

Sheffield Children's



NHS Foundation Trust

Quality Report 2011/12

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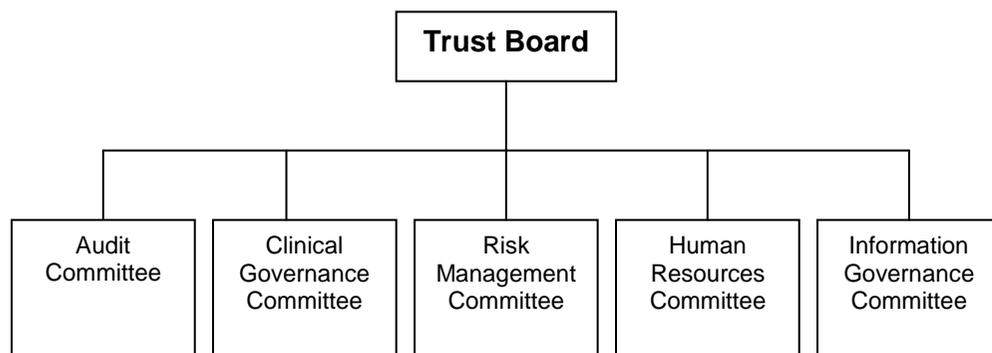
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1 STATEMENT ON QUALITY FROM THE CHIEF EXECUTIVE

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). Our freedom to concentrate on what is best for children has meant that we can use our resources for our families. 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, renewed ward accommodation, more facilities for parents and easier access to out-patient departments. This year marks the start of a three year extensive rebuild of the Children's Hospital to address these quality issues. It is our firm hope that our quality of our care will soon be mirrored in the quality of our estate.

The Quality Report set out below is accurate, to the best of my knowledge, and is a balanced and accurate reflection of the quality assurance processes, structures and outcomes in use at Sheffield Children's NHS FT.

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. (See Fig below)



Issues relating to patient safety, clinical effectiveness and patient experience are addressed through the clinical governance, risk and audit committees. The clinical governance committee has a wide representation from clinicians, executives, managers, public governors and representatives from our PCT commissioners. It oversees that the trust maintains registration with the Care Quality Commission and ensures that best practice is adopted. The board receives a quarterly report on clinical

governance from the clinical governance manager or deputy 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.

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 audit committee has an open remit to scrutinise any aspect of trust business or systems and to employ the resources of independent auditors to provide assurance.

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 report has been subject to consultation with our key stakeholders. 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 and validated in conjunction with the clinical governance department, 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 our children's health.

Mr Simon Morrill

2 PRIORITIES FOR IMPROVEMENT AND STATEMENTS OF ASSURANCE FROM THE BOARD

2.1 Quality Improvement Priorities Identified for 2010-2011

2.1.1 PERFORMANCE ON QUALITY PRIORITIES 2010-2011

Last year, the trust set itself a number of quality improvement priorities measured by performance targets.

- 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 under monthly performance report at: <http://www.sheffieldchildrens.nhs.uk/2011-Board-documents.htm>
 - The Trust has integrated the above services into the community directorate as planned.
 - The reported indicators show that there has been a steady improvement in many of the reported indicators. Health visitors and school nurses encourage or provide vaccination. Vaccination uptake in primary care has improved although there is still more that can be done. Sheffield family uptake of vaccination for one-year old children is 94 per cent - the target is 97 per cent; MMR vaccination is 92 per cent - the target is 97 per cent. Community staff will work closely with public health and GPs to improve uptake in the coming year.
 - Health visiting has agreed an ambitious plan to increase the number of health visitors in Sheffield by 22 per cent over four years. The recruitment and training of these additional staff is on plan and is being monitored against a national standard. It is expected that this will increase the capacity of health visitors to provide the visits required in the health child programme – full compliance is planned for 2012-13.
- Improved facilities for parents with the commencement 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 in-patient and out-patient 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>

- The Trust approved the £40 million plan for a new out-patient and in-patient wing, to be completed in 2015. This is the single biggest improvement in quality of facilities for families, ensuring that 70 per cent of children with resident parents will have their own room with en-suite bathroom. The new out-patient department will provide easily accessible clinics on the ground floor with improved facilities for disabled children.
- The Sick Children's Trust has generously agreed to fund an 11 bedded Home from Home. This £1 million development will provide resident parent rooms for up to 11 families. The location of this, adjacent to the intensive care department and the neonatal unit, will allow anxious parents the space to live and rest near to their sick children. It will also have laundry and other facilities which will serve all our resident parents.
- Parking has always been a problem in our landlocked Western Bank site. The new wing will have underground parking with direct lift access to the hospital. It is also expected that a commercial planning application will shortly be made to build a multi-storey car park off Clarkson Street.
- 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>
 - Staff training is now being centrally monitored by the learning and development Department and monthly reports have been available to all departments. All clinical wards have been programmed to close for a week during the summer. This time has been used to train all staff in the clinical skills centre, while the wards are being cleaned and refurbished. The practice attracted praise from the Care Quality Commission during their unannounced inspection in November.

Our other results are discussed in detail in section 3 of this document.

2.1.2 HOW PERFORMANCE WILL CONTINUE TO BE MONITORED

Whilst the patient safety and clinical effectiveness indicators have changed to reflect new priorities, the areas of patient experience will continue to feature in our annual out-patient and in-patient 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 2012-2013

2.2.1 PRIORITIES

- **Improvement of the Sheffield Children's Hospital facilities for resident families.**

Coordination of three year plan to build:

- **New out-patient facilities** – easy access to centralised clinic and support departments, e.g. pharmacy, therapies, X Ray and diagnostics.
- **New in-patient facilities** – wards based upon best design evidence with 70 per cent single en-suite family rooms, dedicated play and school facilities.
- **New Home from Home** - for resident parents of children in critical care and neonatal care departments, built in conjunction with the Sick Children's Trust.

- **Improvement of pathway for outpatients and inpatients – reducing delay and improving communication.**

- **Review of outpatient administration** - installation of new patient administration software to improve written and electronic communication with families and redesign of booking arrangements for clinics to reduce cancellations and delay.
- **Review of in-patient pathway** – setting up of a separate day care unit for children not requiring surgery or anaesthetic. The surgical day care unit will then be used for day surgery and as an admissions unit for all children booked to come in for an operation.

- **Changes to GP referral pathway** – pilot scheme of a consultant paediatrician available to advise GPs on safe community management of acute childhood conditions that normally come to the emergency department.

- **Implement new ways of working with GP commissioners and partners to improve community care.**

- **Work with partners to set up health and wellbeing board** – New forum to coordinate public health, GPs, hospitals and community services to work in concert with social care and education to improve the welfare of Sheffield children.
- **Expand health visitor numbers** – work with university to train the additional health visitors and integrate them into workforce. Redesign health visiting to provide better universal services with additional focus on those areas of the city that need an enhanced service.
- **Improve co-ordination of social care and health in Sheffield districts** – work with the three service areas to allocate link health visitors in the teams that prioritise child protection resources.

2.2.2 RATIONALE FOR SELECTION

These priorities are based upon the priorities of our families or partners and have been consulted upon with our trust executive group and clinical governance committee. The priorities have also been circulated to wider stakeholders and reflect health commissioner and local authority priorities.

The improvements in our estate are based on the feedback that we have obtained from annual surveys of 850 families who visit outpatients and wards. The way-finding, facilities for resident parents, privacy and dignity of families, parking and access have been consistently commented on. Although the quality of care is reported as good, the aging building is a problem for families to access and negotiate. Our departments are smaller than the national recommendations and this is affecting the type of care we can provide.

The change to our pathways is to reduce the delays that our patient surveys have highlighted. Parents are frustrated by the delays in clinics, although they appreciate the

ability to spend more time with the consultant if their child requires it. The purpose of the review is to reduce avoidable delays – e.g. late starting clinics, cancellations that disrupt the order of appointments and administrative bottlenecks.

Families are obviously relieved when their child is well enough to be discharged but frustrated that the process can take many hours. The review of in-patient pathways is to streamline and simplify this process – allowing wards to concentrate on getting well children home while admissions are carried out separately.

