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NHS
Sheffield Health and Social Care
NHS Foundation Trust

Quality Account

2021/22

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Part one: Statement on quality from the Executive Medical Director and Executive Director of Nursing, Professions and Operations

We have great pleasure in sharing the Quality Account 2021-22 and reporting that due to the continued commitment and collective efforts of all at Sheffield Health and Social Care NHS Foundation Trust, we have delivered improvements in the quality of our care that have been recognised by both the Care Quality Commission and NHS Improvement. In this document, we focus on 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.

The Care Quality Commission (CQC) look more broadly at quality and in this reporting period we had inspections in April and May 2021 for wards for people with a learning disability or autism. In May 2021 we had inspections of the mental health crisis services and health-based place of safety, for wards for older people with mental health problems and acute wards for adults of working age and our psychiatric intensive care unit (PICU). The CQC reinspected the acute wards for adults of a working age and the psychiatric intensive care unit in December 2021. Within the May 2021 inspections the CQC also inspected the 'well-led' domain.

The learning disability and autism inspection was prompted due to concerns we raised about quality. The CQC rated this service as inadequate overall and as a result we have temporarily closed this service. We are working with service users, families and partners to develop a pathway of care for the people of Sheffield that will support people with a learning disability by providing the right care by staff working in the right culture. This work is not yet complete. Across the wards for older adults, the crisis and health-based place of safety and acute and PICU for people of a working age, the commitment of staff to improve care was recognised and all services improved their ratings. As a whole the Trust moved from inadequate to requires improvement overall. This includes the rating for 'well-led' moving to requires improvement. We know we have a lot more to do and we remain committed to making further improvements to the care we provide for service users, and to get back to an overall rating of 'good' as soon as we can. You can find out more about the results from our 2021 inspections on page 18.

We have used all of our learning from 2020 and have continued to work differently to keep people safe during a global pandemic. We remain proud that despite working in difficult and sometimes frightening circumstances, our staff have remained committed to bringing about positive change. We have run successful vaccination campaigns for seasonal 'flu and COVID-19.

A number of teams have demonstrated continued improvements in performance, and we have been working with our partners across Sheffield to make a contribution to the overall recovery of NHS performance, as we move out of the pandemic in the NHS.

We achieved a significant increase in the percentage of our staff participating in the NHS Staff Survey, an increase from 41% to 51.8%. The results remain challenging and although across the NHS the results were generally poorer this year, we are all listening carefully to understand our experiences of working at the Trust and we are working to bring about improvements for everyone. You can read more on our NHS Staff Survey results on page 33.

We have made real headway this year with the improvements in our environments. We have removed all dormitories, fully refurbished one ward, removed a seclusion room and improved the safety of a number of wards. Estates improvement plans take a long time to deliver and in the coming year the evidence of this programme of work will demonstrate more improvements.

An area we were worried about in 2020 was our reliance on restrictive practices and we are proud that our staff have worked with our new Reducing Restrictive Practices Strategy and have found alternatives to restraint and seclusion across a number of wards. We report this publicly monthly to our Board of Directors. We are also delighted that our dementia inpatient ward has made a tangible improvement in the number of people falling when in our care.

We have also continued to change the things that make a difference by delivering our transformation plans. This includes our approach to providing mental health services in the community. We are pleased that our staff have focussed on developing new pathways and have agreed how teams can work more effectively to respond to the needs of people in Sheffield.

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.

Mike Hunter

Mike Hunter
Executive Medical Director

Beverley Murphy

Beverley Murphy
Executive Director of Nursing, Professions and Operations

Part two (a): Priorities for improvement

2.1 Progress against our quality objectives in 2021/22

In setting our plans for 2021/22 the Board of Directors wanted to build on the progress we had made in 2020/21 to get 'Back to Good', improve the quality of services and improve the safety for service users, staff and communities more broadly. As well as everything we take into account in determining the quality objectives, we also thought carefully about how the COVID-19 pandemic disproportionately impacted people from diverse communities. We reviewed our priorities for quality improvement by:

- considering the findings from our Care Quality Commission (CQC) inspections
- reviewing our performance against a range of quality indicators, both internally and across mental health networks
- considering our broader vision and plans for service improvement
- exploring with our Council of Governors their views about was important to them
- engaging with our staff and service users to understand their views about what was important and what they thought we needed to improve
- engaging with our commissioners and other stakeholders to understand what their priorities for improvement were
- considering the implications for us on the Use of Force Act and respecting people's human rights.

We 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 2021/22 were:

- **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.

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

Why we chose this priority

We recognise that the Trust has been above the national average on the use of restraint and seclusion. We have multiple practices that are restrictive across the range of our services, from locked doors, restriction of personal items, use of enhanced observations, high detention rates and high levels of restraint and seclusion in some of our services.

Being restricted is a human rights issue and we recognise that for many of our service users restricting them, either through their movements or by their environment, can trigger increases in anxiety, flashbacks of past trauma and can cause a lack of trust. We are committed to reduce the amount of times we restrain and seclude service users, and we want to ensure that this reduction is the same across all service user groups, demographics and protected characteristics.

Year one - we said we would:

- Implement the Least Restrictive Practice Strategy
- Ensure teams can review their own ward level data on the use of restrictions like physical restraint, seclusion, rapid tranquilisation and consider this by gender, ethnicity, age and other factors
- Revise Respect training (Respect is our staff training on how to manage and de-escalate behaviours of concern) - Respect is linked to the national contract for the Use of Force Act (2018)
- Consistently debrief staff and service users following restraint and seclusion.

How have we done?

