

Quality Report 2014/15

QUALITY REPORT

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

Introducing the Trust

Sheffield Children's NHS Foundation Trust is one of only four dedicated children's NHS trusts in the country. In many senses we are unique in having responsibility for most areas of local child health other than GP services and maternity. Our services encompass:

- **primary child healthcare** – e.g. health visitors and school nurses
- **secondary healthcare** – e.g. Sheffield Children's Hospital, community paediatrics, community children's nursing and therapists.
- **tertiary child care** – e.g. neurosurgery, cancer care, critical care
- **child and young peoples' mental health services** – community, day patient and inpatient.

Our health visitors and school nurses work with the local authority and GPs to ensure that children are kept healthy. Our community paediatricians, nurses and therapists work with families to minimise hospital stays. In addition, we expect to see over 120,000 outpatients; admit 20,000 planned cases and respond to 14,000 urgent admissions. Our emergency department reviews up to 200 children per day.

Chief executive's statement on quality

Our Trust values of commitment to excellence, teamwork, accountability, compassion and integrity are at the core of all we do. By specialising in children's health we believe that we have a focus on each child and their family. Our goal is to keep children healthy, safe and able to achieve their potential.

The Trust has made real progress this year; we were judged 'Good' by the Care Quality Commission and are in the midst of an extensive and exciting hospital redevelopment. We have completely replaced our patient administration software and, despite initial problems are now seeing more children than ever.

There is no hiding the pressures that our services and the NHS are under. Our finances and performance have required some reordering of priorities but we remain focussed on achieving a reasonable balance that does not compromise patient safety.

The coming year will have new challenges but our staff are the biggest asset that we have. We will be working with them to develop services such as child and adolescent mental health, neurosciences, genetics and urgent care alternatives to accident and emergency services.

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

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



Simon Morritt
Chief Executive

1.2 Priorities for improvement and statements of assurance from the board

1.2.1 Quality improvement priorities 2015/16

Outpatient services

Our reasons:

For the vast majority of our families, clinic experience is the first and often the most frequent way that our services are experienced. If we get the appointments wrong, have delays in clinic or do not communicate properly then this can become a source of dissatisfaction and even complaint.

The administration, way-finding, environment and leaflets all combine to make or frustrate a successful clinical consultation.

The Trust will:

- open a new outpatient department that is situated at the front of the hospital;
- open adjacent parking with lift access to clinics for disabled children;
- improve our administration using self service check in, send telephone reminders, and reduce the number of occasions when children do not attend;
- reduce the number of cancelled clinics; and
- review the leaflets to allow parents to download onto mobile phones.

Surgical pathways

Our reasons:

We are performing an increasing number of surgical operations on children. Children often are able to benefit from day surgery which reduces the time in hospital, reduces the disruption to normal family life and frees up resources for children with longer term care needs.

Many of the reasons for surgical cancellations, such as infection, can be screened out in a pre admission clinic or telephone consultation with a nurse. Problems can be anticipated and information given that prepares the family for the visit.

The resulting pre admission pack can alleviate anxiety, reduce delays on the day, reduce the need for parents to give the same information to different staff and enhance safe surgery by early identification of risks such as allergies.

The Trust will:

- set up a comprehensive pre admission service for children requiring planned surgery or investigations under anaesthetic;
- use telephone clinics wherever possible to improve convenience for families;
- investigate the potential for secure online submission of information as an option for families; and
- review our information leaflets associated with surgery and make these available online.

Child and adolescent mental health

Our reasons:

Mental healthcare for young people is a key priority for the NHS. The Trust has a unique opportunity to work with commissioners and the local authority in shaping care with integrated provision that extends from crisis management, including accident and emergency and acute medical care, to community mental health intervention and day or inpatient care.

The Trust will:

- develop services for 16-17 year old young people in conjunction with Sheffield Clinical Commissioning Group (CCG);
- prepare a tender for inpatient, day patient and intensive home intervention support based at Becton in line with NHS England requirements; and
- use the improved access to psychological services (IAPT) training to widen the availability of our services and expand the means by which teachers, families and others can obtain advice on mental well being.

How performance will be monitored

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

1.2.2 Performance on quality priorities 2014/15

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

What we said	What we did
<p>Implement ongoing recommendations from the NHS Response to the Mid Staffordshire Public Enquiry, 'Patients First and Foremost</p>	<p>Pilot a children's nursing dependency assessment. The Trust has used the paediatric acute nursing dependency assessment tool since October 2014. This estimates the dependency of the children twice daily and estimates the numbers of nurses required to safely nurse these children.</p> <p>The tool is the basis of setting and reviewing the nursing establishment six monthly. The recruitment to that establishment is then monitored monthly and published on our website.</p> <p>The required number of nurses and actual number of nurses on duty has been displayed at every nursing department entrance since May 2014.</p> <p>Extend our family surveys to our new-born high dependency ward and benchmark ourselves against other units. This extends our surveys to families we have not previously reached. These surveys have been carried out, published and action plans are being developed or implemented.</p> <p>Ensure that changes to family demand for evening and weekend access are responded to. There will be a supernumerary overnight senior nurse to allow doctors to devote more time to treat each patient. The supernumerary hospital out of hours team has been operating since October 2014.</p>

What we said	What we did
<p>Reorganise our child and adolescent psychiatry service to ensure that it has adapted to fit with the type of referrals we are receiving.</p>	<p>Demonstrate that the services are in accordance with the standards of the royal college of psychiatrists, quality network for inpatient CAMHS (QNIC).</p> <p>All nursing establishments have been assessed against the standard. Establishments have been set and fully recruited to.</p> <p>Work with commissioners and the safeguarding board to ensure that local</p> <p>16-17year old patients are accommodated, where needed, within the Becton young peoples unit or with our community teams.</p> <p>The commissioned pilot commenced in January 2015. First evaluation will be reported to Sheffield CCG in may 2015.</p> <p>Demonstrate that when young people are treated under the provisions of the mental health act, they and their families have full access to information, advice and representation.</p> <p>The audit carried out in January 2015 showed compliance with the improvements required by the CQC visit to Becton in 2014.</p> <p>Patient satisfaction surveys in CAMHS for 2014 reported</p>
<p>Minimise disruption to our services from the building of the new hospital wing</p>	<p>Improve access by aiming to have most of the parking improvements in place by the end of 2015. This includes the multi-storey parking opposite the main entrance and the underground parking with direct lift access for disabled families.</p> <p>Building program on schedule. Temporary main entrance in place.</p> <p>Transfer significant numbers of outpatient clinics to the northern general for the duration of the work.</p> <p>Clinic extension and redevelopment completed October 2014. Clinics transferred.</p> <p>Set up a remote supplies depot to ensure that all supplies, pharmacy and laboratory deliveries are consolidated into as few goods vehicles as possible and not competing with families for access.</p> <p>Deliveries consolidated and rescheduled for outside normal working hours.</p> <p>Public consultation of redesigned signage and artwork held in the hospital's main entrance during February and March 2015.</p>

1.2.3 Statements of assurance from the board

General assurance

During 2014/15 Sheffield Children's NHS Foundation Trust provided and/or sub-contracted 1021 relevant health services.

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

The income generated by the relevant health services reviewed in 2014/15 represents 100 per cent of the total income generated from the provision of relevant health services by Sheffield Children's NHS Foundation Trust for 2014/15.

Audit and national confidential enquiry assurance

During 2014/15, 15 national clinical audits and three national confidential enquiries covered NHS services that Sheffield Children's NHS Foundation Trust provides.

During that period the Trust participated in 100 per cent of the national clinical audits and 100 per cent of the national confidential enquiries that it was eligible to participate in.

The national clinical audits and national confidential enquiries that Sheffield Children's NHS Foundation Trust participated in, and for which the data collection was completed during 2014/15, are listed below alongside the number of cases submitted to each audit or enquiry as a percentage of the number of registered cases required by the terms of that audit or enquiry.

National clinical audits and national confidential enquires for which the Trust was eligible to participate	% of eligible cases submitted
RCP (UK IBD audit) inflammatory bowel disease (round 4)	20% 2 (data collection issue)
National paediatric diabetes audit (NPDA)	97.5%
Epilepsy 12 audit (childhood epilepsy)	100%
Trauma audit and research network (TARN): major trauma	98.8%
National cardiac arrest audit (NCAA)	100%
College of emergency medicine: fitting child (care in emergency departments)	100%
National comparative audit of blood transfusion programme : d) use of red cells	100%
National comparative audit of blood transfusion programme: use of blood in sickle cell disease	100%
Paediatric intensive care audit network (PICANet)	Embrace: 100% PCCU: 100%
College of emergency (CEM): fitting child	100%

¹ Based upon the services specified in the NHS provider contract for 2014/15.

