



Quality Report
2010-2011

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1 STATEMENT ON QUALITY FROM THE CHIEF EXECUTIVE OF SHEFFIELD CHILDREN'S NHS FOUNDATION TRUST

Sheffield Children's NHS Foundation Trust is one of the best performing foundation trusts in the country as recorded by Monitor (the foundation trust regulator). This is largely down to the quality of our staff and our freedom to concentrate on what is best for children. Our reputation is built on the high satisfaction survey results and the quality of care we provide. We have recognised that there are areas where improvement is needed, for example in provision of car parking and renewed ward accommodation. The Board is actively tackling this and has both short and medium term plans to improve our estate. The Quality Report set out below is, to the best of my knowledge, a balanced and accurate reflection of the quality assurance processes, structures and outcomes in use at Sheffield Children's.

Key structures in ensuring quality and safety are the related Board sub committees – all meet at least bi-monthly and are chaired by Non-executive Directors of the Trust. These committees report to the Board of Directors and, where appropriate, issues are discussed in full Board meetings.

Issues relating to patient safety, clinical effectiveness and patient experience are addressed through the Clinical Governance and Risk Management Committees. The Clinical Governance Committee has a wide representation from clinicians, executives, managers, public governors and representatives from our PCT commissioners. The Committee regularly reviews performance in areas of clinical effectiveness such as child protection, infection control, clinical audit, blood transfusion, medicines management, patient involvement and equality compliance. It oversees that the Trust maintains registration with the Care Quality

Commission. The Board receives a quarterly report on Clinical Governance from the Clinical Governance Manager and a quarterly report on Patient Experience from the Director of Nursing and Clinical Operations.

The Risk Management Committee oversees the risk register, reported incidents, patient complaints, litigation, health and safety, compliance with National Patient Safety Agency guidance, major incident response and NHS Litigation Authority standards. The Committee oversees corporate policy production and ensures these comply with the NHS Litigation Authority template. The Board receives a quarterly report on risk management from the Head of Risk Management.

Other Board sub committees are tasked with wider quality issues. The Information Governance Committee oversees data security, patient confidentiality, freedom of information and access to medical records. It produces policy on this topic and supervises the necessary systems and outcomes.

The Human Resources Committee reviews, develops, monitors and facilitates the implementation of the HR Strategy. This includes policy production and oversight of employer responsibilities, staff development, diversity and occupational health.

In addition to the committees, the Director of Infection Prevention and Control has direct access to the Board of Directors and provides a quarterly report with regard to Healthcare Associated Infections. The Chief Pharmacist similarly has direct access to the Board and provides a regular update on issues related to controlled drug practice and medicines management.

The Board of Directors has appointed the Director of Nursing

and Clinical Operations to produce a Quality Report that has been widely consulted upon to ensure balance and accuracy. The draft report has been subject to consultation with NHS Sheffield, Sheffield Local Involvement Network, South Yorkshire Overview and Scrutiny Committee, the Trust Parent and Carers' Advisory Group, Foundation Trust Governors, Trust Executive Group and the Clinical Governance Committee. Details of the consultation process are to be found in the Annex to this report.

This report is also subject to approval by the Board of Directors and is reviewed by external auditors, KPMG prior to submission to Monitor and the Department of Health.

The report has been prepared by the Director of Nursing and Clinical Operations and validated in conjunction with the Clinical Governance Manager, Head of Risk Management and the Head of Planning and Performance. The quality data reflects that which has generally been available in summary to the Trust Board or, in more detail, to the Board Sub-committees. The Quality Report has been set out in the format required by Monitor and incorporates the Quality Account information required by the Department of Health.

I hope you will find the report informative and that it will encourage you to engage with our activities to improve children's healthcare in the region.

Signed



Mr Christopher Sharratt

2 PRIORITIES FOR IMPROVEMENT AND STATEMENTS OF ASSURANCE FROM THE BOARD

2.1 Quality Improvement Priorities Identified for 2010-11

2.1.1 PERFORMANCE ON QUALITY PRIORITIES 2010-11

Last year, the Trust set itself a number of quality improvement priorities measured by performance targets. Our results are discussed in detail in part three of this document. While we achieved in relation to patient safety and clinical effectiveness, we did not achieve the level of improvement we hoped for in patient survey responses. Some of this may be down to unrealistic expectations of our action plan. Much is, however, down to the physical reality of the buildings we occupy. The results of our surveys and action plans have been discussed with our Governors, Parent and Carers' Group and with the Local Involvement Network (LINKs). The Board is aware of the limitations set by our estate and how this is exacerbated by the increase in activity that we have seen over the last three years.

2.1.2 HOW PERFORMANCE WILL CONTINUE TO BE MONITORED

Whilst the patient safety and clinical effectiveness indicators have changed this year, the areas of patient experience will continue to feature in our annual outpatient and inpatient surveys. Should our performance be below average in any area, we will again include it in our quality report as an area for improvement.

2.2 Quality Improvement Priorities Identified for 2011-12

2.2.1 PRIORITIES

- Welcoming of community services into the Trust and an improvement in Sheffield's compliance with the Healthy Child Programme Indicators. These are a set of national indicators that are used by NHS Sheffield to set performance targets. The indicators set out, for example, when Health Visitors should visit newborn babies, what should happen at the visits and what vaccination uptake should be achieved. These indicators will be monitored quarterly by NHS Sheffield and will be reported on our website at: <http://www.sheffieldchildrens.nhs.uk/2011-Board-documents.htm>
- Improved facilities for parents with the opening of a parent and patient hotel, agreement on provision of improved car parking facilities and completion of the full business case for improved in-patient and out-patient accommodation. We will be monitoring this as part of the inpatient and outpatient surveys, as set out in Section 3.5.

Results will be shown on our website under Patient Views: <http://www.sheffieldchildrens.nhs.uk/Patient-views.htm>

- Improved compliance with staff training through use of the new Clinical Skills Centre, a programmed release of clinical staff for protected training time, increased use of e-learning and increased attendance at mandatory training. Performance will be monitored through quarterly reports to the Trust Board and published on our website at: <http://www.sheffieldchildrens.nhs.uk/2011-Board-documents.htm>

2.2.2 RATIONALE FOR SELECTION

The transfer into the Trust of health visitors, school nurses and other community staff gives us the opportunity to be one of the first fully integrated children's health provider trusts in the country. The community staff actively lobbied for this transfer and we are excited about them joining us. The community service has struggled over recent years to achieve the Healthy Child Programme targets. It is our hope and expectation that we can improve this position while still keeping the services collocated with Children's Centres and Sure Start. The Trust has a long experience of dealing with sick children; this gives the opportunity to extend that experience to the healthy child.

The Trust places a high value on the quality of care that we provide. We are conscious of the limited space and facilities that we have and inevitably have to make compromises, for example in relation to provision of space in wards, amount of car parking available and the complex layout of our older buildings. Many of the Trust's recent capital investment decisions have been directly influenced by clinical risk assessments or patient survey feedback. In autumn of 2010, we opened a spacious child and adolescent inpatient unit for children with serious mental health issues at Beighton. The unit is a third of the size of the main Children's Hospital; it has a school, gym and facilities for children with learning difficulties and mental health problems – one of the first in the country. The facilities have single sex sleeping and common areas, enhancing the privacy and dignity of all young people who use it.

As a foundation trust we hope to use our freedoms to similarly improve the quality of the main hospital patient accommodation. We have involved Governors, parents and children on the design group as this project proceeds. It is our belief that 70 per cent single room wards will assure us of providing single sex accommodation to all children and accompanying parents, significantly reduce the risk of cross infection and enhance the quality of stay for families. Between December and March, the Trust has recorded six breaches against its aim to provide single sex accommodation for young people. Although this is

managed actively by the Matrons, and subject to a financial penalty from the PCT, parents of both sexes sleep beside their child in the ward bays. This is the position nationally in all children's wards. We aim to be the first children's hospital that does not accept this and have the majority of families in single rooms with en-suite accommodation. It is our aim to obtain approval of our full business case this year and begin planning this facility. The first stages will satisfy the most immediate concerns; car parking and on site parent accommodation in the form of a parent hotel.