- We co-produced our Least Restrictive Practice Strategy with the involvement and support of service users, staff and others linked to the Trust to ensure that it represents the needs of those who experience it first-hand
- We held a Least Restrictive Practice Conference on 9 November 2021 as the platform to formally launch the Least Restrictive Practice Strategy and to celebrate the work underway and share national learning and thinking
- Ward level dashboards have been developed ensuring local ownership as well as Trust wide dashboards for governance and assurance
- A system was developed to monitor and report on staff and service user debriefs following incidents of restrictive practice - this enables us to understand the impact that restrictive practice has on service users and staff and helps to strengthen our commitment to reduce their use
- Respect training has been reviewed and a broader training review has been undertaken to strengthen the training provided to ensure that staff have the skills they need to work effectively and safely
- We have removed seclusion on our all-female ward and we have not seen significant increases in other forms of restrictions as a result.

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

Why we chose this priority

The National Institute for Mental Health in England report that people from black, Asian and minority ethnic (BAME) communities are more likely to have poorer health outcomes, a shorter life expectancy and have more difficulty in accessing healthcare than the majority of the population - and access to mental health services is a cause of concern. People from BAME communities are more likely to face challenges such as racism, stigma and inequalities, which can all affect mental health and wellbeing. The rates of mental health problems can be higher for some BAME groups than for white people, for example black people are more likely to be detained under the Mental Health Act, older South Asian women are an at-risk group regarding suicide, and refugees and asylum seekers are more likely to experience mental health problems that the general population. Getting people the help and support they need sooner, close to home (or ideally at home) means they are less likely to need more restrictive healthcare.

Year one - we said we would:

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

How have we done?

- Obtained Census data, national benchmarking data and internal datasets showing the ethnicity breakdown for England and Sheffield, together with the breakdown of those accessing services and on community caseloads - this data enables the Board of Directors to better understand inequalities and helps highlight the areas we need to focus improvement on
- Referral data for the Trust's services have been obtained and reported through quarterly reporting mechanisms
- Benchmarking data shows a slight increase in the percentage of service users from a BAME background on our community caseloads
- Identified that IAPT (Improving Access to Psychological Therapies) appear to receive more referrals from Asian/Asian British service users than other Trust services.
- We have invested in a Race Equity Officer with Sheffield African Caribbean Mental Health Association (SACMHA) linked to work to understand access to, and inequalities in the use of, restrictive practices and suicide prevention - this is managed through our voluntary sector partner Sheffield Flourish
- Our Engagement and Experience Team have increased discussions and joint working with diverse community organisations around issues impacting access to our services

- Governance group identified to align the oversight of this objective – aligned to the newly established Inclusion and Equality Group, chaired by the Director of Operations and Transformation

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

Why we chose this priority

Person-centred and strength-based care are key components of our Clinical and Social Care Strategy. It is a key organisational priority of the Trust to continuously improve our approach to working with people who use our services and learn from their experience of care. The requirement to focus on experience, engagement and co-production to improve services is a linking thread across the Trust's strategies, working to enable the aims of the overarching Clinical and Social Care Strategy 2021-2026, which sets out the road map for Sheffield, based on an understanding of local need. The strategy works in line with the key deliverables of the NHS Long Term Plan, and aligns with our core values of 'working together for our service users' and 'everyone counts'. These local and national frameworks will work together to increase meaningful coproduction and help reduce health inequality.

Year one - we said we would:

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

How have we done?

- We have developed and agreed our co-production standards as part of a standard operating procedure and we will measure services on a regular basis against these standards
- A baseline assessment was undertaken in March 2022 and will report into our Lived Experience and Co-Production Assurance Group in 2022
- We have co-produced a new Service User Experience Strategy which prioritises the recruitment and involvement of people with lived experience
- We have enhanced our Engagement Team with two new Engagement Leads who are working to increase the effectiveness and scope of existing feedback methods, as well as creating new ways for service users and carers (including those patients who are placed away from home due to bed capacity) to be involved in the Trust's work
- We have appointed a Head of Experience in a unique shared arranged with our voluntary partner Sheffield Flourish
- We have commenced the co-production of a refreshed Carer and Young Carer Strategy, including delivery of a Carer Governor workshop

- We have appointed a Patient and Carer Race Equity Lead and Carers Lead developed and recruited by a range of lived experience workers across the Trust.

2.2 Our quality objectives for 2022/23

At the start of April 2021, we set three, three-year quality objectives. We recognised that making a meaningful impact can take time. As we have gone through year one of these objectives, we have considered them against a range of quality indicators to ensure they continue to be aligned to the priorities for the Trust. We have also considered them against the following areas:

Findings from the Care Quality Commission (CQC) inspections

The CQC published findings from inspections of Trust services throughout the year. These are summarised in more detail in Section 2(b) of this report. Feedback from these inspections has been used to ensure our quality priorities align and enable fundamental standards to be consistently met.

National standards and priorities

The Trust was placed in Quality Special Measures in May 2020 in response to concerns raised by the CQC. We then transitioned into the Recovery Support Programme. Following a more favourable CQC inspection and based on evidence of sustained improvements, the Trust's System Oversight Framework rating was downgraded from level four to level three, and we were able to exit the Recovery Support Programme, with an exit package of support in place.

Commissioning priorities for service developments

The Five Year Forward View for Mental Health and the Long-Term Plan focus on crisis care pathways and provision (ensuring they are accessible and effective seven days a week, 24 hours a day) perinatal community services, children and young people's mental health services, IAPT, eliminating out-of-area placements and suicide and bereavement support.

Commissioning priorities have historically been defined through the agreed Commissioning for Quality and Innovation (CQUIN) programmes. However, during the COVID-19 pandemic, the CQUIN programme has been paused to enable the NHS to prioritise resources in managing the virus and maintaining safety. CQUINs will recommence in April 2022.

Governors told us they remained committed to the quality objectives that we set in 2021 and wanted us to continue to prioritise these as we go forwards into 2022/23.

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.

Our quality objectives for 2022/23 remain as:

- **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.

