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DRAFT 1 REPORT TO THE TRUST BOARD OF DIRECTORS MEETING HELD ON 2014

Quality Report (Incorporating Quality Accounts) 2014

Trust objectives supported by this paper

- The paper supports the achievement of all Trust Objectives

Purpose of the paper

To summarise the performance of Trust in 2013-14 in relation to quality of care. To set the quality priorities for 2014-15 in consultation with our families, governors and agency partners.

The draft paper was consulted upon with all of our key stakeholders, as set out in the February Board schedule paper. The report will form the quality section of the Trust Annual Report to Monitor and a stand alone document on the NHS Choices Website.

Summary of key points

- The Trust has processes to provide assurance of safe quality standards
- There is a framework that supports identification of risk and poor patient experience and involves the Board and Governors in monitoring of action plans.
- Lapses in performance are known to the Board and investment of resources is appropriately targeted to resolve these.
- KPMG will provide an external audit opinion on the content and the assurance processes of the report.

Board Action required

Approval of the Quality Report

Author:	J Reid	FOR APPROVAL
Executive Sponsor:	J Reid	

**SHEFFIELD CHILDREN'S NHS FOUNDATION TRUST
QUALITY REPORT**

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1 STATEMENT ON QUALITY FROM THE CHIEF EXECUTIVE OF SHEFFIELD CHILDREN'S NHS FOUNDATION TRUST

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

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

The Trust is far from complacent; we know we can always do better and the current economic climate has meant that even maintaining standards is a real challenge. The Mid Staffordshire Review has meant that NHS services are under scrutiny and its very culture is being questioned. We believe that our family centred approach has proved a safeguard against eroding standards and involvement of families in every aspect of children's care provides an inspiration to our staff.

The last year has seen great changes in the NHS. Sheffield Children's Foundation Trust will try to harness that change and use it to further improve the standards of care for children and young people.

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

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

Signed

Mr Simon Morritt
Chief Executive

2 PRIORITIES FOR IMPROVEMENT AND STATEMENTS OF ASSURANCE FROM THE BOARD

2.1 Quality Improvement Priorities 2014-15

2.1.1 CONTINUE TO IMPLEMENT THE DEPT. OF HEALTH RESPONSE TO THE MID STAFFORDSHIRE PUBLIC ENQUIRY, 'PATIENTS FIRST AND FOREMOST'

Our reasons:

The NHS recommendations from the Mid Staffordshire Public Inquiry have been emerging over the last year and the Trust has responded to these. Like all public services, the Trust faces significant economic challenges and performance targets. Continued concentration on the Trust action plan is crucial to ensure that quality is not sacrificed in pursuit of these. Our Council of Governors see this safeguarding of quality as their key role and responsibility.

The Trust will be inspected on 6-8 May 2014 by over 30 CQC Inspectors. The CQC has significantly changed its inspection program to ensure that the public is confident that hospitals are fit for purpose. Professional and clinical staff, families who use services and CQC assessors will spend over three days examining how the trust works and how it has responded to the need for high quality care.

The Trust will:

- Pilot a children's nursing dependency assessment to provide evidence that our nursing establishments are sufficient for the needs of the families and children we care for.
- Show, at the entrance to each ward, the nursing staff numbers rostered and available to look after children on that shift.
- Extend our family surveys to our new-born high dependency ward and benchmark ourselves against other units. The survey will be published and an action plan produced to address any improvement needed.
- Fully implement a hospital out of hours model of senior children's nurses who are supernumerary and available to assist medical staff, advise nursing staff and coordinate patient care at night and weekends

2.1.2 REVIEW OUR CHILD AND ADOLESCENT PSYCHIATRY SERVICE TO ENSURE THAT IT HAS ADAPTED TO FIT WITH THE TYPE OF REFERRALS WE ARE RECEIVING.

Our reasons:

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

The nature of the referrals has been changing with more young people who are exhibiting self-harming behaviours and require intensive support through episodes of severe emotional turbulence. CAMHS and its availability is a regular priority for our local authority Children and Young People's Scrutiny Committee.

With our commissioners, we will seek to understand what service we need, and how to ensure that it is meeting national standards for Child and Adolescent Mental Health care.

The Trust will:

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

2.1.3 MINIMISE DISRUPTION TO OUR SERVICES FROM THE BUILDING OF THE NEW HOSPITAL WING

Our reasons:

The current building work is some of the most extensive in the Trust's history. Although it has the potential to fundamentally improve the experience of families, it has the potential to worsen their experience while we carry it out. Patient access has consistently been the single greatest source of negative family survey comment over the past 4 years.

The Trust will:

- Improve access by aiming to have most of the parking improvements in place by the end of 2015. This includes the multi-storey parking opposite the main entrance and the underground parking with direct lift access for disabled families.
- Shift significant numbers of outpatient clinics to the Northern General for the duration of the work.
- Set up a remote supplies depot to ensure that all supplies, pharmacy and laboratory deliveries are consolidated into as few goods vehicles as possible. Remaining deliveries and construction traffic will require to book on an online scheduling system to minimise conflict with patient traffic.

2.1.4 HOW PERFORMANCE WILL BE MONITORED

Progress on the above indicators will be monitored by reports to the Clinical Governance Committee and regular reports to the Trust Board. The Board will share its reports with the Council of Governors and its commissioners in NHS Sheffield and NHS England. All reports will be published on the Trust website.

2.1.5 PERFORMANCE ON QUALITY PRIORITIES 2013-14

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

What we said.	What we did.
1. Implement the Dept. of Health Response to the Mid Staffordshire Public Enquiry, 'Patients First and Foremost'	The Trust published its response and has updated this regularly since. The response includes the strategy for responding to the national nursing issues raised. http://www.sheffieldchildrens.nhs.uk/about-us/statutory-declarations.htm
Review and define the culture of the organisation	The Trust has published its Trust Values following extensive stakeholder meetings. These values are based around five key points: Committed to Excellence, Teamwork, Accountability,

What we said.	What we did.
	<p>Compassion and Integrity. These values are incorporated into everything we do and are set out on our website:</p> <p>http://www.sheffieldchildrens.nhs.uk/about-us/trust-values.htm</p>
Assess nursing establishments against workload annually	All nursing establishments are reviewed annually with the senior department nurse and the appropriate Matron. The Trust has been recruiting against these establishments and benchmarks with other children's services.
Invest in Ward Sisters and Charge Nurses – Free up from other duties to provide a role model and visible ward presence.	Half of all Ward Managers were made supernumerary during 2013-14, with the second half due to change this year. Each post requires back-fill with a registered children's nurse to ensure that direct patient care is not affected.
Review and prioritise nurse training	<p>All ward areas have identified a mandatory training program. Training weeks are combined with full or partial closure to allow deep cleaning and essential maintenance.</p> <p>Advanced Nursing Practice is being prioritised by supporting staff to undertake leadership training and skills training such as prescribing.</p>
Involve governors and families in inspection and oversight of our services.	<p>Governors have been involved in Adoption of the „15 Steps“ approach: Challenge teams, including non-executive directors, staff, governors and patient groups go onto wards and departments. They use the toolkit to record observations and feed back to the department team.</p> <p>http://www.institute.nhs.uk/productives/15stepschallenge/15stepschallenge.html</p> <p>Governors are able to review anonymised complaints and our response each month against the Patients Association Template. Results will be used to inform future complaints responses.</p>
<p>2. Publish regular information on our quality performance and the experience of our families</p>	<p>We commission a wide ranging series of postal surveys carried out by Picker International. These surveys cover In Patient, Out Patient and A&E families. They survey over 800 families in each area, the results are published on our website and used to inform our care and investment.</p> <p>http://www.sheffieldchildrens.nhs.uk/patients-and-parents/patient-views.htm</p>
Evaluate the experience of families in the community	The Trust has commissioned a new survey of families who come in contact with our Health Visitors. This survey has been welcomed and adopted by NHS England as a basis for national benchmarking in 2014-15. The survey results will form the basis for our improvement work.
Regularly evaluate experience of families in A&E using a child friendly derivative of the family and friends test.	<p>The Trust has been allowing each family attending A&E to answer one of two questions:</p> <ul style="list-style-type: none"> ○ Parents of children under 8 yr: Would you recommend this department to others? ○ Children over 8 yr: What could we do better? <p>The results are available on our website but are overwhelmingly positive and in keeping with our annual A&E survey results.</p> <p>Link</p>

