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**DRAFT 1 REPORT TO THE TRUST BOARD OF DIRECTORS
 MEETING HELD ON 28 April 2015**

Quality Report (Incorporating Quality Accounts) 2015

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 2014-15 in relation to quality of care. To set the quality priorities for 2015-16 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

1.1 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 Health Care** – e.g. Health Visitors and School Nurses
- **Secondary Health Care** – e.g. Sheffield Children's Hospital, community paediatrics, community children's nursing and therapists.
- **Tertiary Child Care** – e.g. Neurosurgery, Cancer Care, Critical Care
- **Child and Young Peoples Mental Health** – Community, day-patient and in-patient.

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

1.2 Chief Executive's Statement on Quality

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

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

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

The coming year will have new challenges but our staff are the biggest asset that we have. We will be working with them to develop services such as Child and Adolescent Mental Health, Neurosciences, Genetics and urgent care alternatives to A&E.

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 work with us to improve children's health.

Mr Simon Morritt
Chief Executive

2 PRIORITIES FOR IMPROVEMENT AND STATEMENTS OF ASSURANCE FROM THE BOARD

2.1 Quality Improvement Priorities 2015-16

2.1.1 OUTPATIENT SERVICES

Our reasons:

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

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

The Trust will:

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

2.1.2 SURGICAL PATHWAYS

Our reasons:

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

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

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

The Trust will:

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

2.1.3 CHILD AND ADOLESCENT MENTAL HEALTH

Our reasons:

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

The Trust will:

- We will develop services for 16-17 yr old young people in conjunction with Sheffield CCG
- We will prepare a tender for In Patient, Day Patient and Intensive home intervention support based at Becton in line with NHSE requirements
- We will use the Improved Access to Psychological Services (IAPT) training to widen the availability of our services and expand the means by which teachers, families and others can obtain advice on mental well being.

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 Board reports will be published on the Trust website.

2.1.5 PERFORMANCE ON QUALITY PRIORITIES 2014-15

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

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

What we said.	What we did.
<p>AND ADOLESCENT PSYCHIATRY SERVICE TO ENSURE THAT IT HAS ADAPTED TO FIT WITH THE TYPE OF REFERRALS WE ARE RECEIVING.</p>	<p>standards of the royal college of psychiatrists, quality network for inpatient CAMHS (QNIC).</p> <p>All nursing establishments have been assessed against the standard. Establishments have been set and fully recruited to.</p> <p>Work with commissioners and the safeguarding board to ensure that local 16-18 yr old patients are accommodated, where needed, within the Becton young peoples unit or with our community teams.</p> <p>The commissioned pilot commenced in January 2015. First evaluation will be reported to Sheffield CCG in may 2015.</p> <p>Demonstrate that when young people are treated under the provisions of the mental health act, they and their families have full access to information, advice and representation.</p> <p>The audit carried out in January 2015 showed compliance with the improvements required by the CQC visit to Becton in 2014.</p> <p>Patient satisfaction surveys in CAMHS for 2014 reported</p>
<p>MINIMISE DISRUPTION TO OUR SERVICES FROM THE BUILDING OF THE NEW HOSPITAL WING</p>	<p>Improve access by aiming to have most of the parking improvements in place by the end of 2015. This includes the multi-storey parking opposite the main entrance and the underground parking with direct lift access for disabled families.</p> <p>Building program on schedule. Temporary main entrance in place.</p> <p>Transfer significant numbers of outpatient clinics to the northern general for the duration of the work.</p> <p>Clinic extension and redevelopment completed October 2014. Clinics transferred.</p> <p>Set up a remote supplies depot to ensure that all supplies, pharmacy and laboratory deliveries are consolidated into as few goods vehicles as possible and not competing with families for access.</p> <p>Deliveries consolidated and rescheduled for outside normal working hours.</p> <p>Public consultation of redesigned signage and artwork held in SCH main entrance during February and March 2015.</p>

2.2 Statements of Assurance from the Board

2.2.1 GENERAL ASSURANCE

During 2014 -15 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.

¹ Based upon the services specified in the NHS Provider Contract for 2014-15.

The income generated by the relevant health services reviewed in 2014-15 represents 100% of the total income generated from the provision of relevant health services by Sheffield Children's NHS FT for 2014-15.

2.2.2 AUDIT AND NATIONAL CONFIDENTIAL ENQUIRY ASSURANCE

During 2014-15, 15 national clinical audits and 3 national confidential enquiries covered NHS services that Sheffield Children's NHS FT provides.

During that period Sheffield Children's NHS FT participated in 100% national clinical audits and 100% national confidential enquiries of the national clinical audits and national confidential enquiries 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 2014-15 are listed below alongside the number of cases submitted to each audit or enquiry as a percentage of the number of registered cases required by the terms of that audit or enquiry.

National Clinical Audits and National Confidential Enquires for which the Trust was Eligible to Participate	% of eligible cases submitted
RCP (UK IBD Audit) Inflammatory Bowel Disease (Round 4)	20% (data collection issue)
National Paediatric Diabetes Audit (NPDA)	97.5%
Epilepsy 12 audit (Childhood epilepsy)	100%
Trauma Audit and Research Network (TARN): Major Trauma	98.8
National Cardiac Arrest Audit (NCAA)	100%
College of Emergency Medicine: Fitting Child (Care in Emergency Departments)	100%
National Comparative Audit of Blood Transfusion Programme : d) Use of Red Cells	100%
National Comparative Audit of Blood Transfusion Programme: Use of Blood in Sickle Cell Disease	100%
Paediatric Intensive Care Audit Network (PICANet)	Embrace: 100% PCCU: 100%
College of Emergency (CEM): Fitting Child	100%
European Prospective Multicentre Observational Study: Epidemiology of Severe Critical Events in Paediatric Anaesthesia (APRICOT)	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
National Confidential Enquiry into Suicide and Homicide for people with Mental Illness (NCISH)	100% (No reportable deaths)
MBRRACE-UK Perinatal Confidential Enquiry (Links with the Child Death Outcome Review Programme)	100%
MBRRACE-UK Perinatal Confidential Enquiry – Congenital Diaphragmatic Hernia	100%
CE (CORP) RCoP National audit of Asthma Deaths	100% (No reportable deaths)

2.2.2.1 National Audit and Confidential Enquiry Reviews

The reports of 7 national clinical audits were reviewed by the provider in 2014-15 and Sheffield Children's NHS FT took the following actions to improve the quality of healthcare provided.