Year two – what we will do:

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

We have drawn on our Least Restrictive Practice Strategy to set the direction for this objective as we move into year two. The priorities for 2022/23 are:

- Achieve a consistent reduction in the use of seclusion and physical restraint across our inpatient services, this may be demonstrated by the number of incidents and include a reduction in the length of the use of seclusion or restraint
- Roll-out of the revised Respect training programme, which will include the introduction of a second day update covering activity, carers, care planning and race inequalities
- Embedding Safewards (a model with 10 interventions designed to improve the safety of patients in inpatient settings) and demonstrating the impact of this through evaluation and measurement
- Work as an early adopter with NHS England to develop our patient and carer race equity framework with a focus on the use of restrictions across patients from ethnically diverse backgrounds
- Co-produce and co-deliver human rights training, in collaboration with Sheffield African Caribbean Mental Health Association (SACMHA) and Sheffield Flourish.

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

We have used our Service User Engagement and Experience Strategy and our Equality Diversity and Inclusion Strategic Overview 2020 – 2024 to shape this year's priorities:

- Continue to monitor and benchmark statistics relating to people from BAME communities accessing community services

- In collaboration with the Head of Experience, commit to a programme of work to understand the full range of community services working together to reduce barriers, increase trust and reduce inequity in access to mental health services - including those we deliver
- Identify successes and share good practice, from services such as IAPT, to continue to increase equity of access and inclusivity
- Develop cultural and race sensitive performance indicators to enhance reporting.

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.

Our Quality Strategy and Service User Engagement and Experience Strategy have been used to help guide the priorities for this year:

- Develop and deliver co-produced complaints training, in collaboration with the Patients Association
- Measure, collate and report on the outcomes of the co-production standards across the Trust
- Through 2022/23 agree the structure and opportunities for lived experience engagement through a review of SUN:RISE, SUSEG and Lived Experience Assurance Group
- Continue to develop and grow lived experience opportunities within the Trust, including a Lived Experience Lead to support implementation of the Quality Strategy
- Review the existing feedback mechanisms available to service users, carers and families with a view to improving the amount of feedback we receive about our services
- Have robust peer support, lived experience, engagement and support networks run by peers, for peers, who work in co-production with the Trust.

Monitoring progress

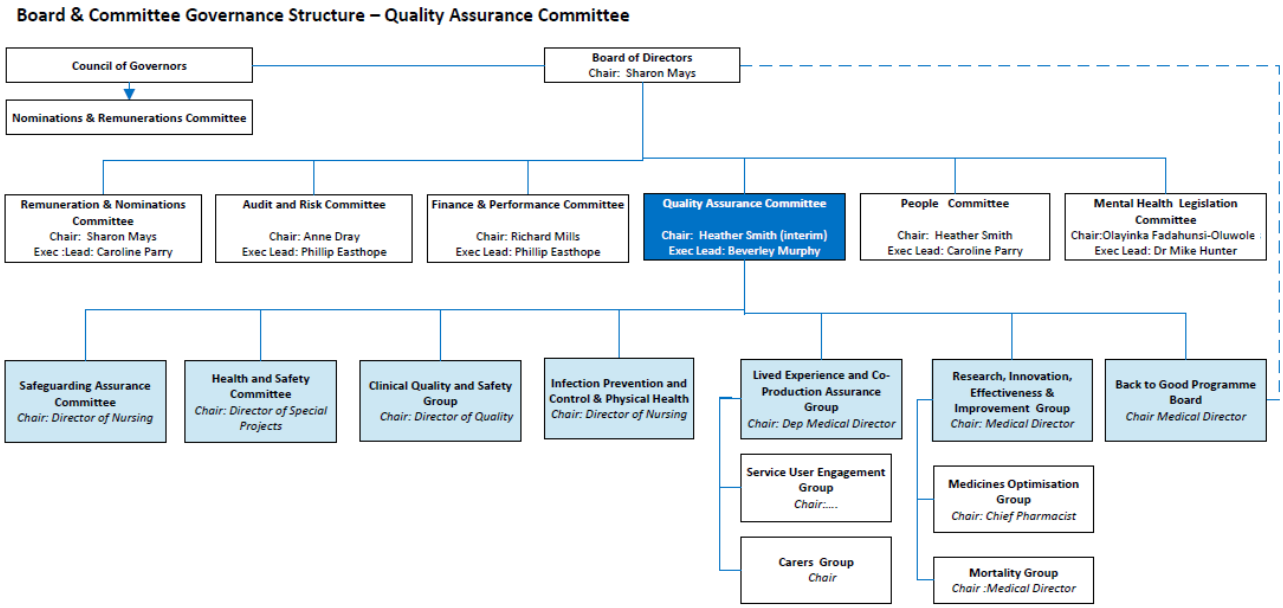
Quality and performance is defined and measured in accordance with the Trust's Quality Strategy for 2022-2026. The strategy is grounded in the approach from NHS England/Improvement to move towards a quality management system which will co-ordinate and embed quality improvement, quality control, quality planning and quality assurance across the Trust.

The Trust's performance management framework defines the metrics that are tracked within a monthly quality and performance report (the integrated performance and quality report (IPQR)). This is received monthly by each of the committees of the Board and the Board of Directors.

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

Quality governance arrangements

To promote and oversee quality, SHSC's governance arrangements are shown in the structure chart below. The 'blue' boxes are the committees and groups that have the overarching responsibility for quality across SHSC.



Systems of internal control

A range of strategies, policies 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. These include the Clinical and Social Care Strategy, Quality Strategy and the Performance Management Framework.

Within the IPQR, performance across a range of service delivery, quality and safety, financial and people-based indicators is triangulated to give a floor-to-Board oversight of all aspects and to ensure affirmative action is taken where performance improvements are required. Each clinical directorate has its own IPQR to assist triangulation at directorate level.

The tri-annual performance review processes ensure that the executive team have oversight of the operational and corporate performance of services and that the Board can maintain overall oversight of performance. The two clinical directorates have established integrated performance and quality reviews that ensure day-to-day performance and risks are reviewed. The executive team reviews performance of all departments within the Performance Framework.