The Trust also opened a £500,000 Clinical Skills Centre in November 2010. The centre has patient simulators, manikins and computer models to allow doctors and nurses to practice clinical skills such as resuscitation, setting up intravenous (IV) infusions, ventilation and other techniques. The centre is one of the first in the country to specialise in children's skills with models ranging from small babies to adolescents. Technical

skills in children's care are amongst the most demanding of all for clinicians. There are few situations more challenging than trying to set up an IV infusion on a sick baby, while anxious parents watch on. This centre should help to prepare those clinicians. We have already opened this facility to local school children who are interested in health sciences and plan multi-agency training later this year.

The Trust is subject to a wide variety of quality targets set in association with our commissioners. The quality of performance data is reviewed internally by the Data Quality Group and clinical data is reviewed by the Clinical Audit and Effectiveness Committee and scrutinised by the PCT Quality and Performance Committee. Internal Audit is used to provide additional assurance as part of its annual audit plan. In addition to national performance targets, the Trust has nominated the following metrics as good indicators of our commitment to quality improvement.

2.2.3 PATIENT SAFETY

Patient Safety			
AREA REVIEWED	NATIONAL OR HISTORICAL PERFORMANCE THRESHOLD	PERFORMANCE 2010/11	TARGET PERFORMANCE 2011/12
PATIENT SAFETY INITIATIVES			
Surgical Site Infections (SSI) - Open reduction of long bone fracture (ORLBF) or comparable children's orthopaedic indicator covering majority of orthopaedic surgical operations. <small>This is a surgical procedure to repair a fractured bone using plates, screws or rods to stabilise the bone.</small>	Health Protection Agency http://www.hpa.org.uk/Topics/InfectiousDiseases/InfectionsAZ/SurgicalSiteInfectionSurveillanceService/	New indicator in children.	Audit of orthopaedic SSIs, with publication of outcome and comparison to national SSIs in the speciality.
Number of crash calls (resuscitation team calls) that originate from low dependency areas. <small>Exclude Intensive Care, High Dependency Care, Neonatal Intensive Care and Emergency Departments.</small>	Supporting Paediatricians to Develop Quality Indicators Royal College of Paediatrics and Child Health (RCPCH) January 2011.	18 calls.	15 calls or less.
Effective community follow up of children who fail to attend hospital outpatient appointments or who attend A&E.	Supporting Paediatricians to Develop Quality Indicators RCPCH January 2011.	New indicator.	90% of notifications to be sent to community health visitors and school nurses within seven days.

These initiatives all address key areas of child safety. The first target recognises the importance of our child orthopaedic services – some of the largest in the country. The second provides reassurance that the sickest children are properly situated in our Critical Care Unit and that the paediatric early warning charts that we have introduced are effective in early identification of deteriorating condition. The third targets a topical area of concern for all children's services. Where children are attending Accident and Emergency repeatedly or not attending planned outpatient appointments, it is important that there is notification of GPs and effective follow up by community nursing teams.

2.2.4 CLINICAL EFFECTIVENESS

Clinical Effectiveness			
AREA REVIEWED	NATIONAL OR HISTORICAL PERFORMANCE THRESHOLD	PERFORMANCE 2010/11	TARGET PERFORMANCE 2011/12
CLINICAL EFFECTIVENESS			
Number of patients who attend A&E with a diagnosis of acute asthma and are discharged home with a completed care bundle. <small>This is a sequence of observations and treatments that have been demonstrated to be effective in reducing the severity of asthma.</small>	Supporting Paediatricians Develop Quality Indicators RCPCH January 2011.	New indicator.	Two audits per year confirming that 90% of such patients are discharged with a completed care bundle.
All children attending A&E are assessed for the presence or absence of symptoms and signs that predict the risk of serious illness using the NICE traffic light system or other appropriate tool.	Feverish illness in children clinical guideline (NICE, 2007).	New indicator.	90%.
In children under two where physical abuse is suspected, a full skeletal survey should always be performed.	Standards for radiological investigation of suspected non-accidental injury (RCPCH and RCR, 2008).	New indicator.	90%. In children under two years of age, survey performed within 72 hrs of presentation. Repeat survey performed after two weeks. Patients under one year of age only discharged after full multi agency strategy meeting.

These indicators are based upon nationally identified patient quality indicators. NICE guidance has only recently started to concentrate on child health and this gives us the opportunity to measure our practice against the national standard. Increasing out of hours attendance by children at Accident and Emergency is a source of concern to commissioners and fever accounts for the majority of attendances in pre-school children. The Trust is trying to prioritise the most acutely ill patients and work with primary care to find alternatives for those who could be treated equally well by primary care. Child Protection remains the highest priority of all safety measures and the introduction of full skeletal surveys is one of the most effective tools in detecting non accidental injury.

2.2.5 PATIENT EXPERIENCE

AREA REVIEWED	NATIONAL OR HISTORICAL PERFORMANCE THRESHOLD	PERFORMANCE 2010/11	TARGET PERFORMANCE 2011/12
PATIENT EXPERIENCE			
A&E Experience: Quarterly, qualitative description of what has been done to assess the experience of patients using A&E.	http://www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/@dh/@en/@ps/documents/digitalasset/dh_122892.pdf	New indicator.	Quarterly reporting on user satisfaction in A&E.
Inpatient Experience: Parent had no access to tea and coffee making facilities while on ward.	29% nationally experienced a problem. http://www.sheffieldchildrens.nhs.uk/Downloads/Patient%20Views%20-%20surveys/SCH%20Paediatric%20Inpatient%20Survey%202010%20results.pdf	51% experienced a problem.	29%.
Outpatient Experience: Could not find a convenient place to park.	40% nationally experience a problem http://www.sheffieldchildrens.nhs.uk/Downloads/Patient%20views/Paediatric%20Outpatient%20Survey%202010.pdf	86% experienced a problem.	To conclude negotiations for a car park to be constructed adjacent to Sheffield Children's Hospital main entrance.

The first indicator is derived from the enhanced Accident and Emergency performance measures recently set by the NHS. The second and third indicators are the two issues that we were judged to be significantly below average by our parents in the surveys of 2010. It should be remembered that the percentages represent problem scores – the lower the score, the better. We have reviewed our parent accommodation and facilities to improve access to out of hours catering and tea making facilities. We have already stated how difficult parking is around the hospital but we are working on a plan to ease the shortage.

2.3 STATEMENTS OF ASSURANCE FROM THE BOARD

2.3.1 GENERAL ASSURANCE

During 2010/11 Sheffield Children's NHS Foundation Trust provided and/or sub-contracted 102¹ NHS services.

Sheffield Children's has reviewed all the data available to them on the quality of care in 100 per cent of these NHS services.

The income generated by the NHS services reviewed in 2010/11 represents 100 per cent of the total income generated from the provision of NHS services by Sheffield Children's for 2010/11.

2.3.2 AUDIT AND NATIONAL CONFIDENTIAL ENQUIRY ASSURANCE

During 2010-11, eight national clinical audits and two national confidential enquiries covered NHS services that Sheffield Children's provides.

During 2010/11 Sheffield Children's participated in 75 per cent of national clinical audits and 100 per cent of 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 Children's NHS Foundation Trust was eligible to participate in during 2010/11 are as follows:

Audit for which the Trust was Eligible	% of eligible cases submitted
National Confidential Enquiries 2010/11	
Parental Nutrition – a mixed bag	100%
Death in Acute Hospitals: Caring to the End	100%
Continuous National Clinical Audits 2010/11	
National Diabetes Audit	100%
Patient Reported Outcome Measures	92% Majority of indicators adult related.
Trauma Audit & Research Network, Severe Trauma Audit	0% No cases submitted – Majority of indicators adult related.
Paediatric Intensive Care Network, Children in Intensive Care Audit	100%
Intermittent National Clinical Audits 2010/11	
Paediatric Pneumonia (British Thoracic Society)	0% No cases submitted. Clinician involved failed to meet the deadline for full data submission.
Childhood Epilepsy (RCPH National Childhood Epilepsy Audit)	Awaiting commencement.
College of Emergency Medicine National Audit Programme 2010: Febrile Child	100%
National Comparative Audit of Blood Transfusion	100%
<ul style="list-style-type: none"> National Comparative Audit of the use of O negative red cells National Comparative Re-audit of the use of O negative red cells National Comparative Re-audit of the use of platelets National Comparative Re-audit of bedside practice National Comparative Audit of use of fresh frozen plasma National Comparative Audit of use of red cells in neonates and children 	

The reports of six national clinical audits were reviewed by the provider in 2010/11 and Sheffield Children's took the following actions to improve the quality of healthcare provided.

