

Sheffield Children's   
NHS Foundation Trust

# Quality Report 2013/14



# QUALITY REPORT

- 1.1 Statement on quality from the chief executive of Sheffield Children’s NHS Foundation Trust ..... 2**
  
- 1.2 Priorities for improvement and statement of assurance from the board ..... 3**
  - 1.2.1 Quality improvement priorities 2014/15 ..... 3
  - 1.2.2 Performance on quality priorities 2013/14 ..... 5
  - 1.2.3 Statements of assurance from the board ..... 7
    - 1.2.3.1 General assurance
    - 1.2.3.2 Audit and national confidential enquiry assurance
    - 1.2.3.3 Clinical research
    - 1.2.3.4 Use of the CQUIN framework
    - 1.2.3.5 Registration with the care quality commission
    - 1.2.3.6 Information on the quality of data
  - 1.2.4 Patient experience ..... 21
    - 1.2.4.1 Out-patient survey 2012/13
    - 1.2.4.2 Inpatient survey 2012/13
    - 1.2.4.3 Accident and emergency patient survey 2012/13
  - 1.2.5 Complaints ..... 23
    - 1.2.5.1 Reason from the complaint
    - 1.2.5.2 Learning from the complaint
    - 1.2.5.3 Referral to the ombudsman
  - 1.2.6 Potentially serious incidents ..... 26
  
- 1.3 Other information ..... 28**
  - 1.3.1 Patient safety ..... 28
  - 1.3.2 Clinical effectiveness ..... 30
  - 1.3.3 Patient experience ..... 31
  - 1.3.4 National staff attitude survey ..... 33
    - 1.3.4.1 Summary of performance
  - 1.3.5 Monitor indicators and thresholds performance ..... 36
  
- 1.4 Annex A: Statement of directors’ responsibilities in respect of the quality report ..... 38**
  
- 1.5 Annex B: Consultation in the preparation of the quality report ..... 40**
  - 1.5.1 Consulted agencies or groups ..... 40
    - 1.5.1.1 Sheffield Clinical Commissioning Group
    - 1.5.1.2 Sheffield Healthwatch
    - 1.5.1.3 Yorkshire Overview and Scrutiny Committee
    - 1.5.1.4 Council of Governors, Sheffield Children’s NHS Foundation Trust

**Independent auditor's report to the Council of Governors of Sheffield Children's NHS Foundation Trust on the quality report.**

## 1.1 Statement on quality from the chief executive of Sheffield Children's NHS Foundation Trust

Sheffield Children's NHS Foundation Trust is a high quality provider of children's healthcare. We provide many aspects of child healthcare in Sheffield including hospital, community and mental health; and are a major provider of specialist hospital care for South Yorkshire and beyond. We are proud of the high satisfaction survey results that we obtain and the quality of care we provide. As a foundation trust we are able to use the surplus that we achieve each year to invest in children's care. Recent capital investments have included the building of a new children's hospital wing, two new operating theatres, improvement to the software that books patients, and provision of outpatient expansion at the Northern General Hospital.

We work with our partners to ensure children receive total care. Our health visitors and school nurses work with the local authority and GPs to ensure that children are kept healthy. Our community paediatricians, nurses and therapists work with families to minimise hospital stays. Our acute hospital services treat children locally when most needed and our specialist services are able to investigate and manage complex physical and mental health problems. Other than maternity services and GP services, we are able to offer a comprehensive child health service to our families. By specialising in this we routinely achieve some of the best standards in the country.

The Trust is far from complacent; we know we can always do better and the current economic climate has meant that even maintaining standards is a real challenge. The Mid Staffordshire review has meant that NHS services are under scrutiny and its very culture is being questioned. We believe that listening to our families and responding to what they ask for has helped us to avoid some of the problems seen elsewhere.

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 Foundation Trust.

I hope you will find the report informative and that it will encourage you to work with us to improve children's health.

Signed

A handwritten signature in black ink, appearing to read 'S Morritt', with a long horizontal line extending to the right.

Mr Simon Morritt

Chief Executive

## 1.2 Priorities for improvement and statements of assurance from the board

### 1.2.1 Quality improvement priorities 2014-15

Implement new recommendations from the NHS response to the Mid Staffordshire public inquiry, 'Patients First and Foremost'

**Our reasons:**

The Mid Staffordshire public inquiry did more to shake public confidence in the NHS than any other single event. The NHS recommendations from it have emerged over the last year and the Trust has promptly responded to these. Like all public services, the Trust faces significant economic challenges and performance targets. The message of the Inquiry is that it is easy to concentrate on these and forget that it is what people experience that matters. Since contact with nursing is one of the most frequent experiences that families have:

**The Trust will:**

- Pilot a children's nursing dependency assessment to provide evidence that our nursing establishments are sufficient for the needs of the families and children we care for;
- Demonstrate that our nurse staffing is sufficient to respond to the needs of our families. Publish the numbers of staff on each ward, each day;
- Extend our family surveys to our new-born high dependency ward and benchmark ourselves against other units. This extends our surveys to families we have not previously reached; and
- Ensure that changes to family demand for evening and weekend access are responded to. There will be a supernumerary overnight senior nurse to allow doctors to devote more time to treat each patient.

Reorganise our child and adolescent psychiatry service to ensure that it had adapted to fit with the type of referrals we are receiving.

**Our reasons:**

Our community and mental health service (CAMHS) at Becton is one of the largest in the UK. It has four main lodges and has been running for over three years. Since transferring from Oakwood at the Northern General Hospital, we have seen a significant increase in referrals from all over the country.

The nature of these referrals has been changing, with more young people who are exhibiting self-harming behaviours and requiring intensive support through episodes of severe emotional turbulence. CAMHS and its availability is a regular priority for our local authority's children and young people's scrutiny committee.

With our commissioners, we will seek to understand what service we need, and how to ensure that it is meeting national standards for child and adolescent mental healthcare and extend our care to all young people up to the age of 18 years.

**The Trust will:**

- Demonstrate that the services are in accordance with the standards of the Royal College of Psychiatrists, Quality Network for Inpatient CAMHS (QNIC);
- Work with commissioners and the oversight and scrutiny committee to ensure that local 16-18 year old patients are accommodated, where needed, within the Becton unit or with our community teams; and
- Demonstrate that when young people are treated under the provisions of the Mental Health Act, they and their families have full access to information, advice and representation.

## Minimise disruption to our services from the building of the new hospital wing

**Our reasons:**

The current building work is some of the most extensive in the Trust's history. Although it has the potential to fundamentally improve the experience of families, it also has the potential to worsen their experience while we carry it out. Patient access has consistently been the single greatest source of negative family survey comment over the past four years.

**The Trust will:**

- Improve access by aiming to have most of the parking improvements in place by the end of 2015. This includes the multi-storey parking opposite the main entrance and the underground parking with direct lift access for disabled families;
- Transfer significant numbers of outpatient clinics to the Northern General Hospital for the duration of the work;
- Set up a remote supplies depot to ensure that all supplies, pharmacy and laboratory deliveries are consolidated into as few goods vehicles as possible and not competing with families for access;
- Simplify our internal signs and way-finding to make travel throughout the hospital less confusing. We will try to use plain language, for example 'eyes' not 'ophthalmology'.

## How performance will be monitored

Progress on the above indicators will be monitored by reports to the clinical governance committee and regular reports to the Trust board. The board will share its reports with the council of governors and its commissioners in NHS Sheffield and NHS England. All reports will be published on the Trust website.

## 1.2.2 Performance on quality priorities 2013-14

The Trust set itself the following three areas of quality improvement for last year:

What we said	What we did
<p><b>1. Implement the Dept. of Health Response to the Mid Staffordshire public inquiry, 'Patients First and Foremost'</b></p>	<p>The Trust published its response and has updated this regularly since. The response includes the strategy for responding to the national nursing issues raised.</p> <p><a href="http://www.sheffieldchildrens.nhs.uk/about-us/statutory-declarations.htm">http://www.sheffieldchildrens.nhs.uk/about-us/statutory-declarations.htm</a></p>
<p>Review and define the culture of the organisation</p>	<p>The Trust has published its Trust values following extensive stakeholder meetings. These values are based around five key points: <b>Committed to Excellence, Teamwork, Accountability, Compassion and Integrity.</b></p> <p>These values are incorporated into everything we do and are set out on our website:</p> <p><a href="http://www.sheffieldchildrens.nhs.uk/about-us/trust-values.htm">http://www.sheffieldchildrens.nhs.uk/about-us/trust-values.htm</a></p>
<p>Assess nursing establishments against workload annually</p>	<p>All nursing establishments are reviewed six monthly with the senior department nurse and the appropriate matron. The Trust has been recruiting against these establishments and benchmarks with other children's services. This review has now been increased to six-monthly.</p>
<p>Invest in ward sisters and charge nurses – free up from other duties to provide a role model and visible ward presence.</p>	<p>Half of all ward managers were made supernumerary during 2013-14, with the second half due to change this year. Each post requires back-fill with a registered children's nurse to ensure that direct patient care is not affected.</p>
<p>Review and prioritise nurse training</p>	<p>All ward areas have identified a mandatory training program. Training weeks are combined with full or partial closure to allow deep cleaning and essential maintenance.</p> <p>Advanced nursing practice is being prioritised by supporting staff to undertake leadership training and skills training such as prescribing.</p>
<p>Involve governors and families in inspection and oversight of our services.</p>	<p>Governors have been involved in adoption of the "15 Steps" approach: challenge teams, including non-executive directors, staff, governors and patient groups go onto wards and departments. They use the toolkit to record observations and feed back to the department team.</p> <p><a href="http://www.institute.nhs.uk/productives/15stepschallenge/15stepschallenge.html">http://www.institute.nhs.uk/productives/15stepschallenge/15stepschallenge.html</a></p> <p>Governors are able to review anonymised complaints and our response each month against the Patients Association template. Results will be used to inform future complaints responses.</p>

<p><b>2. Publish regular information on our quality performance and the experience of our families</b></p>	<p>We commission a wide ranging series of postal surveys carried out by Picker International. These surveys cover inpatient, outpatient and A&amp;E families. They survey over 800 families in each area, the results are published on our website and used to inform our care and investment.</p> <p><a href="http://www.sheffieldchildrens.nhs.uk/patients-and-parents/patient-views.htm">http://www.sheffieldchildrens.nhs.uk/patients-and-parents/patient-views.htm</a></p>
<p>Evaluate the experience of families in the community</p>	<p>The Trust has commissioned a new survey of families who come in contact with our health visitors. This survey has been welcomed and adopted by NHS England as a basis for national benchmarking in 2014-15. The survey results will form the basis for our improvement work.</p>
<p>Regularly evaluate experience of families in A&amp;E using a child friendly derivative of the family and friends test.</p>	<p>The Trust has been allowing each family attending A&amp;E to answer one of two questions:</p> <ul style="list-style-type: none"> <li>○ Parents of children under 8 years of age: Would you recommend this department to others?</li> <li>○ Children over 8 years of age: What could we do better?</li> </ul> <p>The results are overwhelmingly positive and in keeping with our annual A&amp;E survey results.</p> <p><a href="http://www.sheffieldchildrens.nhs.uk/patients-and-parents/patient-views.htm">http://www.sheffieldchildrens.nhs.uk/patients-and-parents/patient-views.htm</a></p>
<p>Produce quality indicators for children and benchmark with similar health providers</p>	<p>The Trust has been reviewing its services against quality indicators that are agreed with our commissioners. The Scan tool is a child equivalent of the adult safety thermometer. This tool measures use of:</p> <ul style="list-style-type: none"> <li>• an early warning score (PEWS) – highlighting observations that need urgent medical attention,</li> <li>• Extravasation - where an IV infusion leaks under the skin</li> <li>• Pain – whether pain occurs and how effective pain relief is</li> <li>• Skin integrity – avoidance of pressure sores</li> </ul> <p>Our results are assessed monthly and are regularly in excess of 95 per cent achievement of the standards.</p>
<p><b>3. Minimise disruption to the public from our construction of the new hospital wing</b></p>	<p>The Trust and The Children’s Hospital Charity has kept the public aware of developments through media and web publicity.</p> <p><a href="http://www.sheffieldchildrens.nhs.uk/about-us/hospital-redevelopment/">http://www.sheffieldchildrens.nhs.uk/about-us/hospital-redevelopment/</a></p> <p><a href="http://www.tchc.org.uk/our-appeal">http://www.tchc.org.uk/our-appeal</a></p>
<p>Improve communication and signposting of access restrictions</p>	<p>The Trust has extensively updated our website setting out clearly the changes to access.</p> <p><a href="http://www.sheffieldchildrens.nhs.uk/patients-and-parents/parking.htm">http://www.sheffieldchildrens.nhs.uk/patients-and-parents/parking.htm</a></p> <p>All families receive a leaflet informing them of restrictions and suggesting alternatives to car transport.</p> <p>A network of flat screen monitors has been installed in waiting areas.</p>