Freedom to Speak Up

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

Initiatives to embed Freedom to Speak Up (FTSU) at the Trust and to remove barriers to speaking up include:

- Developing a FTSU champion network to give staff more choice of who they can speak up to, should they feel unable to speak up in their workplace
- Advertising speaking up and promoting October as 'Speak up Month'
- Working closely with the staff network group chairs to help remove barriers to speaking up for network members
- Making FTSU training mandatory to encourage staff to raise concerns in their workplace and to ensure they are aware of the FTSU Guardian.

When concerns are formally raised through the Freedom to Speak up Guardian, written feedback is provided, where possible, and actions will be tracked from June 2022 and reported through the appropriate governance channels.

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, which are available in the Board papers section of our website at 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 2021/22 the Trust provided 62 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 received in 2021/22 represents 86% of the total income generated from the provision of services by the organisation. The remaining 14% relates to areas such as education and training. 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 2021/22, eight national clinical audits and two national confidential enquiries covered relevant health services that Sheffield Health and Social Care NHS Foundation Trust provides.

During that period, the Trust participated in 100% of the national clinical audits and 100% of the 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 the Trust was eligible to participate in during 2021/22 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 Care at the End of Life (NACEL)
National Audit of Inpatient Falls (NAIF)
National Audit of Dementia – spotlight on Memory Services
Prescribing Observatory for Mental Health (POMH-UK): Topic 14: Prescribing for substance misuse alcohol detoxification
Prescribing Observatory for Mental Health (POMH-UK): Topic 19: Prescribing for depression in adult mental health
Prescribing Observatory for Mental Health (POMH-UK): Topic 1 and 3: Prescribing high dose and combined antipsychotics

The national clinical audits and national confidential enquiries that the Trust participated in during 2021/22 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 Care at the End of Life (NACEL)
National Audit of Inpatient Falls (NAIF)
National Audit of Dementia – spotlight on Memory Services
Prescribing Observatory for Mental Health (POMH-UK): Topic 14: Prescribing for substance misuse alcohol detoxification
Prescribing Observatory for Mental Health (POMH-UK): Topic 19: Prescribing for depression in adult mental health
Prescribing Observatory for Mental Health (POMH-UK): Topic 1 and 3: Prescribing high dose and combined antipsychotics

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 2021/22, 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	100%
National Clinical Audit of Psychosis (NCAP)	100%
National Clinical Audit Care at the End of Life (NACEL)	No cases requested (organisational surveys only)
National Audit of Inpatient Falls (NAIF)	No cases requested (organisational surveys only)
National Audit of Dementia – spotlight on Memory Services	100%
Prescribing Observatory for Mental Health (POMH-UK): Topic 14: Prescribing for substance misuse alcohol detoxification	100%
Prescribing Observatory for Mental Health (POMH-UK): Topic 19: Prescribing for depression in adult mental health	100%
Prescribing Observatory for Mental Health (POMH-UK): Topic 1 and 3: Prescribing high dose and combined antipsychotics	100%

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

The reports of five* national clinical audits were reviewed in 2021/22 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 Spotlight Audit have been used inform service improvements for physical health screening and interventions
- The results of the National Clinical Audit of Psychosis have been used to continue to shape service improvements for the Early Intervention Service.

* The national clinical audit reports published and reviewed during 2021/22 included audits participated in during previous years. In addition, a number of the national clinical audits participated in during 2021/22 will be publishing their reports during 2022/23.

The reports of six* local clinical audits were reviewed in 2021/22 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 2021/22 but the audits were not completed at the end of the year. The reports from these will be reviewed during 2022/23.

Participation in clinical research

The number of staff or service users receiving relevant health services provided, or sub-contracted by, the Trust in 2021/22 that were recruited during that period to participate in research on the National Institute for Health Research (NIHR) portfolio was 645. In the 2021/22 all previously paused, complex interventional, studies were re-opened and are being delivered using COVID-19 safe protocols and in line with Trust policies.

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

Due to the COVID-19 pandemic, the CQUIN scheme was suspended during 2020/21 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 2021/22. The CQUIN programme is restarting in April 2022.

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 not admit any service user to the Assessment and Treatment Service (ATS), Firshill Rise, without the prior written agreement of the CQC
- The registered provider must only accommodate a maximum of 30 service users at Woodland View.

Future changes to our registration during 2022/23 will be made relating to Wainwright Crescent when this relocates to Beech Cottage at Woodland View.

2021/22 inspections

During April and May 2021, the Assessment and Treatment Service (based at Firshill Rise) received an unannounced focused inspection of all the key questions, following concerns raised by the Trust's Director of Nursing, staff and commissioners in March 2021. The result of this inspection was that the Assessment and Treatment Service was rated as inadequate overall and a condition was put on the registration which prohibited service users being cared for at this location.

In May 2021 the CQC carried out an inspection of the acute wards and psychiatric intensive care unit, mental health wards for older people, and crisis and health-based places of safety, due to these being rated inadequate at the previous inspection in January and February 2020. The 'well-led' question was also inspected as part of this due to this previously having been rated inadequate.

At this inspection, two services (mental health wards for older people, and crisis and health-based places of safety), improved their rating to requires improvement. The acute wards and psychiatric intensive care unit remained rated inadequate because further improvement was required.

Overall, the Trust's ratings were as set out below:

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

In December 2021, the Trust's acute wards for adults of working age and psychiatric intensive care unit were re-inspected, due to the inadequate rating that they had received in both previous inspections of January and February 2020 and April and May 2021. The report following this inspection by the CQC was published in February 2022 and improved the rating for these services from inadequate to requires improvement. The CQC also confirmed that the Trust had made significant improvements in the areas highlighted in the previous Section 29A enforcement notice that had been issued (during 2020/21), and the requirements of the enforcement notice were met and therefore the Section 29a lapsed.

