



Sheffield Health
and Social Care
NHS Foundation Trust

▶ **Quality
Account
2020/21**





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Part one: Statement on quality from the Chief Executive

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

Our last inspection by the Care Quality Commission (CQC) was a well-led inspection of our services and took place between January and February 2020. We reported last year that we received feedback during this inspection that we needed to carry out some urgent work to address concerns raised. Our results were published in April 2020 and we were rated overall as 'inadequate' and were placed in special measures by our regulators. We are expecting our next inspection imminently as we finalise our annual reports.

Our staff have been working hard to make improvements to the care we provide for service users, and to get back to an overall rating of 'good' as soon as we can. During the finalisation of this report, the CQC have returned to do a further well-led inspection. We do not yet know the results, but we are confident that the improvements we have made are clear to see, acknowledging that we still have more to do. You can find out more about the results from our 2020 inspections on page 17.

The last year has been a challenge for everyone in society, and our organisation has been no different in feeling the full impact of COVID-19 and all its implications. We received our CQC rating and report at about the same time as the country went into its first lockdown. I am particularly proud that our staff responded to both the COVID-19 outbreak and our quality challenge. We have had outbreaks of COVID-19 infections on our wards and residential settings which were handled safely and compassionately by our staff. We have, sadly, lost service users through the pandemic due to COVID-19 and one of our staff members. They will be remembered by us all.

As can be seen throughout this report, COVID-19 has also had an impact on much of our nationally reported and benchmarking data, as resources have been diverted elsewhere.

Our latest NHS Staff Survey results are still resolutely disappointing. The one area that we did improve was in health and wellbeing. Staff recognised our focus in this area, the support on offer and that we want them to have a work life balance. This is particularly heartening through the pandemic when health and wellbeing has never been more important.

You can read more on our NHS Staff Survey results on page 36.

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

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

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

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

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

Jan Ditheridge

Jan Ditheridge
Chief Executive



Part two (a): Priorities for improvement

2.1 Progress against our quality objectives in 2020/21

In setting our plans for 2020/21 the Board of Directors reviewed our priorities for quality improvement by:

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

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

Quality objectives

Our quality objectives for 2020/21 were:

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

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

Why we chose this priority

We needed to make improvements in our care and service delivery. We submitted an improvement plan to the CQC in April 2020. This plan detailed the range of actions we would take to deliver the immediate improvements required to improve our services, while establishing the approach we would take to sustain continuous quality improvements.

We said we would:

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

How have we done?

- We are currently rated 'inadequate' by the CQC and have been placed in special measures.
 - Our aim was to have completed 70 out of 73 actions by April 2021.
 - 51 actions are completed (70%)
 - 15 are completed awaiting approval (21%)
 - Four are in exception (5%)
 - Three are open (4%)

The seven outstanding actions relate to the eradication of dormitories and improvement of seclusion facilities, staffing and the risks posed by ligature anchor points.

- The Section 29A warning notice was removed by the CQC following their re-inspections in August 2020, having recognised and confirmed that they were satisfied that we have made significant improvements over the concerns they raised.

Quality objective two: Coming through COVID-19 safely

Why we chose this priority

The COVID-19 pandemic impacted on us all in so many ways, our priority was to get through the year safely, ensuring services remained accessible and were safe for patients and staff.

Quality objective two: Coming through COVID-19 safely

We said we would:

- Achieve an overall rating of 'good' from the CQC*
- Provide continuity of services
- Protect staff by ensuring risk assessments and infection control procedures are in place and monitored
- Protect patients through robust infection control procedures and risk assessments
- Achieve organisational understanding of risk
- Achieve COVID-safe workspaces

- Undertake Quality Impact Assessments to ensure thorough evaluation of the impact of any proposed changes to services
- Review COVID-19 Quality Impact Assessments regularly.

How have we done?

- 70% of CQC improvement actions completed with a further 21% awaiting approval
- We have adapted services and our offer of services during the pandemic to ensure that service users and their families and carers receive the care and support necessary to keep them safe
- All sites and bases have completed COVID-19 risk assessments and are COVID-19 safe workspaces
- Individual staff COVID-19 risk assessments undertaken
- Appropriate personal protective equipment is available at all times and used by staff and offered to service users and their visitors
- More frequent cleaning regimes and infection control mechanisms have been established in all bases
- Established a COVID-19 vaccination hub to ensure staff receive their vaccinations in a timely manner
- Effectively worked with primary care colleagues to ensure our service users receive their vaccinations in a timely way
- Robust Quality Impact Assessment processes established and monitored through Gold and Silver command structures.

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

Why we chose this priority

To support the improvements we needed to make, significant changes were identified that were required across care pathways, the way care was organised, key workforce transformation needs, the appropriateness of our estate and the effectiveness of our patient information systems.

We said we would:

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

How have we done?

Work has progressed in each of these areas, however, we did not make the progress we planned to make in many important areas. This was mainly due to the impact of COVID-19 and the need to prioritise ensuring services were able to continue safely.

- 70% of CQC improvement actions completed with a further 21% awaiting approval
- Acute Care Modernisation programme is underway
 - Dovedale 2 refurbishment
 - Eradication of dormitories
 - Move to single gender accommodation
- Integrated Performance Quality Report developed to improve data understanding
- Head of Clinical Quality and Standards being recruited
- Successful implementation of a new primary and community mental health service across four Primary Care Networks for adults and older adults
- Development of a new community forensic service in Sheffield
- Agreed the planned sale of Fulwood House, which will be completed during 2021/22.

2.2 Our quality objectives for 2021/22

In considering our objectives for 2021/22 we have reviewed how we are performing.

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

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

National standards and priorities

Following the publication of the CQC inspection report at the end of April 2020, our Single Oversight Framework segment rating was revised to 4 (special measures for quality of care).

Commissioning priorities for service developments

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

Commissioning priorities are usually defined through the agreed Commissioning for Quality and Innovation (CQUIN) programmes. Due to the COVID-19 pandemic, these programmes have been paused to enable the NHS to prioritise resources in managing the virus and maintaining safety. It is expected that the programmes will recommence during 2021/22.

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

We consulted with a range of stakeholders as we developed our quality objectives, including service users through our service user networks, Sheffield Healthwatch and our commissioners.

Quality objective setting

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

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

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

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

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

- **Quality objective one:** Over a three-year period demonstrate a measurable and equitable reduction in the use of seclusion and restraint.
- **Quality objective two:** Over a three-year period demonstrate improvements in the number of people from BAME communities accessing community-based mental health services.
- **Quality objective three:** Over a three-year period we will embed co-production with service users and carers in how we deliver and govern clinical services.

