

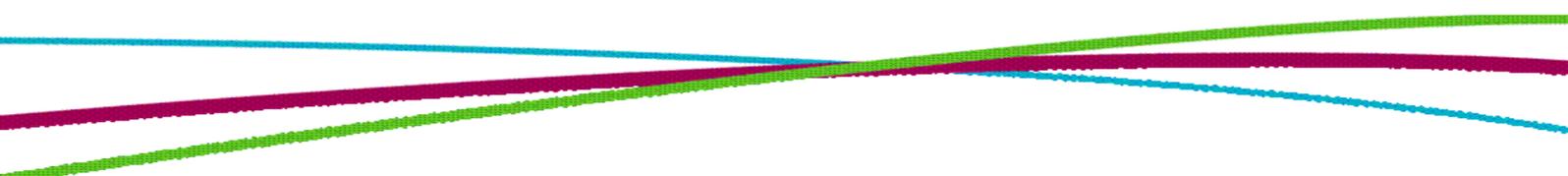
**Council of Governors Meeting
Tuesday 4th February 2014
Summary Report**

Council of Governors
4th February 2014
Item 4b

TITLE OF PAPER	Governor & Members Response to Trust Objectives
TO BE PRESENTED BY	John Kay, Lead Governor
ACTION REQUIRED	The Board to receive members' views which can then inform the Trust's objectives for 2014/15.

OUTCOME	Trust objectives to reflect national and local priorities as required by Monitor's Code of Governance
TIMETABLE FOR DECISION	Objectives finalised March/April 2014
LINKS TO OTHER KEY REPORTS / DECISIONS	Annual Plan
LINKS TO OTHER RELEVANT FRAMEWORKS BAF, RISK, OUTCOMES ETC	HSE ■ MH Act ■ Equality ■ NHS Constitution: Staff Rights ■ Patients' Rights ■ Public's Rights ■ Principles ■ Values ■
IMPLICATIONS FOR SERVICE DELIVERY AND FINANCIAL IMPACT	
CONSIDERATION OF LEGAL ISSUES	N/A

Author of Report	Sam Stoddart
Designation	Membership Manager
Date of Report	30 th January 2014





JANUARY
2014

MEMBERS' SURVEY RESULTS



Compiled by: Tracy Green, Data Management Officer
Evaluated by: Sam Stoddart, Membership Manager

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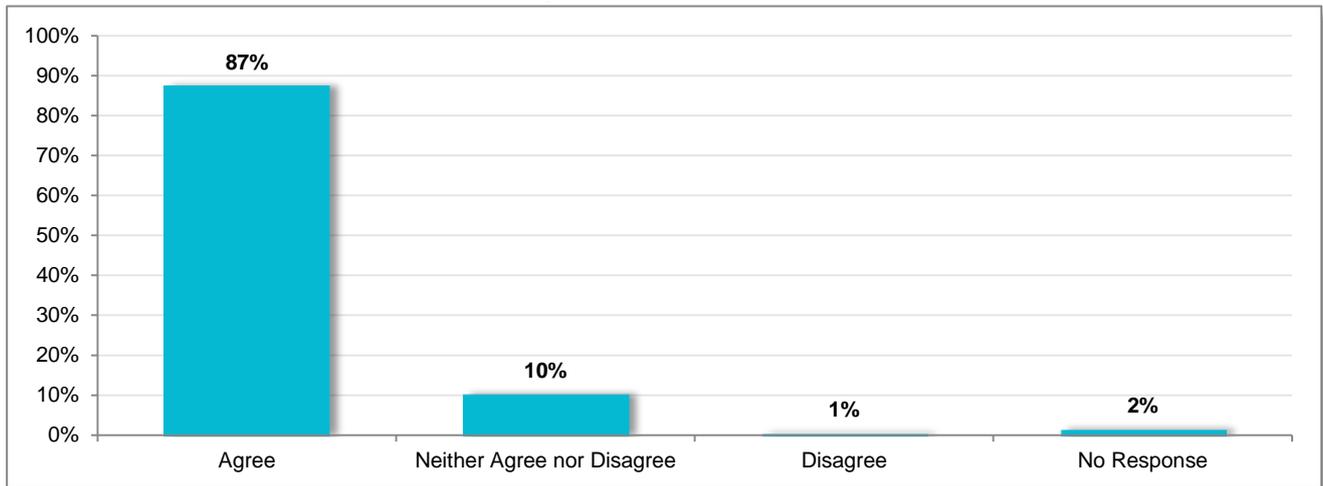
Trust Objectives Survey December 2013 - January 2014

Aim and background

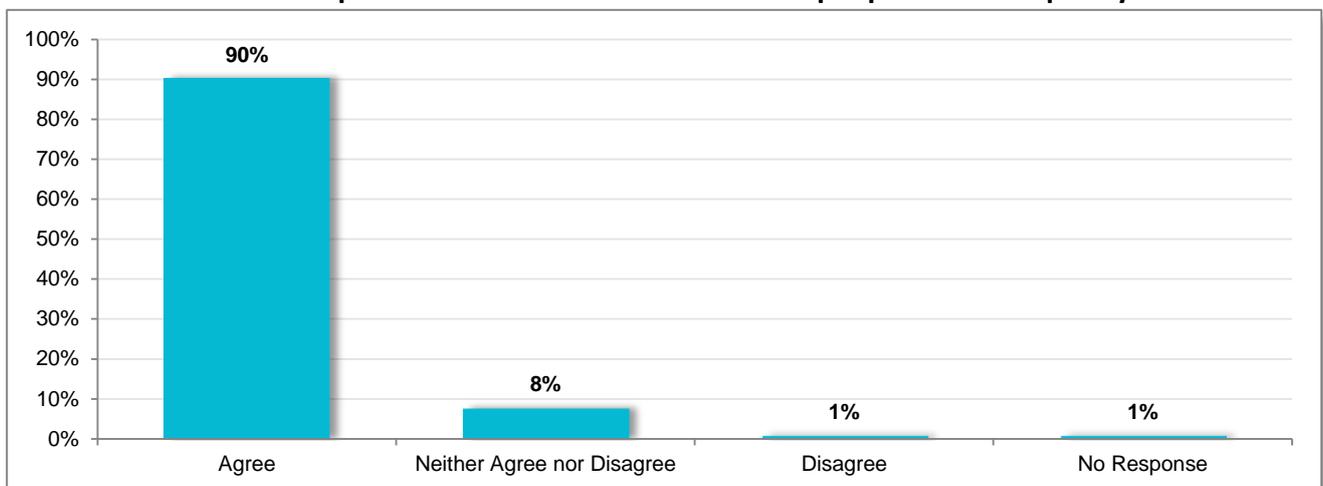
The aim of this report is to show the responses of the Trust Objectives Survey December 2013 - January 2014. The survey was published in the January edition of Involve magazine. It was also published electronically on the Trust's webpage, emailed to all staff and reminder emails were sent to all members. There were 309 respondents, a 100% increase in the 2012 response rate.

