

Quality Report 2012/13

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

Sheffield Children's NHS Foundation Trust is one of the best performing foundation trusts in the country as recorded by Monitor (the foundation trust regulator) and the Care Quality Commission. We have responsibility for most aspects of child health care 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. In keeping with our promise to correct some of the cramped and inadequate clinical accommodation; building starts in the summer for a new £40 million patient wing. It is our expectation that this will materially improve the areas of below average experience such as, parking, privacy and dignity, parental accommodation, and way-finding.

Our community services and our child and adolescent mental health service are key components of a holistic child health system in Sheffield and beyond. We have been working closely with local authority partners to ensure that our teams are integrated with social care and education to obtain the best outcomes for our families. We do this through joint child protection arrangements, shared public health priorities and good communication. The local partnership helps us address areas of public concern e.g. the recent investment in community speech and language services to reduce appointment delays.

The Trust has rates of infection that are amongst the lowest in the country although, in common with most other trusts, we have seen a slight increase this year, particularly in community acquired diarrhoea and vomiting. Complaints to the trust have risen this year with 120 received. The most common reasons are where parents disagree with a diagnosis or treatment plan, or in relation to complications of treatment. We investigate every complaint with the family involved, but believe that improved communication is the key to correcting the above trend.

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 engage with our activities to improve children's health.

Mr Simon Morritt

Chief Executive

2 Priorities for improvement and statements of assurance from the board

2.1 Quality improvement priorities identified for 2012/2013

2.1.1 Performance on quality priorities 2012/2013

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

- **Improvement of the Sheffield Children's hospital facilities for resident families. Coordination of three year plan to build:**
 - New outpatient facilities – easy access to centralised clinic and support departments, e.g. pharmacy, therapies, X-ray and diagnostics.
 - New inpatient facilities – wards based upon best design evidence with 70 per cent single en-suite family rooms, dedicated play and school facilities.
 - New home from home - for resident parents of children in critical care and neonatal care, built in conjunction with the Sick Children's Trust.

Positive review by our regulator, Monitor, of our redevelopment plans have allowed enabling works to start ready for building work to commence in summer 2013 with completion of the new wing expected by late 2015. Demolition of existing buildings will commence this summer.

The Sick Children's Trust has commenced conversion of existing Northumberland Road villas into a home from home for resident parents. The facility will be linked by corridor to our critical care floor and is expected to be complete this summer.

- **Improvement of pathway for outpatients and inpatients – reducing delay and improving communication.**
 - Review of outpatient administration - installation of new patient administration software to improve written and electronic communication with families and redesign of booking arrangements for clinics to reduce cancellations and delay.
 - Review of inpatient pathway – setting up of a separate day care unit for children not requiring surgery or anaesthetic. The surgical day care unit will then be used for day surgery and as an admissions unit for all children booked to come in for an operation.
 - Changes to GP referral pathway – pilot scheme of a consultant paediatrician available to advise GPs on safe community management of acute childhood conditions that normally come to accident and emergency.

The Trust has contracted with McKesson to replace our patient administration software. Transfer of data and staff training will be taking place over this year to prepare for switch-on early next year. The new software includes new systems for Accident and Emergency (A&E) patient management, bed management, clinic booking and patient enquiries. We will combine this with a new electronic document management system to improve the patient notes available to clinicians and speed up communication with GPs.

The Trust has opened up a research and medical treatment lounge and plans to extend this during the summer. The new facility provides a day unit for children who need to have blood tests, allergy tests, occasional intravenous medication or other hospital visits that require a short stay but not on a ward. It is also where children and families can participate in research to improve treatment and outcomes.

Surgery has been transformed by increases in day surgery, routine pre admission clinics and the development of a theatre assessment unit (TAU). The TAU provides a single point of entry to elective surgery. It resembles a clinic and allows the child to play, doctors to examine

the child in the privacy of a consultation room and only requires the children to be in bed after the surgery has been carried out.

We have worked with our GP and midwifery colleagues to change their access to paediatric medical advice. A paediatrician is available each day to discuss cases with GPs and avoid unnecessary attendance at A&E. We have worked to transfer the Sheffield out of hours GP service to a clinic base within the hospital. This simplifies the pathway that families have to follow and gives GPs access to our diagnostic and clinical support. Four pathways for common conditions have been jointly updated to ensure that GPs, maternity and A&E staff are all working to the same guidelines and referral criteria.

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

We are key stakeholders in the Sheffield Health and Wellbeing Board and have used the membership to incorporate health visitors and school nurses into the “Integrated Front Door”, simplifying the public access to community health, social care and education resources. Initiatives to improve access to speech and language services for children and improved breast feeding friendly services for families in hospital have also been agreed.

Health visiting recruitment and training has been continuing according to the four year plan agreed with our commissioners and we are on track to have 22 additional health visitors in Sheffield by 2014/15. In addition, we are working closely with commissioners to redefine the service that is needed from school nurses, emphasising public health and preventative interventions.

Child protection arrangements have been reviewed with all our partners and we have reorganised named nurses for acute and community services. We have allocated safeguarding specialist nurses to each of the three main Sheffield service districts to work with the ‘Integrated Front Door Teams’, participate in multi-agency risk assessments and carry out combined safeguarding training.

Our other results are discussed in detail in section 3.3.

2.1.2 How performance will continue to be monitored

While the patient safety and clinical effectiveness indicators have changed to reflect new priorities, the areas of patient experience will continue to feature in our annual outpatient, Accident and Emergency (A&E) and inpatient surveys. Should our performance be below average in any area, we will again include it in our quality report as an area for improvement.

2.2 Quality improvement priorities identified for 2013/2014

2.2.1 Priorities

- **Implement the Department of Health's response to the Mid Staffordshire public inquiry, 'Patients First and Foremost'**
 - Review and define the culture of the organisation
 - Publish nursing strategy
 - Assess nursing establishments against workload annually
 - Invest in ward sisters and charge nurses – free up from other duties to provide a role model and visible ward presence
 - Review and prioritise nurse training
 - Involve governors and families in inspection and oversight of our services
- **Publish regular information on our quality performance and the experience of our families**
 - Evaluate the experience of families in the community
 - Regularly evaluate experience of families in Accident and Emergency (A&E) using a child friendly derivative of the family and friends test.
 - Produce quality indicators for children and benchmark with similar health providers
- **Minimise disruption to the public from our construction of the new hospital wing**
 - Improve communication and signposting of access restrictions
 - Provide a park and ride solution for parents and families
 - Control noise, dust and disruption to normal services
 - Manage services in the community, where possible

2.2.2 Rationale for selection

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

The Mid Staffordshire public inquiry produced evidence of serious failings in how the health service cares for patients and families. Although the report has concentrated on the care of adult patients, it is notable that one of the earliest indications of concern was the failure of the hospital to comply with standards in the Care of Critically Ill and Critically Injured Children's Peer Review in 2006. In accepting responsibility for the care of sick children, it is right that hospitals should be subject to the most exacting standards. The failures highlighted in the report have wider application to all hospitals, the health service and our regulators.

This Trust wishes to use the lessons learned to review how we provide care and the culture we have in our organisation. We wish to test our assumptions and to set out our priorities. It is our intention to show how we balance the need for compassionate care with the importance of speedy access to treatment and the financial discipline that taxpayers expect.

To retain the confidence of families and to embrace the spirit of openness advocated by the Mid Staffordshire report, we will survey areas of our services that have not been previously reviewed. We

employ health visitors and school nurses but do not systematically review the experience of the families they come into contact with. We will conduct the pilot for just such a review.

The friend and family test is now routinely used to evaluate adult care, although it is accepted that it is not well understood by children. We will develop a child friendly version and use it to evaluate our scores against those used in adult Accident and Emergency (A&E) units. We think we give good care generally but can we evidence it? We will constantly assess and publish how we perform on key indicators of quality care and benchmark ourselves with other children’s units.

In planning to undertake a major building project over the next few years, we cannot forget that we will still be treating sick children on the site. Families need to be protected from the effects of building work and still be able to access a high quality setting that lends itself to healing. It will not be easy but we believe that we can protect our families and staff from the worst effects of the construction. This requires innovation, cooperation and communication.

2.3 Statements of assurance from the board

2.3.1 General assurance

During 2012/13 Sheffield Children’s NHS Foundation Trust provided and/or sub-contracted 102¹ relevant health services.

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

The income generated by the relevant health services reviewed in 2012/13 represents 100 per cent of the total income generated from the provision of relevant health services by Sheffield Children’s NHS Foundation Trust for 2012/13.

2.3.2 Audit and national confidential enquiry assurance

During 2012-13, 15 national clinical audits and zero national confidential enquiries covered NHS services that Sheffield Children’s NHS Foundation Trust provides.

During 2012/13 Sheffield Children’s NHS FT participated in 100 per cent of national clinical audits in which it was eligible to participate. The Trust was not eligible to participate in any national confidential enquiries in 2012/13.

The national clinical audits in which Sheffield Children’s NHS Foundation Trust was eligible to participate during 2012/13 are as follows:

National clinical audits for which the trust was eligible	% of eligible cases submitted
Royal College of Paediatrics and Child Health (RCPCH): Childhood epilepsy 12	100%
Paediatric Intensive Care Audit Network (PICANET): Paediatric intensive care	100%
Royal College of Paediatrics and Child Health (RCPCH): Paediatric Diabetes	100%
Royal College of Physicians (RCP) [UK IBD Audit]: Inflammatory bowel disease	100%
British Thoracic Society (BTS): Paediatric pneumonia	100%
British Thoracic Society (BTS): Paediatric asthma	100%

¹ Based upon the services specified in the NHS Provider contract for 2012-13.