- National Comparative Audit (NCA) for the use of RhD negative red cells in babies and children – reduction in unnecessary use of these clinically valuable blood transfusions – saving it for those who really need it.

- NCA of re-audit of bedside blood transfusion – better bedside training programme for staff to reduce potential for error in blood group.
- National Diabetes Audit – better recording of full health check, allowing earlier detection of complications.

¹Based upon the services specified in the NHS Provider Contract for 2009-10

The reports of 604 local clinical audits were reviewed by the provider in 2010/11. Audit reports were reviewed by clinical teams with a summary presented to the Clinical Audit and Effectiveness Committee. Examples of the actions Sheffield Children's intends to take to improve the quality of healthcare provided include:

- A treatment pathway was produced and presented at the conference for North of England Paediatric Emergency Medicine (NEPEM) on 5 November 2009. The interest in the pathway led to its adoption in several hospitals and a multi-site audit is now underway. We believe this significantly improves our ability to spot the child who is more at risk of complications.
- Burns Unit: new burns wound care chart designed – better tracking of healing.
- Newborn Hearing Screening Programme, Neonatal Surgical Unit – new guideline written – picks up hearing loss at an earlier age.
- Compliance to Children's Cancer Measures on Key Workers per patient – ensures that a named person coordinates for each child.
- Redraft of the Palliative Care Pathway for use across hospital and community – less duplication and gaps in care.
- Redesign a discharge summary form for use by clinicians in Child and Adolescent Mental Health Service (CAMHS). Re-audit has shown significantly better communication with schools and GPs.
- Immunisation schedules added to nursing records to pick up on missed immunisations.
- New guideline developed on Management of Diabetic Ketoacidosis and Cerebral Oedema in children.
- Day Care tonsillectomy commenced with no increase in complications.
- Diarrhoea and vomiting in children under the age of five years: improvements to management and changes in protocol.

Further examples of completed audits are available on the Trust website or from the Clinical Governance Department.

2.3.3 CLINICAL RESEARCH

The number of patients receiving NHS services provided or sub-contracted by Sheffield Children's NHS Foundation Trust recruited during that period to participate in research approved by a research ethics committee was 845; this is a rise from the previous year total of 432.

The Trust is involved in a number of research projects which are directed through the purpose built Clinical Research Facility, two examples of other projects are given below:

Bronchiolitis

Bronchiolitis is a common, distressing illness affecting infants. A virus infects the lungs and the airways become blocked, leading to difficulties with breathing. It is the most common cause of hospitalisation in infancy, with one to three per cent of all infants admitted to hospital during their first winter. Nationally, over 20,000 infants are admitted to hospital with this every year placing enormous strains on NHS services. Forty years ago, use of oxygen reduced the risk of death in those hospitalised from one in five to one in one hundred. Other than oxygen, we are only able to currently offer infants supportive care until they recover.

Recently published clinical research suggests that salt water, sprayed as a mist so that the infant can breathe it in might help these infants. Researchers think that the salt water changes the mucus which blocks the airways so that it can be cleared more easily and three small studies suggested that an infant's time in hospital could be reduced by a quarter. If this is true, it would be good for infants, their families and the wards trying to cope with the huge numbers admitted each winter.

To decide whether this treatment should be adopted by the NHS, we are running a randomised controlled trial of hypertonic saline in a large number of babies. It is hoped that the trial will tell us if adding saline to usual treatments reduces distress, its effectiveness and whether it reduces the length of time these babies stay in hospital. We can then assess if the treatment is the best thing for babies with bronchiolitis and whether it provides the NHS with good value for money.

Barrett's Oesophagus

Pioneering work is being carried out in the Histopathology Department in the area of Barrett's Oesophagus, a condition in which abnormal cells line the tube connecting the mouth to the stomach.

Currently there are two different definitions of Barrett's Oesophagus and research carried out at Sheffield Children's has shown that one of the classifications is more accurate than the other. By using the more stringent definition, we have been the first to demonstrate that 50 per cent of children with Barrett's Oesophagus have some of the genes that are later associated with cancers observed in adults with this condition.

This may be important as these children can possibly be screened to find out if they are at increased risk of developing this type of cancer later in life.

To date four papers have been published about this research and presentations made at four international conferences. We are currently working to develop a large national multi-centre trial to further explore these findings.

2.3.4 USE OF THE CQUIN FRAMEWORK

A proportion of the Trust's income in 2010/11 was conditional upon achieving quality improvement and innovation goals agreed between Sheffield Children's and any person or body they entered into a contract, agreement or arrangement with for the provision of NHS services, through the Commissioning for Quality and Innovation (CQUIN) payment framework. Further details of the agreed goals for 2010/11 and for the following 12 month period are available online at <http://www.sheffieldchildrens.nhs.uk/2011-Board-documents.htm>

The amount of income in 2010/11 conditional upon achieving quality improvement and innovation goals was £1.38m, and the amount achieved was £1.21m.

A more detailed commentary on our achievement against the CQUIN quality indicators is given below:

- Improved identification and follow-up of diabetic children: The Trust was and is one of the top performing in Yorkshire and Humber in achieving consistently good blood glucose control in diabetic children. There has however been a slight deterioration in the numbers of our children achieving the highest level of blood glucose control since last year and as a consequence, the Trust did not achieve the full CQUIN payment for this indicator.
- Where there is no active treatment available, each child should be cared for using a recognised end of life care pathway such as the Liverpool Care Pathway. The Trust has two wards which care for children using such a pathway, ensuring that children are pain free, maintain maximum independence and are allowed to spend as much time as possible at home with support. These two wards care for all our children who are likely to require end of life care.
- An improved focus on mental health of children and young people. The Trust has pioneered the use of a scoring system whereby young people score the quality of the mental health care that they are receiving. This system is being taken up throughout Yorkshire and Humber.
- Key issues highlighted in the outpatient survey. The Trust improved the experience reported by parents and children when visiting the outpatient clinics. The Trust agreed an ambitious target for improvement and whilst there was improvement in all three issues selected the target was not fully achieved.
- Feedback from staff gained in the national staff survey. Three key issues were highlighted for improvement. The Trust achieved the required level of improvement relating to 'performance of annual staff appraisals' and 'number of staff having equality and diversity training'; however the position has remained static in respect of 'staff

understanding their role and where it fits in'. The full staff survey results are available on our website under April 2011 Documents: <http://www.sheffieldchildrens.nhs.uk/2011-Board-documents.htm>

- Outpatient follow up ratios. The Trust agreed a challenging target to reduce unnecessary follow up of patients in the outpatient setting and achieved this requirement.
- Emergency readmission rates. The Trust committed to and achieved a reduction from a baseline figure agreed at the beginning of the year.
- Transfers of very poorly children out of the region for non-clinical reasons. The Trust achieved a very low level of transfers of patients to other intensive care units for non-clinical reasons.

2.3.5 REGISTRATION WITH THE CARE QUALITY COMMISSION

Sheffield Children's NHS Foundation Trust is required to register with the Care Quality Commission and its current registration status is unconditional. The Care Quality Commission has not taken enforcement action against Sheffield Children's Foundation Trust during 2010/11.

The Trust has participated in special reviews or investigations by the Care Quality Commission relating to the following area during 2010/11:

Sheffield Arrangements for Safeguarding and Looked After Children's Services.

Safeguarding Services were judged as adequate and services for looked after children were judged as adequate. There were no recommendations in the action plan relating to Sheffield Children's.

2.3.6 INFORMATION ON THE QUALITY OF DATA

Sheffield Children's NHS Foundation Trust submitted records during 2010/11 to the Secondary Uses service for inclusion in the Hospital Episode Statistics which are included in the latest published data. The percentage of records in the published data:

- which included the patient's valid NHS Number was: 99.6 per cent for admitted patient care; 99.9 per cent for outpatient care; and 99.2 per cent for accident and emergency care.

- which included the patient's valid General Practitioner Registration Code was: 100 per cent for admitted patient care; 100 per cent for outpatient care; and 100 per cent for accident and emergency care.

Sheffield Children's score for 2010/11 for Information Quality and Records Management assessed using the Information Governance Toolkit was 58 per cent. The Connecting for Health Information Governance (IG) Toolkit changed in 2010 which limits comparison with scores from previous years, however, of the six

mandatory requirements within the 'Secondary Use Assurance' section of Two IG Toolkit version eight: we are achieving the target Level 2, i.e. "systems have validation programmes built in that are kept up-to-date".