Health is only one part of a child's welfare; education, social circumstances and protection from harm are other important aspects. The changes to the local health commissioning arrangements allow us to work with GPs and public health to raise the importance of prevention, rather than relying on treatment as the main intervention. Health visitors and school nurses are important in monitoring normal child development and coordination with other agencies is needed to ensure that families do not fall between the agency gaps.

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 contract Quality review meeting. 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 2011/12	TARGET PERFORMANCE 2012/13
Infection Control Maintain levels of MRSA and C Difficile infection within Monitor Thresholds for best practice.	http://www.dh.gov.uk/p/rod_consum_dh/groups/dh_digitalassets/documents/digitalasset/dh_132045.pdf pp 64 and 68	MRSA: 0 Cases C Difficile: 3 Cases	To stay within Monitor guidance for best practice levels.

<p>Never Events</p> <p>The Dept. of Health has published 25 Never Events for 2012-13. These are serious incidents that should never occur in a safe hospital.</p> <p>The Trust will do a gap analysis against these and report on progress quarterly.</p>	<p>http://www.dh.gov.uk/p/rod_consum_dh/groups/dh_digitalassets/documents/digitalasset/dh_132352.pdf</p>	<p>Nil events</p>	<p>Nil events</p>
<p>Management of Aggression</p> <p>Management of children and young people in Child and Adolescent Mental Health in a safe and secure environment.</p> <p>Staff should be trained to a national standard appropriate to the psychiatric speciality and risk assessment.</p> <p>Individual risk assessments should be up to date.</p>	<p>http://www.nhsbsa.nhs.uk/Documents/SecurityManagement/NHS_SMS_Workplace_Safety_Report_FINAL_MERGED.pdf</p> <p>p29</p>	<p>Violence and aggression incidents graded moderate:</p> <p>149</p>	<p>10% reduction i.e. no more than 114 incidents for similar period.</p>

These initiatives all address key areas of child safety. Infection control is a high priority for acute hospitals and is a particularly difficult area to control in children and neonates, who are particularly susceptible to infection. With the transfer of microbiology to the Northern General Hospital, and expansion of neonatal surgery and operating theatres, the trust feels that this priority needs to be strengthened. In 2012, we intend to increase the time available to our director of infection prevention and control, to ensure that there is a continuous onsite presence, 52 weeks per year.

The trust prides itself on its safety reporting culture and supports the DH guidance on never events. This is a target that we intend to monitor and reinforce our ability to protect patients from the 25 events named by the guidance. Events that lead to death or severe harm include: wrong site surgery, wrongly prepared high-risk injectable medication, transfusion of ABO-incompatible blood components and misidentification of patients.

Child and adolescent mental health has seen an increase in the numbers of young people referred and an increase in the numbers of young people in crisis. This often manifests itself in violent behaviour, frequently directed at staff. There has been an increase in the number of reported incidents of violence and aggression that have resulted in harm to staff. The trust has committed itself to reduce the actual harm from these incidents both to the young people and staff concerned.

Tailored training and environmental risk assessments are intended to make the Becton Centre for Children and Young People a welcoming and safe environment for all.

2.2.4 CLINICAL EFFECTIVENESS

Clinical Effectiveness AREA REVIEWED	NATIONAL OR HISTORICAL PERFORMANCE THRESHOLD	PERFORMANCE 2011/12	TARGET PERFORMANCE 2012/13
Achieve compliance with agreed national standards for Safe and Sustainable Paediatric Neurosurgical Services	http://www.specialisedservices.nhs.uk/library/31/Developing_the_Model_of_Care.pdf	New Standard under national development	Compliance by independent assessment.
Achieve compliance with agreed national standards for children's major trauma. As set out in the NHS Operating Framework.	http://www.dh.gov.uk/pod_consum_dh/groups/dh_digitalassets/@dh/@en/documents/digitalasset/dh_133585.pdf	New Standard under national development	Compliance by independent assessment

Clinical Effectiveness AREA REVIEWED	NATIONAL OR HISTORICAL PERFORMANCE THRESHOLD	PERFORMANCE 2011/12	TARGET PERFORMANCE 2012/13
Achieve compliance with agreed national standards for best practice in children's diabetes	http://www.dh.gov.uk/pod_consum_dh/groups/dh_digitalassets/@dh/@en/documents/digitalasset/dh_133585.pdf	New Standard under national development	Compliance by independent assessment

These indicators are based upon nationally identified patient quality indicators. The three areas impact on core services for families in Sheffield and South Yorkshire. Each of these areas has appropriate children's standards that are near completion, allowing the trust to benchmark its performance against other major centres.

2.2.5 PATIENT EXPERIENCE

Patient Experience AREA REVIEWED	NATIONAL OR HISTORICAL PERFORMANCE THRESHOLD	PERFORMANCE 2011/12	TARGET PERFORMANCE 2012/13
Initiate 850 patient postal survey of experience in children's A&E	No child specific national tool available	Not available – new survey	To highlight areas of below average performance and problem scores greater than 50%
Tool should record child and parent experience	Commission tool in conjunction with other hospital Children's Services		

Patient Experience AREA REVIEWED	NATIONAL OR HISTORICAL PERFORMANCE THRESHOLD	PERFORMANCE 2011/12	TARGET PERFORMANCE 2012/13
<p>Complete an 11 bedded Home from Home for resident parents of children in Critical Care.</p> <p>Work with the Sick Children's Trust to ensure that parents' needs are reflected in design.</p>	<p>Poor performance against resident parent facilities scores: p3</p> <p>http://www.sheffieldchildrens.nhs.uk/Downloads/Patient%20views/Inpatient%20Survey%20Results%202011%20pdf.pdf</p>	<p>Facilities for parents staying overnight rated as fair/poor</p> <p>25%</p>	<p>Less than 25% dissatisfied score resulting from re-survey.</p>
<p>Ensure that family needs are reflected in design and working practices associated with new hospital Out-patient and In-Patient facilities being built from 2012 - 2015</p>	<p>No child specific national tool available</p>	<p>Patient surveys have reported on existing practices and facilities rather than what parents and children want.</p>	<p>Set up family focus groups to assess the priorities of families.</p> <p>Publish responses and incorporate findings in planning of new facilities.</p>

The trust has extensively rebuilt the child and adolescent mental health unit at Becton to create a state of the art, therapeutic environment for young people. The same attention is now required to bring the family facilities up to standard at the Sheffield Children's Hospital site. We intend meet national standards for families in acute hospital settings and where there are no standards, we will commission research to define and publish them.

We hope to understand why our families choose to come to A&E rather than primary care. We also want to understand what families most value from our services and how any changes will affect them.

2.3 Statements of assurance from the board

2.3.1 GENERAL ASSURANCE

During 2011/12 Sheffield Children's NHS Foundation Trust provided and/or sub-contracted 102¹ NHS services.

Sheffield Children's NHS Foundation Trust 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 NHS Foundation Trust for 2010/11.

2.3.2 AUDIT AND NATIONAL CONFIDENTIAL ENQUIRY ASSURANCE

During 2011-12, 31 national clinical audits and two national confidential enquiries covered NHS services that Sheffield Children's NHS Foundation Trust provides.

During 2011/12 Sheffield Children's NHS Foundation Trust participated in 87 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 participated in, and for which data collection was complete during 2011/12 are listed below alongside the number of cases submitted to each audit or enquiry as percentage of the number of registered cases required by the terms of that audit or enquiry.

¹ Based upon the services specified in the NHS Provider Contract for 2011-12.

