Proportion of the Sheffield population receiving support	5.1-5.4 %	Achieved
Adults with learning disabilities helped to live at home ● Proportion of the Sheffield population receiving support	5.2%	Achieved
Social care assessments ● Numbers of assessments completed within 4 weeks	72%	Achieved
Provision of social care package ● Numbers of packages introduced within 4 weeks of an assessment	81%	Achieved
Services for carers ● Provision of carers assessments, advice and support	Assessment against standards	Achieved
Delivery of equipment and adaptations within 7 days ● Equipment items to support independent living/ home care, delivered within 7 days of client being assessed	87%	Achieved

Compliance with CQC core standards

Our performance on quality and safety is reviewed and assessed by the CQC and we have performed consistently well over the last several years.

During the year 2009/10, the CQC assessed the Trust's overall performance for the previous year on the last Annual Health Check and concluded that:

- The quality of our services are good
- Our use of resources was good.

Issues highlighted as areas of potential concern over the quality of services were:

- delayed transfers of care (the number of service users experiencing a delay in proceeding towards their discharge from in-patient care)
- access and provision of mental health services for people with learning disabilities where progress towards a set of national standards, the Greenlight toolkit, was seen as too slow.

Both areas have been re-assessed and improvements have been made during the year.

The new registration system with the CQC was introduced during the year. The Trust was required to assess the health care services it provides across all its sites and declare whether or not it met the new core quality and safety outcomes or regulations. A new process was introduced in the Trust to collect and assess the evidence of compliance with the outcomes in all its locations. This saw the participation and engagement of clinical and service directors, managers and clinicians and the Trust Board.

As a result of this self assessment, the Trust chose to declare non compliance for two outcomes in some locations, as shown in the table below:

CQC declaration of compliance with core quality and safety outcomes by location

Declaration of compliance submitted to CQC in application for registration January 2010											
Key Compliant G Non-compliant R	Locations										
	Fulwood	Longley	Michael Carlisle Centre	Forest Close	Forest Lodge	Wainwright Crescent	Grenoside	Assessment and Treatment Unit	Longley Meadows	Warminster Road	Rutland Road
Outcome No / Description											
1 Respect and involve	G	G	G	G	G	G	G	G	G	G	G
2 Consent	G	G	G	G	G	G	G	G	G	G	G
4 Care and welfare	G	G	G	G	G	G	G	G	G	G	G
5 Nutritional needs	G	G	G	G	G	G	G	G	G	G	G
6 Co-operating with other providers	G	G	G	G	G	G	G	G	G	G	G
7 Safeguarding	G	G	G	G	G	G	G	G	G	G	G
8 Cleanliness and infection control	G	G	G	G	G	G	G	G	G	G	G
9 Medicines management	G	G	G	G	G	G	G	G	G	G	G
10 Safe and suitable premises	G	G	G	G	G	G	G	R	R	R	R
11 Equipment	G	G	G	G	G	G	G	G	G	G	G
12 Workers requirements	G	G	G	G	G	G	G	G	G	G	G
13 Staffing	G	G	G	G	G	G	G	G	G	G	G
14 Supporting workers	R	R	R	R	R	G	R	R	G	G	G
16 Assessing & monitoring quality	G	G	G	G	G	G	G	G	G	G	G
17 Complaints	G	G	G	G	G	G	G	G	G	G	G
21 Records	G	G	G	G	G	G	G	G	G	G	G

The reason for declaring non compliance with 'safety and suitability of premises' for four of the Trust's learning disability locations was to do with the physical properties of the buildings, including temperature and room size. There are active plans to re-provide these services in more suitable premises within three years, however, the Trust is concerned to make sure that the quality of care provided for service users does not suffer in the interim. It is actively managing the risk to service user safety and comfort, through the directorate risk register and local team reviews. It also seeks out regular feedback from service users and carers on all these sites, either through surveys or meetings of service users and carers.

The Trust declared non-compliance on a target relating to 'supporting workers' because of disappointing results on an audit of staff who had received a personal development review in the last year. This area was previously highlighted as weak through the annual CQC staff survey and action had been taken to make improvements, but the Trust audit showed that just under 50% of staff had received a PDR. An active programme of work is underway at time of writing with the aim of achieving 90% coverage by June 2010.

As a health and social care trust, SHSC also provides a number of social care services. Because of the CQC's transition time-scale these are still assessed under the old CSCI process. New procedures for social care registration will be introduced in 2010/11.

The Trust provides services to support people across Sheffield in the following services:

- Resource centres for older people – providing residential and day service respite breaks
- Supported living and short stay respite services for people with learning disabilities.

