

Quality Report 2016/17

QUALITY REPORT

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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 and community paediatrics
- **tertiary child care** – e.g. neurosurgery, cancer care, critical care
- **children 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 saw over 144,000 outpatients; admitted almost 25,000 children and young people for inpatient or day case treatment and our Emergency Department reviewed up to 56,000 cases, on average seeing 155 children a day.

We hope that you find our annual quality account informative. This chapter contains several hyperlinks to documents that can be found on our Trust website. If you do require a paper copy of the hyperlinked documents we will be pleased to assist you.

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.

In 2016/17 the work we have been doing to improve quality around the Trust has been validated by the Care Quality Commission, which rated us 'Good' overall. We will be doing further work to improve quality in some areas, particularly in our mental health services, and to improve the transition of patients to adult services.

Continued investment in general paediatrics sees us continue to improve our offer to the children of Sheffield and beyond, while our specialisms grow in stature and esteem. We maintain our emphasis on research and innovation, with more active studies than ever being run around the Trust. Clinicians are delivering improved patient experiences and clinical outcomes as a result.

This year saw us proudly opening the first phase of our new hospital wing, with a new Outpatients Department and Main Entrance unveiled. Feedback has been glowing overall, with families praising the bright spacious facilities and the clear efficient check-in procedures. Staff are continuing to respond to suggestions for improvement and are going the extra mile to maintain the personal and caring service we are renowned for, but in this attractive new setting.

Our ambition remains to provide a world-class environment for the care of children, with building work and planning continuing ready for the opening of our new wards in the near future.

As always, our committed staff are the Trust's greatest asset. Our Staff Survey results showed good improvements, with more staff saying that the care of patients and service users are the organisation's top priority. Staff recommendation of the Trust as a place to work or receive treatment continues to

exceed the national average, while the quality of training and staff development has risen since 2015. Overall, the results reflect what we know to be true locally: that we have caring and compassionate staff who share the Trust values of excellence, and are not satisfied with 'good enough' when it comes to the quality of patient care.

Financially, we continue to perform well when compared to the national picture which sees large deficits in the provider sector. Nonetheless, this year has seen the Trust under more financial strain than ever before as we continue to maintain quality, activity and financial performance. Meeting our activity commitments and our cost-improvement measures has been a challenge, but we are proud to say that quality has not dropped. Evidence of this came during a winter with record high demand, as our Accident and Emergency Department was one of only a handful of similar services across the country to achieve the four-hour waiting target of 95 per cent.

The year ahead promises similar challenges and opportunities for our staff and our Trust as a provider working in the wider health system. Working in partnership with other providers and organisations around the region will be vital to help us to give the care children and young people deserve in a difficult financial climate. We will continue advocating on behalf of children and families during the development and delivery of local plans, including the Sustainability and Transformation Plan. Sustaining an emphasis on patient safety, health promotion and early intervention is key to saving money and improving the health of children and young people. Our Trust will stand by these principles as plans are developed and put into practice.

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.

Best wishes,

A handwritten signature in black ink, appearing to read 'John Somers', with a stylized flourish at the end.

John Somers
Chief Executive

Priorities for improvement and statements of assurance from the Board

Quality improvement priorities 2017/18

At Sheffield Children's NHS Foundation Trust we are absolutely committed to continually improving patient safety and quality across our acute, community and mental health services. Our priorities for 2017/18 have been determined through listening to suggestions from patients, staff and commissioners. Several factors have been considered, including:

- national improvements that all NHS organisations have to make (targets)
- actively listening to issues that have been highlighted by staff (incident reporting)
- reviewing patient and carer feedback around improvements that they would like to see (for example, through comments, concerns and complaints)
- reviewing the themes that have been identified through the year for quality and safety
- assessing our performance for quality and safety against best practice

Our three quality improvement priorities are outlined below.

Ensure that our community and inpatient child and adolescent mental health services (CAMHS) meet best practice quality standards

Our reasons:

There are two principle drivers for this quality priority, the Sheffield response to the transformation document 'Future In Mind' (Department of Health 2015) and the findings of the Sheffield Children's NHS Foundation Trust's CQC report published in October 2016.

The Sheffield Emotional Wellbeing and Mental Health Transformation Programme has been acknowledged both locally and nationally for the excellent progress made. However, the ambitions for Sheffield are not fully realised and in partnership with Sheffield City Council, Sheffield Clinical Commissioning Group, parents, carers, children and young people and our close alliance with Chilypep, we wish to take play our part as a provider in this important work.

In addition to transforming the provision of services, we know from our CQC report that we need to improve the quality of our services. These actions principally centre around our policies, our staff training particularly around the Mental Health Act, Mental Capacity Act and Deprivation of Liberty safeguards, our governance around restraint and information given to children and their families during their stay at our Becton Centre for Children and Young People.

The Trust will:

- work with partners to ensure that a prompt response is available to the 7000 children and young people between the ages of 5-15 years who have a clinically recognisable mental health disorder
- work with partners to roll out the Healthy Minds 'schools project' beyond the initial ten school pilot, to make this available to 49 schools across the city
- work alongside Sheffield Health and Social Care Trust to ensure that young people receive a smooth transition to adult mental health or other services to continue their care and support. This work involves close partnership with Chilypep to ensure that the young person's voice is heard and that their needs are designed into services

- open a section 136 suite to ensure that children and young people who need emergency specialist care for their own safety and that of others are provided for
- ensure that all front-line staff who need training in the Mental Capacity Act, Deprivation of Liberty Safeguards, the Mental Health Act, Reducing Restrictive Practice and the assessment of Gillick competence receive this
- update all policies that pertain to the Mental Health Act accurately reflect this legislation
- ensure that all requirements of the Department of Health 2014 guidance 'Positive and Safe' are complied with
- ensure that children and young people who receive care for their mental health needs are involved in their care planning and understand their rights and responsibilities.
- although we have improved our community CAMHS waiting times to 100 per cent of children and young people waiting less than 18 weeks for a first appointment, we will continue to monitor and sustain these waiting times

Implement a trust-wide patient experience and engagement strategy

Our reasons:

There is evidence to suggest that improving patient experience by listening to the feedback and involving children, young people, parents and carers in the design and delivery of care impacts positively on clinical outcomes, staff and patient satisfaction and length of stay. The principles are also embedded in the NHS Constitution (2013) and the UN Convention on the Rights of the Child, Article 12 which states that children and young people have a right to have their views heard in all matters affecting them and for these to be taken seriously.

Historically, the Trust approach to this standard has been limited to national surveys, single service audits and the Friends and Family Test. However, as a Trust we know that few patients access single departments when requiring care and treatment. Patients flow through a whole series of our services and it is important to us that that experience of care is consistent. Additionally, although the CQC did not mandate an improvement to the patient engagement and involvement approach, the October 2016 inspection report does make reference to unwarranted variability and the lack of a patient experience strategy.

Throughout 2016/17 work was undertaken with patient groups, the newly formed Youth Forum, children, young people, parents and carers to develop a patient experience and engagement strategy. The outline plans for this are in draft and a process now needs to be put into place to implement the recommendations of this work.

The Trust will:

- publish the Sheffield Children's NHS FT Patient Experience Strategy and make this available on the Trust website. We aim to ensure that this document is available in several languages and meets accessible information standards
- develop a patient experience webpage. This will offer a range of patient experience resources all in one place, such as podcasts and videos from patients and families, tools and techniques for involving children, young people and their families in service development as well as local and national policies
- publish a regular patient experience newsletter for use by staff and patients. This will enable good practice to be shared across the Trust and enable patients and their families to understand how their feedback is helping to make positive changes and influence service development
- scope all patient experience work being undertaken across the Trust to ensure that this is reported centrally and contributes to the overall picture of what it is like to be a receiver of care at Sheffield Children's. This will be built into a monthly reporting schedule to permit triangulation of patient experience data

- establish a steering group to oversee the analysis of themes and the action undertaken as a result of the data. The steering group will also proactively plan for future Trust developments in order that patient and carer engagement can be sought in a prospective and meaningful manner.
- review and revise our PALS and complaints services to provide a modern, timely, user friendly and seamless service that reflects contemporary complaints standards.

Improve the experience of young people who transition from children and young people's services to adult providers

Our reasons:

The importance of a well-planned and well executed transition process is well documented. In 2012 the findings of the Children and Young People's Health Outcomes Forum were that: "poor transition can lead to frankly disastrous health outcomes for both physical and mental health ... at its worst, poor transition leads to dropout from medical care for those with a long-term condition, and deterioration in those with disabilities – both leading to unnecessary, costly and distressing hospital admissions."

The Trust has implemented the Ready Steady Go transition programme in many of its services since the May 2014 CQC inspection. However, it is recognised that there is further work to do and the CQC rated this aspect of service provision as 'Requires Improvement' in the most recent report published in October 2016.

The Trust will:

- complete a gap analysis for all services across the Trust against the NICE QS140 Transition from children's to adults' services standards
- action plan all services using the gap analysis to identify where service improvements related to transition need to be made
- strengthen the governance around transition in order that learning from complaints and incidents is captured and communicated to front line staff
- use our electronic documentation system to develop and maintain a database of young people who are undergoing the transition process across the Trust
- develop a designated area within the electronic documentation system for the storage of individual transition plans
- ensure that the above two actions are replicated within Care Notes for young people who transition from our mental health services
- implement a training programme on the needs of young people undergoing transition for all staff who work or are responsible for their care
- continue to involve both Chilypep and our Youth Forum in this work
- ensure through executive representation on Sheffield city wide boards that our transition work aligns with other work across the city

How performance will be monitored, measured and reported

Progress on all the above indicators will be monitored by quarterly reports to the Quality Committee and 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.

Performance on quality priorities 2016/17

Last year the Trust set itself the following three quality improvement priorities. Progress against the priorities is outlined in the table below.

Fig: Trust performance against 2016/17 quality priorities

what we said	what we did
<p>Provide healthy food choices for children, young people, families and staff who use our services</p>	<ul style="list-style-type: none"> the patient menu was revised, informed by a tasting exercise involving children and young people. This has considerably reduced the amount of food waste disposed of by the Trust, providing environmental as well as health benefits the 'Trust operated' retail outlets including vending machines no longer stock sugar laden drinks. The contract for the coffee shop in the new build has been awarded to the bid that most closely matched our healthy eating objective and negotiations with our current 'newsagent' to cease the sale of sugary drinks continue cold healthy snacks are now available 24 hours a day in our vending machines to meet national healthy eating standards. Fruit and vegetables are on sale in the restaurant and will be available in the new build coffee shop. We are looking to source vending options to offer hot healthy food too a salad bar is now in place in the restaurant. The restaurant also serves healthier options such as poached eggs, homemade soup and potato wedges. The Trust is ready to submit an application for the Soil Association Food for Life accreditation work that remains in progress and will be carried over to 2017/18 includes the development of a healthy eating traffic light system and information leaflet and the inclusion of monitoring of patient intake through the nursing strategy
<p>Improve outcomes and access to services for children and young people with mental health needs</p>	<ul style="list-style-type: none"> the Schools Project pilot was successful in the ten participating schools and we are now commissioned to roll out the project to 40 schools across the three citywide localities. This work is being evaluated by the University of Sheffield. The Healthy Minds framework was launched at an event on 25 January 2017 additional funding has enabled us to increase our Tier 3 CAMHS capacity. The Trust now sees 100 per cent of young people referred to the service within 18 weeks and are working to maintain this target. This is a vast improvement on the 83.1 per cent achieved in April 2016 We have worked hard to improve the transition between our mental health services and those offered by Sheffield Health and Social Care NHS FT. A CQUIN is in place which requires 80 per cent of CAMHS Tier 3 patients to have an effective transition, which involves having a plan in place, effectively communicate this to young people, their parents and carers, and clinicians in both services being fully aware of the plan. Our quarter 2 baseline data did not meet the 80 per cent target although this was due to a recording issue rather than the service not being delivered. Our Quarter 4 data shows we at 83 per cent of patients had transition plans in place and the service continue to work on the recording of this data effectively. we have invested in our eating disorder services and are also redesigning the eating disorder pathway in Sheffield to provide a more streamlined access process for eating disorder services. This redesign has been undertaken with a providers and young people to ensure it has support

what we said

what we did

Improve inpatient and community care services for children and young people with learning disabilities

across the city. Young people have reviewed pathways and come up with recommendations to inform eating disorder service specifications. Chilypep are carrying out interviews with specialist eating disorder service users, to inform the CAMHS eating disorder pathway

