Council of Governors

SUMMARY REPORT	Meeting Date:	20th June 2024
	Agenda Item:	11

Report Title:	**Draft Quality Account 2023/24**	
Author(s):	Tani Baxter, Head of Clinical Governance and Risk	
Accountable Director:	Salli Midgley, Executive Director of Nursing and Professions	
Other meetings this paper has been presented to or previously agreed at:	**Committee/Tier 2 Group/Tier 3 Group**	Quality Assurance Committee, Audit and Risk Committee, Council of Governors
	Date:	April, May, June 2024
Key points/ recommendations from those meetings	Feedback has been incorporated into different versions of the report.	

Summary of key points in report

Organisations are required under the Health Act 2009 and subsequent Health and Social Care Act 2012 to produce Quality Accounts if they deliver services under an NHS Standard Contract, have staff numbers over 50 and NHS income greater than £130k per annum.

Since March 2022, Quality Accounts are no longer a required part of an NHS foundation trust's annual report. Quality accounts do, however, continue to be prepared under separate arrangements.

Local auditor assurance on quality accounts is no longer mandated by NHS Improvement.

The draft Annual Quality Account for 2023/24 is attached to this summary. It has been shared with stakeholders requesting their contribution/ commentary. Although only South Yorkshire ICB is obligated to provide comment on the report, Sheffield Healthwatch and the Local Authority Health Scrutiny Sub-committee have also provided their feedback, which has been incorporated into this report. If any final data remains unpublished or unavailable, this will be reflected in the report, prior to finalisation. The final report will be presented to the Board of Directors in June 2024, and will subsequently be published on our website by the deadline of 30 June 2024.

Appendix:
Draft Quality Account 2023/24

Recommendation for the Board/Committee to consider:

Consider for Action		**Approval**	✓	**Assurance**	✓	**Information**	✓

The Council of Governors is asked to receive the Quality Account 2023/24 for information and feedback. Any feedback received will be incorporated within the final draft which will be presented to the Board of Directors in June 2024.

Please identify which strategic priorities will be impacted by this report:				
Effective Use of Resources	Yes	✓	No	
Deliver Outstanding Care	Yes	✓	No	
Great Place to Work	Yes	✓	No	
Ensuring our services are inclusive	Yes	✓	No	

Is this report relevant to compliance with any key standards?					State specific standard
Care Quality Commission Fundamental Standards	Yes	✓	No		*The quality account should demonstrate compliance with many of the Fundamental Standards, as well as contributing to the well-led domain.*
Data Security and Protection Toolkit	Yes	✓	No		
Any other specific standard?	Yes	✓		✓	*National Health Service (Quality Accounts) Regulations 2010 are specific to the production of the Quality Account.*

Have these areas been considered ? YES/NO					If Yes, what are the implications or the impact? If no, please explain why
Service User and Carer Safety, Engagement and Experience	Yes	✓	No		*Patient and carer safety and experience should be positively impacted through the delivery of the Trust's Strategies and various enabling strategies.*
Financial (revenue &capital)	Yes	✓	No		*Considered but no current impact identified.*
Organisational Development /Workforce	Yes	✓	No		*Continuous quality improvement and staff training requirements are outlined within the individual objectives.*
Equality, Diversity & Inclusion	Yes	✓	No		*See section 4.3 in this report.*
Legal	Yes	✓	No		*It is a legal requirement for NHS Trusts to produce an annual Quality Account.*
Environmental sustainability	Yes	✓	No		*Considered but no current impact identified.*

Section 1: Analysis and supporting detail

Background

1.1 A Quality Account is a report that is published annually by providers, including the independent sector, and is available to the public. Quality Accounts are an important way for local NHS services to report on quality and show improvements in the services they deliver to local communities and stakeholders.

The quality of the services is measured by looking at patient safety, the effectiveness of treatments patients receive, and patient feedback about the care provided.

The Department of Health and Social Care requires providers to publish their final Quality Account on their external website by June 30 each year and providing the link to where this is published to the Secretary of State (via NHS England and Improvement).

The requirement is set out in the Health Act 2009.

1.2 Every Quality Account must include:

- A signed statement from the most senior manager of the organisation. Within this statement, senior managers should declare they have seen the Quality Account and they are happy with the accuracy of the data reported, are aware of the quality of the NHS services they provide, and highlight where the organisation needs to improve the services it delivers. The statement is also an acknowledgement of any issues in the quality of services currently provided.
- Answers to a series of questions all healthcare organisations are required to provide. This includes information on how the healthcare provider measures how well it is doing, continuously improves the services it provides, and how it responds to checks made by regulators like the Care Quality Commission (CQC). Guidance on how to answer each question is given to all providers to ensure the questions are answered in a uniform way.

A statement from our main commissioner, local Healthwatch and the Health and Wellbeing Board. These groups represent patients and the public on healthcare issues.

Publication Timetable

Once approved by the Quality Assurance Committee the final Quality Account will be presented to the Board of Directors for approval and will be published by 30th June 2024.

Stakeholder engagement is required from NHS South Yorkshire Integrated Care Board, the Local Authority Health and Scrutiny Committee and Sheffield Healthwatch. It is no longer mandated for Healthwatch and the Scrutiny Committee to provide comment on the report, however, if is still a requirement that the report is sent to them. Feedback received will be incorporated into the final version prior to presentation to the Board of Directors.

Section 2: Risks

2.1 It is considered to be extremely low risk that the Quality Account will not be published in accordance with the required publication timetable above.

2.2 Local auditor assurance on quality accounts is no longer mandated by NHS Improvement. This means that there is no external checking/testing of the information contained within the report, which may give rise to inaccurate information being published. There continues to be internal and external scrutiny on the Quality Account, therefore this is considered to be an extremely low risk.

Section 3: Assurance

Triangulation

3.1 The information that has been reported quarterly through the Quality Assurance Committee as part of our Quality Objectives updates triangulates with the information presented to the Board of Directors and its sub-committees throughout the year, and is included within the Quality Account. A number of these indicators are also reported monthly within the Integrated Performance and Quality Reports presented to the Board of Directors and its sub-committees.

Engagement

3.2 Our Governors, South Yorkshire Integrated Care Board (ICB), Sheffield City Council and Sheffield Healthwatch were all consulted as part of the development of the Quality Objectives for 2023/24. Updates on progress throughout the year have also been provided.

As has been mentioned within the publication timetable above, stakeholder engagement is being requested from South Yorkshire ICB, the Local Authority Health and Scrutiny Committee and Sheffield Healthwatch. The attached version of the Quality Account will be sent to the relevant parties seeking their input/commentary. This will then be incorporated within the final draft of the report.

Section 4: Implications

Strategic Priorities and Board Assurance Framework

1. Effective use of resources
2. Deliver outstanding care
3. Great place to work
4. Ensuring our services are inclusive

4.1 The quality improvement projects, strategy implementation, objective delivery and performance management highlighted throughout the Quality Account 2023/24 cut across all four of SHSC's strategic priorities.

The quality objectives themselves are aligned to the most relevant strategic priority, these are outlined below.

Objective 1 – Demonstrate a measurable and equitable reduction in the use of seclusion and restraint. This is aligned to strategic priority 2 and 4.

Objective 2 – Demonstrate improvements in the number of people from diverse communities accessing community-based mental health services. This is aligned to strategic priority 4.

Objective 3 – We will embed co-production with service users and carers in how we deliver and govern clinical services. This is aligned to strategic priority 2 and 4.

Equalities, diversity and inclusion

4.2 Within the quality objectives, there are specific priorities identified that relate to ensuring both equity in service users from all cultures, communities and backgrounds in accessing services, as well as ensuring restrictive practices within SHSC is equitable across all protected characteristics.

It is not deemed that a Quality and Equality Impact Assessment is required in relation to the Quality Account for 2023/24.

Culture and People

4.3 The Quality Account should amplify the culture of SHSC and celebrate the excellent work that our staff do in partnership with our service users, their carers and families. Without our dedicated, hard-working staff, we would not be able to fulfil our values and deliver our strategies, which help to develop our culture as an organisation.

Integration and system thinking

4.4 South Yorkshire Integrated Care Board (formerly Sheffield Clinical Commissioning Group) was involved in the development of the three-year quality objectives. Feedback has also been sought from them in the development of the new three-year objectives for 2024/27.

In developing the Quality Account 2023/24, we have looked towards other NHS Trust's Quality Accounts to consider improvements we would like to make on the format and contents of our report.

Financial

4.5 There are no identified financial implications relating to the publication of the Quality Account 2023/24.

Compliance - Legal/Regulatory

4.6 It is a legal requirement to produce and publish a Quality Account in accordance with the National Health Service (Quality Accounts) Regulations 2010.

Environmental sustainability

4.7 There are no identified environmental sustainability outcomes identified through the publication of the Quality Account 2023/24. It should be noted that paper copies are no longer required to be 'filed' with the Secretary of State, which could be considered an environmental sustainability benefit.

Section 5: List of Appendices

Appendix 1 Draft Quality Account 2023/24

Proud to care in Sheffield

NHS
Sheffield Health and Social Care
NHS Foundation Trust

Draft Quality Account

2023/24

Contents

Introduction

Sheffield Health and Social Care NHS Foundation Trust (SHSC) employs approximately 2,600 staff and has an annual income in 2023/24 of £151m. We provide predominantly secondary mental health, learning disability and specialist services to the people of Sheffield. Our strategic direction sets out where we aim to be as an organisation by 2026 and what we need to do to get there, in an increasingly changing world and NHS environment.

During 2023/24 we have seen changes in our Executive leadership, we welcomed Salma Yasmeen as our Chief Executive, we appointed Salli Midgley as our substantive Executive Director of Nursing, Professions and Quality. Salli was previously acting as an interim from January 2023 and had held the position of Director of Quality since 2021. In March 2024, Mike Hunter, our Medical Director, was seconded out of the organisation. Dr Helen Crimlisk, our former Deputy Medical Director has been appointed as Interim Medical Director.

Our Quality Account is an annual report to the people in our communities about the quality of services we provide. It is an opportunity for you to see what we are doing to improve the quality of care and treatment we deliver. Quality Accounts require us to measure and to describe quality in the following ways:

Patient Safety - This means delivering care in a way which minimises harm by using effective approaches that reduce unnecessary risks.

Clinical Effectiveness – This means delivering care that is based on evidence, people's needs, and results in improved health outcomes.

Patient Experience - This means delivering care which people can access easily that is tailored for their needs and preferences.

We know that people in poorer parts of Sheffield live shorter lives and have worse health than those in more affluent areas. We also see similar disparities affecting groups with specific shared characteristics, such as people from diverse communities, or people with learning disabilities. We recognise that our population requires different things of our services.

At Sheffield Health and Social Care NHS Foundation Trust our vision is to continuously strive to improve the mental, physical and social wellbeing of the people in our communities. We aim to do this by:

- Working with and speaking up for local people
- Making sure our services concentrate on prevention and early intervention
- Always improving what we do
- Locating services as close to peoples' homes as we can
- Developing a confident workforce with colleagues who are good at what they do
- Ensuring excellent and sustainable services

What is Quality?

There has been a longstanding absence of a universally accepted definition of 'quality' within health care. However, the National Quality Board has recently offered a nationally agreed definition. This definition refers to care that is effective, safe and provides as positive an experience as possible by being caring, responsive and person-centred. The definition also acknowledges that care should be well-led, sustainable and equitable, whilst recognising the environmental impact of service provision as part of efforts to improve care quality.

Our aim in reviewing and publishing information about quality enables us to demonstrate public accountability by listening to and involving the public, partner agencies and, most importantly, acting on feedback we receive. As well as producing this annual report, we produce quarterly updates on the progress of the achievement of our quality priorities, highlighted within this report. This Quality Account is published on our website in line with national requirements.

Our commitment to driving a culture of continuous improvement by embedding systemic quality improvement approaches and working in partnership to deliver the best outcomes for our population is demonstrated throughout this report.

Throughout this report, we have shared some photos taken from and examples of artwork created by some of our service users, as part of the annual HeARTS and Minds arts festival, run in partnership with Sheffield Flourish*.

We have also included some examples of feedback received from our service users and their families/carers. These can be identified in speech bubbles, like the example below.

SHSC has...

* Sheffield Flourish is a charity that works collaboratively on innovative digital and community projects, recognising the untapped strengths of people who've experienced mental health challenges and is a partner supported by SHSC.

Part one: Statement on quality from the Chair and Chief Executive

Thank you for taking the time to read our 2023-24 Quality Account. This report reflects on a year marked by change, challenge and improvement both for the communities we serve and our organisation. Challenge through ongoing financial pressures, and improvement, of our services, environments and partnerships within our city.

Sheffield Health and Social Care is committed to safety first always and driving quality for our service users, carers and wider communities. Our dedicated teams have demonstrated unwavering commitment in upholding exceptional standards over the last year, the second part of this report details the sheer number of quality initiatives that our services have undertaken over the last year to improve lives in Sheffield.

This Quality Account sets out what we have achieved during 2023-24, including the progress with our quality strategy. The document also shares our ambitions for 2024-25. We will continue to focus on safety and quality to improve lives lived and to address inequalities that people with mental health, learning disabilities and autism experience on a daily basis by ensuring our services are inclusive and we work in partnership in Sheffield and across the South Yorkshire Integrated Care System.