	The monitors display advice on access and wayfinding.
Provide a park and ride solution for parents and families	To assist patients and their families, we have agreed a discounted park and ride scheme at the Q-Park, Castlegate, near Ponds Forge. A free shuttle bus runs regularly between the car park and the hospital.
Control noise, dust and disruption to normal services	The Trust has worked closely with our infection control department to plan all work in such a way that impact to patients is minimised.  Trial work has been carried out in cooperation with surgeons and clinical scientists to ensure that vibration and noise will not pose a safety risk to services.
Manage services in the community, where possible	The Trust has employed a paediatrician to advise GPs on individual cases through a telephone clinic.  The Trust has significantly expanded its Helena Home nursing team.  The Trust has employed additional health visitors and intends to further add to this workforce in 2014.

## 1.2.3 Statements of assurance from the board

### 1.2.3.1 General assurance

During 2013/14 Sheffield Children's NHS Foundation Trust provided and / or sub-contracted 1021 relevant health services.

The Trust has reviewed all the data available to them on the quality of care in 100 per cent of these relevant health services.

The income generated by the relevant health services reviewed in 2013/14 represents 100 per cent of the total income generated from the provision of relevant health services by Sheffield Children's NHS Foundation Trust for 2013/14.

### 1.2.3.2 Audit and national confidential enquiry assurance

During 2013/14, 20 national clinical audits and zero national confidential enquiries covered NHS services that Sheffield Children's NHS Foundation Trust provides.

During 2013/14 the Trust participated in 100 per cent of national clinical audits 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 the data collection was completed during 2013/14 are listed below alongside the number of cases submitted to each audit or enquiry as a percentage of the number of registered cases required by the terms of that audit or enquiry.

---

<sup>1</sup> Based upon the services specified in the NHS Provider Contract for 2013/14.

National clinical audits for which the Trust was eligible	% of eligible cases submitted
MBRRACE-UK Perinatal Confidential Enquiry	25%
RCP (UK IBD Audit) Inflammatory Bowel Disease	100%
CEM Asthma	100%
BTS National Asthma	100%
BTS Bronchiectasis	100%
BTS Paediatric Pneumonia (Data submission made but error made in electronic submission)	0%
CE (CORP) RCPCH Child Health Audit Clinical Outcome Review Programme/Child Health Reviews-UK (CHR-UK)	100%
CEM Consultant sign off (Febrile under 1's and re-attenders)	100%
TARN	100%
CE (CORP) RCoP National audit of Asthma Deaths	100% (No reportable deaths)
ICNARC Cardiac Arrest Procedures	100%
National Diabetes	100%
CEM Febrile Child	100%
MBRRACE-UK Perinatal Confidential Enquiry – Congenital Diaphragmatic Hernia	100%
POMH's National Audit for Schizophrenia / Antipsychotic Prescribing.	100%
PICANet (Paediatric Intensive Care Audit Network)	100%
NAP5: National Audit Project 5- Accidental Awareness During General Anaesthesia in the United Kingdom	100%

National clinical audits for which the Trust was eligible	% of eligible cases submitted
Neonatal Transport Group Annual Return 2013	100%
National Multicentre Evaluation of Lidocaine 5% Patch for Localised Neuropathic Pain in Children and Adolescents	100%
IBID: International Burns Injury Database	75%

## National audit and confidential enquiry reviews

The reports of six national clinical audits were reviewed by the provider in 2013/14 and Sheffield Children's NHS Foundation Trust took the following actions to improve the quality of healthcare provided.

### Febrile child confidential enquiry recommendations

The Trust is performing well and continues to improve in performance every year since 2010.

Although better than the national average, areas to address are poor documentation of BP (68 per cent) + Glasgow Coma Scale (86 per cent). This may be helped by the introduction of a feverish child checklist in the emergency department (ED).

1. Observations taken within 20 minutes of patients arrival in 73 per cent of cases (Sheffield Childrens Hospital's emergency department) achieved this standard in 95 per cent of cases in 2010). This may reflect the ever increasing attendances to ED year on year; and
2. Appropriate safety net advice given to 86 per cent of patients.

Action identified and / or implemented included:

- Results of audit have been communicated to emergency department team; and
- Standards have been written for the role of the nurse coordinator including allocating a second nurse to assess newly arrived patients.

### 2012 national comparative audit (NCA) of the labelling of samples for transfusion

Local findings:

1. There is a clear policy, including where and how to label samples as stated in the recommendations;
2. Samples are processed one at a time by hand no matter how many times a patient attends. Only one sample is collected as paediatric samples are precious and the Trust has an excellent safety record;
3. All staff are trained and competency assessed on labelling requirements for transfusion samples;
4. The Trust does not use an electronic system for patient identification; and
5. All rejected samples are recorded and each incident is registered by the risk management department.

Actions in progress/completed:

- Trust has a better than average rejection rate implying that more samples are labelled correctly; and

- We meet all standards except in extreme circumstances and all recommendations are already in place.

### PICANet (paediatric intensive care audit network) annual report 2013 (data covering January 2010 to December 2012).

Local findings: *(extracted by lead local clinician from published data)*

1. Despite a small rise in standardised mortality, Sheffield Children's Hospital's paediatric intensive care unit (PICU) standardised mortality remains in line with national trends.

Actions: *(Generic actions from national report)*

- No local actions identified.

### NCAA (national cardiac arrest audit) report – June 2012 to March 2013

Local findings:

1. Documentation relating to patient information and arrest details generally 100 per cent complete;
2. All inpatient arrests take place in acute areas – emergency department, paediatric intensive care unit, and emergency admissions unit;
3. 100 per cent of patient that had an inpatient arrest survived resuscitation; and
4. 62.5 per cent of patients that had an arrest, while an inpatient, were discharged alive.

Actions:

- None identified.

### POMH – Re-audit of prescribing antipsychotics for children and adolescents

25/25 (100 per cent) of children and adolescents prescribed antipsychotic medication where there was an indication(s) for treatment with antipsychotic(s) had this documented in the clinical records.

21/22 (95 per cent) of patients in each team for whom had the continuing need for antipsychotic medication reviewed in the past six months.

For all children and adolescents prescribed antipsychotic medication, the side effects of antipsychotics should be reviewed at least once every six months. This review should include, as appropriate, the assessment of body weight, blood pressure, blood glucose, plasma lipids and raised plasma prolactin, and examination for the presence of extrapyramidal side effects (EPS).

Body weight was recorded for 86 per cent of patients.

Blood glucose was recorded for 77 per cent of patients.

Plasma lipids was recorded for 68 per cent of patients.

Raised plasma prolactin was recorded for 82 per cent of patients.

Generally overall performance was above national average however the following improvements were identified:

- To consolidate the current good medical practice;
- To encourage the formal recording of side effects using standardised questionnaires; and
- To explore the possibility of shared care protocol with GPs given that the audit highlighted that it applied only to three cases in CAMHS at the time of the audit who are already under the continued care of secondary care.

## Local audit and service evaluations

The reports of 176 local clinical audits service evaluations were reviewed by the provider in 2013/14. The reports were reviewed by clinical teams. Examples of the actions taken or intend to be taken by the Trust to improve the quality of healthcare provided include:

### Emergency department (ED): CA651 abdominal pain

Findings:

Not all children have a comprehensive abdominal examination record.

Action identified and / or implemented included:

- Educating team about documentation of male examination;
- Educating team about documentation of female pregnancy test and documentation of reason if not done; and
- Educating staff about the importance of urinalysis in all children with abdominal pain.

### CA634 Diabetic ketoacidosis (DKA) management – Are we following the trust guidelines?

Findings:

90 per cent of children have hourly observations recorded and accurate resuscitation fluid records.

Action identified and / or implemented included:

- Twice daily weights once transferred to the wards;
- Input/output charts - need to have urine measured accurately; and
- Cardiac monitoring to be documented.

### Child Protection: SE 651~2 multi-agency pathway sudden unexpected death in infancy (SUDI) 6 year review

Findings:

Local risk factors associated with SUDI were identified and coincide with national risk factors.

Actions identified and / or implemented:

There have been a number of initiatives aiming to reduce SUDI. These include:

- A publicity campaign with posters raising awareness of the importance of safe sleeping sited in areas where families attend e.g. GP surgeries, hospitals, children's centres;
- Leaflets regarding safe sleep being given to all new parents;
- Midwives now routinely assessing where the newborn infant will sleep. Midwives directly question pregnant mothers as to where the baby will sleep and the baby's sleep environment is routinely checked prior to the baby's birth;
- Health visitors routinely discuss safe sleep at their first visit to the family when the infant is aged around four weeks;
- A Sheffield e-learning package has been devised for all professionals who have contact with infants. This package has also now been adopted by areas outside Sheffield; and
- A new smoking cessation programme for pregnant mothers has been introduced. Reducing smoking during pregnancy and beyond should reduce the risk of SIDS.

## Pharmacy: CA363~2 Re-audit of of prescribing errors and clinical interventions made for out-patients

### Findings:

Pharmacists are making interventions to clarify prescriber's intentions and reduce the risk of harm to patients. 22 per cent of inpatient prescriptions and 9 per cent of all outpatient prescriptions had an intervention made by the pharmacist to reduce risk.

### Actions identified and / or implemented:

- Feedback audit results at level three medicines management training (and junior doctor induction) Include some audit results in prescribers training;
- Encourage use of addressographs to assist with accuracy; and
- Encourage all staff who receive prescriptions to check name, date of birth, allergies etc.

## WAMH: CA627 physical monitoring of patients on ADHD (CG72 NICE)

### Findings:

In ADHD clinic at Beighton CAMHS clinicians are recording physical observations both in the hand written notes (97 per cent) and in the letter to the GP (100 per cent).

In ADHD clinic, clinicians are plotting height and weight on a centile chart 47 per cent of the time. Blood pressure is plotted 34 per cent of the time.

### Actions identified and / or implemented:

- Addition to "When a diagnosis is made checklist" of taking physical observations and plotting them on a centile chart. Alteration of checklist and circulation to all clinicians; and
- Centile measurements to be incorporated into the standard template for the GP letter.