What we said.	What we did.
Produce quality indicators for children and benchmark with similar health providers	<p>The Trust has been reviewing its services against Quality Indicators that are agreed with our commissioners. The Scan tool is a child equivalent of the adult Safety Thermometer.</p> <p>Our results are available on our website and are regularly in excess of 95% achievement of the standards.</p> <p>Link</p>
3. Minimise disruption to the public from our construction of the new hospital wing	<p>The Trust and charity has kept the public aware of developments through media and web publicity.</p> <p>http://www.sheffieldchildrens.nhs.uk/about-us/hospital-redevelopment/</p> <p>http://www.tchc.org.uk/our-appeal</p>
Improve communication and signposting of access restrictions	<p>The Trust has extensively updated our website setting out clearly the changes to access.</p> <p>http://www.sheffieldchildrens.nhs.uk/patients-and-parents/parking.htm</p> <p>All families receive a leaflet informing them of restrictions and suggesting alternatives to car transport.</p> <p>A Network of flat screen monitors has been installed in waiting areas. The monitors display advice on access and wayfinding.</p>
Provide a park and ride solution for parents and families	<p>To assist patients and their families, we have agreed a discounted park and ride scheme at the Q-Park Castlegate, near Ponds Forge. A free shuttle bus runs regularly between the car park and the hospital.</p>
Control noise, dust and disruption to normal services	<p>The Trust has worked closely with our Infection Control Dept. to plan all work in such a way that impact to patients is minimised.</p> <p>Trial work has been carried out in cooperation with surgeons and clinical scientists to ensure that vibration and noise will not pose a safety risk to services.</p>
Manage services in the community, where possible	<p>The Trust has employed a paediatrician to advise GPs on individual cases through a telephone clinic.</p> <p>The Trust has significantly expanded its Helena Home Nursing team.</p> <p>The Trust has negotiated a significant extension to the Sheffield Children's Hospital Clinic at the Northern General Hospital. This clinic is in a dedicated building and should divert traffic away from the main hospital site.</p>

2.2 Statements of Assurance from the Board

2.2.1 GENERAL ASSURANCE

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

Sheffield Children's NHS FT has reviewed all the data available to them on the quality of care in 100% of these relevant health services.

The income generated by the relevant health services reviewed in 2013-14 represents 100% of the total income generated from the provision of relevant health services by Sheffield Children's NHS FT for 2013-14.

2.2.2 AUDIT AND NATIONAL CONFIDENTIAL ENQUIRY ASSURANCE

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

During 2013-14 Sheffield Children's NHS FT participated in 100% of national clinical audits which it was eligible to participate in.

The national clinical audits and national confidential enquiries that Sheffield Children's NHS FT participated in, and for which the data collection was completed during 2013-14 are listed below alongside the number of cases submitted to each audit or enquiry as a percentage of the number of registered cases required by the terms of that audit or enquiry.

National Clinical Audits for which the Trust was Eligible	% of eligible cases submitted
MBRRACE-UK Perinatal Confidential Enquiry –	25%
RCP (UK IBD Audit) Inflammatory Bowel Disease	33%
CEM Asthma	100%
BTS National Asthma	100%
BTS Bronchiectasis	100%
BTS Paediatric Pneumonia (See BTS note in red)	100%
CE (CORP) RCPCH Child Health Audit Clinical Outcome Review Programme/Child Health Reviews-UK (CHR-UK)	100%
CEM Consultant sign off (Febrile under 1's and re-attenders)	100%

¹ Based upon the services specified in the NHS Provider Contract for 2013-14.

National Clinical Audits for which the Trust was Eligible	% of eligible cases submitted
TARN	100%
CE (CORP) RCoP National audit of Asthma Deaths	100% (No reportable deaths)
ICNARC Cardiac Arrest Procedures	100%
National Diabetes	100%
CEM Febrile Child	100%
MBRRACE-UK Perinatal Confidential Enquiry – Congenital Diaphragmatic Hernia	100%
POMH's National Audit for Schizophrenia / Antipsychotic Prescribing.	100%
PICANet (Paediatric Intensive Care Audit Network)	100%
NAP5: National Audit Project 5- Accidental Awareness During General Anaesthesia in the United Kingdom	100%
Neonatal Transport Group Annual Return 2013	100%
National Multicentre Evaluation of Lidocaine 5% Patch for Localised Neuropathic Pain in Children and Adolescents	100%
IBID: International Burns Injury Database	75%

2.2.2.1 National Audit and Confidential Enquiry Reviews

The reports of 6 national clinical audits were reviewed by the provider in 2013-14 and Sheffield Children's NHS FT took the following actions to improve the quality of healthcare provided.

CEM Febrile Child

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

Although better than the national average, areas to address are, poor documentation of BP (68%) + Glasgow Coma Scale (86%). This may be helped by the introduction of a feverish child proforma.

1. Observations taken within 20mins of patients arrival in 73% of cases (SCH ED achieved this standard in 95% of cases in 2010) This may reflect the ever increasing attendances to ED year on year.
2. Appropriate safety net advice given to 86% of patients.

Action identified and / or implemented included:

- Results of audit have been communicated to A&E Team.
- Standards have been written for the role of the nurse coordinator including watching the triage time and opening up a 2nd triage when necessary.

CEM Consultant sign off (Febrile under 1's and re-attenders)

SCH has been compared nationally with all other A&Es and has shown higher proportion of "high risk" patients being seen first time by a consultant than elsewhere and also when combined with trainee doctors of ST4 or above assessments of these patients.

A separate cohort looked at SCH compared with stand -alone paediatric A&Es. SCH showed higher proportions than anywhere else of high risk patients being seen by a consultant.

Action identified and / or implemented included:

- A feverish child proforma has been developed and currently piloted to aid documentation, assessment and management of these patients.
- An evaluation of the impact of this proforma is planned once the Trust has piloted 60 proforma's.