National clinical audits for which the trust was eligible	% of eligible cases submitted
NHS Blood and Transplant (NHSBT): Potential donor audit	(100%)
Prescribing Observatory for Mental Health (POMH): Topic 10b – Re-audit of prescribing antipsychotics for children and adolescents	100%
CE (CORP) Royal College of Paediatrics and Child Health (RCPCH) Child Health Audit Clinical Outcome Review Programme / Child Health Reviews-UK (CHR-UK)	100%
CE (CORP) Royal College of Physicians (RCP): National audit of asthma deaths	100% (No reportable deaths)
Department of Health: Accident and Emergency (A&E) data sharing	100%
College of Emergency Medicine (CEM): Fever in children	100%
Trauma Audit and Research Network (TARN): Trauma	77%
NHS Blood and Transplant (NHSBT): Audit of the labelling of blood samples for transfusion	100%
Intensive Care National Audit and Research Centre (ICNARC): Cardiac arrest procedures	100%

The reports of 14 national clinical audits were reviewed by the provider in 2012/13 and the Trust took the following actions to improve the quality of healthcare provided:

POMH: Prescribing antipsychotics for children and adolescents – audit and re-audit

Actions: The initial audit highlighted the need to raise awareness about the importance of undertaking physical examination, improved documentation in case notes and monitoring of medication using an agreed or individual pro forma.

The re-audit found an overall improvement in the above. National leaflets and monitoring sheets have been purchased to consolidate good practice.

NCEPOD: 2011 Surgery in children report, “Are we there yet”

Actions: Gap analysis and action plan produced. Evidence to support final compliance includes:

- Ratification of transfer policies and procedures;
- Multi-disciplinary pre-operative meeting minutes;
- Consent and information for parents relating to risk of death; and
- Additional clinical audits for special care review.

College of Emergency Medicine (CEM): Feverish children

Findings:

- The local audit report found that the emergency department had a very low antibiotic prescribing rate and complied with NICE guidance relating to the guidance that “Oral antibiotics should not be prescribed to children with fever without apparent source of infection”; and
- Improved provision of adequate safety net advice following the use of the febrile child advice leaflet.

Actions in progress/completed:

- Increased education for triage nurses and medical staff regarding the assessment of CRT (capillary refill time) and conscious level on febrile children on arrival;
- Medical staff to improve the documentation of repeat observations prior to discharge;
- A febrile child pro-forma has been designed and is currently being piloted in the department – if successful the pro-forma will be incorporated into the Accident and Emergency (A&E) electronic record;
- All medical staff informed and all new cohorts to be informed during induction and teaching; and
- It was proposed that an IT solution be sought to ensure full observations were completed but the IT lead has stated that this is not possible.

College of Emergency Medicine: Pain in children

Actions:

- Increased education and training in pain assessment to nursing staff;
- Recording of pain assessment is now included in the triage form; and
- Pain assessment box has been added to the observation charts to enable on-going monitoring.

PICANET 2011 (CA223)

The national report demonstrates that our standardised mortality is improving in line with national trends and compares favourably with other intensive care units in the region. Therefore there have been no actions arising from this report.

National Inflammatory Bowel Disease (IBD)

Actions taken:

- Guidelines for management of acute severe colitis have been established;
- Consideration for a named Clinical Lead for IBD;
- Administration support for the designated lead; and
- IBD nurse to initiate and maintain IBD database prospectively.

The reports of 265 local clinical audits service evaluations were reviewed by the provider in 2012/13. The reports were reviewed by clinical teams. Examples of the actions taken, or intending to be taken, by the Trust to improve the quality of healthcare provided include:

Pharmacy: CA363: Audit of prescribing errors and clinical interventions made for outpatients

Action identified and / or implemented:

- Slides added to level three medicines management training (& junior doctor induction);
- Promotion of addressographs label use on-going;
- Presented findings at peer, medical and surgical audit forums;
- New pharmacy standard operating procedures (SOPs) to be developed to ensure all staff covering reception know to check all relevant information; and

- Future re-audit planned.

Child protection: SE21 User feedback in clinical assessment unit

Results showed:

- Overall feedback obtained was generally positive from patients, carers, and professionals alike;
- Individual comments about the doctor, where obtained, were entirely positive; and
- Regarding the service as a whole, the vast majority of comments from all the user groups were positive, with few negative comments around parking, and occasionally about waiting times.

Haematology and Oncology: CA380 Oral anticoagulant annual audit 2011

An audit was performed to show compliance to National Patient Safety Agency (NPSA) alert 18 concerning 'actions that can make anticoagulant therapy safer'.

Actions included:

- A copy of the anticoagulant results spread sheet to be placed in the patient's medical notes at six monthly intervals;
- A formal pathway to deal with non-attendance for indicator testing was developed;
- Revised non-compliance letters sent to GP; and
- Provide written dosing instructions when parents forget to bring their yellow books.

Surgery: CA412 Audit of pre-operative World Health Organisation (WHO) theatre checklist

WHO launched a second global patient safety challenge, 'Safe Surgery, Saves Lives', to reduce the number of surgical deaths across the world. The WHO checklist is part of this initiative.

Actions included:

- Audit feedback to surgeons and theatre staff that they must write their full name in the staff identity section;
- Emphasise importance of putting a patient details sticker and the date on the second page of the checklist; and
- Checklist form revised to include: 'staff name', 'staff role, bleep number' and then 'signature'.

ENT: CA244 Re-audit of prescribing in paediatric tonsillectomy

This project was to re-audit the prescription of steroids and antibiotics during tonsillectomy following awareness and departmental teaching recommended from a previous audit project.

Actions included:

- Steroids prescribed to all children undergoing tonsillectomy unless contra-indicated, and any contra-indications documented in notes. [Note: the following has been added to theatre lists for patients undergoing tonsillectomy - "Dexamethasone if not contra-indicated"]; and
- Antibiotics not prescribed post-operatively to children undergoing tonsillectomy unless clinical reason documented in notes and no contra-indications; and
- Dissemination of information regarding the use of antibiotics/steroids in the undertaking of this procedure.

CA224: Re-audit of completion of Sheffield paediatric end of life care pathway (EOLP)

The appointment of a palliative care consultant has resulted in increased awareness and education. The use of the end of life pathway is being more widely used in the Trust, community and local hospice.

Actions included:

- Adapt current end of life pathway to make clearer the aspects that warrant completion;
- Encourage prescribers to consider medications to combat side-effects of pain killers where indicated e.g. laxatives - continued education; and
- Poster presented, European Congress of Paediatric Palliative Care, Rome, November 2012.

Further examples of actions resulting from completed audits are available on the Trust website or from the clinical governance department.

2.3.3 Clinical research

The research portfolio of the Trust is growing following the board approval of an ambitious research strategy in July 2012. The number of our patients receiving NHS services provided or sub-contracted by Sheffield Children's NHS Foundation Trust (as well as family members and healthy volunteers) choosing to participate in our research so far in 2012/13 is 1,066.

The South Yorkshire Comprehensive Local Research Network set a target of 708 participants to be recruited to studies in 2012/13. By year-end, researchers at our Trust recruited 915 subjects to portfolio studies.

Research studies taking place at the Trust cover five of the seven National Institute for Health Research (NIHR) topic specific networks (medicines for children, cancer, mental health, dementia and neurodegenerative diseases and diabetes) and include studies within eight Comprehensive Local Research Network (CLRN) specialty groups (metabolic and endocrine, musculoskeletal, haematology, cardiovascular, ENT, Genetics, infectious disease and injuries and emergencies).

Two examples of the research carried out during the year are given below:

Title: The Effect of Body Weight on Trabecular and Cortical Bone Structure and Strength from 8-30 Years. The Role of Hormones and Osteokines (The Body Weight and Bone Study - BWAB)

The BWAB study is being run in collaboration with researchers from the University of Sheffield and Sheffield Teaching Hospitals. This study is being conducted in both our Trust and at the Centre for Biomedical Research at the Northern General Hospital, Sheffield. The research involves both our patients and healthy volunteers and recruitment is well underway.

Overweight children appear to have lower bone mass relative to their body size and fracture more. Therefore, this study is designed to understand the differences in bone mass, geometry, microarchitecture and strength in a loaded (distal tibia) and a partially loaded (distal radius) skeletal site between obese and lean participants aged between 8 and 22 years. Furthermore, this study aims to determine relationships between fat-derived hormones and factors controlling bone turnover that may explain why overweight children are at greater risk of fracturing. By using the high resolution Xtreme CT scanner (only one of two in this country), this study will provide detailed information about the effect of excess fat mass on cortical and trabecular bone structure over a wide age range. The use of an engineering model (micro finite element analysis) will help to determine the effect of being overweight on bone quality and strength. Analysis of hormones that affect bone turnover in children and young adults will help to define pathways that may help to explain the relationship between fat and bone as children progress through puberty into adulthood.

Title: Hypertonic Saline in Acute Bronchiolitis (SABRE): Randomised controlled trial and economic evaluation

The SABRE trial is a Trust sponsored multi-centre randomised controlled trial which aims to determine whether the addition of three per cent hypertonic saline to usual care results in significant reduction in the duration of hospitalisation of infants with acute bronchiolitis. The trial has now run for two winter seasons with a possibility of an extension later this year to allow a third season of recruitment.