- the work for this quality priority was completed although the next phase of this work has been carried over as a quality priority for 2017/18
- we have held two patient experience strategy workshops which included representatives from learning disability services, parents, carers, children, young people and external stakeholders. As we develop the strategy a priority will be to ensure that the work reaches out to all users of our services
- our nursing and allied health professional strategy was launched by Jane Cummings, CNO for NHS England on January 23 2017. The next step will be to incorporate standards of nursing care for patients and families with learning disabilities into the action plan that supports the strategy
- we have planned and implemented some excellent bespoke pathways for children and young people with learning disabilities who are known to our services. We need to continue this work using our 'patient experience strategy' lessons learned and shared approach to continue to ensure this practice is applied with consistency
- we are part of a national research study 'Pay More Attention' looking at the experience of children and young people with learning disabilities who access acute care
- several of our services already have a 'passport' for children and young people with complex needs. Our work to standardise this document is complete and is currently being piloted. In conjunction with Barnsley Hospital and a company called HMA Digital we are seeking to develop an app based passport. Unfortunately, our bid for innovation funding was unsuccessful but HMA Digital continue to look for alternative funding options as there is currently no similar app on the market
- during June 2016 we trained 260 staff on the Mental Capacity Act and Deprivation of Liberty safeguards. We have now engaged with two trainers from local trusts / private providers to roll out Mental Capacity Act and Deprivation of Liberty training to all staff across the Trust as part of the mandatory training offer

Statements of assurance from the board

General assurance

During 2016/17 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 2016/17 represents 100 per cent of the total income generated from the provision of relevant health services by Sheffield Children's NHS Foundation Trust for 2016/17.

¹ Based upon the services specified in the NHS provider contract for 2016/17

Audit and national confidential enquiry assurance

National clinical audit is a system designed to improve patient outcomes by engaging all healthcare professionals in the systematic evaluation of their clinical practice against recognised standards, and to support and encourage improvements in the quality of treatment and care

During 2016/17, sixteen national clinical audits and three national confidential enquiries covered NHS services that Sheffield Children's NHS Foundation Trust provides.

During this 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 2016/17, 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.

Fig: Participation in National Clinical and National Confidential Enquiries

National Clinical Audits and National Confidential Enquires for which the Trust was Eligible to Participate	% of eligible cases submitted
Young people's mental health (NCEPOD)	100%
Child Health Clinical Outcome Review Programme: Chronic neurodisability study (NCEPOD)	100%
Cancer in Children and Young Adults (NCEPOD)	100%
National Paediatric Diabetes Audit (NPDA)	100%
Trauma Audit and Research Network (TARN): Major Trauma	100%
National Confidential Inquiry: Mental Health Clinical Outcome Review Programme Suicide, Homicide and Sudden Unexplained Death	100%
Paediatric Intensive Care Audit Network (PICANet)	Embrace: 100% PCCU: 100%
Asthma (Paediatric and Adult) Care in Emergency Departments: Royal College of Emergency Medicine (RCEM)	100%
National Cardiac Arrest Audit (NCAA): Intensive Care National Audit and Research Centre (ICNARC)	100%
Endocrine and Thyroid Audit: British Association of Endocrine and Thyroid Surgeons	100%
Paediatric Pneumonia: British Thoracic Society	100%
National Audit Project 6 (NAP6): Perioperative Anaphylaxis in the UK: Royal College of Anaesthetists	100%
UK Cystic Fibrosis Registry Paediatric: Cystic Fibrosis Trust	100%
Royal College of Emergency Medicine: Consultant Sign Off (Emergency Departments)	100%
International Burns Injury Database (iBID)	100%

National Clinical Audits and National Confidential Enquires for which the Trust was Eligible to Participate	% of eligible cases submitted
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Neurosurgical National Audit Programme Outcome – Publication	100%
The Ground Air Medical Quality Transport database (GAMUT)	100%
National Transport Group Annual Return	100%
NHS Seven Day Service Audit	100%

National Audit and Confidential Enquiry Reviews

The reports of six national clinical audits were reviewed by the provider in 2016/17 and Sheffield Children’s NHS Foundation Trust took the following actions to improve the quality of healthcare provided.

National Cardiac Arrest Audit (NCAA) 2016

- Local actions include
- Audit findings reviewed by Resuscitation Committee and the Clinical Audit and Effectiveness Committee
 - Review of out of hours events

Trauma Audit and Research Network (TARN): Major Trauma (Comparative Performance Reports)

- Local actions include
- Reports reviewed by the Trauma Audit Steering Group

Royal College of Emergency Medicine: VITAL Signs in CHILDREN 2015/16

- Local actions include
- Audit findings reviewed by the Clinical Audit and Effectiveness Committee and the Emergency Department Team
 - New Leaflet written ‘First Fits Presenting to Emergency Department which is now in use in the Emergency Department

Paediatric Intensive Care Audit Network (PICANet)

- Local actions included
- Trust is performing well: no local actions required

International Burns Injury Database (Actions from Specialised Commissioned Burns Dashboard)

- Local actions included
- The psychosocial screening tool has been revised and is in use

NHS Seven Day Service Audit

- Local actions included
- Report currently under review
 - Improved recording of the most senior clinician present on the ward set as an interim action

Local Audit and Service Evaluations

Our clinicians are strongly encouraged to set up local in-depth audits to follow up on national audit findings, based on local quality and safety priorities.

The reports of 223 local clinical audits / service evaluations were reviewed by the provider in 2016/17 and Sheffield Children's NHS Foundation Trust intends to take the following actions to improve the quality of healthcare provided, for example:

Patients admitted for exodontia (tooth extraction) under general anaesthetic with concerns around child protection/neglect – Clinical Audit (CA)1158

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| Findings included | – | Poor compliance with guidelines |
| Local actions include | – | Re-assignment of guideline 'Clinical protocol for completion of discharge summaries for children undergoing comprehensive dental care under general anaesthetic (GA) to cover children undergoing any dental care under GA |
| | – | Safeguarding training update to be provided to all dental team members and oral surgeons involved in exodontia. This includes training on standardisation of response to safeguarding prompt |

NICE Clinical Guideline 143: Sickle Cell Acute Pain Crisis - CA954

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| Findings include | – | All patients received appropriate clinical assessment and monitoring on presentation |
| | – | Good documentation regarding type and route of in-hospital analgesia on presentation |
| | – | Analgesia within 30 minutes of presentation was poorly documented |
| | – | Time taken for pain control to be achieved was poorly documented |
| | – | Information on how to manage the current episode at home was given to all cases prior to discharge |
| Local actions include | – | Staff reminded to always offer appropriate analgesia within 30 minutes of presentation |
| | – | Improve filing and retrieval of observations and drug charts by discussing with clinical coding/medical records teams |
| | – | Consider the implementation of a sickle cell pain crisis assessment and management form to improve consistency and documentation of information and how it can be incorporated into EDMS |

Improving Physical Healthcare to Reduce Premature Mortality in People with Severe Mental Illness (SMI) and MH11a) Cardio Metabolic Assessment and Treatment for Patients with Psychoses – CA885

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| Findings include | – | The results of Quarter 4 snap shot audits continue to demonstrate that all four lodges have improved their overall performance scores |
| | – | There were notable improvements made in all areas with steady progress made across the quarters. |
| | – | Where there have been difficulties in obtaining standard physical health checks, there has been marked improvement in the recording both within CareNotes and to the GP that this has been the case |
| Local actions include | – | To continue to feedback the results of repeat audits to lodges and members of the Tier 4 Operational Performance Group as part of standard contract reporting within Schedule 4 of the contract. |
| | – | To continue embed the facility to record BMI on CareNotes at with individual lodge administrative teams, where there are gaps in recording identified i.e. BMI stated within typed correspondence, but not entered electronically. |

- To re-iterate to administrative teams that both SCH and NHS numbers should be included within all correspondence. It should be noted that where any data is not being pulled through via CareNotes, these are identified appropriately.
- To re-iterate to administrative teams that both SCH and NHS numbers should be included within all correspondence. It should be noted that where any data is not being pulled through via CareNotes, these are identified appropriately.

Child and Parent Satisfaction with the new Paediatric Dentistry Services for Children having Cancer Treatment of Bone Marrow Transplants – Service Evaluation (SE) 553

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| Findings include | <ul style="list-style-type: none"> - High levels of parents and children reported positive experiences with the new service compared to past experiences - Children identified dental care as being important within their overall cancer treatment - Feedback identified issues regarding families having to travel to Charles Clifford Dental Hospital for dental radiographs as it is currently not possible to obtain these in the Trust radiology department |
| Local actions include | <ul style="list-style-type: none"> - A joint business case has been submitted to introduce dental radiographs at the Trust |

Clinical Genetics Record Keeping Audit – CA1230

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| Findings include | <ul style="list-style-type: none"> - High levels of compliance across the 17 areas included in the audit |
| Local actions include | <ul style="list-style-type: none"> - Audit results disseminated widely and reviewed across the teams - Team urged to maintain the good standards |

Assessment of contrast-enhanced Magnetic Resonance Imaging hip scans in children and young people with suspected arthritis – can we do better? - SE581

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| Findings include | <ul style="list-style-type: none"> - Measuring synovium was unreliable and impractical demonstrating demand for an alternative method. - Radiologist reporting was inconsistent between and within readers - Disagreement was observed between clinician suspicion and CE-MRI evidence of hip inflammation. - Further work should explore in detail the relationship between CE-MRI findings and long-term patient outcomes |
| Local actions include | <ul style="list-style-type: none"> - Musculoskeletal radiologists to be specific when reporting MRI scans in rheumatology patients regarding level of certainty of findings - If resources allow, further research to determine normative data for hip MRI in children and young people |

Clinical research

Research is very much a part of the modern NHS. Participation in clinical research has the potential to improve quality of care, patient experience and clinical outcomes. It also gives our patients access to a range of technological developments in healthcare, including a wide range of experimental drugs, devices and procedures that can enhance the quality and scope of the care packages we can offer.

Current data indicates that the number of patients and healthy volunteers that have consented to participate in our Trust's clinical research in 2016/17 was 1173, with data for the final quarter of the year still to be finalised. Over 1500 patients were invited to take part in research indicating that two-thirds of those invited to take part in research agreed to do so. Whilst the figure of patients recruited to research is slightly lower than in previous years it is thought that this is due to a change in the

research portfolio as we are now seeing more of the highly complex studies which require smaller numbers of participants.

In the last financial year 287 research projects were active in the Trust over the year with over 232 projects still active at year end which is an increase on the figures for 2015/16. Similarly, the Trust's commercial research portfolio continues to grow. Currently there are 30 active commercial studies (interventional and observational) open with a further nine in the pipeline, this is an increase of five studies on 2015/16. This growth in both the commercial and non-commercial research activity is due, in part, to the Trust having a good reputation in timely set up and delivery to research targets. We anticipate that this growth in our research portfolio will continue in the year ahead.

Some examples of the research and innovation activity carried out in the Trust during 2016/17 are:

[GWAS - Genetic risk factors for hip dysplasia in children and adolescents](#)

Developmental dysplasia of the hips (DDH) is a condition where the ball and socket joint of the hip does not develop fully. One to two of every 1000 children suffering from DDH will need treatment and early diagnosis and treatment enables most children to develop fully and have normal movement in their hip. We are one of a number of hospitals in the UK conducting a study investigating the genetic risk factors for developmental dysplasia of the hip (DDH) in children and adolescents. The research aims to determine whether variation in DNA sequences is associated with the onset of DDH. To achieve this goal genome-wide association analyses are being carried out using DNA collected from mouth swabs from patients and their families who attend our orthopaedic services. So far, the Trust has recruited 174 people to this study.