Sheffield Children's will be taking the following actions to improve data quality:

The Trust commissioned a clinical coding audit during the year, undertaken by a Connecting for Health accredited auditor. The results of the audit showed an

error rate of 14 per cent for primary diagnosis codes and 11.6 per cent for primary procedure codes. The audit was undertaken across a wide range of clinical specialties. The audit showed an improvement in the accuracy of coding undertaken compared to the results of the previous audit in 2009 where the error rate for primary diagnosis was 15 per cent and for primary procedure was 19 per cent. The audit results have been used to develop an improvement plan which includes undertaking regular internal audit and focused training for clinical coders.

3 OTHER INFORMATION

3.1 Performance on Quality Priorities 2010-11

Last year, the Trust set itself a number of quality improvement priorities measured by performance targets. Whilst we did well in some areas, we did less well in others.

3.2 Patient Safety 2010-11

Patient Safety				
AREA REVIEWED	NATIONAL OR HISTORICAL PERFORMANCE THRESHOLD	PERFORMANCE 2009/10	TARGET PERFORMANCE 2010/11	ACTUAL PERFORMANCE 2010/11
PATIENT SAFETY INITIATIVES				
All patients should have a Surgical Safety Checklist carried out. (Based upon the World Health Organisation Checklist prior to all surgical operations)	100% (National) National Patient Safety Agency Alert Gateway No. 11146	95%	100%	99% Performance consistently maintained (GREEN).
All patients should have a standardised ID wristband that includes the NHS number. (To be audited at entry to operating theatre)	100% (National) National Patient Safety Agency Alert Gateway No. 8115	92%	100%	95% Performance could improve (AMBER).
Decontamination of the hands before contact with a patient.	90% (National) National Patient Safety Agency Alert Gateway No. 10468	90%	90%	91% Performance consistently maintained (GREEN).

In the patient safety indicators, we have largely achieved the goals we set. Clinical staff have prioritised the use of checklists as an easy way to ensure that nothing is forgotten. The extra time involved has been offset by improved communication.

3.3 Clinical Effectiveness 2010-11

Clinical Effectiveness				
AREA REVIEWED	NATIONAL OR HISTORICAL PERFORMANCE THRESHOLD	PERFORMANCE 2009/10	TARGET PERFORMANCE 2010/11	ACTUAL PERFORMANCE 2010/11
CLINICAL EFFECTIVENESS				
Child Protection All patients attending A&E who have a Child Protection Plan will automatically be flagged up and acknowledgement confirmed by the examining clinician.	NA (Historical) As recommended in Care Quality Commission (CQC) review Safeguarding Children (July 2009)	Not measured and no effective system for monitoring.	100%	100% Performance consistently maintained (GREEN).
Unplanned readmission of children within 28 days of discharge following elective surgery.	5.9% http://www.indicators.scot.nhs.uk/TrendsJuly09/SURG_menu.xls Dr Foster, Case Notes, BMJ VOLUME 331 13 AUGUST 2005	4.6%	Less than 5.9%	2% Performance consistently maintained (GREEN).
Control of blood sugar levels in diabetic children. Proportions of children having HbA1c measurement of seven should be as good or higher than the previous year.	9.5% Average performance for all NHS Trusts Yorkshire and Humber. Indicator D2 (Yorks and Humber SHA Care Quality Indicators)	12.7%	12.7%	6.6% Performance could improve (AMBER).

The Trust now has a system which alerts the doctor or nurse in Accident and Emergency whenever a child arrives who has a history of having had child protection concerns investigated by social workers. The system will not let the doctor continue to an examination unless the concerns are taken into account.

We would always readmit a child if there are any concerns after surgery but we have shown that the decision to discharge is normally safe. When we set this indicator, we could not have known that it would be adopted later in the year by the NHS as one that all hospitals should use.

The Trust is historically one of the top performers in Yorkshire and Humber for the HbA1c test. This is a blood test which measures if a child with diabetes has been managing their diet and taking their medication, as prescribed. Since a measurement of seven represents good control, the higher the percentage of our children with this measurement, the better. Our overall performance remains better than the average for the region but it did not achieve the best level achieved in 2010.

3.4 Patient Experience 2010-11

Patient Experience				
AREA REVIEWED	NATIONAL OR HISTORICAL PERFORMANCE THRESHOLD	PERFORMANCE 2009/10	TARGET PERFORMANCE 2010/11	ACTUAL PERFORMANCE 2010/11
PATIENT EXPERIENCE IN THE OUTPATIENT DEPARTMENT				
Could not find a convenient place to park (all patients).	Not available for disabled patients.	88% All patients	Less than 10% (of disabled patients)	83% Performance target not achieved.
Not easy to find way to the right outpatient department.	Not available.	14%	Less than 10%	44% Performance target not achieved.
Was not told we had to wait.	Not available.	72%	Less than 30%	63% Performance target not achieved.
Not enough for child's age group to do when waiting.	Not available.	33%	10%	12% Performance could improve (A).

In our Outpatient Survey 2009, these were the top concerns of all patients and parents. We set ourselves targets to radically reduce these and put a lot of effort into trying to improve the situation.

3.4.1 PARKING



(Courtesy of Google Maps)

The hospital is landlocked with little room for expansion. We need more parking and for over two years we have been negotiating with adjacent landholders to build a multi-storey car park, opposite the hospital entrance. We now believe that this may come to pass in the next 18 months to two years. In the interim we reallocated our existing car parking places

increasingly to disabled car parking or to parents attending Accident and Emergency. We clearly underestimated the demand from blue badge holders since the survey of 400 outpatient attendees indicated that the majority are still experiencing problems parking. We have plans to reallocate further general parking places.

3.4.2 SIGNAGE

The hospital has a complicated layout which has evolved as buildings have been added on to existing buildings. It is built on a hill and entry from Western Bank means that you are already on the first floor. The only real solution is to rebuild the main entrance and position Outpatients on the ground floor: something that is already in our plans for refurbishment of the hospital. We have completely re-signposted Outpatients from every entrance but this is clearly not enough.



3.4.3 WAITING

The frustration of waiting is a major concern of parents and children. This can be for a number of reasons – often that children earlier in the clinic have been more complex than normal or that the doctor has been called away from clinic to review an urgent case.

We designed new booklets and now send these out to all children who are to attend the hospital. These booklets explain that delays can happen and give some indication of what to expect and what other facilities are available nearby.

We have recently installed patient held pagers in all outpatient areas – these are given to parents and children to allow them to go to the restaurant, the museum or even the park without losing their place in the queue.

The Children's Hospital Charity has refurbished one of the outpatients waiting areas for teenagers and young people, we also have similar areas in our Day Care Unit and wards. This area has videos, magazines and computer games more suited to older children. Unfortunately the area was not fully opened by the time the repeat survey occurred last year although there was a substantial improvement in the score, narrowly missing the 10 per cent target.



Case study

Bleepers bring a buzz

New bleepers were introduced allowing parents to roam up to a mile away from outpatients. They buzz five minutes before an appointment cutting waiting time frustration if clinics are late or an emergency happens.



3.5 How Performance Will Continue To Be Monitored

Over the course of 2010-11, the Trust followed up the first children's Outpatient Survey in England with a repeat survey. In addition, we carried out a survey of inpatients simultaneously with 27 other children's units, nationwide. 850 outpatient patients were surveyed and 33.5 per cent responded: 850 inpatients were surveyed and 37 per cent responded. The responses to both surveys are available on our internet site.