2012 National Comparative Audit (NCA) of the labelling of samples for transfusion

Local findings:

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

Actions in progress/completed:

- Trust has a better than average rejection rate implying that more samples are labelled correctly.
- We meet all standards except in extreme circumstances and all recommendations are already in place.
-

PICANet (Paediatric Intensive Care Audit Network) Annual Report 2013 (Data covering January 2010-December 2012).

Local findings: *(extracted by Lead Local Clinician from published data)*

1. Despite a small rise in standardised mortality, Sheffield Children's Hospital PICU standardised mortality remains in line with national secular trends.

Actions: (*Generic actions from National Report*)

- No local actions identified.

NCAA (National Cardiac Arrest Audit) Report – June 2012-March 2013

Local findings:

1. Documentation relating to patient information and arrest details generally 100% complete
2. All inpatient arrests take place in Acute areas – Emergency Department, Paediatric Intensive Care Unit, and Emergency Admissions Unit.
3. 100% of patient that had an inpatient arrest survived resuscitation.
4. 62.5% of patients that had an arrest, while an inpatient, were discharged alive.

Actions:

- None identified.

POMH – Re-audit of prescribing Antipsychotics for Children and Adolescents (Topic 10b)

Audit results showed the following compliance

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

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

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

Body weight was recorded for 86% of patients
Blood glucose was recorded for 77% of patients
Plasma lipids was recorded for 68% of patients
Raised plasma prolactin was recorded for 82% of patients

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

- To consolidate the current good medical practice
- To encourage the formal recording of extra pyramidal side effects using standardised questionnaires eg "AIMS".
- To explore the possibility of shared care protocol with GPs given that the audit highlighted that it applied only to 3 cases in CAMHS at the time of the audit who are already under the continued care of secondary care

2.2.2.2 Local Audit and Service Evaluations

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

Emergency Department (ED): CA651 Abdominal Pain

Findings:

Not all children have a comprehensive abdominal examination record.

Action identified and / or implemented included:

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

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

Findings:

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

Action identified and / or implemented included:

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

Child Protection: SE 651~2 Multiagency Pathway Sudden Unexpected Death in Infancy (SUDI) 6 year review

Findings:

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

Actions identified and / or implemented

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

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

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

Findings:

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

Actions identified and / or implemented

- Feedback audit results at level 3 medicines management training (& junior doctor induction) Include some audit results in prescribers training
- encourage use of addressographs to assist with accuracy
- encourage all staff who receive prescriptions to check name, date of birth, allergies etc.

Pharmacy: SE342 Pharmacy Department Patient satisfaction questionnaire

Findings:

Visitors to Pharmacy felt that Pharmacy staff on the whole were approachable and polite. Staff were scored as good/ excellent by 75% of patients

Actions identified and / or implemented

- Installation of a hand gel dispensary in the waiting area
- Toys/books to entertain patients/children
- Additional information signage
- Improve coverage of reception by staff

WAMH: CA627 Physical Monitoring of patients on ADHD (CG72 NICE)

Findings:

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

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

Actions identified and / or implemented

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

Neonatal Surgical Unit: CA472 Newborn Screening in the Neonatal Surgical Unit

Findings: Some babies remain inpatients until beyond important milestones in newborn screening. Because they do not go through the usual system of discharge from a maternity unit, there is evidence of immunisations and 6 week developmental checks to be missed.

Actions identified and / or implemented

- Use of standard weekly form before Friday ward round to improve weekly checks
- Induction of new medical staff to the importance of all forms and of completing them fully

Histopathology: CA361 Auditing the association between neonatal necrotising enterocolitis/isolated intestinal perforation and placental pathology

Findings:

The audit results suggested that preterm babies showing acute chorioamnionitis with vasculitis and fetal inflammatory response in the placenta could be at increased risk of developing necrotising enterocolitis (NEC) or isolated spontaneous intestinal perforation (SIP).

Action identified and / or implemented included:

- A copy of the histology report of placentas of premature babies showing features of acute chorioamnionitis will be sent to the Neonatologist. To ensure regular frequent follow up.
- The cases of acute chorioamnionitis in preterm babies, especially if they show features of vasculitis, should be included in the discussion of cases at regular foeto-pathology meetings

Ears, Nose, and Throat Surgery (ENT): CA558 Prescribing in Paediatric Tonsillectomy

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

Findings:

1. This three-cycle audit (*of which CA558 is the 3rd*) demonstrated a reduction in the prescription of antibiotics for paediatric tonsillectomy patients following an educational intervention.
2. There was a significant improvement in the prescription of intra-operative dexamethasone following an educational intervention.

Actions identified included:

- Local education regarding prescription of steroids and antibiotics

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

Orthopaedic Surgery (Orthotics) SE295: Orthotic Patient Survey

To identify areas of satisfaction and areas where improvements need to be made. From this information an action plan will be formulated to implement procedures to improve the delivery of the Orthotic Service.

Findings:

1. Families felt that they were listened to and involved in the care of their child (97% and 95%).
2. 98% of families were happy with the standard of service given.
3. 70% of families were not informed of any delay in the clinic running time.

Actions identified included:

- Inform families of clinic delays

Anaesthetics: CA445 Anaesthetic Patient Survey

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

Findings:

1. 69% of patients remembered receiving an age appropriate information leaflet about their anaesthetic.
2. Above 90% of all families thought that the Nurses were professional/friendly (99%), Anaesthetist was professional/friendly (100%), and Surgeons (96%).
3. 100% of patients felt well looked after in the Anaesthetic Room (+9% from 2010).

4. The majority of parents were satisfied with their child's care (73% were extremely satisfied - +30% from 2010)

Actions identified included:

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

Further examples of actions resulting from completed audits are available on the Trust Website or from the Clinical Governance Department.

2.2.3 CLINICAL RESEARCH

The number of our patients receiving NHS services provided or sub-contracted by Sheffield Children's NHS Foundation Trust (as well as family members and healthy volunteers) choosing to participate in our research is 1242. This has exceeded last years accrual figures by almost 200.

Research studies taking place at SCH NHS FT covers 5 of the 7 topic specific networks in the National Institute for Health Research (Medicines for Children, Cancer, Mental Health, Dementia and Neurodegenerative Diseases, and Diabetes) and studies within 8 specialty groups within the Comprehensive Local Research Networks (metabolic and endocrine, musculoskeletal, haematology, cardiovascular, ENT, Genetics, Infectious Disease, and Injuries and Emergencies).

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

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

The aim of this 5 year study was to assess whether the KICK-OFF structured education course improved biomedical and psychological outcomes in 11-16 year olds with type 1 diabetes. The study, funded by Diabetes UK and led by a team from our Trust, was a large randomised study which involved 31 UK NHS Paediatric Diabetes centres and 486 young people aged 11-16 years with type 1 diabetes.

In summary, for those children who took part in the trial, the KICK-OFF group reported improved overall quality of life at 6 and 12 months after participation in the course, with physical, psychosocial and social subscales being significantly improved after 6 months. The KICK-OFF group also reported improved diabetes related symptoms. The control group however reported greater confidence in managing their diabetes and greater adherence to treatment scores.