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 SHSC provides.

Thank you

(To add photos and signatures upon publication)

Sharon Mays
Chair

Salma Yasmeen
Chief Executive

Statement from the Executive Director of Nursing, Professions and Quality, Medical Director and Director of Operations

During 2023-24 we have delivered care to our service users and communities in a time of change.

Our strategic direction sets out where we aim to be as an organisation by 2026 and what we need to do to get there, in a changing world and NHS environment. Sheffield is an unequal city with an eight-to-10-year life expectancy gap between areas that fall within the 10% most deprived and areas amongst the 1% most affluent in the UK. Furthermore, some parts of Sheffield have a high concentration of people seeking asylum and refugee status, others have a disproportionately high population of people over the age of 65 years.

At SHSC we have a commitment to provide quality care for everyone in our city. In line with our quality strategy we have focused on four strategic aims:

- Deliver outstanding care
- Create a great place to work
- Effective use of resources
- Ensure our services are inclusive

These shared aims were agreed after staff, governors and partners worked together to agree our strategic direction in 2022. We are proud that we've made tangible progress on each of these aims over the past year and those achievements are detailed in this document.

Our staff and teams have shown incredible dedication to providing person-centered care this year. Ensuring our staff feel supported and valued remains a top priority for us.

We've also been collaborating closely with our system and voluntary sector partners, working together to meet the varied needs of our communities. We're committed to continuing this collaboration in the year ahead.

(To add signatures and photos on publication)

Salli Midgely
Executive Director of Nursing, Professions and Quality

Helen Crimlisk
Medical Director

Neil Robertson
Director of Operations

Our Quality Strategy

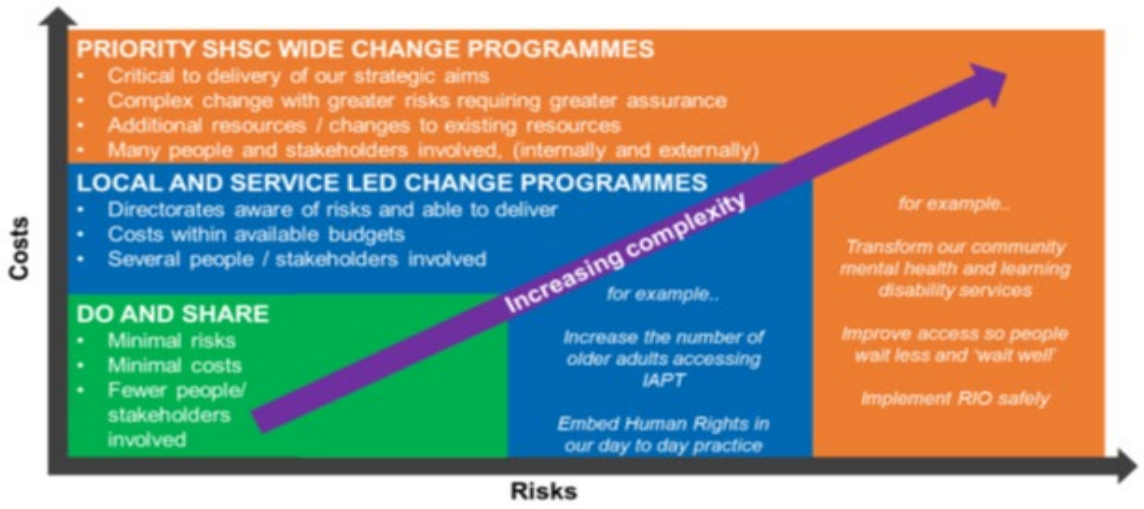
Our Quality Strategy 2022 – 2026 was approved in March 2022 and its purpose is to support the delivery of our aims and key priorities set out in our Clinical and Social Care Strategy, ultimately facilitating our journey to becoming an improvement focused organisation. The strategy was grounded in the 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.

Everything we do aligns to the delivery of our vision, values and strategic aims. At the heart of this is our Clinical and Social Care Strategy, supported by our enabling strategies, represented in the diagram below:

All of the enabling strategies have clear objectives designed to drive quality and steer us towards becoming an improvement focused organisation. Through the development of our Quality Strategy, we have agreed the priorities that will support us to make lasting improvements to the care we provide and to deliver our Clinical and Social Care Strategy.

We have recently held a Clinical Social Care Strategy Engagement event, which was very well received and included representation from 12 clinical teams and 6 voluntary sector partners. We are initiating the development of plans with sponsors from each clinical directorate for moving from Care Programme Approach and what that means at local level for each team.

We have, during the year, developed our integrated change framework. This has enabled us to clarify the steps we will take when embarking on change and improvement initiatives to ensure that engagement and oversight is pivotal to the change.



We are giving permission to all staff at every level to get involved in driving small scale improvements to take the initiative with low risk low cost change ideas to enable problem solving and innovation at team level. We know our staff have great ideas to improve the way they work and to improve outcomes for service users, so they need the freedom to "do and share".

There are other improvements and changes that need a little more support and governance to deliver on them, these are our service led and local change programmes.

Finally our major priority change programmes which are critical to delivering our strategy are led through high level governance programmes and are regularly discussed by our Board ensuring we deliver what we promised, to our citizens and staff, in the way we said we would with key outcomes agreed.

This approach to developing a culture of continuous improvements enables us to work across multiple projects with the right levels of autonomy and not prohibit our teams from making the small but important changes that will make such a difference.

Quality Management System

We continue to progress the development of our Quality Management System. Our plan in 2023/24 was to implement a new electronic patient record. This will replace our current Insight system with an electronic patient record called RIO. We have taken a phased approach to launching RIO across observing our Older Adult Mental Health Services in October 2023. This has been followed by a period of review and stabilisation to ensure the new system is safe and working effectively and as required before we extend it to the rest of our services. We have focused on stabilising implementation in our older adults services in 2023, including carrying out an independent review to inform the next phase of implementation. This stabilisation period has meant we have had some delays in developing and implementing the service level quality and safety dashboards, which sits at the heart of the Quality Management System. These were a key milestone set for 2023/24 and whilst we have not been able to bring to life the vision we set, we have reviewed the data we hold and have commenced conversations regarding key quality metrics.

In November 2023, we were invited to present at the Royal College of Psychiatrists Annual Quality Improvement Conference. We shared our journey so far in developing the SHSC Quality Management System with a particular focus on service user involvement and coproduction.

We are extremely proud that many of our teams applied for external awards, Quality improvement programmes or other national and regional initiatives which is a demonstration of our continued improvement over the past 12 months.

Part two (a)
Priorities for improvement

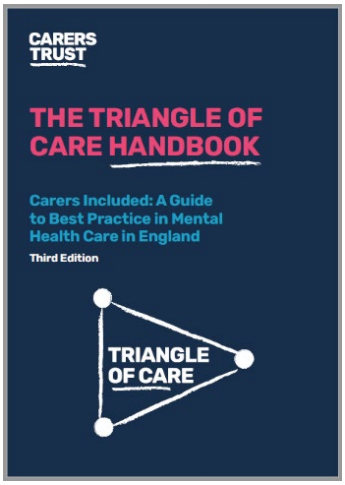
2.1 Quality Improvements

It's been another successful year for SHSC regarding quality improvement. We have invested in the use of Quality Improvement (QI) collaborative programme methodology. We have been building improvement capability steadily, using this to make both small and big changes throughout the organisation. From addressing issues highlighted in previous Care Quality Commission (CQC) inspections, to navigating the challenges brought by COVID-19, our improvement capability has been key and is aligned with the Trust's strategic aims.

Priorities for improvement have been developed and decided through engagement and prioritisation sessions, supported by the use of quality data. We wish we could tell you everything we've been doing that we are proud of, below is a small selection of the improvements we have made during 2023/24,

Triangle of Care

In January this year, we were successful in signing up to the Triangle of Care (ToC) membership scheme with the Carers Trust. The scheme is a good practice guideline and three-way partnership between a service user, their carer or carer support network and the service/team for mental health services to work better with carers and acknowledge the important roles that carers play in the lives of our service users.



The service self-assessments for Triangle of Care have all been completed and returned. Using evidence collated from services and testimonies from carers and our carer led partners, SHSC is working towards obtaining their first-year membership with the ToC through a peer assessment panel with Carers Trust in Spring 2024.

"I didn't think my role mattered as a Carer, just my role as an inpatient support worker. When I found out there were opportunities for me to also contribute my lived experiences of being an unpaid carer to family members, I didn't fully understand how it would be achievable. The Carer Lead has supported me throughout my journey, welcoming me at conferences, workshops and on recruitment panels. I'm always very nervous but felt supported through the process, there was always a friendly face whether it's online or in person. I feel supported to be an expert by experience who is in a position to ask potential senior members of staff about their views and practices with carers. I finally feel powerful in my role as a carer". – SHSC Carer

Improving our Therapeutic Environments

Our new Health Based Place of Safety has opened to service users in January 2024, completing 10 months of work to build the new and improved site. This area is where we work together with service users to understand how we can best support them at moments of crisis. The new space is more modern, safe and comfortable for those using it. It's a place where people will be treated with respect and kindness as we work with them to support their mental health. The new Health Based Place of Safety has been co-designed through engagement between experts by experience, our staff and the capital and therapeutic environments team, who have led this project.

In March 2024, our newly refurbished Stanage ward opened its doors to staff and service users. The all new Stanage ward has 16 beds for male service users and offers a therapeutic environment with a more modern, safe and comfortable space for those using it. Although the design of the ward follows the same as Burbage ward, which reopened in late 2022, the flow of the specific rooms was coproduced with the ward team. The décor and furnishings were consulted on by service users and staff, including the choice of artwork for the walls.

In 2024 we will see the final inpatient ward move (Maple ward at the Longley Centre) to Burbage ward at the Michael Carlisle Centre which will mean we have addressed all the environmental issues from our CQC inspection in 2021. This is a significant achievement and one which we have had good patient involvement in the design of the new wards and improving patient experience.

Veteran Aware Accreditation

This year SHSC became accredited as Veteran Aware with a Bronze award which means we take into account the needs of the armed forces community. We are:

- Working with local charities in Sheffield to support veterans.
- Writing a new patient access policy on veteran care in the Trust.
- Making the compliant process smoother for veterans.
- Collecting accurate data about our veteran communities using RiO (Electronic Patient Record system)

Patient and Carer Race Equality Framework - developing inclusive care and services

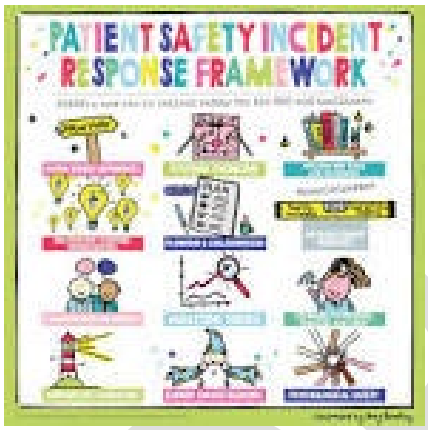
November saw NHS England formally launching its first ever anti-racism framework: the Patient and carer race equality framework (PCREF). SHSC was an early adopter of this and we will be sharing our first delivery plan in early 2024, following further coproduction with communities and staff groups. We have also this year produced and launched a series of videos for staff aimed at improving the data we collect about our service users' ethnicity and gender identity.

The PCREF has enabled us to introduce cultural advocates into our inpatient service and continue supporting our race equity officer from SACMHA (Sheffield African Caribbean Mental Health Association) to work into our teams to reduce the use of restrictions.
We have more ideas from our communities and staff that will build into our PCREF plan going forwards.

The PCREF will support improvement in three main domains:

- Leadership and governance: trust boards will be leading on establishing and monitoring concrete plans of action to reduce health inequalities
- Data: new data set on improvements in reducing health inequalities will need to be published, as well as details on ethnicity in all existing core data sets.
- Feedback mechanisms: visible and effective ways for patients and carers to feedback will be established, as well as clear processes to act and report on that feedback.

Safety First Always - Patient Safety Incident Response Framework



The Patient Safety Incident Response Framework (PSIRF) became operational in November 2023. SHSC's PSIRF plan sets out how we will develop and maintain effective systems and processes for responding to patient safety incidents for the purpose of learning and improving patient safety.

PSIRF enables us to choose which incidents we prioritise for a full investigation (there are some mandated examples), and which we will respond to differently – for example, by conducting a multidisciplinary review, or facilitated debrief.

Our Patient Safety Specialist, along with clinical staff and people with lived experience called "Patient Safety Partners", reviewed all our data for a number of years to identify which areas we really need to focus on to improve the quality of care. Our PSIRF and our operational plan were approved by NHS Sheffield Integrated Care Board.

You can read more about these priorities on page 44.

Patient Safety Awards

This year, after being shortlisted for five awards, we attended the Health Service Journal (HSJ) Patient Safety Awards ceremony in September 2023 where we came away with Community Care Initiative of the Year for our holistic care in the community and the work we do to empower mental health staff to provide better care for physical health for people with mental health illness in the community.