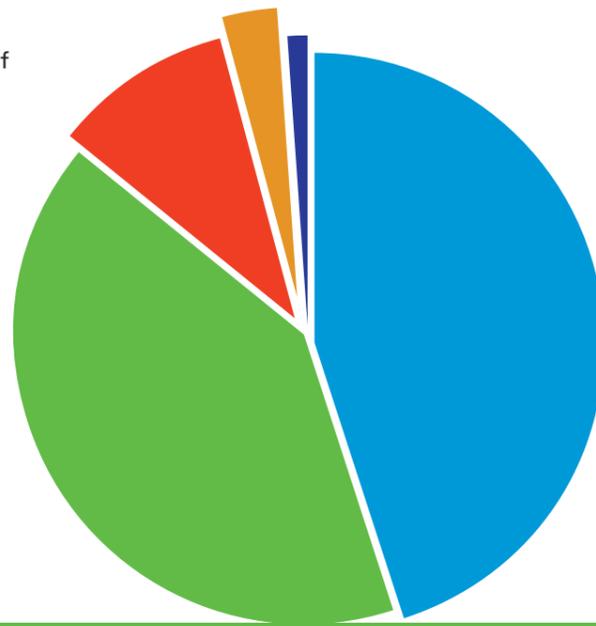
<http://www.sheffieldchildrens.nhs.uk/Patient-views.htm>

The outpatient and inpatient surveys will continue to be carried out annually and we will agree improvement plans with our Council of Governors.

3.5.1 OUTPATIENT SURVEY 2010

The 2010 Outpatient Survey showed that the majority of our patients ranked their care excellent or very good:

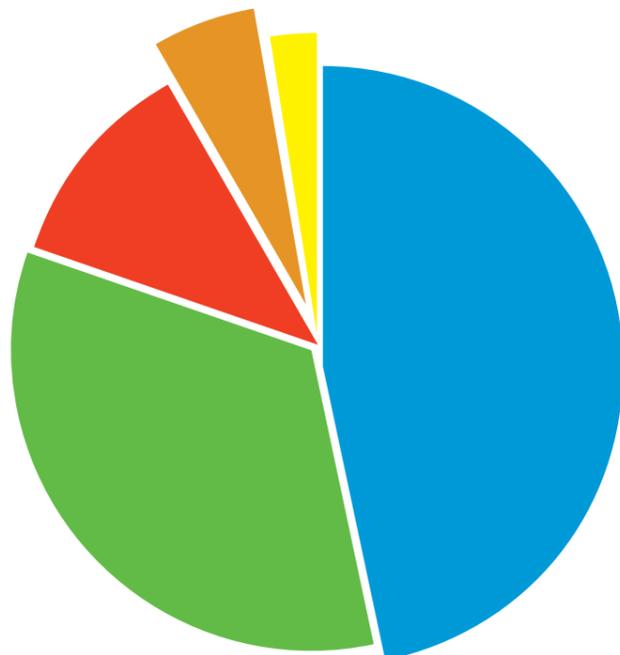
Excellent	45%
Very Good	41%
Good	10%
Fair	3%
Poor	1%



3.5.2 INPATIENT SURVEY 2010

The 2010 Inpatient Survey showed that the majority of our patients ranked their care excellent or very good:

Excellent	47%	Fair	6%
Very Good	33%	Poor	0%
Good	12%	Not answered	2%

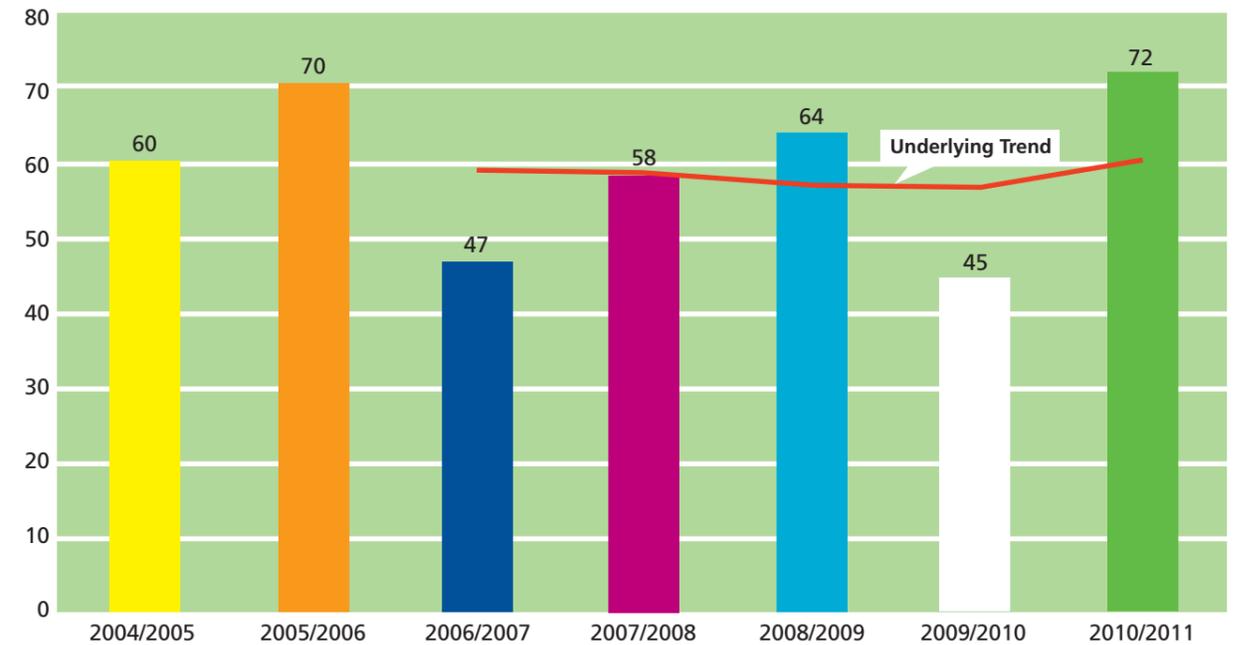


We will be concentrating on trying to improve our inpatient experience this year but have learned from setting unrealistic goals last year. The hospital suffers from lack of space and many of the patient satisfaction problems reflect this and the poor layout. The Board of Directors has been planning a major rebuild of the hospital outpatient and inpatient areas. This plan has passed the outline business case stage and is now in the final stage – the full business case. The provision of this, additional parking and a parent hotel will be the real trigger for improvement in our satisfaction surveys.

3.6 Complaints

During the financial year 2010/11 a total of 72 formal complaints were received.

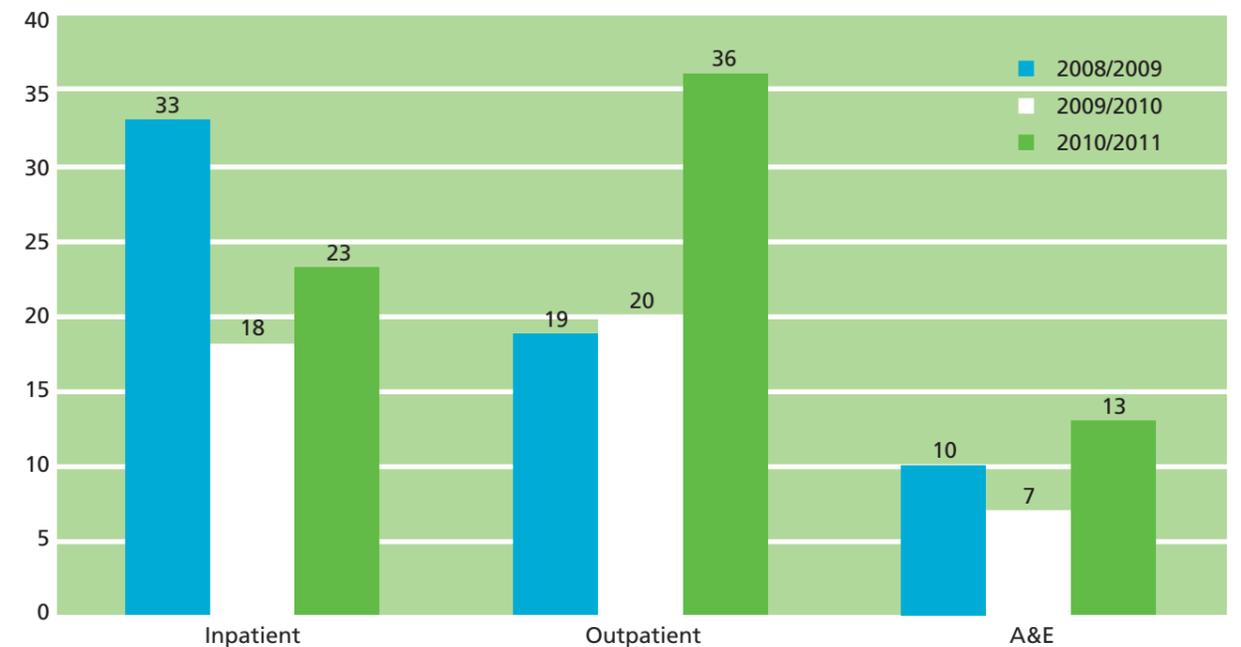
Complaints Received



The graph below shows the number of complaints by directorate.