The study team concluded that participation in a KICK-OFF intensive structured education course is associated with significantly improved quality of life outcomes at 6 and 12 months and whilst overall HbA1c levels did not differ between control and intervention groups, those with the poorest diabetes control at the start of the study showed a significant improvement in their diabetes control after two years, which if maintained would reduce their risk of long-term complications such as eye and kidney disease.

2.2.3.2 *Clinical Genetics Research*

The Deciphering Developmental Delay (DDD) project.

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

Juvenile Huntington's Disease Research

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

2.2.4 USE OF THE CQUIN FRAMEWORK

A proportion of Sheffield Children's NHS FT income in 2013-14 was conditional upon achieving quality improvement and innovation goals agreed between Sheffield Children's NHS FT and any person or body they entered into a contract, agreement or arrangement with for the provision of relevant health services, through the Commissioning for Quality and Innovation (CQUIN) payment framework. Further details of the agreed goals for 2013-14 and for the following 12 month period are available online at <http://www.monitor-nhsft.gov.uk/sites/all/modules/fckeditor/plugins/ktbrowser/openTKFile.php?id=3275>

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

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

CQUINs for Specialist Services

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

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

CQUINs for Core Services

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

2.2.5 REGISTRATION WITH THE CARE QUALITY COMMISSION

Sheffield Children's NHS FT is required to register with the Care Quality Commission and its current registration status is unconditional. The Care Quality Commission has not taken enforcement action against Sheffield Children's FT during 2013-14.

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

2.2.6 PERIODIC REVALIDATION OF MEDICAL STAFF

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

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

2.2.7 INFORMATION ON THE QUALITY OF DATA

Sheffield Children's NHS FT submitted records during 2013-14 to the Secondary Uses service for inclusion in the Hospital Episode Statistics which are included in the latest published data. The percentage of records in the published data:

- which included the patient's valid NHS Number was: xx.x% for admitted patient care; xx.x% for outpatient care; and xx.x% for accident and emergency care. **CANNOT UPDATE UNTIL END OF FINANCIAL YEAR**

- which included the patient's valid General Practitioner Registration Code was: : xx.x% for admitted patient care; : xx.x% for outpatient care; and : xx.x% for accident and emergency care. **CANNOT UPDATE UNTIL END OF FINANCIAL YEAR**

Sheffield Children's NHS Foundation Trust Information Governance Assessment Report overall score for 2013-14 was : xx.x% this was graded xxxx. **CANNOT UPDATE UNTIL END OF FINANCIAL YEAR**

Sheffield Children's NHS FT was subject to the Payment by Results clinical coding audit during the reporting period by the Audit Commission. The error rates reported in the latest published audit for that period for diagnoses and treatment coding (clinical coding) is described below:

A total of xxx Finished Consultant Episodes were scrutinized during the audit. The following services were reviewed in the sample:

- Xxx

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

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

- XXX
A FURTHER AUDIT HAS NOT TAKEN PLACE SINCE THE ONE MENTIONED ABOVE – THEREFORE THIS CANNOT BE UPDATED AT PRESENT. THE CODING TEAM HAVE BEEN ASKED FOR DETAILS OF THE NEXT AUDIT.

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2.2.8 INFORMATION ON THE QUALITY OF DATA

The following section sets out the data made available to Sheffield Children's NHS FT by the Health and Social Care Information Centre. The indicators below represent those relevant for the services provided by this trust. Most of the indicators specified are not relevant to a children's specialist trust and following agreement with commissioners, are not submitted as a data return. N.B. Where data is historical, this is to comply with the latest national data released by the HSCIC.

19. Patients readmitted to a hospital within 28 days of being discharged. (i) 0 to 14	
Unique Identifier:	P009013
Link:	http://nww.indicators.ic.nhs.uk/webview/
Source Data:	Source Data P00913

		National		
Financial Year	%	Average (%)	Maximum (%)	Minimum (%)
2010/11	11.9	10.85	12.42	7.95
2009/10	12.13	10.64	12.21	8.55

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

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

		National		
Financial Year	%	Average (%)	Maximum (%)	Minimum (%)
2010/11	10.75	11.48	13.80	9.90
2009/10	14.66	12.27	15.13	8.84

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

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

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

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

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

21. Staff who would recommend the trust to their family or friends.	
Unique Identifier:	P01554
Link:	http://nhsstaffsurveys.com/cms/index.php?page=staff-survey-2011
Source Data:	Source Data P01554.1 Source Data P01554.2

Year	%	National		
		Average (%)	Maximum (%)	Minimum (%)
2012	83	65	94	35
2011	84	65	96	33

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

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

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

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

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

24. Rate of C.difficile infection.	
Unique Identifier:	P01557
Link:	http://www.hpa.org.uk/Topics/InfectiousDiseases/InfectionsAZ/ClostridiumDifficile/EpidemiologicalData/MandatorySurveillance/cdiffMandatoryReportingScheme/
Source Data:	Source Data P01557

Financial Year	Rate	National		
		Average	Maximum	Minimum
2011/12	12.2	20.6	51.6	0.0
2010/11	12.2	27.9	71.8	0.0

National data is based on the data for all trusts included in the indicator source data.

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

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

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

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

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

Period	Rate per 100 patient admissions	National		
		Average	Maximum	Minimum
Apr 12 -Sep 12	8.34	7.5	24.88	1.37
Oct 11 - Mar 12	10.04	8.4	21.71	2.72
National data is based on the data for all acute specialist trusts (the category SCH comes under for this indicator). The data available for April 2011 - September 2011 is not split at this level so would not be comparable with the more recent data.				

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

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

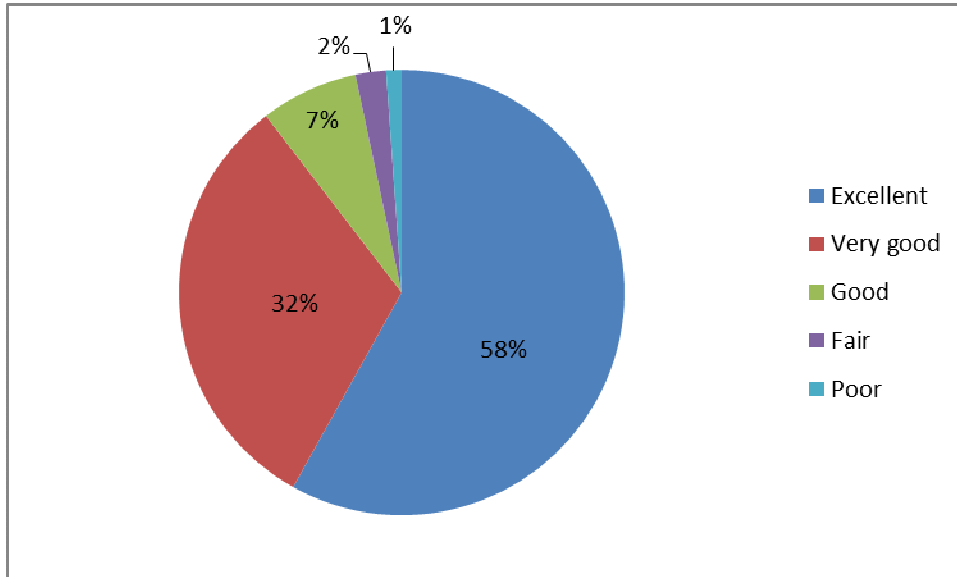
The Sheffield Children's NHS FT intends to take the following actions to improve this number and/or rate and so the quality of its services, by:

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

2.3 Patient Experience

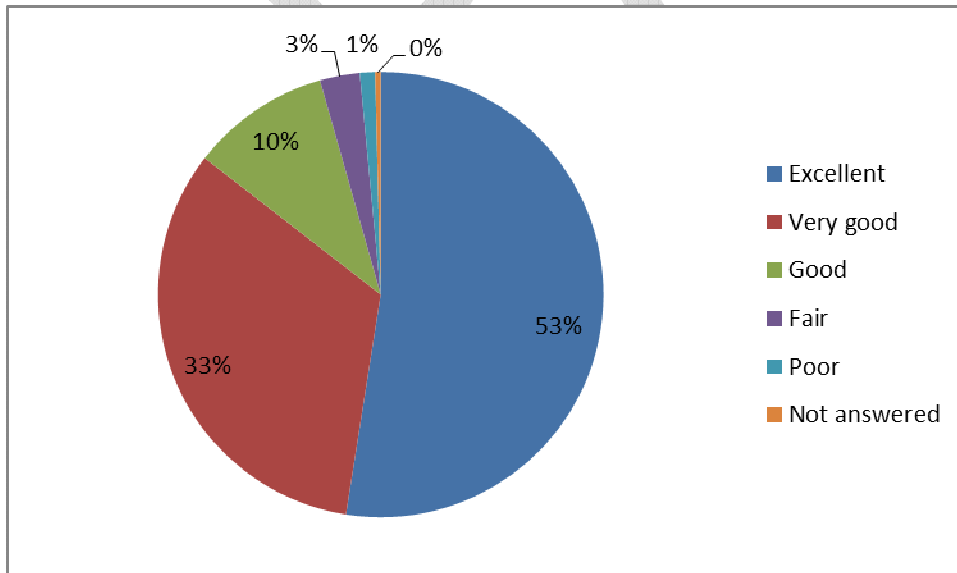
2.3.1 OUT-PATIENT SURVEY 2013-14

The 2013-14 Out-patient Survey of 850 families (31.9% response) showed that the majority of our clinic patients ranked their care well:



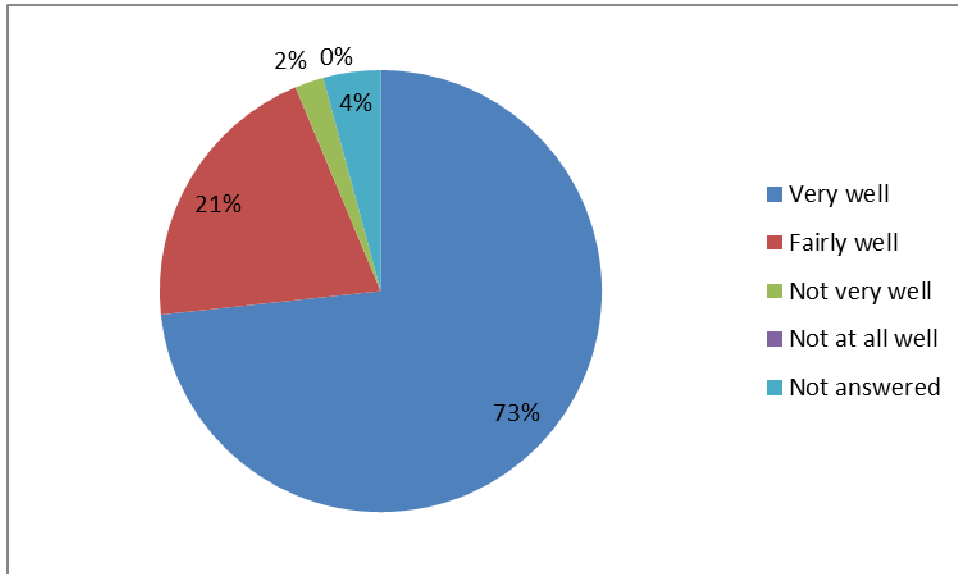
2.3.2 IN-PATIENT SURVEY 2013-14

The 2013-14 In-patient Survey of 850 families (32.7% response) showed that the majority of our ward children and parents ranked their care well:



2.3.3 A&E PATIENT SURVEY 2013-14

The 2013-14 A&E patient Survey of 850 families (30.3% response) showed that the majority of our patients ranked their care well:



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

Comments included:

- Excellent system being seen in an A & E clinic, thorough assessments and confidence in diagnosis and decision.
- The hospital staff were very supportive and made me feel I wasn't wasting their time because of my sons allergy.
- As the nurse was putting butterfly stitches on and then gluing the cut on her head I began to faint and felt sick and I kept apologising but the nurse talked me through it, telling me to take deep breaths as she carried on dealing with Xxxx's cut.
- The staff were very polite and understanding, my son's injury had occurred the day before and I hadn't realised how bad it was. The doctors said this was understandable and reassured me that I had done the right things.
- Yes, all I can say is the nurses at SCH and doctors are absolutely outstanding, they cannot do enough for us. They are fantastic!! A big Thank you to them all
- The resources toys on day care were excellent and well stocked. My daughter loved them. Occupied her mind. Also the porter who took us down did an amazing job. He had a laugh and a giggle with my daughter and was trying to relax us all. Thank you.
- Xxxxx was on emergency visit to SCH and had to have an operation. She stayed in 5 days. Despite all the stress and scare for a young child being in hospital, at the end she wanted to stay few more days! I believe that says it all, how she as been looked after. Every single person who has been involved in her treatment, from ward nurses, name removed doctors, theatre and recovery staff, everybody was highly professional and with care and empathy.