What we want to achieve

Quality objective one: Over a three-year period demonstrate a measurable and equitable reduction in the use of seclusion and restraint.

What we will do - year one:

- Implement the restrictive practice strategy
- Report ward level data
- Revise Respect training
- Consistently debrief staff and service users following restraint and seclusion.

Quality objective two: Over a three-year period demonstrate improvements in the number of people from BAME communities accessing community-based mental health services.

What we will do - Year one:

- Measure and publicly report the demographics of people accessing services
- Engage with community groups to explore the barriers to people from BAME communities accessing services
- Identify and agree improvement actions with BAME community groups.

Quality objective three: Over a three-year period we will embed co-production with service users and carers in how we deliver and govern clinical services.

What we will do - Year one:

- Develop and agree co-production standards
- Devise a systematic approach to measure and report on the use of co-production standards.

Monitoring progress

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

Quality governance arrangements

Over the last year we have reviewed and made substantial changes to improve and strengthen our governance arrangements as part of our well-led development plan.

Our focus has been to ensure all parts of our organisation are better aware of the quality, safety and effectiveness of the care we provide and that the right decisions are taken by the right people, at the right time, to maintain and improve quality.

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

Board of Directors

Sets the Trust's strategic aims and ensures the necessary supporting strategies, operational plans, policy frameworks and financial and human resources are in place for the Trust to meet its objectives and review its performance.

Quality Assurance Committee

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

Audit and Risk Committee

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

Executive Directors

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

Service User Safety Group (until April 2021)

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

Clinical Effectiveness Group (until April 2021)

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

Service User Engagement Group

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

Systems of internal control

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

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

The Board's monthly and annual performance reporting processes ensure that the executive team can scrutinise and manage the operational performance of services and that the Board can maintain overall oversight of the performance of the Trust. All operational services have a consistent and established integrated performance and quality review framework that ensures day-to-day performance is reviewed. The executive team reviews performance of all departments periodically through the year.

Freedom to Speak Up

The Trust wants all staff to feel safe to raise concerns within their teams and for speaking to be considered 'business as usual'. However, this is not the case in all areas and for all staff. Work is being done to continue to embed a speaking up culture and promoting different ways staff can speak up. This is being done in several ways including new Freedom To Speak Up (FTSU) e-learning modules, a COVID-19 poster encouraging speaking up, developing FTSU links in teams, promoting FTSU in the weekly staff newsletter and Chief Executive briefing, Freedom to Speak Up month, promotion in staff meetings and attending staff network meetings.

When concerns are formally raised through the Freedom to Speak up Guardian, written feedback is provided where possible. The Guardian also works with staff and managers to minimise the possibility of detriment arising from speaking up.

Further information can be found in our Freedom to Speak Up reports to the Trust's Board of Directors, available in the Board papers section of our website (<https://www.shsc.nhs.uk/about-us/board-directors/meeting-minutes-and-agendas>).



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

Review of health services

During 2020/21 the Trust provided or sub-contracted 53 health services. The Trust continues to review all available data on the quality of care of these services through contractual monitoring. The income generated by the relevant health services reviewed in 2020/21 represents 100% of the total income generated from the provision services by the organisation. Additional investment from baseline funding was received during the year as part of the NHS Mental Health Implementation Plan 2019/20 - 2023/24 and in relation to our COVID-19 response and cost pressures incurred.

National clinical audits and national confidential enquiries

During 2020/21, five national clinical audits and three national confidential enquiries covered relevant health services that Sheffield Health and Social Care NHS Foundation Trust provides.

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

The national clinical audits and national confidential enquiries that Sheffield Health and Social Care NHS Foundation Trust was eligible to participate in during 2020/21 are as follows:

| National clinical audits and national confidential enquiries |
|--|
| Learning Disability Mortality Review Programme (LeDeR Programme) |
| Mental Health Clinical Outcome Review Programme |
| NCEPOD Physical Health in Mental Health Hospitals |
| National Clinical Audit of Psychosis (NCAP) |
| National Clinical Audit of Psychosis (NCAP) - Physical health and employment spotlight audit |
| National Audit of Inpatient Falls (NAIF) |
| Prescribing Observatory for Mental Health (POMH-UK): Topic 20a: Prescribing valproate |
| Prescribing Observatory for Mental Health (POMH-UK): Topic 18b: Use of clozapine |

The national clinical audits and national confidential enquiries that Sheffield Health and Social Care NHS Foundation Trust participated in during 2020/21 are as follows:

| National clinical audits and national confidential enquiries |
|--|
| Learning Disability Mortality Review Programme (LeDeR Programme) |
| Mental Health Clinical Outcome Review Programme |
| NCEPOD Physical Health in Mental Health Hospitals |
| National Clinical Audit of Psychosis (NCAP) |
| National Clinical Audit of Psychosis (NCAP) - Physical health and employment spotlight audit |
| National Audit of Inpatient Falls (NAIF) |
| Prescribing Observatory for Mental Health (POMH-UK): Topic 20a: Prescribing valproate |
| Prescribing Observatory for Mental Health (POMH-UK): Topic 18b: Use of clozapine |

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 2020/21, are listed below alongside the number of cases submitted to each audit or enquiry as a percentage of the number of registered cases required by the terms of that audit or enquiry.

| National clinical audits and national confidential enquiries | Number of cases submitted as a percentage of those asked for |
|--|---|
| Learning Disability Mortality Review Programme (LeDeR Programme) | 100% (Note one and two) |
| Mental Health Clinical Outcome Review Programme | No cases requested (Note three) |
| NCEPOD Physical Health in Mental Health Hospitals | No cases requested (Note four) |
| National Clinical Audit of Psychosis (NCAP) | 100% |
| National Clinical Audit of Psychosis (NCAP) - Physical health and employment spotlight audit | 100% |
| National Audit of Inpatient Falls (NAIF) | No cases requested |

| | |
|--|------|
| Prescribing Observatory for Mental Health (POMH-UK): Topic 20a: Prescribing valproate | 100% |
| Prescribing Observatory for Mental Health (POMH-UK): Topic 18b: Use of clozapine | 100% |

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

Note two: Submission of data for quarters three and four of each year takes place within the reporting period of the following year. Therefore, this figure includes quarters three and four of 2019/20 and quarters one and two of 2020/21.

Note three: In some cases, reporting had not occurred before the end of the 2020/21 reporting period due to the timeframe between the relevant death occurring and the end of the reporting period. All relevant cases will be reported in due course.

Note four: Due to the current situation with coronavirus (COVID-19) the timescales for this audit were changed and no individual audit cases were collected in 2020/21.