(1) MBRRACE-UK Perinatal Confidential Enquiry – Congenital Diaphragmatic Hernia

Local Actions Include	Now have a Lead Consultant
	Care pathway being written
	Information leaflet being written
	Discharge and follow-up guideline being written
	New guideline for Diaphragmatic Hernia being written for Neonatology
	Neurodevelopment follow-up under the neonatologist

(2) BTS Bronchiectasis 2013

Local Actions Include	Local audit undertaken which identified that 92.3% (national 63.8%) of SCH of patients seen by respiratory physiotherapist
	100% of patients had a CT chest performed which was better than the national cohort. 92.3%
	Comprehensive investigations significantly better than national.
	To discuss with named consultant form Clinical records committee regarding introducing an investigation sheet into all new respiratory patient clinical records

(3) BTS Paediatric Asthma

Local Actions Include	Audit results discussed at team meeting
	SCH had previously audited local guidelines and found good compliance
	Audit of clinical records planned to include review of discharge planning and follow up

(4) National Inflammatory Bowel Disease Audit

Local Actions Include	Daily scoring now taking place and has been incorporated into junior doctor induction
	All patients with diarrhoea should have their stools sampled – standard practice at SCH
	All patients should have nutritional assessment on admission – Dietetic team working to achieve this

(5) National Paediatric Diabetes Audit

Local Actions Include	Diabetes team review HbA1c at each patient consultation
	Regular patient reviews are undertaken with diabetes team and dieticians
	Patients made aware of the 24 hour availability of Diabetes team

(6) Prescribing Observatory for Mental Health (POMH-UK): Prescribing for ADHD in children, adolescents and adults

Local Actions Include	Correspondence with GP to include centile values of physical check ups
	To incorporate risk of substance diversion into ADHD assessment report to GP
	Identify growth and centile charts for use in CAMHS
	To disseminate recommendations and action plans to CWAMH

(7) Severe Trauma

Local Actions Include	Major Trauma Peer Review Group established
	Improved ED Consultant Cover in accordance with national recommendations
	Robust system implemented for provision of rehabilitation prescriptions
	Continual data quality checks

2.2.2.2 Local Audit and Service Evaluations

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

(1) Haematology and Oncology: CA840 Re-audit of timely informing GP of carcinoma

Findings Include	Informing GPs by the end of the next working day has improved compared to the previous audit in 2012.
	It is often not documented when a GP is informed by telephone
Local Actions	Need to improve the filing of Inform GP faxes in the notes.

Include	Departmental guidelines have been amended to include documentation of telephoning GP
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(2) *Oral/Maxillofacial Surgery: CA764 Re-audit of accuracy of medication prescribing for children*

Findings Include	The incidence in prescribing error has been reduced to 6% compared to 18% in the previous audit
	Percentage differences between the actual prescribed dose and the weight adjusted dose showed improvement compared previous audit
Local Actions Include	Education and training on correct drug prescribing at induction for new junior members.
	Reference cards with the correct weight adjusted dosages of the most commonly used medications to be given to new staff at their Induction.

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

Findings Include	Results show children are being tested at the correct age range and in a timely manner.
	No changes are required to the referral criteria pathway.
	All Key performance indicators have been met.
	The Sheffield School Vision Screening service continues to be of a high standard, with a low false negative rate, working well with the School Nursing services as well as Sheffield community optometrists.
Local Actions Include	School vision screening started later in year to reduce the number of false positives
	Opt-out consent implemented which improves the numbers of children tested within school

(4) *Pharmacy: CA408 preparation of Emergency Drugs for intubation on PICU*

Findings Include	Reduction of occasions where drugs in the EID box had expired compared to the 2012 audit; 6% compared with 34%.
	On 72% of occasions other drugs were present in the EID box. The majority were sodium chloride 0.9% flushes.
	On one occasion, a pre-filled ketamine syringe pack had been opened but not used and not discarded.
Local Actions Include	Update the EID guideline and include a pre
	Include information on the use of pre filled syringes

(5) *Pharmacy: CA780 use of pre-printed stickers for IV Paracetamol prescriptions*

Findings Include	80% of inpatient prescriptions for IV Paracetamol were prescribed using the pre-printed IV Paracetamol stickers.
	100% of IV Paracetamol stickers were completed with the dose in both milligrams and millilitres, be signed and dated by the prescriber, and if for neonates contain dosing interval

	100% of wards had pre-printed IV Paracetamol stickers in a blue wallet in the treatment room
Local Actions Include	The SC(NHS)FT policy concerning IV Paracetamol policy should be available on the intranet and added to the Guidelines for the Administration of Intravenous Paracetamol: CAEC Reg. ID no. 139
	Ward pharmacists should report all incidents of non-compliance with the IV Paracetamol policy should be reported
	For accessibility the ward wallet should be stored at the nurses' station, not the treatment room