Improvement plan

Following the well-led inspection in 2020, the Trust 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 and PICU
6) Rapid improvement programme for recovery services
7) Well-led improvement programme

Since this time, any improvement the Trust is required to make following CQC inspections are incorporated into the work of the above workstreams to ensure robust monitoring is in place.

The Trust was required to complete an improvement plan(s) to address all the requirements identified in the various inspection reports published during the year (mentioned above). As of March 2022, all year one requirements were now all noted to have been completed (from the CQC report of April 2020) and 24 of the 55 requirements for year two were noted to have been completed.

Mental Health Act reviews

During 2021/22 the CQC has undertaken four Mental Health Act Monitoring Visits at the following locations:

- Burbage Ward
- Maple Ward

- G1 (Grenoside Grange)
- Dovedale 2 (following the decanting of Burbage Ward)

Following these visits, four outstanding actions remain relating to garden access by patients (Maple Ward), clinical establishment review (G1) and equipment/telecoms (Dovedale 2). Actions relating to these visits are monitored through the Mental Health Legislation Operational Group.

2.5 Data Quality

Sheffield Health and Social Care NHS Foundation Trust did not submit records during 2021/22 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 2022.

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

Percentage of valid records	Data quality 2019/20	Data quality 2020/21	Data quality 2021/22 February 2022	National average February 2022
NHS Number	100%	100%	100%	88%
Date of birth	100%	100%	100%	100%
Gender	100%	100%	100%	95%
Ethnicity	84%	100%	100%	85%
Postcode	100%	100%	100%	96%
GP code	99%	100%	100%	80%
Overall Score	88.7%	94.1%	94.3%	69.7%

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 national Data Security and Protection Toolkit, which replaced the former Information Governance Toolkit.

The Trust's Data Security and Protection Toolkit overall rating for 2020/21 is 'Approaching Standards'. We developed an improvement plan to meet the required standards and this was accepted by NHS Digital.

The Trust's scores for the Data Security and Protection Toolkit for the last two years are provided in the table below. Submissions for 2021/22 are not due until the end of June 2022.

Data Security and Protection Toolkit – National Data Guardian Standards	2019/20	2020/21	2021/22
Personal confidential data	100% complete	88% complete	Not yet available
Staff responsibilities	100% complete	100% complete	
Training	75% complete	100% complete	
Managing data access	100% complete	100% complete	
Process reviews	100% complete	100% complete	
Responding to incidents	100% complete	100% complete	
Continuity planning	100% complete	50% complete	
Unsupported systems	100% complete	100% complete	
IT protection	100% complete	67% complete	
Accountable suppliers	100% complete	100% complete	
Overall	97.5% complete	94% 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 2021/22 by the Audit Commission. The Trust did commission a clinical coding audit as part of the Data Security and Protection Toolkit. Our results showed that we have achieved the 'Exceeded' level for Data Security Standards One and that our clinical coding is of a good standard of accuracy. The audit confirmed that our clinical coder is up to date with their required training and demonstrated a sound grasp of national clinical coding rules and standards.

Doctors in training

As part of the Doctors and Dentists in Training Terms and Conditions of Service (England) 2016, the Trust is required to produce an annual report on rota gaps and the plan for improvement to reduce these. This report is produced by our Guardian of Safe Working and is presented to our Board of Directors. The following 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 and recommendations from Occupational Health to come off the rota. 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 2021	20 rota gaps	48 rota gaps
July, August, Sept 2021	31 rota gaps	47 rota gaps
Oct, Nov, Dec 2021	37 rota gaps	40 rota gaps
Jan, Feb, March 2022	29 rota gaps	36 rota gaps

On occasion, we have required Staff, Associate Specialist and Specialty Doctors (SAS doctors) and consultants to act down to ensure the city-wide out of hours service is properly staffed.

The Trust 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.

<table>
<tr><th rowspan="2">Mental health services</th><th rowspan="2">Target</th><th colspan="4">Our performance</th></tr>
<tr><th>2019/20</th><th>2020/21</th><th colspan="2">This year 2021/22</th></tr>
<tr><td>Seven day follow up
Everyone discharged from hospital on CPA should receive support at home within seven days of being discharged.</td><td rowspan="4">95% of patients on CPA to be followed up in seven days</td><td>95.6% (Q3)</td><td colspan="2" rowspan="4">This indicator was suspended in Q3 2019/20. A consultation followed and the outcome was published in April 2021 which stated this indicator had been retired.</td><td rowspan="4">N/A</td></tr>
<tr><td>National average</td><td>95.5% (Q3)</td></tr>
<tr><td>Best performing</td><td>100% (Q3)</td></tr>
<tr><td>Lowest performing</td><td>86.3% (Q3)</td></tr>
<tr><td>72 hour follow up (New standard for 2020/21)</td><td>80% (Target set for 2020/21)</td><td>70%</td><td>91.3%</td><td>80%</td><td>Achieved</td></tr>
</table>

'Gate keeping' Everyone admitted to hospital is assessed and considered for home treatment.	95% of admissions to be gate-kept	99.1% (Q3)	97.3%	99.3% (Q4)	**Achieved**
National average		*97.1% (Q3)*	*xx*	*97.7% (Q4)*	
Best performing		*100% (Q3)*	*xx*	*100% (Q4)*	
Lowest performing		*80% (Q3)*	*xx*	*89.6 (Q4)*	
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%	5.88%	4.79%	4.3%	**Achieved**
Community Mental Health Services Experience: Service users' overall experience of contact with a health or social care worker during 2020/21.	*Our score*	***2019 Survey*** 6.8/10	***2020 Survey*** 7.4/10	***2021 Survey*** 6.8/10	***About the same as other Trusts***
Best performing		7.7/10	7.8/10	7.8/10	
Lowest performing		6.0/10	6.1/10	6.0/10	
Q. Were you given enough time to discuss your needs and treatment?	*Our score*	7.1/10	7.8/10	*6.9/10*	***About the same as other Trusts***
Best performing		*8.2/10*	*8.3/10*	*7.9/10*	
Lowest performing		*6.4/10*	*6.5/10*	*6.3/10*	
Q. Did the person or people you saw understand how your mental health needs affect other areas of your life?	*Our score*	6.5/10	7.6/10	6.8/10	***About the same as other Trusts***
Best performing		7.7/10	7.8/10	7.6/10	
Lowest performing		6.0/10	6.0/10	5.9/10	