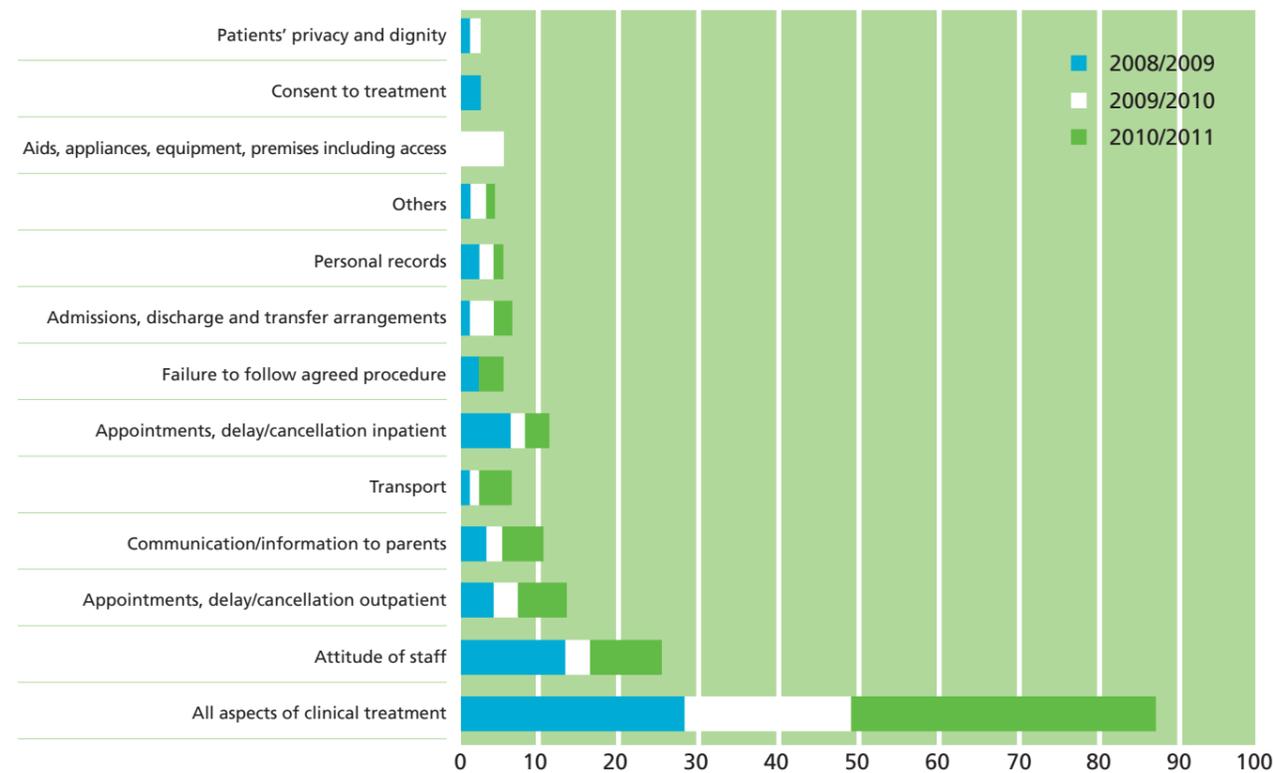
This has to be set against the number of patients who attend the Trust each year: approximately 100,000 outpatient attendances, 50,000 Accident and Emergency attendances and 25,000 inpatient episodes. There has, however, been an increase across the three clinical areas of medicine, surgery and critical care. The next graph shows that A&E and particularly outpatients have been responsible for the largest rises.

Complaints by Location



3.6.1 REASON FOR THE COMPLAINT

Reasons for the Complaint



(Complaint categories are as defined by the Department of Health)

As you can see, appointments arrangements and the communication to parents remains a problem for some but two categories account for a large amount of the increase from last year: 'aspects of clinical treatment' and 'staff attitude'.

3.6.2 LEARNING FROM COMPLAINTS

It is increasingly important that the organisation can demonstrate learning from complaints. The main types of complaints that we received in the 'aspects of clinical treatment and staff attitude' section are:

- Doctor, nurse or receptionist appeared unhelpful.
- Parent disagrees with diagnosis or treatment.
- Parent feels that there was delay in arriving at a diagnosis or referring to another specialist.
- Parent feels that there was a delay in starting treatment.
- Parent objects to child protection investigations or procedures.

In some of these cases the investigation has shown that the doctor or nurse was following the correct path although communication could have been clearer.

Despite achieving four hour Accident and Emergency wait and 18 week referral targets, delays continue to frustrate anxious parents, particularly in Accident and Emergency and Outpatients.

Some of the complaints which were upheld include:

- A specialty clinic which showed repeated evidence of disorganisation, poor time keeping and communication.
- Lack of preparation of parent and child for discharge home.
- An intravenous line inserted without the guide wire being properly removed.
- Lack of continuous supervision of a high dependency child in a single room.

The following describes some changes in practice as a result of complaints:

- Improved patient leaflets describing:
 - What to expect as an outpatient, inpatient and daycase patient.
 - What to expect when consenting for a particular treatment.
- Redesign of specialty clinics which showed repeated evidence of disorganisation.

- Construction of a Clinical Skills Centre which allows trainees the opportunity to become more experienced in technical clinical tasks before patients get involved.
- Investment in additional specialist nurses to prepare parents adequately for going home: e.g. Tracheostomy Nurse, Burns Liaison Nurse and Neuro-sciences Nurse.
- We are working with primary care to understand why families attend Accident and Emergency instead of their GP. This will help us to manage peak attendance times and reduce waiting.

3.6.3 LEARNING FROM CORONER'S INQUESTS

In November 2010, the Trust attended a Sheffield inquest to investigate the circumstances surrounding the death of a baby in Sheffield Children's Hospital Critical Care Unit in October 2009.

The child had been on Critical Care for a number of weeks with a complex condition and needed continuous oxygen. The Critical Care Unit was full but was under pressure to accept several children who needed intensive care and the consultant in charge had gone out to Bassetlaw Hospital to stabilise and bring in a child. The wider context was the national swine flu pandemic which was affecting children particularly severely.

In consultation with a junior doctor, the decision was made to transfer the child to a ward. The ward accepted the child on the basis that the child was due to return to a district general hospital the following day. Shortly after arriving, the child deteriorated and despite efforts from the ward nurses, there was a prolonged delay in getting medical assistance. The child was finally transferred back to Critical Care and tragically died shortly afterwards.

The inquest found that the child's death had been contributed to by 'Medical Neglect'. This is a legal term used to describe a delay in obtaining medical treatment.

The Trust acknowledged that there were problems associated with the care of the child and sincerely apologised to the parents.

The following describes some of the actions taken to prevent recurrence:

- Establishment of a patient transport service to prevent the need for consultants to be absent while transporting patients. The Trust had been a lead organisation in pressing for this and had been successful in setting up the Embrace intensive care transport service – the service became operational the week after this death. Embrace transports children and babies throughout Yorkshire and Humber between District General Hospitals and the Leeds and Sheffield Intensive Care Units.
- Provision of additional high dependency beds for children at Sheffield Children's Hospital. These beds had been set up earlier that year but the unit was still in the process of recruiting and training nursing staff.
- Improved communication between clinical staff. The Trust has used a structured communication tool called SBAR. This stands for Situation, Background, Assessment and Recommendation. The discipline of using these headings should help to improve communication and ensure that important messages are passed on.

The Coroner requested that the police investigate the actions of a consultant at the Trust in relation to the evidence given. The police completed this investigation and no action was proposed or taken.

3.7 PERFORMANCE AGAINST OPERATING FRAMEWORK KEY NATIONAL PRIORITIES

Performance against targets and core standards set out in Appendix B of the 10/11 Monitor Compliance Framework is summarised below.