[BSPAR Etanercept cohort study](#)

Our rheumatology team are involved in a national observational research study looking at children and adolescent patients with Juvenile Idiopathic Arthritis who are receiving Enbrel (etanercept) and/or methotrexate therapy. This registry study began in 2004 and is important as it provides information relating to potential side effects and long term outcomes between the two biologic drugs which have not been in use for long. This type of research helps to establish the safety profile of medications and identify potential interactions. This study is continuing and to date 61 children have taken part at the Trust.

[The SNIFFLE 4 study - safety of nasal influenza immunisation in children with asthma](#)

Since 2013 doctors have started to give the influenza vaccine to children and young people. The vaccine causes the immune system (the body's natural defence system) to produce its own protection against the 'flu virus. The vaccine is given as a spray into the nose and millions of children in the UK have been vaccinated safely and successfully. It protects against 'flu, but has also been shown to reduce the number of ear infections and courses of antibiotic that children get during the winter

Along with other doctors, our allergy team have been involved in previous SNIFFLE studies which have shown that the vaccine is safe in children with egg allergy and asthma/recurrent wheezing. However, previous studies only included a limited number of children with "severe" asthma. SNIFFLE 4 ran during the winter 'flu vaccination season from autumn 2016 to early 2017 to look at the safety of giving the vaccine to children with asthma and recurrent wheezing, including those with "severe" asthma. 31 children have taken part in this research.

[Technology and Innovation Transforming Child Health \(TITCH\) Network](#)

The TITCH network is working with the Yorkshire and Humber Academic Health Science Network and NIHR Device 4 Dignity Health Technology Co-operative to accelerate the development and adoption of digital and technology solutions for children's healthcare. Lead by our Director of Research and Innovation, Professor Paul Dimitri, The TITCH Network has grown considerably to incorporate all the Specialist Children's Trusts in England, a number of other Specialist Children's Units including the Royal Manchester Children's Hospital, Great North Children's Hospital, and the Evelina Children's Hospital. Other partners include the Yorkshire Ambulance Service NHS Trust, Sunderland City Hospitals NHS Foundation Trust and mHabitat.

TITCH has had a very successful year in supporting the acceleration of paediatric technology. Over the last 12 months, TITCH has identified over 100 unmet needs in child health. The Manchester TITCH workshop took place at Citylabs in Manchester on 1 March 2016. This workshop also offered £50,000 regional proof of concept funding for projects that emerged from the workshop (funding was matched between Central Manchester University Hospitals NHS Foundation Trust and the Greater Manchester Academic Health Science Network). Two projects were selected and support for these projects will be provided by the TITCH network. In 2015-16 TITCH, working in collaboration with Sheffield Hallam University worked with A level design students to bring together young designers with children with long-term conditions. The ethos on which this programme of activity was based is 'young people designing for young people', founded on the principle that young designers will communicate well with other young people with long term conditions and better understand the challenges faced. Two A-level students successfully designed prototypes which will be further developed during a gap year with support from a local MedTech Chief Executive.

The TITCH teamed up with the SBRI Healthcare team (NHS England) and Yorkshire and Humber AHSN to support the SBRI Healthcare call entitled 'Self-care and independence in children with long term conditions'. The call was divided into two categories (1) Rehabilitation and (2) remote monitoring. The call received the greatest number of applications (81) to any SBRI Healthcare call to date. In phase 1 of the process, £900,000 has been allocated to projects with an estimated total of £5 million allocated after phase 2 of the process for the development of technology for children's healthcare.

Global Research at Sheffield Children's Hospital

In the last year a collaboration between Senior Stakeholders in Bangladesh and a Research Team from Sheffield Children's Hospital headed by Professor Ann Dalton has developed to support the development of a Centre for Genomics Medicine, and Newborn Screening in Bangladesh. The first stage of Newborn Screening Programme for Congenital Hypothyroidism will take place in Spring 2017. To support this work, an £8 million grant application has been submitted to the UK Global Challenges Research Fund. This is the largest grant application submitted to date by the Trust and the outcome of this application will be received by Summer 2017.

Use of the CQUIN framework

A proportion of the Trust's income in 2016/17 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).

The amount of income in 2016/17 conditional upon achieving quality improvement and innovation goals was approximately £3m; this is an approximate amount as the calculation is based on final contract outturn. The amount conditional upon achieving the CQUINs in 2015/16 was £3.19m.

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

Fig: achievement of CQUIN goals

NHS Sheffield Clinical Commissioning Group and Associates CQUINs – NATIONAL			
Title		Description	forecast outcome
CCG N1	Staff Wellbeing	Part a – Introduction of health and wellbeing initiatives covering physical activity, mental health and improved access to physiotherapy for people with musculoskeletal issues.	Fully achieved
		Part b – Healthy food for NHS Staff, visitors and patients	Fully achieved
		Part c – Improving uptake of flu vaccinations for frontline clinical staff	Not Achieved
CCG N2	Sepsis	The timely screening and treatment of patients with sepsis within Emergency Departments and Acute inpatient settings	Fully achieved
CCG N3	Antimicrobial	Part a – Reduction in Antibiotic consumption per 1,000 bed days	Fully achieved
		Part b – Empiric review of antibiotic prescriptions	Fully achieved
NHS Sheffield Clinical Commissioning Group and Associates CQUINs – LOCAL			
Title		Description	forecast outcome
CCG L4	Improving Roma Slovak communication	Work with internal Services to engage the local Roma Slovak community to better understand preferred communication techniques Work with external partners to enable better communication with the Roma communities Take action to reduce DNA's (do not attends) specifically across Audiology, HEP B+ clinics and Ophthalmology Evaluation of usage and effectiveness of audio files from 15/16 CQUIN	Fully Achieved
CCG L5	Transition	Standardised and equitable transition preparation across the following patient groups: <ul style="list-style-type: none"> • Occupational Therapy/ Physiotherapy • Dermatology • Metabolic Medicine • CAMHS Tier 3 Development and implementation of provider wide policy, specific guidelines, pathways and documentation.	Fully achieved

CCG L6	Discharge Planning	To improve patient and family experience of the discharge process / communication with GPs Part a - To continue to improve the timeliness of communication from the Trust to GPs when patients have attended the Acute Trust through electronic notification. Part b - To align and improve prescribing of TTOs (to take out medication) with the discharge process – hard wiring to reduce risk of errors or delays Part c - Implement Ticket Home initiative to engage Children and Parents in their own timely discharge Part d - To improve rate of nurse led discharges in specified areas	Partially achieved
CCG L7	Learning Disabilities – improving Access	Using initiatives such as ‘This is me’ for dementia patients and ‘Hospital passport’ for children with learning disabilities, the Trust would like to design their own communication information pack for children with Learning Disabilities	fully achieved

NHS England Commissioners CQUINS

title		Description	forecast outcome
QIPP	Quality, Innovation, Productivity, and Prevention (QIPP)	Delivery of milestone as set out in the QIPP Programme. QIPP is a national, regional and local level programme designed to support NHS organisations to improve the quality of care whilst making efficiency savings that can be reinvested into the NHS	Fully achieved

NHS England Commissioners CQUINS

title		Description	forecast outcome
W&C (vi)	CAMHS Referral for patients with long term conditions	Increase in the number of paediatric patients on whom a mental health screen (using the SDQ Tool) has been completed to a minimum of 30 per cent for 4 long term condition areas chosen with commissioners.	Fully achieved
G (ii)	Patient Activation	Development of a system to measure self-management of long term conditions and then to take steps to support adherence to medication and treatment and to improve patient experience.	Fully achieved
WC1	Assessment and investigation of children with difficult asthma	Number of patients who (a) Undergo a systematic Multi Disciplinary Team (MDT) assessment within 12 weeks of	Fully achieved

	within 12 weeks of referral	referral carried out by a Respiratory Paediatrician, Children's Respiratory Nurse Specialist, physiotherapist and psychologist ideally (but not exclusively) in a one stop clinic are issued a detailed management plan	
		(b) Have assessments entered onto the Difficult Asthma Database.	
B12	Severe Haemophilia Haemtrack patient reporting at home	This scheme aims to establish the use of the Haemtrack patient home therapy diary as an integral part of clinical care.	Fully achieved
B14	Haemoglobinopathy Improving Pathways through Operational Delivery Networks (ODNs)	To improve appropriate and cost-effective access to appropriate treatment for haemoglobinopathy patients by developing ODNs and ensuring compliance with ODN guidance through MDT review of individual patients' notes.	Fully achieved
MH4	Improving CAMHS Care Pathway Journeys by Enhancing the Experience of Family/Carer	Implementation of good practice regarding the involvement of family and carers through a CAMHS journey, to improve longer term outcomes.	Fully achieved
PH1	Support improving the uptake in provision of immunisation services within the learning disability and mental health population within the school age population	Improve uptake of Public Health Section 7a Screening and Immunisation Programmes for people with learning difficulties or mental health conditions in the eligible population, including those in Health and Justice settings.	Fully achieved

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 2016/17.

Sheffield Children's NHS Foundation Trust has not participated in special reviews or investigations by the Care Quality Commission during 2016/17.

Sheffield Children's Hospital was subject to a routine inspection of its services in June 2016. The CQC undertook three new inspections:

- Specialist community Child and Adolescent Mental Health Services (Tier 3)
- Child and Adolescent Mental Health inpatient wards (Becton, Tier 4)

- Community Child Health services (Health Visiting, School Nursing, Family Nurse Partnership, Ryegate site and Helena Home Care Team)

There was also a follow up inspection of the Sheffield Children's Hospital acute site. This involved areas that had not previously been inspected during May 2014 and also areas that were rated as 'Requires Improvement' in May 2014.

We are proud to report excellent progress made on areas of concern from May 2014, with all services improving to a rating of 'Good'. The Trust was rated across all services as 'Good' for the care domain.

The Trust was judged 'Good' overall. The judgement details can be found at: www.cqc.org.uk/sites/default/files/new_reports/AAA6507.pdf

The Trust received 'Requires Improvement' ratings for both the inpatient and community child and adolescent mental health services (CAMHS) and also for the safe domain on the acute site. The work required can broadly be divided into three main themes, transition from children's to adult services, CAMHS and safeguarding.

The following section discusses the issues that the CQC raised with us and how we plan to make the required improvements:

Safeguarding

- i. The CQC were concerned that the children's Emergency Department (ED) did not document that an appraisal of potential child protection issues for each child or young person took place as they presented to the department. The medical team in the Emergency Department are experienced and long serving and felt that this was undertaken and documented where concerns were found. However, the CQC felt that a fully documented process should be in place for each ED attendance. A process of documented safeguarding triage was therefore introduced in August 2016.
- ii. There were other concerns relating to the written follow of telephone referrals to social care. These have been addressed with the introduction of the Sheffield wide multi agency referral form.
- iii. The CQC were also concerned to find that referral forms were not completed for onward submission to Sheffield City Council for every child or young person on a child protection plan who attended the Emergency Department. Following a discussion at the Sheffield Safeguarding Children Board we are now working with Sheffield City Council to address this.
- iv. The CQC were also concerned that there was no safeguarding team overview of violent and aggressive incidents that occurred on the Becton site. The governance and clinical teams do review all incidents at Becton twice a month. On occasions other patients may be involved in incidents that are initiated by children and young people at Becton. As a provider we have a responsibility to protect patients from harm and oversee their safety. Since the CQC visit we have added violence and aggression as a category to our incident management system in order that we can track these incidents. The safeguarding team at Becton now also receive and review a copy of every violent and aggressive incident that involves a 'bystander' patient.
- v. As part of our work to reduce the use of restrictive practice at Becton in line with 'Positive and Safe' (Department of Health 2014) we are also training all staff in Positive Behaviour Support techniques. This training promotes the use of de-escalation, with the aim of reducing violence and aggression in our inpatient CAMHS unit. We are tracking the number of violent and aggressive incidents using a visual 'safety cross' display on the Becton lodges.
- vi. The CQC raised concerns that the caseload numbers of our Health Visitors were, in some cases, over the national recommendation. The CQC requested that we reviewed our Health Visitor numbers and, where required, increased these to reduce the caseload sizes in line with national guidance. As this recommendation directly contradicted the work that was underway to reduce the number of Health Visitors in line with the £1.3m reduction in Public Health funding for this service, the Trust negotiated with the CQC that the integrated model would be used as evidence that caseloads were safe.