² Due to delays in recruiting to vacant paediatric consultant gastroenterologist post

National clinical audits and national confidential enquires for which the Trust was eligible to participate	% of eligible cases submitted
European prospective multicentre observational study: Epidemiology of severe critical events in paediatric anaesthesia (APRICOT)	100%
International burns injury database (IBID)	100%
National confidential enquiry into suicide and homicide for people with mental illness (NCISH)	100% (No reportable deaths)
MBRRACE-UK Perinatal confidential enquiry (Links with the child death outcome review programme)	100%
MBRRACE-UK Perinatal confidential enquiry – congenital diaphragmatic hernia	100%
CE (CORP) RCoP National audit of asthma deaths	100% (No reportable deaths)

National audit and confidential enquiry reviews

The reports of seven national clinical audits were reviewed by the provider in 2014/15 and Sheffield Children's NHS Foundation Trust took the following actions to improve the quality of healthcare provided.

(1) MBRRACE-UK perinatal confidential enquiry – congenital diaphragmatic hernia

- Local actions include:
- now have a lead consultant
 - care pathway being written
 - information leaflet being written
 - discharge and follow-up guideline being written
 - new guideline for diaphragmatic hernia being written for neonatology
 - neurodevelopment follow-up under the neonatologist

(2) BTS bronchiectasis 2013

- Local actions include
- local audit undertaken which identified that 92.3 per cent (national 63.8 per cent) of Trust patients seen by respiratory physiotherapist
 - 100 per cent of patients had a CT chest performed which was better than the national cohort. (92.3 per cent)
 - comprehensive investigations significantly better than national.
 - to discuss with named consultant from clinical records committee regarding introducing an investigation sheet into all new respiratory patient clinical records

(3) BTS paediatric asthma

- Local actions include
- audit results discussed at team meeting
 - Trust had previously audited local guidelines and found good compliance
 - audit of clinical records planned to include review of discharge planning and follow up

(4) National inflammatory bowel disease audit

- Local actions include
- daily scoring now taking place and has been incorporated into junior doctor induction
 - all patients with diarrhoea should have their stools sampled – standard Trust practice
 - all patients should have nutritional assessment on admission – dietetic team working to achieve this

(5) National paediatric diabetes audit

- Local actions include
- diabetes team review HbA1c at each patient consultation
 - regular patient reviews are undertaken with diabetes team and dieticians
 - patients made aware of the 24 hour availability of diabetes team

(6) Prescribing observatory for mental health (POMH-UK): Prescribing for ADHD (attention deficit hyperactivity disorder) in children, adolescents and adults

- Local actions include
- correspondence with GP to include centile values of physical check ups
 - to incorporate risk of substance diversion into ADHD assessment report to GP
 - identify growth and centile charts for use in Child Adolescent and mental health services (CAMHS)
 - to disseminate recommendations and action plans to CAMHS

(7) Severe trauma

- Local actions include
- major trauma peer review group established
 - improved emergency department consultant cover in accordance with national recommendations
 - robust system implemented for provision of rehabilitation prescriptions
 - continual data quality checks

Local audit and service evaluations

The reports of 194 local clinical audits service evaluations were reviewed by the provider in 2014/15 and Sheffield Children's NHS Foundation Trust intends to take the following actions to improve the quality of healthcare provided, e.g.

(1) Haematology and oncology: CA840 re-audit of timely informing GP of carcinoma

- Findings include
- informing GPs by the end of the next working day has improved compared to the previous audit in 2012.
 - it is often not documented when a GP is informed by telephone
- Local actions include
- need to improve the filing of inform GP faxes in the notes.
 - departmental guidelines have been amended to include documentation of telephoning GP

(2) Oral/Maxillofacial surgery: CA764 re-audit of accuracy of medication prescribing for children

- | | |
|-----------------------|---|
| Findings include | <ul style="list-style-type: none">– the incidence in prescribing error has been reduced to 6 per cent compared to 18 per cent in the previous audit– percentage differences between the actual prescribed dose and the weight adjusted dose showed improvement compared previous audit |
| Local actions include | <ul style="list-style-type: none">– education and training on correct drug prescribing at induction for new junior members.– reference cards with the correct weight adjusted dosages of the most commonly used medications to be given to new staff at their induction. |

(3) Ophthalmology: SE495-1 school eye screening service re-evaluation

- | | |
|-----------------------|--|
| Findings include | <ul style="list-style-type: none">– results show children are being tested at the correct age range and in a timely manner.– no changes are required to the referral criteria pathway.– all key performance indicators have been met.– Sheffield school vision screening service continues to be of a high standard, with a low false negative rate, working well with the school nursing services as well as Sheffield community optometrists. |
| Local actions include | <ul style="list-style-type: none">– school vision screening started later in year to reduce the number of false positives– opt-out consent implemented which improves the numbers of children tested within school |

(4) Pharmacy: CA408 preparation of emergency drugs for intubation on PICU (paediatric intensive care unit)

- | | |
|-----------------------|--|
| Findings include | <ul style="list-style-type: none">– reduction of occasions where drugs in the emerging infectious disease (EID) box had expired compared to the 2012 audit; 6 per cent compared with 34 per cent.– on 72 per cent of occasions other drugs were present in the EID box. The majority were sodium chloride 0.9 per cent flushes.– on one occasion, a pre-filled ketamine syringe pack had been opened but not used and not discarded. |
| Local actions include | <ul style="list-style-type: none">– update the EID guideline and include a pre-printed label for a sodium chloride 0.9 per cent flush.– include information on the use of pre-filled ketamine syringes in the guideline and the doctors PICU induction. |

(5) Pharmacy: CA780 use of pre-printed stickers for intravenous (IV) paracetamol prescriptions

- | | |
|-----------------------|---|
| Findings include | <ul style="list-style-type: none">– 80 per cent of inpatient prescriptions for IV paracetamol were prescribed using the pre-printed IV paracetamol stickers.– 100 per cent of IV paracetamol stickers were completed with the dose in both milligrams and millilitres, be signed and dated by the prescriber, and if for neonates contain dosing interval– 100 per cent of wards had pre-printed IV paracetamol stickers in a blue wallet in the treatment room |
| Local actions include | <ul style="list-style-type: none">– Trust policy concerning IV paracetamol policy should be available on the intranet and added to the guidelines for the administration of intravenous paracetamol: Clinical Audit & Effectiveness Committee Reg. ID no. 139– ward pharmacists should report all incidents of non-compliance with the IV |

paracetamol policy should be reported

- for accessibility the ward wallet should be stored at the nurses' station, not the treatment room

(6) WAMH: CA885 cardiometabolic assessment for patients with schizophrenia & communication with general practitioners

- Findings include
- overall information from all lodges is provided to GP's that is of a high standard. Results demonstrate that 100 per cent of all admission
 - lodges have a firm baseline from which to make improvements
 - results indicate that lodges assess 100 per cent of all patients' and GPs receive details of medications
- Local actions Include
- assistant general manager to formally agenda at tier 4 performance and strategy group, with email reminder to all lodge staff to document BMI (body mass index) score in all correspondence to GP.
 - ensure that all team members are actively using standard physical health checks and passing to admin teams to enter onto CareNotes
 - inpatient lodges to review share practice and consistency of recording blood lipids results (taken or not taken) within their documentation.
 - administrative pathways identified which require consistent approach around use of CareNotes templates and in the reviewing of Care Programme Approach (CPA) minute booklets
 - ensure that all primary and secondary ICD10 codes are entered on CareNotes at point of discharge. Lodges to inform administrative teams of codes for inputting.

(7) Dermatology: SE493 The management of paediatric atopic eczema patients with food allergies. An assessment of the utilization of dietetic services and food challenge test in patients on elimination diet

- Findings include
- dermatology patients on restricted diet need a better access to the allergy and dietetic services
- Local actions include
- develop pathway of referral for dermatology patients on restricted diet to the allergy and dietetic services
 - design joint protocol with allergy team for food challenges in children with eczema including agreed method for assessment of skin response
 - teaching session for the allergy nursing team to increase their experience with the possible skin reactions post oral food challenge tests and to implement an eczema severity scoring system

Clinical research

The number of our patients receiving relevant health services provided or sub-contracted by Sheffield Children's NHS Foundation Trust in 2014/15 that were recruited during that period to participate in research approved by a research ethics committee is 1082. In the last year 226 research projects have been active in the Trust with over 180 projects still active at year end.

It has been an exciting year for grant awards, notably with the Trust receiving a grant of over £800,000 from the Wellcome Trust to carry out new generation genetic sequencing on newborn blood screening samples. We continue to build on our collaborative work with Sheffield Hallam University and this year we secured our second NIHR Invention for Innovation (i4) grant with a third application being submitted in the next few weeks. The i4i funding scheme remit is to advance healthcare technologies and interventions for increased patient benefit in areas of existing or emerging clinical need. Other

notable grants have been awarded to our researchers from the British Tinnitus Society, Newlife, the Skeletal Dysplasia Group and The Children's Hospital Charity.