1. To what extent do you agree with the following objectives for the Trust?

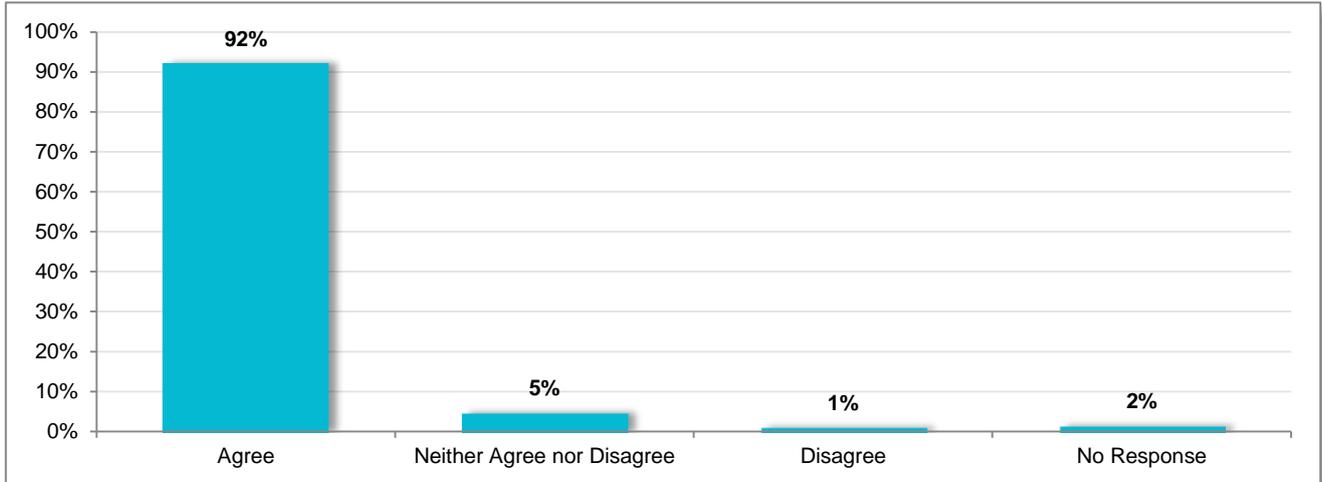
We will improve how we respond to feedback from service users to drive improvements in service user experience across the Trust



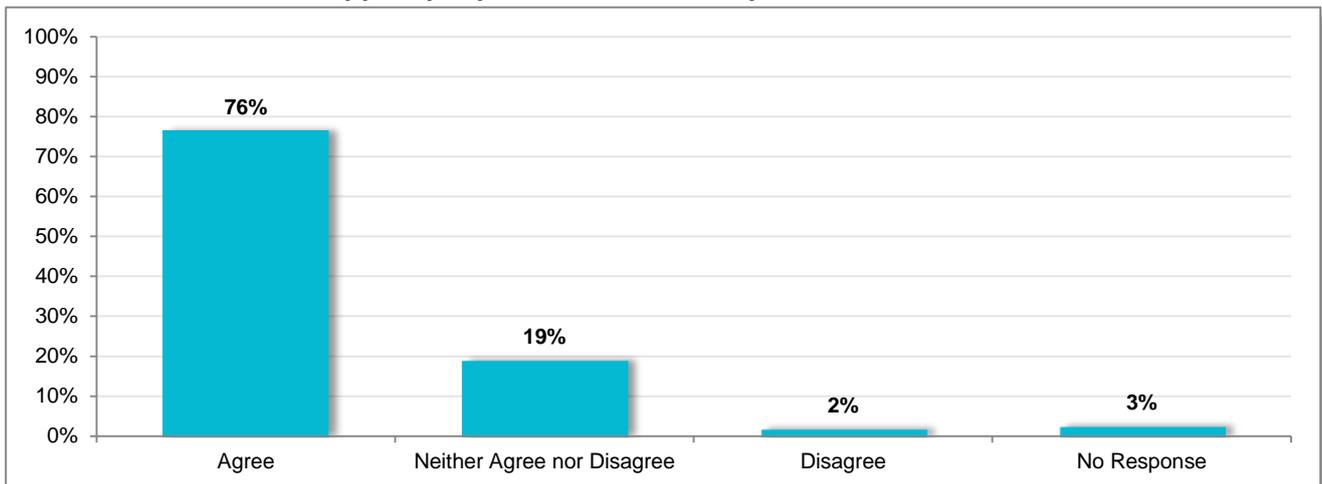
We will improve access to our services so that people are seen quickly



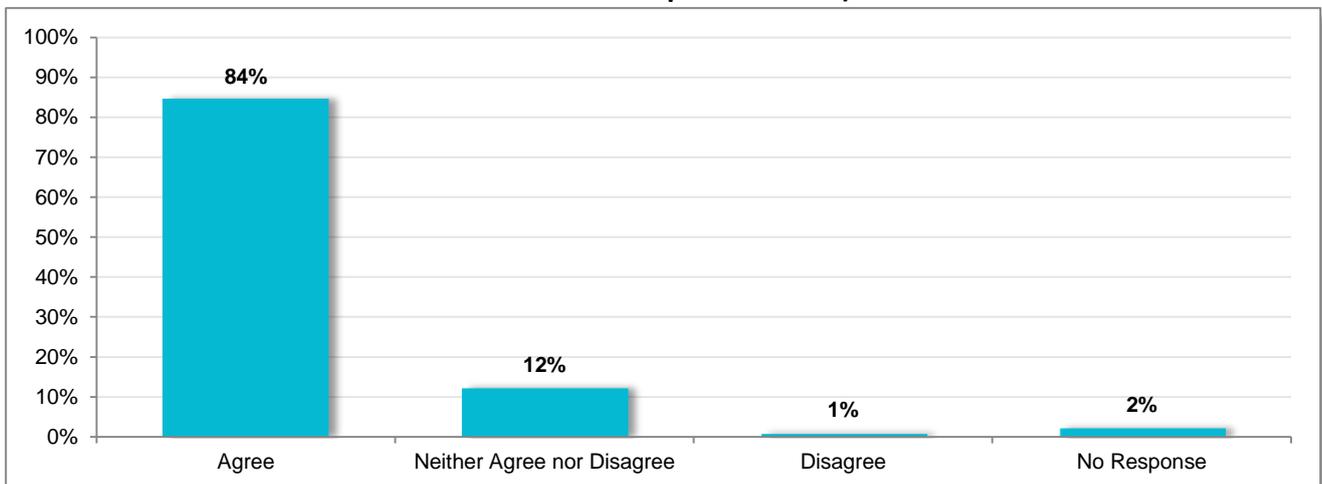
We will improve the care we provide, making sure it is safe and focused on helping people recover