(6) *WAMH: CA885 Cardiometabolic Assessment for Patients with Schizophrenia & Communication with General Practitioners*

Findings Include	Overall information from all lodges is provided to GP's that is of a high standard. Results demonstrate that 100% of all admission
	Lodges have a firm baseline from which to make improvements
	Results indicate that lodges assess 100% of all patients' and GPs receive details of medications
Local Actions Include	Ensure that all team members are actively using standard physical health checks and passing to admin teams to enter onto CareNotes
	In patient lodges to review share practice and consistency of recording blood lipids results (taken or not taken) within their documentation.
	Administrative pathways identified which require consistent approach around use of CareNotes templates and in the reviewing of CPA minute booklets
	Ensure that all team members are actively using standard physical health checks and passing to admin teams to enter onto CareNotes

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

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

2.2.3 CLINICAL RESEARCH

The number of our patients receiving relevant health services provided or sub-contracted by Sheffield Children's NHS Foundation Trust in 2014-15 that were recruited during that period to participate in research approved by a research ethics committee is 1082. The Trust has 226 research studies currently active.

It has been an exciting year for grant awards, notably with the Trust receiving a grant of over £800,000 from the Wellcome Trust to carry out New Generation Genetic Sequencing on newborn blood screening samples. We continue to build on our collaborative work with Sheffield Hallam University and this year we secured our second NIHR Invention for Innovation (i4) grant with a third application being submitted in the next few weeks. The i4i funding scheme remit is to advance healthcare technologies and interventions for increased patient benefit in areas of existing or emerging clinical need. Other notable grants have been awarded to our researchers from the British Tinnitus Society, Newlife, the Skeletal Dysplasia Group and The Children's Hospital Charity.

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

2.2.3.1 Example to be inserted

2.2.3.2 Example to be inserted

2.2.4 USE OF THE CQUIN FRAMEWORK

A proportion of Sheffield Children's NHS FT income in 2014-15 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 payment framework. Further details of the agreed goals for 2014-15 and for the following 12 month period are available online at <http://www.sheffieldchildrens.nhs.uk/about-us/board-papers.htm>, in our monthly Performance Report.

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

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

CQUINs for Specialist Services

Title	Description	Outcome
Safety thermometer	Achieve safety thermometer requirements set out by local commissioners	Achieved
Patient experience –	Development and roll out of Friends and Family	Achieved

Title	Description	Outcome
Continence	Test related question and follow up on suggested actions.	
Endocrine Outpatient coding	To generate proposals and pilot a process for outpatient diagnostic coding in specialised endocrinology.	Achieved
Telemedicine	Introduce telemedicine care for clinically appropriate patients within Neurology Epilepsy Nurse led clinics.	Achieved
Perinatal pathology	Impelment national reporting times for perinatal autopsies.	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 – Cardio metabolic assessment for patients with Schizophrenia	Full implementation of appropriate processes for assessing, documenting and acting on cardio metabolic risk factors in patients with schizophrenia.	Achieved
CAMHS Tier 4 – Assuring appropriateness of unplanned admissions	Completion of a multi-agency review of all unplanned admissions to general adolescent Tier 4 CAMHS within 5 working days of admission.	Achieved
CAMHS Tier 4 - Patient experience	Development and roll out of Friends and Family Test related question and follow up on suggested actions.	Achieved

CQUINs for Core Services

Title	Description	Outcome
Patient experience – AAU	Development and roll out of Friends and Family Test related question and follow up on suggested actions.	Achieved

Title	Description	Outcome
Trust Staff Feedback	Development and roll out of the Staff Friends and Family Test related question and follow up on suggested actions.	Achieved
Baby Friendly	To ensure that the Trust is prepared and able to deliver the requirements as per national scheme.	Achieved
Harm Free	The Continued use of the SCAN tool within the Trust, input data, share data among Children's Trust Network.	Achieved
Education Health Care Plan (SEN)	Implementation of the Health section of the Education Health Care Plan for patients with special educational needs.	Q1 – Achieved Q2 – 50% Achieved Q3 – 50% Achieved Q4 – Achieved (on track to)
15 Steps challenge for clinic and outpatient settings	To help staff, patients and service users work together to identify improvements to enhance the patient or service user experience. To provide a way of understanding patients and service users first impressions more clearly.	Achieved
School Nursing	Improved Provision of healthy eating information, referral and signposting to community based weight management services in targeted schools with high obesity prevalence.	Achieved
Hot Meals	Availability of cooked meals on wards for patients	Achieved
Breast feeding Health Visiting	Health visiting service to ensure that at least 81.2% 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 2014-15.

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

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

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

Progress on actions taken can be found at:

http://www.sheffieldchildrens.nhs.uk/downloads/boardpapersjan2015/BoardPapers_Jan2015_Ench.pdf

2.2.6 INFORMATION ON THE QUALITY OF DATA

Sheffield Children's NHS FT submitted records during 2014-15 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: 99.5% for admitted patient care; 99.8% for outpatient care; and 98.9% for accident and emergency care.

- which included the patient's valid General Practitioner Registration Code was: 99.7% for admitted patient care; 99.7% for outpatient care; and 99.4 % for accident and emergency care.

Sheffield Children's NHS Foundation Trust Information Governance Assessment Report overall score for 2014-15 was 66% this was graded green (satisfactory).

Sheffield Children's NHS FT was not subject to the Payment by Results clinical coding audit during the reporting period by the Audit Commission.

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2.2.7 IMPROVEMENTS TO THE QUALITY OF DATA

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

- Implementing the recommendations of data quality related audit reports.
- Reconciling information from different systems to ensure data accuracy and completeness.
- Purchase of more comprehensive clinical coding software.
- Continuing to improve Clinical Coding through improved clinical engagement and through the strengthening of the Clinical Coding team structure.
- Investigation and rectification of data quality variances identified through national benchmarking tools.