Q. Did the person or people you saw appear to be aware of your treatment history?	*Our score*	6.8/10	7.6/10	6.8/10	**About the same as other Trusts**
Best performing		*7.7/10*	*7.8/10*	*7.8/10*	
Lowest performing		*5.6/10*	*6.2/10*	*5.8/10*	
Patient safety incidents Number of patient safety incidents reported to NRLS (note one) Rate of patient safety incidents per 1,000 bed days Number of patient safety incidents resulting in severe harm or death Percentage of patient safety incidents resulting in severe harm or death	N/A	***2018/19*** 3346 64.01 29 0.9%	***2019/20*** 3097 59.25 34 1.1%	***2020/21*** *(Note two)* xx 59.9 xx xx	National percentage of patient safety incidents resulting in severe harm or death is 1.0%

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 COVID-19 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. Our Early Intervention Service access within two weeks, the seven day follow up following admission and ensuring all admissions are considered for home treatment (gatekeeping) targets have all been achieved for the majority of the year. Performance is reported to the Board of Directors using the IPQR report as part of the Performance Framework.

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, learning disabilities 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 15% of all patient safety incidents reported by the Trust were related to self-harm, in comparison with 26.1% for mental health trusts nationally.

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

Proportion of incidents due to self-harm/suicide	Number of incidents reported	Our incidents as a percentage of all our incidents	National incidents as a percentage of all incidents
Apr 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 Mar 21*	563	15%	26.1%

Source: National Reporting Learning System (NRLS)

Note: *From April 2020 annual data has been produced by the NRLS, as opposed to the previous six monthly reports.

The Trust remains below the national average for the number of self-harming behaviour patient safety incidents reported to the NRLS.

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 94% of all patient safety 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 three 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 Mar 21*	1,217	32.4%	10.9%

Source: National Reporting Learning System (NRLS)

Note: *From April 2020 annual data has been produced by the NRLS, as opposed to the previous six monthly reports.

The Trust remains above the national average for the number of disruptive behaviour patient safety incidents reported to the NRLS. This is due to the low reporting threshold, with the majority of incidents reported resulting in 'no' or 'low' harm.

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 Mar 21*	216	5.8%	6.6%

Source: National Reporting Learning System (NRLS)

Note: *From April 2020 annual data has been produced by the NRLS, as opposed to the previous six monthly reports.

The Trust remains below the national average for the number of patient safety related medication incidents reported to the NRLS.

3.2 Clinical effectiveness indicators

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	2019/20	2020/21	2021/22
Opiates service				
Referral to booked assessment within seven days (local monitoring)	N/A	96.4%	99.8%	88.8%
Referral to start of tier three treatment within 21 days (local and National target)	95%	99.7%	100%	99.6%
Non-opiates service				
Referral to booked assessment within seven days (local monitoring)	N/A	95.4%	98.2%	81.3%
Referral to start of tier three treatment within 21 days (local and National target)	95%	98.6%	99.1%	96.6%
Alcohol service				
Referral to booked assessment within seven days (local monitoring)	N/A	100%	99.5%	63.8%
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

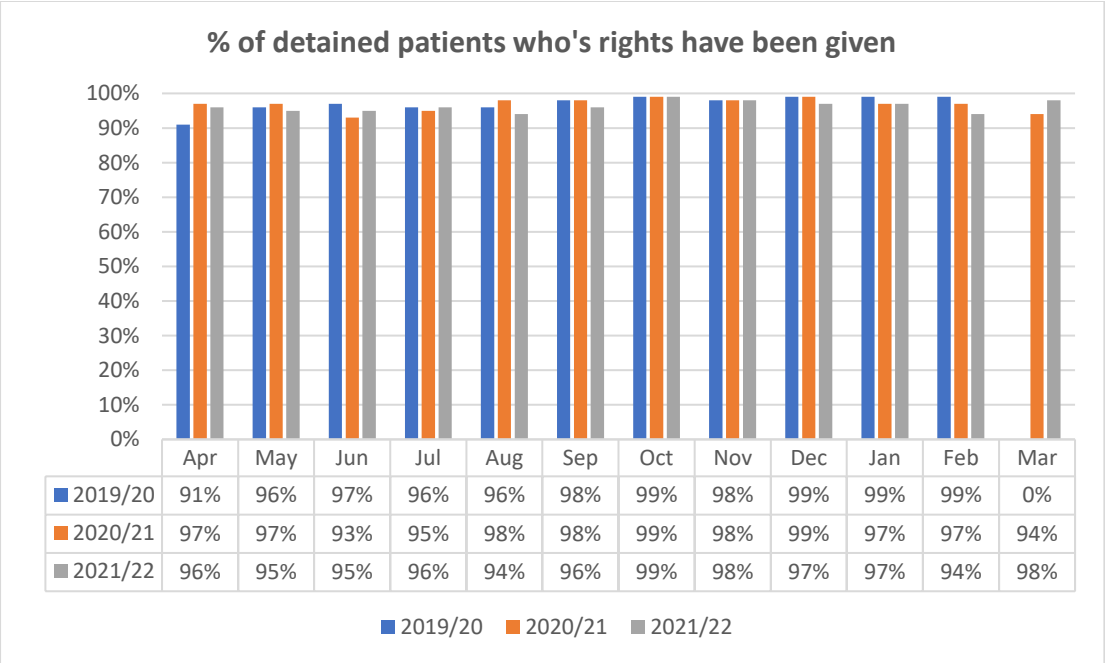
The opiates, non-opiates and alcohol treatment pathways work to a monitored figure of compliance of all referrals to have a booked assessment date within seven working days. During 2021/22 this has been a challenge for a number of reasons. The service has faced ongoing staff absences due to COVID-19 infections; both staff sickness and the impact of isolation requirements, and delays to recruiting staff to fill vacancies. This has meant it has been difficult to provide appointments within the seven days. Where this has happened, the breach has been reviewed by a team leader and if, subsequently, earlier appointments become available these are offered. In most cases where the waiting time to assessment has been breached, assessment has been completed within eight to 11 days of the referral date. Figures for March 2022 are showing improvements and as we move out of the pandemic this will be closely monitored to ensure it is addressed.