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

Safety of nasal influenza immunisation in egg allergic children: SNIFFLE-2

Egg allergy is one of the most common food allergies in childhood and influenza vaccines contain egg protein as the vaccine virus is cultured in hen's eggs. Our Trust was one of the most successful recruiters to the SNIFFLE-2 trial, a national trial examining the safety of a live attenuated intranasal vaccine for influenza in children with an egg allergy. The primary aim of the trial which was led from Southampton was to assess the incidence of immediate allergic reaction to the vaccine. Dedicated research clinics for the trial ran on the research and medical treatment lounge and 40 children were recruited to the study locally with Dr Nicola Jay leading the local clinical research team.

Randomised controlled trial of the clinical effectiveness, safety and cost effectiveness of Adalimumab in combination with Methotrexate for treatment of juvenile idiopathic arthritis associated uveitis: The SYCAMORE Trial

Research activity in the specialty of rheumatology has grown in the Trust in the last year and one of the most complex studies the team are working on currently is the Sycamore trial. Juvenile idiopathic arthritis (JIA) is the most common rheumatic disease in children who are also at risk of inflammation of the uvea in the eye (uveitis). Overall, 20 to 25 per cent of all paediatric uveitis is associated with JIA. Despite current screening and therapeutic options, 10 to 15 per cent of children with JIA associated uveitis may eventually develop bilateral visual impairment and ultimately be certified legally blind. The Sycamore trial aims to find more effective therapeutic interventions for the condition. Our Trust is one of the recruiting centres for the trial which is being led from Bristol. Dr Dan Hawley is leading the trial locally and we currently have two patients enrolled on the study.

The British antibiotic and silver impregnated catheters for ventriculoperitoneal shunts multi-centre randomised controlled trial: The BASICS trial

Hydrocephalus affects one in every 500 births and is therefore one of the most common developmental disabilities in children. The condition also affects older children and adults. Standard treatment for the condition is the ventriculo-peritoneal shunt (VPS) but shunt failure due to infection remains a common problem. The BASICS trial which is being led by Alder Hey Children's Hospital is comparing the effectiveness of the standard, antibiotic impregnated, and silver impregnated catheters in reducing incidences of infection in cases of hydrocephalus. So far the study team in our Trust, led by Mr Ushewokunze and Mr Sinha, have recruited 22 patients to the trial.

Use of the CQUIN framework

A proportion of the Trust's income in 2014/15 was conditional upon achieving quality improvement and innovation goals agreed between the Trust and any person or body they entered into a contract, agreement or arrangement with for the provision of relevant health services, through the commissioning for quality and innovation payment framework (CQUIN).

Further details of the agreed goals for 2014/15 and for the following 12 month period are available online at <http://www.sheffieldchildrens.nhs.uk/about-us/board-papers.htm>, in our monthly performance report.

The amount of income in 2014/15 conditional upon achieving quality improvement and innovation goals was £2.91m; the amount conditional upon achieving quality improvement in 2013/14 was £3.03m.

A more detailed commentary on our achievement against the commissioning for quality and innovation (CQUIN) quality indicators is given below:

CQUINs for specialist services

Title	description	outcome
Safety thermometer	Achieve safety thermometer requirements set out by local commissioners	Achieved
Patient experience – continence	Development and roll out of ‘friends and family test’ related question and follow up on suggested actions.	Achieved
Endocrine outpatient coding	To generate proposals and pilot a process for outpatient diagnostic coding in specialised endocrinology.	Achieved
Telemedicine	Introduce telemedicine care for clinically appropriate patients within neurology epilepsy nurse led clinics.	Achieved
Perinatal pathology	Implement national reporting times for perinatal autopsies.	Achieved
Osteogenesis imperfect	Highly specialised services clinical outcome collaborative audit workshop and provider report.	Achieved
Ehlers danlos syndrome	Highly specialised services clinical outcome collaborative audit workshop and provider report.	Achieved
CAMHS tier 4 – cardio metabolic assessment for patients with schizophrenia	Full implementation of appropriate processes for assessing, documenting and acting on cardio metabolic risk factors in patients with schizophrenia.	Achieved
CAMHS tier 4 – assuring appropriateness of	Completion of a multi-agency review of all unplanned admissions to general adolescent tier 4 CAMHS within five working days of admission.	Achieved
CAMHS tier 4 – patient experience	Development and roll out of ‘friends and family test’ related question and follow up on suggested actions.	Achieved

CQUINs for core services

Title	description	outcome
Patient experience – acute assessment unit	Development and roll out of ‘friends and family test’ related question and follow up on suggested actions.	Achieved
Trust staff feedback	Development and roll out of the staff ‘friends and family test’ related question and follow up on suggested actions.	Achieved
Baby friendly	To ensure that the Trust is prepared and able to deliver the requirements as per national scheme.	Achieved
Harm free	The continued use of the SCAN tool within the Trust, input data, share data among children’s trust network.	Achieved
Education health care plan (SEN)	Implementation of the health section of the education health care plan for patients with special educational needs.	Q1 – Achieved Q2 – 50% Achieved Q3 – 50% Achieved Q4 – Achieved (on track to)
‘15 steps challenge’ for clinic and outpatient settings	To help staff, patients and service users work together to identify improvements to enhance the patient or service user experience. To provide a way of understanding patients and service users first impressions more clearly.	Achieved

School nursing	Improved provision of healthy eating information, referral and signposting to community based weight management services in targeted schools with high obesity prevalence.	Achieved
Hot meals	Availability of cooked meals on wards for patients	Achieved
Breast feeding health visiting	Health visiting service to ensure that at least 81.2 per cent of mothers breast feeding at new birth visit should still be breast feeding after 6-8 weeks.	Achieved

Registration with the Care Quality Commission

Sheffield Children's NHS Foundation Trust is required to register with the Care Quality Commission and its current registration status is unconditional. The Care Quality Commission has not taken enforcement action against the Trust during 2014/15.

Sheffield Children's NHS Foundation Trust has not participated in special reviews or investigations by the Care Quality Commission during 2014/15.

Sheffield Children's hospital was subject to a routine inspection of its services in May 2014. The hospital was judged "good" overall.

The judgement details can be found at <http://www.sheffieldchildrens.nhs.uk/about-us/regulators/>

The Trust had three improvements that must be made and six improvements that should be made. Progress on actions taken can be found at:

http://www.sheffieldchildrens.nhs.uk/downloads/boardpapersjan2015/BoardPapers_Jan2015Ench.pdf

Information on the quality of data

Sheffield Children's NHS Foundation Trust submitted records during 2014/15 to the secondary uses service (SUS) for inclusion in the hospital episode statistics (HES) which are included in the latest published data. The percentage of records in the published data which included:

- the patient's valid NHS number was: 99.5 per cent for admitted patient care, 99.8 per cent for outpatient care and 98.9 per cent for accident and emergency care.
- the patient's valid general practitioner registration code was: 99.7 per cent for admitted patient care, 99.7 per cent for outpatient care and 99.4 per cent for accident and emergency care.

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

The Trust's information governance assessment report overall score for 2014/15 was 66 per cent. This was graded green (satisfactory).

The Trust was not subject to the payment by results (PbR) clinical coding audit by the Audit Commission during the reporting period.

In April 2014 the Trust implemented a new patient administration system (PAS) and migrated all patient activity data from our previous PAS into the new Medway PAS. The migration of data was successfully managed with all patient data transferred effectively to the new system and the system has been working well since its implementation. The new PAS has, however, raised some issues in relation to data quality. This has been due to differences in the way in which patient pathways are managed on the new PAS, compared with the previous system, and these have required changes to the way staff work. In the initial period post deployment the Trust was also unable to produce a patient

tracking list to support the effective management of waiting lists. Over the year the Trust has worked to address and resolve the issues which have arisen. The Trust will prioritise work in this area during 2015/16, with a particular focus on training in order to minimise data errors.

Improvements to the quality of data

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

- implementing the recommendations of data quality related audit reports;
- reconciling information from different systems to ensure data accuracy and completeness;
- purchase of more comprehensive clinical coding software;
- continuing to improve clinical coding through improved clinical engagement and through the strengthening of the clinical coding team structure; and
- Investigation and rectification of data quality variances identified through national benchmarking tools.

Information on the quality of data

The following section sets out the data made available to the Trust by the health and social care information centre (HSCIC). The indicators below represent those relevant for the services provided by this Trust.

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

19. Patients readmitted to a hospital within 28 days of being discharged. (i) 0 to 15

Financial year	%	average (%)	national	
			maximum (%)	minimum (%)
2014/15	*	*	*	*
2013/14	*	*	*	*
2012/13	*	*	*	*
2011/12	12.45	10.61	12.45	9.69

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

19. Patients readmitted to a hospital within 28 days of being discharged. (ii) 15 or over

Financial year	%	average (%)	national	
			maximum (%)	minimum (%)
2014/15	*	*	*	*
2013/14	*	*	*	*
2012/13	*	*	*	*
2011/12	17.15	12.3	17.15	8.53

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

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

The Trust has a policy of allowing all parents to self refer to our acute assessment unit (AAU) within three days if they are concerned. We have submitted evidence to the Care Quality Commission that

much of the high readmission rate relates to attendances of children at our AAU. The majority of these attendances are for less than four hours.