Key national priority	Threshold	Sheffield Children's NHS Foundation Trust performance
A four-hour maximum wait in A&E from arrival to admission, transfer or discharge	98%	Achieved – 98.1%
A two-week maximum wait from urgent GP referral to first outpatient appointment for all urgent suspected cancer referrals	93%	Achieved – 98.5%
A maximum wait of one month from diagnosis to treatment for all cancers	96%	Achieved – 100%
A maximum wait of two months from urgent referral to treatment of all cancers	85%	Achieved – 100%
Maximum waiting time of 31 days for subsequent treatment for all cancers (surgical treatment)	94%	Achieved – 100%
Maximum waiting time of 31 days for subsequent treatment for all cancers (anti cancer drug treatment)	98%	Achieved – 100%
18 weeks referral to treatment	Quarterly achievement of 95% for non-admitted pathways and 90% for admitted pathways	Admitted pathway target achieved in Quarter 1 (Q1) & Quarter 2 (Q2) and underachieved in Quarter 3 (Q3) & Quarter 4 (Q4) Non-admitted pathway target achieved in Q1, Q2 and Q3, underachieved in Q4
All patients who have operations cancelled for non-clinical reasons to be offered another binding date within 28 days	Less than or equal to 0.8% cancelled on the day for non clinical reasons and of these 5% admitted within 28 days	Achieved – 0.66% of all admissions cancelled on the day and of these 3.0% not readmitted within 28 days
Methicillin resistant Staphylococcus aureus (MRSA) bacteraemia	Locally agreed target of two cases per year	Achieved – no cases in year
Screening elective patients for MRSA	All patients who are planned to have spinal surgery that would be at high risk from MRSA infection.	Achieved – 100% of high risk elective patients screened
Screening emergency patients for MRSA: Defined as Intensive Care Patients	All patients who are admitted and would be at high risk of having MRSA infection	Achieved – greater than 90% of all patients
Incidence of <i>Clostridium difficile</i> associated diarrhoea	Agreed local target of 12 cases	Achieved – only three cases in year

Performance targets have been set to improve areas that the public sets a high priority on and many reflect the pledges of the NHS Constitution. The Trust has generally performed well against the above performance targets and other national priorities.

Despite this performance, there were areas of real challenge experienced:

- The Trust faced real challenges in achieving the 18 week target and in August, October and November did not achieve the required level of performance due to uneven fluctuations in referral patterns. Following discussion with local commissioners, the Trust has agreed to prioritise patients with the longest wait, in the final quarter of the year. Consequently, this target is not now being achieved whilst the small number of older referrals is cleared.
- The winter of 2010-11 saw continued admissions with swine flu. The increase in critical care admissions from bronchiolitis and flu infections meant that some planned surgery cases had to be cancelled at short notice. These were cases that would have required admission to Critical Care after surgery. Indeed the number of cases of swine flu reached such a level that for the first week in January, all elective surgery was cancelled.

4 ANNEX A. 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 2010 to prepare Quality Accounts for each financial year.

Monitor 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 foundation trust boards should put in place to support the data quality for the preparation of the quality report.

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

- the content of the quality report meets the requirements set out in the NHS Foundation Trust Annual Reporting Manual 2010-11;
- the content of the Quality Report is not inconsistent with internal and external sources of information including:
 - Board minutes and papers for the period April 2010 to June 2011
 - Papers relating to quality reported to the Board over the period April 2010 to June 2011
 - Feedback from the commissioners dated 06/05/2011
 - Feedback from Governors dated 24/05/2011
 - Feedback from LINKs dated 06/05/2011
 - The Trust's complaints report published under regulation 18 of the Local Authority Social Services and NHS Complaints Regulations 2009, entitled Risk Management Annual Report, 26/04/2011

- The Inpatient Survey 01/09/2010
- The Outpatient Survey 01/02/2010
- The national Staff Survey 18/10/2010
- The Head of Internal Audit's annual opinion over the Trust's control environment dated 16/05/2011
- Care Quality Commission (CQC) quality and risk profiles dated 27/04/2011
- 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 Report, 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; and the Quality Report has been prepared in accordance with Monitor's annual reporting guidance (which incorporates the Quality Accounts regulations) (published at www.monitornhsft.gov.uk/annualreportingmanual) as well as the standards to support data quality for the preparation of the Quality Report (available at www.monitornhsft.gov.uk/annualreportingmanual).

The Directors confirm to the best of their knowledge and belief they have complied with the above requirements in preparing the Quality Report.

By order of the Board



Chairman
31 May 2011



Chief Executive
31 May 2011

5 ANNEX B. CONSULTATION IN THE PREPARATION OF THE QUALITY REPORT

A number of staff, families and organisations were involved in the consultation process to produce this report and the Trust is grateful for the time and effort of all who have contributed. The final version has tried to accommodate the comments received or the minutes of the meetings at which it was discussed but it is accepted the production of the report is ultimately the responsibility of the Board of Directors.

5.1 NHS Sheffield

The first draft report was provided to NHS Sheffield on 7.4.11. A final draft was supplied on 31.5.11.

Commentary

We have reviewed the information provided by Sheffield Children's NHS Foundation Trust in this report. In so far as we have been able to check the factual details, our view is that the report provides an accurate and representative view of the Trust's performance in the last 12 months. The presentation and content is accessible, and will offer an informative and interesting insight for patients and public alike.

The Trust is a major provider of healthcare for children and young people in Sheffield, South Yorkshire and beyond. It provides integrated healthcare and adopts a comprehensive approach to supporting children and families. The Trust is viewed positively by patients and their parents and carers who value the quality and nature of care provided by the Trust's staff.

In the majority of areas the Trust performed well against its standards and targets in 2010/11. In respect of infection control the Trust is one of the best performers in the country. There were no reported cases of MRSA and only three cases of *clostridium difficile*, which represents a reduction of two compared to 2009/10. The Trust also successfully treated 98.2 per cent of patients in its emergency department within four hours. It should be noted however that performance against the 18 week targets was a challenge for the Trust throughout 2010/11, and will continue to be so during 2011/12.

We believe that the priorities for 2011/12 which the Trust has highlighted in this report including integration of community services, improving facilities for parents and improvements in training for clinical staff are appropriate areas to target for continued improvement.

From our own knowledge of the Trust's services, we would highlight the following areas where there are specific challenges in 2011/12:

18 week targets – we acknowledge that the Trust has physical constraints on its capacity, however 18 weeks continues to be a contractual requirement and the

Trust has an obligation to ensure that patients' rights under the NHS constitution are met.

Care in Accident and Emergency - a new range of national indicators of clinical performance in Accident and Emergency services have been introduced for 2011/12, and it will be important that the Trust gives priority to these.

Provision of community services – a range of community services have been transferred to the Trust for 2011/12, including Health Visiting. There is a national focus on the provision of Health Visiting services, and we want to work with the Trust to ensure the challenging performance requirements associated with the service are fully met in year.

Summary of Feedback

2.2.5 PATIENT EXPERIENCE

The Trust has nominated a number of metrics in addition to national performance requirements as areas to focus on in 2011/12. For the area of patient experience, two metrics have been included from the 2010 Inpatient Survey results. The Trust has recently received the results of the 2010 Out-patient Survey, and we believe there is an opportunity to include additional metrics focused on outpatient experience.

2.3.2 AUDIT AND NATIONAL CONFIDENTIAL ENQUIRY ASSURANCE

The Trust has declared that no cases were submitted to the Paediatric Pneumonia Clinical Audit. It would be useful to include an explanation as to why the Trust did not participate.

2.3.4 USE OF THE CQUIN FRAMEWORK

Some of the narrative on the CQUIN indicators would be benefit from further clarification, specifically:

Diabetes – we acknowledge the Trust are a consistently high performer within Yorkshire and the Humber, however performance to Q3 in 2010/11 is lower than the comparable period in 2009/10, and at the time of writing this summary the Trust is unlikely to achieve the full CQUIN payment for this indicator. The narrative should reflect this position.

Staff Survey – the narrative should highlight that the Trust has improved in two out of the three sub-indicators, however in respect of sub-indicator KF32 (staff understanding their role and where it fits in) the position has remained static.

3.7 PERFORMANCE AGAINST OPERATING FRAMEWORK KEY NATIONAL PRIORITIES

In the table summarising performance against core standards and targets the wording relating to 18 weeks needs to be amended to reflect that whilst the 90 per cent and 95 per cent targets no longer have to be reported, they continue to be a performance requirement, and link to the rights of patients under the NHS Constitution.