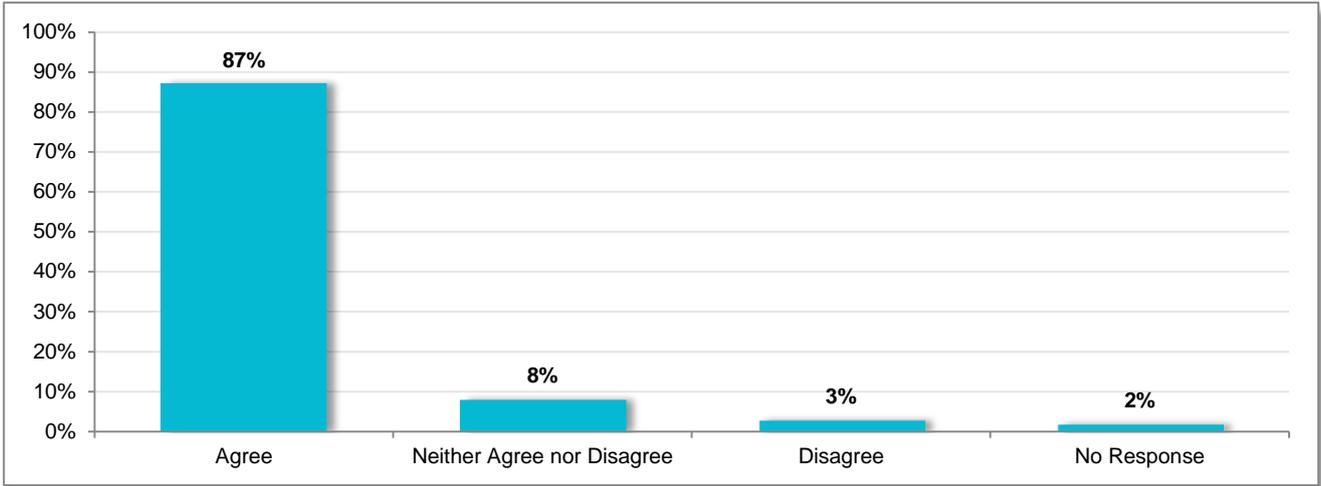
We will develop partnerships with Third Sector and the Housing Department so we can better support people in the community and with Sheffield



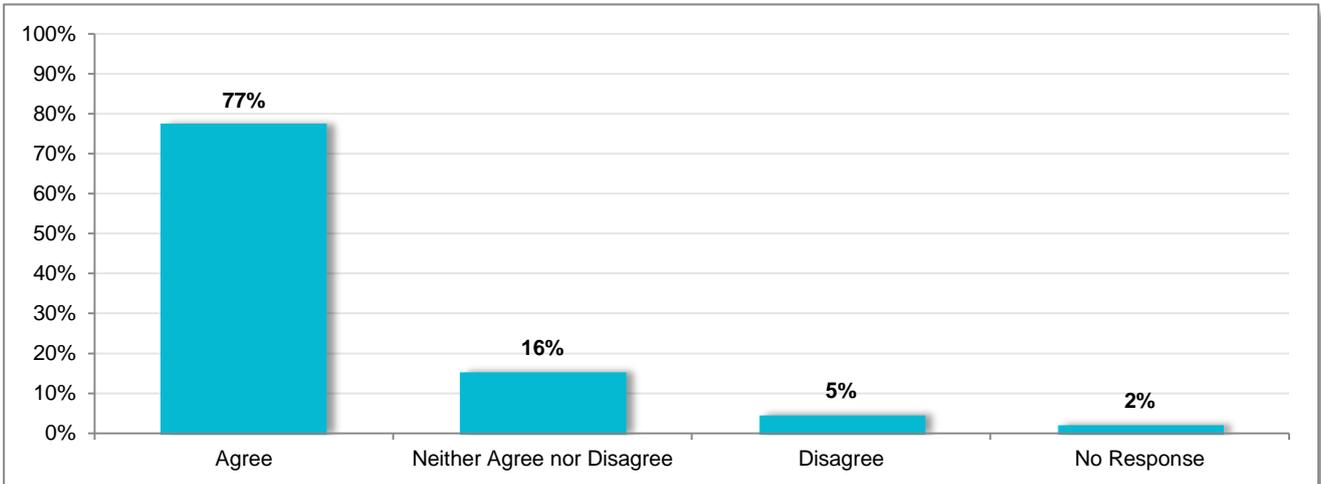
We will improve training we provide to our staff, paying particular attention to values and support worker development needs)



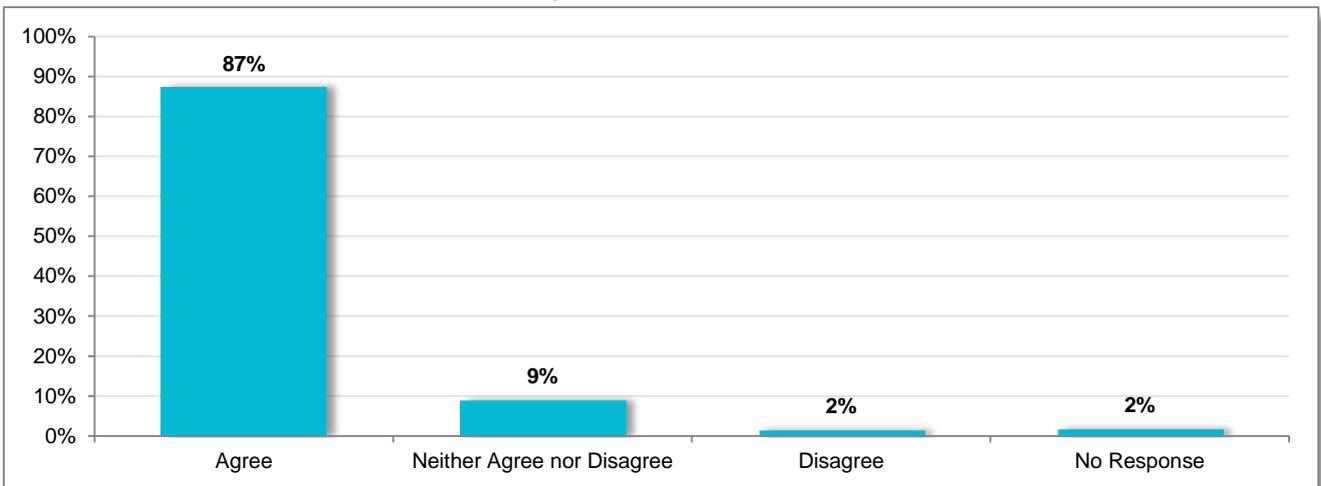
We will reduce bureaucracy so that more time can be spent delivering care