The reports of six* national clinical audits were reviewed by the provider in 2020/21 and Sheffield Health and Social Care NHS Foundation Trust intends to take the following actions to improve the quality of healthcare provided:

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

** The national clinical audit reports published and reviewed during 2020/21 included audits participated in during previous years. In addition, a number of the national clinical audits participated in during 2020/21 will be publishing their reports during 2021/22.*

The reports of six* local clinical audits were reviewed by the provider in 2020/21 and Sheffield Health and Social Care NHS Foundation Trust intends to take the following actions to improve the quality of healthcare provided:

- We are continuing to make improvements to our care planning and risk assessment processes and documentation in community and inpatient mental health services.
- The findings of most local clinical audits are reviewed at team-level and therefore individual teams will identify their own areas for improvement and actions to take.

** There were a number of local clinical audits where data collection took place during 2020/21 but the audits were not completed at the end of the year. The reports from these will be reviewed during 2021/22.*

Participation in clinical research

The number of staff or service users receiving relevant health services provided, or sub-contracted by, the Trust in 2020/21 that were recruited during that period to participate in research on the National Institute for Health Research (NIHR) portfolio was 1,511. In the 2020/21 many studies were suspended to allow research capacity to be focussed on urgent public health studies to address the COVID-19 pandemic. The urgent public health studies will continue to be our priority as we move into 2021 but all paused studies have now restarted and are being delivered using COVID-safe protocols.

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

Due to the COVID-19 pandemic the CQUIN scheme for 2020/21 was suspended and commissioners were instructed by NHS England/NHS Improvement to pay providers in full and make no financial provision against CQUIN indicators. No local or national reporting requirements, in relation to the CQUIN scheme, were operational during the year.

For the previous year (2019/20) the associated monetary payment received by the Trust was £1,081,647 (100%).

2.4 Registration with the Care Quality Commission (CQC)

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

The Trust has the following conditions on registration:

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

Following the Trust's well-led inspection in 2020, the Trust has been placed in special measures for quality of care.

Well-led inspection

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

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

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

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

Four areas were identified as requiring significant improvement:

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

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

Overall, the CQC assessed our Trust as 'inadequate', with 'good' achieved in the caring domain, 'requires improvement' for effective and responsive and 'inadequate' for safety and well-led.

Overall Trust rating from the last inspection

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

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

Improvement plan

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

We established a 'Back to Good' Board, chaired by the Executive Medical Director with seven overarching workstreams which are:

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

The improvements made through the year were reviewed and recognised by the CQC when they undertook unannounced, focussed visits to re-inspect three services - our acute inpatient services, the crisis and health-based place of safety and wards for older people with mental health problems. These visits took place in August 2020 and aimed to look in detail at the progress we had made in addressing areas of concern identified in the Section 29A warning notice the Trust was issued. The results of these inspections were published on 22 October 2020.

The CQC recognised and confirmed that they were satisfied that we had made significant improvements over the concerns they raised as part of the warning notice and as a result the Section 29A warning notice was removed. This was a positive position which recognised the improvements made and provided assurance that our improvement plan was having the required impact in improving and delivering safe and effective care.

Mental Health Act reviews

During 2020/21 the CQC has not undertaken any physical Mental Health Act reviews to services to inspect how we deliver care and treatment for inpatients detained under the Mental Health Act, as a result of the COVID-19 pandemic. However, three virtual reviews took place at:

- Forest Close
- Forest Lodge – Assessment Ward
- Forest Lodge – Rehabilitation Ward

All required actions from these visits have been completed and the reviews have been closed.

2.5 Data quality

Sheffield Health and Social Care NHS Foundation Trust did not submit records during 2020/21 to the Secondary Uses Service for inclusion in the Hospital Episode Statistics.

The Trust submitted data to the Mental Health Services Data Set (MHSDS). The latest published data regarding data quality under the Mental Health Services Data Set is for February 2021.

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

| Percentage of valid records | Data quality 2018/19 | Data quality 2019/20 | Data quality 2020/21 (February 2021) | National average (February 2021) |
|-----------------------------|----------------------|----------------------|--------------------------------------|----------------------------------|
| NHS Number | 100% | 100% | 100% | 87% |
| Date of birth | 100% | 100% | 100% | 100% |
| Gender | 100% | 100% | 100% | 96% |
| Ethnicity | 86% | 84% | 100% | 84% |
| Postcode | 100% | 100% | 100% | 96% |
| GP code | 99% | 99% | 100% | 81% |
| Overall Score | 97.4% | 88.7% | 94.1% | 69.6% |

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

Information governance

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

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

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

The Trust's scores for the Data Security and Protection Toolkit scores for the last two years are in the table below. Due to the COVID-19 pandemic, self-assessment submissions for 2020/21 are not due until the end of June 2020.

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

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

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

Clinical coding

Sheffield Health and Social Care NHS Foundation Trust was not subject to the Payment by Results clinical coding audit during 2020/21 by the Audit Commission.

We did, however, commission a clinical coding audit in May 2021 as part of the Data Security and Protection Toolkit. Preliminary results indicate that the required coding standards had been exceeded.

2.6 Learning from deaths

During 2020/21, 636 of Sheffield Health and Social Care NHS Foundation Trust's patients died.

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

| | Quarter one | Quarter two | Quarter three | Quarter four |
|--------------------------------------|-------------|-------------|---------------|--------------|
| Number of deaths 2018/19 | 177 | 144 | 172 | 177 |
| Number of deaths 2019/2020 | 157 | 174 | 202 | 184 |
| Number of deaths 2020/2021 | 219 | 159 | 107 | 151 |

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

Between 01 April 2020 and 31 March 2021, 271 case record reviews and 24 investigations had been carried out in relation to 636 of the deaths included in the table above.

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

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

| 2018/19 | Quarter one | Quarter two | Quarter three | Quarter four |
|---|-------------|-------------|---------------|--------------|
| Number of deaths reported above subject to review or case record review | 75 | 53 | 77 | 90 |
| Number of deaths reported above subject to serious incident investigation processes | 8 | 14 | 16 | 11 |

| 2019/20 | Quarter one | Quarter two | Quarter three | Quarter four |
|---|-------------|-------------|---------------|--------------|
| Number of deaths reported above subject to review or case record review | 91 | 86 | 92 | 107 |
| Number of deaths reported above subject to serious incident investigation processes | 14 | 21 | 18 | 18 |
| 2020/21 | Quarter one | Quarter two | Quarter three | Quarter four |
| Number of deaths reported above subject to review or case record review | 105 | 84 | 59 | 30 |
| Number of deaths reported above subject to serious incident investigation processes | 8 | 4 | 6 | 6 |

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

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

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

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

| 2018/19 | Quarter one | Quarter two | Quarter three | Quarter four |
|-------------------------------|-------------|-------------|---------------|--------------|
| Number of deaths | 0 | 0 | 0 | 0 |
| As a percentage of all deaths | 0% | 0% | 0% | 0% |
| 2019/20 | Quarter one | Quarter two | Quarter three | Quarter four |
| Number of deaths | 0 | 0 | 0 | 0 |
| As a percentage of all deaths | 0% | 0% | 0% | 0% |

| 2020/21 | Quarter one | Quarter two | Quarter three | Quarter four |
|-------------------------------|-------------|-------------|---------------|--------------|
| Number of deaths | 0 | 0 | 0 | 0 |
| As a percentage of all deaths | 0% | 0% | 0% | 0% |

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

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

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

We have also identified 63 actions, as part of our serious incident investigations, that are likely to result in improvements in practice. The learning and actions arising from these incidents are reported within our previous quarterly incident management reports and newly established 'learning lessons' report, published on our extranet.