5.2 Sheffield Local Involvement Network (LINKs)

The first draft report was provided to LINKs on 7.4.11 and a meeting was held with key members of LINKs and the Director of Nursing and Clinical Operations on 21.4.11. The following response was received:

LINKs Comments on the Sheffield Children's NHS Foundation Trust Quality Accounts 2010-11

This commentary is based on the draft Quality Account document provided by Sheffield Children's NHS Foundation Trust for the period 2010-11.

2.1.1 PERFORMANCE ON QUALITY PRIORITIES 2010-11

- The quality improvement targets set by the Trust in addition to the national targets have been met in relation to patient safety and clinical effectiveness and this is welcomed by the LINK particularly the system to alert Accident and Emergency staff whenever a child arrives who has a history of child protection concerns investigated by a social worker.
- The results of the patient surveys were discussed with one LINK member as were the action plans put in place to improve the areas which raised most concern in the outpatient survey. The decision was taken to improve the parking issues by increasing the spaces available to blue badge holders and parents attending Accident and Emergency. Implementing these changes have taken time and as they have only recently completed it is difficult to measure the impact but there should be an improvement during the 2011-12 period.
- Improvements in signage to outpatients have been seen and are clearly visible and will make it easier for parents to find their way around.
- The LINK has seen the re-designed booklets and feel they give clear information in a format which is easy to read. The pagers are popular with parents and are a welcome way to allow parents and children to pass time away from the outpatient department while they wait and the LINK feel this is something that Trusts regionally and nationally should consider.
- Although the Trust identifies improvements in the patient experience as a priority it should be set against the Picker results which show very positive feedback from both outpatients and inpatients and some of the issues are as a result of the limitations of the hospital building itself.

2.2.1 QUALITY IMPROVEMENT PRIORITIES IDENTIFIED FOR 2011-12

- The LINK welcomes the transfer of community services into the Trust and will monitor the services run in conjunction with Children's Centres and Sure Start and take this as an opportunity to improve compliance with Healthy Child indicators.
- The planned improvement in facilities for parents is also welcome.
- It is good to see the Clinical Skills Centre being used to improve staff training and the planned inclusion of multi agency training in 2011.
- A rationale to provide information about the planned parent hotel.

3.6 COMPLAINTS

The increase in complaints particularly in outpatients is a matter of concern but the changes in practice should show an improvement in 2011-12 and the LINK will be looking at this during this period. It is accepted that this figure is still low in comparison with other NHS hospitals.

3.6.3 LEARNING FROM CORONER'S INQUEST

The actions taken as a result of the death of a child in October 2009 are welcome. We are aware of the Embrace transport service and how successful it has been throughout the Yorkshire and Humber area. Improved communication and an increase in High Dependency beds should ensure there is no recurrence.

3.7 PERFORMANCE AGAINST OPERATING FRAMEWORK KEY NATIONAL PRIORITIES

Although all targets and core standards have been achieved we would expect to see the final performance figures.

The LINK feels that the views of staff are an important marker of an organisation's performance and would like to see the views of staff in the Quality Account.

It is accepted that the 18 week referral to treatment target has been removed and that the Trust are no longer achieving the previous threshold but further details of the actual performance figures and the reason for the difficulties experienced by the Trust in this area would be helpful.

It is the view of the LINK based on the knowledge we have of the Trust that the Quality Account provided is an accurate and comprehensive report of their services to children and their families.



Mike Smith
Chair Sheffield LINK Governing Board
6th May 2011

5.3 Yorkshire Oversight and Scrutiny Committee

The first draft report was provided to the South Yorkshire Oversight and Scrutiny Committee on 7.4.11. No response has been received due to the Local Government Elections interruption to the normal sitting of this Committee.

5.4 Parent and Carers' Advisory Group

The first draft report was provided to the above parents and carers on 7.4.11. The draft was the subject of a discussion between the Director of Clinical Operations and the 14 parents/carers and former patients who attended. The following is the draft notes of the meeting.

6. QUALITY ACCOUNTS

John gave out copies of the Draft Quality Account and asked for comments via Linda in the usual way – please.*

*It has been confirmed that as of 25.5.2011, no comments have been received.

5.5 Council of Governors Sheffield Children's NHS Foundation Trust

The first draft report was provided to the Governors on 13.5.11. The draft was the subject of a discussion on 24.5.11 between the Director of Clinical Operations and the Council. The attached is an extract from the minutes of the meeting.

Quality Report – Extract from Sheffield Children's NHS Foundation Trust Governors' Minutes 24/5/2011

The Governors had assurance from the Audit Committee Chair that the independent auditors KPMG were able to give an unqualified limited assurance report on the document as fit for purpose. Several Governors commented that the document was more readable this year.

The Director of Nursing and Clinical Operations summarised the purpose of the Quality Report and invited questions on the report; he also asked for guidance on the suitability of the priorities and KPIs for next year.

A Governor commented on the Child Protection Indicator and emphasised the importance of follow-up to skeletal surveys in children at risk of non accidental injury. It was confirmed that this would be included and other issues such as the need for a strategy meeting prior to the discharge of a child would be part of the total care bundle.

It was commented that it is important that discharge of complex children requires communication with local Health Visitors when several health providers are involved. A suggestion that communication with the newly integrated community services should be a target or indicator was agreed.

Patient Experience was discussed and it was suggested that outpatients, inpatients and accident and emergency all have an indicator assigned. There were no other comments on the Quality Report.

5.6 Trust Executive Group (TEG)

The Trust Executive Group was sent the Quality Report on 13.4.11 and considered the document at the meeting on 18.5.11. The committee comprises of clinical directors, general managers and executive directors and is the principal management forum within the Trust.

TEG Minutes 18.05.11 for Quality Report

TEG considered version two of the Quality Report.

There was an agreement on the three patient safety indicators, although it was suggested that the child protection indicator should include a target on strategy meetings.

The Clinical Effectiveness indicators were considered and there was a suggestion that Asthma should be the standard from the Royal College of Paediatrics and Child Health bundle, as this is more relevant to secondary care.

It was suggested that feverish illness should be delegated into two indicators since this was the single largest reason for Accident and Emergency attendance and many of the QIPP indicators are around preventing avoidable admissions.

The Patient Experience indicators were felt to need more work – with one indicator for inpatient parent facilities and another for outpatient experience. This would complement the Accident and Emergency experience indicator.

The report was otherwise viewed as accurate and representative of performance in 2010-11.

5.7 Clinical Governance Committee

The Clinical Governance Committee was sent the Quality Report on 13.4.11 and considered the document at the meeting on 11.5.11. The committee comprises of lead clinicians and directorate representatives from across the specialities within the Trust, it is also attended by a representative from NHS Sheffield. The attached are the minutes of that meeting.

The committee had been able to review the first draft of the Quality Report over the last month. The Director of Nursing and Clinical Operations took the committee through the changes made as a result of the feedback from LINKs and NHS Sheffield.

The committee reviewed the performance against the Key Performance Indicators and Quality Targets for 2010-11. There was an acknowledgement of the

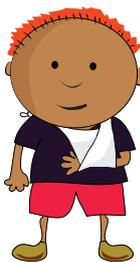
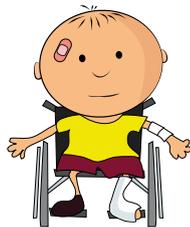
difficulties experienced in achieving 18 weeks and discussion about the lack of progress in achieving the target changes in outpatient experience. It was accepted that many of the remaining difficulties are estate related but it was suggested that outpatient organisation could be reviewed to reduce complaints levels.

Draft performance targets were discussed for 2011-12. The committee accepted the difficulties in using national metrics designed for adult care. The principal problem being that there is no equivalent in paediatrics, e.g. hip replacement, knee replacement, etc.

The Royal College of Paediatrics and Child Health Quality Indicators were discussed. There was a suggestion that the Asthma draft target was a primary care target and therefore inappropriate. There was support for an orthopaedic surgical wound infection target and a suggestion that care of the child suffering from fever was legitimate since this was the single largest presentation in A&E and to paediatric medicine.

There was a suggestion that intravenous feeding should be the topic of a metric, given the potential for infection and the increase in demand for this mode of treatment. A recent external review had suggested that the Trust had work to do to bring demand within the sustainable capacity of our Pharmacy Department.

There was a further discussion around the patient experience pathway associated with feeding and catering. A wholesale review of the catering pathway was supported and seen as a way of responding to the In-patient survey.



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