In their award citation, the judges praised the team's "vital work on focussing on patients' needs and safety during medical intervention."

We also received three highly commended awards for our work in the Developing a Positive Safety Culture award, Patient Safety Team of the Year and Mental Health Safety Improvement award categories.

Quality Improvement Collaborative: Waiting less and waiting well

In July 2023, SHSC launched its first Quality Improvement Collaborative: Waiting Less and Waiting Well, based on feedback and complaints data highlighting issues with waiting lists. SHSC's Minor Head Injury Intervention Team (pictured below) has actively participated in the Collaborative, recognising the increase in referrals and prolonged waiting times. The focus was to streamline services to reduce wait times and maximise capacity utilisation. Drawing inspiration from successful group interventions, like peer support, the team developed a multifaceted approach which included transitioning from 1:1 interventions to group sessions, limiting individual sessions, ensuring equitable access for all service users, refining referral processes, and enhancing educational resources. Preliminary findings suggest this work is resulting in reduced waiting times.

For example, the number of service users awaiting an initial assessment decreased from 56 in October 2023 to 13 by February 2024. Moreover, the number of users awaiting 1:1 sessions decreased from 63 to 44, with a trend of ongoing improvement. Our efforts have not only improved access to interventions but also empowered users to manage their conditions more effectively.

Early Intervention Service rated 'top performing' in four areas (team photo to be added)

Our Early Intervention Service has been rated as a 'top performing' team nationally on a number of standards, including:

- Timely access (starting treatment within two weeks of referral)
- Take up of cognitive behavioural therapy for psychosis
- Take up of supported employment and education programmes
- Take up of family interventions

The audit results also reflect some areas where improvements are required, such as physical health checks and carer support programmes. As a result, the service's overall score remained as 'needs improvement.' The early intervention service has already started working to make improvements in these areas.

The results reflect a team who are truly focused on providing the best care they can within the available resources. Staff have helped facilitate a significant amount of change during the past 12 months, at the same time as continuing to provide good service provision. We are very proud of #TeamEIS.

Re-accreditation for Forest Close

Forest Close, a site consisting of 3 rehabilitation wards for adults living in Sheffield has achieved a re-accreditation from the Royal College of Psychiatrists.


CERTIFICATE
FOR ACCREDITATION

Forest Close

Sheffield Health & Social Care
NHS Foundation Trust

The Accreditation Committee gave positive feedback about the service: "The review team were clearly impressed with the practices at your service and the quality and conciseness of your responses was excellent. The Accreditation Committee also commented on the detail you provided in the interim was very impressive and congratulate your ward."

2.2 Our quality objectives 2023/24

Our quality objectives were set in 2021 as a three year plan. 2023/24 was our final year to achieve these objectives which build on the progress we had made in 2021/22 to get 'Back to Good', improve the quality of services we deliver and improve safety for service users, staff and communities more broadly. We reviewed our actions for the third year of achieving the overall objectives 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 Sheffield Place Integrated Care Board, Sheffield City Council, Sheffield Healthwatch, Sheffield Flourish and our Council of Governors.

Our quality objectives for 2023/24 were:

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 we had been above the national average on the use of restraint and seclusion. We had 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.

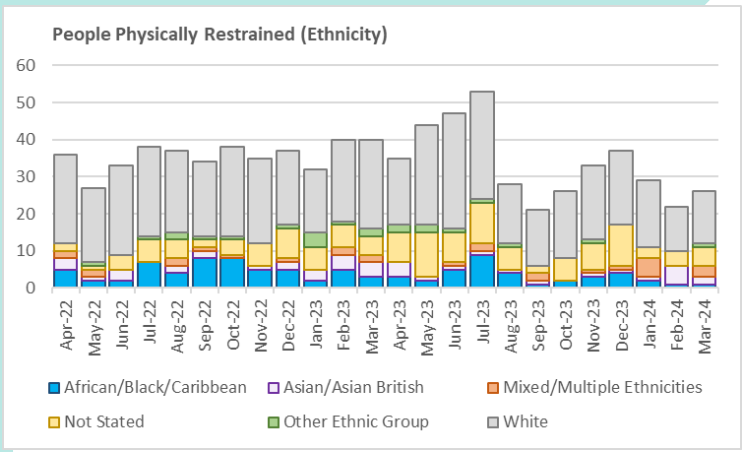
This objective is aligned to our Least Restrictive Practice Strategy, which is an enabling strategy of the Clinical and Social Care Strategy. It also aligns with our strategic priority 'continuous quality improvement'.

Year three - we said we would:	How have we done?
• Baseline ethnicity data for seclusion 22/23 to measure for reduction 23/24	☑
• Pakistani Muslim Centre commenced Cultural Advocacy from July 2023 to promote cultural awareness within inpatient wards for staff and service user, Qualitative/Quantitative feedback quarterly to Tier 2 assurance groups	☑
• Equity Lead (SACMHA) to commence inpatient liaison work with acute wards to reduce use of restrictions supporting post incident reviews for service users and staff post seclusion and prolonged restraint. 100% of reviews completed.	☑

Outcomes:

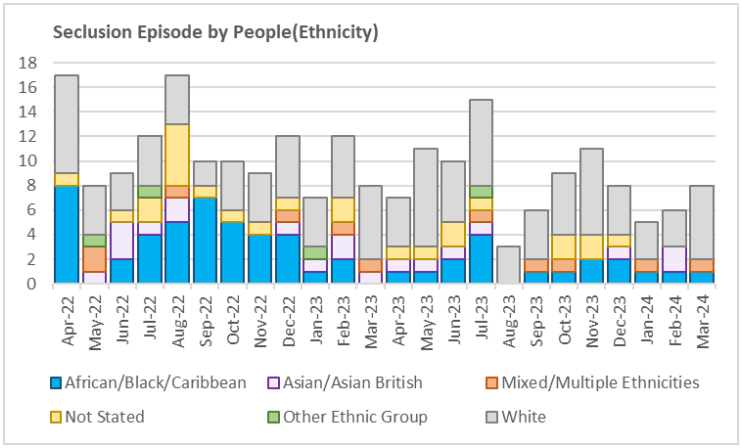
While the overall number of restrictive interventions has fluctuated since April 2021, improvements can be seen this year in the number of restraints and seclusion episodes for Black British/African/Caribbean people

- This year (2023/24), 37 people were restrained compared to 56 people the year prior (2022/23)
- This year (2023/24), 17 people had a seclusion episode compared to 42 people last year (2022/23).



Going forwards:

Our focus on the inequalities in racialised communities continues to be a major focus for us going forwards in 2024/25 and will report through our race equity work. Whilst it is no longer a specific Quality Objective, addressing inequalities remains a strategic objective for SHSC.



Demonstrate improvements in the number of people from diverse communities accessing community-based mental health services

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

Why we chose this priority

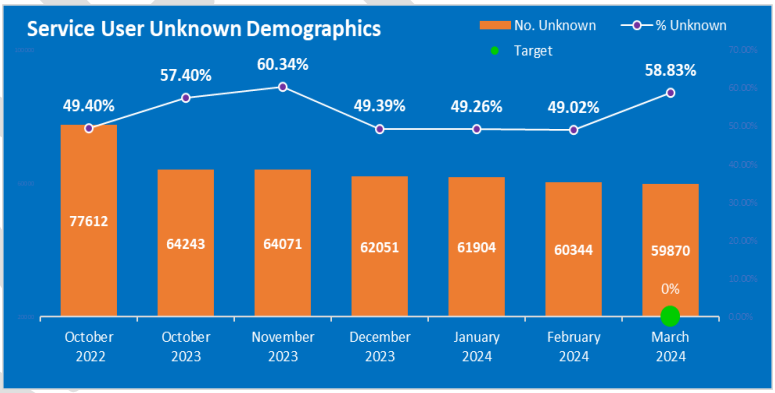
The National Institute for Mental Health in England report that people from diverse communities are more likely to have poorer health outcomes, a shorter life expectancy and have more difficulty in accessing healthcare than the majority of the population - and access to mental health services is a cause of concern. People from diverse 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 diverse 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.

This objective is aligned to our Clinical and Social Care Strategy. It also aligns with our strategic priority 'Partnerships – working together to make a bigger impact'.

Year three - we said we would:	How have we done?
• Increase recording of ethnicity in the electronic patient record system (baselined 2022/23) through media campaign to diverse communities and staff to increase reporting of ethnicity	☒
• Recovery teams representatives to attend and engage in cultural leadership events in community settings/ race action group to promote use of community services	☑
• Work commencing to increase coworking in Patient Carer Race Equity Framework (PCREF) community engagement with Recovery teams May 2023.	☑
• Monthly returns on access to community services by ethnicity to be included in Race equity dashboard for utilisation and reporting into Integrated Performance and Quality Report and Lived Experience Coproduction Assurance Group.	☑

Outcomes:

An ongoing challenge is the accurate recording of service users' ethnicity so that this data can be analysed in a meaningful way. To address this, we continue to develop our partnership working. We launched a series of videos to highlight the challenges and promote solutions in asking questions around ethnicity.



Going forwards:

- We will continue to monitor and improve our data so we can understand who is accessing our services and during 2024/25 look at community development workers to further improve access to our community teams.
- A dashboard has been created and will be shared every 2 weeks from week commencing 29 April 2024.

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

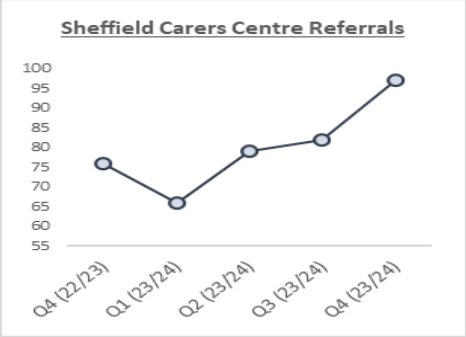
Person-centred and strength-based care are key components of our Clinical and Social Care Strategy. It is a key organisational priority of the Trust to continuously improve our approach to working with people who use our services and learn from their experience of care. The requirement to focus on experience, 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.

This objective is aligned to the Experience and Engagement Strategy, which is an enabling strategy of the Clinical and Social Care Strategy. It also aligns with our strategic priority 'Partnerships – working together to make a bigger impact' and 'continuous quality improvement'.

Year three - we said we would:	**How have we done?**
• Develop and upload to Jarvis, resources and tools to support staff with good coproduction skills and knowledge	☑
• Undertake a team deep dive each quarter to highlight good practice in coproduction and share via Lived Experience Coproduction Assurance Group and Directorate IPQR.	☑
• Coproduction Best Practice Forums – commencing July 2023	☑

Outcomes:

- Triangle of care support workshops have been delivered to inpatient services, care homes and crisis services. we are going to continue delivering best practice workshops to staff, including this year on information sharing and confidentiality
- Using evidence collated from services and testimonies from carers and our carer led partners, SHSC is working towards obtaining their first-year membership with the TOC through a peer assessment panel with Carers Trust.
- We have successfully recruited 39 volunteers/ experts by experience. The team continues to recruit.
- Sheffield Carers centre referrals and signposts from SHSC of carers not previously known during the year has shown a steady increase with 324 referrals received in 2023/24, reflective of improved partnership working and direct involvement with Health Liaison officer from Sheffield Carers centre.
- Friends and Family Test drive to increase responses by the end of March 2024 has seen an increase by 60%. While this is short of target of 200 responses per month, a renewed communications plan is expected to provide targeted support to those services with low response rates.



Going Forwards:

We are working with a renewed communications campaign with a weekly internal newsletter, a slide monthly information cascade and working with our communications team to improve visibility of the Friends and Family Test on the external website and working with our community partners to promote.

Quality Objectives 3 Year Overview

As 2023/24 signals the final year of our 3-year objectives that have spanned 2021-2024, below provides a brief overview of the progress we have made during this period, as a reminder to what we have reported in our previous Quality Accounts.

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

- 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 in 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. We are holding our next conference in Spring 2024.
- 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
- We have removed seclusion on 3 of our wards and we have not seen significant increases in other forms of restrictions as a result. We are moving towards removing another Seclusion room on an acute ward in Spring 2024.
- Revisions to the Level 3 RESPECT training update have been completed in line with the changes to the Use of Force Act and incorporating co-produced Race Equity and Human Rights Training.

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

- We have 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 diverse communities on our community caseloads
- 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

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

- 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
- 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 co-produced 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.
- The Quality of Experience Survey has been incorporated into inpatient services to collect feedback from a wider perspective of the organisation.
- Services have carried out self-assessments which measure levels of service user and carer involvement. This helps teams to identify where the strengths and weaknesses lie with involving people with lived experience.
- New process for authentication of requests from us to contact out of area patients - making contact easier and more seamless.

As we move into 2024 and beyond, the quality objectives for 2021/24 will move into 'business as usual'.