The Trust intends to take the following actions to improve this percentage, and so the quality of its services:

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

21. Staff who would recommend the Trust to their family or friends.

year	%	average (%)	national	
			maximum (%)	minimum (%)
2014	84	67	93	38
2013	83	67	94	40
2012	83	65	94	35

National data is based on the data for all acute & acute specialist trusts (the category SCH comes under for this indicator).

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

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

The Trust intends to take the following actions to improve this percentage, and so the quality of its services:

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

24. Rate of C.difficile infection.

financial year	rate	average	national	
			maximum	minimum
2013/14	12.3	13.9	37.1	0
2012/13	19.8	16.2	31.2	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.

The Trust intends to take the following actions to improve this percentage, and so the quality of its services:

To continue 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.

Period	rate per 100 patient admissions	average	national	
			maximum	minimum
Oct 13 - Mar 14	0.5	0.5	3.6	0.0
Apr 13 – Sep 13	0.5	0.4	2.3	0.0
Oct 12 - Mar 13	0	0.4	1.8	0

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

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

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

The Trust intends to take the following actions to improve this percentage, and so the quality of its services:

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

1.2.4 Patient experience

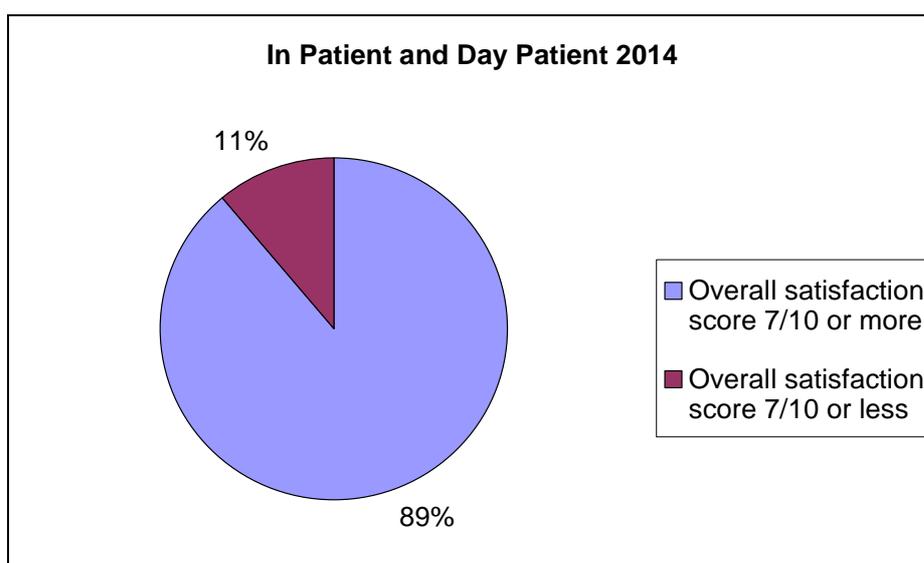
The Trust normally arranges for Picker Institute Europe to carry out a postal survey of its families attending its emergency department, outpatients department and all those admitted to an inpatient department. These surveys are carried out annual and we then compare our performance with the average of other children's units who also participated in the surveys. The full details of each survey are available at <http://www.sheffieldchildrens.nhs.uk/patients-and-parents/patient-views.htm>

In 2014/15, NHS England required all providers of inpatient children's services to carry out the survey. All neonatal units were also required to carry out a pilot survey and our Trust was one of the first in the country to carry out a survey of our health visiting services. The results of these surveys are outlined below.

Inpatient survey 2014/15

The 2014/15 inpatient Survey of 850 families (31 per cent response rate) showed that the majority of our ward children and parents ranked their care well.

Fig: Results of inpatient survey 2014/15



The Trust was significantly better than other children's units at providing parents with written information and in providing pain relief for children.

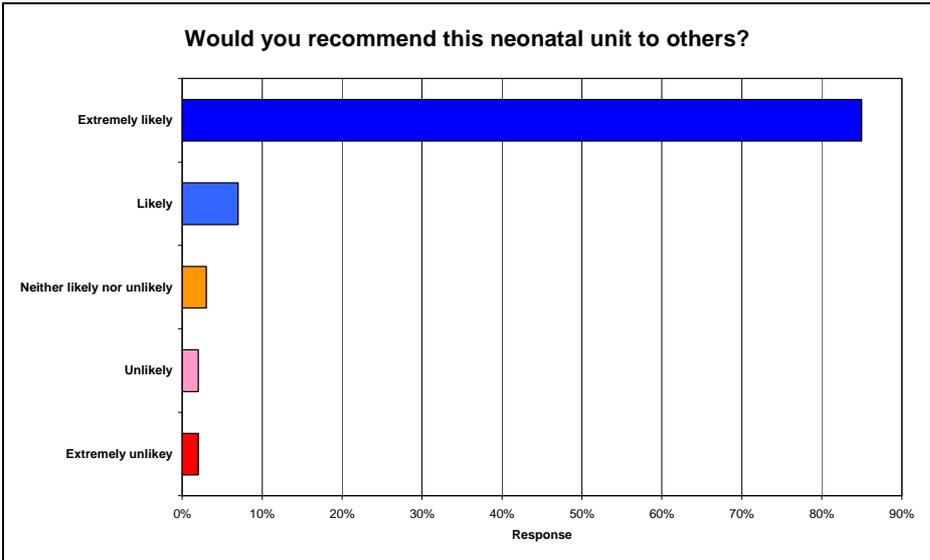
The Trust showed significant improvement over previous surveys in parents feeling their child was safe on the hospital ward, and in providing privacy and dignity on the ward.

There were no areas where the hospital was significantly poorer than other children's units.

Neonatal unit survey 2014/15

The 2014/15 Neonatal Unit Survey of 189 families (35 per cent response rate) showed that the majority of our patients ranked their care well.

Fig: Results of neonatal survey 2014/15



The neonatal surgical unit was in the top twenty per cent of the survey group in areas such as staff communication, support with feeding, nearby parent accommodation and emotional support.

The Trust was an outlier in not allowing parents to be present during ward rounds. The staff felt strongly that this was a patient confidentiality issue in a small unit. All parents are given the opportunity to have a confidential update with the surgeon or senior nurse and this perhaps accounts for the strong communication scores.

Another finding of the survey identified that staff could do more to promote local parent support groups such as BLISS. The Trust's explanation for this is that these support groups are predominantly about supporting families with premature babies rather than babies who have had surgery. Improved information will, however, be made available in future.

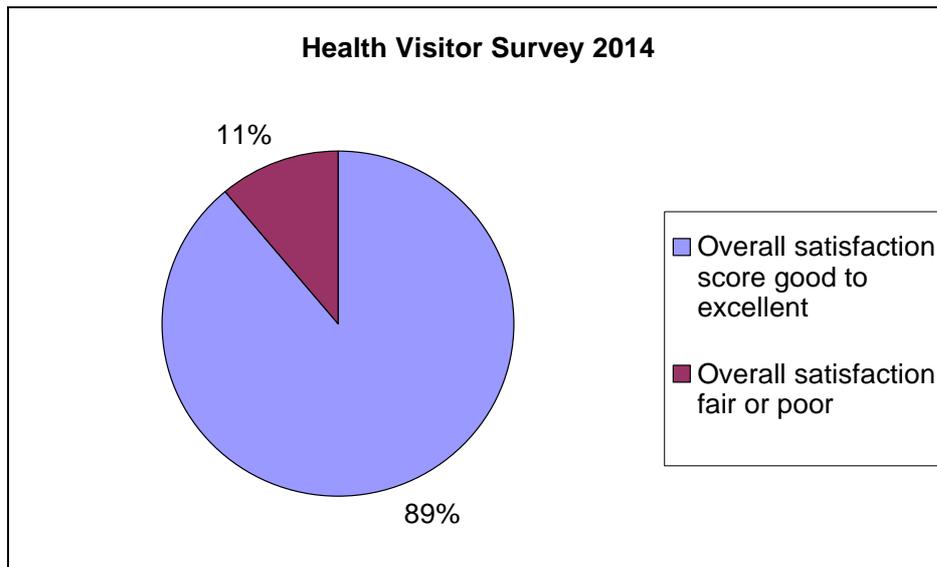
Health visitor survey 2014/15

The 2014/15 health visitor survey of one thousand families (35 per cent response rate) showed that the majority of our families ranked their care well.

The survey showed that the health visitor service is positively viewed by families. Health visitors are regarded as being available and/or flexible with appointments and the health visitors' manner was viewed as caring.

Action plans are being developed for improvement and include more visits around time of children weaning to solid food, more convenient appointments and better communication when appointments are delayed.

Fig: Results of health visitor survey 2014/15



Community and mental health services (CAMHS) surveys 2014/15

During November and December 2014, the experience of service questionnaire (ESQ) was given to parents/carers and young people aged 11+ as they waited for appointments in community adolescent and mental health services (CAMHS) which the Trust provides at our Beighton and Centenary House sites and through our learning disability mental health services, multi-agency psychological support services and paediatric psychology services).