Audit for which the Trust was Eligible	% of eligible cases submitted
National Confidential Enquiries 2011/12	
NCEPOD: Surgery in Children Report, "Are We There Yet", 2011	62%
NCEPOD: Deaths from Asthma, 2011	100% No eligible patients
NCEPOD: Parenteral Nutrition Report, "A Mixed Bag", 2011	100%
National Clinical Audits 2011/12	
Perinatal Mortality (MBRRACE-UK)	100%
Neonatal and Intensive Care (NNAP)	100%
Paediatric Pneumonia (British Thoracic Society)	100% No eligible patients
Paediatric asthma	0% (deadline for submission missed)
Pain Management (CEM)	100%
Childhood Epilepsy	100%
NCAPOP PICANet – Intensive Care Audit	100%
National Diabetes Audit	100%
NHSBT Potential Donor audit	100%
NCAPOP (BPS) Chronic Pain	100%
NCAPOP Ulcerative Colitis	100%
POMH – Prescribing Observatory for Mental Health Use of Antipsychotic in CAMHS	100%
Bed side Transfusion (National Comparative Audit)	50%
TARN	100%
PROMS Inguinal Hernia >12years	88%
NCDAAH – National care of the dying	0% (deadline for submission missed)

The reports of seven national clinical audits were reviewed by the provider in 2011/12 and Sheffield Children's NHS Foundation Trust took actions to improve the quality of healthcare provided. Examples of these actions included:

- *National Comparative Audit (NCA) re-audit of the use of group O RhD negative red cells (2010)*

Actions taken:

- Trust was compliant with the recommendations from the national audit.

- *National Comparative Audit (NCA) re-audit of the use of platelets in haematology (2010) for SC(NHS)FT were reported in May 2011.*

Actions taken:

- Update the trust hospital transfusion policy to specify that a platelet transfusion is not required routinely, prior to bone marrow aspiration and biopsy
- Update policy for out-patients as all patients to alter timing of blood count prior to platelet transfusion.
- Update training on platelet transfusion in line with new recommendations

- *NCEPOD Parental nutrition – A mixed bag*

Actions taken:

- Appointment of accredited prescribing pharmacist for IV nutrition
- Production of TPN capacity plan
- Microbiologist now participant on IV nutrition review
- IV nutrition review increased to twice weekly
- Daily review of IV nutrition patients by a pharmacist and a dietician

The reports of 210 local clinical audits were reviewed by the provider in 2011/12 and Sheffield Children's NHS Foundation Trust intends to take actions to improve the quality of healthcare provided. Examples of these actions taken from audits and service evaluations included:

- *Management and outcome of febrile infants less than 1 year old presenting to the emergency department (ED) –*

Actions taken:

- Findings of this service evaluation were accepted by the College of Emergency Medicine.
- Most patients in this defined group have minor illnesses. Therefore, the trigger for detecting high-risk patients could be made more sensitive, e.g. by

including other clinical signs/symptoms in the definition or by reducing the defined age to less than six months.

- *Recording capillary refill time (CRT) as part of initial assessment: - re-audit – ED*

Actions taken:

- CRT record is now a compulsory requirement on the electronic patient record

- *Evaluation of a new restructured visual impairment clinic involving sensory impairment teachers and voluntary organisations - ophthalmology*

Actions taken:

- Additional visual impairment clinic when there is a need from families requiring the service.
- Teaching session and educational material set up for carers and teachers prior to each patient's next clinic.

- *An audit of the accuracy of medicines prescribing in children in dentistry*

Actions taken:

- Credit card size handy 'weight-adjustment' card for calculation of prescription dose
- Only patient identifier labels to be used.

- *A Re-audit of prescribing in tonsillectomies*

A national review concluded that an IV bolus of steroids given during the operation reduces post-operative vomiting and pain and speeds up resumption of normal diet. Use of antibiotics was not routinely recommended.

Actions taken:

- Presentation of this data to the ENT surgeons and anaesthetists to highlight the improvements in antibiotics prescribing and to encourage further increases in the number of cases receiving steroids.

- *Evaluation of the use of nitric oxide mechanical ventilation (iNO) in the transport of sick neonates.*

The purpose of the evaluation was to examine current practice and documentation in the EMBRACE Transport Service with reference to available

guidelines elsewhere. While EMBRACE transport provides safe critical care iNO transfers, the following actions were recommended:

Actions:

- Production of up-to-date evidence based guidelines for iNO use in the Yorkshire and Humber region.
- Documentation amended to include oxygenation index at referral, departure from referral unit and arrival at receiving unit.

Further examples of completed audits and service evaluations 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 981; this is a rise from the previous year total of 845.

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:

2.3.3.1 Title: Replacing spine radiographs with DXA

Exposure to x-rays can cause cancer, and the lifetime likelihood of this is greater in children than in adults. The radiation exposure from a single x-ray of the lower spine is equivalent to up to eighteen months UK background radiation.

Dual energy x-ray absorptiometry (DXA – pronounced "dexa") is an imaging technique mainly used to assess osteoporosis (bone thinning). Although DXA uses x-rays, this is at a much lower dose than standard imaging. A whole body DXA is equivalent to less than four hours of UK background radiation.

Recently in adults, DXA has been used to assess the shape and size of spine bones to help exclude fractures, but this technique has not been used on children. In 2009, SCH radiology department performed 1130 DXA scans in 457 children. From a random selection of 100 of these patients, 45 also had spine radiographs in the same week. These spine radiographs were performed to look for fractures. Given the potential radiation dose savings, this project aims to assess the feasibility of replacing spine radiographs with DXA in children.

If DXA is better than or equal to x-rays for detecting vertebral fractures, then potentially there will be significant reduction in childhood exposure to hazardous irradiation and therefore a lower chance of developing cancer. The new technique will also increase convenience to patients and carers who need only attend one appointment within the radiology department. The research also includes a cost effective analysis that will show if the new technique is cost effective to the NHS, improving value on investment. This research is ongoing and will be completed in spring 2013.

2.3.3.2 Title: The development of magnetic resonance imaging (MRI) sequences for the analysis and quantification of bone and bone marrow in children

Conventional analysis of bone has relied on methods that use radiation doses equivalent to one day's background radiation. These methods include bone densitometry and computer tomography (CT) analysis. Whilst this would appear low, the cumulative dose of radiation if patients require a number of bone scans within a short time duration may be much higher. In addition, understanding the way in which normal bones develop and adapt during growth remains uncertain as performing serial scans in longitudinal studies is again limited due to the cumulative radiation risk.

Therefore, this project plans to develop a radiation free approach to paediatric bone analysis using different Magnetic Resonance Imaging (MRI) images. Recently, new MRI scanning methods have been developed that present new opportunities to analyse bone. However, these require further development and have rarely been used either clinically or in research studies in children. MRI scanning may also be used to look at bone marrow. This project plans to further develop ways to analyse bone marrow in children which may be useful in assessing the relationship between yellow bone marrow (fat) and bone in obese children.

Providing a new means of assessing bone quality and quantity in children will provide a radiation free method of accurately assessing bone physiology and pathology which could become widely applicable to clinical and research practice both in the short and long term. There is likely to be a significant impact of this development work that will be easily translated into clinical practice in numerous medical specialties.

2.3.4 USE OF THE CQUIN FRAMEWORK

A proportion of Sheffield Children's NHS Foundation Trust's income in 2011/12 was conditional upon achieving quality improvement and innovation goals agreed between the trust 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 2011/12 and for the following 12 month period are available online at: http://www.monitor-nhsft.gov.uk/sites/all/modules/fckeditor/plugins/ktbrowser/_openTKFile.php?id=3275

The amount of income in 2011/12 conditional upon achieving quality improvement and innovation goals was £1.9 million, and the amount achieved was £1.59 million.