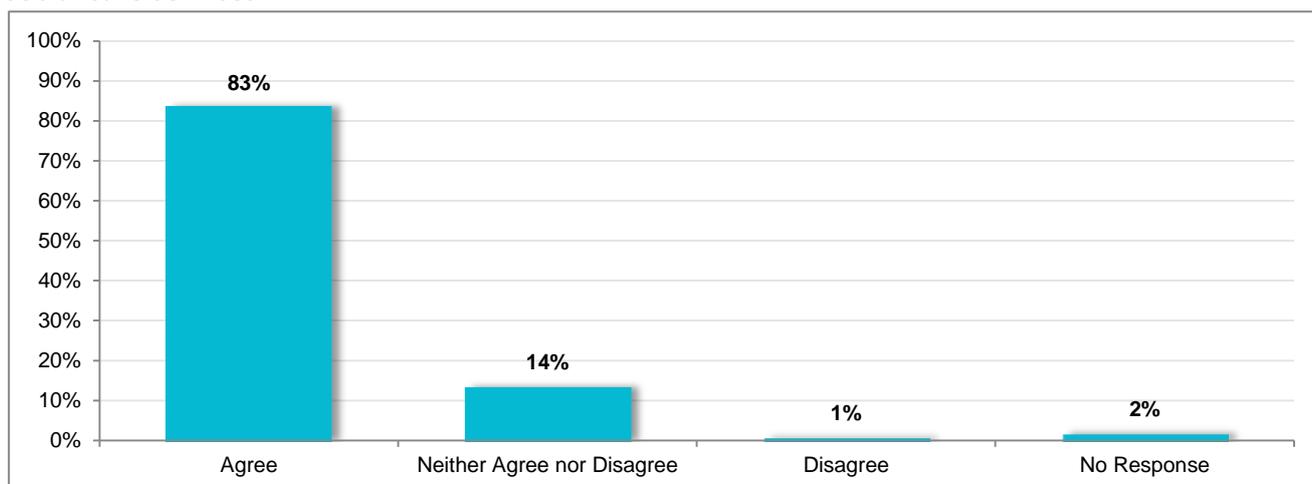
We will invest in our information systems so that we can deliver better care



We will help teams to deliver service improvements and improve our ability to learn from complaints and incidents



We will implement the commitments we made in responding to national reviews of health and social care services



2. Please tell us if there is anything you would like to add about the objectives:

Clarity, Wording, Measurability of Objectives

- It would be useful if there was some indication of how you expect to achieve these objectives so that success can be measured. The first 3 objectives do give some indication but the remainder are very vague
- All very commendable but broad and give no indication about priorities. In current climate of cuts to social care there are going to be a lot of vulnerable people out there especially the elderly - are you taking this into account?
- In what order will you prioritise your objectives?
- Seems a pointless survey as there is nothing any one could disagree with. More important is implementation and prioritisation in a time of scarce and reducing resources
- All objectives are admirable and difficult to disagree with. It would have felt more useful if the questionnaire enabled us to rank them in order of priority in order to better gauge what people feel is important.
- Personally I feel that speed of access to care and improvement of care quality are the main priorities. Objectives 2 & 3 above.
- You have listed a lot of objectives - are they all really achievable and specific enough to be measured?
- Whilst I agree with their intention, they are NOT very Specific, or Measureable. The lack of specifics or measures means there is little to determine if they are either Achievable or Realistic. And they all have no Time scales. Whilst I accept the Trust can't improve everything, I would have liked each of the objectives to have at least one concrete target supporting each which was SMART
- It is hard to disagree with any of these, and their delivery will be hard to measure. I would prefer to see some more concrete commitments to improving care and treatment for service users e.g. reduce length of stay in all inpatient areas
- Well you can't really disagree with any of the statements however they are more like aims not objectives. Objectives are tight and specific. I would like to see specific areas of mental health targeted and developed.

- The objectives are of course all fine. Are there plans to show how you will carry out these objectives? Do you have baseline measurements to show the present state of each objective AND will you evaluate after a year to show whether or not, or how much, things have changed as a result of these decisions? Hopefully AM
- I am in total agreement with all the above aims as you see from my responses; my main concern is how you intend to implement all of the above
- On the face of it all these things seem to be proposals which are hard to disagree with - however it feels worrying to tick the boxes as I don't know what kind of specifics are wrapped up in the wide statements. What worries me is the extent to which people can only get help if they can secure the correct funding - e.g. through SDS money - not everyone is able to access these monies or get help to try to access the money, which leaves them unable to get help which they may well benefit from and avoid their difficulties worsening
- It is hard to disagree with any of these statements but my question would be - How are these objectives going to be achieved
- The objectives seem to me to be very bland - the phrase "motherhood and apple pie" comes to mind. I cannot see how anyone could possibly disagree with any of them. I would be much more interested in being consulted about any hard choices the trust will have to make, given limited resources. Having been involved at a senior level in commissioning NHS mental health services for a large city (Birmingham) and having spent seven years seconded in as a senior civil servant in the Mental Health Policy Branch of the Department of Health, I feel I might have something to offer the Trust, but this survey does not seem to be a suitable vehicle through which to make a worthwhile contribution
- I don't think the issue is if we agree with these or not. I am sure most members of staff / SU's / Public will agree with these. The issue is how this will be managed and how realistic these are. Several seem to be tokenism. Several should already be embedded into the culture of the Trust. They shouldn't be a yearly objective, e.g. making sure care is safe and focused on helping people recover. Is it realistic to reduce bureaucracy when we are of a time where more and more things are measured / recorded? This is a huge area for staff at the moment.
- How realistic are they? Where is the benchmark? Anyone can say that they "will improve" but we need hard data?!
- We will ensure all these objectives are regularly and frequently monitored and reported to Foundation Trust Members
- It would be interesting to understand how these objectives are going to be achieved / what measures will be put in place to track development of what is trying to be achieved
- I am not aware of the Francis and Berwick reports nor of the commitments made in responding to national reviews and therefore cannot make, at present, an appraisal of this objective. Though the objective would seem to be important.
- You forgot apple pie and Christmas. Surely it would be more use to prioritise these

Other objectives to consider

- To work with commissioners to help them understand how 1 year funding contracts get in the way of service development
- Would have liked a reference to maintaining dignity, particularly in relation to older people.
- In relation to the second objective - I think it is important that we continue to review interfaces between teams / services, as transfers between teams internally are often not timely or swift. Assessments appear to be constantly repeated by receiving teams, not taking account of referrers own assessments when passing on. Better communication needed and trust in our colleagues