## Ears, nose, and throat surgery (ENT): CA558 prescribing in paediatric tonsillectomy

To ascertain whether departmental practice meets National guidelines, and whether the tonsillectomy techniques and complication rates compare with nationally audited figures.

### Findings:

1. This three-cycle audit (of which CA558 is the third) demonstrated a reduction in the prescription of antibiotics for paediatric tonsillectomy patients following an educational intervention; and
2. There was a significant improvement in the prescription of intra-operative dexamethasone following an educational intervention.

### Actions identified included:

- Local education regarding prescription of steroids and antibiotics

*Note: This audit was presented at ENT-UK in September 2013, winning 1st Prize in the CAPAG short paper section.*

## Anaesthetics: CA445 anaesthetic patient survey

This was a re-audit of a project undertaken in 2010 as a lead up to a larger SEE project in the theatres department.

### Findings:

1. 69 per cent of patients remembered receiving an age appropriate information leaflet about their anaesthetic;

2. Above 90 per cent of all families thought that the nurses were professional/friendly (99 per cent), anaesthetist was professional / friendly (100 per cent), and surgeons (96 per cent);
3. 100 per cent of patients felt well looked after in the anaesthetic room (+ 9 per cent from 2010); and
4. The majority of parents were satisfied with their child's care (73 per cent were extremely satisfied - +30 per cent from 2010).

Actions identified included:

- Improve distribution of patient age-appropriate anaesthetic information leaflets.

Further examples of actions resulting from completed audits are available from the quality assurance department.

### 1.2.3.3 Clinical research

The number of our patients receiving NHS services provided or sub-contracted by Sheffield Children's NHS Foundation Trust in 2013/14 that were recruited during that period to participate in research approved by a research ethics committee is 1242. This has exceeded last year's accrual figures by almost 200.

Research studies taking place at SCH NHS Foundation Trust covers five of the seven topic specific networks in the National Institute for Health Research (medicines for children, cancer, mental health, dementia and neurodegenerative diseases and diabetes) and studies within eight specialty groups within the comprehensive local research networks (metabolic and endocrine, musculoskeletal, haematology, cardiovascular, ENT, genetics, infectious disease, and injuries and emergencies).

Some examples of the research carried out in our Trust during the last year are:

#### **KICK-OFF: A multi-centre, cluster randomised controlled trial comparing structured education (the KICK-OFF course) with standard care in 11-16 year olds with Type 1 Diabetes (T1DM) on intensive insulin therapy**

The aim of this five year study was to assess whether the KICK-OFF structured education course improved biomedical and psychological outcomes in 11-16 year olds with type 1 diabetes. The study, funded by Diabetes UK and led by a team from our Trust, was a large randomised study which involved 31 UK NHS paediatric diabetes centres and 486 young people aged 11-16 years with type 1 diabetes.

In summary, for those children who took part in the trial, the KICK-OFF group reported improved overall quality of life at six and 12 months after participation in the course, with physical, psychosocial and social subscales being significantly improved after six months. The KICK-OFF group also reported improved diabetes related symptoms. The control group however reported greater confidence in managing their diabetes and greater adherence to treatment scores.

The study team concluded that participation in a KICK-OFF intensive structured education course is associated with significantly improved quality of life outcomes at six and 12 months and whilst overall HbA1c levels did not differ between control and intervention groups, those with the poorest diabetes control at the start of the study showed a significant improvement in their diabetes control after two years, which if maintained would reduce their risk of long-term complications such as eye and kidney disease.

## Clinical genetics research

### The Deciphering Developmental Delay (DDD) project.

DDD is a major national project led by colleagues in Cambridge. The study allows us to refer families who have a child with learning difficulties and/or other problems detected at birth for whom standard diagnostic tests have not given an answer. Sheffield Children's Hospital has managed to be one of the highest recruiting sites to this project. In part, this has been achieved by having research support staff based within the clinical genetics department. The project has already started to return results which we check in a service laboratory before seeing families. Access to new technology is a major asset for the families seen by the hospital. Once the DDD project closes in 2015, the NHS will have to make a decision regarding the provision of this technology for families. In the meantime we are making maximum use of this current opportunity.

### Juvenile Huntington's Disease Research

Huntington's disease is a neurodegenerative condition which affects adults. In 5 per cent of cases onset is under the age of 21 years and called juvenile Huntington's disease. Young people with this condition are often more severely affected than those who develop the condition in middle age. We are currently part of an international project studying Huntington's disease but more specifically the international working group on the juvenile form is led from our hospital. We have published a number of papers on the condition and are working on better methods of assessing the condition so that future interventions can be assessed; in addition we are hoping to develop a new national project to assess services for families affected by juvenile Huntington's disease.

#### 1.2.3.4 Use of the CQUIN framework

A proportion of Sheffield Children's NHS Foundation Trust's income in 2013-14 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 relevant health services, through the Commissioning for Quality and Innovation (CQUIN) payment framework. Further details of the agreed goals for 2013-14 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](http://www.monitor-nhsft.gov.uk/sites/all/modules/fckeditor/plugins/ktbrowser/_openTKFile.php?id=3275)

The amount of income in 2012/13 conditional upon achieving quality improvement and innovation goals was £1.28 million; the amount conditional upon achieving quality improvement in 2013/14 was £2.91 million.

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

#### CQUINs for specialist services

Title	Description	Outcome
Implement safety thermometer	Achieve safety thermometer requirements set out by local commissioners	Achieved
Reduce unplanned PICU transfers	Out of network referrals PICU	Achieved

Title	Description	Outcome
Prevent unplanned re-admission to PICU	To identify and reduce the unplanned readmissions within 48 hours	Achieved
Specialised cancer – access to and impact of CNS support on patient experience	To assess the impact of clinical nurse support (CNS) on the patients experience of their cancer journey	Achieved
Medical Genetics – improving triaging of patients at high risk of familial breast cancer	To ensure all high risk referrals are offered an appointment and to increase the proportion of new patient genetic appointments for unaffected patients at high risk of familial breast cancer.	Achieved
Haemophilia – joint scores in severe and moderate haemophilia A and B	The proportion of registered severe and moderate haemophilia A & B patients aged four and over who have had their joint score assessed by a trained physiotherapist in last 12 months to meet target of 50 per cent.	Achieved
Osteogenesis Imperfecta	Highly specialised services clinical outcome collaborative audit workshop and provider report.	Achieved
Ehlers Danlos Syndrome	Highly specialised services clinical outcome collaborative audit workshop and provider report.	Achieved
CAMHS Tier 4 – Improving physical healthcare and well-being of patients	Ensure children and young people admitted have appropriate physical healthcare screening and interventions.	Achieved
CAMHS Teir 4 - CPA standards	Ensure the care plan approach (CPA) process is effective and appropriately identifies unmet need.	Achieved
CAMHS Tier 4 – optimising pathways	Understand the total care pathway and plan how they might work differently to optimise length of stay and improve outcomes.	Achieved

## CQUINs for core services

Title	Description	Outcome
Patient experience – Improved access for parking	Parking is one of main reasons for complaints – implementation of a park and ride scheme to help alleviate problems	Achieved
Patient experience – A&E	Development and roll out of Family and Friends test related question and follow up on suggested actions.	Achieved
Baby friendly	To ensure that the Trust is prepared and able to deliver the requirements as per national scheme.	Achieved
Harm free	The introduction of the SCAN tool within the Trust, input data, share data among Children's Trust Network.	Achieved
Early warning scores	To develop and implement a single score approach to early warning on all wards.	Achieved
15 Steps challenge for clinic and outpatient settings	To help staff, patients and service users work together to identify improvements to enhance the patient or service user experience. To provide a way of understanding patients and service users first impressions more clearly.	Achieved
Referral to Sheffield Stop Smoking Service	120 referrals made from health visiting to stop smoking service	Achieved
Breast feeding health visiting	Health visiting service to ensure that at least 81.2% of mothers breast feeding at new birth visit should still be breast feeding after 6-8 weeks.	Achieved

### 1.2.3.5 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 2013/14.

Sheffield Children's NHS Foundation Trust has not participated in special reviews or investigations by the Care Quality Commission during 2013/14.

### 1.2.3.6 Information on the quality of data

Sheffield Children's NHS Foundation Trust submitted records during 2013/14 to the Secondary Uses Service for inclusion in the hospital episode statistics (HES) 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: 99.4 per cent for admitted patient care; 99.9 per cent for outpatient care; and 99.1 per cent for accident and emergency care; and

- 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 NHS Foundation Trust Information Governance assessment report overall score for 2013/14 was 67 per cent this was graded green (satisfactory).

Sheffield Children's NHS Foundation Trust was not subject to the payment by results (PbR) clinical coding audit during the reporting period by the Audit Commission.

### Improvements to the quality of data

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

- Re-establish clinical engagement, with the objective of improving the quality of documentation;
- Pursue permanent coding staff, or recruit and train new team members;
- Update the Trust's coding policy and procedure manual; and
- Re-establish clinical engagement to improve discharge summaries.

## Information on the quality of data

The following section sets out the data made available to Sheffield Children's NHS Foundation Trust by the Health and Social Care Information Centre (HSCIC). The indicators below represent those relevant for the services provided by this Trust.

Most of the indicators specified are not relevant to a children's specialist trust and following agreement with commissioners, are not submitted as a data return. N.B. Where national data is historical, this reflects the latest data released by the HSCIC.

<b>19. Patients readmitted to a hospital within 28 days of being discharged. (i) 0 to 15</b>	
Unique Identifier:	P00913
Link:	<a href="http://nww.indicators.ic.nhs.uk/webview/">http://nww.indicators.ic.nhs.uk/webview/</a>
Source Data:	<a href="#">Source Data P00913</a>

Financial Year	%	National		
		Average (%)	Maximum (%)	Minimum (%)
2013/14	13.90	*		
2012/13	13.40	*		
2011/12	12.45	10.61	12.45	9.69

National data is based on the data for all acute specialist children's trusts (the category SCH comes under for this indicator). \* denotes no national data available

<b>19. Patients readmitted to a hospital within 28 days of being discharged. (ii) 15 or over</b>	
Unique Identifier:	P00904
Link:	<a href="http://nww.indicators.ic.nhs.uk/webview/">http://nww.indicators.ic.nhs.uk/webview/</a>
Source Data:	<a href="#">Source Data P00904</a>

Financial Year	%	National		
		Average (%)	Maximum (%)	Minimum (%)
2013/14	11.30	*		
2012/13	10.80	*		
2011/12	17.15	12.30	17.15	8.53

National data is based on the data for all acute specialist children's trusts (the category SCH comes under for this indicator). \* denotes no national data available

### The Sheffield Children's NHS Foundation Trust considers that this data is as described for the following reasons:

The Trust has a policy of allowing all parents to self refer to our acute assessment unit within three days if they are concerned. We have submitted evidence to the CQC that the much of the high readmission rate relates to attendances of children at our acute assessment unit. The majority of these attendances are for less than four hours.

**The Sheffield Children's NHS Foundation Trust intends to take the following actions to improve this percentage and so the quality of its services, by:**

By agreement with our commissioners, we have introduced a medical short stay code which should remove the anomaly created by the current way of recording an acute assessment unit attendance. This should allow a like for like comparison with all other units.

<b>21. Staff who would recommend the Trust to their family or friends.</b>				
Unique Identifier:	P01554			
Link:	<a href="http://nhsstaffsurveys.com/cms/index.php?page=staff-survey-2011">http://nhsstaffsurveys.com/cms/index.php?page=staff-survey-2011</a>			
Source Data:	<a href="#">Source Data P01554</a>			
		<b>National</b>		
Year	%	Average (%)	Maximum (%)	Minimum (%)
2013	83	67	94	40
2012	83	65	94	35
National data is based on the data for all acute & acute specialist trusts (the category SCH comes under for this indicator).				