Doctors in training

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

The Trust calls upon internal and external (agency) locums to cover gaps in our rota. Gaps are caused by various issues such as sickness, parental leave, pregnancy and COVID-19 related absences.

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

| Reporting period | Internal locum cover | Agency locum cover |
|-------------------------|----------------------|--------------------|
| April, May, June 2020 | 52 rota gaps | 33 rota gaps |
| July, August, Sept 2020 | 43 rota gaps | 30 rota gaps |
| Oct, Nov, Dec 2020 | 25 rota gaps | 25 rota gaps |
| Jan, Feb, March 2021 | 45 rota gaps | 48 rota gaps |

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

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

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

▶ Part two (c): Reporting against core indicators

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

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

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

| Mental health services | This year's target | How did we do? | | | |
|---|--|----------------|------------|-------------------|-----------------|
| | | 2018/19 | 2019/20 | This year 2020/21 | |
| Seven day follow up Everyone discharged from hospital on CPA should receive support at home within seven days of being discharged | 95% of patients on CPA to be followed up in seven days | 94.4% (Q4) | 95.6% (Q3) | xx | Achieved |
| <i>National average</i> | | 95.8% (Q4) | 95.5% (Q3) | xx | |
| <i>Best performing</i> | | 100% (Q4) | 100% (Q3) | xx | |
| <i>Lowest performing</i> | | 83.5% (Q4) | 86.3% (Q3) | xx | |
| 72 hour follow up (New standard for 2020/21) | 80% (Target set for 2020/21) | N/A | 70% | 91.3% | Achieved |

| | | | | | |
|---|--|------------------------------|------------------------------|------------------------------|---------------------------------------|
| 'Gate keeping' Everyone admitted to hospital is assessed and considered for home treatment | 95% of admissions to be gate-kept | 100% (Q4) | 99.1% (Q3) | 97.3% | Achieved |
| <i>National average</i> | | 98.1% (Q4) | 97.1% (Q3) | xx | |
| <i>Best performing</i> | | 100% (Q4) | 100% (Q3) | xx | |
| <i>Lowest performing</i> | | 88.2% (Q4) | 80% (Q3) | xx | |
| Emergency re-admissions Percentage of service users discharged from acute inpatient wards who are admitted within 28 days. | 5% National benchmark (2019/20) Average is 7% | 4.1% | 5.88% | 4.79% | Achieved |
| Community Mental Health Services Experience: Service users' overall experience of contact with a health or social care worker during 2019/20. | <i>Our score</i> | 2018 Survey 7.2/10 | 2019 Survey 6.8/10 | 2020 Survey 7.4/10 | About the same as other Trusts |
| <i>Best performing</i> | | 7.7/10 | 7.7/10 | 7.8/10 | |
| <i>Lowest performing</i> | | 5.9/10 | 6.0/10 | 6.1/10 | |
| Q. Were you given enough time to discuss your needs and treatment? | <i>Our score</i> | 7.2/10 | 7.1/10 | 7.8/10 | About the same as other Trusts |
| <i>Best performing</i> | | 8.0/10 | 8.2/10 | 8.3/10 | |
| <i>Lowest performing</i> | | 6.2/10 | 6.4/10 | 6.5/10 | |
| Q. Did the person or people you saw understand how your mental health needs affect other areas of your life? | <i>Our score</i> | 7.2/10 | 6.5/10 | 7.6/10 | About the same as other Trusts |
| <i>Best performing</i> | | 7.5/10 | 7.7/10 | 7.8/10 | |
| <i>Lowest performing</i> | | 5.7/10 | 6.0/10 | 6.0/10 | |

| | | | | | |
|---|------------------|----------------|----------------|------------------------------------|---|
| Q. Did the person or people you saw appear to be aware of your treatment history? | <i>Our score</i> | N/A | 6.8/10 | 7.6/10 | About the same as other Trusts |
| <i>Best performing</i> | | | 7.7/10 | 7.8/10 | |
| <i>Lowest performing</i> | | | 5.6/10 | 6.2/10 | |
| Patient safety incidents Number of patient safety incidents reported to NRLS (note one) | N/A | 2018/19 | 2019/20 | 2020/21 (Note two) xx | National percentage of patient safety incidents resulting in severe harm or death is 1.0% |
| Rate of patient safety incidents per 1000 bed days | | 3346 | 3097 | xx | |
| Number of patient safety incidents resulting in severe harm or death | | 64.01 | 59.25 | xx | |
| Percentage of patient safety incidents resulting in severe harm or death | | 29 | 34 | xx | |
| | | 0.9% | 1.1% | xx | |

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

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

Note two: Due to the national pandemic, NRLS reports have not been produced for the period April 2020 to March 2021.

The Trust has performed well against the national standards and targets. We have met, and in most cases over-performed, in them. Our IAPT service has over-achieved its six and 18 week waiting targets. The number of people who have moved to recovery has been a significant challenge this year due to the pandemic and the way services have had to adapt. This has been regularly reported within our Board reports. Our Early Intervention in Psychosis service access within two weeks, the seven day follow up following admission and ensuring all admissions are considered for home treatment (gatekeeping) targets have all been achieved this year. We know that being ‘about the same’ as other mental health trusts insofar as our community mental health service user feedback is not what we aspire to. However, we did score ‘better than most’ in five questions. We continue to work towards improvements in this area as part of our ‘Back to Good’ rapid improvement in recovery workstream, reporting into the ‘Back to Good’ Board.