- All objectives well worthwhile. How about installing mental health practitioners in A&E departments?
- The Trust will strive to achieve sustainable financial health
- To be open and transparent in purchasing services. Demonstrate accountability in all services. More frequent communication with service users to ensure satisfaction
- I would like to add an objective in how we could invest in breaking down the stigma that is still around mental health. I would also like to add how we can help people understand mental health problems and how we develop managers in responding to understanding mental issues in the workplace
- Suggest that the Trust prioritises three additional areas:
 - 1) Implementing evidence-based practice as recommended within National Guidelines such as those from NICE.
 - 2) Gathering evidence regarding the effectiveness of our services through the routine use of validated, simple and relevant outcome measures.
 - 3) Increasing the volume of high quality applied research undertaken within the Trust so as to enhance the reflective and evaluative capacity of Trust staff and generate new knowledge regarding approaches to care
- All the objectives mentioned relate to aspects of quality linked to safety and patient experience. Whilst both of these are important it is disappointing that the aspect of quality related to effectiveness is completely absent. It is also noticeable that there is no emphasis on enhancing the Trusts involvement in applied research, as this is a national priority that will also enhance quality of care.
- I would personally like to see children's' mental health being addressed
- Feedback from service users and service users families is important
- Recruitment of service users with appropriate skills to deliver service
- To create employment opportunities for service users as a mindful employer
- I would like to add to the list a clear emphasis on community preventative medical programme(s) and enhanced community support services (especially health visitor services) with emphasis on sufficiency of time for the needs of individuals and families
- For elderly and vulnerable patients I would like a "buddy scheme" to be in operation manned by trained volunteers.
- I am a bit out of touch with services in the organisation, so this might not be relevant. However given my experiences elsewhere, I would like to see in Sheffield –
 1. An end to functional splits in services between in-patient and community to promote integration and continuity, principally of psychiatrists.
 2. An end to specialist teams in favour of integrated community mental health teams in which there are specialist workers as appropriate to the need of the sector i.e. early interventions, assertive outreach etc.

I have seen no real evidence that the advantages of separate specialist teams outweigh the disadvantage of additional obstacles to communication, cost duplication, referral delays etc. The cross-specialism communication / skill development / liaison etc. can be catered for more cost effectively by virtual 'teams'. This also makes best use of modern IT. It crucially also provides a single point of access for the public
- This objective (We will improve training we provide to our staff, paying particular attention to values and support worker development needs) could be further strengthened by adding - and increase service user led training opportunities.
- There has been a patient laundry service backed by the city council trying to work with the Trust for over two years but being blocked by the Trust. The service has helped 100s of people but needs to work closer with the Trust. Patients don't have access to this service

through the six week post care plan, this company is in prime place to replace that. Surely the Trust must welcome this

Communication with Service Users

- Improve response times for getting back in touch with service users when messages are being left
- Staff will spend more time talking to patients and less time talking / writing about them.
- I would like patients to be given more information so that they can make choices in their care and treatment options.
- I think that they should a better personal approach regarding patients by taking the patients view on how they felt about the treatment they received
- We will keep the patient informed of their treatment and follow it up with a letter afterwards
- I would like to see more information given out to public of the latest technological advances in patient treatments available. Information should detail where particular or specialised
- Offer the patient option to arrange next appointment at the last appointment. Give the patient the option of not sending out a confirmation appointment letter. This would save admin time and postage costs. Use technology where possible to facilitate this, such as blood testing which gives immediate results to determine future Warfarin requirements. Ensure that full details are given to patients of appointment requirements, such as whether a urine sample is required and what types of blood and / or urine test are required prior to appointments with consultants (e.g. diabetes outpatients)
- Where patients are being seen by more than one hospital department I would like to see better interaction between departments, and information sharing e.g. diagnosis and drugs prescribed. Because it's difficult to remember which tests have been done during clinical investigation I would like to be able to access this information, as a patient, directly on the internet, without having to make special requests
- I think you should listen to the service users more and take their needs and concerns on board.
- It has been our experience as a family that actual treatment by the NHS is good. Our problems have always been in the administrative field and communication between departments and disciplines. I feel this needs closer scrutiny

Staffing Issues

- E-rostering is failing. It's very time consuming and not operating as it should be. Services from e-rostering is poor. Long waits on requests. Some of which do not get answered. A more practical and faster method of training staff is required. One that doesn't have staff who have to travel to Fulwood for half a day
- The e-rostering system is a tremendous waste of resources with Band 5, 6 and 7 staff having their time wasted when this clearly would be more efficiently done using administrative staff not those trained to help patients in their recovery and rehabilitation.
- I agree with all off the objectives however due to lack off staff and funding in some areas how can we improve?
- Investigation into the need for more support for staff to aim to reduce the high rate of sickness, often related to stress and de-motivation due to increased workload (either perceived or real) as a result of cut backs in services. Sickness of this sort may be one of the greatest causes of a major drain on resources and the morale of the staff who remain resilient and 'hold the fort', often doing 2 or more jobs while colleagues are off sick for

relatively extended periods of time. Unless we value and look after our staff we will not get conscientious and motivated staff who are willing to work to their best ability rather than just come to work to do a job

- Ensure people in senior and management roles are supported to develop their leadership skills (as you know well people are frequently promoted and have little / no training on leadership or management) which impacts negatively on the people they then manage.
- Ensure that front line services like SPACES has no further cuts to staffing resources. SPACES has seen significant cuts to its staffing over several months with no recruitment to unfilled posts
- Improve staffing levels where there are deficits in conjunction with the NICE Guidelines
- Short staffed - we have had an admin vacancy at my workplace for 3 years for which recruitment has been delayed due to reconfiguration within the service in other teams, incorrect advertising, and lack of priority.
- Admin staff are very undervalued, yet there is a sentence in the Trust Policy re: flexible working which states that "the Trust believes that its staff members are its most valuable asset..." - this is not always evidenced within the workplace. We need to be able to provide an efficient service and sometimes that is not possible due to the lack of staff.
- We will help teams to deliver service improvements - whilst ensuring there is enough resources to ensure a safe and equitable service still exists for all patient groups. (You'll support small departments where majority of budget is staff get appropriate monies for services currently offered and that are essential to maintain regardless of other directorates whom are using and expecting these services yet not adequately paying because they also have cost savings to make)
- Staff training should include an emphasis on a sympathetic and empathetic approach in dealings with patients
- The most important people in the NHS are the patients and the front line staff who deliver the care our focus must be on them first, everything else is secondary except the resource to enable them to deliver first class care. There are far too many back office managers getting paid for not much and delegating work to junior front line staff who actually are the ones that deliver. Back room managers and their associated salaries must be given to patients and front line staff, otherwise the NHS will fail. Let's start to look after patients and the front line poor paid staff members who are critical, not all the associated managers and supervisors most of which are not required
- Zero tolerance on bullying and harassment
- Staffing that reflects needs of service provision and requirements around record keeping, physical health etc. - right people with the right skills in the right place at the right time
- There needs to be more emphasis on staff empowerment and morale - just improving training is not sufficient. Suggestions: Enable staff to maximise their potential, continue to improve the experience of staff and their health and wellbeing at work, ensure all staff benefit from appraisal and mandatory training and deliver actions to develop excellent leadership across the Trust.
- Morale is low (in the NHS generally) and it would have been encouraging to see something about investing in staff over and above improving training - which currently seems to be focused on meeting Trust / CQC objectives rather on real developmental needs of staff to do their jobs well. It would also be helpful to see statements like 'celebrate with our staff their hard work and commitment' whilst recognising that changes are inevitable, as all the above objectives seem to be about doing things better with no acknowledgement of what is already working well and generally appreciated by patients