The primary hypothesis of the trial is that the addition of 3 per cent hypertonic saline to usual care results in significant reduction in the time to when infants admitted with acute bronchiolitis are 'fit for discharge'. Secondary hypotheses are that the addition of nebulised 3 per cent hypertonic saline to usual care is associated with:

- improved quality of life outcomes for carers;
- shorter length of stay;
- improved quality of life for the infants;
- reduced health care utilisation in the month after discharge;
- cost effectiveness for the NHS; and
- the effect is independent of the underlying virus.

2.3.4 Use of the CQUIN framework

A proportion of the Trust's income in 2012/13 was conditional upon achieving quality improvement and innovation goals agreed between the Trust and any person or body with whom they entered into a contract, agreement or arrangement for the provision of relevant health services, through the Commissioning for Quality and Innovation (CQUIN) payment framework. Further details of the agreed goals for 2012/13 and for the following 12 month period are available online at <http://www.monitor-nhsft.gov.uk/sites/all/modules/fckeditor/plugins/ktbrowser/openTKFile.php?id=3275>

The amount of income in 2011/12 conditional upon achieving quality improvement and innovation goals was £1.28 million. The amount conditional upon achieving quality improvement in 2012/13 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 paediatric intensive care unit (PICU) Transfers	Out of network referrals PICU	Achieved
First class Neonatal Intensive Care	Tackling central line infections	Achieved
First class Neonatal Intensive Care	Improving transition and discharge from neonatal intensive care	Achieved
CAMHS Tier 4 Access to services	Development and implementation of gate keeping assessment process	Achieved
CAMHS Tier 4 CPA Standards	To ensure collaborative work is at the heart of the care planning	Achieved
CAMHS Tier 4 Optimising length of stay	Optimise length of stay (LOS) through understanding full pathway	Achieved

CQUINs for core services

Title	Description	Outcome
Patient experience – Outpatient clinics	95% of patients to be seen within 45 minutes after their booked outpatient clinic time in the specified clinics	Achieved
Patient experience – Accident and Emergency	Commission an 800 patient survey and produce an action plan to address problems identified.	Achieved
Patient experience – Parent hotel	Commission and construct a Parents' Accommodation block for parents with children on critical care floor.	Achieved
Improving the management of common conditions	Agree common pathways for: <ul style="list-style-type: none"> • Loss of birth weight • Neonatal jaundice • Bronchiolitis 	Achieved
Domestic violence indicator	All cases of children from families with evidence of domestic violence from the data base will be flagged on Trust Accident and Emergency (A&E) systems All identified children will be alerted to health visitors and school nurses of children who do not attend clinic for more than three months.	Achieved
Looked after children Indicator	All 'looked after children' from the local authority data base will be flagged on Trust Accident and Emergency (A&E) systems. All identified children will be alerted to health visitors and school nurses of children who do not attend appointments (DNA) for more than three months.	Achieved
Referral to Sheffield Stop Smoking Service (SSSS)	Number of referrals each quarter to the SSSS by health visitors to equal 25	Achieved
Asthma management	90% of patients attending with a diagnosis of acute exacerbation of asthma who are not admitted should be discharged home with a completed care bundle	Partially Achieved

- The Trust set out to improve its patients' experience by reviewing the administration of its clinics. 95 per cent of clinics achieved this target but we are aware that complicated diagnostic tests can unexpectedly lengthen the duration of the visit. We aim to be clearer about the expected duration of clinic visits and to shorten these wherever possible.
- The Trust has capitalised on its innovative patient safety net, whereby vulnerable patients are flagged up and followed up in the community, if they attend Accident and Emergency (A&E) or do not attend clinics. Looked after Children and children in households known to have domestic violence are now included.
- Despite achieving compliance with the target in the first of two audits, the second audit showed less than 90 per cent of children were able to have the full bundle of care that was agreed for chronic asthma. The two areas where most improvement was required were: Checking inhaler technique and improved communication with GPs. Work is on-going with A&E staff to ensure that this position improves.

2.3.5 Registration with the Care Quality Commission

Sheffield Children's NHS Foundation Trust is required to register with the Care Quality Commission (CQC) and its current registration status is unconditional. The Care Quality Commission has not taken enforcement action against the Trust during 2012/13.

The Trust has participated in special reviews or investigations by the CQC relating to the following areas during 2012/13:

Unannounced Inspection: Sheffield Children's Hospital, 16 October 2012

The Inspection report said:

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

What people who use the service experienced and told us:

All children, young people and their parents spoken with said that they had been provided with relevant information which helped them understand the care and treatment choices available to them (or their child). They said that they had been involved in care and treatment decisions and that staff always involved them and listened to them. Children and young people said that staff were approachable and explained things in a way they could understand. Their comments included: "The nurses have always explained the choices for treatment and ask for consent to any treatment before they start"

"They (staff) are very good at explaining things. They always check that we (parent and child) have understood and are happy with what is happening."

People told us their privacy and dignity was respected by staff. They told us that staff were polite and respectful. Their comments included: "There are no issues about privacy. They (staff) always close the curtains, even if it is just for a chat, and they lower their voices."

"A doctor took us into a side office so that we could be private, and so that he could explain things properly to us. They were very good."

"If they (staff) need to speak to us they always pull the curtains around the bed. They are very respectful and always introduce themselves. They speak professionally to us and maintain confidentiality."

"They give (my child) lots of respect and let them make decisions."

During this inspection we observed interactions between nurses and parents and their child. Staff were seen to be polite and respectful. Nurses took time to talk with people to offer support and reassurance. Nurses were also overheard to ask people's opinions and check that they were satisfied.

Children and young people told us that they felt safe. Parents felt that there was enough staff on duty and that as a result their children were safe. Their comments included: "I really believe (my child) is very safe here. I have never had any concerns about their safety."

"I feel very safe here. There is no reason not to be."

"I have absolutely no worries about (my child's) safety. I feel able to leave them and know they are in good hands. I couldn't do that if I was worried at all."

We spoke with six nurses and a support worker from two wards at the hospital. Staff told us that they felt supported to provide care and treatment to children and young people staying at the hospital. A clinical nurse educator was employed to provide training and support to staff. Staff said that the support and training provided was excellent. They told us that they were provided with induction and mandatory training each year that covered topics such as moving and handling, infection control, child protection, medicines management, risk management and fire. Staff said they also had access to specialist training such as dealing with specific medical conditions, communication, dealing with challenging behaviour and equality and diversity.

2.3.6 Periodic revalidation of medical staff

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

In addition to the responsible officer, all eight of the first tranche of doctors recommended for revalidation have been approved by the GMC.

2.3.7 Information on the quality of data

Sheffield Children's NHS FT submitted records during 2012/13 to the Secondary Uses service for inclusion in the hospital episode statistics which are contained in the latest published data. The percentage of records in the published data:

- which included the patient's valid NHS number - 99.5 per cent for admitted patient care; 99.9 per cent for outpatient care; and 99.2 per cent for accident and emergency care; and
- which included the patient's valid general practitioner registration code - 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's information governance assessment report overall score for 2012/13 was 68 per cent, which was graded green (satisfactory).

The Trust was subject to the payment by results clinical coding audit during the reporting period by the Audit Commission. The error rates reported in the latest published² audit for that period for diagnoses and treatment coding (clinical coding) are described below:

A total of 200 finished consultant episodes (FCEs) were scrutinised during the audit. The following were reviewed in the sample:

- 50 FCEs from paediatrics reporting an error rate of 8.0 per cent;
- 50 FCEs from trauma and orthopaedics reporting an error rate of 8.0 per cent; and
- 100 Accident and Emergency (A&E) attendances reporting an error rate of 9.0 per cent.

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

The Trust will be taking the following actions to improve data quality:

- Feeding back the results of the audit to clinical coders to highlight the areas of inconsistent extraction;
- Introducing an internal training and audit programme to address the issues identified in the audit;
- Ensuring that accurate discharge summaries that contain all relevant diagnoses and procedures are always available to coders;
- Feeding back the consistent areas of error found in this audit to the staff recording the information that data quality is improved; and

² South Yorkshire and Bassetlaw PCT Cluster undertook to evaluate the completed audits and publish a summary report: at the time of submission, that report is still outstanding.

- Reviewing the mapping of national investigation and treatment codes to their local equivalents. This includes the incorrect recording of codes for 'none' and 'other' when there are other investigations and treatments recorded.

2.3.8 Core indicator comparisons

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 data is historical, this is to comply with the latest national data released by the HSCIC.

19. Patients readmitted to a hospital within 28 days of being discharged. (i) 0 to 14				
Unique Identifier:	P009013			
Link:	http://nww.indicators.ic.nhs.uk/webview/			
Source Data:	Source Data P00913			
		<i>National</i>		
<i>Financial Year</i>	<i>%</i>	<i>Average (%)</i>	<i>Maximum (%)</i>	<i>Minimum (%)</i>
2010/11	11.9	10.85	12.42	7.95
2009/10	12.13	10.64	12.21	8.55
National data is based on the data for all acute specialist children's trusts (the category that the Trust comes under for this indicator).				
19. Patients readmitted to a hospital within 28 days of being discharged. (ii) 15 or over				
Unique Identifier:	P00904			
Link:	http://nww.indicators.ic.nhs.uk/webview/			
Source Data:	Source Data P00904			
		<i>National</i>		
<i>Financial Year</i>	<i>%</i>	<i>Average (%)</i>	<i>Maximum (%)</i>	<i>Minimum (%)</i>
2010/11	10.75	11.48	13.80	9.90
2009/10	14.66	12.27	15.13	8.84
National data is based on the data for all acute specialist children's trusts (the category that the Trust comes under for this indicator).				

The Trust considers that this data is as described for the following reasons:

The Trust has a policy of giving safety net information to all parents telling them to contact the hospital if they have any concerns after discharge.