The following table summarises the positive position across the range of services:

Latest CQC registration quality rating for social care services provided by the Trust

Services	Assessed quality	Date of assessment
Day & Respite centres for older people		
Bole Hill View	Good	Oct 09
Foxwood	Good	July 09
Hurlfield View	Excellent	June 08
Kirkhill	Good	Feb 09
Norbury	Good	June 09
Supported living services for people with Learning Disabilities		
Supported Living Services	Good	May 09

How the organisation is developing quality improvement capacity and capability to deliver these priorities

This is what the Trust has done this year to develop quality improvement capacity and capability:

A. Improve quality assurance procedures

- CQC preparation and delivery of self assessment for registration – involving clinical staff and team managers, and reporting at location level, not just Trust-wide. Plans for ongoing ‘quality check’ meetings involving governors and LINKs to review compliance with core safety and quality outcomes and regulations
- Strengthened governor, service user and carer involvement in quality review and determining priorities e.g. through setting the Trust quality objectives, Improving Quality events
- Improved dashboard reporting for Board on regulation, compliance and quality – so the Board and stakeholders including commissioners can see the current situation at a glance
- Continue to deliver team governance – and refining team governance reporting to take account of changes to regulation framework
- Development of Intelligent Board web-based datastore to support the provision of good quality information to support quality assurance and governance at all levels in the Trust.

B. Developing quality improvement procedures

In addition to the work described in the account of the Trust's quality objectives, a number of other projects have taken place during the year with a focus on improving quality:

- The redesign of the acute care pathway with a focus on setting quality standards, measuring delivery and holding to account
- Staff learning and development including the completion of a review and actions taken to improve training systems and administration
- The Productive Ward project, having been piloted on two wards, is now being rolled out across the Trust. It is resulting in small, but very positive and significant improvements to allow time to care
- Improvements to the serious incident procedures to make sure serious incidents are identified, reported, investigated and managed well, and that learning from serious incidents is shared effectively across all parts of the Trust. The aim of this project is to reduce the overall harm caused by serious incidents
- Falls prevention work – for example, innovative approaches to engaging service users on older adults wards at risk of falling, through role play and other interactive approaches.

Part 4 – How the Quality Account was developed

Review of progress and impact of last year's Quality Account

The Trust completed an annual quality account in 2008/09. It has reviewed progress on the quality objectives set then and continued with the same quality indicators where this was possible. It was decided it was not appropriate to report on the same patient experience indicators because of changes to the coverage and questions in the CQC Annual Patient Survey. It has recognised the need to develop better measurement systems for service user experience and set this as a priority quality objective for 2010/11. It believes the quality objectives need to be more specific and more measurable and has sought to improve this area. It has also recognised the need for routine and systematic reporting to the Board on delivery of the four quality objectives in 2010/11.

Involvement and engagement in determining the content of the 2009/10 Quality Account

The Board and governors reviewed priorities and improvement areas as part of the annual planning cycle in the autumn of 2009. From this work, the Trust's vision and strategic objectives were refreshed and ideas from this work were taken forward into the process of developing this year's Quality Account.

Guidance on the structure, content and process for quality accounts was published by the Department of Health in February 2010 and by Monitor in March 2010.

A first draft of the Quality Account including a 'long list' of potential quality objectives was presented to March Board for discussion. Following the Board meeting, some amendments were made and version 2 was circulated to key stakeholders for comments. The key stakeholders were:

- NHS Sheffield
- Sheffield City Council (through its Health and Community Care Scrutiny and Policy Development Board)
- Sheffield LINKs
- The Governors of the Trust
- The senior managers and clinicians of the Trust.

Stakeholders were asked in particular for their views

on the proposed quality objectives as part of a process of gaining consensus about the priority areas for improvement.

The Quality Account was discussed at two meetings of the Governors. There was a lively discussion at both meetings which demonstrated the overwhelming commitment of governors to quality in the Trust.

The Governors agreed in general with the four quality objectives proposed by the Trust Board. They valued the emphasis on rapid access to health in a crisis and physical health (especially nutrition). The majority agreed that the experience of people from black and minority ethnic (BME) groups should be a priority, given the evidence that indicates people from BME communities may have a poorer experience of care than others. The need to continue work on privacy, dignity and safety was noted. They made strong representations that older people and those with dementia, and their carers, should be included more e.g. in the waiting times priority. They wanted the question of a 24-hour phone line to be addressed. There was a debate about the service user feedback objective, with the opinion expressed that the Trust should be doing this already, but a general view that this must be a key foundation for improving services in future.

As a result of these discussions with the governors and feedback from the other stakeholders (described below) amendments were made to the draft Quality Accounts at April and May Boards.

The final version of the Quality Accounts was approved by Board on 1 June 2010. Some minor typographical errors were found on subsequent proof reading and corrected by the Director of Quality and approved by the Executive Director of Finance prior to publication.

Annex - Statements from NHS Sheffield, Scrutiny Committee and LINKs

NHS Sheffield

The draft Quality Account was sent to NHS Sheffield and the following statement was received:

Statement from NHS Sheffield

We have had opportunity to review the draft version of this report and confirm that it represents an accurate and comprehensive picture of the Trust's work on the quality of their services. We enjoy a positive and constructive relationship with the Trust in relation to the quality and performance of their services, with a contract that sets out clear quality

standards and mechanisms to ensure those standards are met, and we have confidence in the Trust's work, as set out in these Quality Accounts.