- vii. The CQC were concerned that reporting and documentation systems in the Health Visiting and School Nurse (0-19) services were reliant on paper based systems and were dependent on the staff knowing local systems for recording information. A workstream led by the Chief Information Officer is prioritising the implementation of SystmOne in community services. This aims to revise templates, provide accessibility and training to all staff by the end of March 2017.
- viii. Finally, the CQC raised the issue that acute site frontline staff do not all consistently receive safeguarding supervision. Whilst this is available, uptake is not mandatory or monitored. The Trust has funded additional capacity to facilitate the delivery of safeguarding supervision. This will be commenced once the current external review of the acute site safeguarding service is completed. This is expected to report in April 2017.
- ix. There were also concerns raised regarding the lack of an early warning score system in the Emergency Department to alert clinicians to a sudden deterioration in clinical condition, and the fact that a sepsis flowchart was not in use. The mitigation for this was that clinicians continually review children and young people in the Emergency Department and good practice in relation to sepsis was in place due to a local CQUIN. However, the Trust are keen to achieve excellence in children's healthcare and both of these tools have now been designed and are currently being piloted.

Transition

- x. Please note that the Trust has identified transition services as a Quality priority for 2017/18 and further information can be found in that section.
- xi. The CQC recognised that considerable work had been undertaken by the Trust to improve the experience of young people who undergo transition to adult services from the Trust. This was particularly evident on the acute site where the 'Ready Steady Go' model had been implemented.
www.uhs.nhs.uk/OurServices/Childhealth/TransitiontoadultcareReadySteadyGo/ForhealthprofessionalsReadySteadyGoresources.aspx
- xii. Additionally, the Trust had worked hard to build and develop relationships in other Trusts across the region, as well as work with children, young people, families and organisations such as Chilypep. The Trust now has an active and engaged Youth Forum and is developing a patient experience strategy. The incorporation of CQC actions into 'business as usual' improvement strategies is important for the sustainability of improvements.
- xiii. The CQC were concerned though that the Trust did not have a consistent approach to transition and that performance against best practice standards was not audited. In response to this the Trust has invested £60k recurrently to employ a transition coordinator and increase the medical, nursing and management hours available for transition. This will enable all services to be audited against the recent NICE guidance, www.nice.org.uk/guidance/ng43
- xiv. The CQC also identified that the Trust did not have a database of young people who were undergoing transition to adult services. Additionally, they found that the transition plans for young people were stored in different places in medical notes, making it difficult for clinicians to access and follow plans. These two separate issues are being addressed through the investment that the Trust has made in an electronic medical record system (EDMS).
- xv. The CQC noted that complaints and incidents relating to the transition process were not monitored by the Trust which led to a lost opportunity to share learning across the organisation on how transition could be improved. In addition to the actions detailed under our 2017/18 priorities a new incident management system 'Datix' will be implemented during 2017.

Mental Health Services

- xvi. Please note that the Trust has identified mental health services as a Quality priority for 2017/18 and further information can be found in that section.
- xvii. The CQC noted that training for staff in the Mental Capacity Act (MCA) and Deprivation of Liberty Safeguards (DOLS) had commenced but had not reached sufficient levels to ensure that children and young people were cared for by professionals who were knowledgeable in these issues. The Trust has invested in a MCA and DOLS trainer to deliver extended

sessions to senior staff and awareness sessions to all frontline staff. In addition to this, Mental Health Act, MCA and DOLS training has been incorporated into mandatory training for CAMHS staff. Attendance is being monitored through the national NHS training record system 'OLM'.

- xviii. It was unclear from the documentation that the CQC reviewed as to how assessment of 'Gillick competency' was arrived at for patients using our services. This has also been included in the mandatory training programme for 2017.
- xix. Mental Health Act refresher training is also scheduled for the Trust Board to enable meaningful challenge of the Mental Health Act compliance reports that are now reported to the Trust Board on a quarterly basis.
- xx. The CQC also noted that some Trust policies did not fully reflect the current Mental Health Act legislation, therefore these are currently being updated and are scheduled for ratification during April 2017.
- xxi. It was clear from the conversations that the CQC held with children, young people and families during their admission to the Becton Centre, that rights and restrictions were not fully explained or understood. The staff now hold this conversation with inpatients and their families, and an information leaflet has been developed. This has audited well for the admission process although there is further work planned to embed this throughout the inpatient stay.
- xxii. The CQC were also keen that the Trust improved the access to advocacy services for young people. The Trust has worked to strengthen the process around regular advocacy meetings for young people, with quarterly meetings in place between the Trust and the advocacy lead.
- xxiii. The work to improve compliance with the Department of Health 2014 guidance 'Positive and Safe' has already been mentioned. The CQC also found that the definition and documentation of restrictive practice was not consistently applied across the lodges. They asked that the Trust worked to ensure that the threat of detention was not used to influence behaviour. This will be addressed through the aforementioned development of policies which will be communicated through the delivery of a revised mandatory training programme. Attendance on the programme will be monitored and the use of restrictive practice is measured on a daily basis.
- xxiv. The CQC raised concerns about waiting times for community CAMHS treatment which was an issue just before their visit last summer. The Trust has addressed this by increasing available capacity. In February 2017, 99.4 per cent of referrals were seen within 18 weeks. The Trust Board has also met with a parent to understand the impact of lengthy waits for these services as part of their 'patient story' process.

Monitoring of the CQC action plan

The action plan is held and updated monthly by the Legal and Governance Office at the Trust to ensure systematic review and version control. Evidence that actions have been completed is collected and stored by this department. The process is overseen by the Deputy Director of Nursing.

Verbal exception reporting to the Quality Committee is undertaken by the Director of Nursing each month. The Quality Committee is a subcommittee of the Trust Board.

Quarterly written reports are provided to both the Quality Committee and the Trust Board. These papers are available on the public section of the Trust website at www.sheffieldchildrens.nhs.uk/about-us/board-papers.htm

The CQC findings, action plan and progress were reported to the Council of Governors on 21 March 2017 and progress will be updated quarterly.

Monthly telephone conferences and quarterly face to face meetings take place between the CQC and the Director of Nursing.

The Trust meets twice a year with NHS Improvement. In February 2017 a full presentation on the CQC findings, action plan and progress was delivered to the NHS Improvement team

A city wide CQC inspection of safeguarding children and Looked After Children (LAC) services between the 26 and 30 October 2015. These inspections do not carry a rating and the Trust has completed many of the actions required. Further details may be viewed at

www.cqc.org.uk/sites/default/files/20160115%20CLAS%20Sheffield%20Final%20Report%20v2.pdf

Information on the quality of data

A vast collection of data is created and used by the NHS. This includes information which helps hospitals and GPs to track patients and to make sure that all relevant information about them and their treatment, such as test results, is in the right place and can be found by the relevant staff. It is very important that the data is accurate and up to date, and hospital trusts are required to report on data collection and accuracy every year.

Sheffield Children's NHS Foundation Trust submitted records during 2016/17 (up to month nine) 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: 99.6 per cent for admitted patient care, 99.8 per cent for outpatient care and 99.6 per cent for accident and emergency care
- the patient's valid general practitioner registration code was: 100 per cent for admitted patient care, 100 per cent for outpatient care and 100 per cent for accident and emergency care

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

The Trust is committed to ensuring that it manages all the information it holds and processes in an efficient, effective and secure manner. This is achieved through the application of robust information governance policies and procedures, in accordance with legislation, and is supported by a range of training and awareness activities.

The Trust's information governance assessment report overall score for 2016/17 was 68 per cent. This was graded green (satisfactory).

The Trust was not subject to a payment by results (PbR) clinical coding audit during 2016/17.

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
- continuing to improve clinical coding through improved clinical engagement and through the strengthening of the clinical coding team structure
- Investigation and rectification of data quality variances identified through national benchmarking tools
- Continue to provide a forum through a monthly data quality group in which data quality issues can be discussed and addressed
- Implement a data quality improvement plan (DQIP) agreed with commissioners through the contracting process at the start of the financial year

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.

Figs: data quality indicators

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

	<i>Trust</i>
Financial year	%
2016/17	7.71
2015/16	7.33

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

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

	<i>Trust</i>
Financial year	%
2016/17	7.70
2015/16	7.10

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

Patient safety incidents

The number and rate of patient safety incidents reported within the trust during the reporting period, and the number and percentage of such patient safety incidents that resulted in severe harm or death.

	<i>2014/15</i>	<i>2015/16</i>	<i>2016/17</i>
Total number of patient safety incidents	2,470	2,742	4,492
Total number of patient safety incidents leading to severe harm or death	1	1	2
Percentage of patient safety incidents leading to severe harm or death	0.04	0.04	0.04
Rate of patient safety incidents per 1,000 bed days	59.04	68.03	104.86
Bed days	41,837	40,304	42,837

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

The Trust has a very low number of incidents that have resulted in severe harm or death. We believe that this is as a result of a positive patient safety culture within the Trust and a positive learning culture from previous incident outcomes that have resulted in an improvement in practice and processes.

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

To continue to adopt a positive patient safety culture and encourage continuous learning from incidents.

C-difficile infection per 100,000 bed days

Financial Year	Trust		National	
	Rate	Average	Maximum	Minimum
2015/16	19.9	14.9	66.0	0
2014/15	14.4	15.0	62.6	0
2013/14	12.3	14.7	37.1	0

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

The Trust has a very stringent approach to testing all symptomatic children aged two-years old and over for C-difficile. We have monitored this closely over the year and completed root cause analysis investigations on all cases where toxins were isolated 48 hours post admission.

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

The Trust has strengthened the approach to infection prevention and control by introducing more comprehensive and stringent commode audits and ward cleanliness scores. We have already seen a rise in scores as cleaning schedules have improved and ward staff have become more aware of their responsibilities, particularly in relation to hand hygiene and commode cleaning. The next phase involves reviewing our antibiotic stewardship procedures.

Percentage of staff employed by the Trust who stated that if a friend or relative needed treatment they would be happy to recommend this organisation

2015		2016		improvement / deterioration
Our Trust	National average	Our Trust	National average	
87%	69%	87%	68%	No change

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

Sheffield Children's NHS Foundation Trust staff survey report is available on the NHS staff survey website. The data is selected from this official source.

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

Sheffield Children's NHS Foundation Trust has taken the following action to improve this score, and so the quality of its services by:

- Developing a quality strategy to describe, track and monitor all quality improvement work within the Trust
- Launching 'Sign up to Safety' across the Trust on June 24 2016

Serious incidents

During the last financial year, 2016/17, the Trust reported a total of 11 serious incidents. This was a decrease from eighteen 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 commits 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. In circumstances where a coroner’s inquest is pending the Trust provides a report to the clinical commissioning group and this is subsequently amended accordingly to reflect the conclusion of the inquest. Sheffield Clinical Commissioning Group monitors the timeliness of reports and meets monthly with us to discuss individual cases.