**The Sheffield Children's NHS Foundation Trust considers that this data is as described for the following reasons:**

This represents an indicator of the high standards that our staff aspire to.

**The Sheffield Children's NHS Foundation Trust intends to take the following actions to improve this percentage and so the quality of its services, by:**

To continue to work with our staff to maintain and improve the standards within our Trust.

<b>24. Rate of C.difficile infection.</b>				
Unique Identifier:	P01557			
Link:	<a href="http://www.hpa.org.uk/Topics/InfectiousDiseases/InfectionsAZ/ClostridiumDifficile/EpidemiologicalData/MandatorySurveillance/cdiffMandatoryReportingScheme/">http://www.hpa.org.uk/Topics/InfectiousDiseases/InfectionsAZ/ClostridiumDifficile/EpidemiologicalData/MandatorySurveillance/cdiffMandatoryReportingScheme/</a>			
Source Data:	<a href="#">Source Data P01557</a>			
		<b>National</b>		
Financial Year	Rate	Average	Maximum	Minimum
2013/14	12.3	*		
2012/13	19.8	16.1	30.8	0.0
National data is based on the data for all trusts included in the indicator source data. * denotes no national data available				

**The Sheffield Children’s NHS Foundation Trust considers that this data is as described for the following reasons:**

The Trust has regularly reported low infection rates for C Difficile. This is due to the reduced susceptibility of children to this infection and to the high standards of infection control.

**The Sheffield Children’s NHS Foundation Trust intends to take the following actions to improve this rate and so the quality of its services, by:**

To continue to work with our staff to maintain and improve the standards within our Trust.

<b>25. Patient safety incidents and the percentage that resulted in severe harm or death.</b>	
Unique Identifier:	P01558
Link:	<a href="http://www.nrls.npsa.nhs.uk/resources/">http://www.nrls.npsa.nhs.uk/resources/</a>
Source Data:	<a href="#">Source Data P01158.1</a>
	<a href="#">Source Data P01158.2</a>
	<a href="#">Source Data P01158.3</a>

Period	Rate per 100 patient admissions	National		
		Average	Maximum	Minimum
Oct 13 - Mar 14	9.90	*		
Apr 13 – Sep 13	8.80	*		
Oct 12 - Mar 13	8.60	9.10	30.95	3.77
National data is based on the data for all acute specialist trusts (the category SCH comes under for this indicator). * denotes no national data available				

**The Sheffield Children’s NHS Foundation Trust considers that this data is as described for the following reasons:**

The Trust has a good reporting culture and we encourage serious Incidents to be recorded wherever there was a variation from procedure. We initiate a root cause analysis and obtain learning. In a quarter of the cases reported, the outcome was unavoidable but we still obtain systems learning from the examination of the incident.

**The Sheffield Children’s NHS Foundation Trust intends to take the following actions to improve this number and/or rate and so the quality of its services, by:**

To continue to report as serious incidents anything that has a potential for harm and to improve systems as a result of the investigation.

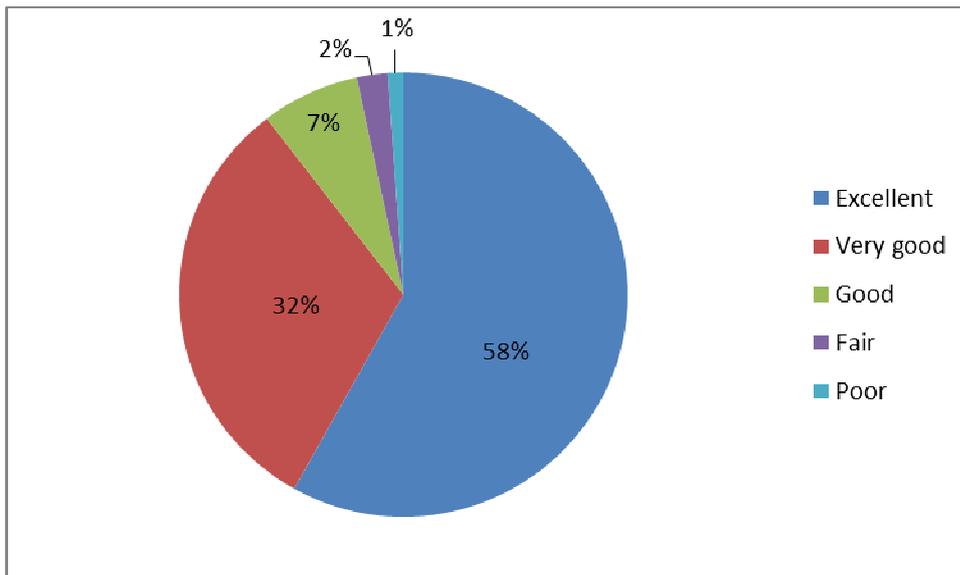
## 1.2.4 Patient experience

The Trust surveys its families each year and then compares its performance with the average of other children's units. The full details of each survey are available on:

<http://www.sheffieldchildrens.nhs.uk/patients-and-parents/patient-views.htm>

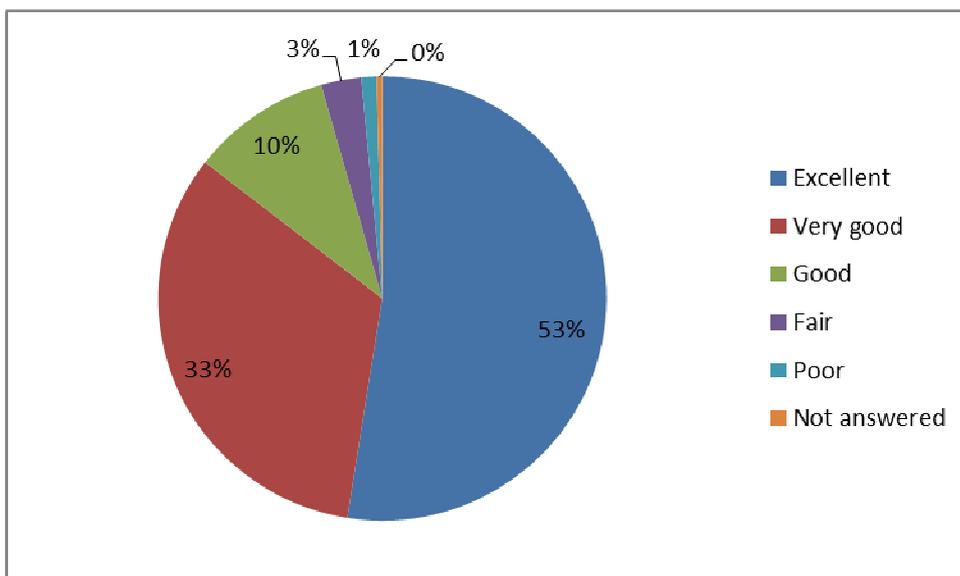
### 1.2.4.1 Outpatient survey 2013/14

The 2013/14 Outpatient survey of 850 families (31.9 per cent response) showed that the majority of our clinic patients ranked their care well.



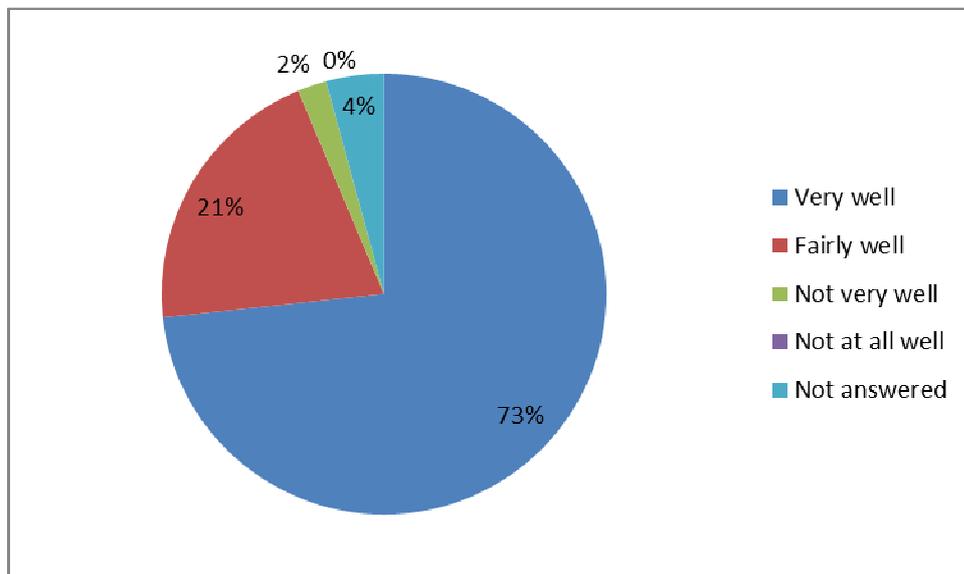
### 1.2.4.2 Inpatient survey 2013/14

The 2013/14 Inpatient survey of 850 families (32.7 per cent response) showed that the majority of our ward children and parents ranked their care well.



### 1.2.4.3 A&E patient survey 2013/14

The 2013/14 A&E patient survey of 850 families (30.3 per cent response) showed that the majority of our patients ranked their care well.



All surveys demonstrated that the Trust was significantly better than the other children's units on many indicators and worse on very few. Chief problems were with access, car parking and the facilities. We intend that our building plan will improve all of these issues over the next three years.

Comments included:

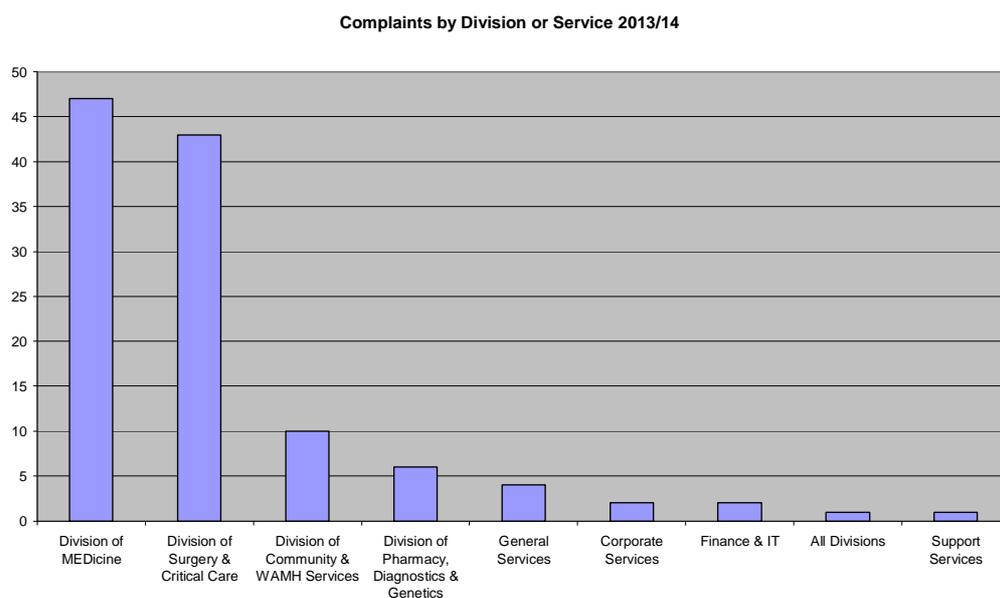
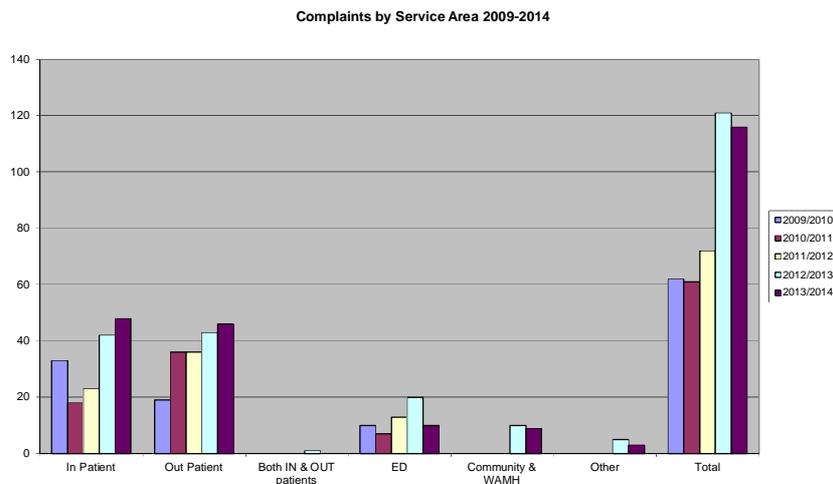
- Excellent system being seen in an A&E clinic, thorough assessments and confidence in diagnosis and decision;
- The hospital staff were very supportive and made me feel I wasn't wasting their time because of my sons allergy;
- As the nurse was putting butterfly stitches on and then gluing the cut on her head I began to faint and felt sick and I kept apologising but the nurse talked me through it, telling me to take deep breaths as she carried on dealing with my child's cut;
- An old nurse on nightshift woke my daughter to prick her finger rather than just doing it so my daughter didn't notice the pain, it irritated me;
- Yes, all I can say is the nurses at SCH and doctors are absolutely outstanding, they cannot do enough for us. They are fantastic!! A big thank you to them all;
- The resources toys on day care were excellent and well stocked. My daughter loved them. Occupied her mind. Also the porter who took us down did an amazing job. He had a laugh and a giggle with my daughter and was trying to relax us all. Thank you;
- The only problem was the time waiting for a doctor to give all clear to go home, we waited over three hours; and
- My child was on emergency visit to SCH and had to have an operation. She stayed in five days. Despite all the stress and scare for a young child being in hospital, at the end she wanted to stay few more days! I believe that says it all, how she has been looked after. Every single person who has been involved in her treatment, from ward nurses, name removed doctors, theatre and recovery staff, everybody was highly professional and with care and empathy.

## 1.2.5 Complaints

During the financial year 2013 /14, a total of 104 formal complaints were received as at 31 March 2014. The rate of complaints is set out in the following table:

Year	Episodes of care	Complaints	No of complaints per 10,000 episodes
2013 - 2014	197,112	116	5.88
2012 - 2013	187,667	120	6.39

Further analysis shows the following are the main services receiving complaints:



### 1.2.5.1 Reason for the complaint

Complaints are coded according to national coding descriptions:

Type of Complaint	No.
Care and treatment	47
Appointments/delay/cancellation	18
Attitude of staff	22
Transfer/admission arrangements	4
Lack of communication/information	13
Medical Records	3
Car parking	1
Breach of confidentiality	3
Privacy & dignity	1
Consent to treatment	2
Equipment	1
Other	1

The 'care and treatment' complaints is a wide category set by the NHS complaints coding system. The main issues that we find in this relate to dissatisfaction with the diagnosis or treatment outcomes.

### 1.2.5.2 Learning from complaints

Although there are some complaints which we cannot do anything about, we believe that the need to make a complaint demonstrates a failure in communication of our services. If a child experiences known complications of a treatment then it should not come as a surprise to the family; if a family is subject to delays then these should be reasonable and the family should have a right to be warned about them.

Some of the complaints which were made include:

Examples of complaints

- Antibiotics not prescribed for a viral illness.
- Elective admissions cancelled because of emergency admissions.
- Poor communication during long wait to be seen.
- Parental and patient disagreement with diagnosis.
- Delay in diagnosis.
- Dissatisfied with outcome of surgery.
- Incorrect information given in referral letter to another trust.
- Poor planning of transfer to Leeds Hospital for surgery.

- Unhappy with the way in which general office dealt with parent's travel claim
- Breach of confidentiality - Complainant could hear support worker discussing her on a telephone.
- Post-operative complication occurred which parent feels was not explained during the consent process.

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

- All families warned in appointment letter of the possibility of late cancellation.
- Outpatient department notice boards updated and waiting times for all clinics displayed.
- Relocate waiting list co-ordinator to be with the surgical secretaries to improve communication and relay of messages between clinical and administration staff.
- Information should be verified with parents before letters written.
- Patients will not be transferred to Leeds for cardiac procedures unless an overnight bed is available post operatively. Embrace service has clarified its procedures for transfer.
- Website information on financial assistance with travel updated. Supervisor to liaise with PALS regarding a notice board outside the cashier's office.
- Staff member to undertake refresher course on Information Governance regarding patient confidentiality.
- One risk of a procedure was very low therefore not mentioned at the consent process. Following discussion at M&M meeting, parents will be warned about this potential complication in future.

### 1.2.5.3 Referrals to the Ombudsman

During the last financial year, a total of two complainants referred their complaint to the Parliamentary and Health Services Ombudsman (PHSO). Two Previous referrals were also reported upon.

Ref	Division	File to PHSO	Summary of Complaint	PHSO decision
COM50	Medicine	Feb 2012	Lack of information provided to parent on admission resulting in unexpected weekend inpatient stay while parent taught home care skills.	Parent awarded £500 in recognition of injustice of loss of confidence and upset and distress caused by handling of complaint. Action plan to be produced to avoid recurrence of failings. PHSO case now closed
COM82	Medicine	March 2012	Safeguarding procedures initiated due to persistent use of alternative remedies against medical advice.	PHSO dermatology expert produced report criticising

				the clinician's stance on the matter. The Trust challenged the report and the case has been transferred to the PHSO Complex Investigations Department for further work – awaiting response.
COM103	Surgery and Critical Care	December 2013	Alleged fractured caused whilst removing plaster cast.	Awaiting decision
COM252	CAMHS	October 2013	Patient seen by Sheffield CAMHS several years ago and discharged. Family moved away from Sheffield and patient was subject to abuse. Complainant alleged that patient should not have been discharged by Sheffield CAMHS.	PHSO report – 'The care provided by the Trust was reasonable and there was no service failure'. Case closed

### 1.2.6 Potentially serious incidents

During the last financial year, 2013/14, the Trust reported 12 potential serious incidents. Each is investigated and any learning shared with the wider organisation. The board is regularly updated wherever urgent learning requires to be implemented.

- Breach of national Epilepsy Surgery Specification Model: epilepsy surgery undertaken on a patient aged five years and 11 months, according to the specification model surgery on patients aged five years and under should be performed at one of the National Children's Epilepsy Surgery Services (CESS).
  - The Trust will in future adhere to the Epilepsy Surgery Specification Model.
- Unintended variation to a procedure: a surgical procedure was undertaken on a patient, although the correct operation was performed the technique used was different from that consented.
  - The type of surgery to be undertaken to be documented in full, all relevant staff to be present at surgical team briefings.
- Failure to document full written consent for treatment: Removal of milk teeth to remove risk to a patient's airway during general anaesthetic, the potential for this had not been fully documented during the consent process.
  - Full written consent to be documented, consent audit to be undertaken.
- Young person attempted self-harm: A day patient left the hospital site and obtained and ingested a quantity of paracetamol from local shops.

- Upgrading of site including anti-climb paint and additional cameras showing grounds. Meeting held with local police to strengthen joint organisation working arrangements.
- Communication issue: The health visitors were notified of a patient new to the city and requiring the offer of a new blood spot testing. This was not communicated within the team effectively and the offer was missed, although it was confirmed the test had been previously provided in the USA.
  - Blood spot protocol reviewed and amended, improved communication through various alerts put in place by health visiting and child health.
- Unexpected death of a patient following extended observations in the emergency department.
  - Reinforce appropriate escalation to consultant level and review of the all Trust asthma guidelines

**The following investigation reports have yet to be approved by the the Trust risk management committee:**

- Breach of national audiology targets. Waiting time for hearing tests unintentionally exceeded.
  - Additional training undertaken, all forms to be date stamped as received in department
- Patient death following two previous A&E attendances.
  - Review of emergency department headache guidelines by neurology department,
- Accidental extubation of patient, whilst undertaking emergency stabilisation and transfer to regional intensive care unit.
  - Additional simulation training in airway protection and re-intubation to be undertaken by all transport staff.
- Safeguarding concerns raised regarding an agency staff member
  - Agency has been informed and staff member suspended pending investigation.
- Unexpected death of a patient in theatres following general anaesthetic
  - Investigation underway
- Unexpected death of a patient three days following discharge from the emergency department
  - Investigation underway

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.

All potential serious untoward incidents are subject to a root cause analysis and the result shared with the risk and audit Committee.

## 1.3 Other information

The Trust set a number of quality indicators to be monitored during 2013/14. Our performance is set out below. Where changes are proposed, the old indicators will continue to be monitored and any deterioration will be highlighted in future reports.

### 1.3.1 Patient Safety

Patient safety AREA REVIEWED	NATIONAL OR HISTORICAL PERFORMANCE THRESHOLD	PERFORMANCE 2011/12	ACHIEVEMENT 2012/13	ACHIEVEMENT 2013/14
<p><b>Infection Control</b></p> <p>Maintain levels of MRSA and C Difficile infection within Monitor thresholds for best practice.</p>	<p><a href="http://www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/documents/digitalasset/dh_132045.pdf">http://www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/documents/digitalasset/dh_132045.pdf</a></p> <p>pp 64 and 68</p>	<p>MRSA: 0 Cases</p> <p>C Difficile: 3 Cases</p>	<p>MRSA 0 Cases</p> <p>C Difficile 8 Cases</p>	<p>MRSA 0 Cases</p> <p>C Difficile 5 Cases</p>
<p><b>Never Events</b></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><a href="http://www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/@dh/@en/documents/digitalasset/dh_132352.pdf">http://www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/@dh/@en/documents/digitalasset/dh_132352.pdf</a></p>	<p>Nil events</p>	<p>Nil events</p>	<p>Nil events</p>
<p><b>Management of Aggression</b></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><a href="http://www.nhsbsa.nhs.uk/Documents/SecurityManagement/NHS_SMS_Workplace_Safety_Report_FINAL_MERGE_D.pdf">http://www.nhsbsa.nhs.uk/Documents/SecurityManagement/NHS_SMS_Workplace_Safety_Report_FINAL_MERGE_D.pdf</a></p> <p>p29</p>	<p>Violence and aggression incidents graded moderate:  149</p>	<p>24 Incidents</p>	<p>27 Incidents</p>

These initiatives all addressed key areas of child safety. Infection control is a high priority for acute hospitals and is a difficult area to control in children and neonates, who are particularly susceptible to infection. We have increased the time available to our Director of infection prevention and control and infection control nursing team, to ensure that there is a continuous onsite presence, 52 weeks per year.

The Trust is still within the safe level of 12 cases per year specified by Monitor for all trusts, since all were isolated cases. Monitor accepts that results below that level will fluctuate for reasons beyond the control of hospitals.

The Department of Health Guidance on never events is designed 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. I am pleased to record that there were no never events recorded by the Trust in that period.

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. The Trust has committed, as a priority, to reviewing the service design of CAMHS In patient care in conjunction with commissioners.