Our strategy for improving health and health services in Sheffield, Achieving Balanced Health, sets out clear priorities for ensuring that, wherever possible, patients can be looked after in their own homes and that, where treatment in hospital is required, they have access to services which offer excellence in terms of clinical outcomes and patient experience. NHS Sheffield is fully committed to continuing its close co-operation with the Trust over the coming year on these important issues.

Received from: Tim Furness, Deputy Director of Strategy, Sheffield PCT, 19 May 2010

SHSC response:
The Trust notes and welcomes the statement from NHS Sheffield.

Scrutiny Board

The draft Quality Account was presented to Sheffield City Council Health and Community Care Scrutiny and Policy Development Board on 19 April 2010.

The meeting minutes record the Board's discussions and the following resolution:

'The Board requests that the following details are incorporated within the Quality Account: i) the involvement of service users in carrying out patient surveys ii) a 24/7 crisis team telephone helpline for dementia and iii) waiting times for assessment; b) the section on dignity in care be expanded c) the Director of Quality be requested to provide information as to the nature of the physical health checks carried out on admission, and d) the Scrutiny Policy officer be requested to add carer breaks and respite care to the Board's work programme for future consideration.'

SHSC response:
i) Service users, carers and governors will be involved in visiting service areas and talking to service users and staff about the quality and safety of care as part of the new Quality Checks process, described in the Quality Account. Service users have also carried out the surveys of privacy and dignity on the wards led by the mental health CAB and by the Trust during 2009/10 continuing into 2010/11
ii) the issue of the 24 hour phone line has been noted and will be addressed by the Trust's business planning processes
iii) waiting times for assessment have been set as a quality objective for 2010/11 and the actions to be

taken are described in the report
b) more has been added on privacy and dignity in care
c) the Director of Quality will supply the information requested

Statement from LINKs

LINKs members were present at and contributed to the City Council Scrutiny Board discussions. The Director of Quality and Board Secretary met with LINKs to introduce and discuss the Quality Accounts content and process. A draft Quality Account was sent to LINKs who have reviewed it and sent the following statement:

Comments on the Sheffield SHSC Quality Accounts 2009/10

For this commentary Sheffield LINK has considered the draft Quality Account document received on 25 March 2010 provided by SHSC.

General comments

The guidelines DoH, Gateway Ref no 13463 states that Quality Accounts should show where improvements are required and this is not obvious from the document.

Page 17/18

Not enough detail for the public to understand what the physical health policy involves and how it is of benefit to patients. The results of the national survey do not give enough detail to make a judgement about them, this also applies to the pilot project with Capital mental health.

Page 19/20/21

Compliance with CQC core standards – This section is written with the assumption that the public know the details, reference is made to performance over previous years but no comparison results are evidenced. The Annual Health Check by CQC concluded the Trust is "Good", this is not the top category therefore reference should be made in a way understandable to the public on how the Trust aims to attain "Excellent" from CQC.

The lack of information about support for carers especially carers of people with dementia is noted. The public are interested to know how this Trust supports carers' breaks, the quality of those breaks and the quantity available.

14 May 2010
Mike Smith
Chair
Sheffield LINK

SHSC response:

We will send a copy of the final version of the Quality Accounts to LINKs for further feedback.

General comments:

We believe that we have now indicated where improvements are required in the introduction and in the selection of quality objectives for improvement.

Physical health

We note that this is an area of common concern for LINKs, the governors, Scrutiny Board and the Trust, which has summarised its approach in the Physical Health Policy (2008). We have added some more detail to quality account and also set a quality objective on nutrition, which is a key component of both physical and mental health.

Service user surveys

We accept that we need to expand on the existing service user surveys and have set this as a quality objective for 2010/11. We have also provided more information on the pilot CAB project. We have added a reference to the CQC website where interested parties can find the full results for the annual CQC Patient Surveys.

CQC compliance

We have added more explanation and detail. The changes in the CQC mean that the Annual Health Check will not be repeated and so we cannot improve the score from 'good' to 'excellent' in future. However, we intend to maintain full registration with the CQC and set up the continuous programme of reviewing CQC outcomes through the Quality Check meetings. We have invited LINKs to join the Quality Check meetings and they have indicated their willingness to attend.

Support for carers

This is an area the Trust will be working on in 2010/11 and we have added an item of introduction on it.

Part 5 – Publication of the Quality Accounts

The Quality Account will be published on NHS Choices and the Sheffield Health and Social Care Trust website (www.shsc.nhs.uk) by 30 June 2010. Copies will be sent to the stakeholders consulted in its development, to Monitor and to the external auditors.

As part of the Trust's Annual Report, it will be laid before Parliament by 7 July 2010. Printed copies will be available from the Trust Board Secretary and distributed at the Annual Members Meeting on 20 September 2010.