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

CQUINs for Specialist Services

Title	Description	Outcome
Tier 4 Child and Adolescent Mental Health	ESQ service evaluation questionnaires to be offered to all patients/ parents	Achieved
Critical Care	PICU - out of region transfers 5% or less	Achieved
Haemophilia	Consistently submitting data on severe episodes & days lost from education	Achieved

CQUINs for Core Services

Title	Description	Outcome
Paediatric Diabetes	Measurement of HbA1C blood test marker Improved performance compared to previous year required.	Partially achieved. Unable to affect compliance in small but significant group of patients.
	Hypoglycaemic attacks	Partially achieved
	Screening	Partially achieved
	Additional Screening	Partially achieved

Title	Description	Outcome
Patient Experience	Out-patient Survey	Partially Achieved
	In-patient Survey	Partially Achieved
Asthma Management	Asthma Bundle	Not achieved
Safeguarding	Out-patient 1 st Attendance	Achieved
	Out-patient follow up attendances	Achieved
	A&E Attendance	Achieved
Mental Health	CAMHS T2/T3 outcomes	Achieved
Staff Experience	Staff Survey	Partially Achieved

- The trust set out to improve its patients' diabetic control, already amongst the best recorded in Yorkshire in 2010. This ambitious target was only partially achieved with lack of success in managing the screening, diet and insulin requirements of a small but significant group of young people.
- The trust achieved 90 per cent of its implementation plans to improve in-patient and out-patient experience. Two areas of difficulty experienced were in relation to electronic meal menus and internet video tours of departments. Work is on-going with our IT department.
- Despite a significant improvement in the second half of the year, less than 90 per cent of children were able to have the full bundle of care that was agreed for chronic asthma. The two areas where most improvement was required were: Checking inhaler technique and improved communication with GPs. Work is on-going with A&E staff to ensure that this position improves.
- The Trust has developed an innovative system of flagging up children who have been identified by the multi-agency teams as vulnerable. When such a child has a series of clinic non attendances or cancellations their GP is notified. In addition to this their health visitor or school nurse is now notified and a contact is arranged. The system also automatically flags these vulnerable children up if they attend Accident and Emergency. It is our intention to further develop this system and include vulnerable children who are in households where domestic violence has been reported.

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 2011/12.

Sheffield Children's NHS Foundation Trust has participated in special reviews or investigations by the Care Quality Commission relating to the following areas during 2011/12:

Unannounced Inspection: Sheffield Children's Hospital, 2 November 2011

The Inspection report said:

"Sheffield Children's Hospital was found to be meeting all the essential standards of quality and safety.

All children, young people and parents who we spoke to, told us they were very satisfied with the quality of service provided. They were complimentary about the care and treatment they had received from all staff and described staff as: "approachable and friendly and they could ask for anything", "very good and very helpful", and "they always come to check I am okay and are always around if I need them".

Children, young people and parents felt that privacy and dignity was respected by staff, and staff explained things in a way they could understand. They told us that staff were "very good and respectful" and "very good at explaining things". Young people were particularly pleased that staff talked to them as well as their parents.

Young people told us they felt safe in the hospital. Similarly, parents of children told us that staff were attentive and that there was always enough staff to assure them that their children were safe."

<http://www.sheffieldchildrens.nhs.uk/Downloads/CQC%20Reports/CQC%20report%20November%202011.pdf>

Sheffield Children's NHS Foundation Trust was compliant in all areas and no actions were allocated.

Unannounced Inspection: Becton Children and Young People's Centre, 15 February 2012

The Inspection report has yet to be received but the interim verbal report said:

The Commissioner visited Emerald and Sapphire Lodges to speak to young people who were being treated under the provisions of the Mental Health Act 1983 (amended 2007). None of the young people under treatment opted to meet with the inspector.

There were some documentary standards that were commented upon but the trust was found to be in overall compliance with the provisions of the Act.

The inspector commented favourably on the standard of the accommodation for young people at the new Becton Children and Young People's Centre. Two suggestions for improvement were made: a smoking shelter for those young people who wish to continue to smoke and a pay telephone booth.

Sheffield Children's NHS Foundation Trust intends to take the following action to address the conclusions or requirements reported by the Care Quality Commission and has made the following progress by 31 March 2012.

- (a) Build a smoking shelter: Shelter acquired and awaiting installation.
- (b) Install a portable pay phone: Telephone acquired.

2.3.6 PERIODIC REVALIDATION OF MEDICAL STAFF

Medical revalidation will be the process by which all doctors who are licensed with the General Medical Council (GMC) will regularly demonstrate that they are up to date and fit to practise. Doctors will normally revalidate every five years. Revalidation will be based on a local evaluation of doctors' practice through appraisal; its purpose is to affirm good practice.

The Department of Health is committed to working with the GMC and other partners to ensure that everything is in place by the summer of 2012 for a test of readiness for the implementation of medical revalidation.

The trust has a prescribed connection with 175 doctors of various grades of whom 33 have an up to date appraisal. The following ratings have been applied to the three sections:

Section	Criteria	RAG Rating	Total rating
Responsible Officer	A responsible officer has been nominated/appointed in compliance with the regulations and a second responsible officer is nominated/appointed where a conflict of interest or appearance of bias exists between the first responsible officer and a doctor	Yes	Green
	Appropriate responsible officer training is undertaken	Yes	
Appraisal System	A medical appraisal policy with core content is in place	No	Red
	The number of trained medical appraisers is sufficient for the needs of the designated body	No	
Organisational Governance	There is a system for monitoring the fitness to practise of doctors with whom the designated body has a prescribed connection	Yes	Green
	A process is established for the investigation of capability, conduct, health and fitness to practise concerns	Yes	

The trust is in the process of appointing additional medical staff to undertake this appraisal work and training existing consultants to undertake appraisals to the new standards. The medical appraisal policy is being prepared by the medical director.

2.3.7 INFORMATION ON THE QUALITY OF DATA

Sheffield Children's NHS Foundation Trust submitted records during 2011/12 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: 99.7 per cent for admitted patient care; 99.9 per cent for outpatient care; and 98.9 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 Childrens NHS Foundation Trus's information governance assessment report overall score for 2011/12 was 59 per cent this was graded red.

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

- Individual Asset Owners (IAOs) have been identified and a programme of training is being finalised
- A data completeness toolkit is being developed to support IAOs in scrutinising their data.
- Recruitment to vacant coding manager post in May 2012
- A refresher training programme for all coders

Sheffield Children's NHS Foundation Trust was subject to the payment by results clinical coding audit during the reporting period by the Audit Commission. The error rates reported in the latest published audit for that period for diagnoses and treatment coding (clinical coding) were 2.5 per cent. The report states that this error rate was better than the national average of 9.1 per cent using the 2009/10 full year results.

At total of 200 finished consultant episodes were scrutinized during the audit. The following services were reviewed within the sample:

- 100 FCEs from paediatric medical oncology
- 100 FCEs chosen at random from services subject to a mandatory payment by results tariff

(The results should not be extrapolated further than the actual sample audited)

3 OTHER INFORMATION

3.1 Performance on Quality Priorities 2011-12

Last year, the Trust set itself nine quality improvement priorities measured by performance targets in the Quality Report. These are:

3.2 Patient Safety

Patient Safety AREA REVIEWED	NATIONAL OR HISTORICAL PERFORMANCE THRESHOLD	PERFORMANCE 2010/11	TARGET PERFORMANCE 2011/12	ACTUAL PERFORMANCE 2011/12
<p>Surgical Site Infections (SSI) - Open reduction of long bone fracture (ORLBF) or comparable children's orthopaedic indicator covering majority of orthopaedic surgical operations.</p> <p>This is a surgical procedure to repair a fractured bone using plates, screws or rods to stabilise the bone.</p>	<p>Health Protection Agency</p> <p>http://www.hpa.org.uk/webc/HPAWebFile/HPAweb_C/1317131972352</p>	<p>New indicator in children</p>	<p>Audit of orthopaedic SSIs, with publication of outcome and comparison to national SSIs in the speciality.</p>	<p>infection rate of 1.9%</p> <p>Literature reports:</p> <p>1.4%. - 8.3%*¹</p>
<p>Number of crash calls (resuscitation team calls) that originate from low dependency areas.</p> <p>Exclude Intensive Care, High Dependency Care, Neonatal Intensive Care and Emergency Departments</p>	<p>Supporting Paediatricians to Develop Quality Indicators</p> <p>Royal College of Paediatrics and Child Health (RCPCH) January 2011</p>	<p>18 calls</p> <p>Introduction of early warning observation charts – to highlight deteriorating child.</p>	<p>15 calls or less.</p> <p>The expectation was that earlier recognition of deterioration would lead to fewer resus. Calls.</p>	<p>21 calls</p> <p>The review identified no actual cardiac or respiratory arrests. Suggesting that resus. calls are now being made earlier.</p>

Patient Safety AREA REVIEWED	NATIONAL OR HISTORICAL PERFORMANCE THRESHOLD	PERFORMANCE 2010/11	TARGET PERFORMANCE 2011/12	ACTUAL PERFORMANCE 2011/12
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 7 days.	100% - all notifications now emailed weekly

Clinical Effectiveness AREA REVIEWED	NATIONAL OR HISTORICAL PERFORMANCE THRESHOLD	PERFORMANCE 2010/11	TARGET PERFORMANCE 2011/12	ACTUAL PERFORMANCE 2011/12
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%	100%
In children under 2 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%	81%

*1 Varik et al, surgical site infection in all orthopaedic surgery was 1.4%.