The effectiveness of the pathways to get people into treatment has not been adversely affected, with the national target of 95% of referrals to treatment within 21 days being met.

Mental Health Act compliance

People who are subject to detention under the Mental Health Act, are deprived of their liberties. It is imperative, therefore, for the Trust to ensure service user rights are protected and that are individuals 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 below shows the percentages of detained patients whose rights have been given for the last three years.



	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
2019/20	91%	96%	97%	96%	96%	98%	99%	98%	99%	99%	99%	0%
2020/21	97%	97%	93%	95%	98%	98%	99%	98%	99%	97%	97%	94%
2021/22	96%	95%	95%	96%	94%	96%	99%	98%	97%	97%	94%	98%

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

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	2019/20	2020/21	This year 2021/22	
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%	73.2%	70%	57.4%	**Partially achieved**
Improving Access to Psychological Therapies (IAPT) a) Proportion of people completing treatment who move to recovery b) Waiting time to begin treatment i. Within six weeks of referral ii. Within 18 weeks of referral	50% 75% 95%	50% 88% 100%	40.3% 95% 98%	51% 98.8% 100%	**Achieved**
Inappropriate out-of-area placements for adult mental health services	The Trust has not previously been required to disclose performance against this indicator, as we have had fewer than seven average bed days per month.The numbers for 2021/22 are: Adult Acute – 3790 PICU – 1597 Older Adult – 242				

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

The Early Intervention Services target was met and over-achieved in seven out of 12 months. Staff shortages, due to sickness absence, has affected performance in this indicator.

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. 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 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	87%	88%	87%	87%
April 2021 to Mar 2022	**Apr**	**May**	**Jun**	**Jul**	**Aug**	**Sep**	**Oct**	**Nov**	**Dec**	**Jan**	**Feb**	**Mar**
Percentage of Trust service users who would recommend the service they received	89%	94%	92%	90%	92%	96%	85%	94%	88%	90%	91%	93%
National average for mental health trusts (1)	86%	85%	85%	86%	85%	85%	87%	86%	88%	86%	86%	86%

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 2021), compared with the previous two years.

What did service users feel and experience regarding:	2019 survey	2020 survey	2021 survey	
	Service user responses			How did we compare with other Trusts
Their health and social care workers	6.8/10	7.7/10	6.8/10	About the same (National average 6.9/10)
The way their care was organised	8.2/10	8.3/10	8.3/10	About the same (National average 8.3/10)
The planning of their care	6.5/10	6.9/10	6.6/10	About the same (National average 6.7/10)
Reviewing their care	7.1/10	7.4/10	7.1/10	About the same (National average 7.2/10)
Crisis care	6.3/10	6.7/10	6.8/10	About the same (National average 6.9/10)
Medicines	6.8/10	7.5/10	7.1/10	About the same (National average 7.1/10)
Treatments	7.6/10	7.9/10	7.3/10	About the same (National average 7.4/10)
Support and wellbeing	4.7/10	5.5/10	5.1/10	About the same (National average 5.0/10)
Feedback	2.4/10	2.5/10	2.6/10	About the same (National average 2.0/10)
Overall views of care and services	6.9/10	7.6.10	6.8/10	About the same (National average 6.8/10)
Overall experiences	6.7/10	7.4/10	6.6/10	About the same (National average 6.8/10)
Care during COVID-19 (new for 2021)	N/A	N/A	6.5/10	About the same (National average 6.5/10)

Source: CQC Community Mental Health Survey Reports

Our survey scores are within the average range nationally. In all but one area, our overall scores have decreased since the 2020 survey results. The Trust scored 'better than most' other mental health trusts in one question within the survey (relating to help or advice with finding support for financial advice or benefits) and 'about the same' as all other mental health trusts in the remaining questions. Within the results we also scored 'significantly better' than our 2020 survey scores in one question, 'significantly worse' in five questions and 'about the same' in all others.

While our overall performance is 'about the same' as other mental health trusts, 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 and we have a Community Transformation Board.

National NHS Staff Survey

The National NHS Staff Survey 2021 was published in March 2022 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.

	We are compassionate and inclusive	We are recognised and rewarded	We each have a voice that counts	We are safe and healthy	We are always learning	We work flexibly	We are a team	Staff Engagement	Morale
Best	7.9	6.8	7.4	6.6	6.1	7.1	7.4	7.4	6.5
Your org	7.1	6.0	6.5	5.9	5.4	6.5	6.8	6.5	5.6
Average	7.5	6.3	7.0	6.2	5.6	6.7	7.1	7.0	6.0
Worst	7.1	5.9	6.4	5.8	4.8	6.1	6.6	6.5	5.5
Responses	1,289	1,284	1,284	1,283	1,253	1,282	1,279	1,289	1,289

Source: National NHS Staff Survey Results Benchmarking Report 2021

National NHS Staff Survey 2021 theme results - significance test

People Promise elements	2020 score	2020 respondents	2021 score	2021 respondents	Statistically significant change?
We are compassionate and inclusive			**7.1**	1289	N/A
We are recognised and rewarded			**6.0**	1284	N/A
We each have a voice that counts			**6.5**	1284	N/A
We are safe and healthy			**5.9**	1283	N/A
We are always learning			**5.4**	1253	N/A
We work flexibly			**6.5**	1282	N/A
We are a team			**6.8**	1279	N/A
Themes	**2020 score**	**2020 respondents**	**2021 score**	**2021 respondents**	**Statistically significant change?**
Staff Engagement	**6.6**	952	**6.5**	1289	Not significant
Morale	**5.8**	953	**5.6**	1289	↓

Source: National NHS Staff Survey Results Benchmarking Report 2021

We scored below average on all of the nine staff survey themes.