In total 109 parent questionnaires and 74 young person questionnaires were completed. This represented 26 per cent and 18 per cent of all unique patient appointments during the collection period, respectively.

Fig: Results of CAMHS survey 2014/15 – parental responses

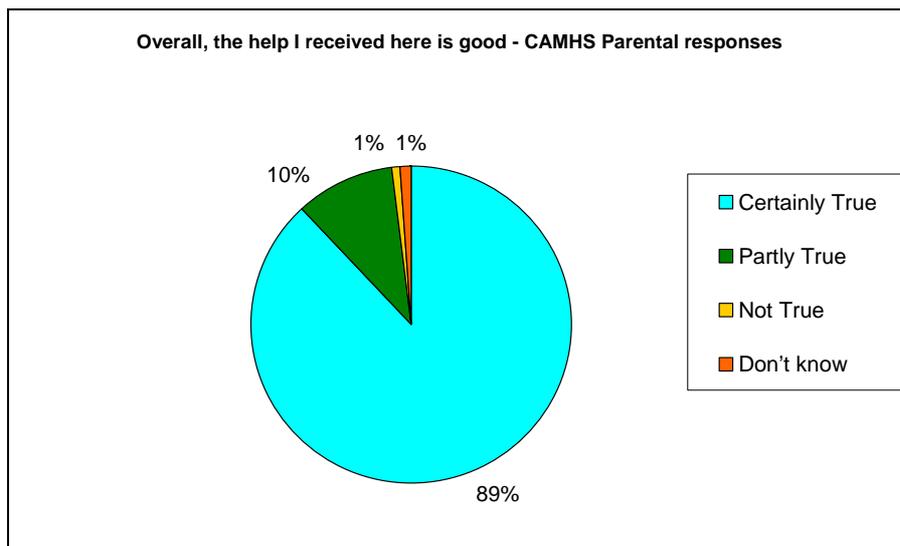
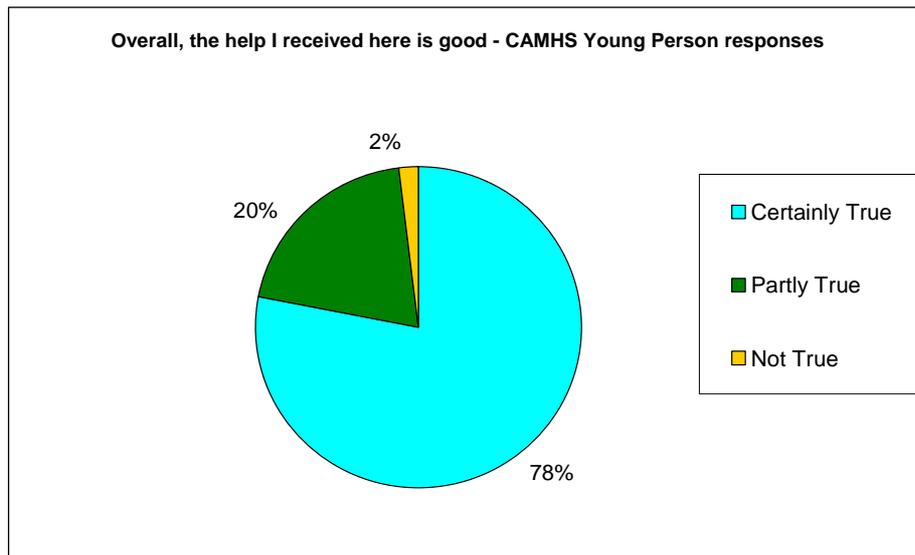


Fig: Results of CAMHS survey 2014/15 – young person responses



The majority of parent/carers and young people agreed with the statement, demonstrating a high level of satisfaction with the service received at tier 3 CAMHS. Responses to this question have improved since the same period last year, with increases in ‘certainly true’ responses of five per cent for parents and nine per cent for young people. Areas for improvement are mainly about accessibility of clinic appointments and convenience of appointments.

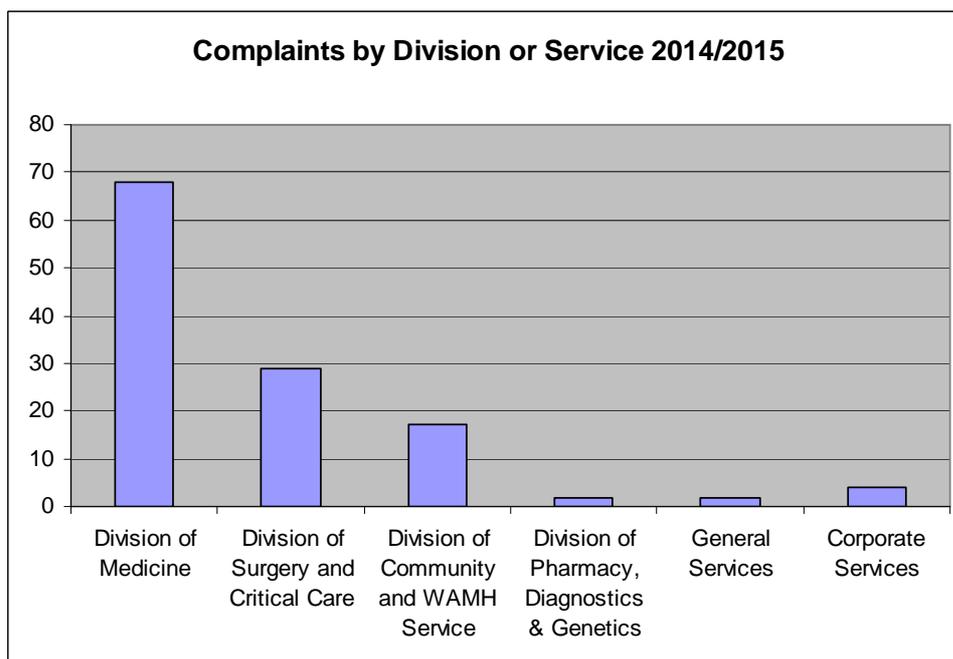
1.2.5 Complaints

During the financial year 2014/15, a total of 122 formal complaints were received as at 31 March 2014. The rate of complaints shows a very slight increase:

year	episodes of care	complaints	no of complaints per 10,000 episodes
2014/15	201,138	122	6.07
2013/14	197,112	116	5.88

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

Fig: Complaints by division of service 2014/15



Reason for the complaint

Complaints are coded according to national coding descriptions:

type of complaint	number
Care and treatment	51
Appointments/delay/cancellation	12
Attitude of staff	9
Transfer/admission arrangements	1
Lack of communication/information	26
Medical records	1
Car parking	0
Breach of confidentiality	4
Privacy & dignity	0
Consent to treatment	1
Equipment	1
Other	16

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

Learning from complaints

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

subject to delays then these should be reasonable and the family should have a right to be warned about them.

Some of examples of complaints which were made include:

- safeguarding processes instigated quickly and not well communicated;
- conflicting breast feeding advice given by different medical staff;
- pH probe displacement not recognised leading to the need for a repeat test;
- correct introducer for tube replacement not available in the emergency department;
- open appointment rules not clearly explained; and
- delay in dietetic referral/review following attendance on the acute assessment unit.

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

- a leaflet is being produced to explain the safeguarding process and investigations to families;
- infant feeding nurse specialists are training medical staff in a proactive approach to breast feeding;
- gastroenterology nurses are carrying out regular and updated training for ward nurses undertaking gastro care;
- introducers for all feeding devices are now stocked in the emergency department;
- the Trust website has been updated to give clear information regarding open appointment timescales; and
- replacement of our patient booking software

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).

division	referral made	summary of complaint	PHSO decision
Medicine	July 2014	Photograph taken of child in respite care.	PHSO report concluded that the Trust adequately explained its actions and there is no basis for the PHSO to uphold the complaint. Case closed.
Medicine	December 2014	Blood taken by trainee doctor without consent. Allegations about conflicting feeding advice and staff confusing the patient with another child.	Awaiting decision.

1.2.6 Serious incidents

During the last financial year 2014/15, the Trust reported a total of seven serious incidents. This is a reduction from 12 reported the previous year. Some incidents are known complications of treatment or out of the Trust's control. Each is investigated, to see if the incident was avoidable and any learning shared with the wider organisation. The board is regularly updated wherever urgent learning requires to be implemented.

The Trust tries hard to produce a full report and root cause analysis at the earliest opportunity but acknowledges that this is not always within our control – particularly where other trusts are involved or there is a coroner's inquest pending. Sheffield Clinical Commissioning Group monitors the timeliness of reports and meets monthly with us to discuss individual cases.