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

Continuing to encourage families to contact our specialist services if they have any concerns but to review patterns to see if we can produce generic information leaflets that encompass common concerns.

21. Staff who would recommend the trust to their family or friends.				
Unique Identifier:	P01554			
Link:	http://nhsstaffsurveys.com/cms/index.php?page=staff-survey-2011			
Source Data:	Source Data P01554.1			
	Source Data P01554.2			
		National		
Year	%	Average (%)	Maximum (%)	Minimum (%)
2012	83	65	94	35
2011	84	65	96	33
National data is based on the data for all acute & acute specialist trusts (the category that the Trust comes under for this indicator).				

The Trust considers that this data is as described for the following reasons:

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

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

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

24. Rate of C.difficile infection.				
Unique Identifier:	P01557			
Link:	http://www.hpa.org.uk/Topics/InfectiousDiseases/InfectionsAZ/ClostridiumDifficile/EpidemiologicalData/MandatorySurveillance/cdiffMandatoryReportingScheme/			
Source Data:	Source Data P01557			
		National		
Financial Year	Rate	Average	Maximum	Minimum
2011/12	12.2	20.6	51.6	0.0
2010/11	12.2	27.9	71.8	0.0
National data is based on the data for all trusts included in the indicator source data.				

The 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.

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

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

25. Patient safety incidents and the percentage that resulted in severe harm or death.

Unique Identifier:	P01558
Link:	http://www.nrls.npsa.nhs.uk/resources/
Source Data:	Source Data P01158.1
	Source Data P01158.2
	Source Data P01158.3

		<i>National</i>		
<i>Period</i>	<i>Rate per 100 patient admissions</i>	<i>Average</i>	<i>Maximum</i>	<i>Minimum</i>
Apr 12 -Sep 12	8.34	7.5	24.88	1.37
Oct 11 - Mar 12	10.04	8.4	21.71	2.72
<p>National data is based on the data for all acute specialist trusts (the category that the Trust comes under for this indicator). The data available for April 2011 - September 2011 is not split at this level so would not be comparable with the more recent data.</p> <p>N.B. At a recent national meeting of auditors, Monitor has been alerted to the judgmental nature of this indicator. In the absence of a measurable national definition of severe harm, national figures cannot be relied upon for benchmarking purposes.</p>				

The Trust considers that this data is as described for the following reasons:

The Trust is close to average for this group but feels that the grouping itself should be restricted to specialist children's trusts to give a more accurate benchmark.

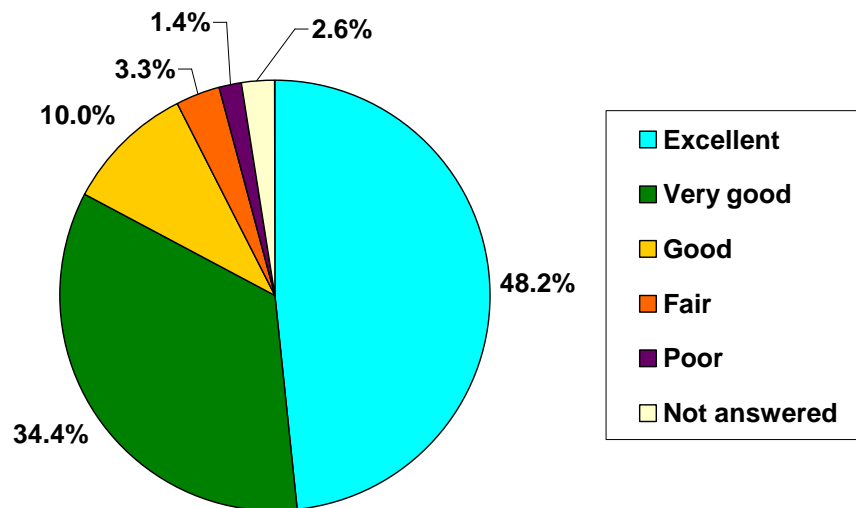
Sheffield Children's NHS Foundation Trust intends to take the following actions to improve this number and/or rate and so the quality of its services, by:

Being open with families and carrying out root cause analysis on all such incidents, enabling learning from the outcomes reported.

2.4 Patient Experience

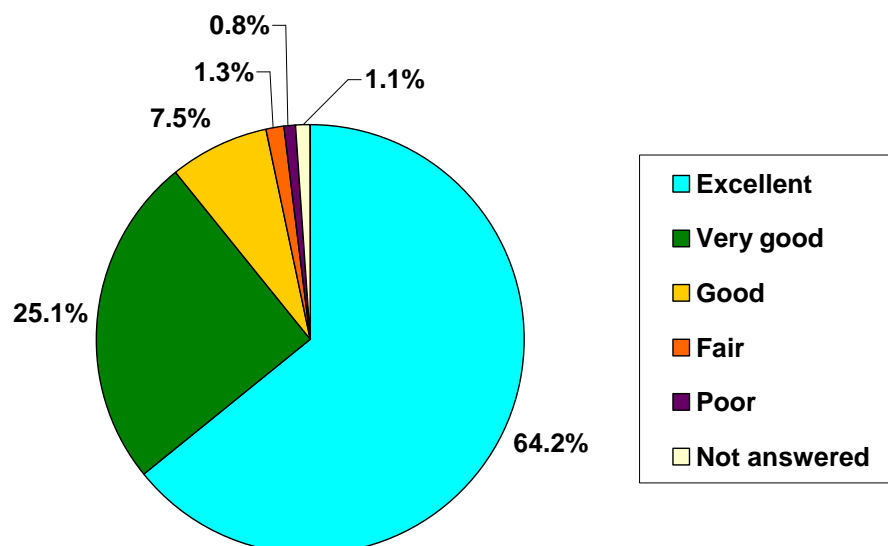
2.4.1 Outpatient survey 2012/13

The 2012 Outpatient survey of 850 families (31.2 per cent response) showed that the majority of our clinic patients ranked their care well:



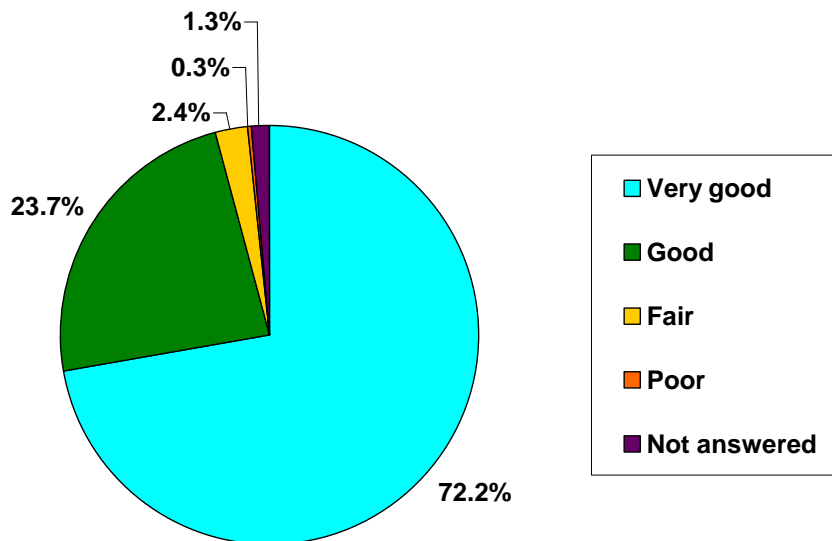
2.4.2 Inpatient survey 2012/13

The 2012 In-patient survey of 850 families (35 per cent response) showed that the majority of our ward children and parents ranked their care well:



2.4.3 Accident and Emergency (A&E) patient survey 2012/13

The 2012 A&E patient survey of 850 families (30.8 per cent response) showed that the majority of our patients ranked their care well:



All surveys demonstrated that the chief problems were with access, car parking, way-finding and the facilities. We intend that our building plan will improve all of these issues over the next three years.

Comments included:

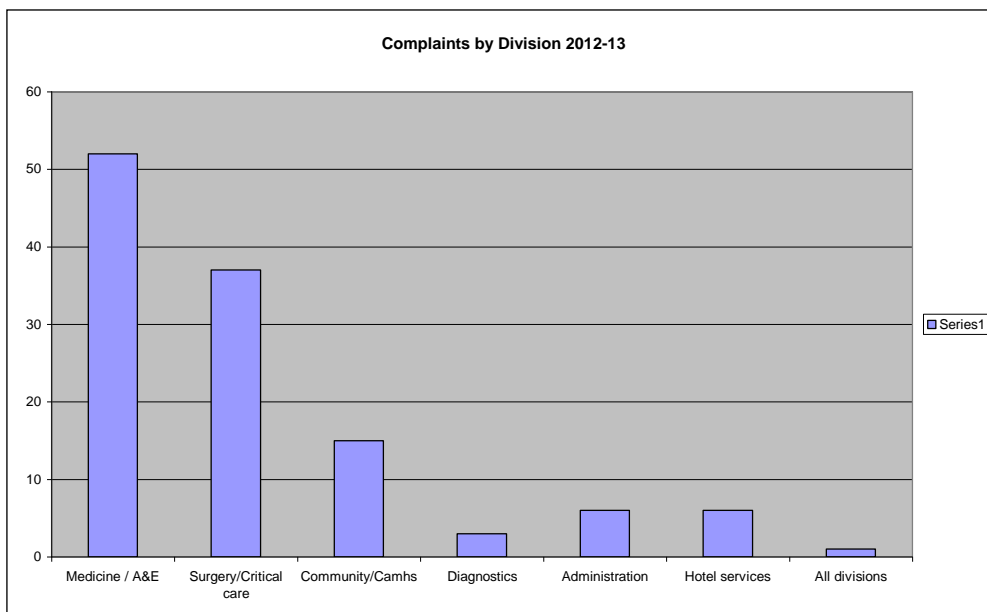
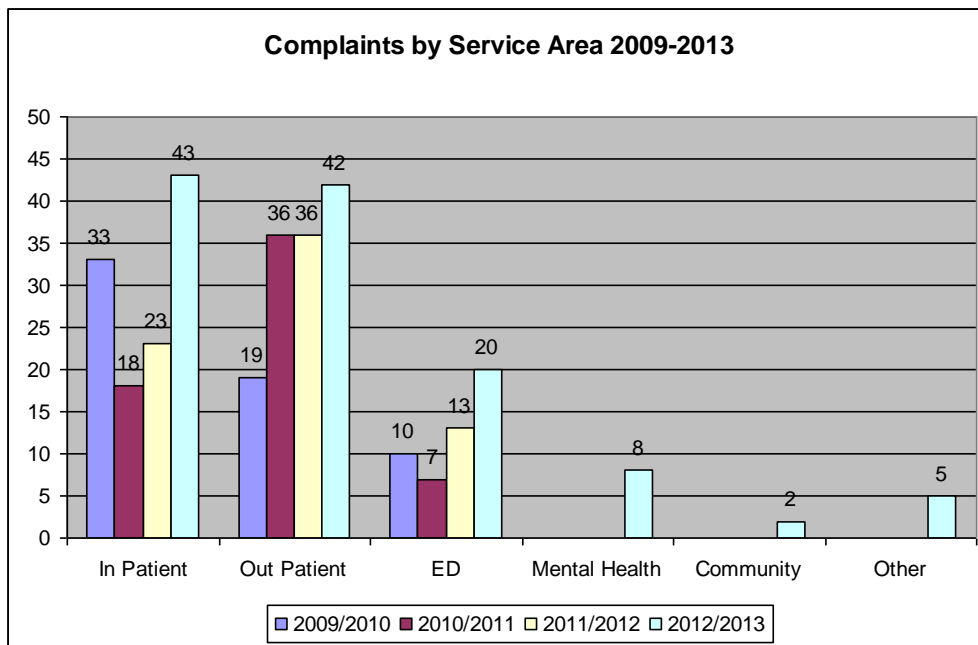
- A&E: *"The caring nature of all staff. The speed at which we were seen was fantastic. The parking worry is taken away with the spaces outside on the main road leaving you able to focus on your child."*
- A&E: *"Because I was suffering and really scared. So I was not feeling safe with them and also that a piece of glass was stuck in my foot and I told them to do an x-ray on my foot but they didn't listen to me and I am still a bit more scared."*
- Inpatient: *"We lost all confidence in our local hospital. The children's hospital has always picked up the pieces and cured the problem. This is our 1st choice hospital and would recommend it to anyone. Wish we could find an adults hospital that we had as much faith in! Thanks."*
- Inpatient: *"It was very noisy and no one told anyone when to be quiet. Why did they ask my bedtime which is about 8pm if there was not going to be any quiet until midnight?"*
- Outpatient: *"My child is acutely sensitive and I explained this to the staff on arrival that she does not respond well to negative words and to pass this on to the consultant. The nurse did so and the consultant handled her very well."*
- Outpatient: *"Not having to be left in the foyer whilst my mum or dad parks the car. (We travel from 60 miles away & I can't walk far)."*

2.5 Complaints

During the financial year 2012/2013, a total of 120 formal complaints were received as at 31 March 2013. The rate of complaints is set out in the following table:

Year	Episodes of care	Complaints	No of complaints per 10,000 episodes
2004 – 2005	131,162	60	4.57
2012 – 2013	187,667	120	6.39

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



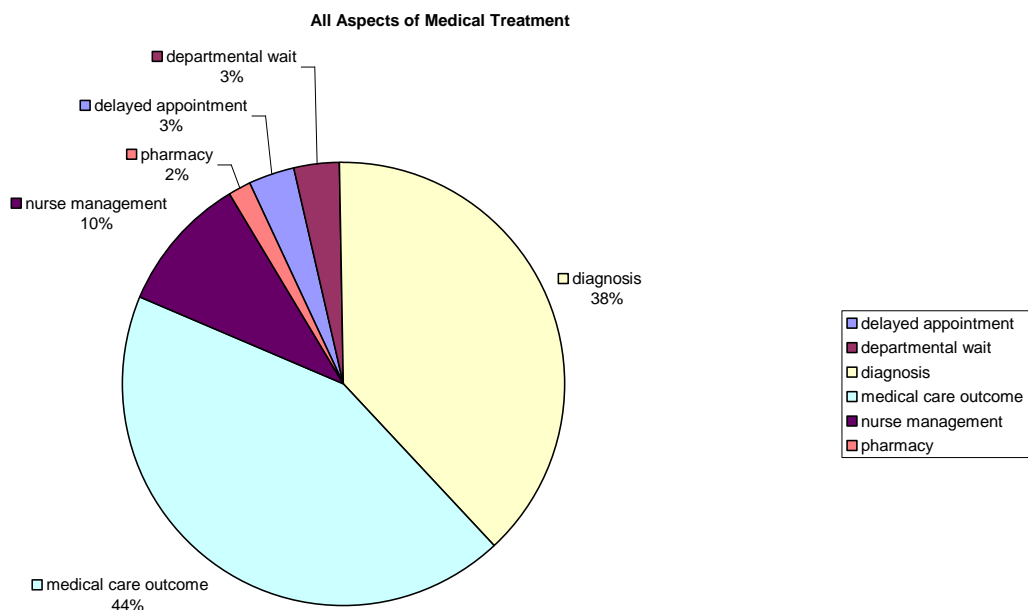
2.5.1 Reason for the complaint

Complaints are coded according to national coding descriptions:

Type of Complaint	No.
All aspects of clinical treatment	61
Appointments, delay / cancellation (out patient)	17
Attitude of staff	9
Admission, discharge & transfer arrangements	9
Communication written and oral	6
Appointments, delay / cancellation (in patient)	4
Personal records	3
Transport	2
Breach of confidentiality	2
Condition of premises	2
Failure to follow agreed procedure	1
Car Parking	1
Consent	1
Equipment	1
Mortuary & post mortem arrangements	1

** 8 complaints were jointly made to more than one health care organisation and require a response from us because of our involvement in transporting infants from district maternity unit to neonatal critical care units at Jessop Hospital or Leeds.*

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



Many of these complaints have several elements but there are recurrent themes the complainants are not satisfied with:

- The diagnosis – this varies from the family not accepting the diagnosis to the diagnosis being shown to be inaccurate;
- Medical care outcome – this varies from the treatment not correcting the symptoms to the child experiencing known complications of treatment;
- Nursing care - this extends from poor communication to poor resident parent facilities on wards; and
- Appointment frustrations feature again within this category – from extended waits within departments to appointments being delayed.

2.5.2 Learning from complaints

Although there are some complaints which we cannot do anything about, we take the view 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:

- Confusing guidelines for the management of an intravenous line (Portacath);
- Blood sugar monitoring failed to be carried out on a patient with diabetes who had been admitted for an unrelated condition;
- Miscommunication and misunderstanding led a family to believe that surgery would be carried out on a certain date;
- Dissatisfaction with post-operative care and poor communication before and following surgery;
- Perception of Inappropriate referral for safeguarding assessment;
- Poor attitude of catering staff;
- Lack of pain relief;
- Conflicting advice from medical staff;
- Expectation of transport home following admission; and
- Cancellations and delays associated with appointments.
- The following describes some changes in practice as a result of lessons learnt following complaints:
 - Review and redraft of care plans and guidance for portacaths which resulted in the production of a Trust policy for the management of portacaths in addition to the production of a portacath information leaflet;
 - All patients with diabetes will have their blood sugar monitored even if the admission is not related to their diabetes;
 - The booking form for patients coming in for surgery has been amended to enable additional information regarding admission to be recorded;
 - Nurse educator to address specialised nursing care and effective communication with all staff.
 - Safeguarding protocols and procedures reviewed and additional safeguarding training for junior medical and surgical staff identified;
 - Appropriate internal process with the human resources department;
 - Departmental staff receiving updated training on application of pain relief;
 - Additional training delivered by the consultant to junior medical staff to prevent conflicting advice in relation to application of eye drops; and
 - Redesign of our appointments booking processes and transformation of our hospital pathways to reduce the duration of processes such as pharmacy dispensing and discharge letter production.

There is an on-going process to improve communication and we plan to launch a new website this year with increased patient access to leaflets, patient pathways and directed enquiries. We intend our new patient administration software to reduce some of the cancellations that result from overbooking with appointments reminders now being received via SMS texts. Training remains a priority, with all nursing areas now having access to clinical skills training and dedicated training time being facilitated.

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).

Complaint Ref	Division	File to PHSO	Summary of Complaint	PHSO Decision
COM 50	Medicine	February 2012	Lack of information provided to family	Awaiting decision
COM 82	Medicine	March 2013	Safeguarding procedures initiated due to persistent use of alternative remedies against medical advice.	Awaiting decision

2.6 Serious untoward incidents

During the last financial year 2012/13, the Trust reported seven serious untoward incidents.