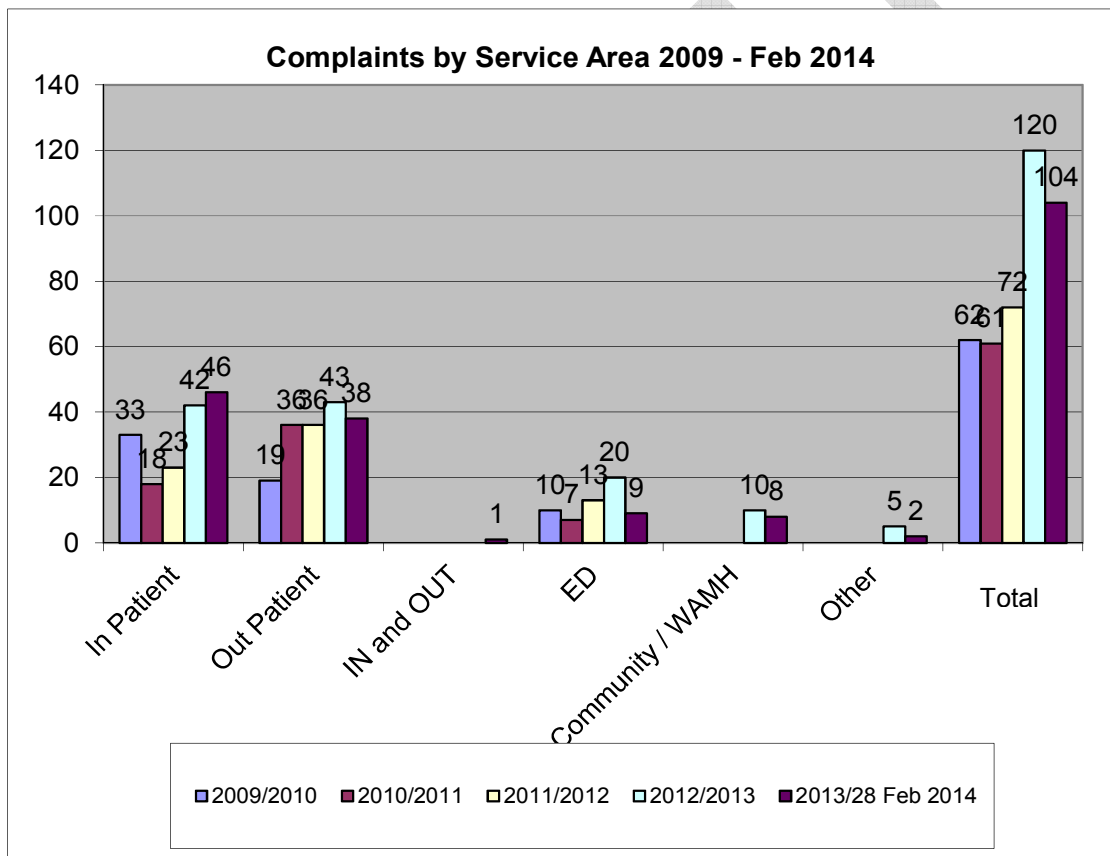
2.4 Complaints

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

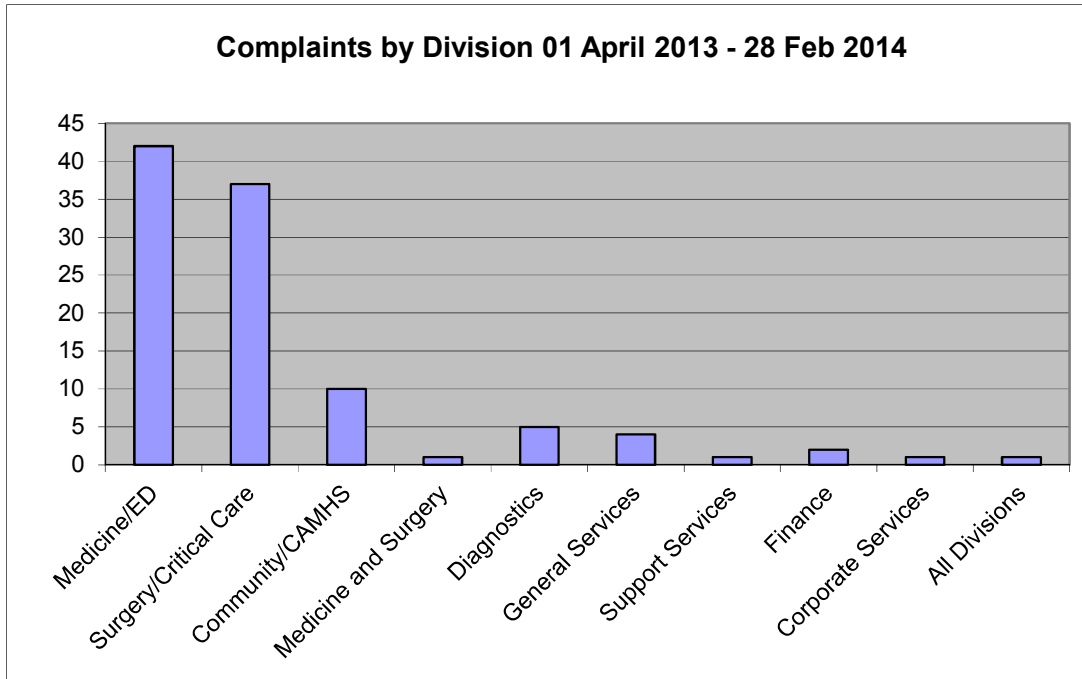
Year	Episodes of care	Complaints	No of complaints per 10,000 episodes
2004 - 2005	131,162	60	4.57
2012 - 2013	187,667	120	6.39
2013 - 2014	XXXXX	104	XXXXX

CANNOT UPDATE UNTIL END OF FINANCIAL YEAR

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



CANNOT UPDATE UNTIL END OF FINANCIAL YEAR



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2.4.1 REASON FOR THE COMPLAINT

Complaints are coded according to national coding descriptions:

Type of Complaint	No.
Care and treatment	43
Appointments/delay/cancellation	17
Attitude of staff	21
Transfer/admission arrangements	4
Lack of communication/information	10
Medical Records	1
Car parking	1
Breach of confidentiality	2
Privacy & dignity	1
Consent to treatment	2
Equipment	1
Other	1

CANNOT UPDATE UNTIL END OF FINANCIAL YEAR

In addition 2 complaints were also made to other health care organisations and the Trust is assisting these organizations in their responses.

The main types of complaint received in the 'care and treatment category are as follows:

CANNOT UPDATE UNTIL END OF FINANCIAL YEAR

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

CANNOT UPDATE UNTIL END OF FINANCIAL YEAR

2.4.2 LEARNING FROM COMPLAINTS

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

Some of the complaints which were made include:

Examples of complaints

- Antibiotics not prescribed for a viral illness.
- Tests cancelled due to prior emergency admissions.
- Poor communication during long wait to be seen.
- Parental and patient disagreement with diagnosis.
- Delay in diagnosis.
- Dissatisfied with outcome of surgery.
- Incorrect information given in referral letter to another Trust.
- Poor planning of transfer to Leeds Hospital for surgery.
- Unhappy with the way in which General Office dealt with parent's travel claim
- Breach of confidentiality - Complainant could hear Support Worker discussing her on a telephone.
- Post-operative complication occurred which parent feels was not explained during the consent process.

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

- Relocate Waiting List Co-ordinator to be with the surgical secretaries to improve communication and relay of messages between clinical and administration staff.
- Information should be verified with parents before letters written - will do this in future.
- Patients will not be transferred to Leeds for PDA ligation unless an overnight bed is available post operatively. Main Embrace SOP amended to add day case PDA transfers to list of exclusions.
- General office will discuss with staff ways of making parents more aware of the possible financial help which can be offered in certain circumstances. Supervisor to liaise with PALS regarding a possible notice board outside the cashier's office.
- Staff member to undertake refresher course on Information Governance regarding patient confidentiality.
- One risk of a procedure was very low therefore not mentioned at the consent process. Following discussion at M&M meeting, parents will be warned about this potential complication in future.

2.4.3 REFERRALS TO THE OMBUDSMAN

During the last financial year, a total of 2 complainants referred their complaint to the Parliamentary and Health Services Ombudsman (PHSO).