Incident	outcome
Allegation of inappropriate behaviour by an agency staff at Becton. A full investigation was undertaken by South Yorkshire Police. No basis found for the allegations.	The Trust has introduced a revised robust induction for agency staff on safeguards when undertaking 1:1 supervision
Unexpected death of a patient at the end of spinal surgery due to right ventricular thrombus causing cardiac arrest and pelvic deep vein thrombosis unrelated to the surgery or anaesthesia.	The coroner confirmed that an inquest would not be required in this case and no recommendations made. All affected patients notified and offered re-testing where applicable. A full review of laboratory training and procedures carried out.
Inaccurate sweat test results used in the diagnosis of cystic fibrosis resulting in the potential for false negative results.	Development of a pressure sore information leaflet for patients at a high risk of developing pressure sores when discharged home.
Grade three pressure sore noted on patient's hip under hip spica cast following re-attendance from home.	

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

incident	outcome
Planned withdrawal of treatment on intensive care. Parents raised concerns in relation to treatment at the local hospital and at the Trust.	Investigation in progress
Delay in diagnosis and treatment during the neonatal period.	Investigation in progress
Inconsistent screening results for cystic fibrosis.	Investigation underway

Reports relating to the serious untoward incidents are shared with the relevant manager and clinical director or equivalent in addition to being presented at the 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 potential serious untoward incidents are subject to a root cause analysis and the result shared with the board of director's risk and audit committee.

1.3 Other information

The Trust set a number of quality indicators to be monitored during 2014/15. Our performance is set out below. Where changes are proposed, the old indicators will continue to be monitored and any deterioration will be highlighted in future reports.

1.3.1 Patient safety

patient safety area reviewed	national or historical performance threshold	achievement 2014/15
<p>Ensure mandatory training is achieved annually. Target - at least 80% of staff attain annual mandatory training update.</p>	<p>80% is the Trust target. This is consistent with the Trust policy on mandatory training and the training needs analysis has been conducted in accordance with the latest NHSLA guidance. http://www.nhsla.com/safety/Documents/NHS%20LA%20Risk%20Management%20Standards%202013-14.doc</p>	<p>Achieved 81% of all staff achieved Mandatory Training compliance.</p>
<p>Reduce medication incidents that cause harm. Target – medications with an outcome of harm reduced to 1% of all recorded medication incidents.</p>	<p>There is no national performance threshold. 2013/14: 597 medication incidents of which 18 or 3% had a grading of “minor injury” or above on the reporting form.</p>	<p>Not Achieved 2014/15: 557 medication incidents of which 13 (or 2.3%) had a grading of “minor injury” or above on the reporting form. The Trust has agreed a Commissioning for Quality and Innovation payment for 2015/16 to be based upon reducing the number of the potentially, most serious incidents involving intravenous medication. This involves introducing paediatric dosage checking software on infusion pumps and a mobile device for calculating children’s dosage.</p>
<p>All CAMHS patients with continuing needs to have a transition plan agreed with adult health services that the young person is aware of. Target – Only CAMHS patients of 18 years or over will transfer to adult mental health teams. 100% of transfer will only occur following a written referral and acceptance. Non acceptance will be referred to commissioners.</p>	<p>Section B3 Mental Health Crisis Care Concordat https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/281242/36353_Mental_Health_Crisis_accessible.pdf 2013/14 Sheffield adult mental health had commissioned responsibility for all young people, in the community, with mental health needs from 16 years of age.</p>	<p>Achieved Sheffield CCG commissioned the Trust and Sheffield Health and Social Care FT for a pilot program to transfer care to CAMHS for all young people up to 18 years of age. Pilot introduced January 2015 for review in May 2015. Groups out with the commissioned pilot include: Eating disorders Psychosis and crisis Mental health act assessment Peri-natal mental health Adult autism</p>

Proposed new patient safety indicators 2015/16

indicator	rationale
Inpatient dashboard	This is the publication of a dashboard of quality indicators by department including nurse staffing recruitment, infection control measures, medication error rate, friends and family score, and other elements. We will include staff appraisal and training targets as an early warning of where operational pressures are causing these to be neglected. These will be refreshed monthly to monitor standards and areas for improvement.
Safeguarding in CAMHS	Safeguarding training in CAMHS should be enhanced to encompass changes to deprivation of liberty law, learning from child sexual exploitation cases, issues associated with older young people. The Trust will recruit an additional Named Nurse for Child Safeguarding to facilitate this.
Health care assistant training	Health care assistant training will be standardised to ensure that key clinical competencies are identified, trained for and assessed to deal with local interventions and service needs.

1.3.2 Clinical effectiveness

clinical effectiveness area reviewed	national or historical performance threshold	achievement 2014/15
Review and reduce the reason for our higher than average rate of re-admission of patients within 28 days of an elective admission. Target – rate of attendance to be at or below national average.	2012/13: 13.2% 2013/14: 13.7% https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/213057/121109-Technical-Appendix.pdf	Achieved. 9.5% The improvement has resulted from a renegotiation of the classification of children who have a re-attendance at the AAU of less than four hours.
Review and reduce the reason for our higher than average rate of re-admission of patients within 48hrs of an emergency admission. Target – rate of attendance to be at or below national average.	2012/13: 3.2% 2013/14: 3.4% https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/213057/121109-Technical-Appendix.pdf	Achieved 2.0% The improvement has resulted from a renegotiation of the classification of children who have a re-attendance at the AAU of less than four hours.
Ensure that patients have a discharge letter sent to their GP within two working days of discharge. Target – 85% of letters to be sent within two working days.	Contract performance threshold. 85%	Not Achieved - 60.28% The Trust has struggled to achieve this due, in part, to the new Medway patient administration software introduction. This has now been resolved. To move forward the Trust has agreed with the CCG that part of our 2015/16 income will be dependent upon implementing an electronic discharge direct to GPs. The Trust is also monitoring the

clinical effectiveness area reviewed	national or historical performance threshold	achievement 2014/15
		discharge letter performance of each clinical team and reporting this monthly to all divisions. The medical director will be overseeing improvement in this area and reporting directly to the Board.

Proposed new clinical effectiveness indicators 2015/16

indicator	Rationale
Emergency department consultant cover	Our emergency department has seen unprecedented pressures this year and expects this to increase in the future. To ensure that all children are seen quickly and are safely assessed, the Trust is appointing additional consultants in emergency medicine to ensure that we are able to have a consultant in the department from 8am until midnight every day. We believe that this measure, and joint work with Sheffield CCG, will ensure that the Trust is able to maintain its current position on waiting times in A&E.
Multi lingual communication	The Trust is aware of an increase in the needs of our population where English is not the first language. We will work with GPs and health visitors to produce a series of voice files in Roma that can be accessed via the internet. This should allow staff to play standard messages to families about public health issues, important signs that need further medical attention or just how to access services. These will also be available on the internet to the public as a resource. Our outpatient self check-in will have a facility to allow families to select the language for written and verbal instruction. Our web site has a facility to convert its contents to any language.
Long term ventilation	We have over 50 children on long term respiratory ventilation at home. We aim to support these children to get home sooner from critical care and to remain well at home. We will be employing a WellChild community nurse to provide intensive support on discharge and institute regular / on demand telephone access to the respiratory team.

1.3.3 Patient experience

patient experience area reviewed	national or historical performance threshold	achievement 2014/15
<p>A&E survey to be replaced with 2014 neonatal survey.</p> <p>Target – no Picker problem scores greater than average for other children’s units.</p>	No previous national neonatal unit satisfaction survey.	<p>Achieved. Survey carried out.</p> <p>Survey results compare favourably with other units.</p> <p>http://www.sheffieldchildrens.nhs.uk/patients-and-parents/patient-views.htm</p> <p>Area for improvement: parental presence at ward rounds. Ward rounds are carried out as teaching rounds. Parents are not present to maintain each family’s confidentiality. Parents meet with surgeon individually after round.</p> <p>Audit to be carried out to ensure that all parents have this opportunity.</p>
<p>Home from home target to be replaced with health visitor survey action plan based upon 2014 result. Target – achievement of action plan prior to resurvey in 2016.</p>		<p>Achieved. Survey carried out.</p> <p>http://www.sheffieldchildrens.nhs.uk/downloads/patientsurveys/SCNHSFTHealthVisitingSurvey2014.pdf</p> <p>Action plan underway.</p>
<p>Roll out of the ‘friends and family test’ in a child friendly format as an electronic page to all bed end patient entertainment consoles. Target – test results to be better than national average.</p>	Data being compiled	<p>Achieved (Partly)</p> <p>Friends and family test developed for all units. Roll out delayed until April 2015 due to IT focus on with implementation of Medway patient administration system.</p> <p>Monthly data publication from April 2015</p>

Proposed new patient experience indicators 2015/16

Indicator	rationale
Parking and patient access	We intend to open a 100 space multi storey car park this year opposite the main entrance for visiting families. We will also open an underground car park with lift access for children with mobility problems. We expect that this will address one of the biggest sources of discontent with our services.
Friends and family test	The Trust will text all families following attendance or admission to increase the frequency and span of feedback. We will allow all the facility to access our website to send free text suggestions and comments.

Health visitor support during weaning period

Our health visitor survey showed that families felt that there was insufficient support during the period when children wean to solid food. This has resulted from the timing of visits according to the national healthy child programme. The service intends to work with local authority commissioners to address ways of providing on demand support from the local health visitors.