- Communication failure: Following death, a patient was transferred to an external hospital without consent of the coroner and in breach of local guidelines.
 - Discussions and guidance agreed with the coroner, review and dissemination of local guidelines
- Confidential data management – medical records were left unattended in a public area by a contracted third party courier during delivery. No breach of confidentiality resulted.
 - Review of contracts held by Trust with postal service provider
- Delay to escalation of care: Communication between clinical teams did not result in timely transfer of care between ward and coronary care unit.
 - Revised observation chart with clear thresholds to seek assistance and timed instructions on required medical response.
- Delay in return of samples to families: Delay in returning samples, retained with family consent, after agreed examination period.
 - Merger of two internally used databases and change to oversight of service.

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

1. Over dosage of opiate to a child who had not previously had opiates.
2. Potential delay in diagnosis in emergency department. Patient was later transferred out of Trust for specialised care.
3. Unnecessary X-ray scans on two patients.

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 executive risk management committee. Following the executive 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 executive risk management committee.

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

3. Other information

The Trust set a number of quality indicators to be monitored during 2012/13. Our performance is set out below:

3.1 Patient safety

Patient Safety AREA REVIEWED	NATIONAL OR HISTORICAL PERFORMANCE THRESHOLD	PERFORMANCE 2011/12	TARGET PERFORMANCE 2012/13	ACHIEVEMENT 2012/13
Infection Control Maintain levels of MRSA and C Difficile infection within Monitor thresholds for best practice.	http://www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/documents/digitalasset/dh_132045.pdf <i>pp 64 and 68</i>	MRSA: 0 Cases C Difficile: 3 Cases	To stay within Monitor guidance for best practice levels. (<12) ³	MRSA: 0 Cases C Difficile: 8 Cases
Never events The Department of Health has published 25 never events for 2012-13. These are serious incidents that should never occur in a safe hospital. The Trust will do a gap analysis against these and report on progress quarterly.	http://www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/@dh/@en/documents/digitalasset/dh_132352.pdf	Nil events	Nil events	Nil events
Management of Aggression Management of children and young people in Child and Adolescent Mental Health in a safe and secure environment. Staff should be trained to a national standard appropriate to the psychiatric speciality and risk assessment. Individual risk assessments should be up to date.	http://www.nhsbsa.nhs.uk/Documents/SecurityManagement/NHS_SMS_Workplace_Safety_Report_FINAL_MERGED.pdf <i>p29</i>	Violence and aggression incidents graded moderate: 149	10% reduction i.e. no more than 114 incidents for similar period.	24 Incidents

³ <http://www.monitor-nhsft.gov.uk/home/news-events-and-publications/our-publications/browse-category/guidance-foundation-trusts/mandat-7>, p 46, note L.

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. In 2012, we increased the time available to our director of infection prevention and control, to ensure that there is a continuous onsite presence, 52 weeks per year. Despite this, our Clostridium difficile rate increased. Most cases of C difficile associated disease in children are derived from the child's own bowel and not as a result of cross infection. Small numbers of organisms may be present in the normal bowel and when conditions are favourable they may begin to overgrow and produce toxin, resulting in diarrhoea. Situations that make children prone to this include

- Antibiotic treatment of serious infection
- Chemotherapy
- Malignant disease
- Immune deficiency

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. Nevertheless, the Trust has now increased the hours available to infection control nurses to ensure that they are similarly available 52 weeks per year and has increased the cleaning frequency and monitoring of infection control within the oncology unit of the hospital.

The Department of Health's 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.

The Trust's child and adolescent mental health services have 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 committed itself to reduce the actual harm from these incidents both to the young people and staff concerned. As a result of specially adapted staff training in managing aggressive behaviour and environmental risk assessments, the number of such incidents at the Becton centre for children and young people has reduced from 149 to 24 incidents per year. The unit is working closely with our health and safety and security advisors to maintain this reduction.

3.2 Clinical effectiveness

Clinical Effectiveness AREA REVIEWED	NATIONAL OR HISTORICAL PERFORMANCE THRESHOLD	PERFORMANCE 2011/12	TARGET PERFORMANCE 2012/13	ACHIEVEMENT 2012/13
Achieve compliance with agreed national standards for Safe and Sustainable Paediatric Neurosurgical Services	http://www.specialisedservices.nhs.uk/library/31/Developing_the_Model_of_Care.pdf	New Standard under national development	Compliance by independent assessment.	National standards still under development. Self-assessment indicates compliance with provisional standards.

Clinical Effectiveness AREA REVIEWED	NATIONAL OR HISTORICAL PERFORMANCE THRESHOLD	PERFORMANCE 2011/12	TARGET PERFORMANCE 2012/13	ACHIEVEMENT 2012/13
Achieve compliance with agreed national standards for children's major trauma. As set out in the NHS Operating Framework.	http://www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/@dh/@en/documents/digitalasset/dh_133585.pdf p76.	New Standard under national development	Compliance by independent assessment	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
Achieve compliance with agreed national standards for best practice in children's diabetes	http://www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/@dh/@en/documents/digitalasset/dh_133585.pdf p59.	New standard under national development	Compliance by independent assessment	Attainment of compliance. Peer review 24 Feb 2012

These indicators are 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.

3.3 Patient experience

Patient Experience AREA REVIEWED	NATIONAL OR HISTORICAL PERFORMANCE THRESHOLD	PERFORMANCE 2011/12	TARGET PERFORMANCE 2012/13	ACHIEVEMENT 2012/13
Initiate 850 patient postal survey of experience in children's A&E Tool should record child and parent experience	No child specific national tool available Commission tool in conjunction with other hospital Children's Services	Not available – new survey	To highlight areas of below average performance and problem scores greater than 50%	Completed http://www.sheffieldchildrens.nhs.uk/Patient-views.htm
Complete an 11 bedded Home from Home for resident parents of children in Critical Care.	Poor performance against resident parent facilities scores: p3	Facilities for parents staying overnight rated as fair/poor	Less than 25% dissatisfied score resulting from re-survey.	The Home from Home was not available during the survey and accordingly the result remains at 28%. The facility

Patient Experience AREA REVIEWED	NATIONAL OR HISTORICAL PERFORMANCE THRESHOLD	PERFORMANCE 2011/12	TARGET PERFORMANCE 2012/13	ACHIEVEMENT 2012/13
Work with the Sick Children's Trust to ensure that parents' needs are reflected in design.	http://www.sheffieldchildrens.nhs.uk/Downloads/Patient%20views/Inpatient%20Survey%20Results%202011%20pdf.pdf	25%		is currently under construction and should be complete by Summer 2013.
Ensure that family needs are reflected in design and working practices associated with new hospital Outpatient and Inpatient facilities being built from 2012 - 2015	No child specific national tool available	Patient surveys have reported on existing practices and facilities rather than what parents and children want.	Set up family focus groups to assess the priorities of families. Publish responses and incorporate findings in planning of new facilities.	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 2014.

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. Our Accident and Emergency (A&E) facilities and the satisfaction results obtained have informed the decision of local commissioners to relocate out of hours GP care to a clinic within the hospital, thus simplifying Sheffield wide provision.

3.4 Other Performance Indicators

18 Weeks referral to treatment

While the Trust met the 18 week referral for treatment for non-admitted patients throughout the year, and met the required performance for incomplete pathways, the Trust did not meet the 18 week referral to treatment standard for admitted patients between June and September 2012. The Trust has taken action to address the reasons for the under-performance in this area, and a programme board is in place to oversee the delivery of an action plan to improve processes which support the delivery of care.

Weekly patient tracking meetings are in place to monitor pathways and waiting times and improvements have been made to the processes used to manage pathways. The Trust has made good progress on reducing waiting times and all 18 week targets were met throughout the second half of 2012/13. Performance on incomplete pathways improved from 92.2 per cent to 95.9 per cent of patients waiting for treatment waiting less than 18 weeks by year end, demonstrating that there are now fewer longer wait patients, which reduces the risk to performance.

Patients waiting over 52 weeks

The Trust had one patient waiting longer than 52 weeks for treatment at the end of 2012/13. Further work is being undertaken to assess how to reduce the length of the pathway for patients waiting for surgery for which a complex assessment process is required.

Diagnostic waiting times

The Trust did not achieve the six-week diagnostic standard in most months of 2013/14. However, performance in the final months of the year showed much improvement with over 98 per cent of patients receiving their diagnostic test in February and March against the 99 per cent target. Access

to sleep studies was the primary issue, with insufficient capacity in place to support increased demand in this area. Additional capacity has been made available, and it is expected that delivery against the six-week target will be achieved in this area during 2013/14.

Accident and Emergency (A&E) unplanned re-attendance rate

The re-attendance rate to A&E exceeded the A&E national quality standard of five per cent throughout the year. However, this target is set for general A&E departments and the Trust does not consider it sufficiently sensitive to paediatric only services.

3.5 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. While the results are encouraging, with an increase in the score for overall staff engagement, we will strive to ensure that continued improvements are made to enhance staff experience at work. Following the publication of this year's survey results we have set up a staff engagement forum 'Your Voice' which will have representatives from across the Trust. A key remit of this group will be to ensure that the findings of the staff survey are acted upon and staff engagement is prioritised across the Trust.