Ref	Division	File to PHSO	Summary of Complaint	PHSO decision
COM50	Medicine	Feb 2012	Lack of information provided to parent on admission resulting in unexpected weekend inpatient stay while parent taught home care skills.	Parent awarded £500 in recognition of injustice of loss of confidence and upset and distress caused by handling of complaint. Action plan to be produced to avoid recurrence of failings. PHSO case now closed
COM82	Medicine	March 2012	Safeguarding procedures initiated due to persistent use of alternative remedies against medical advice.	PHSO dermatology expert produced report criticising the clinician's stance on the matter. The Trust challenged the report and the case has been transferred to the PHSO Complex Investigations Department for further work – awaiting response.
COM103	Surgery and Critical Care	December 2013	Alleged fractured caused whilst removing plaster cast.	Awaiting decision
COM252	CAMHS	October 2013	Patient seen by Sheffield CAMHS several years ago and discharged. Family moved away from Sheffield and was subject to 'grooming' by an older male. Complainant alleged that patient should not have been discharged by Sheffield CAMHS.	PHSO report – 'The care provided by the Trust was reasonable and there was no service failure'. Case closed
COM 50	Medicine	February 2012	Lack of information provided to family	Awaiting decision

2.5 Potential Serious Untoward Incidents

During the last financial year 2013-14, the Trust reported 9 Potential Serious Untoward Incidents.

- Breach of national Epilepsy Surgery Specification Model: epilepsy surgery undertaken on a patient aged five years, according to the specification model surgery on patients aged five years and under should be performed at one of the National Children's Epilepsy Surgery Services (CESS).
 - The Trust will in future adhere to the Epilepsy Surgery Specification Model.
- Unintended variation to a procedure: a surgical procedure was undertaken on a patient, the technique used was different from that consented.
 - The type of surgery to be undertaken to be documented in full, all relevant staff to be present at surgical team briefings.
- Failure to document full written consent for treatment: Removal of milk teeth to remove risk to a patient's airway during general anaesthetic, this had not been fully documented during the consent process.
 - Full written consent to be documented, consent audit to be undertaken.
- Young person attempted self-harm: A day patient left the hospital site and obtained and ingested a quantity of paracetamol from local shops.
 - Upgrading of site including anti-climb paint and additional cameras showing grounds. Meeting held with local police to strengthen joint organisation working arrangements.
- Communication issue: The Health Visitors were notified of a patient new to the city and requiring the offer of a new blood spot testing. This was not communicated within the team effectively and the offer was missed, although it was confirmed the test had been previously provided in the USA.
 - Blood Spot Protocol reviewed and amended, improved communication through various alerts put in place by Health Visiting and Child Health.

The following investigation reports have yet to be approved by the SCH Risk Management Committee:

- Breach of national Audiology targets. Waiting time for hearing tests unintentionally exceeded.
- Unintentional drug error and failure to notify coroner.
- Patient death following two previous A&E attendances..
- Accidental extubation of patient, whilst undertaking emergency stabilisation and transfer to regional intensive care unit.

Reports relating to the Serious Untoward Incidents are shared with the relevant Manager and Clinical Director or equivalent in addition to being presented at the Risk Management Committee. Following the Risk Management Committee and in order to facilitate organisational learning, the reports are discussed at each Directorate Board meeting with any recommendations being monitored through the Risk Management Committee.

All Potential Serious Untoward Incidents are subject to a root cause analysis and the result shared with the Risk and Audit Committee.

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3 OTHER INFORMATION

The trust set a number of quality indicators to be monitored during 2013-14. Our performance is set out below:

3.1 Patient Safety

Patient Safety AREA REVIEWED	NATIONAL OR HISTORICAL PERFORMANCE THRESHOLD	PERFORMANCE 2011/12	ACHIEVEMENT 2012/13	ACHIEVEMENT 2013/14
Infection Control Maintain levels of MRSA and C Difficile infection within Monitor Thresholds for best practice.	http://www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/documents/digitalasset/dh_132045.pdf pp 64 and 68	MRSA: 0 Cases C Difficile: 3 Cases	MRSA 0 Cases C Difficile 8 Cases	MRSA 0 Cases C Difficile 4 Cases
Never Events The Dept. of Health has published 25 Never Events for 2012-13. These are serious incidents that should never occur in a safe hospital. The Trust will do a gap analysis against these and report on progress quarterly.	http://www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/@dh/@en/documents/digitalasset/dh_132352.pdf	Nil events	Nil events	Nil events
Management of Aggression Management of children and young people in Child and Adolescent Mental Health in a safe and secure environment. Staff should be trained to a national standard appropriate to the psychiatric speciality and risk assessment. Individual risk assessments	http://www.nhsbsa.nhs.uk/Documents/SecurityManagement/NHS_SMS_Workplace_Safety_Report_FINAL_MERGE_D.pdf p29	Violence and aggression incidents graded moderate: 149	24 Incidents	xx Incidents

Patient Safety AREA REVIEWED	NATIONAL OR HISTORICAL PERFORMANCE THRESHOLD	PERFORMANCE 2011/12	ACHIEVEMENT 2012/13	ACHIEVEMENT 2013/14
should be up to date.				

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

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

The DH Guidance on Never Events is designed to protect patients from the 25 events named by the guidance. Events that lead to death or severe harm include: wrong site surgery, wrongly prepared high-risk injectable medication, transfusion of ABO-incompatible blood components and misidentification of patients. I am pleased to record that there were no Never Events recorded by the Trust in that period.

Child and Adolescent Mental Health has seen an increase in the numbers of young people referred and an increase in the numbers of young people in crisis. This often manifests itself in violent behaviour, frequently directed at staff. The Trust has committed to reviewing the service design of CAMHS in patient care in conjunction with commissioners.

3.1.1.1 Proposed New Indicators 2014-15

- Compliance with CQC paediatric standards due for publication 31 March 2014. Three patient safety indicators to be selected.

3.2 Clinical Effectiveness

Clinical Effectiveness AREA REVIEWED	NATIONAL OR HISTORICAL PERFORMANCE THRESHOLD	PERFORMANCE 2011/12	ACHIEVEMENT 2012/13	ACHIEVEMENT 2013/14
Achieve compliance with agreed national standards for Safe and Sustainable Paediatric Neurosurgical Services	http://www.specialisedservices.nhs.uk/library/31/Developing_the_Model_of_Care.pdf	New Standard under national development	National standards still under development. Self assessment indicates compliance with provisional standards.	For update
Achieve compliance with agreed national standards for children's major trauma. As set out in the NHS Operating	http://www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/@dh/@en/documents/digitalass	New Standard under national development	Report indicates compliance with some areas for medium term improvement related to:	For update

Clinical Effectiveness AREA REVIEWED	NATIONAL OR HISTORICAL PERFORMANCE THRESHOLD	PERFORMANCE 2011/12	ACHIEVEMENT 2012/13	ACHIEVEMENT 2013/14
Framework.	et/dh_133585.pdf p76.		24 hr consultant presence in A&E., Rehabilitation space, data returns and proximity of core interventional radiology specialities. Peer Review 12 March 2013	
Achieve compliance with agreed national standards for best practice in children's diabetes	http://www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/@dh/@en/documents/digitalasset/dh_133585.pdf p59.	New Standard under national development	Attainment of compliance. Peer Review 24 Feb 2012	For update

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

3.2.1.1 Proposed New Indicators 2014-15

- Compliance with CQC paediatric standards due for publication 31 March 2014. Three clinical effectiveness indicators to be selected.