### Proposed new Indicators 2014-15

- Ensure mandatory training is achieved annually. Target - at least 80 per cent of staff attain annual mandatory training update.
- Reduce medication incidents that cause harm. Target – medications with an outcome of harm reduced to 1 per cent of all recorded medication incidents.
- All CAMHS patients with continuing needs to have a transition plan agreed with adult health services that the young person is aware of. Target – Only CAMHS patients of 18 years or over will transfer to adult mental health teams. 100% of transfer will only occur following a written referral and acceptance. Non acceptance will be referred to commissioners.

The first indicator recognises that the Trust has failed to achieve this aspirations and needs to focus on it as a pre-requisite for safe care.

The second indicator reflects the need to address the most common cause of incidents in children's acute care. Child drug dosage is complex and requires additional safeguards to ensure safe prescribing and administration.

The third indicator reflects the concerns of NHS England and the Overview and Scrutiny Committee for young people who fall between the stools of child and adult services.

### 1.3.2 Clinical effectiveness

Clinical effectiveness AREA REVIEWED	NATIONAL OR HISTORICAL PERFORMANCE THRESHOLD	PERFORMANCE 2011/12	ACHIEVEMENT 2012/13	ACHIEVEMENT 2013/14
<b>Achieve compliance with agreed national standards for Safe and Sustainable Paediatric Neurosurgical Services</b>	<a href="http://www.specialisedservices.nhs.uk/library/31/Developing_the_Model_of_Care.pdf">http://www.specialisedservices.nhs.uk/library/31/Developing_the_Model_of_Care.pdf</a>	New Standard under national development	National standards still under development.  Self assessment indicates compliance with provisional standards.	Position unchanged.
<b>Achieve compliance with agreed national standards for children's major trauma. As set out in the NHS Operating Framework.</b>	<a href="http://www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/@dh/@en/documents/digitalasset/dh_133585.pdf">http://www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/@dh/@en/documents/digitalasset/dh_133585.pdf</a>  p76.	New Standard under national development	Report indicates compliance with some areas for medium term improvement related to:  24 hr consultant presence in A&E., Rehabilitation space, data returns and proximity of core interventional radiology specialities.  Peer Review 12 March 2013	TQuINS report indicates minimum of 85.7% compliance with standards.  Key actions:  1. Set up radiology audit network. 2. Work with East Midlands Ambulance Service to establish coordinator role.
<b>Achieve compliance with agreed national standards for best practice in children's diabetes</b>	<a href="http://www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/@dh/@en/documents/digitalasset/dh_133585.pdf">http://www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/@dh/@en/documents/digitalasset/dh_133585.pdf</a>  p59.	New Standard under national development	Attainment of partial compliance.  Peer Review 24 Feb 2012	Attainment of full compliance following implementation of Peer review recommendation..

These indicators were based upon nationally identified patient quality indicators. The three areas impact on core services for families in Sheffield and South Yorkshire. The Safe and Sustainable Standards for Neurosciences and consequent peer assessment are still being agreed.

## Proposed New Indicators 2014/15

- Review and reduce the reason for our higher than average rate of re-admission of patients within 28 days of an elective admission. Target – rate of attendance to be at or below national average.
- Review and reduce the reason for our higher than average rate of re-admission of patients within 48 hrs of an emergency admission. Target – rate of attendance to be at or below national average.
- Ensure that patients have a discharge letter sent to their GP within two working days of discharge. Target – 85 per cent of letters to be sent within two working days.

The first two indicators reflect CQC concerns highlighted in routine monitoring, that Sheffield Children's NHS Foundation Trust is more likely to readmit children than the national average. This may either reflect easy access for parents to the Child Assessment Unit or lack of adequate community services. We need to find out.

The final indicator reflects the need to resolve the tension between producing detailed and comprehensive discharge letters and the need to produce timely letters for GPs and families. This is a key concern of our GPs.

### 1.3.3 Patient experience

Patient experience AREA REVIEWED	NATIONAL OR HISTORICAL PERFORMANCE THRESHOLD	PERFORMANCE 2011/12	ACHIEVEMENT 2012/13	ACHIEVEMENT 2013/14
<p><b>Initiate 850 patient postal survey of experience in children's A&amp;E</b></p> <p><b>Tool should record child and parent experience</b></p>	<p>No child specific national tool available</p> <p>Commission tool in conjunction with other hospital Children's Services</p>	<p>Not available – new survey</p>	<p>Completed</p> <p>Problem scores worse than peer average:</p> <p>Waiting area not clean</p> <p>Not enough for child's age group to do when waiting</p>	<p>Completed</p> <p><a href="http://www.sheffieldchildrens.nhs.uk/Patient-views.htm">http://www.sheffieldchildrens.nhs.uk/Patient-views.htm</a></p> <p>No problem scores worse than peer average.</p>
<p><b>Complete an 11 bedded Home from Home for resident parents of children in Critical Care.</b></p> <p><b>Work with the Sick Children's Trust to ensure that parents' needs are reflected in design.</b></p>	<p>Poor performance against resident parent facilities scores: p3</p> <p><a href="http://www.sheffieldchildrens.nhs.uk/Downloads/Patient%20views/Inpatient%20Survey%20Results%202011%20pdf.pdf">http://www.sheffieldchildrens.nhs.uk/Downloads/Patient%20views/Inpatient%20Survey%20Results%202011%20pdf.pdf</a></p>	<p>Facilities for parents staying overnight rated as fair/poor</p> <p>25%</p>	<p>The Home from Home was not available during the survey and accordingly the result remains at 28%. The facility is currently under construction and should be complete by 2013.</p>	<p>Completed November 2013</p>

Patient experience AREA REVIEWED	NATIONAL OR HISTORICAL PERFORMANCE THRESHOLD	PERFORMANCE 2011/12	ACHIEVEMENT 2012/13	ACHIEVEMENT 2013/14
<b>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</b>	No child specific national tool available	Patient surveys have reported on existing practices and facilities rather than what parents and children want.	University of Sheffield has been contracted to carry out focus group research this year with families and staff. Research findings will be published to advise new ways of working in late 2014.	University of Sheffield field work underway.

The Trust has largely based its capital building plan on family feedback. The needs expressed in the annual surveys have informed the access, way finding, clinic environment, ward facilities, resident parent facilities and working practices of the new hospital wing.

#### Proposed new indicators 2014-15

- A&E Survey to be replaced with 2014 neonatal survey. Target – no Picker problem scores greater than average for other children’s units.
- Home from Home target to be replaced with Health Visitor survey action plan based upon 2014 result. Target – achievement of action plan prior to resurvey in 2016.
- Roll out of the Friends and Family Test in a child friendly format as an electronic page to all bed end patient entertainment consoles. Target – test results to be better than national average.

These indicators reflect the need to understand all of our client family needs in the many settings that they experience care from Sheffield Children’s NHS Foundation Trust.

### 1.3.4 National staff attitude survey

Each year the Trust takes part in the national staff attitude survey. This survey provides invaluable information to ensure that the views of staff at work are heard and appropriate responses to the feedback are made. Whilst our results compare favourably to the national findings we are clear that we still have work to do, for example in ensuring that all staff have a well structured annual appraisal. The staff engagement forum 'Your Voice' will develop an action plan to ensure that appropriate responses to the staff survey are developed and put in place.

#### 1.3.4.1 Summary of performance

##### Response rate

2012		2013		Improvement/deterioration
Our Trust	National average	Our Trust	National average	
40%	52%	54%	49%	14% improvement

##### Top five ranking scores<sup>2</sup>

Percentage of staff experiencing harassment, bullying or abuse from staff in last 12 months (the lower the score the better)

2012		2013		Improvement/deterioration
Our Trust	National average	Our Trust	National average	
20%	23%	19%	22%	1% improvement

Percentage of staff working extra hours (the lower the score the better)

2012		2013		Improvement/deterioration
Our Trust	National average	Our Trust	National average	
69%	71%	68%	71%	1% improvement

Percentage of staff feeling pressure in the last 3 months to attend work when feeling unwell (the lower the score the better)

2012		2013		Improvement/deterioration
Our Trust	National average	Our Trust	National average	
21%	23%	17%	24%	4% improvement

<sup>2</sup> These scores are the five key findings from the staff attitude survey where Sheffield Children's NHS Foundation Trust compares most favourably with other acute specialist Trusts

**Percentage of staff reporting errors, near misses or incidents witnessed in the last one month (the higher the score the better)**

2012		2013		Improvement/deterioration
Our Trust	National average	Our Trust	National average	
95%	92%	97%	92%	2% improvement

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

2012		2013		Improvement/deterioration
Our Trust	National average	Our Trust	National average	
91%	88%	95%	91%	4% improvement

**Bottom five ranking scores<sup>3</sup>**

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

2012		2013		Improvement/deterioration
Our Trust	National average	Our Trust	National average	
42%	61%	45%	66%	3% improvement

**Staff motivation at work (the higher the score the better)**

2012		2013		Improvement/deterioration
Our Trust	National average	Our Trust	National average	
3.77	3.85	3.79	3.91	0.02 improvement

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

**Percentage of staff saying hand washing materials are always available (the higher the score the better)**

2012		2013		Improvement/deterioration
Our Trust	National average	Our Trust	National average	
60%	62%	50%	61%	10% deterioration

**Percentage of staff appraised in the last 12 months (the higher the score the better)**

2012		2013		Improvement/deterioration
Our Trust	National average	Our Trust	National average	
77%	81%	78%	86%	1% improvement

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

2012		2013		Improvement/deterioration
Our Trust	National average	Our Trust	National average	
89%	91%	86%	91%	3% deterioration

**Key areas of improvement**

Staff experience has improved in relation to staff experiencing physical violence from patients, relatives or the public in the last 12 months. The Trust continues to compare favourably with other NHS organisations and is among the top 30 Trusts when staff are asked to recommend the Trust as a place to work or receive treatment.

**Future priorities and targets**

One of the key priorities for the Trust in the coming year is to increase the number of staff who report that they have received an appraisal. The Trust will set and monitor a target for the organisation to reach a level of appraisals in excess of 80%. The Trust will also develop mechanisms to increase the reported response in relation to good communication between senior management and staff.

### 1.3.5 Monitor indicators and thresholds performance

	Performance indicator	Target or threshold	13/14 trust performance	Achieved
ACCESS	Maximum time of 18-weeks from point of referral to treatment for admitted patients	90%	91.82%	✓
	Maximum time of 18-weeks from point of referral to treatment for non-admitted patients	95%	96.90%	✓
	Maximum time of 18-weeks from point of referral to treatment for patients on an incomplete pathway	92%	94.32%	✓
	A&E: maximum waiting time of four-hours from arrival to admission, transfer or discharge.	≤ 95%	97.64%	✓
	All cancers: 62 day wait for first treatment from: Urgent GP referral for suspected cancer NHS Cancer screening service referral	85% 90%	N/A	N/A
	All cancers: 31-day wait for second or subsequent treatment, comprising: Surgery Anti-cancer drug treatments radiotherapy	94% 98% 94%	100% 100% N/R	✓
	All cancers: 31-day wait from diagnosis to first treatment	96%	100%	✓
	Cancer: two-week maximum wait from referral to first seen, comprising: All urgent referrals (cancer suspected) For symptomatic breast patients (cancer not initially suspected)	93% 93%	98.86% N/R	✓
OUTCOMES	C.Difficile infection	3*	5	X
	Data completeness: community services, comprising: Referral to treatment information Referral information Treatment activity information	50% 50% 50%	69.06% 96.65% 72.42%	✓

\* de minimis of 12 applied by Monitor

The table above summarises the Trust's performance in 2013/14 against the targets used by Monitor to calculate our governance risk rating against their risk assessment framework.