<http://www.ncbi.nlm.nih.gov/pubmed/21044934>

Kaabachi et al, had an infection rate of 8.3% in 458 patients. <http://www.ncbi.nlm.nih.gov/pubmed/15908878>

3.3 Clinical Effectiveness

Clinical Effectiveness AREA REVIEWED	NATIONAL OR HISTORICAL PERFORMANCE THRESHOLD	PERFORMANCE 2010/11	TARGET PERFORMANCE 2011/12	ACTUAL PERFORMANCE 2011/12
Number of patients who attend A&E with a diagnosis of acute asthma and are discharged home with a completed care bundle. This is a sequence of observations and treatments that have been demonstrated to be effective in reducing the severity of asthma.	Supporting Paediatricians to 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.	< 50% Main areas where objective not achieved: Check inhaler technique and communication with GPs

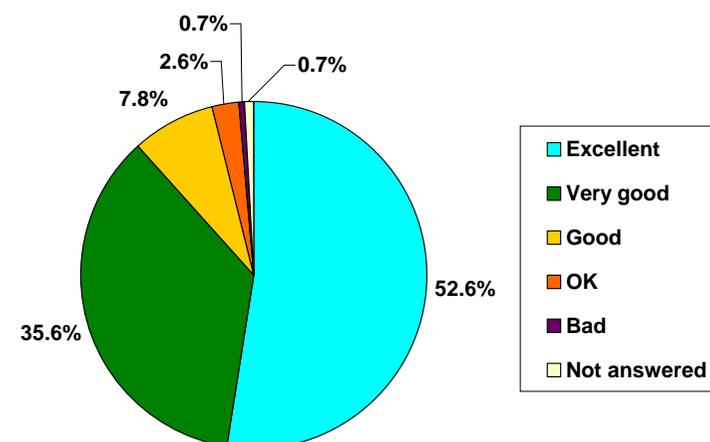
3.4 Patient Experience

Patient Experience AREA REVIEWED	NATIONAL OR HISTORICAL PERFORMANCE THRESHOLD	PERFORMANCE 2010/11	TARGET PERFORMANCE 2011/12	ACTUAL PERFORMANCE 2011/12
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.	100% Quarterly reports are available but online survey had poor return rate. 850 patient survey commissioned from Picker International
In Patient 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-%20-%20surveys/SC%20H%20Paediatric%20Inpatient%20Survey%202010%20results.pdf	51% experienced a problem	29%	Unchanged Tea and coffee vending machines available in all ward parent rooms.
Out Patient Experience: Could not find a convenient place to park	40% nationally experienced a problem http://www.sheffieldchildrens.nhs.uk/Downloads/P	85% experienced a problem	To conclude negotiations for a car park to be constructed adjacent to Sheffield Children's Hospital main	Concluded – car park to be completed 2014.

Patient Experience AREA REVIEWED	NATIONAL OR HISTORICAL PERFORMANCE THRESHOLD	PERFORMANCE 2010/11	TARGET PERFORMANCE 2011/12	ACTUAL PERFORMANCE 2011/12
	atient%20views/Paediatric%20Outpatient%20Survey%202010.pdf		entrance.	

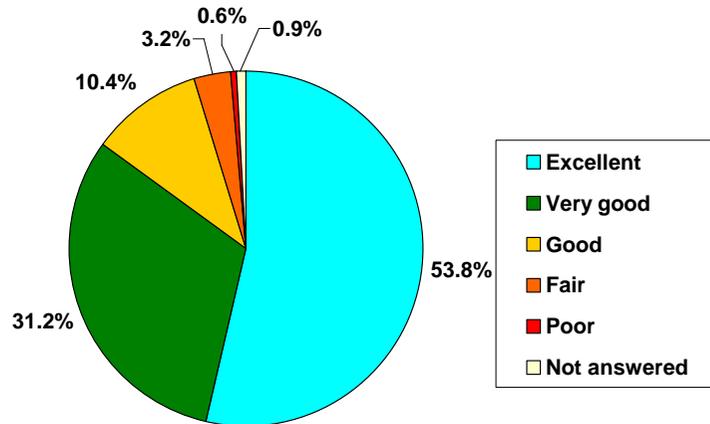
3.4.1 OUT-PATIENT SURVEY 2011 -12

The 2011 Out-patient Survey of 850 families (32 per cent response) showed that the majority of our clinic patients ranked their care well:



3.4.2 IN-PATIENT SURVEY 2011 -12

The 2011 In-patient Survey of 850 families (41.4 per cent response) showed that the majority of our ward patients ranked their care well:



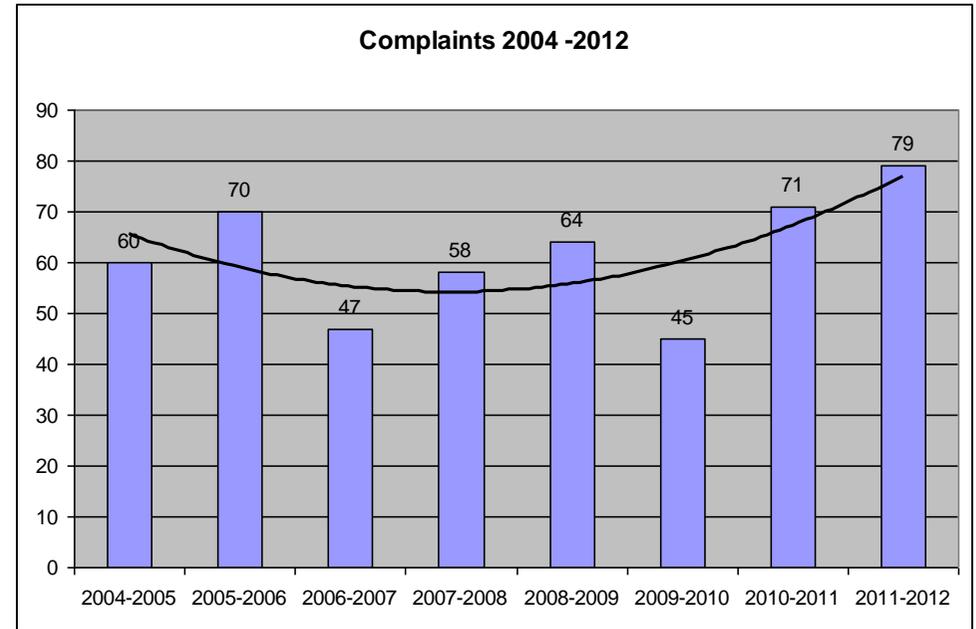
Both surveys demonstrated that the chief problems were with access, car parking, way-finding and the facilities. We have recognised that the size of our main hospital site has had a real impact on the quality of experience that our families have and intend that our building plan will improve all of these issues over the next three years.

Comments include:

- Apart from getting parked our appointment couldn't have been better.
- The staff are excellent, the car park is terrible
- Parking is dreadful and you have to park so far away
- Everyone is nice and friendly, as I go there a lot this makes things better and I don't get worried.
- Due to limited parking, we arrived early for appointment and very surprised/please we were seen early. This enabled me to return my son to school much earlier missing less school time - brilliant. Thank you.