The serious incidents for 2016/17 are detailed below:

Fig: serious incidents

Incident	Outcome
<p>Three patients under the care of the Paediatric Limb Reconstruction Service (PLRS) were found to have been overdue to follow up PLRS clinic review appointments within an appropriate timeframe post-surgery.</p>	<p>A wide-ranging data validation exercise was undertaken along with extensive action plans covering the area of clinic reviews in Outpatients. Review and further training on Medway User Guides and local Standard Operating Procedures for appropriate staff</p>
<p>A limited post mortem was requested and consented for by parents with consent for genetic testing only. A full post mortem was undertaken in July 2016 with tissue being taken resulting in blocks and slides being produced. The Human Tissue Authority was notified of the incident.</p>	<p>Documentation used within the Mortuary was reviewed and updated along with staff education and the use of visual aids within the Mortuary area to highlight risk factors.</p>
<p>A patient with complex lifelong Epilepsy did not receive a six month follow up appointment with the Consultant Paediatric Neurologist. The Patient had been waiting on the Review List for 14 months. An urgent appointment was made for the 17th August 2016, at this appointment the Patient’s seizures had become significantly worse in that the frequency had increased, additionally, the implanted Vagus Nerve Stimulator (VNS) battery had run out</p>	<p>There has been a clinical review of all patients on the Consultant review list, along with the extensive action plans covering the area of clinic reviews in Outpatients.</p>
<p>Following review a patient with Bilateral hydronephrosis had their Outpatient Outcome Form completed which led to no further appointments being issued. In July 2016, the referring Consultant chased up the outstanding results which prompted an urgent appointment to be made with the Sheffield Consultant and the requirement for further surgery was identified due to the Patient’s renal symptoms. The Surgery was completed without complications and further tests ordered to monitor the renal function.</p>	<p>The Outpatient Outcome Form was amended to create a new category to prevent occurrence ‘Awaiting Results/Reports. Appointment to be made at a later date’</p>

Incident	Outcome
The Trust was requested for Commissioners trajectory for waiting times for review from original patient referral for the speciality of Speech & Language Therapy. The information could not be accessed immediately and upon further initial investigation it appeared that the paper based referrals were not being processed in the manner as would be expected.	Incident de-logged as no patients affected, incident arose due to incorrect use of system to store information rather than a clinical incident meeting SI criteria.

The following investigation reports are included in the quality account but have yet to be approved by the Trust's executive risk management committee:

Fig: serious incidents awaiting approval

Incident	Outcome
A patient was listed for Bilateral 3rd toe DIPJ (distal interphalangeal joint) and corrected 3rd toe. Operated on the right foot first and corrected 3rd toe. Operated on left foot secondly and corrected 2nd toe in error. Then corrected 3rd toe	Investigation in process
A patient was discharged home from the Trust with part of another patient's take home medications. The patient was then taken to Rotherham General Hospital with a raised temperature where he was administered a three-fold dose of the other patient's hydrocortisone by staff. This is a joint investigation with Rotherham General Hospital.	Investigation in process
Pathology blocks and slides sent to Grenoside Crematorium since 2006 for cremation, as per the families consent, have been found by the new owners of the crematorium site to have been buried rather than cremated. The Human Tissue Authority has been notified of the incident.	Investigation in process
A ten-year old female patient attended the Trust twice in two days, 12 and 13 March 2017, with abdominal pain, tiredness and vomiting. Following examination and both surgical and medical referral the patient was discharged home with safety net advice provided. The patient was then brought back to the Trust three days later, 16 March 2017, in cardiac arrest. Attempts at resuscitation were unsuccessful.	Investigation in process
Following the introduction of an electronic discharge process it was identified that approximately 700 discharge letters had not been sent to the respective patient's GP's. It was determined that the process had failed in these cases at the point of the Pharmacy check, as this had not occurred the discharge summaries had not been released as the check was a mandatory field to be completed. The discharge summary contains, alongside the TTO (To Take Home) medications, other information for the GP including the Presenting complaint, Diagnosis, Clinical Cause and Safeguarding Issues.	Investigation in process

As part of on-going building works to the new hospital extension on Thursday 30 March 2017 work commenced on spraying fire retardant paint to steelwork attached to the Clarkson Road side of the existing hospital building. This work involved the use of Firetex FX1003, which when sprayed in a mist entered the main existing building in a number of locations, these were mainly staff only areas, including the Genetics Department and the Kitchens. The Cystic Fibrosis Unit was also affected. A large number of staff reported feeling sick and suffering from but not limited to headaches, loss of voice and dizziness. There was no reported patient harm, however the CF Unit does cater for respiratory compromised patients and there will be on-going monitoring.

Investigation in process

Once signed off by an Executive Director, 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 Risk and Audit Committee. The Risk and Audit Committee is one of three sub-committees of the Trust Board.

Patient experience

Patient experience surveys

The Trust undertook 104 registered patient experience audits during 2016/17 which reflected activity across all services and divisions. The number is made up of 59 on-going projects and 45 in the process of change management. All projects were directly linked to CQC Regulation nine, 'patient centred care'. Two per cent of our audit programme was driven directly by CQUIN targets.

Actions undertaken as a result of these surveys included:

- play specialists have produced a parent information booklet/leaflet on their services
- improved signage has been installed around the Trust, particularly as the new build has changed many thoroughfares to departments.
- improved information on ward based patient information boards, including the installation of quality boards Trustwide.
- improved aesthetics on wards. This work will continue as the work on the new build progresses. We have received positive feedback on the new outpatient department.
- introduced telephone pre-operative assessments for long distance patients to avoid them having to make additional journeys to Sheffield.
- review of patient information made available to families using the Gait Laboratory, including maps for accessing the service.
- refurbishment of the waiting areas at the Gait Laboratory, Ryegate Centre.
- provision of water coolers at the Gait Laboratory, Ryegate Centre

As outlined in the Quality Priorities for 2017/18, patient experience audits will be integrated into the Patient Experience strategy during 2017/18. This will ensure that the actual lived experience of accessing our services is comprehensively understood and learning can be shared across all services.

Friends and Family Test (FFT) data

The Trust has continued to work to improve the Friends and Family Test data systems. One of the issues that we experienced during 2015/16 was a high level of 'don't know' answers to the question. We identified this was due to the data being collected on bedside television screens and patients answering this question in order to clear the screen for viewing.

The Trust did experience success in increasing inpatient response rates by using a paper based system and this has now been continued. The issue created by this is that sites and services away from the main site store responses and do not submit these at a time that is consistent with electronic collection means. In order to address this issue we have written a standard operating procedure and are in the process of scoping FFT data across the Trust.

The Trust has historically used two electronic routes for the collection of data and a large piece of work is currently being undertaken to ascertain the roots of data and the journey taken to being collated into monthly submissions.

As the new build opens in autumn 2017 a new bedside entertainment system will be installed across the acute site with the technology to collect this data more effectively.

The Trust acknowledges that there is much work to be done in order to meaningfully collect, triangulate and use FFT and other data to influence the development of services and improve care. The quality priority relating to the patient experience strategy will address this issue and we aim to report on a rigorous and well planned approach to FFT and other feedback data in our quarterly updates to this report.

Complaints

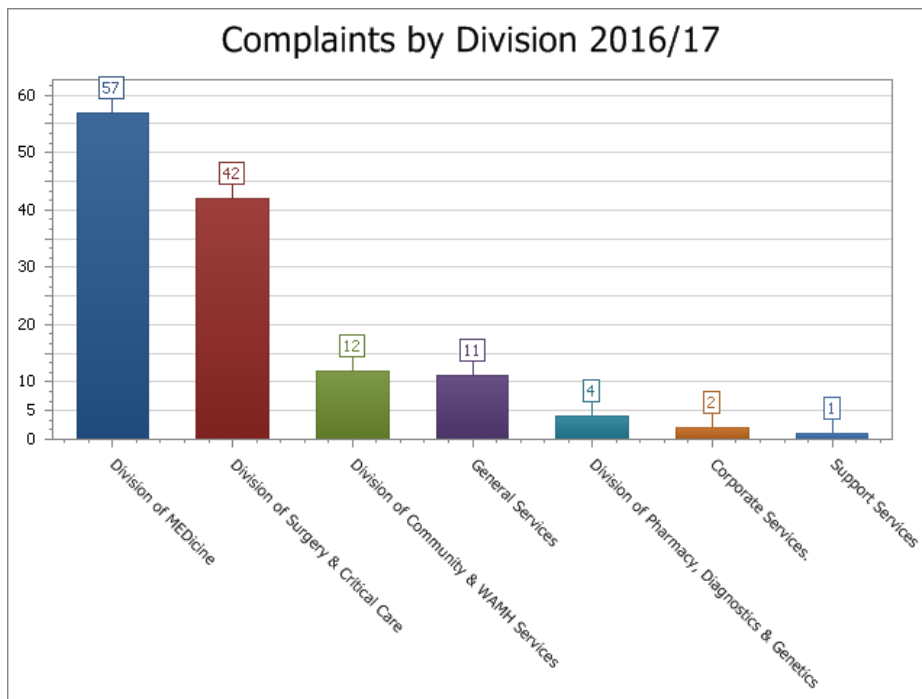
During the financial year 2016/2017, a total of 122 formal complaints were received by the Trust. The rate of complaints has remained the same:

Fig: total number of complaints

Year	Episodes of care	Complaints	No of complaints per 10,000 episodes
2015/16		147	
2016/17		122	

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

Fig: complaints by division or service 2016/17



Reason for the complaint

Complaints are coded according to national coding descriptions. One complaint may cover several subject areas, which are each reported individually, and therefore the total figure is likely to be significantly higher than the number of formal complaints received:

Fig: complaints by reason

Type of complaint	Number
Clinical treatment	38
Access to treatment or drugs	10
Admissions, discharges, or transfers	10
Appointments	11
Commissioning Services	1
Communications	52
Consent	3
End of life care	0
Facilities services	3
Integrated care	0
Patient Care	14
Prescribing errors	5
Privacy, dignity and wellbeing	7
Restraint	0
Staffing numbers	1
Transport	2
Trust administration	6
Values and behaviour	33
Waiting times	12
Other	2

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.

The Trust endeavours to acknowledge receipt of the complaint within three working days and provide the final response within 25 working days. To date, the Trust acknowledged 112 complaints within three working days and responded to 64 complaints within 25 working days

To date, of the total number of complaints received, 42 were upheld, 34 partially upheld and 47 not upheld.

Learning from complaints

Although it is always disappointing when services fall below the expectations of a patient or family, complaints give the Trust an opportunity to identify further opportunities for service improvement. Wherever possible lessons are learned from complaints, and appropriate measures put in to place to prevent any recurrence of the problem or error.

Some of examples of complaints which were made include:

Fig: examples of action taken following complaint

Complaint	Action
Scoliosis consultant appointment clinics were often overdue on review list system	Scoliosis clinics were removed from the review list system, with follow ups to be booked at the end of each clinic visit
Accidental medication administration error due to conversion error	Medication guidelines altered to use only one measurement (MCG) to prevent confusion
Six week bereavement meeting not offered until family contacted team several months later	Change in administrative process to dictate forward dated offer letters immediately following a death
Teenage patient self-consented for MenACWY vaccine after single attempt to contact parents to discuss consent	Review of protocol in relation to reasonable attempts to contact parents before allowing a patient to self-consent
Incorrect fasting advice sent out with a surgery appointment letter	Electronic letter templates updated to ensure correct advice sent to future patients
Surgery date incorrectly cancelled following telephone discussion between nurse and waiting list	All requests for surgery cancellation or postponement to be made in writing before any action taken

Referrals to the ombudsman

The Parliamentary and Health Service Ombudsman (PHSO) was set up by parliament to help patients and their families who believe that there has been injustice or hardship because an organisation has not acted properly or fairly or has given a poor service and not put things right.

During the last financial year, a total of four complainants referred their complaint regarding Sheffield Children's NHS Foundation Trust to the Parliamentary and Health Services Ombudsman (PHSO).