- Objective 1 (Seclusion and Restraint): Will be overseen through the Least Restrictive Practice Strategy workstream
- Objective 2 (Diverse communities accessing services): Will be overseen through the Patient and Carer Race Equality Framework (PCREF) workstream
- Objective 3 (Coproduction): Will be overseen through the Lived Experience Strategy workstream

2.3 Our quality objectives for 2024/27

In line with previous years, we have learnt that by having longer-term objectives, more focus can be achieved resulting in a bigger impact and increased improvement for service users and their carers/families. We have therefore continued to set new three-year quality objectives. For 2024-2027 we will have four three-year quality objectives. These are set out below and have been considered against the following areas:

Findings from the Care Quality Commission (CQC) inspections and reviews

The CQC published findings from inspections of mental health services and reviews they carried out nationally throughout the year. Whilst SHSC has not participated in any special reviews or investigations by the CQC during the reporting period 2023/24, we have considered the CQC's feedback and focus in other organisations to ensure our quality priorities align and to enable fundamental standards to be consistently met. SHSC has received Mental Health Act reviews during this reporting period, details of these can be found on page 35.

Commissioning priorities for service developments

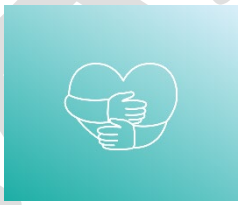
The Long-Term Plan aims to create a more comprehensive service system – particularly for those seeking help in crisis – with a single point of access for adults and children and 24/7 support with appropriate responses across NHS 111, ambulance and A&E services. It also highlights the need for capital investment, to ensure suitable therapeutic environments for inpatients.

Commissioning priorities have historically been defined through the agreed Commissioning for Quality and Innovation (CQUIN) programmes. These were recommenced in April 2022, following the COVID-19 pandemic. SHSC has 3 CQUINs applicable for 2023/24. More information on these and our achievements against these can be seen on page 32.

Our new three-year Quality Objectives 2024/27 are:

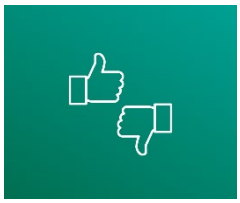
Sexual safety ⇨
Understanding and Improving sexual safety for service users, particularly in inpatient areas

Neurodivergence ⇨
Ensuring individual needs are identified and person-centred care is delivered for service users



Dementia ⇨

Developing an organisational approach to person centred Dementia care



Patient level reporting ⇨
Developing a range of tools that support reporting to improve understanding of patient experience

Year one priorities – what we will do:

Quality objective one priorities 2024/25

Sexual safety ⇨
Understanding and Improving sexual safety for service users, particularly in inpatient areas

Year 1 Actions

- Working group to be established to manage and oversee sexual safety workstream
- Sexual safety dashboard to be developed to report against national sexual safety standards and to enable benchmarking to be undertaken
- Roll out reporting tool, linked to standards, commencing with Forest Close
- Work with Senior Nursing Practitioners to embed use of ward charter for sexual safety to improve psychological safety in order to increase reporting
- Build relationships with other stakeholders including voluntary sector organisations
- Develop accessible directory for sexual safety for staff to enable easy reference for referrals
- Develop and agree a process for reviewing sexual safety incidents, specifically looking at the impact on those involved in the reporting of the incidents

Quality objective two priorities 2024/25:

Neurodivergence ⇨
Ensuring individual needs are identified and person-centred care is delivered for service users

Year 1 Actions

- Establish baseline data on staff competence and confidence in knowledge of autism and working with autistic people with the aim of highlighting training gaps and needs
- Develop community of practice for autism in conjunction with Quality Improvement Team
- Undertake environmental assessments across SHSC sites to highlight potential sensory difficulties for service users
- Roll out coproduced and cofacilitated national autism trainer programme
- Recruit experts by experience to facilitate roll out of training

Quality objective three priorities 2024/25:

Dementia ⇨ Developing an organisational approach to person centred Dementia care

Year 1 Actions

- Identify workstream lead and governance structure
- Create a dementia taskforce in order to develop a workplan and prioritised list of required actions against this objective
- Workstream lead to develop relationships with Dementia UK, Shindig, Alzheimer's Society and other voluntary organisations to understand size of Sheffield population need/demand in this area

Quality objective four priorities 2024/25:

Patient level reporting ⇨ Developing a range of tools that support reporting to improve understanding of patient experience

Year 1 Actions

- Prepare communications to recruit lived experience expertise to join a coproduced patient level reporting review group
- Develop the patient level reporting review group with the recruited expertise, including a governance structure to ensure accountability and responsibilities are clear
- Work with the review group to develop the required mechanisms for measuring success or otherwise in collecting patient feedback
- Codesign a patient experience dashboard to bring all current feedback mechanisms together and close the feedback loop to ensure learning is undertaken

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.

2.4 Quality governance arrangements

Over 2023/24 we have continued to improve the quality governance arrangements within SHSC to ensure that the essential quality and safety standards required are met by the services we deliver.

Strategy

In 2022 we developed several strategies that will support us to deliver high quality care within SHSC. During the first half of the year we focused on the development of delivery plans to enable our ambitions to become reality and have since focused on implementation. Our committees retain oversight of strategy progress and during 2023/24 they received regular progress reports relating to the range of strategies that underpin the delivery of our overarching Clinical and Social Care Strategy.

All of the SHSC enabling strategies have clear objectives designed to drive quality and steer us towards becoming an improvement focused organisation. We will, in 2024/2025, be reviewing and refreshing our Trust Strategy and enabling strategies to bring further alignment and clarity for partners, staff and the public.

Capability and Culture

The implementation of the 'Back to Good' programme contributed to improvements in areas not meeting required standards. The programme has supported SHSC to make significant and sustained changes leading to improvements in the capability and competence of our staff. We have now exited the Recovery Support Programme and although there is still work to do, the Trust's process has been noted by NHS England as exemplary with other organisations being signposted to us due to the robustness of our approach.

We continue to strengthen the learning that we gather through a range of incident review and feedback mechanisms and where possible triangulate finding to provide us with better assurance and understanding about risks. Our Quarterly Learning Report and learning hub is a fully accessible compendium of incident details and learning outcomes. A monthly learning bulletin is circulated to all staff and shared via the learning hub. We will continue to develop and embed a culture of learning into action.

We have a range of regular visiting programmes within SHSC which enable us to review the quality and safety of services delivered, hear from the staff that work within them and understand the experiences of service users receiving care from them.

Fundamental Standards of Care (FSC) Visits

Initially introduced in October 2021 in response to the Section 29A warning notice issued by the CQC, the methodology and approach has been reviewed and refined following the completion of each programme of visits based on learning and feedback from participants, staff and service users. The visits are designed to measure the extent to which the standards of care set out within key SHSC Policies are delivered in care settings. In 2022, we extended the FSC visits to include all SHSC bed-based services and 2023/24 saw the introduction of accreditation awards for the 15 steps challenges and improved governance and monitoring arrangements. Individual areas have developed their improvement plans; trustwide learning and recommendations have been shared with relevant oversight committees to support ongoing conversations and monitoring to ensure embeddedness of good practice.

Board Visits

Board visits support Non-Executive and Executive Directors to visit services to listen to the views and experiences of staff and more recently service users. The principles for the visit are:

- Listen – to listen directly to staff and service users in services/teams to hear their views and experiences.

- Ask – ask questions and see the visit as an opportunity to learn more about the service, for example, good practice for sharing and any key issues of concern.
- Assure – the information from the visit will support assurance at Board and service level.

Over the year, we have continued to review the approach we take and in 2023 introduced the opportunity for Clinical Leadership Teams to share with Board members the areas that they felt visitors to the service should be curious about in order to provide additional insights. In 2023 we also added visits to our corporate teams to the schedule. We completed a total of 48 Board visits in 2023/24.

Culture and Quality Visits

Any service that delivers patient care can have a closed culture. All services have been assessed for risk of closed culture based on the criteria identified within the work completed by CQC on closed cultures and then prioritised based on risk profile. In line with the milestones set out in the Quality Strategy, we are on track to have completed all Culture and Quality Visits by the end of 2024 financial year. Due to limited capacity during this time, only a small number of Culture and Quality visits were completed, predominantly within Q3 and Q4 2023/24. 8 Culture and Quality visits have been completed, though reports for the majority of these visits are still being finalised. Key themes and areas for celebration, improvement and action are shared with the teams post visit to address through their local governance arrangements. Thematic reporting is included within the twice-yearly Quality Assurance Report that is submitted to our Quality Assurance Committee. Feedback on the methodology for the visiting programme is actively encouraged, though responses can be ad-hoc therefore will be a focus for the Care Standards Team in 2024/25.

The Culture and Quality visits have also highlighted the positive work taking place within the organisation to improve staff wellbeing. Examples shared during the visits include practical support for those participating in Ramadam and EID, the introduction of a break week, where the team stand down non-essential meetings and focus on staff well-being, and good support following return to work after a period of maternity leave.

Our Board of Directors have been involved in numerous Board development sessions that have supported the Board to have the leadership, skills and knowledge to promote the delivery of the quality agenda. In October 2023, the board received a session regarding the new CQC Assessment Framework and Quality Statements in preparation for the implementation of the new approach nationally in early 2024.

Processes and Structures

Throughout 2023/24 we have continued to strengthen our approach to audit and assurance of some of the key standards of care we deliver through the use of Tendable (a quality inspection and reporting tool for healthcare), across all of our bed-based services, including the implementation of Tendable into our older adult services. The audits have been customised to measure our compliance with our policy standards across a range of areas including restrictive practice, physical

health and infection prevention and control and service user experience. Since its introduction we have been able to better understand more about the quality of care we are delivering and where we need to make changes to improve the care offered. Services have instant access to audit results which empowers them to foster a culture of quality improvement within teams; regular reporting against standards also informs the conversations we have at committee meetings.

Our daily safety huddle reviews every incident reported through Ulysses (our risk management system). This helps us to identify themes and to take appropriate action when things go wrong. We hold a weekly panel meeting (the Patient Safety Overview Panel) which provides oversight for our investigation and learning processes and assurance regarding the quality of our learning and how effectively this learning is shared across the organisation (and wider where appropriate).

Following the development of the Out of Area Quality Assurance framework in 2022/23, we have completed 10 quality assurance visits to providers to review the quality of the care being provided to our service users and in some cases have suspended use of providers where concerns have arisen. We have regular quality review meetings for a range of services commissioned by SHSC.
We have continued to strengthen our working relationship with our CQC inspectors to ensure that communications are timely, transparent, and open when issues arise. This is facilitated through:

- Quarterly engagement meetings
- Timely response to CQC enquiries
- Routine sharing of Serious Incident Investigation reports

We have also worked collaboratively with CQC to provide a joined-up response for service users who frequently share their concerns with a range of organisations across the system and who have complex care needs. This approach has enabled organisations to offer a consistent and informed response that is service user led.

Measurement

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

All operational services have a consistent and established integrated performance and quality review framework that ensures day-to-day performance is reviewed.

Directorate Performance Reviews are chaired by the Director of Finance and attended by members of the executive leadership team. The review provides the opportunity to positively challenge performance in clinical and corporate services across the organisation and to gather insights regarding elements of the CQC well-led domain.

2.5 Freedom to Speak Up (FTSU)

The Trust encourages all staff to feel safe to raise concerns within their teams and for speaking up to be considered 'business as usual'. A FTSU Ambition and Strategy has been developed to help strengthen speaking up in the organisation and the themes for the next 3 years include:

- Developing the 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
- Raising awareness of FTSU and removing barriers so all staff feel safe to speak up and are actively encouraged to do so.
- To improve identification and promotion of learning from FTSU concerns.

When concerns are formally raised through the Freedom to Speak up Guardian, written feedback is provided, where possible, support for the individual raising the concern. All clinical concerns are discussed with a senior manager which helps with the identification and sharing of any learning in the appropriate areas.
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

2.6 Review of health services

During 2023/24 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 2023/24 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 System Development Funding (SDF) investment from baseline funding was received during the year as part of the NHS Mental Health Implementation Plan 2019/20 – 2023/24.

2.7 National clinical audits and national confidential enquiries

During 2023/24, 6 national clinical audits and 3 national confidential enquiries covered relevant health services that Sheffield Health and Social Care NHS Foundation Trust provides.