Part three: Other quality information

3.1 Safety indicators

Self-harm and suicide incidents

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

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

Our self-harm incidents for the previous two years are summarised in the table below:

| Proportion of incidents due to self-harm/suicide | Number of incidents reported | Our incidents as a percentage of all our incidents | National incidents as a percentage of all incidents |
|--|------------------------------|--|---|
| Apr 18 to Sept 18 | 189 | 10.3% | 23.2% |
| Oct 18 to Mar 19 | 175 | 11.5% | 23.4% |
| Apr 19 to Sept 19 | 168 | 10.5% | 24.2% |
| Oct 19 to Mar 20 | 175 | 11.6% | 23.6% |
| Apr 20 to Sept 20* | xx | xx | xx |
| Oct 20 to Mar 21* | xx | xx | xx |

Source: National Reporting Learning System

Note: There has been no NRLS data produced for 2020/21 due to the COVID-19 pandemic.

Disruptive, aggressive behaviour incidents

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

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

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

Our disruptive, aggressive behaviour incidents for the previous two years are summarised in the table below.

| Proportion of incidents due to disruptive behaviour | Number of incidents reported | Our incidents as a percentage of all our incidents | National incidents as a percentage of all incidents |
|---|------------------------------|--|---|
| Apr 18 to Sept 18 | 488 | 26.7% | 12.4% |
| Oct 18 to Mar 19 | 459 | 30.2% | 11.6% |
| Apr 19 to Sept 19 | 458 | 28.7% | 11.5% |
| Oct 19 to Mar 20 | 489 | 32.5% | 11.0% |
| Apr 20 to Sept 20* | xx | xx | xx |
| Oct 20 to Mar 21* | xx | xx | xx |

Source: National Reporting Learning System

Note: There has been no NRLS data produced for 2020/21 due to the COVID-19 pandemic.

Medication errors and near miss incidents

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

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

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

| Proportion of incidents due to medication errors | Number of incidents reported | Our incidents as a percentage of all our incidents | National Incidents as a percentage of all incidents |
|--|------------------------------|--|---|
| Apr 18 to Sept 18 | 208 | 11.4% | 7.7% |
| Oct 18 to Mar 19 | 104 | 6.9% | 7.5% |
| Apr 19 to Sept 19 | 115 | 7.2% | 7.2% |
| Oct 19 to Mar 20 | 83 | 5.5% | 7.0% |
| Apr 20 to Sept 20* | xx | xx | xx |
| Oct 20 to Mar 21* | xx | xx | xx |

Source: National Reporting Learning System

Note: There has been no NRLS data produced for 2020/21 due to the COVID-19 pandemic.

3.2 Clinical effectiveness indicators

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

Primary care Quality Outcomes Framework – GP practices

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

The table below shows the achievement against the QOF for previous years. The outbreak of COVID-19 in the last quarter of 2019-20 has led to unprecedented changes in the work and behaviour of GP practices and consequently the data in this publication may have been impacted. As such, caution should be taken in drawing any conclusions from this data without due consideration of the circumstances both locally and nationally. There has been no QOF data recorded for the year 2020/21.

It should be noted that the Clover Group QOF covers Darnall Primary Care Centre, Highgate Surgery, Jordanthorpe Health Centre and Mulberry Practice. It should also be noted that the Clover Group practices ceased being part of the Trust on 31 March 2021.

| Year | Clover Group | City | Heeley Green | Buchanan Road |
|---------|--------------|-------|--------------|---------------|
| 2018/19 | 91.1% | 91.8% | 95.2% | 94.3% |
| 2019/20 | 88.8% | 82.1% | 94.6% | 92.4% |
| 2020/21 | xx | xx | xx | xx |

Source: NHS Digital

Accessing substance misuse services

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

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

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

| Drug and alcohol services waiting times | This year's target | 2018/19 | 2019/20 | 2020/21 |
|--|--------------------|---------|---------|---------|
| Opiates service | | | | |
| Referral to booked assessment within seven days (local monitoring) | N/A | 99.2% | 96.4% | 99.8% |
| Referral to start of tier three treatment within 21 days (local and national target) | 95% | 99.9% | 99.7% | 100% |
| Non-opiates service | | | | |
| Referral to booked assessment within seven days (local monitoring) | N/A | 98% | 95.4% | 98.2% |
| Referral to start of tier three treatment within 21 days (local and national target) | 95% | 96.7% | 98.6% | 99.1% |
| Alcohol service | | | | |
| Referral to booked assessment within seven days (local monitoring) | N/A | 100% | 100% | 99.5% |
| Referral to start of tier three treatment within 21 days (local and national target) | 95% | 100% | 100% | 100% |

Source: National Drug Treatment Monitoring System and local performance data

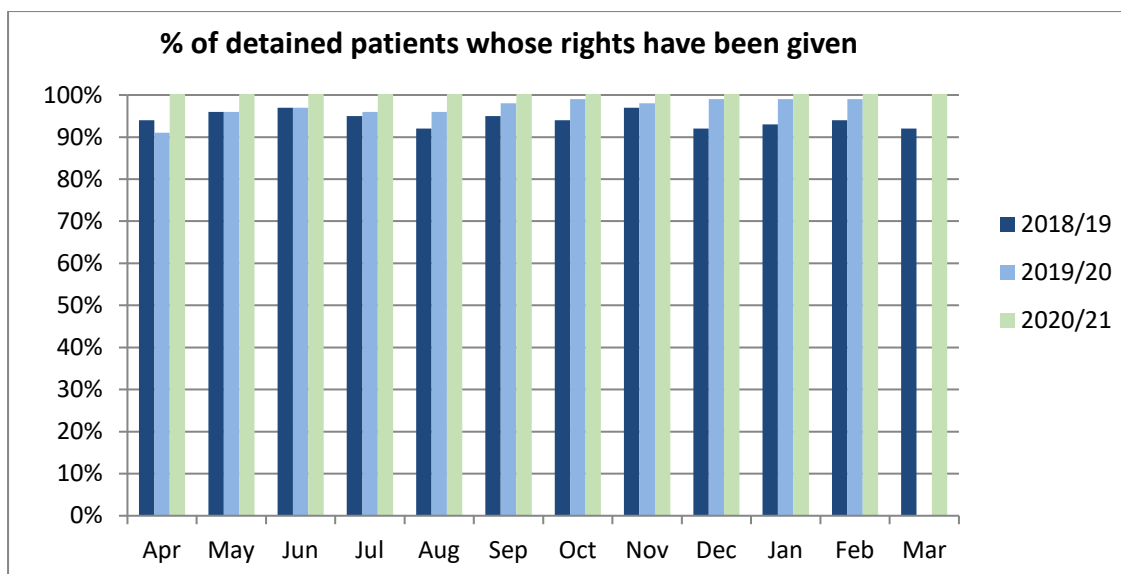
Our substance misuse services have continued to perform well above the national targets.