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 national data is historical, this reflects the latest data released by the HSCIC.

19. Patients readmitted to a hospital within 28 days of being discharged. (i) 0 to 15				
		<i>National</i>		
Financial Year	%	<i>Average (%)</i>	<i>Maximum (%)</i>	<i>Minimum (%)</i>
2014/15	*	*	*	*
2013/14	*	*	*	*
2012/13	*	*	*	*
2011/12	12.45	10.61	12.45	9.69
National data is based on the data for all acute specialist children's trusts (the category SCH comes under for this indicator). * denotes no national data available				

19. Patients readmitted to a hospital within 28 days of being discharged. (ii) 15 or over				
		<i>National</i>		
Financial Year	%	<i>Average (%)</i>	<i>Maximum (%)</i>	<i>Minimum (%)</i>
2014/15	*	*	*	*
2013/14	*	*	*	*
2012/13	*	*	*	*
2011/12	17.15	12.3	17.15	8.53
National data is based on the data for all acute specialist children's trusts (the category SCH comes under for this indicator). * denotes no national data available				

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

The Trust has a policy of allowing all parents to self refer to our Acute Assessment Unit within three days if they are concerned. We have submitted evidence to the CQC that much of the high readmission rate relates to attendances of children at our Acute Assessment Unit. The majority of these attendances are for less than 4 hrs.

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

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

21. Staff who would recommend the trust to their family or friends.				
		<i>National</i>		
Year	%	<i>Average (%)</i>	<i>Maximum (%)</i>	<i>Minimum (%)</i>

2014	84	67	93	38
2013	83	67	94	40
2012	83	65	94	35
National data is based on the data for all acute & acute specialist trusts (the category SCH comes under for this indicator).				

The 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.				
		<i>National</i>		
Financial Year	Rate	<i>Average</i>	<i>Maximum</i>	<i>Minimum</i>
2013/14	12.3	13.9	37.1	0
2012/13	19.8	16.2	31.2	0
National data is based on the data for all trusts included in the indicator source data.				

The 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.				
		<i>National</i>		
Period	Rate per 100 patient admissions	<i>Average</i>	<i>Maximum</i>	<i>Minimum</i>
Oct 13 - Mar 14	9.3	9.7	32.9	4.7
Apr 13 – Sep 13	8.8	8.9	27.9	3.7
Oct 12 - Mar 13	8.6	9.1	30.95	3.77
National data is based on the data for all acute specialist trusts (the category SCH comes under for this indicator). * denotes no national data available				

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

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

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

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

2.3 Patient Experience

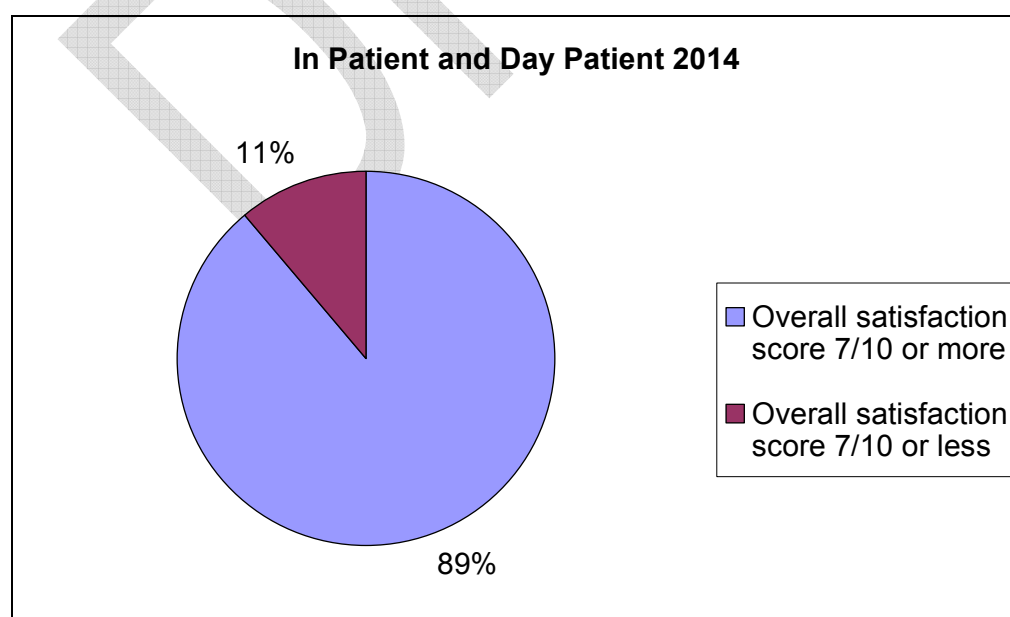
The Trust normally arranges for Picker to carry out a postal survey of its families attending A&E, Out Patients Department and all those admitted to an In-Patient department. This is carried out each year and then we compare our performance with the average of other children's units, who also participated. The full details of each survey are available on:

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

In 2014-15, NHSE mandated that all In-Patient Children's Services must carry out the survey. All Neonatal Units were required to carry out a pilot survey and the Trust was one of the first in the country to carry out a survey of our Health Visiting Services. The results of these surveys are given below:

2.3.1 IN-PATIENT SURVEY 2014-15

The 2014-15 In-Patient Survey of 850 families (30.9% response) showed that the majority of our ward children and parents ranked their care well:



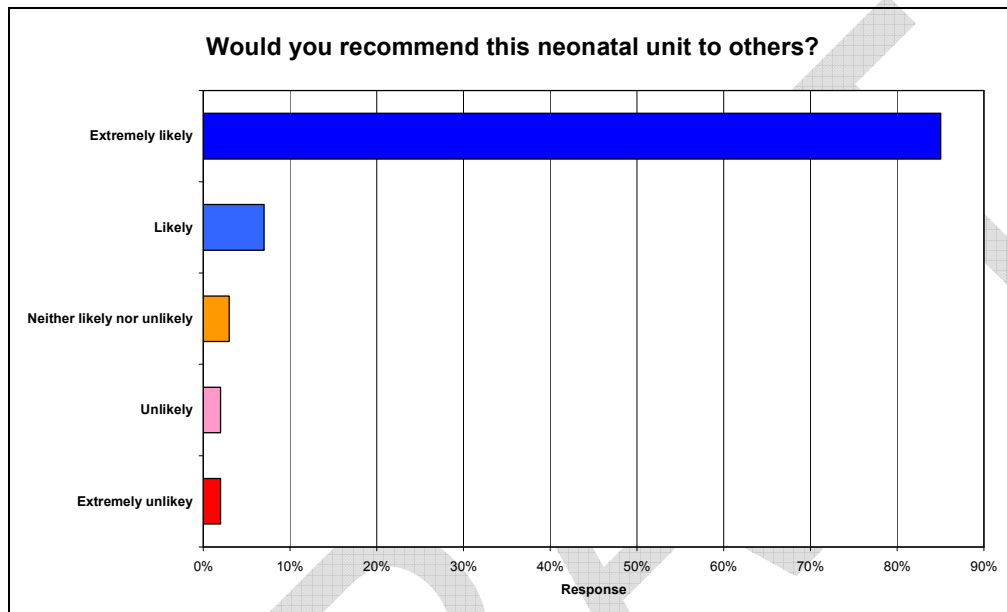
The Trust was significantly better than other children's units at providing parents with written information and in providing pain relief for children.

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

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

2.3.2 NEONATAL UNIT SURVEY 2014-15

The 2014-15 Neonatal Unit Survey of 189 families (35% response) showed that the majority of our patients ranked their care well:



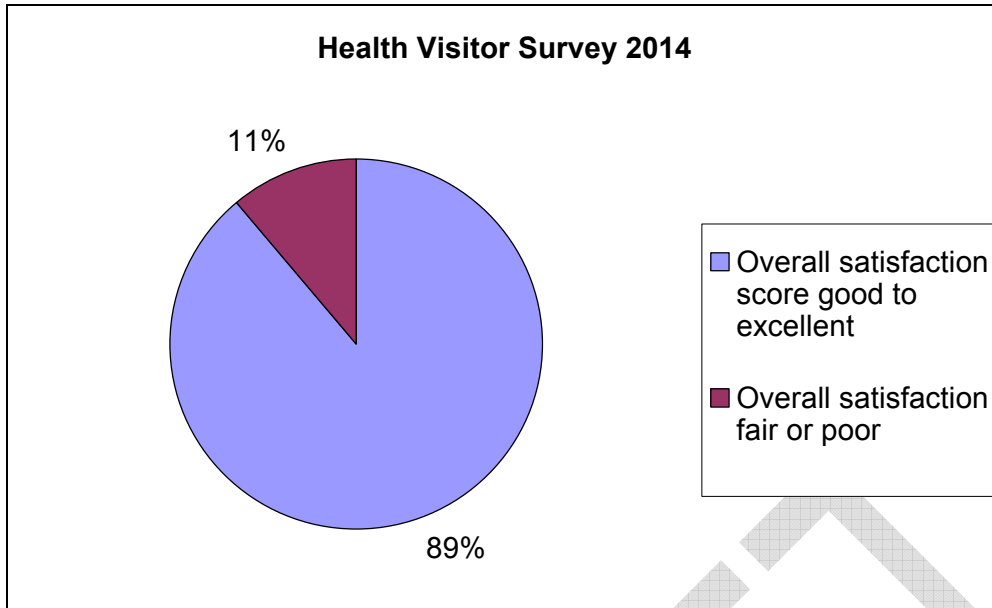
The Neonatal Surgical Unit was in the top 20% of the survey group in areas such as staff communication, support with feeding, nearby parent accommodation and emotional support.

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

The staff could do more to promote local parent support groups such as BLISS. The rationale for not doing so is that these are predominantly about supporting families with premature babies rather than babies who have had surgery. Improved information will be made available in future.

2.3.3 HEALTH VISITOR SURVEY 2014-15

The 2014-15 Health Visitor Survey of 1000 families (35.1% response) showed that the majority of our families ranked their care well:



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

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

2.3.4 CAMHS SURVEYS 2014-15

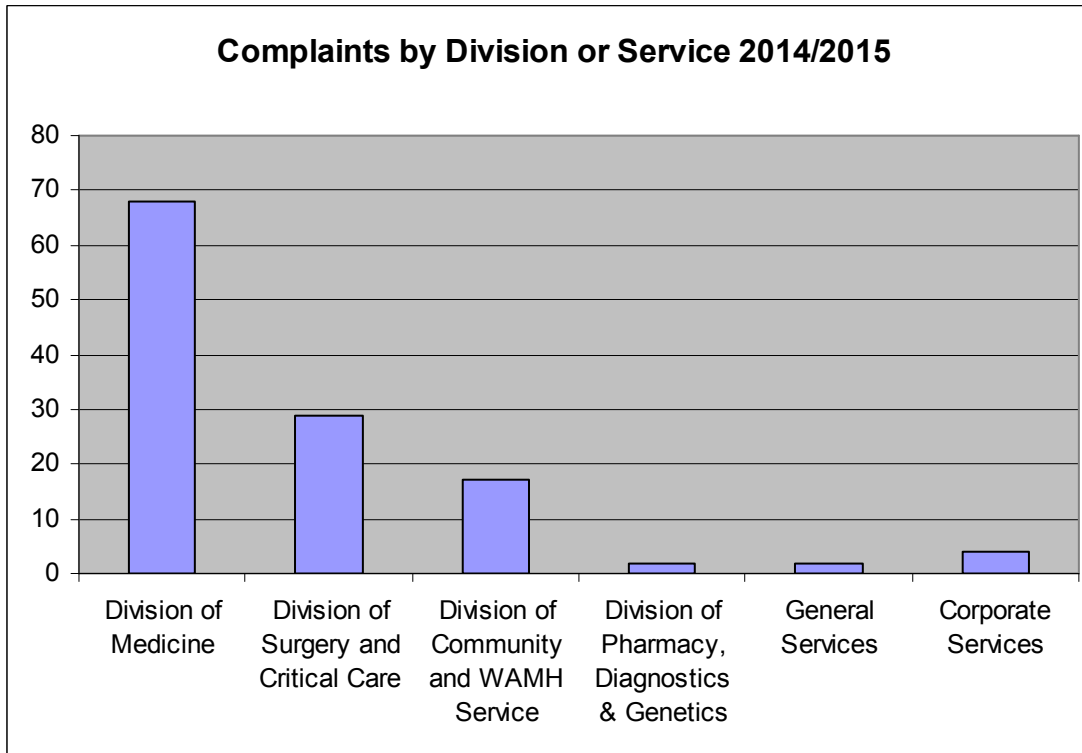
To be included when year end results available

2.4 Complaints

During the financial year 2013 -14, a total of 122 formal complaints were received as at 31 March 2014. The rate of complaints is set out in the following table:

Year	Episodes of care	Complaints	No of complaints per 10,000 episodes
2014-2015	Data awaited	122	
2013 - 2014	197,112	116	5.88

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



2.4.1 REASON FOR THE COMPLAINT

Complaints are coded according to national coding descriptions:

Type of Complaint	No.
Care and treatment	51
Appointments/delay/cancellation	12
Attitude of staff	9
Transfer/admission arrangements	1
Lack of communication/information	26
Medical Records	1
Car parking	0
Breach of confidentiality	4
Privacy & dignity	0
Consent to treatment	1
Equipment	1
Other	16

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

2.4.2 LEARNING FROM COMPLAINTS

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

Some of the complaints which were made include:

Examples of complaints

- Safeguarding processes instigated quickly and not well communicated.
- Conflicting breast feeding advice given by different medical staff.
- pH probe displacement not recognised leading to the need for a repeat test.
- Correct introducer for tube replacement not available in accident and emergency.
- Open appointment rules not clearly explained.
- Delay in dietetic referral/review following attendance on AAU.

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

- A leaflet is being produced to explain the safeguarding process and investigations to families.
- Infant feeding nurse specialists are training medical staff in a proactive approach to breast feeding.
- Gastroenterology nurses are carrying out regular and updated training for ward nurses undertaking gastro care.
- Introducers for all feeding devices are now stocked in the Emergency Department.
- The Trust website has been updated to give clear information regarding open appointment timescales.
- Replacement of our patient booking software

2.4.3 REFERRALS TO THE OMBUDSMAN

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

Division	File to PHSO	Summary of Complaint	PHSO decision
Medicine	March 2012	Safeguarding procedures initiated due to persistent use of alternative remedies against medical advice.	PHSO dermatology expert report critical of the Trust's position on the issue. Following challenge by the Trust the PHSO amended their findings. Family awarded £500 in recognition of distress and suboptimal complaint handling. Action plan in progress.
Medicine	July 2014	Photograph taken of child in respite care.	PHSO Report concluded that the Trust adequately explained its actions and there is no basis for the PHSO to uphold the complaint. Case closed.
Medicine	December 2014	Blood taken by trainee doctor without consent. Allegations about conflicting feeding advice and staff confusing the patient with another child.	Awaiting decision.

2.5 Potentially Serious Incidents

During the last financial year 2014-15, the Trust reported 7 Potential Serious Incidents. This is down from 12 the previous year. Each is investigated and any learning shared with the wider organisation. The Board is regularly updated wherever urgent learning requires to be implemented.

- Allegation of inappropriate behaviour by an agency staff at Becton. A full investigation was undertaken by South Yorkshire Police. No basis found for the allegations.
 - The Trust has introduced a revised robust induction for agency staff on safeguards when undertaking 1:1 supervision.
- Unexpected death of a patient at the end of spinal surgery due to right ventricular thrombus causing cardiac arrest and pelvic deep vein thrombosis unrelated to the surgery or anaesthesia.
 - The Coroner confirmed that an inquest would not be required in this case and no recommendations made.
- Inaccurate sweat test results used in the diagnosis of Cystic Fibrosis resulting in the potential for false negative results.
 - All affected patients notified and offered re-testing where applicable. A full review of laboratory training and procedures carried out.
- Grade 3 pressure sore noted on patient's hip under hip spica cast following re-attendance from home.
 - Development of a Pressure Sore Information Leaflet for patients at a high risk of developing pressure sores when discharged home.

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

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

Reports relating to the Serious Untoward Incidents are shared with the relevant Manager and Clinical Director or equivalent in addition to being presented at the 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 2014-15. Our performance is set out below. Where changes are proposed, the old indicators will continue to be monitored and any deterioration will be highlighted in future reports.