3.5.1 Summary of performance

Response rate

2011		2012		Improvement/deterioration
Our Trust	National average	Our Trust	National average	
47%	53%	40%	52%	7% deterioration

Top five ranking scores⁴

Percentage of staff experiencing discrimination at work in the last 12 months (the lower the score the better)

2011		2012		Improvement/deterioration
Our Trust	National average	Our Trust	National average	
9%	10%	4%	8%	5% improvement

Effective team working (the higher the score the better - on a scale of 1-5)

2011		2012		Improvement/deterioration
Our Trust	National average	Our Trust	National average	
3.82	3.73	3.88	3.77	.06 improvement

⁴ 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 in England

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

2011		2012		Improvement/deterioration
Our Trust	National average	Our Trust	National average	
21%	22%	21%	23%	No change

Percentage of staff reporting errors, near misses or incidents witnessed in the last 12 months
(the higher the score the better)

2011		2012		Improvement/deterioration
Our Trust	National average	Our Trust	National average	
97%	96%	95%	92%	2% deterioration

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

2011		2012		Improvement/deterioration
Our Trust	National average	Our Trust	National average	
95%	92%	91%	88%	4% deterioration

Bottom five ranking scores⁵

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

2011		2012		Improvement/deterioration
Our Trust	National average	Our Trust	National average	
27%	50%	43%	61%	16% improvement

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

2011		2012		Improvement/deterioration
Our Trust	National average	Our Trust	National average	
73%	77%	76%	82%	3% improvement

⁵ 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 experiencing physical violence from patients, relatives or the public in the last 12 months (the lower the score the better)

2011		2012		Improvement/deterioration
Our Trust	National average	Our Trust	National average	
5%	3%	12%	6%	7% deterioration

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

2011		2012		Improvement/deterioration
Our Trust	National average	Our Trust	National average	
10%	8%	25%	21%	15% deterioration

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

2011		2012		Improvement/deterioration
Our Trust	National average	Our Trust	National average	
88%	90%	89%	91%	1% improvement

Key areas of improvement

Staff experience has improved in relation to staff receiving equality and diversity training in the last 12 months. However, we remain below the national average for acute specialist trusts. Fewer staff are reporting that they have experienced discrimination at work and we will continue to demonstrate improvements in this area. The 'Your Voice' staff engagement forum will focus its work around the key areas for improvement identified in the survey and reports will be provided back to the board of directors.

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:

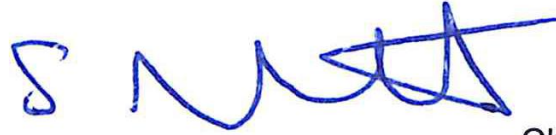
- the content of the quality report meets the requirements set out in the NHS Foundation Trust Annual Reporting Manual 2012-13;
- the content of the quality report is not inconsistent with internal and external sources of information including:
 - Board minutes and papers for the period April 2012 to June 2013
 - Papers relating to quality reported to the board over the period April 2012 to June 2013
 - Feedback from the commissioners dated 2 May 2013
 - Feedback from governors dated 7 May 2013
 - Feedback from local Health Watch organisations dated 7 May 2013
 - 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 2013
 - The Trust's inpatient survey 2012
 - The Trust's outpatient survey 2012
 - The Trusts results from the national staff survey 2012
 - The A&E survey 2012
 - The head of internal audit's annual opinion over the Trust's control environment dated 21 May 2013
 - CQC quality and risk profiles dated March 2013
- 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) as well as the

standards to support data quality for the preparation of the quality report (available at 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

28.5.13 Date.....  Chairman

28/5/13 Date.....  Chief Executive

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.

4.1 Consulted agencies or groups

4.1.1 Sheffield Clinical Commissioning Group

The first draft report was provided to NHS Sheffield on 12 April 2013.

SCH QUALITY ACCOUNTS 2012/13

STATEMENT FROM SHEFFIELD CLINICAL COMMISSIONING GROUP

NHS Sheffield Clinical Commissioning Group (CCG) has had the opportunity to review and comment on the information in this quality account 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 2012 – March 2013.

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 Trust continues to provide high quality services, which are underpinned by strong operational performance. In year we have seen strong performance against key national indicators such as the 95% Accident and Emergency (A&E) target. Where we have had concerns in year around aspects of performance, for example the number of patients waiting over 52 weeks for treatment and the rate of 6 week diagnostic breaches, the trust has worked openly with NHS Sheffield CCG to provide assurance and to put measures in place to improve performance. The trust has unfortunately experienced one never event during 12/13, the CCG have worked closely with them to understand the reason for the never event and to ensure processes are in place to reduce the risk of recurrence.

Moving forward, NHS Sheffield will continue to work jointly with the trust to commission safe, high quality services. Sheffield Children's Trust has identified three priorities to take forward in 2013-14 (see below) which will further improve the quality and safety of patient care. The CCG is in agreement with the identified priority areas.

- Implement the Department of Health Response to the Mid Staffordshire Public Enquiry, 'Patients First and Foremost'
 - Publish regular information on our quality performance and the experience of our families
 - Minimise disruption to the public from our construction of the new hospital wing
- In 2013-14 the CCG will build on existing good clinical and managerial working relationships to progress initiatives around unscheduled care, we have agreed a CQUIN scheme that is challenging for the trust but will undoubtedly improve patient quality if achieved. We look forward to working closely with the trust to fully understand the improvements in patient quality as a result of the imminent large scale capital development on the acute site, which is set to take place over the next 12 months.

Submitted by Jane Harriman on behalf of:

Kevin Clifford

Chief Nurse

and

Ian Atkinson, Contract Lead SCH

Sheffield Clinical Commissioning Group

2nd May 2013

4.1.2 Sheffield Healthwatch

The first draft report was provided to Healthwatch on 24 April 2013 and a meeting was held with key members of Healthwatch and the director of nursing and clinical operations on 30 April 2013. The following response was received:

Sheffield Children's NHS Foundation Trust Quality Report 2012-13 Commentary from Healthwatch Sheffield

Healthwatch Sheffield is grateful for sight of the Sheffield Children's NHS Foundation Trust's draft Quality Accounts for 2012-13 and welcomes the opportunity to provide comments. These comments are based on the Draft 1 version for consultation sent to Healthwatch Sheffield in April 2013 and paragraph references below relate to this version. We are pleased that Healthwatch Sheffield representatives were able to meet the Trust's Director of Nursing and Clinical Operations to discuss the Quality Account and comments made by Healthwatch at this meeting have been taken into account in the final document.

We hope that the Trust will be able to produce a summary easy to read version for wider public information.

Performance on Quality Priorities 2012-2013

- We welcome the approval from Monitor to proceed with the construction of the new wing due to complete in 2015 which will provide new Outpatient facilities and Inpatient facilities.
- We are pleased that the new home from home for resident parents of children in Critical Care and Neonatal Care linked to the critical care floor by a corridor will be completed this summer.
- The reduction in delays and improvements in communication for both Inpatients and Outpatients is welcome as this has been a concern for parents attending the Trust.
- The Rapid Access Clinics have reviewed 387 patients and of those only 13 have required admission after discussion with a paediatrician at the Trust. This is an excellent service which has been welcomed by GPs and Community midwives and health visitors.

2.2 Quality Improvement Priorities Identified for 2013-2014

- We welcome the regular evaluation of performance in the community and the use of the family and friends test in A&E.
- The Mid Staffordshire Public Inquiry has raised public concern about health service failings in the treatment of patients and their families. We are pleased to see the steps the Trust will take to retain confidence in the provision of the services provided.

2.3.2 Patient Safety

- We are pleased that the Trust has been able to reduce the number of incidents of violent behaviour at Becton. However we would like to see more details of CAMHs (Child and Adolescent Mental Health Service) included in the document especially in relation to waiting times for assessment which the LINK and Scrutiny have taken an interest in during 2012-13.

2.3.7 CQUIN Quality Indicators

- The tables show that all of the seven Specialist Services CQUINS were achieved and this is welcome though it would be helpful to have more

detailed figures if possible.

- It is disappointing that all Core Service CQUINS were achieved with the exception of Asthma Management. We accept that the patient numbers involved are very low and that the target was achieved in the first audit but we remain concerned and will monitor this to check for improvement. We are aware that the system for discharge of those patients has changed and trust this will enable the Trust to achieve this next year.

2.4 Patient Experience

- The results of the Inpatient, Outpatient and A&E surveys achieved a high response rate. The results showed that only just over 3% of Outpatients regarded their care as either fair or poor which is an excellent result. The In-patient survey showed similarly high levels of satisfaction with only 4% rating their care as fair or poor. A&E results also showed a 96% positive rating and the Trust should be commended on these results.

2.5 Complaints

- We are grateful for the detailed breakdown of the complaints data although it is disappointing that the number of complaints has risen in all areas. We would hope to read a more positive result next year.
- However the overall number of complaints at just over 6% per 10,000 episodes of treatment is low compared to other comparable Trusts nationally. Nevertheless we urge the Trust to monitor complaints numbers closely with a view to reducing those relating to diagnosis and medical care outcomes.
- The section detailing learning from complaints is excellent and it is helpful to see the changes in practice as a result.

2.6 Serious Untoward Incidents

- In the past Sheffield LINK has always asked Trusts to include information on **Patient Safety Alerts (PSAs)** in Quality Accounts. As the successor body Healthwatch Sheffield has been assured that only one PSA is outstanding and that this is waiting for a national resolution.
- We would also like to see reported in Quality Accounts information on any **Coroners Rule 43 Requests** that were received by the Trust in 2012-13 such as the number of Requests received during the year, their subjects, the actions taken and status of the Trust in respect of each.

The LINK expressed a view last year that results of staff surveys are important in an organisation's performance and we would have liked to see this in the Quality Account though we accept the information is available in the Trust Annual Report.