1.3.4 National staff attitude survey

Each year the Trust invites all our staff to take part in the national NHS staff 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. Our results are published in March each year and provide a comparison with other specialist acute NHS trusts and our results from the previous year.

Disappointingly, our results for 2014 show little change from the previous year. Whilst the results from previous years have been good when compared with the rest of the NHS we are determined to improve staff experience at work. To this end, we are working with divisional managers, staff side and our staff to understand the results and how we can improve our staff engagement at all levels and across all staff groups. One of the key areas for action is to improve our response rate to ensure as many staff as possible can contribute to the survey. We will also ensure that the results and actions are discussed with the staff. Divisions are currently working on their action plans.

Summary of our performance

Our response rate

2013		2014		improvement/deterioration
our Trust	national average	our Trust	national average	
54%	53%	37%	42%	deterioration

Our top four ranking scores³

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

2013		2014		improvement/deterioration
our Trust	national average	our Trust	national average	
97%	90%	96%	92%	No change

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

2013		2014		improvement/deterioration
our Trust	national average	our Trust	national average	
19%	22%	19%	23%	No change

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

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

2013		2014		improvement/deterioration
our Trust	national average	our Trust	national average	
6%	9%	6%	9%	No change

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

2013		2014		improvement/deterioration
our Trust	national average	our Trust	national average	
95%	90%	94%	90%	No change

Bottom four ranking scores⁴

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

2013		2014		improvement/deterioration
our Trust	national average	our Trust	national average	
86%	91%	86%	92%	No change

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

2013		2014		improvement/deterioration
our Trust	national average	our Trust	national average	
3.79	3.91	3.73	3.90	No change

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

2013		2014		improvement/deterioration
our Trust	national average	our Trust	national average	
76%	82%	76%	84%	No change

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

2013		2014		improvement/deterioration
our Trust	national average	our Trust	national average	
7%	7%	10%	6%	deterioration

⁴ These scores are the four key findings from the staff attitude survey where Sheffield Children's NHS Foundation Trust compares least favourably with other acute specialist trusts in England

Key areas of improvement

While the majority of key findings from this year's survey have remained static, the Trust has shown improvement in the number of staff who have reported errors, near misses or incidents. The Trust views this positively as it reflects the positive reporting culture within the organisation. Other improvements include a reduction in the number of staff experiencing bullying, harassment or abuse from staff and a continued belief that the Trust provides equal opportunities for career progression or promotion.

Future priorities and targets

As stated above, one of our key priorities is to ensure an increase in the response rate to the 2015 staff survey. We have also identified a priority to see a shift in the current 'bottom ranked' scores, in particular, ensuring that all staff recognise that their role makes a difference to patients, staff motivation at work is improved and staff feel satisfied with the quality of work and patient care they are able to deliver. One of the underpinning targets to support this work will be to increase the number of staff who have an annual appraisal and ensuring that the quality of the appraisal is of sufficient standard.

1.3.5 Performance against Monitor indicators and thresholds

	performance indicator	target or threshold	14/15 Trust performance	Qtr 4 14/15 performance
ACCESS	maximum time of 18 weeks from point of referral to treatment for admitted patients	90%	87.68%	91.0%
	maximum time of 18 weeks from point of referral to treatment for non-admitted patients	95%	94.65%	95.1%
	maximum time of 18 weeks from point of referral to treatment for patients on an incomplete pathway	92%	90.94%	92.4%
	A&E: maximum waiting time of four hours from arrival to admission, transfer or discharge	≤ 95%	97.88%	98.1%
	all cancers: 62 day wait for first treatment from: urgent GP referral for suspected cancer	85%	N/A	N/A
	NHS cancer screening service referral	90%		
	all cancers: 31-day wait for second or subsequent treatment, comprising:			
	surgery	94%	100%	100%
	anti-cancer drug treatments	98%	100%	100%
	radiotherapy	94%	100%	100%
	all cancers: 31-day wait from diagnosis to first treatment	96%	100%	100%
	cancer: two-week maximum wait from referral to first seen, comprising:			
	all urgent referrals (cancer suspected)	93%	100%	100%
	for symptomatic breast patients (cancer not initially suspected)	93%	N/A	N/A
OUTCOMES	C.difficile infection	4*	6	6
	data completeness: community services, comprising:			
	referral to treatment information	50%	71.73%	77.8%
	referral information	50%	93.56%	96.7%
treatment activity information	50%	77.65%	98.6%	

* de minimis of 12 applied by Monitor

The table above summarises the Trust's performance in 2014/15 against the targets used by Monitor to calculate governance risk rating against their risk assessment framework.

Additional information

Diagnostic waits - the Trust did not achieve the target for waiting times for diagnostic tests within six weeks in nine of the twelve months of 2014/15.

Referral to treatment (RTT) performance - the Trust did not achieve the admitted and incomplete RTT targets in five of the twelve months of 2014/15. The Trust did not achieve the non-admitted RTT target in four of the twelve months of 2014/15.

These results are reflective of the problems that we had with the implementation of our new patient administration software, Medway, at the start of last year. It has taken much of the remaining year to restore the booking and administration system to full capacity. We are confident that the system is now in a position to assist us in improving our performance.

RTT performance at speciality level - dental breaches - the Trust continues to have difficulties as a result of delays at the Charles Clifford Dental Hospital, with a high number of patients transferred beyond their breach dates.

- paediatric dentistry admitted – 4/12 months were breached
- paediatric dentistry non-admitted – 11/12 months were breached

There is a local agreement in place with Sheffield Teaching Hospitals NHS Foundation Trust to share breaches in dentistry where patients have been transferred to the Trust. Some improvements have been made with the length of waits patients have experienced prior to transfer to the Trust having fallen.

Radiology diagnostic waits - the Trust has had a marked increase in the requirements for X-ray and scanning diagnostic tests. The diagnostic results are a critical part of the outpatient clinic process and the inpatient admission process. The results determine whether further tests or treatment are required.

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

- **MRI tests:** between April 2014 and February 2015 there were 20 patients in total who waited more than six weeks for an MRI Scan. Children often need to be anaesthetised during the scan and the capacity of the anaesthetic lists may be overcommitted with urgent and emergency scans.
- **CT scan:** there were no patients waiting more than six weeks throughout 2014/15.
- **non-obstetric ultrasound:** there were two patients waiting more than six weeks in 2014/15.
- **DEXA scan (bone scan):** between April and February there were no patients waiting more than six weeks for a DEXA scan.

The decision taken last year to commission another MRI scanner attached to our operating theatres means that additional capacity will come on line at the point of opening of the new theatres and will also enable our surgeons to do MRIs on patients during surgery.

52 week admissions - the Trust has failed to meet the target for RTT waits over 52 weeks for incomplete pathways for 11 of the 12 months of 2014/15.

The migration over from McKesson patient administration system (PAS) to Medway PAS has had an impact on the over 52 weeks RTT pathways and a remedial action plan was put in place in quarter one to address this. This plan encompassed the actions required to ensure that no patient on an admitted or non-admitted pathway breaches 52 weeks, as well as those patients on incomplete pathways. The plan has continued throughout the year and in total for 2014/15 there were 26 patients over 37 occasions who waited 52 weeks or more for treatment.

Outpatient DNA (did not attend) rates - Trust outpatient clinics have a relatively high DNA rate compared with adult clinics. This is a known national phenomenon that may be associated with children being dependent upon adults for attendance, the high prevalence of monitoring at clinics rather than treatment or the tendency for many conditions to improve as the child grows.

One speciality that is particularly affected by this is eye clinics. Vision loss can affect education, life chances and an individual's potential. To detect cases that require intervention, many more cases need to be followed up to detect deterioration in vision.

Combined ophthalmology & orthoptics DNA rate 2014/15				
Month	attends	DNAs	grand total	DNA rate (%)
Apr	1225	250	1475	16.9%
May	1293	258	1551	16.6%
Jun	1382	302	1684	17.9%
Jul	1496	355	1851	19.2%
Aug	1219	250	1469	17.0%
Sep	1344	264	1608	16.4%
Oct	1551	282	1833	15.4%
Nov	1321	278	1599	17.4%
Dec	1075	203	1278	15.9%
Jan	1363	304	1667	18.2%
Feb	1353	179	1532	11.7%
Mar	1538	221	1759	12.6%
Grand Total	16160	3146	19306	16.3%

The Trust has instituted an SMS texting service to alert parents to forthcoming appointments and is strengthening the outpatient booking follow up. All children who fail to attend an appointment and still have a medical need for follow up, are referred to their GP. In addition the Trust has established a weekly list of patients that are sent to all health visitors notifying them of children in their catchments area. Children who are vulnerable receive either a visit or a telephone call to establish how we can assist with clinic attendance.

We intend to use this information to assist in our priority of reviewing outpatient processes in 2015/16 to ensure that children are not lost to follow up.