It is clear from the survey results that staff have recognised the 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 did find it difficult to provide a comprehensive response due to a short timescale this year. We also found it harder to comment in the absence of the Chief Executive's summary, which was not included in the draft we saw. This summary often provides helpful insight into how the Trust feels about their own performance and the elements of their workplan they consider the most important – such as response to CQC visits and work to improve services post-COVID-19.

Readability
Aside from the issues above, this year's Quality Account has made some improvements on its general readability. Many topics are introduced with helpful context, including context around the priority objectives and how the Trust's work is monitored. Sometimes a lack of data made it difficult to contextualise results.

Progress against priorities for 2021-22
We are pleased to see the progress that the Trust has made against its three-year targets, with the last year largely spent on work to 'set up' these areas, in a way that will hopefully provide a good foundation for future work to build on. The progress would perhaps be more accurately described as 'what did we do?' rather than 'how have we done?', as these are all action-focused rather than describing any measurable impact or qualitative meaning – if these first steps have already made a difference to service users, it would be good to see this here. Nonetheless, we hope that having initial data and committed funding/dedicated roles will help to drive improvements in each of these areas, and that the patient groups affected, plus the wider public, will have meaningful input.

We do note that the first objective – around seclusion and restraint – does not mention whether the Trust has been able to break down the use of restrictive practices by demographic groups. Given that some groups experience these more than others (especially people from ethnic minority backgrounds) we hope that this data is still being sought.

Priorities for 2022-23
The inclusion of three-year targets does seem to represent a more strategic vision from the Trust than we have seen in previous years – it is positive to see work objectives which build on each other and which take the overall direction of the Trust's workplans and improvement schemes into account.

We are supportive of the plans for the year ahead, which feel achievable and measurable. Similar to last year, we note that the breakdown for the second objective (around increasing the number of people from ethnic minority backgrounds accessing community-based mental health services) does read as though more focus is on data-monitoring, rather than interventions and

improvements to services. We hope that the Trust will also focus on implementing improvements that have been identified and agreed by communities.

CQC inspection
The Trust has improved its overall rating from 'inadequate' to 'requires improvement' this year – whilst a lot of work still needs to be done in order to get back to 'good', we can see that progress is starting to take effect and we congratulate the Trust on these efforts.

It is positive to see that this year's account is open about these results, and we also appreciate the Trust's webpage dedicated to its 'back to good' plan, which is a helpful overview of work that is taking place to respond to CQC concerns.

That being said, we know that many patients have still been experiencing less than good care – and we have heard particular concerns over the last year from adults with a learning disability, who remain concerned that their voices are not listened to. We would encourage the Trust to ensure they're being as proactive as possible to rebuild trust within the community as they work towards improvement.

Opportunities for feedback and involvement
The Friends and Family Test (FFT) score for the Trust is very high this year – it is good to see this, though these positive experiences have not been consistently reflected through the feedback we have received from patients and families. We would be interested in information about how FFT is implemented – if it is being used consistently across all services, and how the Trust ensures that people are being given the chance to feed back in this way.

We encourage the move towards richer feedback metrics like Care Opinion, which can often provide a more thorough picture and be more valuable for learning, and hope that work is also underway to ensure a wide range of people, using all the Trust's services, feel able to share feedback.

Finally, we are concerned by the results of the staff survey this year – with consistently lower results than other Trusts. We would like to see some further analysis of this – and some detail about plans to improve.

Chief Officer
Healthwatch Sheffield
June 2022

Our response

We welcome the feedback from Healthwatch Sheffield and look forward to continuing our work with them next year. We will build on the feedback received and continue to make improvements in aspects of our work.

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

"On behalf of Sheffield City Council's Health Scrutiny Sub-Committee, I acknowledge receipt of the 2021/22 Quality Accounts. We look forward to engaging with Sheffield Health and Social Care NHS Foundation Trust in our scrutiny work over the coming year."

Councillor Ruth Milsom
Chair, Health Scrutiny Sub-Committee
20 June 2022

Our response

We thank the Scrutiny Committee for their statement and look forward to continuing to work with them in the year ahead.

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 Account 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 2021 – March 2022.

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 continue to recover from the pandemic and move further into business as usual. 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. The Trust identified three quality objectives in 2021/22 to work towards over three years and provided evidence within their quality account of good progress made. Therefore, the CCG continues to support the move into the second year of the Trust's identified quality objectives for 2022/23 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

Submitted on behalf of:

Alun Windle
Deputy Chief Nurse
Senior Contracts Manager

Rachael Hague
Senior Contracts Manager

30 June 2022

Our response

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

Annexe B

2021/22 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 2021/22
- 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 2021 to March 2022
  - papers relating to quality reported to the Board over the period April 2021 to March 2022
  - feedback from commissioners dated 30 June 2022
  - feedback from governors dated 15 February 2022
  - feedback from local Healthwatch organisation dated 30 June 2022
  - feedback from overview and scrutiny committee dated 20 June 2022
  - the trust's complaints report published under Regulation 18 of the Local Authority Social Services and NHS Complaints Regulations 2009, dated July 2021
  - the national patient survey 2021
  - the national staff survey 2021
  - the Head of Internal Audit's annual opinion of the trust's control environment dated 6 June 2022
  - CQC inspection reports dated 16 February 2022, 19 August 2021 and 15 July 2021
- 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:

Sharon Mays

Sharon Mays

Chair
Date: 22 June 2022

Jan Ditheridge

Jan Ditheridge

Chief Executive
Date: 22 June 2022