3.1 Patient Safety

Patient Safety AREA REVIEWED	NATIONAL OR HISTORICAL PERFORMANCE THRESHOLD	ACHIEVEMENT 2014/15
Ensure mandatory training is achieved annually. Target - at least 80% of staff attain annual mandatory training update.	Data being compiled	
Reduce medication incidents that cause harm. Target – medications with an outcome of harm reduced to 1% of all recorded medication incidents.	Data being compiled	
All CAMHS patients with continuing needs to have a transition plan agreed with adult health services that the young person is aware of. Target – Only CAMHS patients of 18 years or over will transfer to adult mental health teams. 100% of transfer will only occur following a written referral and acceptance. Non acceptance will be referred to commissioners.	Data being compiled	

3.1.1.1 Proposed New Indicators 2015-16

- In Patient Dashboard
- Safeguarding in CAMHS
- Health Care Assistant Training

The first indicator

This is the publication of a dashboard of quality indicators by department including nurse staffing recruitment, infection control measures, medication error rate, friends and family score, training, staff appraisal and other elements. These will be refreshed monthly to monitor standards and areas for improvement.

The second indicator

Safeguarding training in CAMHS should be enhanced to encompass changes to deprivation of liberty law, learning from child sexual exploitation cases, issues associated with older young people. The Trust will recruit an additional named nurse for child protection to facilitate this.

The third indicator

Health care assistant training will be standardised to ensure that key clinical competencies are identified, trained for and assessed to deal with local interventions and service needs.

3.2 Clinical Effectiveness

Clinical Effectiveness AREA REVIEWED	NATIONAL OR HISTORICAL PERFORMANCE THRESHOLD	ACHIEVEMENT 2014/15
Review and reduce the reason for our higher than average rate of re-admission of patients within 28 days of an elective admission. Target – rate of attendance to be at or below national average.	Data being compiled	
Review and reduce the reason for our higher than average rate of re-admission of patients within 48 hrs of an emergency admission. Target – rate of attendance to be at or below national average	Data being compiled	
Ensure that patients have a discharge letter	Data being compiled	

Clinical Effectiveness AREA REVIEWED	NATIONAL OR HISTORICAL PERFORMANCE THRESHOLD	ACHIEVEMENT 2014/15
sent to their GP within 2 working days of discharge. Target – 85% of letters to be sent within 2 working days.		

3.2.1.1 Proposed New Indicators 2014-15

- Emergency Department Consultant Cover
- Multi lingual communcation
- Long term ventilation

The first indicator

Our Accident and Emergency Department has seen unprecedented pressures this year and expects this to increase in the future. To ensure that all children are seen quickly and are safely assessed, the trust is appointing additional consultants in emergency medicine to ensure that we are able to have a consultant in the department from 8am until midnight every day. We believe that this measure and joint work with Sheffield CCG will ensure that the trust is able to maintain its current position on waiting times in A&E.

The second indicator

The Trust is aware of an increase in the needs of our population where English is not the first language. We will work with GPs and HVs to produce a series of voice files in Roma that can be accessed via the internet. This should allow staff to play standard messages to families about public health issues, important signs that need further medical attention or just how to access services. These will also be available on the internet to the public as a resource.

Our Out Patient self check-in will have a facility to allow families to select the language for written and verbal instruction.

Our web site has a facility to convert its contents to any language.

The third indicator

We have over 50 children on long term respiratory ventilation at home. We aim to support these children to get home sooner from critical care and to remain well at home. We will be employing a WellChild community nurse to provide intensive support on discharge and institute regular / on demand telephone access to the respiratory team.

3.3 Patient Experience

Patient Experience AREA REVIEWED	NATIONAL OR HISTORICAL PERFORMANCE THRESHOLD	ACHIEVEMENT 2014/15
A&E Survey to be replaced with 2014 Neonatal Survey. Target – no Picker Problem Scores greater than average for other children’s units.	Data being compiled	Survey carried out. Due to be released from NHS embargo in May. http://www.sheffieldchildrens.nhs.uk/patients-and-parents/patient-views.htm Action plan underway.
Home from Home target to be replaced with Health Visitor survey action plan based upon 2014 result. Target – achievement of action plan prior to resurvey in 2016.		Survey carried out. http://www.sheffieldchildrens.nhs.uk/downloads/patientsurveys/SCNHSFTHealthVisitingSurvey2014.pdf Action plan underway.
Roll out of the Friends and Family Test in a child friendly format as an electronic page to all bed end patient entertainment consoles. Target – test results to be better than national average.	Data being compiled	

3.3.1.1 Proposed New Indicators 2014-15

- Parking and Patient Access
- Friends and Family Test
- HV support during weaning period

The first indicator

We intend to open a 100 space multi storey car park this year opposite the main entrance for visiting families. We will also open an underground car park with lift access for children with mobility problems. We expect that this will address one of the biggest sources of discontent with our services.

The second indicator

The Trust will text all families following attendance or admission to increase the frequency and span of feedback. We will allow all the facility to access our website to send free text suggestions and comments.

The third indicator

Our HV survey showed that families felt that there was insufficient support during the period when children wean to solid food. This has resulted from the timing of visits according to the national Healthy Child Program. The service intends to work with Local Authority commissioners to address ways of providing on demand support from the local health visitors.

3.4 National staff attitude survey

Each year the Trust takes part in the national staff attitude survey. This survey provides invaluable information to ensure that the views of staff at work are heard and appropriate responses to the feedback are made. The Trust is part of the specialist trust group which has the highest overall scores of any group. The trust has the complication of having mental health services which is uncommon in this group. When our mental health services are compared to others then again we compare favourably. We are disappointed that we have not been able to improve in the last year from the previous year and will be working on how this can be addressed.