#### Additional Information

##### **Referral to treatment time performance at speciality level - dental breaches**

- Paediatric dentistry admitted – 5 months in the last year targets were not achieved
- Paediatric dentistry non-admitted – 9 months in the last year targets were not achieved

The Trust continues to have difficulties as a result of delays at the Charles Clifford Dental Hospital, with a high number of patients transferred beyond their breach dates. There is a local agreement in place with Sheffield Teaching Hospitals NHS Foundation Trust to share breaches in dentistry where patients have been transferred to the trust and some improvements have been made with the length of waits patients have experienced prior to transfer to the Trust having fallen.

### **Radiology diagnostic waits**

The Trust has had a marked increase in the requirements for X-ray and scanning diagnostic tests. The diagnostic results are a critical part of the outpatient clinic process and the inpatient admission process. The results determine whether further tests or treatment are required. The need for a further MRI scanner is to be based upon whether the Trust needs more scanning capacity.

The Trust has to achieve 99 per cent of diagnostic tests in 6 weeks or under.

- **MRI tests:** from September 2013 to February 2014 between 1.7 per cent and 7 per cent of all patients were waiting for more than six weeks. The total number of patients rose from an average of 114 per month in the first five months of the year (Apr - Aug) to an average of 166 per month for the remaining seven months (Sep - Mar)
- **CT scan:** there were no patients waiting more than six weeks throughout 2013/14.
- **Non-obstetric ultrasound:** there were no patients waiting more than six weeks in 2013/14.
- **DEXA scan (bone scan):** there were no patients waiting more than six weeks. Patients waiting over three weeks in any one of the 12 month period 2013/14 ranged from 11 per cent - 33 per cent.

Based upon demand the trust has confirmed the decision to commission another MRI scanner attached to our operating theatres. This gives additional capacity and enables our surgeons to do MRIs on patients during surgery.

## 1.4 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 2013-14;
- 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 2013 to June 2014
  - Papers relating to quality reported to the board over the period April 2013 to June 2014
  - Feedback from the commissioners dated 13 May 2014
  - Feedback from governors dated 13 May 2014
  - Feedback from Local Healthwatch organisations received 21 May 2014
  - 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 2014
  - The in-patient survey 2013-14
  - The outpatient survey 2013-14
  - The national staff survey 2013-14
  - The A&E survey 2013-14
  - The head of internal audit's annual opinion over the Trust's control environment confirmed 28 May 2014
  - CQC hospital Intelligent monitoring dated 13 March 2014
- 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.monitor-nhsft.gov.uk/annualreportingmanual](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 [www.monitor-nhsft.gov.uk/annualreportingmanual](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



..... 28/05/2014 ..... Date..... Chairman



..... 28/05/2014 ..... Date..... Chief Executive

## 1.5 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.

#### Consulted agencies or groups:

##### Sheffield Clinical Commissioning Group

The first draft report was provided to NHS Sheffield on 01 April 2014

#### **SCH Quality Report 2013/14**

##### Statement from NHS Sheffield Clinical Commissioning Group

NHS Sheffield Clinical Commissioning Group (CCG) has had the opportunity to review and comment on the information in this quality report prior to publication. Sheffield Children's NHS Foundation Trust has considered our comments and made amendments where appropriate. We are confident that to the best of our knowledge the information supplied within this report is factually accurate and a true record, reflecting the Trust's performance over the period April 2013 – March 2014.

Sheffield Children's NHS Foundation Trust provides a very wide range of general and specialised services, and it is right that all of these services should aspire to make year-on-year improvements in the standards of care they can achieve.

Our overarching view is that Sheffield Children's NHS Foundation Trust continues to provide good quality services, which are underpinned by strong operational performance on areas such as the 95% Accident and Emergency (A&E) target, the 18 week Referral to Treatment waiting times targets and very low numbers of C Difficile cases.

The Trust has failed to sustainably achieve the targets for patients waiting over 52 weeks and the number of patients waiting over 6 weeks for diagnostic tests during 2013/14. It has however undertaken a number of measures to improve systems and processes during the course of the year and NHS Sheffield CCG anticipates that these will result in improved performance during 2014/15. In the interests of promoting honesty, transparency and openness, the CCG suggests that the trust continues to review its internal processes, especially with a view to enhancing data sharing.

The CCG supports the Trust's identified three Quality Improvement Priorities for 2014/15, although it must be noted that NHS England, rather than the CCG, commissions the inpatient CAMHS service at Becton (priority 2). The CCG particularly welcomes the full implementation of an out of hours model of senior children's nurses who are supernumerary to co-ordinate patient care at night and weekends (priority 1) and the further improvement in parking access (priority 3).

Submitted by Beverly Ryton on behalf of:

Kevin Clifford  
Chief Nurse  
and  
Kate Gleave

Contracting Lead  
NHS Sheffield Clinical Commissioning Group

May 13th 2014

## Sheffield Healthwatch

The first draft report was provided to Healthwatch on 01 April 2014 and a meeting was held with key members of Healthwatch and the Director of Nursing and Clinical Operations on 16 April. The following response was received:

### **SHEFFIELD CHILDREN'S FOUNDATION TRUST ANNUAL QUALITY REPORT 2013/14**

Statement from Healthwatch Sheffield – received 21 May 2014

Healthwatch Sheffield has had the opportunity to comment on the draft Quality Account, and note that Sheffield Children's NHS Foundation Trust have considered our views and made amendments where possible and appropriate. We note the comments from South Yorkshire Overview and Scrutiny Committee to the effect that it would be appropriate to involve Healthwatch at an earlier stage in the process and we hope to be able to work with the trust to achieve this next year.

We feel that although the document clearly contains evidence of the excellent work done in this year, it is not the most 'user friendly' and although some constraints are laid down by Monitor we would be happy to work with the Trust in improving readability next year as we feel there is still some scope for enabling greater understanding. For example, it would be helpful to us to have some context as to the importance of the National and Local Clinical Audits and the outcomes and changes made shown alongside identified actions. We know that the Trust is doing some excellent work, but feel that this does not necessarily 'sing out' from this report.

We are pleased to see that the new survey of families who have come into contact with Health Visitors is being adopted as a national benchmark, and also note the excellent work conducted to keep rates of C.Diff and MRSA consistently low.

Healthwatch Sheffield notes that while there has been a decrease in the overall number of complaints in spite of an increase in the number of treatment episodes, this is not echoed in the staff survey, where 13 areas are currently below the national average, and one has seen a significant decrease. We note the series of proposed actions associated with this, and will keep an eye on this area in the future.

We broadly support the Quality Improvement Priorities for 2014-15, in particular the response to family calls for increased evening and weekend access, and the bid to improve parking by the end of 2015. We are certain both of these areas have the potential to translate to a more positive patient experience.

Healthwatch Sheffield commend the trust for the work they have achieved in this year, and look forward to working with them in 2014/15.

Professor Pam Enderby

Chair, Healthwatch Sheffield

## Yorkshire Overview and Scrutiny Committee

The first draft report was provided to the South Yorkshire Oversight and Scrutiny Committee on 10 March 2014. The director of nursing and clinical operations attended the committee on 19 March. The following interim response was received:

### **SHEFFIELD CHILDREN'S FOUNDATION TRUST ANNUAL QUALITY REPORT 2013/14**

The Committee received a report of the Director of Nursing, Sheffield Children's Foundation Trust, to which was appended a draft of the Trust's Annual Quality Report 2013/14, which summarised the performance of the Trust in 2013/14 in relation to quality of care. It set out the quality priorities for 2014/15, which had been arrived at in consultation with user families, governors and agency partners.

As a preliminary, the Policy and Improvement Officer, indicated that, as there had been no formal feedback from Healthwatch Sheffield, the intention of this meeting was to discuss and capture comments on the draft Annual Quality Report and then delay a formal response until the consultation with Healthwatch Sheffield had been completed.

In attendance for this item was John Reid, Director of Nursing, Sheffield Children's Foundation Trust, who referred the Committee to the draft report, making particular reference to the fallout from the Mid Staffordshire Public Inquiry, Children's Psychiatry and the building of the new hospital wing. He added that a plain English version of the report would be produced when it had been finalised.

Members made various comments and asked a number of questions, to which responses were provided as follows:-

- The 2014/15 priorities reflected comments from the Trust's governors, clinicians and surveys for improvements. Other priorities had stemmed from the recommendations of the Mid Staffordshire Public Inquiry and the fact that the Children's Psychiatry Service was overwhelmed.
- The outcomes of the actions relating to newborn screening in the Neonatal Surgical Unit were that the Children's Service got a handover communication which was reported on regularly and the results of a health visiting survey, which had been commissioned in January, would be placed on the Trust's website in March and reflected in the final Annual Quality Report.
- All complaints were regarded as valid and were used as a learning tool. They were all reviewed and responded to and this had resulted in an improved service. A Governor's Group examined a sample of anonymised complaints, which was a procedure set out by the National Patient's Association. It was also proposed to check that all responses were compassionate.
- Selection and training of staff included the potential to care and be part of a team.

- Psychological illness in children was difficult to define as they were in the process of development, but one major sign of this was when anxieties interfered with their normal life. From the ages of 8 to 9 upwards, attempts were made to treat children with psychological illnesses as outpatients but sometimes it was necessary to have them admitted. There had been an upswing in eating disorders and self-harming and strategies were devised involving both therapy and exercise to address these conditions. The City had two units with a good success rate, but it should be appreciated that there was no quick fix. Referrals were usually made by GPs, schools or relatives.
- Attention Deficit Hyperactivity Disorder (ADHD) was measured by how much it prevented normal life, such as being unable to participate in education or becoming involved in the criminal justice system. The Trust tended to use talking therapies to address this condition, with the use of drugs being avoided unless absolutely necessary. In cases where drugs were used, physical monitoring took place to assess any side effects.
- In relation to psychological services, the Commissioners were anxious to ensure that nothing was missed in the transition from child and adolescent to adult services.
- In relation to prescribing antipsychotics for children and adolescents, it was proposed to explore the possibility of a joined up protocol with GPs.
- The friends and family test was a national one, with the question being directed to the parents of children under 8 and with children over 8 being asked directly.
- A contract had been agreed at the beginning of the year with NHS England in relation to payment for referrals to the Children and Adolescent Mental Health Service (CAMHS) at the Becton Centre from other parts of the country.
- In relation to the Patient Experience surveys, the Trust was looking at detail, with anything less than 'excellent' indicating a problem. Benchmarking was undertaken against other Trusts, with the Sheffield results comparing favourably.
- It was a truism to say that in all acute services there was a difference in service at weekends. Clinics were held on weekdays and at weekends it was emergencies which tended to be dealt with. Evening clinics were to be introduced and it had been noted that there was an upsurge in Accident and Emergency admissions during the week. On weekdays, there were different teams working, different diagnostic services available and different access to laboratories. There was a need to change to deal with changing public expectations and work-life balance, and it was intended to provide a different, but not worse, service at weekends.
- Difficulties were experienced in the week in relation to pharmacy waiting times at the Children's Hospital, as children preferred liquid medicines, which commercial pharmacies tended not to stock. The pharmacy at the Hospital had now introduced pagers to help reduce queues at the pharmacy counter.