3.5 Complaints

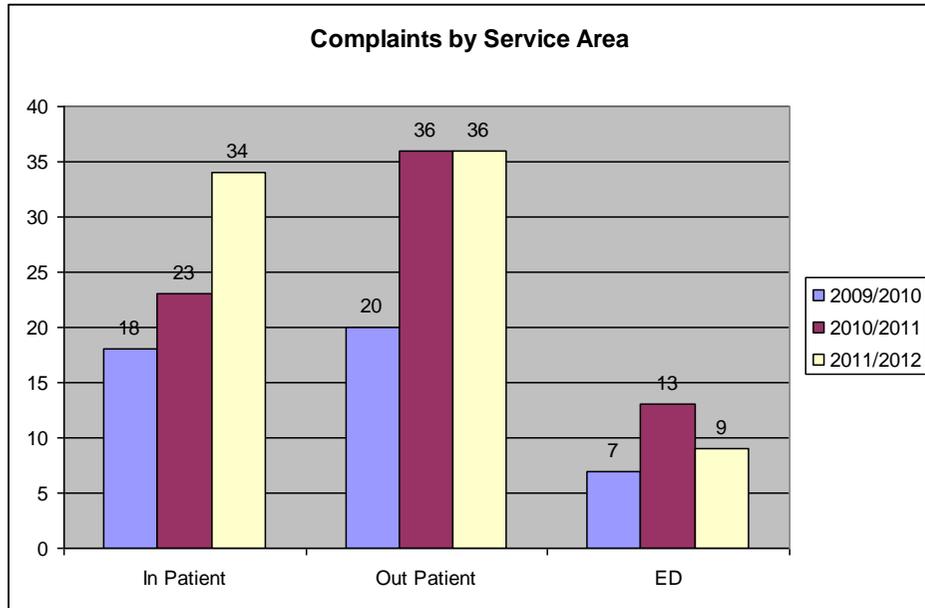
During the financial year 2011/2012 a total of 79 formal complaints were received.



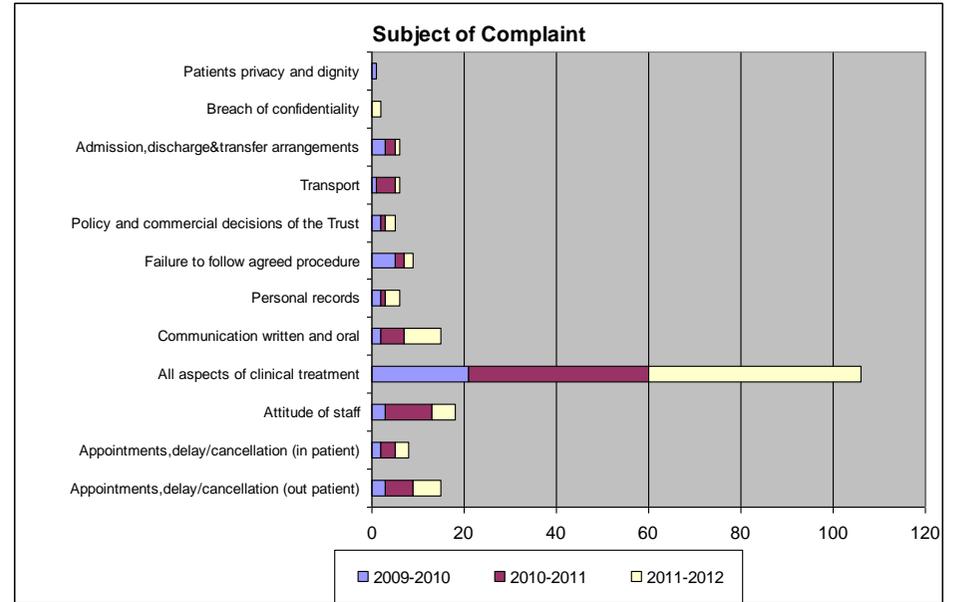
The graph above illustrates the trend in number of formal complaints year on year and this has shown an increase since 2006-2007. This is disappointing although the total number of formal complaints has to be set against the approximate number of patients who attend the trust last year.

- 102,000 out-patients,
- 51,000 attended the emergency department
- 68,000 occupied in-patient bed days.

The following graph demonstrates the number of complaints by service area. The trust has seen an increase in complaints relating to in-patient episodes. The number of complaints relating to out-patients has remained the same; however there has been a reduction in the number of complaints relating to the emergency department.



3.5.1 REASON FOR THE COMPLAINT



The graph above shows the categories of complaint. These categories are defined by the Department of Health. The category 'all aspects of clinical treatment' remains the highest category of complaint received.

The main types of complaint received in the 'all aspects of clinical treatment and 'communication written and oral' are as follows:

All Aspects Of Clinical Treatment	Nos.
Treatment	22
Diagnosis	12
safeguarding procedures	3
appointment issues	3
delay in going to theatre	2
pressure area care	1
consent	1
pain relief	1
obtaining a prescription	1

3.5.2 LEARNING FROM COMPLAINTS

Some of the complaints which were upheld include:

- Communication breakdown and misunderstandings with parents.
- Patient sent home with intravenous cannula in place.
- Patient kept nil by mouth in error and became unwell as a result.
- Lack of space for booked patients due to emergency admissions, leading to long waits.
- Process of following up test results for patients in AAU is not robust.
- Equipment failure leading to lost test results.
- Isolated incidence of poor hand hygiene.

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

- Review of illness specific information leaflets and enteral feeding information leaflets.
- Appointment of nurse educator to increase staff training and support of new staff.
- Medical guidelines amended regarding monitoring of blood sugar for patients undergoing bowel preparation.
- Review of administrative support for community paediatrics.
- Formalise links between SCH and Sheffield Teaching Hospital stoma nurses.

- New process for following up test results for patients in AAU to be implemented.
- Monitoring of hand washing before and after contact with patients
- More stringent monitoring of spinal surgery patient investigations.
- Adoption of the "5 Moments" hand washing monitoring technique – successful compliance achieved.

During the last financial year, a total of three complainants referred their complaint to the Parliamentary and Health Services Ombudsman (PHSO). The files for two of the complaints have been sent to the PHSO and we await their consideration. The third complainant has withdrawn the request to the PHSO.

Complaint Ref	Directorate	File to PHSO	Summary of complaint
COM 23	Surgery	20.12.2011	Inadequate pain relief. Enteral feed bottles not changed frequently.
COM 50	Medicine	27.02.2012	Lack of information

3.6 SERIOUS UNTOWARD INCIDENTS

Consequences of incidents can vary from insignificant to serious. A serious untoward incident (“SUI”) is defined as an incident where a patient, member of staff or a member of the public has suffered serious injury, major permanent harm, or unexpected death. In addition, an SUI may be reportable where there is a cluster or pattern of incidents or action, (including those of NHS staff) which have caused, or are likely to cause significant public concern.

Those incidents relating to breach of information governance and data protection were also reported to the Information Commissioner and the trust is currently awaiting feedback from the Commissioner’s office.

During the last financial year 2011/12, the trust reported **10** serious untoward incidents.

1. New born blood screening – target breach for screening involving community services and Sheffield asylum team health visitors (homeless assessment and support team (HAST)
 - Requirement for all health visitors (HVs) city wide to be trained in the knowledge of when and how to ask the question 'Has your baby had a NBBS test?' Especially important for highly mobile and immigrant families.
2. Unexpected death – following major surgery to remove kidney stones.
 - All observations should be recorded fully in the medical records, observation charts and nursing notes.
3. Delayed diagnosis – multiple injuries to head and abdomen. Delay in detecting abdominal injury which led to subsequent surgery.
 - Communication will be improved between medical teams and within patient medical records.
4. Confidential data breach: Incorrect fax number used.
 - Establish secure fax number menu.
5. PC tower attempted theft – A computer tower from the medical records department was reported as missing. The missing computer was later found.

- The importance of ensuring that the information security policy (CP242) and access control protocols are adhered to.