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

The national clinical audits and national confidential enquiries that Sheffield Health and Social Care NHS Foundation Trust was eligible to participate in during 2023/24 are as follows:

National Clinical Audit of Psychosis (NCAP)
National Audit of Dementia – spotlight on Memory Services
National Audit of Inpatient Falls (NAIF)
Prescribing Observatory for Mental Health (POMH-UK): Topic 22a Use of Anticholinergic (antimuscarinic) Medicines in Old Age Mental Health Services
Prescribing Observatory for Mental Health (POMH-UK): Topic 23a: Sharing Best Practice Initiatives
Prescribing Observatory for Mental Health (POMH-UK): Topic 16c: Rapid Tranquilisation
The National Confidential Inquiry into Suicide and Safety in Mental Health – Q1 return
The National Confidential Inquiry into Suicide and Safety in Mental Health – Q2 return
The National Confidential Inquiry into Suicide and Safety in Mental Health – Q3 return

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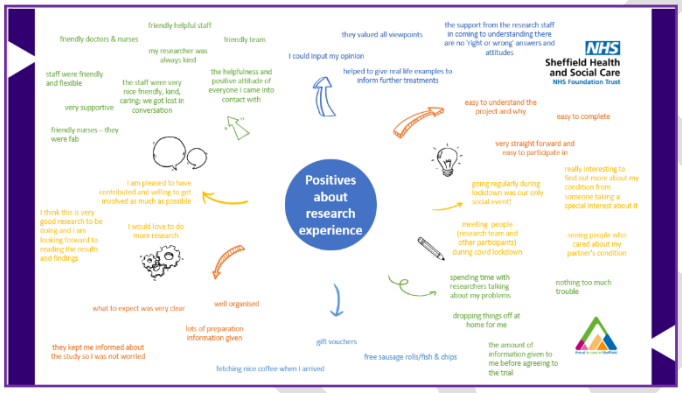
The National Confidential Inquiry into Suicide and Safety in Mental Health – Q2 return
The National Confidential Inquiry into Suicide and Safety in Mental Health – Q3 return

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 2023/24, 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**
National Clinical Audit of Psychosis (NCAP)	100%
National Audit of Dementia – spotlight on Memory Services	100%
National Audit of Inpatient Falls (NAIF)	No cases requested (Organisational surveys only)
Prescribing Observatory for Mental Health (POMH-UK): Topic 22a Use of Anticholinergic (antimuscarinic) Medicines in Old Age Mental Health Services	100%
Prescribing Observatory for Mental Health (POMH-UK): Topic 23a: Sharing Best Practice Initiatives	Not a case-note audit
Prescribing Observatory for Mental Health (POMH-UK): Topic 16c: Rapid Tranquilisation	100%
The National Confidential Inquiry into Suicide and Safety in Mental Health	100%

Participation in clinical research

SHSC is funded through the National Institute of Health Research (NIHR) to support delivery of clinical trials and other high-quality research. In 2023/24 the number of staff or service users that participated in research on the NIHR portfolio was 366, against a target of 360.
These figures are lower than in previous years, but reflect the nature of the current mental health research portfolio with studies being interventional and more complex in nature (rather than larger surveys/questionnaires). Interventional studies allow us to participate in new treatments that wouldn't ordinarily be provided through usual care and provide opportunities for staff development and training through delivery of new interventions. For example: supporting people with severe mental health to improve their self-management of diabetes (DIAMONDs study); providing Cognitive Behavioural Therapy (CBT) for young people at risk of developing bi-polar disorder (BART II study); delivering acceptance and commitment therapy for older people with treatment resistant generalised anxiety disorder (CONTACT-GAD study).



Service users who take part in research are asked for feedback on their experience of being involved. 87% of those asked would like to take part in research again and 91% found it a valuable experience.

We held a 'Research and Evidence Showcase' in March 2024 with the focus of the day aligned with our Research, Innovation and Effectiveness strategy – *being evidence led, inclusive and accessible and partnerships for improvement.* There were 160 registered to attend including SHSC staff, service users and external partners.

2.8 Goals under the Commissioning for Quality and Innovation (CQUIN) payment framework – national stats for CQUINS not published yet

The Commissioning for Quality and Innovation (CQUIN) payment framework allows commissioners to reward improvements in care by linking a commensurable of the Trust's income to the achievement of local, regional, and national quality improvement goals. The CQUIN goals are reviewed through contract monitoring processes. Following the COVID-19 pandemic, the CQUIN schemes were resumed from April 2022. Progress with the CQUIN schemes are reported quarterly in our Integrated Performance and Quality Reports (IPQR), presented to the Board of Directors. These reports are available through our website www.shsc.nhs.uk The four CQUIN indicators agreed with our main local health commissioner for 2023/24 are shown below, together with our performance.

CQuIN Ref	CQuIN	Description	Target	Performance
CQUIN01	Staff flu vaccinations	Achieving 80% uptake of flu vaccinations by frontline staff with patient contact.	80%	**52% Not Achieved**
CQUIN15a	Routine outcome monitoring in community mental health services	Achieving 50% of adults and older adults accessing select Community Mental Health Services (CMHSs), having their outcomes measure recorded at least twice. Separately, achieving 10% of adults and older adults accessing select Community Mental Health Services, having their patient-reported outcomes measure (PROM) recorded at least twice.	50%	Partially achieved? Awaiting results
CQUIN15b	Routine outcome monitoring in CYP and community perinatal mental health services	Achieving 50% of children and young people and women in the perinatal period accessing mental health services, having their outcomes measure recorded at least twice.	50%	Partially achieved? Awaiting results
CQUIN17	Reducing the need for the use of restrictive practices in adult and older adult inpatient settings	Achieving 90% of restrictive interventions in adult and older adult inpatient mental health settings recorded with all mandatory and required data fields completed.	90%	**Achieved**

SHSC did not achieve all of its CQUINs for this year. Over the last three years we have seen increases in the number of staff having their flu vaccine, however, we are still short of the nationally set target. This year we supported our vaccination campaign through the use of a bespoke vaccination van to make access to vaccines easier for staff working across our sites and on shifts. We are planning early in 2024 to improve our approach to vaccination in order to increase uptake in 2024/25.

The NHS contract states 'the Provider is expected to use all reasonable endeavours to deliver all agreed CQUIN schemes. The Commissioner agrees that, provided all reasonable endeavours to deliver the agreed CQUIN are used, not to recover any funding associated with under performance of CQUIN. SHSC therefore received 100% of CQUIN payments from NHS Sheffield Integrated Care Board.

2.9 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:

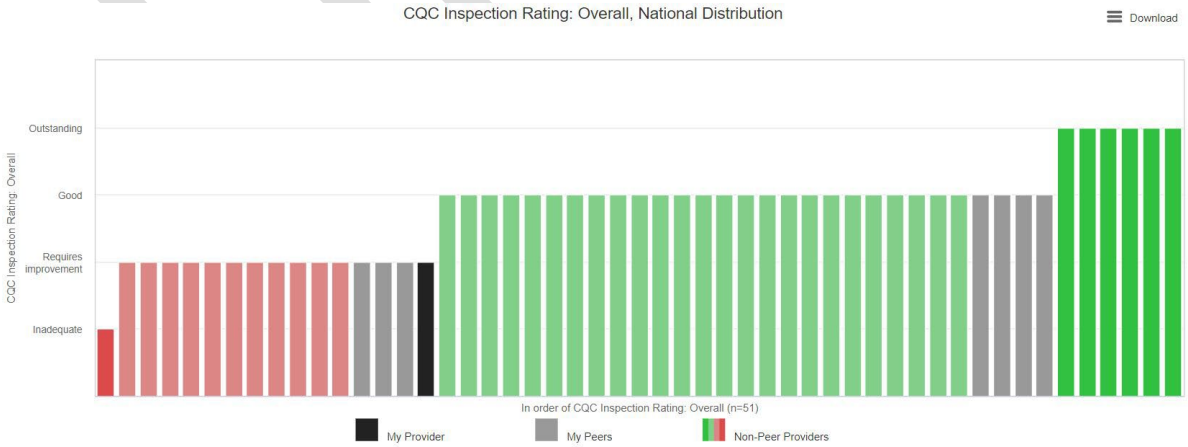
- The registered provider must not admit any service user to the Assessment and Treatment Service (ATS), Firshill Rise, without the prior written agreement of the CQC.
- The registered provider must only accommodate a maximum of 30 service users at Woodland View.
- The registered provider must only accommodate a maximum of 10 service users at Beech.

We have made changes to our registration during 2023/24 in relation to the services that moved out of Fulwood House and to remove Fulwood House as a location for SHSC.

The overall CQC rating for Sheffield health and Social Care remains as:

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**

The graph below shows the national picture of CQC inspection ratings.



Source: Model Hospital

During 2023/24 Sheffield Health and Social care Trust received 42 enquiries from the CQC (compared to 49 in 2022/23), in relation to the services we provide, all of which have been responded to.

Back to Good Improvement Programme

At the start of 2023/24 only 11 out of the initial 75 requirements identified by the CQC remained open. The back to good programme has now been closed down, 3 actions remain ongoing: supervision, training and environmental work. These areas of work are overseen through our team, directorate and committee governance structures.

This improvement programme was overseen through the Quality Improvement Board with Regional NHSE, ICB and CQC colleagues alongside Sheffield Place and Sheffield Local Authority partners. SHSC has recently been shortlisted by NHS Providers for an award in regards to its 'back to good' programme. We are excited to see how this progresses.

CQC Mental Health Act Monitoring Visits

During the 2023/24 reporting period, the Care Quality Commission (CQC) conducted 5 routine, unannounced visits to SHSC in-patient areas. The purpose of these visits is to specifically review compliance with mental health legislation. Services visited were Dovedale 1 ward, Forest Lodge, Maple ward, Endcliffe ward and Burbage ward.

The CQC identified some gaps in practice which they have asked the Trust to remedy. Patients not being fully involved in the creation and review of their care plans was a gap raised on several visits. Other gaps of particular significance include insufficient recording, high use of bank/agency staff, and occasions when medication had been given when it had not been certified to be given. The CQC raised a particular concern about the care provided to a particular in-patient and mental capacity legislation not being followed.

The CQC contacted the Trust subsequent to the monitoring visit for further assurance that appropriate steps were being taken to ensure the patient's care and rights were being met and promoted. When required, the Trust has devised action plans to remedy any gaps found and these have been submitted to the CQC in accordance with their stipulated timescales.

A range of positive feedback was also provided the Trust following on from these CQC visits. For example, some patients reported feeling they were being looked after well, and some carers said staff kept them up-to-date and engaged them in their relative's care. Some patients described staff as being friendly and supportive, and said they felt safe on their ward. Some carers said the care provided to their relative was good and staff were supportive, and that they felt listened to by staff. Some carers fed back that staff were flexible, where possible, in respect of visits.

CQC MHA Monitoring visits are reported to the Mental Health Legislation Operational Group, and to the Trust's Mental Health Legislation Committee.

2.10 Data Quality

The Secondary Uses Service is designed to provide anonymous patient-based data for purposes other than direct clinical care such as healthcare planning, commissioning, public health, clinical audit and governance, benchmarking, performance improvement, medical research and national policy development. Sheffield Health and Social Care NHS Foundation Trust did not submit records during 2023/24 to the Secondary Uses Service for inclusion in the Hospital Episode Statistics.

The Trust submits data to the Mental Health Services Data Set (MHSDS). The latest published data regarding data quality under the Data Quality Maturity Index (DQMI) is for December 2023.

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

Percentage of valid records	Data quality 2021/22	Data quality 2022/23	Data quality 2023/24 (December 2023)	National average (December 2023)
NHS Number	100%	100%	100%	81.3%
Date of birth	100%	100%	100%	92.3%
Gender	100%	100%	100%	66.6%
Ethnicity	100%	100%	100%	78.1%
Postcode	100%	100%	100%	90.9%
GP code	100%	100%	100%	86.1%
Overall Score	94.3%	94.2%	92.2%	75.1%

The DQMI includes other indicators in addition to those listed above.
Source: NHS Digital, Digital Quality Maturity Index.

Performance and quality reporting

SHSC is thrilled to have been ranked in the top 12 NHS organisations in England for how it reports its information to the trust board and committees in the integrated performance and quality report (IPQR) by the Making Data Count team in NHS England.

The team has conducted a review of all reports produced by trusts in England and has rated SHSC's as 'exemplary' alongside 11 others.

The IPQR is received by our board and three of our board committees when they meet to provide assurance. It is also published on our website.

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 2022/23 is 'Approaching Standards'. We have developed an improvement plan to meet the required standards and this was accepted by NHS Digital.

The Trust's scores for the National Data Guardian Standards as measured by the Data Security and Protection Toolkit for the latest submission are provided in the table below. Submissions for 2023/24 are not due until the end of June 2024.

Data Security and Protection Toolkit – National Data Guardian Standards	2021/22	2022/23	2023/24
Personal confidential data	88% complete	95% complete	
Staff responsibilities	100% complete	100% complete	
Training	100% complete	86% complete	
Managing data access	100% complete	85% complete	
Process reviews	100% complete	100% complete	
Responding to incidents	100% complete	93% complete	
Continuity planning	50% complete	100% complete	
Unsupported systems	100% complete	92% complete	
IT protection	67% complete	96% complete	
Accountable suppliers	100% complete	100% complete	
Overall	94% 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

Clinical coding is the process of translating medical information from patient records in hospitals, into alphanumeric codes. Sheffield Health and Social Care NHS Foundation Trust was not subject to the Payment by Results clinical coding audit during 2023/24 by the Audit Commission.

SHSC commissioned a clinical coding audit during 2023/24, however, this did not take place until April 2024. From the preliminary results received standards were "exceeded" for primary diagnoses and standards were "met" for secondary diagnoses. Our clinical coding was deemed to be a good standard of accuracy. We are awaiting

confirmation that our clinical coder meets the required training standards and demonstrates 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 and pregnancy 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 2023	82	24
July, August, Sept 2023	119	54
Oct, Nov, Dec 2023	84	22
Jan, Feb, March 2024	73	44

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.

Professional Leadership

In March 2024 we launched our new Allied Health Professionals (AHP) Strategic Plan 2024-2027 which outlines our strategic approach to attracting, retaining, developing and leading AHPs in SHSC. The plan is important because it outlines the approaches and developments that will bring about improvements in patient care and fulfilment at work for AHPs.