- The objectives sound wonderful but I have on-going concerns about the implications for staff who are already going through a lot of changes and disruption
- Clinicians are at their computers for far too long completing lengthy system generated forms, instead of being able to hold appointments with clients, which reduces waiting lists / risk / enables them to do the job they are trained to do, etc.
- Services are required to do all of the above while making a 4% cost saving year on year. How can we do the above without making staff redundant? More help is needed to address these issues at a local level. To avoid redundancies we need to grow our business. More support is needed with this. Also staff are disgruntled about changes in the Health and Social care bill. How can we help keep staff morale up and ensure we are driven by our core values
- Staff training objectives should be identified by front line staff not dictated by management / governors. There should be more varied training for qualified staff as the current courses are either not relevant; aimed at too low a level; or at degree level. There should be more intermediate length courses designed for nursing staff. For example: more and more service users have drug and alcohol issues yet nursing staff are not being offered training in this area!
- The staff balance is wrong with too few qualified staff, and support workers under-qualified for the roles they have to cover because of this.
- Too much emphasis has been placed on IT systems: these are badly designed and serve the needs of the IT department and pharmacy, not those of front-line staff actually delivering care.
- It is impossible to disagree with any of the above. From my experience it is clear that more trained staff are needed on duty and better training is needed for nursing support workers
- There needs to be a review of staffing levels and staff skill mix to ensure service provision is delivered to acceptable standards (some areas do not have appropriate staff levels to ensure effective service provision e.g. physiotherapy provision to CLDT and mental health services). This Trust needs to stop using 0 hours contracts for long term employment of professional staff. It is very damaging to professional staff in terms of professional development and the lack of investment, continuity and valuing of these staff adversely affects the services they work into
- There seems to be little time for narrative as number crunching is becoming more favoured. Paying attention to the values of staff is a welcome objective. Again, this seems to be tokenism. When big decisions are made, the values of staff are not taken into account. Staff need to be fed back on a more regular basis on things like this.
- In regards to training - we should aim to develop the skills and knowledge of staff to meet the needs of service users. Too much training currently offered is not clinically relevant or too basic / general to really develop new skills and knowledge. It would make staff feel more valued if they were able to access training that actually meets their current learning needs to make them more effective in the workplace.
- Ticking the boxes above made me think how easy it is to tick boxes. What we need is highly motivated, well trained, well supported staff who really care about people, and therefore are able to see when care is not good enough and do something to put it right. Clearly managers have a role, and this should be to model excellent care, to train and support staff and to set standards of care. This needs to be strategically developed, but always should have the person being cared for and their family and carers at its heart. Poor care should not be tolerated, and staff who are concerned about care in their area or in an area they see should be supported to report poor care, negligence and abuse

Access

- Older people should have the same access to services as younger people, in other words no ageism as has definitely happened in the past
- I think access is really important for many reasons so that people receive the necessary support and treatment as quickly as possible so that they have a better chance of a full recovery but access is not just about being seen quickly, but also about people feeling that the service is appropriate to their needs and culture. We still have a long way to go to ensure that our service does meet the need of the communities it serves and with a growing BME population this is even more important
- Improving access should be top priority and not just box ticking or target culture. Get people quickly to the service they need, not just stick them onto IAPTS regardless
- Improving access involves more than just reducing waiting lists and will need to include investment in services to facilitate seeing patients more quickly and efficiently, by the staff and expertise that is needed by the patients, in both assessment and treatment, rather than just at cheapest unit cost.
- Unsure how successful the 'improving access' part will be. Terrible waiting lists for various services e.g. Memory service initial appointment, allocation of social worker and sometimes long wait for home care
-
- Not sure how you are going to fund some of this especially access to services. Waiting times for people with severe depression are extremely lengthy and even worse for suitable therapy. Recent research in Sheffield on long term depression indicated that service users would benefit from quick and easy access to trained staff when they relapse. GPs do not have the knowledge or experience to cope with relapse or reviews
- From significant recent personal experience, I think there is much to do to improve the integration of physical and mental health services, particularly at the crucial A&E access points, so the work of the joint working group I understand exists between the Foundation and the Health and Social Care Trusts should be given priority and some key targets for improvement

Complaints / Compliments

- How about aiming to reduce incidents so there are fewer complaints?
- Make it easier to complain so big problems don't go silent. Stop dismissing complaints from MH service users because of their conditions
- In terms of service development it seems a shame to emphasise learning from complaints and incidents; surely we should also be learning from our successes and from what service users are telling us whether it is positive or negative? Very often staff feel that complaints and incidents are highlighted but all the good work that they do goes un-acknowledged and is just taken for granted.
- People will apologise for mistakes made, and trying to cover one up should be a sackable offence
- I think one of our objectives should be to better recognise, celebrate, and reinforce good practice based on comments and compliments from service users
- "We will help teams to deliver service improvements and improve our ability to learn from complaints and incidents" - this seems a bit weak to me. I think a statement is needed along the lines of - complaints and reports of incidents should be welcomed, and there will be a robust system in place to ensure that teams learn from these

Dietary and Physical Health

- Seek to ensure that all staff having direct communication with patients dietary needs are at all times aware that choices offered are as prescribed in the patients care plan. This to include both fluids and consistency of solids.
- Physical health
- I feel that all staff should be trained to listen to people's choice's, with their views being taken into consideration, ensuring that basic needs are met particularly for older people in relation to them eating and drinking. Staff should be trained to ensure that they monitor people and have an awareness that at times when people say they don't want a drink, it maybe that they are unable to pick up the cup or forget to drink
- I would like to see more emphasis on safe and appropriate exercise sessions right across the Trust!