3.4.1 SUMMARY OF PERFORMANCE

Response rate

2013		2014		Improvement/deterioration
Our Trust	National average	Our Trust	National average	
54%	53%	37%	42%	Deterioration

Top four ranking scores²

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

2013		2014		Improvement/deterioration
Our Trust	National average	Our Trust	National average	
97%	90%	96%	92%	No change

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

2013		2014		Improvement/deterioration
Our Trust	National average	Our Trust	National average	
19%	22%	19%	23%	No change

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

2013		2014		Improvement/deterioration
Our Trust	National average	Our Trust	National average	
6%	9%	6%	9%	No change

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

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

2013		2014		Improvement/deterioration
Our Trust	National average	Our Trust	National average	
95%	90%	94%	90%	No change

Bottom four ranking scores³

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

2013		2014		Improvement/deterioration
Our Trust	National average	Our Trust	National average	
86%	91%	86%	92%	No change

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

2013		2014		Improvement/deterioration
Our Trust	National average	Our Trust	National average	
3.79	3.91	3.73	3.90	No change

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

2013		2014		Improvement/deterioration
Our Trust	National average	Our Trust	National average	
76%	82%	76%	84%	No change

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

2013		2014		Improvement/deterioration
Our Trust	National average	Our Trust	National average	
7%	7%	10%	6%	Deterioration

Key areas of improvement

To be updated

Future priorities and targets

To be updated

3.4.2 MONITOR INDICATORS AND THRESHOLDS PERFORMANCE

	Performance indicator	Target or threshold	14/15 trust performance	Achieved
	Maximum time of 18-weeks from point of referral to treatment for admitted patients	90%	Data being collated	

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

	Maximum time of 18-weeks from point of referral to treatment for non-admitted patients	95%	Data being collated	
	Maximum time of 18-weeks from point of referral to treatment for patients on an incomplete pathway	92%	Data being collated	
	A&E: maximum waiting time of four-hours from arrival to admission, transfer or discharge.	≤ 95%	Data being collated	
	All cancers: 62 day wait for first treatment from: Urgent GP referral for suspected cancer NHS Cancer screening service referral	85% 90%	N/A	N/A
	All cancers: 31-day wait for second or subsequent treatment, comprising: Surgery Anti-cancer drug treatments radiotherapy	94% 98% 94%	100% 100% N/R	✓
	All cancers: 31-day wait from diagnosis to first treatment	96%	100%	✓
	Cancer: two-week maximum wait from referral to first seen, comprising: All urgent referrals (cancer suspected) For symptomatic breast patients (cancer not initially suspected)	93% 93%	100% N/R	✓
OUTCOMES	C.Difficile infection	4*	6	X
	Data completeness: community services, comprising: Referral to treatment information Referral information Treatment activity information	50% 50% 50%	Data being collated	

* de minimis of 12 applied by Monitor

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

Additional Information

Referral to Treatment Time Performance at Speciality Level - Dental breaches

- Paediatric Dentistry Admitted – for 4 months between August and November the targets were not achieved
- Paediatric Dentistry Non- admitted – for 9 months in the last year targets were not achieved

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

Radiology Diagnostic Waits

The Trust has had a marked increase in the requirements for X ray and scanning diagnostic tests. The diagnostic results are a critical part of the outpatient clinic process and the inpatient admission process. The results determine whether further tests or treatment are required. The trust has to achieve 99% of diagnostic tests in 6 weeks or under.

- **MRI Tests:** between April 2014 and February 2015 there were 20 patients in total who waited more than 6 weeks for an MRI Scan. Delays are often associated with the need for children to be anaesthetised during the scan.
- **CT Scan:** there were no patients waiting more than 6 weeks throughout 2014/15.
- **Non-obstetric Ultrasound:** there were no 2 patients waiting more than 6 weeks in 2014/15.
- **DEXA Scan (Bone Scan):** between April and February there were no patients waiting more than 6 weeks for a DEXA Scan .

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

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

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

Monitor has issued guidance to NHS foundation trust boards on the form and content of annual quality reports (which incorporate the above legal requirements) and on the arrangements that foundation trust boards should put in place to support the data quality for the preparation of the quality report.

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

- the content of the quality report meets the requirements set out in the NHS Foundation Trust Annual Reporting Manual 2014-15 and supporting guidance.
- the content of the Quality Report is not inconsistent with internal and external sources of information including:
 - Board minutes and papers for the period April 2014 to June 2015
 - Papers relating to quality reported to the board over the period April 2014 to June 2015
 - Feedback from the commissioners dated XX May 2015
 - Feedback from governors dated XX May 2015
 - Feedback from Local Healthwatch organisations received XX May 2015
 - Feedback from Local Scrutiny Committee dated XX May 2015
 - The Trust's complaints report published under regulation 18 of the Local Authority Social Services and NHS Complaints Regulations 2009, entitled Integrated Governance Annual Report, XX May 2015
 - The latest children's in-patient survey 2014-15
 - The latest national staff survey 2014-15
 - The Head of Internal Audit's annual opinion over the trust's control environment dated XX May 2015
 - CQC hospital Intelligent monitoring dated XX May 2015
- 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

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

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

5.1 Consulted Agencies or Groups:

5.1.1 SHEFFIELD CLINICAL COMMISSIONING GROUP

The first draft report was provided to NHS Sheffield on XX May 2015

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5.1.2 SHEFFIELD HEALTH WATCH

The first draft report was provided to Health Watch on XX May 2015 and a meeting was held with key members of Health Watch and the Director of Nursing and Clinical Operations on XX May 2015. The following response was received:

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5.1.3 YORKSHIRE OVERVIEW AND SCRUTINY COMMITTEE

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

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5.1.4 COUNCIL OF GOVERNORS SHEFFIELD CHILDREN'S NHS FT

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

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