We have also held two AHP celebratory and networking events this year (September 2023 and March 2024). These events were open to all AHPs, AHP support staff and Peer Support Workers and were a great opportunity to get together and connect with fellow colleagues.

These events focussed on wellbeing and our new wellbeing resource, health coaching, personalised care and gave staff a chance to consider their own health and wellbeing.

In January 2024, in partnership with Sheffield Hallam University, a new Dietetic Apprenticeship commenced, which we are delighted to say was successfully taken up by one of our experienced support workers.

The Arts in Health Team have had a busy year working alongside Estates and other colleagues designing new clinical space and ensuring this is in collaboration with people who use services and with local artists. Some of this artwork can be seen throughout this report.

Occupational Therapy (OT) has expanded across the Primary Care Mental Health Service led by Jodie Hall (Lead OT) and this work has also been celebrated by The Royal College of OT.

The Physician Associate profession continues to support the implementation of several physical health strategies. This year, we have focused on improving the diabetes management policy and raising awareness of sickle cell disease. We have been working with the physical health team and local charities to deliver the Trust's Sickle Cell Policy and training package to help raise sickle cell awareness.

Our Pharmacy leadership team has been having regular sessions discussing their workforce plan and the whole department has been reviewing the Pharmacy Strategy and focussing on accomplishing the objectives. One of which is greater involvement in the community teams, with they have accomplished having a dedicated pharmacist and medicines management technician in place. This will support the medicines safety aspects and improve relations with the teams. Training is being reviewed and updated to support the feedback and grow on the progress made over the last year.

Further work on developing the wellbeing for staff has led to quarterly sessions on wellbeing. Quality improvement (QI) continues to be at the forefront with fortnightly team sessions. One of the QI projects that has been shaped by the team is improving the application process and making job adverts more eye catching to aide recruitment.

Some examples of the focus of work for the psychological professions include:

- Senior leadership continue with the implementation of the Clinical and Social Care Strategy: this year this has focused on delivering quality informed clinical outcomes;
- Developed the Psychological Professions Strategy/Plan in line with the National Plan for the Psychological Professions;
- Sheffield Talking Treatments have developed a clinical team to increase access and outcomes for people from ethnically and culturally diverse communities and a focus on access for older adults alongside improving recovery rates for non-White British patients in line with White British patients;
- Sheffield Talking Treatment Service received the "Outstanding Achievement as a Team Award" at the Trust's Shine Awards in February 2024.

- Acted as co-investigators and principal investigators within the National Institute for Health funded clinical research, looking at self-harm/suicide intervention as part of a collaboration between the University of Western Australia and Perth Clinic, The University of Sheffield, the Clinical and Applied Psychology Unit, Rotherham, Doncaster and South Humber NHS Foundation Trust and SHSC. This research is based on short daily questionnaires being carried out which can help monitor and identify fluctuations in risk to prompt practice intervention by nursing teams.
- Work has progressed and continues with Sheffield University's psychological training courses ensuring that they understand and address race and diversity in order to safeguard anti-oppressive practice. We have reviewed selection processes to widen the remit and select people based on wider inclusive criteria, ensuring access for people from backgrounds of difference.

Nursing Leadership

The SHSC Nursing Plan 2023-2026 was developed in consultation with the wider SHSC Nursing Workforce as a local action to address our nursing workforce issues. The plan outlines our strategic approach to attracting, retaining, developing, and leading the nursing profession and aligns with the Chief Nursing Officer for England key priorities and speaks to the wider NHS People Promise. The Plan outlines 4 key priorities, these are:

- Delivering the highest standards of Professional Practice.
- Ensuring Person Centred Care through Continuous Improvement.
- Inspiring and supporting Professional development across nursing roles and structures.
- Attract and retain a diverse nursing workforce by being an employer of choice in the region.

The 39 workstreams of the Nursing Plan 2023-2026 are allocated to nurses across SHSC who report through a quarterly governance structure as to progress on each workstream. Some key areas of achievement over the past year aligned to the SHSC Nursing Plan include:

- Achieving accreditation for the interim National Preceptorship Quality Mark, this is recognition of our high standards of support for newly Registered Nurses.
- Achieving the National NHS Pastoral Care Quality Award for our international recruitment processes and high standards of support with our Nurses.
- Commissioned several leadership and development programmes for our Nurses through the Florence Nightingale Foundation. We have programmes for our Band 5 Nurses, Band 6/7 Nurses, Band 8a Nurses and our Ethnically Diverse Nurses of all bands.
- Continued to grow our Professional Nurse Advocate resource and offer both individual and group restorative supervision to a number of Nurses, this last years focus has been on our Newly Registered Nurses.

- Co-produce our ‘Valuing our Bank Staff’ programme which has involved the investment of a Senior Nurse as Professional Nursing Lead and two Bank support worker champions who are working together to ensure fair and equitable processes and development opportunities for our bank nursing workforce.
- Initiated a band 2 to 3 uplift programme for our Health Care Support Workers in inpatient areas and identified clear development opportunities for progression with the support of new competency frameworks.
- Invested in new nursing roles including the Deputy Director of Nursing & Quality, Trainee Approved Clinician opportunities for our Nurse Consultants and Bank Staff Professional Nursing Lead.

Part two (c): Reporting against core indicators

SHSC considers that the data provided earlier within this report and below is as described for the following reasons. External auditors have, in previous years, tested the accuracy of the data and our systems used to report our performance on a variety of performance indicators.

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

Mental health services	Target	Our performance			
		2021/22	2022/23	This year 2023/24	
Seven day follow up Everyone discharged from hospital on CPA should receive support at home within seven days of being discharged.	95% of patients on CPA to be followed up in seven days	This indicator was suspended in Q3 2019/20. A consultation followed and the outcome was published in April 2021 which stated this indicator has been retired.			**N/A**
National average					
Best performing					
Lowest performing					
72 hour follow up (New standard from 2020/21)	80% (Target set for 2020/21)	91.3%	80%	xx	**Achieved**
'Gate keeping' Everyone admitted to hospital is assessed and considered for home treatment.	95% of admissions to be gate-kept	99.3%	N/A	N/A	**N/A**
National average		xx	97.7% (Q4)	N/A (Q4)	

Best performing		xx	100% (Q4)	% (Q4)	
Lowest performing		xx	89.6 (Q4)	(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%	4.79%	4.3%		
Community Mental Health Services Experience: Service users' overall experience of using NHS mental health services	Our score	**2021 Survey** 6.6/10	**2022 Survey** 6.8/10	**2023 Survey** **6.9/10**	**Average performance compared to other Trusts**
National Average		6.8/10	6.7/10	6.7/10	
Best performing		7.5/10	7.8/10	7.7/10	
Lowest performing		5.9/10	6.1/10	5.9/10	
Q. Were you given enough time to discuss your needs and treatment?	Our score	7.8/10	6.9/10	**6.9/10**	**Average performance compared to other Trusts**
National Average		N/A	6.8/10	6.8/10	
Best performing		8.3/10	7.9/10	7.6/10	
Lowest performing		6.5/10	6.3/10	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	7.6/10	6.8/10	**6.7/10**	**Above Average performance compared to other Trusts**
National Average		N/A	6.8/10	6.4/10	
Best performing		7.8/10	7.6/10	7.3/10	
Lowest performing		6.0/10	5.9/10	5.7/10	

Q. Did the person or people you saw appear to be aware of your treatment history? (For the 2023 survey this question was replaced with: Did you have to repeat your mental health history with your mental health team?)	Our score	7.6/10	6.8/10	**4.7/10**	**Average performance compared to other Trusts**
National Average		N/A	6.9/10	4.6/10	
Best performing		7.8/10	7.8/10	5.4/10	
Lowest performing		6.2/10	5.8/10	3.9/10	
Patient safety incidents		**2021/22**	**2022/23**	**2023/24**	
Number of patient safety incidents reported to NRLS (note one)	N/A (Note 2)	3,763	xx (Note 2)	xx (Note 2)	National percentage of patient safety incidents resulting in severe harm or death is 0.75%
Rate of patient safety incidents per 1,000 bed days	N/A (Note 2)	83	xx (Note 2)	xx (Note 2)	
Number of patient safety incidents resulting in severe harm or death	N/A (Note 2)	55	xx (Note 2)	xx (Note 2)	
Percentage of patient safety incidents resulting in severe harm or death	N/A (Note 2)	1/1%	xx (Note 2)	xx (Note 2)	

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

Note 1: 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 2: Due to the NRLS data ceasing, annual data is not yet being received from the LFPSE.

Part three: Other quality information

3.1 Safety indicators – Learning from Incidents

During 2023/24, the top four patient safety incident categories reported were disruptive/distressed behaviour, self-harm, moving and handling (restraint) and slips/trips and falls. As restrictive practices is one of our quality objectives, restraint has already been covered in this report, below highlights our other three top reporting incident categories.

Disruptive/Distressed Behaviour
SHSC takes disruptive, distressed behaviour extremely seriously and encourages our staff to report all occurrences. Within SHSC there is an ongoing theme of 'low' or 'no harm' incidents related to distressed behaviour by service users towards staff and/or other service users. Our RESPECT programme has also affirmed the need to report this type of distressed behaviour. We remain a high reporter of this type of incident, compared to other mental health trusts nationally. It should be noted that 84% of all disruptive/distressed behaviour reported incidents within SHSC during 2023/24 resulted in 'no' or 'low' harm.

Our disruptive, distressed behaviour incidents for 2023/24 and the previous two years are summarised in the table below. It should be noted that national data for is not currently available due to the ceasing of the National Learning Response System and the introduction of the Learning from Patient Safety Events portal (LFPSE). We have therefore provided only internal data where national data is not available.

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 21 to Mar 22	909	10.6%	9.5%
Apr 22 to Mar 23	604	9.4%	N/A
Apr 23 to Mar 24	771	10.8%	N/A

Source: National Reporting Learning System (NRLS) and internal data recorded on Ulysses Risk Management System

We continue to work on improving our therapeutic environments and understand the triggers that cause these types of incidents. Below is one example of this work.

Spotlight on Burbage Ward
An external review was undertaken on Burbage Ward by Dr Brodie Paterson, following a small number of serious incidents taking place. The ward team has been following up the recommendations from the review and have adopted the Broset Tool which enables staff to identify imminent violent behaviour by responses to a few questions. The result of implementing this tool has been significant. Burbage has shared their great work on the national patient safety NHSE website.

National Patient Safety Improvement Programmes

Mental Health

Reducing Restrictive Practice – Broset Tool on Burbage Ward

Sheffield Health & Social Care NHS Foundation Trust

NHS Sheffield Health and Social Care NHS Foundation Trust

INCEPTION

Burbage Ward is a busy acute mental health inpatient ward with 16 beds. Due to the high levels of violence and aggression on the ward, Dr Brody Patterson was asked to undertake a review and made recommendations to reduce restrictive practice. One of the suggestions was to incorporate the Broset Tool within daily communications to identify early signs of potential escalation & highlight clear future planning to decrease anxiety of the unknown

BROSET TOOL

The Broset Violence Checklist (BVC) is a risk assessment tool which assists in the prediction of imminent violent behaviour with 6 questions

Monday / /	Day	Evening	Night
Confused			
Irritable			
Boisterous			
Verbal threats			
Physical threats			
Attacking objects			
SUM			

These are scored at an agreed time each shift with each present behaviour scoring 1. A score of 0 indicates risk of violence is low, score 1-2 the risk is moderate and a score above 2 indicates the risk is very high enabling preventative measures to be implemented.

TEAMWORK & IMPLEMENTATION

The ward has always had good teamwork despite the challenges they have faced and although staff felt that incorporating the Broset tool was a good idea, it took time and perseverance to embed the changes by linking it into ward process's – formulation meetings, greater focus on safety huddles and making the changes together. This has helped strengthen the team, improving communication and ultimately patient care with a reduction in restrictive practice.

Broset works by bringing concerning patients to the forefront of everyone's mind, to be extra vigilant but also to offer more support where it is most needed'
'We aim to treat in the least restrictive way and deal with any deterioration ASAP rather than wait'
Judith Buck – Ward Manager

IMPACT & SPREAD

Identifying early escalation signs with regular review via twice daily safety huddles allows the team to implement their care plans early ensuring all the team participate in keeping plans up to date so actions can be taken promptly.

The Ward Manager is supporting a sister ward at the Trust to implement the Broset tool, sharing her experience and expertise. This is being supported by the Trusts QI team who are working on a plan for spread to other wards.

The ward is planning to shift their focus slightly to verbal abuse as they feel this has increased, adapting their safety huddles to incorporate this and develop some interventions.

Health Innovation Yorkshire & Humber

NHS England

IMPROVING MENTAL HEALTH SAFETY
Reducing restrictive practice

NATIONAL COLLABORATING CENTRE FOR MENTAL HEALTH

Self-harm and Suicide
The risk of self-harm or suicide is always a serious concern for mental health, learning disabilities and substance misuse services. There continues to be an ongoing rise in the number of self-harm incidents on our inpatient wards which often leads to an increased use in restrictive practices such as restraint and rapid tranquilisation. These types of interventions can have a negative impact on the psychological well-being of service users and increase their experience of trauma. Work is in progress to improve collaborative planning and use of de-escalation techniques and de-escalation spaces, rather than restraint to support service users who are self-harming (noted to be mainly female patients).