Fig: complaints referred to the ombudsman

Division	Referral made	Summary of complaint	PHSO decision
MEDicine	September 2016	The Trust failed to provide appropriate and timely intervention for an oncology patient	Awaiting decision
MEDicine	September 2016	The Trust wrongly identified a patient leading to unnecessary treatment	Awaiting decision
MEDicine and Surgery & Critical Care	October 2016	Delay in diagnosis and poor communication leading to delay in treatment	Awaiting decision.
CWAMHs	December 2016	Patient discharged too early and discharge documentation inaccurate	Awaiting decision

Duty of candour

'Duty of candour' arises where harm has occurred to children and young people whilst they are receiving care and treatment within our services. The statutory Duty of Candour is outlined in Regulation 20 of the Health and Social Care Act 2008. The Act:

- requires the Trust to act in an open and honest way in relation to care and treatment provided
- involves a representative informing and supporting patients and relatives, as soon as reasonably practicable, after becoming aware of a notifiable patient safety incident
- requires that we say that we are sorry for the event that caused the harm, explaining to patients and their families how the incident occurred and what now needs to be done
- requires that the above actions occur both in person and in writing. If the family cannot be contacted the Trust needs to keep a record of attempts made to do so
- requires that the Trust keeps patients and their families regularly updated if the investigation is ongoing

The Trust has in place an approved policy that sets out the process for being open and transparent with patients and parents following any incident (Policy for Communicating with Patients / Parents following an Incident, Complaint or Claim (CP 549). This policy was amended during 2016/17 as a result of an internal audit of our Duty of Candour procedures. The audit was undertaken to ensure that we were fulfilling our responsibilities properly. The policy now reflects the need to document the explanation of the event, the plan for further actions and the apology at the time of the incident, in addition to ongoing and further communication with families as the investigative process progresses.

Staff are trained in incident reporting and a prompt exists on the incident form to ensure that staff record that patients and families have been informed of incidents involving themselves / their children, and that the key points have been covered as outlined above. In order to help our staff to understand their responsibility under Duty of Candour, posters have also been placed across the Trust. For the new year 2017/18, Board members will also discuss this with staff as part of the back to the floor programme.

Additionally, we offer parents the opportunity to be involved in the investigation process. In all serious incidents reported during 2016/17, the Trust complied with the 'duty of candour' by involving the parents in the investigation process (this included meeting with the parents). We are looking to strengthen this process in 2016/17 with learning shared from Board stories.

Our compliance with this legislation is monitored through our Integrated Governance report which is presented bi monthly to our Board and our Quality Committee.

Other information

The Trust set a number of quality indicators to be monitored during 2015/16. Our performance against those quality indicators 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.

Patient safety indicators for 2016/17

Sign up to Safety

'Sign up to Safety' is a national patient safety campaign launched in 2014 with the aim of making the NHS the safest healthcare system in the world. You can read more about this at:

www.england.nhs.uk/signuptosafety/

A huge number of NHS organisations have already pledged their safety priorities on the Sign Up To safety website and Sheffield Children's NHS Foundation Trust joined them on 22 February 2016. We completed the majority of these pledges in 2016/17 and are keen to continue this work.

You can read more about this on our website at www.sheffieldchildrens.nhs.uk/about-us/sign-up-to-safety.htm

Our pledges outline the Trust commitment to continually improve our patient safety record by supporting staff to build upon previous achievements. We have selected this year's priorities by deciding which aspects of our 2016/17 work need to be continued, considering priorities that have been communicated nationally, reviewing our CQC inspection reports and finally, reviewing incident forms to understand how we can make the greatest difference to patient safety across the Trust.

Our Sign Up to Safety improvement plan is outlined below:

Fig: Sign-up to safety pledges 2017/18

Pledge	How will we know when we have achieved this ?
We will continue our S.A.F.E work and embed this process on the surgical wards. We will also develop a system for recording the huddle conversations.	All inpatient wards will hold twice daily safety huddles. There will be a system in place to record decisions made / actions planned during the safety huddle process.
We will improve hand hygiene compliance and the rigour of ward cleanliness auditing	New auditing tool in place Monitoring of ward engagement through digital recording system. All wards submitting monthly hand hygiene and cleanliness scores. Improved audit scores.
We will develop and improve our approach to the prevention of pressure ulcers and the promotion of skin integrity	We will have a tissue viability policy in place. All identified staff will have attended a wound management study day which has been tailored to learning needs Numbers of recorded pressure ulcer / skin integrity incidents will be lower than 2016/17
We will develop and implement an early warning scoring system for use in the Emergency Department	Tool will be in place. Outcome improvements will be described in evaluation document

Pledge	How will we know when we have achieved this ?
We will roll out an electronic PEWS system across all acute site wards	Electronic dashboard will show all patients on all wards with completed and timely PEWS scores Number of incidents relating to deterioration will be lowered
We will embed the sepsis flowchart across the acute site	Sepsis flowchart in place and in use, evidenced by evaluation. Compliance with sepsis guidance will be increased.
We will improve the awareness of patient safety issues at the frontline of patient care	Staff caring for patients and families will be able to describe the most recent learning from incidents across the Trust.
We will link our electronic roster system to our patient acuity and dependency system to ensure that safe staffing levels exist across the organisation	Real time data will be available to evidence areas of increased nursing dependency and the appropriate allocation of nursing staff.
We will continue progress made towards trust-wide compliance with DH 2014 'Positive and Safe' guidance on reducing restrictive practice.	CQC actions will be signed off as complete. Incidence of restraint will decrease.
We will ensure that all nursing and medical staff are competent in the management of nasogastric tube insertion, checking and use.	Training records will show 100% compliance of staff accessing nasogastric tubes.

Fig: Sign Up to Safety Achievements in 2016/17

Pledge	Progress made
We will extend the work we are doing with national partners (Situational Awareness For Everyone S.A.F.E) to all inpatient areas at SCH.	This process is well embedded in the Emergency Department and on our medical wards. It has now been implemented on two of our three surgical wards. PEWS audits are conducted regularly in these areas We have quality boards on all inpatient wards where Paediatric Early Warning Scores (PEWS) audit data is displayed. We have also implemented an early warning scoring system in our mental health lodges at the Becton Centre.
We will embed the World Health Organisation (WHO) checklist across all theatres at the Sheffield Children's Hospital.	We embedded this process in theatres using a training and auditing cycle. There was one wrong site surgery Never Event during 2016/17.
The medical director will lead a robust, evidence based junior doctor induction programme twice yearly.	All junior doctors attended this programme during 2016/17.

Pledge	Progress made
<p>There will be an executive review of safe staffing and patient acuity twice a day. This will be triangulated at the end of the month with our recently acquired PANDA (Patient Acuity and Nurse Dependency Assessment) software.</p>	<p>An establishment review was presented to the Board in July 2016 and a £880k investment made in bedside nursing on the acute site.</p> <p>We invested in PANDA (Paediatric Acuity and Nurse Dependency Assessment) software and implemented this across the acute site. We are not yet using this to full potential due to plans to link this to our electronic rostering system.</p> <p>Bed states and high nurse dependency scores are reported twice daily.</p> <p>Ward quality boards display safe staffing information in all areas.</p> <p>There is a safe weekend staffing huddle held every Friday on the acute site.</p>
<p>We will strengthen the escort and transfer policy to include the deteriorating child at our respite care 'Ryegate' Home.</p>	<p>We have a ratified escalation policy in place.</p>
<p>All staff will be trained on escalation and support staff will demonstrate 100% compliance with basic life support, tracheostomy and simulation competencies.</p>	<p>We have competency documents for support staff in place and a programme of training all staff at Ryegate is almost complete.</p>
<p>We will demonstrate trust-wide compliance with DH 2014 'Positive and Safe' guidance on reducing restrictive practice (RRP) .</p>	<p>Work on this project continues but key achievements are a trust wide information leaflet on RRP, bespoke incident forms, a safety cross process being implemented across all lodges to raise awareness of the incidence of restraint, RRP training inclusion in the mandatory training programme and the development of a Positive Behaviour Support template.</p> <p>We have also worked closely with Chilypep to involve patients in this work.</p> <p>Our Trust board of directors receive quarterly updates on our progress against DH 2014 Positive and Safe</p>
<p>We will roll out electronic document management system (EDMS) across the Trust to reduce harm from communication issue.</p>	<p>All patient documentation on the acute and Ryegate sites are now accessed via our electronic document management system (EDMS).</p>
<p>We will develop our patient experience strategy and demonstrate how we have used this data to improve care for our patients.</p>	<p>Following a series of events involving staff, patient experience agencies, the youth forum, parents and carers, our written plan for a patient experience strategy is almost complete.</p> <p>We now provide real time feedback via our 'You said We did' display boards.</p>
<p>We will develop systems to ensure that our staff receive timely feedback on incidents reported and enable them to learn from incidents across the Trust.</p>	<p>The Trust has procured the datix incident management system to strengthen reporting and analysis of incidents. We have worked with the divisions and also share papers from our Quality Committee on a monthly basis. We are aware that this requires further work and are currently reviewing system wide processes to help us with this.</p>

Clinical effectiveness

Fig: performance against 2016/17 clinical effectiveness indicators

Pledge	Progress made
We pledged to improve the quality and timeliness of discharge summaries for children and young people who are admitted to hospital.	<p>When we commenced this work 75% of inpatients were issued with a discharge summary. The standard is that these are received by GPs within 24 hours of a patient going home. One year ago we were achieving a rate of 20% within 24 hours of discharge.</p> <p>Following extensive work, discharge summaries were received by GPs within 24 hours of discharge for 76% of our patients</p>
We pledged to improve our discharge booking processes as our feedback told us that families are frustrated by cancelled and partial bookings that families then have to chase up themselves.	<p>During the summer of 2016 five patients were affected by Serious Incidents relating to outpatient booking processes. This led to a full administrative and clinical review of 6000 patients on our waiting lists and expedited work to standardise booking and review of waiting list processes within our specialities. Additional clinic capacity was created to see overdue patients.</p> <p>In order to prevent recurrence an action plan has been implemented to review and address follow up appointment / discharge back to the GP procedures, write Standard Operating Procedures, strengthen divisional oversight of waiting lists and improve staff training. We are currently working to introduce electronic out coming, a process that will ensure that a doctor's decision following a clinic consultation is fed directly into the appointment process.</p>
We pledged to store all of our clinical records electronically so that doctors have immediate access to case notes, making our care more effective, safe and responsive than before.	We have rolled out our electronic medical records system across the acute site, Ryegate and community services. The outcome of this is that medical records are always readily available for children requiring treatment

Proposed new clinical effectiveness indicators 2017/18

We selected the ward staffing indicator as we recognise that in order to run safe services we need the most appropriately trained staff in the area of greatest clinical need at any one given time. This can fluctuate according to demand on the service. Therefore, we have invested in both an electronic rostering tool and a patient acuity and nurse dependency tool to ensure that objective and evidence based decisions are made in relation to allocation of resources.

We have also recognised that children and young people with complex care needs can spend too long in hospital. This indicator was selected after a Child Death Overview Panel report raised concerns that a child could have spent time at home with his family during his last days. This aligns with the national '1000 days' campaign. www.youtube.com/watch?v=HynytVepxZc

Finally, we are keen to understand how effective our resource allocation across our mental health services is, the dashboard will complement that work.

Fig: Proposed 2017/18 clinical effectiveness indicators

Indicator	Rationale
We will match ward nurse staffing levels to areas where this is most clinically required	The required ratio of nurses to patients can vary hour to hour depending on the clinical condition and the number of patients entering our acute site at any one time. Additionally short notice changes to the number of nursing staff available potentially impact upon safe care to patients. We will work closely with our IT and electronic roster teams to integrate our patient acuity and nurse dependency software with our electronic rostering system to ensure that we allocate nursing staff in a manner that protects patient safety at all times.
We will reduce Length of Stay for our long term and complex needs patients	Our acute site data informs us that we can have up to five patients at any one time who have stayed with us for longer than 200 days. For many children and young people with life limiting disorders this can mean that precious moments spent at home with their families are lost forever. We also know that these days add excess cost to the NHS system and create unwanted opportunities for patients to be exposed to potential unwanted harm.
We will develop a dashboard to monitor efficiency across our mental health services	Priorities in previous years have led to the development of metrics to evaluate the effectiveness of interventions in the acute hospital. Metrics enable us to ensure that our resources and effort are focused on delivering added value. We now need to extend this work to our mental health services.