Mike Smith (Chair Sheffield LINK to March 2013)

Pam Enderby (Chair Healthwatch Sheffield)

7 May 2013

4.1.3 Yorkshire Overview and Scrutiny Committee

The first draft report was provided to the South Yorkshire Oversight and Scrutiny Committee on 12 April 2013. The director of nursing and clinical operations attended the Committee on 17 April 2013. The following response was received:

Sheffield City Council – Healthier Communities and Adult Social Care Scrutiny Committee	
Response to Sheffield Children’s Hospital NHS Foundation Trust Quality Report	
PRESENT:	Councillors Mick Rooney (Chair), Sue Alston, Janet Bragg, Katie Condliffe, Roger Davison, Tony Downing, Adam Hurst, Cate McDonald, Pat Midgley, Diana Stimely and Garry Weatherall <i><u>Non-Council Members (LINK):-</u></i> Mike Smith (Substitute for Helen Rowe)
7.1	John Reid, Director of Nursing and Clinical Operations, Sheffield Children’s Hospital Foundation Trust, reported on the Quality Account for the Sheffield Children’s Hospital for 2012/13.
7.2	The report summarised the performance of Trust in 2012/13 with regard to the quality of care, and also set out details of the quality priorities for 2013/14, in consultation with the Trust’s families, governors and agency partners.
7.3	Mr Reid reported that Sheffield Children’s NHS Foundation Trust was one of the best performing Foundation Trusts in the country, as recorded by Monitor (the Foundation Trust regulator) and the Care Quality Commission (CQC), and that the Trust had responsibility for most aspects of child health care in Sheffield, including hospital, community and mental health, as well as being a major provider of specialist hospital care for South Yorkshire and beyond. He reported that the reputation was built on the high satisfaction survey results and the quality of care provided. Reference was made to the construction of a new £40 million patient wing, which was due to commence in Summer 2013, and would result in material improvements to those areas of below average experience, such as parking, privacy and dignity, parental accommodation and way-finding.
7.4	He reported that the Trust’s community services and its child and adolescent mental health service were key components of a holistic child health system in Sheffield and beyond, and the Trust had been working closely with local authority partners to ensure that its teams were integrated with social care and education to obtain the best outcomes for families. This was carried out through joint child protection arrangements, shared public health priorities and good communication. He referred specifically to complaints which had been received during 2012/13, which had showed an increase from the previous year, with the most common grounds for complaint relating to diagnosis or a treatment plan, or in relation to complications of treatment.

7.5 Members of the Committee and representatives of Sheffield LINK raised questions and the following responses were provided:-

- It has been accepted, as highlighted by a recent case, that communication between clinicians has not always been effective. In response to this, a Paediatric Early Warning Tool had been developed, which comprised a system of coloured bands to enable consistency in terms of the assessments of different types of care, as well as setting down time limits in terms of doctors' responses and the levels of seniority of doctors dealing with different types of care.
- It was agreed that complaints should be dealt with as a form of customer feedback. As mentioned earlier the number of complaints received has increased in the last few years, with the majority relating to a diagnosis or treatment plan. Whilst both issues were considered to be subjective, it had been agreed that all complaints should be viewed as valid, and a number of such complaints had been seen to be justified. An increasing number of issues were dealt with by the Patient Advisory and Liaison Service (PALS), which aimed to resolve as many issues as possible, prior to them becoming formal complaints.
- Despite the recent news regarding the Leeds Cardiac Unit, the Trust did not have any concerns with regard to the ability and safety of surgeons at Leeds, and was currently the Trust's preferred partner in terms of cardiac surgery.
- There had been considerable adverse publicity regarding the events at the actions of the Mid Staffordshire NHS Trust, where a high number of patients had died as a result of the alleged substandard care and staff failings. The mortality rate had been considerably higher than other hospitals of a similar size. Standardised mortality rates for children are heavily dependent on specialities at each hospital. The low numbers of children's deaths do not readily lend themselves to statistical interpretation – consequently independent investigation into each child death is conducted by the statutory Child Death Overview Panel. The Trust does report standardised mortality figures for its intensive care unit and this is published on the PICANET web site. The figures for the trust are about average for the mix of specialities.
- The Trust has worked with GP and midwifery colleagues to improve their access to paediatric medical advice – a paediatrician is available each day to discuss cases and avoid unnecessary attendance at A&E.
- The Trust had worked with health visitors in order to integrate them into the workforce. There had always been tension regarding whether health visitors should concentrate on a universal service or prioritise care for those families of greatest need. The trust is carrying out a 1200 family community satisfaction survey: it is hoped that this will help provide the Trust with evidence to support the best balance between these approaches.
- It was accepted that there was no reference to meningitis in the report. Mr Reid undertook to supply the committee with data on meningitis diagnosis locally and nationally. The success rate for dealing with cases of meningitis depended predominantly on

what stage it was identified.

- The car parking on Western Bank at the front of the Hospital was discussed. The trust has prioritised this for people attending A&E, as having an acutely ill child and therefore an urgent need to seek clinical attention.
- In terms of equality and diversity issues, the Trust's Equality Scheme is published on its website on an annual basis. Any language needs were addressed by the operation of an interpretation service, which comprised both face to face interpretation and a telephone based language line in the emergency admissions department. Research has shown that families tended to attend the Hospital at similar times in the mornings and afternoons, and the Trust had attempted to address this by changing staff shift patterns and talking to NHS Sheffield regarding the out of hours GP based at the Hospital. Some BME communities use the A&E service differently from the general population and the trust is working with commissioners to see how this can be modified. The results of the A&E Patient Survey, which was targeted at families attending A&E, has been published on the Trust's website.
- It was accepted that the Trust had failed a target on the issue of providing relevant information for asthma sufferers leaving the hospital. This was a relatively small audit but has resulted in changes to discharge arrangements to ensure that they had all the relevant advice.
- In terms of the quality improvement priorities identified for 2013/14, specifically regarding the implementation of the Department of Health response to the Mid Staffordshire NHS Trust Public Enquiry – 'Patients First and Foremost', the Trust would involve non-executive Board Members, Governors and families in any inspection and oversight of the Trust's services.
- The number of 265 local clinical audits and service evaluations may appear high. The Trust carries out nationally commissioned audits and some trust commissioned audits – these are to quantify poorly understood risks. Most audits are carried out by trainee health staff as part of their educational programme and relate to areas of interest for them personally.
- Although the committee recognised that Quality Accounts had to be drafted in a standard format, the Trust was asked to consider producing an easy-read version of the Quality Account that was more accessible to the public.
- Parking was discussed. There had been a number of issues regarding the planning applications required for the hospital redevelopment on the basis that the Hospital was situated within a Conservation Area. Having underground parking below the Outpatient Department was one way to get round the strict limitations regarding Conservation Area planning consent. There were also plans to provide car parking on the triangular piece of land next to the Octagon, as well as providing off-site parking, with a shuttle bus service between the Hospital, the nearest Super tram stop and the proposed Tapton area car park.

7.6 RESOLVED: That this Committee:-

- (a) notes the contents of the report now submitted on the draft Quality Account 2012/13, together with the responses to the questions raised;
- (b) thanks John Reid for attending the meeting and responding to the questions raised; and
- (c) requests (i) the Policy Officer (Scrutiny) to liaise with John Reid, with the aim of arranging a visit by Members to the new Home from Home villas and other areas of new build at the Hospital and (ii) John Reid to provide details of the results of the asthma audit which would be repeated in terms of the provision of advice to child asthma sufferers to this Committee.

4.1.4 Council of Governors Sheffield Children's NHS Foundation Trust

The first draft report was provided to the governors on 24 April 2013. The draft was the subject of a discussion on 7 May 2013 between the director of clinical operations and the council. The attached is an extract from the minutes of the meeting.

**Extract from the draft minutes of the Council of Governors meeting.
Draft Quality Report 7 May 2013**

The Director of Nursing and Clinical Operations presented the quality report for 2013 taking governors through the content of the document. It was confirmed that the Trust was required by Monitor to publish the report, the format of which was specified for all trusts. Some of the data was not available at the present time and where data was missing this was highlighted within the draft report and would be added before publication. The purpose of sharing the document with the council was to give governors opportunity to ask questions and input into the development of the report as part of a formal consultation process. Comments and responses from all stakeholder groups involved in the consultation would be published within the report itself.

After highlighting key points within the report, the Director of Nursing and Clinical Operations asked for questions.

The first question raised by a Governor was around the increase in complaints reported in document and an explanation for this was requested. It was explained that most trusts were seeing an increase in the number of formal complaints received and comment was made about the increase in consumer-based behaviour within society in general, raised public expectations and awareness around quality and the public being better informed around complaint making .

It was stated that the trust had included additional detail within the report over and above the level specified by our regulator. This included an analysis of complaints by service area, division and reason for complaint to see if any trends or patterns could be identified. The report showed that using national coding descriptions many complaints fell into the category of 'all aspects of clinical treatment'. The main reasons are related to a diagnosis or treatment plan, or in relation to complications of treatment. The trust considers that improved communication is the key to correcting the above trend and while some other trusts state whether a complaint is upheld or not upheld it was explained that we consider that every complaint provides valuable feedback from which the trust can learn. The trust felt it important to set information about complaints within the context of other channels of patient feedback including patient survey results which included some very positive feedback.

A further request was made to explain the selection of the year 2004-2005 as the benchmark for complaints and levels of patient activity set out at the top of page 25. It was stated that this was the first year of data collection for complaints.

Discussion took place regarding quality improvement priorities identified for 2013-14. The wider context of the new hospital wing improving the patient experience and quality of accommodation was used as rationale for the selection of the third priority. In terms of achievement of CQUIN quality indicators for specialist CAMHS services it was explained that the stated outcomes were subject to some updating / confirmation. It was acknowledged that the CQUIN could be more challenging and instead of setting compliance with survey returns as a target, improvement on outcomes could be specified. It was explained that the target was regionally set by specialised commissioners.

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

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