SHSC has historically been below national averages for this type of incident reporting. National data is not currently available due to the ceasing of the National Learning Response System and the introduction of the Learning from Patient Safety Events portal (LFPSE). We have therefore provided only internal data where national data is not available.

Our self-harm incidents for 2023/24 and the previous two years are summarised in the table below:

Proportion of incidents due to self-harm/suicide	Number of incidents reported	Our incidents as a percentage of all our incidents	National incidents as a percentage of all incidents
Apr 21 to Mar 22	525	6%	26.1%
Apr 22 to Mar 23	1,037	16.1%	N/A
Apr 23 to Mar 24	1,107	15.5%	N/A

Source: National Reporting Learning System (NRLS) and internal data recorded on Ulysses Risk Management System

We will be developing a trustwide Self Harm Improvement Plan for 2024/25 as part of our focus of the introduction of the patient safety incident response framework.

We have continued to develop a framework for embedding trauma-informed clinical practice in local clinical teams through trauma-informed training and outcomes/ evaluation through a staff and service user questionnaire.

Slips, Trips and Falls
Preventing service users from falling within our care is a key priority for SHSC. Service users' mobility is assessed when on admission to our inpatient and residential settings, we consider footwear options, assistive technology and meaningful engagement levels in order to reduce the potential of falling. However, even with this, some service users do fall, with the highest number of reported falls being by our two older people's nursing homes.

Our slips, trips and falls incidents for 2023/24 and 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 21 to Mar 22	694	8%	xx
Apr 22 to Mar 23	723	11.2%	N/A
Apr 23 to Mar 24	595	8.3%	N/A

Source: National Reporting Learning System (NRLS) and internal data recorded on Ulysses Risk Management System

Our older people's services continue to engage in a Quality Improvement project aimed at reducing preventable falls by using the Huddling Up for Safer Healthcare (HUSH) methodology. This methodology has had a positive impact at Woodland View, G1 and Dovedale 1 where the numbers of reported falls have reduced overall.

Lessons Learned

Learning from patient safety incidents highlights that there is a continued need for focus on improving communication with patients and their families, between SHSC teams and with external partner agencies.

Investigations showed that work to improve our Detailed Risk Assessment and Management plan (DRAM) is necessary to ensure it is fit for purpose. This work has already begun and forms part of our transition to a new electronic patient record system. Extensive work is also underway to improve the experience of patients waiting for services and for patients being cared for out of the city.

It is essential that SHSC has robust management plans in place and immediate risk reduction and improvement plans to address the issues in the medium term. We have clear evidence of learning that indicates where these situations continue (increased levels of self-harm, falls and sexual safety issues) that the morale of staff is impacted, and cultural norms, values and behaviour can also be impacted leading to an increased risk to the safety of patients. It is pleasing to see evidence that Quality Improvement continues to have a positive impact on learning across teams. We need to continue to work on improving plans and developing quality improvement projects to fully demonstrate robust improvement for patient safety and experience.

Learning from Deaths

We publish mortality data on a monthly basis within our Integrated Performance and Quality Report (IPQR). This goes through our governance committee to our Board of Directors and can be found on our website here.

The majority of deaths reported by SHSC staff are in relation to older people living in community settings with a diagnosis of dementia and conditions related to older age. The most common cause of death is natural causes. There continue to be learning opportunities in relation to suspected suicides in the community linked to ongoing improvement actions for communication, documentation. Learning from Structured Judgement Reviews (case records reviews) highlights that there is good monitoring of older adults with dementia who are prescribed anti-psychotic medication. There is also a continued theme of complex comorbid physical health issues and mental health issues that require expert support across a range of professionals.

Learning from Homicides

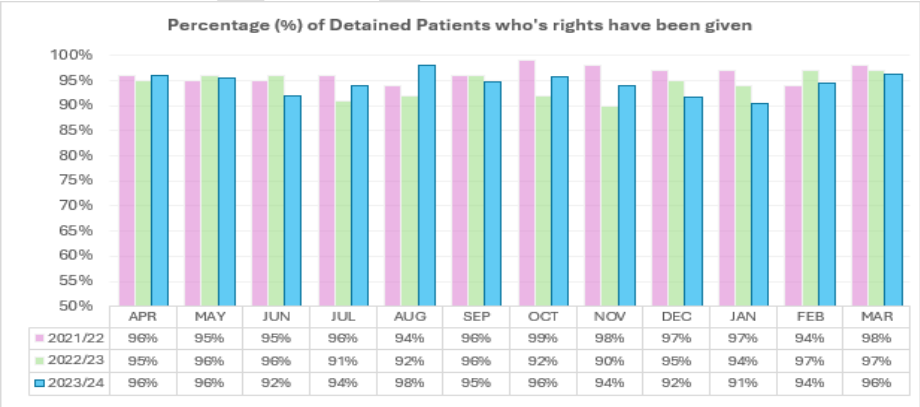
During 2023/24 SHSC commissioned an external review into a number of homicides/alleged homicides that had taken place either of current service users or by current or previous service users. This review identified 5 key themes relating to risk assessment processes, multi-disciplinary team working, over-reliance on telephone contact within our Crisis Resolution and Home Treatment Team, the Single Point of Access triage processes and record keeping standards. We have put an improvement plan in place following this thematic review which we are monitoring through our governance processes.

3.2 Clinical effectiveness indicators

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. It should be noted that there is variation in performance within teams.



	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR
2021/22	96%	95%	95%	96%	94%	96%	99%	98%	97%	97%	94%	98%
2022/23	95%	96%	96%	91%	92%	96%	92%	90%	95%	94%	97%	97%
2023/24	96%	96%	92%	94%	98%	95%	96%	94%	92%	91%	94%	96%

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

The above graph shows the trustwide results of people's rights being read. However, it does not show the variation across teams, or across the different parts of the Mental Health Act. 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.

Human Rights

We have taken a significant step towards incorporating human rights into our daily activities by employing a full-time Human Rights Officer (HRO) in 2021. We are the first mental health trust in the UK to establish such a position. The HRO's role is to guide the organisation and our staff on the Human Rights Act and its application in patient care.

SHSC's human rights work is divided into two categories: legal and cultural. The legal strand focuses on ensuring services are well advised on how to comply with the obligations set out under the Human Rights Act 1998. The cultural strand focuses on using human rights law to catalyse organisational cultural change. We have a wide programme of providing in-person training to frontline staff, including mental health nurses, psychologists, medics, social workers and physician associates.

From September 2022 to August 2024, approximately 600 staff will have received 3+ hours of face-to-face training on the operation of the Human Rights Act. By June 2024, we aim to have trained 56 practice leads, whose role is to ensure that consideration of service users' human rights is consistently on the agenda in governance, decision-making and service management meetings.

The HRO collaborates with third-sector service user support organisations, such as the Sheffield African Caribbean Mental Health Association (SACMHA) and Sheffield Flourish. The HRO also works with our internal service user forum, SunRise, to extend human rights knowledge to those who are cared for and supported by SHSC. In December 2023, the HRO co-produced a 'Know Your Rights' leaflet with experts by experience, which is available to service users upon admission to SHSC's services. We are committed to making SHSC a leader in human rights-based service delivery and are currently developing a new human rights work plan setting out our priorities to August 2025.

Mental health service indicators

Below shows a number of nationally set indicators, together with their definitions and our performance against the targets set.

***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

Mental health services	This year's target	2021/22	2022/23	This year 2023/24	
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%	57.4%	75.5%	94.02%	**Achieved**
Improving Access to Psychological Therapies (IAPT) a) Proportion of people completing treatment who move to recovery	50%	52%	52%	52.41%	**Achieved**
b) Waiting time to begin treatment i. Within six weeks of referral	75%	99.4%	99.4%	98.75%	**Achieved**
ii. Within 18 weeks of referral	95%	99.8%	99.8%	99.84%	**Achieved**
Inappropriate out-of-area placements for adult mental health services	Last year was the first time the Trust had been required to disclose performance against this indicator, as we had previously had fewer than seven average bed days per month. The numbers for 2023/24 are: • Adult Acute – 3034 • PICU – 1438 • Older Adult – 0				

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

The Trust has performed well against the nationally set 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.

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.

3.3 Experience indicators

Learning from Complaints and Compliments

SHSC is committed to ensuring that concerns raised by people using its services, carers and relatives of those using its services, and members of the public are acknowledged, investigated and responded to, and that the organisation learns from any failings identified.

SHSC aims to promote a culture in which all forms of feedback are listened to and acted upon. Complainants can be confident there will be no barriers to them receiving fair treatment and clear information during the complaint process, irrespective of social and cultural background. Complaints, compliments, general comments and suggestions are welcomed.

Complaints and compliments are monitored and recorded through our monthly IPQR reports that are presented to our governance committees and the Board of Directors.

In addition to this a quarterly learning lessons report is produced that highlights what we have learned from the complaints we receive, together with what actions we will take to address any issues. We also produce an annual complaints report which is presented through our Quality Assurance Committee to our Board of Directors.

This report can be accessed through our website at www.shsc.nhs.uk/contact-us/complaints together with our monthly IPQR reports.
We have developed a new complaints training package which has been rolled out this year. This has been positively received by staff and further improvements have been made following this. The focus of the training has been on ensuring that robust complaint investigations are undertaken, that service users receive compassionate and thorough responses, and that appropriate learning is taken forward. Practicing responding to complaints has proved a valuable exercise and has helped improve the quality of the responses we provide.

The complaints team has also placed considerable emphasis over the past year on working with services to resolve issues quickly and prevent formal complaints. There has been a 6% decrease in year-on-year formal complaints at a time when services have been under considerable pressure (2022/3 - 147 formal and 2023/4 - 137 formal complaints). An important focus for 2024/5 is developing the intelligence gathered from non-formal contacts from our service users (informal concerns) to identify areas requiring improvement.

Service User Friends and Family Test

The NHS Friends and Family Test (FFT) was created to help service providers and commissioners understand whether patients are happy with the service provided, or where improvements are needed. It's a quick and anonymous way to give your views after receiving NHS care or treatment.

The table below shows the results from the service user Friends and Family Test (FFT) this year, compared to the previous two years.

April 2021 to March 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%
April 2022 to March 2023	**Apr**	**May**	**Jun**	**Jul**	**Aug**	**Sep**	**Oct**	**Nov**	**Dec**	**Jan**	**Feb**	**Mar**
Percentage of Positive returns	93%	97%	98%	97%	93%	94%	94%	100%	99%	97%	96%	97%
National average for mental health trusts (1)	86%	86%	86%	86%	86%	87%	86%	86%	84%	87%	87%	87%
April 2023 to March 2024	**Apr**	**May**	**Jun**	**Jul**	**Aug**	**Sep**	**Oct**	**Nov**	**Dec**	**Jan**	**Feb**	**Mar**
Percentage of Positive returns	95%	97%	99%	93%	98%	97%	95%	100%	96%	95%	87%	94%
National average for mental health trusts (1)	87%	87%	88%	87%	87%	87%	87%	88%	87%	86%	87%	xx

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.

SHSC continues to achieve above the national average for the percentage of service users who would recommend our services to family or friends; however our overall response rate is low. We are working with a renewed communications campaign with a weekly internal newsletter, a slide monthly information cascade and working with our communications team to improve visibility of the FFT on the external website and working with our community partners to promote.

Quality of Care Experience Survey

This utilises the Tendable audit system, to collate feedback from service users identifying areas of good practice as well as areas that require change or improvement in our inpatient areas. It was rolled out to services in March 2023 and the questions focus on areas such as activities, environment, food and drink, and safety and dignity.

April 2023 to March 2024	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
Average score (percentage of positive responses)	84%	85%	80%	87%	78%	83%	81%	80%	80%	80%	80%	87%

Staff Experience

National NHS Staff Survey

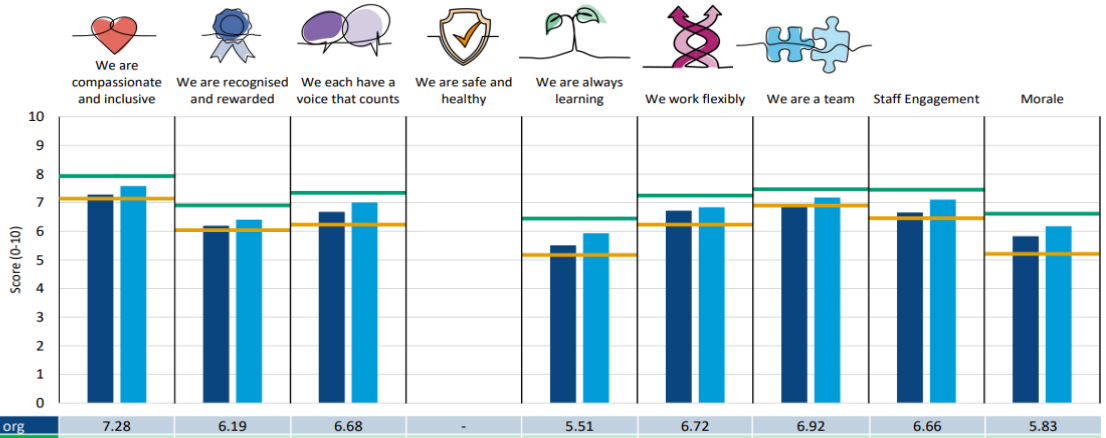
The national NHS staff survey is one of the largest workforce surveys in the world and is carried out every year to improve staff experiences across the NHS. The survey is aligned to the NHS People Promise to track progress against its ambition to make the NHS the workplace we all want it to be. The survey is commissioned by NHS England and NHS Improvement and is key to delivery of the NHS Long Term Workforce Plan.