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 2014/15 and supporting guidance;
- 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 2014 to May 2015
 - papers relating to quality reported to the board over the period April 2014 to May 2015
 - feedback from commissioners.
 - feedback from governors.
 - feedback from local Healthwatch organisations.
 - feedback from Local Scrutiny Committee.
 - Trust's complaints report published under regulation 18 of the Local Authority Social Services and NHS Complaints Regulations 2009, entitled Integrated Governance Annual Report, 2014/15.
 - latest children's inpatient survey 2014/15.
 - latest national staff survey 2014/15.
 - head of internal audit's annual opinion over the Trust's control environment 2014/15.
 - CQC hospital Intelligent monitoring for 2014/15.
- 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



.....26 May 2015...date.....chairman



....26 May 2015.....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.

Consulted agencies or groups

Sheffield Clinical Commissioning Group

The first draft report was provided to NHS Sheffield on 17 April 2015. The following response was received on 18 May 2015:

Sheffield Children's NHS Foundation Trust Quality Report 2014/15

Statement from NHS Sheffield Clinical Commissioning Group

NHS Sheffield Clinical Commissioning Group (CCG) has had the opportunity to review and comment on the information in this quality report prior to publication. Sheffield Children's NHS Foundation Trust has considered our comments and made amendments where appropriate. We are confident that to the best of our knowledge the information supplied within this report is factually accurate and a true record, reflecting the Trust's performance over the period April 2014 – March 2015.

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

Our overarching view is that Sheffield Children's NHS Foundation Trust continues to provide good quality services. The Trust has had a challenging year in relation to the achievement of the Referral to Treatment within 18 weeks targets at specialty level, the 6 week diagnostic target and the number of patients waiting over 52 weeks. However the Trust has and continues to undertake a significant amount of work to address the root causes of these issues. NHS Sheffield CCG anticipates that this work will result in improved performance during 2015/16. Despite these challenges, the Trust consistently achieved the 95% Accident and Emergency (A&E) target and continued to have very low numbers of C Difficile cases.

The CCG supports the Trust's identified three Quality Improvement Priorities for 2015/16. Priorities 1 (Outpatient Services) and 2 (Surgical Pathways) should significantly improve children and their parent's/carer's experience of accessing these services and increase clinic capacity. Improving Child and Adolescent Mental Health (Priority 3) is also a key priority for NHS Sheffield CCG so these intentions fit well with the CCG's 2015/16 commissioning priorities.

Kevin Clifford (Chief Nurse) and

Kate Gleave (Contracting Lead)

NHS Sheffield Clinical Commissioning Group

Sheffield Healthwatch

The first draft report was provided to Healthwatch on 22 April 2015 and a meeting was held with key members of Healthwatch and the Director of Nursing and Clinical Operations on 9 April 2015. The following response was received:

Healthwatch Sheffield has had the opportunity to review and comment on the Quality Report prior to publication.

We are pleased to note that the quality priorities for 2014/2015 were achieved and are happy with the priorities identified for 2015/2016 as these reflect consultations with families, governors and patient experience.

The response rate for the National Staff Attitude Survey is disappointing as is the lack of progress in improvement from last year. We understand that the Trust have an action plan to improve the situation and look forward to seeing the results of this next year.

It is unfortunate that the timing of this report never allows the Trust to include all the data from the year end of 31st March as this would be helpful in considering the report in more detail.

The report is clearer to read this year due to the improved layout, and we thank the trust for the ongoing efforts made in this area. We remain aware of the constraints imposed by Monitor within which this report is produced.

We are particularly pleased to see a priority for the CAMHS service and will monitor progress on this during the year. We hope that the trust will work with Young Healthwatch to gather user experience and use this to inform their work.

Overall we commend the Trust for their work during a challenging time. We recognise that extensive building work and an increase in patient numbers have provided additional pressures during this period and we look forward to continuing our work with the Trust in the forthcoming year.

Yorkshire Overview and Scrutiny Committee

The first draft report was provided to the South Yorkshire Oversight and Scrutiny Committee on 7 April 2015. The Director of Nursing and Clinical Operations attended the Committee on 27 April 2015. The following response was received:

Sheffield City Council's Healthier Communities and Adult Social Care Scrutiny Committee are pleased to be able to comment on Sheffield Children's Hospital's Quality Account.

The Committee feels that the quality priorities are appropriate, and through its work this year, has not been made aware of any concerns about the Trust's performance by members of the public. We are very pleased to see the inclusion of Child and Adolescent Mental Health Services as a quality priority, as it is an area we have had concerns over for some time, and have looked at in detail. The Committee will be keeping a close eye on this over the coming year, and looking to see the Children's Hospital, the Clinical Commissioning Group and the Local Authority working collectively to drive improvement.

The Committee commends the Trust on how well it has handled the disruption caused by the building works. The satisfaction of families using services does not appear to have been affected, which is impressive given the scale of the works.

The Committee recognises that the mandatory timescales for production of the Quality Report can be problematic, and often requires Trusts to consult on the document before they have full year performance information. The Committee will raise this with the Department of Health and Monitor.

We recognise that the Trust is delivering vital services to children and families in Sheffield in a challenging context, and would like to take this opportunity to thank staff for all their hard work.

Emily Standbrook-Shaw
Policy and Improvement Officer
Elections, Equalities and Involvement Team
Policy, Performance and Communications Service
Sheffield City Council, Town Hall, Pinstone Street, Sheffield, S1 2HH

Council of Governors, Sheffield Children's NHS Foundation Trust

The first draft report was provided to the Governors on 28 April 2015. The draft was the subject of a discussion on 05 May 2015 between the Director of Clinical Operations and the Council. The attached is an extract from the minutes of the meeting.

What do you think of our quality priorities? (Draft Quality Report)

Governors were asked to comment on the draft report.

A discussion took place around communication with Primary Care, and whether this should have been included in the quality report. It was noted that this had been addressed as a CQUIN, but agreed this was a quality issue as it is imperative information was received in a timely manner. Prof Burke would feed this back to Mr Reid.

It was noted that 26 complaints had been received due to lack of communication/information. Prof Burke explained that although this was a high number, it was largely down to very complex cases with a high number of clinicians involved, which can cause issues with communication.

It was noted that although there had been problems in quarters two and three of 2014/15 in terms of performance against 18-week referral to treatment (RTT) targets, work had been undertaken to improve this. In the last quarter, all RTT targets were achieved, and performance had been sustained in this quarter also.

Mr Jeffrey commented that despite the Trust currently having no car parking on the main hospital site due to the building work, no complaints had been received. This was to the credit of the hard working staff handling car parking.

It was agreed that although some data was still missing from the report, Mr Morritt and Mr Jeffrey were confident in being able to sign the report before submission to Monitor.

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

ANNEX C

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

We have been engaged by the Council of Governors of Sheffield Children's NHS Foundation Trust to perform an independent assurance engagement in respect of Sheffield Children's NHS Foundation Trust's Quality Report for the year ended 31 March 2015 (the Quality Report) and certain performance indicators contained therein.

Scope and subject matter

The indicators for the year ended 31 March 2015 subject to limited assurance consist of the national priority indicators as mandated by Monitor:

- Percentage of incomplete pathways within 18 weeks for patients on incomplete pathways at the end of the reporting period; and
- Emergency re-admissions within 28 days of discharge from hospital

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

Respective responsibilities of the Directors and auditors

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

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

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

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

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

- Board minutes for the period April 2014 to May 2015;
- Papers relating to Quality reported to the Board over the period April 2014 to May 2015;
- Feedback from the Commissioners dated May 2015;
- Feedback from local Healthwatch organisations dated May 2015;
- The Trust's complaints report published under regulation 18 of the Local Authority Social Services and NHS Complaints Regulations 2009, 2014/15;
- The 2014/15 national patient survey;
- The 2014/15 national staff survey;
- Care Quality Commission quality and risk profiles/intelligent monitoring reports 2014/15; and
- The 2014/15 Head of Internal Audit's annual opinion over the Trust's control environment dated May 2015.

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

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

This report, including the conclusion, has been prepared solely for the Council of Governors of Sheffield Children's NHS Foundation Trust as a body, to assist the Council of Governors in reporting Sheffield Children's NHS Foundation Trust's

quality agenda, performance and activities. We permit the disclosure of this report within the Annual Report for the year ended 31 March 2015, to enable the Council of Governors to demonstrate they have discharged their governance responsibilities by commissioning an independent assurance report in connection with the indicators. To the fullest extent permitted by law, we do not accept or assume responsibility to anyone other than the Council of Governors as a body and Sheffield Children's NHS Foundation Trust for our work or this report save where terms are expressly agreed and with our prior consent in writing.

Assurance work performed

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

Evaluating the design and implementation of the key processes and controls for managing and reporting the indicators.

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

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

Limitations

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

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

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

Conclusion

Based on the results of our procedures, nothing has come to our attention that causes us to believe that, for the year ended 31 March 2015:

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

KPMG LLP, Statutory Auditor

Chartered Accountants

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28 May 2015

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