3.3 Patient Experience

Patient Experience AREA REVIEWED	NATIONAL OR HISTORICAL PERFORMANCE THRESHOLD	PERFORMANCE 2011/12	ACHIEVEMENT 2012/13	ACHIEVEMENT 2013/14
Initiate 850 patient postal survey of experience in children's A&E Tool should record child and parent experience	No child specific national tool available Commission tool in conjunction with other hospital Children's Services	Not available – new survey	Completed Problem scores worse than peer average: Waiting area not clean Not enough for child's age group	Completed http://www.sheffieldchildrens.nhs.uk/Patient-views.htm No problem scores worse than peer average.

Patient Experience AREA REVIEWED	NATIONAL OR HISTORICAL PERFORMANCE THRESHOLD	PERFORMANCE 2011/12	ACHIEVEMENT 2012/13	ACHIEVEMENT 2013/14
			to do when waiting	
<p>Complete an 11 bedded Home from Home for resident parents of children in Critical Care.</p> <p>Work with the Sick Children's Trust to ensure that parents' needs are reflected in design.</p>	<p>Poor performance against resident parent facilities scores: p3</p> <p>http://www.sheffieldchildrens.nhs.uk/Downloads/Patient%20views/Inpatient%20Survey%20Results%202011%20pdf.pdf</p>	<p>Facilities for parents staying overnight rated as fair/poor</p> <p>25%</p>	<p>The Home from Home was not available during the survey and accordingly the result remains at 28%. The facility is currently under construction and should be complete by 2013.</p>	<p>Completed November 2013</p>
<p>Ensure that family needs are reflected in design and working practices associated with new hospital Out-patient and In-Patient facilities being built from 2012 - 2015</p>	<p>No child specific national tool available</p>	<p>Patient surveys have reported on existing practices and facilities rather than what parents and children want.</p>	<p>University of Sheffield has been contracted to carry out focus group research this year with families and staff. Research findings will be published to advise new ways of working in late 2014.</p>	<p>University of Sheffield field work underway.</p>

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

3.3.1.1 Proposed New Indicators 2014-15

- A&E Survey to be replaced with 2014 Neonatal Survey – target no problem scores greater than peer average.
- Home from Home target to be replaced with Health Visitor survey action plan based upon 2014 result – resurvey in 2015. – target no problem scores greater than peer average.

3.4 National Staff Attitude Survey

Introduction

3.4.1 SUMMARY OF PERFORMANCE

CANNOT UPDATE UNTIL END OF FINANCIAL YEAR

3.4.1.1 Response rate

2011		2012		2013	
Our Trust	National average	Our Trust	National average		
47%	53%	40%	52%		

3.4.1.2 Top five ranking scores²

Question

2011		2012		2013	
Our Trust	National average	Our Trust	National average		

Question

2011		2012		2013	
Our Trust	National average	Our Trust	National average		

Question

2011		2012		2013	
Our Trust	National average	Our Trust	National average		

Question

2011		2012		2013	
Our Trust	National average	Our Trust	National average		

Question

2011		2012		2013	
Our Trust	National average	Our Trust	National average		

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 acute specialist trusts in England

3.4.1.3 Bottom five ranking scores³

Question

2011		2012		2013	
Our Trust	National average	Our Trust	National average		

Question

2011		2012		2013	
Our Trust	National average	Our Trust	National average		

Question

2011		2012		2013	
Our Trust	National average	Our Trust	National average		

Question

2011		2012		2013	
Our Trust	National average	Our Trust	National average		

Question

2011		2012		2013	
Our Trust	National average	Our Trust	National average		

3.4.1.4 Key areas of improvement

ANNEX A. STATEMENT OF DIRECTORS RESPONSIBILITIES IN RESPECT OF THE QUALITY REPORT

The directors are required under the Health Act 2009 and the National Health Service (Quality Accounts) Regulations 2010 to prepare Quality Accounts for each financial year.

Monitor has issued guidance to NHS foundation trust boards on the form and content of annual quality reports (which incorporate the above legal requirements) and on the

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 acute specialist trusts in England

arrangements that foundation trust boards should put in place to support the data quality for the preparation of the quality report.

In preparing the Quality Report, directors are required to take steps to satisfy themselves that:

- the content of the quality report meets the requirements set out in the NHS Foundation Trust Annual Reporting Manual 2013-14;
- the content of the Quality Report is not inconsistent with internal and external sources of information including:
 - Board minutes and papers for the period April 2013 to June 2014
 - Papers relating to Quality reported to the Board over the period April 2013 to June 2014
 - Feedback from the commissioners dated
 - Feedback from governors dated
 - Feedback from Local Healthwatch organisations dated
 - The Trust's complaints report published under regulation 18 of the Local Authority Social Services and NHS Complaints Regulations 2009, entitled Risk Management Annual Report, April 2014
 - The In-patient survey 2013-14
 - The Outpatient Survey 2013-14
 - The national staff survey 2013-14
 - The A&E Survey 2013-14
 - The Head of Internal Audit's annual opinion over the trust's control environment dated
 - CQC Hospital Intelligent Monitoring dated
- the Quality Report presents a balanced picture of the NHS foundation trust's performance over the period covered;
- the performance information reported in the Quality Report is reliable and accurate;
- there are proper internal controls over the collection and reporting of the measures of performance included in the Quality Report, and these controls are subject to review to confirm that they are working effectively in practice;
- the data underpinning the measures of performance reported in the Quality Report is robust and reliable, conforms to specified data quality standards and prescribed definitions, is subject to appropriate scrutiny and review; and the Quality Report has been prepared in accordance with Monitor's annual reporting guidance (which incorporates the Quality Accounts regulations) (published at www.monitor-nhsft.gov.uk/annualreportingmanual) as well as the standards to support data quality for the preparation of the Quality Report (available at www.monitor-nhsft.gov.uk/annualreportingmanual)

The directors confirm to the best of their knowledge and belief they have complied with the above requirements in preparing the Quality Report.

By order of the Board

NB: sign and date in any colour ink except black

.....Date.....Chairman

.....Date.....Chief Executive

DRAFT

4 ANNEX B. CONSULTATION IN THE PREPARATION OF THE QUALITY REPORT

A number of staff, families and organisations were involved in the consultation process to produce this report and the Trust is grateful for the time and effort of all who have contributed. The final version has tried to accommodate the comments received or the minutes of the meetings at which it was discussed but it is accepted the production of the report is ultimately the responsibility of the Board of Directors.

4.1 Consulted Agencies or Groups:

4.1.1 SHEFFIELD CLINICAL COMMISSIONING GROUP

The first draft report was provided to NHS Sheffield on xxxx.

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4.1.2 SHEFFIELD HEALTH WATCH

The first draft report was provided to Health Watch on xxxx and a meeting was held with key members of Health Watch and the Director of Nursing and Clinical Operations on xxxx. The following response was received:

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4.1.3 YORKSHIRE OVERVIEW AND SCRUTINY COMMITTEE

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

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DRAFT

4.1.4 COUNCIL OF GOVERNORS SHEFFIELD CHILDREN'S NHS FT

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

Extract from the draft minutes of the Council of Governors meeting.
Draft Quality Report xxxx

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