Bureaucracy

- I believe that bureaucracy is meant to make an organisation more efficient. I can't at present make a value judgement about the present state of affairs regarding the Sheffield Trust's bureaucratic framework. Though generally I would have thought that it is important to emphasise the **values** of the NHS in terms of the distribution of resources; rather than resources being diverted to the increasingly expensive funding of management and consultants who are intent upon introducing a privatised ethos within the Trust
- They all seem positive and, dare I say, unsurprising objectives to pursue. I offer two more thoughts:- 'reducing bureaucracy' is a favourite in any efficiency / cost reduction programme. Just be sure of your definition of bureaucracy; not all that is described / derided as bureaucracy is evil - make sure you spell out how you are to judge progress to these objectives (that may be covered later in this survey I suppose)
- There should not be bureaucracy in the NHS
- Having said that the Trust will "reduce bureaucracy so that more time can be spent delivering care", it strikes me there is a lot of flim-flam and bureaucracy involved in the rest of the objectives, a lot of emphasis (and therefore no doubt money) on IT and training again. Developing partnerships with people = more meetings. Let people who do IT and admin do just that and let clinical staff do what they do and spend less time on the computer. That would improve care no end - simple
- Bureaucracy has greatly increased over recent years, with more complicated forms and a lot of time being taken up by SDS
- In reducing bureaucracy it is important that shortcuts are avoided so that all activities continue to be effectively monitored so that the service is efficient and safe
- Tired of SHSC posing questions which mask so much baggage. I am happy to reduce bureaucracy if that is all that is meant. However if reducing bureaucracy also means just doing face to face clinical work then this is a problem as all you do is promote headless, thoughtless services that just deal clinically with what is in front of their eyes. A very real danger for services in the LTNC Unit for instance which with complex presentations need to do plenty of liaison work with non-SHSC services. Also, how does SHSC's aspiration to help people recover link to those services dealing with neurological problems or severe learning disability. I guess an objective that spoke to exploration of that link would be really helpful instead of just carrying on as if we are nothing but a mental health provider
- Reducing bureaucracy can be a very good idea, but it entirely depends on how you do this

Autism/Aspergers

- Why is there no focus on Autism, especially Adult Autism? How is SHSC meeting the Autism Act 2009?
- Improve access to diagnostic assessments for autistic spectrum conditions and Asperger syndrome, particularly in adults. Clear signposting and linked up services.
- More joined up services between health and social care. Improve support services for people with Asperger's as they still 'fall between' services
- What are you doing about complying with the Autism Act 2009? A new adult autism and neurodevelopmental service opened (finally!) in October 2013 but is severely underfunded - 2 clinicians supporting 6.500 adults in Sheffield with Autism. Autism should be high on the agenda - there are adults in Sheffield suffering needlessly through lack of understanding and support from yourselves

Carers

- Improve understanding and support to carers and listen to their experiences and or criticisms especially carers of people with dementia and continue to support carers coping with loss in dementia
- I also think that you should help family members who are unpaid carers, and are often ignored by the service and the public alike
- MORE training on the needs of the carer

Recovery

- We need a more overt focus on recovery and our commitment to Recovery values. Training should reflect this and should for all staff including those in non-clinical roles
- I would like to see something that supports the development of recovery based values across the organisation - this could be an overarching principle for all objectives where do these objectives get translated into measurable outcomes?
- In objective 3, could it also be added 'on helping people recover' and / or improving their quality of life' as recovery does not really work for people with learning disabilities
- I was unsure about the third objective: "...helping people to recover". I think this is narrow-sighted. Many with MH problems don't recover - not in the way SHSC uses the term anyway.

Telephone System

- The telephone system needs to be improved - it does not promote a professional image as it is poor quality and inconsistent in provision - there have been a lot of days without a service which means clients are unable to ring in / we are unable to ring them and a lot of the time, they think we have cut callers off mid-sentence.
- The systems are unreliable with JAC and phone lines regularly unavailable; this clearly has the potential to put patients at serious risk.
- The current telephone system is not fit for purpose and lets the service down and results in frustrations from people unable to contact staff who are not on line

Partnerships

- Partnerships with the education sector.
- Develop on partnership working with STH NHS trust
- I am worried that by opening up dialogues with third parties we will reduce the role the Trust plays. Is this privatisation by the back door? Reducing waste and reducing costs is to be applauded. Reducing the services the Trust provides itself is not. A little more clarity on what exactly you mean by this would be welcome.
- Why just seek to develop partnerships with Third Sector and Housing Department to support people in the community, why not any organisation who can help do this? For example organisations that provide Assistive Technology that can help reduce hospital admissions. Also information about these linkages need to be incorporated into staff training, so staff are aware of what is available to people, even if the NHS doesn't supply it, so patients can be given the opportunity to help themselves
- Perhaps something should be added about improving partnerships with GPs and commissioning arrangements
- Partnership working across the board with partners having shared values is vital. Naive and immature relationships with financially driven private sector organisations with interests in serving the shareholders are dangerous for NHS patients; the diversion of resources from direct patient care diminishes patient experience. Building on existing partnerships with the third sector and housing, not exclusively these agencies. Greater imagination in skills sharing between organisations should be investigated. Innovation still needs feeding e.g. Alcohol services providing training and links to employment services, and reciprocal training from employment services for staff in supporting alcohol users

General Thoughts

- These are admirable objectives. Is there enough money to push them forward?
- Try your hardest to implement the objectives it's easy writing them down it's making them happen that counts!!!
- Well, I don't think there's anything there that anyone could disagree with! Those should be the objectives of any organisation. The big question is whether there is the drive and particularly the resources to implement them
- All add to the benefit of the patient which is important. Therefore one can only agree with each objective
- I think it would be useful to focus on fewer objectives but get them right
- I personally think there is enough to deal with at the present time, without trying to create even more work
- Would be great if all of these things are done, but I doubt if it will happen as it is all talk
- Aim to improve where improvements are required. Don't spend endless effort trying to improve in areas which are already good as this will probably result in small reward for massive effort
- Appreciate broad spectrum but can we ensure that this is translated and operationalised in a way that the core front line services can actually do and attain, e.g. more training impossible due to activity and levels, better focussed and succinct would be better
- Would like to see these objectives supported throughout the entire Trust and its services, not just in what is perceived to be the 'mainstream' mental health services
- The words Common Sense don't appear anywhere but surely that's what all this is? All these things should already be done to the best of everyone's ability so how can that be improved

upon? If it's not being done then why not? Is it red tape? - cut it! Is it incompetent staff? Replace them or make them improve.