The following investigation reports have yet to be approved by the trust’s risk management committee:

6. Newborn blood screening: equipment malfunction. Potential for missing children with disorders normally picked up by screening test. No cases missed.
7. Confidential data breach: confidential documents incorrectly addressed. Investigation ongoing.
8. Confidential data breach: Patient information was passed on to a third party by a member of staff. Investigation ongoing.
9. Confidential data breach: confidential documents posted to another service did not arrive as addressed. Investigation closed, no action possible.
10. Confidential data breach: Child hid behind furniture and overheard a confidential discussion. Investigation ongoing.

Reports relating to the serious untoward incidents are shared with the relevant manager and clinical director or equivalent in addition to being presented at the risk management committee. Following the risk management committee and in order to facilitate organisational learning, the reports are discussed at each directorate board meeting with any recommendations being monitored through the risk management committee.

3.7 National staff survey

The national staff survey is a further useful mechanism for engaging with staff and receiving feedback from them. Action plans are developed based on the outcomes of the survey and details are shared with all staff through our regular communications channels. The main responsibility for ensuring action is taken in response to feedback from the survey lies with the health and well-being group.

3.7.1 SUMMARY OF PERFORMANCE

3.7.1.1 Response Rate

2010		2011		Improvement/deterioration
Our Trust	National average	Our Trust	National average	
59%	54%	47%	53%	12% deterioration

3.7.1.2 Top Four Ranking Scores²

Staff intention to leave jobs (the lower the score the better)

2010		2011		Improvement/deterioration
Our Trust	National average	Our Trust	National average	
2.36	2.46	2.39	2.54	0.03 deterioration

Percentage of staff believing the Trust provides equal opportunities for career progression or promotion (the higher the score the better)

2010		2011		Improvement/deterioration
Our Trust	National average	Our Trust	National average	
95%	92%	95%	92%	No change

Effective team working (the higher the score the better)

2010		2011		Improvement/deterioration
Our Trust	National average	Our Trust	National average	
3.74	3.75	3.82	3.73	0.08 improvement

Percentage of staff suffering work related injury in the last 12 months (the lower the score the better)

2010		2011		Improvement/deterioration
Our Trust	National average	Our Trust	National average	
11%	13%	10%	13%	1% improvement

² These scores are the four key findings from the staff attitude survey where Sheffield Children's NHS Foundation Trust compares most favourably with other acute specialist trusts in England

3.7.1.3 Bottom Four Ranking Scores³

Percentage of staff having equality and diversity training in last 12 months (the higher the score the better)

2010		2011		Improvement/deterioration
Our Trust	National average	Our Trust	National average	
37%	45%	27%	50%	10% deterioration

Percentage of staff agreeing that their role makes a difference to patients (the higher the score the better)

2010		2011		Improvement/deterioration
Our Trust	National average	Our Trust	National average	
88%	90%	88%	90%	No change

Percentage of staff feeling satisfied with the quality of work and patient care they are able to deliver (the higher the score the better)

2010		2011		Improvement/deterioration
National average	Our Trust	Our Trust	National average	
82%	79%	73%	77%	9% deterioration

³ These scores are the four key findings from the staff attitude survey where Sheffield Children's NHS Foundation Trust compares least favourably with other acute specialist trusts in England

Staff motivation at work (the higher the score the better – on a scale of 1-5)

2010		2011		Improvement/deterioration
National average	Our Trust	Our Trust	National average	
3.78	3.85	3.73	3.83	0.05 deterioration

3.7.2 KEY AREAS OF IMPROVEMENT

The trust has maintained performance across most of the key areas reported in the 2011 staff attitude survey. We continue to see that staff feel that they work in effective teams and believe that the trust provides equality of opportunity for career progression or promotion. Once again staff report that their health and well-being doesn't impact on their ability to perform work or daily activities. Whilst this is encouraging, we still need to continue with these improvements as there are a number of areas where we do not achieve the same scores as other acute specialist trusts.

3.7.3 FUTURE PRIORITIES AND TARGETS – ACTING ON STAFF FEEDBACK

In addition to a continued focus on improving our performance on appraisal rates, we will also focus on improving access and uptake of equality and diversity training. The target for this measure is to exceed the national average of 50 per cent and make significant progress towards the 71 per cent which represents the best performance by an acute specialist trust. This objective has been endorsed by the board of directors as an objective to meet the trust's responsibilities in accordance with the Equalities Act 2010.

Progress on this and other actions will be monitored by the staff attitude working group and regular reports will be provided to the newly formed finance and resources committee and the board of directors.

3.8 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 Childrens NHS Foundation Trust performance
A four-hour maximum wait in A&E from arrival to admission, transfer or discharge.	98%	Achieved 98.42%
A two-week maximum wait from urgent GP referral to first outpatient appointment for all urgent suspected cancer referrals.	93%	Achieved 100%
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%

Key national priority	Threshold	Sheffield Childrens NHS Foundation Trust performance
18 weeks referral to treatment	Monthly achievement of the following:- Admitted pathways 1.90% within 18 weeks 2.95 th percentile within 23 weeks Non-admitted pathways 3.95% within 18 weeks 4.95 th percentile 18.3 weeks Incomplete pathways 5.95% within 28 weeks or less	Provisional until end of March 1. Achieved 11 out of 12 months (underachieved in April 2011) 2. Achieved 3. Achieved 4. Achieved 5. Achieved 11 out of 12 months (underachieved in April 2011)
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 95% or more admitted within 28 days.	Achieved both parts of the target with no breaches of the 28 day requirement in year.
MRSA bacteraemia	Locally agreed target of 1 case 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.	Consistently achieved throughout year
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.	Consistently achieved throughout year
Incidence of <i>Clostridium difficile</i> associated diarrhoea	Agreed national target of 3 cases	Achieved

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:

- Due to an increase in non-elective admissions linked to adverse weather during the winter of 2010/11 both the waiting time and number of patients waiting for elective

care increased. This resulted in the trust facing significant challenges in maintaining 18-weeks referral to treatment times over that period.

- In agreement with commissioners the trust worked to clear this backlog of patients during the last quarter of 2010/11 however a small number of patients waiting over 18-weeks were unable to receive treatment before the start of the following year. Providing treatment for these patients in April 2011 resulted in the trust under achieving the 18-weeks admitted pathway target set out in the contract with commissioners. Once the backlog had been cleared performance reverted to being on track for the remainder of the year.

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 2011-12;
- 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 2011 to June 2012
 - Papers relating to Quality reported to the board over the period April 2011 to June 2012
 - Feedback from the commissioners dated 2.5.12
 - Feedback from governors dated 8.5.12
 - Feedback from LINKs dated 8.5.12
 - 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, April 2012
 - The in-patient survey 2011
 - The outpatient survey 2011
 - The national staff survey 2011
 - The head of internal audit's annual opinion over the trust's control environment dated 22.5.12
 - CQC quality and risk profiles dated 1.4.12
- 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 <http://www.monitor-nhsft.gov.uk/annualreportingmanual>) as well as the standards to support data quality for the preparation of the Quality Report (available at <http://www.monitor-nhsft.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

29 May 2012

Date



Chairman

29 May 2012

Date



Chief Executive

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 30/3/12. A final draft was supplied on 10/5/12.

SCH QUALITY ACCOUNTS 2012

STATEMENT FROM NHS SHEFFIELD

We have reviewed the information provided by Sheffield Children's NHS Foundation Trust in this report and have had opportunity to comment on the draft report. We highlighted a number of possible improvements in our feedback to the Trust, which we believe to have been considered and acted upon where appropriate. In so far as we have been able to check the factual details, our view is that the report is materially accurate and gives a fair picture of the Trust's performance.

Our view is that the Trust provides, overall, high-quality care for patients, with dedicated, well-trained, specialist staff and good facilities. The Trust achieves good results against national standards and the quality accounts demonstrate improvements against its objectives for last year.

We will continue to work with the Trust, through partnership arrangements and through our contractual relationship, to maintain and improve care for patients. We intend the CQUIN scheme in the contract to support and reward the quality initiatives that we have agreed with the Trust. Key amongst these is improvement in the environment, to improve patient and family experience, improvement in waiting times, improved working relationships between primary care and secondary care clinicians to ensure we offer patients care as close to home as possible, keeping patients safe and supporting children and families to maintain healthy lifestyles.