Mental Health Act compliance

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

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

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



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

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

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

Mental health service indicators

| Mental health services | This year’s target | 2018/19 | 2019/20 | This year 2020/21 | |
|---|--------------------|---------|---------|-------------------|-----------------|
| Early intervention People should have access to early intervention services when experiencing a first episode of psychosis and receive a NICE-approved care package within two weeks of approval. | 60% | 74.6% | 73.2% | 70% | Achieved |

| | | | | | | |
|---|---|--------|------|------------|-----------------|--|
| <p>Improving Access to Psychological Therapies (IAPT)</p> <p>a) Proportion of people completing treatment who move to recovery</p> <p>b) Waiting time to begin treatment</p> <p> i. Within six weeks of referral</p> <p> ii. Within 18 weeks of referral</p> | 50% | 50.41% | 50% | 40.3% (Q3) | Achieved | |
| | 75% | 90.3% | 88% | 95% (Q3) | | |
| | 95% | 98.5% | 100% | 98% (Q3) | | |
| <p>Inappropriate out-of-area placements for adult mental health services</p> | <p>The Trust has not previously been required to disclose performance against this indicator, as we have fewer than seven average bed days per month.</p> <p>The numbers for 2020/21 are:</p> <p>Adult Acute – 2,945</p> <p>PICU – 1,699</p> <p>Older Adult – 1,140</p> | | | | | |

Information source: NHS England Mental Health Dashboard and internal clinical systems data.

3.3 Experience indicators

Service user Friends and Family Test

The tables below show the results from the service user Friends and Family Test (FFT) this year, compared to the previous two years. It should be noted that the FFT was suspended nationally from February 2020 to February 2021 due to the COVID-19 pandemic. The Trust incorporated the FFT question into other surveys during this time, however, external reporting and benchmarking was suspended.

| April 2018 to March 2019 | Apr | May | Jun | Jul | Aug | Sep | Oct | Nov | Dec | Jan | Feb | Mar |
|---|------------|------------|------------|------------|------------|------------|------------|------------|------------|------------|------------|------------|
| Percentage of Trust service users who would recommend the service they received | 96 | 97 | 95 | 93 | 95 | 94 | 99 | 95 | 95 | 93 | 90 | 92 |
| National average for mental health trusts ⁽¹⁾ | 89 | 89 | 89 | 89 | 90 | 90 | 90 | 89 | 89 | 90 | 89 | 90 |
| April 2019 to Feb 2020 | Apr | May | Jun | Jul | Aug | Sep | Oct | Nov | Dec | Jan | Feb | Mar |
| Percentage of Trust service users who would recommend the service they received | 96 | 98 | 94 | 98 | 95 | 95 | 93 | 97 | 94 | 96 | 98 | N/A |
| National average for mental health trusts ⁽¹⁾ | 89 | 90 | 89 | 89 | 89 | 89 | 89 | 89 | 89 | 89 | 89 | N/A |
| April 2020 to Mar 2021 | Apr | May | Jun | Jul | Aug | Sep | Oct | Nov | Dec | Jan | Feb | Mar |
| Percentage of Trust service users who would recommend the service they received | N/A | N/A | N/A | N/A | N/A | N/A | N/A | N/A | 98% | 98% | 97% | 98% |

| | | | | | | | | | | | | | |
|--|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|
| National average for mental health trusts ⁽¹⁾ | N/A | N/A | N/A | N/A | N/A | N/A | N/A | N/A | N/A | 87% | 88% | 87% | 87% |
|--|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|

Source: NHS England, Friends and family test data reports

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

The Trust continues to achieve above the national average for the percentage of service users who would recommend our services to family or friends. Although the Trust has been actively promoting Care Opinion as a platform for recording service user and carer feedback this year, we have further work to do in this area and are developing an improvement plan to increase our use of this facility. We have continued to incorporate the FFT question in other surveys locally to increase feedback, during the data collection pause due to COVID-19.

National Community Mental Health Survey

The table below shows the Trust's scores for the national Community Mental Health Survey for this year (published in November 2020), compared with the previous two years.

| What did service users feel and experience regarding: | 2018 survey | 2019 survey | 2020 survey | |
|---|------------------------|-------------|-------------|--------------------------------------|
| | Service user responses | | | How did we compare with other Trusts |
| Their health and social care workers | 7.2/10 | 6.8/10 | 7.7/10 | About the same |
| The way their care was organised | 8.1/10 | 8.2/10 | 8.3/10 | About the same |
| The planning of their care | 6.9/10 | 6.5/10 | 6.9/10 | About the same |
| Reviewing their care | 6.8/10 | 7.1/10 | 7.4/10 | About the same |
| Crisis care | 6.5/10 | 6.3/10 | 6.7/10 | About the same |
| Medicines | 7.1/10 | 6.8/10 | 7.5/10 | About the same |
| Treatments | 7.3/10 | 7.6/10 | 7.9/10 | About the same |
| Support and wellbeing | 4.3/10 | 4.7/10 | 5.5/10 | About the same |
| Feedback | N/A | 2.4/10 | 2.5/10 | About the same |
| Overall views of care and services | 6.9/10 | 6.9/10 | 7.6/10 | About the same |
| Overall experiences | 6.6/10 | 6.7/10 | 7.4/10 | About the same |