Patient experience

Fig: Progress against our 2016/17 patient experience indicators

Indicator	Progress made
Establish a youth forum to provide user engagement in the development of strategic and operational projects.	<p>Our Youth Forum commenced with ten members in May 2016 and now boasts a very active membership of 30 young people.</p> <p>Forum members were involved in the appointment of the new Chief Executive and have undertaken mystery shopper and back to the floor visits as part of both a planned programme and their own patient activity.</p> <p>The forum has a Facebook group and are working with the team to ‘takeover’ the Trust as part of Children’s Takeover day’ on November 17 2017.</p>
Friends and Family Test (FFT)	<p>The ‘Friends and Family Test’ (FFT) is an essential tool in measuring the quality of care offered to patients and their families. This has been a patient experience priority for two years but progress has been slow. Some improvement was achieved through the use of a paper based system which increased completion on the acute site from 30% to 39% in one month.</p> <p>This work is included in the patient experience strategy</p>

Develop a Sheffield Children's NHS Foundation patient experience strategy

quality indicator. One of the issues that there is considerable Friends and Family data collected beyond the acute site. Many outlying and community teams are collecting the data but not submitting this for organisation wide analysis. This will be addressed by the strategy.

The Trust has engaged with a variety of external stakeholders, parents, carers and patients through external events and regular meetings to design a strategy for patient experience and engagement. This document provides a road map for taking the work forward. The next phase of the work will be to implement and embed the new system which will enable the systematic capture and analysis of feedback and ensure that this influences the delivery of care in future.

Fig: Proposed new patient experience indicators 2017/18

Indicator	Rationale
<p>Ensure that the Trust achieves the Accessible Information Standard.</p>	<p>By law (section 250 of the Health and Social Care Act 2012), all organisations that provide NHS care must follow the standard in full from 31 July 2016 onwards. The law requires that we ask patients and their families how they wish us to make contact with them, that we record this information in a set way and that we provide our information in a variety of formats to meet people's needs. Whilst we are compliant with some of these requirements in some of our services, we believe it is really important to get this right. We have therefore identified this as a priority for us.</p> <p>The Accessible Information Standard became mandatory from We are aware that the Trust is not fully complaint with this standard.</p>
<p>Involve children and young people in the development of the 2018/19 annual report. Seek their involvement in the monitoring of and holding to account, of progress against quality workplans</p>	<p>During 2016/17 we have worked with children, young people, parents, carers and our stakeholder agencies to shape our approach to patient experience and engagement. In order to ensure that this approach is meaningful for children and young people, we intend to involve them in the design and delivery of our quality improvement activities.</p> <p>In addition to this aligning with our own values and beliefs, we believe this approach will encourage children and young people to be fully involved in the management of their health and wellbeing, as well as the design of the services that they use. As stakeholders in our NHS, they are our number one priority.</p>
<p>Modernise and streamline the complaints process</p>	<p>We are aware that some people find NHS processes overcomplicated, particularly when families are distressed or worried about their children. We therefore feel that it makes sense to join together our Patient Advice and Liaison Service and our complaints service. Frequently families access one of these two services and depending on the response that they need, may be supported across the two departments. We wish to align these services so that families deal with one department and, should they require our help, experience a seamless response to their issues. We believe this will help us to resolve straightforward issues without the need for a lengthy formal process, making our service much more responsive when families need help.</p>

National staff attitude survey

Summary of our performance

Our response rate

2015		2016		improvement / deterioration
Our Trust	National average	Our Trust	National average	
45%	41%	39%	39%	deterioration

Our top five ranking scores²

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

2015		2016		improvement / deterioration
Our Trust	National average	Our Trust	National average	
22%	27%	17%	26%	improvement

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

2015		2016		improvement / deterioration
Our Trust	National average	Our Trust	National average	
11%	14%	9%	13%	improvement

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

2015		2016		improvement / deterioration
Our Trust	National average	Our Trust	National average	
5%	10%	6%	10%	deterioration

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

2015		2016		improvement / deterioration
Our Trust	National average	Our Trust	National average	
93%	90%	96%	91%	improvement

Percentage of staff satisfied with the opportunities for flexible working opportunities (the higher the score the better)

2015		2016		improvement / deterioration
Our Trust	National average	Our Trust	National average	
58%	50%	57%	51%	deterioration

² These scores are the five key findings from the staff attitude survey where Sheffield Children's NHS Foundation Trust compares most favourably with other combined acute and community Trusts

Bottom five ranking scores³

Staff satisfaction with the quality of work and patient care they are able to deliver (the higher the score the better)

2015		2016		improvement / deterioration
Our Trust	National average	Our Trust	National average	
3.8	3.94	3.76	3.81	deterioration

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

2015		2016		improvement / deterioration
Our Trust	National average	Our Trust	National average	
89%	91%	88%	91%	deterioration

Effective use of patient/service user feedback (the higher the score the better)

2015		2016		improvement / deterioration
Our Trust	National average	Our Trust	National average	
3.65	3.72	3.6	3.68	deterioration

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

2015		2016		improvement / deterioration
Our Trust	National average	Our Trust	National average	
3.91	3.93	3.86	3.94	deterioration

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

2015		2016		Improvement / deterioration
Our Trust	National average	Our Trust	National average	
75%	72%	74%	71%	improvement

There are 32 key findings from the 2016 National Staff Survey that are directly comparable with the 2015 survey. Of these, three indicators for the Trust have shown improvement, 28 have remained the same and six have deteriorated.

The overall staff engagement score has decreased slightly from 3.9 to 3.87 this remains above the average for combined acute and community Trusts. Staff recommending the Trust as a place to work or receive treatment has improved slightly over the year (3.98) and this remains above the national average of 3.71.

Future priorities and targets

One of our key priorities is to ensure that we build on the increase in the number of staff reporting that they have an appraisal as this is seen as a key driver for improving staff engagement. We will also look to improve the number of staff who report that they feel motivated at work and improve the communication between senior management and staff.

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

Performance against key performance targets

Fig: performance against key indicators and thresholds

	Performance Indicator	target or threshold	15/16 Trust performance	16/17 Q4	16/17
	maximum time of 18 weeks from point of referral to treatment for admitted patients	90%	72.59%	76.10%	74.96%
	maximum time of 18 weeks from point of referral to treatment for non-admitted patients	95%	92.45%	92.77%	92.49%
	maximum time of 18 weeks from point of referral to treatment for patients on an incomplete pathway	92%	92.95%	94.45%	93.62%
	A&E: maximum waiting time of four hours from arrival to admission, transfer or discharge	≤ 95%	97.67%	97.10%	97.17%
ACCESS	all cancers: 62 day wait for first treatment from:				
	urgent GP referral for suspected cancer	85%	N/A	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%	100%
	anti-cancer drug treatments	98%	100%	100%	100%
	radiotherapy	94%	N/A	N/A	N/A
	all cancers: 31-day wait from diagnosis to first treatment	96%	100%	100%	100%
	cancer: two-week maximum wait from referral to first seen, comprising:	93%	100%	98%	98%
	all urgent referrals (cancer suspected)	93%	100%	98%	98%
for symptomatic breast patients (cancer not initially suspected)	93%	N/A	N/A	N/A	
	C.difficile infection (trust attributable)	3*	4	4	6
OUTCOMES	data completeness: community services, comprising:				
	referral to treatment information	50%	77.78%	77.78%	77.78%
	referral information	50%	94.90%	94.63%	93.90%
	treatment activity information	50%	98.58%	99.26%	98.97%

* de minimis of 12 applied by NHSI

The table summarises the Trust's performance for 2016/2017 against the targets used by Monitor/NHSI to calculate risk ratings under the risk assessment framework/single oversight framework.

Additional information

Diagnostic waits – Since April 2016, the Trust has achieved month on month the target for diagnostic waits which is a significant improvement on 15/16 for the Trust.

RTT Performance at speciality level: Dental Breaches - the Trust continues to have difficulties with this indicator. A proportion of the breaches are as a result of delays at the Outpatient end of the pathway from Charles Clifford Dental Hospital, with a high number of patients transferred beyond their breach dates.

- Paediatric Dentistry Incomplete – breaches occurred in 10 out of 12 months.

Some improvements have been made by working closely with the Charles Clifford Dental Hospital on those cases that are jointly delivered. Although the service has lost Dentists and Charles Clifford Dental Hospital has struggled to fill the vacancies. Charles Clifford Dental Hospital has also increased their outpatient activity.

The Trust is also working to reduce breaches that are not attributable to long waits at the Charles Clifford Dental Hospital.

The Trust is also providing additional ad-hoc waiting lists to help with the increase of Charles Clifford Dental Hospital Outpatient activity with a view to make these lists permanent.

Outpatient Review List - During 2016 the Trust had significant issues with overdue review list due to both administrative/data quality errors and clinical capacity. This resulted in two serious untoward incidents that have had a full root cause analysis completed and action plans have been put in place. The review lists have been administratively validated and data quality checks put in place to prevent a recurrence of these issues. Standing operating procedures are now in place. The Outpatient Department has had severe staff shortages which have now been resolved. The Outpatient Department staff now have clear roles and responsibilities and has been moved under the Division of Medicine.

The Overdue review lists have been clinically validated. The review list has significantly improved with patients who are overdue by 3 months in August were 5,800 to March where there is now 1,000.

Fig: Overdue Review List

PROGRESS-ALL OVERDUE PTS as at 22.08.2016	22-Aug	17-Feb	24-Feb	09-Mar
CURRENT POSITION OF PATIENTS IDENTIFIED AT 22.08.2016	>0 Wks	>25Wks	>26Wks	>28Wks
Priority 1	2710	83	76	71
Priority 2	1828	35	34	26
Priority 3	1162	72	66	56
TOTAL	5700	190	176	153

PROGRESS-ALL PATIENTS OVERDUE		17-Feb	24-Feb	09-Mar
Priority 1		799	870	1016
Priority 2		845	883	1196
Priority 3		626	601	609
TOTAL		2270	2354	2821

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.

NHS Improvement 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 2016/17 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 2016 to May 2017
 - papers relating to quality reported to the board over the period April 2016 to May 2017
 - feedback from commissioners dated 21 April 2017
 - feedback from governors dated 9 May 2017
 - feedback from local Healthwatch organisations dated 13 April 2017
 - feedback from Local Scrutiny Committee dated 03 May 2017
 - Trust's complaints report published under regulation 18 of the Local Authority Social Services and NHS Complaints Regulations 2009, dated May 2017
 - latest national staff survey published 07 March 2017
 - Head of internal audit's annual opinion over the Trust's control environment dated 22 May 2017
 - CQC inspection report dated 26 October 2016.
- 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; and
- 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 NHS Improvement's annual reporting guidance (which incorporates the Quality Accounts regulations) as well as the standards to support data quality for the preparation of the Quality Report

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

24 May 2017 Date  Chairman

24 May 2017 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 28th March 2017. The following response was received on 21st April 2017:

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 2016 – March 2017.

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 provides good quality services. The Trust achieved the 95% Accident and Emergency (A&E) target for 16/17 despite increased pressure. The Trust is breaching the 18 week target for Oral Surgery, but has met the 18 week target for overall specialties and has plans in place at speciality level for CCG services to improve individual speciality performance.

There were a number of data quality issues in 16/17 the Trust implemented plans to improve the recording of activity. The CCG is assured that there are improvement plans in place to improve the reporting of activity for 17/18.

The CCG supports the Trust's identified three Quality Improvement Priorities for 2017/18. The actions the Trust are proposing to take to address Priority 1 Ensure that our community and inpatient Child and Adolescent Mental Health Services (CAMHS) meet best practice quality standards, Priority 2 Implement a Trust wide Patient Experience and Engagement Strategy and Priority 3 Improve the experience of young people who transition from children and young people's services to adult providers are key priorities for NHS Sheffield CCG and fit well with the CCG's Operational Plan.