- I think that all points have been included in the survey
- I would like to hear more about the future plans for the Learning Disability Service
- The keys to sustainable reform in my opinion are:
 - a) Encourage more peer support.
 - b) Encourage more focus on work and community development.
 - c) De-stigmatise mental health.
 - d) Increase personalisation in mental health, including the use of personal health budgets. Overall the shift must be away from unduly clinical provision and towards healthier and stronger communities. As it stands these ideas do not seem woven into your objectives
- Needs more for hospitals to train staff to look after Dementia patients
- Hoping you take notice of the survey
- I enjoy receiving your news. I have worked in a Sheffield Hospital and also have been a patient in both RHH and NGH. I retire on March 31st and am thinking of getting more involved in the NHS
- I know the internet and intranet is being reviewed but I think it would be helpful to have on the intranet such documents as Involve and other information leaflets. That way documents can be centrally located and we do not need to save on W drive or emails. Thank you
- Whilst waits for some front line services have gone down waits for some 'non' frontline services have increased with GP's telling some patients to 'go privately' if they don't want to have to wait for a year to see a clinician. This in my opinion is a worse service than say 5 years ago. The values and goals set out above are of course admirable and correct but we should not 'gloss over' the reality of what happens in practice in some areas, even if the will is there from clinicians to attain the above goals, the objectives can still be obstructed by politics and lack of understanding of difference
- users...in certain GP practices....who are faced with waits of over 40 weeks because of this. in terms of the 2nd objective in the list above, I hope that this can be addressed (and...it's not a recent issue....last 2/3 years.....)
- The waiting times for counselling (within IAPT) I understand, provide interesting anomalies around geographical areas of the city. This appears to be an issue of imbalance of resource....but it is service
- This survey is just more of the same old, same old, false promises constantly made and not delivered. I like many others are sickened hearing about friends and relatives receiving poor and sloppy care at the hands of the Trust and the lack of staff, personally I think it's time the board was completely changed
- It doesn't say anywhere that you will listen to and address people's needs and concerns or have more staff to do what is needed i.e. make sure patients are comfortable, clean, fed, refreshed, toileted and occupied, not ignored, lonely or scared. Nor does it say anything about giving people treatments that will improve the quality of their lives whatever the cost!!! If it can be done and someone needs it then it should be done, National Health service should not be second class service!! Pester the drug companies to be more philanthropic - They can afford it and so can surgeons!
- I think that helping teams to deliver service improvements is vital and requires a clear understanding of what effective team working is. Have you seen the Aston Team Performance Inventory? It is an excellent tool and supports team development activities. I believe that the Trust could benefit from having a demonstrable commitment to OD (Organisation Development) to enable these objectives to be achieved

- Make sure people are not 'lost in the system' when they need tests, personal experience and hearing from others suggests some are not re-called after a suitable time following the tests and have to chase up an appointment themselves. To the cynical it may appear that if patients cannot be seen / treated within the allotted timescales, then losing them in the system is one solution to the problem
- Please give more help and understanding to the older members to enable them to adapt
- Whilst I appreciate that financial resources are under siege, where services are purchased on a contract basis, always accepting the lowest tender does nothing for the staff that are transferred over each time contracts are renewed or otherwise. Low pay, low status, no training and disinterested management do not help staff deliver a good service. This was exemplified last year by a contracted service provider - Turning Point, receiving the most appallingly bad press when it re-wrote the contracts of all its employees, giving them ridiculous targets, no sick pay, introducing unsocial working hours for no extra pay, and a myriad of other dire employment practices which should make them ashamed to call themselves a charity, which after all should begin at home. Employers of this nature should not be allowed to tender, let alone be given a public contract
- No I have nothing to add. I think you have a very good selection
- Need to invest in a better proof reader. No more comments

Positive Acknowledgements

- Just keep up with the good work
- The fundamental issues to be implemented have been carefully worded. It shows that the knowledge is there. However, there is no evidence that services can be changed. The existing culture of "NO CHOICE" to be changed to "PERSON CENTRED" is well thought, but difficult to believe. However, I wish the Trust all the luck.
- I would like to see all members of the community catered in accordance with their health needs. One particular area is with Sickle Cell and Thalassaemia where the community based service is being threatened with closure. This will leave a very vulnerable group of people at the mercy of an already very stretched and NHS service
- I strongly agree with all the objectives that focus on the needs of the service users, training and resourcing the staff to deliver better care.

Other providers

- Improve GP waiting times and access to GP services outside of 9-5 hours. Clear communication from GP surgeries regarding where prescriptions have been sent. Ask patients what they want
- Patients from BME communities need to be encouraged and educated and have better access to NHS services, the appointment system at the GPs surgery is not adequate and complicated, many patients complained that when they try to call in the morning the line is engaged and by time they get through, there is no more appointments available. You can imagine how difficult this is for people with language barrier who rely on family members to phone on behalf of them
- We will ensure that our GPs will be more willing to admit when they have reached the end of their capabilities and hand patients over to specialists. (I know of 2 people close to me who may be still alive if their GPs had sent them for tests instead of treating them for digestive disorders and one who was told she had back ache because of her weight who moved to Lincoln had tests which showed she had cancer in both Kidneys! - she's getting treatment)

- To develop a meaningful programme to improve the Care provided to people with Dementia in nursing and residential homes in Sheffield
- Making sure the elderly are looked after when they leave hospital by allocating the care to a good local care company. One that has a first class reputation and from what I gather, I use these people to look after my relative, Lynx Care Ltd are the best around. They have a perfect CQC report (I've never heard this of any other company out there) they are family run and actually care about their people. It's about time we stopped using large conglomerates that only care about money and pay lip service to get work. I have used 4 of these companies previously and the level of care and service looked fantastic, but fell very short, giving me and my relative a lot of hassle and upset. Lynx stepped in and all I can say is thank goodness I found them. First class...
- We will strengthen our links with commissioning groups both in Sheffield and the surrounding area
- This doesn't relate to the objectives, but I'm not happy to see private providers such as Boots providing hospital services
- I have recently been an in-patient and was extremely disappointed it took almost 5 hours for me to receive effective analgesia to relieve severe to very severe post-operative pain. I think part of the reason for this was that I did not return to the ward following my surgery until 5pm on a Friday evening. In my case, the Trust clearly failed to deliver effective out-of-hours / weekend care and I would like to see this failing addressed in its objectives. I also think the Trust should set itself a target of, say, no more than 20 minutes in which to respond to patients' requests for analgesia, particularly where the pain is known to be severe. It should then monitor how frequently it fails to meet that target and address the reason(s) for any such failure. Next to saving lives, the alleviation of suffering should, surely, be the Trust's paramount objective
- As a retired (early due to ill health) member of the nursing staff at the RHH I will be interested to see how and when some of these objectives will be met. Is it intended by the Trust to publish a regular review of progress? Or will the more difficult, costly or obstinate objectives be allowed to "be quietly put to rest"? I will add that I have very fond memories of my time at the RHH under the management of Andrew Cash and wish the Trust every success during these financially stressed times