The results from the 2023 survey were published in March 2024. We heard from 52% (1329) of our substantive staff in the survey, a rise from 48% (1239) participants in 2022. We are pleased to see increases in participation in our 2023 survey from ethnically diverse staff rising from 146 participants in 2022 to 209 in 2023.

The bank staff survey ran as a pilot survey in 2022, which SHSC chose to participate in. This year, we heard from 28% (77) of our bank staff, a rise from 19% (37) responses in 2022. We are looking forward to seeing more people take part from our bank staff in 2024, to learn even more of their experiences working for SHSC.

Our 2023 substantive survey results show an overall improvement in staff engagement and experience; with six out of the seven People Promise elements increasing, alongside the additional major themes of staff engagement and morale also increasing. 'We are a team' is the one element where we see a marginal drop in engagement.

People Promise elements, themes and sub-scores are scored on a 0-10 scale, **where a higher score is more positive than a lower score**.



	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
Your org	7.28	6.19	6.68	-	5.51	6.72	6.92	6.66	5.83
Best result	7.93	6.90	7.34	-	6.45	7.25	7.47	7.45	6.61
Average result	7.58	6.41	7.01	-	5.93	6.84	7.18	7.11	6.17
Worst result	7.14	6.04	6.23	-	5.17	6.23	6.90	6.46	5.21
Responses	1326	1328	1324	-	1276	1322	1327	1329	1329

Source: National NHS Staff Survey Results Benchmarking Report 2024

Overall, bank staff results show a downturn in engagement; 63% of the questions have decreased, with 28% increasing. Other questions were either new or unchanged. Bank staff responded positively to all three advocacy questions, with the results being higher than our substantive staff scores. When asked if they 'would recommend SHSC as a place to work' results have increased from 51.4% to 71.1% engagement.

We recognise that we are slightly behind the average scores of 51 mental health and learning disability trusts nationally. For each theme, the gap is closing to less than 1%. Advocacy scores for substantive staff are a key indicator of how staff feel about working for SHSC and the care we provide. It is rewarding to see this moving positively in the 2023 results.
We continue to build on last year's initial green shoots of increased advocacy from SHSC staff and are pleased to report that of the 51 trusts in our comparator group, SHSC saw the biggest improvement nationally, in engagement from staff when asked if they would recommend their trust as a place to work.

The focus going forward centres on three key themes to further improve staff engagement and experience:

- **Supporting You** – we will do more to support your safety, your wellbeing, and your opportunity to give your best.

- **Supporting Teams** – we enjoy working in our teams, but there's still more to do on making care our top priority and making SHSC as great place to work.

- **Everyone Counts** – we are committed to living our values every day and being proactive about anti-discrimination/anti - racism.

These three themes are being progressed through the delivery of a trustwide organisational action plan, as well as local service action plans, during 2024-25.

Celebrating diversity in our workforce

This year our theme for our working together conference was: 'our path to cultural humility' and was one of our key celebrations of Black History Month. Topics for discussion included: inclusivity, compassionate leadership, how to work better with communities and being your authentic self in the workplace.

Four female staff members also attended the Health and Care Women Leaders Network annual conference in Leeds.

In August 2023, two of our psychiatrists, were nominated for APNA awards. APNA is an NHS network for South Asian leaders to connect, share ideas and support each other. They were nominated for their significant contribution to improving parity of outcomes for South Asian service users and their communities and for their partnership working to tackle structural racism and promoting equality, diversity and inclusion.

New Trans and non-binary inclusion statement

Our Rainbow staff network group, with support of other staff network groups, has published a statement about inclusive healthcare. This is endorsed by our Chief Executive and Chair of the board. We state that:

- We proudly support the right of all people who use our services to receive positive healthcare, and to do so without fear of discrimination and hatred.
- We will provide high quality inclusive care every day to all and we are proud to do so.
- We are allies to those from marginalised groups who suffer the impact of prejudice and discrimination.
- We are proud to be a diverse and inclusive workforce and community for all.

Leadership Development

We have invested in incorporating QI into our leadership development programmes, enhancing and strengthening leadership skills for our staff. Courses where QI is now included include:

- **Developing as Leaders (DAL):** This course includes a one-day workshop focused on cultivating leadership with an improvement mindset, introducing participants to the System of Profound Knowledge (Deming), and empowering them to lead change effectively.

- **The Florence Nightingale Foundation (FNF) training:** This is a leadership programme for nurses that supports career growth and confidence, focusing on quality improvement methodologies, critical thinking, and evidence-based practice.

FLORENCE NIGHTINGALE FOUNDATION

Shine Awards

A total of 14 winners across 13 award categories took home an award from over 160 nominations of people and teams who have been helping to make SHSC a great place to work and improve the lives of people living in Sheffield. In addition to the overall winners, 22 people or teams were also highly commended.

- Compassionate care by an individual or team
- Outstanding achievement by an individual or team
- Improving care by an individual or team
- Outstanding commitment to equity and addressing inequalities by an individual or team
- Improving use of resources by an individual or team
- Partnership working excellence
- Inspirational leader
- Rising star
- People's choice (including Volunteer of the year)
- Improving sustainability by an individual or team
- Excellence in coproduction and involvement by an individual or team
- Everyone counts (special recognition) from the chair and the chief executive

Annexe A

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

Sheffield Health and Social Care Trust quality account 2023-24 – Healthwatch response

Thank you for sharing this year's Quality Account with us. Our response incorporates comments from volunteers, who help us to provide a patient and public perspective on the report.

We note that this year's report, despite being a lengthy and often complex document by nature, does feel more 'user-friendly' to read than previous documents. There is a good amount of narrative and use of plain English rather than clinical terminology, and a helpful introduction.

The report is open about the improvements needed in response to Care Quality Commission (CQC) inspections, and we are pleased to see some of the work that is being done on this, and on topics like staff wellbeing – which while still below average, are improving.

Priorities for improvement

The overview of the recent three-year priorities was very helpful, and it is encouraging to see progress and development over this time frame. We were also pleased to see acknowledgement that there is still work to be done and that there are plans for this to continue when these areas are no longer 'priority' topics. Discussions about reduction in restraint and seclusion are particularly welcome. We would have liked to have seen more information about how these areas of work are impacting on people's actual experience of care (or their likelihood to seek care), and whether this will be a central part of monitoring the longer-term success of these objectives.

We are broadly supportive of the priority topics selected for 2024-27, and feel these have been set out in a clear way. It would be interesting to read about how these topics were selected (similar to the way this was described for the most recent priorities). We would also like to see how these will be developed with patients and families in this first year especially.

The way patients, families, and the public are involved

It is good to see positive Friends and Family Test (FFT) scores, along with positive results from the Quality of Care Experience Survey and a reduction in complaint numbers. It is difficult to comment on how this reflects the feedback we have heard from patients and families over the year without seeing any breakdown of complaint themes, or the separation of different categories in the survey. However, we do speak with people regularly who describe the complaints process at the Trust as difficult – feeling they haven't been given enough support to raise a complaint, to understand the process, or haven't received a timely or thorough response to their complaint. The information about complaints provided on the Trust's website is

quite clear and helpful, and we wonder whether more could be done in other settings (eg in waiting rooms) to support people to know how to share both positive and negative feedback, and to ensure more robust mechanisms for working with people who have raised a complaint to reach a more positive outcome.

Where we hear concerns about the quality of care people received from the Trust, much of this focuses on continuity of care – people seeing different people regularly or being discharged from particular services they felt they still needed. It also relates to provision of crisis care, which isn't always timely, accessible or adequate. Given recent changes to the crisis care pathway we would like to see an explicit commitment to understanding patient experience in this area, as new ways of working are embedded. Communication is another theme we hear about from people using Trust services; we would like to see a strong focus on improving the way which patients are kept informed about services, particularly where transformation work is taking place.

We note that the report mostly focuses on formal feedback mechanisms to describe the way in which it listens to patients, carers, and families – we would also like to see how other outreach or engagement is built into the work of the Trust. Where formal mechanisms are in place (like the Friends and Family Test) it would be helpful to understand how and in what format this is being sent to people; the low response rate could possibly be addressed by making this more accessible to people and helping them to understand how it might make a difference, for instance by giving examples of lessons learned from feedback and changes that have been implemented. There is a need for the Trust to continue to improve its structural and strategic approach to understanding patient experience and learning from it, and being transparent with the public about the action it is taking.

Sheffield Healthwatch
5th June 2024

SHSC's response
We thank Sheffield Healthwatch for their helpful comments on our Quality Account and look forward to continuing to work with them over the coming year and addressing the important points they raise.

Sheffield City Council's Health Scrutiny Sub-committee Statement

The first draft report was provided to Sheffield City Council Health Committee on 6th June 2024. The following response was agreed by the Committee at that meeting:

The sub-committee welcomed the opportunity to discuss the Trust's Quality Accounts and they found the discussions informative and helpful. In particular the discussion focussed on a number of issues which the sub-committee members sought clarification and reassurance on:

- Electronic patient records; compatibility with SystmOne and the new system 'Rio' and Iaptus, used for Talking Therapies.
- The consultation process for determining objectives for the coming year
- Co-production and the extent to which this is now embedded in the Trust's activities as a "golden thread" of involvement and engagement.

- The role of board visits, particularly how service users, carers and staff are included.
- The impact of budget cuts within the ICB on the quality of co-production work and the Rethink initiative.

The sub-committee were reassured by measures being put in place by the Trust to address these issues and received verbal updates very positively.

They wished to congratulate the Trust on their progress made since last year and particularly welcomed the focus on transparency, which is really important to members of public.

The sub-committee looks forward to receiving further updates in the future.

Sheffield City Council Health Scrutiny Sub-committee
6th June 2024

SHSC's response
We thank Sheffield City Council for their helpful comments on our Quality Account and look forward to continuing to work with them over the coming year.

NHS South Yorkshire Integrated Care Board (ICB) Statement

NHS South Yorkshire Integrated Care Board (ICB) 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 England (NHSE), who are regulators of health (and social care) services in England.

The ICB 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 its knowledge, the information supplied within this report is an accurate and a true record, reflecting the Trust's performance over the period April 2023 – March 2024.

The ICB and Trust continue to work together to address issues related to clinical quality so that standards of care are upheld. The ICB recognises the hard work which the trust has undertaken to exit the NHSE Recovery Support Programme.

In 2021/2022, the Trust identified three quality objectives to be achieved over a three-year period, 2023/2024 being the final year. These objectives are listed below. These built upon the progress made through the 'Back to Good' programme, and will continue as 'business as usual'.

- **Quality objective one**: Demonstrate a measurable and equitable reduction in the use of seclusion and restraint

- **Quality objective two**: Demonstrate improvements in the number of people from diverse communities accessing community-based mental health services

- **Quality objective three**: Embed co-production with service users and carers in how we deliver and govern clinical services

To support long-term improvements for service users, their carers and families, the trust has committed to four quality objectives over a three-year period from 2024 to 2027. The ICB will continue to support these programmes of work and looks forward to the objectives being met in full. The new objectives are outlined below:

- **Quality objective one:** Sexual safety; Understanding and Improving Sexual safety for service users, particularly inpatient areas.

- **Quality objective two:** Neurodivergence; Ensuring individual needs are identified and person centred care is delivered for service users

- **Quality objective three:** Dementia; Developing an organisational approach to person centred Dementia care

- **Quality objective four:** Patient level reporting; Developing a range of tools that support reporting to improve understanding of patient experience

The ICB will continue to work together with the Trust to address issues related to clinical quality so that standards of care are upheld and also to evolve services and ensure the changing needs of our local population are met and inequalities reduced.

Submitted by Dani Hydes on behalf of:

Alun Windle, Chief Nurse, South Yorkshire ICB
13th June 2024

SHSC's response

We thank South Yorkshire ICB for their feedback on our Quality Account and look forward to continuing to work with them over the coming year.

Annexe B – to be completed

2023/24 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 2023/24
- 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 2023 to March 2024
  - papers relating to quality reported to the Board over the period April 2023 to March 2023
  - feedback from commissioners dated 13 June 2024
  - feedback from governors dated xxxx and xxx
  - feedback from local Healthwatch organisation dated 5 June 2024
  - feedback from overview and scrutiny committee dated 6 June 2024
  - the trust's complaints report published under Regulation 18 of the Local Authority Social Services and NHS Complaints Regulations 2009, dated July 2023
  - the national patient survey 2023
  - the national staff survey 2023
  - the Head of Internal Audit's annual opinion of the trust's control environment dated xxxx 2024
  - CQC inspection reports
- 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:

…xx..June 2024……. Date.....Signatures to be added..... Chair

...xx..June 2024..... Date..... Signatures to be added..... Chief Executive