Source: CQC Community Mental Health Survey Reports

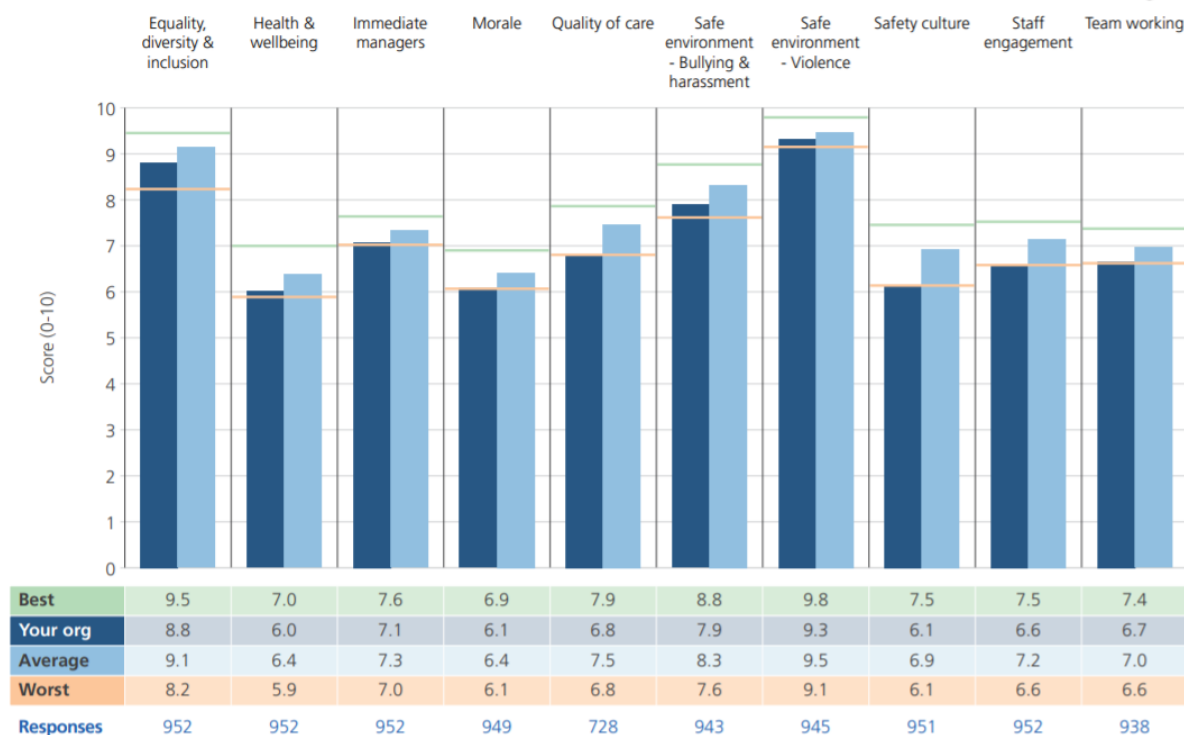
The 2020 survey results above show improvements across all sections of the survey. The Trust scored 'better than most' other mental health trusts in five questions within the survey and 'about the same' as all other mental health trusts in the remaining questions. While this offers some assurance about the quality of the services we provide, we want to do better than this. The areas that we need to improve in our community services have been incorporated into our 'Back to Good' work programme.

The peak of the COVID-19 pandemic in England and the subsequent national 'lockdown' on the 23 March 2020, occurred approximately midway through the fieldwork period for the survey. Whilst the Community Mental Health Survey primarily asked people to reflect on their experience of care over the previous 12 months, and therefore prior to the pandemic, analysis has shown that the national lockdown likely impacted the way service users responded to the survey. It is therefore suggested that the 2020 survey is classed as not directly comparable with previous iterations.

National NHS Staff Survey

The National NHS Staff Survey 2020 was published in March 2021 and is grouped to give scores against theme areas. Scores for each indicator, together with that of the survey benchmarking group (mental health and learning disability) are presented below.

National NHS Staff Survey 2020 theme results - overview



Source: National NHS Staff Survey Results Benchmarking Report 2020

National NHS Staff Survey 2020 theme results - significance test

| Theme | 2019 score | 2019 respondents | 2020 score | 2020 respondents | Statistically significant change? |
|--|------------|------------------|------------|------------------|-----------------------------------|
| Equality, diversity & inclusion | 8.9 | 932 | 8.8 | 952 | Not significant |
| Health & wellbeing | 5.7 | 937 | 6.0 | 952 | ↑ |
| Immediate managers † | 7.2 | 943 | 7.1 | 952 | Not significant |
| Morale | 6.1 | 933 | 6.1 | 949 | Not significant |
| Quality of care | 6.9 | 746 | 6.8 | 728 | Not significant |
| Safe environment - Bullying & harassment | 7.9 | 926 | 7.9 | 943 | Not significant |
| Safe environment - Violence | 9.3 | 925 | 9.3 | 945 | Not significant |
| Safety culture | 6.1 | 934 | 6.1 | 951 | Not significant |
| Staff engagement | 6.7 | 943 | 6.6 | 952 | Not significant |
| Team working | 6.7 | 927 | 6.7 | 938 | Not significant |

Source: National NHS Staff Survey Results Benchmarking Report 2020

With exception of the 'health and wellbeing' theme, the changes in scores in 2020 are not statistically significantly different to the 2019 scores. In four themes the Trust's score has decreased slightly from the previous year's results, remained the same in five themes and significantly improved in one theme.

It is clear from the survey results that staff have recognised the Trust's focus on health and wellbeing and the support on offer. This is particularly heartening through the pandemic when health and wellbeing has never been more important.

The Trust continues to develop a systematic approach to action in response to the results from the National NHS Staff Survey and a Staff Survey Steering Group has been operational throughout the year with membership from across the organisation.

Annexe A

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

Healthwatch Sheffield statement

Thank you for sharing this year's Quality Account with us. We know that this has been a challenging year for the Trust due to the impact of Covid-19, and the need to drive improvement following CQC findings.

We receive quite a lot of feedback about mental health services, and have reviewed this feedback to help us comment on the accounts. However, we were not able to do this in as much detail as we would ideally like due to the timescales for responding this year.

Progress on last year's objectives:

It is good to see progress has been made against each of last year's objectives. A key measurable across the targets is achieving a 'good' in this year's CQC inspection, and addressing the action points raised in last year's findings. We hope to see an improved CQC report this year, and better patient experiences and outcomes as a result.

We also hope that outstanding actions (such as the eradication of dormitories and improvement of seclusion facilities) continue to be a priority.

Next year's objectives:

We welcomed the opportunity to comment on next year's objectives before their inclusion in the report and hope to see some of our comments reflected in the wider planning of these targets.

The Trust's second objective would benefit from being more explicit about its aims – presumably the goal is to increase the number of people from ethnic minority backgrounds who are accessing lower-level or community based interventions, and being satisfied with the care they receive. It is also important to note that counting the numbers of people accessing services is only a small step towards improving equality of access – and ensuring meaningful engagement with individuals and community groups will be vital.

For the third objective, it would be good to see that the Trust has a meaningful definition of co-production - true co-production is a joint working agreement with service users involved at all levels and from the very beginning.

We also note that staff training is only mentioned in the first objective, but we hope that increased training underpins the rest of next year's work as well.

Opportunities for patient and carer feedback:

One of the major opportunities patients and carers have for feedback is via the Friends and Family Test (FFT). We note that the FFT was suspended for most of the year, which is disappointing as it suggests that collection of this data is a lower priority than other areas. It would be helpful to understand how the Trust plans to maximise the potential for this feedback to be collected and reported on in a meaningful way – for instance, in FFT data from previous years it is unclear which service people have accessed, and how many overall responses the Trust received.

Having this data could give some perspective on just how much patient feedback is being used to influence service change, and whether current methods of FFT collection are effective. We have heard from some service users and carers that they have not been asked to give feedback in this way.