5.2 Sheffield Local Involvement Network (LINKs)

The first draft report was provided to LINKs on 29/3/12 and a meeting was held with key members of LINKs and the director of nursing and clinical operations on 24/4/12. The following response was received:

Sheffield Children's NHS Foundation Trust Quality Accounts 2011-12 Statement from Sheffield LINK

The Sheffield LINK is grateful for sight of the Sheffield Children's NHS Foundation Trust draft Quality Accounts for 2011-2012 and welcomes the opportunity to provide comments. These comments are based on the Draft for Consultation to LINKs April 2012 Draft 1. We are also pleased that LINK representatives were able to meet the Trust's Director of Nursing and Clinical Operations on two occasions to discuss the Quality Account. All comments made by LINK at the second of these meetings on 24th April 2012 have been taken into account in the final document.

2.1.1 Performance on Quality Priorities 2011-2012

- The LINK welcomed the transfer of community services into the Trust and have monitored the progress through the Children's Health and Wellbeing Partnership Board. LINK will continue to monitor progress on integrated working across all agencies in the city.
- The planned improvement in facilities for parents including the parent hotel are progressing and we accept the timescales for completion are realistic.
- The Clinical Skills Centre use has improved staff training and it is noted that the Care Quality Commission praised the Trust for the way this is being achieved.

2.2.1 Quality Improvement Priorities Identified for 2012-2013

- The improvement in facilities for families continues to be a priority.
- We welcome the review of both In-patient and Out-patient services to reduce delays and improve communication as this is a concern for parents attending the Trust.
- The planned expansion in the numbers of Health Visitor is welcome as is the planned improvement in co-ordination of social care and health.
- Advice to GPs on management of acute childhood conditions to reduce

Accident and Emergency admissions is also welcome

2.3 National Clinical Audits

It would be helpful if the table of eligible audits could show the number of cases requested and submitted though we understand that this is not possible to comply with the template provided to the Trust.. The “are we there yet “ and “a mixed bag “ titles for audits could be made clearer.

The deadline for submission was missed in Paediatric Asthma and National Care of the Dying and we understand that the system of collating the information has been changed and the figures will be submitted in future.

2.3.4 CQUIN Quality Indicators

The tables give a description and outcomes but though the Specialist Service outcomes show achieved it would be helpful to have more detailed figures. The Core Services table shows that apart from Safeguarding all outcomes were partially achieved and more information on the reasons for this would be welcome. We are concerned that the Asthma Bundle target was not achieved and we will be monitoring this to check for improvement.

2.3.5 Registration with the Care Quality Commission

It was welcome that the unannounced inspection of the Becton Centre received favourable comments in the interim verbal report though the full report has not yet been seen.

Consideration of the suggestion from CQC for a smoking shelter is of some concern. We accept that a number of the young patients will smoke and understand the Trust’s position that for the young people in the Centre this is not an appropriate time to initiate a smoking cessation programme.

3.5 Complaints

The increase in complaints from in-patients is a matter of concern but the changes in practice should show an improvement in 2012-2013 and the LINK will be looking at this during this period. The number of complaints in Out-Patients has not decreased in the last year which is disappointing. It is accepted that this figure is still low in comparison with other NHS hospitals.

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 expressed a view last year 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. This is still not included in this Quality Account though details are included in the Trust’s Annual Report which is published in full on the website.

It is helpful to see an explanation for the areas where there were issues around waiting times

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.

07.05.12

Mike Smith

Chair, on behalf of Sheffield LINK

5.3 Yorkshire overview and scrutiny committee

The first draft report was provided to the South Yorkshire oversight and scrutiny committee on 10/4/12. The director of nursing and clinical operations attended the committee on 16/4/12. The following response was received:

Sheffield City Council – Healthier Communities and Adult Social Care Scrutiny Committee

Response to Sheffield Children’s Hospital NHS Foundation Trust Quality Account

Sheffield City Council’s Healthier Communities and Adult Social Care Scrutiny Committee welcomes the opportunity to comment on this year’s Quality Account.

The Committee feels that the quality priorities accurately reflect the priorities of Sheffield people, and are pleased to see that feedback from families was used in their development. The Committee particularly welcomes the inclusion of improvement to the hospital facilities as a priority; and also improving community care. We are aware of the increasing importance of providing services closer to people’s homes and support the Trust’s ambitions in this area. We look forward to monitoring progress during 2012/13.

We recognise that the quality priorities represent only a small part of the improvement work that the Trust undertakes, and we look forward to engaging with the Trust on a wide range of issues. In particular we have been made aware of lengthy waiting times for Child and Adolescent Mental Health Services, and hope to see improvements in this area over the coming year.

5.4 Council of governors Sheffield Children's NHS Foundation Trust

The first draft report was provided to the governors on 25/4/12. The draft was the subject of a discussion on 8/5/12 between the director of clinical operations and the council. The attached is an extract from the minutes of the meeting.

Extract from the draft minutes of the council of governors meeting held on 8 May 2012

Draft Quality Report

The Director of Nursing and Clinical Operations presented his paper as read taking governors through the structure of the document and drawing attention to specific areas of content. These included:

- Performance against the three quality priorities identified for the previous year
- Quality improvement priorities identified for 2012-2013
- Performance during 2011/12 against metrics nominated by the Trust as good indicators of our commitment to quality improvement.
- Assurance around action taken by the trust in response to clinical audits and the results of national confidential enquiries.
- Participation in clinical research with the results of a study undertaken in partnership with the University of Sheffield described in detail by partner governor Amaka Offiah.
- Results of recent patient surveys
- Performance against national key performance indicators and local quality indicators that form part of our contract with NHS Sheffield.

In the Q&A which followed the Trust was congratulated by partner Governor Dr Richard Oliver, who stressed that he generally received very positive feedback about the Trust and its services during his work in the community and felt that positive feedback should be highlighted more in the report, as well as focusing on where improvements could be made. Reference was made to the value in learning from compliments as well as complaints.

It was stated that the CQUIN targets would soon incorporate targets relating to Community Services such as breast feeding.

The Trust's excellent record on infection control was noted.

5.5 Trust executive group

The trust executive group was sent the Quality Report on 12/4/12 and considered the document at the meeting on 18/4/12. The committee comprises of clinical directors, general managers and executive directors and is the principle management forum within the trust.

QUALITY ACCOUNTS

Mr Reid presented the report to members.

Mr Reid asked for members' comments by the end of April to enable the final draft of the Quality Accounts to be presented to the Trust Board in May.

Mrs Karck advised that there are a number of risks associated with compliance of the current draft neurosurgical standards. Mr Reid asked Mrs Karck to provide alternative wording, with the proviso that this measurable.

Ms Hemmings queried the inclusion of the trauma standards as the Trust is not fully compliant with these at the present time; however improvements are ongoing in line with achieving the standards. Mr Reid advised that the definition of compliance is one for the commissioners and would be externally validated.

Miss Francis asked that Diabetes be used as the indicators for the Clinical Effectiveness target, as opposed to Cystic Fibrosis.

5.6 Clinical governance committee

The clinical governance committee was sent the Quality Report on 4/4/12 and considered the document at the meeting on 11/04/12. 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.

User Involvement – Quality Accounts

John Reid gave a brief overview of the paper which is an annual cycle for the Quality Accounts. This being the first draft which is a template for completing. Each section is completed when each Committee/ Organisation have met and fed back on the report. The priorities for the coming year were discussed and performance against last year's priorities were debated.

The following comments were noted:-

Name changes to be made on page 3 of the document.

Page 11 – Angela Karck asked if the NCEPOD surgical service audit is being addressed. John Reid confirmed this is being done and quarterly updates are being produced.

Committee members were ask to feed back comments to John Reid via email by the end of April. To date, no comments have been received (10 May 2012)

Tony Moore confirmed the NHS Sheffield have received a copy of the Draft report and will be responding to John Reid by the end of April. He also confirmed that discussions are taking place around CQUINS funding.

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