- In an attempt to reduce pharmacy waiting times for patients awaiting discharge, ward based pharmacists had been introduced who would write up prescriptions for such patients.
- The Director of Nursing assessed the nursing establishment with Senior Nurses twice a year and at the entrance to each ward there was a noticeboard giving details of staffing.
- Whilst there was only one formal complaint relating to car parking, it remained that this was the biggest source of feedback received. The main source of complaints relating to care and treatment were as a result of parents disagreeing with diagnosis and treatment. Generally though, the complaints rate in Sheffield was low in comparison to the number of interactions.
- The reason for the number of internet connections in the Annual Quality Report was to make the detail behind it available. Printed copies of the report were made available in public areas and the easy read section contained only one link, which was to the full report.

RESOLVED: That the Committee:-

- (a) thanks John Reid for his contribution to the meeting; and
- (b) notes the contents of the report and the responses to questions.

## Council of governors Sheffield Children's NHS Foundation Trust

The first draft report was provided to the governors on 7 May 2014. The draft was the subject of a discussion on 13 May between the Director of Clinical Operations and the Council. The attached is an extract from the minutes of the meeting.

25/14

### **Extract from the draft minutes of the Council of Governors meeting. Draft Quality Report 13 May 2014**

#### **What do you think of our statutory priorities: Draft Quality Report 2014**

Director of Nursing John Reid gave a presentation on the draft quality report. He explained that the Trust now had undertaken additional work to the report which was completed that morning.

He explained that there are three priorities and nine indicators which the Trust needs to concentrate on and explained the rationale for proposing these.

#### **Quality Priorities**

##### **1. Implement Mid Staffs improvements - national**

This is an important national issue which has resulted in lots of reports and suggested changes for the NHS. The issues around Mid Staffs significantly dented the public confidence in the NHS. The Trust needs to ensure that we are addressing these issues and that the recommendations are being implemented

##### **2. Review of CAMHS to fit with demand - regional**

The Trust feels that it is our duty to meet the standards set nationally for CAMHS and as such a full review of CAMHS services will take place

##### **3. Maintain normal services during extensive construction – local**

It is going to be extremely challenging getting through the next few years. There is construction work going on all around the hospital. Maintaining normal services during this time is a real priority.

Public Governor Richard Knighton asked if there were any other priorities that nearly made the list. John Reid explained that there were lots of considerations and each of these areas has its own priorities. These are focusing on our top priorities but there are lots of others as well. Isabel Hemmings added that there were elements of quality focus across many of the objectives that the Trust was working to deliver over the next year which would themselves bring about improvement in the quality of our services.

#### **Indicators**

##### **Patient safety indicators:**

**1. 80% of our staff have to have undergone and completed mandatory training,**

**2. Medication incidents that cause harm** - we have very complex issues to deal with, all of these complications mean that delivery and prescribing is complicated. We are committing to ensure that no more than 1% of incidents cause harm

**3. CAMHS transition documented 100%**

The Trust has to ensure there is an orderly transition for patients and discussions are taking place with commissioners. Overview and scrutiny feel very strongly about this and it is also something that our families and patients are saying to us.

There was a question re mandatory training asking for clarity on the 80% figure. John Reid explained that we are saying that 80% of staff have to have attended and completed 100% of the mandatory training that we need them to have completed.

Medical Director, Derek Burke talked about the Trust getting the definitions correct and then meeting these targets.

John Reid went on to explain that this figure is for staff every year. For the mandatory training we are currently at 69 % across the board but within that there are training courses that are much higher. He also highlighted the fact that it is difficult to benchmark as there is no national definition about what mandatory training is, everyone has a different take on it.

The medication target is something the Sheffield Children's NHS Foundation Trust have agreed with Birmingham children's so we can report back on how we have both done on this.

#### **Clinical effectiveness indicators:**

##### **1. Reduce re admissions of emergency patients to national average**

John Reid explained that on paper it appears that the Trust is an outlier as we seem to re admit patients more than other Trusts. He went on to say that we believe that this is just about how we are documenting this.

He explained that the hospital's re-admission rate is influenced by the Trust preferring to send children home and encourage parents to come straight back if they have concerns rather than keep children in hospital. John added that children have their own in-built care package in the form of parents, whereas adults don't.

At the minute, John explained, we don't know that this is the case - we need to test this out.

Isabel said that we have done a clinical review and a proportion of those re admissions could have been avoided. This does get taken into account in financial terms and we don't get paid for those.

##### **2. Reduce re admission of elective patients to national levels**

Typically we have reduced the length of elective stays. We have done this by processing children differently. Children don't typically come the night before an operation now. It is possible that because our parting words are if you have any concerns don't hesitate to come back to us. They come back to AAU.

Chair, Nick Jefferies said this is a problem with the way it is set up. It is not a one size fits all metrics. We are dealing with children and they are different to adults.

John Reid explained that children often can't describe what is wrong with them and you have to do a number of observations to check that.

##### **3. 85% of discharge letters within 48 hours**

The Trust used to write our discharge letters on carbon copy. What patients get now is a legible detailed copy from a computer print out, this has had an issue on timeliness. The Trust recognises that timeliness is as important as legibility.

#### **Patient experience**

##### **1. Carry out Picker survey of neonatal families**

John informed the Governors that the Trust wants to conduct a survey of neonate families as this is an area that is often missed. These are babies who have been delivered with a medical problem and we feel this is a gap that we've never addressed

##### **2. Construct and implement Health Visitor survey action plan**

The Trust has undertaken its first Health Visitor survey. The results are not with us yet but when they are an action plan will be developed

##### **3. Implement and publish friend and family test for inpatients**

John explained that a good way to do this test would be via the screens at the end of patient beds. Screen savers could come up and patients have to answer the

question to get back in. There will be national standards for these.

John said he will send out to everyone the updated report and he would happily take any comments on this by e-mail before it was submitted to the May Trust Board meeting for approval.

The draft quality report was noted by the Council of Governors.

## Independent auditor's report to the council of governors of Sheffield Children's NHS Foundation Trust on the quality report

We have been engaged by the Council of Governors of Sheffield Children's NHS Foundation Trust to perform an independent assurance engagement in respect of Sheffield Children's NHS Foundation Trust's Quality Report for the year ended 31 March 2014 (the 'Quality Report') and certain performance indicators contained therein.

### Scope and subject matter

The indicators for the year ended 31 March 2014 subject to limited assurance consist of the national priority indicators as mandated by Monitor:

- Clostridium Difficile – all cases of Clostridium Difficile positive diarrhoea in patients aged two years or over that are attributed to the Trust; and
- Emergency readmissions within 28 days of discharge from hospital.

We refer to these national priority indicators collectively as the 'indicators'.

### Respective responsibilities of the Directors and auditors

The Directors are responsible for the content and the preparation of the Quality Report in accordance with the criteria set out in the *NHS Foundation Trust Annual Reporting Manual* issued by Monitor.

Our responsibility is to form a conclusion, based on limited assurance procedures, on whether anything has come to our attention that causes us to believe that:

- the Quality Report is not prepared in all material respects in line with the criteria set out in the *NHS Foundation Trust Annual Reporting Manual*;
- the Quality Report is not consistent in all material respects with the sources specified in the *Detailed Guidance for External Assurance on Quality Reports*; and
- the indicators in the Quality Report identified as having been the subject of limited assurance in the Quality Report are not reasonably stated in all material respects in accordance with the *NHS Foundation Trust Annual Reporting Manual* and the six dimensions of data quality set out in the *Detailed Guidance for External Assurance on Quality Reports*.

We read the Quality Report and consider whether it addresses the content requirements of the *NHS Foundation Trust Annual Reporting Manual*, and consider the implications for our report if we become aware of any material omissions.

We read the other information contained in the Quality Report and consider whether it is materially inconsistent with:

- Board minutes for the period April 2013 to May 2014;
- Papers relating to Quality reported to the Board over the period April 2013 to May 2014;
- Feedback from the Commissioners dated May 2014;
- Feedback from local Healthwatch organisations dated May 2014;
- The Trust's complaints report published under regulation 18 of the Local Authority Social Services and NHS Complaints Regulations 2009, 2013/14;

- The 2013/14 national patient survey;
- The 2013/14 national staff survey;
- Care Quality Commission quality and risk profiles/intelligent monitoring reports 2013/14; and
- The 2013/14 Head of Internal Audit's annual opinion over the Trust's control environment.

We consider the implications for our report if we become aware of any apparent misstatements or material inconsistencies with those documents (collectively, the 'documents'). Our responsibilities do not extend to any other information.

We are in compliance with the applicable independence and competency requirements of the Institute of Chartered Accountants in England and Wales (ICAEW) Code of Ethics. Our team comprised assurance practitioners and relevant subject matter experts.

This report, including the conclusion, has been prepared solely for the Council of Governors of Sheffield Children's NHS Foundation Trust as a body, to assist the Council of Governors in reporting Sheffield Children's NHS Foundation Trust's quality agenda, performance and activities. We permit the disclosure of this report within the Annual Report for the year ended 31 March 2014, to enable the Council of Governors to demonstrate they have discharged their governance responsibilities by commissioning an independent assurance report in connection with the indicators. To the fullest extent permitted by law, we do not accept or assume responsibility to anyone other than the Council of Governors as a body and Sheffield Children's NHS Foundation Trust for our work or this report save where terms are expressly agreed and with our prior consent in writing.

### **Assurance work performed**

We conducted this limited assurance engagement in accordance with International Standard on Assurance Engagements 3000 (Revised) – 'Assurance Engagements other than Audits or Reviews of Historical Financial Information' issued by the International Auditing and Assurance Standards Board ('ISAE 3000'). Our limited assurance procedures included:

- Evaluating the design and implementation of the key processes and controls for managing and reporting the indicators.
- Making enquiries of management.
- Testing key management controls.
- Limited testing, on a selective basis, of the data used to calculate the indicator back to supporting documentation.
- Comparing the content requirements of the *NHS Foundation Trust Annual Reporting Manual* to the categories reported in the Quality Report.
- Reading the documents.

A limited assurance engagement is smaller in scope than a reasonable assurance engagement. The nature, timing and extent of procedures for gathering sufficient appropriate evidence are deliberately limited relative to a reasonable assurance engagement.

## Limitations

Non-financial performance information is subject to more inherent limitations than financial information, given the characteristics of the subject matter and the methods used for determining such information.

The absence of a significant body of established practice on which to draw allows for the selection of different but acceptable measurement techniques which can result in materially different measurements and can impact comparability. The precision of different measurement techniques may also vary. Furthermore, the nature and methods used to determine such information, as well as the measurement criteria and the precision thereof, may change over time. It is important to read the Quality Report in the context of the criteria set out in the *NHS Foundation Trust Annual Reporting Manual*.

The scope of our assurance work has not included governance over quality or non-mandated indicators which have been determined locally by Sheffield Children's NHS Foundation Trust.

## Conclusion

Based on the results of our procedures, nothing has come to our attention that causes us to believe that, for the year ended 31 March 2014:

- the Quality Report is not prepared in all material respects in line with the criteria set out in the *NHS Foundation Trust Annual Reporting Manual*;
- the Quality Report is not consistent in all material respects with the sources specified above; and
- the indicators in the Quality Report subject to limited assurance have not been reasonably stated in all material respects in accordance with the *NHS Foundation Trust Annual Reporting Manual*.

## **KPMG LLP, Statutory Auditor**

Chartered Accountants  
1 The Embankment  
Leeds  
LS1 4DW

28 May 2014



**Sheffield Children's NHS Foundation Trust  
Western Bank  
Sheffield  
S10 2TH**

**e-mail: [ftoffice@sch.nhs.uk](mailto:ftoffice@sch.nhs.uk)**

**telephone: 0114 271 7000**

**[www.sheffieldchildrens.nhs.uk](http://www.sheffieldchildrens.nhs.uk)**