Submitted by Beverly Ryton on behalf of:

Mandy Philbin
Deputy Chief Nurse

and
Garrett Bourke
Contracting Lead
NHS Sheffield Clinical Commissioning Group

21st April 2017

Sheffield Healthwatch

The first draft report was provided to Healthwatch on 27 March 2017 and a meeting was held with key members of Healthwatch and the Director of Nursing and Quality on 11 April 2017. The following response was received on 13 April 2017:

Sheffield Children's Quality Account 2016/2017

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

We are pleased to note the progress and achievements on the priorities for 2016/2017 and that there will continue to be ongoing work on the priority relating to services for children and young people with learning disabilities.

We welcome the priorities identified for 2017/2018 and agree that these represent the most pressing issues identified through patient experience and feedback. In particular we are pleased to see priorities for Child and Adolescent Mental Health Services and Transition to Adult Services and we will join with the Youth Forum and Chilypep to provide patient and service user experience to inform this work. We also welcome the new Trust-wide Patient Experience and Engagement Strategy and we will continue to support this work through our involvement with the Trust's Patient Experience Committee.

Overall we commend the Trust for their work during a challenging time and look forward to continuing our work with the Trust in the forthcoming year.

Sheffield Children's NHS Foundation Trust Parent Register

The first draft report was provided to parents of children and young people currently using our services, who have been appointed to our new Parent Register. We acknowledge that it can be difficult for families to attend events and the opportunity for families to contribute 'virtually' has been very successful this year. Whilst some parents commented on the style, tone and presentation of the report, others provided an overall impression, as represented below.

The Parent Register received the report during the first week of April and responses were received during the week of 18 April 2017.

Parent A

Overall SCHNHFT has much to be proud of and I feel that the Quality Accounts accurately reflect this. Whilst acknowledging where improvements need to be made, there is a clear plan to address all areas of concern.

It is encouraging reading indeed to see that the Trust's quality improvement priorities are centred around Child and Adolescent Mental Health Services, Sheffield Emotional Wellbeing and Mental Health Transformation Programme and the implementation of a Trust Wide Patient Experience and Engagement Strategy.

Future in Mind is an extensive and long overdue reality check and report into our failure to recognise, prioritise and fund Mental Health provision in this country. The Trust is clearly responding positively to this.

In relation to the many areas of concern around Mental Health raised by the CQC I feel that the Trust is adequately and clearly stating its practical responses to them. Improved record keeping, accountability and organisation should improve the service and address some of the transition related difficulties.

I have many friends who work within the field of education, all of whom are afraid of reduced funding affecting their ability to provide adequate levels of teaching and they fear for the emotional welfare and mental health of the children. I am VERY happy to read that the 10 school pilot study is to be made available to 49 schools across the city.

It is clear to me both from meetings within CAMHS and reading this document that there is a genuine

vision of engagement, cooperation and patient centred, patient led service development. Actively listening to the young people themselves, what works, what doesn't, will enable the development of a service which effectively meets the needs of young people experiencing mental health difficulties and IS "fit for purpose".

Overall, although I could say more about various aspects of the CQC report in relation to CAMHS, I do feel that the Trust's plans and vision for the future adequately respond to all areas of concern raised.

Parent B

• 1.2.1 Quality Improvement Priorities.

I am impressed with the all the improvements contained within the accounts. I have personal experience of dealing with Camhs and I did wonder whether within the improvements, regarding improving time scales in which patients are to be seen, there is consideration for children that are in a vulnerable stage within their education. (Children transitioning from Primary to Secondary school & school leavers transitioning to adult services). I query this as I know people who have had difficulty with the lack of appropriate schooling being available to their child due to lack of diagnosis.

The Healthy Minds School Project sounds ideal and very beneficial.

•1.2.2 Performance on Quality Priorities 2016/2017

The Quality priorities improvements are impressive.

The almost perfect 100% participation in National Clinical & National Confidential Enquiries is superb and demonstrates to me as a parent, the constant thrive for excellent services in Sheffield.

Happy to see the research targets being met and the volume of active commercial studies.

I noted that the examples of research and innovation activity carried out in the trust during 2016/17 didn't document any Mental Health studies within Children's research.

Happy to see the trust was judged 'Good' overall.

Very happy to see the changes being made as a result of the Patient Experience Surveys. This is encouraging to parents to be more vocal regarding their feelings & views.

Very good to see that almost all CQUIN Goals have been fully achieved.

I found the data quality control figures surprising due to the increase in safety related incidents and C-difficile percentage rates.

• 1.2.4 Serious Incidents

Positive action taken on all serious incidents.

Duty Of Candour - as a parent I feel that this provides a lot of reassurance to know that parents are invited to be involved in all aspects of an investigation.

•1.3.1 Safety pledges and achievements are all of an extremely high standard.

•1.3.3 Patient Experience

Very happy to see the progress made by the Youth Forum. This appears to be an ideal way for patients to get their views across without being prompted, and in a safe and comfortable environment where they can talk openly and gain support

Sheffield City Council Healthier Communities and Adult Social Care Scrutiny and Policy and Development Committee

The first draft report was provided to the Sheffield City Council Healthier Communities and Adult Social Care Scrutiny and Policy Development Committee on 27th March 2017. The Director of Nursing and Quality met with the Committee on 18th April 2017. The following response was written on 3rd May 2017:

3 May 2017

Sheffield City Council Healthier Communities and Adult Social Care Scrutiny and Policy Development Committee welcome the opportunity to consider your draft Quality Account in line with NHS (Quality Accounts) Regulations 2010. We view it as a valuable aspect of health service provision scrutiny that looks at the things that are important to the public of Sheffield. We thank you for taking the time to share the draft with the Scrutiny Committee sub-group.

The scrutiny committee are pleased to see the progress against your 2016/17 priorities and note the areas still to be taken forward.

The scrutiny committee welcome and support the 2017/18 quality improvement priority "Ensure that our community and inpatient Child and Adolescent Mental Health Services (CAMHS) meet best practice quality standards", especially the future further improvement in waiting times for children and young people, we note the improvement already in waiting less than 18 weeks for a first appointment. Previously Sheffield Healthier Communities and Adult Social Care Scrutiny and Policy Development Committee undertook an in-depth look at CAMHS, and have kept a watching brief on performance and improvement.

The scrutiny committee welcome a link between your first, as above, and third priority "Improve the experience of young people who transition from children and young people's services to adult providers" we have heard how important it is to get transition right, especially so in mental health services, the poor experience and environment for young people using adult A&E as first point of contact for mental health.

As reported last year the scrutiny committee would like to see three year performance trend throughout the Quality Account with the inclusion of comparator year data. We very much support an approach for next year of a document that has involved children and young people in its review, with an executive summary written for a public children and young people audience.

Council of Governors, Sheffield Children's NHS Foundation Trust

The first draft report was provided to the Governors on 19 April 2017. The draft was the subject of a discussion on 9 May 2017 between the Director of Nursing and Quality and the Council. The attached is an extract from the minutes of the meeting.

24/17

Quality Report

Ms Shearer, Director of Nursing and Quality and Ms P Mitchell, Non-Executive Director presented the report. The following points were noted:

- i. The Council was assured that a full consultation process had taken place on the Quality Report with partners such as Sheffield CCG, the Overview and Scrutiny Committee, Sheffield Healthwatch and the new Trust's Parent Register.
- ii. A meeting was scheduled with KPMG, the Trust's Auditors on 10 May 2017 to discuss the external assurance work undertaken by them on quality indicators discussed previously with Governors. From information shared in advance of this meeting it was noted that KPMG were satisfied with findings from their work on data relating to patients readmitted to a hospital

within 28 days of being discharged (0-15 years) selected by the Governors in March 2017. In relation to testing of 18 week referral to treatment (RTT) data, KPMG had identified a some issues that they were pursuing further. This may be due to validation work that had taken place in-year associated with the booking problems reported in August 2016.

- iii. Ms Shearer provided an overview of the content of the report and the Trust's performance against the 2016/17 quality priorities was noted. In particular, Ms Mitchell noted the improvement with regard to providing healthy food choices for children, young people and families who use the service. Ms Mitchell had undertaken a Patient Led Assessment of the Care Environment (PLACE) inspection, and noted the positive feedback on the quality and choice of fresh food available.
- iv. A discussion took place around the achievement of CQUIN goals. It was highlighted that the Trust had not achieved the Flu Vaccination element of the Staff Wellbeing CQUIN for 2016/17. Governors noted that the Trust had worked hard to improve the uptake of the flu vaccination and to engage with staff. The financial implication of £136k was noted. Work was taking place to further improve the flu vaccination uptake for 2017/18, learning from other trusts and that this would continue to be monitored by the Quality Committee.
- v. The Trust had partially achieved the Discharge Planning CQUIN. This was due to an administrative error in the Pharmacy Department. Governors were assured that a monthly audit was taking place to ensure that change in process had been embedded. This was being monitored through monthly Divisional Performance meetings.
- vi. Ms Griffin, Lead Governor commended the report and in particular noted the use of the Parent Register and the positive and meaningful feedback obtained from parents through this work co-ordinated by the PALs Manager.

The update was noted.

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

INDEPENDENT AUDITOR'S REPORT TO THE COUNCIL OF GOVERNORS OF SHEFFIELD CHILDREN'S NHS FOUNDATION TRUST ON THE QUALITY REPORT

We have been engaged by the Council of Governors of Sheffield Children's NHS Foundation Trust to perform an independent assurance engagement in respect of Sheffield Children's NHS Foundation Trust's Quality Report for the year ended 31 March 2017 (the 'Quality Report') and certain performance indicators contained therein.

Scope and subject matter

The indicators for the year ended 31 March 2017 subject to limited assurance consist of the following two national priority indicators (the indicators):

- percentage of incomplete pathways within 18 weeks for patients on incomplete pathways at the end of the reporting period; and
- A&E: maximum waiting time of four hours from arrival to admission, transfer or discharge.

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 NHS Improvement.

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* and supporting guidance;
- the Quality Report is not consistent in all material respects with the sources specified in the *Detailed requirements for quality reports for foundation trusts 2016/17* ('the Guidance'); 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 Requirements for external assurance for quality reports for foundation trusts 2016/17*.

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 and papers for the period April 2016 to May 2017;
- papers relating to quality reported to the board over the period April 2016 to May 2017;
- feedback from commissioners, dated 21 April 2017;
- feedback from governors, dated 09 May 2017;
- feedback from local Healthwatch organisations, dated 13 April 2017;
- feedback from Local Scrutiny Committee, dated 03 May 2017;

- the trust's complaints report published under regulation 18 of the Local Authority Social Services and NHS Complaints Regulations 2009;
- the latest national staff survey, published 07 March 2017;
- Care Quality Commission Inspection, dated 26 October 2016;
- the 2016/17 Head of Internal Audit's annual opinion over the trust's control environment, dated 22 May 2017; and
- any other information included in our review.

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 the 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 2017, to enable the Council of Governors to demonstrate they have discharged their governance responsibilities by commissioning an independent assurance report in connection with the indicator. 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, except 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 indicator;
- 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; and
- 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 affect 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 of these criteria, 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* and supporting guidance.

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

Basis for qualified conclusion

As set out in the Trust's Quality Report (page 118) a number of actions to improve the quality of data have been identified by the Trust to address concerns with accuracy of data. Our sample testing identified erroneous pathways which had been included in the data used to create the Trust's monthly reported performance results.

These findings support the Trust's identification of the need to 'improve clinical coding through improved clinical engagement and through the strengthening of the clinical coding team structure'.

As a result of these issues, we have concluded that we are unable to test sufficiently the percentage of incomplete pathways within 18 weeks for patients on incomplete pathways at the end of the reporting period' indicator for the year ended 31 March 2017.

Qualified conclusion

Based on the results of our procedures, except for the effects of the matters described in the 'Basis for qualified conclusion' section above, nothing has come to our attention that causes us to believe that, for the year ended 31 March 2017:

- 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 Guidance; and
- the remaining indicator in the Quality Report subject to limited assurance has not been 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 Guidance.

KPMG LLP
Chartered Accountants
Leeds, 1 Sovereign Square

26 May 2017