In a similar vein, this year's Account does not provide detail about complaints or learning from complaints – we know that this wasn't a mandated reporting area but hope that the Trust is monitoring complaints closely. When we talk to people who've used mental health services, they often tell us they weren't happy with how their complaint was handled, or that they don't want to make a complaint because they didn't feel listened to when they raised the issue informally. This is a sign that the Trust may not be taking full advantage of the insights that feedback – both formal and informal – can provide.

We think it is important for the Trust to consider how it is learning from patient feedback – complaints, FFT, Care Opinion and more informal routes. They need to ensure they are telling greater numbers of patients about the feedback mechanisms they can use. They should also consider how to engage with those who have not felt they could raise issues through a formal route, or people who have disengaged with services without providing feedback, as these people could provide valuable insight.

Staff:

Staff survey results have not improved much compared to previous years – Covid-19 has likely had an impact but morale and safety culture being low is a concern. If staff are not happy with their working conditions or culture, this can have an impact on care too.

It would be good to see a commitment to including staff – as well as patients and carers – in plans for developing and improving services. Rather than trying to improve services in a top-down way, including front-line staff in decisions and an explicit commitment to training could help to improve their experiences.

General:

The Quality Account is not especially accessible for the public – it would be helpful to link to external information where this is mentioned, such as the 'Back to Good' plan, as this would provide people with the context they need to understand the report.

It would also be helpful to see some more examples or case studies to illustrate the Trust's plans for improvement. For instance, the proportion of people completing treatment under IAPT and moving to recovery is under target at 40% - in areas like this it would be helpful to briefly mention the actions that will be taken to address this.

Healthwatch Sheffield
16th June 2021

Our response

We are extremely grateful to Healthwatch Sheffield for their detailed and helpful feedback on our Quality Account. We acknowledge and accept that it has been particularly challenging to deliver this this year and we are delighted in the efforts they have made to provide a thorough response. It is unfortunate that our report contains some data gaps, as a result of the suspension of some functions, due to the national pandemic. We will use this feedback and their helpful suggestions as we make improvements to this annual report going forwards.

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

"Thank you for sharing the Trust's Quality Account for 2020/21. We recognise that this has been an incredibly challenging year, and would like to start by passing on the Committee's thanks to all staff at the Trust, who have worked so hard during the pandemic. Please find my comments on behalf of the Healthier Communities and Adult Social Care Scrutiny Committee below.

Quality Priorities for 2020/21

We are pleased to note progress made across last year's priorities to 'get back to good' and 'come through Covid safely'. We had the opportunity to discuss this and specifically progress against the CQC Improvement Plan in detail with the Trust when they attended our Scrutiny Committee meeting initially in August 2020 (details can be found [here](#)) and subsequently in March 2021 (details [here](#)). We note that Covid has adversely affected the Trust's ability to make the progress planned in terms of Transformation priorities, and look forward to seeing improvements over the coming year.

Quality Priorities for 2021/22

We look forward to seeing progress on this year's priorities, and are pleased to note the Trust's plans to engage with BAME communities – tackling health inequalities is a key priority for the Scrutiny Committee.

It would be helpful to understand how the actions arising from the quality priority work improve outcomes for people using the Trust's services, and whether the desired outcomes have been achieved.

Performance

We are pleased to note that in terms of Performance, the Trust has broadly achieved targets; and that the 2020 Community Mental Health Survey shows improvement across all sections. We're disappointed to note that the Trust's staff survey results remain below the national average, and will be looking for evidence that the Trust's actions in response to the survey results bring improvement."

Cllr Steve Ayris

Chair, Healthier Communities and Adult Social Care Scrutiny Committee

9th June 2021

Our response

We thank the Healthier Communities and Adult Social Care Scrutiny Committee for their valuable comments and look forward to continuing our work with them in the future.

NHS Sheffield Clinical Commissioning Group Statement

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

The CCG has had the opportunity to review and comment on the information contained within this Quality Report prior to its publication and is confident that to the best of our knowledge the information supplied within this report is an accurate and a true record, reflecting the Trust's performance over the period April 2020 – March 2021.

The CCG and Trust will work together to continue to address issues related to clinical quality so that standards of care are upheld whilst services recover from the pandemic and the CCG supports the Trust's continued work on the Back to Good programme started in 2020/2021. The CCG will continue to work with the Trust to evolve services and ensure they meet the changing needs of our local population and in particular look to reduce inequalities.

Therefore the CCG supports the Trust's identified quality objectives for 2021/22 which are:

- **Quality objective one:** Over a three-year period demonstrate a measurable and equitable reduction in the use of seclusion and restraint
- **Quality objective two:** Over a three-year period demonstrate improvements in the number of people from BAME communities accessing community-based mental health services
- **Quality objective three:** Over a three-year period we will embed co-production with service users and carers in how we deliver and govern clinical services

Zak McMurray
Medical Director
17th June 2021

Rachael Hague
Senior Contracts Manager

Our response

We thank NHS Sheffield Clinical Commissioning Group for their support during the year and their helpful comments on this report. We look forward to continuing our work with them in the future.

Annexe B

2020/21 STATEMENT OF DIRECTORS' RESPONSIBILITIES IN RESPECT OF THE QUALITY REPORT

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

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

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

- the content of the quality account meets the requirements set out in the NHS foundation trust annual reporting manual 2020/21
- the content of the quality account is not inconsistent with internal and external sources of information including:
 - board minutes and papers for the period April 2020 to March 2021
 - papers relating to quality reported to the Board over the period April 2020 to March 2021
 - feedback from commissioners dated 17 June 2021
 - feedback from governors dated 19 April 2021
 - feedback from local Healthwatch organisation dated 16 June 2021
 - feedback from overview and scrutiny committee dated 09 June 2021
 - the trust's complaints report published under Regulation 18 of the Local Authority Social Services and NHS Complaints Regulations 2009, dated July 2020
 - the national patient survey 24 November 2020
 - the national staff survey 11 March 2021
 - the Head of Internal Audit's annual opinion of the trust's control environment dated 28 May 2021
 - CQC inspection reports dated 30 April 2020 and 22 October 2020
- the quality report presents a balanced picture of the NHS foundation trust's performance over the period covered
- the performance information reported in the quality report is reliable and accurate
- there are proper internal controls over the collection and reporting of the measures of performance included in the quality account, and these controls are subject to review to confirm that they are working effectively in practice
- the data underpinning the measures of performance reported in the quality report is robust and reliable, conforms to specified data quality standards and prescribed definitions, is subject to appropriate scrutiny and review

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

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

By order of the Board:

Mike Potts

Mike Potts
Chair

Date: 23 June 2021

Jan Ditheridge

Jan Ditheridge
Chief Executive

Date: 23 June 2021